

Healthcare

My Brother's Keeper: The Plight of the Mentally Ill in El Paso

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My Brother's Keeper: **The Plight of the Mentally Ill in El Paso**

Executive Summary

In early 2006, Attorney Terry Hammond began to investigate facilities known as lodge homes, which are supposed to house and care for the mentally ill that reside in them. After investigations, it was found that living conditions in these lodge homes were deplorable and any service was of poor quality. This brought forth the question of whether or not it is sensible to keep these lodge homes running and whether there are other options for mentally ill individuals who are discharged from facilities.

In this report Community Scholars will discuss:

- The background of mental illness, including what it is, how it's treated, how it's viewed, and the burdens it causes
- Mental health funding from the federal, state, and local government
- Mental health facilities and programs available in El Paso as compared to other Texas cities
- The process that a mental health consumer goes through when seeking services
- The living options for a mental health consumer upon his return to the community

Mental illness leaves burdens on everyone, from the individual with the mental illness, to the family/caregiver of the patient, and even the community at large. In order to seek treatment, most mentally ill must first overcome a series of obstacles and barriers such as the stigma surrounding mental illness, and recognizing and accepting the fact that they might have a mental illness. When a mentally ill individual has family or a caregiver, they take full responsibility for that individual. Responsibilities can vary from administering medication to constantly caring for the individual, depending on how severe the mental illness is. Mentally ill individuals who don't have the privilege of a caregiver usually end up on the streets. It is here that they are most likely to commit a crime and enter the Texas prison system.

Adequate facilities are an essential part of treating and caring for the mentally ill in Texas. When in crisis, a patient must receive treatment as quickly as possible before symptoms worsen. Without the right facilities and services, the proper treatment can not be provided, and more costs and problems will occur.

When a mentally individual decides to seek treatment, there is a process he must go through, which includes choosing from the variety of programs, treatments, organizations, and services available. Patients must go through an admissions and screening process to first determine the type and length of treatment they require. If a patient is deemed a danger to himself or others, he will be committed to a psychiatric hospital. But when a patient is determined to be stable by his psychiatrist, the law requires that the patient be placed in the least restrictive environment. Generally, a patient being placed into the least restrictive environment has eight options: home, independent living, assisted living, licensed foster care, lodge homes, homeless shelters, homeless, and jail. The first four options provide better care and quality of life for the patient, but a number of times they aren't an option for a variety of reasons, one of the most important being a lack of capacity resulting from under-funding.

Texas is required by its constitution to fund mental health and mental retardation. In addition to state funding, federal mental health block grants also play an important role in funding. Block grant amounts are determined by formula, which takes into account population, population density, and poverty. The state funding formulas are similar in nature. The population portion of the formula looks at the population of the target service area, in this case

El Paso, and assumes a mental illness prevalence rate that is consistent with research in order to find the target population for funding. This process, however, does not account for people in nearby communities such as Ciudad Juárez or Carlsbad, whose residents sometimes require treatment in El Paso. Thus El Paso's already limited funding is stretched even further. As it stands El Paso Mental Health and Mental Retardation (EPMHMR), the local mental health authority, is funded to serve 3,000 people on an average monthly basis. El Paso's need, however, is much higher than that, but EPMHMR has not seen a budget increase in over a decade. EPMHMR has managed to stretch its current budget and obtain grant money in order to serve the additional need, for a total of 4,100 people on an average monthly basis. However, it is unclear how long EPMHMR will be able to sustain the current budget-stretching.

Throughout the research, Community Scholars repeatedly found that Texas is not funding mental health as it should. Furthermore, almost of all the problems found in the system were due to lack of proper funding.

After analyzing our research, Community Scholars came up with the following conclusions:

Conclusions

- 1. The decreases in mental health funding by the State of Texas suggests that the state does not take its funding responsibility seriously.** Mental health funding is not a priority in this state. By serving only people with bipolar disorder, major depression, schizophrenia, and those in crisis, it is evident that the state is trying to serve the fewest number of people possible and still meet its constitutional obligation.
- 2. The state focuses money on crisis treatment rather than preventative treatment, which ends up costing taxpayers more money.** Just as it is less expensive to have one's teeth cleaned regularly than to have cavities filled, preventative mental health treatment, which takes place early on, is planned, and occurs during normal work hours costs less than crisis treatment. A mental health crisis can take place at any time and ranges in severity; therefore, a doctor has to be paid to be on-call, and the patient will need more immediate and intensive treatment, the costs of which could have been avoided if the patient had received proper preventative treatment in the first place.
- 3. The deinstitutionalization movement was unsuccessful; the mentally ill have simply been moved from state hospitals to state prisons that cost more than proper community treatment.** Once the monetary costs of housing a person in prison or jail and the costs to the mentally ill person's well-being are factored in, the failure of the deinstitutionalization movement, which was meant to both save the state money and provide better treatment for the mentally ill, is even more evident.
- 4. Lack of adequate funding by the state leads to a lack of adequate services in El Paso.** El Paso has no jail diversion program and is in serious need of added capacity in its residential service programs. These essential programs would serve to keep people out of jail, out of homeless shelters, and off the streets while providing a better quality of life.
- 5. EPMHMR is overburdened and will not be able to serve the additional need indefinitely.** Although EPMHMR is to be commended for serving the additional need in El Paso, it is not clear how long EPMHMR will be able to do so. At some point, employees will become overworked and the buildings will have to be renovated.
- 6. Advocacy for the mentally ill is a responsibility shared by the families of patients, mental health industry leaders, and the community at large because the patients are**

unable to advocate for themselves. The outcry on behalf of the mentally ill should not come solely from a private attorney and a probate judge, but also from the community at large.

7. Because the state is not living up to its funding responsibilities, El Paso will not be able to rely on the state to solve current mental health problems. If the state continues to decrease funding, El Paso will have to look within for the ultimate solution to the mental health problems in the community.

8. The stigma surrounding the mentally ill is still a problem, which leads people to ignore rather than address the problems with the system. As pointed out by Probate Judge Max Higgs, people are conditioned to assist a blind person in crossing the street. But when those same people encounter a schizophrenic person, they are conditioned to either ignore the person in need or try to get away from him as quickly as possible. People are more concerned with making sure that a mentally ill person does not disrupt their own lives than with making sure the mentally ill person gets proper treatment. As long as this is the case, the problems will go unsolved and the responsibility for the mentally ill will continue to be shifted around.

9. Conditions in lodge houses are deplorable. When Community Scholars interviewed two lodge house residents, the thing that was most striking was the fact that they were both very normal and capable people. This is true of most of the lodge house residents; with proper care and treatment, they can be functioning members of society. However, when there is no quality of life, little personal freedom, a complete lack of privacy, dirty and overcrowded living conditions, and substandard food, even those with the soundest of minds would be unable to thrive in such an environment.

10. City regulation of lodge houses is ineffective or even nonexistent; the laws focus on the state of the building rather than the well-being of the residents. Although the ordinance states that those who are unfit to run a lodge house are prohibited from doing so, there is no definition of fitness, nor any indication of how to enforce such a prohibition. Furthermore, there is no mention of food quality, upkeep with medications, or any other provisions that would ensure the well-being of the lodge house residents.

While there are disagreements over who is responsible for the problems with the current mental healthcare system in Texas, those disagreements do not move the state any closer towards a solution. The appalling living conditions of people with mental illness in lodge houses, in homeless shelters, living on the streets, and in jails and prisons should serve to remind the State how important it is to fund mental health properly. This means that the State should not simply provide the minimum funding without running afoul of the constitution, but to really provide an exemplary mental healthcare system.

Community Scholars therefore came up with the following recommendations regarding mental healthcare in Texas:

Recommendations

1. The State of Texas needs to take mental health funding seriously and increase funding so that services may be expanded rather than cut. If the state cannot increase funding under the current taxing scheme, then a more adequate funding mechanism should be established.

2. Money should focus on preventative treatment rather than crisis treatment, which will save the state money and lead to fewer mental health crises. Although the urgency of crisis

treatment may “sell better” to taxpayers, the same dollar that is spent on crisis services could have purchased more if it had been spent on preventative services.

3. Texas should decriminalize mental illness by implementing jail diversion programs across the state and increase community-based, rather than prison-based, treatment. A number of the crimes committed by people with mental illness occurred as a result of a mental health crisis. If those people had access to proper treatment in the community, they would have been less likely to go into crisis, and those crimes would not have occurred. The state should divert the money from psychiatric beds in prisons to forensic beds in the community or to diagnostic services and non-crisis treatment.

4. El Paso mental health industry leaders should plan a mental health summit to figure out ways to address the problems faced by the mentally ill in our community. While the state can pass legislation and increase mental health funding, in the end people will not be content unless some sort of consensus is reached on how to best address the problems. The summit should be attended by elected officials, representatives of both public and private mental healthcare providers, local advocates, interested citizens, and patients and their family members.

5. EPMHMR should continue to look for other avenues of funding, such as private grants, in order to compensate for the state’s funding shortcomings. The more money that EPMHMR can obtain through other funding avenues, the less it is affected by budget cuts by the state.

