



OF THE EL PASO BEHAVIORAL HEALTH CONSORTIUM

## Family Leadership Council

---

### General Membership Meeting

Meeting Notes February 1, 2022; 8:30am MST Via Zoom

#### Attendees:

Sylvia Acosta  
Tracy Almanzan  
Sheila Anthony  
Eric Baray  
Sharon Butterworth  
Di Anna Xochitl Duran  
Gilda Gil  
Santiago Gonzalez  
Yahara Lisa Gutierrez  
Emily Hartmann  
Josue Lachica  
Chris Lindner  
Rosie Medina  
Enrique Mata  
Ben Miranda Jr.  
Sonia Morales  
Dr. Carmen Olivas-Graham  
Aleczi Padilla  
Dr. Charmaine Delgado Payne  
Jennifer Phelps  
Richard Salcido  
Valerie Sanchez  
Maria Seelig  
Ivonne Tapia  
Alejandra Valdez  
Kathie Valencia  
Al Velarde  
Arthur Westbrook  
Claudia Woods

#### Representing:

YWCA of Greater El Paso  
65th District Court  
Emergence Health Network  
CASA of El Paso  
Mental Health Advocate  
El Paso Human Services – Pride Center  
Paso del Norte Children’s Development Center  
El Paso Human Services  
Judge 65<sup>th</sup> District Court  
Paso del Norte Health Information Exchange (PHIX)  
PdN Center at Meadows Institute  
Medical Center of the Americas  
County of El Paso Juvenile Probation Department  
PdN Center at Meadows Institute  
Cohen Veterans Network at Endeavors  
El Paso Psychiatric Center  
Socorro ISD/ El Paso Comm. College Board  
City of El Paso Department of Public Health  
Cohen Veterans Network at Endeavors El Paso  
El Paso Center for Children  
Family Services of El Paso  
El Paso Child Guidance Center  
El Paso Human Services  
Aliviane  
NAMI El Paso  
El Paso Center for Children  
Paso del Norte Children’s Development Center  
YWCA El Paso del Norte Region  
Emergence Health Network

**Welcome and Introductions**

Ivonne Tapia convened meeting at 8:33 a.m. and called for introductions of all online participants.

**FLC Priority System Improvements**

Enrique Mata presented the September 23rd and December 9th planning session results to the Family Leadership Council. The members received a pre-read the week before the meeting. There were no concerns voiced on the recommendations identified. Meeting notes and slides are included with these notes. Follow up meetings will be scheduled with FLC Members to discuss strategies and progress indicators.

**Strong Families Community Initiative Grant**

Ms. Kathie Valencia provided an overview of the 5 Protective Factors.

**Workgroups****Help Me Grow**

- Gilda Gil provided a brief update on the Help Me Grow project and invited interested FLC members to participate. For more information contact Laura Marquez at:

**School Mental health;**

- Brief update on how the group continues to collaborate with schools and other agencies that collaborate closely with schools

**Youth Trafficking Prevention Taskforce;**

- Enrique Mata reported that Chief Roger Martinez had been leading this group
  - A focus on youth being charged with specific drug related/trafficking charges
  - Enrique will work with Chief Medina to see what the next steps are

**Foster Care;**

- No updates reported

**Community Collaborations;**

- No updates reported

**FLC General Meeting Dates:**

Mr. Mata commented that FLC meetings are targeted for the second Tuesday of every other month with meetings scheduled for 1 ½ hours to ensure sufficient time for a healthy dialogue. He presented the following meeting dates for 2022:

- February 1<sup>st</sup> (January Meeting)
- March 1<sup>st</sup> (first Tuesday due to Spring Break – Planned as a Virtual Meeting)

- May 10th
- July 12th
- September 13th
- November 8th

Unless otherwise stated, all Family Leadership Council in person meetings will be held from 8:30 am – 10:00 am at Paso del Norte Health Foundation, 221 N. Kansas, 19th Floor.

**Other Business**

- Chris Linder will function as a liaison to convey the importance of Ft. Bliss being involved in the FLC.
- Santiago Gonzalez (PRIDE Center): Discussed a new pilot program that will allow foster youth to work for a call center from the PRIDE Center

