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City of Las Cruces[®]
 PEOPLE HELPING PEOPLE

Council Action and Executive Summary

Item # 7 Ordinance/Resolution# 12-180

For Meeting of _____
 (Ordinance First Reading Date)

For Meeting of May 7, 2012
 (Adoption Date)

Please check box that applies to this item:

QUASI JUDICIAL LEGISLATIVE ADMINISTRATIVE

TITLE: A RESOLUTION ADOPTING FUNDING PRIORITIES AND ALLOCATIONS TO VARIOUS LAS CRUCES NON-PROFIT ORGANIZATIONS FOR FISCAL YEAR 2013 TO PROVIDE HEALTH-RELATED PUBLIC SERVICES NEEDS AND AUTHORIZING THE INCORPORATION OF THE FUNDING AMOUNTS INTO THE CITY'S FISCAL YEAR 2013 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 Health and Human Services Advisory Committee's (HHSAC) Fiscal Year 2013 recommendations for Health-Related Public Services funding.

COUNCIL DISTRICT: ALL		
<u>Drafter/Staff Contact:</u> Jean Barnhouse-Garcia	<u>Department/Section:</u> Community Development / Planning & 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 on March 2, 2012. The applications were reviewed and evaluated by the HHSAC and Community Development Department's Planning and Neighborhood Services Section staff. On April 18, 2012, the HHSAC recommended the grants listed on Exhibit "A" be awarded to local providers of health-related services for Fiscal Year 2013 for a grand total of \$300,000. Each grant will require a mutually agreed-to purchase services agreement to be executed between the City and the respective non-profit organizations.

The grant awards are funded for a two (2) year cycle, with renewed funding based on overall program performance, quality of data collection methods and record keeping, satisfactory

monitoring reviews and availability of City funding. The recommendations of the HHSAC are based on funding priorities that include health/mental health services, hunger relief projects, homeless programs and child abuse/neglect prevention.

SUPPORT INFORMATION:

1. Resolution.
2. Exhibit "A" Recommended Health-Related Public Services Funding for Fiscal Year 2013.
3. Attachment "A" Draft, unapproved minutes of HHSAC meeting of April 11, 2012, April 12, 2012 and April 18, 2012.

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:
	Budget Adjustment Attached	<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 FY2013 within the Health Care Fund (Fund 2700) 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 earnings from the pre-paid lease of the Memorial Medical.

FUND EXPENDITURE SUMMARY:

Fund Name(s)	Account Number(s)	Expenditure Proposed (For FY2013)	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 FY 2013 Budget)	\$300,000 (Pending adoption of FY 2013 Budget)	\$0	N/A

OPTIONS / ALTERNATIVES:

1. Vote "Yes"; this will approve the Resolution. Such action would adopt the Fiscal Year 2013 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 2013 health-related funding recommendations of the Health and Human Services Advisory Committee and inhibit the timely implementation of priority public services starting July 1, 2012.
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. 12-180

A RESOLUTION ADOPTING FUNDING PRIORITIES AND ALLOCATIONS TO VARIOUS LAS CRUCES NON-PROFIT ORGANIZATIONS FOR FISCAL YEAR 2013 TO PROVIDE HEALTH-RELATED PUBLIC SERVICES NEEDS AND AUTHORIZING THE INCORPORATION OF THE FUNDING AMOUNTS INTO THE CITY'S FISCAL YEAR 2013 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 2013 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 FY2013 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 FY2013 budget.

(III)

THAT City staff is authorized to develop purchase services agreements with

each non-profit agency for Fiscal Year 2013 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 2013 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 the accomplishment of the herein above.

DONE AND APPROVED this _____ day of _____ 2012.

APPROVED:

Mayor

ATTEST:

City Clerk

(SEAL)

Moved by: _____

Seconded by: _____

VOTE:

- Mayor Miyagishima: _____
- Councillor Silva: _____
- Councillor Smith: _____
- Councillor Pedroza: _____
- Councillor Small: _____
- Councillor Sorg: _____
- Councillor Thomas: _____

APPROVED AS TO FORM:



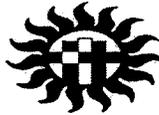
City Attorney

Exhibit "A"

**RECOMMENDED HEALTH-RELATED PUBLIC SERVICES FUNDING
FOR FY 2013**

	Health-Related Public Services Recommended Organization	Program	Recommended Award
1	El Caldito	Soup Kitchen	\$28,550
2	Roadrunner Food Bank	Hunger Relief	\$28,550
3	Mesilla Valley CASA, Inc.	Fostering Healthy Children	\$14,500
4	St. Luke's Health Care Center	Diabetes Medication and Care	\$28,550
5	La Pinon Sexual Assault Recovery	Sexual Assault Nurse Examiner (SANE)	\$28,550
6	Casa de Peregrinos	Emergency Food Program	\$28,550
7	Mesilla Valley Community of Hope	Hope SOAR Program	\$28,550
8	New Mexico GLBTQ Centers	Rainbow Youth	\$28,550
9	La Casa, Inc.	Children's Supportive Services	\$28,550
10	La Clinica de Familia	Expanded Clinic Hours	\$28,550
11	Big Brothers Big Sisters	Big Brothers Big Sisters Mentoring	\$28,550
		TOTAL AMOUNT:	\$ 300,000

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HEALTH AND HUMAN SERVICES ADVISORY COMMITTEE

5

April 11, 2012

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Following are the summary minutes from the Health and Human Services Advisory Committee meeting held on Wednesday, April 11, 2012, at 6:00 p.m., at City Hall Council Chambers, 700 N. Main, Las Cruces, New Mexico.

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MEMBERS PRESENT: Earl Nissen, Chair
Sue Patterson, Vice-Chair
Ardyth Norem
Doug Boberg
Ellen Weiss
Tina Hancock

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STAFF PRESENT: Jean Barnhouse-Garcia
Bonnie Ennis (Recording Secretary)

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PUBLIC PRESENT: Yvonne Palmer (Amistad Family Services)
Stacie Christiano (BBBS)
April Anaya (Boys & Girls Club)
Scott Lynch (Candlelighters)
Lorenzo Alba, Jr. (Casa de Peregrinos)
Betty Tomei (El Caldito)
Mickey Curtis (Families and Youth, Inc.)
Isaac Trevino (Helping Kids Be Kids Foundation)
Amy Johnson-Bassford (La Casa, Inc.)
Martin Lopez (La Clinica de Familia)
Bernadine Dallago (La Piñon "SANE" Program)

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I. CALL TO ORDER

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The meeting was called to order by Chairperson Earl Nissen at 6:00 p.m. Each Committee Member introduced themselves and stated who had appointed them to the Board.

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Chairperson Nissen reviewed the procedures for presentations. He said applications were received for \$619,433 in requests. However, only \$300,000 was available for distribution. Every application had been read and rated by

40

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1 each of the committee members and the presentations given at this meeting
2 would also be rated to determine which agencies would be given final
3 consideration. Another meeting was to be held on Thursday, April 12, 2012 with
4 presentations. The final meeting will be held on Wednesday, April 18, 2012 with
5 all applicants in attendance to hear the Committee's deliberations of how they
6 made final appropriations.

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9 **II. ROLL CALL**

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

12
13 **III. CONFLICT OF INTEREST INQUIRY BY BOARD CHAIRPERSON IN**
14 **ACCORDANCE WITH ESTABLISHED PROGRAM PROCEDURES**

15
16 Chairperson Nissen asked Committee Members if they had any conflicts of
17 interest.

18
19 All Committee Members, except for Doug Boberg, stated they did not have any
20 conflicts of interest.

21
22 Mr. Boberg disclosed that he knows members of some of the Boards of Directors,
23 some of the individuals that get services and some of the applicants. He had
24 worked with the Community of Hope until last February. Mr. Boberg recused
25 himself from voting in the 2012 funding cycle.

26
27 **IV. PRESENTATIONS BY APPLICANTS FOR HEALTH-RELATED PUBLIC**
28 **SERVICES**

29
30 (Note: Presentations and questions are verbatim.)

31
32 **A. Amistad Family Services – “Relationship Based Intervention”**

33
34 Palmer: It's the first time presenting to you all and seeking funding. My
35 name is Yvonne Palmer and I'm here to represent Amistad Family Services.
36 We...

37
38 Barnhouse-Garcia: Excuse me, Yvonne. I just need to make an insert, Mr.
39 Chairman. We did decide on five minutes, three to five minutes. We prefer
40 three. I know at the pre-application workshop we had talked about three minutes
41 would be best. Mr. Chairman, you did say that you would extend it to five
42 minutes, though. That's fine. Thank you.

43
44 Palmer: So, my name is Yvonne Palmer. I'm here representing the Amistad
45 Family Services. As I was saying, we are a new agency to Las Cruces. We are
46 a non-profit specializing in family services. We are currently seeking funding for

1 our "Relationship Based Intervention and Training Program." We currently have
2 three of the four infant mental health specialists in the Las Cruces area. Our goal
3 is really to reach families who are struggling and, particularly in this program, with
4 the relationship with their children.

5
6 One of the valuable tools that we use is our evidence-based and internationally
7 acclaimed curriculum called Circle of Security and it's an eight-week video and
8 interactive program addressing attachment and relationship patterns and the
9 interplay between the child and parent and caregiver. Our focus is to equip the
10 parents with the tools and confidence that they need in order to recognize their
11 child's needs and to meet them with age-appropriate expectations. Along those
12 lines we also want to help parents understand and identify their own stressors
13 and triggers in their relationship with their child and to be emotionally available to
14 them as well.

15
16 Our target population for this program includes teen parents. Most of the teen
17 parents that we are currently serving are also enrolled in the GRADS Program at
18 the three GRADS sites here in Las Cruces; and also foster parents, including
19 treatment foster parents as well as families who are either at risk of CYFD
20 involvement or are currently involved with Child Protective Services. So really we
21 are serving as an intake portal and kind of an agency that's just kind of filling in
22 the gaps for these parents that are out there. While our aim is to reach low-to-
23 moderate income level families we believe so strongly in our program that we
24 want to make it available to all families and believe that all parents and
25 caregivers can greatly benefit from our program.

26
27 But for this particular grant we are asking for assistance to be able to serve the
28 families who are underinsured or don't have the resource available to them to
29 connect. And I just wanted to say, while Amistad is a fairly new organization, we
30 were established in July of 2011. One of our main strengths is that we have very
31 strong partnerships with other agencies here in Las Cruces; some of them being,
32 like I said before, the GRADS organization here, the GRADS classes, the
33 teachers and childcare directors. We've received quite a few referrals and have
34 a strong partnership with Children, Youth and Families Department. We also
35 have a contract with the John Paul Taylor Academy, as well as a strong
36 partnership with Mesilla Valley Casa and the Las Cruces Public Schools,
37 specifically the developmentally delayed pre-school programs. We also receive
38 a lot of referrals from local pediatricians and other mental health providers and
39 we just believe that the mental health providers that we have on staff have a lot
40 of credibility in our community and their work is highly valued.

41
42 I think I said earlier that we employ three of the four infant mental health
43 clinicians. Our clinicians have years, over twenty-three years combined
44 experience, working with families in their homes and specifically the population
45 that is at risk for...specifically, I guess, with the children that are at risk for either
46 school failure or possibly even abuse and neglect, drug and alcohol use. And so

1 our clinicians are very comfortable and confident in working with the population
2 that we're currently serving and that we're seeking funding for through this
3 program. I appreciate the opportunity to be here this evening. We look forward
4 to collaborating with the City of Las Cruces and being able to provide the
5 "Relationship Based Intervention" program.

6
7 Nissen: Doug, do you a question?

8
9 Boberg: So, is this a new program for Amistad?

10
11 Palmer: It's not a new program for Amistad. No. We've been serving in the
12 GRADS classes since August, since that was the first semester since Amistad
13 opened up; but we've been offering the classes in our facility since July of 2011.

14
15 Nissen: Nancy.

16
17 Cano: I noticed that you have three high schools that you mentioned in
18 there.

19
20 Palmer: Yes.

21
22 Cano: Is it strictly only for those three high schools?

23
24 Palmer: Well, we're only...with the high schools there's only three GRADS
25 programs. Mayfield has opted out of having a program specifically designed for
26 a teen parent. Should they ever decide to have a class available to teen parents
27 we would obviously want to partner with them as well.

28
29 Cano: Thank you.

30
31 Palmer: Uh-huh.

32
33 Nissen: Tina? No questions. Sue?

34
35 Patterson: I have a question on page 7 under "Funding Sources:" Insurance
36 for billable service. That's 60% of your clients. What kind of insurance pays for
37 your services?

38
39 Palmer: The majority of our clients are...actually 95% of our clients are low-
40 to-moderate-incomes. Many of them have Medicaid and Medicaid does cover
41 the class that we teach. It's an interactive group session.

42
43 Patterson: I see. Thank you.

44
45 Palmer: Uh-huh.

1 Patterson: By the way I really like your survey form. I always hate those forms
2 that make me answer in such absolutes.

3
4 Palmer: Thank you.

5
6 Nissen: Ardyth.

7
8 Norem: I had a question about your opportunities to observe actual
9 changes. You know evaluations can be very extensive, time consuming and
10 then the analyses are another big job. However, I'm wondering if you have an
11 opportunity to observe the children and observe changes in the children, or is
12 that always by parent, that report?

13
14 Palmer: The bulk of the program with the group presentations, most of the
15 observations come through just the participation of the clients themselves. But if
16 you notice in the grant we also have a portion of it dedicated to families that need
17 more extensive and individualized work and our therapists oftentimes have the
18 parent and the child and we'll do a family session so that they are able to
19 observe some of the changes and improvements and progress that the parents
20 are making.

21
22 Norem: Will you be recording some of those changes so you have that as
23 documentation about changes in children?

24
25 Palmer: We're moving into that item and that's one of our goals. We will
26 need more funding for that just because of how time-consuming it is. But our
27 Clinical Director, he's on the Infant Mental Health Team for the Las Cruces area
28 and he is involved in video-taping and the evaluations and also evaluating the
29 parent-child relationship. So that is our goal to move into that. We're trying to
30 start that by meeting, you know, the needs that have really been identified and
31 want to expand on it and video-taping is our next step because there's really a lot
32 of value in being able to watch that and have the parents watch themselves with
33 their children.

34
35 Norem: Thank you.

36
37 Palmer: Um-hmmm.

38
39 Nissen: Ellen.

40
41 Weiss: My question is: what do you consider low-to-moderate-income
42 families?

43
44 Palmer: We follow the requirement or the income guidelines that the State
45 has produced; but, like when identifying our families and how we came up with
46 this number was based on how many are actually eligible for Medicaid benefits.

1
2 Nissen: Yvonne, the attachment therapy; that's what you're using, right?
3
4 Palmer: Yes.
5
6 Nissen: Is this in any way similar to what the Evergreen Psychotherapy
7 Center send out in the Exec? What you do is similar to that? You know about
8 that one?
9
10 Palmer: I do know about Evergreen and it's not from the clinical perspective.
11 It's actually from a family experience and that's one thing that...my husband's
12 here. He's the Clinical Director. But the attachment theory that they are using
13 is...or the Circle of Security program that we're using they have years and years
14 of attachment research that they're basing their principles on and I don't know
15 how closely related we are to Evergreen's principles and their theories. But ...
16
17 Nissen: But it's in line with it, I'm sure. When I read your description...
18
19 Palmer: Yes. But the attachment theory is really what's guiding our agency
20 and specifically our program. That's what our clinicians believe in. They believe
21 in the vital role in reaching families in the early life cycle and understand that an
22 early, secure attachment leads to so much success in the future.
23
24 Nissen: Also, did you review this application with Sally Cosnick?
25
26 Palmer: I didn't review it with Sally Cosnick but Sally Cosnick and I go way
27 back.
28
29 Nissen: I know you do.
30
31 Palmer: I used to be a GRADS teacher.
32
33 Nissen: Okay. But she's still Director of the GRADS program; trying to
34 retire, I think. I don't think anybody wants to let her.
35
36 Nissen: No, we don't want her to. Okay. Thank you very much.
37
38 Palmer: Thank you.
39
40 Nissen: Anybody else a last question? Okay, thank you very much.
41
42 Palmer: Thank you.
43
44 **B. Big Brothers Big Sisters – “Big Brothers Big Sisters”**
45
46 Nissen: Our next presentation will be Big Brothers Big Sisters.

1
2 Christiano: Mr. Chairman and fellow Committee Members, good evening. My
3 name is Stacie Christiano. I'm the Chief Executive Officer for Big Brothers Big
4 Sisters. On behalf of Kiel Hoffman, our Board President and the Board of
5 Directors we really appreciate this opportunity to tell you our story this evening.
6

7 In our grant you have our numbers and our statics and how we are and who we
8 serve.

9 Tonight I'd like to take the time to put those numbers into perspective and give
10 you a bigger picture of how we make an impact in the community. I'd like to ask
11 you to take a minute and think about your childhood. Think of someone who was
12 a positive role model in you: someone who believed in you, who probably knew
13 you but knew what you were capable of; a relative you could always talk to; a
14 teacher who inspired or believed in you; or maybe that coach who stayed after
15 practice and helped build that self-confidence so that you are going to throw that
16 perfect free throw in that tournament game. Whoever that person was, obviously
17 they had an impact on you and the memories still live on and I'm sure mentors
18 are officially or unofficially labeled. They helped you get to where you are today.
19 And that's what Big Brothers Big Sisters is all about. The kids that we serve and
20 that are waiting to be served are the kids in our grocery stores. They're the kids
21 that walk home from school and they're probably kids that live on your block.
22 These are children that have not as much parental support, very low self-esteem,
23 maybe struggling academically or just need to know that they're cared for. They
24 need our help and they need your help. These are also the kids that will grow up
25 and eventually will be our teacher and take care of us, everyone in this room.
26

27 The kids in our program get the one-to-one dedicated time from a positive role
28 model that shares their experiences, their opportunities and provides resources
29 on them to feel special, to feel like they're an individual and to feel they're cared
30 for. What an amazing gift to give to a child! Who would not want to feel that and
31 who would not want to be part of that to help a child feel that? All of these
32 organizations presenting tonight and tomorrow are well-deserving of the funding.
33 What sets Big Brothers Big Sisters apart from many of them is the monies that
34 will be supporting the mentoring program that allows our agency to be proactive
35 rather than reactive.
36

37 I'm sure many of you are aware that it's very difficult for children to grow up in the
38 society these days. I mean, put the TV on and see the news. Every day there's
39 a story about an young adult that's made a bad choice and those bad choices
40 have bad consequences that have impacted themselves and not only themselves
41 but their community. We serve the same kids that come forward with making
42 those choices. What's different from them is they have a positive role model in
43 their life to give them the tools to make the right choices, the positive choices,
44 which will then lead into achieving success in life. These good choices will help
45 them finish school. They'll help build better relationships with their peers, build
46 better self-confidence and more likely be fully prepared to join the work force.

1 Wouldn't it make sense that we would partner with established programs that
2 have ways that are with measurable outcomes to help create a larger number of
3 proactive kids entering the society?
4

5 As a leader of this organization I believe very much in this mission and I became
6 a Big Sister myself. My experience as a "Big Sister" helps me see firsthand how
7 truly impacted these children are. I met my "Little" three years ago and she was
8 painfully shy, very withdrawn, struggling academically and didn't think friends
9 were worthwhile in her life. Well, through our outings and our playing in the
10 playground and working on her mathematics and helping with her science
11 projects she has developed into a vibrant eleven-year-old who smiles ear to ear
12 down the hallway and I can truly see the impact that I've made in her life. And
13 that's just one success story of hundreds that this agency has done and there are
14 many more successful stories that need to be created and through our
15 partnership we can make those stories happen.
16

17 In closing I would just like you to take note that our mentoring services, they're
18 vital to enhance not only developmental, but social, the health and general
19 wellbeing of the children; and not only the children but they will impact our
20 community as a whole, which is my community and your community. The youth
21 of our future and I am looking forward to stepping up and partnering with the City
22 of Las Cruces to create this success story. Thank you for your consideration.
23

24 Nissen: Doug?

25
26 Boberg: Stacie, I noticed on the application that you're serving...what was
27 it? A 100 or 130 children already and you've got 30 children on the waiting list?
28 Do you have "Bigs" for those 30 children selected if you receive the funding and
29 then; also, if more children were to come forward would the funding being
30 requested be able to go toward those as well or is there kind of a hard stop on
31 the number that have been included in your application?
32

33 Christiano: Right now we're serving 137 children, actually, today and we have
34 38 children on a waiting list and our goal...we cannot eliminate a waiting list. Our
35 goal is to get them off the list as soon as possible and we have 8 volunteers that
36 are going through the enrollment process, which will take the children off those
37 lists once they're matched. We are actively recruiting mentors and we're
38 constantly telling our story and trying to connect people with our agency. It's a
39 revolving cycle and it'll never be eliminated it's just the funding will help support a
40 staff person dedicated to this caseload, for extra support recruiting more
41 volunteers and getting those children through the process at a faster pace with
42 high quality standards. What is we need is more money, there's always children
43 to be served and we're always looking for volunteers.
44

45 Boberg: I understand. Thank you, Stacie.
46

1 Christiano: Thank you.

2

3 Nissen: Nancy?

4

5 Cano: I noticed you do the background check for the people that do get
6 into it but my question is: do you do the background check? Is there someone
7 in-house that does it for you or is there an outside party that gets it done?

8

9 Christiano: We actually do the fingerprint cards in-house and we send them off
10 to the FBI to do the processing and we contract with Hospital Services
11 Corporation, which is a vendor that was approved through our national
12 association of Big Brothers Big Sisters of America and they process all of the
13 other background check; the criminal, the sexual, the civil, motor vehicle, the
14 social security verifications. We have a package that we cover all of that; and
15 then the report comes to our officer and we reassess what comes through those
16 reports and then make the decision.

17

18 Cano: Thank you.

19

20 Christiano: Thank you.

21

22 Nissen: Tina?

23

24 Hancock: Hi. This is more an observation than a question but if you can
25 illuminate it, and you partially did in relationship to Doug's question; you're
26 requesting \$30,000 and you're serving 30 children. So this comes to \$1,000 per
27 child.

28

29 Christiano: Correct. Yes. On average, in 2011 it was \$1,112 to manage a
30 child from A to Z on an annual basis and that starts with employing a person to
31 be their case manager, finding the referral for the children, going through the
32 interview process of the volunteer, going through the application process; I mean,
33 from A to Z, to lights on, to providing them activities, providing them resources for
34 their Match Outings together and to provide that constant support. Because
35 once they're matched we stay in monthly communication with the parent, the
36 volunteer and the child. So that dedicated time is very vital to the success of the
37 match. And once they hit the university we do not want them to end. We hope
38 they go for many years to come.

39

40 Hancock: Thank you.

41

42 Nissen: Sue?

43

44 Patterson: *(inaudible – microphone turned off)*

45

46 Nissen: Ardyth?

1
2 Norem: My background in development of surveys and assessment tools I
3 was noticing that your questionnaire is very nicely clustered into various
4 dimensions and I kind of wondered if when you do the evaluation that you'll be
5 able to take the four or so that relate to emotional positives and put that in one
6 sum, elimination, another sum, constructive impact; in other words, to organize
7 the individual data so that you have summary statements.

8
9 Christiano: We're very pleased with our Constructive Relationships Survey.
10 That sort of got the start of the relationship and then the three months in our
11 annual anniversary and that really focuses on the strength over the relationship.
12 That three-month window is very vital on whether they're going to be successful
13 or if we'll need to terminate that where we can come in. And then the Youth
14 Outcome Survey really helps on categorizing as social acceptance and
15 scholastic competency and we do that the first day they're match and then at
16 annual review and ask the exact same questions.

17
18 Norem: So you are able to cluster your questions and put them into
19 *(inaudible – two people speaking at the same time)*

20
21 Christiano: Definitely, and we provide these surveys face-to-face. We do not
22 manipulate the questions. We ask them the same way. We do not try to lead the
23 answers and it's an amazing...the Youth Outcome Survey is just a year old so
24 we're coming to our annual results, which would end the grant so we're excited to
25 see the positive impact.

26
27 Norem: So I didn't see information about assuring confidentiality which, I
28 think, is a legal requirement usually when they're doing assessments of this kind.

29
30 Christiano: Absolutely! Everything is confidential and under lock-and-key and
31 we do not disclose personal information and per-child situations to other parties
32 involved.

33
34 Norem: And that's true also then as you summarize your data. Is that
35 correct?

36
37 Christiano: Correct.

38
39 Norem: Okay. Thank you.

40
41 Christiano: Thank you.

42
43 Nissen: Ellen?

44
45 Weiss: *(inaudible – microphone turned off)*

46

1 Nissen: I noticed you did not provide a summary and we're always asking
2 for that on applications. And on the budget, could you explain: you've got the
3 permanent position full-time and you're not going to use any of these funds that
4 you're requesting for that position. Is that correct? It's going to be for a part-time
5 person?

6
7 Christiano: Correct.

8
9 Nissen: No.

10
11 Christiano: We do have two: one part-time and one full-time Match Support
12 Specialists that do the enrollment and the case management for community and
13 school based. This additional part-time position will help us sustain some of
14 those but more focus on the growth of reaching more children.

15
16 Nissen: Okay. Thank you. Thank you very much.

17
18 Christiano: Thank you.

19
20 **C. Boys and Girls Club – “Triple Play”**

21
22 Nissen: Our next presentation is Boys and Girls Club.

23
24 Anaya: Good evening and thank you for your time tonight. My name is
25 April Anaya and I am the Chief Professional Officer for the Boys and Girls Club of
26 Las Cruces. Our organization is now in its 49th year serving the youth in our
27 community and the overall missions of the club are to provide a safe place for
28 youth to go during after-school and summer time hours, as well as for us to offer
29 engaging educational and character-enriching opportunities for children while
30 they're out of school. Currently 42% of our club members are actually on a full
31 scholarship with us. This means that their families fall under the extremely low
32 income guidelines on the HUD income scale.

33
34 One program which is increasingly important to us is the “Triple Play Program.”
35 One we figure out that we can the kids where they need to be, where they're
36 safe, we then want to go ahead and offer programs which can make the biggest
37 impact in their life. Right now, “Triple Play” is a multi-faceted program and it
38 focuses on three components: mind, body and soul.

39
40 The mind component offers education based on nutrition and fitness. So right
41 away when we bring kids in to analyze the mind component we're picking apart
42 food labels. We're researching healthy snacks. We're doing edible art. One of
43 my favorite examples of partnering recently has been with Molina Health Care.
44 They came in and they brought in a smoothie bite and the kids were actually able
45 to pick out healthy ingredients for their smoothies so they got to research which
46 ingredients were healthy, which ones weren't; and in order to operate the blender

1 to make their smoothie they had to get on the bike so it incorporated physical
2 activity as well as a healthy snack.

3
4 The body component focuses on fun with a purpose and we like to do this by
5 offering non-competitive physical activities for the kids. One of my favorites is
6 taking kids on field trips because when you take them on field trip they think
7 they're doing something fun. But when they're out in Dripping Springs hiking and
8 they realize they have to get back down the mountain huffing and puffing you
9 know that they have gotten exercise and at the end of the day when they can see
10 the amount of miles that they've walked and they walk into the club sore the next
11 day because they don't get to do that on a daily basis or sometimes they've
12 never gotten to do that, you know you've been able to make an impact. We also
13 have an NMSU dance instructor who comes in and he is actually is able to do
14 choreography with the children and they are able to choreograph the dance
15 routines to some of their favorite songs, once again incorporating movement and
16 physical activity and sneaking it in there in a way which they don't know.

17
18 The soul component teaches social and ethical skills and good sportsmanship. A
19 lot of kids really need this so this is something we like to focus on. An example
20 of what we like to do is sometimes host school tournaments where we can teach
21 kids about the rules of the game and show healthy competition. A lot of our club
22 members are not necessarily the most gifted when it comes to physical activity
23 so we like to give them an outlet where they can perform and go ahead and
24 perform in physical activities without being judged or teased as well. One of our
25 favorites, which is all-encompassing, is our garden club project where kids
26 actually get to research what they want to plant in the garden so the mind
27 component comes in. The body component comes in when they're out there
28 digging and hoeing and planting everything. The soul component is when they
29 work together to tend to their garden and at the end they get to eat the fruits of
30 their labor. We had cherry tomatoes coming out of our ears last summer
31 because of this.

