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City of Las Cruces[®]
 PEOPLE HELPING PEOPLE

Council Action and Executive Summary

Item # 9 Ordinance/Resolution# 11-225

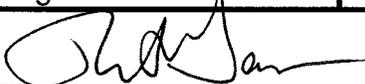
For Meeting of _____
 (Ordinance First Reading Date)

For Meeting of May 16, 2011
 (Adoption Date)

TITLE: A RESOLUTION ADOPTING FUNDING PRIORITIES AND ALLOCATIONS TO VARIOUS LAS CRUCES NON-PROFIT ORGANIZATIONS FOR FISCAL YEAR 2012 TO PROVIDE HEALTH-RELATED PUBLIC SERVICES NEEDS AND AUTHORIZING THE INCORPORATION OF THE FUNDING AMOUNTS INTO THE CITY'S FISCAL YEAR 2012 BUDGET. THE RESOLUTION FURTHER AUTHORIZES THE DEVELOPMENT OF PURCHASED SERVICES AGREEMENTS WITH EACH NON-PROFIT ORGANIZATION AND FOR THE ASSISTANT CITY MANAGER TO EXECUTE THE AGREEMENTS ON THE CITY'S BEHALF.

PURPOSE(S) OF ACTION:

Adopt the final recommendations of the Health and Human Services Advisory Committee (HHSAC) for Fiscal Year 2012 for Health-Related Public Services funding in a total amount of \$300,000.

COUNCIL DISTRICT: ALL		
<u>Drafter/Staff Contact:</u> Jean Barnhouse-Garcia <i>JBG</i>	<u>Department/Section:</u> Community Development/ Neighborhood Services	<u>Phone:</u> 528-3048
<u>City Manager Signature:</u>		

BACKGROUND / KEY ISSUES / CONTRIBUTING FACTORS:

The City of Las Cruces conducted a competitive application process for the provision of responsive, cost effective, quality Health-Related Public Services through partnerships with the non-profit sector. The applications were solicited and hand-delivered to the City's Community Development Department on March 11, 2011. The applications were reviewed and evaluated by the City of Las Cruces' Health and Human Services Advisory Committee and Community Development Department Neighborhood Services Section staff. On April 27, 2011 the Health and Human Services Advisory Committee recommended the grants listed on Exhibit "A" be awarded to local providers of health-related services for Fiscal Year 2012 in the amount of \$300,000. Each grant will require a mutually agreed-to purchase services agreement between the City and the respective non-profit organization.

The recommendations of the HHSAC are based on funding priorities across four (4) categories that are contained within the adopted Health-Related Public Services Guide. The priority areas and their funding allocations for Fiscal Year 2012 are as follows:

Priority Area (Number and Name)

- #1 – Health/Mental Health Services (Direct)
- #2 – Food and Nutrition Programs
- #3 – Homeless Services
- #4 – Social Services

SUPPORT INFORMATION:

1. Resolution.
2. Exhibit "A", Recommended Health-Related Public Services Funding for Fiscal Year 2012.
3. Attachment "A", Draft, unapproved minutes of HHSAC meetings of April 13, 2011, April 20, 2011 and April 27, 2011.

SOURCE OF FUNDING:

Is this action already budgeted?	Yes	<input checked="" type="checkbox"/>	See fund summary below
	No	<input type="checkbox"/>	If No, then check one below:
	<i>Budget Adjustment Attached</i>	<input type="checkbox"/>	Expense reallocated from: _____
		<input type="checkbox"/>	Proposed funding is from a new revenue source (i.e. grant; see details below)
		<input type="checkbox"/>	Proposed funding is from fund balance in the _____ Fund.
Does this action create any revenue?	Yes	<input type="checkbox"/>	Funds will be deposited into this fund: _____ in the amount of \$ _____ for FY ____.
	No	<input checked="" type="checkbox"/>	There is no new revenue generated by this action.

BUDGET NARRATIVE

This \$300,000 represents the proposed total budget for FY 2012 within the Health Care Fund for the specific purpose of providing operating expenses to eligible non-profit organizations in exchange for providing qualified health care to the sick, indigent, and low-income residents of Las Cruces. The \$300,000 is a transfer from the Telshor Facility Fund (Fund 2705) that uses interest earnings to fund the Health Care Fund each year. The Telshor Facility Fund is funded by the principal and interest earnings from the pre-paid lease of the Memorial Medical Center.

FUND EXPENDITURE SUMMARY:

Fund Name(s)	Account Number(s)	Expenditure Proposed	Available Budgeted Funds in Current FY	Remaining Funds	Purpose for Remaining Funds
Health Care Fund (Fund 2700)	27100010-722190-109xx (varies)	\$300,000 (Pending adoption of the FY 2012 Budget)	\$300,000 (Pending adoption of the FY 2012 Budget)	\$0	N/A

OPTIONS / ALTERNATIVES:

1. Vote "Yes"; this will approve the Resolution. Such action would adopt the Fiscal Year 2012 health-related funding recommendations of the Health and Human Services Advisory Committee.
2. Vote "No"; this will deny the Resolution and not adopt the Fiscal Year 2012 health-related funding recommendations of the Health and Human Services Advisory Committee and inhibit the timely implementation of priority public services starting July 1, 2011.
3. Vote to "Amend"; this could modify the Resolution based on Council's direction, and then vote "Yes" on the amended Resolution. Modification would be based on the Council's direction.
4. Vote to "Table"; this could postpone the Resolution. Council would need to provide direction to staff.

REFERENCE INFORMATION:

The resolution(s) and/or ordinance(s) listed below are only for reference and are not included as attachments or exhibits.

1. N/A

RESOLUTION NO. 11-225

A RESOLUTION ADOPTING FUNDING PRIORITIES AND ALLOCATIONS TO VARIOUS LAS CRUCES NON-PROFIT ORGANIZATIONS FOR FISCAL YEAR 2012 TO PROVIDE HEALTH-RELATED PUBLIC SERVICES NEEDS AND AUTHORIZING THE INCORPORATION OF THE FUNDING AMOUNTS INTO THE CITY'S FISCAL YEAR 2012 BUDGET. THE RESOLUTION FURTHER AUTHORIZES THE DEVELOPMENT OF PURCHASED SERVICES AGREEMENTS WITH EACH NON-PROFIT ORGANIZATION AND FOR THE ASSISTANT CITY MANAGER TO EXECUTE THE AGREEMENTS ON THE CITY'S BEHALF.

The City Council is informed that:

WHEREAS, the City of Las Cruces Health and Human Services Advisory Committee (HHSAC) has conducted a competitive application process for awarding grants to the non-profit sector for Fiscal Year 2012 for health-related public services; and

WHEREAS, the HHSAC evaluated the applications and made recommendations in specific funding amounts for individual non-profit organizations demonstrating the ability to meet health-related public service needs for the City of Las Cruces.

NOW, THEREFORE, Be it resolved by the governing body of the City of Las Cruces:

(I)

THAT area non-profits recommended by the HHSAC be awarded grant amounts for FY 2012 as shown in Exhibit "A," attached hereto and made part of this Resolution, are hereby adopted.

(II)

THAT these funding recommendations are authorized to be incorporated into the City's FY 2012 budget.

(III)

THAT City staff is authorized to develop purchase services agreements with each non-profit agency for Fiscal Year 2012 specifying services to be delivered and the Assistant City Manager is authorized to execute said Agreements on the City's behalf.

(IV)

THAT the Fiscal Year 2012 Health-Related Public Services Purchased Services Agreements are hereby directed to be in the custody of the City Clerk and available for public inspection upon approval of each Agreement.

(V)

THAT City staff is hereby authorized to do all deeds necessary in accomplishment of the herein above.

DONE AND APPROVED this _____ day of _____, 2011.

ATTEST:

APPROVED:

City Clerk

Mayor

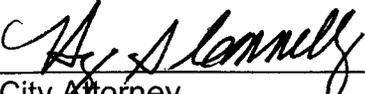
(SEAL)

VOTE:
Mayor Miyagishima: _____
Councillor Silva: _____
Councillor Connor: _____
Councillor Pedroza: _____
Councillor Small: _____
Councillor Sorg: _____
Councillor Thomas: _____

Moved by: _____

Seconded by: _____

APPROVED AS TO FORM:



City Attorney

**RECOMMENDED HEALTH-RELATED PUBLIC SERVICES FUNDING
FOR FY 2012**

	Health-Related Public Services Recommended Organization	Program	Recommended Award
1	Candlelighters of WTX & SNM	Esperanza Project	\$ 7,500
2	Casa de Peregrinos	Food Security Project	\$ 22,500
3	El Caldito	Soup Kitchen	\$ 22,500
4	Jardín de los Niños	On-Site Medical Care Services	\$ 22,500
5	La Casa, Inc.	Family Services	\$ 22,500
6	La Clínica de Familia	Expanded Clinic Hours	\$ 22,500
7	La Piñon	SANE and Child Crisis Programs	\$ 22,500
8	Mesilla Valley Community of Hope	SOAR Expedited Social Security Claims	\$ 22,500
9	Mesilla Valley Hospice	Hospice and Grief Services	\$ 22,500
10	New Mexico GLBTQ Centers, Inc.	Rainbow Youth	\$ 22,500
11	New Mexico State University	WAVE Program	\$ 22,500
12	Roadrunner Food Bank	Hunger Relief	\$ 22,500
13	Southern NM Diabetes Outreach	Ciclovia	\$ 22,500
14	St. Luke's Health Care Clinic	Diabetes Care for Homeless/Indigent	\$ 22,500
		TOTAL AMOUNT:	\$ 300,000

HEALTH AND HUMAN SERVICES ADVISORY COMMITTEE

April 27, 2011

Following are the summary minutes from the Health and Human Services Advisory Committee meeting held on Wednesday, April 27, 2011, at 6:00 p.m., at City Hall Council Chambers, 700 N. Main, Las Cruces, New Mexico.

MEMBERS PRESENT: Earl Nissen, Chair
Sue Patterson, Vice-Chair
Ardyth Norem
William Corbett
Ellen Weiss
Kevin Kay

MEMBERS ABSENT: Nancy Cano

STAFF PRESENT: Jean Barnhouse-Garcia
Diana Garcia-Parra (Recording Secretary)

PUBLIC PRESENT: April Anaya (Boys & Girls Club)
Tina Reeves (MV Hospice)
Chris May (MV Hospice)
June Donohue (SNM Diabetes Outreach)
Nancy Cahill (Jardin de los Ninos)
Evangelin Mercado (NM Legal Aid)
Scott Lynch (Candlelighters)
David Stocum (GLBTQ)
Richard Scramstad (GLBTQ)
Juan Figueroa (FYI)
Mike Milam (D.A. Action for Youth)
Felicia McCracken (D.A. Action for Youth)
Richard Miernyk (Casa de Peregrinos)
Nancy Bates (Gym Magic)
Manuel Medina (Region II EMS)
Amy Bassford (La Casa)
Fran Alvis (St. Luke's)
Cory Lucas (TeamBuilders)
Pamela Angell (MVCH)
Stacey Christiano (BBBS)
Dawn Shults (Forensic Intervention Consortium)

I. CALL TO ORDER

Meeting was called to order by Chairperson Earl Nissen at 6:08 p.m.

1 **II. ROLL CALL**

2
3 Jean Barnhouse-Garcia called the roll of the HHSAC members (above).

4
5 Ms. Barnhouse-Garcia advised that Nancy Cano Ms. Barnhouse-Garcia advised
6 that Nancy Cano had an excused absence.

7
8 **III. CONFLICT OF INTEREST INQUIRY BY BOARD CHAIRPERSON IN**
9 **ACCORDANCE WITH ESTABLISHED PROGRAM PROCEDURES**

10
11 Chairperson Nissen asked committee members if they had any conflicts of
12 interest.

13
14 Committee members stated they did not have any conflicts of interest. Bill Corbett
15 did disclose that he knows members of some of the Boards of Directors, some of
16 the individuals that get services and some of the applicants. He also works for
17 NMSU and DACC and on occasion, conducts facilitations for the Third Judicial
18 Court. However, he did not perceive any COI.

19
20 **IV. APPROVAL OF MINUTES**

- 21 • April 13, 2011
- 22 • April 20, 2011

23
24 Ms. Barnhouse-Garcia advised the minutes were not ready at this time and
25 would be tabled.

26
27 **V. APPLICATION PRESENTATION BY SOUTHWEST COUNSELING**
28 **CENTER**

29
30 Chairperson Nissen advised that Southwest Counseling Center withdrew their
31 application.

32
33 **VI. APPROVAL OF FINAL RANKING OF COMPOSITE SCORES FOR**
34 **HEALTH-RELATED PUBLIC SERVICES APPLICATIONS**

35
36 Final ranking follows:

- 37
- 38 1. El Caldito Soup Kitchen
 - 39 2. Roadrunner Food Bank
 - 40 3. Casa de Peregrinos
 - 41 4. La Casa, Inc.
 - 42 5. St. Luke's Health Care Clinic
 - 43 6. Jardin de los Ninos
 - 44 7. La Pinon
 - 45 8. La Clinica de Familia
 - 46 9. MV Community of Hope

- 1 10. NMSU – WAVE
- 2 11. Mesilla Valley Hospice
- 3 12. Southern NM Diabetes Outreach
- 4 13. NM GLBTQ Centers, Inc.
- 5 14. Candlelighters of WTX & SNM
- 6 15. Region II EMS, Inc.
- 7 16. Families & Youth, Inc.
- 8 17. TeamBuilders Counseling Services
- 9 18. Boys & Girls Club of Las Cruces
- 10 19. Abode, Inc.
- 11 20. NM Legal Aid
- 12 21. Forensic Intervention Consortium
- 13 22. Mesilla Valley Youth Foundation
- 14 23. Big Brothers Big Sisters – School Based
- 15 24. Gym Magic Foundation, Inc.
- 16 25. Dona Ana Action for Youth

18 **VII. FINAL APPROPRIATION RECOMMENDATION**

19
20 Chairperson Nissen asked the committee members to express any questions or
21 concerns before they get into any vote.

22
23 Mr. Corbett stated of the possibilities, he thought a good cutoff would be about
24 460, but that would give a little money left over. So if they went on Possibility 2
25 that would have a 460 cutoff with residua of \$7500 for Candlelighters. That
26 would be funding the top finishers at 75%. Candlelighters only requested
27 \$10,000, so they're funded at about 75% and the others are just about at that
28 level. It seems like a good amount to administer and a good number of
29 applicants to fund at a reasonable level.

30
31 Ms. Norem stated she noticed that Possibilities 2 and 4 are highly similar. She
32 has no reason to prefer one over the other. She did notice that with Possibility 4
33 many of the units get \$175 more, but is not sure what the implication of that
34 would be.

35
36 Chairperson Nissen stated that is because he gave 74% and computed it right
37 down to 74% for all those in top 10. In other words, #4 represents a truer picture
38 of giving a percentage than #2 in the sense that some of those asking for the
39 different amounts would be getting the same amount as somebody who asked
40 for \$30,000. After giving everybody 74%, \$4,753.32 is left, so he split that
41 amount among the top ten.

42
43 Ms. Barnhouse-Garcia advised that on Possibility 4, she rounded it to the nearest
44 dollar. So then the top ten had the 74% plus the \$475 left over.

45

1 Mr. Kay stated that whatever they do, the numbers need to speak and be justified
2 for it. He felt that option 3 was the best option with a cutoff of 449. If you take
3 the average of the total points given of all the applicants, that's what comes up,
4 449. They also accomplish the goal of the committee by allowing new applicants
5 into and being funded. The only concern is the number of applicants that staff
6 would be tasked of monitoring. However, to be fair and transparent and not to
7 show any favoritism, he feels that would be the best bet to go with Option 3, or at
8 least consider that with the cutoff of 449.

9
10 Ms. Patterson stated she was also looking at the implied promise that the
11 committee had made about giving new groups a chance and seeing how they
12 perform, etc., which leads her to favor Possibility 2.

13
14 Ms. Weiss had no questions or comments.

15
16 Mr. Nissen stated he would ask each committee member to commit themselves
17 to possibility 1, 2, 3 or 4.

18
19 Mr. Corbett committed to Possibility 2.

20
21 Ms. Norem committed to Possibility 2.

22
23 Mr. Kay committed to Possibility 3.

24
25 Ms. Patterson committed to Possibility 2.

26
27 Ms. Weiss committed to Possibility 2.

28
29 Mr. Nissen committed to Possibility 4.

30
31 Mr. Nissen advised that as a result of this, there were in favor of Possibility 2 and
32 one for Possibility 3 and one for Possibility 4. Mr. Nissen asked for a motion to
33 accept Plan 2.

34
35 Ms. Norem so moved.

36
37 Ms. Patterson seconded.