**Adjourn**

There being no further business, Ms. Tapia adjourned the meeting at 10:05 am



MEADOWS  
MENTAL HEALTH  
POLICY INSTITUTE

---

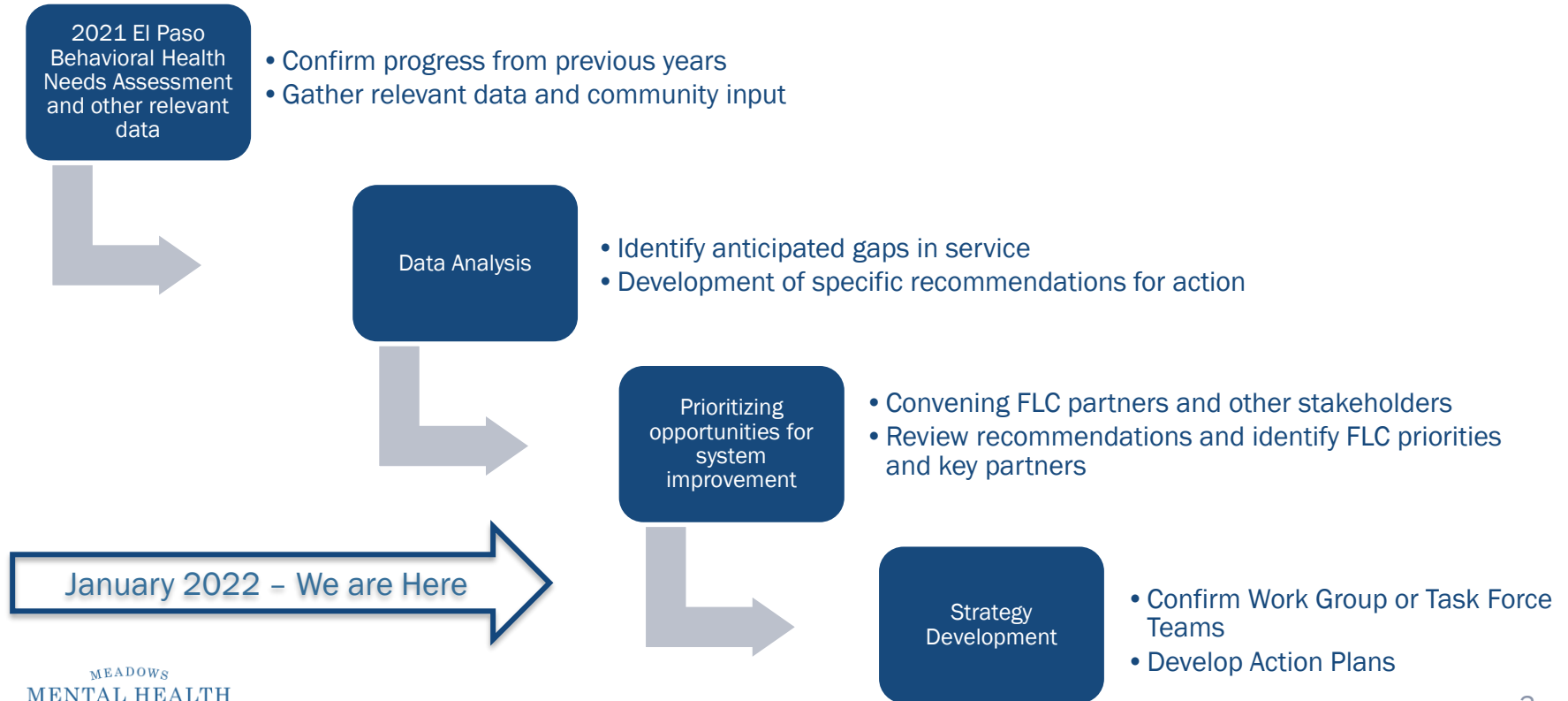
**Reflections from the 2021 Strategic Planning Sessions**

Family Leadership Council of the El Paso Behavioral Health Consortium

---

**2021 – 2025 Priority System  
Improvements  
*for* Family Leadership Council  
Consideration**

# EPBHC Family Leadership Council 2022-2025 Priority Development Process



# FLC Strategic Planning Sessions

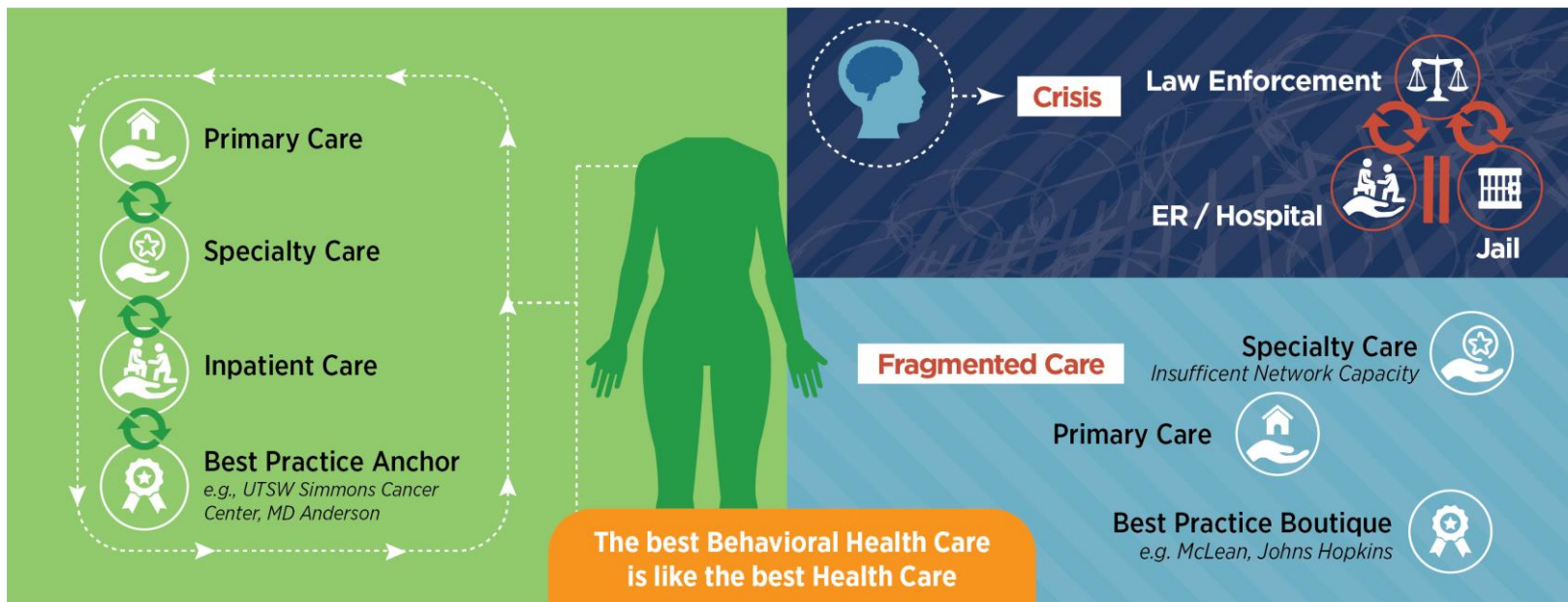
- Session I – September 23, 2021
- Session II – December 9, 2021
- Meeting notes and related presentations posted to [www.HealthyPasodelNorte.org/EPBHConsortium](http://www.HealthyPasodelNorte.org/EPBHConsortium)

