Strategic Plan 2022-2025

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Introduction

In preparing for the strategic planning process, the LC3 Collaborative Board of Directors and Strategic Planning Team identified several goals to help to drive the process forward. The LC3 Collaborative Board of Directors, staff and Strategic Planning team provided guidance and leadership to the process. They recognized that strategic planning was occurring during a time which also has many uncertainties including the impact of the COVID pandemic on the community, navigating a challenging funding environment, the continued impacts on behavioral health services from funding and services cuts which occurred previously, and the need to ensure the engagement of key partners in the planning process. Despite these unknowns, the strategic planning process was an opportunity to check in with key partners and contributors of the LC3 Collaborative to determine how the collaborative might respond to this dynamic landscape.

Goals for the LC3 Collaborative Strategic Planning Process:

• To engage participants to inform the strategic plan for the LC3 Collaborative for the next three years
• To confirm the LC3 Collaborative’s Purpose and Collective Objectives
• To review relevant data to inform the LC3 Collaborative
• Prioritize critical shifts to improve behavioral health outcomes in the community
• To identify potential services and/or programs to advance Behavioral Health in the community

About the LC3 Collaborative

The LC3 Collaborative:

• Is the Behavioral Health Sector of the Resilience Leaders of Doña Ana County whose mission is to reduce Adverse Childhood Experiences (ACEs).
• Serves the communities of Doña Ana County and is based in Las Cruces, New Mexico.
• Represents 184 stakeholders in 70 different agencies.
• Has an 11-member Board of Directors.
• Employs a collective impact strategy approach and is a member of the Collective Impact Forum.
• Is supported by Families & Youth Inc. as a backbone agency.
• Partners with the City of Las Cruces Mayor’s Suicide Prevention Taskforce, UP! Coalition and Ngage NM Early Childhood initiative.
LC3 Collaborative’s Purpose and Collective Objectives

**Collaborative Purpose:** We aspire to build an “Ideal Behavioral Health System” model in New Mexico that facilitates a community collaborative that is inclusive, organized, centered on the individual and family, and is committed to providing the best services for people in our communities.

**Collective Objectives:**
- Set shared regional behavioral health priorities for restoring system disruptions that resulted from the 2013 behavioral health shutdown.
- Increase regional training capacity and evidence-based practices.
- Develop 3 new services and programs that fill service continuum gaps.

Background Data to Inform the Strategic Planning Process

The LC3 strategic planning process was informed by a variety of different data sources. The sections below highlight some of the key findings from reports or data shared with the LC3 Collaborative.

**Scope and Scale and Strengths of Current Services in Doña Ana County**
- There are 34 organizations providing a variety of mental health resources and services locally targeted at general and specific population groups.
- In addition, there are currently 5 protective services providers and 2 veteran services providers.
- There are 7 Crisis Assistance Hotlines serving the County.

**Strengths of the Behavioral Health System**
- Our community health centers use an integrated primary care system in which behavioral health providers work closely with physical health providers.
- Services are able to serve low-income, underserved people with the greatest need and do so even when we are not compensated for the services we provide.
- Trauma-informed services are available.
- Bilingual providers are available.
- There is an array of services including inpatient, partial hospitalization, group home, outpatient, Assertive Community Treatment, psychosocial rehabilitation (day program), home care and crisis response.

**Behavioral Health Data in Doña Ana County**

**The 100% Community Survey Report** for Doña Ana County (2020) reported the following based on a survey that was carried out in 2020:

- **Reporting:** Just over one-third (35%) of county residents reported needing mental health services.
- **Demographic influences:** Demographic comparisons found significant differences in need for mental health services based on area of residence, income, ethnicity, language spoken at home, and education level.
• **Stigma:** In general, those from traditionally disadvantaged socio-economic groups were the least likely to report needing care. Research points to the stigma associated with mental health issues that prevent those in need from seeking services.

• **Financial barriers:** As with other types of medical care, this may also be the result of financial circumstances that cause potential patients to prioritize other needs over mental health care. The stigma associated with seeking care may also play a role in perceived need. Perceived need was also less common among Hispanic respondents compared to those who identify as Non-Hispanic.

Social determinants are particular to the makeup of the populations, with cultural mores and poverty having the most impact on behavioral and mental health outcomes. Nearly seven out of ten residents (68%) identify as Hispanic, and more than half (51%) speak a language other than English at home (generally Spanish). The influence from neighboring Mexico is quite high in this border county.

Poverty has a profound negative impact on health status and is thought to be a strongly negative influence on health in Doña Ana County. The median household income in the U.S. is $57,652, with a poverty rate of 12.3%, and in the State of New Mexico household income was $46,718 with a poverty rate of 19.7% while in Doña Ana County the household income was $39,114 with a poverty rate of 26.3% (US Census Bureau, 2020). Fully 27% of residents of the County have incomes less than the federally established poverty standard (14.8%), and significantly more than the state average of 20.4% and the U.S. average of 14.8%.

Before the Coronavirus Pandemic, 30% of all children in New Mexico lived in households with income below the poverty line putting New Mexico in 50th place (Kids Count New Mexico, 2020). According to the Doña Ana Board of Wellness Action Plan (2016), half of children live in households where no parent has full time, year-round employment. Furthermore, greater than half of all families in Doña Ana County face high housing costs.
Data points from NMSU SOAR Community Needs Assessment completed November 2020

1) **Poor accessibility to resources**, especially in rural areas, vulnerable populations, and non-English speakers:
   - Lack of access to information for providers & clients, namely the lack of centralized information.
   - Lack of technology & internet; 34% of Hatch school district & 22% of Gadsden school district do not have any computer or type of device; These percentages go up to 79% and 63%, respectively, for households earning less than $20,000 annually.

2) **Lack of communication, coordination, and collaboration** between providers:
   - Lack of communication across multiple service types (schools, law enforcement, private practitioners, public providers).
   - Need to improve referrals across providers.
   - Need for continuity of care.

3) **Vulnerable populations** seem to be the most affected: *
   - Lack of bilingual providers and services in the region seems to be a critical barrier to accessing services.
   - Among rural populations, service availability and transportation remain constant barriers for accessing services.
   - Insurance often poses an additional barrier to services.
   - Undocumented people’s fear of the legal and immigration system can lead them to avoid reaching out for services.

   *Vulnerable populations refer to rural groups, youth, non-English speakers, undocumented immigrants, low-income individuals, homeless populations, and non-insurance holders.*

4) Need for **behavioral and mental health in the K-12 school system**:
   - Schools and school districts should collaborate more with outside providers to offer services to students.
   - Difficulty accessing school based mental health services.
   - Stigma around behavioral health among students is very strong.
   - Training teachers and staff about behavioral and mental health, including training on trauma.
   - Providers would like schools to provide resources, support, and services to families.
5) **Shortage of providers** particularly in specialty areas:
   - Services such as psychiatric, autism, supportive services, and case management are critically missing in Doña Ana.
   - Longer waitlists for children services.

6) **Parallels between pandemic & 2013 Shutdown** disruption of services:
   - Disruptions to services that resulted in increased waiting lists & services shutting down and other providers being overwhelmed with the increase in clients & operating at maximum capacity.
   - Lack of important planning and preparation across the system that allows for effective handling of disruptive events.

7) **The Role of LC3**: 3 Recommendations from community survey participants
   - LC3 continue to work hard and keep the momentum going through active partnerships and advocacy.
   - Create a platform that would facilitate referrals and facilitate access to general and contact information in the areas of behavioral and mental health.
   - Spread information about LC3 to the public and to providers.


**LC3 Strategic Planning Committee – Interviews with Behavioral Health Providers**
The Strategic Planning Committee is part of the LC3 Local Behavioral Health Collaborative. The Collaborative is working on the following objectives:
   - Envision the Ideal Behavioral Health System for the LC3 Area.
   - Identify Major Gaps in the Present System.
   - Develop 3 New Services and/or Programs to Fill the Identified Gaps.
   - Task 3 Agencies or Groups of Agencies to Implement the New Services and/or Programs.

Priority service needs:
   - Services for chronically ill and seriously ill persons and their families that are continuous, deep, and broad.
   - Providing services to people in home and home-like settings.
   - Services for children and their parents.

Tools needed to implement priority services:
   - Case managers, care coordinators, coaches, peer support workers, etc.
   - Coordination technology so that data on a particular patient may be shared with other providers.
   - Much more flexible and useful Medicaid and Medicare.
Building the Strategic Framework for the LC3 Behavioral Health Collaborative

- Confirming the LC3 Collaborative Aspiration,
- Defining the Ideal Behavioral Health System
- Identifying the 2022-2025 Game Changer Strategies

LC3 Collaborative - Our Aspiration:
To build a behavioral health system that is inclusive, organized, centered on the individual and family, and is committed to advocating for and providing comprehensive mental health and addictions services for people across Doña Ana County, New Mexico.