38
39 Mr. Nissen asked each committee member for their vote of yes or no to Plan 2.

40
41 Mr. Corbett voted yes.

42
43 Ms. Norem voted yes.

44
45 Mr. Kay voted no.

46

1 Ms. Patterson voted yes.

2

3 Ms. Weiss voted yes.

4

5 Mr. Nissen voted no.

6

7 Vote was 4-2 for yes.

8

9 Mr. Nissen stated that officially the committee adopted Plan 2, as follows:

10

- 11 1. Jardin de los Ninos - \$22,500
- 12 2. El Caldito Soup Kitchen - \$22,500
- 13 3. Roadrunner Food Bank - \$22,500
- 14 4. Casa de Peregrinos - \$22,500
- 15 5. La Casa, Inc. - \$22,500
- 16 6. St. Luke's Health Care Clinic - \$22,500
- 17 7. La Pinon - \$22,500
- 18 8. La Clinica de Familia - \$22,500
- 19 9. MV Community of Hope - \$22,500
- 20 10. NMSU WAVE - \$22,500
- 21 11. Mesilla Valley Hospice - \$22,500
- 22 12. Southern NM Diabetes Outreach - \$22,500
- 23 13. NM GLBTQ Centers, Inc. - \$22,500
- 24 14. Candlelighters of WTX & SNM - \$7,500

25

26 **VIII. OTHER DISCUSSION**

27

28 Mr. Nissen commented to the applicants present that if they had any suggestions
29 or concerns about the application process this year, to get in touch with him and
30 he will relay those concerns to the committee.

31

32 **IX. ADJOURNMENT**

33

34 Bill Corbett moved to adjourn.

35

36 Ardyth Norem seconded.

37

38 Meeting adjourned at 6:33 p.m.

39

40

41

42

Chairperson Date

HEALTH AND HUMAN SERVICES ADVISORY COMMITTEE

April 20, 2011

1
2
3
4 Following are the summary minutes from the Health and Human Services
5 Advisory Committee meeting held on Wednesday, April 20, 2011, at 6:00 p.m., at
6 City Hall Council Chambers, 700 N. Main, Las Cruces, New Mexico.
7

8 **MEMBERS PRESENT:** Earl Nissen, Chair
9 Sue Patterson, Vice-Chair
10 Ardyth Norem
11 William Corbett
12 Ellen Weiss
13 Kevin Kay
14

15 **MEMBERS ABSENT:** Nancy Cano
16

17 **STAFF PRESENT:** Jean Barnhouse-Garcia
18 Diana Garcia-Parra (Recording Secretary)
19

20 **PUBLIC PRESENT:** Evangelina Mercado (NM Legal Aid)
21 Donna Richmond (La Pinon)
22 Bernadine Dallago (La Pinon)
23 Donna Brown (MV Hospice)
24 Chris May (MV Hospice)
25 Tina Reeves (MV Hospice)
26 Martin Lopez (La Clinica de Familia)
27 Cory Lucas (TeamBuilders)
28 Fran Alvis (St. Lukes)
29 David Stocum (GLBTQ)
30 Rob Champion (Region II EMS)
31 Manny Medina (Region II EMS)
32 June Donohue (SNM Diabetes Outreach)
33 Beatriz Favela (WAVE Program)
34
35

36 **I. CALL TO ORDER**
37

38 Meeting was called to order by Chairperson Earl Nissen at 6:00 p.m.
39

40 **II. ROLL CALL**
41

42 Jean Barnhouse-Garcia called the roll of the HHSAC members (above).
43

44 Ms. Barnhouse-Garcia advised that Nancy Cano has an excused absence due to
45 a death in the family.
46

1
2 **III. CONFLICT OF INTEREST INQUIRY BY BOARD CHAIRPERSON IN**
3 **ACCORDANCE WITH ESTABLISHED PROGRAM PROCEDURES**

4
5 Chairperson Nissen asked committee members if they had any conflicts of
6 interest.

7
8 Committee members stated they did not have any conflicts of interest. Bill Corbett
9 did disclose that he teaches for NMSU and also DACC and conducts facilitations
10 for the Third Judicial District Court. He also disclosed that he knows some
11 members on the Boards of Directors, some of the employees of some of the
12 applicants and some of the recipients, however, he did not perceive any COI.

13
14 **IV. PRESENTATIONS BY APPLICANTS FOR HEALTH-RELATED PUBLIC**
15 **SERVICES**

16
17 (Note: Presentations and questions are verbatim)

18
19 **A. La Clinica de Familia – Expanded Clinic Hours**

20
21 Lopez: Good evening. My name is Martin Lopez. I'm the Chief Operations
22 Officer for La Clinica de Familia. As a form of background; La Clinica de Familia
23 has been around for about 30 years here in the community covering the entire
24 Dona Ana County. We have 8 medical clinics and 4 dental clinics and one high
25 school medical base clinic in Santa Teresa. Here in Las Cruces up on Mall Drive
26 is where our medical and dental facility is. On Calle de Alegre is our Women's
27 Health Clinic which primarily focuses on women healthcare issues, OB-GYN and
28 deliveries. One of our OB-GYN's shares call with First Step, so they share at the
29 hospital there delivering high risk babies.

30
31 We're requesting \$30,000 to help offset some of the Saturday clinic operations
32 hours. What we do on Saturdays is, on a voluntary rotation with doctors and
33 staff, we are open here at the Mall Drive from 8:00 a.m. to 2:00 p.m. which
34 facilitates working families and working moms, single moms that can't make it
35 during the week, staffed by doctors and other staff. We also have those services
36 in Anthony, New Mexico, which soon we'll also have them in Sunland Park and in
37 Chaparral. But this specific money would allow to Las Cruces Clinic only, the
38 medical and dental. Right now we see, 520 hours we spent on expanded hours
39 for Las Cruces. The funding provided here by the City will enable us to use
40 improvise expanded hours in Las Cruces medical and East Mesa, up in the hill.
41 This includes clinics at 6 hours on Saturdays and the lunch hours 4 days a week,
42 which will allow us to serve 756 additional patients who are largely under-insured
43 or self-pay residing here in the City of Las Cruces. Last year we saw, corporate
44 wide, 100,000 visits for 25,000 patients, so as you can see it's a pretty large
45 operation. The money that we're asking helps offset some of the salary for the
46 providers and nursing staff that work here in Las Cruces. It's a small drop in the

1 bucket but it certainly helps (inaudible) our costs. We're a non-profit healthcare
2 organization and as you see the state of the economy; our demand keeps
3 growing because we're the safety net. Folks come to La Clinica when they can't
4 get into other facility. By opening it on Saturdays, it kind of diverse a lot of the
5 higher cost to the emergency room which patients would end up for minor issues.
6 For children (inaudible) for headaches or stuff that normally urgent care centers
7 would be open, but the thing with La Clinica, we maintain continuity of care. So
8 we make sure our patients stay with us all the way through and reducing the cost
9 at the hospital with the emergency rooms.

10
11 Having said that, I'm open for any questions the committee might have.
12
13
14

15 **B. La Pinon – SANE and Child Crisis Programs**
16

17 Dallago: Hello. Thank you for allowing me to present. My name is
18 Bernadine Dallago and I am the Sexual Assault Nurse Coordinator for La Pinon
19 with the SANE unit and then oversee projects of the Child Crisis Center. We
20 have come to the City with a grant for \$30,000 to help offset the cost of the
21 medical unit at La Pinon, the Sexual Assault Unit which sees on an average of
22 about 120 victims of sexual assault a year and the medical unit that we are
23 providing for children of care at the Child Crisis Center where we care of children,
24 newborn to 12 years of age for up to 30 days with their families in crisis. A little
25 bit about the SANE unit, the SANE unit is strictly a medical unit that cares for the
26 victims of sexual assault helping to alleviate the burden of the ER caring for that
27 victim. When the victim is going through his or her emergency, it is not
28 necessarily the emergency rooms' emergency where a heart attack or a gunshot
29 wound is, so a victim could sit in the ER for quite a while and this way at the
30 SANE unit they are seen within an hour of disclosing that they're in need of a
31 sexual assault rape kit and we have trained nurses that oversee that along with
32 the medical director. Now at the Child Crisis Center, to switch that hat, we have
33 a pediatrician who comes in to see the children that we care for at the unit, a
34 complete medical room that we are working to staff and supply for that physician
35 to come in and see the children. The children are with us for 24 hours up to 30
36 days. Transportation on getting the children to the clinics is somewhat of a
37 difficulty and that's why Dr. Crawley has agreed to come to our unit to see the
38 children in our care.
39

40 So the Child Crisis Center is a new facility to the City of Las Cruces. It is a
41 program under La Pinon. La Pinon has been developing and organizing the
42 center for the last two years. It has been opened since December 15th and within
43 that time we have seen 23 children with the longest day being 2 1/2, 3 weeks
44 now that we have cared for the children. The crisis that the children come to the
45 Child Crisis Center can be anywhere from the mother experiencing a medical
46 condition and she has nowhere to leave her child if she needs to have a surgery,

1 a gall bladder or something like that. She has no family she can trust to leave
 2 the children too. It could be a mother who's in the domestic violence shelter and
 3 has to have an emergency procedure done and no care for her children. It could
 4 be a homeless situation. A family could be homeless and they're bouncing
 5 around from friends, they're bouncing in and out of their car, they might be
 6 staying at the Gospel Rescue and they have little children that are maybe three
 7 or four years old. That's a difficult thing for them to be dealing with and we can
 8 care for their children in the meantime. The idea is to help prevent and alleviate
 9 child abuse within our community. The Child Crisis Center has been in need of
 10 this community for over five years and it finally found a home at La Pinon.

11
 12 The SANE unit has been in existence with La Pinon as a program for the last 12,
 13 13 years and like I said, sees an average of about 110 to 120 victims a year, age
 14 ranging anywhere from 3 months to 96 years old, both male and female victims,
 15 young and elderly as well.

16
 17 The SANE program and the Child Crisis Center would like again to say thank you
 18 for allowing us to come speak to you and applying for this grant. I'm ready for
 19 questions.
 20
 21
 22

23 ~~C. Mesilla Valley CASA, Inc. Children First~~ **Withdrew Application**
 24 **4/20/11**

25
 26 **D. Mesilla Valley Hospice – Hospice and Grief Services**
 27

28 Brown: Good evening. Thank you for allowing us to present. In our
 29 application, Mesilla Valley Hospice has been serving the community for 29 years
 30 providing end of life care. But in 1999, we established the Center for Grief
 31 Services, which was to provide grief support to the entire community, not just
 32 family members of hospice patients.
 33

34 The \$30,000 grant we're requesting this evening is to help fund the operation of
 35 the Center for Grief Services. One of the things that as you will look in our
 36 application that you see is that we have programs to provide bereavement
 37 support to both adults and children. We provide both individual counseling and
 38 group counseling, depending on the needs of the individual. Sometimes you
 39 may have an adult or a child for just, their grief is so complicated or the issues
 40 they're dealing with are so complicated, they need a one-on-one setting. Other
 41 times, we try to put together small groups of four to six people that they can
 42 actually work together to kind of work through their grief issues. One of the
 43 things that we have found in the years that we've operated the center is that
 44 unresolved grief can actually have a lot of impact on both children and adults.
 45 The adult population what we see, missed days at work, we'll also see a lot of
 46 stress, perhaps physical symptoms displayed. The same thing we see in

1 children; we'll start seeing them acting out in school. They also may have
2 actually physical symptoms that manifest as a result of grief. We are working a
3 lot with the public schools and the counselors identifying the children that they
4 feel need these services. Typically, especially now in our middle school and high
5 school we are having children that are dealing with things like suicide of friends,
6 you know a teenage suicide is a very big problem in the country, violent deaths,
7 perhaps shootings or the kinds of things that we, you know, hear about on the
8 news. Often when there is some kind of a tragedy the school will contact our
9 counselor and ask them to come in and work with teachers, work with the school
10 counselors and work with the children and their parents. Especially for the
11 children, if you look through the proposal, one of the things that we're requesting
12 help with funding is to increase our children's grief counselor. The demand for
13 children's grief services has been increasing every year. So we have moved our
14 children's counselor from a half-time position to a 80% time position so the
15 majority of the funds we're requesting would go to help support that children's
16 grief counselor.

17
18 Rather than me going on and giving you lots more information, do you all have
19 specific questions for me?
20
21

22

23

24

25

26

27

**E. Mesilla Valley Youth Foundation – Court Youth Center
SnackArt Coalition**

28

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Oliver-Lewis: Thank you for allowing me to be here. I'm Irene Oliver-Lewis. I'm the Executive Artistic Director of the Court Youth Center and Alma d'Arte Charter High School. The Court Youth Center has been in existence since 1996.

I'm sure since 1996 . . . let's imagine its 2:00, 2:30, elementary kids are coming out of school. First thing they're thinking about is food. Then it turns into about 4:00 and the middle schools and the high school kids, the first thing they're thinking about, they've had a day, they're busy, they're hungry, they're growing, they're thirsty and they're thinking about food. So they go ahead and they get the easiest thing; pop, unhealthy food, snacks, chips and they take care of the urge to eat afterschool. It is found that that is the time that most kids in the afterschool arena are hungry, tired, need both something to do and something healthy to look at. So in putting this proposal together, we worked with a group of our Americorp artists and we worked with a group of our students and saying how would we look at a nutrition and health at a time that you need something. So this was a committee of the participants and the artists' idea that came up with SnackArt and to service the afterschool program because that's who we work with.

So the SnackArt Coalition is an innovative health-related program in the food and nutrition section of your health grant or proposals. It's to address low-income

1 youth from 6 to 18 years old to become healthy food advocates and consumers
2 in an afterschool program. I would like to reiterate that; to become food
3 advocates and consumers. So that within a certain amount of time instead of
4 reaching for that pop or reaching for those chips, that they will look at granolas or
5 they will look at tea or they will look at water. So that's one aspect of really
6 changing the pyridine of our youth. That's what this program is looking at. You
7 also need to know that it's a continuation of other health programs that we've
8 looked at in gardening, in food, farm, to table in our food program, in our culinary
9 program. So it's not something that's just out of the realm of what we've already
10 being doing for at least six years in our program.

11
12 The other important thing that we're looking at is since we are an arts based
13 program; we believe that art is everywhere. It is just not in a museum. It is not
14 just in a concert. It is not just isolated from the general environment and the
15 community that you live in. We have a saying "art everyday, everywhere." So
16 this SnackArt Coalition is looking at creating, working with 100 kids, 80 kids in an
17 afterschool program creating the snacks that then would go into the elementary
18 and the middle school area. Then you're looking at a Saturday program where
19 different kids are coming in and addressing from an artful standpoint the literature
20 that teaches our community, that teaches our kids that may have a film, may
21 have DVD, may have when you buy a little snack, that we're looking at only from
22 like, like they estimated the cost from anywhere from 10 cents to 50 cents so that
23 they're affordable and then you have little informational material that would be
24 going into the snack. So that's the creative end of it from the art that is our busy
25 of how to use art.

26
27 Then the third part of it is getting into the community, getting into the
28 understanding, going to the Farmer's Market, going to where the kids are and
29 maybe parking the bikes at the Pic Quik's outside so before they go into a Pic
30 Quik, they may see the snackart. We're building a healthy sense of bicycles for
31 the middle school areas because our high school kids may not be using bicycles
32 so we're trying to incorporate that healthiness of peddling and bicycles.

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37 **F. New Mexico GLBTQ Centers, Inc. – Rainbow Youth**

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39 Stocum: Good evening. Mr. Chairman, members of the committee and city
40 staff, thank you for the opportunity to present to you this evening. I'm David
41 Stocum, I'm the Executive Director of New Mexico Gay Lesbian Bisexual
42 Transgender and Questioning or Queer (GLBTQ), depending on how old you
43 are, community centers. NM GLBTQ centers was incorporated as a New Mexico
44 non-profit. We received our 501(C)3 status from the IRS in 2008. We currently
45 operate the only gay and lesbian community center in New Mexico at 1210 N.
46 Main Street here in Las Cruces. Our mission is to reduce homophobia and

1 enrich the lives of individuals living in New Mexico who identify as gay lesbian
2 bisexual transgender and questioning through education, advocacy, support,
3 example and collaboration.

