



OF THE EL PASO BEHAVIORAL HEALTH CONSORTIUM

Family Leadership Council

General Membership Meeting

Meeting Notes March 22, 2022; 8:30am MST Via Zoom

Attendees:

Sylvia Acosta
Sandra Day
Sheila Anthony
Sharon Butterworth
Gilda Gil
Josue Lachica
Rosie Medina
Enrique Mata
Ben Miranda Jr.
Sonia Morales
Dr. Carmen Olivas-Graham
Dr. Charmaine Delgado Payne
Jennifer Phelps
Ivonne Tapia
Alejandra Valdez
Kathie Valencia
Al Velarde
Arthur Westbrook
Marie Alvarez
Claudia Woods
Adrian Duran
Sarah Martin
Nicole Schiff
Diana Hastings
Marivel Macias
Mario Garcia

Representing:

YWCA of Greater El Paso
PdNHF
Emergence Health Network
Mental Health Advocate
Paso del Norte Children's Development Center
PdN Center at Meadows Institute
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
Cohen Veterans Network at Endeavors El Paso
El Paso Center for Children
Aliviane
NAMI El Paso
El Paso Center for Children
Paso del Norte Children's Development Center
YWCA El Paso del Norte Region
Rio Visa Behavioral Health
Emergence Health Network
El Paso Center for Children
Texas Tech
PdN Center of Hope
UCF
Socorro ISD

Meeting Notes

Welcome and Introductions:

- Ivonne Tapia convened meeting at 8:32 a.m. and called for introductions of all online participants.

Priority System Improvements:

- Enrique Mata, provided an overview of the current priority system improvements for 2022 - 2025
- Ivonne Tapia and Enrique Mata discussed the effort to update and align current and new work groups
 - Ivonne reiterated that there is still opportunity to reach out to Enrique/Josue with questions, thoughts, etc.

Strong Families Community Initiative Grant:

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

Brief Work Group Updates

- Family Advisory Council
 - Continue to meet regularly and recruit new members.
- Child Prevention Coalition/Strong Families
 - Sonia Avila discussed presentations provided to the workgroup
- Help Me Grow El paso
 - Meeting with access point partners
 - 211 – sharing data regarding family needs, etc.
 - Ivonne noted that this may be a place where others can collaborate on data gathering
 - Working with Strong Families – collaborating to make sure as many parents that need help can access it
 - Currently working on funding to have fulltime staff working on Help Me Grow
 - Autism Awareness month events – details on the event will be sent out
- Education & Mental Health Work Group
 - NAMI is working on developing Events for Mental Health Day (May 6th)
 - Working with School Districts: “Ending the Silence” Program
- CPAN/TCHATT
 - CPAN – 300 providers signed up
 - TCHATT – large increase in referrals – majority of referrals come through school counselors.

- Hiring a number of mental health clinicians (LPC, MSW, Psychologist, LPC-A). Can provide LPC supervision on site
- As the consortium has gained momentum other people are also wanting to put money on the same type of programs in parts of West Texas
 - BCBS – Health Families/Healthy Kids program
 - New Rural Telemedicine program for youth and youth adults

Other Business:

- Ivonne noted that we will be reviewing the current workgroups. Some may end up being a short-term task force and others may be merged.
- Dr. Martin noted that the FLC has been important to the success of CPAN, TCHATT.
- Diana Hastings introduced the Underserved Communities Foundation
 - Underserved Communities Foundation Current Funding Opportunities
<https://underservedcommunitiesfoundation.org/funding-opportunities/>
dhastings@UnderservedCommunitiesFoundation.org 915-926-2412
- Future FLC communication will include details on Engage & Excel

Meeting adjourned at 10:02 am.



