



## Meeting Notes

March 24, 2021

9:30 a.m. to 10:30 a.m.

Meeting held via Zoom virtual platform

### **Attendees:**

Sharon Butterworth  
Dana Irwin Carmona  
Priscilla Contreras  
Curtis Cox  
Chrystal Davis  
Rosa P. Duran  
Dr. Jennifer Eno Louden  
Beatrice Giron  
Michael Gomez  
Enrique Mata  
Eddy Payan  
Hon. Maria Salas-Mendoza  
Tricia Stallings  
Victor Talavera  
Isidro Torres  
Anna Basler-White

### **Representing:**

Paso Del Norte Heath Foundation Board  
County Attorney's Office  
Chief of Staff – Rep. Henry Rivera - District 7  
Assistant District Attorney  
Emergence Health Network  
Emergence Health Network  
University of Texas at El Paso  
El Paso County Re-entry Division  
County Attorney's Office  
Paso del Norte Health Foundation  
Public Defender's Office  
Judge 120<sup>th</sup> District Court  
  
Emergence Health Network  
NAMI El Paso  
Emergence Health Network

### **Welcome and Introductions**

Ms. Chrystal Davis convened the meeting at 9:33 a.m. and called for brief introductions.

### **Update to The El Paso Behavioral Health Consortium structure.**

Enrique Mata provided a brief presentation on the structure of the Consortium and the recommendations coming from the 2021 Behavioral Health System Assessment. He explained that the Consortium Executive Committee is very large now and recommends converting the meeting to a general Consortium Meeting of the Members. He explained the importance of increasing the strength and influence of the Leadership Councils so that goals and strategies can be confirmed by the key leadership in the community then communicated to existing work groups and task forces to help ensure continuity and coordination. The slides are included with these meeting notes. The Behavioral Health System Assessment is posted on the [www.healthpasodelnorte.org](http://www.healthpasodelnorte.org) website.

### **Jail Diversion Committee**

Ms. Eddy Payan commented that the Jail Diversion Committee is looking to update its bylaws. A taskforce was developed to create an updated version and to plan out getting approvals from the various member entities to reaffirm the community commitment. They are looking at the current intercept areas but also talking about expanding to look at other areas, for example Reentry.

### **Crisis Intervention Team**

Victor Talavera commented on the great positive progress with CIT in the rural communities. The 3 units are fully staffed and responding to calls.

He noted the significance of El Paso's progress in comparison to Houston and Dallas. He explained that El Paso has 14 units in comparison to Harris County's 10 units. He recognized the Sheriff for his support of the expansion into the County.

### **Assisted Outpatient Treatment (AOT)**

Ms. Rosa Duran reported that the AOT program now has 16 clients. They are hoping to provide services for individuals who are returning back from state hospitals. Ms. Duran commented on the importance of maintaining treatment through the term of their commitment explaining that these are individuals with history of justice and civil commitments. There is an AOT roundtable now and she commented that the black robe effect is beneficial for compliance as it is non punitive. They do have an LCDC and a therapist on board. The treatment team continues to show significant benefit for the clients.

### **Reentry**

Ms. Giron provided an overview of the progress with the Jail Reentry Team. They are screening and assessing veterans so far, they have 177 clients they are following. The challenge with COVID 19 is the follow up services for the individuals. 366 referrals 239 were released before they could be seen . They are still working to get these individuals some assistance. The Welcome Center is going to be ending at the end of the month. There is still much work to be done on what the process will be for individuals leaving the county jail and are homeless.

The Reentry Team is working on a task force, to continue engaging key community leadership and as part of requirements of a recent grant received by the County.

