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MENTAL HEALTH SERIES: PART 1

New Mexicans describe gaps, barriers in state's fragile mental health system

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Angela Velez of Santa Fe spends time with her granddaughter Eden Pollock, 17, last month. Velez was born and raised in San Antonio. After years of homelessness and addiction, Velez obtained a housing voucher, leading to stability that allowed steady access to medications, regular counseling and a chance to rebuild relationships with family. She is now working to rebuild that stability after a setback sent her back into homelessness.

Luis Sánchez Saturno/The New Mexican

Angela Velez was in trouble.

After her release from a hospital last month, she was newly homeless, unmedicated and “bouncing off the walls” with anxiety.

It wasn't a new experience for the lifelong Santa Fe resident. But it was different this time.

Following eight years of intermittent homelessness, dealing and using crack cocaine, and navigating life with a variety of ailments — lupus, fibromyalgia, degenerative disc disease, rheumatoid arthritis, severe anxiety — Velez, 56, had spent the last three years keeping herself on a road to stability.

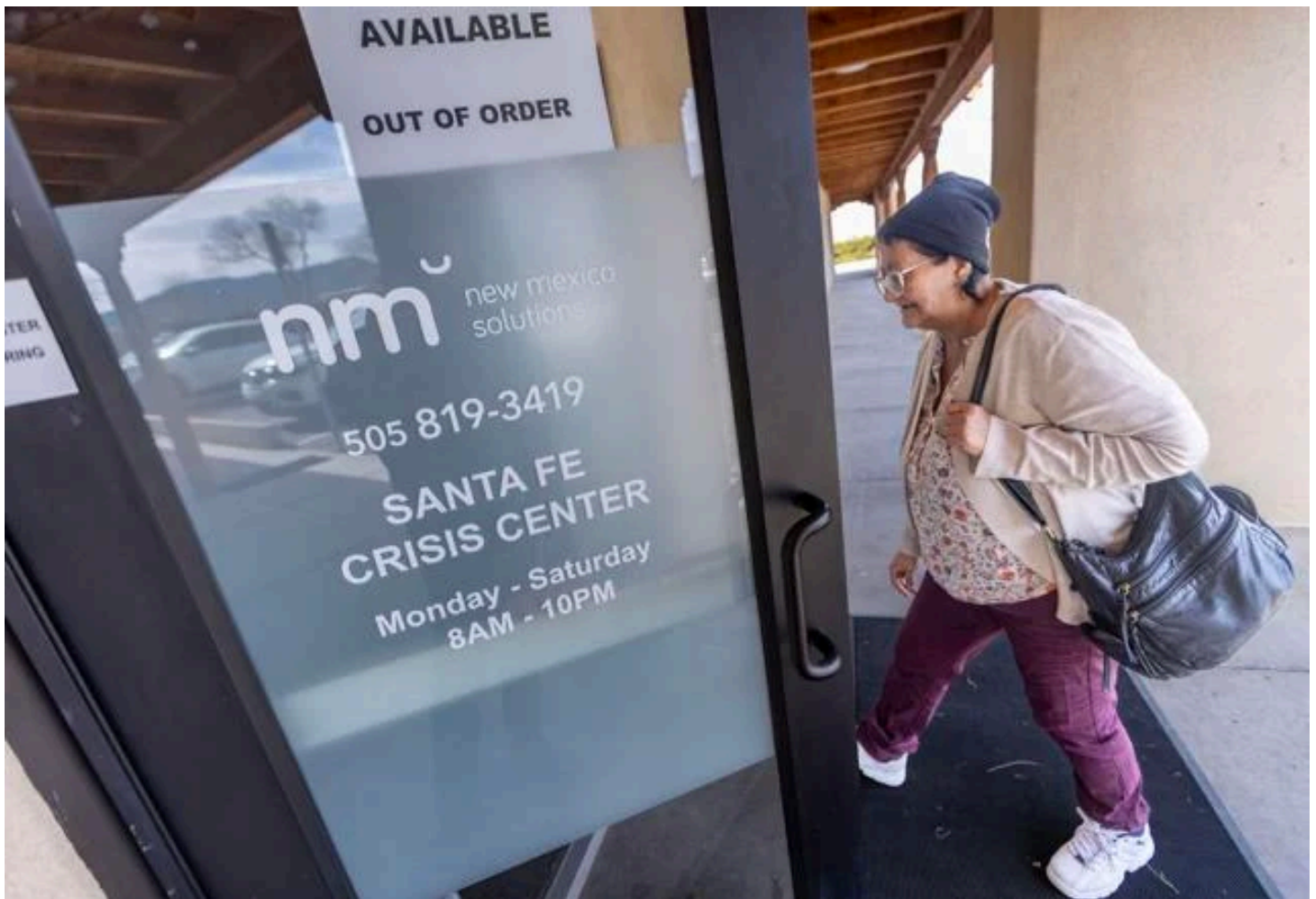
She had secured a housing voucher and had started rebuilding a relationship with one of her daughters. She relished weekend opportunities to babysit her 2-year-old granddaughter at her Fifth Street apartment.