The Ideal Behavioral Health System is:
- An inclusive, educated system where partners work collaboratively (including service providers, criminal justice, law enforcement, veterans’ services, juvenile justice, child welfare, schools, homeless support services, and health systems)
- Organized so that resources are available at every possible level (policy, program, procedure, and practice)
- Consumer-driven, person-centered, recovery and resilience-oriented, and focused on meeting or exceeding the service and support needs of individuals and families
- Integrated, trauma-informed, culturally competent, and organized from a population health perspective
- A system with clear cut, defined pathways, free of gaps, with multiple entry points across the system and facilitating access, screening, and discharge planning for the people who are served

2022 – 2025 Game Changer Strategies

Strategic Hub: LC3 Collaborative will be the strategic hub for behavioral health in Doña Ana County.

- Build strategic networks at the local, County and State levels
- Advance a shared and integrated service model
- Align with State-level LC collaboratives in shared planning and advocacy
- Advance state-wide and county behavioral health priorities including 988 through aligned action
- Investigate a share information model designed to improve client access and support
- Develop a strategic pathway to diversify funding and sustainability for the LC3 Collaborative.

Children and Families: LC3 Collaborative will collaborate with educational and service provider partners to ensure children and their families have access to integrated behavioral health services.

- Convene education and behavioral health providers to identify prevention and delivery service opportunities and gaps
- Ensure early access to clinical and community services to provide holistic healthy environments for children and families
• Evaluate the impact of enhanced behavioral health supports for children and families in Doña Ana County

Supportive Housing: LC3 Collaborative will ensure supportive housing and community supports will advance better outcomes for behavioral health clients.
  • Seek out and advocate for integrated access to housing for behavioral health clients of all social types and categories
  • Collaborate with service providers to provide coordinated access to community services including employment, education, income, recreation, and connection
  • Leverage the capacity of the LC3 Collaborative to advance and support integrated housing initiatives including Soteria House, a residential treatment facility
  • Support the development of a shared information system to improve coordination between service providers
  • Evaluate the impact of an integrated housing strategy

Client Advocates & Access: LC3 Collaborative will advocate for client advocates to support an integrated service support journey for behavioral health clients.
  • Collaborate with community service providers to increase the number of client advocates in Doña Ana County
  • Create an integrated client advocate system so that behavioral health clients don’t fall through the cracks
  • Evaluate the integration and impact of client advocate services
The Strategic Planning Context

There were several factors which influenced the planning context for the LC3 Collaborative. These factors included:

- The LC3 Collaborative was funded by Paso del Norte Health Foundation in 2018 and is made up of 184 stakeholders and 70 collaborative agencies.
- The COVID pandemic impacted the strategic planning process which means that all sessions were held virtually rather than through in-person sessions.
- There are factors impacting the delivery of behavioral health services in Doña Ana county including a decrease in funding several years ago.
- The LC3 Collaborative is an open process with new individuals and community partners joining the collaborative sessions.

The Strategic Planning Timeline

The following timeline guided the LC3 Collaborative strategic planning process.

Informing the 2022 – 2025 Strategic Plan

Prior to designing the LC3 Collaborative engagement sessions, there was a review of core documents which informed the work of the LC3 Collaborative. These documents included data reports describing behavioral health services in Doña Ana County and New Mexico, informational interviews with service providers hosted by the Strategic Planning team and core organizational documents. As well, a collective impact capacity building session was held for the LC3 Collaborative as part of the strategic planning process.

The LC3 Collaborative focused their strategic planning process on the deep engagement of their collaborative members. Through a series of engagement sessions, the collaborative was able to connect their partners, funders, and community stakeholders in identifying the priorities for the collaborative.
Partner Engagement

This diagram illustrates the breadth and depth of partner engagement across the two strategic planning community engagement sessions in February and March 2021.

LC3 Collaborative Strategic Planning Sessions Results

The participants in the strategic planning engagement sessions identified the following themes as driving forward the work of the LC3 Collaborative. These themes were informed by a presentation about key data points which informed the delivery of behavioral health services across the county.

Role of the LC3 Collaborative
- Maintaining momentum
- Increase communication about available services
- Increase coordination across the Region and amongst partners
- Impacts of the Pandemic
- Access and share behavioral health data with the collaborative
**Services and Service Navigation**

- Individuals seeking services require a guide to navigate the system
- Moving toward integrated data collection and sharing model
- Services for children and families and in the school systems
- Services for those existing the criminal justice system
- Services for chronically ill and seriously ill persons and families
- Development of wrap around services (housing, jobs, income, meaningful engagement)

**Advocacy**

- Increase access to Medicare and Medicaid
- Trends in behavioral health and demographics specific to Doña Ana County
- Experiential information from consumer perspective
- Shortages in services – for example access to bilingual services
- Outcome data – how is the community doing – number of people in jail, number of people in poverty, recidivations rates – we need data to show where there is a problem and where there is an improvement
- Information about how people are accessing services – ie acute care access – what is happening to the frequent users
- Community Mapping – spectrum of care within the community – who is doing what and where the gaps might be
- Shared data base and potential common measures –
- There is a system currently in place – care coordination peer to peer – 60 % of members reached participating with outpatient provider – Member Connections

**Critical Shifts**

As part of the strategic planning process, the community engagement session participants were asked to consider where the LC3 Collaborative was currently and where it might be in 2025. A critical shift identifies the difference between the current state (now) and future state (2025). During the two collaborative and partner engagement sessions, the participants identified what they considered to be the critical shifts that LC3 Collaboration would experience over the next three years. The participants were also asked to rank their top three critical shifts.

- Critical shifts are specific “problem/priority spaces” to focus on designing solutions for the organization
- Critical shifts often focus on systems-level changes and/or human experience changes
- Critical shifts focus attention on the specific and actionable changes to achieve together and help clarify our shared intent
- Critical shifts focus on ideas and opportunities
The following diagram reflects critical shift theme areas which emerged through the conversations during the community engagement session participants. A further exercise was undertaken by the LC3 Planning Team to synthesize the critical shifts into key thematic areas. The table below identifies the themes which emerged during the critical shift conversations.

It was these themes which informed the development of strategic priorities for the LC3 Collaborative.

<table>
<thead>
<tr>
<th>Theming the Critical Shifts</th>
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<tbody>
<tr>
<td><strong>LC3 Role as a Collaborative</strong></td>
</tr>
<tr>
<td>• Support collaboration, increase coordination,</td>
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<tr>
<td>• Needs identification/identify service gaps</td>
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<tr>
<td>• Advocacy – ie access to health insurance</td>
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<tr>
<td>• Specialized training – ie Trauma Informed Care</td>
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<tr>
<td><strong>Access, Awareness, Coordination, Communications (LC3 and Partners)</strong></td>
</tr>
<tr>
<td>• Connections between service providers</td>
</tr>
<tr>
<td>• Maintain existing funding, identify new funding</td>
</tr>
<tr>
<td>• Virtual accessibility to services</td>
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<tr>
<td><strong>Consumer Involvement</strong></td>
</tr>
<tr>
<td>• Address stigma</td>
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<tr>
<td>• inclusion of consumer voice in services</td>
</tr>
<tr>
<td>• family engagement</td>
</tr>
<tr>
<td>• criminalization</td>
</tr>
<tr>
<td>• guardianship</td>
</tr>
<tr>
<td><strong>Services</strong></td>
</tr>
<tr>
<td>• Financial education (x2)</td>
</tr>
<tr>
<td>• Programs in Schools (x2)</td>
</tr>
<tr>
<td>• Wraparound for families (x2)</td>
</tr>
<tr>
<td>• Maintain existing services</td>
</tr>
<tr>
<td>• Shared record keeping</td>
</tr>
<tr>
<td>• Transitional housing (x6)</td>
</tr>
<tr>
<td>• Long term Behavioral health care (x2)</td>
</tr>
</tbody>
</table>
### Pre and During Crisis
- Crisis Team (x3)
- First Responder engagement
- Discharge Planning Coordination

### Health Care workers
- Increase the number of service providers
- Increase peer support workers (x2)
- Increase family support workers
- Increase the number of speciality health providers
- Increase access to/welcoming community and service spaces

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### Game Changer Strategies

A further conversation was held with the LC3 Collaborative to frame the strategic priorities designed to shift the needle on behavioral health outcomes for Doña Ana County. The LC3 Collaborative planning team was encouraged to consider strategies which are ‘game changers’—an approach that shifts the current collaborative work forward and changes the conditions for behavioral health outcomes in the community.