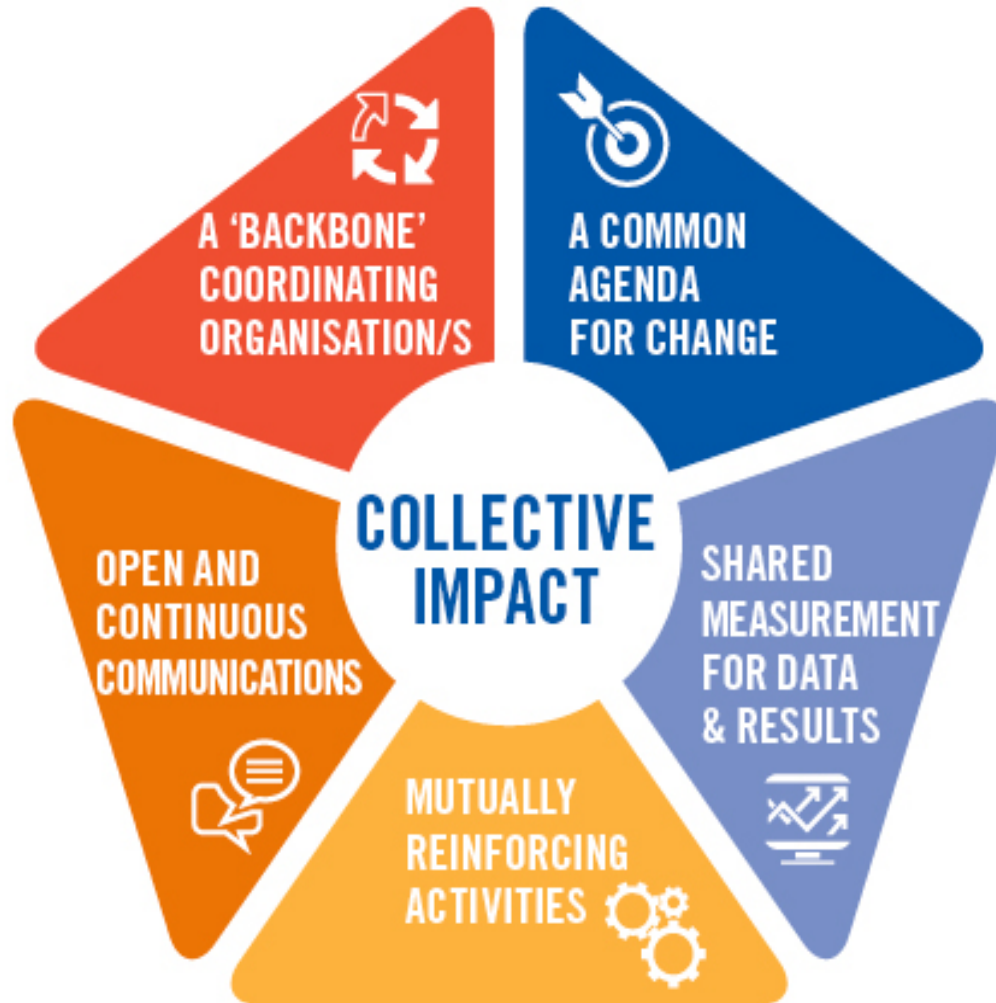
### **Adjourn**

Ms Davis adjourned the meeting at 10:25am.

