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Greater El Paso Chamber of Commerce Community Mental Health Survey

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GREATER EL PASO CHAMBER OF COMMERCE COMMUNITY MENTAL HEALTH SURVEY



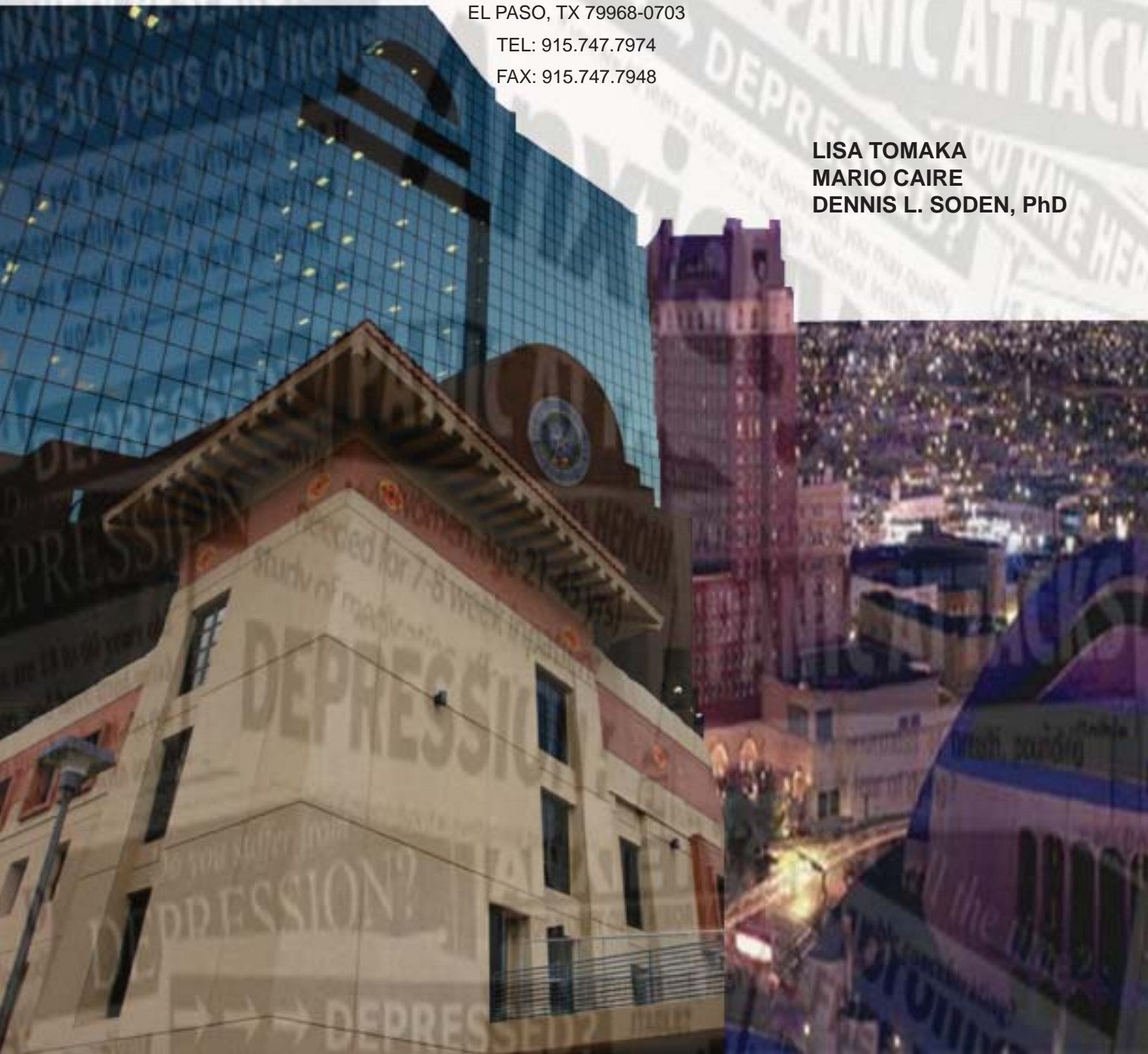
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Executive Summary

Purpose

The Mental Health Services' Mapping Survey was conceptualized and designed by the Mental Health Sub-committee of the Greater El Paso Chamber of Commerce with assistance from the Institute for Policy and Economic Development (IPED) as a means to improve the health outcomes for consumers in El Paso County. The project's objectives were as follows:

- a. Document the behavioral health services that currently exist in the El Paso community,
- b. Identify gaps in the community's behavioral health services and supports,
- c. Assess the number of individuals waiting to receive behavioral health services and the average wait time,
- d. Identify underserved population groups,
- e. Estimate the amount of money spent on behavioral health services community-wide, and
- f. Develop a mental health agenda that accurately reflects El Paso's behavioral health needs for the 81st, Legislative Session.

The information obtained throughout this process was gathered to document the current supply of behavioral health services in El Paso, the existing demand for these services and anticipated trends in consumer demand and community capacity. Areas where there were significant gaps between service delivery and community demand were identified and community perceptions regarding trends were documented. Future data collection is needed in order to gather longitudinal and detailed information on the quantity and quality of behavioral health services in El Paso and to chart the community's progress in improving the health outcomes for all consumers of mental health services in El Paso County.

Method

Three qualitative research methods were used to accomplish the goals set forth by the Chamber of Commerce's mental health sub-committee. Initially, a sub-set of forty-two community service providers were asked by the Chamber of Commerce to participate in an on-line mental health capacity survey. This survey was designed to assess the extent of the current continuum of care, identify service delivery gaps, quantify the number of individuals waiting to receive mental health services, identify underserved population groups and determine the amount of money spent community-wide on behavioral health services.

Next, a group of community mental health experts were assembled for a focus group. This approach was selected to gather in-depth information on the issues facing El Paso's mental health community today and in the future and to provide a framework for the information gathered during the on-line survey process. The focus group members were asked to provide information on mental health expenditures and the number of consumers served. Focus group discussion questions were designed to prompt participants to collectively provide input on the community as a whole, the trends they foresaw affecting the community's mental health service delivery system, the impact an El Paso MHMR waiting list would have on the community and the resources they would need to meet an increase in community demand.

Finally, broad community impressions were collected from a small sample of key informants. These structured interviews were designed to augment the mental health experts' focus group impressions, build on the on-line survey data and to gather in-depth information from a diverse group of community mental health providers. All key informants were selected based on their ability to provide first-hand impressions on the quality and quantity of services in the current mental health service delivery system, anticipated trends in mental health service delivery, outline the system's needs and identify the resources needed to meet these needs.

Summary of Results

On-line Survey: Overall, the data reported in response to the on-line survey suggested that the El Paso community has a large number of small mental health providers that have tremendous community tenure. These agencies are supported by the community's two largest mental health public/non-profit providers, El Paso MHMR and El Paso Psychiatric Center whom they rely on to receive referrals and to provide additional services for their most challenging consumers. Responding agencies reported they provide a varied array of services to multiple population groups and ages. Few consumers were noted to be turned away, placed on waiting lists or denied services due to capacity or priority population stipulations. In essence, the survey data suggested that the current mental health system was sufficient to meet the needs of the community. Despite data to the contrary, survey respondents overwhelmingly reported that they believed there were gaps in the mental health service delivery system. It should be noted that the small number of agencies who responded and the lack of participation from El Paso's two largest school districts and Child Protective Services make it difficult to generalize the results of this survey.

Expert Focus Group: The collective impressions that emerged during the mental health experts' focus group were somewhat in contrast to the survey data, but did reflect the perspectives that the system may have gaps. A summary of the focus group dialogue indicated that members believe the system is operating beyond capacity, it is increasingly difficult to maintain a suitable workforce, the current reimbursement model does not

support collaboration and the Fort Bliss expansion will only exacerbate the crisis already being experienced by El Paso's mental health system. The focus group members believe that an infusion of 61.6 million dollars is needed, over the next two years, for capital projects and annual operating expenses in order to effectively address the mental health issues facing El Paso County.

Key Informant Survey: This portion of the community assessment recorded broad individual impressions of El Paso's mental health system that seemed to align with those highlighted in the focus group discussion. Key informants were unanimous in their belief that lack of adequate funding was a major impediment to the delivery of mental health services in this community. In addition, they strongly believe that stigma, limited community education and outreach and the lack of licensed mental health professionals all significantly impact the quality of and access to mental health services. In contrast to the focus group, the resources identified to address community impediments and system gaps included system collaboration, interagency coordination, evaluation, social marketing, and education and outreach.

Key Observations

The El Paso community is composed of a number of long-term committed mental health providers that have developed a mental health delivery system that historically has strived to meet the needs of its citizens through a patch work of services and supports. However, a number of factors make service delivery difficult and overextend existing resources. These factors are a strong community culture steeped with stigma, restrictive funding streams and priority population designations, a large number of indigent or uninsured consumers, the lack of funding and a limited number of well trained professionals. When faced with the influx of a large military contingent, this community strongly believes that, without additional resources, the current mental health system and those it services will suffer badly.

El Paso's mental health continuum of care has a number of strengths that if invested in, will ensure the survival and expansion of mental health services and supports. The majority of El Paso's mental health providers have been delivering community services and supports for more than two decades. This longevity demonstrates a lasting commitment to care for the community's most needy individuals and an ability to maintain services and support through changes in funding streams and resource allocations. Community organizations deliver multiple and varied services and supports to a range of individuals. This diversity in the continuum can be seen as a reflection of the community's ability to understand the need to maintain a continuum of care able to serve individuals with varying needs. Community providers understand the impact of culture and stigma on service delivery and value social marketing, community outreach and education. Key decision makers in critical community organizations understand the need for system

coordination and interagency collaboration in order to maximize recourses and access additional funding streams. Finally, community providers appear to value evaluation as a core component of ensuring the successful development of El Paso's mental health delivery system.

Recommendations

The community's responses to the three assessment tools formed the basis for the recommendations below. In general, community organizations understand the crisis facing this community and know what next steps are necessary. Consequently, the majority of these recommendations were made by community leaders while responding to one or more of the assessment tools.

- Use community strengths as a basis for soliciting additional resources to address current trends, specifically the influx of military personnel that will result from the Fort Bliss expansion
- Continue to foster agency collaboration and interagency collaboration and interagency coordination as a means to maximize mental health dollars and increase funding opportunities.
- Investigate opportunities to integrate mental health care and primary health care as a means to improve care and maximize resources.
- Seek funds to expand the current capacity and increase the quality of care of the El Paso MHMR. This agency serves as the primary referral and crisis support for many agencies across the community. Limited or no access to services would greatly impact a large number of community organizations including the jail and the hospitals.
- Work with area educational institutions to develop strategies to increase the number of available qualified and licensed mental health professionals.
- Involve the community in an ongoing social marketing and community education campaign.
- Continue the community evaluation and assessment process to monitor progress towards identified goals, document successes, identify continuing deficits and ensure accountability.

Legislative Agenda

The Greater El Paso Chamber of Commerce used the information and impressions gathered during this process to form the basis for its 81st, Legislative Agenda. The draft agenda is included with this summary for community review.

PART ONE:



Key Findings

- The El Paso Community has a significant number of established agencies that serve its mental health consumers.
- The El Paso MHMR and the El Paso Psychiatric Center comprise a significant portion of the mental health funding received by this community.
- Almost 50% of the mental health services and support agencies in this community employ fewer than 20 individuals.
- Data from EPISD, YISD and El Paso's Child Protective Services may significantly change the spectrum of care described in this report.
- The community offers a range of mental health services and supports to a variety of ages. The populations served including infants, toddlers, children, adolescents, adults and geriatrics.
- The agencies responding to this report serve approximately 76,789 individuals expending \$39,069,018.
- The majority of community agencies use El Paso MHMR as a primary referral for Mental Health services and supports.
- Relational Disorder and Major Depression are viewed by community providers as the diagnosis most prevalent in the El Paso Community.
- The majority of individuals who seek mental health services and supports receive them. Only 2% of individuals seeking services are turned away. More specifically, few people are being denied services due to capacity or priority population stipulations.
- There is little to no wait for a mental health assessment and minimal waiting lists for mental health services and supports.
- The community has a sufficient continuum of mental health care.

Project Goals and Objectives

The Mental Health Services Mapping survey was conceptualized and designed by the Mental Health Sub-committee of the Greater El Paso Chamber of Commerce with assistance from the Institute for Policy and Economic Development (IPED) as a means to improve the health outcomes for consumers in El Paso County. The project's objectives are as follows:

- a. Document the behavioral health services that currently exist in the El Paso community,
- b. Identify gaps in the community's behavioral health services and supports,
- c. Assess the number of individuals waiting to receive behavioral health services and the average wait time,
- d. Identify underserved population groups,
- e. Estimate the amount of money spent on behavioral health services community-wide, and
- f. Develop a mental health agenda that accurately reflects El Paso's behavioral health needs for the 81st Legislative Session.

Goals & Objectives



The information gathered is used to document the current supply of behavioral health services in El Paso and the existing demand for these services. Areas where there are significant gaps between service delivery and community demand will be identified.