6. Local advocates and mental health industry leaders should come together in order to pressure the state to improve the mental health system in Texas. Texas Legislators will not make mental health funding a priority if their constituents don’t make it a priority first.

7. Local advocates should also increase education programs in the community in order to demystify mental illness and address the problems related to stigma. As more people become educated about mental illness and how it’s treated, the problems faced by those with mental illness become harder to ignore.

8. Investigations into the lodge house situation should continue in order to bring more attention to the problem and possibly lead to statewide action. Although the lodge house problem isn’t the only problem faced by the mentally ill, or even the most pressing, further investigation and media attention can lead to a solution and bring the other problems to light as well.

9. The City should revise the old lodge house ordinance in order to make it enforceable and have it address the qualifications of providers and quality of life of the residents.

The qualifications of lodge house providers should be specifically enumerated and other requirements, such as medication upkeep, food quality, and living conditions, should be provided for. Furthermore, the City needs to be able to shut down those facilities that do not comply with the ordinance.

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Imagine paying \$450 each month in rent to live in a 525 square foot home with one bathroom. To single people, this doesn't sound like a bad deal; after all, that is about the price of an apartment. Now imagine paying the same price and living in the same space, but now 15 other people also pay that price and live there as well. Instead of that spacious one-bedroom apartment for a single person, the 525 square foot home has now become crowded, housing up to six people in bunk beds in each of its small rooms. There is still only one toilet, one television, and one refrigerator, but the latter is actually in another building, which is locked to the residents of the building after a certain time at night. Suddenly the 525 square foot living space is not at all inviting, and the \$450 monthly rent hardly seems like a deal. One wonders who would choose to live in such conditions; the answer is no one, and yet there are an estimated 4,000 living arrangements like this one around the state of Texas, two of which recently came under investigation here in El Paso.¹

The residents of these homes, referred to in El Paso as lodge houses or lodge homes, are of both genders and of all ages and ethnicities. What they have in common is mental illness and the fact that a number of them are consumers of El Paso Mental Health and Mental Retardation, El Paso's local mental health authority. The common diagnoses for these residents are bipolar disorder, schizophrenia, and major depression, but one should not be fooled by the stereotypes that surround such illnesses. Community Scholars had the opportunity to speak to two residents of one of the recently investigated lodge houses, the Vega Foster Home, and both residents were as lucid and coherent as any one of us. One resident, Mr. Potter, is a graduate of Boston University and has written a book.² The other, Mr. Farin, is a Hurricane Katrina evacuee who lived independently in New Orleans.³ Mr. Farin told Community Scholars that he had not chosen to live in the Vega Foster Home, but had been taken there by another person.⁴ Mr. Potter had not been told about the living conditions there and is currently trying to find other living arrangements.⁵

Their stories are sadly all too common. Many of the residents, living on meager Social Security disability income, are placed in the lodge house by a relative or other caretaker. Once there, it is difficult to leave without the assistance of an attorney as many times the lodge house provider becomes the resident's representative payee for Social Security. Their monthly rent takes up most, if not all, of their disability check, leaving little if any extra money for food, transportation, or leisure. Upon learning of this situation, Community Scholars set out to learn more about this issue, but it soon became clear that the lodge house situation was not the only issue in mental health that needed examination.

Community Scholars' goal was to examine all aspects of El Paso's adult mental health system to determine what areas were in need of reform. In order to determine this, Community Scholars analyzed mental health funding in the state of Texas, researched the process a patient goes through from intake and admissions to their return to the community, and spoke to a number of state and local leaders in the mental health field as well as elected officials and advocates.

¹ Darren Meritz, "MHMR Hearings Shut Down," *The El Paso Times* 22 June 2006.

² Wylie Potter, Lodge Home Resident, Personal Interview, 16 June 2006.

³ Melanio Farin, Lodge Home Resident, Personal Interview, 16 June 2006.

⁴ Farin.

⁵ Wylie Potter, Lodge Home Resident, Personal Interview, 16 June 2006.

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Mental Illness: Background

In order to have a better understanding of the issues facing the mentally ill in El Paso, one must first know what mental illness is and why it's different from typical physical illness. The most important thing to know is that mental illness is a brain disorder and can be treated, much like pneumonia or even cancer can be treated. This section will discuss what mental illness is, and who it affects.

What is Mental Illness?

The Surgeon General defines mental health as “a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity.”⁶ Mental illness is then defined as any diagnosable mental disorder that disrupts one's mental health and impedes the emotional stability, behavior regulation, and/or cognitive function and judgment. Mental illness, like physical illness, can be treated, most commonly through a combination of medication and therapy.

Prevalence

Leading mental health organizations estimate that approximately 20% of adult Americans are afflicted with a diagnosable mental health disorder within a given year.⁷ However, those with the lowest amount of wealth and educational attainment are two to three times more likely to experience symptoms of mental illness. This is likely because poverty exposes people to heightened stress due to things such as unemployment and because the poor are not blanketed by social and material safety nets available to those with higher incomes. Poverty also creates a type of chicken-or-the-egg situation with mental illness. Sometimes, as just described, poverty is a cause of mental illness. Other times, poverty follows mental illness, as the disorder can cause a decreased capacity in function and productivity, leading those with mental illness to miss work, lose income, and eventually find themselves unemployed.⁸

⁶ David Satcher, Mental Health: A Report of the Surgeon General; Chapter 1, US Department of Health and Human Services, 1999, 1 June 2006 <<http://www.surgeongeneral.gov/library/mentalhealth/chapter1/sec1.html>>. (*hereinafter* Satcher, Mental Health).

⁷ David Satcher, Mental Health: Culture, Race, and Ethnicity; A Supplement to Mental Health: A Report of the Surgeon General, US Department of Health and Human Services, 2001, 11 July 2006 <<http://www.surgeongeneral.gov/library/mentalhealth/cre/sma-01-3613.pdf>>. (*hereinafter* Satcher, Supplement).

⁸ Satcher, Supplement.

Nationwide

Although, nationally, approximately 20% of adults can be diagnosed with a mental disorder, the most debilitating effects are concentrated within only six percent of the population.⁹ About ten percent of adult Americans will seek mental healthcare within the mental healthcare system in a given year.¹⁰ There is an equal amount of women (47.3%) and men (48.7%) who have experienced some sort of psychiatric disorder at any one given moment in their lives.¹¹ However, women are more likely to develop a depressive or an anxiety disorder.¹² The priority illnesses, major depression, schizophrenia, and bipolar disorder, are found in approximately 10% of American adults.¹³ Major depression afflicts the largest adult population of the three, about 6%.¹⁴ Bipolar disorder affects about 3% of the adult population; schizophrenia, about 1%.¹⁵

Statewide

Mental healthcare is primarily handled by the state. Texas follows the 20% estimated prevalence figure; however, Texas estimates that the prevalence of the three priority illnesses in the state is just over 4%, which is considerably lower than the national estimates for these illnesses.¹⁶ Major depression still affects the most, at about 3% in Texas, but both bipolar disorder and schizophrenia are below 1% in the state.¹⁷

El Paso

Gary Larcenaire, CEO of EPMHMR, feels that a 20 percent prevalence rate is a bit low for El Paso, however exact prevalence data is difficult to track. Although EPMHMR requires a its clients to have a social security card in order to access services, Mr. Larcenaire suspects that people without social security cards often borrow someone else's in order to utilize EPMHMR services.¹⁸ Therefore, Community Scholars was unable to find an exact prevalence rate for El Paso.

The Burdens of Mental Illness

Mental illness can cause more problems than most people imagine, especially if it goes untreated. Not only does it affect the individual suffering from mental illness, but it affects the individual's family, caregiver, and the community and economy as well.

⁹ National Institute of Mental Health, The Numbers Count: Mental Health Disorders in America, NIMH, 2006, 9 June 2006 <<http://www.nimh.nih.gov/publicat/numbers.cfm>>.

¹⁰ David Satcher, Mental Health: A Report of the Surgeon General; Chapter 2: The Fundamentals of Mental Health and Mental Illness, US Department of Health and Human Services, 1999, 9 June 2006 <<http://www.surgeongeneral.gov/library/mentalhealth/chapter2/sec1.html>>.

¹¹ L. Jans, S. Stoddard, and L. Kraus, "Chartbook on Mental Health and Disability in the United States," An InfoUse Report, 2004, 6 June 2006 <http://www.infouse.com/disabilitydata/mentalhealth/1_3.php>.

¹² Jans.

¹³ National Institute of Mental Health, The Numbers Count: Mental Health Disorders in America, NIMH, 2006, 9 June 2006 <<http://www.nimh.nih.gov/publicat/numbers.cfm>>.

¹⁴ National Institute of Mental Health, The Numbers Count: Mental Health Disorders in America.

¹⁵ National Institute of Mental Health.

¹⁶ Texas Department of Mental Health and Mental Retardation, 2001-2005 Adult Mental Health Prevalence/Priority Population Data, TDMHMR, 2003, 9 June 2006 <http://www.dads.state.tx.us/news_info/statistics/mr/docs/01-05RevisedPrevPriPopData.pdf>.