# Structure 2021- 2025



# A Collective Impact Informed Approach was used for the Consortium



**Common Agenda**

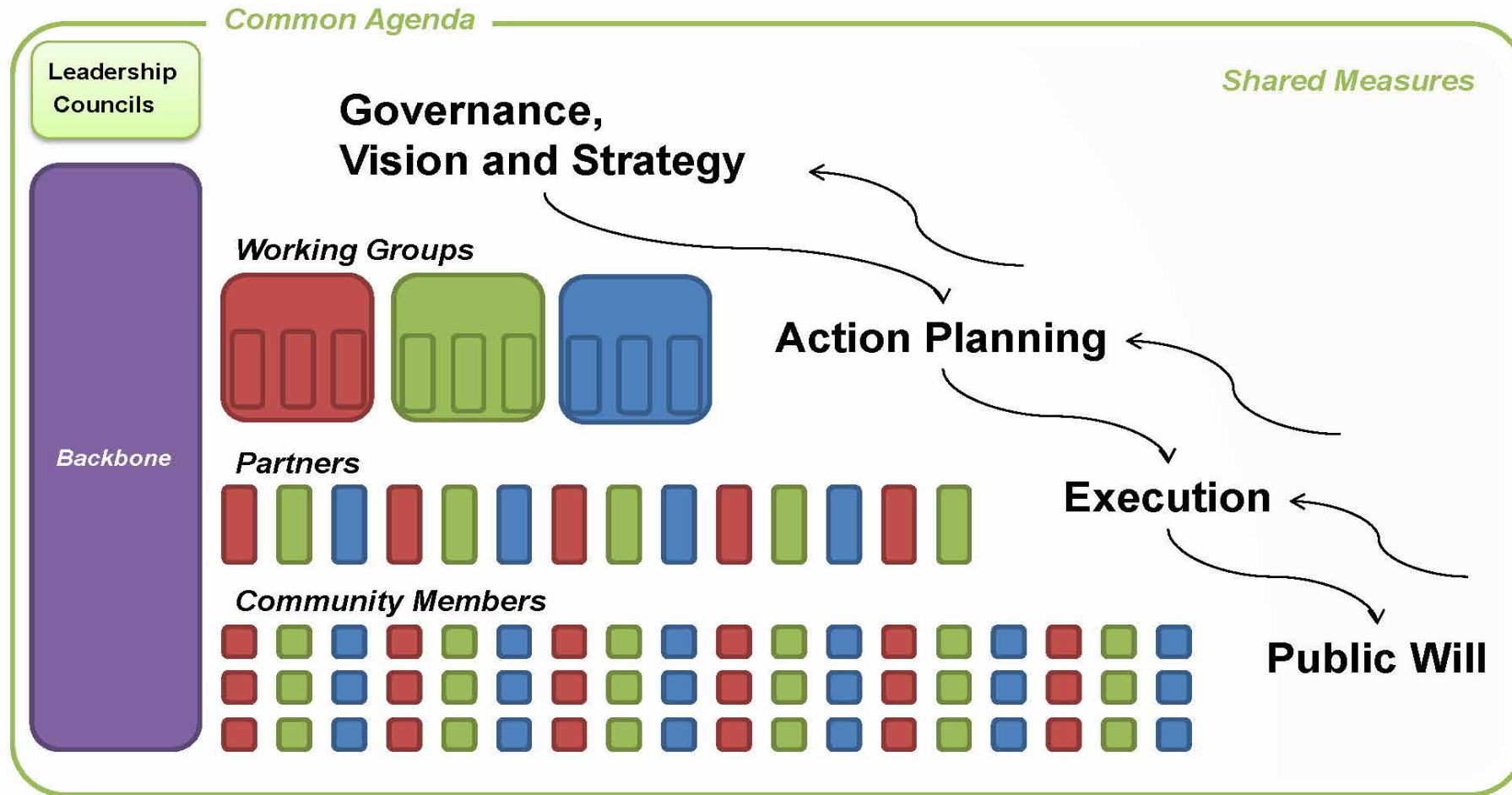
Shared Measurement

Mutually Reinforcing Activities

Continuous Communication

Backbone Organization/PdNHF

# El Paso Behavioral Health Consortium Structure 2015-2020



Source: The Big Picture Approach. [www.FSG.ORG](http://www.FSG.ORG)

Common Agenda approved by Consortium Executive Committee

Shared Measures and Progress Indicators  
Identified through the Behavioral Health System Assessment  
and approved by Consortium Leadership Councils

Backbone  
Technical  
And  
Advocacy  
Support

Leadership Councils – Keep Existing and Form New as Needed (e.g., Veterans, Homelessness, etc.)



Work Groups – Projects greater than 12 months to complete  
& Task Forces – Projects less than 12 months to complete



Community Partners



Community Members



Governance,  
Vision and  
Strategy



Action planning  
and  
implementation



Execution  
(Community Partners)



Public Will

# Proposed Structure Executive Committee

2021 - 2025

## 1. Keep the Consortium Executive Committee Meeting

\*\* Should this Committee be renamed ? (e.g., the Committee on Committees)

### a. Roles of the committee:

- i. To provide guidance and support on priority goals and strategies
- ii. To recognize Leadership Council progress and governance (e.g., LC Chair changes)
- iii. To organize and support advocacy efforts  
(e.g., confirm a common agenda or a state legislative agenda)

b. Meetings scheduled 2-3 times per year as needed for no more than 2 hours per meeting.

c. Members help promote progress successes and are invited to participate in Leadership Council meetings

# Proposed Structure Leadership Councils

2021 - 2025

## 2. Keep Existing Leadership Councils

and explore the need for new Councils or modification of Council names

### a. Roles of the Leadership Councils:

- i. To provide executive leadership and governance for work groups and task forces
- ii. Approve common agenda related to Leadership Council Priority Area
- iii. Approve strategies, shared measures and progress indicators and communicate these to work groups and task forces.
- iv. To develop or assign organization staffing support for work groups and task forces (e.g., Strong Families, Help Me Grow, CPAN, Workforce)
- i. To identify areas in need of policy or practice improvement or advocacy efforts (e.g., organizational policy changes or state level policy change needs)

b. Meetings scheduled once every other month for no more than 2 hours.

