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City of Las Cruces[®]

PEOPLE HELPING PEOPLE

Council Action and Executive Summary

Item # 9 Ordinance/Resolution# 09-300 Council District: All

For Meeting of June 15, 2009

(Adoption Date)

TITLE: A RESOLUTION ADOPTING FUNDING AMOUNTS TO VARIOUS LAS CRUCES NON-PROFIT ORGANIZATIONS FOR FY2010 TO PROVIDE HEALTH-RELATED PUBLIC SERVICES NEEDS AND INCORPORATING THE FUNDING AMOUNTS INTO THE CITY'S FY2010 BUDGET. THE RESOLUTION FURTHER AUTHORIZES THE DEVELOPMENT OF PURCHASED SERVICES AGREEMENTS WITH EACH NON-PROFIT ORGANIZATION, AND FOR THE CITY MANAGER TO EXECUTE THE AGREEMENTS ON THE CITY'S BEHALF.

PURPOSE(S) OF ACTION: Adopt the final recommendations of the Health and Human Services Advisory Committee for FY2010 for Health-Related Public Services funding in a total amount of \$315,000.

Name of Drafter: Jean Barnhouse-Garcia <i>JBG</i>		Department: Community Development <i>CD</i>		Phone: 528-3048	
Department	Signature	Phone	Department	Signature	Phone
Community Development	<i>JW</i>	528-3060	Budget	<i>[Signature]</i>	541-2107
			Assistant City Manager	<i>[Signature]</i>	541-2271
Legal	<i>[Signature]</i>	541-2128	City Manager	<i>[Signature]</i>	541-2076

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 due for return to the City's Community Development Department on March 6, 2009. The applications were reviewed and evaluated by the City of Las Cruces' Health and Human Services Advisory Committee and Community Development Department-Neighborhood Services Section staff. On May 6, 2009, the Health and Human Services Advisory Committee recommended that seventeen (17) grants be awarded to local providers of health-related services for Fiscal Year 2010 in the amount of \$315,000. On May 21, 2009, one of the awardees declined to accept their recommended funding of \$15,340. On May 27-28, 2009, the Health and Human Services Advisory Committee amended their previous recommendation of May 6, 2009 and made a final, amended recommendation to distribute the \$15,340 among the remaining sixteen (16) awardees. A chart of the amended Health-Related Public Services funding recommendations is attached to the Resolution. Each grant will require a mutually agreed-to Purchased Service Agreement between the City and the respective non-profit organization.

SUPPORT INFORMATION:

Fund Name / Account Number	Amt. of Expenditure	Budget Amount
Health Related Fund:		
27100010 - 722190		
10902 – El Caldito Soup Kitchen	\$ 18,458.00	\$ 18,458.00
10922 – Jardín de los Niños	\$ 35,958.00	\$ 35,958.00
10903 – La Piñon SANE Program	\$ 16,855.00	\$ 16,855.00
10904 – La Casa – Transitional Housing Program	\$ 46,458.00	\$ 46,458.00
10920 – Mesilla Valley Hospice – Charity Care	\$ 35,958.00	\$ 35,958.00
10923 – SNM Diabetes Outreach – Diabetes Prev.	\$ 8,958.00	\$ 8,958.00
10924 – Mesilla Valley Community of Hope	\$ 19,558.00	\$ 19,558.00
10925 – Natl. Alliance for Mentally Ill – DAC	\$ 10,958.00	\$ 10,958.00
10919 – Camino de Vida – Homeless Prev. Prog.	\$ 11,958.00	\$ 11,958.00
10916 – SNM Diabetes Outreach – Ciclovía	\$ 30,219.00	\$ 30,219.00
10901 – La Clinica de Familia	\$ 13,458.00	\$ 13,458.00
10926 – SW Counseling Ctr. – Medication Services	\$ 15,208.00	\$ 15,208.00
10927 – Doña Ana Action for Youth	\$ 21,165.00	\$ 21,165.00
10920 – Mesilla Valley Hospice – Grief Services	\$ 4,708.00	\$ 4,708.00
10928 – Mesilla Valley Youth Foundation	\$ 13,791.00	\$ 13,791.00
10907 – SW Counseling Ctr. – Homeless Outreach	\$ 11,332.00	\$ 11,332.00
TOTAL:	\$315,000.00	\$315,000.00

1. Resolution
2. Exhibit "A" – Recommended Health-Related Public Services Funding for FY2010
3. Attachment "B" – Draft, unapproved minutes for HHSAC meetings of April 15, 2009, April 29, 2009 and May 6, 2009.
4. Attachment "C" – Final amended recommendations via email and telephone of HHSAC members (in lieu of a meeting).

OPTIONS / ALTERNATIVES:

1. Vote YES and approve this resolution to adopt the FY2010 Health-Related Public Services funding recommendations of the Health and Human Services Advisory Committee.
2. Vote NO and deny this Resolution, and not adopt the FY2010 Health-Related Public Services funding recommendations of the Health and Human Services Advisory Committee, and inhibit the timely implementation of priority public services starting July 1, 2009.
3. Modify the Resolution based on Council's direction. This could include modification of the recommendations made by the Health and Human Services Advisory Committee.
4. Table/Postpone the Resolution and direct staff accordingly.

RESOLUTION NO. 09-300

A RESOLUTION ADOPTING FUNDING AMOUNTS TO VARIOUS LAS CRUCES NON-PROFIT ORGANIZATIONS FOR FY2010 TO PROVIDE HEALTH-RELATED PUBLIC SERVICES NEEDS AND INCORPORATING THE FUNDING AMOUNTS INTO THE CITY'S FY2010 BUDGET. THE RESOLUTION FURTHER AUTHORIZES THE DEVELOPMENT OF PURCHASED SERVICES AGREEMENTS WITH EACH NON-PROFIT ORGANIZATION, AND FOR THE 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 has conducted a competitive application process for awarding grants to the non-profit sector for Fiscal Year 2010 for health-related public services; and

WHEREAS, the City's Health and Human Services Advisory Committee (HHSAC) evaluated the applications and made recommendations in specific funding amounts for individual non-profit organizations demonstrating 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 FY2010 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 FY2010 budget.

(III)

THAT City staff is authorized to develop Purchased Service Agreements with each non-profit agency for Fiscal Year 2010 specifying services to be delivered and the City Manager is authorized to execute said Agreements on the City's behalf.

(IV)

THAT the Fiscal Year 2010 Health-Related Public Service Purchased Service Agreements are hereby directed to be in the custody of the City Clerk and available for public inspection upon approval of each Agreement.

(V)

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

DONE AND APPROVED this _____ day of _____, 2009.

(SEAL)

APPROVED:

Mayor

ATTEST:

City Clerk

VOTE:
Mayor Miyagishima: _____
Councillor Silva: _____
Councillor Connor: _____
Councillor Archuleta: _____
Councillor Small: _____
Councillor Jones: _____
Councillor Thomas: _____

Moved by: _____

Seconded by: _____

Approved as to Form:



City Attorney

Exhibit "A"

RECOMMENDED HEALTH-RELATED PUBLIC SERVICES FUNDING for FY 2010

	HEALTH RELATED PUBLIC SERVICES	Program	Amended Recommended Award
	Recommended Organization		
1	El Caldito	Soup Kitchen	\$ 18,458.00
2	Jardín de los Niños	Childcare/Health Services for Homeless/Near Homeless Children	\$ 35,958.00
3	La Piñon	Sexual Assault Nurse Examiner	\$ 16,855.00
4	La Casa Inc.	Emergency Housing Program	\$ 46,458.00
5	Mesilla Valley Hospice	Charity Care	\$ 35,958.00
6	Southern NM Diabetes Outreach	Diabetes Prevention, Screening & Support	\$ 8,958.00
7	Mesilla Valley Community of Hope	Housing Stability Programs	\$ 19,558.00
8	NAMI-Dona Ana County	NAMI-DAC	\$ 10,958.00
9	Camino de Vida	Homelessness Prevention Program	\$ 11,958.00
10	Southern NM Diabetes Outreach	Ciclovía	\$ 30,219.00
11	La Clínica de Familia	Expanded Clinic Hours	\$ 13,458.00
12	Southwest Counseling Center	Medication Services for the Indigent	\$ 15,208.00
13	Doña Ana Action for Youth	Healthy Relationships	\$ 21,165.00
14	Mesilla Valley Hospice	Grief Services	\$ 4,708.00
15	Mesilla Valley Youth Foundation	Wellness-Mind, Body, Soul Connection	\$ 13,791.00
16	Southwest Counseling Center	Homeless Outreach & Rental Asst.	\$ 11,332.00
		Total:	\$ 315,000.00

HEALTH AND HUMAN SERVICES ADVISORY COMMITTEE
April 15, 2009

Following are the summary minutes from the Health and Human Services Advisory Committee meeting held on Wednesday, April 15, 2009, at 6:00 p.m., at the City Hall Council Chambers, 200 N. Church, Las Cruces, New Mexico.

MEMBERS PRESENT: Hector Vega
Earl Nissen
Sue Patterson
David Telford
William Corbett
Mary Simmons
Kevin Kay

STAFF PRESENT: Jean Barnhouse-Garcia
Raymond Burchfield
Diana Garcia-Parra (recording secretary)

PUBLIC PRESENT: Albert Montoya (The Ability Center)
Miguel Parra (The Ability Center)
Stacie Christiano (BBBS)
Amanda Lain (Camino de Vida)
Terra Van Winter (Mesilla Valley Hospice)
Merced Jasso (Border Fair Housing)
Pilar Provencio (Border Fair Housing)
Jerilyn Remley (D.A. Action for Youth)
Benjamin Jacquez (D.A. Action for Youth)
Gabriel Chavez (El Caldito)
Betty Tomei (El Caldito)
Keith Boggs (First Step Center)
Larry Broxton (D.A. Arts Council)
Andy Duran (Families & Youth Inc.)
Kelli Thompson (Families & Youth Inc.)
Renee Boudreau (Families & Youth Inc.)
Yolanda Pena (Acorn)
Jagan Butler (Border Environmental Health Coalition)
Mike Noonchester (Border Environ. Health Coalition)
Irene Oliver Lewis (Mesilla Valley Youth Foundation)
Alan Caroe (St. Lukes)

I. CALL TO ORDER

Meeting was called to order by Hector Vega at 6:03 p.m.

1 **II. ROLL CALL**

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

4
5 **III. APPROVAL OF MINUTES – March 18, 2009**

6
7 Earl Nissen moved to approve the minutes.

8
9 Mary Simmons seconded.

10
11 All in favor. None opposed. Motion carried.

12
13 **IV. PRESENTATIONS BY APPLICANTS FOR HEALTH-RELATED PUBLIC**
14 **SERVICES (*Verbatim*)**

15
16 **A. The Ability Center – Project Shining Path**

17
18 **Montoya:** Good Evening. My name is Albert Montoya and I'm the Director for
19 the Ability Center. I'm here today to inform you about a new undertaking that
20 we're progressing at the Ability Center and we're requesting funding from the City
21 of Las Cruces for a project called "Project Shining Path." From now on you will
22 hear me to refer to Project Shining Path as PSP.

23
24 According to the World Health Organization, 67% of persons with disabilities in
25 America live in extreme poverty. Unfortunately, the City of Las Cruces does not
26 escape this statistic. Relying solely on Social Security Benefits, many individuals
27 with disabilities in the City of Las Cruces struggle to make ends meet every
28 month. After paying groceries, utilities and rent, what little they have left is very
29 little even to pay personal expenses, much less an emergency savings account.
30 If they do experience a financial crisis in their lives, that throws them or makes
31 them susceptible to cycles of financial disaster that they may never escape
32 without the right support. Moreover, trying to combat the effects and trying not to
33 get in more financial hardship, induces a lot of stress that may worsen the current
34 disability, create secondary disabilities or affect their families negatively, either
35 family members gain a disability or it creates family instability because of the
36 stress to reach financial equilibrium. Moreover, if those individuals are evicted or
37 the services are terminated, 1) they exposed to the whimsical weather of Las
38 Cruces. As you all know, some days it's extremely hot, some days it's pleasant,
39 some days it's extremely cold. 2) They have to gain more income to get their
40 services reconnected or to find a new place to live. But it doesn't have to be this
41 way. The Ability Center is proposing, in collaboration with the City of Las Cruces,
42 a program that prevents and corrects the effects of financial hardship and the
43 cycles that this brings.

44
45 The Ability Center is requesting \$11,000 to provide emergency rent and utilities
46 assistance to 65 individuals while the center provides advocacy services and

1 financial literacy training. The Financial Literacy training will be followed up by bi-
2 monthly follow-up visits by our advocates to make sure that individuals are
3 following the training and are following the budget that we designed for them.

4
5 PSP is divided into a 3-part approach. The first part approach is the emergency
6 rent/utilities payment. PSP will last for 12 months and during those 12 months,
7 65 individuals will be assisted with utilities and emergency rent. 15 individuals
8 will be assisted with emergency rent of \$400. If their bill is less than that, we'll
9 pay the amount in full. If not, then we'll just help them out with that amount. 50
10 individuals will receive \$100 assistance for utility payments. Each household will
11 only receive 1 payment. Potential applicants will have to go through a thorough
12 application. We will identify applicants through our presentations, our service
13 requests, partner agency referrals and advocacy activities. Individuals will have
14 to prove citizenship, income and that they are in dire need of services. We will
15 keep meticulous records. We have a documentation plan and evaluation plan.
16 Applications will be reviewed the same day and payments will be made the same
17 day. Our advocates will follow-up on rents to make sure that they are legitimate.
18 We will hand deliver to the utility companies or to the landlords. No money would
19 ever be exchanged between the consumer and ourselves. We will keep
20 appropriate documentation and have monthly progress reports and financial
21 reports, coupled with planning anything. The first month of PSP will be a
22 planning month. Months 2-11, we will help 6 individuals. Month 2-5, we will help
23 4 individuals with utility assistance and 2 individuals with rent assistance.
24 Months 6-11 we will help 5 individuals with utility assistance, 1 individual with rent
25 assistance. The final month of PSP when we're winding everything up, we'll
26 help 5 individuals with utilities and 1 with rent.

27
28 The second part is advocacy. According to the world bank, a lot of individuals
29 lack resources....

30
31 (NOTE: Buzzing, time up)

32
33 **Nissen:** Have you in anyway connected with Tresco on helping these
34 individuals because I bet you're dealing with some of the same people?

35
36 **Montoya:** No sir, we have not. I was unaware that Tresco had these type of
37 services. A lot of these individuals that we're dealing with really are not receiving
38 services from Tresco. They don't qualify for DD services. They're more
39 physically disabled.

40
41 **Nissen:** How bout the Housing Authority?

42
43 **Montoya:** We talked to the Housing Authority. A lot of times due to
44 overexposure on the meetings, they do not meet the criteria and fall through the
45 cracks.

46

- 1 **Simmons:** How is the 1 time emergency defined; by year, month?
2
- 3 **Montoya:** By the program ma'am. So it'll be by year. It'll be 1 year.
4
- 5 **Simmons:** Will you serve people in the City of Las Cruces and the County of
6 Dona Ana?
7
- 8 **Montoya:** In the City of Las Cruces and the County ma'am.
9
- 10 **Simmons:** And how will you distinguish the use of this money for City
11 residents:
12
- 13 **Montoya:** City residents, we will make sure that they have residency in the
14 City of Las Cruces within the City limits. We'll make sure to keep careful
15 documentation for this.
16
- 17 **Simmons:** And the money will be separated?
18
- 19 **Montoya:** Yes ma'am.
20
- 21 **Patterson:** I have a question. I didn't see or if I read it I had forgotten, but
22 you're paying no salaries. You have no salary people?
23
- 24 **Montoya:** Ma'am we are not requesting for any salaries. Any salaries
25 incurred, any other expenses besides the emergency rent and utilities, we will
26 cover.
27
- 28 **Patterson:** And who is we?
29
- 30 **Montoya:** The Ability Center.
31
- 32 **Patterson:** I see. Thank you.
33

34 **B. ACORN Institute – Financial Literacy Project**

- 35
- 36 **Pena:** Good afternoon. My name is Yolanda Pena and I'll be the Program
37 Director for the grant we are applying for. Also, I am the head organizer for this
38 organization here in Las Cruces. To begin with, I'll just briefly talk about that
39 we're applying for a Financial Literacy Program here in Las Cruces with the
40 Acorn Institution that combines outreach and assistance to low and moderate
41 income families. The Financial Literacy Program will actually be classes that will
42 be given at the Las Cruces Acorn office on how to do budgeting and credit, credit
43 counseling, folks that are facing foreclosures, that kind of stuff, to look for the
44 different banks and payday loans and lenders that people get in trouble with. So
45 we'll be having classes at least twice a week. We want each class to be made
46 up at least of 15 persons. They will be getting packets and notes. They will be

1 note-taking and being educated on financial literacy and how to budget and credit
2 and that kind of stuff.

3
4 Also the Acorn Institute is a unique outreach model that allows staff to contact
5 the hardest to reach populations, such as the low-income families, the immigrant
6 families. These classes will be taking place both in Spanish and English. We will
7 have literature in Spanish and English, which I think is really important for the
8 community of Las Cruces because it is a big base of immigrant families and there
9 is always a language barrier. In conjunction with that, I just want to mention
10 apart from the financial literacy program that we also give ESL classes at Acorn.
11 We've been doing that for quite some time. We give the ESL classes, citizenship
12 classes, help prepare people to become U.S. citizens, and also fill out the
13 application for them to become U.S. citizens and follow-up with them.

14
15 So we want to teach these folks how to build credit, what you do if you have bad
16 credit. I think this project is really good being that I work a lot with the immigrant
17 community. I've been with Acorn for 16 years. We are a real grassroots
18 organization. We really do the neighborhood door knocking. We really go into
19 the neighborhoods. I don't know of any organization that really does that. Our
20 focus is to really reach those hard to get people in our neighborhoods. From my
21 experience, I know at working with immigrant communities, for the most part a lot
22 of them will not open bank accounts because they don't have the education and
23 knowledge to do so. So that is a really important and I have found that to be
24 really important for our folks in the community and I really feel strongly about
25 them having to have this educational part for them to help them to build a better
26 structure for themselves and their family and their children.

27
28 The other important thing about Acorn is that we involve our folks. We will be
29 hiring from our community. We will be building leadership and our community
30 volunteers and leaders will be giving the classes from the community. We will
31 have 50 participants. We will send them for training. We will be looking for bi-
32 lingual folks to be giving these trainings and these classes.

33
34 **Nissen:** Mr. Chairman, I forgot to mention this to all of our people who are in
35 the audience tonight that we have \$300,000 we're giving in these grants and we
36 have received applications for \$1,028,240, so you can see what our dilemma is
37 all the time when we do this. I'd like to ask you this; we've had several
38 organizations before tonight before us about doing counseling in the area that
39 you're talking about. Do all of you get together some time to talk this over all the
40 way from the Housing Authority on down because it seems to me there's a bunch
41 of disparate groups working on the same problem. Is there any central place that
42 people like you're wanting to work with can go too or do you have to run around
43 all these different organizations?

44
45 **Pena:** No actually...you're talking about housing disparities, right? Is that
46 what you're talking about?

1
2 **Nissen:** Yeah.

3
4 **Pena:** Actually Acorn has a big foreclosure program and we're working
5 around the country on foreclosures and we're really working side-by-side with the
6 Fair Housing Program. We're not doing a whole lot of Fair Housing here in Las
7 Cruces because we announced it, we put it out there. We don't see that there is
8 a lot of foreclosures here in Las Cruces. We have some in Albuquerque.
9 There's a lot of it in Orlando, Florida, you know in other states.

