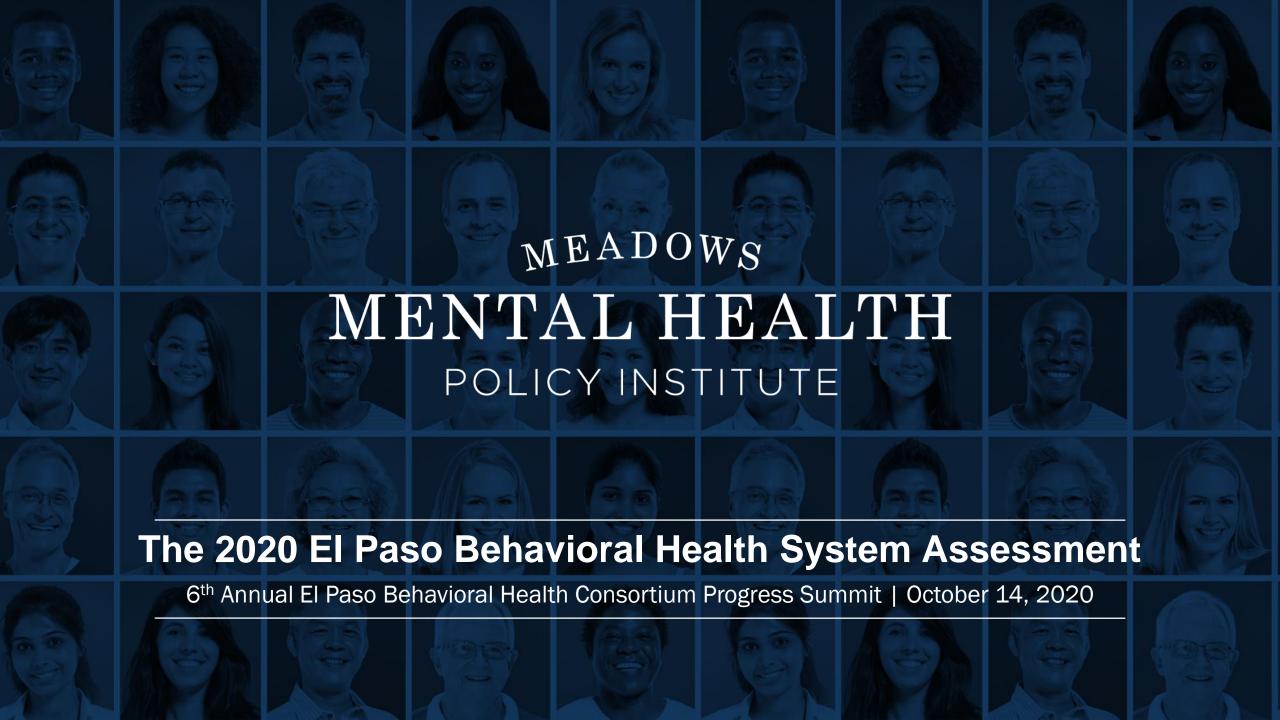


MMHPI Team Leaders: Melissa Rowan

Executive Vice President for Policy Implementation

John Petrila, JD

Senior Executive Vice President of Policy



Today's Agenda

Project Introduction

Role of the System Assessment Implementation Group

Progress To Date

Prevalence Data

Emerging Themes

Q&A



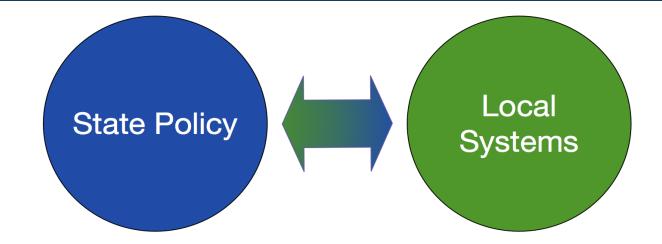
MMHPI Vision, Mission and Core Change Strategy

Vision

We envision Texas to be the national leader in treating people with mental health needs.

Mission Statement

To provide independent, non-partisan, data-driven, and trusted policy and program guidance that creates systemic changes so all Texans can obtain effective, efficient behavioral health care when and where they need it.





Our Primary Deliverables

The RFP requires an update to the 2014 assessment. Specifically, we are working on three critical elements including:

- 1. Crisis system improvement analysis;
- 2. Children's mental health strategy development for high risk children including the juvenile justice system; and
- 3. Overall access to services.