32
33 The "Triple Play" activities are also designed to build on knowledge over time and
34 they're very dynamic in nature. We do serve kids ages six through eighteen so
35 the six-year-olds don't necessarily want to participate in the three-on-three
36 basketball tournaments as the older ones are but they start off by doing free
37 throw tournaments or playing "horse" and once they've learned the rules of the
38 game bit-by-bit they can start understanding and the older kids then become
39 mentors for the younger members as well. The importance of the "Triple Play
40 Program" is indeed now. The New Mexico Department of Health reported that
41 13% of kindergarten kids are obese and by third grade that number jumps up to
42 22% so the number's not going down; it's actually going up. It's our job to
43 actually arm you with education on how to make positive choices and how to live
44 healthy lifestyles.

45

1 With physical education also decreasing within the public schools, sometimes
2 only two to three times a week, we'd like to use our time wisely and do everything
3 we can to encourage physical activity while they're with us at the club. We're
4 very lucky that we have local and national initiatives that focus on this right now
5 so we can definitely build on those. The First Lady's Left Move Campaign is
6 great and Mayor Miyagishima's 5210 Campaign with third graders was definitely
7 a telling sign of how kids are impacted. When Mayor Miyagishima went into third
8 grade classes we had the third graders begging us, "Can I get ten extra minutes
9 on the basketball court? I need to do one hour physical activity because the
10 Mayor said so." The overall goal is to insure that these children understand the
11 "why" component behind what they're doing and use these activities and use
12 these lessons in their everyday lives and not just while they're with us at the Boys
13 and Girls Club.

14
15 Nissen: Doug?

16
17 Boberg: April, I noticed on the funding request you've got a couple thousand
18 dollars built in there for vehicle expense: motor oil, fuel, repairs. That's a lot of
19 field trips.

20
21 Anaya: It actually is when you're taking them to White Sands, Dripping
22 Springs, different parks. Unfortunately I think you all are very familiar with our
23 location right now and that's Downtown at 330 West Las Cruces Avenue in a
24 ninety-year-old building. So when it comes to actually doing anything relating to
25 playing outside or getting outdoors we do have to drive club members pretty far
26 out. They've actually gone to El Paso. They've gone to Elephant Butte before.
27 So we do take some longer field trips then in times, especially during the
28 summer.

29
30 Boberg: Okay. Thanks. May I ask another question as well? I also noticed
31 that on the methodology how you track success, if you will, that you track
32 participation; but are there any other health factors you could track as far as,
33 maybe, endurance or maybe some little competitions to see how many laps they
34 can run or...you know, I used to be a basketball coach so we used to run these
35 kids pretty hard, "Suicides" and various things. I was just wondering if there was
36 any other way to track health.

37
38 Anaya: Definitely. That's one of the things that we're lucky to have Boys
39 and Girls Club of America that actually has these many fitness challenges and
40 they show you where to start with the children, where you can implement it and
41 then, by then, you know they think it's all fun and games: let's see who can win at
42 doing jumping jacks. But by a minute they can actually see how many more they
43 can get done in that time frame.

44
45 Boberg: Very good. Thank you.

46

1 Nissen: Nancy?
2
3 Cano: No questions.
4
5 Nissen: Tina?
6
7 Hancock: So, just to clarify, you do use a sliding fee scale.
8
9 Anaya: Yes, we do. In essence, all of our fees are indeed scholarship. We
10 don't charge full price for any of our services.
11
12 Hancock: Thank you.
13
14 Nissen: Sue.
15
16 Patterson: I guess that partially answers one of my questions. I was
17 wondering how they win scholarships and the other thing, I had a question about
18 is: in your budget funding sources you mention a portion of the Boys and Girls
19 Club membership fees. So who has to pay membership fees?
20
21 Anaya: That's one thing that even if our children are on scholarship every
22 family does have to pay for their child to become a member of the Boys and Girls
23 Club. That fee is \$15 for an entire year. So even our scholarship students would
24 pay \$15 but then they wouldn't pay anything again until they re-qualify for
25 scholarship the following year.
26
27 Patterson: Awesome. Ah. Thank you.
28
29 Nissen: Ardyth?
30
31 Norem: I'd like to extend the question about evaluation. The idea of having
32 some kind of physical contest prior to the beginning of the year and at the end of
33 the season makes a lot of sense. I'm wondering if you keep a record of that so
34 that you can let people know, number one: A, you made a difference, you've
35 changed; and you can also let the community know that people are increasing
36 their physical hardiness or losing weight or whatever the (*inaudible*) might be.
37
38 Anaya: Definitely. And that's something we've been approached with
39 before. Being a club, unfortunately, when it comes to after school it's really tough
40 for us when we only have them there for three, sometimes three, three-and-a-
41 half, sometimes four hours. We're trying to do homework, get a snack, focus on
42 art so there's a lot to encompass in that regard so we try to get it in there as
43 much as we can. Our goal is to definitely increase that time spent and then
44 further gather that data. Unfortunately we do have some kids that'll just say, "I
45 don't want to participate," and then I run out and say, "Let's do it. It's fun," and I'll
46 do the granny shots with them just to show them it's okay. So a lot of times it

1 does require a lot of confidence building but it is something that we would like to
2 definitely look closer at.

3
4 Norem: And then the feedback can be very motivating to the kids...

5
6 Anaya: Definitely.

7
8 Norem: once they learn that there really is an improvement. I also had
9 a question that had to do with the documentation so that you can have that
10 available and I had another question about finances and I think that's been
11 asked. So thank you.

12
13 Anaya: Thank you.

14
15 Nissen: Ellen?

16
17 Weiss: No questions now.

18
19 Nissen: Do you have a method of working with particular schools or just
20 wide open or do you go to any particular elementary schools or how do you
21 select schools?

22
23 Anaya: We actually have a satellite center at Mesilla Park Elementary so
24 right now our main club does transportation to twelve different middle school and
25 elementary schools right now and a lot of times when parents call we'll start a list
26 when school starts and it's where there's the biggest need. Unfortunately we
27 can't be driving to every school throughout the district. I wish we could because
28 there are people definitely needing a place for their children to go. But we base it
29 on need: if there's enough members on a route then we'll go pick them up and
30 bring them to our main club. Mesilla Park, our staff actually go there and they
31 implement the Boys and Girls Club programming there within the school.

32
33 Nissen: Okay. Thank you.

34
35 Anaya: Thank you.

36
37 **D. Candlelighters of West TX & Southern NM – “Esperanza Project”**

38
39 Nissen: Our next presentation: Candlelighters of West Texas and Southern
40 New Mexico.

41
42 Lynch: Good evening. I'm Scott Lynch, Chief Executive Officer for
43 Candlelighters. We are the sole provider of free support services to families that
44 have children battling cancer in the region. Thank you for the opportunity to
45 present.

46

1 Beginning over thirty years ago as informal parent support group, Candlelighters
2 has evolved into a comprehensive continuum of care that has services that have
3 fallen into three major categories: financial assistance, therapeutic services and
4 psychosocial activities. Over the last two years we have seen a 50% increase in our
5 children census. There's 300 children currently in treatment at area hospitals
6 and we assist them and their families. We're committed to meeting this increase
7 in demand and addressing all the needs of all of the family members, most
8 especially the moms who must move past their anguish to become their child's
9 primary coordinator of service and advocate and caregiver. Imagine the
10 emotional strain of having your child go through a prolonged illness, a gravely ill
11 child, your son or your daughter.

12
13 Most of us, fortunately, are never going to have to experience that but at some
14 point during our lives we are going to have to care for a loved one, whether it's
15 through a prolonged illness, a disability or aide-related complications. Families
16 have been and will continue to be a major provider of everyday long term care.
17 Unfortunately, they're not very well trained and they are at risk themselves for
18 emotional and health risk. The "Esperanza Project" that we're asking you to
19 consider for funding is a series of bi-lingual workshops, caregiver workshops and
20 follow up sessions that hopes to offer techniques to improve communication,
21 relieve stress, manage emotions and promote living in balance under very
22 tremendous challenges.

23
24 In closing, I want to leave you with one simple technique that you can take with
25 you tonight. At times caregivers get overloaded, overburdened and they need to
26 do some kind of therapy for themselves. We all on occasions get overwhelmed
27 by our daily life so if you're willing to follow me on this little exercise I'll show you
28 one of the techniques that we use for caregivers to remove some of the stress in
29 their life. It's based on imaging meridians and it's called the Emotional Freedom
30 Technique and it uses acupuncture points to restore energy that's blocked from
31 anxiety. So if you can think of a problem or worry or concern that you currently
32 have and on an anxiety meter from zero to ten give it a rating, I'll put you through
33 the seven meridians and we'll try to reduce that stress. So what we're going to
34 do is we're going to breathe in and out every time we tap so we're going to take
35 our index finger and middle finger and we're going to start here, go to the outside
36 of the eyebrow, underneath the eyes, the meridian between the nose and the
37 lips, the lips and the chin, the sides and then this part over here. And then we're
38 going to hit the side of our hand and say to ourselves, "I understand the problem
39 and I'm okay," and then we're going to press on this point, it's pretty tender, it's
40 couple inches, three inches from the sternum and down from the clavicle. So
41 we're going to start, we're going to tap seven to nine times; we're going to
42 breathe in and we're going to breathe out, you're going to think about the anxiety
43 that you're currently feeling. Okay? Breathe in and out... (demonstrating with
44 audience participation)...and then you're going to say to yourself three times, "I
45 know the problem and I'm okay." And then you're going to press over here. So,

1 hopefully, we've all restored our healthy flow of energy. Who would like to ask
2 the first question?

3
4 Nissen: Doug?

5
6 Boberg: Well, Scott, thank you for taking us through that. I think all of the
7 Committee Members are stressed about the lack of funds and the good causes
8 that we need to decide upon and I hope it's helpful for you. I know how stressful
9 it is standing at that microphone. Really, the only question I have is on your
10 application: you mentioned the number 250 clients would be served and then
11 somewhere else it was 350. Is it...actually, I'm looking at the very first page...

12
13 Lynch: Okay. The bottom of the first page we have 250 that are low-to-
14 moderate, 20 individuals with disabilities, 30 elderly, 50 children and youths so
15 the total is 350.

16
17 Boberg: Do some of those folks fit in the same category or are they...?

18
19 Lynch: Yes.

20
21 Boberg: Okay, I gotcha. And then also, the health-related funding is
22 restricted to Las Cruces residents only. I noticed that you mentioned Las Cruces
23 and surrounding areas. Is there a way to determine between that?

24
25 Lynch: The confusion came from receiving United Way fundings a few
26 years ago. When we went into the Colonia we were up to Rincon, we all over the
27 county. We understand now and we are currently funded to just do residents in
28 the city and the second part of that is, and I should know this from federal work
29 I've done in the past, it's by census track so there's a couple of zip codes that are
30 partial so we, I think, overcounted one or two or three people that shouldn't have
31 been put through for funding but we still far exceeded the number of people that
32 we are supposed to serve. So we are limited to two community centers, not the
33 larger group that we were working out of before and we understand that it is just
34 residents of the city.

35
36 Boberg: Very good. Thank you.

37
38 Nissen: Nancy.

39
40 Cano: Under the expenditure classification for other employee benefits,
41 I'm wondering how many employees does that benefit?

42
43 Lynch: That's 25% of the full-time and part-time. Well, we have two Family
44 Case Managers and then the Program Administrator who does the current
45 reporting and compliance. So it's two full-time, one part-time for four hours a
46 week.

1
2 Cano: May I ask one more question?
3
4 Lynch: Yes, ma'am.
5
6 Cano: So, on the part-time do you have benefits for a part-time employee,
7 too?
8
9 Lynch: That's just withholding. It's FICA and FUTA.
10
11 Cano: Okay.
12
13 Lynch: Yeah, it's not even insurance.
14
15 Hancock: Hi.
16
17 Lynch: Hi.
18
19 Hancock: I wonder if you briefly could describe the professional background
20 of your Family Case Managers.
21
22 Lynch: Victor Loya has worked through the El Paso Guidance Center, the
23 El Paso Crisis Center. He's got a degree in counseling. We've taken modules of
24 training: PS I Love You, Strengthening Marriage (*inaudible*) Classes, caregiver
25 training; so the modules that they're using, they're fully certified to provide.
26 We're currently on our way, in two weeks, to the Children's Hospital in
27 Philadelphia to learn an intervention protocol for newly diagnosed. They
28 consider the diagnosis of cancer to be a Post-Traumatic Stress even and so
29 we're learning that technique to put the families through that training, too, so he's
30 got a Bachelor's Degree in Social Work...
31
32 Hancock: Uh-huh.
33
34 Lynch: ... with about twenty years' experience.
35
36 Hancock: Okay. May I continue? The reason...I was curious because when
37 you calculate the hours of service that you're providing between the workshops
38 and 144 hours of therapy it comes to about \$75 an hour, you know, for service
39 delivery and I was just wondering if that included professionally trained people
40 that were delivering the services or...
41
42 Lynch: I'm not sure how you came up with that number. There's a number
43 for supplies for workshop materials and for hourly at less than \$20 an hour.
44
45 Hancock: Right. But when you calculate the total request and look at it in
46 terms of the hours of service that you're delivering it comes to about \$75 an hour.

1 So I was just wondering what kind of background the folks had that were
2 delivering the services.

3
4 Lynch: Well, if you take the \$15,000 that we're asking for and 250 clients
5 that's \$60 per client.

6
7 Hancock: Okay. Thank you.

8
9 Nissen: Sue.

10
11 Patterson: Yes, I have a couple of questions here. You've already answered
12 the one about just serving Las Cruces people. Unfortunately, we have to ask
13 those questions. Two questions: how do people find you and, secondly, where
14 do you meet? You talk about having some meetings at 1200 Commerce. Where
15 do you meet there and how do people find you?

16
17 Lynch: I believe that was addressed with an addendum that we had sent
18 out to each of the panel members. The location at Commerce is the United
19 Blood Services building. In 2009 we were offered the opportunity to use a private
20 office there. I didn't want to displace a full-time worker there to use that office
21 part-time. Their common area wasn't a great place to work with individuals of
22 this nature; so, we do the follow ups at people's homes. So we're driving to their
23 home and then we're doing two sessions a month at a community center and
24 those addresses were listed at Organ Community Resource Center on Second
25 Street and the Dona Ana Community Resource Center on Ledesma.

26
27 Patterson: I see. And as for referrals, how do people find you?

28
29 Lynch: We go through affiliate agencies. There's, I think, eight or ten
30 agencies that we work through and we send out fliers and go through people that
31 have come before. They're on a mailing list or an email burst and then families
32 that we currently serve are 20% of the Candelighters' families live in Doña Ana
33 County and then they talk to their friends, too, so we try to be kind of
34 grassroots...

35
36 Patterson: So you're not ever going to be short of clients, right?

37
38 Lynch: I don't think so.

39
40 Patterson: Thank you.

41
42 Nissen: Ardyth.

43
44 Norem: First I'd like to comment on the...I was very impressed by the
45 paragraph in there, the description of the project, where you talked...when you
46 detailed many, many aspects of this incredible need and what the costs are, the

1 families who've experienced it and that was just exceptionally well done and I just
2 want to comment on that.

3
4 Lynch: Thank you, ma'am.

5
6 Norem: It was a good job. You said you have follow up interviews in the
7 home and I just didn't see anything in here that said...so what did you find out
8 when you do the follow up? Do you document the follow up? Do you have...?

9
10 Lynch: Again, that was in the attachments, too. We provided the
11 evaluations....

12
13 Barnhouse-Garcia: I'm feeling like I'm about to burst, that my teeth are going to
14 blast out of my mouth here in a minute. Excuse me, Mr. Chair, if it's okay. I
15 would like to clarify on behalf of Candelighters. There was a question of their
16 presence here in Las Cruces. They do have a letter from the United Blood
17 Services. It's about two years old, giving them permission to utilize the space at
18 1200 Commerce. They also provided...I asked for two months of documentation
19 of the workshops that they had provided throughout the...was in Organ, I believe,
20 and in Doña Ana Community Centers and even though those workshops were
21 held outside the city limits the majority of the clients, I would say, eight or nine
22 out of the ten were Las Cruces residents. They were just going to the meeting at
23 those areas. They did provide follow up evaluation forms of home visits that
24 were provided when the persons were not able to make it to the meeting and I
25 was very satisfied that they are meeting the program objectives and are providing
26 services within the city limits. So I just wanted to make that clear because I sent
27 out an addendum to everyone; but I also sent out an awful lot of information to
28 everybody, too, so if you missed it I understand. But it was a rather lengthy pdf
29 document that was sent to everyone. So I just want to say that on their behalf.
30 Thank you.

31
32 Nissen: Okay. Thank you, Jean. Ellen?

33
34 Weiss: Yes, I'd like to know if only the participants in the program are
35 evaluated and if it was based on questions sheets we've had. We received the
36 evaluation form and the Caregiver Self-Assessment Questionnaire. How else do
37 you track the impact of the program; and why, my second question is: why is it
38 only analyzed quarterly rather than more often?

39
40 Lynch: These sessions, at this point, are bringing in maybe ten, fifteen
41 people so to aggregate it to a quarter gives us a bigger sample size. We do have
42 Service Reports in detail when we go into the home that perhaps you haven't
43 seen but...and a Service Log that talks about the needs and concerns that the
44 families have and what kind of work is being done with them.

45
46 Weiss: Okay. Thank you.

1
2 Nissen: I'd like to ask you: when you reach a threshold of what your
3 capabilities are in handling somebody, what would be the next level of a referral
4 you would do for a person to get them some help?

5
6 Lynch: We're a small staff. We have four full-time and three part-time.

7
8 Nissen: Right.

9
10 Lynch: We've got about a 100 volunteers that come in and help us. We
11 have 65 people that give a week, two weeks to go to camp, doctors, nurses,
12 teachers. When we have something that's over our head we refer to Hector
13 Bernal or Cathy Gaitan at Child Guidance Center. We know what we can do and
14 what we can't do. He have, you know, childhood cancer is one issue that these
15 families are dealing with. We have abuse, incest. We have deportation. We
16 have a lot of issues of people that have gone up to Albuquerque Children's to get
17 taken care of that we're still providing services for; so we coordinate with a lot of
18 different agencies. We know what we can do. We know what we're not capable
19 of doing. We don't try to do something that other agencies do better.

20
21 Nissen: Your methods still left me with doubts about politicians. It didn't
22 work. *(laughing)* Anyhow ... any other questions? Okay, thank you very much.

23
24 Lynch: Thank you very much, sir.

25
26 **E. Casa de Peregrinos – “Emergency Food Program”**

27
28 Nissen: Our next is Casa de Peregrinos – Emergency Food Program.

29
30 Alba: I'm Lorenzo Alba, Executive Director at Casa de Peregrinos. I want to
31 thank you for the opportunity. This is a partnership I've had for four years very
32 successfully and we look forward to this opportunity as well. At Casa de
33 Peregrinos' Emergency Food Program we are committed to our mission and
34 have made it our obligation to reach as many people as possible every year,
35 month, week and day. It is evident by more than thirty years of service to the
36 City's hungry people. Feeding the hungry in our community brings about an
37 abundance of emotions on both sides of the generous action. The one receiving
38 and the one providing both share a bond filled with emotions of gratitude and
39 love for humanity. Feeding someone in need is the ultimate gift as a community
40 our obligation is to take care of our own. There is a family whose breadwinner
41 has lost his job and has not been able to find steady employment. There's a
42 single mother of four having to make a decision of whether to pay her utilities or
43 purchase food for her family. There is a man that moved his family to Las
44 Cruces because he just acquired a job here and because of the money spent on
45 a new home and setting up utilities has no money to buy food. And then there is
46 a homeless woman that has been forgotten by society. These are the faces of

1 hunger. These are the faces that we serve at Casa de Peregrinos. Half of the
2 people that we serve in Las Cruces itself are children. The increase in food-box
3 distributions from 2010 to 2011 is nearly 40% for us at Casa de Peregrinos.
4

5 The good news is that we are making an impact and a difference in our
6 community; and partner with this municipality and other organization and
7 generous hearts of this community's businesses and people make it possible for
8 us to continue this labor of love of feeding the hungry people of feeding the
9 hungry people of Las Cruces. At Casa de Peregrinos we take our mission very
10 seriously. Bringing an end to hunger in Las Cruces one family at a time is our
11 goal. We are thankful for that opportunity in our community. We strive to
12 outreach more people every day. We try to get the word out to the media as well
13 as the people who want to help. This is not an easy thing that we do emotionally
14 but we're very excited that every day we serve more people. We have been
15 outreaching, not only in Las Cruces, but other areas as well and going to a
16 morning (*inaudible*) space distribution, as well. We've made these decisions so
17 that we can get better at what we do and, of course, these decisions cost some
18 money sometimes and that's why we're here. Any questions?
19

20 Nissen: Doug.

21
22 Boberg: Lorenzo, on the application you show that 5,000 clients would be
23 served. Now, is that how many clients you're currently serving or is that how
24 many clients the health-related funding would support?
25

26 Alba: The health-related funding that is here in Las Cruces within the zip
27 codes here in the community.
28

29 Boberg: So how many clients do you serve then currently?
30

31 Alba: We had in 2010 a little over 10,000 food box distributions and this
32 year, in 2011, we surpassed by up to 14,000. It increases...some of the families
33 are repeat clients. They come in as many as to, eleven, twelve months at a time.
34 Some of them just come in once because it's an emergency for them. So, does
35 that answer...?
36

37 Boberg: Yeah, you made a good point. So it's not 5,000 people that you're
38 feeding with that money throughout the year. It may only be once; it may be
39 once a month...
40

41 Alba: Those are the amount of distributions.
42

43 Boberg: Okay, thank you.
44

45 Nissen: Nancy.
46

1 Cano: On your expenditures that you have you have \$22,500 for food. Is
2 that just for food or do you have other expense?

3
4 Alba: That is just for food. That is just for food. We do have other
5 expenses but the request is just for food and also we requested \$7,500 for a staff
6 member.

7
8 Cano: Yes. Thank you.

9
10 Nissen: Tina.

11
12 Hancock: Hi. This is more an observation than a question, but I wondered if
13 you would care to comment on it and, if not, that's okay, too. Obviously,
14 sustainability of people is a very high priority in any community and nutritional
15 needs, of course, rank right up there. And, you know, there's been growth not
16 only in your program but other programs, hunger programs, as well. When
17 economic times shift how would your organization know that it's time to change
18 direction?

19
20 Alba: Well, that's happened to the organization in the past and we've had
21 to make some very tough decisions. We try not to look at the idea of cutting
22 down on the amount of food as an option; but if that has to be an option we will
23 do it. We'd rather give people some food than no food. Those are tough
24 decisions. We partner with some...the Roadrunner, which is a big food bank
25 here in New Mexico; and out of those foods we are able to order a large
26 percentage of the food that we provide. Some of those foods are commodities.
27 Those commodities... we're at the...basically waiting to see what the Federal
28 government lets us do on those items. We're at their mercy, if you will.
29 Sometimes the commodities are available and abundant; like they were last
30 spring and this spring they're just not. So we have to make adjustments on our
31 budget. A lot of times we have to purchase food. A lot of times we have to go
32 out and solicit food drives, ask people for donations. We rely on the community
33 quite a bit for that. But, yes, we do have to make some tough decisions
34 sometimes.

35
36 Hancock: Thank you.

37
38 Nissen: Sue.

39
40 Patterson: I have no questions. Thank you.

41
42 Nissen: Ellen.

43
44 Weiss: No questions. Thank you.

45
46 Nissen: You mentioned getting some of the food from Roadrunner.

1
2 Alba: Yes.

3
4 Nissen: And then we also have an application from El Caldito. Is there any
5 duplication of these people coming from the three different sources? Is there any
6 check on that? Just out of curiosity.

7
8 Alba: Well, first of all, we are a food pantry. We're not a food bank. We
9 don't stockpile food and distribute free to pantries. We just distribute food free to
10 people in need. That's the difference between us and Roadrunner. As far as El
11 Caldito, there's always going to be repeat clients. We do serve the homeless as
12 well. They may go there for a meal daily and they can come see us once a week
13 to pick up some food that they can take with them that's easy to open and easy
14 to eat. So there are repeat clients. As far as a check point, we don't have that.
15 We don't have that. We try not to worry too much about that. We feel that
16 especially the homeless, they need our services and if they want to come straight
17 from El Caldito to us and get a bag of food to make it past, you know, for that
18 evening we'll be glad to give it to them. That's what we're here for.

19
20 Nissen: Okay. Thank you.

21
22 **F. El Caldito – "Soup Kitchen"**

23
24 Nissen: Okay. Our next presentation: El Caldito.

25
26 Tomei: I'm Betty Tomei from El Caldito Soup Kitchen and, as Lorenzo said,
27 we have had the same issue with increasing numbers. We estimate we'll serve
28 90,000 meals this year, this fiscal year. That's probably a 25-to-30% increase.
29 Just in the last three years we've been having these kinds of increases so we're
30 feeding a lot more people, a lot more young adults than we've ever seen. It's
31 always been mostly middle-aged to older people, handicapped people; but we're
32 seeing a lot of young men and women in their twenties to thirties and that's
33 something that's new for now.

34
35 In spite of the numbers we still are serving the same generous meal and, if
36 anything, we've increased the nutrition value and that's partly because of, as
37 Lorenzo was saying, Roadrunner Food Bank. We're buying some food at
38 reduced cost and sometimes we're getting food for free so that's made a big
39 difference. We do hearty soup every day with meat and vegetables. We serve a
40 fresh green salad every day. We have dessert, bread, casserole, vegetable
41 sandwiches; not all of those things every day but that's kind of an example of our
42 menu so it's a big meal. It's a hearty meal and for some this is the only meal of
43 the day. If we have leftovers they're invited to take something home with them
44 or, like with Camp Hope, many of them say this is the only meal they're going to
45 get today. So if we have food left over they are welcome to take that with them
46 for later in the day.

1
2 In spite of the numbers our budget has not increased significantly. It is
3 somewhat higher but our donations this past year have been very generous from
4 the community. We've had a lot of food drives. At Christmas we had a lot of
5 donation of turkeys, hams, hamburger and all kinds of canned things so that sort
6 of thing gets put in the freezer and it's still being used and it will be used for
7 months to come. We have one freezer full of turkeys and it makes great soup
8 and it's great in casseroles. So the cost per meal, even though we're feeding
9 more people has been, if anything, lower than what it's been in the past because
10 we're still paying the same for utilities, payroll, insurance, that kind of thing hasn't
11 changed. Gas has gone up. Food prices and kitchen supplies have all gone up;
12 but because of the donations it's made a difference.

13
14 We have 200-300 volunteers and an active Board that does the work for Soup
15 Kitchen, working in the kitchen, fund raising, going around picking up supplies.
16 We have volunteers that do all of these things. It's another way that we can keep
17 our costs low. We've had several special events. In the past 27-28 years that
18 we've been in existence we seem to keep adding special events. We've been
19 doing a special meal at Christmas and Thanksgiving. This past Sunday for
20 Easter Sunday the Knights of Columbus provided the food...well, they provided
21 most of the food...we had some of it...for 250 people came for lunch on Sunday.
22 We also do a Veterans Appreciation Dinner that's coming up this June 16th,
23 which is another annual event now we've done for a few years. So we're active
24 in the community and the community has been supporting us and that's really
25 very gratifying. Thank you.

26
27 Nissen: Doug.

28
29 Boberg: Betty, I just had one minor question: out of your entire budget
30 there's \$500 in there for postage and FedEx and you're asking for a small portion
31 of this allocation to be applied to that. I was just curious what do you all use
32 postage and FedEx for?

33
34 Tomei: That's a good question because...that is a very good question, but I
35 think I took it straight out of the budget so it's got to be an accurate number
36 because we don't do a lot. We mail out "thank yous", of course, to our donors
37 but that wouldn't be anywhere near that.

38
39 Boberg: Do you all do a newsletter also?

40
41 Tomei: No, we do not.

