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MENTAL HEALTH SERIES: PART 3

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

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Travis Bye, 37, stands beside fellow Brazilian jiu-jitsu students as they are awarded belts at Gracie Barra Santa Fe last month who is 13 months sober from a fentanyl addiction, says his routine that includes practicing at the gym has been key for his recovery. Also important were detox and inpatient services made available to him at the right time — something mental health stakeholders in New Mexico say often isn't the case in a state lacking for such programs.

Gabriela Campos/The New Mexican

It wasn't long ago Travis Bye was deep in a fentanyl addiction, an opioid habit developed over years after a 2012 surgery to treat a mixed martial arts injury.

"I was smoking, like, 60 blues a day," Bye said, using the street name for oxycodone pills that contain fentanyl. "I don't know how I made it."

Bye, 37, of Santa Fe is now more than 13 months sober. He's got a job he loves at the New Mexico Children, Youth and Families Department and a tidy home with supportive roommates who are also in recovery.

He's got a routine that works for him: practicing Brazilian jiu-jitsu at a local gym, exploring a newfound passion for energy work and attending regular group meetings by phone with a Santa Fe Recovery Center outpatient group.



Travis Bye spars and practices techniques with Jake Nielson at their Brazilian jiu-jitsu class in Santa Fe last month. Bye is 13 months sober from a fentanyl habit he developed after a surgery for an injury in mixed martial arts. He recently started his practice again. "Until you're ready to change, and you're committed to stop suffering," he said, "you won't change."

Gabriela Campos/The New Mexican

“The positive in my life today is greatly influenced by all the negative that I experienced,” he said.

A person’s mindset and commitment to sobriety are crucial, he said. He had been to detox before last year, but it took a strong desire for sobriety to build what he has today. “Until you’re ready to change, and you’re committed to stop suffering,” he said, “you won’t change.”

Nearly as important, Bye said, was that detox and inpatient services were available to him at the right time. Many people in need of services in the state find themselves discouraged by monthslong waitlists.

Behavioral health specialists, state officials and people like Bye who have struggled with addictions and other behavioral health disorders agree New Mexico has a huge need for more programs, services and providers to provide the continuity people need to move forward from one program to the next without gaps.

“Having [intensive outpatient services] and even just more treatment facilities and detox programs in the state would help out immensely, especially if it’s ... covered by Medicaid and Medicare,” Bye said. “A lot of private rehabs in this state aren’t covered by state insurance, so a lot of people aren’t able to get to ones that are available because they don’t have the right insurance, and it’s so expensive.”

State approach

State leaders say efforts are underway to bolster New Mexico’s behavioral health workforce by supporting people studying in the field and increasing funding for providers.



Travis Bye prepares to head home following a Brazilian jiu-jitsu class last month at Gracie Barra Santa Fe.

Gabriela Campos/The New Mexican

“If we can increase our workforce, if we can increase some of those products that [New Mexico residents] need, then I think that we’ll be in a much better place in diminishing that gap from where people are going from one service to another,” said Nick Boukas, director of the state’s Behavioral Health Services Division.



Nick Boukas

Boukas said the state wants to boost funding for certified community behavioral health clinics, which offer a range of services. New Mexico was one of 15 states awarded a \$1 million planning grant to develop such clinics last year from the U.S. Department of Health and Human Services. The Santa Fe Recovery

Center is planning to open a certified community behavioral health clinic in Gallup and is considering future expansion.

Funding also has been awarded to the All Faiths Children’s Advocacy Center in Bernalillo County, according to the state Human Services Department, and Families & Youth Innovations Plus in Las Cruces has a center up and running, its website says.

Boukas noted the state’s Rural Health Care Delivery Fund issued \$80 million to rural providers in December, including several specializing in behavioral health.

Human Services spokeswoman Marina Piña said the agency, which oversees the behavioral health division, supports the national 988 Suicide and Crisis Lifeline, implemented in 2022. Use of the line to connect with a behavior health professional in the state increased 64% between 2022 and 2023, Piña said.