**7,632**  
**SUBSTANCE**  
RELATED DEATHS  
in Texas in 2018

# THE CURRENT BEHAVIORAL HEALTH CARE SYSTEM

**3,930**  
DEATHS BY  
**SUICIDE**  
in Texas in 2018

The Goal of Health Care: **LIVING YOUR LIFE** in the COMMUNITY





# THE IDEAL EL PASO BEHAVIORAL HEALTH SYSTEM

The Goal of Health Care: **LIVING YOUR LIFE** in the COMMUNITY



HEALTH CARE

BEHAVIORAL HEALTH CARE

**Integrated Primary Care**

Measurement Based Care ↔ Collaborative Care

**SPECIALTY CARE**

**SPECIALTY CARE**

*Sufficient Network Capacity*

*Sufficient Networks*

Outpatient

Rehabilitative Care

Inpatient Care

**Best Practice Anchor**  
e.g., Texas Tech University Health Sciences Center

Outpatient

Rehabilitative Care

Inpatient Care

**Best Practice Anchor**  
e.g., UT Health Austin Mulva Clinic for Neurosciences, UTSW O'Donnell Brain Institute



**The best Behavioral Health Care is like the best Health Care**

# Philosophy Notes From Session I:

- We cannot duplicate services until every client has been served
- We want people to find the right service they need at the right organization that is a fit for them.
- We need to maximize our return on investment as a community
- We will continue to support the CPAN/TCHATT projects
- There are some specific needs for system involved youth
- We need to create a community message that reflects our community behavioral health needs.

# Philosophy Notes From Session I:

- We need an inventory of services available in our entire community continuum of care for children involved in the system AND for those who are not involved in the system.
- We need to connect as providers with TCHATT to identify how to ensure continuity of care after the 4th session of TCHATT end of service.
- We need to reassess our work group structure based on SWOT results.
- Results of the SWOT and Behavioral Health System Assessment will inform the FLC priorities
- We need to have a coordinated effort around telehealth and the new landscape of behavioral health provision, between providers and ISDs.
- The FLC needs to move to a more formalized policy advocacy role at the local, state and national level.
- The FLC needs to reach out to non-traditional program and therapy providers and invite them to the table.

**2021 – 2025 Priority System  
Improvements  
*for* Family Leadership Council  
Consideration**

# Access to and Use of Behavioral Health Services

**Recommendation 1:** Integrated and Collaborative Care Models can serve children and adults with mild to moderate mental health conditions.

---

## Opportunity #1

Expand and Enhance Existing or Develop a non-forensic cross agency mobile crisis team model to respond to a range of urgent needs outside the normal delivery of care.

## Opportunity #2

Reframe the concept of mental health and substance use specialty care as secondary to Integrated Primary Care (e.g., 25% of care).

## Opportunity #3

Improve integration of acute inpatient care within the broader health system continuum of care (e.g. appropriate and well coordinated transition care and support from inpatient to outpatient to Integrated Primary Care settings).

# Access to and Use of Behavioral Health Services

**Recommendation 1:** Integrated and Collaborative Care Models can serve children and adults with mild to moderate mental health conditions.

---

## Opportunity #4

Increase availability of evidence-based and promising practices (e.g., TI-CBT, PCIT, Capacitar, etc.).

## Opportunity #5

Expand on-site integrated primary care (IPC) capacity. ( e.g.,Improve HIE (e.g. PHIX), Explore Child Psychiatry Access Network (CPAN) scaling).