For the purposes of this study, "behavioral health" refers to a continuum of services for individuals at risk of or suffering from mental, addictive, or other behavioral disorders. "Mental Health Service Provider" is defined as those organizations that provide treatment to persons with

mental illness that do not have any form of health insurance. Treatment examples include:

- Case Management
- Psychiatric Treatment
- Housing Support
- Counseling
- Substance Abuse Treatment
- Supportive Employment
- Rehabilitative Services
- Basic primary health care for individuals with mental illness
- Medication dispensation and medication management

Future surveys are planned to gather more detailed information on the quantity and quality of behavioral health services in El Paso and to chart the community's progress in closing the gaps in service delivery thereby improving the health outcomes for all consumers of mental health services in El Paso County.

Background and Significance

The Texas Borderlands: "Ground Zero for Health Care in America" (2006) sites a study by the Mental Health Association of Texas. This study indicates that Texas, specifically El Paso, is experiencing a crisis in mental health services. The statistics for El Paso indicate that 12,343 adults are estimated to be at risk for mental illness and eligible

for mental health and mental retardation services. Currently, of those individuals, 46% or 5,705 are receiving services. In regards to children and adolescents, 5,577 are estimated to be at risk and eligible for services, of which only 1,322 or 24% are currently able to access services.

In order to improve mental health services in El Paso, the Greater El Paso Chamber of Commerce is spearheading a mental health

mapping initiative. The purpose of this initiative is to document the community's current behavioral health delivery system, including services available, populations served, service capacity, service availability and funding streams. The information received from the basis of this report and will be used by the Greater El Paso Chamber of Commerce to develop their mental health legislative agenda.

DATA COLLECTION

On-line behavioral health capacity survey

The Greater El Paso Chamber of Commerce contracted with the Institute for Policy and Economic Development (IPED) to conduct a behavioral health services survey. The purpose of this survey was to document the community's current behavioral health delivery system, including services available, populations served, service provider capacity, availability and funding streams with an identified group of community mental health providers. The primary method used to collect all behavioral health services information was an on-line behavioral health capacity survey.¹

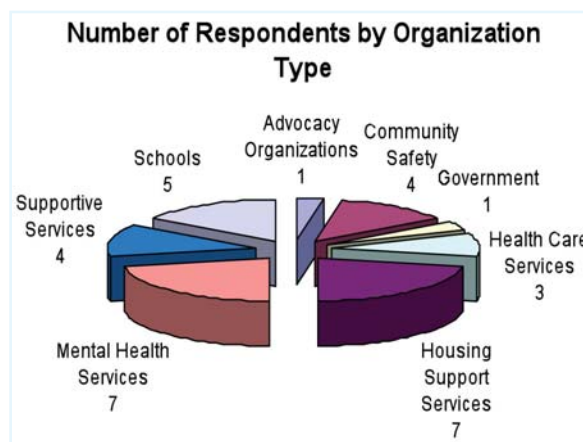
The Greater El Paso Chamber of Commerce Mental Health sub-committee identified forty-two (42) public institutions, not-for-profit mental health providers, primary health care providers, schools and public safety organizations in the city and county of El Paso to participate in the survey.² The community public safety agencies that were asked to participate included the El Paso County Juvenile Probation Department, the City of El Paso's Police Department, the El Paso County Sheriffs Department and Thomason Hospital. These agencies were included because it is the belief of this sub-committee that the area's public safety and emergency departments are often the mental health "safety net" for persons

1 See Attachment I for the Survey Question

2 See Attachment II for the list of the agencies responding

suffering from severe mental health challenges in El Paso.

On December 12, 2007, the Chamber invited the top organizational leadership from all forty-two agencies to a Mental Health Community Meeting. During this meeting, committee members provided participants with information on the goals and purpose of the survey and requested that each agency commit to completing the survey.³ Thirty-two (32) community organizations self-selected to complete the survey. Survey respondents included a number of the major mental health and primary health care providers in the El Paso community. However, because this report reflects an analysis of only those who responded, it can not be interpreted to be an exhaustive survey reflective of all community mental health services.



3 See Attachment III for the Dec. 12, 2007 Mental Health Meeting Committee Meeting Agenda

Overview of Survey Respondents

In all, a total of thirty-two (32) unduplicated public and non-profit organizations responded to the survey. The respondents appear to represent a strong cross-section of mental health and non-mental health service providers within the El Paso community. It should be noted that non-mental health providers were invited to respond in an attempt to determine if mental health services were being provided outside the mission and function of these agencies. A review of all the respondents suggests the agencies they represent could be divided into eight (8) different organizational types. These eight types are as follows: Advocacy, Community Safety, Government, Health Services, Housing Support Services, Mental Health Services, Supportive Services, and Schools.⁴

As is evident in Figure 1, the greatest number of responses fall under the categories of Mental Health Service Organizations and Housing Support Services. Both categories had seven (7) respondents. The large number of respondents in the Mental Health category can be considered to be reflective of the purpose of the survey. However, the large number responses noted under the category of housing services may be attributed to a push by the Homeless Coalition to have all its members complete the survey. No other community-based umbrella group, outside the Chamber's mental health sub-committee, actively encouraged its members to respond. These two groups are then followed by the schools (5 respondents), community safety (4 respondents) and supportive services (4 respondents). In addition, when reviewed individually, the survey responses appear to provide a good cross section of behavioral health agencies that support children, youth and adults with mental illness.

4 See Attachment II for a list of which agencies are included under each category

General Organization Information

Respondents



As mentioned, survey responses were received from a number of major mental health providers. More specifically, these providers were El Paso MHMR, El Paso Psychiatric Center, El Paso Child Guidance, Family Services of El Paso, Jewish Family and Children's Services, Sunwest Behavioral Health Organization, and Border Children's Mental Health Collaborative. Other critical organizations that provided responses included three public safety organizations, the El Paso Police Department, the El Paso Sheriff's department, and the El Paso Juvenile Probation Department, and five school

districts, San Elizario ISD, Fabens ISD, Socorro ISD, Canutillo ISD, Tonillo ISD.

It should be noted that there were three public entities/agencies that did not respond to the survey that could be critical to developing a comprehensive picture of El Paso's mental health service capacity. They are the El Paso Independent School District (EPISD) which serves 63,870 students, the Ysleta Independent School District (YISD) which serves 44,888 students and Child Protective Services. The total estimated number of school age

children in El Paso is 160,612.¹ Taken together EPISD and YISD serve a total of 108,758 children which represents 67% of the school children in El Paso. In addition, the Texas Department of Family and Protective Services (DFPS) for fiscal year 2007 reported that in El Paso County there were 2,133 confirmed victims of child abuse or neglect and 744 children under DFPS legal custody.² Due to the large number of children served by these entities, it is difficult to create a comprehensive picture of the mental health continuum of care in the El Paso Community.

¹ U.S. Census Quick Facts 2000.

<http://quickfacts.census.gov/qfd/states/48/48141.html> (May 17, 2008)

² Texas Department of Family and Protective Services, Data Book 2007.

Number of Employees

Thirty-two (32) organizations provided an answer to this question. The total number of reported employees reported ranged from one (NAMI El Paso) to 1500 (the El Paso Police Department). Other large employers include the El Paso County Sheriff's Department (1170), the Housing Authority of El Paso (847), and El Paso Mental Health and Mental Retardation (436). More than 50% of the organizations who responded to the survey have fewer than 30 employees. Forty-five percent have fewer than 20 employees. These numbers suggest that the small provider is a critical component of the mental health system in this community.

General Organization Information

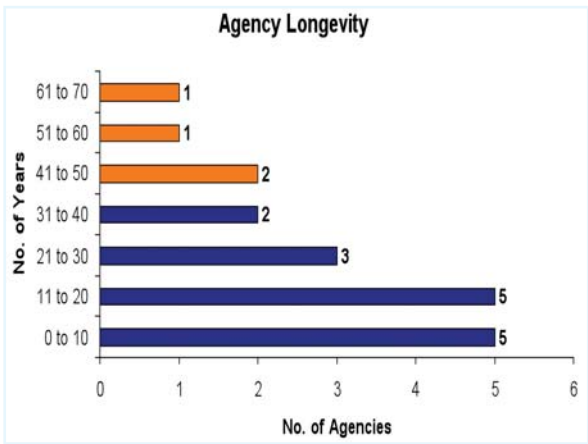
On-line behavioral health capacity survey

Length of time agencies have been providing mental health services

Nineteen of the thirty-two (32) agencies responded to this questions. Their responses ranged from seven months (Centro de Salud Familiar La Fe, Inc) to seventy (70) years (Jewish Family Services). Almost 75% of the respondents have been providing mental health services for more than a decade and more then 21% of the providers having offered services for more than 40 years. This is reflected in the data in Figure 2. The community tenure demonstrated by these agencies highlights El Paso’s long-term commitment to providing community mental health services.

Figure 2:

Length of Time providing MH Services



Total Agency Budget for the FY

Eighteen (18) organizations responded to the question on agency budgets. As reported, the mental health budgets of the responding organizations ranged from \$3,000.00 to \$10,500,000.00. Figure 3 reflects the range of agency budgets. The cumulative mental health budget for all organizations responding totals \$39,069,018.45. The average organization budget is \$2,170501.03. When the two largest organizational budgets, El Paso Psychiatric Center (\$10,500,000.00) and El Paso MHMR (\$18,316,774.45) are removed the average mental health budget for the remaining responding community agencies drops bellow a million dollars to \$643,482.93. This significant decrease in average budget amount suggests the relative size and capacity of the remaining community mental health and support services continuum of care.

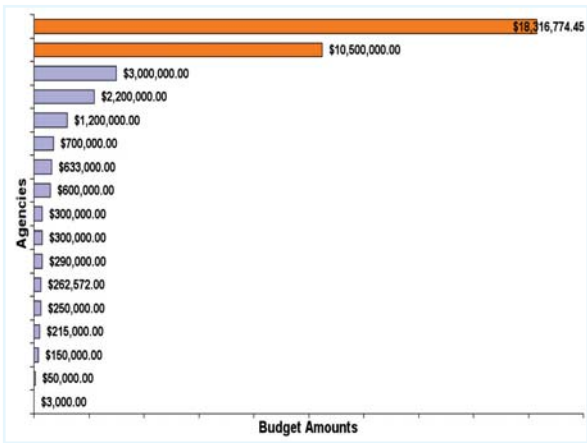


Figure 3: Agencies Total Budgets

Age range of the clients being served

Twenty-six (26) organizations responded to the question on the age of the clients they served. It appears that there are a range of mental health and supportive services available to individuals of all ages. However, the varying nature of individual organizational responses made this question challenging to analyze. Three responses were eliminated. A general review does suggest that seven of the respondents served all populations including infants, toddlers, children, youth, adolescents, adults and geriatrics. Six (6) of the respondents indicated that they served all ages through adulthood except children between the ages of 0-3. Agencies that served children and adolescents were harder to classify. Six (6) of the organization indicated that they served some subset of children, adolescent and young adults. Three (3) agencies provided services to children above the age of three. Three (3) agencies responded that they provided services to some subset of children, one exclusively to children 0-13, one to children 0-22 and one to children and adolescents 10-17.

Total Number of Clients currently being served

Twenty-six (26) organizations responded that they were serving a total of 76,789. This question did not discriminate between mental health and non-mental health consumers. The largest number of current clients was reported by the Housing Authority of El Paso who stated they are serving approximately 2,500 consumers and Thomason General Hospital which noted that, to date, they provided 21,024 emergency detention visits.

General Organization Information



Consumer in Need of Mental Health Services

Thirty (30) organizations responded to this question. Twenty-nine (29) indicated that they served individuals in need of mental health services. One organization indicated that they did not and two (2) organizations did not respond to this question.

Mental Health Service Providers

Thirty (30) organizations responded to this question, nineteen (19) or 61 % indicated that they provided some form of mental health services. Two organizations did not respond. When asked if they referred consumers to other mental health organizations, eleven responded, seven (7) stated yes, they refer individuals in need of mental health services to other community agencies. Of the seven (7), six (6) indicated that they referred to El Paso MHMR. Other agencies, respondents referred

to, included area emergency rooms, private providers (2), Bienvivier, San Vicente (2), Opportunity Center, The Peak, Texas Tech Neurology Services, and the Border Children's Mental Health Collaborative.

Identification of Patients with Mental Health Problems

When organizations were asked how they identified mental health problems when consumer were referred to their agencies, fifty percent (50%) reported using some type of clinical encounter, either mental health or other to identify mental health problems. Thirteen (13) reported that they determine mental health problems through a professional referral and ten (10) organizations reported using a screening tool to identify individuals with mental health problems. All of the agencies responding indicated that they use multiple tools to screen for mental health problems.