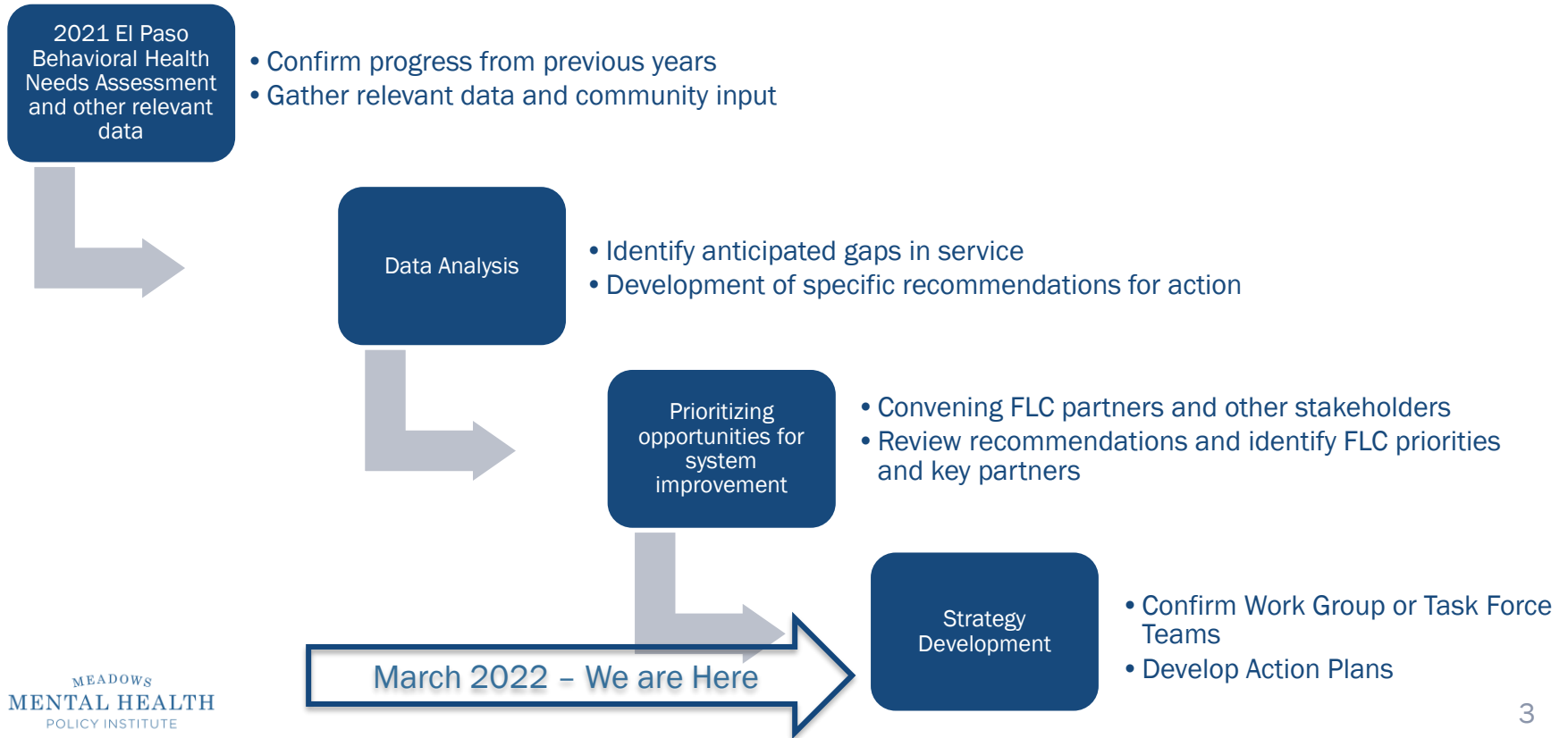
MEADOWS
MENTAL HEALTH
POLICY INSTITUTE

2022-2025 Draft FLC Priority System Improvements

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 Meeting Notes

- Remember: Meeting notes and related presentations are posted at:
www.HealthyPasodelNorte.org/EPBHConsortium