The following four elements define a Game Changer strategy.

- Game Changer Strategies significantly alter the way things are done
- Game Changer Strategies include innovative services, efficiencies, or strategic integration
- Game Changer Strategies respond to current data and leverage opportunities
- Game Changer Strategies require time, determination, and the ability to ride out uncertainties

Once the five core strategies were identified through the critical shifts exercise, the LC3 Collaborative revisited the existing data and potential leverage points for five Game Changer Strategies. Attached to this report is a more detailed document which looks at data and leverage points. Below are the five Game Changer Strategies and the relevant data.
<table>
<thead>
<tr>
<th>Game Changer Strategy</th>
<th>Relevant Data</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LC3 Collaborative will be the strategic hub for behavioral health in Doña Ana County.</strong></td>
<td>• Over one-third (35%) of county residents reported needing mental health services and 49% reported difficulty accessing services (100% Community Report)</td>
</tr>
<tr>
<td>• Build strategic networks at the local, County and State levels</td>
<td>• Poor accessibility to resources, especially in rural areas, vulnerable populations, &amp; non-English speakers (NMSU SOAR Report, Nov 2020)</td>
</tr>
<tr>
<td>• Advance a shared and integrated service model</td>
<td></td>
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<tr>
<td>• Align with State-level LC collaboratives in shared planning and advocacy</td>
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<td>• Advance state-wide and county behavioral health priorities including 988 through aligned action</td>
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<td>• Investigate a share information model designed to improve client access and support</td>
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<tr>
<td>• Develop a strategic pathway to diversify funding and sustainability for the LC3 Collaborative.</td>
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</table>

| LC3 Collaborative will collaborate with educational and service provider partners to ensure children and their families have access to integrated behavioral health services. | In 2019 in Doña Ana, the following percentages of high school students reported these feelings ([New Mexico Youth Risk and Resiliency Survey](https://www.cdc.gov/youth/risk/newmexico.html)): |
|                                                                                                                                         | • 17% non-suicidal self-injury                                                                                                           |
|                                                                                                                                         | • 41% felt sadness or hopelessness                                                                                                       |
|                                                                                                                                         | • 15% seriously considered suicide                                                                                                       |
|                                                                                                                                         | • 13% planned suicide                                                                                                                     |
|                                                                                                                                         | • 7% attempted suicide                                                                                                                    |
|                                                                                                                                         | • 4% injured in a suicide attempt                                                                                                        |
|                                                                                                                                         | New Mexico was ranked 50th among all states for overall child well-being ([Annie E. Casey Foundation’s 2018 Kids Count Data Book](https://www.aecf.org/kids-count/)) |
| • Convene education and behavioral health providers to identify prevention and delivery service opportunities and gaps |                                                                                                                                              |
| • Ensure early access to clinical and community services to provide holistic healthy environments for children and families |                                                                                                                                              |
| • Evaluate the impact of enhanced behavioral health supports for children and families in Doña Ana County |                                                                                                                                              |

<p>| LC3 Collaborative will ensure supportive housing and community supports will advance better outcomes for behavioral health clients. | Number of people in: (<a href="https://www.census.gov/quickfacts/fact/table/DOA000US2017000000">Doña Ana, 2017</a>) |
|                                                                                                                                     | • 207 Homeless                                                                                                                              |
|                                                                                                                                     | • 108 Unsheltered Homeless                                                                                                                   |
|                                                                                                                                     | • 70 Homeless in Emergency Shelter                                                                                                           |
|                                                                                                                                     | • 29 Homeless in Transitional Housing                                                                                                         |
|                                                                                                                                     | • 17 Homeless Veterans                                                                                                                        |
|                                                                                                                                     | • 4 Homeless Children (under 18 yo)                                                                                                            |
|                                                                                                                                     | • 12 Homeless Individuals with Children                                                                                                        |
|                                                                                                                                     | • 64 Chronically Homeless Individuals                                                                                                           |
|                                                                                                                                     | • 29 Transitional Housing Beds                                                                                                                 |
|                                                                                                                                     | • 236 Permanent Supportive Housing Beds                                                                                                         |
| • Seek out and advocate for access to supportive housing for behavioral health clients of all social types and categories      | • 89 Rapid Rehousing Beds                                                                                                                     |
| • Collaborate with service providers to provide coordinated access to community services including employment, education, income, recreation and connection |                                                                                                                                             |
| • Leverage the capacity of the LC3 Collaborative to advance and support integrated housing initiatives including Soteria House, a residential treatment facility |                                                                                                                                             |</p>
<table>
<thead>
<tr>
<th>Game Changer Strategy</th>
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</table>
| • Support the development of a shared information system to improve coordination between service providers  
• Evaluate the impact of an integrated housing strategy | • 70 Emergency Shelter Beds |
| **LC3 Collaborative will engage state, county, and local partners to advocate for enhanced access to virtual behavioral health services.**  
• Convene and monitor current usage of virtual behavioral health services  
• Identify funding opportunities and collaborative partners to increase community access to virtual behavioral health services.  
• Evaluate the impact of LC3 Collaborative role in increasing access to virtual behavioral health services | • Respondents cited many difficulties accessing medical care. The most frequently mentioned difficulties were long waitlists (45%), high costs (39%), inability to find a quality provider (36%), and lack of insurance coverage (31%) (100% Community Report)  
• Poor accessibility to resources, especially in rural areas, vulnerable populations, & non-English speakers (NMSU SOAR Report, Nov 2020) |
| **LC3 Collaborative will advocate for client advocates to support an integrated service support journey for behavioral health clients.**  
• Collaborate with community service providers to increase the number of client advocates in Doña Ana County  
• Create an integrated client advocate system so that behavioral health clients do not fall through the cracks  
• Evaluate the integration and impact of client advocate services | Benefits of peer support ([SAMHSA, 2017](#)):  
• Increased self-esteem/confidence  
• Increased sense of control  
• Raised empowerment scores  
• Increased sense that treatment is responsive and inclusive of needs  
• Increased sense of hope/inspiration  
• Increased empathy/acceptance  
• Increased engagement in self-care  
• Increased social support/functioning  
• Decreased psychotic symptoms  
• Reduced hospital admission rates  
• Decreased substance use/depression |
Moving from Plan to Action

The LC3 Collaboration is developing a process which will move the 2022-2025 Strategic Plan from plan to action. Between May and July 2021, the Game Changer Action Teams completed the following tasks:

1. Identify the team members – LC3 Collaborative Members
   • Identify a chair and/or co-chair
   • Identify other community partners you might engage

2. Host a monthly meeting to build out the 3-year workplan for the Game Changer Strategy

3. Scope out what is already happening in Doña Ana County advancing the Game Changer Strategy
   • Review existing data
   • Identify existing resources – financial, services, programs, etc
   • Build an actor map – identifying the organizations already involved in the priority

4. Identify a specific, new, or enhanced program or service and the role the LC3 Collaborative will play

5. Begin to scope out a three-year work plan for the Game Changer Strategy (2022-2025)

There were several supports provided to the Game Changer Action Teams to assist them with the facilitation of their work. The following design elements and supports include:

- The results of the Action Team planning will be considered in the funding proposal to Paso del Norte Health Foundation as it aligns with their funding priorities due in July 2021, but can also be used to secure other potential funding sources. See “Addendums” for individual Action Team proposals. Please note that not every Action Team developed a separate proposal.
- Planning and work time will be allocated at the monthly meetings of the LC3 Collaborative to complete the five steps.
- Data and community leverage and opportunities will inform the Game Changer Strategy development
- Coaching and technical assistance supports will also be provided.

Game Changer Strategy Development – Round 2

Between July 2021 and November 2021, the Lc3 Collaborative members engaged in a second round of developing the Game Changer Strategies. This round was designed to broaden and deepen the thinking about each of the Game Changer strategies and to begin to develop an
operational plan for the strategy for the next three years. The second round of planning for each of the Game Changer Strategies has resulting in a more defined and developed approach for both the LC 3 Collaborative overall and for the partners leading each of the Game Changer areas of impact.

An LC3 Collaborative update on November 11, 2021, details the focus for each of the Game Changer strategies. The 4 Action Team proposals for new evidence-based services are as follows. Over the course of the next three years, the Game Changer Strategy Teams will take focused and deliberative action to move their priority forward.

- **Strategic Hub Action Team** – This team will develop a coordinated and unified discharge planning system among LC3 providers that can be scaled into the larger behavioral health community in Doña Ana County.