10
11 What we do confront is a lot of our folks in Las Cruces are trapped with Payday
12 loans, Title loans, that kind of bad stuff. So our folks always come to us and say
13 "please help us with this." A lot of bankruptcy...in fact just before I came over
14 here, one of my members that's been a member for two years came up to me
15 and she's facing ...actually three of my members are facing bankruptcy because
16 of the way the economy is. These people are facing this economic crunch, you
17 know, and they're having a hard time. We want to encourage them not to go to
18 the Payday loans and the Title loans and to be careful what banks to go to and
19 that it's important for them to open a bank account, especially for the immigrant
20 community, the Spanish speaking community. It's really important for them to go
21 to the bank and learn to trust the bank. For the most part, I did 400 citizen
22 applications here in Las Cruces. When we talked to these folks, they didn't have
23 bank accounts and we want them to trust the banks here in this country. We
24 want them to feel comfortable. They don't trust the banking system and I really
25 don't think it's good. I think it's good for them to learn to start building credit,
26 instead of going and being taken by these title loans or these car lots or just
27 these bad places where they go where they're charged a big interest rate. It's
28 horrible, 30% interest rate or you know whatever. We all know what goes on
29 so...we just want to teach them and educate them to stay away from this kind of
30 stuff because this is the kind of stuff that they get in trouble with and it's not a
31 good thing.

32
33 **Simmons:** On page 12 of your application you said that there are no programs
34 existing in Las Cruces that provide financial literacy. How did you come to that
35 conclusion?

36
37 **Pena:** Ma'am, I don't write up the grant, so I'm sorry, if you want I could
38 get an answer for you afterwards. But during the 3 years that I've been with Las
39 Cruces, because I did come from Albuquerque.....

40
41 **Simmons:** My question to you isn't directed toward that. I would ask that we
42 only respond to the questions that are asked rather than

43
44 **Pena:** Okay. Well ma'am, I don't have an answer for that, but in the 3
45 years I've been here I've never seen a financial literacy program. Thank you.

1 **Vega:** Thank you ma'am.

2
3 **C. Big Brothers Big Sisters – Community Based / School Based**
4 **Programs**

5
6 **Christiano:** Good evening Mr. Chairman and the fellow committee members.
7 My name is Stacie Christiano and I'm the Chief Executive Officer for Big Brothers
8 Big Sisters of southwestern New Mexico. I'd like to first start off by thanking for
9 the past two years, the partnership that we have had with the City of Las Cruces
10 and your committee and what we've been able to do and of course the
11 opportunity to have the current funding cycle happen in the next year.

12
13 In the past two years that we've been working together, we've served over 60
14 children in our school and our community based program with this funding. With
15 your on-going partnership through our unique community and school-based
16 programs, we'll be able to continue to help children, ages 5-17 to reach their full
17 potential, matching them up with a professional supported mentor. We're here to
18 make life long friendships and to help build brighter futures for the children in our
19 community, and we do that through two different programs.

20
21 Our first program that we're requesting funding is four our school-based program.
22 This is when we take a child, which we call a little, and we match them up with an
23 adult, called a big. They meet at the child's school site for one hour a week and
24 they do various activities. We do not remove the child from their academic time
25 at all. We go during lunchtime. We work on homework in the home room,
26 recess, play afterschool, whatever is appropriate and it's agreed upon with the
27 counselor and the teacher and the participants. We currently have 32 school-
28 based matches which this year's funding supports 18 of them. We are
29 requesting to bump that up to support 60. The reason why we ask for that huge
30 increase is because there's 27 schools in the City of Las Cruces and we only
31 have active matches at 10 of them and we have an additional memorandum of
32 agreement to get into 6 more schools, but we're having a challenge growing
33 without having the financial support and the staff to grow there. Of course we
34 haven't reached out to the middle schools or the high schools yet, but there's
35 definitely a need out there and the request is out there. We're fully supported by
36 the school counselors and the principals and theirs children and parents that are
37 seeking our program, so there are definitely children that are being underserved.

38
39 With our second program is a community-based program. It's a little different
40 because we take a big and a little, we match them up and they meet 4 to 6 hours
41 at a minimum each month on off-site locations. They go to the park. They go to
42 the mall. They go to movies. They attend our quarterly event or our trainings
43 that we supply to them and it's whatever is in agreement with the parent, the
44 volunteer and the child. We currently have 96 matches as of today. Of those 96,
45 6 of them are being supported by current funding. We're requesting 15,000 to
46 support 15 matches. On average it takes about a \$1,000 to manage a match;

1 that's start to finish. Recruiting and training and interviewing, the paperwork, the
2 staff that supports it, background checks, fingerprinting, everything has a cost in
3 addition with managing it. So we don't just set them and we let them go. We
4 have monthly/bi-monthly contact that we have with each participant to make sure
5 that it's going well and everyone is enjoying the process and we're enhancing the
6 child's life in an appropriate way. Currently we have 10 little girls in our waiting
7 list and 19, which is really good because we used to almost be double. But there
8 will always be a waiting list and we're not trying to get rid of the waiting list
9 because there's always a need for this service. We're trying to decrease the time
10 limit when a child waits on the waiting list. So by recruiting more, participating
11 with more awareness campaigns and other collaboration with other non-profits
12 and other workforce environment mentoring is helping us to decrease that and to
13 find more volunteers to get the children off our list.

14
15 Our services...a lot of people are very philanthropic and want to donate to any
16 service and have a return on the investment and you truly do get that with Big
17 Brothers Big Sisters. We're preventative action. By mentoring a child, we instill
18 good ethics, we instill confidence, social acceptance, a variety of doors open for
19 these children and a lot of these children do not have or may not have the
20 opportunity to have these experiences, so it's very beneficial. We're not here to
21 replace the parental figure. We're here to enhance the child's life. By investing
22 your support and your time and your energy, you're investing into my community,
23 your community and everybody's community because the children that are in the
24 City of Las Cruces are the future and they're the future leaders, the future school
25 teachers, future lawyers, they're the future whatever in Las Cruces. So knowing
26 that you're giving support and collaboration, it needs to start here and it needs to
27 start with the children. Thank you.

28
29 **Nissen:** What is your turnover rate of volunteers?

30
31 **Christiano:** Unfortunately we...well it's gone down. Because you think a lot of
32 people like the young, hip, active college students, which is great, there's a lot of
33 the, but they're the most unreliable. So we usually try to recruit and bring
34 awareness for more stable volunteers that can give time and truly understand the
35 expectation because we ask for a year of commitment. You're taking a child's
36 life and heart and giving them a prize. So by going in and out of a child's life, is
37 not acceptable. So it's a very lengthy process; it takes about a month and a half.
38 We have about a two hour interview process that goes along with the volunteer
39 to make sure they understand the expectations; they understand what we require
40 of them and can truly give that time. And then of course, just because you got a
41 little and you've got a volunteer does not make them compatible. It's kind of
42 (inaudible) dating. We've got a compatibility test they do and we try to get their
43 likes and dislikes and their parents are involved. So every participant is
44 interviewed. I'm not going to lie; sometimes we make the wrong match. But
45 we're very proactive with our match support that we do on a monthly basis that if
46 it's not working, we don't want to waste your time or the child's time so we try to

1 readjust whether we need to match them up with a different volunteer or it's just
 2 not right for the program. Not every child is right for the program. We work very
 3 well with FYI and Boys and Girls Club because they provide very distinct
 4 services. So if we can't provide the right services, we work with our colleagues
 5 and vice versa. We try and find the best outlet.
 6

7 **Nissen:** But you have a statement in your application that this project
 8 depends on finding 15 more volunteers. So my concern is if you have this
 9 turnover problem, how you gonna find 15 more to support this if you were given
 10 the 15,000?
 11

12 **Christiano:** We would do that with recruitment and awareness and finding the
 13 right pools of volunteers in addition to make sure that the staff has a time to
 14 support to interview them, which we do anyways, it's a full criteria process. So I
 15 think just spreading the word and educating the community; it's not a babysitting
 16 job, it's not a hit or miss, it's truly a year commitment. It's a challenge because
 17 we have many female volunteers and no male volunteers. So it's very easy to
 18 match the girls up but trying to find the males, it's very hard, so we're working on
 19 a male campaign with our national office and hopefully that will spear some
 20 interest.
 21

22 **Nissen:** Do you in anyway work with CYFD on picking up on some of those
 23 foster kids?
 24

25 **Christiano:** We get referrals. We get a lot of referrals. Not every child is best
 26 fit for this because their needs that they are requesting are above and beyond.
 27 These are volunteers. They are not certified. They don't know sexual abuse.
 28 They don't know counseling expertise so that's why we're very selective. Not
 29 that we like to turn a child away, but it's not worth it if we know it's not going to
 30 work. We've gone through numerous training to understand that you just don't
 31 take a child if they don't want to. A lot of parents come to us and want to give us
 32 their child, but the first question is, if you don't want this program, this may not be
 33 best so...we try to collaborate as much as possible.
 34

35 **Nissen:** Thank you.
 36

37 **Vega:** Okay thank you ma'am.
 38

39 **Christiano:** Thank you very much.
 40

41 **D. Border Environmental Health Coalition – Healthy Hands /**
 42 **Healthy Communities**
 43

44 **Butler:** Thank you Mr. Chairman and committee members. My name
 45 Jagan Butler. I work at the Southern Area Health Education Center and this
 46 project is a collaboration between the Border Environmental Health Coalition and

1 Southern AHEC. I guess I'd like to start out by just telling you a little bit about the
2 reason why the healthy hands, healthy community project makes sense for Las
3 Cruces. The project itself is an infectious disease management program trying to
4 reduce infectious disease spread. We're targeting childcare facilities. When we
5 think about our communities and I think probably most of the people in this room
6 at some point utilize childcare facilities. We realize that it's a tremendous asset,
7 but at the same time it creates a situation where children are getting sick and
8 bringing illnesses back home and causing parents to get sick as well. I know that
9 within this funding you are looking at trying to create a situation to help lower
10 income families' move out of that low-income status.

11
12 One of the challenges that low-income families have is being able to be on the
13 job. When your child is sick, it makes it difficult to have the reliability. So this
14 project, basically, is going to be working specifically with childcare facilities to
15 teach them the best practices of how to manage infectious diseases in their
16 centers so that those illnesses don't get spread within the facility and then spread
17 into the community. When we look at infectious diseases, often times it's our
18 children that are the main germ spreaders. We look at the flu, for example,
19 children represent about 20% of the population, yet they spread about 40% of the
20 flu in the community. Handwashing has been proven as an effective strategy for
21 reducing infectious diseases. So this program is targeting a specific segment of
22 the population by providing the child care facilities with the best practices of how
23 to manage those infections in the school setting. Sometimes parents will bring
24 children into a facility that are sick and shouldn't be there. Well, we're going to
25 give them some of the training that will help them identify when and when not to
26 have children in their centers.

27
28 There's four kind of prongs to this approach. We do training with the childcare
29 facility. We're going to be utilizing a resource called the American Academy of
30 Pediatrics managing infectious diseases in a childcare and school setting guide
31 that has best practices. But we're also going to incorporate some curriculum into
32 the center so that the children are learning through interactive games and things
33 the importance of washing their hands. I think about seatbelts, for example, and
34 at one point I didn't use seatbelts. Over time, over building patterns of wearing a
35 seatbelt, now I don't even feel comfortable not wearing a seatbelt in the vehicle.
36 We want to try to build that kind of pattern in children so that beforeis that
37 saying I'm running out of time?

38
39 **Burchfield:** Not yet, but close.

40
41 **Butler:** Okay. We want children to feel that you know 'I need to wash my
42 hands before I eat,' because it's really that hand to mouth, hand to eye, hand to
43 nose behavior that causes the germs to get into the body. So we target the
44 childcare facilities, we're also going to target the families because there's
45 strategies that we can take when we're at home. If my child is sick, I can
46 implement certain strategies to reduce the chances of me getting sick, and so

1 we're going to provide training for the families of these childcare facilities as well.
2 We'll be distributing resources to the families and so that's the second strategy.

3
4 We wanted to provide education, but we also built into our program some
5 mentorship and some site observations so that we do a training and we walk
6 away, well that's not maybe going to be that effective. We want to provide
7 training on to use this curriculum and then we want to go into the centers and
8 observe and provide some feedback to them; several of these visits for each
9 center. We're looking at 26 childcare facilities in Las Cruces. There are 49
10 registered childcare facilities in this city. We're targeting probably over half of the
11 students or the children that are in childcare centers. I think it's a very important
12 project. I think that it will make a big impact. When we look at city government
13 for example, what we're trying to do is reduce absenteeism due to illness. If we
14 target this specific group, we're going to actually be able to accomplish less
15 absenteeism. City government has parents that have children in child care all
16 the way to just about anybody that's working has utilized that service.

17
18 (Buzzer going off)...any questions?

19
20 **Nissen:** Jagan do you, I don't know in making out this application and
21 thinking through this project, do you know that the National Association for the
22 Education of Young Children, the NACE, which is a certifying organization...I
23 mean handwashing, if you don't show you're doing that in your centers, you don't
24 get qualified, you don't get certified.

25
26 **Butler:** Right and I'd love to respond to that. La Vida Institute is the
27 organization in southern New Mexico that does a lot of the training for childcare
28 facilities and also does a lot of inspections. I have worked with them and I've
29 actually done handwashing presentations for them on a number of venues. And
30 the reality is that even though that document exists, there continues to be a lot of
31 violations in that specific area of managing infectious diseases. Primarily it's
32 when the caregiver is changing diapers and doesn't follow proper protocol. In
33 talking to them before this application was prepared, they were very supportive of
34 this idea. The other thing is that we're talking about two different things. We're
35 talking about the protocol of the childcare staff and how they do things. But this
36 program also has a curriculum that is where the childcare provider is working
37 with the child in doing things with the child in a fun way to get them to actually
38 want to wash their hands at appropriate times. It also is taking it and getting the
39 parents involved through some presentations and some resource dissemination,
40 so that we're targeting it from a couple of different angles. I don't think most of
41 the childcare facilities have the American Academy of Pediatrics Resource that
42 manages infectious diseases in a childcare center. Did I do okay? I think I was
43 trying to answer your question...

44
45 **Nissen:** Yes, thank you. I'm just letting you know I used to be an evaluator
46 for NACE and that was one of the biggest things we looked for.

1
2 **Butler:** And I bet you found many violations?
3

4 **Nissen:** Oh my, yes.
5

6 **Vega:** Anymore questions from the board? No. Okay thanks.
7

8 **E. Border Fair Housing & Economic Justice Center – Financial**
9 **Education Empowerment / Landlord-Tenant Advisory Program**
10

11 **Jasso:** Good evening. My name is Merced Jasso. I'm a fair housing
12 specialist for Border Fair Housing and Economic Justice Center. This is Pilar
13 Provencio. She's our Environmental Protection Program Coordinator. First I'm
14 going to talk about the Fair Housing and how that goes into the financial literacy.
15 Border Fair Housing is the first and only agency in the area in the southwest
16 border that covers fair housing issues. We know that Las Cruces does have a
17 need for somebody to oversee fair housing issues based on their consolidated
18 plan. Also, the landlord/tenant advisory would be a jump off of the fair housing
19 program that we have implemented with the City of Las Cruces. Border Fair
20 Housing itself does receive everyday complaints on landlord and tenant issues.
21 We do have a mediator that's trained to handle landlord/tenant issues. We've
22 got referrals from the Mayor and throughout the community on a lot of
23 landlord/tenant mediation requests. At one time we were doing that, but we got
24 really busy with fair housing discrimination issues. There is a problem in the City
25 of Las Cruces as far as landlord/tenant issues that border on fair housing
26 discrimination and we need to separate those two and have a specific program
27 that deals with the landlord/tenant problem; the unlawful evictions, the slum lords,
28 the lack of repairs, the no heat in the winter, the no air conditioner in the summer,
29 etc. Those types of problems would be handled by this landlord/tenant advisory
30 program. We know of individuals that are living in sub-standard housing are
31 more prone to eviction, more prone to health problems, financial issues, etc.; a
32 lot of socio-economic disparities. If an individual is empowered to know their
33 rights as a tenant, they know what they're allowed and also their responsibilities
34 as far as housing. We not only propose to work with the tenant, we also propose
35 to work with the landlord. We're going to do this through a specific telephone
36 number that would take calls, in-house counseling, website, community
37 education workshops, and also mediation services. So the landlord/tenant would
38 cover all that position. In addition, we would have a program coordinator that
39 would work off the financial literacy program and Pilar will talk to you a little bit
40 about the financial literacy aspect of the program that we're trying to implement.
41

42 **Provencio:** As she was explaining, this is the second part of the other project.
43 What we want to do is provide financial literacy. I understand that there was
44 another agency that is providing the same type of service, but when we try to do
45 this program, we were writing this program, we realized that in Las Cruces in
46 2007, 20% of the residents live below the poverty level compared to 18% for the

1 rest of New Mexico. In other words there's a need here in Las Cruces for
 2 educating our community on credit, on financial issues. Right now the whole
 3 nation is in crisis, we're facing this crisis and I'm going to say that it's been
 4 because we haven't been informed properly. I'm going to tell you something; in
 5 El Paso we've implemented a couple of financial literacy programs and we've
 6 been very successful because when I talk to the participants, I tell them did you
 7 know that when you go to a Pay Day loan, you're paying 500% interest. "No, if
 8 we would have known that," they said, "we would have never done it." Do you
 9 know that if you have a low credit score, it's going to affect the way you get your
 10 interest rate. No, they don't know a lot of those things. So that's why we want to
 11 create awareness of the problem right now that we're facing so they can start
 12 managing their money. A lot of them do not...I personally, I tell them, when I
 13 went to school, they never taught me how to manage my money. The first time I
 14 went to, when I got married and I got my paycheck and started working, I didn't
 15 know how to manage my money. So we've been teaching them how to do those
 16 things even though they consider basic needs, they allocate money for
 17 everything, including health needs, including everything that we need according
 18 to their situation. We're going to try to tailor on the modules we've created, we
 19 are going to try to tailor it according to the need of the community. Some of them
 20 are going to require (inaudible) and we're going to require another project; credit
 21 scores, credit rating, the use of credit cards. Right now we wouldn't be in such a
 22 crisis if we would have known how to use our credit cards wisely. A lot of time I
 23 tell them why is that you need financial literacy, what is your dream. A lot of
 24 times they say, well I want to own a home. Okay, well teach them how to go
 25 step-by-step until they reach to that level. A lot of us work and most of the time
 26 don't know if we're working just to make ends meet or to work for something that
 27 we want in the future. We want them to understand that there's a need for that.
 28 There's a need to manage their money and there's a need to know the credit
 29 situation, their credit score, anything that involves financial literacy so they can
 30 serve better or they can

31
 32 **Jasso:** Be better educated.

33
 34 **Provencio:**be better educated.

35
 36 **Jasso:** Well through this multi-prong approach that Border Fair Housing
 37 has, we have our fair housing initiative where we do discrimination in housing,
 38 then we'd have the landlord/tenant and then we'd also have the financial literacy.
 39 We also have another EPA grant, another grant. We believe that using a multi-
 40 faceted approach to educating the consumer on their rights and various aspects,
 41 makes them a more informed consumer, also a consumer that's less prone to
 42 homelessness and other health-related issues that arise out of the lack of money
 43 or the mismanagement of money or being homeless, you know those socio-
 44 economic factors that happen when you're not fully empowered on certain
 45 aspects; on how to handle your money, on how to handle a landlord/tenant
 46 relationship, on your obligations under a renters contract, what are your

1 obligations, what are your responsibilities. So we want to use this multi-faceted
2 approach.

3
4 **Provencio:** We're also trying to reach out to the teenagers because they're the
5 ones that start with credit card problems, so we'll try to reach out to them all.

6
7 **Jasso:** Do you have questions?

8
9 **Nissen:** Have you talked to the lady from ACORN? I mean this is always a
10 problem I have with some of these issues because we all want the services. I
11 mean don't get me wrong. We're not saying that lower-income people should not
12 have this type of counseling and so on, but I believe we listened to a first-set
13 where we gave away \$100,000 in grants, you remember, and we heard many
14 many repetitions of this theme. I think what we're trying to do is bring about
15 better collaboration between the non-profits in our community and try and make
16 this work better and then, you know we could give a grant and say, okay we're all
17 pushing in the same direction.