c. Members participate in and help promote the progress successes



# Proposed Structure Work Groups & Task Forces

2021 - 2025

## 3. Develop Work Groups for Longer Term projects

Develop Task Forces for short term (less than 12 months) projects

### a. Roles of Work Groups and Task Forces:

- i. To implement programs and projects that are consistent with identified behavioral health priorities.
- ii. To engage or coordinate with existing community groups or organizations for positive synergy in addressing a behavioral health area of concern (e.g., EPaDOG, Region 19, and School Mental Health Work Group)
- iii. To communicate and coordinate with funders and technical and advocacy support advisors. (e.g., provide documentation for grant report requirements, identify technical support needs, task timelines, etc.)

### b. Meetings scheduled based on Work Group needs.

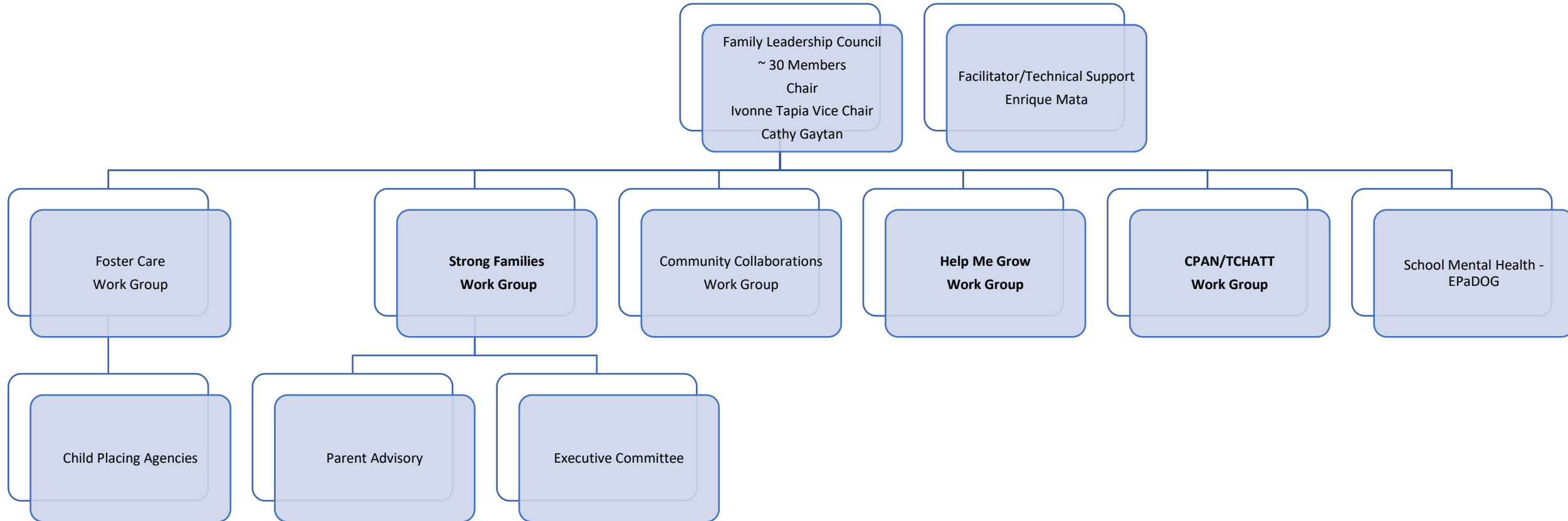
### c. Members are designated to present progress updates and support requests to the Consortium Leadership Councils and the Consortium Executive Committee



Meets the second Tuesday of every other month

Work Groups meet on an agreed time and date. Primarily scheduled in months that the FLC General Meeting is not held.

Work Groups in **bold** have associated grants with evaluation frames and milestones to accomplish.