¹⁷ Texas Department of Mental Health and Mental Retardation.

¹⁸ Gary Larcenaire, Chief Executive Officer, El Paso MHMR, Personal Interview, 16 June 2006.

Patient Burden

In the United States, “80% of all people with a mental disorder eventually seek treatment.”¹⁹ This means that there is still a number of people with mental disorders who have little or no intention of seeking treatment, whether it is because of personal doubts (e.g. a belief that the treatment will not work), or a false belief that the mental disorder does not exist. Furthermore, the people who do seek treatment do not necessarily seek it right away. They eventually seek treatment for numerous reasons; the number one reason being that they want to solve the problem on their own.²⁰ There are certain barriers that one with mental illnesses must overcome in order to, at the very least, seek treatment. The most common barriers are financial and situational, barriers facing many people with mental illness, and the stigma that surrounds mental health.

Stigma plays a major role in the challenges that those with mental illness face daily. It is the biggest barrier that the mentally ill must overcome in order to seek treatment and acceptance in their community. Stigmatization leads “others to avoid living, socializing, working with, renting to, or employing people with mental illnesses.”²¹ This is part of the reason that those with mental illnesses are neglected, leading to “low self esteem, isolation, and hopelessness,” creating the suicidal, violent, mentally ill individual that people seem to categorize all mentally ill as.²² This results in the mentally ill concealing their symptoms and failing to seek treatment.²³ Stigma is the reason that most people look the other way when mental illness is concerned. A number of people would rather not think about the problems faced by the mentally ill as long as their own lives aren’t disrupted by it.²⁴

When the barriers faced by the mentally ill are not overcome, and mental illness goes untreated, the individual can suffer great consequences. Untreated mental illness can result in “school failure, teenage childbearing, unstable employment, early marriage, marital instability, and even violence.” If not treated early, mental disorders can become more severe and lead to the development of other disorders, making it even harder to treat. When a person has two or more mental illnesses, it is called “comorbidity.”²⁵

Family/Caregiver Burden

The burden of untreated mental illnesses not only affects the individual who is not receiving the treatment, but the family or caregiver responsible for the person as well. Once the mental health patient is discharged and claimed by the family member or caregiver, it is the responsibility of that caregiver to fulfill every need of that individual. Depending on how severe the patient’s illness is, responsibilities can vary from making sure that medications are taken as often as needed in order to avoid any problems, to caring for them and ensuring their safety and

¹⁹ National Institute of Health News, Mental Illness Exact Heavy Toll, Beginning in Youth, eMaxHealth, 8 June 2005, 9 June 2006 <<http://www.emaxhealth.com/7/2246.html>>.

²⁰ R.C. Kessler, P. A. Berglund, and M. L. Bruce, et al., The Prevalence and Correlates of Untreated Serious Mental Illness, Health Services Research, Dec. 2001, 9 June 2006 <<http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1089274>>.

²¹ David Satcher, Mental Health: A Report of the Surgeon General; Chapter 1, US Department of Health and Human Services, 1999, 1 June 2006 <<http://www.surgeongeneral.gov/library/mentalhealth/chapter1/sec1.html>>. (*hereinafter* Satcher, Mental Health).

²² Satcher, Mental Health.

²³ David Satcher, Mental Health: Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General, US Department of Health and Human Services, 2001, 11 July 2006 <<http://www.surgeongeneral.gov/library/mentalhealth/cre/sma-01-3613.pdf>>. (*hereinafter* Satcher, Supplement).

²⁴ Max Higgs, Judge, El Paso County Statutory Probate Court, Personal Interview, 10 July 2006.

²⁵ National Institute of Health News, Mental Illness Exact Heavy Toll, Beginning in Youth, eMaxHealth, 8 June 2005, 9 June 2006 <<http://www.emaxhealth.com/7/2246.html>>.

health status. Some patients require around-the-clock treatment, which creates problems for the caregiver. When a caregiver is over-burdened, this can lead to a lack of communication between the caregiver, the patient, and the mental health professional. The lack of communication, if pervasive and enduring, can eventually lead to the mistreatment of the mentally ill, and/or the placement of the mentally ill individual into less than desirable living conditions.²⁶

Society and Economic Burdens

Although only 20% of Americans are estimated to suffer from mental illness in a given year, the effects of mental illness are felt on a much wider scale. Few go completely untouched by mental illness. Many community and economic burdens occur as a result of mental illness. For example, police are often a mentally ill person's first contact with the mental health system.²⁷ This results in a cost to the city of around \$30 per hour per officer, depending on how many years experience the officer has.²⁸ If the fire department is also called out for a mental health crisis, as is often the case, the city spends \$550 per unit. Two units are normally sent out on medical calls, one fire engine and one ambulance, for an average cost of about \$1,100 per house call.²⁹ There are further costs if the mentally ill person is arrested, which will be discussed in further detail later in this report.

There are losses to the economy as well. Mentally ill individuals have the lowest rates of employment of those with disabilities, with only one in three having a job.³⁰ Even when a mentally ill person does have a job, his mental illness can still affect his employer adversely. A 2001 study found a cost of \$105 billion due to lost productivity stemming from mental illness and addictive disorders.³¹ Clinical depression alone accounted for approximately 200 million working days lost each year. Employees with depressive symptoms were twice as likely to miss work as those without depressive symptoms. In 1995, the odds of decreased effectiveness in the workplace "was seven times as high" for people with mental illness than it was for those without.³² Mental illness reaches beyond the patient and his family to taxpayers and businesses.

Proactive Versus Reactive Treatment

Proactive treatment of mental illness occurs when there is adequate community-based services available in order to assess, diagnose, and properly treat and support a person with mental illness in order to prevent them from going into crisis. Reactive treatment occurs when a person has already gone into crisis; it tends to be much more expensive than proactive treatment. It is much like going to see a dentist every six months to have one's teeth cleaned (the proactive treatment), which in turn prevents one from having to go in to get cavities filled (the reactive treatment). One of the main reasons proactive treatment is less expensive than reactive treatment is because proactive treatment can be planned for, while reactive treatment

²⁶ Gary Larcenaire, Chief Executive Officer, El Paso MHMR, Personal Interview, 16 Jun. 2006.

²⁷ NPT Staff, "Document Review: County Attorney V. State, MHMR," Newspaper Tree, 15 May 2006, 9 June 2006 <http://www.newspapertree.com/view_article.sstg?c=2f73a4b52e8c4bb7&mc=94f439d4aec0415b>.

²⁸ Robert L. Adkinson, Financial Services Manager, El Paso Police Department, Personal E-mail, 3 July 2006.

²⁹ Manuel Chavira, Assistant Fire Chief, El Paso Fire Department, Personal E-mail, 13 June 2006.

³⁰ President's New Freedom Commission on Mental Health, Achieving the Promise: Transforming Mental Health Care in America, 21 July 2006 <<http://www.mentalhealthcommission.gov/reports/FinalReport/FullReport-03.htm>>.

³¹ National Mental Health Association, The 'Dollars and Sense' Case for Increased Investments in Mental Health and Substance Abuse, 2001, 24 July 2006 <<http://www.nmha.org/pdfdocs/laborday2001.pdf>>.

³² National Mental Health Association.

requires mental health professionals to be on-call, as a crisis can occur any time.³³ Tables 2.1 and 2.2 illustrate the differences in cost between proactive and reactive psychiatric treatment.

Table 2.1

Costs of Visits to Emergency Rooms and Community Clinics in Central Texas

	Mental Health Encounters	Estimated average cost per encounter	Estimated cost for first nine months in 2003
Hospital Emergency Rooms	2,635 visits	\$265.00	\$698,275
Clinics	3,178 visits	\$101.00	\$320,978
Total	5,813 visits		\$1,019,253

Source: Mental Health Association in Texas

Table 2.1 shows how much it costs to treat a person in mental health crisis in a regular hospital emergency room or a non-mental health clinic. The total cost for 5,813 mental health-related visits in non-mental health facilities is over \$1 million over a nine month period, the period covered in the study.

Table 2.2

Estimated Costs of Diagnostic and Assessment Visits

Diagnostic/ Assessment Visit	5,813 visits	\$125.00	\$726,625
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Source: Mental Health Association in Texas

Table 2.2 shows that if these same 5,813 visits had been assessed at a mental health facility, it would mean savings of nearly \$300,000, because proper assessment in the beginning (proactive treatment) is cheaper than emergency or crisis treatment (reactive treatment). The Mental Health Association in Texas asserts that an increase in the use of local emergency hospitals and community clinics by the mentally ill can be seen all over Texas.³⁴ The inability to serve those in need of mental health services has been a result of continuous under-funding to local mental health centers.³⁵ When Community Scholars asked about the reasons for under-funding, two possible answers were given. First, the low funding for mental health is consistent with the general belief in Texas that money shouldn't be spent on social services.³⁶ Second, while tax dollars don't stretch as far for reactive or crisis care, it still sells better to taxpayers, perhaps because of the urgent nature of the care.³⁷

Regardless of whether Texas decides to focus mental health spending on proactive or reactive treatment, both types require the proper facilities for treating those with mental illness. Community Scholars compared the mental health facilities across the state of Texas.