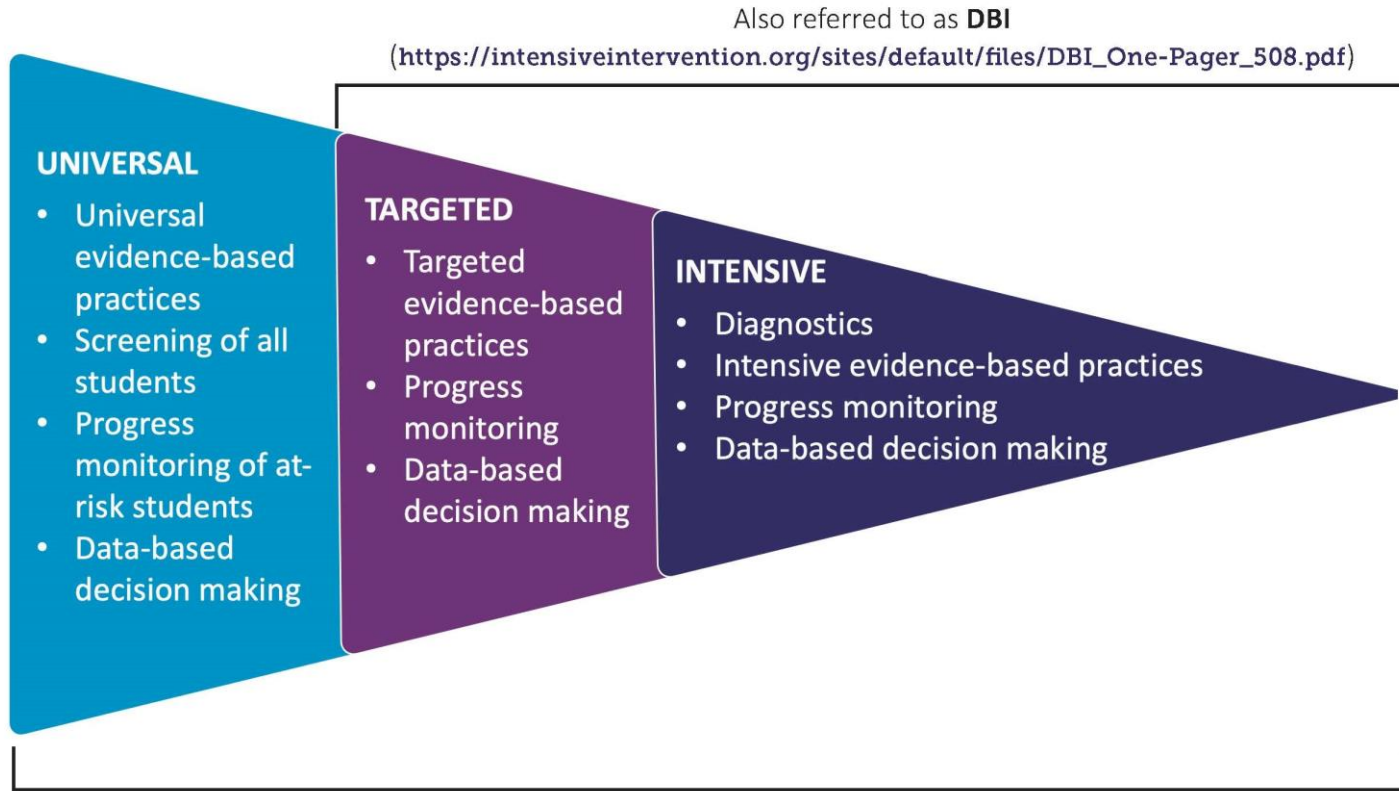
# Behavioral health strategy development for high-risk children and youth

**Recommendation 2: School settings** - We recommend adoption of the Multi-Tiered System of Supports model, which has been endorsed by the Texas Education Agency's Long-Range Plan.

## Opportunity #6

Strengthen school Liaison functions (e.g. MTSS, PBIS, CIS, CYS). Explore promising practice school-based coordination of care (e.g., TCHATT).