18
19 **Jasso:** Absolutely, I agree. We do do some collaborative work with
20 ACORN. We do their fair housing, some of their fair housing, I've done some
21 workshops for them on fair housing and we're happy to collaborate with any other
22 agency in the community. What Border Fair Housing is the first and only fair
23 housing initiative along the southwest border. That's what makes us unique. No
24 other such program has been funded 300 miles along the southwest border. We
25 are the experts in fair housing. We have a trained mediator on staff that can
26 handle any housing issues that's familiar with fair housing laws, also the New
27 Mexico Uniform Residents Act, New Mexico Human Rights Act and other acts in
28 order to assure that the housing rights or the tenant rights of an individual isn't
29 violated. In addition to that, we don't believe that we could just work with an
30 individual if they're having financial problems, that we could work with them as far
31 as their tenant problems; "well why are you being evicted?" Because a lot of
32 them don't know how to manage their money. So we want to do a multi-faceted
33 approach. We don't want to put a band-aid on one issue and let it kind of festure
34 on the other side. We want to work with this person holistically.

35
36 **Nissen:** My last question; you're requesting \$40,000 and of that this will be
37 paying almost \$30,000 for a full-time position?

38
39 **Jasso:** This would be a full-time position. We have a Vista that is also
40 donated service of full-time and for each program we have a volunteer also. So if
41 the program is going to be effective, it is actually a 3 person per program
42 position. One would be the paid position, one is the Vista full-time and one is a
43 volunteer that we use to implement the program. We have worked with the
44 Austin, Texas advisory tenant counsel and National
45 Committee Reinvesting Coalition does most of our modules for fair housing and
46 all our trainings so we know this is an effective model. We've used it. We've

1 implemented it throughout Texas. We would like to bring this beneficial service
2 to the City of Las Cruces.

3
4 **Nissen:** Thank you.

5
6 **Garcia:** Have you comfortably covered both programs? I'm a little confused
7 on the landlord/tenant advisory component.

8
9 **Jasso:** The landlord/tenant, I'd like to maybe clarify a few points. I do want
10 to let you know that it's different from fair housing and fair housing discrimination.
11 On a daily basis, we do get calls for landlord/tenant issues that we don't handle
12 right now. We will handle them if we've got the time. Most of them are sent to
13 the New Mexico Legal Services where there is already a backup waiting list. A
14 lot of the times after we refer somebody to New Mexico Legal Services, they
15 come back to us 2-3 weeks later that they have not gotten a call because there is
16 just so much need for this. We get referrals from the Mayor's office, Dominic
17 calls us with landlord/tenant issues and we gladly handle them because they
18 come from the Mayor's office. At that point it's a very critical situation where the
19 tenant is facing eviction or they have been shut out already. The Sheriff
20 themselves handle about 1,440 eviction calls/services per month. I think that
21 with our services, there has been no service like this, we could alleviate some of
22 that stress on other, for example the police services, the sheriff that has to serve
23 these notices.

24
25 **Provencio:** One example of landlord/tenant issue is when they call us and let
26 us know that the landlord did not turn on the air conditioner because of a problem
27 they're having in between. So there's children in the house, there's senior
28 citizens and they have not gotten their air conditioner on or the heater. Those
29 are the type of landlord/tenant issues. That is not discriminatory issues, but a
30 landlord/tenant issue. It's a little bit different.

31
32 **Garcia:** Okay great, thank you.

33
34 **Vega:** Thank you very much.

35
36 **F. Camino de Vida – Homelessness Prevention Program**

37
38 **Lane:** Good evening. My name is Amanda Lane. I'm with Camino de
39 Vida, center for HIV services. We're an HIV social support service center
40 founded in 1999. We provide a wide-range of social support services to people
41 living with HIV Aids. That can include medical and non-medical case
42 management, coordination of medical and dental care, medication and insurance
43 assistance, transportation assistance. We have an on-site food pantry, we have
44 prevention services and we have limited financial assistance. We serve all of
45 southwest New Mexico, which includes 206 clients in 2008, 120 of those residing
46 in the City of Las Cruces. In order to assist our homeless and near homeless

1 clients, Camino de Vida is requesting rental and utility assistance for 36 HIV
2 positive client households with the goal of overcoming or preventing
3 homelessness among our client population. We're requesting a total of \$27,500,
4 \$25,000 of that is direct client rental and utility assistance, with an 10% for cost
5 incurred for implementing the project. The financial burden faced by our clients
6 due to high cost of medical care and medications, often impact individuals ability
7 to retain housing and utilities. Acute illness, in particular, can create extreme
8 financial challenges to people living with HIV Aids, which can lead to eviction,
9 homelessness or disconnection of utilities. People living with HIV Aids have
10 compromised immune systems. Disruption in housing stability increases the
11 likelihood of hospitalizations; it complicates compliance with medication
12 adherence and medical care, and hinders education and prevention measure, all
13 resulting in less successful management of the disease.

14
15 If funded, the homelessness prevention program would ensure stability in
16 housing and utilities among a population particularly vulnerable for the impact of
17 homelessness or lack of utilities. In this program, clients defined as low-income,
18 80% of the median in Las Cruces, would receive short-term emergency housing
19 and utility assistance to prevent the aforementioned ill effects related to
20 homelessness and utility interruption. Over the course of the grant, we anticipate
21 a reduction in the incidents or threats of homelessness within our client base.
22 We anticipate a reduction in the incidents with threats of utility interruption within
23 our client base, a reduction in residual dependency on emergency assistance
24 within our client base, a reduction in incidents of hospitalization due to
25 homelessness or utility service interruption within our client base. Long-term
26 benefits to the City of Las Cruces is the reduction of homeless individuals with
27 HIV Aids and a subsequent reduction in healthcare expenses associated with
28 being HIV positive and homeless. Thank you.

29
30 **Nissen:** I was looking at your numbers, and you said that we have 204
31 individuals living with immune deficiency in Las Cruces?

32
33 **Lane:** We serve all of southwest New Mexico. In 2008 that was 204
34 clients, 120 of those reside in the City.

35
36 **Nissen:** In all of southern New Mexico.

37
38 **Lane:** Our service area is all of southwest New Mexico. It's a 10 county
39 radius.

40
41 **Nissen:** Okay now how many of those are homeless?

42
43 **Lane:** At this time, probably 10 to 15.

44
45 **Nissen:** The project is basically saying these people obviously have a pretty
46 hard time to find a place to live right?

1
2 **Lane:** Correct.
3
4 **Nissen:** So you're saying that you need this level of funding to service at
5 least 15 more?
6
7 **Lane:** Correct. We're requesting finances for 36 HIV positive client
8 households. That would be on an emergency short-term basis to get a person
9 into stable permanent housing and then after that short-term amount then other
10 funding sources would be able to pick up any incurred expenses.
11
12 **Nissen:** Have you applied for a grant under the Health and Human Services
13 RFP's?
14
15 **Lane:** We have some financial assistance through those different
16 programs. We have some through the New Mexico Department of Health to help
17 with expenses and also through a subsidy of HUD.
18
19 **Nissen:** No but they're out with the RFP's now for next year. Have you
20 applied there?
21
22 **Lane:** Not that I know of.
23
24 **Nissen:** Why not? (Laughs) Here we go again.
25
26 **Lane:** We will investigate those opportunities.
27
28 **Nissen:** If you want to talk to me about it after, okay. I'm on the alliance and
29 I know all about the RFP process there and I have a very great concern about
30 what's happening, how they look at the RFP's, how they're evaluated and so on.
31 So I was just curious cause this is obviously a county-wide problem that should
32 be grantable, I would think. But I was just curious as to why you may not have
33 applied there.
34
35 **Lane:** Really don't know
36
37 **Nissen:** Okay, thank you.
38
39 **Patterson:** I'm a little interested in... yours is a short-term fix. What happens
40 after these people...you're going to provide services for 36 people on a
41 temporary basis and what happens then? Where do they go from there?
42
43 **Lane:** The way the program is set-up in Camino de Vida, it takes about a
44 month to get enrolled in the state programs. So this would be the immediate
45 correction to them being homeless or potentially homeless. As soon as they get

1 enrolled in a state program, then there are funds available through that state
2 program.

3
4 **Patterson:** I see. Thank you.

5
6 **Vega:** Any more questions from the board? No. Thank you.

7
8 **G. Dona Ana Action for Youth – Healthy Relationships**
9

10 **Remley:** Hi, good evening. My name is Jeri Remley and I'm the Executive
11 Director of the Dona Ana Action for Youth. Action for Youth is a non-profit,
12 501C3 that serves youth throughout Dona Ana County. We provide leadership
13 opportunities for our youth. Recently we formed a partnership with the Las
14 Cruces Housing Authority. This partnership has allowed us to implement an
15 afterschool program 5 days a week for the youth in Valley Vista Housing
16 Community. This program is supported by 1 staff member and 3 New Mexico
17 State University interns all studying community health. Our program began
18 building relationships and trust with these kids. Once established, we began
19 involving these youth and asset building activities through book work in group
20 settings and outdoor physical activities and in activities that they can bring home
21 and engage in their families all in efforts to bring or to build a united community
22 where these youth are supported and cared for. Since our presence in January
23 of this year, according to the Las Cruces Police Department and the Housing
24 Authority maintenance crew, there has been a significant reduction in youth-
25 related crimes, such as graffiti, shot out street lights and property damage, as
26 well as other negative behaviors. Because of the success of our academic
27 program and support to these youth, these youth are now bringing home higher
28 grades. In fact, three of the youth who were considered troublemakers, placed
29 first, second and third in their science fair and that is something that we're very
30 proud of. As a result of our afterschool activities, we are seeing higher levels of
31 self-esteem and self-worth. Now that we have gained the trust of these youth
32 and becoming comfortable and they're becoming comfortable and initiating
33 conversations with us, conversations that you may not expect to hear from an
34 elementary or middle school age child. They mostly talk about
35 girlfriend/boyfriend relationships that are inappropriate and sometimes very
36 offensive. It was even brought to our attention that we have several young
37 ladies of the age 13 and 14 that engaging in inappropriate sexual relations with
38 older men. After determining the wide range of youth needs in this community,
39 Action for Youth sought out (inaudible) and together ventured into a partnership
40 in efforts to bring in an evidence-based curriculum, healthy relationships. Not
41 only into Valley Vista, but to the other 3 housing areas within Las Cruces city
42 limits.

43
44 We're asking for your financial support on this initiative so that we may continue
45 to bring the tools that are needed to guide these youth into becoming healthy,

1 successful youth and in turn, becoming healthy parents when they become
2 adults.

3
4 **Jacquez:** Good evening. My name is Benjamin Jacquez, I'm the Director of
5 Southern AHEC at NMSU. The health relationship curriculum has been found to
6 be effective working with middle school and high school students. It was created
7 in 1994 and used in Canada and 30 U.S. states. It has shown to be effective
8 through a 3 year (inaudible) no study that was published in 1999. The goals of
9 the curriculum are to promote gender equality, increase teen self-confidence,
10 increase self-efficacy to make informed decisions, to delay the onset of sexual
11 activity of (inaudible) pregnancy and STDs and to help teens learn about
12 relationships and sexual health issues. Our training model, working with action
13 for youth, will be a train to trainer model where we'll be training local leaders in
14 the housing authorities so that they can work with the teens directly and help
15 them develop better self-esteem and self-efficacy skills, to going to healthier
16 relationship. Part of that we will also evaluate the project and be able to report
17 findings, how it works with this Hispanic Latino population. Thank you.

18
19 **Nissen:** Benny, have you applied for any of the youth money at Health and
20 Human Services?

21
22 **Jacquez:** We have looked at that Dr. Nissen and unfortunately it has not
23 worked out because the county is looking at very specific things and when we
24 propose these types of models, they're not interested in these type of models.

25
26 **Nissen:** But under the youth, they should be.

27
28 **Jacquez:** I've approached them and said you know here's a model and what
29 they've told me is that's not really what we're looking for. So we made the
30 offering. It doesn't seem like they're interested in this type of model.

31
32 **Nissen:** The other thing is...this is only an afterschool programs in
33 community housing.

34
35 **Remley:** Yes it is. We're proposing to expand our services to all...there's 4
36 housing communities within the City of Las Cruces. One is senior citizens and
37 the other 3 are family-based.

38
39 **Nissen:** Have you ever discussed this with the school, the Las Cruces
40 School District in terms of working this into somehow the state health curriculum?

41
42 **Remley:** No, not directly. We do have a very strong relationship with Las
43 Cruces Public Schools and Gadsden Independent School District because we
44 have build youth counsels within the schools and they're very much aware of our
45 services and the types of tools that we make available for our youth. But no, I
46 have not had that discussion.

1
2 **Nissen:** Because it would seem to me that this curriculum would meet some
3 of the benchmarks and standards of that curriculum, the state health curriculum.
4 Right now all of the school districts are under the crunch of trying to find
5 competent, qualified people to go into the classrooms and teach this curriculum.
6 So it would seem to me that what you've described and what AHEC can support,
7 maybe should be more directly done in classrooms if you could at all possible.
8 That way you would have a continuity of the same students coming back for the
9 curriculum, as opposed to the afterschool programs cause that's an up and down
10 population usually. So it would seem to me that this would really fit in with what's
11 happening...we're trying to do this. We've even got a memorial tomorrow where
12 our teen pregnancy work group is meeting with Mary Helen Garcia. She got a
13 memorial established to make this health curriculum a graduation requirement in
14 the State of New Mexico. So this curriculum would certainly, in some way, fit into
15 helping us meet that requirement. So perhaps you could explore that. I would
16 think that would be a logical ingress to helping a lot of our kids.

17
18 **Remley:** I would like to add if I may, in developing this relationship with Las
19 Cruces Housing Authority, they have given us the community centers and the
20 office. So we are there on-site. One of the challenges with the youth that live
21 within these communities is transportation, so we are there on-site to provide
22 such type of service. I know with the population that we're working with now, we
23 have a regular group of students or youth that do not check in at home when they
24 jump off the school bus, they come directly to us. So we form that relationship
25 and our services are (inaudible) and we know that we can create that same
26 sense with the youth in the other 2 housing authorities. So you know in our
27 defense in advocating for these kids, you know we know that something like this
28 could work. There is a great need. We see it everyday when we work with these
29 kids. The challenge that we're having now is we have ended our funding cycle
30 with Paso Del Norte Health Foundation and we are working with one grant where
31 we have to stay specific with under age drinking prevention. And there's such a
32 great need of other areas with these kids and we're having a difficult time you
33 know finding funding because what we do is so unique.

34
35 **Nissen:** Thank you.

36
37 **Simmons:** So do you select the students or do the students select you?

38
39 **Remley:** The students select us. We make our presence known in the
40 community and we have sent out a letter that's attached to the utility bills so all of
41 the families know of our presents and they know of our mission.

42
43 **Simmons:** So 643 students would select you?

44
45 **Remley:** We are not anticipating 100% participation because we don't have
46 100% participation from the population that we currently work with.

1
2 **Simmons:** So how would you reduce the request of the amount of money that
3 you're asking?
4

5 **Remley:** We would have to provide our services maybe in two of the housing
6 as opposed to all three. Is that, do you mean....
7

8 **Simmons:** Will if you're not going to serve 643, then the cost is increasing
9 (inaudible).
10

11 **Remley:** Okay, yes it does but I don't think I had put in a proposal that we
12 were going to serve 100% of youth. I did select a percentage and based the
13 funding on that.
14

15 **Simmons:** Thank you.
16

17 **Vega:** Okay, thank you very much.
18

19 *(Note: Committee took a four minute break)*
20

21 H. Dona Ana Arts Council – The Drama Group 22

23 **Braxton:** Good evening. My name is Larry Braxton and I'm the Executive
24 Director of the Dona Ana Arts Council. Founded in 1974, the Dona Ana Arts
25 Council offers education in creative learning venues that enhance, inspire and
26 support community-based arts programs. The Drama Group is a year old pilot
27 program for the performing arts. It's comprised of adults with developmental
28 disabilities between the ages of 21 and 70. Many of our participants are currently
29 involved in the City's Therapeutic Recreation and Arts Program. Little research
30 exists on the relationship between performing arts and individuals with
31 disabilities. We believe that our program provides a unique community service.
32 Our program enhances the physical, mental, developmental, emotional and
33 social well-being of participants and their families. All members benefit from the
34 program as actors, singers, dancers and set designers and as the reader
35 narrative. The Drama Group pilot program promotes creativity, independence,
36 self-esteem building and community involvement. Activities in the Drama Group
37 improve muscle strength, stamina, coordination and cognitive skills. Our group is
38 10 in size and our goal to expand services to 15 or more individuals based on the
39 success of our public relations campaigns which we have designed as a film
40 premiere. Funds will be used to document the production of their performances,
41 following participants and their families and one-to-one settings at home and at
42 work and on the set of the theater as they prepare for their performances. By
43 documenting their work through film, media and a Hollywood style red carpet
44 opening night, our goal is to increase the number of participants and build a
45 larger base of community awareness for adults with developmental disabilities.
46 Thank you.

1
2 **Simmons:** Are your participants from Las Cruces?
3
4 **Braxton:** They are. They are primarily from Las Cruces, but we are fortunate
5 enough, we believe, to have clients who come as far as Truth or Consequences
6 to be involved in the program.
7
8 **Nissen:** Congratulations on the job. You're just brand new right?
9
10 **Braxton:** Probably 2 ½ weeks.
11
12 **Nissen:** I saw that. Welcome to the fire.
13
14 **Braxton:** This is an interesting way to cut my teeth, I tell you. But I must
15 admit that I do have the advantage; I wrote the grant so it does do me some
16 benefit.
17
18 **Nissen:** Alright. Have you, in anyway, approached the theater department
19 at the university?
20
21 **Braxton:** They are our partners, our collaborative partners in this venue.
22 Mark Medoff is supporting us as well, so are the administrators at Tresco.
23
24 **Nissen:** Okay thank you.
25
26 **Vega:** Thank you sir.
27
28 **I. El Caldito – Soup Kitchen**
29
30 **Chavez:** Good afternoon. My name is Gabe Chavez and I've been with El
31 Caldito for 20 years now. I just want to say that we just celebrated our 25th
32 anniversary there. So we are well established and our presentation is pretty
33 simple because we're in here and feeding our homeless people. And actually in
34 the last 6, 7 months, we have increased about 60 to 70 people a day and we're
35 actually feeding now about 72,000 a year so it's going up, but we do have a
36 thanksgiving dinner, we have Christmas dinner, we have a veterans dinner that
37 we supplied for our veterans and now we have even done a Easter dinner that
38 we actually had 202 attend our Easter dinner that we had just last Sunday. So
39 we're actually trying to just provide a nice nutrition meal for our homeless and I
40 think we've done a good job on it. If you have any questions, I'd like to answer
41 them if I can. Betty here has written, she's our grant coordinator and she wrote
42 the grant so if there is anything in that grant that you want to ask her, she's
43 willing to tell you anything of what you want to know.
44
45 **Nissen:** Are we getting an increase in families coming into you?
46

1 **Chavez:** Yes we are and everyday we get quite a few families and actually
2 we even get a lot of kids we are concerned of because some of them are kind of
3 young and they're out of school so we have to see what we can do for them to
4 get them back into school too you know.....but we have a lot of kids.

5

6 **Nissen:** Are they classified as homeless? I mean is that who you generally
7 serve or what does

8

9 **Chavez:** Well, actually we have the hardcore of the homeless and some that
10 are almost homeless you know. We actually never turn anybody down
11 regardless who it is. So we just serve anybody that's hungry, we just go ahead
12 and serve them.