4
5 The program I'd like to talk about this evening is our Rainbow Youth Program.
6 Rainbow Youth, which the kids are calling RY, is a program designed to reduce
7 risky behaviors by youth ages 14 to 24, including substance abuse, unsafe sex
8 and other factors contributing to suicide and HIV infections. RY will provide a
9 safe space for GLBTQ youth to get accurate information on issues important to
10 them, referrals to appropriate services for drug, alcohol, HIV and other health and
11 mental health issues. RY is unique in addressing one of the risk factors of
12 suicide that's been identified by the Trevor Project, which is a national leader in
13 youth suicide prevention, and that is the lack of youth access to positive GLBTQ
14 role models. We are the only program operated by an LGBTQ organization with
15 mostly GLBTQ staff. While our straight allies do excellent work and are fantastic
16 role models, they by nature cannot be positive GLBTQ role models. Operating
17 with a small grant from the United Way, RY is currently providing a youth center
18 within our community center which is open 48 hours each week over 7 days.
19 Three support groups are facilitated for youth each month; one of those in
20 Spanish. We also have a weekly youth advisory committee meeting and we also
21 provide HIV testing. Since July of last year, we have had 175 youth client visits.

22
23 The City funding we are seeking will allow us to expand the program to better
24 serve the areas GLBTQ youth. These funds will support a part-time staff person
25 dedicated to Rainbow Youth. This individual will be the primary service provider
26 to the youth and will do outreach to schools, mental and healthcare providers and
27 other organizations to develop a referral system and group participation. We will
28 use some of the requested funds, to launch LEAP. The LEAP program uses for
29 four cornerstones of lead, excel, act and persevere to help teens identify their
30 purpose and desires. By understanding the power of choice and overcoming
31 their limiting beliefs, youth develop a plan of action to achieve their goals and
32 implement that plan to thrive, not just survive. Using a powerful coaching
33 process, the youth in LEAP will gain greater respect for the choices they make,
34 have healthier behaviors, more confidence in themselves and build stronger
35 decision making skills, maintain better relationships and demonstrate more
36 motivation and commitment towards their future. In addition to LEAP, Rainbow
37 Youth intends to roll out, as funding allows, life skills training using a nationally
38 recognized research based curriculum, workplace skills and job training skills
39 using the resources from our partners as equal workplace advocates. The
40 objective of these activities is to prepare the youth to take care of themselves
41 should they be asked to leave the home for being GLBTQ. According to the
42 National Gay and Lesbian Taskforce, that's exactly what happens 26% of the
43 time when parents learn their son or daughter is gay.

44
45 Finally, NM GLBTQ Centers is unique in that we are the only GLBTQ operated
46 agency in the state that is developed in a full service menu to serve our

1 underserved population. Thank you again for the opportunity to present tonight
2 and I'll take any questions.
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6 **G. New Mexico Legal Aid – Law-Med Collaboration**
7

8 Mercado: My name is Evangeline Mercado and I'm the Managing Attorney at
9 New Mexico Legal Aid here in Las Cruces. We have been here in Dona Ana
10 County for approximately 30 years and we are an agency that provides civil legal
11 services to persons typically under the 125% of the poverty level. Our agency is
12 trying to develop a brand new, innovative, medical, legal partnership program.
13 This is a health and legal services delivery model that aims to improve the health
14 and well-being of vulnerable populations by integrating legal assistance into
15 medical settings. This type of medical/legal partnerships help patients get there
16 basic needs met and optimized healthcare. Lawyers will work with the
17 healthcare teams to improve patient access to health-related benefits and
18 services, including healthy housing, nutrition programs and disability benefits. In
19 an effort to break the link between poverty and poor health, our pilot program will
20 address the unmet needs of low-income families, the homeless, the migrant
21 community and those fleeing from domestic violence. This innovative approach
22 is intended to address the patients that visit medical facilities with an assortment
23 of legal needs.
24

25 In collaboration with La Clinica de Familia, NM Legal Aid will screen for various
26 legal issues, such as housing, public benefits, consumer and domestic violence.
27 Many of these issues may be contributing to the person's poor health. We have
28 found that many persons continuously use the medical system but there may be
29 underlying legal issues that are actually at the root of their problem. For
30 example, there may be a child that is constantly ill and isn't accessing medical
31 treatment, but the actual root of the problem may be hunger, the child is just not
32 getting enough to eat. Then we could assist the family in obtaining public
33 benefits such as the SNAP program and the food stamp program. We
34 discovered that many persons do not even realize that they qualify for these
35 public benefits. Another example would be maybe someone who is going to a
36 medical facility on numerous occasions or maybe excessive coughing and the
37 real issue maybe mold in their apartment, there's no heat and this would be a
38 legal issue that our agency could address and this could have impact on the
39 person's health. Medical needs may be exasperated by whether the individual is
40 getting enough to eat, whether they have heating and cooling in their homes, or
41 whether the individual is homeless and in the streets. Many times people are
42 forced to utilize the services like in an emergency room to care for their
43 immediate health concerns; however, the emergency room cannot provide long
44 term care.
45

1 Although we can't offer assistance in their medical care, these individuals' basic
2 needs may be improved by legal intervention. NM Legal Aid can provide civil
3 legal services to persons with various legal issues such as landlord/tenant, family
4 law, especially persons dealing with domestic violence, public benefits and even
5 consumer issues. We are requesting this grant to be able to establish this new
6 program where medical/law will partnership.
7

8 Thank you for allowing us to present.
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12 H. New Mexico State University – WAVE Program 13

14 Darmata: First of all I want to thank you all. I'm Debra Darmata. I'm the
15 Operations Manager of the Wellness, Alcohol, Violence Education Program at
16 NMSU. WAVE is managed by the Center for Counseling and Student
17 Development and then manages the CALL, which is the Crisis Assistance
18 Listening Line. The CALL opened in the fall of 2008 so we're hopefully looking at
19 our fourth year of being opened. The CALL has been a joined project between
20 NMSU and the Dept. of Health, Office of School and Adolescent Health. When I
21 say joint project, what I mean by that is NMSU provides the physical space to
22 house the CALL and a great deal of employee time, including the Counseling
23 Center and the psychologist and the interns actually offer on-call support for the
24 CALL. So if a caller gets into trouble or something big is going on, the
25 Counseling Center provides on-call 24/7. The Dept. of Health has donated by
26 providing one part-time social work position and then money for basic operations.
27 However, this year we are unsure, of course, about that money and whether or
28 not the Dept. of Health will be able to provide the CALL with any money at all.
29 The CALL is a 24/7, 365 days a week operation. Typically we have two
30 responders on any given time. The CALL is a warm line, which means that
31 callers can call about both being in a crisis or we also accept non-crisis calls and
32 encourage non-crisis calls. The CALL also provides an important service in that
33 we have a huge resource and referral base, meaning that sometimes our callers
34 need more than just compassionate listening. Sometimes they may need a
35 referral to a psychologist, psychiatrist, physician in town or they may need
36 temporary housing or information about any of the local food banks, so we also
37 provide that service.
38

39 In terms of need, NM has the third highest rate of suicide in the nation, at 20.4
40 per 100,000 versus 11.5. Dona Ana County is indeed 34% higher than the
41 national rate. We do have a couple of programs here in town that also serves as
42 a listening line. We have Kid Talk and now I believe, we even have Parent Talk
43 that La Pinon provides. We also Southwest Counseling Center. However, Kid
44 Talk and Parent Talk obviously is very specific. Southwest Counseling Center
45 only accepts calls from their own clients. In terms of callers, over the last near
46 four years, we've had 2200 calls since inception. Of those calls, 2/3 of those

1 calls have come from the City of Las Cruces. When one looks at whether or not
2 the majority of those are calls are NMSU students or not, 2/3 of those calls are
3 from non-students. When callers call, the top three concerns have been mental
4 health issues such as depression, relationship problems and physical health. It's
5 important to note that in terms of mental illness, of course, 90% of all suicides,
6 mental illness issues are implicated. We have what we call responders and our
7 responders are those folks that pick up the calls. They have 40 hours of training
8 before they're allowed on the lines. We've had, so far, seven iterations of
9 trainings with 150 people trained. About a third is bilingual and they come from
10 several different resources. They come from community volunteers, student
11 volunteers, several of the academic departments, we have interns from several
12 of the departments and we also have students through the counseling at Psych
13 Department that are actually earning class credit to take the call as a course.

14

15 Any questions?

16

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I. Region II EMS, Inc. – Corazon de Las Cruces

21

22 Campion: Good evening Mr. Chair and committee members. My name is Rob
23 Campion and I'm the Executive Director for Region II EMS. On behalf of our staff
24 and board, it's a privilege to be here tonight so thank you for taking the time.

25

26 Region II EMS is a 501(c)3 non-profit organization based in Las Cruces, NM.
27 Our organization was formed 28 years ago in 1983. Since the inception of the
28 corporation, we have partnered with healthcare providers and other agencies to
29 include hospitals and first responders to reduce mortality and morbidity in
30 Southwest NM. Part of our mission is to create an integrated EMS and trauma
31 system.

32

33 In the late 1990s, Region II joined with the American Heart Association to form
34 the largest publicly accessible community training center in Southwest NM and
35 West TX. The major focus of the community training center is to provide CPR
36 training, first-aid and automated external defibrillator training to our communities.
37 Each year this training center touches over 10,000 citizens and responders.

38

39 As part of the emergency medical center, we understand that prepared citizens
40 are an essential piece of the emergency healthcare infrastructure. The
41 community is the first link in the chain of survival. Rapid identification and
42 intervention by trained citizens has a remarkable impact on the outcome of
43 peoples suffering from an acute cardiac event. According to the American Heart
44 Association, early citizen CPR can triple survival rates of sudden cardiac arrest.
45 It has long been said that women are the heart of the community. Women play
46 many roles in caring for, developing and leading a community, but the attention

1 given to their hearts by the healthcare center has been lacking. This year the
2 Center for Disease Control has identified heart disease as a major health
3 epidemic. For too long heart disease has been considered a man's problem.
4 Health awareness initiatives and even physician training has been targeted at
5 identifying risk factors and signs and symptoms of heart disease in men. Heart
6 disease is the leading cause of death in women. 500,000 women will die each
7 year from heart disease and that is 10 times the number that will die from breast
8 cancer.

9
10 Region II EMS is requesting \$29,870 to fully fund the Corazon de Las Cruces
11 Program. This program is designed to target the growing epidemic of heart
12 disease in women. Corazon de Las Cruces will provide education, training to
13 low- and moderate-income women and their families covering the topics of heart
14 health, signs and symptoms of a heart attack, especially as it may present in
15 women, how to access emergency care, how to self-advocate in the healthcare
16 setting. We will also include CPR training and AED use. The Corazon de Las
17 Cruces project will bring CPR training to low- and moderate-income areas of the
18 city through partnership with senior centers, community centers and other
19 partners. Classes will be offered at various times to accommodate for all
20 schedules and the classes will be offered in both English and Spanish.
21 Participants of the classes will receive an American Heart Association Heart
22 Saver Certification for CPR and AED and will also receive a training manual for
23 future reference. Classes will be taught by American Heart certified instructors
24 with the students to instructor ratio of 1 to 9 that would be 1 instructor per 9
25 students. Classes will be taught based on the curriculum of American Heart and
26 the published guidelines of the American College of Cardiologist, American
27 College of Emergency Physicians and Center for Disease Control. The goal of
28 this program is to train and educate 500 women or their loved ones on the
29 above-mentioned topics, create awareness of the silent epidemic that is heart
30 disease and heart attacks in women. Through this initiative, it is our hope to
31 reduce cardiac related mortality and morbidity in Las Cruces.

32
33 The Corazon de Las Cruces program also has a research component. Region II
34 EMS will partner with American Medical Response, the city ambulance provider,
35 to create a profile of cardiac related responses to create a city risk profile. Our
36 program will have the key elements of awareness, training and research that
37 target prevention and mitigation of sudden cardiac events in women to create a
38 healthier and safer Las Cruces for everyone.

39
40 I'm now open to questions.
41
42
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46

J. Roadrunner Food Bank – Hunger Relief

1
2
3 Fine: Good evening. My name's Art Fine and I'm Director of Programs
4 with Roadrunner Food Bank. I'd also like to thank you for the opportunity to
5 present to you tonight.

6
7 Since Roadrunner Food Bank is new to the Las Cruces area, I'd like to start by
8 giving you a very brief overview of our history and our work. Roadrunner Food
9 Bank began in 1980. At that time we had a single focus, the elimination of
10 hunger in New Mexico and that remains our mission to this very day. Over the
11 past three decades, we've grown to become the largest, private food assistance
12 agency in the entire State of New Mexico. Last year we distributed over 22
13 million pounds of food. To give you an idea of how much food that is, that's the
14 equivalent of three semi-truck loads of food a day, each and every work day of
15 the year. We now distribute in two days than we did in our entire first year of
16 operation. We started out very small and because of the extent of hunger in NM,
17 we've become very large. Roadrunner Food Bank is also the only member of
18 Feeding America in NM. Feeding American is the nation's largest, domestic
19 hunger relief organization with over 200 member food banks throughout the
20 country. By being part of this network, we're able to take advantage of nationally
21 shared guidelines, best practices, research, but more importantly, nation sources
22 of food donations and food vendors. Feeding American inspects Roadrunner
23 Food Bank every other year with an on-site monitoring visit, as they do all their
24 member food banks, and demands of us regular rigorous reports on virtually
25 every aspect of our operation. As the only Feeding American member in NM,
26 we're required to insure that the entire state is served through the provision of
27 emergency and supplemental food. We do this in various ways. In 17 counties,
28 we help supply smaller, regional sister food banks that are located in Clovis,
29 Farmington, Santa Fe and Gallup. They in turn provide food to a network of their
30 partner organizations, such as food pantries, soup kitchens and shelters. In the
31 remaining 16 counties, including Dona Ana, Roadrunner Food Bank distributes
32 food to a network of over 350 other non-profits and faith-based organizations.
33 We also operate several direct distribution programs where we've identified gaps
34 in the system that I've just described to you. We have direct distribution
35 programs for seniors, children, families in crisis and people who live in
36 underserved and remote areas. By partnering with other non-profits and by
37 providing direct food assistance, we're helping to feed nearly 40,000 New
38 Mexicans each and every week of the year.

39
40 In January of this year we opened our first every branch right here in Las Cruces.
41 From this facility located at 2001 Copper Loop, we're serving the counties of
42 Dona Ana, Luna, Grant and Hidalgo. As I'm sure you know, these are counties
43 with very high poverty rates and as a result very high rates of food insecurity.
44 These counties have not been receiving nearly enough food assistance. Feeding
45 Americans requirement is that we distribute a minimum 38 lbs. of food per year
46 per person in poverty in these counties, with the standard being 80 lbs. of food

1 per person in poverty per year. All these counties are below this bench mark.
2 We plan to not only meet this minimum requirement, but to surpass it as we have
3 in almost every other part of the state.

4
5 The funding we've requested from the City of Las Cruces would be used for
6 general distribution of food to low-income people through our network of partner
7 agencies. Since January 27th, which is the date we began distributing out of our
8 Las Cruces warehouse, we've already established contracts with 21 different
9 organizations in Las Cruces. The proposed budget we submitted is not for the
10 entire Roadrunner Organization, but is an estimate only for cost at our new Las
11 Cruces branch and only for service to Las Cruces based hunger relief
12 organizations. We've only been operating for less than 3 months, which isn't a
13 long time, but we know what it takes to distribute emergency and supplemental
14 food as a result of our 31 years of experience. In this short period of time
15 however, from January 27th through last Friday, April 15th, we've been able to
16 distribute over 270,000 lbs. of food to Las Cruces agencies. Even when food is
17 donated though, it still has cost which are reflected in the budget summary. Cost
18 for staff such as truck drivers, warehouse workers, vehicles, fuel, utilities, etc.
19 When we provide food to our partner agencies, which is what we call
20 organizations that get food from us, it allows them to serve . . .

21
22 Barnhouse-Garcia: Times up.

23
24 Fine: I should have talked faster.

25
26 Nissen: We'll ask some questions so you can talk some more.

27
28 Patterson: Can he finish his sentence?

29
30 Nissen: Yeah could you please finish your sentence.

31
32 Fine: Thank you. When we provide food to our partner agencies, it
33 allows them to not only serve food to their clients, but it means they can save
34 more of their funds for other services they provide such as case management,
35 housing and medical care. We're pleased to be serving the City of Las Cruces.
36 We're grateful for your interest in our work and we look forward to partnering with
37 you to bring food to hungry people and help eliminate hunger in Las Cruces.
38 Thank you.

39
40 Nissen: Any questions? It's my understanding that now you are the central
41 food distributor. You took over what Community Action Agency used to do?

42
43 Fine: Correct.

44
45 Nissen: And that's all under you now?
46

1 Fine: Yes.

2

3 Nissen: Now you say there are 21 different organizations.

4

5 Fine: Yes sir.

6

7 Nissen: Is that right here in Las Cruces or the counties that you . . .

8

9 Fine: No that's Las Cruces.

10

11 Nissen: Just Las Cruces.

12

13 Fine: Within the City of Las Cruces, including some who presented to you
14 last week, for instance, El Caldito, Casa de Peregrinos, La Casa, churches . . . I
15 don't have a list in front of me, but 21 separate organizations that are currently
16 receiving food from Roadrunner Food Bank out of our Las Cruces facility.