# Community Representation

## Government

- 65th District Court
- City of El Paso
- Congresswoman Veronica Escobar's Office
- County of El Paso
- El Paso County Commissioner Precinct #2
- El Paso County Juvenile Justice Center
- El Paso Psychiatric Center
- Emergence Health Network
- JP5 Juvenile Case Manager
- Representative Joe Moody's Office
- Senator Jose Rodriguez's Office
- Texas Department of Family & Protective Services
- William Beaumont Army Medical Center

## For Profit and Advocates

- Atlantis Health
- Dr. Betty Richeson
- Sharon Butterworth
- Mike Wendt

## Nonprofit

- Aliviane Inc
- Court Appointed Special Advocates
- El Paso Center for Children
- El Paso Child Guidance Center
- El Paso – Home Safe
- El Paso Human Services
- El Paso Psychological Association
- Endeavors/Cohen Veterans Network
- Family Service of El Paso
- Junior League of El Paso
- NAMI El Paso
- Operation: Loving Care
- Paso del Norte Children's Development Center
- Paso del Norte Health Foundation
- Paso del Norte Health Information Exchange (PHIX)
- YMCA of Greater El Paso
- YWCA El Paso del Norte Region

## Education

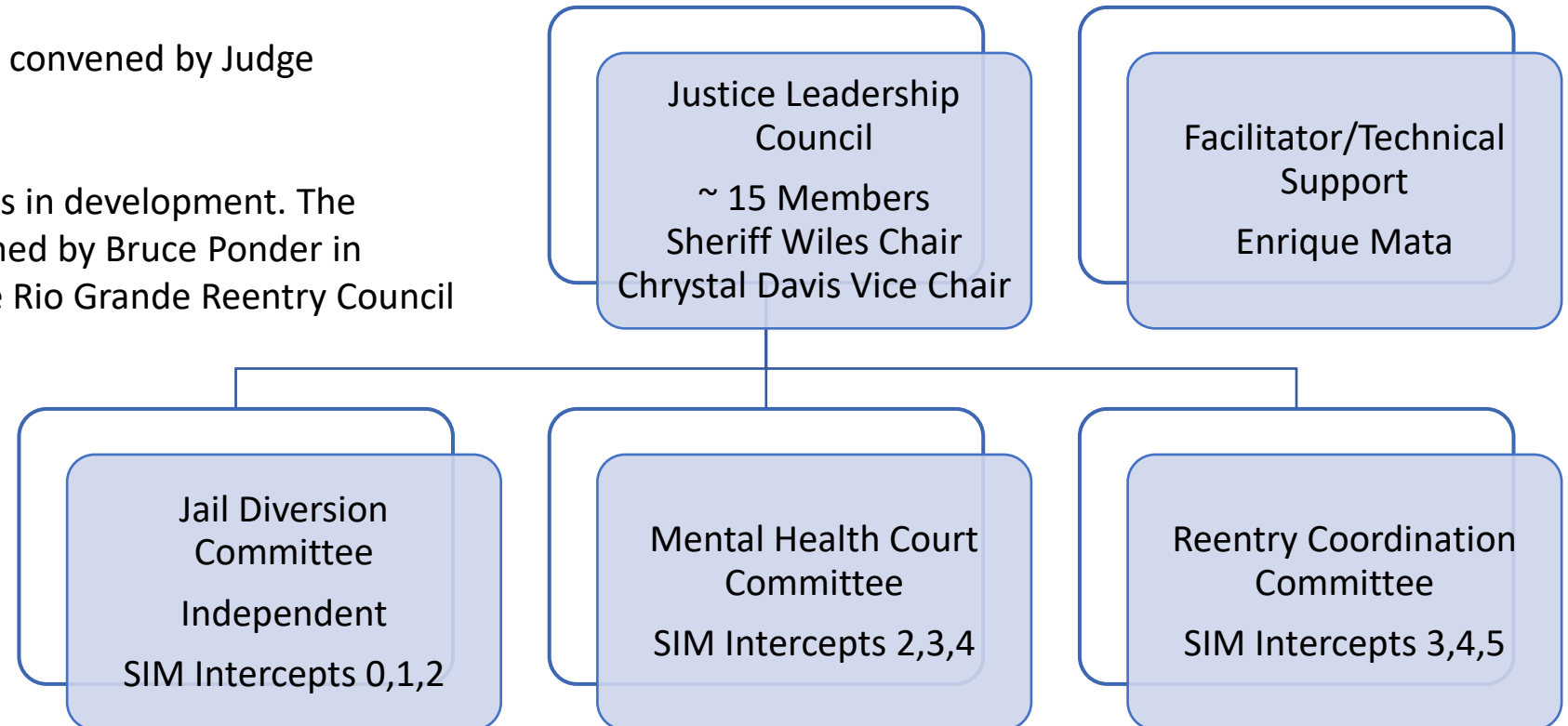
- Canutillo Independent School District
- Clint Independent School District
- El Paso Community College
- El Paso Independent School District
- Region 19 ESC
- Socorro Independent School District
- Texas Tech Health Sciences Center El Paso
- Ysleta Independent School District

