



**TAOS COUNTY BEHAVIORAL HEALTH
SYSTEMS OF CARE CONSORTIUM**

**COMMUNITY
BEHAVIORAL
HEALTH
REPORT**

2023-2024

TABLE OF CONTENTS

1	Title	11-12	Findings for Subgroup: Infants and Children
2	Table of Contents	13-14	Findings for Subgroup: Adolescents & Young Adults
3	About	15-16	Findings for Subgroup: Adults, Families, Couples & Seniors
4	Steering Committee	17-18	Findings for Subgroup: Substance Use Disorders & Mental Health Disorders
5	Introduction	19-20	Findings for Subgroup: Medication Assisted Treatment (MAT)
6A	Methodology	21	Points of Contact
6B	Participants		
7-8	Key Questions		
9	Facilitators		
10	Overall Findings		

Background: The idea of a consortium arose in 2019 from local providers based on the needs, goals and opportunities for improving the current Behavioral Health systems of care in Taos County.

The Consortium includes Behavioral Health providers who represent services for:

1. Infants and Children
2. Adolescents & Young Adults
3. Adults, Families, Couples, and Seniors
4. Substance Use Disorders and Mental Health Disorders
5. Medication-Assisted Treatment (MAT)

Assembled providers identified a number of areas for improvement, both for better service delivery and for superior treatment outcomes. In particular, the providers saw the Consortium as a pathway to:

- Identifying and addressing important gaps in service delivery and recovery support, and areas where additional resources were needed
- Improved overall function of the current systems, including better care coordination and communication among providers
- Enhanced public profile for treatment and recovery issues, including removing barriers to access and promoting a "recovery-friendly" Taos.

Other issues of importance:

- Need for more coordinated efforts at stigma reduction
- Address workforce issues such as recruitment, training, and retention of staff
- Provider network adequacy standards
- Coordinated advocacy at the local, state and federal level
- Development of added supports for persons in treatment and beyond

The role of the Consortium in the community should include:

- Active participation in strategic planning and other relevant processes
- Ongoing efforts to reduce stigma, educate the public, and increase access to needed services for behavioral health
- Helping develop community-based supports for persons in treatment and follow-on care