Of the ten (10) responding organizations, seven provided information on what screening tools they used. These tools are:

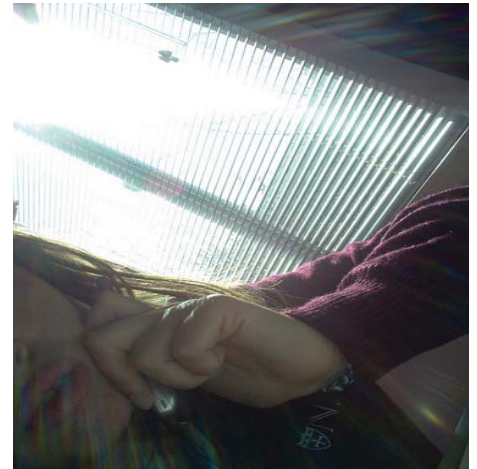
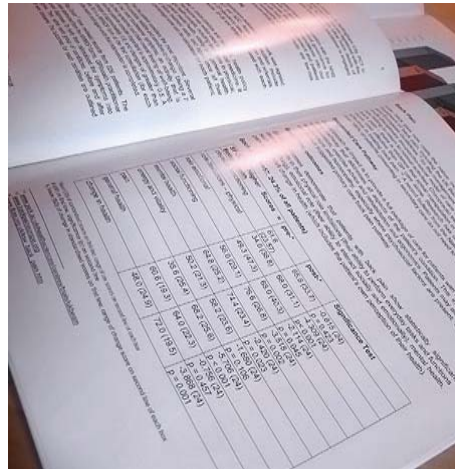
- PHQ9 for Depression (2)
Project Vida Health Center
Family Services
- OASIS for Anxiety (2)
Project Vida Health Center
Family Services
- X-Form
El Paso VA
- Bio-psychological Assessment
El Paso VA
- Behavior Assessment for Children (BASC)
El Paso Child Guidance Center
- Uniform Assessment
EPMHMR
- Initial Eligibility Assessment
EPMHMR
- Crisis Screening/Lethality Assessment
EPMHMR
- Brief Clinical Assessment
EPMHMR
- Intake Packet
Centro de Salud Familiar La Fe
- Needs Assessment
Centro de Salud Familiar La Fe
- Psychosocial Assessment
Centro de Salud Familiar La Fe
- Individual Care Plan
Centro de Salud Familiar La Fe

As is evident, the variety of tools used varies between entities. Only two clinical tools are used by more than one agency. This may be driven by agency requirements or suggest that each of these agencies look for population specific symptoms when assessing for mental health problems. However, it does appear that there is no coordinated effort across agencies to identify mental health problems.

Table 1: Tools used to Identify Mental Health Problems

Clinical encounter for a mental health concern	13
Other Clinical encounter	10
Professional Referral	13
Screening tool	10

The Mental Health Communities Perception of Prevalence



Fourteen (14) of the nineteen (19) or 73% of the organizations who reported providing mental health services responded to the question regarding prevalence, with the exception of one disorder. Fifteen (15) organizations responded to schizophrenia. Table 2, below, indicates that the survey respondents perceive substance related disorders as having the highest prevalence in this community. This disorder is followed in perceived prevalence by Relational Disorders. Seventy-nine percent (79%) of the respondents gave Relational Disorder a high prevalence rating. Seventy-one percent (71%) felt there was a high prevalence of Major Depression and Depressive disorder. The disorder perceived by the community as having the lowest prevalence is Schizoaffective disorder. It should be noted, that for almost all disorders, approximately 60% of the respondents perceived the disorder to be of medium to high prevalence.

Table 2: Prevalence

Mental Health Disorder	No. of Responses	Prevalence					
		Low		Medium		High	
		Number	Percentage	Number	Percentage	Number	Percentage
Schizophrenia	15	5	33%	6	40%	4	27%
Bipolar Disorder	14	1	7%	6	43%	7	50%
Major Depressive Disorder	14	1	7%	3	21%	10	71%
Depressive Disorder	14	0	0%	4	29%	10	71%
Anxiety Disorder	14	1	7%	4	29%	9	64%
Schizoaffective Disorder	14	5	36%	7	50%	2	14%
Substance Related Disorders	14	0	0%	2	14%	12	86%
Relational Problems	14	0	0%	3	21%	11	79%
ADD/ADHD	14	1	7%	6	43%	7	50%
Conduct Disorder	14	0	0%	12	86%	2	14%

Under the category of other disorders, four disorders were added and identified as having a medium prevalence and five were identified as having a high prevalence. These disorders were added by the respondents and not specifically mentioned in the survey question. Under the category of medium prevalence, Obsessive Compulsive Disorder, Dual Diagnosis and Post Traumatic Stress Disorder were included. The subset of disorders that were identified to have a high prevalence in this community were Adjustment Disorder, Post Traumatic Stress Disorder, Domestic Violence, Mental Retardation and Somatic Symptoms. It should be noted that all mental health and non-mental health responses have been included.

Number of Consumers Turned Away

As is stated in the introduction, the statistics for El Paso indicate that 12,343 adults are estimated to be at risk for mental illness and eligible for mental health and mental retardation services. Currently, of those individuals, 46% or 5,705 are receiving services. In regards to children and adolescents, 5,577 are estimated to be at risk and eligible for services, of which only 1,322 or 24% are currently able to access services. However, this disparity in mental health services is not evident in the data collected by this survey. If these statistics were used, it could be assumed 17,920 adults and children are in need of mental health services, however, survey respondents indicated that only 2% or 429 of the individual actually seeking services are being turned away. It should be noted, for the majority of diagnosis (see Table 3) only one or two of the nineteen (19) organizations, who reported providing mental health services noted, that they have turned away mental health consumers in need. Thereby, suggesting that the majority of those individual who want services are receiving them. The reported data contrasts with the community estimates and may be a result of agencies under reporting the number of community members turned away or community members' reluctance to seek mental health treatment. Unfortunately, the survey results do not distinguish a reason.

Table 3: Turn away data

Diagnosis	No. of Response	No. Turned Away
Schizophrenia	N=2	6
Bipolar Disorder	N=2	25
Major Depression	N=2	187
Depressive Disorder	N=1	20
Anxiety Disorder	N=2	45
Schizoaffective Disorder	N=0	0
Substance Related Disorder	N=2	55
Relational Problems	N=1	10
ADD/ADHD	N=1	15
Conduct Disorder	N=1	0
Other	N=1	66
Total		429

Co-Morbidity

Agencies were asked to report the number of consumers they serve that present with co-existing disorders or diagnosis. The responses to this question, as reported, were difficult to quantify. Agency respondents provided numbers, percentages and a general range (i.e. large %) making it difficult to determine either a total number of individuals for each category or an average percentage of clients. The aggregate data, as it was reported, is included in the appendix. However, the data does suggest the majority of respondents are treating consumers struggling with a mental health problem and a substance abuse problem. This data does align with the perceived high prevalence of substance abuse disorders reported in a previous question.





Access to Services

Fifteen (15) organizations responded to the question asking how long the wait was for new and existing consumers to be assessed for mental health problems. Almost fifty percent (50%) of the organizations indicated that they could see a new client within two weeks. Forty percent (40%) stated that they could give an appointment within one to two days of a request and 33% reported that they could see a client immediately or within hours of their first contact with the agency. Only two (2) organizations indicated that their wait for a new client is four (4) weeks. This data was only slightly different for current clients. Taken together, this data suggests consumers with mental health problems in this community can easily access services and supports with a minimum expected wait.

Figure 4: New Client Wait Time for an Assessment



Treatment

A collective review of all services suggests that an array of behavioral health services are being provided by qualified professionals including Medication Management, Care Management, Therapy Services and a variety of rehabilitation services. These services are offered across a number of agencies and despite a small percentage of organizations reporting a wait for specific services, there appears to be a sufficient number of organizations providing a comprehensive spectrum of behavioral health services. More details on each service are outlined below.

Medication Management

Twelve (12) of the twenty (20) organizations providing mental health services indicated that they provide medication management. Five (5) organizations indicated that they provide medication management primarily through a psychiatrist, three (3) indicated that they use a primary care physician and four (4) stated they use both a primary care provider and a psychiatrist to deliver medication management services. Six (6) of these agencies stated they have no waiting list, five (5) state they have a waiting list. Of those with a wait only three (3) organizations reported the length of time. Their waiting list times ranges from 30 days to two (2) years. Despite the fact that several agencies reported a wait, the majority of agencies stated they could see a consumer quickly. The data does not suggest why there is such a difference in wait times between agencies. Wait times of two years may be the result of a specific population not being eligible to access medication management services from other community agencies. They also may be influenced by a consumer's ability to pay. Inability to pay may leave a consumer with limited choices of service providers. Consequently, limited choice may force a consumer to have to seek services from an agency with an extensive waiting list.

Case Management



Fourteen (14) organizations state they provide care management. None indicated that they use only nurses. Six (6) reported they use social workers and four (4) indicated that they use a combination of nurses and social workers. Of these fourteen (14) agencies none used promotoras and five (5) used a combination of either nurses, social workers and other individuals. Three (3) of the 14 agencies or 20% reported a waiting list. Of these three, one organization did not specify, one indicated there was a two (2) week wait and one stated the wait was two years. As with medication management, the data provided does not give any indication why there is such a difference between agency wait times. As stated above, wait times of two years may be the result of a specific population not being eligible to access case management services from other community agencies. They also may be influenced by a consumer's ability to pay. Inability to pay may leave a consumer with limited choices of service providers. Consequently, limited choice may force a consumer to

have to seek services from an agency with an extensive waiting list.

Therapy Services

Fifteen (15) responses were recorded, in total, to this question. One (1) organization indicated they use a combination of PhD staff with masters and bachelors level staff to provide services. The majority of the other organizations (13) use master's level staff. One (1) organization reported that they use a staff counselor. It does appear that five (5) of the agencies augment their therapy service resources by using outside referrals, case managers, LPC-interns and graduate level interns. Of the 15, eleven (11) said there is no waiting list, and four (4) indicated a wait between one (1) to three (3) weeks. In general, there appears to be sufficient therapy services offered across the community by licensed individuals. However, the data as it is reported does not identify the type/method of therapy services (i.e. Cognitive Behavioral, Rogarian, Behavioral) delivered and whether or not this type of service meets the needs of the diverse consumers seeking support.

Rehabilitation Services

The organizations responding reported providing Money Management/Budgeting, Medication Monitoring, Self Sufficiency, Diabetes/Health Education, and Daily Living/Independent Living Skills. These services appear to be provided by a variety of providers, most of whom are masters or bachelors level staff members. Furthermore, a review of the responses suggests that there is no waiting list. Therefore, it can be assumed that Rehabilitation Services are readily available to all consumers in need throughout the community. However, this question, as with the question above does not take into consideration whether or not the services being provided meet the personal, cultural and linguistic needs of the individuals served. Put simply the information does not determine if the services offered meet the specific needs of the consumers accessing them.

Primary Health Care

Seventeen (17) organizations responded to the question regarding primary health care. Eleven (11) reported that they provide some form of primary health care to their consumers. Four (4) or 36% stated that they had a waiting list ranging from one week to thirty days (30). However, no waiting lists beyond thirty (30) days were noted.

General Organization Information

On-line behavioral health capacity survey

Provisions of Medications

Ten (10) organizations state they provide their clients with medications. This appears to be through a combination of methods including free samples, pharmaceutical programs, retail pharmacies, special pricing pharmacies and other means. Eight (8) stated they distribute free samples, eight (8) indicated they assist their consumers in accessing available pharmaceutical programs, six (6) stated their consumers access retail pharmacies and four (4) stated they access special pricing pharmacies. Finally, six (6) of the organizations that responded indicated that they accessed other medication resources however, none provided examples. In summary, the information provided by the survey respondents suggests that consumers in need of medications are adequately supported through a combination of varied methods.



Clients Turned Away this Fiscal Year

When agencies were asked in their current fiscal year, approximately how many clients were turned away. Only four (4) organizations responded. Three (3) noted that they have turned away a total of 389 individuals. The Transitional Living Center stated that they turn away one out of every three people for housing reasons not mental health issues. In regards to priority population stipulations, only two agencies responded that they turned away a total of 141 individuals. Therefore, it can be assumed that few people are being denied services due to mental health reasons, capacity or priority population stipulations.



Supportive Work Slots

A total of eight (8) organizations responded to the question asking how many supportive work slots they provide. In total, the responding agencies reported 55 supportive work slots. No organization reported having a waiting list, which suggests that the number of slots is sufficient for the community.

Supportive Housing

Seven (7) organizations responded to the question regarding supportive housing. These agencies reported a total of 192 beds. As with supportive work slots, none of the responding agencies indicated that they had a waiting list. Again, suggesting that the number of available slots meets the need for this service within the community.



Agency Missions

Organizations were asked if the services and supports they were providing were part of their mission or something they were providing because there was an unmet need in the community. A large number of agencies reporting that they provide services and supports outside their mission would suggest the existence of gaps in the mental health continuum of care. Organizations' responses for each of the individual services and supports are listed in the table below.

As is apparent, there are a handful of agencies providing services and supports outside their mission. The services most frequently provided outside the mission of the responding agencies include Medication Services and Therapy services. Organizations' efforts to fill these gaps in community mental health services and supports may create the appearance of a more expansive continuum of care than is actually available.

Table 5: Services in Relation to Agency Mission

Service	No. Responses	Mission	Not part of Mission	Percent not Mission
Medication Services	12	10	2	16%
Care Management Services	12	11	1	8%
Therapy Services	14	12	2	14%
Rehabilitative Services	9	9	0	0%
Supportive Employment Services	7	6	1	14%
Supportive Housing Services	7	6	1	14%

Peer Counseling

Organizations were asked to indicate the extent to which they used peer counseling. Seventeen (17) agencies responded. Five (5) indicated that they did not use peer counseling. Four (4) stated that they used it occasionally and six (6) or 35% reported that they used it frequently. This data suggests that peer counseling is being used as a method to support individuals suffering from mental illness. However, there appears to be the opportunity for more community agencies to implement this type of support.