13

14 **Nissen:** But I was just curious if any of those families are picked up by any
15 social services that could be assisting them. I mean when they come to you, you
16 don't ask any questions of course, but I was wondering if a lot of the people that
17 line up everyday to come there and eat would be eligible for other social services
18 to accommodate their nutrition.

19

20 **Chavez:** Well actually like I said, we really don't know how homeless they
21 are or anything like that. We just, like I said, don't turn anybody down. We just
22 feed them and we don't ask any questions about it so. We do have the City,
23 every once in a while, have a survey of whose going, you know asking where
24 they're from if they're homeless or not, but that's about it.

25

26 **Nissen:** You know that is a good standard question; are we servicing the
27 right people, kind of you know, like emergency rooms and hospitals. Are we
28 servicing sometimes the right people and so on, so I was just wondering if there
29 was anyway the soup kitchen would cooperate with the Health and Human
30 Services in the county to find out if they could service these people in different
31 ways, then you'd have more food to feed the real homeless, you know what I
32 mean. I was just wondering if there was anyway of sorting it out.

33

34 **Chavez:** Well I don't know. What do you think Betty?

35

36 **Nissen:** Maybe it's a tough question, maybe but

37

38 **Tomei:** Some of our people are marginally employed. It's like the children
39 that we see during the day. We're just kind of curious why they're not in school.
40 So whether they're transients or just that day they're there and maybe tomorrow
41 they go back to school. We're not real sure why we get children...because a lot
42 of these children are school age. Most, of course, are preschoolers or infants.
43 But they may be transients or they may be, just didn't go to school that day
44 because they had a doctor's appointment or may be perhaps are at Community
45 of Hope or some other social service. We really don't know and we don't ask
46 because that's not what we don't. We don't fix the problem. We just feed them.

1
2 **Nissen:** Okay thank you.
3

4 **Patterson:** When El Caldito came before us last year, that was the first year
5 that Sam's and Walmart had stopped giving you food, that you could no longer
6 glean from those two locations. Has that been fixed? Has someone gone to
7 corporate to see or have they (inaudible) on that? Are they donating to you now
8 or not?
9

10 **Chavez:** Well actually neither one of Sam's helps us or Walmart because
11 they say the corporate don't let them. The only thing that I understand now that
12 they're giving it to some other agency so they were actually supposed to share it
13 with us and we haven't...I don't know what happened to it, but it's the corporate
14 office that don't let them.
15

16 **Patterson:** Well corporate offices have people in them that can be contacted
17 too. I know one of your gleaners and I know he's a real go getter and I'll sic him
18 on it.
19

20 **Chavez:** Well actually I started the gleaning committee back in 93 and that's
21 the time that we've been operating. And actually Albertsons had stopped one
22 time from giving us their stuff and then actually I wrote into Albuquerque and we
23 got it back. But Sam's Club just didn't want to do it.
24

25 **Patterson:** I see. Well good luck on that. I hope you can get those two
26 sources back with you, should be very valuable.
27

28 **Chavez:** Well the advantage that we got too in the soup kitchen is that we
29 don't have...we have two part-time employees and so we're 98% volunteered,
30 you know operated by volunteers. So actually we have an advantage on any of
31 the other non-profit organizations here in town.
32

33 **Patterson:** Yes, I know some of your volunteers. You do good work. Thank
34 you.
35

36 **Vega:** Okay thank you. Thank you very much.
37

38 **J. Families and Youth Inc. – Safe Out of School Time Program** 39

40 **Duran:** Hello, my name is Andy Duran and I'm one of the Americorp
41 Coordinators at Families and Youth. At Families and Youth Americorp, we have
42 6 out-of-school time programs. We have a before school program at Sierra
43 Middle School and we have 5 afterschool programs located at Central, Dona
44 Ana, Mesilla, University Hills and Valley View Elementary. Our programs provide
45 a safe environment for students who would otherwise be home alone or have
46 parents that work. Our programs are recreational based. We offer enrichment

1 activities such as sports, arts and crafts and learning games. The students get a
2 recess everyday to encourage physical activity. There's homework and tutoring
3 time and we take the students on field trips that are both recreational and
4 educational, for example, museums, parks, fun centers, (inaudible), things like
5 that. The actual program averages 45 to 50 students each. We have 8
6 members and work study students that plan, organize and implement the
7 activities for the students. The program runs Monday through Friday from 2:30 to
8 5:30. These are peak hours for students to get into trouble who normally would
9 go home with no supervision. The before school program averages 10 to 20
10 students. We have two members who plan, organize and implement that
11 program. The program also runs Monday through Friday, from 7:00 a.m. to 9:00
12 a.m. The program is good for parents who have to go to work before 8:00. We
13 know about a lot of students who are hanging out outside the doors way before
14 teachers are getting there. Additionally, this year with this funding we plan on
15 having the local sports teams, both college and high school teams, come and talk
16 to our kids to encourage more physical activities. The students look up to them
17 as role models and it would also be good for our high school youth to help out the
18 younger kids.

19
20 According to the estimated effects of the afterschool education and safety
21 program, the cost to provide afterschool services for 1 child is \$10,000 a year.
22 This seems expensive, but when providing afterschool services, the crime cost is
23 reduced anywhere from \$59,000 up to \$89,000. It also reduces welfare cost
24 from anywhere between \$335 up to \$502. The total benefit would range from
25 \$79,000 all the way up to \$119,000 a year. Overall, research shows that
26 students enrolled in afterschool programs show better grades in school and miss
27 fewer days of school; their social skills improve with daily interaction amongst
28 students of different ages and the adults. And lastly, in a time when obesity and
29 diabetes is at an all time high, students enrolled get plenty of exercise and able
30 to participate in various physical activities.

31
32 Since 2003, FYI Americorps Afterschool Programs has served over 1400 youth
33 in this community and it is something that we would like to see continue. Thank
34 you.

35
36 **Nissen:** Is this an FYI program that would be added to the contract you
37 already have with the school district for \$130,000 a year for the same schools?

38
39 **Duran:** It would be for, we would use that money for additional members
40 and to be able to service more students.

41
42 **Nissen:** Okay. I would like to know who is responsible for the accountability
43 on all these tutors showing up at the schools at the designated time. Who is
44 responsible for that?
45

1 **Duran:** Our members, myself and Kelly Thompson are responsible for
2 making sure that our staff gets there to their sites. And also, as well, we have a
3 person at the school, either being the principal or someone that they designate,
4 coordinate where they are and what times they're supposed to be there.
5

6 **Nissen:** And who in the school district is accountable?
7

8 **Duran:** We work with Liz Marrufo out of the instruction office.
9

10 **Nissen:** Okay. And you can assure us that these people are showing up, is
11 what you're saying.
12

13 **Duran:** Yes sir.
14

15 **Nissen:** Okay, cause I've had some other opinions from some of the
16 teachers and so on who had kids ready for the people and they didn't show up
17 and so on. So I think there might be some taking a look at that because that's
18 looking at the \$130,000 contract that you now have, that's been rolled over since
19 I think 3 or 4 years they started that. Right?
20

21 **Duran:** Yes sir.
22

23 **Nissen:** Now the Amercorp people, you are still getting federal funding for
24 them, right?
25

26 **Duran:** We are not currently receiving federal funding. We're only
27 receiving funding through the state.
28

29 **Nissen:** Well that comes from the feds. It comes to the state and then the
30 state turns....yeah. Okay, so I guess there's some movement to increase that
31 under the present administration so perhaps you might be having more of that
32 coming your way, I'm not sure.
33

34 **Duran:** Hopefully.
35

36 **Nissen:** Okay, thank you.
37

38 **Vega:** Thank you sir.
39

40 **K. First Step Center – Childhood Obesity Prevention** 41

42 **Boggs:** Good evening. My name is Keith Boggs. I'm the administrator with
43 the First Step Center. Unfortunately you got me because the physician who was
44 going to present it, had a family emergency and is out-of-town so I will be brief
45 being the last one. My apologies, my voice is bad also today.
46

1 The First Step Center would like to present an application to the city for their
 2 Childhood Obesity Program. A program aimed at stemming the increase in
 3 population of overweight and obese children and adolescents in Las Cruces
 4 through proper medical testing, education, both nutritional and support, and
 5 access to medical care to this at-risk group. The program would consist of
 6 monthly provider visits, laboratory testing, handouts with the needs based on the
 7 individual patient. Quarterly after hours seminars will be given by physicians, by
 8 certified nurse midwives and patient educators with a patient driven agenda,
 9 again either medical or social habits, to assist in the progression of the obese
 10 and at-risk population. All of these would be open to the families of any of our at-
 11 risk group, either the children or the OB patients that we're serving. Given that
 12 the CDC published the documentation back in 2002 that showed 22% of the low-
 13 income children between ages 2 and 5 years of age in New Mexico are at-risk, or
 14 at risk of becoming overweight or are already obese. New Mexico is ranked at
 15 47 in the nation of children living in poverty, this definitely, clearly shows the
 16 existence of the need for a system to head off these later in life diseases that
 17 obesity causes, such as diabetes, coronary heart disease, stroke, cancer,
 18 osteoporosis and pregnancy complications. By the beginning of the process of
 19 the education, during pregnancy, we hope to stem off the tide of poor choices that
 20 result in obese children, as well as healthier parents. The First Step Center
 21 makes a very perfect site for such a program due to the physicians of four OB's,
 22 four pediatricians and 6 certified midwives. First Step Center will reach over 250
 23 unique, individual patients. The family toll is unknown, but we do know that the
 24 choices that this program will make will impact the family for a lifetime. We will
 25 assign each children and each person to a specific paneled physician. They will
 26 have access to that provider. Within 3 to 5 months we expect to have all 250
 27 paneled and working under the program. Thank you for your time and
 28 consideration.

29

30 **Nissen:** Keith did you go to Health and Human Services with this one?

31

32 **Boggs:** No I did not. We did look at it and we got a lot of Health and
 33 Human Services dollars coming through, part of which we would like to apply to
 34 this, but we don't believe we can.

35

36 **Nissen:** Because obesity is one of the big target areas of the Health and
 37 Human Services, so I thank you.

38

39 **Vega:** Anymore questions from the board please? No. Thank you sir.

40

41 **V. OTHER DISCUSSION**

42

43 None.

44

45 **VI. ADJOURNMENT**

46

1 Hector Vega asked for an adjournment.

2

3 All adjourned.

4

5 Meeting adjourned at 7:34 p.m.

6

7

8

9

Chairperson

HEALTH AND HUMAN SERVICES ADVISORY COMMITTEE
April 29, 2009

Following are the summary minutes from the Health and Human Services Advisory Committee meeting held on Wednesday, April 29, 2009, at 6:00 p.m., at the City Hall Council Chambers, 200 N. Church, Las Cruces, New Mexico.

MEMBERS PRESENT: Hector Vega
Earl Nissen
Sue Patterson
David Telford
William Corbett
Kevin Kay

STAFF PRESENT: Jean Barnhouse-Garcia
Raymond Burchfield
Diana Garcia-Parra (recording secretary)

MEMBER ABSENT: Mary Simmons

PUBLIC PRESENT: Bernadine Dallago (La Pinon)
Donna Richmond (La Pinon)
Louise Tracey-Hosa (La Pinon)
Martin Lopez (La Clinica de Familia)
Patrick Urban (Southwest Counseling Center)
Bernadette Pina (Southwest Counseling Center)
Helen Cooley (Southwest Counseling Center)
Thomas Taylor (Southwest Counseling Center)
Vicky Alvarez (Southwest Counseling Center)
Corine McClenan (Southwest Counseling Center)
Becky Beckett (NAMI)
Dianna Gibson (NAMI)
Karynne McLennan
Kelly Martin (NAMI)
Ralph Velazquez
Irene Oliver-Lewis (MV Youth Foundation)
Maureen Gant (Tresco)
Tim Gilliland (Tresco)
Beatriz Favela (Southern NM Diabetes Outreach)
Connie Fetters (Southern NM Diabetes Outreach)
June Donohue (Southern NM Diabetes Outreach)
Pamela Angell (MVCH)
Terra Van Winter (MV Hospice)
Stacie Christiano (BBBS)
Amy Johnson Bassford (La Casa)
Shirley Jaquez (Jardin de los Ninos)

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I. CALL TO ORDER

Meeting was called to order by Hector Vega at 6:04 p.m.

II. ROLL CALL

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

III. APPROVAL OF MINUTES – April 15, 2009

Minutes unavailable.

IV. PRESENTATIONS BY APPLICANTS FOR HEALTH-RELATED PUBLIC SERVICES

A. Jardin de los Ninos – Childcare & Health Services for Homeless / Near Homeless Children

Jaquez: Good evening. My name is Shirley Jaquez. I'm the Executive Director of Jardin de los Ninos and I wanted to thank all of your for the opportunity to speak to you for a short time about our grant. The Jardin de los Ninos is a great program based here in Las Cruces that serves folks from all over the county and even outside of the county from other parts of the state as people come to us for homeless services for their children.

As a part of our services, the way that a family is enrolled is that the child has to be aged 6 weeks to age 10. If they are that age and we have room in the classrooms that that child's age is appropriate for, then the child is enrolled at Jardin and becomes a Jardin child. The family just happens to come along with that child for the other services that are provided as a wraparound service component to the whole family, so we offer holistic services. The project we are requesting funding for is \$50,000 request and it is specifically for childcare and health services for homeless, near homeless children. We at Jardin have served approximately 125 unduplicated children last year in FY08 and we prioritize as many children as we can afford as the childcare component of the program, which is the core service of Jardin services. The number of children that we serve averages about 47 to 52 children daily and this is just enrollment. Since November of this past year, I noted that there has been a 24% increase in request for services. That means that there are a whole lot more families that are becoming homeless and near homeless because of the economic downturn. We noted back in April with the increase cost of fuel that the corresponding expenses for Jardin went up dramatically to the point that I kept wondering if whether we were going to be able to continue to serve that 47 to 52 children everyday. We've managed to get by this far and it is always a bet of a struggle

1 trying to assure that we have our doors open and taking as many children as we
2 can possibly have at the center.

3
4 The childcare component, as I mentioned, is a core component of Jardin
5 services. We work with each child on an individualized curriculum and we have
6 support for therapeutic services. One of the early intervention teams comes to
7 Jardin and they tell us what the delays are for each child. A child might have six
8 delays, fine motor, gross motor, language...the delays are very marked because
9 these children are homeless. If they live in a car, they're not going to learn to
10 crawl or walk or run. They may not learn to speak so language maybe a problem
11 as well. We work with each child to make those improvements so by the time
12 they get to school they are ready and at the same level as other children.

13
14 So our services include early learning opportunities, vision, hearing and dental
15 assessment, loving, nurturing, safe care, nutritious foods, health assessments
16 and transportation. These services are critically vital to these children.

17
18 We are the only agency that provides homeless childcare services for these
19 children. We are one of two in the state. At one time we were five in the nation
20 and I believe that now there maybe seven, as far as the research that I've been
21 able to do. But this care is just absolutely critical trying to keep children well,
22 performing well in school and I'd like to thank all of you, thank you.

23
24 **Nissen:** How much have you done with (inaudible) or Tresco with this age
25 level kid?

26
27 **Jaquez:** We offer the intervention services to the families and the families
28 get to pick who they want working with their child. So we have teams of folks
29 that are coming in every single day logging in the number of hours that they are
30 spending with the children in addition to the assessments. Then our teachers
31 work with each child because once the intervention teams leaves, then we are
32 left with the work of assuring that not only the parents are informed and can
33 replicate what improvements need to be made as far as developmental delays
34 for their child.

35
36 **Nissen:** But they do help you with the diagnostic stuff on these kids?

37
38 **Jaquez:** They do the diagnostic, yes. And they actually observe in the
39 classrooms everyday. We must have, I'm sure, on the average 6, 7 intervention
40 team specialists that come in everyday.

41
42 **Nissen:** And what's your top age?

43
44 **Jaquez:** 10. Once the children turn 10 then we can no longer afford to serve
45 the older child. It's not that they don't need the services, they probably need it

1 more than the younger child does, we just have sufficient funding to expand to
2 the older age category.

3
4 **Nissen:** When they turn 3 years old, how many of these children are put on
5 IAP with the school district?

6
7 **Jaquez:** IAPs, there are numerous IAPs. We actually do IAP ourselves. We
8 work with the schools and they actually give us plans as well and it includes the
9 parents. So I would say on the average 7, maybe in a year.

10
11 **Nissen:** How do you establish a home address for these kids or don't they
12 have one?

13
14 **Jaquez:** Some children do and some children don't.

15
16 **Nissen:** But if they have a home address wouldn't they be eligible to be,
17 let's say a 3 to 5 year old developmentally delayed classrooms in the school
18 district?

19
20 **Jaquez:** They actually probably would. Early head start I think is one of
21 those areas that I'm really looking at. We've not had the opportunity to apply
22 until this year's expansion with the possibilities of the stimulus package and I
23 think that that will be critical for these children. Again, our services are
24 wraparound services and so we address the entire family, holistically. There is
25 no other program that will do that; work with the infants, the children that are 2, 3,
26 4, 5 and you know 6-10 in addition to the families. Again, the services are
27 wraparound services because we have to make every moment count with the
28 families for stabilization and making the changes that they need to make so that
29 they can be successful in holding down a job and in possibly going on for more
30 education; higher education in some cases. In some cases, the parents have
31 higher education, they just cannot find a job.

32
33 **Nissen:** What I'm thinking of is ideas certainly project services for these kids
34 because if they have a handicapping condition, they would obviously be
35 classified for an IAP.

36
37 **Jaquez:** Correct.

38
39 **Nissen:** We're always looking at duplicity of services, I think you can
40 understand that.

41
42 **Jaquez:** Right.

43
44 **Nissen:** And if the school district could serve these kids, maybe you
45 wouldn't have to do as much with them. I mean it's the school districts
46 responsibility to service them. They have that contract and that's it.

1
2 **Jaquez:** That is correct. And as a matter of fact, some times there are
3 contracts and they don't reach the number of children that they say that they
4 would like to serve and so then they wind up with extra numbers that could be
5 reallocated other places. I'm a firm believer that these parents will seek the
6 place of service that they absolutely feel is going to assist them the most.
7 Because of that, I think Jardin is one of the agencies of choice. We not only
8 assist that child, but we assist the family with housing, with education, with job
9 skills, training with food, clothing, just everything that we could possibly assist
10 with. If the family is not ready to make the changes that they need to make to
11 stabilize, then we need to let that family go and take another family that is, you
12 know 10, 12 deep and on the waiting list and work with them because they are
13 timing-wise ready to make those changes.

14
15 **Nissen:** And my last question...are any of these CYFD kids?

16
17 **Jaquez:** I would say that a few of them are when they come. I would say
18 maybe 5%. Most of the children that we see have never seen a childcare setting.
19 Of few have so we're teaching the children everything from basic hand washing
20 and early learning to, I mean everything, potty training because they still may not
21 be potty trained at age 4. So these children really are delayed in many more
22 ways that developmental delays address. And I'm sorry, your question was?

23
24 **Nissen:** What I'm always getting at is who could help you service these kids
25 best? I mean we all want them serviced, but it's just what avenue is legally
26 appropriate....like the school district having the greatest responsibility actually...

27
28 **Jaquez:** Right.

29
30 **Nissen:**for a resident in our community. And if we can...you're asking
31 for this supervisor and so on, if some of that energy can be taken out through the
32 school district, it would certainly help you guys with the numbers of people you
33 have to deal with. That's why I was wondering when you prepare these
34 applications, I didn't see much reference in there through the school district or
35 whatever, so I was just hoping that maybe we could get more coordination.

36
37 **Jaquez:** Oh your question was about CYFD.

38
39 **Nissen:** Right, right.