Mental Health Facilities

If someone comes down with a severe case of pneumonia, the illness is too serious for the person to take care of the illness at home. In order to properly treat the pneumonia, the

³³ Gary Larcenaire, Chief Executive Officer, El Paso MHMR, Personal Interview, 16 June 2006.

³⁴ Mental Health Association in Texas, Impact of Mental Health Budget Cuts are Being Felt in Local Emergency Rooms and Clinics, 18 Nov. 2003, 20 June 2006 < http://www.mhatexas.org/ImpactArticle11_03>.

³⁵ Mental Health Association in Texas.

³⁶ Dr. Dave Wanser, Deputy Commissioner for Behavioral and Community Health, Texas Department of State Health Services, Phone Interview, 7 July 2006.

³⁷ Gary Larcenaire, Chief Executive Officer, El Paso MHMR, Personal Interview, 16 June 2006.

person will need to go to a hospital. If the community doesn't have a hospital, or if there is no room for the patient in the hospital, his pneumonia will worsen and he will suffer more than he would have with immediate treatment. The same is true of mental illness. A person having a mental health crisis cannot nurse himself back to health on his own; he needs to be seen in the proper mental health facility. If the community does not have sufficient facilities, the person with mental illness will get worse and can become a danger to himself or others.

Thus a look at the number of facilities in major Texas cities is warranted. One would expect the number of facilities to have a direct correlation with population, resulting in more facilities in cities with higher populations.

Table 2.3

Comparison of Mental Health Facilities in Major Texas Cities

	Total Population	Total Mental Health Facilities
El Paso (El Paso)	700,225	14
Travis (Austin)	848,649	16
Bexar (San Antonio)	1,459,296	21
Tarrant (Fort Worth)	1,563,744	15
Dallas (Dallas)	2,257,694	15
Harris (Houston)	3,600,164	26

Sources: U.S. Census Bureau 2004, United States Department of Health and Human Services

Table 2.3, however, illustrates that this is not necessarily the case. The table shows the number of mental health facilities in each of the major Texas cities. Houston, which has the largest population, has the largest number of facilities. El Paso, with the smallest population, has the smallest number of facilities. Facilities for the remaining Texas cities do not fall in line with population. Dallas, for example, has over 2.2 million people, yet only has 15 facilities. San Antonio has the third lowest population, but is second only to Houston in number of facilities. San Antonio's large number of facilities may be due to the fact that San Antonio has long been a healthcare industry hub or to the fact that the city has recently implemented a jail diversion program for the mentally ill (which will be discussed in more depth later in this report).

It should also be noted that San Antonio and Austin as well as Dallas and Ft. Worth are close enough to one another that a person seeking services could conceivably do so in either city. Thus, if one were to look at Table x.2 in terms of region, the San Antonio/Austin region would have 37 facilities, and the Dallas/Ft. Worth region would have 30, which makes El Paso's small number of facilities (14) even more striking.

Entering the Mental Health System

When looking at the issues surrounding the mental health system, it makes sense to start at the beginning, as that is where mental health patients themselves begin. A patient seeking mental health services must first be screened. Once he is deemed eligible and in need of services, he can begin receiving the necessary services. At first blush, this sounds simple, but funding cuts and redirection of current funds has led to problems in the admissions process. This section of the paper will describe the admissions process and the problems therein.

Admission and Screening

When an individual is suffering from a mental health crisis, the police are often the first point of contact with the patient. The patient will then be sent to MHMR to be screened and assessed to see whether admission to a psychiatric hospital is warranted.³⁸ If admission is necessary, the patient is normally transferred to EPPC or another private facility. If admission is not necessary, the patient can return home and be treated on an outpatient basis. According to County Attorney José Rodríguez, this is how the system should work. However, EPPC, which is funded for only a certain number of civil beds, is often filled to capacity.

In 2005 EPMHMR began to stop screening people for admissions to EPPC because of the lack of beds there. Police officers began taking people in mental health crisis to local emergency rooms where they had to wait for hours or even days before being screened.³⁹ In the meantime, mental health patients are exposed to physical illnesses that they otherwise would not be exposed to, they are cared for by hospital personnel who are not trained to handle mental illness, and they are taking up a bed that then becomes unavailable to someone with serious physical illness or injury. The emergency room is not only unequipped to deal with mental health crises, the environment is also not secure, meaning that the mental health crisis patient often has to be handcuffed to the bed while he waits for admission to a proper psychiatric hospital.⁴⁰ These problems with the system have led County Attorney José Rodríguez to file a law suit, which seeks immediate action to halt the practice of diverting mental health crisis patients to emergency rooms.⁴¹

The Least Restrictive Environment Rule and Its Consequences

Once it has been determined that hospitalization is not necessary, MHMR is required by law to place the patient in the least restrictive environment that is available.⁴² This is true whether or not there is available space in the mental health facility and regardless of the desirability of other options. The EPPC, of course, is the most restrictive environment, as a person who is hospitalized at EPPC is locked in a safe and secure environment.⁴³ The decision to release someone back into the community is made by the patient's doctor and treatment team.⁴⁴

Return to the Community: Eight Living Options

Generally there are eight options available for a patient who is being released back into the community, and they vary a great deal in terms of quality of life. The eight options are (1) home, (2) independent living, (3) assisted living, (4) licensed foster care, (5) minimally licensed lodge housing, (6) homeless shelters, (7) homeless on the street, and (8) jail.

The following scenario helps illustrate a patient's movement through the mental healthcare system. Imagine that a schizophrenic man attacked his mother with an ice pick because he thought his mother was poisoning his food. He almost succeeded in getting her but his father came home in time to restrain him. There is a struggle, and the man later wakes up in EPPC, heavily drugged and unable to remember what happened. His family, traumatized by

³⁸NPT Staff, "Document Review: County Attorney V. State, MHMR," *Newspaper Tree*, 15 May 2006, 9 June 2006 <http://www.newspapertree.com/view_article.sstg?c=2f73a4b52e8c4bb7&mc=94f439d4aec0415b>.

³⁹ NPT Staff.

⁴⁰ Ouisa Davis, "There's a Crisis in Mental Health Care," *El Paso Times*, 30 June 2006.

⁴¹ NPT Staff, "Document Review: County Attorney V. State, MHMR," *Newspaper Tree*, 15 May 2006, 9 June 2006 <http://www.newspapertree.com/view_article.sstg?c=2f73a4b52e8c4bb7&mc=94f439d4aec0415b>.

⁴² Gary Larcenaire, Chief Executive Officer, El Paso MHMR, Personal Interview, 16 June 2006.

⁴³ Zulema Carrillo, Superintendent, El Paso Psychiatric Center, Personal Interview, 12 June 2006.

⁴⁴ Carrillo.

the incident and fearful for their lives, refuses to let him return home. Furthermore, there are no open spaces in EPMHMR's independent or assisted living programs, and due to his violent outbreak, licensed foster care won't take him. In this unfortunate circumstance, the person is passed through the more desirable living conditions until he reaches his last option: jail.⁴⁵ Although this situation is extreme, occurring about 1% of the time, it does happen. In this section of the paper, each of the eight options will be discussed in more detail.

Home

Being able to return home is the best option for discharged patients. At home, the patient is surrounded by people who love him, want the best for him, and will care for him. The environment is familiar and comforting. As described above, however, some patients do not have that option. According to Gary Larcenaire, Chief Executive Officer of El Paso MHMR, for many patients, it is common that the patient is not given the option to return home for various reasons.⁴⁶ Sometimes the family is simply worn out from constantly caring for their mentally ill loved one. Other times, the family is afraid their loved one will become violent. In some cases the patient simply may not have a family or home to go to.⁴⁷

Independent Living

Living independently is the second best option for a patient to choose from. Oftentimes the challenge to independent living lies in the cost of maintaining a home. People with mental illnesses have the lowest employment rate of any disability.⁴⁸ Surveys show that these adults with serious mental illnesses do want to work but are simply lacking the skills and treatment needed.⁴⁹ This means that most of these individuals do not have a stable source of income other than very modest Social Security disability benefits. Independent living programs are thus designed to assist patients with finding a lease, rent payments, and other independent living skills. Funding for these programs is limited, however, and there is usually a long waiting list. Many people who would benefit greatly from an independent living program are unable to take advantage of one.⁵⁰

Assisted Living

Assisted living comes next on the quality of life hierarchy. An assisted living facility is defined as a facility "for people needing assistance with Activities of Daily Living (ADL), but wishing to live as independently as possible for as long as possible."⁵¹ Mentally ill individuals who choose assisted living require a minimal level of assistance in life but not 24-hour care service. In most facilities the individual who will be residing there can create a plan of what he will need assistance with, whether it is with medication or with food.⁵² Again, there is little funding available for these types of programs, as most funding is geared towards crisis care.

⁴⁵ Gary Larcenaire, Chief Executive Officer, El Paso MHMR, Personal Interview, 16 June 2006.