17

18 Nissen: Alright, thank you sir.

19

20 **K. Southern New Mexico Diabetes Outreach - Ciclovía**

21

22 Favela: Good evening. My name is Beatrice Favela. I'm a member of the
23 work group for Ciclovía and I'm also a member of the Dona Ana Diabetes Action
24 Coalition. It is hard to put into perspective the health concerns that we face even
25 though we continue to make advancement in addressing health issues in NM.
26 Recently we learned that there are 21 health issues that have worsened. Among
27 those, we have diabetes, and youth and adult obesity which we know have
28 become an epidemic. Obesity rates have doubled for adults and tripled for
29 children in the last 20 years. Poor dietary choices and lack of exercise contribute
30 to this trend. Eating a balanced diet containing substantial quantities of fruit and
31 vegetables combined with regular exercise are needed to reduce this trend. In
32 2007, direct medical expenditures, that is the cost of healthcare services for the
33 treatment of diabetes, its complications and (inaudible) was estimated to be \$116
34 billion dollars. The total economic cost for overweight and obesity in the United
35 States is \$270 billion dollars per year. The NM health studies report says that we
36 need to work on a comprehensive effort to reverse the obesity and overweight
37 trends in NM. We also know that many of the health problems that we see are
38 related to our behavior. Research recommends the creation of better access to
39 places for physical activity combined with informational outreach improve the
40 chances to help behavior change.

41

42 Ciclovía has grown in the last 3 years where now we offer fresh fruits to
43 participants. We recently started providing information on the type of food and
44 drinks that they choose and what's in them. We also provide them with healthy
45 recipes which have been very well accepted by the participants. We continue to
46 be a very unique event. Ciclovía is an outdoor opportunity for citizens to take

1 part in an event that promotes physical activity and healthy lifestyles. During the
 2 events a variety of physical activity are accessible to the general public. These
 3 activities include aerobic, yoga, zumba, dodgeball, volleyball, soccer and many
 4 more. The cost to the public for this event is free. Ciclovía was taken into
 5 consideration as part of the activities of the City of Las Cruces listed as part of
 6 the playful city, U.S. community and the play day was held in conjunction with
 7 Ciclovía. June Donohue, Event Coordinator, is a member of the Playful City's
 8 Committee and attends the meetings on a regular basis. Ciclovía is also part of
 9 the Healthy Kids Las Cruces Initiative and is one of the official sites for children
 10 to participate, as well as the place where the prizes we're giving are part of the
 11 incentives for participating in that program. Ciclovía has hosted the kickoff event
 12 for the Las Cruces Prescription Trails Program in partnership with the NM Dept.
 13 of Health. Ciclovía takes place once a month on the last Sunday of the month,
 14 unless it's a holiday, from 10:00 to 2:00 at Young Park. We believe that Ciclovía
 15 can have a significant long term health benefit to the residents of our community
 16 by recognizing the advantage of physical activity, the importance of good
 17 nutrition and the permanent change in life styles. Our goal is to provide an event
 18 where a community can learn that physical activity can be very simple and fun.

19

20 Questions?

21

22

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25

**L. Southwest Counseling Center – Medication Services for the
 Indigent**

26

27

28

No Show.

29

30

**M. St. Luke's Health Care Clinic – Diabetes Care for
 Homeless/Indigent Patients**

31

32

33

Alvis: Good evening. I guess that means that that's more money for the
 34 rest of us because they didn't show. We appreciate that so much. My name is
 35 Fran Alvis. I'm the Executive Director for St. Luke's Health Care Clinic. I'm really
 36 glad to be here tonight to speak with you all. If you don't know anything about St.
 37 Luke's, I'm going to present you with some information that will help, but I think a
 38 lot of you do know information. Our mission is to provide for non-emergent
 39 outpatient healthcare to adults living in Dona Ana County who do not qualify for
 40 other forms of healthcare assistance. So this is people that have no insurance.
 41 They're not just under insured. They have no insurance.

42

43

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46

The goals of this program is to provide quality pharmacy and case management
 services for our diabetic clients in order to improve medication management and
 decrease expenses related to the cost of managing this disease. About 45% of
 our case load is diabetic. The objective of this program is to maintain compliance

1 with pharmacy standards through audits, to conduct health assessments on new
2 and returning clients, to enroll and engage diabetic clients in case management,
3 to provide education and training on diabetes disease and management of the
4 disease, to enroll clients in med-bank pharmacy assistance programs, and to
5 provide diabetic medication and supplies on an interim basis while waiting for the
6 med-bank approval to come through.

7
8 Our funding request is for \$30,000 to be used to support an RN Pharmacy
9 Coordinator at 16 hours per week and that's \$12,000 of a total. The additional
10 \$18,000 would be used for diabetic medication and supplies for diabetes control
11 and management. St. Luke's is taking advantage of pharmacy assistance
12 programs in every opportunity that we can. We try to use the central one through
13 med-bank and with that our clients get a one time \$300 voucher which they can
14 use for any and all medications that we can put together on a 90 day basis so
15 that we can take advantage of that \$300 voucher for one time. Then as they get
16 enrolled, then it takes up to 90 days for the process to take place. Some patients
17 will not be approved for assistance depending on what it is that their medication
18 is for. But we're looking specifically at diabetic medication and those are
19 generally always available through med-bank, especially the higher end more
20 expensive ones. This is expected to help 900 clients through case management
21 and assessment and specifically 60 clients for interim medication assistance so
22 that we can keep them on their medications while the med-bank process
23 happens. Because of that \$300 voucher, we're actually expecting that 60 to
24 double because this is an involving process and that was actually good news for
25 us to be able to access that \$300 right up front to help people. So this will help a
26 lot with the diabetes test strips, which are not covered under med-bank. So we'll
27 be able to continue to help those diabetic clients with those medication products.

28
29 Medical case management is the bulk of the program. The RN is necessary for
30 the pharmacy piece of it to enter the information into med-bank and to process
31 the application and then to receive the medications and dispense the medication
32 to the patient. Case management is not allowed to dispense any medication.
33 That has to be through our RN pharmacist and that's why that piece is very
34 critical. This is a current program so it's something that has been funded by the
35 city, not at the amount that we're asking because the funding wasn't there, but
36 we're asking for \$30,000 total. This would allow us to the assessments, the
37 triage, treatment, case management and medication assistance for our clients
38 throughout the next year. St. Luke's had 2900 medical visits in 2010 and this
39 was up from 1700 just two years before that. So our case load is increasing and
40 the need is greatly increasing for our patients and the cost for these medications
41 is extremely expensive. St. Luke's formally dispensed this medication at no cost
42 to our patients, but we can no longer consider doing that and it's not responsible
43 to do that. So this is a partnership with our patients and through case
44 management and the nursing system and our medical providers to take care of
45 this medical need in a cooperative manner. This is in conjunction with our
46 partners, the Dept. of Health and all of our volunteers, our medical nursing staff

1 and our physicians that volunteer at St. Luke's of which we have about 30 per
2 month. So this would be a great benefit to us and to our clients.

3
4 Any questions?
5
6
7
8
9

10
11
12 **N. TeamBuilders Counseling Services – Behavioral Respite Care**
13 **Program**
14

15 Lucas: Good evening. It feels a little bit like my name was Zamora at a
16 high school graduation just now so last on the list. My name's Cory Lucas and I
17 am the Community Based Service Program Coordinator with TeamBuilders
18 Counseling Services here in Las Cruces. TeamBuilders Counseling Services is
19 a 501(c)3 non-profit based out of Santa Fe. We serve about 23 counties now in
20 the State of New Mexico. We are a children's behavioral mental health agency.
21 Currently TeamBuilders offers services in those areas to address the gap needs
22 identified by the people in the communities and it also embraces the values of
23 collaboration. TeamBuilders offers multiple services for children, adolescents,
24 adults and their families. Our mission is to provide a comprehensive array of
25 individualized services designated to empower our children, families and the
26 community.
27

28 I come to you today because we are requesting \$30,000 for our Behavioral
29 Respite Care Program. Our Behavioral Respite Care Program is it's a
30 specialized childcare for families with children who are impacted by a severe
31 emotional disturbance and/or neuro-biological disorder. Serious emotional
32 disturbance is a condition exhibiting one or more characteristics over a long
33 period of time. Really it boils down to behavioral issues and we're talking about
34 SAD children. Our neuro-biological disorders, we're talking about children who
35 are diagnosed with autism, ADHD, oppositional defiant disorder or some kind of
36 pervasive developmental disorder as well. Our Behavioral Respite Care
37 Program is designated to provide both short term, which is an hourly Respite
38 Care Program, as well as overnight Respite Care for children and their families.
39 It can be provided on either a planned or an emergency basis in variety of
40 settings, such as the caregiver's home, our TeamBuilders Counseling Services
41 Facility which is located at 2205A S. Main right next to the Catholic Charities, or
42 in the community setting as well.
43

44 The goal of our Behavioral Respite Care Program is to provide parents and
45 family members an alternative to prevent out-of-home placements and really
46 trying to keep children in the community here in the City of Las Cruces.

1 Unfortunately, more often than not, children are going to a higher level of care
 2 and they're being shipped out of there community of origin, having to go up to
 3 Albuquerque or even further up north to receive services. Our Behavioral
 4 Respite Program is really in place to help those families alleviate those kinds of
 5 stress where they're working with those children with those neuro-biological
 6 disorders or SAD diagnosis and able to be there for an hourly basis or like I say
 7 overnight basis and help those families ensure that we can keep those kids in the
 8 community and help keep those children from going to a higher level of care such
 9 as a residential treatment center or treatment foster care for instance. Also,
 10 we're really helping our stakeholders by offering this service because we are
 11 working in conjunction with the Las Cruces Public School systems, Children
 12 Youth and Families Department and again, helping those children stay here in
 13 the community here in Las Cruces and making sure that we're part of that
 14 support service for those families and the children as well. Behavioral Respite
 15 Programs have been shown to reduce the preventable incarcerations and
 16 hospital visits in which in turn save money by keeping our children in lower cost
 17 services that are offered. In keeping our kids in the city, it also allows us to teach
 18 them the appropriate skills while receiving services to become active members of
 19 their community.

20

21 That's all I have, if you have any questions.

22

23

24

25 **V. OTHER DISCUSSION**

26

27

28 **VI. ADJOURNMENT**

29

30 Earl Nissen adjourned the meeting.

31

32 Meeting adjourned at 8:07 p.m.

33

34

35

36

 Chairperson

Date

HEALTH AND HUMAN SERVICES ADVISORY COMMITTEE

April 13, 2011

Following are the summary minutes from the Health and Human Services Advisory Committee meeting held on Wednesday, April 13, 2011, at 6:00 p.m., at City Hall Council Chambers, 700 N. Main, Las Cruces, New Mexico.

MEMBERS PRESENT: Earl Nissen, Chair
Sue Patterson, Vice-Chair
Kevin Kay
Nancy Cano
Ardyth Norem
William Corbett
Ellen Weiss

STAFF PRESENT: Jean Barnhouse-Garcia
Diana Garcia-Parra (Recording Secretary)

PRESENTERS: Shirley Jaquez (Jardin de los Ninos)
Nancy Bates (Gym Magic)
Stacie Christiano (Big Brothers/Big Sisters)
April Anaya (Boys & Girls Club)
Dawn Shults (Forensic Intervention)
Amy Johnson-Bassford (La Casa)
Pamela Angell (MVCH and Abode)
Juan Figueroa (Families and Youth, Inc.)
Scott Lynch (Candlelighters)
Dick Miernyk (Casa de Peregrinos)
Betty Tomei (El Caldito)
Felicia McCracken (D.A. Action for Youth)

PUBLIC PRESENT: Rob Champion (Region II EMS)
Ron Gurley (Forensic Intervention Consortium)

I. CALL TO ORDER

Meeting was called to order by Chairperson Earl Nissen at 6:03 p.m.

II. ROLL CALL

Jean Barnhouse-Garcia called the roll of the HHSAC members (above).

III. CONFLICT OF INTEREST INQUIRY BY BOARD CHAIRPERSON IN ACCORDANCE WITH ESTABLISHED PROGRAM PROCEDURES

Chairperson Nissen asked committee members if they had any conflicts of interest.

1
2 All committee members stated they did not have any conflicts of interest. Bill
3 Corbett did state that he works for NMSU and also conducts facilitations for the
4 Third Judicial District. He does know some of the members on the boards of the
5 recipients of services, employees, but does not perceive a COI.

6
7 **IV. PRESENTATIONS BY APPLICANTS FOR HEALTH-RELATED PUBLIC**
8 **SERVICES**

9
10 (Note: Presentations and questions are verbatim)

11
12 **A. Abode, Inc. – Abode Housing First Program**

13
14 Angell: Good evening. My name is Pamela Angell and I'm the Executive
15 Director of Abode Inc. In 1984, Abode Inc. was formed by what is Tresco today
16 for the purpose of building two 15 unit group homes on nearly an acre of land in
17 north Las Cruces, right near Apodaca Park. That was for the developmentally
18 disabled. They received 15 Section 8, 202 vouchers to subsidize those
19 apartments. In about 1990, Southwest Counseling Center took over ownership
20 of Abode. They were kind of a supportive services unit of those buildings and
21 they moved out. In April of 2008, Mesilla Valley Community of Hope, part of our
22 board, moved on and became the Abode Board, so we started having ownership
23 of these buildings. That kind of sets out why there are these two organizations,
24 companion organizations that work together. MVCH provides services for Abode
25 under a contract. Because it is rather unusual that we have two entities; I'm
26 Executive Director of both, we're requesting money for both. I just wanted to
27 establish that it's kind of in a pattern of that.

28
29 Abode Hope Housing First is...we began housing chronically homeless people in
30 October 2008. Currently we are full; we have 15 chronically homeless people
31 living there. One of them has gone over 2 years that he's been off the streets
32 and living in Abode and two people are coming up in May on their 2 years living
33 in the same place. Chronically homeless are people who have been either
34 experiencing continued homelessness of a year or more or four times in the last
35 3 years. What we see with some of our tenants is its people who've been living
36 on the streets of our city for 10, 20 years in some cases; they're just revolving in
37 and out of homelessness. We are seeing rather dramatic measures of success;
38 however, we also only have a 52% in 2010 retention rate where people are
39 moving onto permanent housing. That's a little bit lower than the HUD standard
40 for permanent supportive housing programs. However, Hope Housing First does
41 not have a lot of strings attached or requirements to it. These are the hardest to
42 house homeless people. We have another program that is for my compliant
43 homeless people and that has a 100% retention rate with people moving onto
44 permanent housing. So this is a difficult program with difficult clients.

45
46 What we're asking for tonight is \$18,000 to pay a part-time Housing Stability
47 Case Manager. Hopefully . . . we won't know until July 1st . . . but hopefully we
48 have funded a part-time case manager that helps them with things like food,

1 income support, getting on social security, accessing medical and mental health
2 needs. What we really need is someone whose going to get them engaged in
3 the community. What we find is that a lot of people when they move in there, it's
4 kind of a shock and they go into depression. They're used to looking over their
5 shoulder and suddenly, you know, they're sitting on a couch all day. Well we
6 want to pick them up and get them to the library and get them involved in
7 activities that will benefit not only themselves, but the community. Most of our
8 people that live there, once they get a roof over their heads, they start calming
9 down and not showing some of the behaviors they've been showing when they
10 first moved in. You know some of them have had erratic behavior, substance
11 abuse and those things seem to be getting better when they move into the
12 housing . . . after a while, cause there's usually a period of time where they
13 adjust; like when you get a new puppy and you know it's not getting along with
14 the cat. Sometimes they come in and they're kind of defensive you know. But
15 now they're really, after 2 ½ years of (inaudible) they're really becoming homes
16 and the people are really starting to care for one another and treat each other
17 with more kindness and care. You know if somebody gets sick, they'll cook for
18 them. So what we would like to do is have somebody who can really direct their
19 social needs and get them more involved and increase or stability into permanent
20 housing. Several people go onto get social security and they move out on their
21 own. We'd rather see them stabilize there and move out on their own when
22 they're ready and more fully integrated in the community, than you know just
23 getting that check and moving back into homelessness.

24
25 So that's what I'm requesting for with this request. I'd be happy to take any
26 questions you might have.

27
28 Patterson: I have one Pamela. These people are all located in one physical
29 place? What is it, an apartment building or what?

30
31 Angell: They're two 8-bedroom group homes. Well one actually has 9-
32 bedrooms, with one of those being a resident manager suite and 8 subsidized
33 bedrooms. The other one has 7-bedrooms, plus a resident manager suite. They
34 all share a kitchen, living room and dining room. They have almost an acre of
35 land. They have two community gardens we just helped them dig up with Rota
36 tillers. They have box gardens. They've had fresh greens all winters. If you
37 notice I'll always try to expound on my answers. It's a hint for the people back
38 there.