42
43 Boberg: Okay. Well, I mean, it's such a minimal portion it was more
44 curiosity than anything else.
45

1 Tomei: Now when you say that it is curious. I'm not sure why we spend
2 that much.
3
4 Boberg: Okay, thank you.
5
6 Tomei: Maybe I lumped in office supplies or something in that because our
7 categories are somewhat different in our budget than they are in the budget
8 schedule that we get. So I might have lumped something like office supplies, is
9 what I'm thinking that I would reasonably do.
10
11 Barnhouse-Garcia: She had rolls of stamps last time so...you do about five or
12 six that takes up the money right there.
13
14 Tomei: (Laughing) I'm using it.
15
16 Nissen: Nancy.
17
18 Cano: I just kind of want to make a comment: reading what you provide
19 for them and which I've heard that the food that you provide seems like you really
20 do a big effort in doing a very nutritional lunch or dinner for these people, which
21 will eliminate a lot of the health issues out there.
22
23 Tomei: Yeah, we think that's very important so we do stress health meals.
24 We always include generous amounts of meat, vegetables, fruit, cheese and milk
25 when we have it. So it kind of depends on what we have but we are very
26 conscious of nutritional needs.
27
28 Cano: Thank you.
29
30 Nissen: Tina.
31
32 Hancock: Hi. I'd just like to commend your organization because of the good
33 use of volunteers that you employee and your low cost service delivery. I think
34 you're doing a bang-up job.
35
36 Tomei: It really is amazing the amount of service for the dollars that we
37 spend.
38
39 Hancock: Yeah, yeah. I was just noticing that really high electric bill that you
40 have. You need to get Sun Spot to donate you some solar panels.
41
42 Tomei: We tried last year. We got somebody kind of talking about it but it
43 didn't happen.
44
45 Hancock: Thank you.
46

1 Nissen: Sue.

2

3 Patterson: Several years ago my first year, I think my first year on this Board,
4 Walmart and some of the other stores had stopped giving you donations and
5 what have you. Have you overcome that? Are they now your gleaners able to
6 get donations from them now?

7

8 Tomei: We, from Walmart, just as an example...they're very generous but
9 it is more in terms of they will provide us with meat for an occasion rather than
10 giving us the dated materials that they can no longer do. Walmart's the only one,
11 Walmart and Sam's Club. It's company policy and they just can't ignore it.

12

13 Patterson: Yeah. Okay. One other thing just to comment here: I see you
14 have some interest income. These tough times...maybe later you can tell me
15 who your fund manager is.

16

17 Tomei: (Laughing) We have a Board member that's our finance professor.

18

19 Nissen: Ardyth.

20

21 Norem: I have no questions. Thank you.

22

23 Nissen: Ellen.

24

25 Weiss: No questions. Thanks.

26

27 Nissen: How much food do you get from Roadrunner? Do you work with
28 them in any way?

29

30 Tomei: I see the grocery lists most weeks if someone else is filling out the
31 grocery list, but I usually see if there's anything on the list that we might need.
32 They do pick up food every week and I think it kind of depends on what they
33 have. Some of the stuff that they have we just can't use for whatever reason but
34 we especially like the fresh fruits and vegetables and meat. So any time we can
35 get those items we do get them...and drinks. Some chicken supplies we can get
36 from Roadrunner.

37

38 Nissen: Okay. Thank you. I'd like to declare a three to five minute break.
39 We're halfway through so if anybody wants to stand up or whatever. So please
40 take three.

41

42 **G. Families and Youth, Inc. – "Triple P Program"**

43

44 Nissen: Okay, I'd like to reconvene and we will start round two with Families
45 and Youth, Incorporated.

46

1 Curtis: Thank you for the nice break as I'm awake for you. I'm Mickey
2 Curtis. I'm Clinical Director for Families and Youth, Incorporated and Families
3 and Youth Incorporated is a large organization. We serve over 6,000 youths
4 and families a year in various programs and I think it's important to understand
5 that because the way our funding works is we have a lot of Medicaid funds and
6 we have a lot of different kinds of grant funds. They are all categorical, which
7 means you can only use that funding source for a particular purpose.

8
9 The particular grant we are applying for here is specifically for child abuse
10 prevention and this is something near and dear to my heart as the Clinical
11 Director of the FYI because over the twenty-something years I've been there
12 many of our clients are victims of child abuse: the parents, the children and
13 various forms of child abuse and we keep on thinking if we could just break that
14 cycle. We've looked at different ways to it and what we had was a great
15 opportunity this last year Children Youth and Families Department, State of New
16 Mexico, issues grants. We got a grant for child abuse prevention. It's federal
17 money that flows through the state. We need a 33% cash match for the grant
18 and by cash match, that's why we're applying for this. We will do extra services.

19
20 We will serve 40 clients through this grant, through the City, that meet the income
21 standards and we're very familiar with the low income standards. We've had
22 grants through Health Services before. The other clients that we will serve will
23 be approximately 60 clients and it's difficult to estimate because this is a brand
24 new program for us; but the other 60 clients will be outside of the 40. They may
25 be different income levels and they'll be in the county so we have that formulated
26 and it may not be as clear in the proposal as I'd like to make it for you.

27
28 The program we chose is called Positive Parenting Program. Its initials are
29 called "Triple P." It's a national program. Its evidence based which means it's
30 been tested and proven effectiveness national. It's endorsed by SAMHSA, the
31 Substance Abuse Mental Health Services Administration. It's Federal
32 government. All of the evidence based programs like this this have pre/post
33 tests; they have excellent follow up and so forth. "Triple P" is different from a lot
34 of other what we call parenting programs because there's options depending on
35 what the family needs and we get our referrals from a lot of different sources.
36 We are beginning to get referrals now. What we have done this year is staff
37 training and certification and accreditation in "Triple P" to be able to use the
38 materials. There's workbooks, there's parenting pamphlets and notebooks and
39 self-education tools that parents can use. There's different levels. There is kind
40 of a group work that's possible but most of it's done during home visits and
41 individually with parents.

42
43 The target group that we're working on is the parents of children zero to age five.
44 They can have an older child in the home but the focus is on zero to five; and
45 high-risk is usually defined as possibly parents with a child. The child has some
46 special needs, maybe a disability that could have a mental health. Even, you

1 know, as young as five that does happen. Also parents with some mental illness
2 or particular stresses. We had started working with military families and that's
3 been successful with this model. So it's just really beginning this year and we'll
4 be expanding it. So this is our project. We have, like I said, because it's
5 individualized, I can kind of give you a couple of examples; like with the military
6 family one parent happens to be a mother overseas. The parent that is here, the
7 father, is very stressed with a young four-year-old and a three-year-old and
8 needs some specialized skills to really deal effectively with that. They just lost
9 the grandparents, who were a source, through death so there's trauma. There's
10 a lot of those issues so we're working with them on...it's counseling but it's also
11 parenting skills to cover their unique situation, to help them get through stress
12 and deal with things most appropriately. There's other circumstances that will
13 evolve that we use particular curriculum.

14
15 We want to utilize this grant funding to do some things that our Federal grant
16 won't do. We need a part-time person. Our two full-time and our supervisor are
17 not enough, because there's some very individualized work with this grant. We
18 also need to do a lot of outreach and positive media. I know there was, years
19 ago where I lived, there was a big billboard that said, "Never, never shake a
20 baby," and I never forgot that so when I was, you know, a teenager and my
21 girlfriend left me with her baby and I had no clue what to do and the kid was
22 screaming, all that went through my head is, "Okay. I'd better put it down and let
23 it cry. I don't know what to do. It's not wet. But I'd better not shake it. I always
24 knew that much." But we want to get out positive parenting messages and
25 there's a lot of radio and media and web site things we can do with the "Triple P"
26 material that's endorsed by them. Thank you.

27
28 Nissen: Okay, Doug.

29
30 Boberg: Thank you, Earl. Mickey, how are the folks that will be receiving
31 the training, how are they selected?

32
33 Curtis: They can volunteer but generally they are referred by Head Start,
34 by schools, by infant mental health programming, but the military base in a
35 couple of situations, so it really depends; and we try to outreach. We're wanting
36 to also have the hospitals refer parents and the pediatricians that may have
37 some special needs of some kind or stresses.

38
39 Boberg: Okay. Earl, can I ask another question, too? The advertising piece
40 is a third of your request.

41
42 Curtis: Yeah.

43
44 Boberg: Is there a way to maybe reach out to some of the local advertisers
45 to see if there's in-kind donations or some way to maybe minimize the impact of
46 that?

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Curtis: There could be. I think the billboard idea we're not totally sold on that we have to do that, but we wanted to look and say, "How much would that cost?" And it costs quite a bit but we want to do a lot more public service announcements and that. We have a pretty good relationship with the Bulletin, especially, and some others so I think we can get some discount things; but we, again, the Federal grant only pays for certain things and we've really got to do the outreach to get people involved.

Boberg: Okay. Thank you.

Nissen: Nancy.

Cano: No questions. Thank you. Thank you, Nancy.

Nissen: Tina.

Hancock: Doug addressed my concern.

Curtis: Okay.

Nissen: Sue.

Patterson: Are you talking about one of the electronic billboards or just the regular, standard billboard that we all...

Curtis: Regular. I was surprised at how much it cost. Yes.

Patterson: I see. Okay, I have one other question and I should have addressed this really up front before we started but I cannot help but being a little bit put off when I look at organizations that come here and they have really high revenues, annual revenues, opposed to others; like in the millions as opposed to some of the people who are applying here who, if they have \$10,000, they consider them...talk me out of that.

Curtis: I understand that. That's why I wanted to talk about how our funding is categorical because, yes, we're a large agency. "Oh, they don't need money." Well, you know, the Medicaid funds are used for Medicaid services, psychiatric, etc., etc. It can't be used for anything else. I can't use it for child abuse prevention. The other grants, you know, where there is tobacco prevention, it's very categorical and you really have to account for that funding. Yes, we have a lot of money but I can't use it for this project. And we're stable, I mean, my time is not in this grant but I will impact it and do a lot of public presentations. So with a large agency you do get a lot of bang for your buck, let me put it that way. It's a bad way, but I understand that that is offsetting for some people so that's why I want to be real up front about what we do and why and

1 how the money...I can't use my leftover tobacco prevention money for this
2 project. No way.

3
4 Patterson: I see. Thank you.

5
6 Nissen: Ardyth.

7
8 Norem: I noticed in the description you say that the "Triple P" program is
9 evidence-based and has been extensively studied and evaluated. So, what
10 kinds of outcomes have you had in the past that you can anticipate you might be
11 achieving through this program.

12
13 Curtis: Okay. Since we're only like about three months into it we've only
14 got pre, you know, pre-tests on clients. We don't have (*inaudible*). Our personal
15 program does not have that. However, nationally and within various
16 communities, including testing that has been done on different Spanish-speaking
17 populations has shown a significant increase in what they call "protective factors"
18 of families like, you know, learning resiliency, learning parenting skills, being
19 more nurturing toward you child, learning child development, because not
20 knowing child development in and of itself means you can have unrealistic
21 expectations and traumatize the child in different ways. The national results are
22 good...

23
24 Patterson: I understand that and you are unable to evaluate in the same
25 manner that the (*inaudible*) program has been able to but you at least have
26 evidence that this program worked in that way (*inaudible*).

27
28 Curtis: Yes.

29
30 Patterson: Okay. I'm wondering if you noticed in some of your evaluations you
31 want clients to fill out the form and yet you may be addressing people who may
32 not be able to read the form. Is that correct? I was wondering if you have a
33 concern about the capability of the clients themselves to...

34
35 Curtis: I think we generally what...because we do have a worker that's
36 working with them individually and they're guaranteed confidentiality as well as
37 the form can be, you know, mailed or something but it's how they wish to do it; if
38 they want a trusted family member to fill it out for them, if they want to have us
39 read it to them and do that. They understand this is the standardized form that
40 goes to...there is a confidential data base and some other things where we're not
41 like keeping it in our office to score and have it in a way that could be used
42 against them in any way.

43
44 Patterson: No, no. So another question in regard to evaluation: you say
45 somewhere here that you expect less crime, less involvement with the legal
46 system.

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Curtis: Um-hmm.

Patterson: and I'm wondering if you have an easy way of finding out if the family gets referred to Protective Services because you're trying to prevent that and yet within the systems do you have any way of finding out if you were successful?

Curtis: Yes, because the grant is through the Federal government TCYFT, we do have access and we have outcome measures so we will be able to find out if there's repeat reports. We may not necessarily individual but aggregate will be giving that information.

Patterson: It will. Okay. Thank you.

Curtis: It's my understanding anyway.

Nissen: Ellen:

Weiss: You just answered the question about helping the participants, staff helping, which I appreciate. Thank you.

Nissen: You say that you would be doing some possible recruitment with the Las Cruces Schools. As a former School Administrator I would get asked questions about: "What families in your school need help in this area? Is this is an intervention program?" How do you address the confidentiality issue here where the principals maybe are divulging something that they know about a family that they shouldn't be? You know what I mean? How do you work with that?

Curtis: I think what we generally work through the school counselors and the social workers and the STED workers and so forth. Occasionally we get something from the principal that... (*inaudible*) we've done other programs that are not...we've worked with CYFD-referred and involved that definitely have substantiated abuse and that's one area we've worked with. This area is for people that have not had substantiated abuse but everyone knows they're under stress and there's really risk factors. And so...I think there's a more likely... and it's also not presented as child abuse prevention with families or that. It's, how do we improve their parenting? How do we decrease their stress levels? What can we do individually to help them get some skills to learn? And also some of the questionnaires are phrased for the parent is: what is your attitude about your particular child? What do you want for this child? What are your challenges in parenting this child? Worded a little differently but it's very much focused so they understand the individual child has particular needs that may be challenging. Maybe their first child wasn't that challenging but the third child is very challenging.

1
2 Nissen: Okay. Thank you very much.
3
4

5 **H. Helping Kids Be Kids Foundation – “Integrative Wellness**
6 **Program”**
7

8 Nissen: Next is Helping Kids Be Kids Foundation.
9

10 Trevino: Good evening, Committee Members. My name is Ike Trevino or
11 Isaac and I'm the Program Manager or Director for Helping Kids Be Kids, which
12 has been around for nine years now. It's been low-key but we're fixing to ramp
13 up what we're doing and so that was the reason for our proposal. One is that not
14 too long ago we submitted a grant at the request of the Wounded Warriors
15 Project for serving Wounded Warriors that had been in conflicts since 2001.
16 Because we are in the final stages of that grant and that grant doesn't allow us to
17 work with any veterans that were involved in conflict prior to 2001 we decided
18 that the City of Las Cruces would be an ideal partner for that so that we may
19 serve the homeless vets and most of those are Vietnam vets. But anyway,
20 Helping Kids Be Kids has a history of working with the soldiers, veterans and
21 their families for many years and the person who first started that organization,
22 Ann Remick-Barlow, has actually...we were just talking about that...37 years of
23 experience of working with veterans. Most of it has been in the private sector but
24 she's been working also in providing integrative services to veterans through the
25 years.
26

27 Now we know that Las Cruces, right now, because we're in Doña Ana County
28 and together with Otero County, we have the second largest population of
29 veterans in the State of New Mexico, second only to Bernalillo County. Now we
30 also know from the estimates that we get from the Community of Hope that there
31 are around 2,700 homeless individuals here in this county out of which 10% are
32 veterans. We also know that they are serving somewhere around 60 people
33 through transition housing, 60 veterans, at least. But since we've had two major
34 conflicts over the last ten years we're expecting the number of homeless vets to
35 increase as well, not just the veterans that we have coming into the area that
36 need services, many of them suffering from PTSD, Post-Traumatic Stress
37 Syndrome, and TBI, which is brain injuries. Our service industries, whether they
38 be the University, which right now is experiencing a 70% dropout rate of
39 veterans, especially the combat vets, is starting to feel the effect of that, as well
40 as our Police and Sheriff's Departments, our social services departments, the
41 VA, and so on and so forth, medical facilities and emergency rooms. So we see
42 this as having a big economic impact on the City of Las Cruces as well because
43 of the need for those services.
44

45 So, we feel that rather than starting behind the curve when it comes to serving
46 our veterans and we have many more coming back into the area, either settling

1 or resettling, that we would like to help the City of Las Cruces save some of
2 those precious resources and be able to get ahead of the curve and minimize the
3 negative impact that these issues might cause. Therefore, we are talking about
4 doing the right thing for those who are willing to give their last measure of their
5 devotion for their country. We know that's a increasing factor and we're a big
6 military establishment area. So, we believe in what we've provided in terms of
7 our grant.

8
9 I know we had some complications with it because of the software, that we are
10 offering a respectful way to serve the veterans, especially homeless veterans in a
11 way that best serves them and what their needs are and we also believe that with
12 the program they would have, because of our experience and what we've heard
13 across the country, that we have an opportunity to make Las Cruces a model for
14 the rest of the country in serving our veterans in the United States. So, with that
15 I'll....

16
17 Nissen: Doug?

18
19 Boberg: Isaac, just a point of clarification: when you say, when your
20 organization name is Helping Kids Be Kids, we're not talking about youth here,
21 right? We're talking about veterans?

22
23 Trevino: Well, actually the organization does work with youths because of
24 the families of veterans but we're not...that's the non-profit that we're working
25 with but, yeah, we're talking about serving veterans, homeless vets.

26
27 Boberg: Okay, thank you. You said that you've been doing this for nine
28 years in Las Cruces?

29
30 Trevino: Yes. The organization, the non-profit, has been for nine years or
31 established nine years ago.

32
33 Boberg: A very interesting concept; I compliment you on definitely
34 approaching things differently than the status quo; but have you been able to see
35 tangible results from some of the clients that you have worked with over the past
36 nine years?

37
38 Trevino: Most definitely. In fact there was a video, documentary video, that
39 was just on...that won an award at the Los Angeles Cinema awards program in
40 Hollywood showing the impact and, in fact, we have a member of the audience
41 here who was in that video. Well, I was, too, but he's a Wounded Warrior that
42 felt the effects of what the equine therapy program can make in just an hour's
43 time. So, yes, we've seen that and, actually, Ann has been working with Fort
44 Bliss and some of their programs in providing services to those veterans. We
45 have that information. Yes.

46

1 Nissen: Nancy?
2

3 Cano: Just out of curiosity, on your fees and service charges that we have
4 for \$6,354; what is that?
5

6 Trevino: I'm sorry. Because of the glitches we had with the software that
7 was left out of the stating what that would be used for; but that's actually for the
8 information and referral system consultant that will be working with us and for our
9 advocacy program to train the advocates that come into the program so that they
10 can work as mentors for our clients. Yes.
11

12 Cano: Thank you.
13

14 Trevino: And I'm sorry for that.
15

16 Cano: No problem.
17

18 Nissen: Tina.
19

20 Hancock: Hi. I'm curious: who actually does the therapy? Where are the
21 service providers?
22

23 Trevino: They're all through Las Cruces, actually, because we have a
24 number of services we're providing. What we want to do is offer the client, the
25 veterans, an opportunity to pick their self-care model. They're a little tired of
26 being told what they need and, especially, getting pills thrown at them and we
27 know that doesn't work and, again, Shawn can tell you about that. So, we've
28 gotten a collaborative of integrative health providers from this community that
29 have been working together. Jerry Vest was the first person to start putting this
30 group together, what?...almost two years ago; and so we have massage
31 therapists, reiki therapists and I'm doing some of the Native American sweat
32 lodges, those kind of things. We have the equine therapy and a few other kinds
33 of therapy so to give them, say, a buffet of choices to see what they best respond
34 to; not what we think they do.
35

36 Hancock: So they each vet gets six sessions?
37

38 Trevino: We're talking about giving them six sessions. We know we'll have
39 attrition and maybe some will go through the program or not but we're looking at
40 serving at least 55 all the way through the six sessions, yes; and they may
41 choose that at the end of three sessions that maybe reiki wasn't for them and
42 maybe they want to do massage therapy.
43

44 Hancock: And the service providers are people that you contract with...
45

46 Trevino: Yes, ma'am.

1
2 Hancock: ... or do they volunteer their efforts or...
3
4 Trevino: They'll be contracted with but they're also providing their services at
5 a lower rate...
6
7 Hancock: Okay.
8
9 Trevino: ... than they normally do.
10
11 Hancock: Thank you.
12
13 Trevino: You're welcome.
14
15 Nissen: Sue.
16
17 Patterson: Yes, I have a question on your fees and service for \$6,354 and
18 then when I go back to the page where it explains that that seems to be solely for
19 auditing services and I know from having worked for non-profits that these that
20 we're required to do, you know, they just seem so unfair for struggling
21 organizations but this one seems exceptionally high from what I've heard of
22 them...
23
24 Trevino: Right, and if you look at the line item what we put for the audit is
25 just is \$100. Actually, the rest of that \$60-some thousand dollars is for the
26 information and referral and for the advocacy program to provide those things.
27
28 Hancock: That is not explained on the (*inaudible – two people speaking at the*
29 *same time*)
30
31 Trevino: I understand that and what I was trying to say is that we had some
32 problems because our software was different from the software that this program
33 was developed with and so we lost a lot of our program and in our struggle to put
34 that together we had just finished a proposal for the Wounded Warriors Program
35 so we were running a little behind, which is not an excuse; but we lost some of
36 our information and when we put all that together we didn't realize that those
37 items hadn't been placed in that box.
38
39 Hancock: Been there, done that. Thank you.
40
41 Trevino: Thank you.
42
43 Nissen: Ardyth.
44
45 Norem: I still have questions: I'm curious. You say that you're going to
46 provide services for 55 vets but you have two people working two hours a week.

1 Now, are those two people Administrators or...that's what the *(inaudible)*
2 suggests.

3

4 Trevino: No. Those people: one is the Administrator and we actually have
5 several people. Administrator is doing the work for the organization in terms of
6 the Executive Director. The providers that are providing the services are in that
7 portion of the grant, Item 900, Client Support. That's where we stuck those
8 *(inaudible)*.

9

10 Norem: Right. So, basically, the part-time employee, where it says
11 permanent part-time...

12

13 Trevino: it's not a part-time employee. We're just saying that part of the
14 grant is what we're using to pay that employee's...

15

16 Norem: And that's an Administrative position or Management?

17

18 Trevino: Yes, ma'am.

19

20 Nissen: Okay. I wanted you to be clear about that. Let's see...I had another
21 question here. I was wondering who will receive the results of the evaluation.
22 You have this extensive evaluation, life event checklist, for which you are, I
23 believe, supposed to have legal permission to use it?

24

25 Trevino: Exactly. And we will and that particular part of the program is being
26 coordinated and run by the Department of Psychology at the University under Dr.
27 Alyssa Grayshield and then through their clinic so everything will be basically
28 HIPA-compliant.

29

30 Nissen: So they basically have their ethics committee that they have to
31 comply to? *(inaudible – two people speaking at the same time)*

32

33 Trevino: Correct. Correct. And so there'll be limited access to the
34 information. Also anything that comes out for reporting and such will not have a
35 name attached to it.

36

37 Norem: Um-hmm.

38

39 Trevino: Our client.

40

41 Norem: And then, who will receive the results of the evaluation and where
42 does that go?

43

44 Trevino: Well, one is it will be available to whoever seeks it especially if you
45 all decide to fund us; but also Dr. Grayshield is looking at developing some

1 reports on this and doing some research on this so that's going to be available
2 through the University as well.

3
4 Norem: All right. Thank you very much.

5
6 Nissen: Ellen.

7
8 Weiss: I see all you list as far as the funding is this entity for the \$30,000.
9 *(inaudible – two people speaking at the same time)*

10
11 Trevino: For the \$30,000. Right.

12
13 Weiss: In the event that your grant has been lowered or not supplied what
14 would you do?

15
16 Trevino: We would adjust and serve the number of clients that we can with
17 the amount that would be provided. As I mentioned earlier we're looking at our
18 grant that we're expecting from the Wounded Warriors Project to serve about 140
19 soldiers or veterans and that includes their families as well, because healing is a
20 holistic approach and healing involves the whole family. You can't take one
21 person out of that unit and think that you're going to heal that person and then
22 that they're going to integrate into their family without any support. So we've got
23 that portion. Like I said, what we want to do is include those veterans that we
24 can't through this Wounded Warrior Project grant into the one that we're doing.
25 And we do have...I don't know if you've heard of the Healers and Heroes
26 Program but at least once a month we have a program that opens the doors to
27 veterans to come in for therapy.

28
29 Weiss: But there's no additional funding, right?

30
31 Trevino: We'll be looking for other...other than the Wounded Warrior Project,
32 you mean?

33
34 Weiss: Um-hmm.

35
36 Trevino: Right. At this moment, no. We're on the search for that.

37
38 Weiss: Thank you.

39
40 Nissen: Jean.

41
42 Barnhouse-Garcia: Yes, staff has a question. I need clarification: on the project
43 name that was submitted to us, it's Integrated Wellness Programs and Services.
44 You're calling it the Wounded Warriors Project. I'm not clear after hearing you
45 speak what the relationship is between Wounded Warriors and the Kids Helping
46 Kids Foundation. Are you two separate entities or ...

1
2 Trevino: No.
3
4 Barnhouse-Garcia: ... you're working under them as a 501 C-3...
5
6 Trevino: Okay.
7
8 Barnhouse-Garcia: ... 'cause we're very clear that you have to have your own
9 501 C-3 yourself.
10
11 Trevino: Right. Excuse me. The 501 C-3 is the Helping Kids Be Kids.
12
13 Barnhouse-Garcia: Right.
14
15 Trevino: The Wounded Warrior Project is a funding entity much like the City
16 would be if you decided to fund us. We're totally separate and apart from who
17 they are.
18
19 Barnhouse-Garcia: So you're not Wounded Warriors yourself?
20
21 Trevino: No, no.
22
23 Barnhouse-Garcia: Okay. So they're the...Okay.
24
25 Trevino: I'm sorry. I'm sorry for the mix up.
26
27 Barnhouse-Garcia: I couldn't understand. So you are one organization, then,
28 under Helping Kids Be Kids?
29
30 Trevino: Correct.
31
32 Barnhouse-Garcia: Okay, but this is just a project then that you have with that.
33 You're not coming to them as a fiscal agent?
34
35 Trevino: Right. Exactly.
36
37 Barnhouse-Garcia: Thank you very much.
38
39 Nissen: You mentioned that this project is kind of modeled after the
40 Restoration Resilience Center at Fort Bliss and the New Mexico Department of
41 Veterans Services so tell me: where do you see these organizations picking up
42 the responsibility for veterans with PTSD and so on to the point where they can't
43 serve them or how do you relate that?
44
45 Trevino: Unfortunately, they're cutting their programs. As successful as
46 they've been, they've been cutting some of their programs. You hear...I know I

1 have a friend at Fort Carson who works with the Wounded Warriors there
2 through a Native American Project there and their equine project has been cut
3 totally and Ann, our Executive Director, can tell you a little bit more about what's
4 been going on with the cuts in services that she's been experiencing and the
5 contracts she's had with them...as well as Jerry.

6
7 Nissen: Okay. Thank you.

8
9 Trevino: Thank you.

10
11 **I. La Casa, Inc. – “Children’s Supportive Services”**

12
13 Nissen: Our next is La Casa.

14
15 Johnson-Bassford: Good evening. I'm Amy Johnson-Bassford. I'm the
16 Assistant Director at La Casa. We are the only comprehensive domestic
17 violence service provider in the County of Doña Ana. We are requesting tonight
18 funding for full-time position in our Children's Services Program. These positions
19 provide important crisis intervention, domestic violence education and support
20 services to child witness of domestic violence who are in our emergency shelter
21 and, therefore, considered residents of Las Cruces. They are also considered
22 homeless.

23
24 It is a common national statistic that one in three women will experience
25 domestic violence in their lifetime. As stated in the “Incidence and Nature of
26 Domestic Violence in New Mexico Report” of 2008 by Dr. Betty Caponera,
27 one in five domestic violence incidents that are reported by law enforcement
28 have an average of two children present at the scene when they arrive.
29 However, one in two victims that come into a domestic service provider like La
30 Casa reports that children were present at violent incidents in their home. So
31 these children are witnessing violence happening in their home. It is a crime.
32 One person is their parent, who's the victim. The other person is the offender,
33 who is their other parent. So it's a very challenging relationship that children are
34 in when they are in a home that has domestic violence.