⁴⁶ Larcenaire.

⁴⁷ Larcenaire.

⁴⁸ President's New Freedom Commission on Mental Health, [Achieving the Promise: Transforming Mental Health Care in America](http://www.mentalhealthcommission.gov/reports/FinalReport/FullReport-03.htm), 21 July 2006 <<http://www.mentalhealthcommission.gov/reports/FinalReport/FullReport-03.htm>>.

⁴⁹ President's New Freedom Commission on Mental Health.

⁵⁰ Gary Larcenaire, Chief Executive Officer, El Paso MHMR, Personal Interview, 16 June 2006.

⁵¹ Nelson & Wallery, "What is Assisted Living?" [Assisted Living Info](http://www.assistedlivinginfo.com/alserve.html), 2003, 28 June 2006 <<http://www.assistedlivinginfo.com/alserve.html>>.

⁵² Nelson & Wallery.

Licensed Foster Care

Licensed foster care is a flexible plan in which the caregiver provides room and board for the resident. The resident must then make payments to the provider. The caregiver will usually provide transportation, medication, assistance, and the resident is free to come and go as he pleases.⁵³ In a way, licensed foster care is somewhat like lodge housing, except that the providers are licensed and qualified to care for the mentally ill. Due to the costs of licensed foster care, however, it is not an option for patients whose only source of income is a small Social Security check.⁵⁴ Many people are then left with only the last four options.

Lodge Houses

Often confused with foster care, lodge houses are completely different in terms of what happens in them and their confinement. According to the El Paso Municipal Code, a lodge house is a “place at which lodging is furnished to two or more persons of unsound mind, not members of the family of the person furnishing such lodge, whether or not the persons of unsound mind have been judicially determined to be such.”⁵⁵ There is no definition for “unsound mind” in the ordinance. The number of lodge houses in El Paso, however, is unknown, because a majority of lodge houses are unlicensed and undocumented. Terry Hammond, an attorney who has been investigating two of the lodge houses, estimated that there are “4,000 unlicensed, unregulated housing facilities in operation statewide.”⁵⁶

Despite the vast number of lodge houses estimated to exist statewide, two in particular have been the subject of recent media attention in El Paso, the Vega House and Stage Coach Motel. In early 2006, Probate Court Judge Max Higgs and Terry Hammond began to notice patterns that the mentally ill were going through, in which they would be arrested, then taken to the El Paso Psychiatric Center, then to a lodge house, and end up being arrested once more.⁵⁷ As a result, Judge Higgs appointed Terry Hammond to represent some of the individuals in these lodge houses and to investigate the conditions in these lodge houses.⁵⁸ The information that was gathered was presented in recent court hearings, until the hearings were stayed in late June by the El Paso Court of Appeals.⁵⁹

Residents of these two lodge houses have complained of lack of service, poor food, and little to no cleaning services. Wylie Potter, a tenant from the Vega House who was diagnosed with schizophrenia in 1997, described the living arrangement as follows: an estimated 15-by-15 foot room, two bunk beds on opposite walls and one mattress underneath each bunk bed (bringing potential occupancy to a total of six).⁶⁰ Mr. Potter was told, before living in the Vega Home, that there would be two people per bedroom by Mr. Vega, but in the end, there were five living in the same room.⁶¹ According to Mr. Potter, the rooms were not cleaned, nor were the sheets and pillow cases changed.⁶² If proven, the allegations of mattresses underneath the bottom bunk would constitute a violation of the municipal code regarding rules and regulations for lodge houses where it states that, “Beds shall be at least two feet apart in a horizontal direction and so arranged that the air shall circulate freely under and around each bed.”⁶³ Also,

⁵³ Alfonso Chacon, Customer Service Director, El Paso Mental Health Mental Retardation, Phone Interview, 11 July 2006.

⁵⁴ Gary Larcenaire, Chief Executive Officer, El Paso MHMR, Personal Interview, 16 June 2006.

⁵⁵ El Paso Municipal Code §17.08.010(A)(3).

⁵⁶ Darren Meritz, “MHMR Hearings Shut Down,” *El Paso Times*, 22 June 2006.

⁵⁷ Terry Hammond, Attorney at Law, Hammond Law and Associates, Personal Interview, 06 June 2006.

⁵⁸ Darren Meritz, “MHMR Hearings Shut Down,” *The El Paso Times*, 22 June 2006.

⁵⁹ Meritz, “MHMR Hearings Shut Down.”

⁶⁰ Wylie Potter, Lodge Home Resident, Personal Interview, 16 June 2006.

⁶¹ Potter.

⁶² Potter.

⁶³ El Paso Municipal Code §17.08.140(E).

“sheets and pillow slips shall be changed every eight days, and for each new guest or occupant.”⁶⁴

Quality of food has been an issue at both the Vega Foster Home and the Stage Coach Motel. In response to questions asked by Attorney Terry Hammond, Jesus Savedra, owner and operator of the Stage Coach Motel, confirmed reports of spoiled food being given to the tenants by Michael Torres, an affiliate of the Stage Coach Motel.⁶⁵ Local convenience stores, like Good Time Stores, would supply Mr. Torres with expired foods that could no longer be shelved at the store.⁶⁶ These foods were available to the tenants, but they were not forced to eat them. With little money to spend on food and no transportation, however, many of the residents felt they had no choice but to eat the expired food.⁶⁷ According to Mr. Savedra, four blocks away from the Stage Coach Motel is a Salvation Army, and there are plenty of churches near by that serve food to the needy.⁶⁸

Community Scholars was able to meet with two tenants of the Vega Home, Wylie Potter and Melanio Farin. According to them, there were no people qualified to care for the mentally ill working in the home. In one case, Melanio Farin, whose diagnosis includes major depression and epileptic seizures, experienced a seizure in the backyard area of the Vega Home, resulting in an injured elbow. Mr. Farin had to care for the injury himself, which required bandages and peroxide that were not available to him.⁶⁹ When questioned about his qualifications for caring for the mentally ill, owner Michael Torres from the Stage Coach Motel had the following response: “Well, I’ve been doing this for 15 years. My mom was schizophrenic, and I’ve dealt with that my whole life.”⁷⁰

The municipal code for lodge houses establishes requirements for licensing, permits, and building specifications. This has raised the question of whether or not it is lawful and sensible to allow just about anyone to start one of these facilities. There is no enforcement of Section 17.08.180 of the Municipal Code, which prohibits people who are not reasonably fit to a run a lodge house from doing so.⁷¹ There are no regulations regarding experience with the mentally ill and the responsibilities that come with running a lodge house (e.g. providing quality food, a balanced diet, and clean facilities) or with owning and operating a motel-type facility. The municipal code sets requirements for building specifications and licensing requirements only.⁷²

Residents of lodge houses like the Stage Coach and Vega Home are also giving up some of their rights and freedoms as well. In the Vega Home, for example, Mr. Potter felt restricted by a 10-foot gate, a 7:00 p.m. curfew, and “unfriendly” guards.⁷³ Furthermore, not all residents are allowed to leave. Only those with certain condition stabilities are given permission, and that is after the approval of the guard in charge. Laundry services are provided at the Vega Home, but according to both tenants, all the clothes are mixed together, often resulting in a loss of clothes, which the residents cannot afford to replace.⁷⁴

When it comes time to pay for the lodge house “services,” tenants are required to cash their checks themselves as well as arrange their own transportation to the bank. The only time

⁶⁴ El Paso Municipal Code §17.08.140(G).

⁶⁵ Jesus Savedra, Owner, Stage Coach Motel, Public Mental Health Hearings, 20 June 2006.

⁶⁶ Savedra.

⁶⁷ Terry Hammond, Attorney at Law, Hammond Law and Associates, Personal Interview, 06 June 2006.

⁶⁸ Jesus Savedra, Owner, Stage Coach Motel, Public Mental Health Hearings, 20 June 2006.

⁶⁹ Melanio Farin, Lodge Home Resident, Personal Interview, 16 June 2006.

⁷⁰ Darren Meritz, “Care of Mentally Ill at Issue,” *The El Paso Times*, 10 Mar. 2006.

⁷¹ Terry Hammond, Attorney at Law, Hammond Law and Associates, Personal Interview, 06 June 2006.

⁷² Hammond.

⁷³ Wylie Potter, Lodge Home Resident, Personal Interview, 16 June 2006.