Then the stability slipped away. She missed her portion of rent payments for three months and was evicted. A thief stole her car. She spent a night at the Interfaith Community Shelter at Pete's Place and woke up the next day so sick from RSV she had to be taken to a hospital by ambulance.

“The dominoes fell like that,” Velez said, snapping her fingers. “Boom, boom, boom, boom.”

Velez's journey highlights many of the gaps and barriers patients, families, health care providers and state leaders say plague New Mexico's behavioral health system, making the path to recovery a tightrope walk for the most vulnerable residents.

The issues are primarily driven by a severe shortage of providers and a lack of continuity among the patchwork of services, leaders say.



Angela Velez arrives at La Sala Center to see a caseworker last month. The center is part of a network of help for Velez as she works to regain housing after a setback.

Luis Sánchez Saturno/The New Mexican

Exacerbating the problem are pervasive poverty and poor medical health.

It's a system that's struggled to recover from its decimation under the administration of former Gov. Susana Martinez, which in 2013 froze Medicaid funding to 15 behavioral health providers due to allegations of widespread fraud. No fraud was ever discovered, and the state has since come to financial settlements with several of those providers.

Patsy Romero, who has worked in behavioral health services in New Mexico for nearly 30 years and is now president and CEO of the nonprofit Santa Maria El Mirador in Santa Fe, said some progress has been made in the years since the shake-up, but the state is nowhere close to rebuilding the system it once had.

Romero's organization, formerly known as Easter Seals El Mirador, saw its behavioral health contract canceled but retained a state contract to provide services to developmentally disabled people.

"What's happened in our state is we are continually dismantling what we have and then we have to build it up again," said Romero, who is also co-chairperson of the legislative committee for the National Alliance on Mental Illness New Mexico. "It's just been so chaotic. ... People cannot get access."

State lawmakers won support in this year's legislative session for a measure calling for a study of administrative burdens placed on behavioral health care providers. But comprehensive reform was not a major theme of the session.

State Sen. Jerry Ortiz y Pino, an Albuquerque Democrat and longtime behavioral health reform advocate, said the system is "spotty." The state needs legal reforms, a lot more inpatient and outpatient resources, and, most of all, more behavioral health providers, he said.



State Sen. Jerry Ortiz y Pino, D-Albuquerque, is a longtime behavioral health reform advocate pushing for investment to rebuild the state's system. "We've got the money now; that's the thing that's driving me crazy," Ortiz y Pino said.

He and others noted the slow progress in rebuilding the system comes as state coffers have continued to swell due to record oil and gas revenues.

“We’ve got the money now; that’s the thing that’s driving me crazy,” Ortiz y Pino said.

Nick Boukas, director of the New Mexico Behavioral Health Services Division, said the state urgently needs to expand the number of people working in the field, from psychiatrists to licensed clinical social workers.

“What we’re seeing in New Mexico really is a slow and steady improvement in our system,” he said. “We need to get more providers and bring them into the system so that they can work in these facilities in communities and address problems locally ... to give people the access they need.”

How many providers is enough?

New Mexico isn’t the only state to suffer from a behavioral health provider shortage.

According to a 2023 report from the federal Health Resources and Services

Administration, more than half the U.S.

population lives in an area with a shortage of

professionals. The agency is predicting “substantial” nationwide shortages of addiction counselors, marriage and family therapists, mental health counselors, psychologists and psychiatrists by 2036, and notes rural areas are particularly at risk.

Actual estimates of the needs in New Mexico are hard to pin down.

The U.S. Department of Health and Human Services most recently estimated the state’s mental health care providers — mainly psychiatrists — are meeting less than 18% of the need. About 90 more practitioners would be required to remove the state’s designation as a “health professional



Nick Boukas

shortage area.”

The most recent report from the New Mexico Health Care Workforce Committee, which relied on 2022 licensing data rather than actual working clinicians, says 22 counties had at least one psychiatric nurse practitioner or psychiatric certified nurse specialist, while seven counties had none. The committee didn’t draw a conclusion on how many the state should have, noting there are “no accepted standards for the ideal number of behavioral health providers per population.”

Jerry Harrison, executive director of the nonprofit New Mexico Health Resources and a member of the committee, said those numbers fall short, in part because they’re dated and don’t include every type of provider. They also might miss the mark from the most important perspective: people who need care.