39
40 Patterson: We noticed, thanks.

41
42 Kay: I have a question. This is to bring in somebody full-time, correct?
43 Or part-time?

44
45 Angell: We're not sure. Until we know what our funding is like, we'd either
46 have a part-time person or we'd have a full-time person with 20 hours a week
47 established on social skills.

48

1 Kay: Okay. If my calculations are correct; at the dollar rate you're talking
2 about, \$16 an hour, for a year that's \$16,640. You're requesting \$1800, where's
3 the other \$1300 going to go because it's no breaking it out in the budget portion?
4

5 Angell: My request is \$18,000.
6

7 Kay: Right, that's what I'm . . . \$18,000. But if you do the figures of 16 x
8 20 and then you multiply that by 52, it comes out to \$16,642. You're asking for
9 that person's salary so I'm trying to figure out where the other 1360 comes in.
10 What are you going to do with that? Because it's not broken out in the budget
11 what you're requesting the remaining of the money for.
12

13 Angell: Yes. My calculations of \$16 hour x 220 hours is about \$36,000 a
14 year, divided in half would be \$18,000.
15

16 Kay: Okay, thank you.
17

18 Nissen: In regards to that, you say that the New Mexico Mortgage Finance
19 Authority(MFA) would be paying some of this?
20

21 Angell: Yes. This would be used as . . . they typically, we never know
22 because it's a competitive big process also, but typically they, last year they
23 supported a case manager, a part-time, 20 hours a week for . . . I think we had
24 about \$18,000 last year. So this would be a match to that and we'd have a whole
25 position instead of a half. We're really hoping . . . because future MFA funding is
26 going to be based on retention rates and 52% will not be funded next year if
27 that's how well we do with our retention in this program. So we're going to try to
28 lift our retention rate so we can keep getting state funding. The total income for
29 the house is about \$80,000. We can only use up to 8% of that for supportive
30 services and that's about \$6,000. \$80,000 covers everything, including, you
31 know, a new roof, broken windows, new carpeting.
32

33 Barnhouse-Garcia: Sorry Pamela, times up on that.
34

35 Nissen: I guess what I'm curious about, when is that budget coming
36 around? When would you know what you're getting out of the NMMFA?
37

38 Angell: I think we're going to find out . . . we have another grant due on
39 Friday. I think we're going to find out April 20th. Really when I first started this
40 job, piecing together budgets was like a jigsaw puzzle. Now it's like a
41 kaleidoscope. You know you do your best. Ask for what you can. Put your heart
42 into what you're asking for and then put the pieces together when you get them.
43 I'll be meeting with my board in May and June and we'll figure out what we're
44 going to have July 1st.
45

46 Nissen: Okay, thank you.
47

1 Angell: What I'm trying to this year, if I may, with the budget is just bring it
 2 down to the program and not the whole budget for the agency. Usually I put
 3 everything in, but with both of these I just put that specific piece.

4
 5 Nissen: Okay, thank you.

6
 7 **B. Mesilla Valley Community of Hope – SOAR Expedited Social**
 8 **Security Claims**

9
 10 Angell: Again, my name is Pamela Angell. I'm the Executive Director for
 11 Mesilla Valley Community of Hope (MVCH). We're requesting \$30,000 for
 12 project SOAR. This was funded to the tune of \$20,000 this year. SOAR is Social
 13 Security Outreach Access and Recovery. It's a program that was started in 2006
 14 by SAMHSA, the Substance Abuse and Mental Health Services Administration.
 15 It's not funded, but it was started. It comes with no funding for anybody to
 16 become a SOAR person. I suppose the training that is involved is probably
 17 funding.

18
 19 In October 2009, MVCH held a SOAR training here in southern New Mexico in
 20 our Resource Room, attended by about 30 people. Sue Campbell, our Case
 21 Manager, is the only person who attended that training and got certified who is
 22 doing SOAR. She calls it SOARing. She started in about November; she started
 23 working on SOAR. The purpose of the program is to take chronically homeless
 24 people, many of whom are eligible for SSI or SSDI and get them that income
 25 support. Currently it takes 2-3 years to linger and wait and try to get SSI and
 26 SSDI if you need it, and that's if you can even navigate the system. Only about
 27 10% of the claims get approved done by this population. With SOAR there's a
 28 turnover rate of 87 days from the time somebody's file is submitted to when they
 29 start receiving benefits. In Sue's case, she did intakes with 45 people. She
 30 submitted 12 claims so far and 5 have been approved with the other 7 still
 31 pending. So the fastest SOAR claim she got through was 17 days. These are
 32 claims that, if you go around our campus and ask people 'are you waiting for
 33 social security,' a large percent of our people are waiting to find out. So the
 34 appeals process alone takes 2 years, so you could be waiting 4-5 years. This is
 35 an expedited process.

36
 37 Now what does that mean? I think we can all think, and if I have enough time I'll
 38 get to it, what it means for that person who has no health insurance and no
 39 income and is living on the streets. But what does it mean to our community?
 40 Some of these people are ending up in the hospital. We have one fellow who
 41 ends up in the hospital several times a winter; sometimes in intensive care unit,
 42 he's been flown down to El Paso. Our indigent funding is taking a huge hit so
 43 these bills are not being paid. You can see on my application the little study I
 44 did, and just how much it cost the ambulance for these people. What about
 45 when they walk in the door or they get pushed in the door in a stroller? One
 46 other person I want to talk about besides him, it's not just you know this person
 47 who cost our community so much day after day after day . . . he's chronically
 48 alcoholic. If we can't feel sorry for him, we can feel sorry for this other woman

1 who has been volunteering at our organization since December. She got out of
2 the hospital the end of December and started staying at the Gospel Rescue
3 Mission and immediately started working in our shower program and is working
4 manning our phones, volunteering all day long. Her three months at the mission
5 were up; we put her in a motel for a week. She started her SOAR application at
6 the end of December and today she got her Medicaid card and we're expecting a
7 letter to get her disability any day now. Usually the first thing that comes is your
8 insurance card and then you find out that you have income. She's hooked up
9 with DVR, they're probably going to help her with getting housing. Now she's in
10 a motel, the Coachlight Motel, while waiting to get this. She had a hip
11 replacement gone badly, she uses a walker. She still wants to give back to her
12 community; she helps us everyday. So this program can really help all kinds of
13 people and its working. It's working in our state, in our agency . . . like it's not
14 working anywhere else in the state. Sue went to training in Albuquerque, one
15 person in the state has gotten an approval and she got 5 already. It also puts
16 money back into our community. In 37 states, in 2010, \$53 million dollars was
17 put back in the states through SSI and SSDI. These are people who can now
18 pay their medical bills, pay their rent and buy food.

19

20 I would love to have some more questions.

21

22 Nissen: I have one. When we say that the SOAR Program is sponsored by
23 the Social Security, right?

24

25 Angell: Yes.

26

27 Nissen: Are there any people within the social security that could come to
28 you to help these people fill it out or is this strictly up to you to make out the
29 application or is they have people available to help?

30

31 Angell: They have two people available to help. One sits at social security
32 and once we have the 50 to 150 page application completed, we bring it to them
33 in Las Cruces. We hand walk it over and then I think she scans it in and the
34 adjudicator, I believe is in Albuquerque, but they don't . . . like many federal
35 programs, the fund the idea and they fund the organization to do the training, but
36 they don't fund the worker bees.

37

38 Nissen: So it's a 100% on your back . . .

39

40 Angell: Yes.

41

42 Nissen: . . . for the application?

43

44 Angell: Yes. Sue started part-time in November. It took us a while to get
45 our feet wet and get the program going and she's doing it pretty much full-time
46 now.

47

48 Nissen: Okay. Thank you.

1
2 **C. Big Brothers Big Sisters – School Based Mentoring Program**
3

4 Christiano: Good evening Mr. Chairman and fellow committee members. My
5 name is Stacie Christiano. I'm the Chief Executive Officer for Big Brothers Big
6 Sisters (BBBS). I'd like to start off by thanking the committee and the City of Las
7 Cruces for the partnership that we've had for the past couple of years and the
8 opportunity to continue our work together with this funding cycle.
9

10 In the past three years with your support we've served over 200 children in the
11 school based program and we are on track to serve an additional 50 children at
12 the end of this school year. With your continued partnership through our unique
13 school based program, we'll be able to help more children ages 6-17 reach their
14 full potential with the professionally supportive one-to-one mentoring
15 relationships. We're here to make lifelong friendships and help build brighter
16 futures for the children in our community. We create these (inaudible) through
17 one of our distinct programs, the school based mentoring program. This program
18 offers children the opportunity to explore a relationship with a mentor in a
19 campus setting. The mentoring services are available to students ranging from
20 elementary to high school age.
21

22 The focus of our program is to help young children, which we call "littles," to
23 reach their full potential and this is done by providing an adult mentor, which we
24 call a "big," to help establish a positive, healthy, solid foundation of support and
25 guidance. Mentors are provided to support these students in many areas. One
26 of the many goals of the mentors is to help students achieve academic success.
27 In this program the littles are matched with the big and they meet at their school
28 site and spend one hour a week together. Some of the match activities include
29 play on the playground, working on homework, going to the library, eating lunch
30 together or doing arts and crafts in the classroom. The focus of having a mentor
31 is to help a child build their self-confidence, give them a sense of self-worth and
32 bring them to realize their full potential.
33

34 Out of the 37 elementary, middle and high schools in the City of Las Cruces, we
35 currently have a memorandum agreement of 12 schools and we're actively
36 searching for more in the ways with those schools. We continue to have a high
37 demand for services in the Las Cruces Public School district. It is our goal to not
38 only sustain our current program, but to expand our efforts in serving more
39 children in need. We are fully supported by school counselors, Las Cruces
40 public school district administration and principals. We've had many referrals of
41 children who could benefit from being matched with a mentor, but we aren't able
42 to meet the needs of our referrals due to our current staff load and due to
43 financial restraints. We have a list of approximately 10 children on the waiting list
44 and 33 referrals that are on hold that we can't even process at this moment.
45 With additional funding, we can start processing the referrals and get the children
46 that are on hold into the program. There's a high demand for this program;
47 there's still children out there that are not being served.
48

1 We're asking for \$25,000, which will support our current matches and expansion
2 efforts in serving more children who are at risk. The funding that we are
3 requesting will be used to support a part-time School Based Specialist who will
4 oversee the current matches and support expansion efforts, conduct background
5 checks on volunteers to ensure child safety, and provide on-going support to the
6 children, families and volunteers to build and sustain long lasting relationships.
7 The one-to-one mentor/child friendships we create in this program, enhance the
8 developmental, emotional, social and the general health and well-being of a
9 child. Our one-to-one mentoring program is an early intervention strategy that
10 could be incorporated into the educational school system as a preventive
11 measure to success.

12
13 BBBS has been in Las Cruces for over two decades and we have proven that the
14 increase of children's odds for succeeding in school, behaving non-violently,
15 avoiding drugs and alcohol and breaking that negative cycle. It's inherent that
16 every child has a potential to be who they're designed to be. We just offer that
17 friend, that support system, to help that child and guide them to that level. By
18 investing your support, time and funding, we're investing not only to my
19 community or to my peers behind me, their community, but to your community.
20 The children of the City of Las Cruces are our future and the support and
21 collaboration offered through this partnership, need to start here and it needs to
22 start with them. Thank you. Questions please.

23
24 Cano: How long does it take for someone that should apply to go through
25 the process of being on that program?

26
27 Christiano: On average from start to finish, being matched takes about 4 to 6
28 weeks. The majority of the length takes . . . because we do FBI fingerprints,
29 national and local sex offender, motor vehicle, three references, a letter of
30 recommendation, so it's a very in-depth process, but once they're matched, we
31 can get them done right away.

32
33 Patterson: Here on page 3, I see you talk about at least one hour a week. I'm
34 curious of having raised a couple of kids myself, ages 6 to 17, it seems to me you
35 just barely get their attention in about an hour. I'm sure you got a formula that
36 you really flattened out by this time, but what do you accomplish in one hour with
37 kids this age?

38
39 Christiano: One hour is just the least amount of the requirement. Many of our
40 matches meet for multiple times of the day or the week. We do work closely with
41 the school counselors and the teachers to focus on what the child is lacking;
42 whether it's more academic, whether it's social, whether it's self-esteem, so it
43 does go by very quick and the attention span is short so that's why we have the
44 repetitive meetings with those children. We just focus on what . . . because we're
45 not tutors, we're not replacements of parental units. We're friends and we want
46 to make sure their comfort level is strong and the bond builds. So it's a variety of
47 activities. I agree an hour is a short period of time, but we do offer also monthly

1 and quarterly activities for those matches to participate at a grander scale with
2 our agency.

3
4 Patterson: Thank you.

5
6 Norem: I'd like to know how you solicit quality volunteers. How do you find
7 these people and how do you know that they're qualified to do the work you want
8 them to do?

9
10 Christiano: I would say our biggest advocates are our active matches. With
11 marketing and non-profits that budget is pretty much zero. So it's our mouth and
12 it's our feet. It's a stewardship that we build with our current partners to get in
13 front of those doors as individuals that can help us expand. To find quality
14 mentors are a challenge, but we actually are really picky. We have an in depth
15 interview process. We want to know your childhood history, what's your
16 background, what's your profession, how many credits your taking, what's your
17 environment like, why you want to be here. We kind of do a likes and dislikes
18 and what's the expectation and we try to make sure that we have the right fit for
19 the children in our program. Staff-wise we do a lot of national conferences and
20 service (inaudible) trainings so we are kind of expertise in this field to make the
21 right decision. Not everyone is meant to be a mentor. I know that's sad to say,
22 but everyone . . . (beeping for times up). . . there we go. That's it.

23
24 Nissen: In regards to that, I have a question. On page 7, you make the
25 point about using Qwest, Telstar and Comcast and you say, "The majority of our
26 communication and support with our matches is done electronically and over the
27 phone." Could you explain that one?

28
29 Christiano: Absolutely.

30
31 Nissen: I think we're trying to . . . what I was having a hard time with is how,
32 this is a human match we're making with kids and how do you do this
33 electronically? It sounds like picking a date or something.

34
35 Christiano: Kind of like speed dating right here. Um no. We do face-to-face
36 interactions of course with the whole process with the child, the parent and the
37 volunteer and staff internally. Once they are matched, we just don't let them go.
38 We have a dedicated staff person that conducts monthly match support with all
39 three of those individuals. We do face-to-face match support with the child at the
40 school, but we don't go to the volunteers' place of business during the day; we
41 contact them on the phone and the parents because we do not go to their home.
42 We have done home visits, but it's not our standard of practice. On the phone
43 we ask, you know, accomplishments, challenging risks, behaviors, where we can
44 be a resource, some ideas, but we do face-to-face with the children. When we
45 have our monthly trainings and correlate activities, of course we're all face-to-
46 face. I mean technology is wonderful. We have an interesting information
47 management data system that we track all the growth; we do our program out
48 (inaudible) evaluations, we do our strength and relationship surveys, which is all

1 done technology wise on our database and our computer. So we're all about
2 face-to-face. I'd love to talk to you all darn day, but it's just not feasible.

3
4 Nissen: Thank you.

5
6 **E. Candlelighters of West TX and Southern NM – Esperanza**
7 **Project**

8
9 Lynch: Good evening. My name is Scott Lynch. I'm CEO of
10 Candlelighters, West Texas, Southern New Mexico. Thank you for the
11 opportunity for allowing me to advance this proposal for your consideration.
12 Imagine the strain of having an acutely ill child and the toll it would take on
13 yourself, your marriage and your entire family. For 30 years, Candlelighters has
14 been working with families with children with cancer. We're only no cost provider
15 of financial services, emergency living assistance, therapeutic services and
16 psycho-social in the region. When mom's come to us, there's an 80% divorce
17 rate with families that we see, usually a single mom heading a household and
18 they're providing the care giving for their child. So if they had a job, they quit
19 their job and they don't have the coping skills necessary to take care of
20 themselves at the same time they're trying to take care of their families.

21
22 This proposal that I've submitted is for workshop trainings that we're currently
23 doing for the past five years and what we started doing in Las Cruces the last two
24 years at different community centers around the city. It provides caregiver
25 trainings, parenting classes, anger management, a variety of different workshops
26 in a two-hour session given twice a month. We're also proposing to do two . . .
27 on the same days we're doing that, six hours of individual family private
28 therapeutic sessions at our space at United Blood Services on Commerce.
29 We're asking for \$10,000; 60% of that in salaries, 30 in supplies and 10 in travel.
30 The supplies are play therapy. Kids aren't going to tell you what's wrong with
31 them and what they're going through so there's sand trays and different guided
32 play devices that we use to find out how the kid is coping and what else is going
33 on in the household. We do strengthening marriage classes, communication
34 skills. A lot of it is self-help, just really empowerment and life skills. A lot of what
35 we use has come from a capacitor model that is a model that's used in Africa
36 with Aids epidemic there and Ireland with the political unrest. It helps people to
37 get through a very traumatic situation and see their way through that. So we
38 provide hope and encouragement and advocacy.