Meets the second Wednesday of every other month

Jail Diversion Committee predates the Consortium. Its focus is diversion and discussion items are based primarily on Sequential Intercept Map Intercepts 0,1,2

The Mental Health Court Committee is convened by Judge Francisco Dominguez

The Reentry Coordination Committee is in development. The Reentry El Paso committee was convened by Bruce Ponder in collaboration with Albert Jaquez of the Rio Grande Reentry Council



# Community Representation

## Government

- El Paso Police Department
- El Paso County Attorney
- Emergence Health Network
- West Texas CSCD (Adult Probation)
- Public Defender's Office
- 205th District Court
- District Attorney 34th Judicial District
- El Paso County Re-entry Division
- El Paso County Commissioner Pct. 3
- El Paso County Sheriff
- City Representative District 7 (Henry Rivera)
- Judge 120th District Court
- CCR#1/Chair Judges Council
- El Paso Psychiatric Center

## For Profit and Advocates

- Sharon Butterworth
- Peak Behavioral Health

## Nonprofit

- NAMI El Paso
- Paso del Norte Health Foundation
- Paso del Norte Health Information Exchange (PHIX)

## Education

- UT El Paso (UTEP)



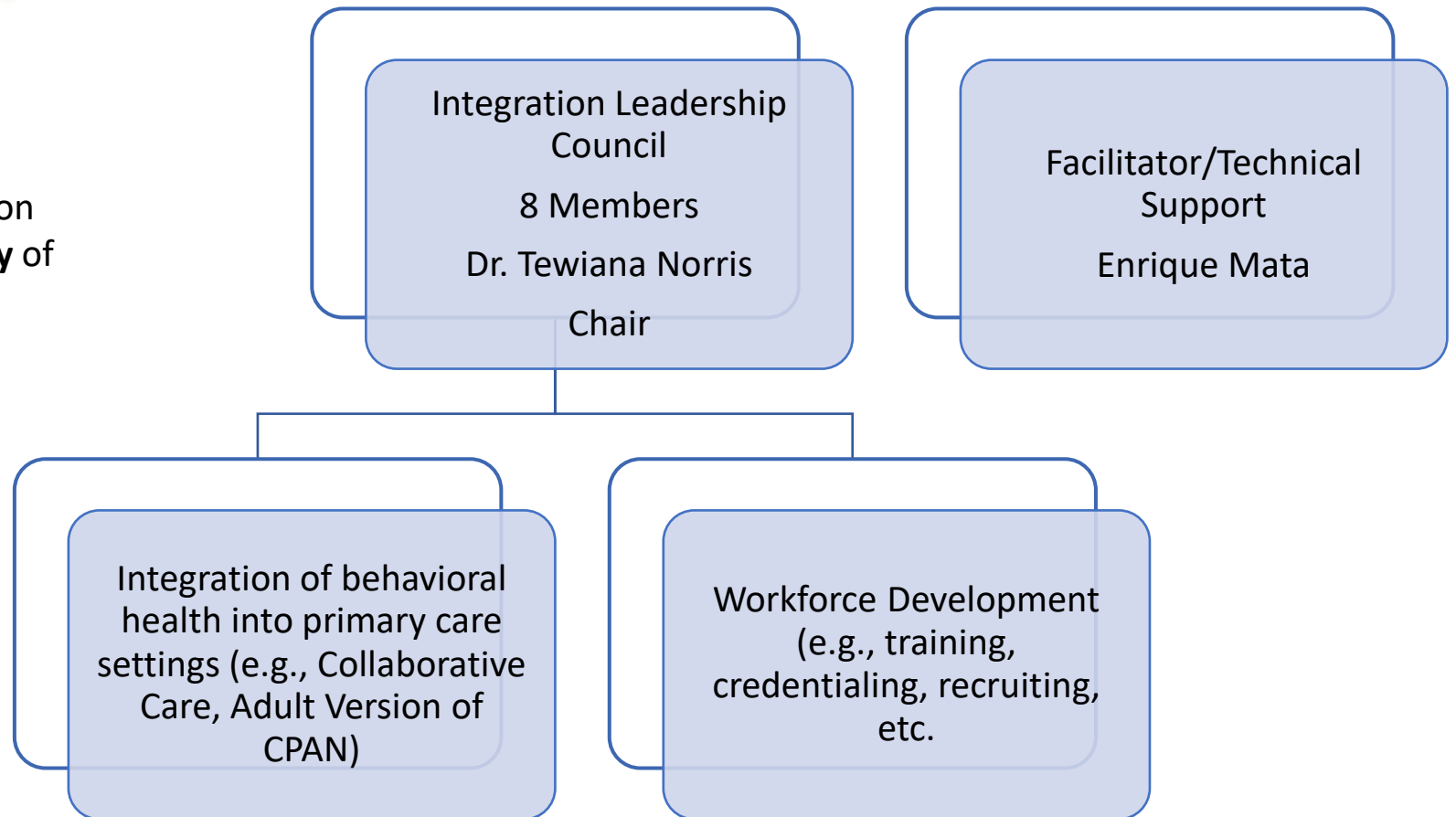
The Leadership Council Convenes as needed  
Primarily for advocacy support of work group efforts.