El Paso System Assessment Implementation Group

Name	Organization and Title
Rob Anderson	The Hospitals of Providence - Sierra Medical CEO
Joel Bishop	County of El Paso – Executive Director Justice and Community Services
Sharon Butterworth	PDN Board - Mental Health Advocate
Kristi Daugherty	Emergence Health Network – CEO
Nicole Ferrini	City of El Paso - Director Community Development
Cathy Gaytan	El Paso Child Guidance Center – Executive Director



El Paso System Assessment Implementation Group

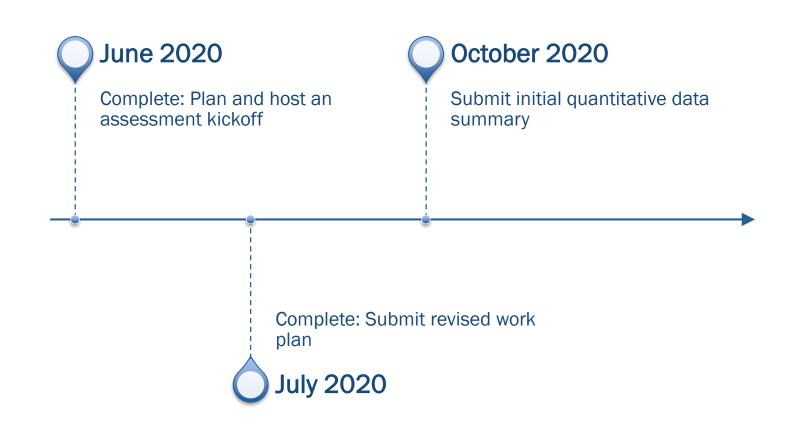
Name	Organization and Title
Dr. Sarah Martin	Texas Tech Health Sciences Center El Paso – Chief Child Psychiatry
Enrique Mata	Paso del Norte Health Foundation – Senior Program Officer
Nellie Mendoza	NAMI El Paso – Director of Programs
Bill Schlesinger	Project Vida – CEO
Dr. John Wiebe	UTEP – Provost
Ruben Vogt	University Medical Center El Paso – Director Govt. Relations
Tracy Yellen	Paso del Norte Health Foundation – CEO



Timeline 10 Months

Ongoing meetings

We are hosting ongoing monthly meetings with the system assessment implementation group to provide updates on our progress and solicit feedback on the summary of draft recommendations and the draft report.



Timeline cont.







Conducted nearly 100 interviews with a variety of stakeholders since May 2020 including:

- National, state and local elected officials,
- Healthcare and behavioral health providers,
- Non-profit service providers,
- Veteran healthcare providers,
- Criminal justice and juvenile justice representatives,
- Community members and mental health advocates,
- School districts and school-based program providers,
- Foster care and child welfare organizations,
- Higher education institutions, and
- Government.

Presented to several community groups including:

- The Justice Leadership and Family Leadership Councils,
- The Behavioral Health Consortium Executive Committee, and
- The System Assessment Implementation Group.

These meetings provide an opportunity for iterative feedback on our approach as well as local community member insight and expertise.

Engaged a wide-variety of local providers and nonprofits in data collection efforts in addition to our analysis of standardized data sets.

Local data, in addition to standardized data sets, from a variety
of service providers will present a more robust picture of the
services available in the El Paso County community, which will
better inform our recommendations.

Mapped the crisis system entry points and process.

 Mapping the crisis system entry points and process identifies areas where the system is working and opportunities to identify gaps.

Deliverables to-date

 Submitted a revised work plan and hosted a community-wide kick-off meeting.





Prevalence Data

The use of prevalence data helps describe the burden of mental illness and substance use disorder in a population.

- Specifically, we assess
 - the general service delivery and hospital / emergency department utilization information between 2018 and 2020 for all residents of El Paso whether utilization occurred within or outside El Paso facilities.
 - updated behavioral health need and service utilization data from 2014 and 2017 to determine changes in demand or provision of behavioral health services over time.
 - demographic changes, opioid use, comorbid conditions, existing provider capacity, and trends in need for behavioral health services over time in El Paso County.