⁷⁴ Potter.

that Mr. Farin received transportation from Mr. Vega was when he informed him that he was leaving the home, so Mr. Vega gave him a ride to the bank to make sure he got his final rent payment.⁷⁵

Another issue seen frequently in lodge houses is emergency calls and visits from the police department. If the residents' medications are not kept up, then those with schizophrenia or Tourette's syndrome cannot control their outbreaks, and the police are likely to be called by neighbors. However, the police don't work alone; they bring with them the fire department, and the fire department in turn brings with them ambulance services. The cost for all three services brings the total up to an estimated \$1,150 per visit.⁷⁶ This alarming amount is paid for by community tax dollars.⁷⁷ The cost is even more alarming, because the police department reported that both the Vega Home and the Stage Coach Motel have each had over 100 calls to the police station, averaging eight to 10 calls per month. The El Paso Fire Department estimated sending units to these facilities four or five times a month.⁷⁸

Most of the individuals residing in these lodge houses receive money from Social Security, which is supposed to pay for the services given by the lodge house. Charges vary with each lodge house. A payee is appointed to the individual to be in charge of the money, which in most cases is the lodge house provider, bringing up a possible conflict of interest and creating a situation in which the resident feels trapped, because even if he leaves the residence, the lodge house provider will still be in control of his disability checks.⁷⁹

The Stage Coach Motel is split into two parts: the apartment section (about 20 rooms), and the motel section (about 20 rooms). The cost of living is \$300 a month for the apartment section. The motel section receives cleaning as any other motel would, at no extra charge. The apartment section receives cleaning for a fee of \$120 on top of the \$300. According to Mr. Savedra, the amount an individual receives from Social Security varies from about \$579 to \$623. After deducting the cost of living, the mentally ill individual is left with enough to last him about \$5 to \$6 a day per month.⁸⁰ When Terry Hammond suggested lowering costs of lodge houses to help these mentally ill individuals obtain a decent quality of life, Jesus Savedra responded: "They can live out on the streets too, and not pay anything."⁸¹

Mr. Potter of the Vega Home said that he paid Mr. Vega a total of \$475 a month. This would include food and lodging, but according to Mr. Potter, there was never any cleaning service.⁸² This was paid for with his entire social security check (\$450) plus an additional \$25 out of his own pocket. Mr. Potter had no extra money coming from social security, so he used money his parents sent him to survive. He told Community Scholars that he felt he wasn't getting enough "bang for the buck."⁸³

Over all, the lodge house situation is disturbing, especially since many of the residents would be able to function very well in their own apartments. However, with waiting lists and limited funding for independent and assisted living programs, the lodge houses are often the best available option for many of the residents living there. To some patients, though, the

⁷⁵ Melanio Farin, Lodge Home Resident, Personal Interview, 16 June 2006.

⁷⁶ Manuel Chavira, Assistant Fire Chief, El Paso Fire Department, Personal E-mail, 13 June 2006; Robert L. Adkinson, Financial Services Manager, El Paso Police Department, Personal E-mail, 3 July 2006.

⁷⁷ Internal Revenue Service, Understanding Taxes, IRS, 30 June 2006
<<http://www.irs.gov/app/understandingTaxes/jsp/ppt1.jsp>>.

⁷⁸ Terry Hammond, Attorney at Law, Hammond Law and Associates, Personal Interview, 06 June 2006.

⁷⁹ Hammond.

⁸⁰ Jesus Savedra, Owner, Stage Coach Motel, Public Mental Health Hearings, 20 June 2006.

⁸¹ Savedra.

⁸² Wylie Potter, Lodge Home Resident, Personal Interview, 16 June 2006.

⁸³ Potter.

conditions in the lodge houses are so poor that they would rather take their chances in a homeless shelter or sleeping under a bridge.⁸⁴

Homeless Shelter

Homeless shelters fall in the bottom three options in terms of quality of life. El Paso has two main homeless shelters, and each one contains about 100 people with mental illness on any given day.⁸⁵ There, they live mat-to-mat, with no privacy to speak of. Furthermore, there is little assistance available for upkeep with medication and doctor appointments. Again, without an increase in residential service programs, the mentally ill end up in places like homeless shelters, with inadequate treatment, ultimately resulting in another mental health crisis that could have otherwise been avoided.

Homeless

In a homeless shelter, people at least have a mat to sleep on and food to eat, therefore making it a better situation than living on the streets. According to the National Resource and Training Center on Homelessness and Mental Illness, 20-25% of the homeless in America have a serious mental illness.⁸⁶ On any given day in El Paso, there are roughly 75 people with mental illness living on the streets.⁸⁷ Nearly all of these homeless people are unable to have their mental illness treated, which can make their situations worse. Usually the mentally ill who are living on the streets have had contact with the mental healthcare system at some point.⁸⁸ The people who choose to live on the streets often have no where else to go, but still have to be released to the least restrictive environment. They would benefit the most from residential treatment programs, but there simply isn't funding to provide for everyone.

Jail

Jail is the worst place for a mentally ill person to be. Not all jails and prisons offer psychiatric care, and when services are available, they are not up to par with community-based services. Additionally, the mentally ill quickly become targets of other inmates when incarcerated, and oftentimes, the only way a guard can protect the mentally ill inmate is by putting him in solitary confinement. Being isolated from others in turn can worsen symptoms, especially for those inmates who are prone to hearing voices.⁸⁹ Despite the fact that psychiatric care in prisons is less desirable than community services, there are 5,000 psychiatric beds in the Texas prison system. This is a huge contrast to the 1,400 civil beds in community mental health facilities around the state.⁹⁰ There are approximately 200 mentally ill people in jail in El Paso in any given day.⁹¹

El Paso is not alone in these statistics. Nationwide, persons with mental illness make up 16% of the prison population and 7% of the jail population.⁹² Within a given year, between 70,000 and 190,000 inmates in federal and state prisons suffer from mental illness.⁹³ This high

⁸⁴ Terry Hammond, Attorney at Law, Hammond Law and Associates, Personal Interview, 06 June 2006.

⁸⁵ Gary Larcenaire, Chief Executive Officer, El Paso MHMR, Personal Interview, 16 June 2006.

⁸⁶ M. R. Burt, Who is Homeless? National Resource and Training Center on Homelessness and Mental Illness, 1999, 14 June 2006 <http://www.nrchmi.samhsa.gov/facts/facts_question_2.asp>.

⁸⁷ Gary Larcenaire, Chief Executive Officer, El Paso MHMR, Personal Interview, 16 June 2006.

⁸⁸ M. R. Burt, Who is Homeless? National Resource and Training Center on Homelessness and Mental Illness, 1999, 14 June 2006 <http://www.nrchmi.samhsa.gov/facts/facts_question_2.asp>.

⁸⁹ Gary Larcenaire, Chief Executive Officer, El Paso MHMR, Personal Interview, 16 June 2006.

⁹⁰ Larcenaire.

⁹¹ Larcenaire.

⁹² Michael Johnsrud, The Bexar County Jail Diversion Program: Measuring the Potential Economic and Social Benefits, The Center for Health Care, 2001, 2.

⁹³ Johnsrud, 2.

number is alarming, because mentally ill inmates tend to serve a longer portion of their sentence than inmates without mental illness.⁹⁴ These numbers are all alarming. Oftentimes, the crimes committed by people with mental illness occur during a mental health crisis that could have been avoided with proper treatment, meaning that the costs to taxpayers for arrest, processing, court costs, and incarceration could have been prevented.

Because of these alarming statistics, jail diversion programs have been increasing across the country, and are encouraged by SAMHSA. The goals of such programs are decreasing incarceration time for people with mental illness and increasing access to mental health services in the community. A New York City program reported significant savings, \$3,384 in hospital costs and \$515 in monthly jail costs. Bexar County's recently implemented jail diversion program reported an estimated \$3.8 million to \$5 million in avoided costs to the criminal justice system for fiscal year 2004. Various other programs reported monetary savings, and even after accounting for increased costs for community treatment due to the increase in utilization, net savings to the community were predicted to increase as time went on.⁹⁵ These numbers don't even account for non-monetary benefits, such as the improved quality of life for mentally ill persons who would have otherwise been sent to jail.

Jail diversion programs are playing an important role in the mental healthcare system, and are the result of community-wide efforts, including law enforcement, members of the judiciary, and mental healthcare leaders. However, to have an effective program, it does cost money to see it implemented. In Bexar County, the initial funding was contributed by various mental healthcare stakeholders. Additional funding can be provided by SAMHSA's funding initiative for the development of new and ongoing jail diversion programs.⁹⁶ This funding, however, usually requires a local match, which is difficult for some communities to raise.

With all of the claims of lack of funding for needed programs, one wonders how the mental healthcare system is funded in the first place. Community Scholars will discuss the funding process next.

Mental Health Funding

The mental health system has steadily changed through out the years. Historically the mentally ill were treated in state asylums. The goal was to remove the mentally ill from the community and treat them in pastoral environments.⁹⁷ Thus, the mentally ill were shipped off to the country to live in asylums where they often underwent horrible abuses. However, because asylums were the primary way of caring for the mentally ill, there were no community-based treatments available.⁹⁸ Eventually there was a nationwide deinstitutionalization movement, which was supposed to both save taxpayer money and provide better quality treatment to the mentally ill. The asylums were closed, but in many cases there were not adequate community services to take their place. Those mentally ill with no place to go were simply released to live on the streets.⁹⁹ Interestingly, the number of mentally ill in jail increased significantly and homeless rates spiked.¹⁰⁰

How Funding Works

⁹⁴ Johnsrud, 3.

⁹⁵ Johnsrud, 1, 9.

⁹⁶ Johnsrud, 4, 9-10.

⁹⁷ Max Higgs, Judge, El Paso County Statutory Probate Court, Personal Interview, 10 July 2006.