39
40 With cancer especially, it's typically a two or three year term of treatment and it's
41 not like your sick, your kid getting sick for a month or a week. This is something
42 that's with the family for a long amount of time. So the things that we've learned
43 working with the families through that extended period of time, we're going to use
44 those same techniques, stress assessments, stress evaluators and teach people
45 that are increasingly becoming caregivers with aging parents and longer life
46 expectancies, we're all going to be doing it if we haven't already. So we're
47 looking just to replicate that model into the larger community.

48

1 I have some examples of our stress assessment and different evaluations. We
2 do a lot of (inaudible) tracking, we look to see what works, what doesn't work,
3 what people are looking to learn and how it's affected their life and how they've
4 implemented some of those trainings in their own life.

5
6 That's kind of it in a nutshell. I can answer any questions.

7
8 Patterson: I guess I'm a little confused about . . . do you have two separate
9 offices or you have one in El Paso and one here. The funds that you're asking
10 for here, would they simply promote the program right here in New Mexico or . . .

11
12 Lynch: Yes. Correct. We currently receive United Way Southwest New
13 Mexico funding. We've been doing trainings in the community. This would
14 enable us to do more of that. The travel is just from the state line into the
15 different areas of the city and to the office out of that Commerce location. We're
16 kind of decentralized actually. We've got a back office, but we've got space at
17 Providence Hospital. There's a new University Medical Center opening up next
18 to Texas Tech that already had 15 cancer patients that we're working with so
19 we'll have space on the 7th floor on oncology, hematology when that opens in the
20 spring, and we have the satellite office in Las Cruces.

21
22 Patterson: Are you connected with the Candlelighters thrift shop?

23
24 Lynch: We have a donation center. There are three aspects to what we
25 have. One is the mission related service, programs and services, then our
26 donation center. We have a fleet of trucks and a phone center and we partner
27 with Savers, so the Savers that opened here about a year ago and we bring
28 them the clothing that we collect at the homes and wholesale it to them. The
29 funding we get from them covers half of our operating cost and we ran that
30 business at about a 35% profit margin, so that enables us to use a lot of
31 unrestricted funds to do emergency assistance. We pay rent, utilities, out of
32 travel, there's a lot of procedures that aren't done in the region here; we fly
33 families to San Antonio, Dallas, Houston, we pay for everything over the three
34 years and a year following treatment so that the family gets normalized again.

35
36 Patterson: Thank you.

37
38 Nissen: Could you clarify for me how many people you have that would be
39 available to work in the Las Cruces community? How many people, how many
40 candlelighters are there that work in Las Cruces?

41
42 Lynch: Like a lot of non-profits, we leverage our staff through volunteers.
43 We do a summer camp up in Cloudcroft with 60 volunteers that give up a week
44 or two of their summers; doctors, nurses, teachers. In Las Cruces we would
45 have the one person who's salaried here and then at 10% of their salary one
46 office person at 5, but the person who's coming in would have probably 3
47 volunteers working with her. We have moms that have come back to mentor
48 other moms. We've trained them. We've sent them for other trainings to get

1 certifications. So we have volunteers that have lived through this themselves
2 and worked with the new moms in the community.

3

4 Nissen: So how many staff members?

5

6 Lynch: One staff . . .

7

8 Nissen: One staff.

9

10 Lynch: . . . whose been doing social work for 25 years and then three
11 volunteers to assist her with the workshops.

12

13 Nissen: And you intend to cover 300 people?

14

15 Lynch: 200 people, but its 24 sessions. It's two sessions a month of about
16 15, 20 people in each session, and then we're doing the family and individual
17 therapy sessions at private office hours.

18

19 Nissen: Okay thank you. Any other questions? Nancy.

20

21 Cano: I see that you work from age zero to 21, is that correct?

22

23 Lynch: With the children yes. But the family members we work with
24 siblings of any age and the parents that are obviously older.

25

26 Cano: What happens at age 21 if you're working with someone that has
27 cancer and they're turning 22.

28

29 Lynch: Typically they're outpatient at that point. If they still are in
30 treatment, we're still working with them. We've added things like college
31 scholarships and different kind of trainings for the older kids. We've started a
32 Super sibs Program that's a national program to work with the siblings of the kids
33 in treatment. So if they're 21 and we've been working with them, we'll continue
34 to work with them. A lot of what we do too is referrals to other agencies. There
35 are other agencies that do work for older kids like American Cancer Society.

36

37 Nissen: Okay thank you.

38

39 **D. Boys and Girls Club of Las Cruces – Triple Play**

40

41 Anaya: Good evening and thank you for the opportunity to present. My
42 name is April Anaya and I'm the Chief Professional Officer for the Boys and Girls
43 Club of Las Cruces. The club has actually been serving the community of Las
44 Cruces since 1963. The overall mission of the Boys and Girls Club is to provide
45 a safe afterschool program and summer program for youth ages 6 – 18. By
46 providing the program, we offer engaging, educational, character enriching
47 activities and we also would like to offer young people a place to belong and a
48 chance to learn and grow.

1 One program which we're applying for funding for is the Triple Play Program.
2 This is actually unique to the Boys and Girls Club. It was a program developed
3 by the Boys and Girls Club of America, which we're a chartered member of. The
4 Triple Play Program is actually multi-faceted and it demonstrates how eating
5 right, keeping fit and forming positive relationships with your peers and club staff
6 are healthy. The three facets of the Triple Play Program are the mind, body and
7 soul component. We feel it's really important at this time to offer this program
8 because based on statistics from the National Boys and Girls Club of America,
9 one third of American school children, now qualifies being overweight or obese.
10 In 1960 only 4% fell into this category. Hispanic girls are the highest risk group
11 and that's actually one of our highest population served at the Boys and Girls
12 Club.

13
14 The mind component is created to give education on nutrition and fitness.
15 Activities related to the mind component range from very simple things like
16 teaching children to analyze food labels and portion sizes all the way up into
17 more advanced activities like having them do target ad analyzes where they
18 actually get to look at the ads targeting children nowadays that are all junk food
19 based. From there the children will actually create their own ads for fruits and
20 vegetables which you don't see much of.

21
22 The body component focuses on fun with a purpose. This is something that we
23 want year round, non-competitive physical activity. We'd like to go ahead and
24 get those numbers up and get kids participating at physical activity more than just
25 in their limited PE and schools. Through the body component, our Boys and
26 Girls Club has actually created activities such as hiking clubs, dance camps,
27 neighborhood cleanup walks, roller blading and biking groups, flag football and
28 basketball tournaments and they've even built a garden where our kids get in
29 there in their little plot of land and actually work the soil, do all the physical work
30 and at the end get to reap the rewards by eating the fruits and vegetables which
31 they've grown. Recently our club participated in the jumping jack challenge
32 where all Boys and Girls Club throughout America had their children do jumping
33 jacks for 2 minutes straight to try and break the Guinness Book of World
34 Records.

35
36 The soul component teaches social and ethical skills to our children during social
37 recreational. So while they're actually playing pool, doing air hockey or foosball
38 tournaments and even doing board games, they're actually learning
39 sportsmanship, we're teaching them rules, and encouraging achievement and
40 cooperation between our members. Behavior rules are also taught during this
41 component.

42
43 All of the Triple Play activities are designed to build on knowledge over time and
44 their dynamic in nature, so they'll start smaller and then gradually as kids develop
45 the concepts they'll grow.

46
47 The Boys and Girls Club will be impacted by grant funding because as we all
48 know, it's a lot easier to buy processed, pre-packaged snacks than to go ahead

1 and dig deep into the budget to provide the healthier versions of produce that are
2 out there. We obviously would like the educational experience to be enhanced
3 and with that comes adequately training our staff. By adequately training them,
4 we have to bring them after hours on the weekends and that actually does drive
5 up payroll costs, so we want to be able to provide members with the best
6 experience.

7
8 Being a non-profit we don't deny anyone services regardless of the ability to pay;
9 we are on a sliding scale fee, so all of our membership dues are actually based
10 on income. Currently we have 27% of our members on a full scholarship with us.
11 We'd like to continue to ensure that they have this experience and they have safe
12 afterschool and summer programming available, especially to those who need us
13 most which are the low- to moderate-income families. We don't only want to
14 provide them with just a safe environment, we also want to provide them with the
15 opportunity to participate in the activities which would keep them physically
16 active, engaged, and educated on these health related issues.

17
18 The Boys and Girls Club would like to be instrumental to ensure that our children
19 are no longer on the path of becoming obese children to obese adults. We also
20 want to ensure that they understand the why component behind why they're
21 doing these activities and with that, give them the tools that can be used not only
22 while they're at the club, but throughout their lifetimes.

23
24 I'm open to questions.

25
26 Patterson: I'm looking at your budget here on page 5 and there's a difference,
27 actually, if you go to the next page between the \$30,000 and the 76220, you
28 haven't given us the numbers for what you're getting from federal, state or
29 private. You haven't filled in the blanks here. I don't expect you to have those
30 figures off the top of your head. Can you give us a ballpark idea there the other
31 46,000 is coming from? The difference between your total of \$30,000 from us
32 and the 76,000 (inaudible).

33
34 Anaya: Sure. Recently the Boys and Girls Club has actually applied for
35 several grants. One of them that we recently found out that we were given was
36 the OJP Grant through, it's a federal pass through grant for Boys and Girls Club
37 of America. With that, we're actually able to bring Triple Play activities into play
38 through more mentorship based activities.

39
40 Weiss: I'd like to know how you confirm the low-income status of clients.

41
42 Anaya: Sure. The only way that we actually grant full scholarships or
43 actually put the sliding scale to use, is we ask all of our families . . . if they're on a
44 full scholarship basis, they need to bring in their tax statements. So any
45 prepared taxes have to be done. Unfortunately if they don't have prepared taxes,
46 we have no guarantee what they're making so we can't give them a scholarship.
47 For anyone else we do ask for check stubs and that's what we use for income
48 verification.

1
2 Weiss: Therefore, I would presume you do not fund undocumented
3 persons?
4

5 Anaya: Exactly.
6

7 Kay: My question is on page 2, when you talk about youth development
8 specialists, that's plural, how many are you looking at working at that rate?
9

10 Anaya: Sure. Right now we currently have 12 and the 12 are the ones that
11 we keep on. The majority are work study students through NMSU and those
12 work study students then become full paid employees of ours during the summer
13 months.
14

15 Kay: Thank you.
16

17 Norem: I believe you answered my question. I wanted to know what youth
18 development specialists do. What is their background and what are they
19 supposed to accomplish?
20

21 Anaya: Sure. The majority are actually, like we said, NMSU work study
22 students, but they are the ones that do work one-on-one with the kids and they're
23 the ones that are really instrumental in getting the training too because they are
24 with the day-to-day activities actually implementing all of the programming.
25

26 Nissen: When you say you're going to reach 400 clients, is that your total
27 program or just the ones you would expect to reach as a result of getting this
28 grant?
29

30 Anaya: That's actually our total program. We have 400 registered
31 members. Obviously not all 400 attend everyday or else we would run out of
32 space quickly. We average about 149 members a day.
33

34 Nissen: Okay, thank you.
35

36 **F. Casa de Peregrinos – Food Security Project** 37

38 Miernyk: My name is Dick Miernyk and I'm a Board Member of Casa de
39 Peregrinos. Casa de Peregrinos is a facility on the west end of Community of
40 Hope that provides food for needy people. We're here tonight requesting funds
41 in the amount of \$30,000. This helps Casa de Peregrinos continue and enhance
42 its Emergency Food Program for Las Cruces residents. What we will do with the
43 money will be to use 95% to buy food. This is for Casa's Food Security Project.
44

45 The Food Security Project has four objectives. First to provide at least 9,000
46 food distributions to those in need; (2) include more of such foods as peanut
47 butter and milk, cereal, canned fruits and juices, frozen and canned protein, and
48 fresh produce; (3) provide appropriate food for Casa's homeless clients and; (4)

1 one that we really have a passion for and is relatively new, I want to emphasize,
2 on this Food Security Project objective, continue the summer food program which
3 is a way to help clients that have school age children cope with the loss of
4 breakfast and lunch programs. That gets some real positive response from
5 people when we tell them they can come twice as often during that time frame
6 when they lose that school support.

7
8 With the other 5% or \$1500 of funds, we plan to purchase a two-year
9 subscription to an online donor member management service. The donor
10 management service will be a big enhancement to our ability to both broaden our
11 donor base and communicate more effectively with the donors we have. Our
12 total operating budget for 2011 is \$296,000. To make up these funds we do
13 considerable grant writing and fund raising. So the ability to improve our donor
14 management will be a big help in increasing local business, civic and individual
15 donations.

16
17 Casa de Peregrinos is the largest food pantry in the city and also in the area. As
18 a part of the Community of Hope and because of our location on Amador, it's an
19 ideal location for serving the needy and homeless. We are actively involved with
20 Roadrunner Food Bank of New Mexico and are currently receiving food through
21 them that includes meats and other protein items and local perishables.
22 Because we have refrigeration and freezer capabilities, we're able to handle
23 these perishables and provide types of food important to people's diets.

24
25 The Food Security Project supports Casa's mission of preventing hunger in our
26 community. Clients with stoves will have access to this food once a month and in
27 the summer months, clients that have school age children, as I've said, make
28 come twice a month. Homeless clients will benefit from food usable by them, the
29 types they need, by being able to come once a week in general. At the present
30 time, to many residents in Las Cruces, they constantly face a threat of hunger
31 and even experience its pains. The numbers appear to be increasing as much
32 as 14% above last year. Such clients deal with an unremitting series of choices
33 between food and medicine or heat, between jackets for kids or shoes, between
34 dependable and convenient transportation and a roof over their heads.

35
36 Casa is the first line of defense against hunger. By putting on their tables, this
37 project helps people of all ages to stay healthy and also promotes the focus and
38 peace of mind they need to improve their lives beyond the dinner table. In
39 particular, such foods help children stay healthier and gain more benefit from
40 school. Very few children learn much on empty stomachs. Hunger benefits
41 neither people or communities or governments. We are encouraged by the
42 process Casa is making and are much appreciative of sources of funding such as
43 the city has done for Casa. Thank you and I'll try to answer any questions.

44
45 Nissen: You say you're accessing food from Roadrunner.

46
47 Miernyk: Right.

48

- 1 Nissen: Is that working okay at this time?
2
- 3 Miernyk: It's working very well. We are able to walk in there and see more
4 than we've seen for quite a while, particularly in the perishables. In meat and in
5 frozen good and frozen strawberries and things that are just a real pleasure to
6 see coming in. The initial start up phase, seems to be passed and it's in gear
7 now and seems to be running well.
8
- 9 Nissen: Do you make home deliveries or does all of this have to be picked
10 up?
11
- 12 Miernyk: All of this, the client comes to us.
13
- 14 Nissen: They come to you. Any other questions? Sue.
15
- 16 Patterson: Hi. I'm looking here at page 6 and I notice that you've inserted "we
17 will be requesting funds from these donors," does that meant that all of this
18 278,500 is just not real money yet? How many of those are just pending grants
19 or how many of them are real? Are you actually going to see . . .
20
- 21 Miernyk: Quite a few of them are real. Quite a few of them are real.
22
- 23 Patterson: Oh I see.
24
- 25 Miernyk: We have recently received grants from two foundations of
26 significant size and I think it's safe to say that the majority of them are real.
27
- 28 Patterson: I see. Okay you've been granted those funds that you've
29 requested.
30
- 31 Miernyk: Right.
32
- 33 Patterson: I see. Alright thank you.
34
- 35 Nissen: Thank you sir.
36

37 **G. Dona Ana Action for Youth – Literacy through Movement**

- 38
- 39 McCracken: Good evening. Thank you for the opportunity to be here today to
40 present on behalf of the Dona Ana Action of Youth, Board of Directors. My name
41 is Felicia McCracken and I serve as the Secretary on the Board of Directors for
42 Dona Ana Action for Youth.
43
- 44 The proposal that we have submitted today has a variety of wonderful, positive
45 impacts that can be made on our community, specifically in the Valley Vista
46 Housing community area off of Valley Drive. Today, what I plan to do with our
47 time is discuss a little bit about who we are as a program, what we do with the

1 Literacy through Movement application, and why our believe our application if
2 worthy of funding from this committee.

3
4 A little bit of background for Dona Ana Action for Youth. We've actually had
5 programs here in the county since 1999. We were funded during our first years
6 by Paso del Norte Foundation. Our initial programs were in Gadsden High
7 School and then we expanded into Santa Teresa High School, Las Montanas
8 Charter High School, Onate High School, as well as into the Valley Vista
9 community for the housing area. Since 2009, our focus has been primarily on
10 Valley Vista because of funding and our strong relationship with the Housing
11 Authority of the City of Las Cruces.