Work groups:

The integration of behavioral health into primary care settings work group focus is on **affordability, availability and acceptability** of mental health and addiction services.

The group is informed by existing groups, (e.g., ER Directors, FQHCs, Hospital CEOs, ROSC, EP Psychological Association, EHN, etc.)

The Workforce Development Work Group focus is on improving workforce **capacity (e.g., knowledge, skill, and career enjoyment)**.



# Community Representation

## Government

- City of El Paso Department of Public Health
- Emergence Health Network
- El Paso Psychiatric Center
- University Medical Center El Paso
- Borderplex Workforce Development Board

## For Profit and Advocates

- Sharon Butterworth
- Peak Behavioral Health
- Rio Vista Behavioral Health Hospital
- El Paso Behavioral Health System
- The Hospitals of Providence
- Las Palmas Del Sol Healthcare
- El Paso Medical Society
- Private Primary Care Physician practices
- Urgent Care Centers
- Insurance Corporations
- Large Employer representative

## Nonprofit

- NAMI El Paso
- Paso del Norte Health Foundation
- Paso del Norte Health Information Exchange (PHIX)
- Project Vida Health Center
- Centro San Vicente
- Centro de Salud Familiar La Fe
- Aliviane
- Recovery Alliance
- Trinity Recovery Center

## Education

- UT El Paso (UTEP)
- Texas Tech HSC El Paso
- El Paso Community College

Common Agenda approved by Consortium Executive Committee

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Public Will



## Steps for Developing a System of Care Collaborative



**Step 1.** Major system funders and leaders decide to organize into a System of Care Collaborative.

**Step 2.** The System of Care Collaborative develops a common vision of where they are going (potentially based on the findings of the community assessment) and use that vision to design their component subsystems and the programs and services within them.

**Step 3.** Develop a data driven quality improvement approach for system improvement, as described above.

**Step 4.** Get organized into priority implementation areas (subcommittees or similar structures) and identify strategic next steps for each with achievable, measurable improvement steps. Within the collaborative, identify up to five priority subsystem areas, but prioritize and begin with two or three (we recommend the first three below). Potential priorities include:

- **Priority 1:** Developing an organized integrated MH/SA crisis continuum



- **Priority 2:** Children's system of care



- **Priority 3:** Criminal justice collaborative (based on a sequential intercept model)



- **Priority 4:** Integrated recovery oriented adult delivery system (infusing recovery-oriented practices, integrated services for MH/SA into all aspects of the delivery system)

- **Priority 5:** Primary health / behavioral health integration



- **Priority 6:** Cultural competency and tri-border area collaborative



- **Priority 7:** Housing collaborative (*Under development in El Paso and Dona Ana Counties*)

- **Priority 8:** Prevention and early intervention.



- The 2014 System Assessment included steps and prioritized system components for a system of care collaborative to develop in El Paso County and eventually for the PdN region
- These identified steps and priorities were integral in decision making for healthy growth and development of the Consortium
- In these 6 years since the report was released, the groups are now in need of redesign and a point of reference to structure groups for next step actions priorities. For example, the Criminal Justice Collaborative not only has an up-to-date sequential intercept map, but also has programs underway to address the identified gaps within intercepts. What are priority areas that MMHPI sees for the community to address? Having these identified the community can then agree or disagree and develop an optimal convening structure to carry out priority related actions.
- Groups or champion organizations may already have existing projects underway and merely need to be recognized and efforts supported.