Opportunities for Improvement

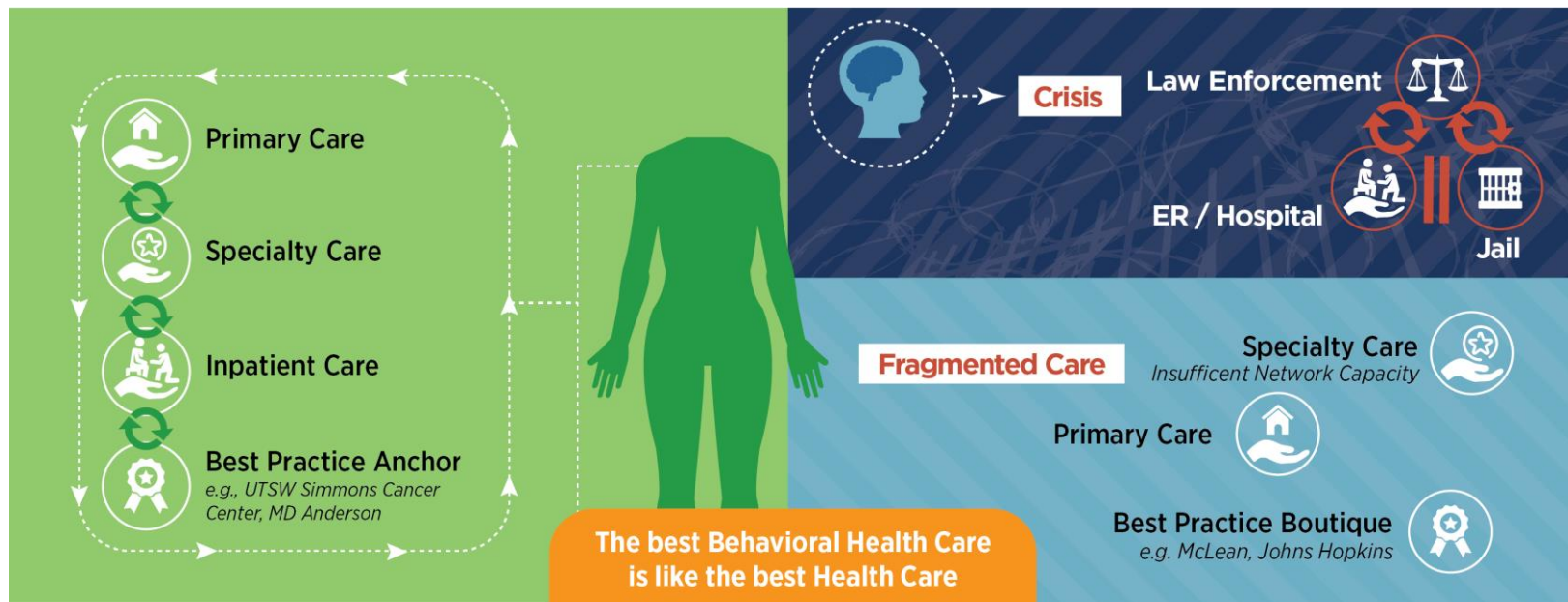
- **Opportunity #1:** (School settings) Adoption of the Multi-Tiered System of Supports model, which has been endorsed by the Texas Education Agency's Long-Range Plan. **Strengthen school liaison functions** (e.g. MTSS, PBIS, CIS, CYS). Explore promising practice school-based coordination of care (e.g. 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.**

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

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.

- Data within the 2021 El Paso System Assessment seeks adult and children's crisis care common approaches where appropriate. For example, 911 and 988, calls involving families and children end up going to the same call centers as calls involving adults.
- Strategy I - Analyze what types of needs are unique to children, youth and families and how response to those needs must be designed. A definition for the phrase "range of urgent needs outside the normal delivery of care" will be necessary with focus both on what the particular needs are and then why they lie outside the "normal delivery of care".

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 #2

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

- Strategy I – Clearly identify mental health and substance use care and support that can efficiently and effectively be coordinated or directly provided within the primary care setting. For example, pediatrician’s and staff trained for assessment and care planning to address early child anxiety symptoms providing care and support or coordinating with counseling and specialty care as needed (e.g., CPAN).

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 #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).

Strategy I - Expand on-site integrated primary care (IPC) capacity. (e.g., upgrade technology and HIE, Explore Child Psychiatry Access Network (CPAN) scaling).

Strategy II - Increase membership within the PdN Health Information Exchange, especially large provider networks and behavioral health hospitals (e.g., Rio Vista and El Paso Behavioral Hospitals).

Value Proposition - Upgrading area provider technology to a level of capacity that allows effective use of health information exchange will help ensure timely and efficient communication of care plans, treatment progress, and specialty support needs to maintain continuity of care and recovery. Connecting and sharing vital confidential information among providers who have a direct role in addressing a patient's needs along the healthcare continuum is shown to have a significant positive impact on overall health for patients.

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.).

Strategy I – Confirm availability of providers who are credentialed to provide specialty services that have been shown to have benefit in treating and supporting children and youth with specialty care needs. For example, the current system has capacity to serve 50 children with Multi-Systemic Therapy and the documented need for children who would benefit from this type of service is approximately 200 children (a gap leaving 150 children in need and at risk for justice involvement or acute serious crisis).

Value proposition – increasing availability of well trained and credentialed providers who are actively treating and supporting patients in need decreases risks for acute crises, trauma and justice involvement.