12
13 So what is our environment in which we operate and why do we think it's
14 important to serve this particular demographic and work with these people and
15 specifically the youth. Well according to the New Mexico Department of Health,
16 Dona Ana County is one of the poorest counties in the United States. I probably
17 don't have to tell you all that, you're very aware of it. However, more figures
18 indicate a higher level of concern bringing to light the fact that while Hispanic
19 children have the highest rates of obesity, they actually are less likely to
20 participate in moderate to vigorous physical activity compared to their white
21 counterparts. Furthermore, an alarming 25% of school-aged children are
22 clinically obese, while 47.2% have insufficient activity levels for their age groups.
23 We believe that literacy through movement can help address this. Right now we
24 actually have been administering a program where we did receive previous
25 funding; it was titled Youth Fit for Life. It's basically a reoccurrence of that
26 program under a different title. So we're going to move forward in a natural next
27 step to use literacy through movement. The youth that we actually work with are
28 right there in the housing community. Right now there are about 80 families
29 spread throughout the 120 units in Valley Vista. Current daily contact is with 15
30 to 20 children between the ages of 5 and 17, so basically elementary to high
31 school age. Imagine this, there's only basketball court for all of those children in
32 that community, insignificant because there's not a lot of opportunity for them to
33 actually get that interaction right there in their own housing area. What we
34 facilitate through the current programs we've been administering are day trips to
35 a nearby city park, Camunez Park, that's there off of Picacho and Valley, in that
36 area, as well as working with NMSU interns from the College of Health and
37 Social Services, primarily in the past, and we've also had involvement with
38 initiates on service learning and community service which helped engage not just
39 our youth in that housing area, but also the parents and the families as a unit.

40
41 Now what are we going to do if we are funded? We are asking for \$24,591.
42 Literacy through Movement would be a 9 month program running from August
43 2011 to May 2012. We would ask for funding to help us provide a program
44 coordinator who is currently there and would continue and for NMSU interns at
45 \$2,000 each. The program is insured for liability and will use equipment
46 previously purchased through past iterations of our actions. Minimum office
47 supplies would be used and nutritious snacks will be made available to the

1 maximum number of anticipated children and youth, which right now we look at
2 about 50.

3
4 What do we feel is worthy of funding our application? We feel strongly that we
5 have a positive track record with our Youth Fit for Life Program and have existing
6 relationships throughout the community, a very strong relationship with NMSU,
7 as well as the Housing Authority. We have a committed and invested Board of
8 Directors and we believe that will be sufficient to carry the program forward.

9
10 I'll stand for questions.

11
12 Nissen: Any questions? Have you done anything with Parks and Rec in
13 order to accommodate that area?

14
15 McCracken: Right now with Parks and Rec we have minimal interaction with
16 them, but we are working on some additional partnerships to be able to utilize
17 additional community facilities. We have taken the children out to pool parties
18 over at the Laabs Pool on a field trip as well, so there's some involvement but
19 we're working to expand and continue that. If we were able to get funding, our
20 Program Coordinator would continue to push through on that end.

21
22 Nissen: Because it would seem to me that they would have a responsibility
23 for that area.

24
25 McCracken: Yes we believe as well that that's very important and we're
26 continuing to work on that through Ms. Saavedra. With additional funding, I
27 believe that would definitely put more (inaudible) to be able to direct the program
28 in that area and facilitate that relationship and allow us to use the funding to bring
29 in the interns to do more of the day-to-day work.

30
31 Nissen: Okay thank you very much.

32
33 McCracken: Thank you committee members, I appreciate your time.

34 35 **H. El Caldito – Soup Kitchen**

36
37 Tomei: Good evening. I'm Betty Tomei from El Caldito Soup Kitchen. We
38 are located on the campus of Community of Hope. This has been a very busy
39 year for us. We are now open 7 days a week. We serve hot food 6 of the 7
40 days, Saturday we do a sack lunch. Sunday has been very well received. We
41 started feeding 80 on a Sunday and now we're feeding 150 plus on Sundays,
42 which is less than what a normal weekday is primarily because there is no bus
43 service on Sundays. We will probably serve 80,000 meals this year. Our total
44 budge is \$132,000, and we may be spending a little bit more than that, it's hard
45 to say at this point in the year, but for that money we get a lot of service because
46 everyone up at Soup Kitchen is a volunteer, except for 3 part-time employees,
47 including a janitor, a Kitchen Manager and security. We are also getting food
48 from the Roadrunner Group from Albuquerque. We haven't been doing it very

1 long, just a few weeks, but we are able to buy really good, quality food for . . .
2 and I'm saying meat and vegetables and fruits, some of the really good food . . .
3 for .17 cents a pound. Some of it is free and we never know from week to week
4 what kind of free food we're going to get, but it's all good, really good quality
5 food. So I think our quality of meals are going to improve in the next however
6 long we are going to be with Roadrunner, hopefully a long time because they do
7 provide us a lot of fruits and vegetables that are fresh. Things that we normally
8 wouldn't be able to buy, so I think that's going to work out really well. The
9 numbers, I think, have been so high because of the current climate of
10 unemployment, part-time work, people that aren't able to work as many hours as
11 they at one time could. So we're very grateful that we are getting the better
12 quality food. We think the quality of the meals has really improved in the last
13 years so we're pleased about that.

14
15 Any questions?

16
17 Nissen: Any questions? You are saying that 75,700 is the total number of
18 people you'd be serving in a year, is that true?

19
20 Tomei: Um hm, and the numbers are even higher than we predicted so it's
21 probably going to be more like 80,000.

22
23 Nissen: Okay. Is there ever an occasion where you have people coming to
24 your program that are also in other programs where they get food?

25
26 Tomei: I presume they can go to Casa de Peregrinos. There is no other
27 soup kitchen in Las Cruces. The Gospel Rescue Mission serves a lunch for their
28 members and they serve a meal in the evening, but I think you have to kind of
29 belong to their prayer group to participate. But we are the only soup kitchen.

30
31 Nissen: So illegals would be served by you?

32
33 Tomei: The ones that the Gospel Rescue Mission . . .

34
35 Nissen: Undocumented people?

36
37 Tomei: I expect we have some. Because we don't ask questions.

38
39 Nissen: You don't, okay

40
41 Tomei: Because there's such a high number that come to the door
42 everyday it would be almost impossible to keep track.

43
44 Nissen: Okay, thank you.

45
46 Tomei: Thank you very much for considering our proposal.

47
48

1 **I. Families and Youth, Inc. – In Home and Time Ltd. Reunification**
2 **Services**

3
4 Figueroa: Hello. My name is Juan Figueroa and I'm here for Susie Fausio,
5 the Program Supervisor. She had a family emergency so I'm stepping in for her
6 today. We are asking for \$30,000 for the Time Limited Reunification and In-
7 home Services. Both programs work with CYFD, protective services and
8 assisting families with children that have had reports of domestic violence, abuse
9 or something in the home with the children. Time Limited Reunification helps
10 reunify the children with the parents and there's a four month period to be able to
11 do that and show child protective services that the parent is able to keep the child
12 protected. In-Home Services, it's a three month program with a possible one
13 month extension, depending on the needs of the children and if there's any on-
14 going concerns of safety in the home. Both programs help families develop
15 parenting skills, life skills, we work with the children a lot on safety planning with
16 them, on phone numbers they can call people, they can call in case of an
17 emergency or they need to talk to somebody. We do monthly safety
18 assessments in the home to make sure that all of CYFD's concerns are being
19 addressed regarding safety and well-being of the children. The position would be
20 a full-time position for . . . since recently, earlier this year CYFD has asked that
21 we help provide more supervised visitations in the home to be able to provide
22 more monitoring of the homes with the families so this would be a full-time
23 position. 1500 that is for benefits. The person would be traveling to the home,
24 transporting children to and from visits, if necessary, in monitoring the visits with
25 the biological families.

26
27 Any questions?

28
29 Cano: You just said 1500 would be for benefits. What benefits do you
30 provide?

31
32 Figueroa: Insurance. Full coverage insurance, dental, eye, all that type of
33 medical insurance.

34
35 Norem: I have two questions. The first is, what have you seen with regard
36 to incidence of violence of abuse and neglect in the homes? Do you have any
37 information on trends that you've seen since you've been in practice?

38
39 Figueroa: Before or after our services?

40
41 Norem: Well, you might answer it that way. I was just thinking about
42 general incidences as you've seen it. So therefore, is your case load increasing?
43 Are you having greater demand for services?

44
45 Figueroa: It's like a wave, you know they come in depending on the time of
46 the year; when the kids at summer time, holidays, the incidents increase.
47 Sometimes they increase when the kids go back to school because now there's

1 somebody's that's observing the kids on a regular basis, other than the families
2 or neighbors and they can see the condition of the kids. So it varies.

3
4 Norem: Okay. Then what kinds of changes are you observing in the
5 families and in the children as a result of participation in your program?

6
7 Figueroa: We are noticing we haven't really received any re-referrals for these
8 families that we've already worked for. So that shows it's a good sign that they're
9 improving. During services, I said we monitor during that four month period the
10 safety and the kids become more aware, more willing to speak to somebody, to
11 an adult that they can trust; teacher, neighbor, family. We help the family with
12 community resources, either therapy, counseling for the children, for themselves,
13 domestic violence, education and counseling for them, so we give them all the
14 tools that they need that they probably didn't have before or they weren't aware
15 that they were available to them so we're seeing less and less referrals or re-
16 referrals, anyways, to our program for these families.

17
18 Norem: Do you have any evidence that people just catch on to how to avoid
19 detection? I'm just curious about . . .

20
21 Figueroa: You know, unfortunately I'm sure there is. It's hard to . . . there's so
22 many cases to follow through. Some people move out-of-town afterwards.
23 Some were in the process of moving out-of-town when the incidents happened
24 so it's very hard to follow up with these families a year, two years, three years
25 down the road to see if they're accessing those services or not or if they, like you
26 said, if they wised up to the system and just avoiding it.

27
28 Norem: Thank you.

29
30 Nissen: I'd like you to clarify this. CYFD does this also, right?

31
32 Figueroa: Yes sir.

33
34 Nissen: Now how do you get cases?

35
36 Figueroa: We are a contractor for CYFD so they refer cases to us. They take
37 the more highly . . . because their workers are mostly master level workers with
38 master's degree and they take the more clinical type cases and they refer the
39 other cases to us.

40
41 Nissen: Okay. How many would you say you get a month?

42
43 Figueroa: That fluctuates as well. I know last year we served 91 families in
44 total and about 225 children.

45
46 Nissen: Okay, thank you.

47
48 **J. Forensic Intervention Consortium – Mental Health Tool Kit**

1 Shults: Thank you Chairman and committee members. My name is Dawn
2 Shults. I'm the Assistant Executive Director for the Forensic Intervention
3 Consortium of Dona Ana County. The Forensic Intervention Consortium provides
4 jail diversion services and crisis intervention training in our community. We've
5 provided those services since 1999. We currently have approximately 90 adult,
6 mentally ill individuals in our jail diversion program. We also serve as volunteer
7 treatment guardians for approximately 150 mentally ill adults. We are appointed
8 as treatment guardians through the Third Judicial District Court. What we have
9 seen in our experience is that there are numerous family members of these
10 mentally ill adults who when their loved one is diagnosed with a mental illness,
11 they're absolutely lost; they don't know what to do, they don't know where to turn
12 and they are shut out by providers due to their loved one having reached the age
13 of 18. It's very frightening what these parents experience.

14
15 What we are hoping to do with FIC (inaudible) is to expand the current services
16 that we offer by reaching out to those family members, by developing mental
17 health tool kits that will provide these family members with the resources and
18 tools that they need to learn about mental illness. It will point them in the
19 direction of where to go to learn more, questions to ask, it will cover statues, it
20 will cover advance directives, treatment guardianship, medications and their side
21 effects. The many, many things that they need to quickly become aware of for
22 their loved one. How we plan on getting this information out to the public is
23 working in collaboration with the agencies that we currently work with and also
24 churches, mental health care providers, the hospitals, people who frequently
25 come into contact with these clients and their families. We will create a tool kit
26 with the resources; disperse these to those agencies where they will pass them
27 out to family members who have a loved one with a mental illness.

28
29 In our community, one in five family members are affected by mental illness. The
30 age of onset happens between 17 and 24 years of age, which means there are
31 approximately 24,000 in this area, including NMSU and White Sands who suffer
32 from a mental illness. Family members become the default caregivers. So we
33 are hoping to provide them with information, so we can improve the education,
34 reduce stigma and reach out to a larger population.

35
36 I'm open for any questions.

37
38 Norem: I was uncertain about the number of people you said that are
39 currently experiencing mental illness in that age span. I heard 24,000 and that
40 sounded really high.

41
42 Shults: 24,000 in this area. That's to include NMSU, which has a large,
43 well a majority of the age group at the university is in the 17 to 24 age group, and
44 then also White Sands Missile Range.

45
46 Norem: The reason I inquire is my understanding is that we have 125,000
47 in this community. That would suggest that one of five people, (inaudible) of age,
48 have a mental health challenge. I'm confused, you know.

1
2 Shults: One in five are affected by mental illness, whether that means they
3 have one or a family member has one.
4
5 Norem: So it's not the implication that these are people with the illness, but
6 that they are influenced by that.
7
8 Shults: Yes.
9
10 Norem: Effected by that.
11
12 Shults: Yes.
13
14 Norem: Okay, thank you.
15
16 Kay: Okay, this program, is it a deterrent to detention, is that what we're
17 looking at doing? I know you still don't work with the court systems and stuff like
18 that, but is that the actual go is to deter from going that route?
19
20 Shults: It is a goal. We feel by educating family members, because they
21 are usually the first person to have contact with the person suffering from mental
22 illness before the police come involved. With a family member is equipped to
23 deal with those systems and behaviors, it may not escalate to a situation where
24 law enforcement or the criminal justice system becomes involved.
25
26 Nissen: On page 3 you described that you will hold two search conferences
27 in local community centers. How would you get people to those meetings?
28
29 Shults: Well, fortunately we work in collaboration with numerous agencies;
30 Southwest Counseling, the (inaudible) and the PSR, the hospitals. We are all
31 members of different organizations; the Behavioral Health Collaborative, NAMI,
32 so through out connection with these agencies we plan to get this information out
33 and let everybody know that we are conducting this search conference to get
34 people to participate.
35
36 Nissen: Because my concern is if it's about mental illness, it's generally kind
37 of a personal thing so that maybe people would not want to come to a community
38 meeting to discuss this.
39
40 Shults: It's on a volunteer basis so we will get the information out there.
41 We're not asking, say for example, if a family member were to attend a
42 conference, we're not asking them to divulge personal information about their,
43 you know their loved ones name. We're just looking for problems that they're
44 seeing in the community, what specific issues need to be addressed.
45
46 Nissen: Any other questions? Okay, thank you.
47
48

1 **K. Gym Magic Foundation, Inc. – Health, Education and Life**
2 **Practices**

3
4 Bates: Thank you committee members. My name is Nancy Bates. I'm
5 President the Gym Magic Foundation. I appreciate this opportunity to present a
6 project for your consideration.
7

8 Our project Health, Education and Life Practices is under Priority #1, health for
9 children. We propose an integrated approach to health and wellness, which
10 includes education combined with physical activities. All of us are aware of the
11 current epidemic of childhood obesity and overweight children in our
12 communities. We believe a coordinated, integrated approach will offer the best
13 opportunity for success in turning this trend around and end to a healthy lifestyle.
14 We propose a concentrated four week summer program for low-income families
15 with children in grades first through sixth. We target low-income families
16 because the data has shown higher obesity rates in children of this group. Our
17 program offers a multi-level approach to health and wellness as we believe they
18 are best served in a comprehensive environment and not in isolation. Therefore,
19 we combine educational components with physical activities that promote fitness
20 and actually improve the ability to learn. We chose summer camps due to the
21 phenomenon known as summer learning loss. This represents a drop in test
22 scores that occurs every summer across our nation, especially in the lower socio-
23 economic groups. The U.S. is one of the few industrialized countries that stills
24 has an extended summer break and this compounds our educational losses as a
25 nation.
26

27 Our camp curriculum is varied and filled with fun and challenge. These are
28 necessary elements for getting the very best results. In the mornings we offer a
29 proven reading, language arts and math program that is combined with
30 integrative movement. This addresses basic learning skills to improve their
31 schoolwork and therefore, improve their self-confidence and also address the
32 summer learning loss. We use certified teachers as our tutors. In the afternoon
33 we offer a variety of physical activity such as gymnastics, swimming, fitness
34 games, nutrition, education and arts and crafts. These are all geared to improve
35 fitness and to experience the challenge these activities offer. We use safety
36 certified instructors as our teachers. We use integrated movement and these are
37 movements designed to use both hemispheres of the brain together and
38 separately because they have been shown to help organize and develop the
39 brain. The same area of the brain that coordinates physical activity is also the
40 area that coordinates thought. Bottom line, movement and learning are
41 connected. This has important consequences for students, for schools and our
42 economy. According to Dr. John Alagant, Professor of Health Education at
43 Columbia University, he stated that poor fitness not only affects our health and
44 economy due to increased medical expenses, it also influences our students'
45 abilities to learn due to this brain movement connection. Once again it's clear
46 that physical exercise and fitness are connected not only to health, but also to
47 our ability to learn and therefore, our ability to succeed or fail in school.
48

1 The morning segment of our program offers a proven tutoring program with the
2 basics, reading and math. We use this program since 2008. This last year we
3 had over 115% increase in our fluency rate with just 20 hours of instruction.
4 Therefore we know we can make a difference. We also assist the students for
5 integrative movement because deficiencies there also lead to learning delays.
6 So we can have them in the gym and have playful things that help fill these
7 deficiencies. The afternoon segment of our program is a really a true camp
8 experience filled with fun activities that promote health, fitness and learning.
9 Research has documented that motor skills and coordination are the best
10 predictors for success in reading and math. The two things or I should say more
11 than that, health, fitness, learning, education are all inter-related. We want to use
12 a comprehensive approach because we feel we get the best success for that.
13 We work with the whole child. Our foundation grew out of the request from
14 children in our tutoring program. We have now tutored over 300 students with a
15 really great success. We also, have some of the other groups have stated, we
16 know children are our future. We believe they deserve the best that we can offer.
17 Thank you.