Other Community Services and Supports

Organizations were asked to indicate what other services and supports they provide and if there is a waiting list. Fourteen (14) agencies responded when asked if they provide respite care, crisis services, substitute payee services and legal services. Only one (1) indicated they provided respite services, eight (8) stated that they provide crisis services and two (2) indicated that they provide substitute payee services and legal services. Of the four services noted above, one of the agencies that reported they provide substitute payee services noted there was a two (2) month waiting list and one of the agencies that provided legal services indicated that their waiting list was 30 days. No other waiting lists were reported for these services and support.

Agencies were also asked to indicate what other services they provided and if there was a waiting list for these services. Respondents listed a range of services from health education to child care. They also included the provision of food, clothing and transportation in their response to this question. The responses to the question regarding respite, crisis, substitute payee and legal services as well as the list of additional services are outlined in the table below.

Table 6: Other Services and Supports

Service	No. Responses	Yes	No	Waiting List	How Long
Respite	14	1	13	No	
Crisis Services	14	8	6	No	
Substitute Payee	14	2	12	Yes (1)	2 months
Legal Services	14	2	12	Yes (1)	30 days
Health Education	1	1	0	0	
Career Development	1	1	0	0	
Food/Clothing	2	2	0	0	
Transportation	3	3	0	0	
Parenting	1	1	0	0	
Child Care	1	1	0	0	
Residential	1	1	0	Yes (1)	3 months



Treatment Philosophy

All organizations were asked to indicate whether their treatment style is more oriented to stabilizing and discharging to a relapse prevention program or working with the consumer toward optimal functioning. Fifteen (15) organizations responded to this question. Thirteen (13) reported that they worked with consumers to reach optimal functioning. One agency stated that they depended on the MHMR to do all treatment and the other noted that educational success is their primary treatment philosophy. In summary, the majority of the mental health agencies in this community see their role as working with consumers to reach their optimal level of functioning.

Total Budget for Direct Face-to-Face Services

Organizations were asked to report the amount of their total budget that was spent on direct face-to-face services. Thirteen (13) agencies responded to this question. Six (6) less than responded to the total agency budget question. The budget amounts reported ranged from \$3,000.00 to \$11,377,846 with four (4) agencies reporting budget amounts larger than one million dollars. This budget information taken in the context of this survey, may suggest that the dollars budgeted for face-to-face services adequately meets the needs of this community. However, the prevalence data alone suggests that this may not be an accurate statement. Further data collection is needed in this area.



Collaborative Efforts

Organizations were asked if they collaborate with other mental health providers and with whom do they collaborate. Twenty-two (22) agencies responded to this question. Of those who responded, twenty (20) or 90% indicated they participated in some sort of collaborative effort with at least one other community agency. Seventeen (17) agencies answered the second part of the question. All reported collaborating with a variety of community partners. Furthermore, all seventeen (17) respondents listed the El Paso MHMR as one of their collaborative partners. Taken together, these responses suggest a strong community effort to collaborate across organizations. It also suggests that the El Paso MHMR is a key collaborative partner across the mental health community.

Cost Sharing

Organizations were asked if their consumers shared all or part of the cost of services and supports. Eighteen (18) agencies responded to this question. Five (5) stated that they used a sliding fee scale to assess payment for services. One (1) noted that they required all consumers to pay a fixed charge. One (1) indicated that they used both a sliding scale and a fixed cost for services and supports. Three (3) organizations reported that no cost sharing was required and eight (8) agencies stated that they used other methods of payment to cover some or all of the cost of services. Of those who responded that they used an alternative method to cover consumer cost, three (3) reported that they billed Medicaid, Medicare and TriCare for the cost of services, two (2) stated that they did not charge for services, and one (1) agency noted that they based their fees on a percentage of a consumer's income. Two (2) agencies stated other as a response but did not clarify. Overall, the reported responses reflect that a portion of mental health consumers (33%) are required to share some of the cost of mental health services. However, it appears that the majority of respondents cover the cost of consumer care through a variety of other sources outside the responsibility of the consumer.

Perceived Gaps in Services



When the community organizations were asked if they perceived gaps in El Paso's mental health system, 100% of the 24 responding agencies stated yes. Twenty three (23) of the 24 responding agencies identified where they felt gaps existed. Their responses varied and addressed many areas of the system of care. Few individuals noted the same gaps. Six responses were difficult to record due to missing information. The remaining various responses are listed below:

- Sub-standard housing
- Insufficient case management
- Lack of acknowledgement of mental health problems
- Funding gaps due to funding allocations
- Not enough providers or out patient services (3 respondents)
- Not a comprehensive system
- Many medically indigent patients
- Lack of capacity to provide close follow-up
- Lack of funding for residential treatment (2 respondents)
- No RTC for children
- Lack of rapid hospitalization
- The El Paso Psychiatric center has inadequate capacity
- Consumers are inappropriately connected
- The waiting list at the MHMR is too long

The number and varied nature of these responses suggests that providers may note gaps in services only in the areas where their consumers access the mental health system. It should also be noted that responses to this question contrast with the collective results of the survey. Overall, the responses to the survey suggest that there is a varied continuum of care that adequately provides services and supports for the majority of consumers that seek care.

Lodge Houses

Organizations were asked if they were aware of the existence of lodge houses. For the purpose of this survey, Lodge Houses were defined as a motel, room for rent, or other cheap sub-standard housing possibility used by mental health consumers in need of housing. Twenty-two (22) organizations responded to this question. Only eight (8) or 36% indicated that they were aware that this type of housing arrangement was available to consumers. Organizations were asked to report how many, to their knowledge, were in existence and the number of consumers that reside in them. Few organizations responded to these questions and their responses were vague (a few, several) making them difficult to quantify.

ATTACHMENT I

Mental Health Services Mapping Survey Questions

1. Organization Name: _____

Survey Respondent

2. Person completing the survey: _____
3. Position: _____

General Information

4. What is the total number of current employees? _____
5. How long has the organization been providing MH services? _____
6. What is your total mental health budget for this fiscal year (including administrative costs)? _____
7. What is the age range of the clients you serve? _____
8. How many total clients are you currently serving (unduplicated count)? _____
9. How many total clients have you served this fiscal year (unduplicated count)? _____

Assessment and Diagnosis

- | | | | |
|-----|--|-----|----|
| 10. | Are any of the people you serve in need of mental health services? | Yes | No |
| 11. | Do you provide them with any mental health services? | Yes | No |
| | a. If not, do you refer these patients for mental health services? | Yes | No |
| | b. Where do you refer these patients? | | |

If you do not provide mental health services, continue to question 29.

If you provide mental health services, please continue:

12. How do you identify patients with mental health problems? (Circle all that apply)
- a. Screening tool (s)
- Name of tool (s): _____

- b. Clinical encounter for mental health concern
- c. Other clinical encounter
- d. Professional referral

13. How prevalent do you believe each of the following diagnoses to be in the community?

a.	Schizophrenia	low	medium	high
b.	Bipolar Disorder	low	medium	high
c.	Major Depression	low	medium	high
d.	Depressive Disorder	low	medium	high
e.	Anxiety Disorder	low	medium	high
f.	Schizoaffective Disorder	low	medium	high
g.	Substance Related Disorders	low	medium	high
h.	Relational Problems	low	medium	high
i.	ADD/ADHD	low	medium	high
j.	Conduct Disorder	low	medium	high
k.	Other_____	low	medium	high

14. Based on diagnosis how many clients have you turned away?

- a. Schizophrenia_____
- b. BiPolar Disorder_____
- c. Major Depression_____
- d. Depressive Disorder (less than major depression)_____
- e. Anxiety Disorder_____
- f. Schizoaffective Disorder_____
- g. Substance Related Disorders_____
- h. Relational Problems_____
- i. ADD/ADHD_____
- j. Conduct Disorder_____
- k. Other_____

Co-Morbidity

15. What number of your clients are diagnosed with:

- a. **Mental Health**

- i. MH/MH _____
- ii. MH/MR _____
- iii. MH/SA _____

b. Chronic Disease

- i. Diabetes _____
- ii. Cancer _____
- iii. Hypertension _____
- iv. Asthma _____
- v. Other _____

c. Infectious Disease

- i. Tuberculosis _____
- ii. STDs _____
- iii. Hepatitis C _____
- iv. Other _____

d. Other

Please list _____

Access to Services

- 16. How long is the wait for a Mental Health assessment?
 - a. New client? _____
 - b. Current client? _____
 - c. Is there a waiting list? _____

Treatment

- 17. Who provides these services?
 - a. Medical Management (Circle all that apply)
 - i. Psychiatrist
 - ii. Developmental Pediatrician
 - iii. Primary Care Provider (physician/ANP/PA)
 - iv. Is there a waiting list? _____
 - v. How long is the wait for services? _____
 - b. Care Management (Circle all that apply)

- i. Nurse/Nursing Assistant
- ii. Social Worker/Social Work Assistant
- iii. Promotora
- iv. Other_____
- v. Is there a waiting list?_____
- vi. How long is the wait for services?_____

c. Therapy(Circle all that apply)

- i. Ph.D. level Licensed Professional (Psychologist)
- ii. Masters level Licensed Professional (LPC, LMSW-ACP, LMFT)
- iii. Bachelors level Licensed Professional (LBSW)
- iv. Other_____
- v. Is there a waiting list?_____
- vi. How long is the wait for services?_____

d. Rehabilitative Services (daily living skills).

Please list Rehabilitation Skills Training services provided:

Service: _____

(Circle all that apply)

- i. Masters level professional
- ii. Bachelors level professional
- iii. Para-professional
- iv. Peer or Family Member
- v. Other_____
- vi. Is there a waiting list?_____
- vii. How long is the wait for services?_____

Service: _____

(Circle all that apply)

- i. Masters level professional
- ii. Bachelors level professional
- iii. Para-professional
- iv. Peer or Family Member

- v. Other_____
- vi. Is there a waiting list?_____
- vii. How long is the wait for services?_____

Service: _____

(Circle all that apply)

- i. Masters level professional
- ii. Bachelors level professional
- iii. Para-professional
- iv. Peer or Family Member
- v. Other_____
- vi. Is there a waiting list?_____
- vii. How long is the wait for services?_____

e. Is Primary Health Care provided (for individuals with a mental illness).

Yes

No

- i. Is there a waiting list?_____
- ii. How long is the wait for services?_____

18. How are medications provided?

- a. Free Samples
 - b. Pharmaceutical Programs
 - c. Retail pharmacy
 - d. Special pricing pharmacy
 - e. Other_____
- _____

19. In current fiscal year, approximately how many clients have you turned away?

- a. Due to capacity_____
- b. Due to priority population stipulation_____
- c. Other_____

20. How many supportive work slots do you provide? _____

a. How long is the waiting list for a slot? _____

b. How many supportive housing slots do you provide? _____

c. How long is the waiting list for a slot? _____

21. In regards to the services listed below, do you provide these services:

a. Medication Services

i. Deliberately, as part of the mission of your agency

ii. Defacto, because they are not being provided by another entity

b. Care Management Services

i. Deliberately, as part of the mission of your agency

ii. Defacto, because they are not being provided by another entity

c. Therapy Services

i. Deliberately, as part of the mission of your agency

ii. Defacto, because they are not being provided by another entity

d. Rehabilitative Services

i. Deliberately, as part of the mission of your agency

ii. Defacto, because they are not being provided by another entity

e. Supportive Employment Services

i. Deliberately, as part of the mission of your agency

ii. Defacto, because they are not being provided by another entity

f. Supportive Housing Services

i. Deliberately, as part of the mission of your agency

ii. Defacto, because they are not being provided by another entity

22. To what extent do you utilize peer to peer counseling?

Not at all

Rarely

Occasionally

Frequently

23. What other services do you provide?

a. Respite

Y/N

Waiting List

Y/N

How long _____

b. Crisis Services

Y/N

Waiting List

Y/N

How long_____

c. Substitute Payee Y/N Waiting List Y/N

How long_____

d. Legal Services Y/N Waiting List Y/N

How long_____

e. Other_____

Y/N Waiting List Y/N

How long_____

24. How do you determine if a client is progressing?

25. What selection more closely describes your philosophy of treatment?

a. Stabilize and discharge to a relapse prevention program

b. Bring a client to optimal functioning

c. Other_____

26. Do you maintain records of improved or stabilized patients in relapse prevention programs? Y/N

a. If yes, approximately how many of your patients show significant increases after 10 weeks of therapy and/or medical management?_____

Funding Sources

27. What was your organization's total budget for FY 2007 for direct face-to-face services?_____

28. How much and what percentage of your budget comes from each of the following funding sources? (The total percentage must equal 100%)

	Amount	Percentage
a. City	_____	_____
b. County	_____	_____
c. Hospital District	_____	_____
d. CHIP	_____	_____
e. EPMHMR	_____	_____
f. Medicaid	_____	_____
g. Medicare	_____	_____
h. Private Insurance	_____	_____
i. State General Revenue	_____	_____
j. Inter-local Agreements	_____	_____
k. Private Pay	_____	_____
l. Foundation Grants	_____	_____
m. Other (Please describe)	_____	_____

29. Do your clients participate in cost sharing? (Circle the best answer)

- a. Sliding fee scale
- b. Fixed charge/price
- c. Both sliding fee scale and fixed charge/price
- d. Cost sharing not required
- e. Other (Please describe)

Collaboration

30. What Mental Health services/providers are you familiar with?

31. Do you collaborate with any of these organizations? Yes No

a. If yes, list which ones.

32. Do you believe there are gaps in El Paso's current mental health services?

Yes

No

a. If yes, where do you believe the gaps are within the current mental health system?