“We continue to make efforts for that to make it easier for people to access the number, also providing support in Spanish, for veterans, for the LGBTQIA+ communities, for Indigenous communities,” she said.

The crisis line, which serves as a first behavioral health contact for many residents, is likely to play a major role in getting people access to broader services as it grows, she added.

On the education front, the New Mexico Higher Education Department offers loan repayment for graduates in a number of behavioral health professions, and the Human Services Department offers 10 scholarships annually through the National Latino Behavioral Health Association to social work students who plan to work in the state. It also has sponsored internships through the Western Interstate Commission for Higher Learning, Boukas said.

The state is now preparing to roll out Turquoise Care, the newly revamped Medicaid program, which Piña said will include implementing more holistic policies for care and try to reduce administrative burdens for providers.

Increasing Medicaid reimbursements is a top priority, Boukas said. In recent months, the state introduced higher rates for five evidence-based behavioral health practices: dialectical behavior therapy, eye movement desensitization and reprocessing, functional family therapy, multisystemic therapy, and trauma-focused cognitive behavior therapy. Providers who offer these therapies are now receiving between 9% and 205% more for the services compared to Medicaid reimbursement rates for psychotherapy.

“That’s something that providers were telling us would help them,” Boukas said.

Cutting back red tape

Other officials, patients and families have their own ideas of changes they say could help New Mexico’s struggling behavioral health system.

State Sen. Jerry Ortiz y Pino, an Albuquerque Democrat and longtime proponent of behavioral health reform, said the state needs more services and providers. Cutting back on administrative red tape that makes it harder for providers to offer care also could help, he added.

Under the current system, a new provider who wants to serve Medicaid patients has to get licensed and also has to complete lengthy certification processes with each insurance company acting as a managed care organization in the state’s Medicaid program, Centennial Care, Ortiz y Pino said.

“The fact that you’ve been certified by two others or three others or one other doesn’t cut any ice,” he said. “And until you’re certified by them, they won’t pay you to see clients.”

The state could require insurers to accept and reimburse any practitioner licensed by the state, Ortiz y Pino said.

He also believes the state should support community college-level programs that get people on the path to behavioral health careers and should find a way to make graduate-level education in behavioral health fields — like psychiatric nursing, clinical social work and counseling — free.

“Why are we making them ... go into debt in order to get a credential that we then are desperately in need of?” he said. “We could ask that they stay in New Mexico for, let’s say, three years if they get a graduate degree in these fields.”

Residential programs

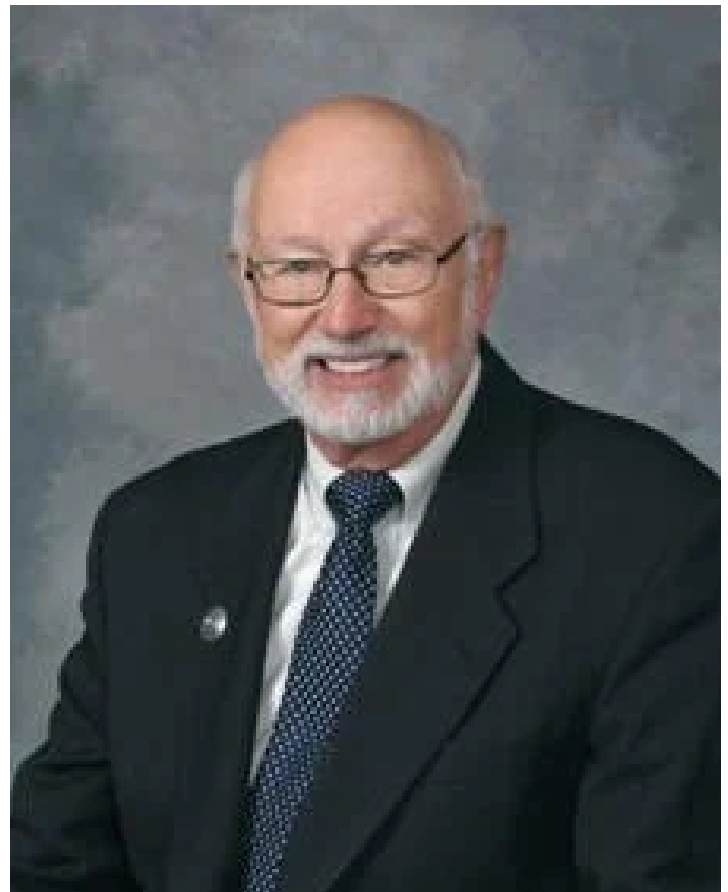
Ortiz y Pino believes there are far too few options for people who need inpatient treatment, which he said started broadly falling out of favor with the public in the 1960s as “horrible, nightmarish” abuses came to light.