18

19 Patterson: Can you tell us the status of your 501(c) application at this time?

20

21 Bates: Yes. We've been in contact. The IRS is, I guess, overwhelmed
22 and swamped. If we do not have the tax exempt, we have gone through the
23 PRC and we have a non-profit corporation status set up. We do not have the tax
24 exempt number. We will be working with the Community Foundation of Southern
25 New Mexico if it is not in effect by the time that we need it with Louann Burns and
26 we've been in contact with her and they're very willing to have us jump on board.
27 Thank you.

28

29 Norem: I noted that you quoted Carla Hanaford's work.

30

31 Bates: Yes.

32

33 Norem: And I'm wondering if some of the work you're using is brain gym
34 (inaudible)?

35

36 Bates: Yes, I'm very familiar with brain gym. We use a program called
37 school moves. It uses components of brain gym. We were the first organization
38 in New Mexico to bring school moves into, well actually Las Cruces was the very
39 first one and Albuquerque followed that, but it's similar. It's a lot of integrative
40 movement. We do an integrative movement assessment; that's very important
41 where we find out . . . what we're seeing right now is new with the technological
42 advances. Kids are spending more times on screens than they are in school by
43 the time they graduate. We find kids that should be able to do simple things like
44 skipping, they cannot.

45

46 Norem: I was also wondering if you involve parents.

47

1 Bates: Yes we do. The Fridays of the four weeks we ask for the parents
2 because it does need to be a family thing. We will have segments where we
3 bring in nutritionists and we want to do our own cooking and things like that and
4 have recipes and bring the parents in. We find that many of them don't really
5 know the difference between a carbohydrate and protein so.

6
7 Norem: Thank you very much.

8
9 Nissen: In regards to page 7 you talk about the Project Manager doing 40
10 hours a week in educational (inaudible). Do they actually work with children or
11 not?

12
13 Bates: The Educational Coordinator works with the tutors and there is
14 training and things. These are elementary school teachers, most of them, but we
15 have a very specialized program and we do use integrative movement. Actually
16 everyday after we finish the tutoring, the students have their own notebook and
17 those are reviewed every single day with updates for the teacher for the next
18 day. So they are on board and in the building and on task, or we want to know
19 why not.

20
21 Nissen: Okay thank you very much.

22
23 Bates: Thank you very much.

24
25 **L. Jardin de los Ninos – On-Site Medical Care Services**

26
27 Jaquez: Good evening Mr. Chairman, fellow committee members. My
28 name is Shirley Jaquez, I'm the Executive Director of Jardin de los Ninos. Our
29 public services grant that is being requested tonight is for funding for on-site
30 medical care services and clinic. In the grant I outlined several programs that we
31 are currently doing at Jardin and then there are some others that we would like to
32 add.

33
34 I'm going to back up just a moment to say that our services have really been
35 under fire. We have had so many families requesting services that we had a
36 waiting list that was about 25% of our clients seeking services were on a waiting
37 list. What we did at the beginning of January was take away the waiting list and
38 opened up all the slots for all the clients that were seeking service. It was the
39 first for Jardin and it was a leap of faith hoping that we could, at some point,
40 really have an impact with all the families that are homeless and near homeless,
41 specifically the children. We went from serving 47 children to 65 children daily
42 and we continue to maintain services for about 63 as an average everyday. It
43 has been a huge undertaking. We hired 3 additional staff and we are seeing
44 some great successes because we are not really focusing on where we're going
45 to get the funding. We're focusing on the impact and the good that we know
46 comes from the services we provide.

47

1 The on-site medical clinic last year served about 480 children. We served 192
2 parents and the health assessments that we did were approximately 6,696. They
3 are done twice daily in an effort to keep down contagion and keep children
4 healthy so that we can continue to provide these services; the early learning
5 opportunities that the children receive at Jardin. We also have health education
6 sessions. There were six of them that we had in a series; simple ones on tooth
7 brushing, hand washing, several topics. Six of them that were repeated twice a
8 year. Also, education is huge and we know that the children and the families,
9 when they participate in these educational sessions, that they can mentor each
10 other and help each other to assure that they follow the education plans that we
11 are providing.

12
13 We had the opportunity with Healthy Tots to then think about, you know some of
14 these children are very, very traumatized. They've never been to a doctor,
15 they've never been to a healthcare setting, to a dentist and so they are
16 traumatized by that visit. So we've started a teddy bear clinic, or we want to start
17 a teddy bear clinic in which we role play, you know what a doctor would do if you
18 went to a health exam, for example, a dentist would do. So we really think that
19 that's going to be successful that the children can role play and decrease that
20 trauma that many children experience when they see a doctor.

21
22 The other program that we see is really needed is a Sun Protection Program.
23 Many of our families, because they are homeless, they spend a lot of time out in
24 the sun, and they also, if they're lucky enough to get a job that is you know a day
25 job, for example, it's really out in the sun and the children spend lots of hours out
26 in the sun as well. So this Sun Care Program is meant to do health education for
27 decreasing sun exposure and of course cancer, it's a cancer prevention program.

28
29 We are requesting \$30,000 from public services and we have many partners,
30 NMSU nursing students, the State of New Mexico Public Health Department that
31 are providing services, and we're just very, very, very happy to be able to provide
32 these services on site. Our clients have difficult times getting to and from
33 appointments. About 50% have no transportation and so we provide the
34 transportation that is needed to actually keep them healthy and well and
35 productive in our community.

36
37 Nissen: Questions?

38
39 Patterson: Yes, your services are so varied. I'm wondering how you measure
40 success because you do talk about your successes and I know you have to have
41 them or you just couldn't keep them on. But how do you measure them with
42 such a wide variety of services that you offer? What do you call a success?

43
44 Jaquez: Well a success for a family, for example, that has been at Jardin for
45 you know six months, nine months, they have now advanced with their home
46 situation that they have a home, they have maybe a part-time job, they're able to
47 graduate. They've been in our programs for nine months. We work with the
48 family specifically at the very beginning to actually work with the highest need

1 first and then link to resources that are needed and then work with the other
2 issues that the family is facing. We prioritize and we have, you know monthly
3 meetings with the families. We expect that the parents actually volunteer at
4 Jardin in exchange for the services that we provide. So there is a contract. They
5 have to either go back to school, get a job and get a job or go back to school
6 both, at the same time. I don't know if I said that correctly. But it's an
7 expectation that we actually have for each of the families.

8
9 Nissen: Is St. Luke's able to help you with any of these cases?

10
11 Jaquez: Interesting you say that. We had a little dialogue this morning
12 about the healthcare for homeless. They don't know yet that they've received
13 that grant or the amount. They're very hopeful that they're going to be receiving
14 that grant. They currently have very little square footage at St. Luke's and so we
15 were discussing the issues of serving children. I actually said to them that we
16 would be very happy to provide clinic space at Jardin for the children and for the
17 mothers. The issue is having the clinic table because that's very big and we
18 don't have rooms that are large enough to kind of house that but . . .

19
20 Nissen: Also, have you ever done any projects with the residency program
21 at Memorial?

22
23 Jaquez: We have had mostly NMSU students that have come to help us
24 and public health. We haven't had residency students at Jardin. We would love
25 to have that. We've also had one little nibble from a person that's an RN that
26 wants to come through our border servant corp. So if that happens, I think it's
27 going to really open up a lot of opportunity for us. That's a salary that's \$9,500
28 as opposed to a full salary for a staff person that is . . . and we couldn't even
29 begin to pay the salary of an RN. We cannot compete what the hospital pays.

30
31 Nissen: I mention the residency program because they cooperate with us
32 with the school based health centers and I know sometimes they're looking to
33 have those residents work out in the community. So I think you possible could
34 be a good place to go.

35
36 Jaquez: We would love that. We're a live lab. I tell a lot of people that we're
37 a live lab and it's such a learning opportunity for our students. I really would love
38 to have residents come.

39
40 Nissen: Okay, any other questions?

41
42 Norem: Just noticing, from your description that there's a very intense
43 workload. You don't really have a way of putting a cap on that and I'm wondering
44 how you handle those pressures and what do you do for the over tasked staff?

45
46 Jaquez: Yes. I think my expectations are high. We tend to do more with
47 less, so we've kind of stretched ourselves to the very limit. But the reward comes
48 when you see the success for the children. They are so happy when they come

1 to Jardin. We have some children that, you know, they don't want to go home in
2 the afternoon. We've, sadly, had two also get child protective services involved.
3 We've had one mom that left and she was not ready to graduate and she thought
4 we had reported her to child protective services, we had not. But she made
5 comments about going postal at Jardin. When you hear that kind of thing it kind
6 of takes away from the, you know the good things that we do. But we had
7 occasion to see her after she, you know settled down a little bit and she was very
8 grateful. So it was all worth it.

9
10 Nissen: Any other questions? Okay, thank you very much.

11
12 **M. La Casa, Inc. – Family Services**

13
14 Johnson-Bassford: Good evening. My name's Amy Johnson-Bassford. I'm with
15 La Casa. I remember when I was in college and they said you always wanted to
16 go first or last during an interview so hopefully I can, you aren't too tired to, to go,
17 sit through one more presentation.

18
19 This proposal is for Family Services which is to provide services to child
20 witnesses of domestic violence. This week is the National Victim of Crime
21 Awareness week. I say that because the first and foremost thing to remember
22 about every one of our clients is they are a victim or a survivor of a crime.
23 Domestic violence and abuse is a crime and it happens in every neighborhood, in
24 every community across the nation and certainly every neighborhood of our
25 community. The scary thing is that according to anecdotal data from the police
26 department is that a batterer will abuse their victim one to four times before law
27 enforcement is called, which means that the children that are in that home have
28 seen their parent abused, physically abused three to four times before law
29 enforcement is called. They come to us some time after that. Hopefully, very
30 rarely will we get somebody who the first time that they're abused will come to
31 see us. So by the time those people have come to see us, either through our
32 shelter program or through our non-residential program, those children have
33 seen their parent be abused many times. The perpetrator of the crime is not a
34 stranger, it is their other parent. So these children have been traumatized greatly
35 by the time they come to see us. Our Family Services Program provides
36 counseling and various activities for these children to help them cope with the
37 trauma that they've experienced.

38
39 As I've noted in our application, the Betty Capanera report on the incidents and
40 nature of domestic violence and abuse in New Mexico shows a rate of 53% of
41 the incidents reported of domestic violence have a child in the home who has
42 witnessed the activity. 81% of those children are under the age of 12. So
43 imagine that you're a small child in a home that's seeing domestic violence on a
44 regular basis. Many people later on in that report, which I didn't discuss in my
45 proposal, but later on in that report it talks about why people don't report
46 domestic violence. There's a good percentage of those people who believe that
47 it's a personal and private matter and they won't report it. So often times the

1 domestic violence and abuse has gone on for a long period of time before they
2 come to see us.

3
4 Many of the children who have been in homes of domestic violence, first of all
5 their 15% more likely than other children to be abused and victimized themselves
6 in the home. According to the Capanera report in New Mexico, 26% of child
7 witness victims experience physical abuse from the abuser and 7% experience
8 sexual abuse from the abusers. So not only are they witnessing a crime against
9 their own parent by their other parent, but they also may be experiencing
10 domestic violence and abuse themselves. So these children really do have post
11 traumatic stress disorder when they get to us. Those children don't forget that.
12 Recently there have been studies nationally that have shown that people who
13 either experience domestic violence or witness domestic violence as children,
14 later on in life. . . . they've now done studies where they kind of have followed
15 people and gotten their true history of their life . . . that later on in life they
16 experience serious medical conditions much earlier than somebody who has not
17 had that experience when they were younger. So that makes it really important
18 for us to try and intervene with these children, to get some crisis intervention. To
19 try and bring them to an understanding of what's happened in their life, what's
20 happened in their home and how to deal with those experiences because these
21 children will not get different parents. They will probably have those same
22 parents all their life so they need to learn how to deal with that.

23
24 Our requests is for providing portions of staffs salaries that work directly with the
25 children, our children's coordinator, a counselor and then a parenting education
26 counselor, who does work with the parents, both the offenders who may be in our
27 batterers intervention program and the parent that is the victim on how to parent
28 using non-violent methods and in a positive and proactive manner as opposed to
29 maybe what they've used in the past or seen modeled from themselves from
30 their own families. I would just say that, you know these children experience
31 such risks as they get older. The risk, obviously, keeping the generational cycle
32 of domestic violence going, experiencing it themselves, being victims of teen
33 violence and we try and stop that.

34
35 Nissen: Could you describe who, if you're hiring a full-time children's
36 program coordinator, now whose doing that now? Is there a person?

37
38 Johnson-Bassford: We have a full-time coordinator, children's coordinator on
39 staff. These are people who are already on staff and we are requesting a portion
40 of their salary to be paid for by the city. I think when I was here last month I had
41 mentioned that we had been cut 19% by CYFD. Children's programs are almost
42 completely funded by CYFD so we're searching for alternative funding sources
43 for the children's program.

44
45 Nissen: Could you tell me what does that person do? When you say
46 coordinate, what do they coordinate?

47

1 Johnson-Bassford: They oversee the four or five people who are in the
2 children's program that are providing direct services to the children. We have
3 two counselors; one is here in Las Cruces and one is in the Anthony office.
4 We're requesting funding for the one in Las Cruces; the Parenting Education
5 Coordinator. Then there are child advocates that work with the children doing
6 homework tables, mentorship, art and play therapy, activities in the afternoon,
7 that type of thing. That person is also a counselor and does provide direct
8 counseling to the child also.

9
10 Nissen: Okay. Thank you very much.

11
12 **V. APPROVAL OF MINUTES**

13
14 September 8, 2010

15
16 Ardyth Norem moved to accept the minutes.

17
18 Bill Corbett seconded.

19
20 All in favor. None opposed. Motion carried.

21
22 December 8, 2010

23
24 Kevin Kay moved to accept the minutes.

25
26 Sue Patterson seconded.

27
28 All in favor. None opposed. Motion carried.

29
30 March 9, 2011

31
32 Kevin Kay moved to accept the minutes.

33
34 Ardyth Norem seconded.

35
36 All in favor. None opposed. Motion carried.

37
38 March 10, 2011

39
40 Kevin Kay moved to accept the minutes.

41
42 Ardyth Norem seconded.

43
44 All in favor. None opposed. Motion carried.

45
46 March 16, 2011

47
48 Ardyth Norem moved to accept the minutes.

1
2 Kevin Kay seconded.
3
4 All in favor. None opposed. Motion carried.
5

6 **VI. OTHER DISCUSSION**

7
8 None.
9

10 **VII. ADJOURNMENT**

11
12 Earl Nissen adjourned the meeting.

13
14 Meeting adjourned at 8:03 p.m.

15
16
17

Chairperson Date