Figure 1: MTSS Components and Other Support Systems

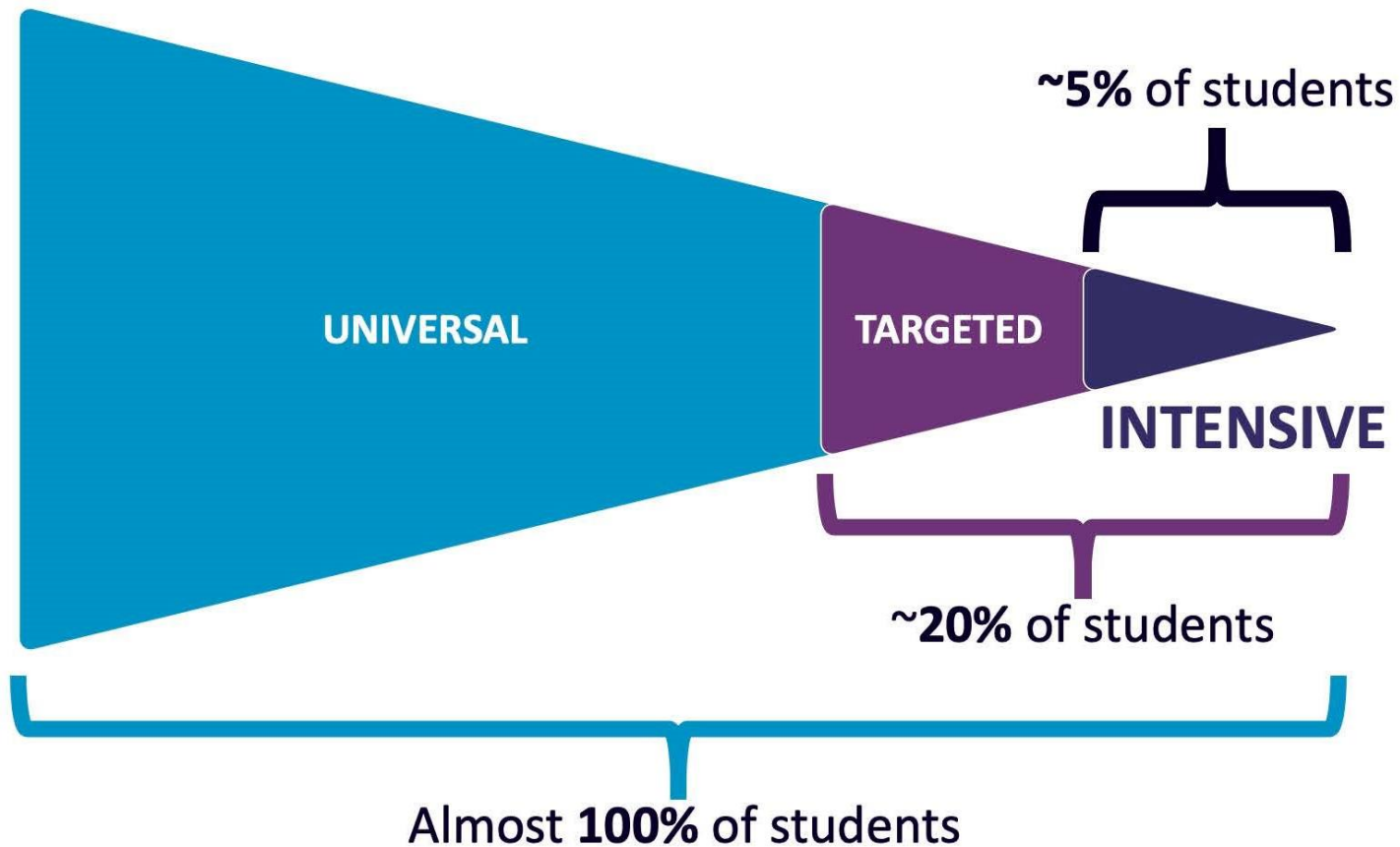


Also referred to as

**RTI** ([https://mtss4success.org/sites/default/files/2020-07/rtiessentialcomponents\\_042710.pdf](https://mtss4success.org/sites/default/files/2020-07/rtiessentialcomponents_042710.pdf))



Figure 2: The MTSS Tiers



# Behavioral health strategy development for high-risk children and youth

**Recommendation 3:** Juvenile justice system - We recommend a well-established evidence-based intervention for youth with more severe behavioral problems related to willful misconduct and delinquency, *Multisystemic Therapy*.

## Opportunity #7

Strengthen school Liaison functions (e.g. MTSS, PBIS, CIS, CYS). Explore promising practice school-based coordination of care (e.g., TCHATT).

## Opportunity #8

Improve residential options to prevent children from inappropriately leaving for residential treatment out of town.

## Behavioral health strategy development for high-risk children and youth (Continued)

**Recommendation 4: Community settings** - There is a particular need to develop additional intensive, evidence-based outpatient services, for which need currently exceeds capacity (e.g., Multisystemic Therapy).

---

### Opportunity #9

Explore capacity for First Episode Psychosis (FEP) as part of child/youth/family service array (e.g. EHN capacity to serve EP County).

### Opportunity #10

Expand intensive Medicaid services to support foster families.

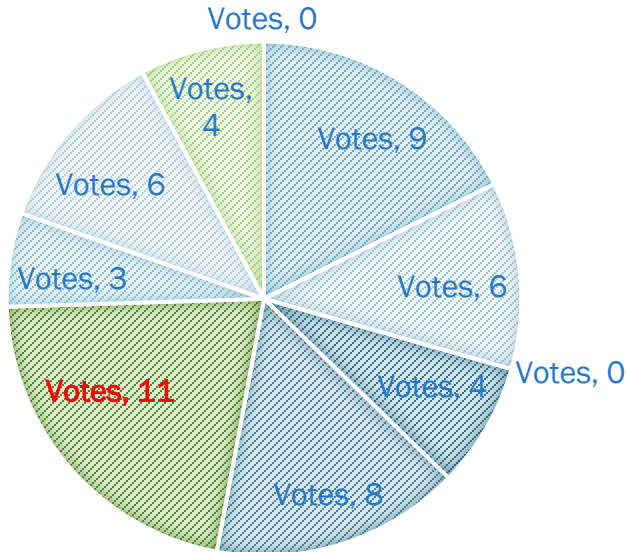
## Session II Results

- A total of 23 Executive Level Family Leadership Council partner representatives were present for the Session.
- Each organization or agency representative had 6 votes to use in identifying opportunities for change.

# Top 3 Choices

# Priority System Improvements: Top Choices

- Opportunity 1
- Opportunity 2
- Opportunity 3
- Opportunity 4
- Opportunity 5
- **Opportunity 6**
- Opportunity 7
- Opportunity 8
- Opportunity 9
- Opportunity 10



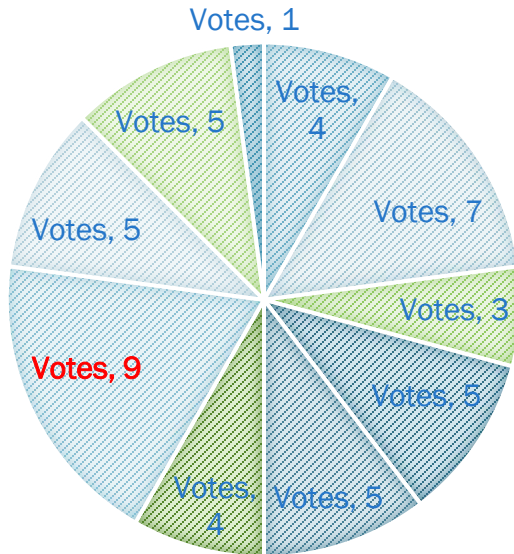
## FIRST PRIORITY

**Behavioral health strategy development for high-risk children and youth:** (School settings) Adoption of the Multi-Tiered System of Supports model, which has been endorsed by the Texas Education Agency's Long-Range Plan.