“Lodge Houses” (motel, room for rent, or other cheap, substandard housing possibility for a client)

33. Are you aware of any lodge houses that serve mental health patients?

a. How many do you know exist? _____

b. How would a client connect with a lodge house? _____

Additional Comments

34. We are aware that this is not an exhaustive survey. Is there anything that we did not cover that you would like to add? Please elaborate.

ATTACHMENT II

Respondents

Advocacy Organizations

National Alliance for the Mentally Ill, El Paso
Hector R. Morales, Board President

Community Safety

El Paso County Juvenile Probation Department
Alberto Alvarez, Jr. Chief Juvenile Probation Officer
El Paso County Probate Court No. 2
Raquel Lauretano, Court Investigator
El Paso County Sheriff's Office
Assistant Chief Dolores Messick
El Paso Police Department
Sgt. Charles DeNiro, NERC Criminal Investigation Sergeant

Government

County of El Paso
Rosemary V. Neill, Director Department of Family and Community Services

Health Care Services

Centro de Salud Familiar La Fe, Inc.
Janine Laskowski Gallinar

Project Vida Health Center
Bill Schlesinger, Chief Executive Officer

Thomason General Hospital
Blas A. Meza, Executive Director Manager

Housing Support Services

El Paso Coalition for the Homeless
Susan F. Austin, Executive Director

El Paso Veterans Administration
Joel A. Arrigucci, Homeless Coordinator

Housing Authority of the City of El Paso
Arturo Huerta, Deputy Executive Director

Legal Clinic for the Homeless/Texas Rio Grande Legal Aide
Jamyé Boone Ward, Staff Attorney

Opportunity Center for the Homeless
Ray Tullius, Executive Director

Rescue Mission of El Paso, Inc.
Blake W. Barrow, Chief Executive Officer

YWCA Sara McKnight Transitional Living Center
Clemencia L. Prieto, Administrator

Mental Health Services

Border Children's Mental Health Collaborative
Roger Martinez, Project Director

El Paso Child Guidance Center
Sue Jacobson, Executive Director

El Paso Mental Health and Mental Retardation
Christy Calderon, Interim Chief Operations Officer

El Paso Psychiatric Center
Zulema C. Carrillo, Chief Executive Officer-Superintendent

Family Services of El Paso
Richard Salcido, Executive Director

Jewish Family and Children's Services
Emily Stuessy, Executive Director

Southwest Behavioral Health Organization, LLC
Davin Magno, Associate Chief Executive Officer

Supportive Services

Center Against Family Violence
Willie Zambrano, Therapist

Child Crisis Services of El Paso
Alfonso V. Velarde, Executive Director

El Paso Child Welfare Board
Bea Hummel, Operations Coordinator

La Familia del Paso, Inc.
Lucia R. Dawson, Executive Director

Schools

Canutillo Independent School District
Rosario E. Olivera, Completion Coordinator

Fabens Independent School District
Richard Ortega, Special Education Director

San Elizario Independent School District
Amanda Sanchez, Director of Special Education

Socorro Independent School District
Susan Kelch, Director of Special Education

Tornillo Independent School District
Miranda Peck, District Nurse/Wellness Program Director

ATTACHMENT III



Mental Health Community Meeting
Wednesday, December 12th
11:30 a.m. – Lockhart Room

A G E N D A

WELCOME & INTRODUCTIONS.....Susan Guerra

MENTAL HEALTH MAPPING INITIATIVE..... Commissioner Escobar

- A. How this study came about (Commissioner Escobar)
- B. Importance of participating in the survey (Kathleen Peyton)
- C. Gathering the data (IPED)

COMMUNITY LEGISLATIVE AGENDA.....Senator Shapleigh

- A. What we can do before the start of the legislative session and during the 81st legislative session
- B. How we can use the findings of the study as a tool

HISTORICAL PERSPECTIVE ON MENTAL HEALTH.....Former Judge Max Higgs

- A. Where we have been & how we have progressed

QUESTIONS FROM ATTENDEES.....Susan Guerra

ATTACHMENT IV: Co-Morbidity Data

Mental Health														
MH/MH	45	40%	30%	20%	33	10	100%	4752	110%					N=9
MH/MR	1	4%	5%	20%	20%	2%	42%	15%					N=9	
MH/SA	3	15-20%	40	12	40%	100%	30%	15%	10-15%	10%	1639	85%	30%	N=13
Chronic Disease														
Diabetes	20	15	12	30%	7	Large %	43%	802	200					N=9
Cancer	4	8	3%	1	Minimal	20	12%	100					N=9	
Hypertension	30	80	4	5%	10	Large %	1109%	100					N=8	
Asthma	5	10	2	3	16	362	50					N=7		
Other	40%	10%	8	1261	50%								N=5	
Infectious Disease														
Tuberculosis	1%	2										N=2		
STDs	1	20	2	2	1%	3	10					N=7		
Hepatitis C	50	7	8	267								N=4		
Other	1	2										N=2		

GREATER EL PASO CHAMBER OF COMMERCE

MENTAL HEALTH: A LOOMING CRISIS

IN EL PASO COUNTY:

SUMMATION OF EXPERTS' ASSESSMENTS



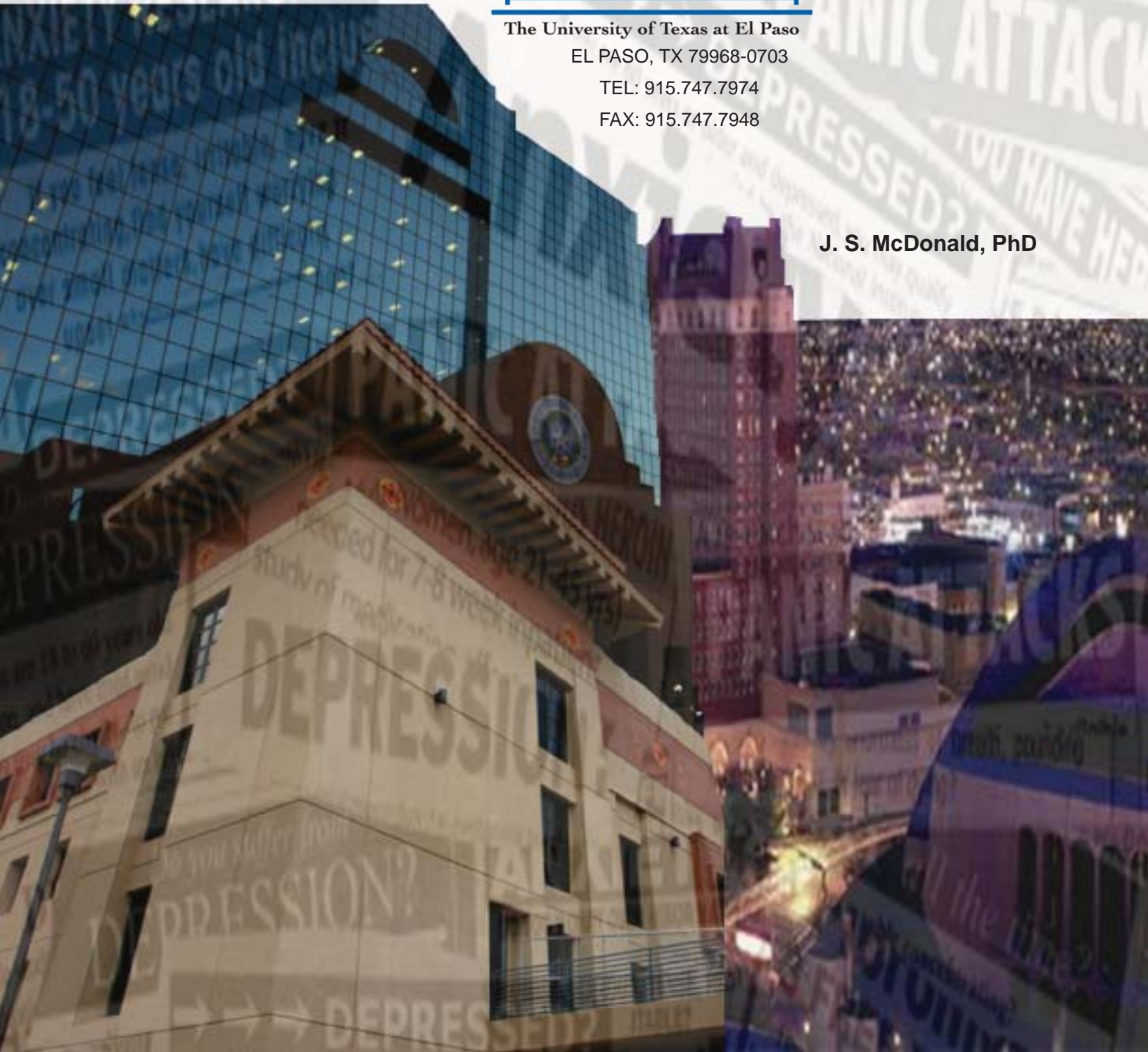
The University of Texas at El Paso

EL PASO, TX 79968-0703

TEL: 915.747.7974

FAX: 915.747.7948

J. S. McDonald, PhD



PART TWO:



Key Findings

- An infusion of \$61.6 million is needed over the next two years to address mental health issues in El Paso County, \$28.5 million in capital projects and \$33.1 million in annual operating expenses.
- The system is operating beyond capacity at present and Fort Bliss expansions will exacerbate this crisis.

Introduction

El Paso County like much of the nation, is facing a mental health crisis. County mental health leaders decided to act proactively. A critical early step was to bring together knowledgeable parties to assess current efforts, project future mental health service needs, and estimate the resources required to meet the growing demand.

A panel of highly knowledgeable experts from all parts of the region's professional mental health community was convened on 11 June 2008. A series of intensive discussions focused on five issues.

Five Mental Health Issues

Issue 1: Present level of mental health funding in El Paso County.

Issue 2: Number of patients/clients served.

Issue 3: Trends in mental health needs over the next two years.

Issue 4: If MHMR stopped taking patients, capped service levels at contract levels (below present service levels), and instituted a waiting list how will individual organizations and the community at large be impacted?

Issue 5: What do we need to address mental health issues in El Paso County over the next two years?

Issue 1: Present level of Mental Health Funding



A conservative estimate of present expenditures is **\$56, 429, 00 for the current year inclusive of government, hospitals, and not-for-profit organizations.** This figure does not include private providers, the University and community college.

Additionally, there are many hidden costs to the community, e.g. depression impacting on work and chronic illness.

Issue 2: Number of Patients/Clients Served

A conservative estimate yielded **27,923 cases** receiving mental health treatment in El Paso County in a year. This figure does not include many smaller and some medium-size providers, nor does it include very large numbers of screenings and crisis calls all of which require mental health resources.

Issue 3: Trends in Mental Health Needs over the Next Two Years

The **trends for the El Paso community are negative.** Two broad groups of trends were identified: A) Fort Bliss development / BRAC impacts and B) general community developments.

A) The impacts of **Fort Bliss expansion and mission change** from air defense to combat brigades is **far-and-away the most important issue impacting community mental health for the foreseeable future.**

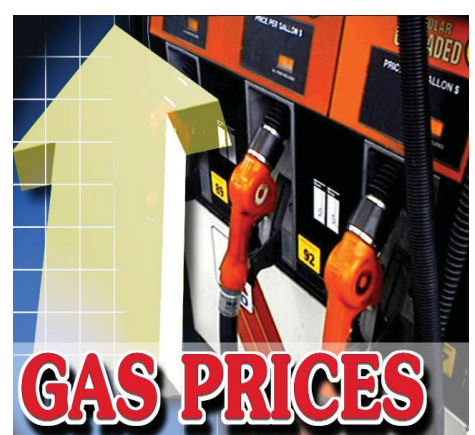
- While the military used to do an excellent job of taking care of their own, this is less true today and increasingly the pressures have spread outward to the community.
 - Increased VA hiring pressure is raising the cost local units must pay to hire mental health professionals.
 - The military does not provide mental health services to dependents - only active duty personnel.
 - Children of military personnel are more likely to require mental health attention beyond the capacities of school districts.
- Departing military personnel are likely to put down roots in the community thereby increasing demand on local mental health services.
- **Growth due to BRAC increases community-wide stressors**, e.g. competition for affordable housing and employment. Waiting lists for services will increase leading to increased anxiety and depression.

Issue 3: Trends in Mental Health Needs over the Next Two Years (continued)



B) Beyond Fort Bliss, numerous community-wide factors will continue to contribute to declining community mental health.

- **Case loads throughout the system will increase despite the system being stressed beyond capacity already.**
- Reimbursement model-successful experiments from elsewhere, e.g. collaborative models, cannot be adopted here because they do not fit the Texas model.
- Continued border issues - drug war and increased crossing wait times.
 - Decreases access to affordable medication for many.
 - Increases anxiety as families divided by border are increasingly concerned for their loved ones to the south.
- **Increasingly difficult to maintain a suitable workforce of mental health professionals.**
 - Aging out without sufficient replacement.
 - Out migration - better salaries elsewhere, especially for bilingual professionals.
 - Agency downsizing - staffing needs are not being funded.
 - Local government belt tightening in an effort to keep taxes down - may face cuts to offset increases in gasoline, other energy, and labor prices.
- As the economy soars, local quality of life declines, leading to increases in depression and other mental health issues.
- Not -for-profit organizations suffer as the economy weakens, just as the demand for their services expands.