“The thing that we should be measuring is how long does it take to get a first appointment throughout the state, and nobody has the money to do that kind of research,” Harrison said. “From a patient perspective, that’s really important.”

Many New Mexico patients in need of care find themselves on monthslong waitlists to see psychiatrists and therapists.

The answer of how many providers is enough also gets more nuanced depending on patients’ needs, Harrison said.

“If I’m not psychotic, maybe I can wait five or six months. If I’m not psychotically depressed, I can maybe wait,” he said. “If I’m in the throes of potentially harming myself or harming others, that we need to know right now.”

‘A crisis in our workforce’

Some of New Mexico’s workforce problems are rooted in the events of 2013.

After the state froze funding to Medicaid-supported behavioral health providers, many of the organizations shut down, and their professionals scattered.

Romero said she had nine licensed independent clinicians working for her at the time. “When all of this went down, there wasn’t even one left,” she said.



Patsy Romero, president and CEO of the nonprofit Santa Maria El Mirador in Santa Fe, in 2016. Her organization, formerly known as Easter Seals El Mirador, weathered the collapse of the state's behavioral health system in 2013.

Luis Sanchez Saturno/New Mexican file photo

Professionals Romero knew in the field have either moved out of state or are doing more lucrative or less demanding work — providing telehealth counseling, for example.

“They’re working for out-of-state organizations that pay them really good money to provide therapeutic interventions based on their clientele — not the severely mentally ill. And most of them don’t take Medicaid,” Romero said.

“Clearly, we have a crisis in our workforce to provide the appropriate care that our clients need,” she added.

Mental health professionals, advocates and lawmakers cited two major barriers to providers when it comes to serving low-income patients, who make up a huge swath of the state’s population: dismal Medicaid reimbursement rates — even after a rate increase in July and another planned this year — and administrative red tape.

Romero, who employs a number of nonclinical workers to provide around-the-clock care for disabled adults, said hiring caregivers under Medicaid rates puts a tight constraint on small employers.

“You’re competing with McDonald’s,” she said. “You’re competing with Dion’s Pizza. ... You cannot recruit.”

Santa Maria El Mirador, now designated as an “intermediate care facility” under the state’s Developmental Disabilities Waiver program, was able to get better rates this year and is paying entry-level caregivers \$18 per hour — over \$3 more than the minimum wage in Santa Fe, Romero said.

“But I’m an anomaly,” she said. “All the DD Waiver people are struggling. They can’t get increased rates, and businesses are going under.”

Crisis centers play vital role

New Mexico’s provider shortfall is widespread in every type of health care. But the shortage has particularly damaging implications in the world of behavioral health, where the window of time in which a person might consider seeking help can be small, said Betty Sisneros Shover, board president of National Alliance on Mental Illness in Santa Fe.



Betty Sisneros Shover, board president of the National Alliance on Mental Illness in Santa Fe. She says a provider shortage is particularly damaging in mental health care: "If that person finally reaches that point of insight and their willingness to seek [help] ... you have to strike when the iron is hot."

Gabriela Campos/ New Mexican file photo

"If that person finally reaches that point of insight and their willingness to seek [help] ... you have to strike when the iron is hot," Sisneros Shover said. "... That's a problem inherent in the illness."

She noted the state has some resources but lacks enough care for those who need it most.

"I'm grateful for what we have," Sisneros Shover said. "There are people that are getting help, but I would say the majority of people with severe mental illness are not in that category."

A number of crisis services have come online in recent years. People can get emergency help by calling the 988 Suicide and Crisis Lifeline, or even by calling 911. Some hospitals have dedicated behavioral health units and detox units, which are also available at some residential treatment facilities, like the Santa Fe Recovery Center.

Resources are more robust in the state's larger cities.

- Santa Fe County’s La Sala Center offers a drop-in crisis triage center and operates a 24/7 mobile crisis team.
- Albuquerque has specialized teams to respond to mental health crises.
- Bernalillo County has its own drop-in center.

Until recently, Las Cruces had a crisis triage center as well.

Sisneros Shover said those crisis centers are playing a vital role; she’d like to see more of them around the state.

“It helps in that it eliminates the need for people to be immediately taken to the emergency department,” she said. “It used to be that was the only option.”

But the crisis center network is a fragile ecosystem. Romero pointed to the recent closure of the Doña Ana County Crisis Triage Center, which local media reported shuttered after county commissioners voted to deny funding that had been awarded to the center through a state grant.

“What’s going on?” asked Romero, who worked in Las Cruces and in Southern New Mexico for many years. “Why are we losing services that we’ve had? It’s disappointing.”