“The myth is that you don’t need to go into residential programs, you can ... get cured just as easily from outpatient programs,” he said. “I don’t think there’s any evidence that shows that.” Outpatient programs are cheaper to provide, he noted, “and that’s why we do them.”

One way to meet the growing need for residential programs, he said, would be to expand services and staff at existing inpatient facilities — such as the Turquoise Lodge Hospital in Albuquerque, the New Mexico Rehabilitation Center in Roswell and the New Mexico Behavioral Health Institute in Las Vegas, the only state-run psychiatric hospital.

“One state hospital for a state like this just doesn’t make any sense,” Ortiz y Pino said.

During this year’s legislative session, Ortiz y Pino sponsored a “criminal competency” measure supported by Gov. Michelle Lujan Grisham that would have created a path to allow judges to order people charged in criminal cases to undergo behavioral health treatment if they’re found not competent to stand trial. The measure failed.



Jerry Ortiz y Pino

Ortiz y Pino said he understands the hesitation: Devoting more resources to people charged with crimes means taking limited services away from other patients who need treatment.

Embracing medication

Some who work in addiction treatment say there's a need for to shift attitudes and policies around the use of medication.



Lupe Sanchez, a residential services manager at the Santa Fe Recovery Center, in February. Sanchez said one thing the state should address in its addiction recovery care is changing attitudes around the use of medication. Her colleague at the center, Martin Ruybalid, agreed. "Maybe what we need is a system like Medicaid saying, 'Hey, look, methadone is an evidence-based practice, and so is Suboxone, and if you are a facility that takes Medicaid you should be serving people [with] these evidence-based practices,' " Ruybalid said. "That would help us open up who we're trying to serve."

Gabriela Campos/The New Mexican

Lupe Sanchez, 31, credits her daughter, who is now 6, with motivating her to quit her drug habit. She credits methadone with saving both their lives.

Now a residential services manager at the Santa Fe Recovery Center, Sanchez grew up in Española, where she "didn't have the best childhood."

“[I] started doing drugs really, really young,” she said. “I started IV heroin when I was 14, [and] kind of went through a lot.”

She went through “many” recovery programs, starting when she was about 20, she said, but they didn’t stick until she got pregnant.

Quitting heroin while pregnant isn’t simple, however. Sanchez’s doctors told her she needed to get on medication and recommended methadone, a drug that helps block the pain of withdrawal while also curbing the euphoric sensations of getting high.

“They were like, ‘If you withdraw, you’re going to kill the baby,’ “ she said. “... I totally account that for saving my life. I don’t think I would have been able to do it without it.”

Sanchez eventually decided to make substance abuse treatment her work.

“It’s been one of the toughest journeys of my life, but also the most fulfilling,” she said.

Sanchez said some people criticized her for using methadone to help her get off drugs, an attitude she still hears today about both methadone and Suboxone.