TAOS COUNTY BEHAVIORAL HEALTH SYSTEMS OF CARE CONSORTIUM STEERING COMMITTEE

Lawrence Medina

Lore Pease

Patty Torres

Simon Torrez

Stacey Frymier

Steve Fuhlendorf

Sun Vega &

Terry Barsano

Ted Wiard

Walter Vigil

Rio Grande ATP

El Centro Family Health Clinic

Presbyterian Medical Services

Taos Behavioral Health

Las Cumbres Community Services

Recovery-Friendly Taos County

TeamBuilders Behavioral Health

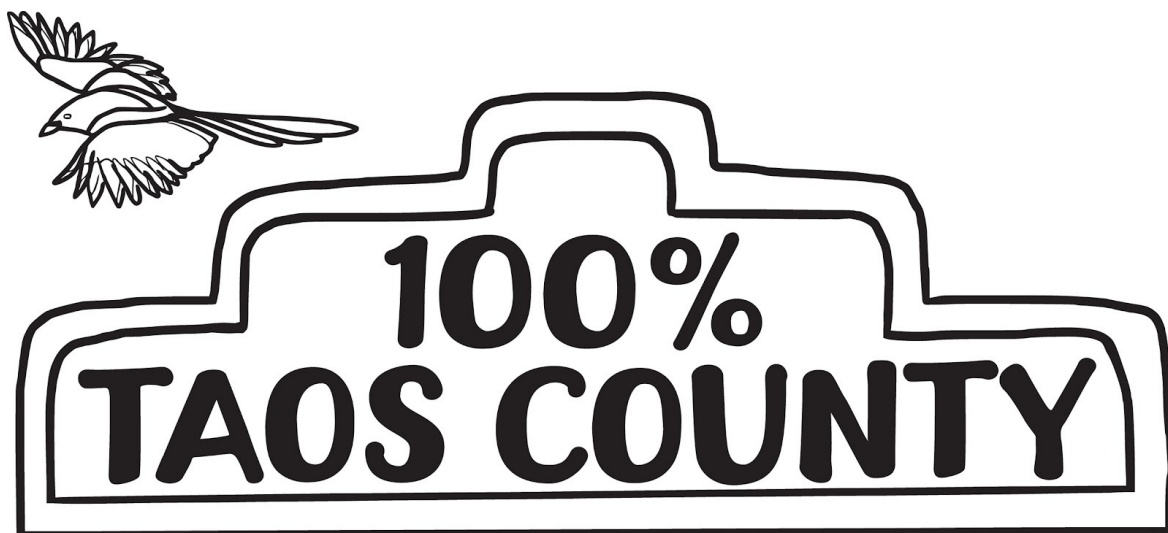
Golden Willow Retreat

HRDA

INTRODUCTION

The purpose of this Strengths, Weaknesses, Opportunities & Threats (SWOT) Analysis Focus Group was to gather preliminary, broad information from participants regarding the state of behavioral health in Taos County, New Mexico.

Sponsored by



METHODOLOGY

This focus group was designed as a Strengths, Weaknesses, Opportunities & Threats (SWOT) analysis, with specific questions guiding participants through each quadrant. Participants self-identified based on the populations they serve, and worked accordingly within the following subgroups:

1. Infants and Children
2. Adults, Families, Couples, and Seniors
3. Adolescents & Young Adults
4. Substance Use Disorders, Mental Health Disorders
5. Medication-Assisted Treatment (MAT)

Timing: April 28, 2023 from 10:00-2:00.

Location: Taos, NM at the Sagebrush Inn. Lunch was provided to the participants.

This focus group was singular by design, with the intention of inspiring additional research in the future.

SWOT PARTICIPANTS

8th Judicial District Court
New Mexico Children, Youth and Families Department
Office of Senator Ben Ray Lujan
Taos County Commission
Taos County DWI Program
Taos County Health Care Assistance Program
Town of Taos Mayor
100%Taos County
Compostela Community & Family Cultural Institute
Corinne Consulting
El Centro Family Health
Golden Willow Retreat
Holy Cross Hospital
Human Resource Development Associates
Las Cumbres Community Services
Presbyterian Medical Services - Questa
Recovery-Friendly Taos County
Red Willow Hospice
Rio Grande ATP
Rocky Mountain Youth Corp
Taos Behavioral Health
Taos Law Enforcement Assisted Diversion Program
Taos Pueblo Department of Health and Community Services
Taos Pueblo Behavioral Health
TeamBuilders Behavioral Health
Unite US
Veterans Off-Grid
Vida del Norte Coalition
Youth Heartline

KEY QUESTIONS



Strengths

- What are our current behavioral health service offerings in Taos County?
- What community behavioral health services are available?
- What does our community do really well regarding BH services?
- Does our community do a good job building awareness of these services?
- Are there any services our community leverages better than others?
- What unique resources do we as a community have access to?
- What workforce skills do we have that other communities don't?
- Is there significant local government funding and support?
- Are these services funded to be sustainable?



Weaknesses

- Where can we improve?
- What do our community members frequently complain about?
- Which objections are hard to address?
- Are there gaps in expertise and/or knowledge?
- Do we have any limitations with access to these services?
- Do we have adequate resources to support these services?
- Are we lacking in staff, skills, or training?
- Are these services underfunded?
- Do we supplement funding streams to get by?

KEY QUESTIONS



Opportunities

- What are foreseen political, economic, social, and technological opportunities?
- Is the behavioral health market growing or shifting in our favor?
- Is there an untapped pain point, niche, or resource that can be leveraged?
- Are there upcoming events we could benefit from?
- Are there geographic expansion opportunities?
- Are there potential new sources of funding?
- Are there industry or economic trends that could benefit us?
- Are there social or political trends that could benefit us?
- Are there any new technology that could benefit us?



Threats

- What are foreseen political, economic, social, and technological threats?
- Is the political environment (local/state/federal) unfavorable?
- Are there economic factors negatively impacting the community?
- Are there industry or economic trends that could work against us?
- Are there social or political trends that could work against us?
- Are there any new technologies that could work against us?