- **Opportunity #6:** Strengthen school liaison functions (e.g. MTSS, PBIS, CIS, CYS). Explore promising practice school-based coordination of care (e.g. TCHAT).

# Priority System Improvements: Top Choices

- Opportunity 1
- Opportunity 2
- Opportunity 3
- Opportunity 4
- Opportunity 5
- Opportunity 6
- **Opportunity 7**
- Opportunity 8
- Opportunity 9
- Opportunity 10



## SECOND PRIORITY

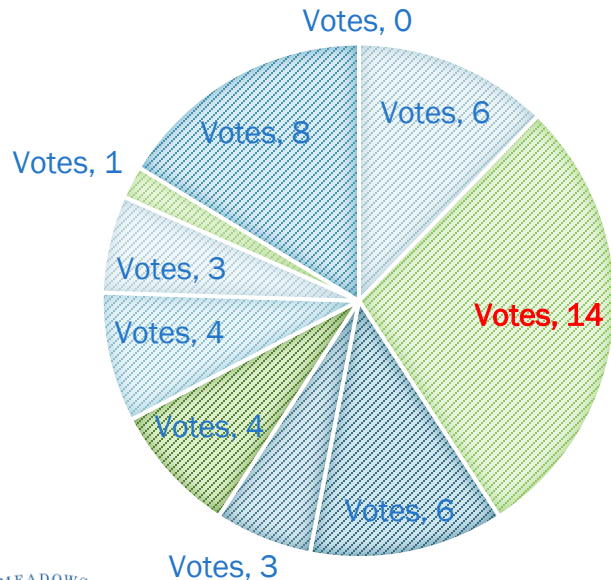
### **Behavioral health strategy development for high-risk children and youth:** (Juvenile justice system)

Well-established evidence-based intervention for youth with more severe behavioral problems related to willful misconduct and delinquency, Multisystemic Therapy.

- **Opportunity #7:** Strengthen school liaison functions (e.g. MTSS, PBIS, CIS, CYS). Explore promising practice school-based coordination of care (e.g. TCHAT).

# Priority System Improvements: Top Choices

- Opportunity 1
- Opportunity 2
- Opportunity 3
- Opportunity 4
- Opportunity 5
- Opportunity 6
- Opportunity 7
- Opportunity 8
- Opportunity 9
- Opportunity 10



## THIRD PRIORITY

### Access to- and use of- behavioral health

**services:** Integrated and collaborative care models can serve children and adults with mild to moderate mental health conditions.

- **Opportunity #3:** Improve integration of acute inpatient care within the broader health system continuum of care (e.g. appropriate and well coordinated transition care and support from inpatient to outpatient to Integrated Primary Care settings).



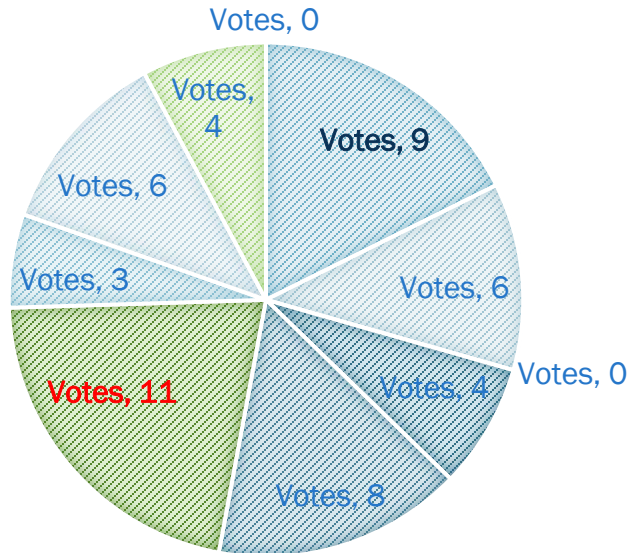
# Top 3 Choices

- **Opportunity #6:** (School settings) Adoption of the Multi-Tiered System of Supports model, which has been endorsed by the Texas Education Agency's Long-Range Plan. **Strengthen school liaison functions (e.g. MTSS, PBIS, CIS, CYS). Explore promising practice school-based coordination of care (e.g. TCHAT).**
- **Opportunity #7:** (Juvenile justice system) **Well-established evidence-based intervention for youth with more severe behavioral problems related to willful misconduct and delinquency, Multisystemic Therapy.** Strengthen school liaison functions (e.g. MTSS, PBIS, CIS, CYS). Explore promising practice school-based coordination of care (e.g. TCHAT).
- **Opportunity #3:** Improve integration of acute inpatient care within the broader health system continuum of care (e.g. **appropriate and well coordinated transition care and support from inpatient to outpatient to Integrated Primary Care settings**).