35
36 The application that was presented to you tells you what we do with the kids
37 once we get them and tells you about some of the lifelong effects of domestic
38 violence on children. But I want to talk to you tonight about something that's not
39 in the grant which is what these children are experiencing in their home before
40 they ever come to us. The children are used, unfortunately, by both the abuser
41 and the victim to continue the cycle of violence. It's somewhat sad to say that
42 the victim will continue the cycle of violence but, unfortunately, it does happen.
43 The power and control that is put on a victim by an abuser has them actually
44 participating in that cycle and continuing it. The children are often used to create
45 division in the family by turning family members against each other, creating
46 alliances much like the show “Survivor;” if you can imagine that happening in one

1 household. They'll favor one child over another. They'll create conflict among
2 family members or have the children create conflict among the family members.
3 Sometimes one child in the family is made a scapegoat by both the adults and
4 the other children. They blame them for all the problems in the family, including
5 the ongoing violence. A lot of times the abuser will have direct interference with
6 how the household acts and how it's made up of. They'll prevent the victim from
7 comforting a distressed child or a hurt child. They'll prevent the use of birth
8 control so that more children are born to the family, creating more chaos in the
9 family and creating the atmosphere of, "No one's going to want somebody who
10 has seven kids. You have no other choice but to stay with us." Those
11 opportunities happen. The abuser will often use children to undermine the efforts
12 of the victim in the household by contradicting their rules. After separation the
13 parents will use the kids to divide the loyalties between the two parents. One of
14 them makes their house the fun place to go with no rules and the other one has
15 the rules. Often an abuser will seek custody just out of revenge against the
16 victim leaving. Children who are in violent homes have chronic fear and
17 emotional deprivation from both of their parents. They will often do things to
18 attract the attention of the abuser because that affection is often denied to them
19 and a lot of times they will side with the abuser because that will get them the
20 affection that they are looking for. They often become parent-like, becoming
21 excessively protective of a parent, the victim parent, and that often puts them in
22 the cross-hairs where they are hurt. Children often start to see the children the
23 way the abuser does, as downtrodden, helpless, stupid, ineffective and that they
24 aren't worthy of respect and that they are a legitimate target for abuse. Most
25 frightening is when the children take on the behaviors of the abuser. They may
26 begin to abuse the victim parent themselves. They dispense violent discipline to
27 other children. They force the victim parent to give up control of the other
28 children to them. These are things that those kids have experienced before they
29 come to us. We work with them to provide the crisis intervention and education
30 about domestic violence. We teach the children that abuse is not their fault.
31 There's nothing they have done wrong to cause the abuse in their family. It is
32 wrong. It isn't what every other kid in school experiences and that there are
33 ways to have healthy relationships in the future to avoid some of the issues.
34 Thank you. I'm glad I was at the end of a sentence. I'll take questions, if you
35 like.

36
37 Nissen: Ok, okay. Doug.

38
39 Boberg: In your application it mentions that you will track the families and
40 the children on a monthly basis. I'm just curious, how do you measure success?
41 How do you know if your program is actually working?

42
43 Johnson-Bassford: Well, unfortunately, somebody asked me that same question
44 earlier today. Unfortunately, the measure of success for a child in a child
45 witnessing domestic violence or even a victim experiencing domestic violence is
46 set so individualized that it's impossible to set standardized goals for them.

1 Obviously, we want them to break the cycle of violence. We want them to have
2 their homes be violence-free and live healthy lives but that may not be a realistic
3 goal and so we set realistic goals with each child, with each parent and try and
4 get them to achieve those small goals. They may be very small and sometimes
5 surviving the day is the goal. And safety planning we do often with children so if
6 we can teach them the cycles of abuse, have them educated a little more about
7 abuse and get them to do some safety planning for whatever situation they may
8 be in, because they may go back to their home with their abuser. They need to
9 know how to be safe. So those are two of the kind of continual goals that we
10 have with children. Unfortunately, it's kind of a transient population. We may
11 see them one day and we may see them for ninety days. We may see them for a
12 couple years. So it's impossible to track a child's progress. Confidentiality
13 doesn't allow us to kind of aggregate their behaviors or follow their behaviors
14 beyond the time they are with us.

15
16 Boberg: Another question: I noticed a substantial amount of the funding
17 would go to a Program Coordinator?

18
19 Johnson-Bassford: Yes.

20
21 Boberg: Can you explain what that person would do?

22
23 Johnson-Bassford: She is actually the Head Counselor for the Children's
24 Program and does a good deal of the group and individual sessions with
25 children. She does a lot of the immediate crisis intervention when they first come
26 into the shelter. So these two positions: the Coordinator, she oversees all of the
27 Children's Programs because we provide services to non-residential families as
28 well as we have an office in Anthony. So she oversees anybody who's working
29 with children as well as providing individualized services in the shelter. The
30 Counselor-Educator is also providing individual services in the shelter.

31
32 Boberg: When you say "oversee" the Counselor, what does that mean,
33 exactly?

34
35 Johnson-Bassford: She's our supervisor, basically. She insures that they're
36 following the methods that we like to use, that they're appropriate with the
37 children, that the confidentiality is maintained, that the children are moving
38 forward on their goal plans, that kind of thing, works with the Counselors on
39 progress and staffing of the children, that type of thing.

40
41 Boberg: Okay. Thank you.

42
43 Johnson-Bassford: Um-hmm.

44
45 Nissen: Nancy.

46

1 Cano: With people that you service how many times would you estimate
2 would they be repeats to your organization?
3
4 Johnson-Bassford: We don't track it individually with our own clients but
5 nationally, they say that a domestic violence victim will leave nine to eleven times
6 before a permanent separation is achieved through a variety of methods that can
7 include murder, suicide or divorce and moving away.
8
9 Cano: Thank you.
10
11 Johnson-Bassford: Um-hmm.
12
13 Nissen: Tina.
14
15 Hancock: Doug really addressed the main questions that I had but I just
16 acknowledge it's a tough job and...
17
18 Johnson-Bassford: Thank you.
19
20 Hancock: ... are we ever going to get to the point where men leave them
21 when their children stay in the home?
22
23 Johnson-Bassford: I don't know. We hope that it will go away but we have the
24 theory we save one life at a time because we can't save every life. We can't
25 affect every life all of the time so we save them one at a time.
26
27 Hancock: Thanks.
28
29 Nissen: Sue.
30
31 Patterson: I have no questions. Thank you.
32
33 Johnson-Bassford: Thank you.
34
35 Nissen: Ardyth.
36
37 Norem: I just wanted to clarify: you're requesting funding for the person
38 who is supervising the Counselors; so the Counselors are funded in some other
39 manner?
40
41 Johnson-Bassford: We're asking for partial funding for the two, the Supervisor
42 and the Counselor, who work in the shelter and, as I said, the Supervisor does
43 provide direct services to the children as well as being a supervisor. The other
44 ones are funded through CYFD, County funding. As you see on our application
45 we list a variety of other funding sources so they're funded through other
46 methods.

1
2 Norem: Thank you.
3
4 Nissen: Ellen.
5
6 Weiss: No questions at this time. Thank you.
7
8 Nissen: How much do you coordinate with the Children's Crisis Center that
9 we've set up?
10
11 Johnson-Bassford: We actually utilize them quite a bit. We have women or
12 victims, because they can be both women and men, we serve both, that utilize
13 the Child Crisis Center when a situation arises that they need to be in the
14 hospital for a period of time. We are a supportive partner with them and try and,
15 you know, give them as much support as we possibly can, emotional or
16 whatever. We send them a lot of stuff, too, and I know that several of our victims
17 have utilized their services. So we do work with them.
18
19 Nissen: Okay. Thank you very much.
20

21 **J. La Clinica de Familia – "Expanded Clinic Hours"**

22
23 Nissen: La Clinica de Familia.
24
25 Lopez: Good evening, Mr. Chair, Panel. My name's Martin Lopez. I'm the
26 Chief Operations Officer for La Clinica de Familia. I've been with La Clinica for
27 sixteen years. We're asking for funding for this particular project to keep our
28 extended hour operations on Saturdays and our lunch hours. We've had
29 extended hours now for two years. We've received funding from the City. We've
30 been successful at that.
31
32 What La Clinica does, the premises is: we see anyone who comes into our
33 doors irrespective of their ability to pay so they come in and we see then them as
34 a patient. One of the factors that makes this so successful is we're not just a
35 health center; we are also have a dental facility next door. We work in tandem so
36 a patient comes in on the medical side, needs dental care; we walk them over to
37 the dental side. Conversely, if they go on the dental side, they come over to the
38 medical. We also have Outreach Eligibility Specialists at the clinic that help
39 screen patients to find funding and revenue sources, either through Medicaid, of
40 health insurance, County funding through WEED, we receive funding through
41 IENC Healthcare fund. Last year we saw 1,700 patients through the expanded
42 care monies so we use this money to leverage, through Federal and County
43 monies, to extend...as you've seen through our application what we're asking for
44 is a fraction of what it costs us to operate. On a regular Saturday we have a
45 physician, two nurses and a front office staff staffing those clinics. During the
46 lunch hour we usually have three physicians working and the ancillary staff,

1 which are the nurses and the front office staff, to account also for Eligibility
2 Specialists.

3

4 Coming this year we will also be opening up a new facility. Right now we are
5 asking for money for the clinic that's located at 1160 Mall Drive. That's right next
6 to the Mall. We'll be relocated to the 385 Calle de Allegra, receive funding
7 through the ARA funding there. So we will be building a both medical and dental
8 facility there. We'll receive through the ARA fundings, the Americans
9 Reinvestment Act. Pending your questions I think I've given you a snapshot of
10 La Clinica. I don't want to go into great detail. I know you all have seen us here
11 plus a repeat so I'll leave any questions for the Panel to ask any questions.

12

13 Nissen: Doug.

14

15 Boberg: Thank you, Martin. The only question I really had was: in the
16 methodology to see if it would, I don't want to say it would make any difference,
17 because I know you are, but I have some familiarity with what goes on at Saint
18 Luke's also. But the methodology that you're using to track things is more a
19 patient survey, satisfaction survey, if you will. Is there any way to track patients,
20 you know, that get treated on a weekend or a lunch hour. Do they come back
21 the next day or are you actually fixing the problem if they're coming in...I don't
22 even know how to phrase it, but...

23

24 Lopez: I know where you're coming from. We do take measures because
25 the Federal government requires us to keep an annual track. We submit reports
26 to the Uniform Data System. We find that last year La Clinica saw 27,000
27 patients system wide. Each patient comes in approximately 3.8 times a year.
28 The folks that come in are usually chronic: high blood pressure, hypertension,
29 diabetes. Those are kind of the frequent folks that we see walking through our
30 doors. To answer your question, those are the folks that we see.

31

32 Boberg: Thank you.

33

34 Nissen: Nancy.

35

36 Cano: Are there ever clients that are not accepted at your clinic?

37

38 Lopez: What happens often is that we do not see patients but often we
39 have, in the past, dismissed patients and that's because they are "no shows."
40 What happens is the provider to make sure there's no...we have who don't show
41 up for six, seven times a year; make appointments and just don't show up. We
42 end up dismissing the patient for two reasons: one, is it's a non-compliance
43 issue and puts the providers at risk if the patient isn't following their medical care
44 we're open for malpractice and; secondly, it takes up a slot from a patient who
45 normally would be able to make their appointments. Before that happens they

1 are counseled by the provider and the front office staff and they sign statements
2 that they understand that continued "no shows" will end up in dismissals.

3
4 Cano: Thank you so much.

5
6 Nissen: Tina.

7
8 Hancock: Are you the only dental care provider for indigents?

9
10 Lopez: In Doña Ana County here, but there's also Ben Archer and we don't
11 want to talk about that. I'm just joking. No, between us and Ben Archer, we're
12 the only FQHC, which is a Federal Qualified Health Center.

13
14 Hancock: Okay. Great. Thank you.

15
16 Nissen: Sue.

17
18 Patterson: If my memory serve me right, and don't count on that...you got
19 \$22,675 from this board last year?

20
21 Lopez: Well, we had \$22,500 last year.

22
23 Patterson: Well, yeah, close enough. Thank you. But if you don't receive the
24 funds that you're asking for this year does that mean that you'll stop the Saturday
25 and noon hours or...

26
27 Lopez: No, ma'am. What we did last year with the City was when they
28 reduce the funding they give us an opportunity to adjust our budget accordingly.

29
30 Patterson: Okay. So you will probably find one way or another to continue the
31 Saturday and *(inaudible – two people speaking at the same time)*

32
33 Lopez: That is correct.

34
35 Patterson: That is all. Thank you.

36
37 Nissen: Ardyth.

38
39 Norem: I'm reviewing the Patient Satisfactory Survey and I was just
40 interested; you're talking about, "Did you like the (inaudible) clinic?" And "Was
41 your service prompt?" etc. so basically it's a service assessment and I don't know
42 if you can give it any validity but what about a question like, "Since the last time
43 you came here did you get help and did you feel better after receiving your
44 treatment?" You know, you have no indication of any kind of outcome data.

45

1 Lopez: Well, the outcome data is based on our clinical measures. We don't
2 depend on the...and to be quite honest with you patients, including our
3 consumers, we don't recognize what good health care is unless we've received
4 good bedside manner. That's kind of how we grade medicine or if we don't get
5 the medications and...really it's kind of hard to base clinical outcomes.

6

7 Patterson: Well, so if you're basing it on the...I suppose, the clinical studies,
8 the lab tests, etc.

9

10 Lopez: That's correct, ma'am.

11

12 Patterson: Do you monitor that so you can see whether or not the
13 prescriptions you're offering are making a difference or the blood levels are
14 shifting in the direction that they need to?

15

16 Lopez: That is correct because, again, we have to report that to the Feds;
17 and not only that but it's also good, quality medicine. We are Joint
18 Commissioner Accredited and we get audited and they make sure that the quality
19 of medicine is tracking and we are following that.

20

21 Patterson: Okay, so you have that evaluation. It's just not relevant to this
22 particular piece of funding. (*inaudible – two people speaking at the same time*)

23

24 Lopez: That is correct.

25

26 Patterson: All right. Thank you.

27

28 Nissen: Ellen.

29

30 Weiss: I'm also looking at the Patient Satisfactory survey. My question,
31 however, is: isn't this geared more to say, "You are wonderful," so that you would
32 be willing to see them again?

33

34 Lopez: Well, I can say "yes" and I can say "no" to that. We're part of the
35 National Primary Care Association and what they do is they aggregate all the
36 information. It's the same question that's asked of all the FQHCs here in New
37 Mexico in order to validate the service we provide and also to give to our Joint
38 Commission Accreditation Bodies they have to come out with a uniformed...that
39 can be measured across the board with all of the qualified health centers. So our
40 survey comes out of Albuquerque, part of our Front Care Association, so there's
41 no biases on our part. Again, it's a compilation of the 34 health centers here in
42 New Mexico.

43

44 Weiss: Yes, but it, for example, someone were to check "poor" all the way
45 down the line would you see that patient again?

46

- 1 Lopez: Well, we don't see the actual survey itself...
- 2
- 3 Weiss: You don't see this.
- 4
- 5 Lopez: The survey get s sent to Albuquerque and they compile it.
- 6
- 7 Weiss: You don't get the results.
- 8
- 9 Lopez: well, we get them in an aggregate form but we won't say, "Ms.
10 Weiss answered in this format." We'll say, 'Fifty service surveys were filled out at
11 the Las Cruces Clinic and these were your results."
- 12
- 13 Weiss: Okay. Thank you.
- 14
- 15 Nissen: Since you have, you know, a pretty light coverage and people know
16 about La Clinica do you get involved in enrollments for the CHIPS Program?
- 17
- 18 Lopez: Yes, we have the Outreach Eligibility Works that are located at all
19 of our facilities. What they'll do is they'll screen the applicants, all the family
20 members. We have a contract through the County. We have IREACH, which is
21 an electronic system that we screen the applicants and find out which program
22 the family best qualifies for and it's tied into the hospital. So we make sure we
23 catch our patients both here and at the hospital.
- 24
- 25 Nissen: Are you picking up a lot of kids through that?
- 26
- 27 Lopez: Well, again, we've talked about Medicaid in the State and how it's
28 in flux right now so we are identifying some children but part of the issue is that
29 we don't ask for their immigration status so it's kind of hard to find out how many
30 are actual residents and how many are legally....
- 31
- 32 Nissen: Okay. Thank you, sir.
- 33
- 34 Lopez: Thank you.
- 35

36 K. La Piñon Sexual Assault Recovery Services – "SANE Program"

- 37
- 38 Nissen: Last but not least, La Piñon.
- 39
- 40 Dallago: Thank you for having us here. Thank you for allowing us to meet
41 with you and present our agencies and thank you for leaving the best for last. My
42 name's Bernadine Dallago and I'm with La Piñon. I wear many hats with La
43 Piñon. I'm the Child Crisis Center Director and I'm also the Grant Developer for
44 La Piñon and I'm here to present the application for the La Piñon "SANE
45 Program."
- 46

1 The "SANE Program" has been existing in Doña Ana County for a little bit of
2 fifteen years. The SANE Unit is the Sexual Assault Nursing Examiners Unit and
3 they do the forensic evidence collection after a victim has been raped. We see
4 approximately 100 to 120 cases a year. Last year we saw 106 and this fiscal
5 year to date we've seen 69-70 victims as of today. We see victims that age all
6 the way from maybe newborn, but our youngest patient in our clinic has been two
7 months and our oldest has been 92 years old. We see both male and female
8 victims. We do see more female than we do see males. This year we have seen
9 23 children and the children are 12 years and under and we've seen 44 female
10 adults and that's from 13 and older and two males this year.

11
12 The SANE grant that we are presenting here is to help cover of the SANE
13 Coordinator and nurse expense. We provide all the medication that a victim
14 might need at no charge to the victim. That includes antibiotics for STD
15 prevention, pregnancy medication, pregnancy tests and any other medication
16 that a patient might need to take care of whatever injury might have been
17 sustained through the sexual assault; and that is at no charge to the victim.
18 Medication is provided 24 hours through our contract with Walgreen's so a victim
19 doesn't come in at 2:00 o'clock in the morning and has to wait until the next day
20 to get medications. We have an agreement with Walgreen's that they can go
21 right away and get the medications so they don't need to wait.

22
23 We have taken care of victims from the minute they walk into the SANE Unit
24 having been assaulted all the way to recovery and that might mean that we have
25 to help...we helped a woman not too long ago and was sexually assaulted and
26 kept...she was extremely scared of being returned back into her home. She
27 needed to find new housing but she had a lease and it was very difficult for her to
28 get out of the lease. We were able to help provide her with the ability to get out
29 of the lease and to find safe housing that she was comfortable in being in and
30 that she felt safe.

31
32 You've heard of the SANE Unit for many years so I, too, will step back and just
33 wait for some questions.

34
35 Nissen: Doug.

36
37 Boberg: So, Bernadine, the application for the SANE Unit is not for
38 counseling at all? It's pretty much for the examination of the women that are
39 seen?

40
41 Dallago: It's the medical need of the victim. Correct.

42
43 Boberg: Okay. You mentioned that the majority of the funding was for staff.
44 There's also some other expense items listed in here but the expense items
45 weren't explained very well.

1 Dallago: We do have a Coordinator that does a lot of the outreach into the
2 community, makes aware that there is a SANE Unit, talks to the ERs, the medical
3 providers on how to refer victims and what to tell a victim when they go see a
4 provider. We also pay for the medical supplies that we might need to do the
5 exam. We also provide the food and clothing to a victim when they come into
6 clinic. We ask the rape victim to leave behind their clothes because that, then, is
7 evidence so we need to provide them with clothing and we want to make sure
8 that when they walk out with clothing that it's new clothing to regain some self-
9 dignity, that we don't just go and collect used; because what we collect are
10 undergarments. So we want to make sure that when they leave that they have
11 clean, brand new, out-of-the-package undergarments or any other clothing. And
12 then while the victim is there...this exam can take anywhere from three to five
13 hours for a victim from when it starts to when it finishes. Sometimes they haven't
14 eaten in several days. They've been, for one reason or another, they can't eat,
15 they don't want to eat, they just woke up from maybe being drugged; and so we
16 provide them with food right there at the shelter and it's comfort food. It's
17 chocolate, nothing nutritional, but it's something to put in their stomach; a lot of
18 soups and soft food, but sometimes all the victim wants is a little bit of chocolate.

19

20 Boberg: Okay. Thank you.

21

22 Nissen: Nancy:

23

24 Cano: No questions. Thank you.

25

26 Dallago: Thank you.

27

28 Nissen: Tina.

29

30 Hancock: Are you the only rape crisis facility in Las Cruces?

31

32 Dallago: Yes, we're the only comprehensive rape counseling, rape crisis
33 center in Southern New Mexico. There are other SANE Units but they don't
34 provide the full service that La Piñon does so we see victims from around the
35 county and around from Southern New Mexico; but this funding will be for victims
36 here in Las Cruces.

37

38 Hancock: Thank you.

39

40 Nissen: Sue.

41

42 Patterson: On your funding sources here, I guess this kind of thing is more
43 curiosity than anything else. Who are VAWA and NMCSAP, your two funding
44 sources that you list?

45

1 Dallago: That is the Violence Against Women Act. It is a Federal bill that
2 was put out that time, was a senator, but by our Vice-President of the United
3 States has written that grant and it's Violence Against Women Act, but it also
4 covers males and children.

5

6 Patterson: Oh, so that's the grant you have to apply for?

7

8 Dallago: We have to apply for that funding on an annual basis.

9

10 Patterson: And what is other one?

11

12 Dallago: The New Mexico Coalition of Sexual Assault Program. That is a
13 State-funded grant that we apply for every year. It is a state coalition of sexual
14 assault units. So as a comprehensive SANE Program in the state we all work
15 together, we all have the same kind of rape kits and we try to develop the same
16 type of services to our victims and that just helps the prosecution for our victims.

17

18 Patterson: Are those funds on-going every year, automatically?

19

20 Dallago: Every year they are competitive grants and every year they
21 fluctuate just like everything else. Right.

22

23 Patterson: Okay. Thank you.

24

25 Nissen: Ardyth.

26

27 Norem: No questions.

28

29 Dallago: Thank you.

30

31 Nissen: Ellen:

32

33 Weiss: No questions. Thanks.

34

35 Nissen: When in listing your funding sources do you get any money from
36 the County Health and Human Services?

37

38 Dallago: We have applied many times for that funding but we do not qualify
39 because of the anti-donation and the ability that we are not able to use their
40 system. So we have tried many times but we do not qualify.

41

42 Nissen: I think I asked you that before. I think we're still trying to unravel
43 some of that, to be honest with you.

44

45 Dallago: We would love to.

46

1 Nissen: When we have rape victims in this county, for crying out loud, why
2 isn't the County contributing to you guys?
3

4 Dallago: It's because we cannot share into the database that, like La Clinica
5 is able to use their...what is it, their (*inaudible*) system? We're not able to share
6 the information because these are victims of crime so we are held to a
7 confidentiality through the Federal law that we cannot release that information
8 and that is the information the County wants and, Federally, we cannot release it.
9 So we're not able to...we apply but we never get the funding.
10

11 Nissen: That I understand.
12

13 Dallago: Yes.
14

15 Nissen: Okay. Thank you very much.
16

17 Dallago: Thank you, Jean, for your assistance.
18

19 Nissen: And, for all of you, we have a few housekeeping things to do on the
20 agenda about minutes and all that kind of thing so hang in there, if you want to
21 do that. If not, we thank you very much for all of your time tonight and we will
22 give due consideration to every one of your presentations. You can count on
23 that. So thank you very much.
24

25 V. APPROVAL OF MINUTES 26

27 Mr. Nissen asked for motions of approval, seconds and votes on the following
28 sets of minutes.
29

- 30 • **April 13, 2011**
31

32 Nancy Cano motioned to approve the minutes. Ardyth Norem made the motion
33 to second the motion. All members voted eye to approve the minutes.
34

- 35 • **April 20, 2011**
36

37 Ellen Weiss noted a spelling correction to Dr. Landau's name needed to be
38 made. Nancy Cano motioned to approve the minutes as amended. Ardyth
39 Norem made the motion to second the motion for approval. All members voted
40 aye to approve the minutes with the spelling correction.
41

- 42 • **April 27, 2011**
43

44 Nancy Cano motioned to approve the minutes. Ellen Weiss made the motion to
45 second the motion. All members voted aye to approve the minutes.
46

1 • **February 29, 2012**

2
3 Nancy Cano motioned to approve the minutes. Ellen Weiss seconded the
4 motion. All members voted aye to approve the minutes.
5

6
7 **VI. OTHER DISCUSSION**

8
9 Jean Barnhouse-Garcia asked if the Board Members had received the
10 addendum that had been provided as a pdf attachment to the original email from
11 her regarding Candelighters. The addendum clarified information regarding the
12 fact that Candelighters do operate in Las Cruces: a Letter of Agreement between
13 the Candelighters and United Blood Services, two sample months' of data
14 regarding locations of workshops to indicate who attended and sign-in sheets
15 with signatures, and documentation of home visits with evaluations. The
16 documentation was provided within a day. The workshops are conducted in
17 Organ and Doña Ana Community Centers; however, the sign-in sheets indicated
18 that all attendees live within the Las Cruces city limits, with the exception of one
19 or two individuals. She stated that she wanted to be fair to the Candelighters and
20 provide this information in response to Sue Patterson's questioning.
21

22 The Board discussed the possibility of opening dialogue with the County to
23 investigate the possibility of establishing one "pot of money" for non-profits in the
24 County and the City, then have one set of applications, combined Committees to
25 do ratings, etc. Mr. Nissen noted there is a great deal of duplicate applicants for
26 City and County funding and grants. At a recent meeting Mr. Nissen discussed
27 the possibility with County Commissioners Karen Perez and Billy Garrett and
28 Mayor Ken Miyagishima, who were highly receptive to the possibility of combined
29 funding and allocating grants through one application and one combined
30 City/County Committee. Funding for the non-profit agencies is provided to both
31 the City and the County through escrow interest from the sale of the old hospital
32 so combining the two fundings could increase the amounts of grants to more
33 agencies through a more streamlined process.
34

35 Doug Boberg made the motion for Mr. Nissen to have discussions with Doña Ana
36 County Commission and City administration to address the possibility of
37 combining the available monies designated for non-profit agencies in order to
38 eliminate duplicity in the application process. Details would be worked out to
39 assure distributions would be equitable to both the City and County non-profit
40 agencies' needs.
41

42 Ardyth Norem seconded the motion. All members voted aye to approve the
43 motion.
44

45 **VII. ADJOURNMENT**

1 Mr. Nissen adjourned the meeting at 8:50 p.m.

2

3

4

5

Chairperson

Date

HEALTH AND HUMAN SERVICES ADVISORY COMMITTEE**April 12, 2012**

Following are the minutes from the Health and Human Services Advisory Committee meeting held on Wednesday, April 12, 2012 at 6:00 p.m. in City Hall Council Chambers, 700 N. Main St., Las Cruces, New Mexico.

MEMBERS PRESENT: Earl Nissen, Chair
Sue Patterson, Vice Chair
Doug Boberg
Nancy Cano
Tina Hancock
Ardith Norem
Ellen Weiss

STAFF PRESENT: Jean Barnhouse-Garcia
Dianne Wax (recording secretary)

PUBLIC PRESENT: Gretchen Michaud (Mesilla Valley CASA, Inc.)
Nicole Martinez (Mesilla Valley Community of Hope)
Phyllis Jackson (Mesilla Valley Hospice)
David Stocum (New Mexico GLBTQ Centers)
David Holcomb (NMSU – The Clinic)
Art Fine (Roadrunner Food Bank)
Karim Martinez (Southern NM Diabetes Outreach)
Andrew Parrish (Southwest Counseling Center)
Pamela Angell (St. Luke's Health Care Center)
Cory Lucas (TeamBuilders Counseling Services)
Pam Lillibridge (Tresco, Inc.)

I. CALL TO ORDER

Meeting was called to order by Chair Earl Nissen at 6:00 p.m.

II. ROLL CALL

Roll call was taken and a quorum was established.

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

Doug Boberg stated that he would recuse himself from voting on the 2012 funding cycle because he had served on the Board of Directors for the Mesilla Valley Community of Hope for many years and just recently resigned in February 2012, and because the Mesilla Valley Community of Hope and Alliance agencies are applying for help related funding.