FACILITATORS

The Strengths, Weaknesses, Opportunities & Threats Analysis was organized and conducted by:

Lawrence Medina, MBA	Rio Grande ATP
Sun Vega, JD, MBA	TeamBuilders Behavioral Health
Steve Fuhlendorf	Recovery-Friendly Taos County

Facilitation Support was provided by Community Consultant Megan Yankee, MFA, LMT

Service Provider Support

Amanda Bissell	Las Cumbres Community Services	Infants & Children
Terry Barsano	TeamBuilders Behavioral Health	Adults, Families, Couples & Seniors
Juanita Cohn	Taos Behavioral Health	Adolescents & Young Adults
Dr. Ted Wiard	Golden Willow Retreat	Substance Use & Mental Health Disorders
Dr. John Hutchinson	Holy Cross Medical Center	Medication-Assisted treatment (MAT)

OVERALL FINDINGS



STRENGTHS

5 subgroups reported that collaboration among local nonprofits focused on BH is strong

3 subgroups reported strong community support and education regarding BH

2 subgroups reported strong local government buy-in



OPPORTUNITIES

2 subgroups reported room for growth regarding local government funding opportunities

2 subgroups reported the local detox center - under construction - scheduled to reopen by January 2024



WEAKNESSES

2 subgroups reported cultural and language misalignment between providers and populations served

2 subgroups reported limited tribal members access to BH services

2 subgroups reported that stigma against BH services continues to be a problem

2 subgroups reported lack of opportunities for young people regarding activities and employment

2 subgroups reported housing crisis

2 subgroups reported lack of local public transportation

2 subgroups reported no local behavioral health crisis response system



THREATS

3 subgroups reported staff burnout (including workforce flight from Taos County)

2 subgroups reported that allocated funding for important projects are nearing expiration

2 subgroups reported that new drugs, including fentanyl, plus legalized cannabis are being widely distributed

2 subgroups reported that technology has enabled wider promotion and distribution of substances

FINDINGS FOR SUBGROUP: INFANTS AND CHILDREN



STRENGTHS

- Lots of organizations dedicated to infant populations
- Service providers have relevant lived experience



WEAKNESSES

- Local agencies dedicated to infant populations need to focus more on mental health
- Medicaid not accepted, long waitlists
- Cultural misalignment between providers and populations served
- Online/hybrid service reduces quality of care
- Limited tribal access



OPPORTUNITIES

- Earn state buy-in for paid training



THREATS

- Staffing burnout
 - Stigma
 - Infants not considered priority population
 - Limited funding for wraparound services
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FINDINGS FOR SUBGROUP: INFANTS AND CHILDREN

Summary of Findings

There are not enough providers that serve this population and this population is disregarded as one that does not need mental health interventions, due to their age.

Community Goals

PRIORITY 1 Continue to support Child Parent Psychotherapy (CPP) training and reimbursement for learning collaboratives.

PRIORITY 2 Bring back the T1027 billing code, the Value-Added service code that a range of providers could access to offer wraparound services, tied to the Infant Mental Health Endorsement (IMHE) system.

PRIORITY 3 Recognizing the value of preventative work and evidence-based interventions for families with young children.

PRIORITY 4 Recognize there are mental health crises among our children and expanded services in our schools are essential.

Objectives

1. Continued engagement and advocacy efforts to fund and prioritize upstream interventions. Furthering efforts to partner with institutions of higher learning to address workforce training and capacity issues.
2. Advocate for reimbursement to offset costs of supervising interns. Infant Mental Health is a niche service that requires a lot of support for interns, demanding extra time from supervisors, which diverts resources towards interns and away from billable services.
3. Prioritize the accessibility of behavioral health services throughout Taos County Schools to address the increasing mental health crisis.