‘Sicker than they used to be’

Access to behavioral health care is more complicated for New Mexico’s most vulnerable residents, especially those who are in poverty or homeless, those in rural areas, those with other medical conditions and those dealing with severe mental illness. Lack of housing and transportation create barriers to care, and mental illness often is compounded by addiction and trauma.



Dr. Bill Wagner, executive director of Albuquerque-based behavioral health center Centro Sávilá.

Gabriela Campos/The New Mexican

Bill Wagner, executive director of Albuquerque-based behavioral health center Centro Sávilá, said the organization has a number of clients who rely on transportation paid by Medicaid. But the transportation is unreliable.

“Somebody’s got a van to pick them up to get them here, and they show up late or they don’t show up at all, or they bring them here on time but then they make them wait three hours in the lobby,” Wagner said.

Kate Field, a therapist and the crisis services director for the Santa Fe Crisis Triage Center in the county’s La Sala Center, said a significant number of people who turn to the triage center for help have lapsed insurance or no insurance at all. Behavioral health care professionals also say the severity of people’s conditions is worse today than it was in years past, exacerbated in some cases by the effects of the coronavirus pandemic or the widespread availability and use of drugs.

“People that we serve are sicker than they used to be,” said Martin Ruybalid, director of men’s services at the Santa Fe Recovery Center. “People have more mental illness. People have a lot more trauma. We’re serving a lot more people coming from the streets than we used to.”



Martin Ruybalid, director of men's services for the Santa Fe Recovery Center. "We're serving a lot more people coming from the streets than we used to," he said.

Gabriela Campos/The New Mexican

That can create a difficult chicken-and-egg situation for substance abuse-focused facilities: Do you try to help someone overcome their addiction first? What do you do with someone in the grip of psychosis?

“We’ll serve them anyway, because they need recovery help,” Ruybalid said. “But they may not be receiving the benefits everybody else is because their main challenge that they should have focused on first would have been their mental health.”

Back on a path to stability

Angela Velez was in despair after her hospitalization for treatment of RSV.

“I didn’t know what the future held,” she said. “I was so sick. I just wanted to die.”



Angela Velez speaks on the phone with her bank to fix an issue during a visit to La Sala Center on March 11.

Luis Sánchez Saturno/The New Mexican

Her depression during a four-day stint at a hospital was bad enough for staff to send her to Central Desert Behavioral Health Hospital in Albuquerque. The 2½ weeks she spent there helped, Velez said, and she emerged mentally stable.

But when she returned to Santa Fe, she discovered her Medicare medication coverage had lapsed, and she was unable to refill prescriptions for antidepressants and anti-anxiety medication.

She also found she’d have to get on a waiting list for a new therapist.

“It’s like not even knowing which foot’s going to take the next step, the right or the left, or where my next breath is coming from,” Velez said, describing the effects of going without her medications even for a couple of days. “It’s very high anxiety.”

She went back to Pete's Place and eventually was able to refill her medications through La Familia's Healthcare for the Homeless program. Then she went back to La Sala Center to see a case manager, and to The Life Link to get back on a list for a therapist. She was able to restart counseling March 25.

Velez didn't lose her housing voucher, but a judge ordered her to repay her former landlord more than \$1,100 before she could use the voucher for a new apartment. Some nights she stays at Pete's Place; other nights she stays with her daughter or a friend.



Angela Velez of Santa Fe hangs out with her granddaughter Eden Pollock, 17, on March 11. Velez said she misses baking cookies with her granddaughter, which she was able to do while she was renting an apartment.

Luis Sánchez Saturno/The New Mexican

Velez said she recently finished paying back her former landlord.

“I’ve got about 60 bucks to live on for the month,” she said Friday. “That’s a big weight off my shoulders. Even though I’m broke, I’d rather be broke than have that weight.”

Now that her debt is paid, the hunt for a new apartment is on.

She misses baking cookies with her granddaughter on the weekends and being away from the chaos and drug use of the streets.

She was involved for a time with Santa Fe's Lived Experience Advisory Board, which she said made her feel like she was giving a voice to her community. She wants to get back to it.

For now, Velez said, she's trying to temper her expectations and live one day at a time.

"I could be housed within weeks," she said. "I don't want to feel it or think about it because where there's no expectations, there's no disappointment."

Mental health workers in New Mexico

New Mexico currently has the following numbers of behavioral and mental health professionals, according to the most recent data:

346 psychiatrists

2,510 social workers

2,028 licensed professional clinical counselors

721 psychologists

Source: New Mexico Human Services Department



Those on frontlines of state's mental health care shortfall have solutions

Gabrielle Porter

Reporter