“I’ve heard people tell me, ‘Oh, you’re on methadone? You’re not clean,’ ” Sanchez said. “Like, no, dude. I’m staying alive.”

Martin Ruybalid, director of men’s services at the Santa Fe Recovery Center, said many drug treatment centers still don’t offer methadone or Suboxone, despite evidence showing their effectiveness.

“Maybe what we need is a system like Medicaid saying, ‘Hey, look, methadone is an evidence-based practice, and so is Suboxone, and if you are a facility that takes Medicaid you should be serving people [with] these evidence-based practices,’ ” Ruybalid said. “That would help us open up who we’re trying to serve.”

Sanchez and others say there are steps to improve New Mexico’s behavioral health system, but controlling demand is trickier.

While programs have grown since Sanchez started her recovery, so have their waitlists, she said. “I feel like [addiction] was not as prevalent as it is now. Like, you look around, and there’s people everywhere, homeless — you can tell they’re out in the spectrum [of addiction].”

Socioeconomic factors are driving that trend, she said: The cost of living has risen, while drugs have become more readily available and family values are eroding. New Mexico’s mental and behavioral health care system is not keeping pace with the need.

“I think we need help,” she said. “It’s lacking a lot.”



Travis Bye takes a moment to relax after his Brazilian jiu-jitsu class in Santa Fe last month. Bye's now got a routine that works for him: practicing Brazilian jiu-jitsu at a local gym, exploring a newfound passion for energy work and attending regular group meetings by phone with a Santa Fe Recovery Center outpatient group.

Gabriela Campos/The New Mexican

Bye, the former Santa Fe Recovery Center client, said meeting that need will take a lot.

“With the growing number of addicts in the state and in the country and in the world, the need for rehabilitation, as opposed to, like, throwing people in jail, needs to be more prevalent,” he said. “ ... To accommodate the need and all the people requiring services is going to take a tremendous of funding, not just statewide but federally.”



After mental health crisis ends, a patient's wait begins



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

Potential solutions

Many of the New Mexico people interviewed for this story offered ideas, large and small, for how to improve the state's behavioral health system. Here are a few of their ideas:

Offer mobile therapy for homeless people with dogs: Angela Velez of Santa Fe said offering therapy sessions on park benches or at other outdoor sites would be a benefit for homeless people who own dogs and who are reluctant to leave them somewhere to attend an appointment.

Create a network of transitional housing or respite homes for the mentally ill: Betty Sisneros Shover, president of NAMI Santa, said these could offer a short-term solution for people emerging from a mental health crisis and trying to figure out longer-term support. Such housing could operate similarly to support homes for people with developmental disabilities.

Streamline intake processes for outpatient services: Kate Field, a therapist and the crisis services director for the Santa Fe Crisis Triage Center, said many agencies' intake processes will include four meetings to get all the assessments done, which is a challenge for lots of people who need those services.

Build more crisis triage centers in rural communities: Velez said she's always telling other people on the streets about the services the Santa Fe Crisis Triage Center offers at Santa Fe County's La Sala Center. But, she said, out in rural New Mexico, people struggling with behavioral health often don't have those kinds of services. A more robust network of crisis triage centers could help.

Increase the number of intensive outpatient services: Travis Bye of Santa Fe said in addition to community-based and inpatient services, he thinks more intensive outpatient services could help fill gaps for people trying to address substance addiction and other behavioral health problems.

Address addiction medication availability: Field said a short supply of medication to treat opioid addiction can be a problem. There have been times when she's heard every pharmacy in town is out of Suboxone, for example, which can be catastrophic for people who rely on the drug to help them avoid using fentanyl or other opioids.

Buy the old Desert Hills facility to convert to an in-patient facility: State Sen. Jerry Ortiz y Pino, D-Albuquerque, said he thinks the state should buy the old Desert Hills youth residential facility in Albuquerque and convert it to an inpatient behavioral health facility. The property was on the market for years.

Gabrielle Porter

Reporter