

## *Opportunities and Strategies*

### *Primary Care*

**Opportunity For Change:** Expand and Enhance Integrated and Collaborative Care models for mental healthcare and related support access in the pediatric and primary care settings.

**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, Collaborative Care Managers).

**Value proposition** – Improving capacity to provide mental health service and support access through the pediatrician and primary care setting decreases stigma and negative bias to seeking appropriate care, increases timely, accurate and effective treatment of mental health condition symptoms.

### *Crisis Care*

**Opportunity For Change:** 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.

**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".

**Strategy II** – Explore community capacity to serve those experiencing First Episode Psychosis (FEP) as part of the child, youth, and family service array.

**Value Proposition** – 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. A seamless dispatch system for crisis care increases likelihood for access to appropriate care and improves opportunity for successful recovery.

### *Specialty Care*

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

**Strategy I** – As with primary care, clearly identify mental health and substance use care and support that is beyond the scope of practice and cannot be directly provided within the primary care setting. For example, serious mental health conditions that require an intensive coordinated approach with psychiatry, psychology, counseling, or substance use specialty care.

**Strategy II** – Expand and enhance availability of well-established evidence-based interventions for youth with more severe behavioral problems related to willful misconduct and delinquency (e.g., increase availability of child psychiatrists and child psychologists, increase availability and effective use of collaborative care model options (psychiatry, counseling, and primary care services).

**Strategy III** – Utilize the Multisystemic Therapy Rider to promote timely wraparound support for children with complex needs to prevent entry into the Foster Care or Justice

**Strategy IV** – Improve residential support options to prevent children from inappropriately leaving for residential treatment out of town, including increasing compensation for foster parents and reimbursement options for nontraditional programs and expanding intensive Medicaid services to support foster families.

**Value proposition** – Well coordinated availability of top specialty care approaches for those in need contributes to increased likelihood of successful and lasting recovery.

Work Groups: School Mental Health and Foster Care

### *Recovery Care*

**Opportunity For Change:** 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.

## Workforce Capacity

**Opportunity For Change:** Increase availability of evidence-based and promising practices (e.g., TI-CBT, PCIT, Capacitar).

**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 decreases risks for acute crises, trauma, and justice involvement.

## Emotional Well-Being

**Opportunity For Change:** Expand and enhance programs that promote emotional well-being, nurturing environments, and prevention of adverse childhood experiences.

**Strategy I** – Increase capacity and collaboration among schools and community organizations for a robust Multi-Tiered System of Supports model as endorsed by the Texas Education Agency's Long-Range Plan.

**Strategy II** – Increase promotion and availability of interventions that promote kindness and caring (e.g., random acts of kindness activities).

**Strategy II** – Strengthen Region 19 support and related school Liaison functions (e.g., MTSS, PBIS, CIS, CYS).

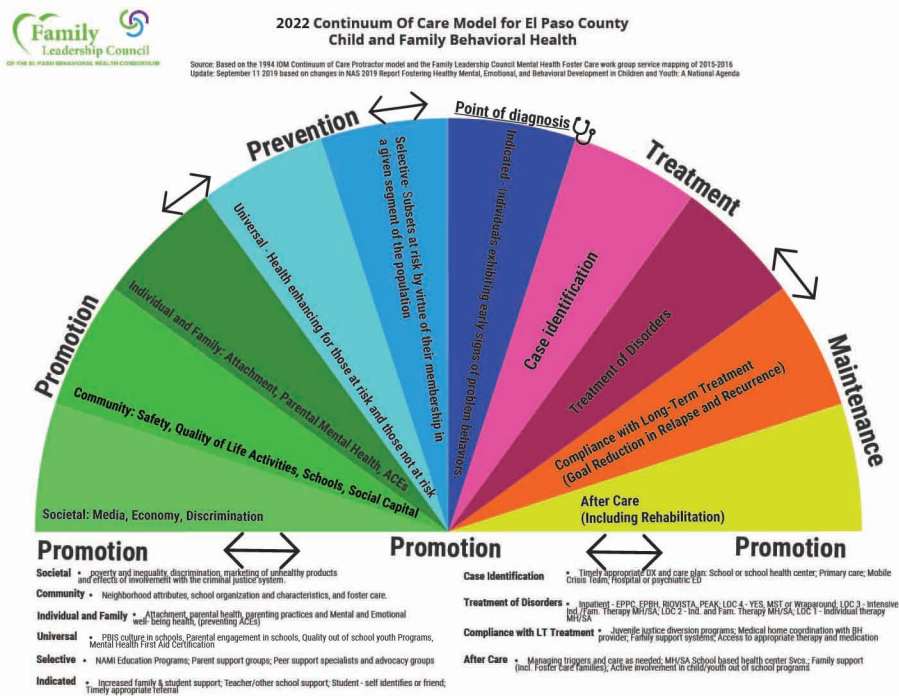
**Strategy III** – Expand and enhance promising practice school-based coordination of care (e.g., TCHAT).

**Strategy IV** – 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).

**Value proposition** – A sound foundation of emotional health promotion and crisis prevention programs and services available where and when they are needed contributes to the ability for individuals and families to cope with life events and prevent adverse childhood experiences.

**Progress Indicators:** The Council will track relevant measures regarding data sharing among providers (at the individual case and system levels) and continuity of care between providers over time.

**Consortium 2.0:** Consortium leaders formed a sound foundation in 2015. As a result, El Paso partners have successfully increased mental health and substance use resources for the region, made significant improvements in the behavioral health system of care, and set the stage for the next phase of improvements.



The Consortium helps to foster, strengthen, and properly recognize the integral partnerships that create change in the El Paso region. With the 2021 El Paso Behavioral Health System Assessment, other related data and ongoing community feedback, El Paso County is prepared to take new steps toward achieving an ideal behavioral health system of care.

To view or download the full 2021 El Paso County Behavioral Health System Assessment, visit [www.healthypasodelnorte.org](http://www.healthypasodelnorte.org).

**Get Involved:** The Consortium is committed to ongoing collaboration where all partners are welcome, empowered, and unified to achieve the vision.

To learn more about the El Paso Behavioral Health Consortium, the 2021 El Paso County Behavioral Health System Assessment, or the Consortium Leadership Councils, contact Enrique Mata, Executive Director, Paso del Norte Center at Meadows Mental Health Policy Institute, at [emata@mmhpi.org](mailto:emata@mmhpi.org), 915-253-0287 or Sandra Day, Associate Program Officer, Paso del Norte Health Foundation, at [sday@pdnfdoundation.org](mailto:sday@pdnfdoundation.org), 915-544-7636.



Please Note: The El Paso Behavioral Health Consortium does not provide health services of any type, such as mental health, substance abuse, or other services. The following are resources to help those seeking behavioral health services:  
 2-1-1 El Paso Resource Referral System - Dial 211  
 24-Hour Mental Health Crisis Line - Dial 9-8-8 or (915) 779-1800  
 National Suicide Prevention Lifeline - Dial (800) 273-TALK (8255)