Behavioral health strategy development for high-risk children and youth

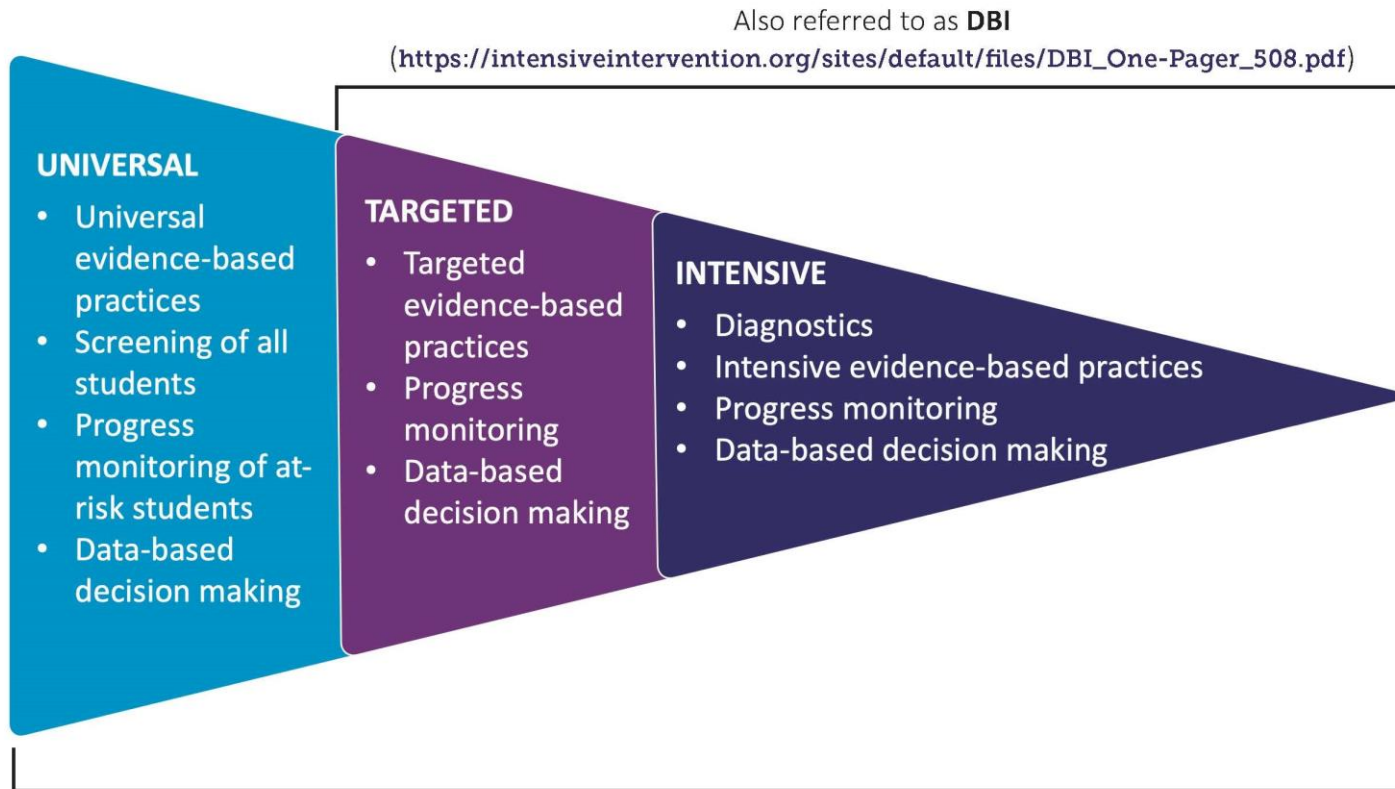
Recommendation 2: School settings - We recommend adoption of the Multi-Tiered System of Supports model, which has been endorsed by the Texas Education Agency's Long-Range Plan.

Opportunity #6

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

Strategy I – Increase school coordination with community services to provide emotional well-being (e.g., mindfulness and resilience exercises – upstream interventions) and timely access to screening and access to treatment (e.g., recognizing mental health treatment access as an excused absence).