Issue 4: If MHMR Stopped Taking Patients, Capped Services Levels at Contract Levels...how will individual organizations...be impacted?

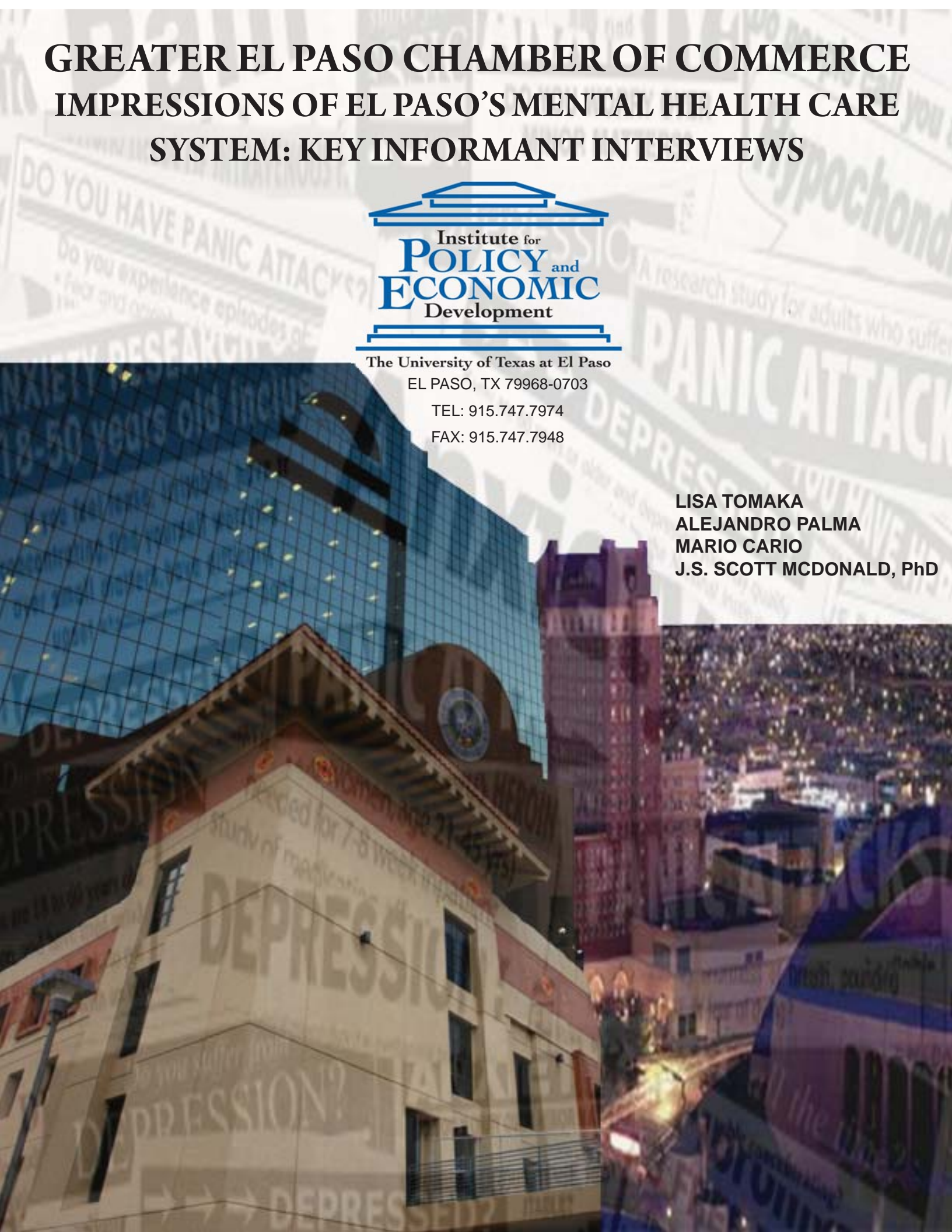
The impacts will be immediate and dramatic.

- **There is no slack in the system - needs will go unmet.**
- Schools will see increased costs as they have to deal with their own cases; they will call 9-11 more often.
- Emergency rooms and jails would receive the most cases; emergency rooms would fill up and/or seek some sort of protection; inevitably the vast majority of cases would find their way into the jail system.
 - Law enforcement overtime will expand greatly.
 - Many more mental health cases will up arrested.

Issue 5: What Do We Need to Address Mental Health Issues in El Paso County Over the Next Two Years?

Conservatively, the community needs and infusion of \$28.5 million in capital projects and \$33.1 in annual operating expenses, a total of **\$61.6 million over two years**, as displayed below:

New Mental Health Investments		
	Capital	Annual Operations
MHMR		\$8,400,000
El Paso Child Guidance Center		200,000
El Paso Psychiatric Center		1,000,000
Probation Dept.	2,500,000	1,500,000
Correctional Mental Health Unit	10,000,000	20,000,000
Transitional Living Unit (90 occupancy)	16,000,000	200,000
Sheriff's Dept. new personnel and training		2,000,000
School Districts and Other		???
	\$28,500,000	\$33,100,000

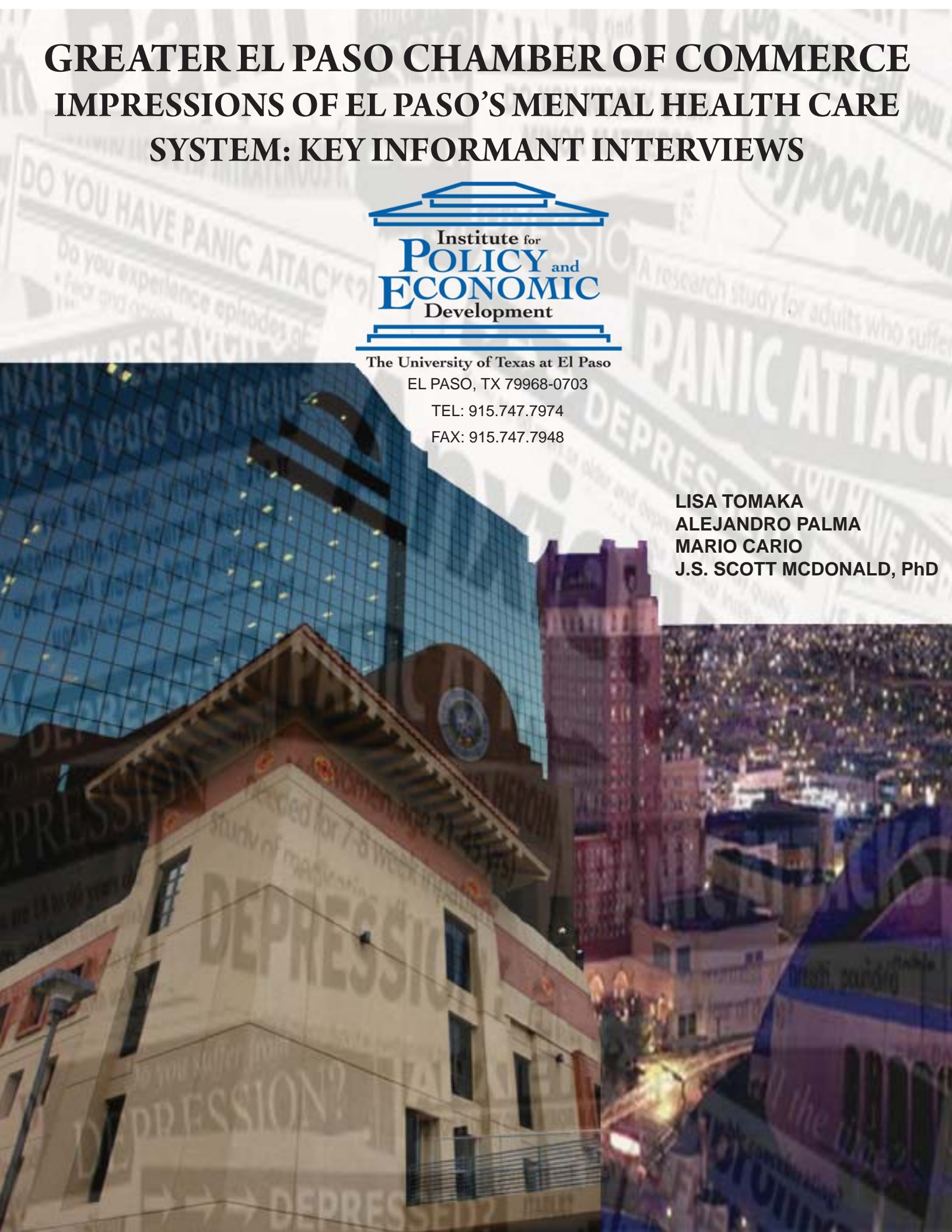
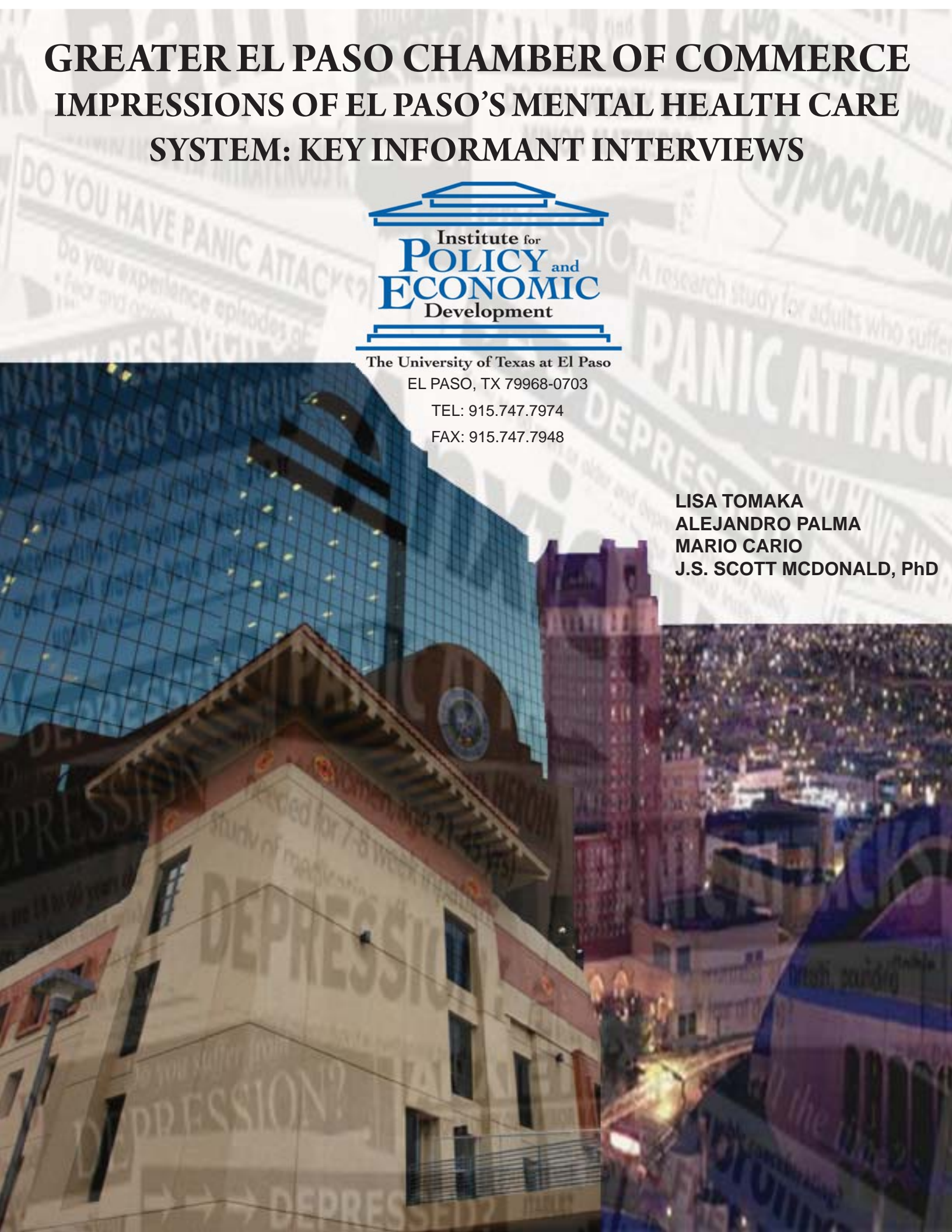