# Secondary Choices

# Priority System Improvements: Secondary Choices

- Opportunity 1
- Opportunity 2
- Opportunity 3
- Opportunity 4
- Opportunity 5
- **Opportunity 6**
- Opportunity 7
- Opportunity 8
- Opportunity 9
- Opportunity 10



## FIRST PRIORITY

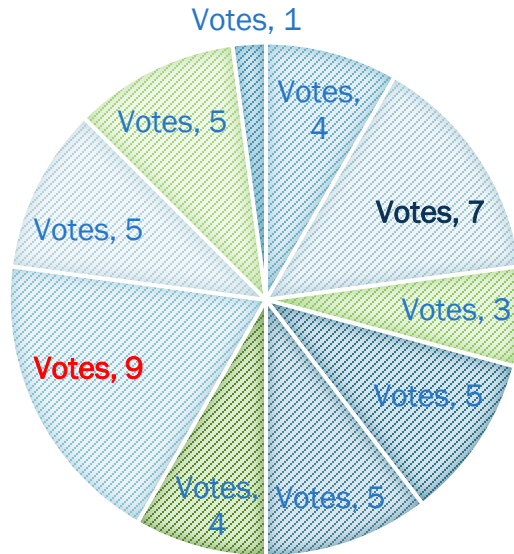
### Access to- and use of- behavioral health

**services:** Integrated and collaborative care models can serve children and adults with mild to moderate mental health conditions.

- **Opportunity #1:** Expand and enhance existing or develop a non-forensic cross agency mobile crisis team model to respond to a range of urgent needs outside the normal delivery of care.

# Priority System Improvements: Secondary Choices

- Opportunity 1
- Opportunity 2
- Opportunity 3
- Opportunity 4
- Opportunity 5
- Opportunity 6
- **Opportunity 7**
- Opportunity 8
- Opportunity 9
- Opportunity 10



## SECOND PRIORITY

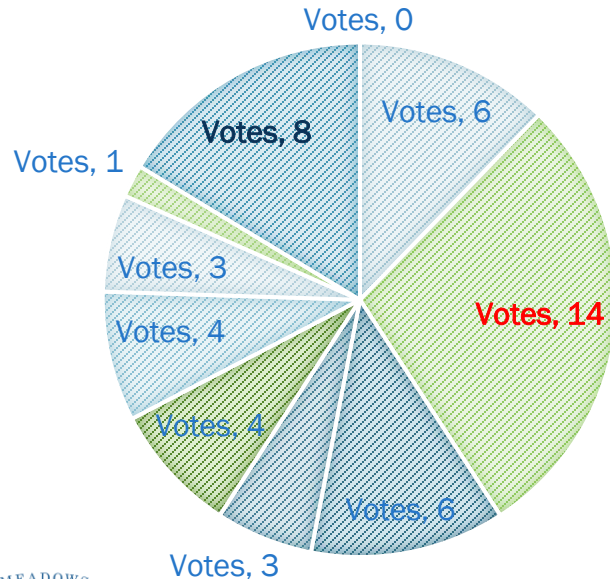
### Access to- and use of- behavioral health

**services:** Integrated and collaborative care models can serve children and adults with mild to moderate mental health conditions.

- **Opportunity #2:** Reframe the concept of mental health and substance use specialty care as secondary to Integrated Primary Care (e.g. 25% of care).

# Priority System Improvements: Secondary Choices

- Opportunity 1
- Opportunity 2
- Opportunity 3
- Opportunity 4
- Opportunity 5
- Opportunity 6
- Opportunity 7
- Opportunity 8
- Opportunity 9
- Opportunity 10



## THIRD PRIORITY

**Behavioral health strategy development for high-risk children and youth:** (Community Settings) There is a particular need to develop additional intensive, evidence-based outpatient services, for which need currently exceeds capacity.

- **Opportunity #10:** Expand intensive Medicaid services to support foster families.

# Secondary Choices

- **Opportunity #1:** Expand and enhance existing or develop a **non-forensic cross agency mobile crisis team model** to respond to a range of urgent needs outside the normal delivery of care.
- **Opportunity #2:** Reframe the concept of mental health and substance use **specialty care as secondary to Integrated Primary Care** (e.g. 25% of care).
- **Opportunity #10:** Expand intensive Medicaid services to support foster families.

# Selected Opportunities at a Glance

## SHOWN IN ORDER OF VOTE RESULTS:

- **Opportunity #1:** (School settings) Adoption of the Multi-Tiered System of Supports model, which has been endorsed by the Texas Education Agency's Long-Range Plan. **Strengthen school liaison functions** (e.g. MTSS, PBIS, CIS, CYS). Explore promising practice school-based coordination of care (e.g. TCHATT).
- **Opportunity #2:** (Juvenile justice system) **Well-established evidence-based interventions for youth with more severe behavioral problems related to willful misconduct and delinquency**, Multisystemic Therapy. Strengthen school liaison functions (e.g. MTSS, PBIS, CIS, CYS). Explore promising practice school-based coordination of care (e.g. TCHATT).
- **Opportunity #3:** Improve integration of acute inpatient care within the broader health system continuum of care (e.g. **appropriate and well coordinated transition care and support from inpatient to outpatient to Integrated Primary Care settings**).
- **Opportunity #4:** Expand and enhance existing or develop a **non-forensic cross agency mobile crisis team** model to respond to a range of urgent needs outside the normal delivery of care.
- **Opportunity #5:** Reframe the concept of mental health and substance use **specialty care as secondary to Integrated Primary Care** (e.g., 25% of care).
- **Opportunity #6: Expand intensive Medicaid services to support foster families.**