⁹⁸ Higgs.

⁹⁹ Higgs.

¹⁰⁰ Pat Haggerty, State Representative, Texas Legislature, Personal Interview, 30 June 2006.

Throughout the nation, funding for mental health varies by state. Some rely more heavily on local and county revenues, while other states' funding originates primarily from the legislature. In the state of Texas, funding comes from two main streams: the federal block grant, and the state general revenues.¹⁰¹

Funding Formulas

The main form of funding that the state of Texas receives from the federal government is the Community Mental Health Block Grant. Although the block grant is relatively small, it is still important in mental health funding. Every state is offered this grant, but in order to receive funding they must meet certain requirements. The first thing a state must establish is a State Mental Health Planning Council, which must be formed by mental health stakeholders in the community such as mental health patients/families, local mental health leaders, state officials, and others. Once the state correctly constructs its council, then the council must provide a state plan to the federal government outlining how they will use the funding in meeting strategic goals and plans.¹⁰² Once all of these have been obtained, the state of Texas is required to maintain an average of the previous two years spending in order to receive the block grant money. This means that in 2005, Texas had to prove that their expenditures from 2003 and 2004 were the average spending of 2005. If a state fails to comply with these rules, then the state can be denied the grant.¹⁰³

In order to allocate the block grant funding, the federal government devised a relatively simple formula to distribute money to the communities. The first variable taken into account is population.¹⁰⁴ This looks at the population of the community being served and calculates the targeted number of mentally ill based on mental illness prevalence estimates as discussed earlier in the paper. It is important to note that the formulas do not account for people from neighboring communities who still receive service here. When a person is in mental health crisis and presents a danger to himself or others, authorities are required by law to get the person in crisis some type of treatment. The law does not require that the person in question be from El Paso, and accordingly, El Paso's probate court often sees people from Ciudad Juárez, Alamogordo, Sunland Park, and even far away as Carlsbad.¹⁰⁵ Thus El Paso's unique location means that it has to serve even more people than are accounted for in the population portion of the formula for funding.

Population density is the second variable taken into account in the federal formula. This variable is designed to give extra funding assistance to communities that are extremely urban or extremely rural.¹⁰⁶ For example, Houston is such a large city that extra funds from the grant are allocated to them in order for them to fund their large local mental health authorities and properly maintain them. The opposite situation occurs in rural areas where the extra costs stem from having to treat such a small number of people in such a large geographic area.¹⁰⁷

The last and final variable taken into consideration is the level of poverty. Communities that are extremely poor will have more need for indigent services, as those in poverty have less

¹⁰¹ National Mental Health Information Center, "State Planning and Systems Development Branch," Center for Mental Health Services, Jan. 2003, 5 June 2006
<<http://www.mentalhealth.samhsa.gov/publications/allpubs/KEN95-0021/default.asp>>.

¹⁰² United States Department of Health and Human Services, "Community Mental Health Services Block Grant," US DHHS, Jan. 2006, 14 June 2006
<<http://whitehouse.gov/omb/expectmore/detail.10001061.2005.html>>.

¹⁰³ Dr. Dave Wanser, Deputy Commissioner for Behavioral and Community Health, Department of State Health Services, Phone Interview, 7 July 2006.

¹⁰⁴ Wanser.

¹⁰⁵ Max Higgs, Judge, El Paso County Statutory Probate Court, Personal Interview, 10 July 2006.

¹⁰⁶ Dr. Dave Wanser, Deputy Commissioner for Behavioral and Community Health, Department of State Health Services, Phone Interview, 7 July 2006.

¹⁰⁷ Wanser.

access to private psychiatric treatment. This variable is designed to assist communities with high poverty levels with those extra costs.¹⁰⁸

Federal block grant cannot be utilized for just any cause. The primary purpose for the funding of money is to ensure the best adequate services and treatment as possible. Congress decides the total amount of block grant funds that will be available each year.¹⁰⁹

In Texas, the Department of State Health Services is responsible for oversight of mental health funds. The formula DSHS uses to distribute funds to local areas is quite similar to the formula the federal government uses to distribute block grant funds to the states. State general revenue funds are also allocated by the Texas Legislature to the Department of State Health Services for community mental health services. These funds are distributed to local areas using the same formula.¹¹⁰

How the Nation Spends Its Mental Health Dollars

Even though the funding system is relatively simple, the system does not necessarily ensure that mental health is adequately funded. This sub-section will look at mental health spending in the United States, making note of where Texas stands in comparison to other states.

Mental Health Spending in the United States 1981-2001

From 1981-2001 mental health funding increased over time. Once the current dollars were adjusted for inflation, though, the funding line was shown to fluctuate and eventually decrease.¹¹¹ Due to the slow and time-consuming process of gathering data, the most recent nationwide comparisons available right now are from 2003. More recent data won't be available until the end of this summer.¹¹²

Mental Health Spending for the 50 States, 2003

In 2003, out of the nation's fifty states and the District of Columbia, Texas ranked in the top six for mental health spending. The following table illustrates total mental health expenditures for the top six states.

¹⁰⁸ Wanser.

¹⁰⁹ Pamela Daggett, Senior Policy Analyst of Mental Health, Department of State Health Services, Phone Interview, 26 June 2006.

¹¹⁰ Daggett.

¹¹¹ Ted Lutterman, et al., "Trend in State Mental Health Agency Controlled Mental Health Spending, FY'81 to FY'01," *FY2001 SMHA-Controlled Revenues and Expenditures Study*, 27 May 2003.

¹¹² Lutterman.

Table 2.4

2003 Mental Health Expenditures by State

States	Total MH spending (in millions)	Rank
California	\$3,862	1
New York	\$3,681	2
Pennsylvania	\$2,410	3
New Jersey	\$1,084	4
Michigan	\$986	5
Texas	\$858	6

Source: A report on America's Healthcare System for Serious Mental Illness

One would expect states with higher populations to spend more in total mental health funding, but as the table illustrates, this is not the case. Even though Texas has a higher population than Michigan, New Jersey, and Pennsylvania, Texas still ranked below these states in total mental health funding. This suggests that perhaps mental health funding is given a higher priority in these states than it is in Texas.

Table 2.5 looks at per capita mental health funding for the fifty states and the District of Columbia for 2003.

Table 2.5

2003 Per Capita State Mental Health Funding by State

States	PC Mental Health Spending	Ranking
Oklahoma	\$39.43	46
Texas	\$39.02	47
Florida	\$37.99	48
Idaho	\$33.69	49
Arkansas	\$29.57	50
New Mexico	\$28.80	51

Source: NAMI

As the table shows, Texas ranked 47th in per capita funding. Texas consistently ranks in the bottom five for per capita mental health spending.¹¹³ Again, this suggests that mental health funding is simply not a priority in Texas.

Mental Health Spending in the State of Texas

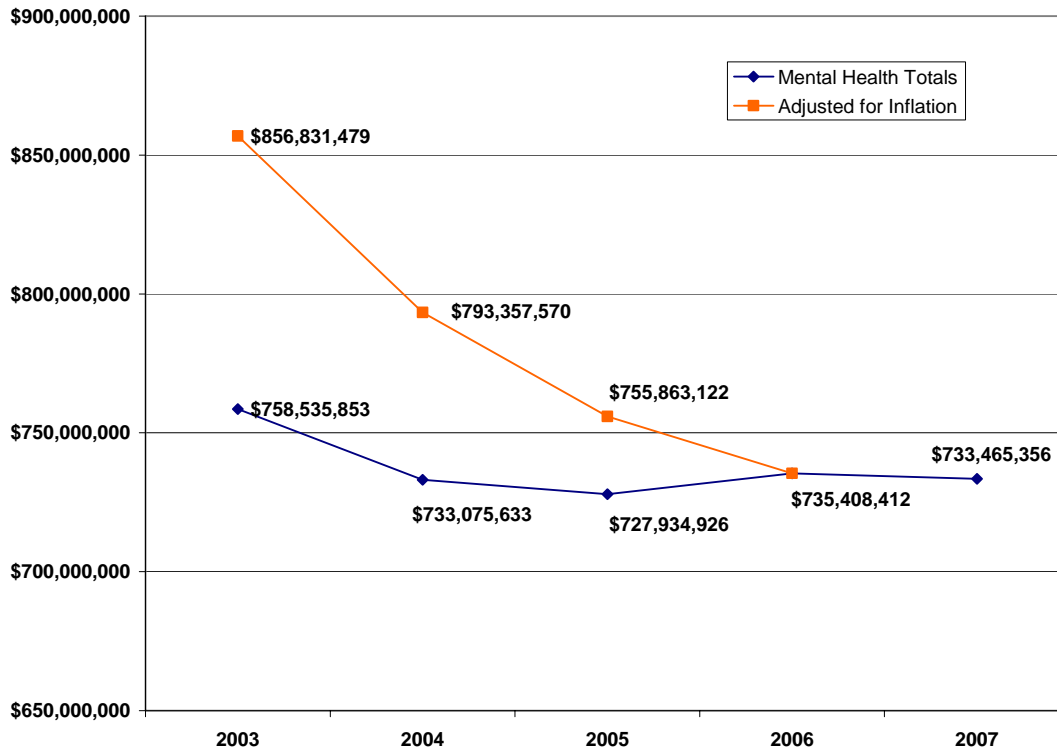
Texas is required by its constitution to fund four things: streets and highways, education, law enforcement, and mental health and mental retardation.¹¹⁴ However, after looking at the many areas in the mental healthcare system where funding is lacking, one is left to wonder whether the state is taking its constitutional mandate seriously. This section will look at mental health spending in Texas from 2003-2007, and mental health funding as a percent of the state's total budget.