GREATER EL PASO CHAMBER OF COMMERCE IMPRESSIONS OF EL PASO'S MENTAL HEALTH CARE SYSTEM: KEY INFORMANT INTERVIEWS

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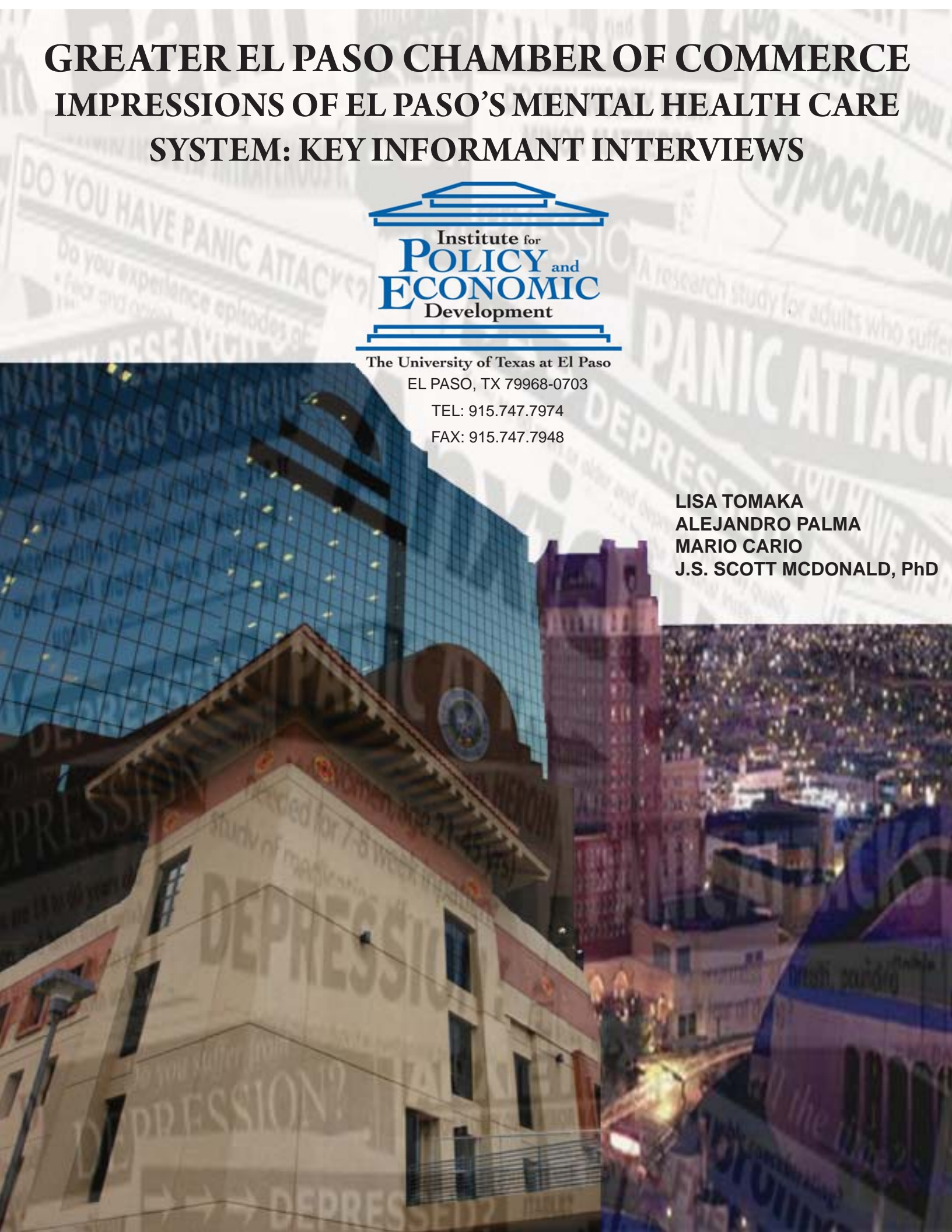


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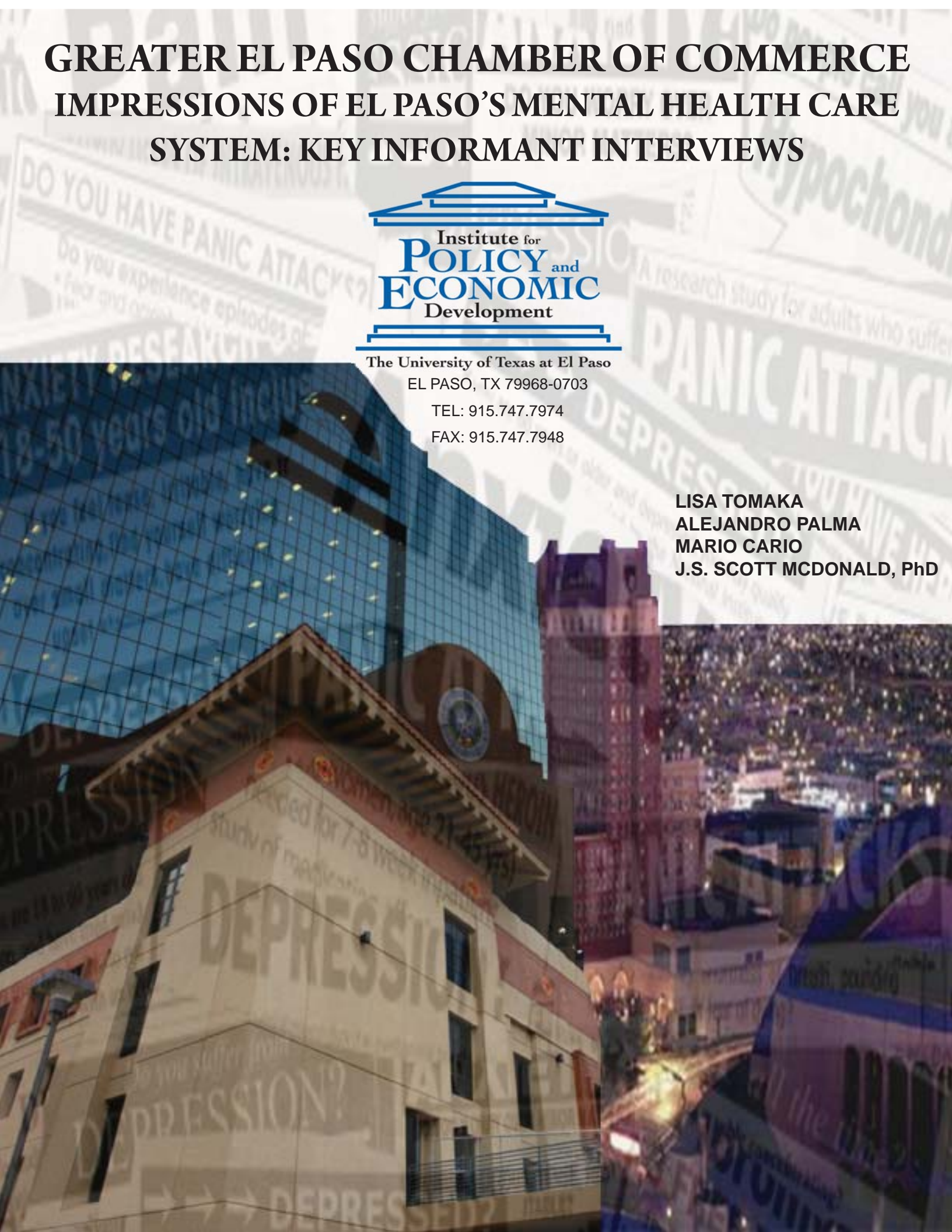


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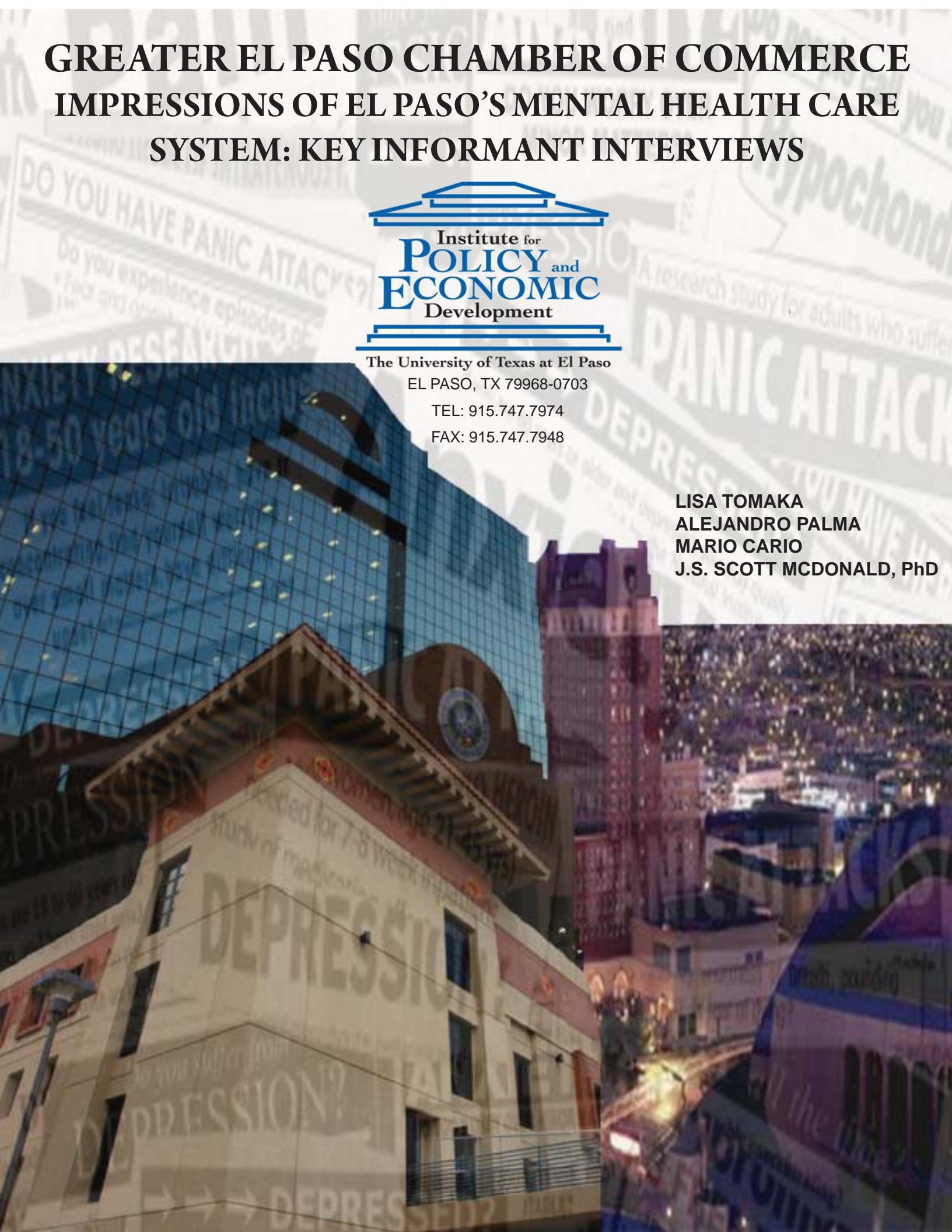


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PART THREE:



Key Findings

- Lack of sufficient funding is a major impediment to the delivery of mental health services and supports in El Paso.
- Stigma is seen as having a significant impact on the community's ability to deliver services.
- A large scale community awareness and education campaign is needed.
- System coordination is an essential long-term trend and the primary method to maximize the available recourses and ensure their efficient use.
- More licensed mental health professionals are needed in the community.

Introduction and Background

The Greater El Paso Chamber of Commerce (the Chamber) and the University of Texas at El Paso's (UTEP's) University College conducted a small number of key informant interviews to better understand the challenges facing El Paso's mental health community. These interviews were designed to build on and clarify information gathered during an on-line survey of mental health providers and a community mental health expert's focus group. The individuals selected were chosen by a subcommittee of the Chamber's Mental Health Committee for their knowledge of a specific population group, the challenges facing that particular group when accessing mental health services in the El Paso community and the resources needed to better service their populations. Please note, the opinions and perspectives reflected in this document are those of a small number of community providers and might not be considered representative of the broader El Paso Mental Health Community.

Key Informant Interviews Defined

Key informant interviews are qualitative in-depth interviews with people who are considered to have first hand knowledge of what is going on in their community. The Hogg Foundation in their publication, *Learning the Basics: Needs Assessment and Community Health Planning (2006)*¹ defines the key informant interview as an approach that selects specific individuals within a community to be interviewed that have a broad perspective of needs of that community by the nature of their work or their position. The advantages to this approach are that it can often uncover different opinions on sensitive topics, it allows the interviewer to establish a rapport and clarify questions and responses, it can strengthen relationships with important community stakeholders and it is relatively inexpensive to administer. It should be noted that in any key informant interview, the individual may respond with a great deal of personal bias and it may be difficult to generalize the results to the larger population unless you are interviewing a large number of informants (Hogg, 2006 and UCLA, 2008). Finally, key informants were ensured that all information would be kept confidential and only reported in the aggregate in order to ensure that they felt comfortable in responding candidly to the questions asked.

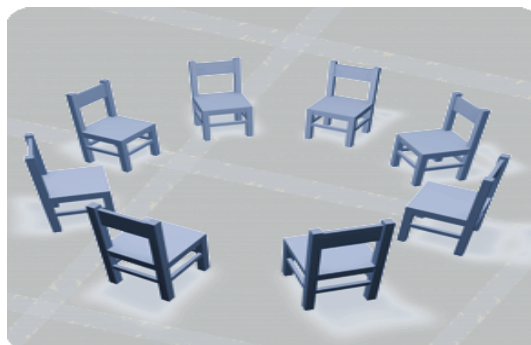
¹ Hogg Foundation (2006). Assessing Mental Health Needs in Local Communities: A Primer in Research Methods to Assess Community Needs and Develop Local Planning Strategies

Key Informant Selection

As noted, the key informants for this interview were selected by a small sub-committee of the Chamber's Mental Health Committee in collaboration with the University College staff. Interviewees were selected based on:

- Not having been identified to participate in the mental health community experts' focus group;
- The leadership position in the agency they work;
- Their participation in the initial on-line survey;
- The population they served;
- The type of services and supports their agency provides; and
- The informant's ability to speak knowledgeably about the challenges that he/she sees facing mental health service providers in the El Paso Community.