1 All other members of the Committee had no conflict of interest.

2
3 **IV. PRESENTATIONS BY APPLICANTS FOR HEALTH-RELATED PUBLIC**
4 **SERVICES – presentations and questions are verbatim**

5
6 Chair Nissen welcomed applicants and commended them on their efforts. He stated
7 that the total dollar amount in applicants was \$619,433. The Committee has \$300,000
8 to give away. He stated that Committee members have each independently evaluated
9 the applications. On May 18, 2012 at 6:00 p.m. there will be a meeting at which Jean
10 will present how everyone voted, and ranking and allocations will be discussed.

11
12 **A. Mesilla Valley CASA, Inc. – “Fostering Healthy Children”**

13
14 Michaud: My name is Gretchen Michaud. I write grants for the organization and I'm
15 also a trained volunteer and as you may or may not know we are
16 commissioned by the Third District Court to advocate for children who are
17 in foster care as a result of abuse and neglect. At any given time there
18 are approximately 200 kids in the system. The heart of our organization is
19 our volunteers. When the children come into foster care, the court sends
20 us affidavit and we immediately assign a volunteer to each of the cases.
21 The volunteer is kind of a lynch pin in the whole system because the
22 volunteer has the unique whole picture. You know there are lawyers and
23 social workers and doctors and nurses and teachers and foster care
24 parents and the parents themselves and because of the nature of the work
25 the volunteer does, in that he or she attends all the hearings, all the
26 attendant meetings, meets with all the teachers and the lawyers and all
27 the people I just mentioned and anybody else, mental health
28 professionals, medical professionals and, of course, works with the
29 children every single week and when there are hearings we are required
30 as volunteers to make a report to the judge and the judge always relies on
31 the reports because of the big picture that we can present. I want to tell
32 you a little bit of a story because this is just a happy story that we've been
33 involved in the last month or so. One of our volunteers has been with the
34 case for nine years. Nine years with one case, there were many siblings
35 and one particular individual in the family was moved to 12 different foster
36 homes in that period of time. In the last month this individual was married
37 by a justice of the peace and requested only one person attend the
38 wedding, it was the CASA volunteer and we thought that was pretty cool.
39 It just kind of goes to show you the kind of work that we do and the
40 importance of our volunteers in the outcomes, what happens to these
41 kids? This is what CASA is about and so the grant that we bring to you
42 tonight is asking for some assistance to fine tune the work that we do with
43 the training with our volunteers. Simply restating, we're going to train
44 some additional volunteers in a little bit of a different way by taking them to
45 the children's law institute, which is a yearly important meeting that takes
46 place in Albuquerque and that way they will go get really good up to date

1 information, bring it back, we're going to work with them to be peer
2 teachers of their fellow volunteers and then this way in the three months or
3 four months after they return we're going to be able to pass on the work,
4 the material that they have learned and so in order to do this also, we
5 have two aging computers, they are really old and they are breaking
6 down. In order for the volunteers to be able to continue getting all the
7 information and providing all the information we need a new computer for
8 them, as well as for the person who does all the data entry from which we
9 provide all the reports and because national CASA has lost so much of
10 their funding they are no longer going to support the data system that we
11 use and so we're asking for assistance with that, buying the licenses,
12 getting the training and putting it to work. This will support our volunteers
13 who in turn support the kids and, of course, our ultimate hope is that we're
14 going to interrupt this whole cycle of violence and the result being happy,
15 healthy family. I'll entertain questions.

16

17 Boberg: Gretchen, I did have a couple of questions. It looks like from the funding
18 that you are sending 10 volunteers.

19

20 Michaud: Yes, but we're only asking for five.

21

22 Boberg: So you are paying for five and you asking us to pay for five. You also
23 stipulate in the funding request that the software is being mandated by the
24 National CASA, is that correct.

25

26 Michaud: It's mandated by National CASA that we use one of a couple of software
27 packages. We've investigated them and the one that we have chosen is
28 CASA Manager.

29

30 Boberg: So the one that you are currently using is not one of the approved.

31

32 Michaud: Well, National CASA has supported the Comet system we've used for
33 years; they are no longer going to be able to do it.

34

35 Boberg: And they are not offering any assistance in funding for that?

36

37 Michaud: No, they can't. Their funding is reduced by 60%.

38

39 Boberg: You state in the application that the volunteers are going to come back
40 and train additional volunteers.

41

42 Michaud: Yes.

43

44 Boberg: How many additional volunteers would you expect to be trained?
45

- 1 Michaud: Well, it's our hope that they will be working with all of them over the period
2 of time.
3
- 4 Boberg: And how many would that be?
5
- 6 Michaud: You know, it's fluid. We have about 80 at any given moment. There is
7 kind of a high attrition rate. I mean we continue to train new ones every
8 year. It wears people out.
9
- 10 Boberg: And the 10 you are sending, those are fairly stable volunteers then.
11
- 12 Michaud: Yes.
13
- 14 Boberg: Very good, thank you.
15
- 16 Cano: I just have one question, I'm not really sure if we're missing some
17 information from your application, on page 3 of 44, it states in the very last
18 sentence, it says "we believe that each child deserves individual
19 monitoring in order to"
20
- 21 Michaud: To achieve the best outcome for their placement at the end of the day.
22
- 23 Cano: Okay, I just didn't know how much more was supposed to be added.
24
- 25 Michaud: Poor proof reading on my part, I apologize. I lost the last tail of it.
26
- 27 Cano: Okay, thank you.
28
- 29 Hancock: I have no questions.
30
- 31 Patterson: Well, I can't help but comment on your conservative request to us since
32 most people and I, as a former grant writer, shoot for the moon and you
33 haven't done that. I get the impression that this is a bear bones request.
34
- 35 Michaud: It is.
36
- 37 Norem: This is a matter of curiosity and I question whether it might be useful; I
38 notice that with your volunteer training, you ask them to evaluate the
39 training that they get at the present time but you don't ask them later, was
40 any of it useful. What do you actually use that might prevent some
41 redundancy in your training, if you can drop off the things that people don't
42 use.
43
- 44 Michaud: Can I comment on that? What we do in addition to what is here and I
45 didn't include this and I apologize for that. We have something called
46 brown bags, this is once a month, 10 months out of the year, we gather all

1 the volunteers who can come and this kind of follow up stuff takes place
2 then. We staff cases and then we talk about improving what we do
3 including the training.

4
5 Norem: Okay, that's excellent, that was my concern.

6
7 Weiss: No questions.

8
9 Nissen: I have a curiosity about if you find one of the volunteer's breaks
10 confidentiality, how do you handle that. That is always a problem, isn't it?

11
12 Michaud: It is. We haven't had the issue very much and I really can't speak for
13 Doreen, our executive director, she is the one that takes of it, and I think
14 that the one situation that I happen to know about and because of
15 confidentiality I wouldn't know about very many but when I was the
16 volunteer coordinator it came up and that person was gently encouraged
17 to move on and take another roll and they actually stayed as a volunteer
18 but not working with children.

19
20 Nissen: Because I can foresee the possibility of getting in some legal
21 entanglement about that where a lawyer or somebody would pick up on
22 that and say in one year people were out in the community shooting off
23 about a client or something. Have you ever had that happen?

24
25 Michaud: No, nothing that serious. It's a big part of our training. It's a big part of the
26 initial 30 hour training.

27
28 Nissen: Okay, thank you very much.

29
30 **B. Mesilla Valley Community of Hope – "Hope SOAR Program"**

31
32 Martinez: Good evening, my name is Nicole Martinez. I'm the interim executive
33 director at the Mesilla Valley Community of Hope and I'm pleased to be
34 here this evening to talk to you about the SOAR program that we have at
35 Community of Hope. The SOAR program is a U.S. administration from
36 Social Security that allows a SOAR certified representative to assist
37 disabled people with receiving their disability benefits and what that entails
38 is having the clients come in, our homeless clients at the campus, and
39 Sue our certified SOAR representative will meet with them and begin to
40 obtain their medical histories, begin the application for social security, do
41 any of the function reports with them and then she is able to follow through
42 with the entire application process for social security disability benefits.
43 Now in relaying the importance of this program, for homeless people
44 sometimes being able to obtain income is a matter of life and death and
45 the time that they have to wait to get their benefits. Sometimes it's up to
46 two years, so it can be a very lengthy process and a lot of times homeless

1 people don't realize that they are eligible to apply and they don't know
2 where to start and definitely now the word has gotten out that we have a
3 starting point and that would be at Community of Hope and our SOAR
4 certified case manager, give me just a quick second to talk about her.
5 She received the training in 2010 and the program has been very
6 successful since that time and in fact, she was just nominated and
7 received the award for the Ellen Dailey Consumer Advocacy Award. They
8 are flying her out to Kansas City to one of the health care conferences out
9 there because of how great she has been with this program and as an
10 advocate for homeless people in general. Many homeless clients, again,
11 when they are applying by themselves for these disability benefits aren't
12 sure, can't recollect their medical histories and that can often lead to
13 mistakes in their applications or frustration. They may not have
14 transportation. They may not have had a safe place to sleep the night
15 before and it ends up being that a lot of them do not finish their
16 applications, but again when they use their SOAR certified rep; then they
17 are able to do from start to finish. Those that are able to obtain their
18 disability benefits are then, obviously, able to receive income which in turn
19 allows them to receive housing and we have been able to assist them with
20 that in that process and it has also helped to relieve some of the burden
21 on the City of Las Cruces once we get people with income to pay rent and
22 get them into housing. It relieves some of the costs to the City in terms of
23 medical costs, ambulance rides, jail and court costs and any other costs
24 that are associated with serving people, supportive services, that don't
25 have homes and don't have income; some of the stats that we've had,
26 again, we started this program in 2010 and Sue has been able to begin
27 submitting applications with over 220 clients. She has currently submitted
28 27 applications for just this fiscal year and has had 11 approved. For the
29 entire program she has submitted 68 applications and had 30 approved,
30 which was a 44% success rate which is actually, 30% is the national
31 average, so we have good success rate above the national average. In
32 fact, Sue had just three approved this week that we are now looking
33 toward putting them in housing, which relates to some of the goals that
34 have are having out to at least 25 people and submitting those
35 applications; ensuring that they then have options for housing and that
36 they can then access insurance which comes with disability benefit
37 approval and we can refer them to any health care places that would be
38 appropriate for them. We've started doing some client satisfaction
39 surveys with their SOAR certified representative and measuring those and
40 we also use a national database to keep track of our clients. This grant
41 would allow us to budget some of our staff costs as well as some of our
42 operational costs to implement this program at the homeless day shelter
43 and Community of Hope. We do pay for a doctor if people do not have
44 their own doctor and medical histories can be very extensive and
45 expensive and at this point we are paying for those costs through any
46 grants that we do have. In conclusion, this morning Sue accompanied

- 1 somebody this morning down to El Paso to see a judge for a hearing.
2 He's been working on his SSI for two years and with the help of Sue as
3 source certified rep, he was approved as of this morning and we're now
4 working on getting him into housing. Thank you.
5
- 6 Boberg: Nicole, you touched briefly on it in your presentation about and I saw in
7 the funding request there is \$3,000 for licensed physician, is that a
8 requirement of applying for social security benefits, you have to have a
9 medical history.
10
- 11 Martinez: You do, if you don't have your own medical history then Social Security
12 will then refer to their doctors and that can be a very lengthy process as
13 their doctors are very overburdened but for the most part a lot of times in
14 working with homeless clients who haven't had advocates, they don't
15 know a doctor to go to, they don't know where to start and so a lot of times
16 we can assist them with that with using our doctor who is certified to do
17 evaluations and she can refer them to any mental places that also may be
18 able to assist, so they do have to have a medical history in order to
19 receive disability benefits and our doctor so far this year, we've already
20 expended \$3700 on her behalf and she is not working with all of them. A
21 lot of the clients do have their doctors and medical histories that Sue does
22 obtain but, again, for those that have been unable to follow through with
23 any medical references, we can assist with that.
24
- 25 Boberg: One other question, you anticipate helping 25 people with this funding, if
26 more people came forward would you be able to help additional or would
27 that be the cost to help those 25?
28
- 29 Martinez: We definitely continue to assist them. Last year we said that we would
30 help 20, already Sue submitted 27 for this year, so she is submitting more
31 than we have said we would already and we will continue to assist people
32 with those applications.
33
- 34 Boberg: So the numbers of clients anticipated was more, who you thought might
35 come forward as opposed to a limit on who you would help.
36
- 37 Martinez: Correct.
38
- 39 Boberg: Okay, thank you.
40
- 41 Cano: No questions.
42
- 43 Hancock: Hi, I just wanted to, this is a very valuable program that brings not only
44 helps individuals but brings dollars into the community from the federal
45 government, I'm sure that is much appreciated. I just wondered if you had

- 1 ever considered the possibility of using retired accounts to help you
2 spread the good work.
3
- 4 Martinez: We had not considered that, retired accounts, is that what you said.
5 Community of Hope does have an account that helps us with our staff and
6 budgeting and things for this program, but are you referring to having
7 people help those that receive their benefits or?
8
- 9 Hancock: Yes, to increase your ability to process claims.
10
- 11 Martinez: We are open to inviting as many people as we can for assistance on
12 something like this. We also collaborate with other agencies that help as
13 payees and so forth so that we are using the money adequately and that
14 those that receive the money are able to then budget their money
15 appropriately but that's a great suggestion that we have not looked for.
16
- 17 Patterson: I have no questions, thank you.
18
- 19 Norem: You answered my question in your presentation, thank you.
20
- 21 Weiss: You answered mine too.
22
- 23 Nissen: Under one of your goals, it's to ensure all clients that apply for SSI through
24 SOAR have referrals to housing, could you explain that, do they have to
25 have housing in order to be a SOAR candidate.
26
- 27 Martinez: Not at all, this is in reference to once somebody does obtain income we
28 are able to assist them in getting in housing. It's one of the things that we
29 do. We have five housing programs. I, myself, have been able to house
30 people that have then received their income into these housing programs.
31 Landlords see that they have income and say yes and we are able to get
32 them in there. It's one of our specialties, so we want to make that if
33 somebody gets income, one of our goals is let's get them off the streets
34 and let's show them how to pay rent and get back into society.
35
- 36 Nissen: Is the tent city considered residency?
37
- 38 Martinez: Actually the gentleman that received his benefits has been staying at
39 Camp Hope and so now he will get an apartment of his own so we try to,
40 it's still considered as being homeless so we are trying to get as many
41 candidates as we can from camp hope to get them into their own
42 apartments and using Camp Hope as a transitional housing and using
43 Camp Hope as a transitional housing emergency, period.
44
- 45 Nissen: How many tents are allowed there?
46

1 Martinez: We are allowed 37 tents and 50 people, which means a lot of people are
2 currently sharing, unfortunately.

3
4 Nissen: My other question was many of these people that you are helping with
5 applications, are they veterans?

6
7 Martinez: Any veterans that do come in, we assist and we have had a few that are
8 veterans and we have a lot of other veteran programs that we're working
9 with right now of services that we offer to veterans. In fact, we just
10 received more veteran funding from the New Mexico Department of
11 Veterans, so we have signs all over that say if you are a veteran with an
12 honorable, general discharge please come see us because we have
13 services that we can offer.

14
15 Nissen: Okay, thank you very much.

16
17 **C. Mesilla Valley Hospice – “Center for Grief Services”**

18
19 Jackson: I'm Phyllis Jackson and I'm the director of the Center for Grief Services,
20 which is a community grief program at Mesilla Valley Hospice. It's been
21 there for 12 years. I've been there for 11 years of that. We provide direct
22 grief counseling to everybody in the community that's been impacted by a
23 significant death. I do the adult counseling. I am a licensed independent
24 clinical social worker. I've also over the years developed and oversee the
25 children's program and I have a youth counselor who works under my
26 supervision, who provides all of our children's counseling. She is also a
27 licensed independent clinical social worker and she is also currently
28 working on her certification for both play therapy and also to be certified in
29 the assessment of emotional trauma in children because we do work with
30 an awful lot of children who have lost loved ones from homicides and
31 suicides and many of those children are actually present in the home
32 when those deaths occur so they certainly have trauma related issues in
33 relation to the grief issues that they are dealing with. We provide services
34 to all of the County but in our grant we are requesting services for the
35 children that we actually provide in the City and the majority of those
36 referrals come from largely the school systems, the staff personnel at the
37 school systems who are seeing children, whether it's the teachers, the
38 counselors, the social workers, or the nurses that seeing children
39 struggling in the classroom either with their work, with concentration, with
40 focus, they are tearful, they are frightened, they are exhibiting semantic
41 symptoms, stomach problems, headaches and repeatedly going to the
42 nurse and then they are finding out that these children's lives have been
43 impacted by a significant death and they are calling our youth counselor
44 and asking us to come in and provide services which we do and we
45 provide services to children in the school systems at school. The schools
46 will open space for us and pull the children from class so we can provide

1 services. We also provide services in the child's home and we also have
 2 a room that is specifically for children at our center and we provide
 3 services to the children in that room as well. Most, as you all know and
 4 are fully aware, all of our lives are eventually impacted by a significant
 5 death. Many of us have been impacted during children and it has
 6 significantly altered our lives and children do the same thing we adults do.
 7 They don't want to upset the other people in their lives and so they don't
 8 say that they are hurting and they don't say that they are afraid and they
 9 are afraid to tell their parents or their guardian, whose ever providing for
 10 them that they are afraid for their well being because a parent has died or
 11 a grandparent has died or a sibling has died because they don't want to
 12 upset the other person and I certainly hear that from the adults. They
 13 don't share it with other loved ones because they don't want to upset
 14 those loved ones and so children just like adults need somebody that they
 15 can talk to that they do not have an emotional connection to so they can
 16 say what they need to say and express what they need to express so they
 17 can normalize that experience and realize that it is survivable and that
 18 they are going to be okay and that's what we do and we work very hard at
 19 providing the best qualified service that we can and we're very proud of
 20 that and I think that's all I need to say, so questions.

21
 22 Boberg: Phyllis, you name one person, one specific counselor in here that would
 23 be conducting the sessions for the children and you're thinking you can
 24 serve about 75 children with this grant, is that correct?
 25

26 Jackson: I think we've written in here 40-something, we're asking 48 children, I think
 27 45-48 children. You have to and we've served 71 city children but what
 28 you have to recognize is that we serve the entire County, so we see kids
 29 from above Hatch all the way down to Sunland Park and over in Chaparral
 30 and our youth counselor travels to those areas, but we're asking for the
 31 City to support us in serving some of the City children that we see and
 32 yes, it's one counselor because we work under a parent agency, Mesilla
 33 Valley Hospice, which I'm sure all of you are familiar with because we've
 34 been around for 30 years so, but so we're blessed that we have people
 35 that do all the other stuff so we can focus on the counseling and that's
 36 what we do and the education because we speak at conferences, we do
 37 trainings and we train teachers. We do whatever we can to help people
 38 serve children that are grieving.
 39

40 Boberg: This may be a hard question to answer but how many sessions do you all
 41 figure that it is going to take to.....
 42

43 Jackson: Actually, I think that's a great question and we do the same thing with the
 44 children that I do with adults. I'm committed to providing the need that's
 45 needed and so we have adults and children that we may see once to
 46 normalize the situation, to help them understand, to help them identify

- 1 their coping system and who their support people are and then we have
2 children that we see for a longer period of time but you have to recognize
3 that if you have a child that has had a sibling or a parent who has been
4 murdered or committed suicide, their needs are going to be vastly different
5 than a child whose grandparent died after an illness and they are
6 surrounded by a loving and supportive family. Those children both need
7 service but the needs are vastly different so we're never going to say that
8 a child needs five sessions to be okay because this child is going to need
9 something greatly different than this child and we provide what the child
10 needs.
- 11
- 12 Boberg: Okay, thank you.
- 13
- 14 Cano: You've answered my question.
- 15
- 16 Hancock: So you do not use a sliding fee scale for individual or group therapy?
- 17
- 18 Jackson: No ma'am, we do not. We provide all of our services to everyone free of
19 charge, adults and children, and we committed to that when we started the
20 Center for Grief Services because these families are emotionally
21 devastated and many of them are financially devastated because of long
22 term illness or because of, you know a loved one has been in ICU for six
23 days after a motorcycle accident before everything shut off and the bills
24 are tremendous and then there is the burial and all of that and we all know
25 those are expensive so we made a commitment not to ask people for
26 money and we've been blessed to be able to keep going.
- 27
- 28 Patterson: I have no questions, thank you.
- 29
- 30 Norem: I'm aware that when we're dealing with trauma and grief is a form of
31 trauma, that the methodologies are evolving over time and as a group of
32 professions are beginning to be more effective in addressing those kinds
33 of difficulties and the methods are changing so I'm a little curious about
34 how you are matching with what kind of methodologies you are finding
35 useful or are you finding that you are starting to change your
36 methodologies as the research and the demonstrations are indicating that
37 sometimes what we used to do is more harmful than helpful but the new
38 things would have been better.
- 39
- 40 Jackson: Yeah and you are absolutely right because we learned a long time ago
41 that it is possible to re-traumatize and that we don't do that, but what we
42 do with children because children can't sit and do the kind of therapeutic
43 talking that people are able to sit and do with me, adults, and so we use
44 craft activities and hands-on activities and different exercises where they
45 get that out without doing a lot of introspection because kids are
46 spontaneous and they are quick but they have things they want to say and

- 1 they say them in drawings and art work and story telling and play telling
2 and all of those things and really what they need is a chance to tell their
3 story and get re-assured that they are going to be okay.
4
- 5 Norem: And do you find that the children are able to respond quite readily with
6 simply telling their story, is that really effective for them with an adult,
7 sometimes that's not enough.
8
- 9 Jackson: Oh absolutely, but like I said when I answered his question, it depends on
10 the circumstance, the method of death, who the person was that died,
11 whether the child was present at that death or not, what the relationship
12 was with that person that died, so it depends a lot on that but absolutely,
13 children do a lot in their drawings and a lot in their art work and a lot in the
14 activities and all and we have a curriculum that we use but it is so flexible
15 because we have to flex it for whatever that child's experience was.
16
- 17 Norem: Alright, well thank you.
18
- 19 Weiss: No questions.
20
- 21 Nissen: You mentioned that sometimes you get referrals on this from the school
22 district, how does it work out with the school guidance counselor, do you
23 work together in any way or are you are you separate entities in dealing
24 with a child?
25
- 26 Jackson: If you are asking if do we work in the same room with them, no.
27
- 28 Nissen: No, some coordination between your counseling and the counselor in the
29 school.
30
- 31 Jackson: Well, you know I think a school counselor's focus is often times is
32 educational and it can often times a very different focus then the type of
33 counseling that we do, so absolutely, I mean there actually often times the
34 ones that are requesting that we come in, is the school counselors. Our
35 youth counselor knows almost all the school counselors in the community
36 and they call her directly and say I've got a child, so they are asking for
37 that service and they appreciate it because it's not their primary focus and
38 I don't think it's something they are trained to do.
39
- 40 Nissen: Well, that was my concern after I've been a school administrator and so
41 on, I doubt whether some of our counselors had the training or capabilities
42 of counseling at the level you are talking about.
43
- 44 Jackson: And I actually get a number of referrals for the adult program from private
45 therapists in town simply because death and grief are unique and not
46 every one is either comfortable or trained in how to work with that.

1
2 Nissen: Also you mentioned you go clear to Hatch and so on, do you apply for
3 Health and Human Services money from the County?
4

5 Jackson: Am I allowed to look over at the coordinator to get the..., I don't know.
6 She says yes. She's our finance person.
7

8 Nissen: Do you get it? Okay, thank you.
9

10 **D. New Mexico GLBTQ Centers – “Rainbow Youth”**
11

12 Stocum: Good evening Mr. Chairman, members of the Committee, City staff, thank
13 you for the opportunity to present to you this evening. I'm David Stocum,
14 I'm the executive director of the New Mexico Gay, Lesbian, Bi-sexual,
15 Transgender and Queer Community Centers, for the rest of the evening it
16 will be GLBTQ. We operate the Las Cruces GLBTQ Center at 1210 N.
17 Main Street. We were incorporated as a New Mexico non-profit and
18 received our 501-3C status in 2008. This evening I'd like to update you on
19 our Rainbow Youth Program, which the young people have decided they
20 like RYE better, so I'll call it RYE. RYE is a program designed to reduce
21 risky behaviors by youth ages 14 to 24, including substance abuse, unsafe
22 sex and other factors contributing to suicide and HIV infections. RYE
23 provides a safe space for GLBTQ youth to get accurate information on
24 issues important to them as well as referrals to appropriate services for
25 drug, alcohol, HIV, other health and mental health issues in cooperation
26 with the New Mexico Gay Straight Alliance Network, we provide technical
27 assistance and support to the GSA's in southern New Mexico high schools
28 including Las Cruces and Mayfield. Using City and United Way funding
29 we are able to provide a youth center which is open 56 hours each week.
30 It's also open seven days a week and that's up from 48 hours last year.
31 We offer three support groups for youth each month, one of them in
32 Spanish. We have a weekly youth advisory committee meeting where the
33 youth help design the program and we also have HIV testing available.
34 Since the beginning of the program year in July, we have 410 youth client
35 visits, of which 58 were unduplicated and met City criteria and were
36 reported to City staff. The TREVOR Project which is a national leader in
37 GLBQT youth suicide prevention quotes the statistic that gay youth are
38 four times more likely to attempt suicide than their straight peers. We've
39 begun using an assessment that is based on the New Mexico Youth Risk
40 and Resiliency Survey that we've named the Rainbow Youth Pre- and
41 Post-Assessment, RYPA. A frightening result of the first time we used
42 that assessment that 58% of the participating youth indicated that they
43 had thought of suicide in the previous week. Let me tell you about one of
44 the youth in our program. This particular youth is a 15 year old high
45 school student who has parents who are very traditional in their values
46 and ideas. He recently came out to his parents as gay and both of them

1 told him he is not a homosexual and that what he is going through is a
2 phase; a phase that his father himself had gone through. He found out
3 about Rainbow Youth after attending a gay/straight alliance meeting at his
4 high school because our youth program assistant was there to do an
5 activity with the kids and explain the resources available at the center.
6 The youth is very uncomfortable in new situations and naturally is quiet;
7 however, he has become a regular at our weekly meetings and at each
8 subsequent meeting he opens up more and more. The youth feels
9 comfortable enough at this point to discuss any issue that may arise in his
10 life and is also comfortable taking advice both from our youth program
11 assistant and his peers. He trusts the youth will listen and not judge him
12 the way that many people do outside the center. He revealed to the group
13 that he no longer thinks of suicide and he would never attempt to harm
14 himself. In addition to allowing us to maintain what were doing, the funds
15 that we're requesting would allow us to add resources from the Search
16 Institutes Developmental Assets – Casey Life Skills and a second part-
17 time youth program assistant. The outcome, additional high quality
18 content, a higher level of support for the youth, more outreach and better
19 measurement of results. I'll take questions.
20

21 Boberg: Yes, David, I noticed in the application that the facility rent, that you are
22 asking the City to pick up the entire portion of that?
23

24 Stocum: That's not the entire rent. It's the portion of the rent that is allocated to the
25 youth center within the building.
26

27 Boberg: So you do have a facility today?
28

29 Stocum: Yes, we do. We've been open for two years.
30

31 Boberg: And just kind of a question of curiosity here, if you were not to get this
32 funding, would you still be able to maintain that facility?
33

34 Stocum: The facility, yes, the services in this program, we would have to look at the
35 budget and make adjustments, but this is too important. I hope you give
36 us the money but if you don't it's not going away completely, it would
37 probably have to change.
38

39 Boberg: Okay, thank you.
40

41 Cano: Your pre-assessment that you currently have is quite extensive and I was
42 wondering if during your visits with your clients; do you do another
43 assessment during that time?
44

45 Stocum: The plan is that the pre and post assessment, we will do that at the
46 beginning when they first come to the program and then we'll do it in three