- **Client Advocacy & Access Action Team** – This Action Team’s strategy to increase access is two-fold. The Action Team’s strategic intervention is to increase the number of peer support workers, navigators, and/or community workers in the area. It was agreed that this could be accomplished by leveraging our longstanding partnership with NAMI Southern New Mexico. LC3 will provide the training and technical assistance required for NAMI’s peer mentorship model to succeed. Leveraging our partnership will mutually align our activities for a more significant collective impact, while also increasing LC3’s role in capacity building. The second strategy is to pilot a centralized communications database that provides real-time information about a person in the behavioral health system.

- **Children and Families Action Team** – This Action Team desires to develop an Interdisciplinary Team model that will increase coordination of treatment and care plans for clients and increase billing capacity for providers, which will result in system improvement in continuity of care. This team will also address the gap in behavioral health resources in the schools by formalizing a partnership with the school district and other agencies who provide services to youth, thus reducing fragmentation between behavioral health providers and the schools.

- **Supportive Housing Action Team** – This team will implement a strategy to convene housing partners and build an integrated community approach to affordable, supportive, transitional, and long-term housing for behavioral health consumers who live with serious mental illness and interact with the justice system.
Final Reflections

The LC3 Collaborative entered a strategic planning process with the goal of deep engagement of its partners, funders, and collaborative members in designing the future for the collaborative. Throughout this process, there have been multiple engagement sessions with the staff team, strategic planning team, board of directors, and collaborative members. The 2022 – 2025 LC3 Strategic Plan represents an ambitious future for the collaborative as it moves forward to coordinate behavioral health services in Doña Ana County.

The LC3 Collaborative also recognizes the important role that it plays in both local, county, and state-wide collaborative work. The LC3 Collaborative Aspiration and commitment to ensuring an ideal behavioral health system provide the foundation. The Game Changer Strategies illustrate an ambitious future.

LC3 Collaborative - Our Aspiration:
To build a behavioral health system that is inclusive, organized, centered on the individual and family, and is committed to advocating for and providing comprehensive mental health and addictions services for people across Doña Ana County, New Mexico.

The Ideal Behavioral Health System is:
• An inclusive, educated system where partners work collaboratively (including service providers, criminal justice, law enforcement, veterans’ services, juvenile justice, child welfare, schools, homeless support services, and health systems)
• Organized so that resources are available at every possible level (policy, program, procedure, and practice)
• Consumer-driven, person-centered, recovery and resilience-oriented, and focused on meeting or exceeding the service and support needs of individuals and families
• Integrated, trauma-informed, culturally competent, and organized from a population health perspective
• A system with clear cut, defined pathways, free of gaps, with multiple entry points across the system and facilitating access, screening, and discharge planning for the people who are served

2022 – 2025 Game Changer Strategies
Strategic Hub: LC3 Collaborative will be the strategic hub for behavioral health in Doña Ana County.
• Build strategic networks at the local, County and State levels
• Advance a shared and integrated service model
• Align with State-level LC collaboratives in shared planning and advocacy
• Advance state-wide and county behavioral health priorities including 988 through aligned action
• Investigate a share information model designed to improve client access and support
• Develop a strategic pathway to diversify funding and sustainability for the LC3 Collaborative.
**Children and Families:** LC3 Collaborative will collaborate with educational and service provider partners to ensure children and their families have access to integrated behavioral health services.
- Convene education and behavioral health providers to identify prevention and delivery service opportunities and gaps
- Ensure early access to clinical and community services to provide holistic healthy environments for children and families
- Evaluate the impact of enhanced behavioral health supports for children and families in Doña Ana County

**Supportive Housing:** LC3 Collaborative will ensure supportive housing and community supports will advance better outcomes for behavioral health clients.
- Seek out and advocate for integrated access to housing for behavioral health clients of all social types and categories
- Collaborate with service providers to provide coordinated access to community services including employment, education, income, recreation, and connection
- Leverage the capacity of the LC3 Collaborative to advance and support integrated housing initiatives including Soteria House, a residential treatment facility
- Support the development of a shared information system to improve coordination between service providers
- Evaluate the impact of an integrated housing strategy

**Client Advocates & Access:** LC3 Collaborative will advocate for client advocates to support an integrated service support journey for behavioral health clients.
- Collaborate with community service providers to increase the number of client advocates in Doña Ana County
- Create an integrated client advocate system so that behavioral health clients don’t fall through the cracks
- Evaluate the integration and impact of client advocate services
- Convene and monitor current usage of virtual behavioral health services
- Identify funding opportunities and collaborative partners to increase community access to virtual behavioral health services.
- Evaluate the impact of LC3 Collaborative role in increasing access to virtual behavioral health services
Addendums:
As a result of the prototype sessions, which were a part of the Game Changer Action Teams activity, some Action Teams developed individual proposals for new services and/or programs to fill the gaps identified in the strategic planning process. Similar to the strategic plan, proposals are working documents and may be revised during the next phase of the strategic planning process. It is important that we document the original proposals as a part of the long-term strategic plan.

Addendum A: LC3 Collaborative Plan on a Page

Addendum B – Client Advocates & Access Action Team Proposal

Proposed Access and Client Advocacy Activity

1. Needs assessment in terms of improving access to services and advocacy for clients

The improvement of access to behavioral and mental health services, including those for substance abuse, depends primarily on using the collective capabilities of local, State, and Federal service providers. Improvement also depends on the resolution of several structural issues that also affect access to such services.

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1 In addition to what is displayed here, Wendy Chi should provide comprehensive information/data regarding the deficiencies in the current system, not only in terms of access and client advocacy, but also the entirety of the intents and purposes of the strategic plan.
First and foremost is the deficit of certified service providers and especially peer support workers (also seen as coaches and advocates). The State has the capacity to certify only a few peer support workers and the window to certify them is limited. As about 67% of the population of Doña Ana County are of Hispanic or Latinx (mostly Mexican) origin and their offspring born in the U.S., there is a lack of Spanish-speaking and culturally aware workers which tends to diminish outreach to a large part of the population and, in turn, create delays in the identification of clients in need of services—especially the vulnerable. The stigma of admitting to and asking for mental and behavioral health services is especially strong in this population. Nearly all service providers mention that peer support workers (or coaches, navigators, patient advocates as they may be called) are extremely important to the objectives of mental and behavioral health care.

Poverty is also a limitation to access of services. Many of those with low income that need services live in neighborhoods where access to Internet services is either not offered or costs too much to obtain. While the majority have cell phone access, because of limited economic resources those with phones only buy cards with a limited number of minutes and access to the Internet (bandwidth). They will not use these limited minutes for telehealth services. While many, if not the majority of these people have Medicaid, services are rarely used for behavioral or mental health assistance, or for dealing with substance abuse. Another problem is that those with low income do not generally obtain health and medical services until the problem is fully manifested and out-of-control, resulting in a high use of emergency rooms and services. And even then, if such mental and behavioral services are required in emergency rooms, there are limitations as to the number and type of providers available.

Finally, telehealth (also known as virtual services) is restricted to those primarily that have access to the Internet. In rural areas, there is only limited penetration and any Internet services have a high cost of acquisition, if available at all. While phones may be used for some telehealth services, these are not readily available to all (see the next paragraph). The penetration of broadband internet service depends on private and public financing at the local, State and Federal levels. There are currently efforts in both legislative bodies at the State and Federal levels to invest in improved services and expand geographic outreach of broadband Internet. The solution to improving telehealth services in poor and rural areas of the State depends on the decisions of others (public and private entities) and is seen as outside the purview of this proposal, albeit that the LC3 Collaborative and service providers can still lobby for such financing at the State and Federal levels.

2. New Program and Activities Description

The activities being proposed are intended to directly address the issues presented above. There are several areas that need to be addressed not only for the members of the LC3 Collaborative, but also by those organizations that are not members. The following activities form part of the program to improve access to mental and behavioral health services in the immediate geographic region as well as improve the delivery of those services to current and future clients.

a. Increase the number and outreach of certified peer support workers and community health workers.\(^2\)

This component has as an objective to augment the number of peer support workers (PSW) and community health workers (CHW) that are trained and certified in their positions. The activity is based on the premise that the footprint of behavioral and mental health services (including substance abuse) will be extended geographically, as well as culturally, and reach more people requiring such services.

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\(^2\) The term “Promotoras” is also a synonym for community health workers and is used primarily in the Spanish-speaking community.
The wider use of PSW and CHW has been shown to be more efficient in outreach and economic terms. PSW and CHW are important to clients that may have issues or grievances with service providers and will be instructed to make such issues part of their normal reporting.