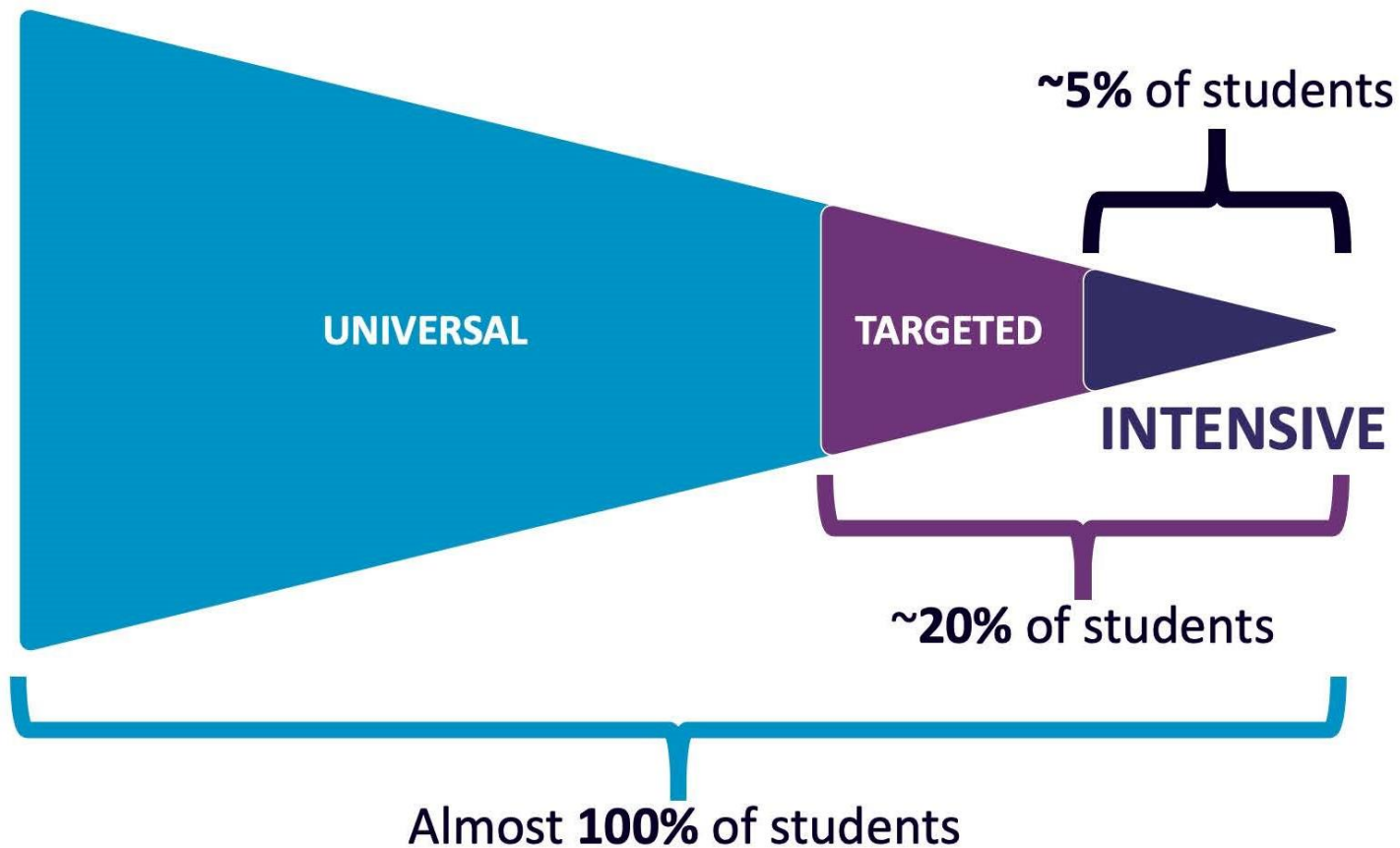
Figure 1: MTSS Components and Other Support Systems



Also referred to as

RTI (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.

Family Leadership Council 2021 – 2025 Existing Work Groups

Existing Work Groups:

- **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).
** Note: This work group includes numerous sub groups and task forces.
- **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.)
This Group has not met since before the Pandemic.
- **Youth Drug Trafficking Prevention Task Force** – Next steps with media messages and information dissemination to parents and youth. **This group completed its work on the media messaging and was pending a reflections/next steps gathering.**

Existing Work Groups:

- **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) **This group does not have a regular meeting date and time set.**
- **Child Psychiatry Access Network (CPAN)/Texas Child Health Access Through Telehealth (TCHATT)** 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) **This group's next Meeting is targeted for the first week of May**

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, 19th Floor, Suite 1900, El Paso, Texas 79901 | (m) 915.253.0287 | mmhpi.org

Josue Lachica, MA | Project Manager – Paso del Norte Center | Meadows Mental Health Policy Institute | 221 N. Kansas, 19th Floor, Suite 1900, El Paso, Texas 79901 | (m) 915.990.5717 | 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



Strong Families Community Change Initiative Grant

March 2022

Strong Families Grant Update

October 2021 – February 2022

- Parent Café Workshops – 30 Cafes / 165 Participants
- Parent Café Host Training – April 19th – 20th or April 21st –
- Living Protective Factor training – May and June
- DEI – 7 Community Partners building the El Paso DEI Team

- FAC – Family Advisory Council / Strong Families Workgroup
- Evaluation Dissemination Project – (Annual final reports, local federal evaluation findings, etc.)
- Federal Evaluation Team – ABTs – May – June 2022