40
41 **Jaquez:** And CYFD is one of the lead agencies that we refer our families
42 too. Immediately, if they're eligible, we work with CYFD for the childcare
43 reimbursements. So that helps a little bit, but you have to understand that these
44 families have come from a place of poverty. They have come from a place of
45 being humiliated and turned down for services in the community and so
46 sometimes they're very reticent to reach out and ask for help. So the staff that

1 works with these families at Jardin, they're almost hand-holding, they're driving
2 these families to these services. Again, they have no transportation. They are,
3 sometimes don't even know what to ask for. We help them fill out the forms, I
4 mean everything. I think because Jardin is Jardin and has had 20, you know the
5 years of experience, 15 years almost now in the community, word has gotten out
6 that we do help families and they actually prefer coming to Jardin than other
7 program services. And it's heart-wrenching for them when we say it's time that
8 you are, you're graduating. It's time to transition you to other places. CYFD is
9 the first one that we always work with.

10
11 **Nissen:** Thank you.

12
13 **Jaquez:** Thank you all.

14
15 **B. La Casa Inc. – Transitional Housing Program**

16 **Bassford:** Good evening. My name is Amy Johnson Bassford. I'm here
17 representing La Casa. La Casa is the only provider of comprehensive domestic
18 violence services in Dona Ana County. During the last fiscal year we served over
19 2,000 individuals in our community.

20
21 Our request to you tonight is for funding to provide transitional housing and
22 support services to individuals and their families who are transitioning from the
23 emergency shelter to permanent housing. When an individual leaves an abusive
24 relationship or a violent home, they're often fleeing with nothing but what they
25 have on their backs and their children. They enter the shelter with little or no
26 financial resources and are usually cutoff from any money or access to any
27 money that they may have had with their abuser or from their previous home life.
28 They usually enter the shelter with no personal property at all. They have no
29 clothes, no toiletries, no money, no transportation. They come to us basically
30 with nothing. They come in the door and ask for help and we take them in. Their
31 children usually have no clothes, they have no toys with them, they have no
32 school books, they have no school work that may have been left at home. They
33 come to us really with nothing and we put them into the shelter and we give them
34 everything they need to try and put their lives back together.

35
36 Because financial control is generally a factor in an abusive relationship, the
37 victim may have no access in the future to financial resources either. They may
38 not have a job or they might not have any skills to obtain a job. Complete control
39 of the victim is the goal of an abuser and those individuals that have the courage
40 to leave such a relationship are in need not only of shelter and counseling in
41 order to change their lives, but all the practical things that everyone of us live with
42 everyday that we can't imagine living without. La Casa provides them everything
43 they need while they are residing in the shelter. Unfortunately, the emergency
44 shelter can only keep them for 90 days. Less if we have a lot of people that need
45 help or our funding is getting tight.

46

1 Many of you know we expanded last year and are now able to house 70
2 individuals a day and often times we are still full and putting people to sleep in
3 the living areas, in the children's' play areas and where ever we can find them
4 room to put them. We never turn anyone away, but sometimes we have to say,
5 it's time for you to move on.
6

7 Once those 90 days are over, some victims are able to move on. They may have
8 financial resources, they may a job, they may have family members that can help
9 them, but there are a good number of those individuals that are not able to start
10 an independent life right away. They often have to choose at that point whether
11 they'll go back to their abuser or whether they'll be homeless and that's
12 something that this program strives to insure that doesn't happen. We're
13 requesting funding to provide up to 17 families with transitional living and
14 comprehensive support services in rental housing throughout the city.
15

16 In 2008, we were able to help with the help of the City of Las Cruces. We were
17 able to provide transitional housing to a total of 34 families, 16 of which were
18 located in the city and were assisted through this grant program. La Casa rents
19 privately owned houses and apartments for the approved clients and subsidizes
20 the rent and utilities while the client continues to receive support services from La
21 Casa in order to become independent. Those support services include
22 counseling, civil legal assistance, parenting education, life skills training, job
23 search assistance, GED, ESL and literary education as well as money
24 management skills. The children also receive support services throughout the
25 time that their parent is involved in any program. This program provides the
26 participants with the time needed to build their independent living skills, afford
27 them the opportunity to secure employment and allow them to secure permanent,
28 affordable housing. By providing transitional housing to this particular population,
29 the program can decrease the dependence on shelters and other homeless
30 services in the city and help them achieve self-sufficiency.
31

32 We appreciate the assistance that the City of Las Cruces has given us in the past
33 and would hope that you can continue to support this program at the level
34 requested to be able to serve as many individuals as possible.
35

36 **Nissen:** I noticed your 2008/2009 budget was \$2,220,945, is that correct?
37

38 **Bassford:** Yes.
39

40 **Nissen:** And the sources were HUD and CYFD mainly?
41

42 **Bassford:** Primarily, but we also receive a good deal of funding from MFA.
43 I'm trying to think what all is listed on there. We have about 10 or 15 different
44 sources of funding. The majority of them government grants, as well as private
45 foundation grants. There is some income that is earned through the Batterers
46 Intervention Program that goes to support that particular program.

1
2 **Nissen:** But these main sources, how much do they take into consideration
3 the demographics of Las Cruces in terms of our growth and everything else, and
4 automatically it would increase your caseload right?

5
6 **Bassford:** Right.

7
8 **Nissen:** Cause the City is growing. So how much do you see them
9 increasing your budget to accommodate those changes in demographics?

10
11 **Bassford:** Well fortunately, CYFD and the HUD continuum of care kind of
12 comes in and picks up the pieces where we may lack funding when we have
13 more individuals to serve than we had planned. But each year we also ask for an
14 increase just like we have this year. We asked for an increase from them to
15 accommodate additional services. Fortunately with the stimulus program, there
16 are a couple that are particularly geared towards domestic violence. I believe
17 that the Mortgage Finance Authority of New Mexico is going to gain some
18 additional funding to help with homeless services so we may all see a little bit
19 more funding coming this year, which is really only for one year. They kind of are
20 going to give us money and then hope we find a way to fund it in the future. We
21 ask for an increase as we see the need increasing every year and if we don't get
22 it, we go and find it somewhere else.

23
24 **Nissen:** Because you're asking us almost over half of that is for salaries, is
25 that correct?

26
27 **Bassford:** Yes, um hm.

28
29 **Nissen:** What I'm trying to look at is how will that extend itself into the
30 number of projected rental places you want?

31
32 **Bassford:** Those two salaries are geared only towards the transitional
33 housing. They work with the individuals that are in the transitional housing. The
34 portion of the salary that's listed is for the City served only. Those individuals
35 that are served in the County are funded through HUD and a portion of the City
36 group is also funded through HUD. They work only with this particular
37 population, so once the client has entered transitional housing, the transitional
38 housing staff, the two individuals we're requesting funding for, are the ones who
39 are their primary contact through La Casa to insure their getting the services they
40 need; to insure the rents are paid, the utilities are paid, that the house remains
41 safe, that they have safety plans in place for if something happens once they're
42 in the rental homes and trying to transition them into permanent housing through
43 either public assistance or them getting jobs and being able to afford to rent
44 housing on their own.

45
46 **Nissen:** Okay thank you.

1
2 **Vega:** Okay thank you very much.
3

4 **C. La Clinica de Familia – Expanded Clinic Hours**

5 **Lopez:** Good evening. My name's Martin Lopez. I'm the Chief Operation
6 Officer for La Clinica de Familia. This evening, La Clinica is requesting \$50,000
7 to help offset some of the operating costs for expanded hours, primarily for
8 Saturdays. We're open, here in Las Cruces from 8:00 in the morning to 2:00 in
9 the afternoon, plus we're open during the lunch hour. We shift lunch hours to
10 accommodate, so we don't close for lunch. We have doctors, nurses that run
11 through the whole gamut. Last year we asked for 640 units of folks who would
12 be seen and we exceeded that number. The amount that we're seeing at the
13 Saturday clinics is over 4,000 patients. What we're committing to do for the City
14 is to see 840 patients combined through the whole year for Saturday clinics and
15 expanded hours. That's a piece of the pie. Where we're seeing most of the
16 patients is 4,026 patients. We're leveraging the city money with the county
17 dollars, as well as Medicaid, Medicare funds, private health care and of course
18 the county indigent funds. These funds would help offset some of the costs in
19 salaries of our nurse practitioner. Although we have doctors, full MDs, are board
20 certified who have privileges at both hospitals, Memorial Medical Center and
21 Mountain View.

22
23 One of the benefits of La Clinica, unlike any other provider here in the City, is that
24 we have dental facilities...although we're not open on Saturdays, we are open
25 during the week until 6:00 in the evening. If our patients are seeing that they
26 have a medical issue on the dental side, they send them over to the medical
27 side. Conversely, on the dental side, when during the examination if we see
28 there's medical issues, we can transfer them over to the medical side. We also
29 have behavioral health and pharmacy. So we have for the whole gamut of
30 health services.

31
32 Like I said, La Clinica is requesting of the City to help out with \$50,000 to help
33 offset some of the patients. One of the premise of La Clinica is that we don't
34 turn down patients regardless of their ability to pay. So that's one of the things
35 that we also have to offer them, which we provide to the community. We're
36 seeing an increase of patients come in, of course the economic situation the
37 whole country is seeing as we are as well. So we are the primary healthcare net
38 for most of these patients. If we weren't there on Saturdays, these patients
39 would be diverted to the emergency room or to any urgent care center, but again
40 they would have to pay cash or have insurance, which we don't require of it,
41 require of patients.

42
43 Is there any questions for me?
44

45 **Nissen:** As your patient count goes up, so does your number of
46 reimbursements right?

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Lopez: Well that depends on the payer source the patient may have. If they're uninsured, there is no source of reimbursement.

Nissen: Well what about Medicaid though?

Lopez: Well Medicaid we have a fixed cost. So whatever the healthcare cost, we get a fixed cost from Medicaid but they're always...depends on the nature of the visit and it continues to go up.

Nissen: So you're saying that there's a gap between the, let's say Medicaid reimbursement and what it actually cost you?

Lopez: Oh absolutely. Medicare and Medicaid, same with health insurance, you negotiate a rate. The cost is going to cost you \$112, but the insurance is only going to pay you back \$54 so there's a gap there. Last year I think we had close to 2 million dollar, 3 million dollar of charitable care and our cap keeps growing because we end up writing off a lot because we don't even anticipate getting reimbursed from those folks who don't have the funds to pay.

Telford: Can you describe briefly the extent of your behavioral health services.

Lopez: Well we started out with an organization Sangre de Cristo out of Santa Fe. We started with counseling, alcohol and drug abuse. Recently we've expanded into handling depression and we have a ready responder that we got through the government, Dr. McKee, who is located in our Chaparral Clinic. He sounds the PhD psychologist or responder. One of the benefits that he brings with him is that he has script writing privileges, so at that, we have expanded operations. But at the other health centers we have license social workers providing counseling.

Vega: Thank you very much.

D. La Pinon – Sexual Assault Nurse Examiner (SANE) Program

Richmond: Good evening, my name is Donna Richmond and I'm from La Pinon and this is Louise Tracey, also from La Pinon. We are sexual assault recovery services here in Dona Ana County. We are the only rape crisis center providing comprehensive services to rape victims south of Albuquerque. This evening we come to you to ask you for funding to continue services for our sexual assault nurse examiner unit, which is housed at Memorial Medical Center. This is the unit that provides medical attention and collects forensic evidence in all sexual assault cases for children and adults, those who are insured and those who are uninsured, whether they file a police report or not and victims receive these services from first responders as a team at no cost to them. This is important to us to keep this program out of the emergency room and at La Pinon at our SANE

1 unit. If a victim would be seen in the emergency room at Memorial Medical
2 Center, it would cost anywhere between 1600 to 1800 dollars to serve that victim.
3 La Pinon is able to provide this service at \$181 based on the grant funding that
4 we have received in the past. We serve approximately 125 victims per year
5 through our SANE unit, which is providing sexual assault, the forensic
6 examination, doing the rape kit, as you know it, also to address the sexual
7 disease prevention and pregnancy issues that come along with a victim whose
8 been raped. We also are sensitive to the needs, not only at the time of the exam
9 at the SANE unit, but also afterwards with our follow-up care through counseling
10 services and advocates who are on-call 24 hours a day. We have 8 nurses who
11 are registered nurses who also receive an additional 50 hour training through our
12 coalition of sexual assault programs up in Albuquerque, who are on-call to
13 respond 24 hours a day, 7 days a week to victims of sexual abuse who come to
14 La Pinon and request services.

15
16 **Tracey:** I would just like to add that the SANE unit is a very special place to
17 be in terms of if you're a victim of sexual assault. The emergency room cannot
18 serve this victim appropriately because it doesn't have the equipment or the
19 training to do that. The SANE unit has been in operation since 97 and has a gold
20 star in terms of operation within the state. We were the second to open up.
21 Albuquerque was the first SANE unit. We should really be proud of the SANE
22 unit. Why we're seeking dollars from the City of Las Cruces is because it's
23 primarily funded and started with the VAWA, Violence Against Women Act, and
24 all these years they have been giving us money and support. Well that money
25 isn't forever and they need to be reassured that we are seeking funding from the
26 City, from local government to support our SANE unit. If we don't get support,
27 because that's one of the goals, that means this SANE might not be in operation
28 24/7, which it is. We work very closely with law enforcement and the district
29 attorney's office to not only help identify the alleged perpetrator, but successfully
30 prosecute the alleged perpetrator. So we work closely in a team with your law
31 enforcement and your DA's office.

32
33 **Patterson:** Would you mind repeating the difference in cost between a victim
34 going to the emergency room versus coming to you. I didn't get that quite
35 straight.

36
37 **Tracey:** Okay. We haven't asked recently, but to be able to do the evidence
38 collection and that's all, the emergency room can do because they don't have the
39 training or the team to be able to provide the other services and the Culp scope.
40 The Culp scope records trauma, digitally records trauma and also can magnify
41 that trauma in the vaginal, anal and throat areas to help prosecute the alleged
42 perpetrator. And the cost years ago was between, what did we say 16 to 1800
43 dollars for a visit to the emergency room. And the cost based upon what we're
44 asking for support in the SANE unit we figured out was about \$182.

45
46 **Patterson:** \$1800 for the same services . . .

1
2 **Tracey:** Versus \$182, yes.
3
4 **Patterson:** . . . versus \$182.
5
6 **Tracey:** And they're not the same services. The emergency room does not
7 provide a Culp scope, they don't have one....
8
9 **Patterson:** The counseling, I understand that, yeah.
10
11 **Tracey:** Well a Culp scope....and they don't have the counseling, but we're
12 not even asking for that service cause the counseling is the after, after the
13 trauma, after the immediate presence of the assault. So that's not what this is.
14
15 **Patterson:** I see. Okay, I got it. Thanks very much.
16
17 **Nissen:** Donna, I want to ask you this. When you look at these costs and
18 let's say you go to, the client is taken to Memorial, for example, when, what, who
19 is billable for that service? Is there any medical plans or . . .
20
21 **Tracey:** Well no, it is no cost to the patient because the patient is the victim
22 of a sexual assault, a crime against the state, okay so it's at no cost to the victim
23 at all. These services are provided by the State of New Mexico, so there is
24 funding for some of these services, the exam itself. The support services to
25 operate the SANE unit and utilize the nurses that are on 24/7 and the equipment
26 and the supplies and the SANE coordinator, all of those add up to a total of what
27 the operation of the SANE unit costs.
28
29 **Nissen:** Because here we're looking at your requests for \$16,900 for a
30 position. Now how does that position figure into all of this?
31
32 **Richmond:** The position would be the SANE coordinator and that would be the
33 person who runs our SANE unit; who does the on-call schedule for the nurses;
34 who arranges for the nurses to go to their training; who keeps the medical
35 supplies stocked at the SANE unit; who makes sure that all the SANE equipment
36 is running appropriately. There's also a chain of custody issue with the evidence
37 that is collected and our SANE Program Manager is a Custodian of the Evidence.
38 They are responsible when the nurse takes the evidence to turn it over to law
39 enforcement, so she is a custodian of evidence. She also is responsible for
40 making sure that there are items at the SANE unit which can provide comfort to
41 our victims because most of the time when a victim comes in, their clothing is
42 taken for evidence, everything that they're wearing. So we provide clothing at
43 the SANE unit and a choice of items so they can pick, so they can be
44 empowered that they're not just given something, that they get to choose what
45 they would like to wear home. Also if there's a need for...sometimes they
46 haven't eaten in a while and we need to provide food at the SANE unit so that

1 they could have something in their stomach so that they can have water, maybe
2 a sprite. So the SANE Program Manager coordinates all the items that are going
3 to be needed for the on-call nurses and the on-call victim advocates who are
4 volunteers to respond to a victim and to start their journey, truly, from victim to
5 survivor.

6
7 **Nissen:** Who's doing that right now?

8
9 **Richmond:** Bernadine Dallago is our SANE Program Manager.

10
11 **Nissen:** So what you're saying is you need two of these people, is that
12 right?

13
14 **Richmond:** No. No.

15
16 **Nissen:** Oh you're just extending her services?

17
18 **Richmond:** She's the SANE Program Manager. I guess I don't understand the
19 question.

20
21 **Nissen:** No but I mean by the 16,900 would go to another position or the
22 same person with increasing services?

23
24 **Richmond:** It would be a portion of it, I believe, was budgeted to her salary and
25 then a portion of it was budgeted to some office support system. Because we do
26 need someone to answer the phone and someone to do the billing and it's a
27 percentage. It's not a 100%.

28
29 **Nissen:** Okay, thank you.

30
31 **Vega:** Okay, thank you very much.

32
33 **E. Mesilla Valley Community of Hope – Housing Stability Program**

34 **Angell:** Good evening. My name is Pamela Angell and I'm the Executive
35 Director of Mesilla Valley Community of Hope. What I'm presenting here for you
36 tonight is a request for funding for our Housing Stability Program. This is an
37 evolution of our resource room, which our resource and training room we started
38 about three years ago. We received funding from the Stocker Foundation to get
39 it going and then last year we received funding from the City. What we want to
40 do, every year we kind of alter that program a little and try to get more involved in
41 complementing some of our programs that we're working on. This year we're
42 really trying to move into providing programs that will help people stabilize in
43 housing. Seven years ago we were only helping people get into motel rooms for
44 a month. This year we helped over, it was 290 units in 2008 of families,
45 individuals, that the actually the apartment or in some cases motel rooms as well.
46 So we've really expanded our services. We're really helping a lot more people

1 get into housing who are homeless and not used to living in a home, in an
2 apartment. So what we're looking for is to fund our resource room and training
3 coordinator and also we're asking for a portion of the salaries to pay a
4 percentage of our case managers salaries, just a small portion, to try to get them
5 more buy into this program. They're very busy doing case management and
6 helping getting people into housing, so they haven't been very good at getting the
7 people help who are in housing into our resource room and training room. So we
8 thought if we earmark part of the funding as an enticement on their salary, that
9 they'll get more involved. They'll have more incentive to steer people to those
10 programs.

11
12 In 2008 we had over 6600 duplicated visits to our resource and training room. By
13 far the training that we provide in the health category, I think we had about 1859
14 people that's duplicated; one person might come to multiple training programs
15 over the course of a year. That's one of our most popular categories. We're very
16 fortunate because what we do is we utilize NMSU nursing students to come in
17 and provide trainings and do blood screens and we also use FYI and others,
18 Camino de Vida, other services in the community to provide HIV testing or
19 disease prevention. We also want to step up that program to have people who
20 come and get into housing start connecting with our community garden. Just
21 today we had our first successful distribution of food boxes to individuals in
22 exchange for their volunteer work; it's called Community Supported Agriculture.
23 Usually what it is is people pay a farmer a certain fee and that farmer will get like
24 maybe 50 people to pay a fee, he uses that money to grow the crops and those
25 50 people split the crops. But what we're doing is we're taking people and
26 having them work an hour and 15 minutes a week in our garden and then we
27 give them a box of fresh produce. What we're having in our resource and
28 training room is having more classes to get people to understand how to cook
29 vegetables, nutrition, connecting them with food that they can grow themselves
30 and what it's going to do for them and their families as far as better health and
31 feeling better. So our resource room is really trying to integrate some of our
32 programs, like our housing, with their needs of maintaining that housing and
33 reaching out to other areas like our community garden to get people more. . . you
34 know if you have a garden in the backyard, you know you're going to get more
35 involved in your home environment. Last Saturday we built, some Eagle Scouts
36 built two raised bed gardens, 3' x 20 feet at our Veterans Transitional Housing
37 facility and we also installed some raised bed gardens at our other housing
38 facility. So we feel like that's a really good way to get people to get more
39 involved in their home environment. I think what we see with homeless people is
40 that a lot of people are not used to integrating into their community or even
41 getting by into their own homes and their lives. They're used to be idle or else
42 just shifting around, transitory, trying to figure out, you know what to do in a day.
43 These programs will help integrate that and really key in on the people who we
44 are helping with housing and get them to come to our resource and training
45 room.