FINDINGS FOR SUBGROUP:

ADULTS, FAMILIES, COUPLES & SENIORS



STRENGTHS

- Northern NM families, advocacy, and this consortium
- Grant opportunities
- Number and quality of local nonprofits
- Domestic violence support



WEAKNESSES

- Inter-agency collaboration (especially regarding family/couples support)
- Housing (specifically community housing)
- The Holy Cross Hospital Emergency Room does not provide behavioral health support
- Behavioral health crisis response system



OPPORTUNITIES

- National Institutes of Health grants
- Community education
- Newspaper service listing
- **Invite more to conversation (especially private practitioners)**
- Potential funding from cannabis sales
- Navigators
- Vacant buildings



THREATS

- Increase in demand versus capacity
 - Cost of care
 - New drugs (specifically those increasing in strength)
 - Social isolation
 - Technology (specifically teletherapy)
-

FINDINGS FOR SUBGROUP: 14

ADULTS, FAMILIES, COUPLES & SENIORS

Summary of Findings

There is a great deal of passion and experience in Taos, as well as opportunities to develop services to support this population but there is a need to develop a stronger connection and coordination among community resources. Additionally, there was a focus on what services are currently available and how to bring all providers together to build a strong network so that strengths can be shared and weaknesses can be addressed. The lack of workforce to fill positions in all areas of behavioral health is one of the highest barriers.

Community Goals

PRIORITY 1 On a consistent basis, bring together the agencies, private practitioners, grant writers, elected officials, and other interested parties to maintain focus and engagement as well as determine/develop additional resources for the adult population.

PRIORITY 2 Develop and implement a plan to address the housing crisis, including consideration of additional funding sources and use of vacant buildings in town.

PRIORITY 3 Funding for training on new street drugs and treatment options; including forward movement on reopening Detox in Taos.

Objectives

1. Establish a workgroup with individuals equipped and willing to work on seeking funding opportunities such as resource development planning, recruit a grant writer(s), and seek Legislative representation to seek funding.
2. Identify community leads for scheduling and organizing regular gatherings to allow for community partners and interested parties to interact and keep the conversation going.

FINDINGS FOR SUBGROUP:

ADOLESCENTS & YOUNG ADULTS



STRENGTHS

- Support for all marginalized communities
- Wraparound support in schools
- Employment creativity
- Affordability of public events (for low income individuals)
- Agricultural communities
- Taos Pueblo access
- Number and quality of local nonprofit collaboration



WEAKNESSES

- Lack of youth activities and employment opportunities
- Outside recruitment for employees
- Not allowing student voices to be heard/represented
- Tribal access
- Stigma
- Public transportation
- Access to school administration
- Systems of consequences



OPPORTUNITIES

- Local government buy-in
- Early intervention
- Communication and transparency with stakeholders
- Community engagement
- Grantwriter training
- Youth involvement



THREATS

- Barriers to accessing basic needs
 - Technology (especially teletherapy)
 - Invite additional providers and private practitioners to the conversation
 - Availability of cannabis and alcohol
 - Social media and inconsistent values communicated to youth
 - No substance use disorder treatment
-

Summary of Findings

Within the Strengths section, the results indicated that we have lots of community supports in place and there is a collaborative relationship to help. The Weakness section identified a lack of fitness and recreational facilities and a lack of awareness of the need for more mental health support for the youth. The need for mental health support and awareness should be present in the schools and the community. In the Opportunities section the main idea was including youth and youths' voices in decision making, trainings for grant writing and the need for intensive early intervention for SUD. Communications and transparency between state, city, tribal, community and agencies were also listed under Opportunities. The list for Threats was quite long. The lack of law enforcement, social media, lack of liquor sales policies, inconsistent and short-term funding, culturally accepted norms for youth substance use and poor school attendance, and barriers to accessing basic needs for survival were identified.

Community Goals

PRIORITY 1 Realizing that behavior health is falling short in the school district. Funding is falling short in the school district and funding is needed to support clinical and nonclinical services in schools.

PRIORITY 2 Funding is needed for undocumented families.

PRIORITY 3 Psychiatric medication management for youth and adolescents.

Objectives

1. Transparency of funding available and collaboration with local experts to allocate the funds appropriately.
2. Government and school boards awareness of the need to make mental health a priority.