The certification effort also includes research into mechanisms to keep the newly trained fully employed and the identification of sources for funding these positions. The curriculum for training PSW and CHW already is in use by various organizations and will include education on client rights, family involvement (and the responsibilities of both parties), and the participation of other entities (e.g., the District Courts, jails and prisons, hospitals, FQHCs, police and fire departments, etc.). The training will include that provider agencies follow up with all of their referrals on a regular basis to make sure that they schedule their counseling appointments, obtain and take their medications, and other pertinent activities. Also, all clients seeking access to care in mental and behavioral health are able to request that communication surrounding their care fit with their individual needs. For instance, such services offered to clients with disabilities (the deaf, the blind, people with physical or mental disabilities) will be met with services that fit their special needs. Also, the role and relief of families of clients of behavioral and mental health care will be included as part of the training of PSW and CHW as part of care strategies.

3. Key Partners and Resources

Essentially, improved access and advocacy is a priority of all service providers in the region. Surveys and interviews of personnel working for service provider organizations show that all mention the lack of coordination with each other and agencies at the local, State, and federal levels. Similarly, efforts to improve many of the problems cited above are being dealt with by other organizations, such as the Resiliency Leaders, certain legislators and decision makers, the District Courts, Crisis Triage Center, Community of Hope, FQHCs and hospitals, as well as local governments in Doña Ana County and the City of Las Cruces. The implementation of this program should directly coordinate with the OPRE/HSD, the entity responsible for improving access through the training and certification of peer support workers. Also, the National Alliance on Mental Illness Southern New Mexico affiliate (NAMI-SNM) has been working on apprenticing, certifying peer support workers, and developing a program that will employ and deploy said workers as patient advocates and community linkages to behavioral health service agencies as part of the response to access and advocacy, and will serve as a key partner.

4. Awareness and Engagement of Key Audiences

A number of different entities need to be informed of and support the activities described herein. Obviously, all key partners (as mentioned above) should be made aware of the activities and their expected participation. Not all of those organizations are presently members of, or actively participate in, the LC3 Collaborative but should be apprised. Similarly, a multidimensional campaign of communication and awareness shall be implemented, first within the LC3 and its members. Then an effort needs to go outside of the Collaborative and to audiences that are not within the normal realm. There is a need to communicate in English and Spanish. The Spanish-language communication should be culturally correct and not just a translation of the English. The awareness campaign will employ a number of different approaches to get the word out to specific audiences, from family members of clients, to local government decision-makers and State legislators, and to potential co-funding sources. The types of media will depend on each audience and the most successful communication techniques with each one: Email, social media, newspaper ads, one-on-one meetings, one-page descriptions and posters or flyers, and word of mouth. The following organizations, among others, have been identified as important targets to the communication effort and for support of the activities as proposed:
● The general public (bilingually and culturally appropriate).
● Behavioral and mental health service providers (especially those not affiliated with LC3).
● Federally-Qualified Health Centers, hospitals, and private practice physicians.
● The Department of Health and the Human Services Department.
● Home health agencies.
● Las Cruces Police and Fire Departments, and the Doña Ana Sheriff.
● Ambulance service providers.
● Medicare, Medicaid, SAMHSA, and FEMA.
● Other potential co-funding sources.

5. Goals for Year 1 of the Activity
For the first year of activity under a program that is seen to continue for several more years, the following goals are proposed:

● A total of twenty (20) peer support workers and thirty (30) community health workers will be recruited, trained and certified in mental and behavioral health services dedicated to the clients and their families.

● 5 of the workers will be hired by NAMI with the express purpose of standing up the community linkage/direct patient advocacy program. The remainder should be hired immediately by service providers, although co-financing may be required of other entities during the first year of service.

6. Costs of Program (Year 1)\(^3\)
The following costs have been identified by members of the Access and Client Advocacy Action Team (totaling $85,000 during the first year). The final budget depends on the availability of co-funding and the contributions of other organizations, both public and private.

● Trainers and training venues: $55,000.

● Communication and awareness campaign: $20,000.

● Meetings and per diem: $10,000.

7. Potential Funding Sources
Obviously the more co-funding sources, the better any activity will become and be sustained. These funds can be used as leverage to attract other potential sources of funding that can speed up the achievement of the goals of the program. There are two tiers of funding as described in the lists below.

\(^3\) The actual costs and eventual budget depend on co-funding of any particular activity or service brought about by the program, including both in-kind (e.g., valorized staff time and/or office space of participating organizations) and cash.
The first tier of potential sources is seen as the most immediate and promising to the objectives of the LC3Collaborative. The second tier is seen as possible co-funding of the activities and/or for financing in later years of the program.

- Tier 1: Paso del Norte Health Foundation, Department of Health/Office of Community Health Workers, and Human Services Department/Office of Peer Recovery and Engagement of the Human Services Department.

- Tier 2: Doña Ana County, City of Las Cruces, Medicare/Medicaid, SAMHSA, and FEMA.
PROPOSED GAMECHANGING PROGRAM FOR SUPPORTIVE HOUSING ACTION TEAM

Introduction

The main goal of the Supportive Housing Action Team is to identify and describe a program that will be a gamechanger in building the ideal behavioral health system for Doña Ana County. The undersigned members of the Action Team are proposing that the Supportive Housing Package described below be that game changing program.

Supportive Housing Package

The Supportive Housing Package consists of three components each of which addresses the need of behavioral health clients at a different level of need. Thus, it is a continuum of supportive housing. The Package includes the following components.

Transitional Housing

This is housing for vulnerable populations at risk of failing in less intensive rehabilitation programs including people who are being diverted from jail, being released from jail, coming out of mental hospitals, coming off of homelessness, or being released from long-term residential treatment for mental illness and substance abuse. This program is designed to end the revolving door of repeat encounters with justice partners and is intensely focused on the needs of justice partners. Residents are housed anywhere from one day to a year depending on need. To stabilize them, clients receive full case management, also called wraparound services, from client advocates/coaches who help them access help with food, income support, volunteer jobs, employment, education, recreation, behavioral health, Medication-Assisted Treatment, etc. The help a person gets depends on the need and ability of the individual. One-size does not fit all. Rather, the individual is provide service based on tested screening instruments, clinical psychological assessments and medical assessments.

The Community Service Corps is planning to purchase a property in Las Cruces that would provide 36 units of this kind of transitional housing as part of this package.

Soteria House

Soteria House is a long-term (6-8 months) treatment program for persons diagnosed with psychosis. It is a home-like residence of 5-8 beds. The primary modality of treatment is Affirming Relationship. Residents are provided with safety, support and affirmation as they go through the psychotic process towards recovery. Typically, residents become stable after about 6 weeks. As they become less agitated and afraid, they are helped to participate in community activities such as employment, volunteer work, education, therapy, support groups and recreation. Residents typically stay for 6-8 months after which they transition into other housing.

Multi-family Rental Housing
This is more permanent housing for people who are moving up from transitional housing. It is for people who have recovered sufficiently to be working or involved in volunteer work. These residents also receive wraparound services from client advocates/coaches who help them move towards full recovery.

Tierra Del Sol Housing Corporation is planning to build 60 units of this housing in the Three Crosses Business Park on North Main Street in Las Cruces. That development is part of this package.

**Role of Client Advocates/Coaches**

The residents of each of these components are served by client advocates/coaches who provide a full range of case management services to help them move towards full participation in the community. In order to be effective, teams of two client advocate/coaches work with 8-10 residents. The Supportive Housing Action Team will work with the Client Advocate Team to obtain sufficient funding to provide that intensive level of service.

**Rationale for this Package**

**Transitional Housing**

There is not enough transitional housing in Doña Ana County focused on ending the revolving door cycle. This is especially true for vulnerable populations in need of jail diversion, being released from jail and for drug-dependent offenders who are not responding to existing correctional programs. This program fills that gap.

**Soteria House**

The recovery rate from psychosis has not improved in the United States since 1900. It is still around 20 percent. We need to include in our “ideal behavioral health system for Doña Ana County” new approaches that enable people to recover at higher rates. Soteria House is one such approach.

**Multi-family Rental Housing**

Doña Ana County is severely deficient in this kind of housing. The Section 8 Rent Supplement Housing program has a waiting list of more than 2000 persons. This project begins to fill that gap.

Al Galves
Rose Garcia
Mary White
Nationally, as a result of mass incarceration, more and more formerly incarcerated individuals are returning back into our communities. Of the returning population there is a specific cohort that needs intensive intervention to address deeply engrained behaviors that hold them back from living full productive lives. The Los Amigos project is a transformative approach combining psychological treatment, intensive support, housing, and life skills with the successful research of drug courts.