# Adult System Continuum Gaps 2014 vs. 2016

Blue Font = Gap / **Bold Red = Recommended Priority**/Yellow = Improvement in Gap

- **MH Unit in a Jail- Make Green**
  - State Hospital Services
  - Inpatient Psychiatric Hospital Services
  - **Detox (med. manage/monitor, ambulatory)**
  - Residential - MH / SUD / COD
  - Crisis Residential Treatment
  - **Crisis Stabilization Unit-make green**
  - **Extended Observation Unit (in development)-Mke Green**
  - Crisis Respite (in development)
  - Local Emergency Rooms (General)
  - **Psychiatric ER Services**
  - **Crisis triage / system-wide forensic drop-off (P)**
    - (i.e. Extended Observation Unit (EOU) established)
  - EHN Crisis Team
  - **Crisis Follow-Up/Relapse Prevention-make green F/U**
  - **OP Competency Restoration (P)**
  - **Jail Diversion and Reentry-Make GREEN**
  - Law Enforcement Contact
  - **MH/SA Homeless Services (P)**
  - Day Treatment / Partial Hospital
  - Agency-Based MHSA Adult OP
    - **Respite (community)-Make Red**
    - **Assertive Comm. Treatment (P)**
    - **Supported Housing (P)**
    - **Supported Employment-Make Green**
    - Case Management
    - **Psychiatric Diagnostic Interview-??CLARIFY BETWEEN PSYCHOLOGIST AND PSYCHIATRIST**
    - **Pharmacological Management (P)**
    - **Medication Training/Support (P)**
    - **Skills Training and Development-Make Green**
    - **Individual/Group Therapy-Make Green**
    - **Peer Support - MH/SUD/COD (P)**
  - EHN Intake
  - Non-DSHS Clinic-Make Green
  - **Primary care in BH setting for SMI**
  - HCO Program with OP / FQHC / health clinic based BH services-MAKE GREEN
  - Advocacy Education / Prevention
- Think.Change Program Expansion – (NAMI, MHFA, DMAM)

# Child/Family System Gaps in Continuum 2014 vs. 2016

BLUE = Gap / RED = Recommended Priority / YELLOW = Improvement in Gap

- Juvenile Justice Facility (commitment)
  - State Hospital Services
  - Inpatient Psychiatric Hospital Services-MAKE GREEN
  - Residential Treatment Center (RTC) – DFPS-MAKE RED
  - Residential Treatment Center – MHSA-MAKE RED
  - Treatment Foster Care (TFC)
  - **Out-of-home Crisis Continuum**
  - **Respite (crisis)**
  - Local Emergency Rooms (General)
  - Psychiatric ER Services-MAKE RED
  - EHN Crisis Team
  - **Crisis Follow-Up/Relapse Prevention-make green F/U**
  - **Juvenile Justice Diversion and Reentry - MST Now Available**
  - **Wraparound Planning / Coordination - MST Now Available**
  - Day Treatment / Partial Hospital
  - Law Enforcement Contact
  - Agency-Based MHSA Child OP
    - Respite (community)-NOT IN AN MH SETTING
    - Intensive in-home services / MST / FFT-  
MST ADDED to Make Green, YES WAIVER
    - Intensive Case Management-MAKE GREEN
  - Case Management
  - **Psychiatric Diagnostic Interview**
  - **Pharmacological Management-CLARIFY BETWEEN  
PSYCHOLOGIST AND PSYCHIATRIST**
  - **Medication Training/Support-MAKE GREEN**
  - Skills Training and Development
  - **Individual / Group Therapy-MAKE GREEN**
  - **Family Therapy (P)**
  - **Parent / Family Support Groups**
  - **Family / Youth Partners (Peer Support) (P)**
  - EHN Intake
  - Non-DSHS Clinic
  - **MHSA Services in Public Schools**
  - HCO Program with OP / FQHC / health clinic based BH services
  - **Advocacy Education / Prevention**
- Think.Change Program Expansion – (NAMI, MHFA, DMAM)



Questions/Comments