- 1 month intervals with a cohort so that we can track how we're moving. We
2 will also, depending on the individual youth's needs and interest, we'll use
3 the Casey Life Skills Assessment, which is an online assessment. They
4 also have a GLBTQ supplement to that assessment and we'll use that to
5 determine what type of life skills assistant the youth need.
6
- 7 Hancock: Hi, are you the only organization that is providing this kind of service for
8 young people in Las Cruces and even Dona Ana County?
9
- 10 Stocum: We are the only specifically GLBTQ organization and that's important
11 because of a couple of things, safety and comfort, a lot of gay kids are
12 afraid to go to some of the other agencies. Also, again, the TREVOR
13 project has determined that one of the safety factors that keeps kids from
14 killing themselves is if they have a positive gay role model and as good as
15 the other agencies are in town, they are not gay.
16
- 17 Hancock: So you are the only agency that's targeting this under served population?
18
- 19 Stocum: Yes ma'am, we are.
20
- 21 Patterson: I'm noticing, like Nancy, I'm very impressed with your evaluations here.
22 You just really seem to cover everything. I'm a little curious for instance
23 on daily living and housing and money management and what I
24 understand, career (inaudible), what do you do with this information, what
25 does that help you to understand about your applicants.
26
- 27 Stocum: That's part of the Casey Life Skills Assessment that I mentioned and
28 another startling statistic is that 25% of the youth that come out to their
29 parents get, I'll use the term asked to leave, but it's not that pleasant and
30 one of the things that we are trying to do in the program is make sure the
31 kids have the life skills to survive and that part of the assessment lets us
32 know where they are at and allows us to eliminate the things that they
33 have already got covered well enough to be on their own for a little while
34 and zero in on the things that they don't have.
35
- 36 Patterson: I have one other question, I'm a little surprised at the use of the
37 expression 'queer', when it seems like to be politically correct we've been
38 trying to get rid of that expression for years.
39
- 40 Stocum: And it's interesting because I struggle with that. The original mission
41 statement and name of the organization used the term questioning, which
42 refers to people that are still trying to come to terms with what their
43 orientation is. Not unlike African American males who have taken back a
44 certain word that most of us won't use and within their community have
45 turned into a positive and reclaimed the word, our youth are reclaiming the
46 word queer. They use it as an umbrella term so that they don't have to

- 1 recite the alphabet soup and particularly this evening since I'm talking
2 youth I wanted to use their terminology to honor them. My generation
3 struggles with that. I give a lot of presentations and probably 50% of them
4 I don't use the word queer. If I was in front of a group of senior citizens I
5 probably wouldn't use it.
6
- 7 Patterson: I see, alright, thank you very much.
8
- 9 Norem: I've also been noticing the rather extensive evaluation you do and my
10 question is who does the analysis? There is a lot of time and money
11 engaged in that and it sounds like your outcomes, I mean the information
12 will be very, very useful with regard to monitoring what's happening and
13 where to go from here, but how do you get to the point where you have
14 that data crunched and where you can have the time and money to do
15 that.
16
- 17 Stocum: One thing I've gotten very good at in the last two years is finding free and
18 inexpensive ways to do things, welcome to the non-profit world. In this
19 particular instance we are fortunate that a significant percentage of our
20 volunteers are graduate students at NMSU, some of them in the business
21 program, most of them in either the counseling or social work areas and
22 they are dying for research projects to work on, so we're going to take
23 advantage of that.
24
- 25 Norem: Very cool, alright, thank you.
26
- 27 Weiss: I have two questions, first you state that you start working with youth as
28 young as 14, why did you choose 14 years of age, not 12 or some other
29 number?
30
- 31 Stocum: We did extensive research in terms of looking at different youth serving
32 agencies, different gay and lesbian community centers that had youth
33 programs, what the government was look at and what funders were giving
34 money for and the general consensus for youth programs was 14 to 24.
35 I've seen it go as high as 14 to 35, which is a stretch to me and that's how
36 we did it, we just looked around at what everybody else was doing and
37 didn't reinvent the wheel.
38
- 39 Weiss: So if a child of 13 came to you, would you not work with them?
40
- 41 Stocum: Absolutely not, we are not going to turn any young person away.
42
- 43 Weiss: Okay, you would work with them.
44
- 45 Stocum: Yes, absolutely.
46

- 1 Weiss: And what qualifications do your people have to make them capable of
2 working with these youth?
3
- 4 Stocum: Our current youth program assistant at NMSU studying education to be a
5 high school math teacher and is 24 years old, so he's just recently gone
6 through a lot of the things that the kids are going through. I anticipate
7 hiring the second person to have more specific training. I mean I'm not
8 going to look for a student this time. We're not doing counseling. We're
9 doing education and peer discussion groups around issues that the kids
10 want, so a license isn't necessary and I double checked that with my
11 insurance company because they wouldn't insure us if we didn't have
12 people that were acceptable. Also, again going back to the students from
13 New Mexico State University, we have a very good relationship with the
14 counseling program particularly the doctoral program and the social work
15 program, so if a situation comes up that we don't know how to handle we
16 can pick up the phone and get in touch with somebody on the faculty that
17 can.....
18
- 19 Weiss: Because you talk about the suicide prevention leader in the TREVOR
20 program.
21
- 22 Stocum: Right, lots of things factor into suicide, particularly with gay youth that can
23 be addressed outside of the counseling environment. We also have
24 several counselors in town that we know work well with gay youth. If we
25 have the slightest doubt, we refer the kid to counseling.
26
- 27 Weiss: Okay, thank you.
28
- 29 Nissen: Do you in any way make any connections with the school based health
30 centers at Oate and Las Cruces High School because they have mental
31 health professionals available. Let's say a child from Oate comes to you
32 with a problem, have you ever contacted the school based health center
33 there to get services for the child?
34
- 35 Stocum: We have had brochures and things in the school based health clinics.
36 One of my resource people on the suicide mental health issue is the
37 regional advocate for adolescent mental health services from the State
38 Health Department and if I have a situation like you just described, I'm
39 going to pick up the phone and call her and say who do I need to talk to.
40
- 41 Nissen: But I would recommend the school based health centers if you do have an
42 emergency problem because they are pretty good at meeting the needs.
43 The other thing is do you have to have parental permission to participate
44 in your program?
45

1 Stocum: No, because in a lot of cases these kids are afraid to tell their parents and
 2 what we're trying to do is give them the tools to judge when it's safe to tell
 3 their parents and how to tell their parents in a way that creates the least of
 4 amount of trauma for everybody involved.

5
 6 Nissen: Okay, thank you very much.

7
 8 **E. New Mexico State University – “The Clinic”**

9
 10 Holcomb: Good evening and thanks for the opportunity to speak tonight. I'm David
 11 Holcomb; I'm a college faculty at the Counseling and Education
 12 Psychology Department at New Mexico State and currently and very
 13 recently became the clinic coordinator. The way I like to describe our
 14 program, which has precedent, most major universities with counseling
 15 psychology programs do have community based clinics. The way I like to
 16 describe it is a consistently un-met needs meeting untapped resources, by
 17 that I mean we have faculty who are licensed professionals in counseling
 18 and more to the point, we have students in training, counseling, school
 19 psychology, master's level counselors and eventually we hope to have an
 20 interdisciplinary focus with social work and other departments. Currently
 21 we're working in partnership with students and faculty of the Marriage and
 22 Family Therapy Program, so these untapped resources in terms of
 23 meeting community needs, we're ready to meet those needs. We're a
 24 startup, absolutely began this year. Starting seeing our first handful of
 25 clients from the community within the last three to six months; it's going
 26 well so far and the services we look to provide are broad. We provide
 27 counseling of course, which is probably the most unmet need that we see
 28 in the community but also assessment and psychological, psycho-
 29 educational testing for those in need and for those that such testing and
 30 data would be useful. We also intend to conduct and have been
 31 conducting research on the process and outcome of both counseling and
 32 assessment in the fields of counseling psychology and marriage and
 33 family therapy. The outcome and process research helps us not only on a
 34 macro-level refine what we might provide the community in terms of
 35 service but on a micro-level helping individuals counselors in training, kind
 36 of re-tool their approach, if need be, to see what's working, to answer
 37 questions about something that may be needing to come up in counseling
 38 but isn't, so this is our third tier, is the micro and macro level research. In
 39 terms of our basic intent and goals within the community; our main intent
 40 is to become and alternative and another provider of these kinds of
 41 service within the community. It seems as though no matter how many
 42 folks we have, good folks, such as the people in this room providing these
 43 services, the needs continue, we wish to be part of that. That gets to
 44 maybe more nebulous but that's to erase kind of the invisible line between
 45 the university and the community. University Avenue seems crossed only
 46 by students from the University to Starbucks; I'd like it to go the other way

1 as well as and have community members feel welcome and feel that there
 2 is a legitimate health to be had on the university campus, beyond us
 3 helping students which we continue to do. The structure of our program
 4 already in place but being refined is the intake process to screen clients
 5 from the community, load to moderate income clients and match them with
 6 counselors, other professionals or counselors in training based on their
 7 need. Also, we're cultural competent counseling in terms of providing
 8 Spanish counseling and assessment services, also people from the
 9 community, giving back to the community. Secondly, the treatment
 10 consistent with empirically supported treatment for identified problems that
 11 is mental health problems, full disorders to life problems, relationship
 12 problems. We have some experts in substance abuse counseling. As I
 13 said we'd like to be another alternative service provider to provide that
 14 service with diligent supervision of the skills of the counselors in training.
 15 Also to provide the faculty with the ability and to provide that supervision
 16 but direct counseling services and again, to collaborate more with the
 17 community and in terms of the funding here, to have a professional office
 18 manager coordinating with the City and coordinating with the community,
 19 other agencies and referral sources.

20
 21 Boberg: David, I was just curious, where to your clients come from? Are they
 22 referred to you from some where?

23
 24 Holcomb: We've, as some others have said, we put out brochures and advertise, but
 25 more to the point, we're building relationships kind of across the
 26 community. We have students practicing doing field work placements in
 27 places as varied as Anthony at the Women's Intercultural Center. We
 28 have a lot of school psychology students within the schools doing
 29 internship work and frankly a lot of it is word of mouth and can be slow to
 30 happen but what we're seeing in the recent weeks, kind of a boon from by
 31 and large the places where students are doing their work, faculty as well,
 32 out in the community.

33
 34 Boberg: Are you limiting the service delivery to low income or any specific group?

35
 36 Holcomb: We don't look to limit the services that we provide but we are kind of
 37 targeting a low income, low to moderate income groups because there are
 38 advantages for people who are moderate to above income, private
 39 practice, health care coverage and so forth. We wish to help both the
 40 clients who can't afford and don't have those resources as well as help the
 41 students to make an impact where the need is the greatest.

42
 43 Boberg: It looks like you are asking for funding for the office manager position.

44
 45 Holcomb: We are.

46

- 1 Boberg: Are there other expenses associated with this program?
2
- 3 Holcomb: There are expenses. Some of them are covered by the University, such
4 as the space, utilities and so forth. We continue to have needs to upgrade
5 our technology. We'll continue to have needs to upgrade our assessment
6 instruments as we either run out of them or deem that we need something
7 else. I have to credit Dr. Jonathon Swartz, the department head, for being
8 very creative with finding funding for those things along the way.
9
- 10 Cano: Being that you are targeting low income families, what kind of paper work
11 for your organization that they are?
12
- 13 Holcomb: Part of the need that we have and part of the funding we're requesting for
14 an office manger, is to have someone manage the financial aspects of
15 this, at the same time we've already implemented a sliding fee scale
16 based on the federal poverty guidelines and minimal proof of income, a
17 check stub, a utility bills and so forth and proof of residence. So it's fairly
18 standardized and we just hope to make it clearly more consistent and
19 report back to the City should funding be procured.
20
- 21 Cano: Are you requiring more than one check stub? Or how far back are you
22 going?
23
- 24 Holcomb: There are two sources, we're requiring two proofs of income from the
25 clients who come in and frankly, the clients that we've seen now have
26 been poverty level and unable to pay anything at all, but we have some
27 that we're applying this federal income guidelines to.
28
- 29 Hancock: How many clinically oriented doctoral students do you have in your
30 program?
31
- 32 Holcomb: Currently we have 18 doctoral students, this is from the first year cohort to
33 the third, that would be beginning to advance and kind of intermediate.
34 We could screen clients and match them appropriately. We also have
35 approximately 30 master's level counseling students, again from their first
36 year in the program to their second and even third year, so beginning to
37 intermediate to advanced there.
38
- 39 Hancock: And faculty who are involved.
40
- 41 Holcomb: Faculty, we have eight faculty, many of which would like to do some
42 practical work in the clinic, of those we have four, myself included,
43 licensed psychologists in New Mexico. We also have three licensed
44 school psychologists on faculty, who do great work with kids in psycho
45 educational assessment.
46

- 1 Hancock: Is this income generating for faculty or is it service to the community?
2
- 3 Holcomb: That's not our goal at this time and should it prove to be so in the future,
4 we would reinvest any kind of funding. It would not be an income source
5 for individual faculty members.
6
- 7 Hancock: Thank you.
8
- 9 Patterson: Hi there, how do clients find you, where are you located, are you on
10 campus or?
11
- 12 Holcomb: We are on campus and we have a map on our brochure and we have the
13 phone number stating explicitly please call if these directions are
14 confusing. We are on a bus line as well and we helped some clients
15 locate that online or through the brochures that the mass transit puts out,
16 so that's one way they find us. Again, word of mouth, the current doctoral
17 and master's students who are doing field experience work and find that
18 clients to an end of term of service at another agency or they are just
19 requiring a different type of service are actually just coached on how to
20 access our services, including how to get there, and including our three
21 parking spots that took about six months for us to get but we got them.
22
- 23 Patterson: I see you don't list any total annual revenues for the past three years; is
24 that because this is a brand new project?
25
- 26 Holcomb: This is a brand new project, absolutely.
27
- 28 Patterson: I see, okay and one person can service 125 clients?
29
- 30 Holcomb: That would be the service of the counselors in training and any
31 professional staff serving 125 clients. In terms of an office manager, it
32 would a full time, 40 hour a week position and the coordination of such
33 would be supported by graduate assistants as is currently run now and
34 presumably we would keep one or two of our work study positions as kind
35 of office support, but what we need from an office manager is both the
36 rigors of the financial piece, the scheduling piece, the reporting of use of
37 funding piece and just someone to coordinate it frankly.
38
- 39 Patterson: Pull it all together.
40
- 41 Holcomb: Absolutely.
42
- 43 Patterson: Thank you.
44
- 45 Norem: You've answered many of my questions; however, I'm curious potentially
46 many, many therapists available.

1
2 Holcomb: We do.
3
4 Norem: Do you have enough clients?
5
6 Holcomb: That has been a question from the start and what it appears to be is that
7 we will and we can. It's a matter of advertising, we did a press release
8 this week. We're having a social event to kind of announce to the campus
9 community next week and I myself have kind of taken on the role
10 coordinating that kind of outreach to other agencies including the County,
11 including independent agencies here in Las Cruces and beyond, so our
12 goal is yes to have enough clients and it looks like we're on track. We had
13 a recent up-kick which was encouraging.
14
15 Norem: So how many offices do you have available? I noticed three parking
16 places isn't very many people.
17
18 Holcomb: No, it's no not at this time and one of the goals of the program and this is
19 independent of the funding we might get from the City is to have a free
20 standing building with a full parking lot and more than the five counseling
21 rooms that we have available now. That said, it's surprising how
22 seamless scheduling and coordination of offices can be. We see up to 80
23 students a semester who do counseling with our counselors in training
24 and occasionally we have glitches along the way, mis-quoted schedules or
25 double booked but it rarely happens and five at this time has been enough
26 for us but we do hope to expand.
27
28 Norem: So if I understand then you said about 80 students, did you say? So you
29 have a substantial subscription to your services by the students of the
30 university and then in addition, you are wanting to reach out to the
31 community?
32
33 Holcomb: Absolutely.
34
35 Norem: For training purposes as well as
36
37 Holcomb: For training and alleviation, remediation and prevention of the mental
38 health problems that can truly interrupt lives.
39
40 Norem: The part of community service?
41
42 Holcomb: Yes, absolutely.
43
44 Norem: Alright, thank you.
45
46 Weiss: You say that you want to match up the clients with the counselors.

- 1
2 Holcomb: Correct.
3
4 Weiss: How do you propose to do that?
5
6 Holcomb: Part of it is based on experience. We have a lot of our doctoral students
7 coming in without licensed at the master's level, the school psychologists
8 the same. Clinical interest and past experience, I'm working with a young
9 doctoral student now who was Ladack certified, that is drug and alcohol
10 counseling, so we would take into account the past experience and
11 certification. In terms of matching clients, we match on cultural preference
12 and that's part of, explicitly, part of our initial paper work is to seek out the
13 preferences of the client in terms of language, in terms of gender, in terms
14 of cultural matching on another factor and we also in teaching the students
15 as well as training them to do the practical work, we have a lot of
16 interaction as faculty and department staff to ascertain the level of
17 proficiency to see improvement in say a less intense counseling session
18 with a student client and then graduate onto community work.
19
20 Weiss: Thank you.
21
22 Nissen: You mentioned, part of the question I have, what threshold of training do
23 you maintain before you turn a client into a one to one relationship? What
24 threshold of training do you have for the counselor?
25
26 Holcomb: The threshold of training that's in place and has been for many years is
27 that entering doctoral and master's students take on a small case load of
28 student clients, this is students who may have some life concerns or need
29 to boost their study habit and so forth, graduating by semester to working
30 with more clinical conditions and mental health disorders so by the second
31 year we're seeing people do advance practicum in the counseling center
32 on campus.
33
34 Nissen: So second year you're saying that would be a threshold?
35
36 Holcomb: That would be the absolute minimum threshold and past licensure and
37 experience is factored in as well.
38
39 Nissen: The other questions I have, on your client data form, you get very specific
40 about which religious, spiritual orientation a person has; I've never seen
41 that before that specific. Why is that on there?
42
43 Holcomb: It's the thrust, I believe, of the multicultural force behind the counseling
44 program at CEP that we honor the various ways in which people
45 experience their lives, experience their problems and seek to cope and

1 that we don't discriminate based on any belief system, any other factor
2 that might define them as a person or define their problems.

3
4 Nissen: But some day when you put your data together about clients, do you say
5 we serve Agnostics and five (interrupted).

6
7 Holcomb: Presumably we could and we've had people in the past do research on
8 spirituality (inaudible) in the counseling encounter and actually use that
9 data.

10
11 Nissen: Also, your three parking spots, that is \$270, \$90 bucks, I know I pay \$90.

12
13 Holcomb: Yes, they are not cheap, it's quite the real estate.

14
15 Nissen: Okay, thank you very much.

16
17 **F. Roadrunner Food Bank – "Hunger Relief"**

18
19 Fine: Good evening, thank you for the opportunity to present to you this
20 evening. My name is Art Fine; I'm the director of programs at Roadrunner
21 Food Bank. Last year when I was here for the first time, Roadrunner Food
22 Bank was brand new to the Las Cruces community. We had just assumed
23 food bank responsibilities in February 2011. In the past year I hope some
24 of you may have had an opportunity to visit our warehouse or perhaps
25 seen our trucks running around town. Our request for this upcoming year
26 is to be equally divided among three food bank programs, our food for kids
27 backpack program; our senior helpings food box program; and general
28 food distribution. Each week 40,000 New Mexicans turn to our network of
29 hungry relief organizations for emergency and supplemental food. Forty
30 percent of the members of the households are children. In an effort to
31 address the issue of childhood hunger, Roadrunner Food Bank initiated
32 our Food for Kids Backpack Program. This program operates in selected
33 elementary schools that have a high need student population and by that I
34 mean a very high percentage of their student body that qualify for free and
35 reduced school meals. Each week Roadrunner Food Bank delivers food
36 in backpacks to these schools. School personnel select those children
37 that they feel are the neediest, they pack the backpacks with specific food
38 items each week, distribute them on Friday, the children take them home
39 over the weekend and then return the backpacks on Monday and the
40 process repeats itself 35 times through the school year. We know from
41 school personnel that for many of these children the best and sometimes
42 the only food they get are the school meals they receive during the school
43 year and they often times go home on weekends to homes that little or no
44 food in them. Our Senior Helpings Food Box Program is an effort to
45 address the issue of senior hunger. Out of those 40,000 New Mexicans
46 each week that receive food from our affiliated agencies, thirteen percent

1 of them are seniors. Now seniors have a particularly difficult task, many
 2 live on very limited fixed incomes and each month they struggle to pay
 3 their rent, their utilities, their medical costs, their prescription costs, and
 4 purchase food. Often time's food is the discretionary spending item. Now
 5 in New Mexico, the food stamps last an average of 2.3 weeks, so the third
 6 and fourth week of every month there are a lot of empty pantries in many
 7 homes throughout New Mexico and lot of those are homes occupied by
 8 seniors. Our Senior Helpings Food Box program provides enough food for
 9 a meal a day for a month for seniors. It's approximately 35 pounds of food
 10 that has not only enough food in terms of weight but enough food to
 11 provide a nutritious meal. Our general food banking program distributes
 12 food to our affiliated organizations within the City of Las Cruces that help
 13 provide food to the general population. Currently we have 20 partner
 14 organizations just located within the City. Interestingly enough, in a study
 15 conducted last year by the NM Collaboration to End Hunger, residents of
 16 Dona Ana County missed 950,000 meals last year, many of those within
 17 the City of Las Cruces. The funding we were awarded last year from this
 18 group, Roadrunner Food Bank committed to providing 75,000 pounds of
 19 food for the funding. To date and only nine months of this current, we
 20 have provided 720,000 pounds of food and project that over a 12 month
 21 period it will be around 950,000 pounds. So I hope you'll realize as some
 22 of other funding sources have is that Roadrunner Food Bank over delivers
 23 on its commitment. Our mission is to end hunger in New Mexico and
 24 unfortunately we are very hungry state largely because we are a poor
 25 state. Hunger has a cure, it's called food and that's what we do, it's the
 26 only thing we do. We deliver food to organizations that feed hungry
 27 people and we'd like to do more of that here within the City of Las Cruces.
 28 Thank you.

29
 30 Boberg: Art, one of the concerns that this Committee always has is you know are
 31 there duplication of services, if you will, and we have a funding request
 32 from another food pantry that I'm sure you supply food to, but what
 33 assurances can this Committee have that the seniors and the children that
 34 are taking food home aren't also getting food from the other food pantries
 35 that you supply?
 36

37 Fine: Well, actually we hope that they are because the relatively meager
 38 amount of food we are able to provide in the face of overwhelming needs
 39 is not going to solve the problem of hunger within the City of Las Cruces. I
 40 know several of our partner agencies within the City have also appeared
 41 before you for funding and I hope you grant that funding. We are the only
 42 food bank serving the Las Cruces community, matter of fact, we're the
 43 only food bank serving 16 counties in New Mexico and the large portion of
 44 the food that those individual organizations distribute comes from
 45 Roadrunner Food Bank and were it not for the food bank there would be
 46 less food to distribute and less hungry people feed.

- 1
2 Boberg: Fair enough, I appreciate that. Also, I noticed that in the application you
3 are just asking for funding for food itself and for transportation to deliver
4 the food; is that correct?
5
- 6 Fine: Most of the food that comes to our warehouse here in Las Cruces is
7 trucked down from Albuquerque and we have a truck that makes that trip
8 every week. It's roughly 500 miles round trip so we spend 26,000 miles
9 bringing food to our warehouse here in Las Cruces plus the cost we incur
10 for distributing it within the City from our warehouse here. Diesel is at
11 \$4.00 per gallon.
12
- 13 Boberg: We all know the painful price of fuel, I think, but thank you very much.
14
- 15 Cano: Being that the gas prices have been going out; have you estimated the
16 higher cost of gas for you all or is this what's currently gas prices of today?
17
- 18 Fine: Based on current prices, our agency like many others are in the middle of
19 their budgeting process right now and we're allowing for an increase in
20 fuel prices which often times drives an increase in food prices as well, so
21 we hope gas doesn't get much more expensive in spite of the forecast, but
22 regardless, our commitment is to feed hungry people so we're going to be
23 sending a truck to Las Cruces from Albuquerque every week and we're
24 going continue to deliver to our partner agencies.
25
- 26 Hancock: I have no questions.
27
- 28 Patterson: I'm curious, the backpack system several years ago, I think we funded a
29 similar weekend program that was operated in the south valley. If there
30 are several children in a family, do they all get a backpack, explain to me
31 how you provide enough to last an entire weekend for a child, given
32 perishables.
33
- 34 Fine: All the food we provide is shelf stable food. It doesn't require any
35 refrigeration or any heating. The school personnel actually select the
36 children to receive the food. They are the ones that know the neediest of
37 the needy. I'm not going to sit in my office and decide who at Hermosa
38 Heights Elementary School gets that backpack food, so school personnel
39 are free to distribute if they have three students from the same family in
40 that school, they make the decision as to which students get that food.
41
- 42 Patterson: I see.
43
- 44 Fine: Some schools do it differently and would say only one child per household
45 could get the food, but that's a local school decision.
46

- 1 Patterson: I see, thank you.
2
- 3 Norem: I've been involved with the Emergency Planning Commission here in Las
4 Cruces and I'm aware that we never know what's coming down the pike in
5 this world and one of the possibilities in the case of a serious crisis is there
6 will not be food for the people in the community and I'm just curious, I
7 know the federal government is concerned about this and trying to set up
8 some kind of supply depots but what about your organization, do you have
9 any contingency plans in the event of a major catastrophe?
10
- 11 Fine: Well, yes we do. Our warehouse in Albuquerque, right now as we speak,
12 has some what over 2M pounds of food in it and a smaller amount here in
13 our Las Cruces warehouse and we have a history of responding to
14 disasters. The Las Concha's fire up in Santa Fe and Los Alamos; the
15 flooding in Hatch and Ruidoso; the Sara Grande fire and we provide
16 whatever food is necessary. Roadrunner Food Bank is a member of New
17 Mexico VOAD, which stands for Voluntary Organizations Active in
18 Disaster, so we coordinate with other organizations including the Red
19 Cross, which operates shelters, and in a pinch we can apply to the State
20 to use commodity food that they have that can be distributed in the event
21 of an emergency if the food bank cannot respond to those food needs, so I
22 hope that in spite of the dire forecast for the fire season this year that
23 we're not called upon to provide any disaster relief food.
24
- 25 Norem: Thank you so much and bravo.
26
- 27 Weiss: In your application you state that you select and work with a low income
28 elementary school; however, when you have speaking you are talking
29 about children from various schools, I just want to clarify, is it one school
30 you work with or all the schools.
31
- 32 Fine: No, not all the schools. Within the City of Las Cruces right now we're
33 providing backpack food to Hermosa Heights and MacArthur Elementary
34 and also Mesquite and the Gadsden School district. We're currently
35 distributing backpack food to 47 different schools throughout the State.
36 Our waiting list is longer than that and even within those schools that the
37 program is currently in place in, we can only provide backpack food to
38 approximately 20% of those children that qualify for free and reduced
39 meals. We serve a very, very small percentage of hungry children
40 throughout New Mexico with this program.
41
- 42 Weiss: And as far as the seniors also, it states a low income senior housing.....
43
- 44 Fine: Low income and medically frail, right now we're providing the senior
45 helpings boxes within the City to Montana Village and they select the

1 residents there who they feel are most in need of emergency and
2 supplemental food.

3

4 Weiss: Thank you.

5

6 Nissen: Some of the other groups that came before us said they get their food
7 from you and I forgot to ask, is that paid for or is that free to like El Caldito
8 and Peregrinos and so on, are they get food from you free.

9

10 Fine: The food is always free; however; there is a handling and transportation
11 charge that's based on per pound. Roadrunner Food Bank's budget for
12 this coming year is roughly \$7M. We distributed 27M pounds of food last
13 year, so it cost us approximately thirty cents a pound to distribute a pound
14 of food. The average fee charged to our agencies is about some where
15 between five and six cents a pound. Roadrunner Food Bank makes up
16 that difference through our own fundraising efforts.

17

18 Nissen: So what we're saying is El Caldito, for example, would not ever run out of
19 food so to speak because they could pick up on food donated from you to
20 make up whatever they are not getting from local businesses or whatever.

21

22 Fine: I'd venture to say that we're the major food provider to El Caldito as well
23 as Casa de Peregrinos.

24

25 Nissen: The other thing is, do you get County Health and Human Services for your
26 program?

27

28 Fine: No, we do not.

29

30 Nissen: Have you ever applied?

31

32 Fine: I'm not sure that funding is available to us and I'm not in the development
33 department, I work directly with the organizations that distribute our food
34 so I can't really answer that question.