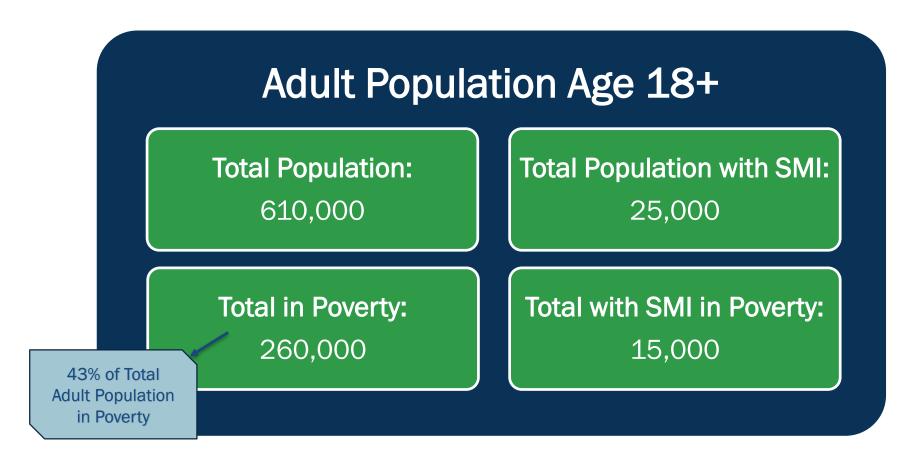
Twelve-Month Prevalence: Mental Health Disorders Among Children and Youth in El Paso County (2018)







Twelve-Month Prevalence: Mental Health Disorders Among Adults in El Paso County (2018)





Emergency Department Inpatient and Outpatient Psychiatric Visits by Visit Type and Payer – All Ages

All Psychiatric ED Visits

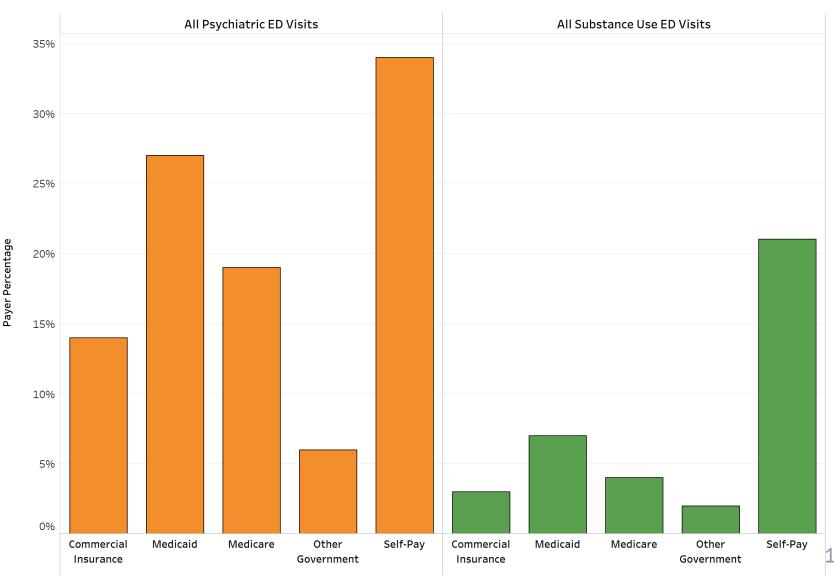
9,082

All Substance Use ED Visits

3,296

Note. Data were obtained from the Texas Health Care Information Collection (THCIC) January 2018 – December 2018 discharge records.

MENTAL HEALTH
POLICY INSTITUTE





Emerging Themes

We are still analyzing the local system of care. We do know progress has been made since 2014 and opportunities for building on that progress exist.

- COVID-19 has changed the health care services delivery and significantly increased the use of telemedicine and telehealth.
- El Paso has taken advantage of new programs for mental health services to children in primary care and in schools (CPAN and TCHATT). This enhances the service array for children and youth, alongside the existing mental health partnerships that exist in many schools.

Emerging Themes

Progress has been made since 2014 and opportunities for building on that progress exist.

- Evidence-based treatment services are available for youth in El Paso, unfortunately youth often must be involved in the juvenile justice system to access them.
- The crisis system has added several components since 2014. As in many communities, people are not always sure how to access crisis system or what services exist.
- Leaders across health, education and justice systems come together to collaborate on improvement in the system of care. Many stakeholders have suggested more can be done.