FINDINGS FOR SUBGROUP:

SUBSTANCE USE DISORDERS

MENTAL HEALTH DISORDERS



STRENGTHS

- Community support and education
- Number and quality of local non profits
- Lots of MAT providers
- Momentum and broken barriers, progress
- Passion, love, care



WEAKNESSES

- Language access
- Housing
- Stigma
- Public transport
- Continuity of care
- Prevention
- Risk of death
- Siloing
- Lack of professionals and support
- No organized behavioral health crisis response
- Lack of law enforcement support



OPPORTUNITIES

- RFP for detox funding, local detox center
- Professional recruitment
- Keep learning from Taos Pueblo
- More case workers and peer support workers
- Social media
- Availability of info and educational resources
- Tech support
- Trauma support training



THREATS

- Barriers to accessing basic needs
 - Technology (especially teletherapy)
 - Lack of law enforcement support
 - Availability of cannabis and alcohol
 - Social media and inconsistent values communicated to youth
-

Summary of Findings

The overall conclusion was with community education, more knowledge could be dispersed allowing for a higher ease to search out and receive needed services. This would help decrease the stigma for asking for support. Working with and communicating our needs to political officers could open funding streams for needed facilities and for recruitment and retainment of providers both in the medical and behavioral health fields.

Community Goals

PRIORITY 1 Work with political officials to recruit and retain professionals and increase funding streams for needed support such as detox, residential, crisis response system, homelessness, and transportation for mental health supports.

PRIORITY 2 To improve education of available supports to the public and continue to update information of supports that are available to the organizations and the public. To continue to be aware of the wrap-around services available such as but not limited to behavioral health, medical care, first response, peer support, and informal support that are available.

PRIORITY 3 To increase accessibility of services through decreasing barriers such as transportation, cultural and language, knowledge of services, and expediency to receive services especially in the area of psychiatric care.

Objectives

1. Increase funding and support through higher communication with elected officials at the local, state, and federal levels.
2. Increase recruitment and retaining of providers at all levels of care.
3. Increase Taos County's continuum of care with wraparound services: detox, residential treatment, gender specific transitional living, jail and prison treatment and reintegration programs, community corrections, recovery support services, and the LEAD Program.
4. Public education to decrease stigma, and increase accessibility to services and support.

FINDINGS FOR SUBGROUP: MEDICATION ASSISTED TREATMENT (MAT)



STRENGTHS

- National recognition of the problem
- Community buy-in
- Behavioral health community support
- Community group collaboration
- Waiver Elimination Act (MAT Act)



WEAKNESSES

- Difficulty in adequately treating fentanyl
- Insurance coverage
- Provider access specific to MATs
- Wraparound services
- Stigma



OPPORTUNITIES

- Prevention services
- Detox center opening
- Bringing new MAT providers to the community
- Cannabis legalization funding
- Opioid settlement funding
- Engage other partners in a statewide initiative such as New Mexico State Opioid Response (SOR) Grant



THREATS

- High rate of morbidity
 - Increase in transient population
 - Fentanyl
 - Lack of health care workforce
 - Lack of funding for rural and frontier area services
-

Summary of Findings

Opioid use disorder (OUD), often perceived as a problem of urban areas, rural and frontier communities in Taos County have been severely affected by the opioid epidemic. Now, these communities are faced with the resulting loss, crime, and destruction that accompanies misuse of opioid prescription drugs such as OxyContin, Oxycodone, Vicodin, Fentanyl, and of the illegal counterpart, heroin. Medication-based treatment is the gold standard for treating OUD, and patients can take one of three drugs approved by the Food and Drug Administration: methadone, buprenorphine, or naltrexone.

Community Goals

PRIORITY 1 Improve continuity of care related to MAT in rural and frontier areas to better address opioid use disorders.

PRIORITY 2 Improve integration of medical and behavioral health providers and systems.

PRIORITY 3 Increase recovery support services that address prevention, intervention, treatment & recovery.

Objectives

1. Develop and implement an evidence-based stigma reduction campaign in Taos County.
2. Improve access to primary care providers related to MATs and reduce insurance barriers.
3. Expand recovery support systems to promote partnering with people in recovery from mental and substance use disorders and their family members to improve the behavioral health system and promote individual, program, and system-level approaches that foster health and resilience; increase housing to support recovery; reduce barriers to employment, education, and other life goals.
4. Policy change to get pharmacists more involved to prescribe and dispense MATs for Opioid Use Disorder.

POINTS OF CONTACT

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