35

36 Nissen: Ok, we're going to stand for a five to seven minute break.

37

38 Nissen: Ok, I'd like to call this meeting back to order.

39

40 **G. Southern New Mexico Diabetes Outreach – "Ciclovia"**

41

42 Martinez: Good evening, Mr. Chair, members of the Committee. My names is Karim
43 Martinez and I'm with the Dona Ana Diabetes Action Coalition and I'll be
44 presenting on Ciclovia. I'm also a home economist with the Dona Ana
45 County Cooperation Extension Service and health promotion that
46 addresses issues like obesity and diabetes, it really is a labor of love for

1 those of us who are involved in this group and it's been so wonderful to
2 see Ciclovía grow and develop over the past four years. We're continually
3 working on trying to improve it and make it better and I wanted to share
4 with you some of the improvements and successes that we have had. For
5 example, Ciclovía itself is really focused on encouraging families to be
6 more physically active, trying to get them to try new things so that they can
7 be health in their lives, but what we've done is this past year we've
8 focused on strengthening the nutrition component because especially when
9 you are talking about managing diabetes, about addressing obesity
10 issues, the two go hand in hand, so what we've done is I have a display
11 and it has much sugar in fat as in some different drinks like sodas, candy,
12 it has fat that it's in some different snack foods and so we set that up now
13 at the very beginning or the entrance of the event so as people come they
14 get to see there is 19 teaspoons of sugar in some sodas or 30 teaspoons
15 in some larger drinks or when you see that there is 11 fat in your hot
16 cheetos; those have significant impact and so we've seeing a lot of people
17 take notice of that display and what we've also done is handout healthy
18 recipes because people love recipes and we made sure that they are
19 easy, that they are tasty, and that they are economical, especially in this
20 area we want to make sure that people have access to how to make
21 healthy food. We've also had, whenever I offer a diabetes class I've
22 utilized Ciclovía events to advertise those classes as well, so we been
23 trying to get some resources out to people and actually at the March event
24 we had some of our nutrition educators from our office go and talk about
25 the importance of water and hydration which is going to get more and
26 more important as the months get warmer, so as you can our office, the
27 Dona Ana Extension Office, we strengthened our partnership with Ciclovía
28 and our part-time coordinator, June, has done an amazing job of building
29 these partnerships and she's done fabulous at really making this event a
30 community effort so I wanted to share some of her work as well. We've
31 heard tonight that NMSU is a great resource so she's connected with
32 some student nurses from campus and they came out, they looked at
33 Ciclovía and they noticed that we didn't have activities for toddlers, so they
34 came back again and they offered activities specifically for toddlers and
35 they advertised to daycare centers around the City and we had at least
36 600 people, so you had all the park filled with families with young children
37 and the best part was they were able to buy some play equipment, they
38 donated it to us so now every month we can offer activities for toddlers as
39 well, so of course June's working on finding more partnerships. She
40 works on recruiting volunteers because like she said it's like setting up a
41 circus, every month you have to bring out all this equipment and set it up
42 so she's managed to work with a student group from NMSU in the
43 Engineering Department. They have been really great, they come out,
44 they help set up and we can have our event. She also utilizes Families
45 and Youth AmeriCorps Volunteers and we also have support from the Las
46 Cruces Public Schools where they help us by distributing flyers and they

- 1 post the information on the website so we know we have their support and
2 all of this work, people notice it and we've been receiving a lot of positive
3 feedback. We have our regulars, they come back month after month.
4 They are starting to bring others to our event. What we've noticed also is
5 people who are from other cities have come and said we wish that our City
6 had something like this as well, so Ciclovía really showcases the City of
7 Las Cruces as promoting health and wellness. So with your support we
8 hope to continue to promote a cultural of health in our City, thank you.
9
- 10 Boberg: Karim, just a question, as I was looking through the funding request I
11 noticed there was some money in there for newspaper and radio
12 advertising. Have you thought about maybe approaching the newspaper
13 and the various radio stations, they have community service
14 announcements and certain requirements that they have and maybe that
15 can minimize the financial burden on your organization.
16
- 17 Martinez: And June has done a great job of she connects even with the public radio
18 station, we're in the community calendar, Healthy-U magazine has done
19 articles as well as they list us every month, the Las Cruces Bulletin.
20 Where advertising costs money, it's not necessarily with newspaper ads
21 but we've spent money on flyers. What we've noticed is if we can get and
22 they are small flyers, if we can get them into backpacks at Las Cruces
23 Public Schools, they will send them to the teachers and we have a huge
24 influx so in January when we send out those flyers at the beginning of the
25 month when school gets back in session, we have a huge number that
26 January and then we send it out again in May so that way they know. So
27 most of the advertising money actually goes to those flyers and we have a
28 little bit of extra funding we also try to buy some t-shirts because
29 especially youth, they like to show what they, their t-shirts and so we've
30 marketed that way.
31
- 32 Boberg: Thank you.
33
- 34 Cano: No questions, thank you.
35
- 36 Hancock: Hi, do you have a way to measure the regulars, the repeaters.
37
- 38 Martinez: It's more anecdotal than, we don't, what we've done with some of our
39 regulars is now especially with the youth that are let's say middle and high
40 school, they've sort of become of honorary volunteers so June will
41 recognize them as volunteers and our group notices them, we haven't
42 actually written it down, but that would be something great to track as well
43 as how many people are coming. For the evaluation that we do send out
44 at least two events per year, there is a question of have you attended
45 Ciclovía before, so we don't know how many they've attended but we

- 1 know whether or not they've come before or not so that's one way we can
2 measure that.
- 3
- 4 Hancock; Thank you.
- 5
- 6 Patterson: I have no questions, thank you.
- 7
- 8 Norem: I'm curious if you've been able to get any indicators of an impact on the
9 community, in particular the attitudes of the population is what, maybe the
10 school age people about the value of exercise, whether or not participating
11 in these activities have actually increased their intention and perhaps even
12 their actual practice of being physically active outside of the events that
13 you've sponsored. Do you have any information about that?
- 14
- 15 Martinez: It is hard to track that type of behavior change but on the survey we do try
16 to capture that by having a question of has this event encouraged you to
17 be more physically active, so we do try to capture it but it's one of those
18 that's a little bit difficult to measure, so we are trying.
- 19
- 20 Weiss: No questions right now, thanks.
- 21
- 22 Nissen: I'm part of the history of this thing, all the discussion that we had and so
23 on and one of the questions that I always raised was how much financial
24 support did we get from parks and rec?
- 25
- 26 Martinez: From the City?
- 27
- 28 Nissen: Yeah, parks and rec.
- 29
- 30 Martinez: They do also us to use the parks so we don't have to use that, we don't
31 have to pay for that and
- 32
- 33 Nissen: Just in kind stuff, is that what you're saying?
- 34
- 35 Martinez: Right and then they'll have staff members go and help us at the beginning
36 when people get there to set up to make sure the electricity is there, that
37 we have access to the water, so it's tapered off a little bit. So at the very
38 beginning there was more support than there is now but we're grateful for
39 any support that we get.
- 40
- 41 Nissen: I would hope that some day, I don't know when it will be, but that this
42 event could be in their annual budget some how because it does affect
43 and touch a lot of our residence.
- 44
- 45 Martinez: That would be wonderful. We would love to see that.
- 46

1 Nissen: That's going to be a campaign issue. Okay, thank you very much.

2

3 **H. Southwest Counseling Center – “Services to the Homeless”**

4

5 Parrish: Hello, my name is Andrew Parrish and I'm representing Southwest
6 Counseling Center tonight. Although I did not write this grant, I'm the
7 current CCS team leader and CCS stands for Comprehensive Community
8 Support Services which is the core service that we would be facilitating for
9 our proposal, so Mr. Chairman and members of the Committee, thank you
10 so much for this evening. Much of the passion that we have for our
11 clientele at Southwest Counseling Center is to help those that are very
12 disadvantaged because of mental health issues that might have arisen
13 over the course their life and they are trying to deal with it. A large
14 number of individuals that have mental health issues also end up
15 becoming homeless and because of the nature of the City in which we live
16 and that I-25 intersects with I-10 right here in Las Cruces, there are a
17 number of homeless individuals that come down from other areas of the
18 nation and are not familiar with this area. We might even see some on the
19 street corner because they don't know how to access services. As such,
20 currently many of the clientele that we have that are from Las Cruces were
21 told by a friend, that hey there are services at Southwest Counseling for
22 you, they will help you with psychiatric services, help you gain advantage
23 of the resources that you don't have but for individuals that come down
24 here that have no connection with Las Cruces, they may not have access
25 to those resources and so our main proposal is to have an outreach
26 program. Currently we have no funding for outreach at all and so part of
27 what we're asking for funding to help us reach these individuals that would
28 otherwise not be reached. These individuals maybe under bridges, they
29 may be in the tent city that's funded by Shelter+, excuse that's funded by
30 Community of Hope. They may be in other locations throughout the City
31 and not be aware of the services that they can receive and so our workers
32 would be able to go out there and ask them if they would be interested in
33 services and hopefully set them up to help them become a contributing
34 member within Las Cruces and if there is a place to stay, this could be a
35 place for them. Some of the other things that I do want to mention, current
36 research indicates that about 25% of individuals that are homeless are
37 diagnosed with a severe mental illness and a severe mental illness might
38 include such things as schizophrenia, bi-polar, major depressive disorder,
39 high anxiety, post-traumatic stress disorder, the list goes on and on and
40 for various reasons individuals find it very difficult to function in capacities
41 in the community. Some other things, as Southwest Counseling Center,
42 we really like to collaborate with our community and so we have various
43 relationships set up currently with Community Action Agency, Community
44 of Hope, we're very connected with Shelter+, we do some work with La
45 Casa and there are some individuals that are technically homeless that
46 are living in La Casa because they no longer live with their partners and

- 1 they may even have children with them and we also have relationship with
2 Jardin de los Ninos, which often reaches out to the young in the
3 population that do not have access to those services. We are a private
4 non-profit organization and what that means is that we receive federal
5 funds in the form of behavioral health State Department funding, which
6 allows us to provide services to those walk in our door that are below the
7 poverty line. We also receive State funds in the form of Medicaid, which
8 allows to work with those that have insurance, often because they are
9 below the poverty line and then we also work with private insurance and
10 these individuals can get that through their work place or through such
11 things as the State coverage insurance and so right now we are currently
12 working with a whole gambit across the board. We do not receive any
13 County funds at all and so this is not a conflict for us in receiving some of
14 those funds, so I think that's about it, so any questions.
15
- 16 Boberg: I just want to make sure I understand, so the program that you are asking
17 funding for is pretty much to identify folks that have not been referred to
18 you by other agencies but may have mental health issues that are on the
19 street, is that.....?
- 20
- 21 Parrish: There would be a portion of those individuals. There would also be
22 individuals that may not even know where to look for possible help in the
23 community, so they wouldn't even be receiving referrals from other
24 agencies, not only that, we would also be helping advocate for them in
25 providing services and getting them connected with agencies that would
26 help them secure those things for them and also that we could provide as
27 far as behavioral health, things through therapy and then also skill building
28 and training so that way they can become a productive member in the Las
29 Cruces society.
30
- 31 Boberg: The grant identifies a possibility of 300 individuals that would be helped
32 from this grant, was that just kind of a gestimate, if you will, or is that
33 determined from some fairly solid data that you all have.
34
- 35 Parrish: It's coming the perspective that we would have, I believe it's 25 individuals
36 per month and right now we run with getting some where between 30 and
37 50 homeless individuals that are referred to our agency for services and
38 so we think that this is just a small portion of the population that may not
39 be able to access resources and stuff like that, so that would help us
40 access those individuals.
41
- 42 Boberg: Okay, thank you.
43
- 44 Cano: No questions.
45
- 46 Hancock: Hi, how did you estimate the target population that you want to serve?

- 1
2 Parrish: Could you clarify the question?
3
- 4 Hancock: Well, how did you arrive at a figure of homeless, mentally ill? I know that
5 there is a proportion of the homeless who are mentally ill, but those
6 residing or transit populations moving through Las Cruces, what do you
7 estimate population to be?
8
- 9 Parrish: You know quite honestly these numbers kind of flex over time. It tends to
10 be a feast or famine so sometimes there will be a huge amount of
11 individuals that come or a smaller amount of individuals that come
12 through. I think a lot of the data was based on the clients currently being
13 served and then also an awareness of people that they have made
14 mention of, oh I saw this person but I'm not sure who they are. Most of
15 the homeless population does have an idea of who is from Las Cruces
16 and who is not.
17
- 18 Hancock: How will the proposed triage center, the crisis intervention center that the
19 County is proposing to divert the mentally ill from jail, how will that impact
20 your program do you think.
21
- 22 Parrish: We currently work with the mobile crisis unit as well and so there is a
23 partnership between the two of those and so that might create some
24 referrals possibly for us in that direction, but there might also be
25 individuals that are not met through that criteria. There are some
26 individuals that come from various states, Colorado, Arizona, sometimes
27 Oklahoma and Texas that are sent down here on bus tickets and so they
28 are not necessarily coming here because they are incarcerated and they
29 need emergency services.
30
- 31 Hancock: The therapy was the best ticket.
32
- 33 Parrish: Well, that too.
34
- 35 Hancock: Thank you.
36
- 37 Patterson: I notice from page 1 here that the outreach people will be used in this
38 program, their salary is \$13.96 an hour and I see that they are going into
39 the community and reaching out for people with severe mental illness; I'm
40 wondering at that salary, what's the education level that these people
41 must have? It seems like they would be reaching out to a really desperate
42 population.
43
- 44 Parrish: The minimum education requirements are at least a bachelor's, so we
45 have individuals who currently hold their bachelor's and are not enrolled in

- 1 school as well as having individuals that are at the bachelor's level and
2 are currently pursuing their master's.
3
- 4 Patterson: Alright, so the title CCSS is that acronym for.....
- 5
- 6 Parrish: That's comprehensive community support services and they acronym for
7 the worker is the CSS worker, which is a community support specialist.
8
- 9 Patterson: Thank you.
- 10
- 11 Norem: You may have answered this but I'd like to clarify, how can two people
12 neither of them working really fulltime, I guess, how can they deal with 300
13 people in one year, seeing them through this whole matrix of possible
14 services that they might be needing. That sounded like a big job.
15
- 16 Parrish: It is a very big job and we ask a lot of our CSS specialists but the other
17 thing is that CCSS, our program, is part of a larger umbrella of services
18 that we provide that include the mental health outpatient therapy, in some
19 cases apply to the substance abuse therapy, so within CCSS the
20 community support specialist, we go into the community to do outreach
21 and inquire as far as interest in services. Once they received an intake at
22 our agency, which would be established through them reaching out and
23 agreeing to services then the CSS worker would be focusing specifically
24 on skill building and helping the consumer learn to advocate for
25 themselves to get those community resources and the other teams in our
26 agency for the mental health outpatient, the substance abuse outpatient
27 would become involved as well as our psychiatric team.
28
- 29 Norem: So who is in charge of or monitors this individual who has been found
30 under a bridge, for example. Who monitors them through this process?
31
- 32 Parrish: We have primary designation; it's called a single accountable individual. If
33 they come in through the CCSS program, the CSS worker will be their
34 primary so they would be able to track and ensure that what the consumer
35 is interested in receiving is actually happening. If the consumer is referred
36 to our agency and they come through and they see a therapist first,
37 generally the therapist is the single accountable individual.
38
- 39 Norem: Alright, so each of these individuals is going to have a very substantial
40 case load that you'll be monitoring.
41
- 42 Parrish: Yes, generally the CSS carry a case load of about 25, so if we're planning
43 on reaching about 25 per month, that would hit the standards for one
44 individual and then working with another to hopefully tag team and reach
45 all the necessary individuals.
46

- 1 Norem: So hopefully you can move a person through the system in about a month,
2 is that.....
3
- 4 Parrish: It would allow for us to move a person through probably within about two
5 months.
6
- 7 Norem: Two months, alright, thank you.
8
- 9 Weiss: No questions at this time.
10
- 11 Nissen: We've been diagnosing people under DSM4 for the last 15 years. I
12 understand that when they are going to come out with DSM5 in 2013, that
13 there were many doctors concerned about the homeless personality and
14 how we're going to change some of the mental disorders, have you been
15 part of any of that discussion or do you have any curiosity about that?
16
- 17 Parrish: Well quite honestly they said that the DSM5 was going to come out in
18 2010 and then they said it was going to come out 2012 and now they are
19 saying that it is going to come out in 2013, so I'll believe it when I see it,
20 but aside from that, I think that it is raising a lot of good questions because
21 sometimes there is ambiguity between diagnoses. Someone that has
22 psychotic features with bipolar, with depression or major depression, as
23 time goes by it's very, very difficult to distinguish between what those
24 features look like and so the DSM5 is hopefully going to clarify some of
25 those things. Another thing that I'm aware of and this is totally unrelated is
26 within the autism spectrum, it's no longer going to be categorized by
27 autism of Asbergers or anything like and so I think that there will a bit of an
28 adjustment when that comes out, as far as what that is going to look like
29 and how we would define that.
30
- 31 Nissen: Like ADHD, I can remember when that came out, everybody had it then,
32 right and now autism is being discussed and now everybody has autism,
33 down to 1 to 88 now there saying. Are many of your clients veterans?
34
- 35 Parrish: We have a small percentage because as much as possible we want to
36 find out if they are receiving help from the veterans program. Some of
37 them don't live close enough to receive services or do not like the
38 veterans program that they would receive services from, so if need be we
39 would refer those individuals to the appropriate services but if they for
40 whatever reason deem not to go, then we would definitely work with them.
41
- 42 Nissen: Do many of the homeless that you encounter end up as patients at Mesilla
43 Valley Hospital?
44
- 45 Parrish: Sometimes but not very often. A lot of times the individuals that might be
46 having a psychotic episode are not identified until it's too late and so there

1 can be suicide by police officer that happens at times and there can also
2 be suicide through overdose or exposure to the elements and that's not
3 always as clear when that's happening because that individual may not
4 asking for help in any way versus an individual that would be living in a
5 home and professing suicidal ideation and stuff to their family.
6

7 Nissen: My last question is do you receive any County, Health and Human
8 Services funds?
9

10 Parrish: No, we do not.
11

12 Nissen: Do you ever apply?
13

14 Parrish: You know I'm not quite sure about that. I would have to ask my boss
15 about that.
16

17 Nissen: Thank you.
18

19 **I. St. Luke's Health Care Center – "Diabetes Medication and Care"**
20

21 Angell: Good evening, Chairman Nissen, members of the Committee and City
22 staff, thank you for this opportunity. My name is Pamela Angell and I'm
23 the executive director of St. Luke's Health Care Clinic. In 1991, St Luke's
24 began serving indigent and homeless people in a free clinic located on
25 Alameda Boulevard at St. Andrew's church. By 1994, we became a non-
26 profit corporation and in 1998 we moved to the Mesilla Valley Community
27 of Hope campus. One thing that is fairly ironic is that in 2004 as director
28 of Mesilla Valley Community of Hope, myself, my social worker and a few
29 volunteers at St. Luke's formed a some what subversive committee. We
30 met at a local restaurant every Saturday morning. We called ourselves
31 the St. Jude Committee and that is the patron saints of hopeless causes.
32 The purpose of that committee was to improve St. Luke's and to try to
33 encourage them to get federal funding. What's ironic about that is that in
34 2012 I was hired as the executive director with that purpose, to try to
35 become a federally funded health care for the homeless clinic and that is
36 what I am engaged in now and the St. Jude's Committee also had
37 conference, a one day conference where we brought health care for the
38 homeless to Las Cruces. We had about 80 attendees and we called it
39 mending the health care safety net. In 2009, the St. Luke's board of
40 director got a little bit reshuffled and they decided that it was important to
41 hire an executive director for the agency, prior to that all the staff were
42 volunteers. Currently, almost all of our medical providers are volunteers.
43 We have volunteer doctors, Department of Health nurses, nurse
44 practitioners. For our diabetes medication program, we do have a half-
45 time registered nurse, who also manages our pharmacy. In our program
46 what we try to do is identify people who are indigent and homeless who

1 have diabetes and pre-diabetes and to get them into services so that they
2 manage their disease or prevent it possibly. We do that through our
3 patient assistance program where we help get free insulin from
4 pharmaceutical companies. This funding helps provide medication for the
5 interim period before we can get the people the free medication. That's
6 why you see a request for about \$7,000 in medication. Diabetes in our
7 community is a very big danger to people. It results in a lot of
8 hospitalizations, infections, loss of life, just today there was an obituary of
9 a 51 year old gentleman who died after battling diabetes and so our goals
10 are to really bring in people who don't have health, don't have services
11 else where in the community, they can't pay for the care themselves, so
12 we do. We have a Department of Health nurse who is a certified diabetes
13 educator, who is there every Thursday and she helps people manage and
14 monitor their disease. We just started data collection because we were
15 able to get some federal funding to help work toward becoming a health
16 care for the homeless clinic and now we're starting, we just started about
17 three weeks monitoring our clients and tracking to see if our interventions,
18 the education, the insulin, the different medications that we help people
19 get on, seeing if they are having a positive affect on people. We are doing
20 that, we just started doing that. We are trying to make a lot of different
21 changes to see if we could show that our interventions at the clinic are
22 working and we are the only clinic in the, we're the only place in the entire
23 City where people can get the testing strips where they can monitor their
24 disease for free. We deal with the most poor among us, those without
25 health insurance, without Medicaid, homeless and we work well with a lot
26 of the other services and trying to make sure that they get the other
27 services that they need. My learning curve in health care is pretty steep
28 right now but I'd be happy to take any questions that you might have at
29 this time.

30
31 Boberg: Pamela, the position that you asking funding for, is that a new position or
32 is that somebody that's in place, been in place and just need funding to
33 continue that program?

34
35 Angell: We are trying to continue the program in the same, pretty much the same
36 level that it was last year; however, I'm asking for a reduction in
37 medication costs because we're having so much success with our patient
38 assistance program through our medical case manager. So we're trying
39 to continue the position of the part-time RN, who also runs the pharmacy
40 and oversees that.

41
42 Boberg: Okay, thank you.

43
44 Cano: Is there ever a time that anyone has to pay for any services?
45

- 1 Angell: Not at St. Luke's, there's never a time that anybody has to pay for any
2 medication or services that we do provide. That likely would change if we
3 became a federally qualified health center in the future, there will be a
4 sliding fee scale except for homeless but our goal is to become a health
5 care for the homeless and to help direct indigent clients to the other
6 federally qualified health care centers but if they do feel comfortable at St.
7 Luke's as so many do then we would try to get Medicaid and Medicare so
8 we can start billing for that. We really have a lot of changes that we need
9 to implement at St. Luke's because it's very difficult to meet the need
10 when we have maximum three or four hour shifts with an actual doctor or
11 nurse practitioner. For instance, today we had 40 people waiting to the
12 doctor who came in at one o'clock from the Department of Health, we also
13 had the RN from the Department of Health and the Department of Health
14 sent over another doctor so we're able to see about 35 of those people
15 today, but we really do need to expand and go down the federal path for
16 federal funding.
- 17
- 18 Cano: Thank you.
- 19
- 20 Hancock: Are you the only organization that supplies this kind of service in Las
21 Cruces?
- 22
- 23 Angell: Yes, we are the only free clinic in Las Cruces. There are some other
24 federally qualified health care centers, La Clinica and Ben Archer, they do
25 have co-pays which a lot of our homeless cannot afford and even some of
26 our indigent. We also are the only ones that provide free medication and
27 free testing strips.
- 28
- 29 Hancock: Sounds like an extremely important preventive program.
- 30
- 31 Angell: Yes, I think so because it impacts people's lives so much, loss of
32 hospitalizations, emergency department, ambulance, infections, family
33 issues over health care.
- 34
- 35 Hancock: Thank you.
- 36
- 37 Patterson: I have no questions, thank you.
- 38
- 39 Norem: Perhaps it's in here but I'm curious, do you have criteria for who you are
40 willing to serve at no cost?
- 41
- 42 Angell: Yes, we do have very strict income level criteria. I don't exactly know
43 what it is right now but I know we have very strict criteria. We do get
44 County funding and so the clients that we serve have to qualify for that
45 through the I REACH program, which is where we keep statistics of all our
46 clients and clients data including income. They need at least two

- 1 verifications of income as well as if they are homeless, we often get a
2 letter from Community of Hope stating that they are homeless and if they
3 have any income or not. We do refer a lot of people with income and also
4 with Medicaid and Medicare out to other entities. What we hope is
5 sometime in the near future to be able to serve them as well.
6
- 7 Norem: So if people have a means for financial remuneration for that service, you
8 will refer them to some place else that will serve them with that amount of
9 funding. In the meantime you service those who have no income
10 capability to deal with.
11
- 12 Angell: Yes and in the meantime, currently we do not serve veterans. We also do
13 not serve people under the age of 18 and that will change in the future.
14 Cross our fingers that we become an it's an FQHC, federally qualified
15 health clinic, for specifically for the homeless.
16
- 17 Norem: Thank you very much.
18
- 19 Weiss: You state that you don't have a patient survey to date for the coming year,
20 why is that?
21
- 22 Angell: We don't have a diabetes specific patient survey. We did a patient survey
23 back in the fall before I was there and we've looked at it and mostly it was
24 about services. We scored very high on a level 1 to 5, customer service
25 we got a lot of 4's in that survey but I do want to work with, this session we
26 had two different student groups. One group of nurses and one group of
27 social work students who concentrated, one concentrated harm reduction
28 and analyzed opening our clinic to the harm reduction sight including
29 syringe exchange and that would be syringe exchange not only for addicts
30 so they don't share needles and reduce their risk of HIV and other
31 infections but also for diabetics, some of who have to use two or three
32 syringes a day for their insulin and the other nursing did a, we had a
33 women's health fair where 22 women came in for services and were
34 screened for breast cancer and cervical cancer, so that went so well.
35 Their semester was my first three months there, each semester we'll have
36 a different load of students. Another, in the past I noticed there is a paper
37 that I'm going to be looking at where a student did a research on bringing,
38 on getting St. Luke's up to where can bill for Medicare and Medicaid, that's
39 been a goal, but several of our applications in the past have failed but so
40 we do work very closely with the nursing school and the social work
41 school to try to get different research projects that are done and that
42 includes a survey.
43
- 44 Weiss: So you will have a survey in the future?
45
- 46 Angell: Yes.