Los Amigos is a supportive transitional housing approach aimed at providing substance free housing for vulnerable populations at risk of failing less intensive rehabilitation programs including people who are being diverted from jail, being released from jail, coming out of mental hospitals, coming off of homelessness, or being released from long-term residential treatment for mental illness and substance abuse. The entrenched behavior patterns of this cohort have many identifying characteristics. Two often include early onset of substance use and generational use. This project is designed to end the revolving door cycle of repeat encounters with justice partners, and it is intensely focused on cross sector collaboration with justice partners. While housing is a significant component of this project the transformative component is intensive support.

Residents of Los Amigos will be housed for varying lengths up to one year depending on need. To stabilize them, clients will receive full case management, also called wrap-around, services from caseworkers called coaches who help them access help with food, medical care, income support, volunteer jobs, employment, education, recreation, behavioral health, Medication-Assisted Treatment, etc. The type of help a person gets depends on the need and ability of the individual. One-size does not fit all, rather, the individual is provided service based on tested screening instruments, clinical psychological assessments, and medical assessments. Once we engage a homeless individual, we stay with them for as long as it takes to achieve stabilization, self-sufficiency, or a warm handoff to other services.

The cohort sought by the Los Amigos project is one with very treatable medical disorders as evidenced by the tremendous successes of drug courts. Over the last 35 years a vast body of research has been amassed by the judiciary to target and help this cohort. And, it makes sense that if you tailor a program of recovery to the specific needs of an individual the chances of success are significantly increased. The program combines the motivation of an individual who wants help staying substance free along with added incentives for success and sanctions for failures.

As with drug courts, Los Amigos specializes in supervising the high-risk/high-need cohort who may have a co-occurring disorder. That is, the individual may suffer from a combination of a diagnosed or undiagnosed mental illness and are self-medicating with drugs or alcohol. This population can also be generally identified as having serious mental illness (SMI) and substance use disorder (SUD). Again, these are very treatable medical disorders. A high-risk/high-need individual is not necessarily a dangerous person. High-risk indicates a relatively poorer prognosis for success in standard
rehabilitation programs and this cohort typically requires more concentrated and sustained interventions to dislodge their entrenched, negative behavioral patterns.

Drug court research reveals that it is a high-risk offender who is most in need of intensive supervision services. (Lowenkamp et al., 2005; Fielding et al., 2002; Marlowe et al., 2006, 2007; Festinger et al., 2003). High-need or criminogenic needs refer to clinical disorders or functional impairments that, if treated, substantially reduce the likelihood of continued engagement in crime (Andrews & Bonita, 2010). The most common criminogenic needs among offenders include substance dependence (also known as addiction), major psychiatric disorders, brain injury, or a lack of basic employment or daily living skills (Belenko, 2006, Simpson & Knight, 2007). Failing to address these serious deficits leaves the individual vulnerable to repeated failures and continued involvement in crime, whereas effectively addressing them is associated with improved functioning and the avoidance of crime (Smith et al., 2009).

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The Los Amigos project strives to avoid traumatic, unwarranted and socially expensive incarceration. This project is an evidence-based, collaborative, community-based program that bridges the gap between agencies in the criminal justice and behavioral health systems. Because we serve the same population, Los Amigos aligns itself with the functions and platforms of the nation’s 3,500 drug courts. We rely heavily on the research and best practices derived by drug courts over the last 35 years for our mutual target population. While drug courts are highly successful and serve approximately 120,000, annually they are woefully underfunded; there are 1.5 million who are eligible each year. This illustrates the gap that exists in the ability of our communities to serve this vulnerable, revolving door population.

As with drug courts, Los Amigos is a problem-solving approach. That is, we seek to address the underlying problem(s) contributing to certain criminal offenses. The project includes working with treatment, law enforcement, the courts, clients, their families, caregivers and others to provide support to access clinical and social services. We engage the client in identifying and changing patterns of behavior that hold them back. An added element of Los Amigos is that we provide full wrap-around assistance to change the trajectory of lives. While a client is not housed indefinitely, once engaged we stay with them for as long as it takes to achieves stabilization, self-sufficiency, or a warm handoff to other services.

Clients may be referred to Los Amigos by the detention center, law enforcement, the courts, attorneys, families, clinical providers and others. Potential clients may present with behaviors and symptoms that meet the civil courts’ definition of mental illness/brain disorders (diagnoses per DSM-5). These illnesses may include, and are not limited to, bipolar disorder, major depression, generalized anxiety and PTSD along with substance use. Many potential clients are displaced and homeless. Others may be nominally homeless as a result of illness-related circumstances or family fatigue. Many will have long histories of
self-medication with alcohol, street drugs and prescription pain pills to mask an undiagnosed mental health condition.

CSC believes that the problem of mental illness is a community problem and deserves a community response. We seek to advance social justice methods for some of the most vulnerable people who are part of our families and are intertwined in the fabric of our community.

**Transitional Supportive Housing Services Provided:** Everyone needs safe, decent, stable housing. Homelessness can exacerbate mental illness, make ending substance abuse difficult, and prevent chronic physical health conditions from being addressed. People with these and other health issues often end up in crisis situations while living on the streets, and emergency rooms may be the only health care they are able to access.

Just as there is a segment of the population who need and want help the clutches of substance use disorder, so too, high-risk/high-need populations may need and want help. In our area an ambulatory, inpatient stay can range from a few days to one month. Upon release, if the person is homeless or at risk of homelessness because of family fatigue or other factors they may wind up back on the street where they are vulnerable and at risk of become prey to criminality or justice involvement.

When the high-risk/high-need individual tries to transition from detention or inpatient treatment settings, they rarely have viable support systems to enable them to cope on ‘the outside’. Many are homeless with no place to go and in need of immediate help. Such stressors exacerbate issues and change personalities, destabilize family and social relationships and destroy hope. To many such individuals transitional help is a matter of life, death or reincarceration. Others are nominally homeless as result of illness-related circumstances. Without a viable support network, they lack the knowledge or capacity to access available and needed services. Los Amigos coaches and staff fill that gap by providing wraparound services to include access to placement in more permanent housing in the area upon completion of their stay in Supportive Transitional Housing.

The Los Amigos project directly provides an array of services to clients and if available their family/caregivers. Services include assistance with temporary shelter and food, referral for traditional and non-traditional physiological and mental health services, relationship building, motivational interviewing, a recovery action plan, making medication-assisted treatment available, care coordination, community support groups, educational placement, resume building and job placement, gaining access to SSI/SSDI and social security disability funding, obtaining legal identification, restoration of lost or stolen cards such as EBT, social security cards and birth certificates, enrollment for income support, general assistance, medical insurance, food boxes, bus transportation, and phone services.

**Core Principles:**

- Coaches monitor judgement and sentencing orders as well as probation and parole requirements to ensure tenants take responsibility for the fulfillment of such mandates.
- Medication management and Medication-Assisted Treatment services are available, as needed.
- Barriers to entry are set low to allow a range of high-risk, high-need entrants. The primary exception is that of violent offenders because of the communal nature of the program. Current home tenants may interview incoming-tenants for appropriate fit within the household.
- After program exit, coaches aim to help tenants remain housed at an appropriate level that fits their life situation. Coaches help people find suitable housing, build relationship with their
landlords, and/or understand their rights and responsibilities as renters or home owners. Coaches help intervene to prevent evictions.

- Medical exams are provided to every entrant.
- Coaches help tenants address physical health, mental health, and substance use conditions, and help with other issues like applying for Social Security benefits or gaining employment. Teams of professionals such as mental health and substance use specialists, nurses or doctors provide care. Services must be flexible enough to address each individual tenant’s needs, which may involve multiple service agencies working together. These teams also try to link people to mainstream services like work training, if appropriate.
- Clients have access to transportation, grocery stores, parks, and other neighborhood amenities common to all other residents.
- Housing maximizes Client choice, in clients’ housing options and the services they receive. While tenants follow house rules and drug testing protocols tenants can generally come and go as they please.
- One staff member is present in the home 24/7.

Evidence Backs Supportive Housing: A large body of research shows that the vast majority of people who live in supportive housing are able to stay stably housed in the community. Research has also examined the effect of supportive housing on other outcomes, like mental and physical health, and the use of health care systems, corrections, and other systems.

Most of this research focuses on people with severe disabilities experiencing homelessness, especially people with mental illness or substance use disorders as well as other chronic physical health issues like HIV/AIDS. The research supports four main conclusions:

- Supportive housing helps people with disabilities live stably in the community.
- People with disabilities in supportive housing reduce their use of costly systems, especially emergency health care and corrections.
- Supportive housing can help people with disabilities receive more appropriate health care and may improve their health.
- People in other groups, including families trying to keep their children out of foster care, likely also benefit from supportive housing.