# **2021 – 2025 Work Groups**

*for Family Leadership Council*  
**Consideration**



# Existing Work Groups For FLC Consideration:

- **Strong Families** and county wide child abuse prevention efforts. Next steps in community collaboration for child and youth health (e.g. improved networking and cross discipline communications).
- **Community Collaborations** – Enhanced learning experiences as COVID 19 restrictions subside.
- **Foster Care** - Improving support for children and youth at risk for and involved in foster care or juvenile justice systems (e.g. MST expansion, System of Care, etc.)
- **Youth Drug Trafficking Prevention Task Force** – Next steps with media messages and information dissemination to parents and youth.

# Existing Work Groups For FLC Consideration:

- **School Mental Health** - Elementary and Secondary School Emergency Relief (ESSR) funds and Multi-Tiered System of Supports (MTSS) model and the schools (and Region 19's and El Paso Area Directors of Guidance (EPaDOG's) roles)
- **Child Psychiatry Access Network (CPAN)/Texas Child Health Access Through Telehealth (TCHAT)** next steps and collaboration with primary care (e.g. increasing intensive outpatient service capacity)
- **Help Me Grow** Implementation to support families with children 0-8 years of age (e.g. ECI, IDD, and other education and support for young families)

# Paso del Norte Center at the Meadows Mental Health Policy Institute

Call on us with any questions:

**Enrique Mata, MSPH, RN, PHNA-BC, NEA-BC** | Executive Director – Paso del Norte Center | Meadows Mental Health Policy Institute | 221 N. Kansas, 19<sup>th</sup> Floor, Suite 1900, El Paso, Texas 79901 | (m) 915.253.0287 | [mmhpi.org](http://mmhpi.org)

**Josue Lachica, MA** | Project Manager – Paso del Norte Center | Meadows Mental Health Policy Institute | 221 N. Kansas, 19<sup>th</sup> Floor, Suite 1900, El Paso, Texas 79901 | (m) 915.990.5717 | [mmhpi.org](http://mmhpi.org)



*"The truth is: mental illness affects more people than you may think, and we need to talk about it. It's Okay to Say™..."* [okaytosay.org](http://okaytosay.org)



# Strong Families Update

January, 2022

Strong Families – Community Change Initiative  
Funded by the Children's Bureau - HHS

# How Protective Factors supports Help Me Grow Systems



- HMG connects families with young children to community-based services and support.
- HMG philosophy and model align well with the Strengthening Families goal and protective factors.
- Strengthening Families materials can be used to help build a more comprehensive family support strategy that will compliment existing work.
- Strong Families and partner programs can be an important resource for Help Me Grow in El Paso (e.g. existing work groups).
- Strong families is working with families in strengths based, capacity building way and act as a resource to families who need additional supports.

# Protective Factors & Help Me Grow



**Being Strong and Flexible:** foster family strengths by meeting families where they are and partnering with them in identifying and prioritizing issues.

**Parents and Caregivers Need Friends:** through HMG care coordination, families are linked to a wide array of formal and informal services and supports such as family events, networks, educational programs, and play groups.



# Protective Factors & Help Me Grow



Being a parent is part natural and part learned : HMG supports families as their children's first observers, teachers, and advocates for optimal healthy development.

Everyone needs help sometimes: HMG connects families to services, programs, and opportunities where they live.

Help our kids learn to communicate in healthy ways : HMG care coordination and service referrals are provided for children and families at every level of need.

## Strong Families Diversity, Equity, and Inclusion Project



- Fifteen individuals from seven agencies have been trained to provide IDI debriefs.
- Held quarterly kick off meeting in January.
- Partners are in the process of convening their project “champion” teams and exploring the following questions:
  - What are some of our key goals around cultural diversity?
  - What are some challenges our organization faces in which successfully navigating cultural differences is important?
  - How will we introduce this to the agency?
  - Who will take the IDI? – a specific program, division, etc.





# Next Steps

- Ten volunteers will take the IDI (pre test), and be provided with a debrief and personalized plan.
- A group profile will be provided to the organization based on the individual profiles.



### **2022 Meeting Dates**

The following are the proposed 2022 meeting dates for the Family Leadership Council of the El Paso Behavioral Health Consortium.

FLC members agree to meet the second Tuesday of every other month with meetings scheduled for 1 ½ hours to ensure sufficient time for a healthy dialogue. The following are proposed meeting dates for 2022:

- February 1st
- March 22<sup>nd</sup> (Changed due to Spring Break school closures)
- May 10<sup>th</sup>
- July 12<sup>th</sup>
- September 13<sup>th</sup>
- November 8<sup>th</sup>

Unless otherwise stated, all Family Leadership Council Meetings will be held from 8:30 am – 10:00 am at Paso del Norte Health Foundation, 221 N. Kansas, 19<sup>th</sup> Floor.