¹¹³ Elliot Shapleigh, State Senator, Texas Legislature, Personal Interview, 22 June 2006.

¹¹⁴ Pat Haggerty, State Representative, Texas Legislature, Personal Interview, 30 June 2006.

Chart 1

Texas Mental Health Budget, 2003-2007



Source: Texas Legislative Budget Board, Article II Health and Human Services

Chart 1 shows the actual mental health budget for 2003 through 2005 and the recommended budget for 2006 and 2007. The bottom line shows mental health spending over time, which decreased by \$25 million from 2003 to 2007. The top line illustrates that once the figures are adjusted for inflation, the decrease in mental health funding is much more dramatic. Once adjusted for inflation, mental health funding has decreased by \$121.4 million over the past three years. When one realizes that Texas continually ranks in the bottom five in per capita mental health spending and that the state is spending less and less each year on mental health, it should come as no surprise that mental health funding makes up only 1% of the state's total recommended budget for 2006-2007.¹¹⁵ Since El Paso relies on the state to fund its mental healthcare system, it's easy to see why El Paso lacks a number of services that would greatly benefit the mentally ill in this community.

Funding: Trickleing Down to El Paso

After the funding is allocated according to the relative formulas, it reaches the hands of local mental health authorities. In El Paso, EPMHMR receives the bulk of its funding from the state, with a smaller amount coming from the federal government and an even smaller amount

¹¹⁵ Legislative Budget Board, "Article II Health and Human Services," Legislative Budget Estimates 2006-2007 Biennium, 10 July 2006 < http://www.lbb.state.tx.us/LBE/2006-2007/79LBE_Art02-b_0105.pdf>.

(barely enough to pay for medications for a few weeks) coming from the local community.¹¹⁶ EPMHMR is funded to serve 3000 adults on an average monthly basis, however, EPMHMR is currently serving 4100 adults on an average monthly basis. According to Gary Larcenaire, EPMHMR is able to serve the extra need by stretching employees, a comprehensive indigent medication program, and by applying for private grant money. Despite EPMHMR's best efforts, however, El Paso still lacks a meaningful jail diversion program and an adequate number of residential services, which would serve to keep more people out of the homeless shelters, jails, and lodge houses and off the streets of El Paso as well.

It is evident that most of the problems with El Paso's mental health system stem from the lack of funding from the state. With proper funding, El Pasoans would have more access to proactive and residential treatment programs, and less would end up in the poor living conditions and treatment available in lodge housing, homeless shelters, the streets, in jail. Based on these findings, Community Scholars came up with the following conclusions.

Conclusions

- 1. The decreases in mental health funding by the State of Texas suggests that the state does not take its funding responsibility seriously.** Mental Health funding is clearly not a priority in this state. By serving only people with bipolar disorder, major depression, schizophrenia, and those in crisis, it is evident that the state is trying to serve the fewest number of people possible and still meet its constitutional obligation.
- 2. The state focuses money on crisis treatment rather than preventative treatment, which ends up costing taxpayers more money.** Just as it is less expensive to have one's teeth cleaned regularly than to have cavities filled, preventative mental health treatment, which takes place early on, is planned, and occurs during normal work hours costs less than crisis treatment. A mental health crisis can take place at any time and ranges in severity, therefore a doctor has to be paid to be on-call, and the patient will need more immediate and intensive treatment, the costs of which could have been avoided if the patient had received proper preventative treatment in the first place.
- 3. The deinstitutionalization movement was unsuccessful; the mentally ill have simply been moved from state hospitals to state prisons that cost more than proper community treatment.** Once the monetary costs of housing a person in prison or jail and the costs to the mentally ill person's well-being are factored in, the failure of the deinstitutionalization movement, which was meant to both save the state money and provide better treatment for the mentally ill, is even more spectacular.
- 4. Lack of adequate funding by the state leads to a lack of adequate services in El Paso.** El Paso has no jail diversion program, and is in serious need of added capacity in its residential service programs. These essential programs would serve to keep people out of jail, out of homeless shelters, and off the streets while providing a better quality of life.
- 5. EPMHMR is overburdened and will not be able to serve the additional need indefinitely.** Although EPMHMR is to be commended for serving the additional need in El Paso, it is not clear how long EPMHMR will be able to do so. At some point, employees will become overworked and the buildings will have to be renovated.
- 6. Advocacy for the mentally ill is a responsibility shared by the families of patients, mental health industry leaders, and the community at large because the patients are**

¹¹⁶ Gary Larcenaire, Chief Executive Officer, El Paso Mental Health Mental Retardation, Personal Interview, 16 June 2006.

unable to advocate for themselves. The outcry on behalf of the mentally ill should come from only a private attorney and a probate judge, but from the community at large.

7. Because the state is not living up to its funding responsibilities, El Paso will not be able to rely on the state to solve current mental health problems. If the state continues to decrease funding, El Paso will have to look within for the ultimate solution to the mental health problems in the community.

8. The stigma surrounding the mentally ill is still a problem, which leads people to ignore rather than address the problems with the system. As pointed out by Probate Judge Max Higgs, people are conditioned to assist a blind person in crossing the street. But when those same people encounter a schizophrenic person, they are conditioned to either ignore the person in need or try to get away from him as quickly as possible. People are more concerned with making sure that a mentally ill person does not disrupt their own lives than will making sure the mentally ill person gets proper treatment. As long as this is the case, the problems will go unsolved and the responsibility for the mentally ill will continue to be shifted around.

9. Conditions in lodge houses are deplorable. When Community Scholars interviewed two lodge house residents, the thing that was most striking was the fact that they were both very normal and capable people. This is true of most of the lodge house residents; with proper care and treatment, they can be functioning members of society. However, when there is no quality of life, little personal freedom, a complete lack of privacy, dirty and overcrowded living conditions, and substandard food, even those with the soundest of minds would be unable to thrive in such an environment.

10. City regulation of lodge houses is ineffective or even nonexistent; the laws focus on the state of the building rather than the well-being of the residents. Although the ordinance states that those who are unfit to run a lodge house are prohibited from doing so, there is no definition of fitness, nor any indication of how to enforce such a prohibition. Furthermore, there is no mention of food quality, upkeep with medications, or any other provisions that would ensure the well-being of the lodge house residents.

Recommendations

1. The State of Texas needs to take mental health funding seriously and increase funding so that services may be expanded rather than reduced. If the state cannot increase funding under the current taxing scheme, then a state income tax should be considered in order to provide adequate services throughout the state.

2. Money should focus on preventative treatment rather than crisis treatment, which will save the state money and lead to fewer mental health crises.

3. Texas should decriminalize mental illness by implementing jail diversion programs across the state and increase community-based, rather than prison-based, treatment. A number of the crimes committed by people with mental illness occurred as a result of a mental health crisis. If those people had access to proper treatment in the community, they would have been less likely to go into crisis, and those crimes would not have occurred. The state should divert the money from psychiatric beds in prisons to forensic beds in the community or to diagnostic services and non-crisis treatment.

4. El Paso mental health industry leaders should plan a mental health summit to figure out ways to address the problems faced by the mentally ill in our community. While the state can pass legislation and increase mental health funding, in the end people will not be

content unless some sort of consensus is reached on how to best address the problems. The summit should be attended by elected officials, representatives of both public and private mental healthcare providers, local advocates, and patients and their family members.

5. EPMHMR should continue to look for other avenues of funding, such as private grants, in order to compensate for the state's funding shortcomings. The more money that EPMHMR can obtain through other funding avenues, the less it is affected by budget cuts by the state.

6. Local advocates and mental health industry leaders should come together in order to pressure the state to improve the mental health system in Texas. Texas Legislators will not make mental health funding a priority if their constituents don't make it a priority first.

7. Local advocates should also increase education programs in the community in order to demystify mental illness and address the problems related to stigma. As more people become educated about mental illness and how it's treated, the problems faced by those with mental illness become harder to ignore.

8. Investigations into the lodge house situation should continue, in order to bring more attention to the problem and possibly lead to statewide action. Although the lodge house problem isn't the only problem faced by the mentally ill, or even the most pressing, further investigation and media attention can lead to a solution and bring the other problems to light as well.

9. The city should revise the old lodge house ordinance in order to make it enforceable and have it address the qualifications of providers and quality of life of the residents. The qualifications of lodge house providers should be specifically enumerated and other requirements, such as medication upkeep, food quality, and living conditions, should be provided for. Furthermore, the city needs to be able to shut down those facilities that do not comply with the ordinance.

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