Eligibility Criteria: Screenings are done by most entities along the spectrum of care including jail, probation and parole, and specialty courts. So too, Los Amigos will have coaches who will conduct screenings to determine program eligibility. Screenings are also done to determine the clients’ treatment needs. Such screenings review a client’s history such as criminal, familial, educational, occupational, and health in order to develop dispositional recommendations. A regimented screening

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protocol is necessary to ensure that all clients are appropriately placed and to insure the best treatment and program outcomes. The Coach will work with the referring agency to obtain existing screening information and within two days of referral will conduct new screenings to determine eligibility as well as to detect co-occurring disorders and mental health needs. The following screening instruments are available for this purpose.

**Screening Instruments:** The following are some screening instruments available through SAMSA that can be administered by either case workers, peer support or personnel with unspecialized knowledge.

- **Substance Use Disorders:** Brief tests include, Texas Christian University Drug Screen-V (TCUDSV) or Simple Screening Instrument (SSI) or Extended tests include, TCU Drug Screen V(TCUDS V) and Alcohol Use Disorders Identification Test (AUDIT)
- **Co-occurring Disorders:** Brief Jail Mental Health Screen (BJMHS) and TCU Drug Screen V (TCUDS V) or Correctional Mental Health Screen
- **Motivational and Readiness:** Texas Christian University Motivation Form (TCU-MotForm) or University of Rhode Island Change Assessment Scale-M (URICA-M)
- **Trauma History and PTSD:** Trauma History Screen (THS) or Life Stressor-Checklist (LSC-R)
- **Suicide Risk:** Interpersonal Needs Questionnaire (INQ) and Acquired Capability Suicide Scale (ACSS)

**The Ten Key Components**

**Key Component 1** Once engaged stay with the client for as long as it takes to achieve stabilization, self-sufficiency, or a warm handoff to other services.

**Key Component 2** Promote public safety while protecting participants’ due process rights and adhere to all HIPPA requirements. Use screening instruments, clinical and medical-assessments to determine level and type of need.

**Key Component 3** Eligible participants are identified early and promptly placed in the program.

**Key Component 4** Provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services including supportive non-traditional treatment such as exercise therapy, yoga etc.

**Key Component 5** Abstinence is monitored by frequent alcohol and drug testing.

**Key Component 6** A coordinated strategy governs responses to participants’ compliance.

**Key Component 7** Ongoing and frequent interaction with each participant is essential.

**Key Component 8** Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.

**Key Component 9** Continuing interdisciplinary education promotes effective planning, implementation, and operations.
Key Component 10: Forging cross sector collaboration with courts, public agencies, and community-based organizations generates local support and enhances program effectiveness.

Cost: The budget for this project is attached and is broken down in two sections. The first section includes preliminary costs for the first 6 months of operation. The second section is at full operation and includes a cost per client per day for Los Amigos which is approximately $42. Compare that to the estimated $200 cost per hour for emergency medical responders. Additionally, when a client is stabilized the personal and financial benefits to them, their families, and the community reverberate across society because it breaks the revolving door cycle of justice involvement.

Training: This project will train employees in the Drug Court Model which is used by some 3,500 drug courts nationwide. Being able to speak the same language will help support a cross sector opportunity that bridges intensive support, housing, and the judiciary. A few of the training topics will include Motivational Interviewing, the use of sanctions and incentives, trauma informed care, proximal distal theory, crisis intervention, the use of screening instruments, and the ten key components and guiding principles of drug court.

Evidence Based: The program will employ many of the identical evidence based practices as drug court especially the measure of recidivism. Measures: Recidivism, demographics,

Alternative Plan in Case of COVID 19 Upswing: The program will maintain the following supplies and employ the following processes:

- Sanitation supplies and personal protective equipment will be available, onsite.
- COVID 19 testing and temperature check equipment will be available, onsite.
- Computer equipment will be available for on-line treatment sessions.
- Guidelines will be established that comply with the CDC, state, city and county specifications for virus safety and prevention.
- Personal safety training will be available for staff and clients.

Sustainability: Because of mass incarceration in the United States, social justice initiatives have emerged to encourage innovations in reintegration of those leaving incarceration. Medicaid will cover a significant part of project costs. The Bureau of Justice Assistance has established grant funding for reentry via the FY 21 Innovations in Reentry Initiative: Building System Capacity & Testing Strategies to Reduce Recidivism. Another potential source of sustainability funding is BJA’s Second Chance Act. Other sources of continued project funding could come from public/private partnerships, private foundations, city, county, and state funding as well as other federal sources such as the Department of Housing and Urban Development.

Significant advances have been made as it relates to mental health which make the Los Amigos project extremely timely. The Los Amigos project can work hand in hand with the following advances:

- Doña Ana County was successful in opening the Crisis Triage Center.
- The State of New Mexico is working on a 988-call center to be used for reporting of mental health crisis. The call center is scheduled for implementation in the fall.
• The City of Las Cruces has issued a Request for Proposals for a study to determine how to implement a mobile crises response unit.
• The Third Judicial District Court has announced the opening of their pre-trial services office.
• Nationally, social justice issues have become a movement with wide support among the citizenry.

While funding sources exist, it often takes funding to leverage additional funding. Although the Los Amigos project is based on existing science it is still a new initiative and will need momentum to get it off the ground. With the support of the LC3 Behavioral Collaborative and startup funding from Paso Del Norte a solid footing can be established and built upon for years to come. And, in so doing we can fill a gap in service in our community and break the revolving door cycle of justice involvement for a significant segment of vulnerable individuals. The time has come and this project is the right thing to do.

Potential additions to this document or Policies and Procedures:

  o National Homeless Crisis: In New Mexico if you make minimum wage you will have to work 74 hours per week to afford a two-bedroom dwelling.
  o Lifetime of inequity
  o The environment will be comfortable, like a home with windows, plenty of natural light, soft colors in green shades; can sit or take a nap in the yard; make a cup of tea; separate outside smoking area with seating and ashtrays.
  o Regular random room inspections, no sharp objects
  o If bad behavior; may have to ask the person to leave the house for a day or two depending on circumstances.
  o Computers for checkout w/no access to certain cites akin to child proofing; no food in rooms, room insecticide treatment twice annually (empty for 24 hours and then well vented).
## Community Service Corps

### FULL ANNUAL BUDGET ESTIMATE at 100%

<table>
<thead>
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<th>FTE</th>
<th>Staff</th>
<th>Hourly</th>
<th>Annual</th>
<th>Request to Paso del Norte</th>
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<th>Inkind Request to City of Las Cruces</th>
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<td>Case Managers</td>
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<td>Peer Support House Monitors</td>
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<td>FICA &amp; SS at 7.65%</td>
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<td>$12,013</td>
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### Contracts

- **$150 mo x 7 x**
  - **12 mos**: SCRAM Monitoring
    - $12,600.00
  - Annual fee: CPA, Billing, Reporting & Filing
    - $50,000.00
  - Paid by Medicaid Treatment & Care Coordination
    - $-160,000

### Operations

- Home visits & Bus Transportation and Bus Passes
  - $6,000.00
- See * below: UA’s and Breath Testing
  - $6,431.20
- Office Supplies & Incentives
  - $9,500.00
- 2 small Printer Copier Fax(s) & maint.
  - $5,000.00
- $1.5K x 6 people Computers and Software
  - $9,000.00
- Utilities and Maintenance
  - $90,000.00
- Annually Insurance(s) Liab., Errors & Ommis.
  - $40,000.00

### Total

- **$165,931.20**
- **$334,144.76**
- **$654,000.00**
- Per Person Cost Per Year
  - **50 Clients**: $6,682.90
  - **12,351.81**
- Per Person Cost Per Day
  - **$18.31**
  - **33.84**
- Purchase Building & Renovation
  - $1,500,000.00

---

* 11 Fannel Dip $1.32 each + $5,379.20 plus UAs @ $53.45 @ x 20 people x 2 per wk x 8 wks = $552 plus
  Confirmations @ $12.50 x 50 people x 10 positives per yr = $2,500
“Exhibit 2 – Soteria House Proposal”

SOTERIA LAS CRUCES

A LONG-TERM RESIDENTIAL TREATMENT FOR PSYCHOSIS

An LC3 Behavioral Health Collaborative Gamechanger

Introduction

Soteria Las Cruces is a long-term (3 – 6 months) residential treatment approach for persons diagnosed with severe mental illness (psychosis). It is a home-like residence of 5 – 8 beds that is staffed 24/7.