Key Informant Information



A total of nine key informants in leadership positions were identified for the interviews. The populations they serve include child and adolescents, youth in the juvenile probation system, family support services, adults, veterans, individuals who receive mental health support from private providers and those in the workforce. Of the nine informants, seven agreed to participate in the key informant interviews.

Therefore, the populations not covered by these interviews included those individuals receiving services from private providers and veterans. All other populations were represented in the interviews.

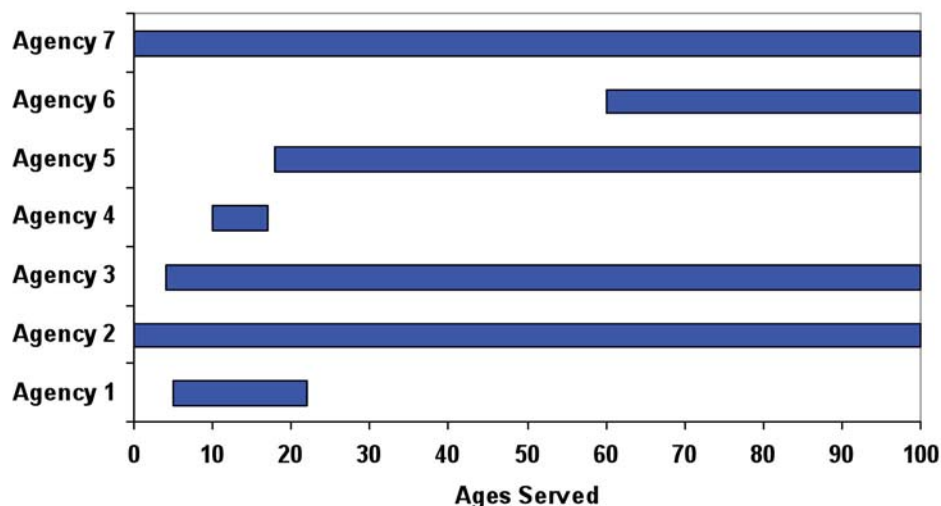
Summary of Key Informant Interviews

The results of these interviews are summarized below using a combination of narrative, charts and summary tables. For the majority of questions, the three or four most frequent responses have been reported. Responses were only reported if they were endorsed by two or more informants.

Population Age Range

The key informants interviewed were asked the age range of the populations their agencies served. As Figure 1 indicates, no key informant represented an agency that serves only young children, infants and toddlers. Two key informants worked for agencies that serve all ages and one serves all but the youngest population. The remaining five agencies, serve populations that overlap at either end of the spectrum. Despite this duplication, each of the remaining five agencies services a distinct subset of the mental health population.

Figure 1: Key Informants' Agency Populations Served - Age Ranges



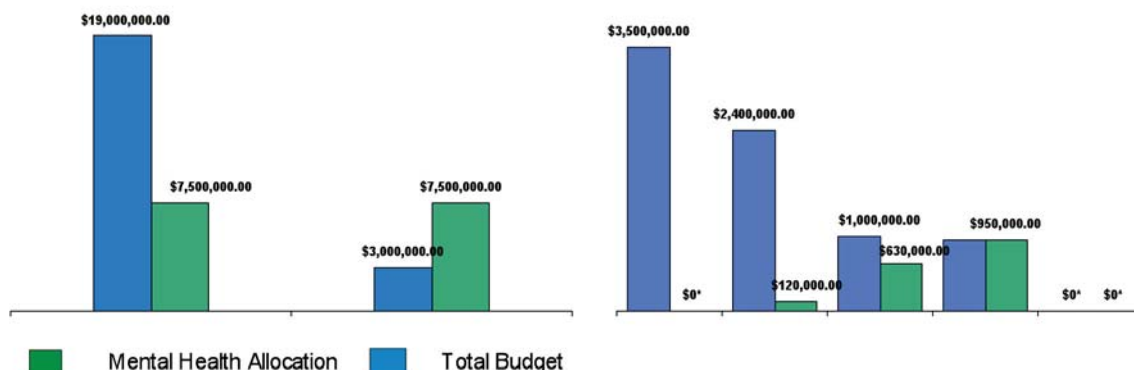
Number of Consumers Served

When asked on average how many individuals with a mental illness they serve, Key Informants responses varied from 50 to 600. One key informant did not quantify his/her response. Therefore, it was not included in this overview. The responses received from the six remaining key informants suggest, in total, these agencies serve on average approximately 1,600 children, adolescents, adults and geriatrics. It should be noted that these might not be 1,600 unique cases. For example, there could be duplication across agencies.

Key informants were then asked if this number had been increasing or decreasing over the last several years. More than half of the respondents or 57% indicated that the number of consumers that they served has increased over the last several years. Three informants or 43% noted that there has been no change. Few reasons were given by the respondents as to why they thought the numbers were increasing. One thought it was because the priority population was increasing and another noted that it was because the word was out in the community about the services that were available. Unfortunately, the limited number of responses provides no real basis for the increase in consumers noted by the key informants. Furthermore, it is difficult to determine if this lack of response is the result of the respondents' uncertainty regarding the increase.

Mental Health Expenditures

Figure 2: Key Informant Reported Total Agency Budget vs. Mental Health Allocation



All key informants were asked to report their total agency budget and the amount from this budget that is allocated to mental health services. As reported, agency budgets ranged from \$950,000.00 to \$19,000,000.00, totaling approximately \$34,350,000.00 with a total of \$12,200,000.00 or 35% allocated toward mental health (Figure 3).

Figure 3: Key Informants' Agency Budget Information

	Total Agency	Mental Health Allocation
	\$ 19,000,000.00	\$ 3,000,000.00
	\$ 7,500,000.00	\$ 7,500,000.00
	\$ 3,500,000.00	\$ -
	\$ 2,400,000.00	\$ 120,000.00
	\$ 1,000,000.00	\$ 630,000.00
	\$ 950,000.00	\$ 950,000.00
	\$ -	\$ -
Total	\$ 34,350,000.00	\$ 12,200,000.00

Gaps In Services



Fifty seven percent or four out of seven of the respondents indicated that a lack of licensed mental health professionals, specifically psychiatrists, psychologists, and counselors creates gaps in the mental health services delivery

When the key informants were asked the gaps they encountered in the mental health service delivery system when meeting the needs of their consumers their responses focused primarily on culture and stigma, the Mental Health and Mental Retardation System, lack of licensed mental health professionals and insurance issues.

- Eighty-six percent (86%) or six out of seven, responded that they had difficulty meeting the needs of their consumers due to lack of community awareness, lack of education and the stigma associated with mental health. In other words, the key informants report gaps in the mental health service delivery system in the areas of mental health social marketing and media outreach, community awareness campaigns and education and community outreach.

- Fifty-seven percent (57%) or four out of seven of the key informants stated challenges with the Mental Health and Mental Retardation system were causing gaps in the system. A summary of responses suggest that respondents felt the state imposed regulations (triage system and priority population), limited access to important services and that the current MH/MR is overburdened and inadequately staffed, thereby creating a significant gap in the current mental health system.

- Fifty seven percent (57%) or four out of seven of the respondents indicated that a lack of licensed mental health professionals, specifically psychiatrists, psychologists, and counselors create gaps in the mental health services delivery system in this community.

- Forty two percent (42%) or three out of seven of the individuals interviewed reported that Medicaid and private health insurance impacted the receipt of services in this community. More specifically the limited number of providers that will except Medicaid and the large percentage of individuals without health insurance affect access to necessary mental health services and supports.

Impediments



The key informants were asked what impediments prevent or make it difficult to meet the needs of their consumers. The responses to this question were heavily focused on funding, employee education and turnover, a saturated mental health system, and limited access by many agencies to needed services and supports. Culture was also mentioned in this section, but will not be discussed due to its inclusion under gaps.

- One hundred percent (100%) of the key informants stated that lack of funding, limited economic resources, consumers who are unable to pay and the mandates and restrictions placed on funding, all impact their ability to deliver services.
- Fifty-seven percent (57%) or four out of seven respondents discussed a concern with the saturation level of the system. Two of the four indicated that they felt the system was already saturated and the remaining two stated that the expected influx of soldiers will either saturate or overwhelm the current system.
- Fifty-seven percent (57%) or four out of seven of the interviewees feel that the community lacks necessary services and supports in the mental

health continuum of care. This gap in services creates a roadblock to effective service delivery.

- Forty-two percent (42) or three out of seven respondents felt that the educational preparation employees receive both during secondary education and on the job was insufficient. This lack of knowledge and preparation along with low pay and high employee turn over impedes the mental health community's ability to effectively deliver services.

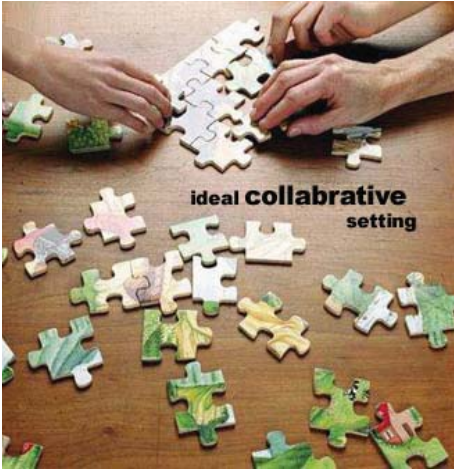


Removing Impediments

When asked what was needed to remove the impediments mentioned above the majority of the key informants indicated collaboration on multiple levels between agencies was critical as well as social marketing and improvements to the MHMR.

- Eighty-five percent (85%) or six out of seven key informants believe collaboration, coalition building, interagency communication and cooperation would lead to:
 - More and larger funding opportunities,
 - A stronger system,
 - More agencies under one roof,
 - A coordinated system of health care delivery that interfaces mental health with primary care, and
 - Local government and Legislative support.
- Forty-two percent (42%) or three out of seven respondents believe that community education and/or social marketing is the way to remove the impediments encountered by the community when delivering mental health services.
- Twenty-eight percent (28%) or two out of seven of the individuals interviewed noted that changes to the MHMR would remove the impediments experienced in the system. Suggestions included restructuring, expanding and increasing the MHMR's funding in order to meet the needs of El Paso's persons with mental illness.

Community Two-Year Trends



Each key informant was asked where they see the trend in mental health services going in the next two years. Responses were generally optimistic and focused on collaboration as being the most significant trend. However, one respondent did express some concerns that the system could suffer if the “funding stays the way it is”.

- Seventy-one percent (71%) or five out of seven respondents indicated that they saw system collaboration as being the trend over the next two years. One respondent stated that “the system is improving, it should continue, there is enough collaboration.” Another respondent noted that “collaboration will increase because agencies understand the situation and they can be put together and it will work.”



Dollars and Resources

When asked what dollars and resources informants felt their agencies need to meet this trend their responses varied from an effective way to evaluate services and supports to agency collaboration and more qualified professionals.

- Forty-two percent (42%) or three out of seven respondents stated that the development of solid evaluation criteria was essential to demonstrating a program’s success and to effectively allocate resources.
- Forty-two percent (42%) or three out of seven of the key informants indicated that the key to increasing funding and resources was better system integration and collaboration.
- Twenty-eight percent (28%) or two out of seven of the individuals interviewed noted the need for more committed and qualified professionals.



El Paso MHMR

When key informants were asked how their agency would be impacted if the El Paso MHMR stopped taking new referrals, slightly over half reported a negative impact. In contrast, the remainder indicated that their agency would not be affected.

- Fifty-seven percent (57%) or four out of seven key informants stated that if the MHMR stopped taking new referrals their agencies and the community would experience a tremendous impact. This included the need to find a new case management provider, agencies being overburdened by the number of resulting consumers and an increase in mental health traffic through the emergency rooms and the jails. Simply stated these key informants believe the system would become over saturated.

Wish List

Finally, each key informant was asked what would be on their wish list for the mental health community/mental health services. The majority of informants stated that more licensed mental health professionals and system collaboration would be on their wish list for the community.

- Seventy-one percent or five out of seven key informants stated that they wished there were more licensed mental health professionals, qualified providers, competent staff and psychiatric care.
- Fifty-seven percent or four out of seven respondents stated the community needed an integrated, coordinated, comprehensive system of care, which includes integration between mental health and family practice.

ATTACHMENT I

Greater El Paso Chamber of Commerce
Mental Health Key Informant Interview

1. Agency Name: _____
2. Name of Person Completing Interview: _____
3. Title: _____
4. What is the age range of the clients you serve? (Children, Adolescents, Adults)

5. On average how many individuals with a mental illness do you serve per years?

6. Has this number been increasing or decreasing over the last several years and why?

7. What is your current budget? (Total Agency)

8. How much of your current budget is allocated towards mental health services?
(Monies used for delivering or purchasing services) _____
9. What gaps (what's missing) in the mental health service delivery system do you encounter when meeting the needs of your consumers?
10. What impediments (road blocks) prevent/make it difficult to meet the needs of your consumers with mental health challenges?
11. What do you believe is needed to remove these impediments?

12. Where do you see the trend in mental health services going in the next two years?
13. What dollars and resources will you need to meet this trend?
14. If the El Paso MHMR stopped taking new referrals how would this impact your agency?
(In regards to consumer supports and services and fiscally)
15. What would be on your wish list for the mental health community/mental health services?