46

1 **Vega:** Questions from the committee?
2

3 **Patterson:** Yes I have one. Do you have the grant form in front of you, the
4 same one that I'm looking at here?
5

6 **Angell:** I do.
7

8 **Patterson:** I have a question on the bottom. There's a question matching
9 funds available from another source and it says yes, but it doesn't give us the
10 amount and the source. Is that somewhere else in the grant that I missed it or
11
12

13 **Angell:** You know what I don't, I don't think...what we're doing with this
14 program is we're using matching, we can use matching funds from another
15 source to match this position. We're not actually splitting the position like 50/50
16 and having somebody else match it. We're asking for the resource room
17 coordinator's full position and then we'll match it with other case management
18 and other sources. What we'd probably use is the New Mexico Finance Authority
19 or HUD that we would match to that. So we're actually asking for the full salary
20 for this position and then we have other sources of other staff positions that
21 would match it.
22

23 **Patterson:** I see so there would be matching funds only if you would get what
24 you're asking for from this, from the City, from Health and Human Services?
25

26 **Angell:** Well we have, we have a wealth of different, like many of the other
27 agencies, we piece together a lot of different government grants and we always
28 use those to match each other.
29

30 **Garcia:** I'd like to clear up cause we had an internal question about
31 matching funds too. For everyone here, a lot of people are putting on their
32 application that they don't have matching funds for this program, but when you
33 look at the budget, they have other federal funds, state funds and private funds
34 and we consider that match. So just to clear up any confusion on that. I think
35 people are thinking that it has to be a 50/50 you know for whatever percentage
36 for the program, but you don't. So as long as you have other funds that are
37 funding the program, you have matching funds.
38

39 **Patterson:** So actually our grant request fund...maybe that should be worded
40 differently.
41

42 **Garcia:** That's going to be on our projects for the work sessions this
43 summer, how we're going to redo that.
44

45 **Angell:** And if I can address a match issue. We will use these funds to
46 match other grants that require it. I don't believe that this grant requires

1 matching funds. And then we will, since this is client centered, it's considered a
2 supportive service, so we can match our HUD money which requires supportive
3 services matches like for case, we can use this to match case management
4 salaries or programs that do require it. Where as, I don't believe yours does.

5
6 **Patterson:** Thank you.

7
8 **Nissen:** When talk about funding, you list that you're working with a CDBG
9 grant for \$185,000 for parking, paving and storage for campus agencies. What
10 does that mean?

11
12 **Angell:** I believe that word has it that that request is going to be declines.
13 One of the responsibilities of our agency and our campus is that Mesilla Valley
14 Community of Hope is also the Land and Building Manager for the alliance
15 agencies that come there. So we were requesting infrastructure funds, CDBG is
16 a separate infrastructure program, to expand the parking behind El Caldito and to
17 get storage east of Jardin. So that's a request that's separate from the CDBG
18 funding that this group sees.

19
20 **Nissen:** Stimulus money, right?

21
22 **Angell:** Actually it's CDBG infrastructure. I think what they're going to use it
23 on instead, because I've been told that they're going to decline this, is that
24 they're going to pave streets. They can do infrastructure. So every year we say
25 okay let's see if we can get infrastructure to build more parking lots, expand our
26 driveway.

27
28 **Nissen:** My last question is you list the Las Cruces Housing Authority as a
29 partner.

30
31 **Angell:** Yes.

32
33 **Nissen:** Do they not have funds for a project like yours that you're
34 requesting?

35
36 **Angell:** I don't think they do at all. There are some HUD funds for a service
37 coordinator for public housing projects, but I believe that HUD is scaling those
38 back and doing away with them. It's not a funding that the Public Housing
39 Authority has ever gone for. For instance they provide the Veterans Transitional
40 Housing for our 20 unit Transitional Housing Program and they get the rent, but
41 we get the opportunity to provide all the supportive services for the veterans. So
42 they don't actually have any funding for supportive services or training in this
43 capacity at all.

44
45 **Vega:** Okay thank you very much.

46

1
2 **F. Mesilla Valley Hospice – Charity Care / Grief Services**

3 **Van Winter:** Good evening everyone. My name is Terra Van Winter. I am the
4 Development Director for Mesilla Valley Hospice. As Jean pointed out, we will be
5 presenting on two separate grants for Mesilla Valley Hospice. What I'm going to
6 do first is the Charity Care Program.

7
8 Our Charity Care Program really is something that is very important and dear to
9 our hearts. We are the only non-for profit hospice here in Las Cruces and Dona
10 Ana County so we really reach out to those individuals that don't have health
11 insurance or little to no health insurance to make sure that they receive the best
12 hospice services that they could possibly receive. The mission of Mesilla Valley
13 Hospice is to provide comprehensive and compassionate care to people with life
14 limited expectancies and their families. So when we talk about our patients, its
15 not only one person, but it's that entire unit; that family, maybe that next door
16 neighbor, maybe even that little dog that they're really caring for. So we really
17 just take care of the patient and what they consider their family. We've been in
18 this community for over 26 years serving individuals and we remain the only non-
19 for profit hospice here in Las Cruces and actually the only self-standing hospice
20 facility in the entire State of New Mexico. As a service we continue to serve
21 peoples of all ages and all diagnosis. Our patients range from the very first days
22 of life to well over 100 years old and anything from a cancer diagnosis to
23 Alzheimer's to HIV and AIDS. We really kind of span the whole gamut.

24
25 We're requesting \$50,000 to support 21 individuals on hospice services. May
26 this be homecare services or our actually facility services called La Posada. In
27 2008 we served more than 700 individuals and their families and we'll continue to
28 see our services grow in 2009. Unfortunately, with the economy the way that it
29 is, Medicare is actually giving us quite a bit of cut for this year. We'll be receiving
30 a \$2.72 cut from Medicare per patient per day, which roughly estimates about
31 \$150,000 loss for Mesilla Valley Hospice. The \$50,000 that we are actually
32 requesting from the City would actually help to cover about a third of those
33 overall costs. Per patient day, we serve about \$171.46 per patient, per day.
34 Medicare only reimburses us \$131.38, which is about \$39.62 of actual costs.
35 About 3% of our patients actually have no insurance, no paying source for these
36 services. As we talked about a little bit earlier, the matching funds, we do receive
37 funding from our Dona Ana County Health Services fund. We recently learned
38 today, it's not official, that we will be receiving about \$397,000 for indigent
39 services, but that is technically for our County residents. Right now it takes well
40 over about a half a million dollars to serve the individuals that we serve on a
41 yearly basis for what we call our charity care programming.

42
43 I will go ahead into our Center for Grief Services. Our Center for Grief Services
44 is actually our second grant proposal. The Center for Grief Services was actually
45 started in 1999. It is a completely free grief and bereavement services to the
46 entire community. Our patients actually do not have to be a hospice family

1 member or hospice patient. It's any individual that has gone through a grief and
2 loss situation. May it be a loss of a loved one or maybe a loss of their health.
3 We actually do deal with individuals that are homicide support groups, suicide
4 support groups, things of that nature. We are currently still the only free
5 counseling services for these types of grief and loss issues. We are requesting
6 \$15,000 to support 75 unduplicated children that need grief and bereavement
7 services. We serve children and adults. Most of the children that we do serve
8 are in the school system and we do get a lot of referrals from counselors,
9 different school programs for children that maybe gone through a grief and loss
10 issue. We go into the schools and do private counseling one-on-one or we
11 actually do group counseling. Group counseling would be an example of a
12 student that passes away at a school and the schools having a really hard time,
13 our counselors would go in and assist the counselors there at the school system.

14
15 The average cost per unit of service is about \$200 which includes about six
16 sessions per child. Due to the nature of counseling, we accept referrals from a
17 lot of mental health providers and organizations, as well as schools. So we really
18 feel that we can take off the burden from a lot of the mental health providers
19 when we're talking about grief and loss issues. So we can take those children
20 and those adults, work with them on grief and loss issues and they can kind of
21 really concentrate on some of the issues elsewhere; divorce, things of that
22 nature. In 2008 we provided 658 adult counseling sessions and 346 child
23 sessions. We're hoping to increase at least by 7% on 2009.

24
25 Are there any questions?

26
27 **Nissen:** Have you applied to HHS for any of the grant money to cover
28 projects like this?

29
30 **Van Winter:** We have been receiving. We go through a collaboration for the
31 Dona Ana County Health Services Fund, which is through the HHS. We receive
32 funding for the Charity Care Program.

33
34 **Nissen:** I know that. I'm just saying they have RFA's out at the moment you
35 know that are being filled out for health related projects. I'm just wondering if you
36 applied for these projects under those RFA's?

37
38 **Van Winter:** We're actually currently looking at RFA's. I think due to the hospice
39 and to the nature of what we do, we're kind of really, kind of directed for
40 terminally ill services so it's kind of hard to find our niche sometimes. But we will
41 definitely look into that more often.

42
43 **Nissen:** Now would there be a niche, as you see it, in the Dona Ana County
44 Health and Human Services?

45

1 **Van Winter:** For our Charity Program, yes, but for our grief and bereavement
2 counseling, no.

3
4 **Nissen:** The first one yes.

5
6 **Van Winter:** Yes definitely. There are some years we provide between half a
7 million to, I think the greatest was about \$800,000 worth of charity care within the
8 County. We do go after Dona Ana County Health Services fund and then we
9 serve that with our own fundraisers and private donations as well.

10
11 **Nissen:** Thank you.

12
13 **Vega:** Thank you very much.

14
15 **G. Mesilla Valley Youth Foundation – Wellness-The Mind, Body,**
16 **Soul Connection**

17 **Lewis:** Mr. Chairman, committee members, my name is Irene Oliver-Lewis.
18 I'm the Executive Director and the Artistic Founder of the Court Youth Center.
19 Thank you for the opportunity to present tonight. The Mesilla Valley Youth
20 Foundation, doing business as the Court Youth Center proposes an afterschool,
21 year-round community based health, wellness and creative learning program.
22 The program is called Wellness – The Mind, Body, Soul Connection and it is an
23 integrated approach to physical activity, healthy behaviors, and nutrition and art
24 activities. The year long program serves 260 participants from 6 to 18 years of
25 age, which includes the employment of 12 youth apprentices from 15 to 18 years
26 of age who will work along side the adult educators, the nutrition specialist and
27 chefs, the physical education specialists or dancers, and the AmeriCorps
28 member artist.

29
30 The program has four components. The first one is Fitness for Life through
31 dance, martial arts, inline skating, walking, resistance training and conditioning.

32
33 The second project is the garden project for two areas in town. We have one that
34 is located in our land owned by the Court Youth Center, which is on the corner of
35 Armijo and Hadley. And then we have a small garden project that we have not
36 picked a community site to be selected. We could work with the Community of
37 Hope now that I know what they're doing. The garden will develop native plants,
38 organic herbs, organic vegetables and flower gardens that will be complete with
39 three dimensional artwork created by the participants so that the garden will be
40 an extension not only of the traditional garden, but will be a place in the
41 community where people can sit and enjoy the area and the neighborhood.

42
43 The third area is nutrition and culinary arts and will include visiting chefs and
44 culinary artists who will teach foods and breads of the world to demonstrate a
45 variety of healthy eating through affordable products and preparation. Some
46 items will come from the garden and the daily snacks in the program are always

1 prepared by the participants. In addition, the elementary age participants will be
2 part of a program called Cooks and Books, which incorporates literacy and
3 nutrition in culinary arts.

4
5 The fourth component is arts integration, which is the arts activities and the
6 foundation of what the Court Youth Center is and the integration that it has done
7 throughout its years of existence. It will be on-going and include a variety of end
8 products that could be murals with the health theme such as Salud de la Jente,
9 which is at the health center on Solano, garden art, art exhibits and participation
10 in art and health festivals and fairs.

11
12 The year long program includes a four week summer program in June and July
13 from Monday through Friday from 9:00 a.m. to 4:00 p.m. and 4 six week sessions
14 throughout the year from August to May, Monday thru Thursday, 4:00 – 6:00 p.m.
15 and some weekends. We request \$61,085, which includes \$7500 for the 12
16 youth apprentices at a minimum wage and \$10,000 for a program manager and
17 \$17,000 for the AmeriCorps artist, as well as supplies and materials. Last year
18 some 52,000 people used the Court Youth Center. Some 11,000 people used
19 this for short-term activities which may include a one day event or up to a week
20 activity. Some 360 participants used the center on long-term projects which ran
21 from 9 weeks to a semester long project. For two years we have been in an
22 afterschool program at the Gadsden Middle School which is where we started
23 developing the garden project and that has been very successful. None of this
24 money will go to the Gadsden program, just on the side. But just to let you know
25 that we have been, the presentation and the proposal that we gave you today are
26 actual projects that we've been doing for many years and the health and
27 wellness has been the last three years.

28
29 Thank you. Any questions?

30
31 **Nissen:** I forgot to mention. I usually say this to everybody presenting.
32 We're giving away \$300,000 in these grants. We have \$1,028,240 in requests,
33 so that's where we're coming from, just so you understand. Irene, would most of
34 the attendees of this program be Alma De Arte students?

35
36 **Lewis:** No they won't be. They will not be. As a matter of fact, none
37 of them will be. We have a different program from Alma De Arte, which is for the
38 program which is totally different funding. This is new programming that the
39 Court Youth Center used to do prior to the opening of this school.

40
41 **Nissen:** Okay thank you.

42
43 **Vega:** Thank you very much.

44
45 **H. National Alliance for the Mentally Ill – NAMI-Dona Ana County**

1 **Gibson:** My name is Dianna Gibson. I'm a volunteer and board member for
2 NAMI. Imagine your mind simultaneously playing four television programs while
3 eight people are talking with you, to you and beside you. Imagine your child or
4 spouse just staring at you unable to respond while trying to sort out reality.
5 Imagine being three hours late for work because you had to go back to your
6 house six times to check and recheck whether the coffee pot, iron and lights
7 were turned off. Until you experience the reality of mental illness at close range,
8 you cannot know how devastating and mystifying this is. All disorders and
9 diseases are stressful, but mental illness is extremely baffling. No x-ray, blood
10 test or MRI can determine the diagnosis and just as soon as the medication
11 seems to be working, the brain shifts its chemistry and we're off again.
12 Psychiatrist and psychologist are stretched to their limits and cannot take time to
13 tell family members how to cope. The mentally ill persons themselves have
14 difficulty navigating the maze of available services while experiencing setbacks,
15 rejections and loss of friends. Mental illness is one of the most hidden social
16 problems due to ignorance, fear and shame. The isolation of the mentally ill and
17 their families is shocking. Shallow media coverage perpetuates stereotypes that
18 lead to rejection. This stigma results in unwillingness to talk about the situation
19 or ask for help.

20
21 The National Alliance on Mental Illness, or NAMI, is the nation's largest
22 grassroots organization for people with mental illness and their families. NAMI
23 Dona Ana County or NAMIDAC is the local affiliate. No other group addresses
24 the specific needs of family members of mentally ill individuals. The mentally ill
25 receive medical and psychological care from various sources and providers, but
26 none of these provide the support and educational forums available through
27 NAMI. NAMI is unique in conveying the realities of living with a mental illness to
28 medical providers, therefore, enhancing their ability to provide treatment. Many
29 of them tell us that they were never ever trained in this during their entire
30 technical training.

31
32 Mental illnesses are medical conditions that disrupt a person's thinking, feeling,
33 mood and ability to relate to others and daily functioning. Just as diabetes is a
34 disorder of the pancreas, mental illnesses are brain disorders that often result in
35 a diminished capacity for coping with the ordinary demands of life. One in five, I
36 want to repeat that because that's important, one in five American adults contend
37 with a mental illness. These illnesses greatly affect family members and society
38 in general. The social cost of ineffective or incorrect handling of mentally ill
39 individuals are very high, including cost of law enforcement actions,
40 incarceration, emergency room and other medical costs, loss of productivity and
41 employment by both ill persons and their family members and more. Mental
42 illnesses are not the result of personal weakness, lack of character or poor
43 upbringing.

44
45 Most importantly, mental illnesses are treatable. Most people diagnosed with a
46 serious mental illness can experience relief from their symptoms by actively

1 participating in individual treatment plans and medications have greatly
2 improved over the last few years. The support of their family members is very
3 important and can be more effectively provided if the family is educated in the
4 facts regarding mental illness and coping skills. Education for providers and law
5 enforcement personnel also assist in the approach to the mentally ill individual.
6 The activities of NAMI are needed to meet these needs.

7
8 As you can see in our application, we have specific projects listed; family
9 education course, the peer education course, presentations to the public by
10 mentally ill individuals, peer support group and provider education. These
11 services are open to anyone, whether they are members or not members. They
12 are free and we serve all ages and all demographics. The City itself will benefit
13 because of the reduction in social costs. So I want to repeat, no other
14 organization offers these programs. Education and support are the keys. As one
15 of our members said, "People tell me it's all in my mind, but that's the dangerous
16 place."

17
18 **Nissen:** You say the total beneficiaries are 282,900, could you explain that
19 statistic?

20
21 **Gibson:** Certainly. That is the total population, plus all the providers that we
22 help. We serve providers, the ill persons themselves, their families. It's a
23 network of interactions and it's far-reaching; so if a child has runaway from their
24 family some where else and end up here, then there's just a wide network and
25 we're actually part of a national network. So what we try to do is just look at
26 some ideas for how many people would be locally that would be impacted.

27
28 **Nissen:** Have you applied for the Health and Human Services RFA's for this
29 project?

30
31 **Gibson:** We have not.

32
33 **Nissen:** Wouldn't that fit under the behavioral health services objective?

34
35 **Gibson:** Well I'm not sure. We are not direct medical providers. We work
36 the network with the psychologist and psychiatrist, but we are not physicians.
37 We offer education and support, is what our group does.

38
39 **Nissen:** But they do award to community organizations like this.

40
41 **Gibson:** Well we'll certainly look into it. We're looking for grant funding from
42 wherever we can. We were funded previously by United Way and that was
43 enabling us to do some things previously.

44
45 **Nissen:** Okay thank you.
46

1 Vega: Thank you ma'am.

2

3 I. **Southern NM Diabetes Outreach – Ciclovia / Diabetes**
 4 **Prevention, Screening & Support Programs**

5 **Fetters:** Hi, my name is Connie Fetters and I'm a diabetes educator in our
 6 community and I'm also a board member of Southern New Mexico Diabetes
 7 Outreach. SNMDO is a 501(c)3 organization that's been in existence for 12
 8 years. Our primary mission is to improve the lives of those people with diabetes
 9 or find those at risk for diabetes. This is done through screening, support
 10 activities and community education. We actively coordinate with a formal
 11 diabetes education programs in the community. We are not duplicating their
 12 services. We're providing a separate idea. We coordinate with these community
 13 groups in a variety of ways. A new thing that we just started doing this last year
 14 was coordinating with these groups, being their physical agent if they are not a
 15 501(c)3 so that their projects can also be run. Our primary funding source is
 16 United Way and business and personal contributions. We do have a part-time
 17 administrative assistant and that's all of our staff. We have no new projects
 18 we're seeking your support for. We're just trying to improve and continue our
 19 core activities.