Treatment Approach

Soteria Las Cruces provides patients with a safe, supportive, affirming environment as they go through the psychotic experience. It differs from conventional treatment in that it uses a psychosocial approach and incorporates alternative modalities such as meditation, yoga, music and art. It is based on the understanding that the psychotic experience has some meaning for the patient. It is a way of surviving and moving towards recovery for a person who is terrified of the world and of human beings and who has suffered trauma and rejection. As appropriate and possible, patients are helped to understand the meaning of their experience.

Psychiatric drugs are available but are not the primary modality of treatment. The primary modality of treatment is relationship.

Patients typically become more stable in about six weeks. As they become less afraid and agitated they are helped to participate in community activities. They take classes, attend therapy and support groups, do volunteer work, engage in jobs or supported employment, participate in art and recreation.

If appropriate, family members are encouraged to maintain contact with patients and staff.

Staffing

Soteria Las Cruces is directed by a licensed behavioral health clinician. It has a contract with a psychiatrist. Staff members are typically non-credentialed people who are able to relate well with people who are going through the psychotic experience, provide them with safety, support and affirmation and help them become involved in community activities such as employment, education and recreation. Many of the staff are peers who have recovered or are in the process of recovery.

Following are some of the personal qualities that will be used to evaluate candidates for staff positions:

- Strong sense of self; comfort with uncertainty
- Open-minded, accepting, non-judgmental
- Patient and non-intrusive
- Practical, problem-solving orientation
- Flexible
Empathic
Optimistic and supportive
Gentle firmness
Humorous
Humble
Thinks contextually

Training
Staff will receive appropriate training and regular supervision. Trainers will be persons with leadership experience at Soteria Alaska and Soteria Vermont as well as persons with lived experience of severe mental illness.

Evidence Base
The first Soteria house operated in San Jose, California from 1971 to 1983. A study which compared patients treated at Soteria with patients treated at the hospital found that, after two years following treatment, patients treated at Soteria were doing significantly better in terms of rehospitalizations, symptoms, social functioning and employment (Mosher, 1999; Bola and Mosher, 2003). Soteria Berne which has been operating in Berne, Switzerland since 1984 reports similar levels of effectiveness (Ciompi and Hoffman, 2004).

Cost Effectiveness
Below is the estimated annual expense budget for Soteria Las Cruces.

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Personnel (including administration)</td>
<td>746,000</td>
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<tr>
<td>Contract Services</td>
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<td>Space and Facilities</td>
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<td>Equipment (computers, equipment maintenance)</td>
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<td>Travel</td>
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<td>Communications</td>
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<td>Publicity/Publications (Ads, printed materials)</td>
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<td><strong>Total</strong></td>
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The cost per day of the original Soteria House was 43% of the cost of hospital. That was also the experience of Soteria Berne. It is estimated that Soteria Las Cruces will serve 40 persons per year. Given the reduced cost compared with hospital care and the recovery rate of 60% compared with a recovery rate of 20% for conventional treatment the lifetime benefits in terms of people working, contributing to the economy and paying taxes instead of incurring the costs of hospital care and disability payments are substantial and significant.
Revenues and Sustainability

The original Soteria House in San Jose, California was funded entirely by the National Institute of Mental Health. Soteria Vermont which has been operating in Burlington, Vermont for the past 7 years is funded entirely by the state of Vermont in the amount of about $1,000,000 per year. During its start-up phase Soteria Alaska received 68% of its funds from the Alaska Mental Health Trust Authority, 11.5% from private insurance, tribal health organizations and individual self-pay, 12.5% from the state of Alaska Division of Mental Health, 5% from Medicaid and 3% from the Alaska Division of Vocational Rehabilitation. During regular operation Soteria Alaska was funded 55% by the Alaska Division of Mental Health, 35% by private insurance, tribal organizations and self-pay, 8% by Medicaid and 2% by the Alaska Division of Vocational Rehabilitation.

It is expected that Soteria Las Cruces will eventually be funded largely by Medicaid and private insurance companies. However, during the start-up phase (one or two years) it will require funding from the state of New Mexico and/or private foundations.

Licensing

Licensing requirements are unclear. Clarifying and working on licensing is one of the key tasks in the Implementation Plan described below.

How Soteria Las Cruces Fits Into the Existing Behavioral Health System

Key relationship will be developed with the main sources of patient recruitment: Crisis Triage Center, Mesilla Valley Hospital, Peak Behavioral Health, Federally-Qualified Health Centers, community mental health agencies and private providers. Relationships will also be developed with agencies and organizations that provide the following services: income support, food support, transitional and affordable housing, education, employment, support groups, psychotherapy, art and recreation.

Evaluation

The effectiveness of Soteria Las Cruces will be evaluated on the basis of the following data:

- Number of patients
- Average length of stay
- Movement of patients towards recovery (based on the following data)
  - Social functioning
  - Employment status
  - Education progress
  - Mental Health
  - Physical Health
  - Symptoms
  - Cost of Treatment
Implementation Plan

The next step is to develop an implementation plan that will lay the foundation for opening Soteria Las Cruces in 2022. Following is a description and estimated cost of the implementation plan.

Tasks

Identify feasible house to buy or rent – 5 to 8 beds

Requirements include:

- Community Room
- Dining Room
- Identify organization to operate house/program
- Develop staffing plan including job positions and job descriptions
- Develop budget
- Identify sources of permanent funding including Medicaid and private insurance
- Determine licensing requirements, if needed
- Determine how Soteria Las Cruces fits into the existing array of behavioral health services and programs
- Develop collaborative relationships with medical and healthcare community agencies and providers
- Develop strategy for outreach and recruitment of patients
- Design intake and discharge processes for patients
- Develop timetable for opening the doors
- Obtain necessary permits and licenses, as needed

Costs

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<th>Cost</th>
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<td><strong>Total Cost</strong></td>
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References


Mosher, L. (1999) Soteria and other alternatives to acute psychiatric hospitalization. *Journal of Nervous and Mental Disease, 187.* pp. 142-149
### Exhibit 3: Housing Matrix

**Housing Eligibility - Las Cruces**

**May 2021**

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<th>Families/Youth</th>
<th>Homeless Adult Men/Women</th>
<th>Housing Management/Ownership</th>
<th>Low Income/Evicted</th>
<th>Medically Verifiable Disability/Condition</th>
<th>Recovering Drug/alcohol addiction</th>
<th>Short Term Rentals</th>
<th>Utility Assistance/Moving Cost</th>
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### Agency Contact Information

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>Address</th>
<th>City</th>
<th>Phone No.</th>
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<tbody>
<tr>
<td>Abode Inc. - Mesilla Valley Community of Hope</td>
<td>999 West Amador Ave.</td>
<td>Las Cruces</td>
<td>(575) 533-2219</td>
</tr>
<tr>
<td>Alianza of New Mexico</td>
<td>1700 N. Main Street</td>
<td>Las Cruces</td>
<td>(575) 621-4995</td>
</tr>
<tr>
<td>Casa de Corazones</td>
<td>702 Stoll Drive</td>
<td>Las Cruces</td>
<td>(575) 523-5730</td>
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<tr>
<td>Catholic Charities of Southern New Mexico</td>
<td>125 W. Mountain Ave.</td>
<td>Las Cruces</td>
<td>(575) 537-0500</td>
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<tr>
<td>Dona Ana County Housing Authority</td>
<td>926 S. San Pedro St.</td>
<td>Las Cruces</td>
<td>(575) 541-0477</td>
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<tr>
<td>Families and Youth, Inc. (FYI)</td>
<td>3320 S. Solano</td>
<td>Las Cruces</td>
<td>(575) 512-4904</td>
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<tr>
<td>Habitat for Humanity International, Inc. Mesilla Valley</td>
<td>2301 S. Main St.</td>
<td>Las Cruces</td>
<td>(575) 525-0475</td>
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<tr>
<td>Haciendas at Grace Village</td>
<td>2802 Corte Dios</td>
<td>Las Cruces</td>
<td>(575) 534-1020</td>
</tr>
<tr>
<td>HELP-New Mexico, Inc.</td>
<td>2803 E. Missouri</td>
<td>Las Cruces</td>
<td>(575) 265-3717</td>
</tr>
<tr>
<td>La Casa, Inc.</td>
<td>600 South Walnut Street</td>
<td>Las Cruces</td>
<td>(575) 536-3819</td>
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<td>Oxford Houses of New Mexico</td>
<td>1820 Fairway Circle</td>
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<td>The Salvation Army</td>
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<td>Tierra del Sol</td>
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