1
2 Weiss: Thank you.
3
4 Nissen: Yeah, you've mentioned some of the problems of trying to get established
5 with Medicaid and Medicare, is there any one person in your organization
6 that could be designated as the coder, I mean that's always a problem of
7 coding right and to get the reimbursement, do you have anybody that
8 could be designated as such and trained?
9
10 Angell: We actually, our medical case manger, who does the patient's assistance
11 program, she used to do that in California before she moved here.
12 However, we have a meeting with La Clinica de Familia on Monday, my
13 medical director and myself, and we're thinking, well I'm thinking, I have to
14 get with my medical director, that what we might do is see if some of these
15 very expensive programs, electronic medical records, which we need
16 before do that and also Medicaid and Medicare billing. If we can piggy
17 back on another FQHC and have them help provide some of those
18 services.
19
20 Nissen: Yeah that's a problem across the County with coding and getting
21 reimbursement. You work with Dr. Andazola a lot, right, do the residents
22 come to your location or do they have to go to Memorial.
23
24 Angell: No, here in the summer we get a lot of residents and Dr. Andazola is our
25 medical director and the president of our Board and family medicine, the
26 clinic that he runs at Memorial Medical Center, they do provide doctors
27 every Monday and I haven't witnessed it yet but we will get residents in
28 the summer.
29
30 Nissen: At your location?
31
32 Angell: Yes, we have an enormous of really gifted and big hearted volunteers.
33 Like we have EMTs who come in and screen patients because the doctors
34 typically come for four hours at one o'clock, so by the time they get there
35 at one o'clock, people have been screened, they've been tested, their
36 glucose has been checked, they've had urines, the basic blood pressure
37 and all that. They've worked with a case manager, she also gets them
38 signed up for, she does the income eligibility and so then when the
39 doctors come in, it's boom, they bring in a stack of files and then we just
40 start giving them patients.
41
42 Nissen: Okay, thank you very much.
43
44
45
46

1
2 **J. TeamBuilders Counseling Services – “Behavioral Respite Program”**
3

4 Lucas: Good evening, Mr. Chairman, members of the Committee, thank you for
5 allowing me the opportunity to speak with you. My name is Cory Lucas. I
6 am the Community Based Services Program Coordinator with Team
7 Builders Counseling Services. Team Builders Counseling Services is a
8 non-profit children’s mental health behavioral health agency. We are
9 located in about 23 counties state-wide. We have been here in Las
10 Cruces since the beginning of December 2010. Services that we offer
11 here are treatment, foster care, outpatient therapy and counseling. We
12 also offer behavior management services and psychiatric services for
13 medication management for the clients that we do serve. The program
14 that we are requesting funding for is our behavioral respite program. Our
15 behavioral respite program is work with children who have a serious
16 emotional disturbance and basically with families who need a break. In
17 working with these children who have these SED diagnoses, a lot of
18 families are at the point of burnout. I can’t deal with my child anymore. I
19 need some help, is there anything anyone can do for us, so that’s where
20 our service comes, where we’re able to offer that assistance these families
21 and come in and say we can take your child for two hours, three hours,
22 four hours throughout the day so you can get your shopping done, get
23 laundry done, etc. and just help relieve some of that stress with the
24 families that we’re serving. It is short term on a hourly basis. It can be on
25 a planned as well as on an emergency basis as well. We have had calls
26 in the past where we’re able to serve families who are currently receiving
27 services with our agency and we’re able to get some of our providers out
28 to serve some of those clients as well. Our service is provided in the
29 community setting as well as the office. Part of our program is that we
30 offer in addition to giving families a break, we really strive to teach a lot of
31 skills to the clients that we are serving, the children that we’re serving, so
32 a lot of our kids are coming with those very emotional disturbance
33 diagnosis, so children can come in with a lot of anger issues, a lot of
34 aggression issues and they are exhibiting those behaviors specifically in
35 the home itself, so our providers can work with them on how to handle
36 their anger; how to deal with being told no; or it could be something as
37 simple as saying please and thank you. So our providers that work with
38 the specific clients themselves are able to do skills building during that
39 time that they are working with them throughout the day. What we’re
40 really looking to do with our program is really reduce out of home
41 placements with the children who are in our service. A lot of times we see
42 those children who aren’t receiving services that they are being moved to
43 a higher level of care, residential treatment centers like your Mesilla Valley
44 Hospitals or the Peak Residential Treatment Center out in Santa Teresa,
45 New Mexico and we’re also looking at improved functioning in the home
46 and the way that we do that is through our child and adolescent function

1 and assessment skills, CAFS for short and all of our clients who do come
2 into our program they get an admission CAFS completed. We do a
3 quarterly and we do one at discharge and we can tell through the scores
4 and what that measures is how they are functioning in school, in home,
5 mental health issues specifically and we can gage those scores with the
6 total outcome at the end. We're really looking at working collaboratively
7 with other agencies in town. Agencies that are providing CCSS services,
8 also behavior management services that we provide if we don't have the
9 availability we can refer out as well; individual therapy, psychiatry as well
10 as medication management and also just to end, what we're really looking
11 at for our specific behavioral respite program is trying to serve children
12 who are not on Medicaid. We've noticed that there is a gap with children
13 who don't have Medicaid, who aren't able to receive the service itself
14 because of a funding issue, so we've had families who have been
15 employed for instance, children under their insurance and then they have
16 lost their job and then that child doesn't have any more coverage at that
17 time so we're looking to fill that gap and now I'll open it up to any
18 questions.

19
20 Boberg: Cory, is this a new program for you all?

21
22 Lucas: The program isn't new. We are able to provide respite services to
23 Medicaid funded children at this time and the way that we do provide that
24 service is through our behavior management program, so our behavior
25 management specialists are actually also able to do our respite services
26 as well but it is specific to those children who are funded through Medicaid
27 at that time. We also do receive some CYFD funding as well but that
28 funding is specific to children who are in State custody.

29
30 Boberg: I was going to ask if there were other agencies that are doing something
31 similar.

32
33 Lucas: I believe there are other agencies who do offer respite as well but respite
34 is a Medicaid service so it is specific to those children who are Medicaid
35 eligible.

36
37 Boberg: Okay, thank you.

38
39 Cano: The money that you are asking for it appears that you are looking for part-
40 time, four part-time employees?

41
42 Lucas: Yes.

43
44 Cano: Is that a new position?
45

- 1 Lucas: It would be funding our current BMS providers who can office the respite
2 service for those non-Medicaid funded children. Our respite program is
3 different from our BMS program. Our BMS program is a one on one
4 service so it's one provider to one child. Our respite program is a 2 to 1 or
5 3 to 1 ratio, so we're able to serve more children at one time with one
6 provider so it allows us a little bit more flexibility in the number of kids
7 we're able to serve.
8
- 9 Cano: Thank you.
- 10
11 Hancock: Hi, I noticed in your narrative that you mentioned you can serve a client up
12 to six months?
13
- 14 Lucas: Yes, on average the children who we do serve are up to a six month
15 period. That number is pretty fluid. We've had children who have been
16 with us just for a couple of months and we've also had children who have
17 been kind of on a regular basis up to eight months, so it just kind of
18 depends on what that child and that family's needs are.
19
- 20 Hancock: So in that time frame the family would receive respite care when they
21 needed it.
22
- 23 Lucas: Absolutely.
- 24
25 Hancock: And would the child be connected to other services in the community?
26
- 27 Lucas: Absolutely, typically the children who are in our respite services are
28 receiving some other services. A lot of the children who are in our respite
29 service are receiving behavior management services, some kind of out-
30 patient therapy, they may be on medication so they are receiving
31 medication management and that could be with us or other outside
32 agencies as well. All the children who do come into our program are given
33 a treatment plan. We develop a treatment in conjunction with the family.
34 We review that treatment plan on a monthly basis and we can see if there
35 is any progress or if there is anything that we need to adjust on our end.
36
- 37 Hancock: So the number of clients to be served, you have 30 here, is that in a year?
38
- 39 Lucas: That would be in a year and the way that we came up with that number is
40 with the four providers if we're looking at each provider having about three
41 children each that would take us to about 12 for that six month period and
42 then for the other six month period that would double that number about
43 24 so that would fluctuate like I say, with that number being fluid as far as
44 the number of months that we're able to serve a client so one provider
45 could technically have three kids a couple of times throughout that six
46 month period.

1
2 Hancock: Okay, thank you.
3
4 Patterson: You may have answered this question some where in the application but I
5 don't seem to be able to find it. Your care givers, do they go into the
6 home for this period of time or do you have a setting where they can bring
7 this child or how does that work?
8
9 Lucas: Respite is really developed to get the child outside of the home and to give
10 that family a break itself. We do have a really nice, equipped respite room
11 at our facility.
12
13 Patterson: And where is that?
14
15 Lucas: We're located at 2205-A S. Main; we're in the Monte Vista Plaza area,
16 Tuesday Morning used to be there and Smokey Dick's in that area, so
17 that's our office location so we do have a respite room that we're able to
18 provide services for our respite client population and we have a lot of
19 activities that are there. We have a TV with a DVD player, etc. where
20 we're able to entertain our clients.
21
22 Patterson: Thank you.
23
24 Norem: You comment that there is a treatment plan with individualized goals and
25 objectives, now apparently this has been in practice.
26
27 Lucas: Yes, yes, absolutely.
28
29 Norem: So then when you review the progress of that individual on a quarterly
30 basis that gives you some basis for deciding whether there has been
31 progress?
32
33 Lucas: Absolutely.
34
35 Norem: Okay and what do you do, I'm wondering about the progress. Is the
36 progress then considered to be an indication that they can be released
37 from the program or what do you do with your results?
38
39 Lucas: Part of the progress is their ability to be released from the program. It is a
40 voluntary program of course, so if the family says we don't need any
41 services any more, then they are good to go and we'll look at doing an
42 after care plan and referring them out to appropriate services. When
43 we're looking at the progress, we're looking at how well that child has
44 continuing to function in the home, how well they are doing in the
45 community, is there any increase in pro-social skills, peer interactions, etc.

- 1 that we're able to gage from admission and again, when we're looking at
2 on a quarterly basis.
- 3
- 4 Norem: So do you do that evaluation and assessment in some kind of a group?
5 Does your staff meet as a group to discuss this?
6
- 7 Lucas: Yes, yes, it is staffed. We staff all of our respite clients on a monthly basis
8 when we're reviewing as far as their progress goes and if we want to
9 continue to extend services and then the actually CAFS evaluation itself is
10 done by myself at admission, quarterly and at discharge.
11
- 12 Norem: I see, thank you.
13
- 14 Weiss: I'd like to know who the team builders direct care providers are and how
15 they are trained to deal in these situations.
16
- 17 Lucas: All of our direct care providers they range in education level. The State's
18 standards for behavior management service provider is having at least a
19 high school diploma with two years of experience in working with the
20 target population, so working with children from 3 to 21 basically or school
21 age children. All of our providers receive 40 hours of pre-service training
22 so that includes our initial agency training along with CPR certification, first
23 aid certifications, CPI which is crisis prevention intervention so dealing
24 with children who are aggressive and learning how to de-escalate those
25 children verbally before they get to kind of an acting out episode. So that
26 40 hours of pre-service training takes place before a provider is even
27 hired. All of our providers also receive four hours of in-service training
28 which happens every month, so we do payday Fridays we do two hours of
29 training, we do two hours of training every payday Friday, in addition to
30 that all of our providers also receive one hour of clinical seminar, where
31 we come in and just kind of staff cases of our respite clients themselves.
32 In addition to that, all of our providers also receive two hours of direct
33 supervision with myself every month as well.
34
- 35 Weiss: Then the title of TeamBuilders Behavioral Respite Care Program is yours;
36 it's not another agency?
37
- 38 Lucas: No, our respite care program, the respite program is kind of a State
39 program so other....
40
- 41 Weiss: But TeamBuilders....
42
- 43 Lucas: Yeah but TeamBuilders ourselves we do our behavioral respite program.
44

- 1 Weiss: Okay, now you said often times you possibly would have the patient for
2 two months or eight months; however, if they are monitored on a quarterly
3 basis, is it not possible to have a client for a year or two if the need arises.
4
- 5 Lucas: Absolutely, it is possible and we have had clients, it's not often that it does
6 take place but we have had clients who have been with us for a year or
7 just over a year.
8
- 9 Weiss: Alright, thank you.
10
- 11 Nissen: Cory, I noticed that on your Board of Directors there is no one from Las
12 Cruces.
13
- 14 Lucas: Right.
15
- 16 Nissen: Are you going to change that or what?
17
- 18 Lucas: I hope. TeamBuilders Counseling Services is a very large non-profit
19 agency state-wide. Like I say we serve about 23 counties state-wide so
20 our agency was founded in 1994 and the Tukumcari area so a lot of our
21 initial board members have been with our agency from the beginning. Las
22 Cruces is a new area for TeamBuilders itself, like I said we've been in Las
23 Cruces since 2010, so it's just been over a year. I would hope that we
24 would get board members from the southern part of the state for sure.
25
- 26 Nissen: Okay, in any way do you get involved in special ed IEP's providing
27 services for some of those kids?
28
- 29 Lucas: Absolutely, with our program, TeamBuilders Counseling Services, we
30 have a current memorandum of understanding in place with the Las
31 Cruces Public School District. We worked pretty extensively on a MOU
32 with Dr. Martin Greer, Ms. Glenda Rodriguez, as well as George Holguin,
33 in central office. Our providers are able to sit in on IEP's, behavioral
34 intervention plans, 504's, etc. throughout the school district itself and that's
35 at various elementary, middle schools here in the City.
36
- 37 Nissen: So would you have an occasion then to attend an IEP meeting to structure
38 a plan for a child or how do you get into that?
39
- 40 Lucas: When we're invited to an IEP, we're able to obviously give our input into
41 that IEP. For respite specifically, our respite program is provided outside
42 of the schools setting itself so we don't give all that much input for our
43 respite program but our programs, absolutely.
44
- 45 Nissen: Okay, thank you very much.
46

- 1 Barnhouse-Garcia: Mr. Chairman, staff has a question for clarification. I wanted to ask
2 and I should have called you ahead of time, my apologies. The
3 budget, the total revenues that you have and I think when you were
4 last year you stated that this is the entire state-wide budget, not for
5 the Las Cruces area. I would like to get some sort of a handle on
6 what your budget is for, if you're funded, for the Las Cruces area.
7 Also too, Medicaid, I know for therapeutic foster care, any child
8 would be automatically covered under, you would naturally get
9 Medicaid immediately. Your behavior modification services and
10 respite care, BMS would probably, it could be iffy, if it's not funded
11 by Medicaid if I'm clear on that.
12
- 13 Lucas: So our clients who we provide services for treatment foster care,
14 they have to be Medicaid eligible, same thing with our BMS
15 services.
16
- 17 B-Garcia: So BMS they have to be, because now those can be within the
18 natural parents home or with the foster parents?
19
- 20 Lucas: That's correct.
21
- 22 B-Garcia: And then, I'm just curious as to why any child in New Mexico
23 needing would not be covered by Medicaid and you said these
24 would be non-covered and I just couldn't quite figure how that
25 would happen.
26
- 27 Lucas: Sure, like I said before we've recently seen kind of an influx of
28 children who are not eligible for Medicaid because they are under
29 their caregiver, guardian, parents private insurance and that parent
30 has, unfortunately, lost their job so there is that gap of time where
31 we are providing services for that child who doesn't have that
32 Medicaid service itself.
33
- 34 B-Garcia: So these would be strictly for the children who are still residing with
35 their parents would not be in treatment foster care or BMS or other
36 services.
37
- 38 Lucas: Sure.
39
- 40 B-Garcia: I got it now.
41
- 42 Lucas: And we couldn't provide the service for treatment foster care clients
43 either because it would be considered a dual service at that time
44 because what we provide in respite is provided in treatment foster
45 care itself already.
46

K. Tresco, Inc. – “FABS/Health Matters Program”

1
2
3 Lillibridge: Thank you, Mr. Chairman and Committee members. My name is Pamela
4 Lillibridge and I'm the CEO of Tresco, Inc. and I hope your thinking what
5 I'm thinking and it could be one of two things: one is you save the best for
6 last or thank God it's the last one, but we appreciate all your patience.
7 Tonight I wanted to talk to you about health disparities among individuals,
8 adults with developmental disabilities. Tresco has long time served,
9 provided intense long term services to adults with developmental
10 disabilities and we've recognized some significant health disparities in this
11 population. Not only access to health care and specialties but also access
12 to those health promotion, health prevention activities that we experience
13 in our community. In an effort to address this, a couple of years ago
14 strategically started research the best practices for a sustainable health
15 promotion program with folks with disabilities and we discovered in our
16 effort to find the best practices, the University of Illinois in Chicago had for
17 a decade been researching the best opportunity for health promotion for
18 folks with disabilities, developmental disabilities, intellectual disabilities, so
19 we teamed up with another non-profit in New Mexico ARCA in
20 Albuquerque and the University of Illinois-Chicago with a curriculum called
21 Flexible, Aerobics, Balance and Strength, specifically designed for adults
22 with developmental disabilities. We started using the curriculum about a
23 year ago and have had some significant results in terms of the six health
24 indicators that we have in our proposal. One of the things that we have
25 discovered though is it really takes a dedicated health educator to make
26 sure that this health promotion program works and so our proposal is to
27 help fund a health educator. In addition to that we discovered in our
28 research that there are really two factors that will give us a sustainable
29 health promotion program. The first is to integrate health promotion in the
30 communities where folks with developmental disabilities work, live and
31 play and the really the FABS curriculum can do that. The second though
32 is to increase knowledge and understanding of health through practical
33 and useful information and we know that the population we're serving are
34 primarily folks that don't have families, we are it, we are their family. Our
35 direct care giver has become a special part of their life and as part of this
36 we are also implementing another piece of the U of I's curriculum and that
37 is a survey, it's called the Health Matters Survey, so we are currently
38 serving all of our direct care professionals to find out their knowledge of
39 health promotion, nutrition, physical activity, how it affects folks because
40 we know in partnership with the FABS curriculum and training for our
41 health care folks that we are going to be able to be more successful in the
42 outcomes with this curriculum. So we're requesting some funding for
43 health educator and some supplies to continue our health promotion
44 program. So with that said, I'll stand for questions.
45

- 1 Boberg: Pamela, the 32 folks that have been selected for the program, are they
2 employees of Tresco?
3
- 4 Lillibridge: They may be either employees of Tresco and/or folks receiving long term
5 care services but they are all people with a developmental disability.
6
- 7 Boberg: And how are they selected?
8
- 9 Lillibridge: We are getting referrals from their service coordinator and our agency
10 nurses.
11
- 12 Boberg: And is 32 a maximum that can be served by this program or is that just
13 what's been identified at this point.
14
- 15 Lillibridge: Yeah, the suggested number of folks in each of the 12 week sessions of
16 the curriculum are any where from 6 to 12, so we took an average of eight
17 considering we may have some people that are referred that drop out,
18 etc., so it's an average, we certainly could serve more.
19
- 20 Boberg: Okay, thank you.
21
- 22 Cano: No questions.
23
- 24 Hancock: No questions.
25
- 26 Patterson: No questions, thank you..
27
- 28 Norem: I have a half formulated question here. I'm wondering how you pay for the
29 training itself and I wasn't sure, perhaps it's in here but that wasn't clear to
30 me.
31
- 32 Lillibridge: Well, the train the trainer with each of the folks that are involved in the
33 curriculum have to be a certified trainer. The University of Illinois has
34 researched dollars that they have granted to ARCA in Albuquerque, an
35 organization similar to Tresco and so ARCA has money for training our
36 trainers so they will bring down someone to Las Cruces that helps train
37 our folks.
38
- 39 Norem: Oh, they'll train you here then. I was wondering about board and room,
40 about transportation, etc.
41
- 42 Lillibridge: That's been paid for out of a grant out of the University of Illinois, so the
43 money we're asking for is local staff to perform the promotion efforts.
44
- 45 Norem: Alright, very good, thank you.
46

1 Weiss: No questions right now.

2

3 Nissen: Pam, do you ever get involved in the public schools through this, providing
4 for developmentally disabled school children?

5

6 Lillibridge: We have some services that we provide to school children. We have
7 respite program for children 5 to 21, that provides respite to families and
8 caregivers and we also work with the schools on school to work transition
9 projects where we're working with the public schools to introduce people
10 to work and hopefully find jobs and hire them in some of the contracts that
11 we have.

12

13 Nissen: The University of Chicago project covers young children?

14

15 Lillibridge: You know I don't because the only thing that we're involved in is this
16 health promotion for adults with developmental disabilities. My guess is
17 the research that they do there includes children too.

18

19 Nissen: Okay, thank you very much. So remember this, everybody can come
20 back next Wednesday night, the 18th, here at 6:00 p.m. and you will hear
21 this panel of people will have their scores all put together by Jean and her
22 staff and then it will be revealed on Wednesday night which none of us will
23 have seen and then we will deliberate on those rankings and then we'll
24 come up with the allocations that we will recommend to the City Council,
25 so we thank you all for your tenacity and putting all your elbow grease into
26 these applications and thank you for coming tonight and hope to see you
27 next Wednesday night, same time, same place.

28

29 B-Garcia: And thank you all, you paid attention in the workshop and you didn't read
30 your presentation. Everybody has been commenting on how well this has
31 gone without everyone reading their presentations, so thank you.

32

33 V. OTHER DISCUSSION

34

35 A Committee member asked Jean Barnhouse-Garcia when did she need their scores.

36

37 Jean replied that she would prefer them tonight. If they wanted to deliberate that would
38 be fine. She stated that she would need the scores by Monday at noon at the latest.

39

40 Doug Boberg reminded Jean not to expect any scoring sheets from him since he is
41 recusing himself from voting.

42

43 Jean reminded the Committee members that she needed everyone's conflict of interest
44 statement.

45

46 VI. ADJOURNMENT

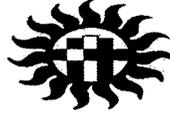
1
2 Meeting adjourned at 8:48 p.m.

3
4 Nissen: All those in favor of adjourning please say aye.

5
6 ALL IN FAVOR.

7
8
9
10 _____
11 Chair

12
13
14



City of Las Cruces®

HEALTH AND HUMAN SERVICES ADVISORY COMMITTEE April 18, 2012

Following are the summary minutes from the Health and Human Services Advisory Committee meeting held on Wednesday, April 18, 2012, 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
Doug Boberg
Ellen Weiss
Tina Hancock

STAFF PRESENT: Jean Barnhouse-Garcia
Bonnie Ennis (Recording Secretary)

PUBLIC PRESENT: June Donohue (Southern NM Diabetes Outreach)
Susan Oliver (Southern NM Diabetes Outreach)
Stacie Christiano (BBBS)
April Anaya (Boys & Girls Club)
Scott Lynch (Candlelighters)
Lorenzo Alba, Jr. (Casa de Peregrinos)
David Stocum (NM GLBTQ Center)
Chris May (Mesilla Valley Hospice)
Isaac Trevino (Helping Kids Be Kids Foundation)
Ann Remick-Barlow (Kids Helping Kids)
Cory Lucas (Team Builders Counseling Service)
Nicole Martinez (Mesilla Valley Community of Hope)

I. CALL TO ORDER

Earl Nissen called the meeting to order at 6:04 pm.

II. ROLL CALL

Jean Barnhouse-Garcia called the roll. All Board Members were present.

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

3
 4 All but one of the Board Members reported no Conflict of Interest with any of the
 5 organizations applying for grant funds. Doug Boberg recused himself from the 2012
 6 funding cycle due to his recent involvement with the Mesilla Valley Community of Hope
 7 and Community of Hope agencies.

8
 9 **IV. APPROVAL OF FINAL RANKING OF COMPOSITE SCORES FOR**
 10 **HEALTH-RELATED PUBLIC SERVICE APPLICATIONS**

11
 12 Mr. Nissen explained the scoring and evaluation process that was used to determine
 13 median scores and that the Board would vote for Recommendation #1 or #2 in
 14 determining how the funds would be allocated. The median score was 475.5 points.
 15 There were eleven applicants who were above the median score.

16
 17 The Board briefly discussed differences between the two Recommendations. Ms.
 18 Patterson made the motion to approve Recommendation #1, which are agencies who
 19 scored above the median with the amounts indicated. Ms. Norem seconded the motion
 20 to accept Recommendation #1. Mr. Nissen requested a voice vote to avoid any
 21 confusion in their decision.

22
 23 Doug Boberg abstained from voting.

24
 25 Nancy Cano voted for Option #1.

26
 27 Tina Hancock voted for Option #2.

28
 29 Sue Patterson voted for Option #1.

30
 31 Ardyth Norem voted for Option #1.

32
 33 Ellen Weiss voted for Option #1.

34
 35 Earl Nissen voted for Option #1.

36
 37 The Board officially recommended Recommendation #1.

38
 39 **V. FINAL APPROPRIATION RECOMMENDATION**

40
 41 Scoring and Ranking information was provided to all of the applicants so they could see
 42 the approved Recommendation list regarding the ten agencies who would be receiving
 43 funding. Recommendation #1 will be submitted the City Council for approval.

44
 45 Recommendation #1 information is:
 46

	Applicant	Funding Request	Recommendation #1
1			
2	El Caldito Soup Kitchen	\$30,000	\$28,550
3	Roadrunner Food Bank	\$30,000	\$28,550
4	Mesilla Valley CASA	\$14,433	\$14,500
5	St. Luke's Health Care Center	\$30,000	\$28,550
6	La Piñon	\$30,000	\$28,550
7	Casa de Peregrinos	\$30,000	\$28,550
8	Mesilla Valley Community of Hope	\$30,000	\$28,550
9	New Mexico GLBTQ Centers, Inc.	\$30,000	\$28,550
10	La Casa, Inc.	\$30,000	\$28,550
11	La Clinica de Familia	\$30,000	\$28,550
12	Big Brothers Big Sisters	\$30,000	\$28,550

13

14 Mr. Nissen thanked the agencies' staff members for their efforts in putting grant
 15 applications together in such a professional manner. He stated all of the agencies
 16 contribute a great deal to the community and the City of Las Cruces.

17

18 VI. OTHER DISCUSION

19

20 Mr. Nissen said he would pursue possible joint City/County efforts to combine their non-
 21 profit agencies' funding and keep the Board Members apprised of his progress.

22

23 Board Members discussed the process that had been used to make selections for the
 24 funding recommendations.

25

26 Each Board Member gave brief statements regarding their appreciation of Jean
 27 Barnhouse-Garcia's excellent work with the Board and the community. They applauded
 28 her work in getting the non-profit grants information and organizing it so that everything
 29 proceeded smoothly and efficiently. The Board congratulated Ms. Barnhouse-Garcia on
 30 her retirement set for August.

31

32 VII. ADJOURNMENT

33

34 Mr. Nissen requested a motion to adjourn the meeting.

35

36 Ms. Patterson made the motion.

37

38 Ms. Norem seconded the motion.

39

40 The meeting was adjourned at 6:42 pm.

41

42

43

44

Chairperson

HEALTH AND HUMAN SERVICES ADVISORY COMMITTEE OPTED FOR RECOMMENDATION #1 ON APRIL 18, 2012

Applicant	Funding Request	Recommendation #1	Recommendation #2	Boberg	Cano	Hancock	Nissen	Norem	Patterson	Weiss	Total Points
El Caldito Soup Kitchen	\$ 30,000	\$ 28,550	\$ 25,955	n/a	91	88	94	92	90	92	547
Roadrunner Food Bank	\$ 30,000	\$ 28,550	\$ 25,955	n/a	87	80	93	96	95	94	545
Mesilla Valley CASA	\$ 14,433	\$ 14,500	\$ 14,500	n/a	82	100	83	92	93	93	543
St. Luke's Health Care Center	\$ 30,000	\$ 28,550	\$ 25,955	n/a	89	100	85	92	80	91	537
La Pinon	\$ 30,000	\$ 28,550	\$ 25,955	n/a	82	100	93	80	85	93	533
Casa de Peregrinos	\$ 30,000	\$ 28,550	\$ 25,955	n/a	87	84	85	92	88	91	527
Mesilla Valley Community of Hope	\$ 30,000	\$ 28,550	\$ 25,955	n/a	91	70	83	94	88	90	516
New Mexico GLBTQ Centers, Inc.	\$ 30,000	\$ 28,550	\$ 25,955	n/a	85	100	84	91	60	86	506
La Casa, Inc.	\$ 30,000	\$ 28,550	\$ 25,955	n/a	82	100	82	84	67	89	504
La Clinica de Familia	\$ 30,000	\$ 28,550	\$ 25,955	n/a	91	95	86	82	60	79	493
Big Brothers Big Sisters	\$ 30,000	\$ 28,550	\$ 25,955	n/a	84	65	68	88	84	91	480
Families & Youth, Inc.	\$ 30,000		\$ 25,950	n/a	84	80	73	90	56	88	471
Southwest Counseling Center	\$ 30,000			n/a	81	56	70	85	70	94	456
Mesilla Valley Hospice	\$ 30,000			n/a	92	50	72	94	55	92	455
Tresco, Inc.	\$ 20,000			n/a	79	45	78	86	70	91	449
Southern NM Diabetes Outreach-Ciclovia	\$ 30,000			n/a	83	60	85	83	70	62	443
Boys & Girls Club of Las Cruces	\$ 30,000			n/a	90	75	61	87	65	63	441
Candlelighters of WTX & SNM	\$ 30,000			n/a	78	68	77	93	59	65	440
TeamBuilders Counseling Services	\$ 30,000			n/a	85	70	55	75	65	71	421
Helping Kids Be Kids Foundation	\$ 30,000			n/a	81	52	60	85	70	41	389
New Mexico State University - The Clinic	\$ 30,000			n/a	83	41	48	96	57	49	374
Amistad Family Services	\$ 30,000			n/a	81	68	63	90	79	69	369
Total Amt. Requested =	\$ 634,433	\$ 300,000	\$ 300,000	Boberg	Cano	Hancock	Nissen	Norem	Patterson	Weiss	

Mean:	85	75	76	89	73	81
Median:	84	73	80	90	70	90
Mode:	91	100	85	92	70	91

HEALTH AND HUMAN SERVICES ADVISORY COMMITTEE OPTED FOR RECOMMENDATION #1 ON APRIL 18, 2012

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