20

21 One of the core activities is screening and finding those people at risk for
 22 diabetes. During 2008, we screened approximately 1,000 people in 39 settings.
 23 Our request to you in the area is 4600 to increase our service. These dollars will
 24 be used for supplies and screening project enhancements. As an example, you
 25 don't just screen people for diabetes by testing their blood sugar. There are
 26 things we are looking at now like different body mass indexes, different weight
 27 measurements, waist measurements, a whole variety of new things, that's one of
 28 our goals. 50% of the people with diabetes don't know they have it. By doing
 29 these screenings, we are able to find those people who don't know they have it
 30 and try to get them in for service.

31

32 Another thing that we do are support groups. If any of you have done support
 33 groups and other organizations, you know support groups can be very difficult.
 34 We currently have three established support groups going on and we have some
 35 very, very dedicated volunteers. What we are asking for in this area is a small
 36 portion, \$5,200, to help us hire a part-time diabetes educator to help in looking at
 37 those support groups and improving the services that are offered. This is not a
 38 position that will be continued. This is a consulting type position to help us
 39 improve what we're doing. Our support groups, right now, are primarily for
 40 adults. We've been asked for support groups for children. We've been asked for
 41 support groups for insulin pumped patients, but at this point and time, we're not
 42 able to supply those.

43

44 Diabetes wellness stay is our third area. A diabetes wellness stay is a five year
 45 old project that is a community education event for people with diabetes. This
 46 has moved from a rag tag group of people putting it together to it finding home at

1 SNMDO. We don't charge people what it cost for that. We usually have, you
2 know 150 to 200 people who attend; new people, old people, a variety of things.
3 Our goal is to improve that in terms of attendance also this year. We're asking
4 for \$4300 for that event.

5
6 Operating support, we don't ask for a lot of operating support. We don't have a
7 lot of operating support. We do an awful lot on very little money. But we can't do
8 the programs without increasing a little bit in operating support. So we're asking
9 for \$2000 to help supply our administrative assistant. We're also asking for help
10 with auditing expenses and liability insurance.

11
12 So thank you for your help and I'll be happy to answer questions at a later time.

13
14 **Favela:** Good evening. My name is Beatriz Favela. I'm a Program
15 Coordinator for the (inaudible) Education Program at Southern area, Health
16 Education Center at NMSU. I'm here to present on Ciclovía. As we know, it is
17 hard to put into perspective the health concerns that we have. We know that in
18 the medical field there are so many advancements. Yet we also know that a lot
19 of our behavior is what is causing a lot of the health concerns that we have at this
20 point. I'm also a member of the Dona Ana Diabetes Action Coalition, which is the
21 group that is putting this community event together. Two years ago during a
22 strategic meeting the idea of Ciclovía was introduced. We decided to implement
23 this community event because it does fall into the goal and the mission for the
24 coalition. The mission for the coalition is improving the lives of people in Dona
25 Ana County who have or are at risk of diabetes. The goal is to bring the
26 community together to prevent diabetes and enhance diabetes self-management.

27
28 Research shows the insufficient physical activity contributes to the risk of obesity,
29 type 2 diabetes and other chronic conditions. According to the New Mexico
30 Department of Health, one major risk factor for diabetes is obesity. We also
31 know that obesity has become an epidemic here in the United States. A recent
32 study published by the Pediatric and Adolescent medicine revealed that 1 out of
33 5 children who are four years old are obese in America. New Mexico has also
34 been rated the 38th state with most obese people; this is according to the Robert
35 Wood Johnson foundation. Research recommends that creation of better access
36 of places for people to participate in physical activity, along with providing them
37 with the educational information and also improve the health behavior changes,
38 which is what we are trying to do. Ciclovía is an outdoor opportunity for citizens
39 to take part in an event that promotes physical activity and healthy lifestyles.
40 During the events of Ciclovías, we create a festive environment with a variety of
41 physical activities accessible to the general public. We create a stage with
42 aerobics, yoga, pilates, dance, we also have music and we provide all other
43 activities for children. In addition, we also provide educational information
44 regarding physical activity and nutrition. We've had 12 Ciclovías so far and the
45 evaluations that we collected from participants revealed that there is a big
46 demand in this community for events such as that. 90% of the participants said

1 that this event has helped them and their families engage in physical activity.
2 Our goal is to provide an event where our community can learn that physical
3 activity can be fun and simple. The cost for the community members for this
4 event is free; there is no cost. We would appreciate your support in continuing to
5 provide our community with this opportunity to engage in physical activity which
6 can be fun and simple. Thank you.

7
8 **Nissen:** Connie, when we had been looking for outreach to do these
9 screenings and so on, how many....you're not turning anybody down, are you, for
10 the screenings?

11
12 **Fetters:** We're not really turning anyone down but we know that our best bet
13 is going to be a larger event where we're going to get more bang for our buck in
14 terms of people. During the past year, we actually did 39 screenings. Again, you
15 know you poke the finger and you get some information, but these screenings,
16 there's really more to finding pre-diabetes than that and that where we really
17 need the help to enhance what we're doing so that we're doing a better job.

18
19 **Nissen:** Okay. I know you did one of these at the community college a
20 couple of years ago and we tried to follow-up on some of those students and see
21 if they really went to a doctor or whatever, and that's pretty hard to do. So is that
22 one of your problems of trying to follow-up?

23
24 **Fetters:** Well, we really aren't in necessarily in the business of following-up.
25 We're in the business of finding and referring. Now we will try to refer people to
26 whatever type of service they need to follow-up. One of the other things that
27 happens is people show up at these screenings and they aren't just necessarily
28 people without diabetes. A lot of the people that we end up seeing, are people
29 with diabetes who haven't quite figured out yet that they need to manage it and
30 this is another incentive for them.

31
32 **Nissen:** My last question, did you apply for the Health and Human Services
33 RFA for this?

34
35 **Fetters:** We are applying for some Health and Human Services money. I
36 believe we are, anyway, it's in the works. Health and Human Services money,
37 however, 45% needs to be put into the County outside of Las Cruces. The things
38 we're talking about here are basically servicing Las Cruces and so, you know, we
39 will be looking at things to also service in the County.

40
41 **Nissen:** Okay thank you.

42
43 **Fetters:** Any other questions? Okay thanks.

44
45 **Nissen:** I have a question for Bea. Last year when the Ciclovía was being
46 discussed, there was an approach made to parks and rec over funding. Has that

1 taken place again for next year for the Ciclovias? Do you think park and rec will
2 give some funding to this?

3

4 **Favela:** What they've done is the fee that we pay the City is very little, it's
5 only a percentage of what we should be paying them. They have been very
6 supportive as far as providing us with staff and support in the space. We started
7 out at the Meerscheidt recreation center and so we were inside doing indoor
8 activities as well as outdoor activities. This year we decided to go to Young Park
9 and again they have been very, very supportive. So no funding, however, the fee
10 that we pay them is so small that it's a big help for Ciclovias.

11

12 **Nissen:** But did we make a direct appeal though to the Mayor and Council
13 for this?

14

15 **Favela:** No we didn't.

16

17 **Nissen:** Okay. Thank you.

18

19 **Favela:** Any other questions?

20

21 **Patterson:** I had one. I meant to come and observe Ciclovias when it was
22 happening. I live close to Young Park and I missed it. Is that a fundraiser that
23 you had at . . .

24

25 **Favela:** No. No there's no fundraiser.

26

27 **Patterson:** It's just participation of . . .

28

29 **Favela:** Just participation. Anybody that comes to the park is welcome to
30 take part in Ciclovias. We have all kinds of equipment available for whoever
31 wants to participate in that.

32

33 **Patterson:** So it's education.

34

35 **Favela:** It's education. We also provide education...this past Sunday we
36 had everybody that came to the event received a jump rope along with
37 information on the do's and the don'ts as far as using a jump rope.

38

39 **Patterson:** Thank you.

40

41 **J. Southwest Counseling Center – Homeless Outreach & Rental
42 Assistance / Medication Services for the Indigent**

43

44 **Cooley:** Thank you for this opportunity. I'd like to present the grant proposal
45 for the project of Homeless Outreach and Rental Assistance. Southwest
46 Counseling has been a forerunner in behavioral health services in Southern New
Mexico for over 40 years. My name is Helen Cooley. I've been there for 12

1 years and this is Tom Taylor who will be speaking to us at the end of our last
2 minute on this part.

3
4 The purpose of the project is to provide outreach services for people who are
5 homeless and at risk of being homeless. In real life, this mean helping folks to
6 engage in mental and behavior health services through screenings assessment
7 for physical, mental health and substance abuse and helping them access these
8 services and resources in the community. We know that there's a need in this
9 community. The BBC Research and consulting data used in the City's
10 Consolidation Plan of FY2003-05 showed at that time there was approximately
11 4,000 homeless people in Las Cruces and the number of people who are at risk
12 for being homeless was double that. We know with the economy the way it's
13 been going that those numbers have risen steadily. The aim of the project is to
14 aid and identify individuals who are referred by partner agencies in the
15 community with recognizing and learning coping skills for dealing with disabilities
16 and linking them to the resources that are available in our community. We also
17 know that there will be health related issues. The homeless tend not to seek
18 medical attention. It's not at the top of their priority list; food a safe to be, shelter.
19 Also, they often have chronic illnesses due to lack of medical attention and
20 sometimes lifestyle choices. This project will dedicate two experienced,
21 comprehensive community support service workers to this program. They have
22 experience working with the homeless and getting housing and they have a solid
23 knowledge of how to access resources and where to get them for their
24 consumers. Our goal is to have this project run until the money runs out,
25 spending it all for the outreach services for the homeless people, at least 100, at
26 then providing the community support services for at least 80 people and getting
27 them rental assistance. We do work in the community with Shelter Plus Care,
28 Community of Hope, Las Cruces Housing Authority, Department of Vocational
29 Rehabilitation, FYI, Housing of Dona Ana County, City of Las Cruces, La Casa
30 and Jail Diversion. I'd like to introduce you to Tom Taylor.

31
32 **Taylor:** My name is Tom Taylor. I work as a receptionist and a secretary
33 over at PSR, which is Psycho Social Rehabilitation that is part of Southwest
34 Counseling. Years ago I was diagnosed with bi-polar mental illness, which is
35 manic depressive illness by a psychiatrist. He suggested I go to Southwest
36 Counseling and I receive therapy there and I receive medication there. At the
37 times for year I was living in a trailer and I was doing pretty good, but one of my
38 relatives who was living with me got very ill and I had to sell the trailer to provide
39 enough money to meet the medical expenses. So I became homeless. And
40 being homeless I soon discovered that to go through the housing authority was a
41 difficult thing because there just was no housing available. The Southwest
42 Counseling Center operates a program called TLC which is the transition living
43 center. So I lived there for 1 ½ years which is the maximum period of time you
44 can stay there because it's the transition center. I left TLC and I was again
45 homeless. I applied for housing through the city but none was available, until a
46 therapist, a friend of mine, over at Southwest Counseling Center suggested that I

1 call the State Housing Authority. So I called the State Housing Authority and
2 they put the wheels into action. Within a matter of a few days I was over at the
3 Community of Hope and from the Community of Hope there was a women there
4 who was head of a program called Shelter Plus Care. Shelter Plus Care works
5 with the Community of Hope and with Southwest Counseling Center to provide
6 housing for homeless people with a mental illness. This woman helped me get
7 an apartment within a few days after I contacted her and Southwest Counseling
8 Center pays most of my rent in exchange for my obtaining of services from
9 Southwest Counseling such as going to their day program, their programs that
10 they have there, their classes that they provide. I only have to pay a small co-
11 payment and it's great because even though the rent is like \$450 a month, I pay
12 about \$41 a month in rent. If it wasn't for this program, I wouldn't be able to live
13 anywhere and I'd still be homeless. That's what I wanted to say about that.
14 Thank you.

15
16 **Vega:** Thank you sir.

17
18 **Alvarez:** I'm here to talk about the grant for requesting for our pharmacy of
19 \$57,000. My name is Vicky Alvarez. I'm a psychiatric nurse practitioner at
20 Southwest Counseling and very proud to be a part of that organization. As you
21 all know, medications cost a lot of money. I had a patient in today that was
22 prescribed an anti-psychotic, went to pick it up, 30 tablets, \$452. They had no
23 insurance. They just got out of the hospital. They weren't sure what they were
24 going to do. Fortunately because of the pharmaceutical companies, we had
25 enough samples that I could give that patient a month's worth of medication and
26 keep him stable for this month. Southwest has a wonderful program through the
27 pharmaceutical companies called Patient Assistant Program. This is where we
28 access medication through the pharmaceutical companies and provide them to
29 the patients for free. These are patients who have no other way of paying for
30 these medications. Almost every single program requires that a patient get a
31 Medicaid denial letter before they will provide that medication.

32
33 What we are asking for is money to keep our pharmacy going. The Pharmacy
34 Tech and the Pharmacy consultant are the people who get the medications, who
35 label them, who make sure that when a person needs their prescription filled
36 through samples or through the patient assistant, it is filled and labeled. It's an
37 invaluable program. I wanted to let somebody here who could tell you much
38 more about it than I could or how it's impacted them. This is Corine McClenan.

39
40 **McClenan:** I am Corine McClenan. I am 57 years old. I also suffer a mental
41 illness. I've suffered since the 6th grade. Southwest has saved my life. At one
42 time I was functioning member in the community and became very ill and
43 Southwest helped me have counseling, medication, patient assistance program.
44 They kept track of my medicines. They kept track of when my patient assistance
45 were due. They also had the medication available for me quickly. If you miss a
46 week of medication in a mental illness, you become dizzy, you become

1 disoriented and it takes you a month or two to get stabilized again to where you
2 can even remember what you are doing. I had become so ill that I could not
3 longer do phone numbers, I could not do the checkbook. I started not taking
4 phone calls. I started not taking visitors. I started backing my car out of the
5 driveway.....

6
7 (NOTE: Time buzzard going off)

8
9 **Vega:** Thank you. Thank you for your information. We're going to ask
10 some questions now.

11
12 **Nissen:** Who at Southwest is writing the prescriptions?

13
14 **Alvarez:** At Southwest Counseling at this time we have two psychiatric nurse
15 practitioners and a psychiatrist who are all able to write prescriptions.

16
17 **Nissen:** Do you do any co-joint things with Mesilla Valley Hospital?

18
19 **Alvarez:** As far as ...?

20
21 **Nissen:** As far as the patients. I mean if some of these patients, what
22 should I say, are beyond the reach for your personnel or non of them are beyond
23 reach for your personnel to handle?

24
25 **Alvarez:** Well if a patient is not doing well and is a danger to themselves or
26 others, we certainly refer to Memorial Medical Center or Mesilla Valley Hospital
27 for hospitalization. Our hope is with medication so that that will be the last resort.

28
29 **Nissen:** And you're not just addressing homeless people. Indigent people,
30 you're saying right?

31
32 **Alvarez:** Right. At this time we're serving over 600 people who have no
33 means of paying for their medication.

34
35 **Nissen:** And have you applied for the Health and Human Services RFA?

36
37 **Alvarez:** Yes we have.

38
39 **Nissen:** Good luck. Thank you.

40
41 **Patterson:** I have a question please. The patient that you provided the
42 samples for a 30 day supply, what happens when that batch runs out?

43
44 **Alvarez:** What I did with this patient is I was able to give him the 30 day
45 supply. I had him meet with our medical case manager whose in charge of the

1 patient assistance program and at the end of 30 days that application should be
2 accepted and his own medication should be coming in.

3
4 **Patterson:** So the pharmaceutical companies then would pay for his
5 medication from that point on?

6
7 **Alvarez:** Yes. Some of them do have a limit on how long, but we have some
8 patients that for years have been reliant and have been able to get medications
9 because they are not able to be accepted through Medicaid or Medicare or other
10 insurance programs.

11
12 **Patterson:** I see. Thank you.

13
14 **Garcia:** I would like to point out to the committee. I know none of these
15 ladies were originally on the list serve that went out that was specifically....as
16 much as we appreciate the client input, please don't get us wrong, but in all
17 fairness to the other presenters, they were asked not to bring clients, to have
18 visual aids or clients because it would make a very long meeting and could raise
19 a lot more questions. So I would like that to be taken into consideration for the
20 committee in your scoring process. Thank you.

21
22 **K. Tresco Inc. – Flexibility, Aerobics, Balance and Strength
23 Program**

24 **Gilliland:** Good evening. I want to thank the committee for the opportunity for
25 Tresco to present our proposal. My name is Tim Gilliland. With me is Marie
26 Gant who is the Consumer Support Program Manager. I am the Director of
27 Community Services for Tresco. Tresco Incorporated has been in this
28 community for 40 years providing services for the development and disabled
29 population. We employ over 500 individuals in our company. We also service
30 over 1750 consumers through Tresco. What we are proposing is a program
31 called FABS and FABS stands for Flexibility, Aerobics, Balance and Strength. It
32 is a program that is researched based out of the University of Illinois and
33 Chicago. This is a program that provides an opportunity for our consumers to
34 participate three times a week for a 12 week program, at two hour sessions. The
35 first hour provides information about wellness, health, nutrition. The second hour
36 provides a physical activity. Individuals that are identified as being participants in
37 this program participate in a pre and post test component of the FABS program.
38 The pre-test component will have the individuals be assessed with the health
39 instrument measuring a number of different health indicators, including taking
40 blood samples and then certainly we have an opportunity after the consumers
41 participate in this program to compare and contrast the results and hopefully the
42 effectiveness of this program.

43
44 Why is Tresco interesting in introducing this program? When you compare
45 health disparities with developmental disabled populations with the general
46 populations, the developmental disabled populations have higher incidents and

1 prevalence of illness and disease and morbidity. Simple, our populations have a
2 lot more health problems, have shorter life spans. This is also true with the
3 populations here in New Mexico and in his region. The other opportunity that we
4 see with this program is that it is also an opportunity to address the disparity in
5 terms of accessing choices for this population; with choices having components
6 that are related to cultural sensitivity, cultural competence and cultural
7 effectiveness. It is awfully difficult for our consumers to access health and
8 exercise programs in the community and not have this component available;
9 component again being cultural sensitivity competence and effectiveness. The
10 other motivation for doing this is that it is a cost saving measure. Every time our
11 individuals experience a health problem and we're not able to take care of it
12 within the range of our services, that means the individuals have to access
13 community based health services and certainly there's a cost connected with
14 that.

15
16 On the more macro level, one of the motivations for introducing this program is
17 that this program puts us in alignment with the U.S. Surgeon Generals blueprint
18 for change, as well as the New Mexico Department of Health strategic plan
19 where both of these plans ask communities to integrate opportunities for people
20 with developmental disabilities and to have programs that will insure quality
21 outcomes, improve health outcomes and disparities to this population. To the
22 City of Las Cruces part of the motivation is that it will continue to allow the City of
23 Las Cruces to promote itself as a leader in community wellness initiatives and
24 build on an existing relationship with Tresco.

25
26 We're asking for \$20,156 and that money will be matched by Tresco. It will allow
27 us to hire a part-time individual, as well as provide equipment and tools that we'll
28 use in this particular program. Do you have any questions?

29
30 **Nissen:** Many of your clients are down syndromes right?

31
32 **Gilliland:** I wouldn't say a lot. There are a percentage, but not a majority or
33 significantly.

34
35 **Nissen:** When I was a special ed director, I noticed obesity was always a
36 big problem with down kids. We had to do all the things you're trained to do with
37 physical activity and so on. Sometimes this becomes a line of communication
38 problem with the individual and I know you guys are experts at that from knowing
39 your director. If this program were put into play, would that miscommunication
40 problem with mentally retarded people, is that a big stumbling block.

41
42 **Gilliland:** Let me go back to refer to some terms that I use. In a lot of our
43 work we use terms like cultural sensitivity and competence and often time's folks
44 will look at it being something related to ethnicity. Specifically talking about a
45 sub-cultural, the DD population, where there is a wide range of communication
46 challenges and through our training and expertise we're able to identify the

1 specific type of communication challenges, address that and incorporate it in this
2 type of program.

3
4 **Nissen:** So this would try to handle that, in other words.

5
6 **Gilliland:** Correct. If you could project that individual accessing a community
7 resource where they may not be an individual that has the training specifically to
8 communicate with that individual, that individual most likely is going to feel very
9 alienated and not benefit from the poor

10
11 **Nissen:** Because I always found when they were out of line of sight of you
12 and they were out there independently, you know we were trying to work with
13 those kids on diet and it was a tough cookie.

14
15 **Gilliland:** I'm not sure if that's a unique domain of individuals (inaudible). I've
16 seen other folks do that as well.

17
18 **Nissen:** Thank you.

19
20 **Vega:** Okay thank you.

21
22 **V. OTHER DISCUSSION**

23
24 Ms. Barnhouse-Garcia advised that the committee had been rescheduled out of
25 the Council Chambers meeting room; so therefore, the committee will be meeting
26 at the Munson Senior Center on May 6th at 6:00 p.m.

27
28 **VI. ADJOURNMENT**

29
30 David Telford moved to adjourn.

31
32 Sue Patterson seconded.

33
34 All in favor.

35
36 Meeting adjourned at 7:50 p.m.

37
38
39
40 _____
Chairperson

**HEALTH AND HUMAN SERVICES ADVISORY COMMITTEE
May 6, 2009**

Following are the summary minutes from the Health and Human Services Advisory Committee meeting held on Wednesday, May 6, 2009, at 6:00 p.m., at the Munson Senior Center, 975 S. Mesquite, Las Cruces, New Mexico.

MEMBERS PRESENT: Hector Vega
Earl Nissen
Sue Patterson
David Telford
William Corbett
Mary Simmons
Kevin Kay

STAFF PRESENT: David Dollahon
Jean Barnhouse-Garcia
Raymond Burchfield
Diana Garcia-Parra (recording secretary)

PUBLIC PRESENT: Merced Jasso (Border Fair Housing)
Shirley Jaquez (Jardin de los Ninos)
Miguel Parra (The Ability Center)
Gary Clute (MVCH)
Terra Van Winter (MV Hospice)
Amy Bassford (La Casa)
Larry Broxton (Dona Ana Arts Council)
Kelli Thompson (FYI Americorps)
Andy Duran (FYI Americorps)
Bernadette Pina (SW Counseling Center)
Patrick Urban (SW Counseling Center)
Irene Oliver-Lewis (MV Youth Foundation)
Alan Caroe (St. Lukes)
Stacie Christiano (BBBS)
June Donohue (SNM Diabetes Outreach)
Shawna Mitchell
Dianna Gibson

I. CALL TO ORDER

Meeting was called to order by Hector Vega at 6:02 p.m.

II. ROLL CALL

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

1
2 **III. APPROVAL OF MINUTES – April 15, 2009 and April 29, 2009**

3
4 Ms. Barnhouse-Garcia advised they would be reviewed for approval at the work
5 session this summer.

6
7 **IV. FINAL RANKING OF COMPOSITE SCORES FOR HEALTH-RELATED**
8 **PUBLIC SERVICES APPLICATIONS**

9
10 Ms. Barnhouse-Garcia went over the rankings handout with the committee. She
11 explained the three options:

- 12
13 • Option #1 – David Telford had abstained from scoring Southwest
14 Counseling's presentation. Mary Simmons was not present to score the
15 second half of presentations. Therefore, option #1 eliminates all
16 presentation scores for David Telford and Mary Simmons.
17
18 • Option #2 – Includes zero presentation scores for David Telford and Mary
19 Simmons.
20
21 • Option #3 – Eliminates the zero presentation scores for Mary Simmons
22 and all scores for David Telford.

23
24 Earl Nissen moved to accept Option #1.

25
26 David Telford seconded.

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

29
30 **V. FINAL APPROPRIATION OF FUNDING RECOMMENDATION**

31
32 Various options were presented and discussed by the committee members, they
33 included:

- 34
35 1) Fund the top 5 agencies at 85%, next 5 at 55%, and the next 5 at 35% of
36 their funding request.
37 2) Fund the top 16 agencies at 40%, and next one (1) at 35% of their funding
38 request.
39 3) Fund the top 17 agencies at 35%, and next 6 at 30% of their funding
40 request.
41 4) Fund the top 5 agencies at 70%, next 5 at 40%, next 4 at 25%, next 2 at
42 21%, and last one (1 (#17)) at 21% minus \$134.26.

43
44 Earl Nissen moved to fund the top 5 agencies at 70%, next 5 at 40%, next 4 at
45 25%, next 2 at 21%, and next one (1 (#17)) at 21% minus \$134.26.
46

1 Mary Simmons seconded.

2

3 David Dollahon recommended the committee minus cents from said agencies to
4 get round whole dollar amounts, and add \$2.26 to #17. The total Health Related
5 Public Service funding recommendations, as amended, are as follows:

6

7	El Caldito Soup Kitchen	\$17,500
8	Jardin de los Ninos	\$35,000
9	La Pinon	\$15,897
10	La Casa	\$45,500
11	Mesilla Valley Hospice – Charity Care	\$35,000
12	SNM Diabetes Outreach	
13	– Diabetes Prevention	\$ 8,000
14	Mesilla Valley Community of Hope	\$18,600
15	National Association for the Mentally Ill	\$10,000
16	Camino de Vida	\$11,000
17	SNM Diabetes Outreach – Ciclovía	\$29,261
18	La Clinica de Familia	\$12,500
19	SW Counseling Cntr – Medication Serv.	\$14,250
20	Dona Ana Action for Youth	\$20,207
21	Mesilla Valley Hospice – Grief Serv.	\$ 3,750
22	Border Environmental Health Coalition	\$15,340
23	Mesilla Valley Youth Foundation	\$12,827
24	SW Counseling Cntr	
25	– Homeless Outreach	\$10,368

26

27 All in favor. None opposed. Motion carried.

28

29 **VI. OTHER DISCUSSION**

30

31 Sue Patterson asked when the committee's recommendations would be
32 presented to Council.

33

34 Ms. Barnhouse-Garcia advised on June 1, 2009.

35

36 Mr. Dollahon stated that the CDBG recommendations were ratified by City
37 Council on Monday, May 4, 2009, with no changes. He also advised that he had
38 just found out that they will be receiving \$18,000 more for CDBG. Staff has
39 decided to put it towards a non-public service project, as the committee had
40 already made their recommendations. The \$18,000 will go towards a street
41 project that was short on money, which was also ratified by Council on Monday,
42 May 4, 2009.

43

44 Mr. Dollahon stated there would probably be a work session sometime in July to
45 discuss some of the issues that have come up for both the CDBG and Health-
46 Related Guides. Work sessions will probably run through October.

1
2
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4
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12
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14

VII. ADJOURNMENT

Earl Nissen moved to adjourn.

Mary Simmons seconded.

All in favor.

Meeting adjourned at 6:51 p.m.

Chairperson

285

Attachment "C"

Jean Barnhouse-Garcia

From: Jean Barnhouse-Garcia
Sent: Friday, May 29, 2009 9:20 AM
To: Jean Barnhouse-Garcia
Subject: FW: FY 2010 Health-Related Public Services Funding (Amended)

Since **Mary Simmons** does not use email, and **Hector Vega** was unable to use the internet, they both agreed by phone on Thursday, May 28, 2009 to approve the funding redistribution of the \$15,340 among the sixteen recommended awardees.

Earl Nissen has been unavailable for email or phone since he is traveling on vacation in Ohio.

Thus, we have a majority of 6 HHSAC members (with 1 absentee) who vote to redistribute the \$15,340 from Border Environmental Health Coalition among the remaining sixteen recommended awardees.

From: Jean Barnhouse-Garcia
Sent: Wednesday, May 27, 2009 4:00 PM
To: 'David Telford'; 'Earl Nissen'; 'Hector Vega (hectorvml@msn.com)'; 'Kevin Kay'; 'Sue Patterson (SueAtLasCruces@msn.com)'; 'William Corbett (wcorbett@nmsu.edu)'
Subject: FY 2010 Health-Related Public Services Funding (Amended)

Dear HHSAC Members:

Just one more final vote, I promise! We need to have your final vote for the Council Action & Executive Summary that is due to the City Clerk's office on Friday, May 29, 2009.

Please review the chart below (forgive the format, please) and email me back as soon as possible. We need to know your final approval or disapproval of the funding redistribution so we can document your vote to City Council.

The funding redistribution gives an additional \$958.00 to the first 14 awardees, and \$964.00 to the last 2 awardees.

In your reply to this email, please mark one of the following:

Approval / Disapproval of the Funding Redistribution		
HHSAC Member	Approve	Disapprove
William Corbett	()	()
Kevin Kay	()	()
Earl Nissen	()	()
Sue Patterson	()	()
Mary Simmons	(X) via telephone	()
David Telford	()	()
Hector Vega	(X) via telephone	()

	<i>Original Funding</i>	<i>Additional funds from Border Environ. Health Coalition Award decline</i>	<i>Amended</i>
HEALTH RELATED PUBLIC			

5/29/2009

286

SERVICES Applicant			Recommended Award
El Caldito Soup Kitchen	\$ 17,500.00	\$ 958.00	\$ 18,458.00
Jardin de los Ninos	\$ 35,000.00	\$ 958.00	\$ 35,958.00
La Pinon	\$ 15,897.00	\$ 958.00	\$ 16,855.00
La Casa Inc.	\$ 45,500.00	\$ 958.00	\$ 46,458.00
Mesilla Valley Hospice-Charity Care	\$ 35,000.00	\$ 958.00	\$ 35,958.00
SNM Diabetes Outreach-Diabetes Prev.	\$ 8,000.00	\$ 958.00	\$ 8,958.00
Mesilla Valley Community of Hope	\$ 18,600.00	\$ 958.00	\$ 19,558.00
NAMI-Dona Ana County	\$ 10,000.00	\$ 958.00	\$ 10,958.00
Camino de Vida	\$ 11,000.00	\$ 958.00	\$ 11,958.00
SNM Diabetes Outreach-Ciclovia	\$ 29,261.00	\$ 958.00	\$ 30,219.00
La Clinica de Familia	\$ 12,500.00	\$ 958.00	\$ 13,458.00
SW Counseling Ctr-Medication Serv	\$ 14,250.00	\$ 958.00	\$ 15,208.00
Dona Ana Action for Youth	\$ 20,207.00	\$ 958.00	\$ 21,165.00
Mesilla Valley Hospice-Grief Services	\$ 3,750.00	\$ 958.00	\$ 4,708.00
Border Environmental Health Coalition-DECLINED AWARD	\$ -	0	\$ -
Mesilla Valley Youth Foundation	\$ 12,827.00	\$ 964.00	\$ 13,791.00
SW Counseling Ctr-Homeless Outreach	\$ 10,368.00	\$ 964.00	\$ 11,332.00
Total Amt. Requested =	\$299,660.00	\$ 15,340.00	\$ 315,000.00

If you have any questions, please feel free to call or email me. Thanks a million!
Jean

Jean Barnhouse-Garcia

Neighborhood Programs Specialist - Public Services
Community Development Department
City of Las Cruces
575 S. Alameda, Rm. 153
P. O. Box 20000
Las Cruces, NM 88004
Phone: 575-528-3048 Fax: 575-528-3101
jbarnhouse-garcia@las-cruces.org

287

Jean Barnhouse-Garcia

From: Corbett, William [wcorbett@ad.nmsu.edu]
Sent: Wednesday, May 27, 2009 4:25 PM
To: Jean Barnhouse-Garcia
Subject: RE: FY 2010 Health-Related Public Services Funding (Amended)--Bill Corbett approves

Jean,

I marked "approve."
 Wm. Corbett

From: Jean Barnhouse-Garcia [mailto:jbarnhouse-garcia@las-cruces.org]
Sent: Wednesday, May 27, 2009 4:00 PM
To: David Telford; Earl Nissen; hectorvml@msn.com; Kevin Kay; SueAtLasCruces@msn.com; wcorbett@nmsu.edu
Subject: FY 2010 Health-Related Public Services Funding (Amended)

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Earl Nissen	()	()
Sue Patterson	()	()
Mary Simmons	()	()
David Telford	()	()
Hector Vega	()	()

	<i>Original Funding</i>	<i>Additional funds from Border Environ. Health Coalition Award decline</i>	<i>Amended Recommended Award</i>
HEALTH RELATED PUBLIC SERVICES Applicant			
El Caldito Soup Kitchen	\$ 17,500.00	\$ 958.00	\$ 18,458.00

5/27/2009

288

Jardin de los Ninos	\$ 35,000.00	\$ 958.00	\$ 35,958.00
La Pinon	\$ 15,897.00	\$ 958.00	\$ 16,855.00
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P. O. Box 20000
Las Cruces, NM 88004
Phone: 575-528-3048 Fax: 575-528-3101
jbarnhouse-garcia@las-cruces.org

289

Jean Barnhouse-Garcia

From: Kevin KAY [knlkay@msn.com]
Sent: Wednesday, May 27, 2009 4:54 PM
To: Jean Barnhouse-Garcia
Subject: Re: FY 2010 Health-Related Public Services Funding (Amended)

Shaklee Distributors
 "Committed to Healthier Lives"
www.shaklee.net/loriandkevinkay

----- Original Message -----

From: Jean Barnhouse-Garcia
To: David Telford ; Earl Nissen ; hectorvml@msn.com ; Kevin Kay ; SueAtLasCruces@msn.com ; wcorbett@nmsu.edu
Sent: Wednesday, May 27, 2009 4:00 PM
Subject: FY 2010 Health-Related Public Services Funding (Amended)

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Mary Simmons	()	()
David Telford	()	()
Hector Vega	()	()

	<i>Original Funding</i>	<i>Additional funds from Border Environ. Health Coalition Award decline</i>	<i>Amended Recommended Award</i>
HEALTH RELATED PUBLIC SERVICES Applicant			

5/27/2009

290

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P. O. Box 20000
Las Cruces, NM 88004
Phone: 575-528-3048 Fax: 575-528-3101
jbarnhouse-garcia@las-cruces.org

291

Jean Barnhouse-Garcia

From: Sue Patterson [SueAtLasCruces@msn.com]
Sent: Wednesday, May 27, 2009 4:11 PM
To: Jean Barnhouse-Garcia
Subject: Re: FY 2010 Health-Related Public Services Funding (Amended)

----- Original Message -----

From: Jean Barnhouse-Garcia
To: David Telford ; Earl Nissen ; hectorvml@msn.com ; Kevin Kay ; SueAtLasCruces@msn.com ; wcorbett@nmsu.edu
Sent: Wednesday, May 27, 2009 3:00 PM
Subject: FY 2010 Health-Related Public Services Funding (Amended)

Dear HHSAC Members:

Just one more final vote, I promise! We need to have your final vote for the Council Action & Executive Summary that is due to the City Clerk's office on Friday, May 29, 2009.

Please review the chart below (forgive the format, please) and email me back as soon as possible. We need to know your final approval or disapproval of the funding redistribution so we can document your vote to City Council.

The funding redistribution gives an additional \$958.00 to the first 14 awardees, and \$964.00 to the last 2 awardees.

In your reply to this email, please mark one of the following:

Approval / Disapproval of the Funding Redistribution

HHSAC Member	Approve	Disapprove
William Corbett	()	()
Kevin Kay	()	()
Earl Nissen	()	()
Sue Patterson	(X)	()
Mary Simmons	()	()
David Telford	()	()
Hector Vega	()	()

HEALTH RELATED PUBLIC SERVICES Applicant	Original Funding	Additional funds from Border Environ. Health Coalition Award decline	Amended Recommended Award
El Caldito Soup Kitchen	\$ 17,500.00	\$ 958.00	\$ 18,458.00
Jardin de los Ninos	\$ 35,000.00	\$ 958.00	\$ 35,958.00
La Pinon	\$ 15,897.00	\$ 958.00	\$ 16,855.00

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La Casa Inc.	\$ 45,500.00	\$ 958.00	\$ 46,458.00
Mesilla Valley Hospice-Charity Care	\$ 35,000.00	\$ 958.00	\$ 35,958.00
SNM Diabetes Outreach-Diabetes Prev.	\$ 8,000.00	\$ 958.00	\$ 8,958.00
Mesilla Valley Community of Hope	\$ 18,600.00	\$ 958.00	\$ 19,558.00
NAMI-Dona Ana County	\$ 10,000.00	\$ 958.00	\$ 10,958.00
Camino de Vida	\$ 11,000.00	\$ 958.00	\$ 11,958.00
SNM Diabetes Outreach-Ciclovia	\$ 29,261.00	\$ 958.00	\$ 30,219.00
La Clinica de Familia	\$ 12,500.00	\$ 958.00	\$ 13,458.00
SW Counseling Ctr-Medication Serv	\$ 14,250.00	\$ 958.00	\$ 15,208.00
Dona Ana Action for Youth	\$ 20,207.00	\$ 958.00	\$ 21,165.00
Mesilla Valley Hospice-Grief Services	\$ 3,750.00	\$ 958.00	\$ 4,708.00
Border Environmental Health Coalition DECLINED AWARD	\$ -	0	\$ -
Mesilla Valley Youth Foundation	\$ 12,827.00	\$ 964.00	\$ 13,791.00
SW Counseling Ctr-Homeless Outreach	\$ 10,368.00	\$ 964.00	\$ 11,332.00
Total Amt. Requested =	\$299,660.00	\$ 15,340.00	\$ 315,000.00

If you have any questions, please feel free to call or email me. Thanks a million!
Jean

Jean Barnhouse-Garcia

Neighborhood Programs Specialist - Public Services
Community Development Department
City of Las Cruces
575 S. Alameda, Rm. 153
P. O. Box 20000
Las Cruces, NM 88004
Phone: 575-528-3048 Fax: 575-528-3101
jbarnhouse-garcia@las-cruces.org

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Jean Barnhouse-Garcia

From: Telfordinc@comcast.net
Sent: Thursday, May 28, 2009 10:26 AM
To: Jean Barnhouse-Garcia
Subject: Re: FY 2010 Health-Related Public Services Funding (Amended)

----- Original Message -----

From: "Jean Barnhouse-Garcia" <jbarnhouse-garcia@las-cruces.org>
To: Telfordinc@comcast.net
Sent: Wednesday, May 27, 2009 4:01:36 PM GMT -07:00 US/Canada Mountain
Subject: FW: FY 2010 Health-Related Public Services Funding (Amended)

From: Jean Barnhouse-Garcia
Sent: Wednesday, May 27, 2009 4:00 PM
To: 'David Telford'; 'Earl Nissen'; 'Hector Vega (hectorvml@msn.com)'; 'Kevin Kay'; 'Sue Patterson (SueAtLasCruces@msn.com)'; 'William Corbett (wcorbett@nmsu.edu)'
Subject: FY 2010 Health-Related Public Services Funding (Amended)

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Approval / Disapproval of the Funding Redistribution		
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Kevin Kay	()	()
Earl Nissen	()	()
Sue Patterson	()	()
Mary Simmons	()	()
David Telford	(x)	()
Hector Vega	()	()

	Additional funds from Border Environ. Health Coalition Award	
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5/28/2009

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HEALTH RELATED PUBLIC SERVICES Applicant	Original Funding	decline	Amended Recommended Award
El Caldito Soup Kitchen	\$ 17,500.00	\$ 958.00	\$ 18,458.00
Jardin de los Ninos	\$ 35,000.00	\$ 958.00	\$ 35,958.00
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