



### **Meeting Notes**

September 19, 2022

8:30 a.m. - 10:00 a.m.

Paso del Norte Health Foundation

221 N. Kansas, 19<sup>th</sup> Floor

El Paso, Texas 79901

Meeting Room C

#### **Attendees:**

Adela Alonso  
Anna Apodaca  
Sharon Butterworth  
Cathy Gaytan  
Gilda Gil  
Santiago Gonzalez  
Emily Hartmann  
Josue Lachica  
Ronsoni Long  
Laura Marquez  
Enrique Mata  
Rosie Medina  
Claudia Munoz  
Celeste Nevarez  
Dr. Carmen Olivas-Graham  
Kathy Revtyak  
Ashley Sandoval  
Ivonne Tapia  
Isidro Torres  
Kathie Valencia  
Mary Velasquez  
Chris Villa  
Valerie Watters  
Claudia Woods

#### **Representing:**

City of El Paso Community and Human Development  
Unite Us  
Paso del Norte Center at Meadows Institute  
El Paso Child Guidance Center  
Paso del Norte Children's Development Center  
El Paso Human Services  
Paso del Norte Health Information Exchange (PHIX)  
Paso del Norte Center at Meadows Institute  
Strong Families Family Advisory Council  
Paso del Norte Children's Development Center  
Paso del Norte Center at Meadows Institute  
County of El Paso Juvenile Probation Department  
Texas Department of Family and Protective Services  
Emergence Health Network  
Socorro ISD/ El Paso Comm. College Board  
El Paso Child Guidance Center  
Emergence Health Network  
Aliviane Inc./Chair Family Leadership Council  
NAMI El Paso  
El Paso Center for Children  
El Paso Center for Children  
Helix Solutions/Strong Families Local Evaluator  
Nurse Family Partnership/University Medical Center  
Emergence Health Network

### **Welcome and Introductions**

Ivonne Tapia convened meeting at 8:35 a.m. and called for introductions. Cathy Gaytan welcomed Ms. Claudia Munoz the new Regional Director for Texas Department of Family and Protective Services and Ms. Valerie Watters from the University Medical Center Nurse Family Partnership Program.

### **Unite Us Presentation**

Ms. Anna Apodaca with Unite Us presented a brief history about the organization and the robust resource referral directory, service options and other benefits that the organization manages. She responded to questions from the group. PowerPoint slides are included with these meeting notes.

### **Reflections from the July 28th Consortium 2.0 Event**

Ivonne Tapia, Cathy Gaytan, and Enrique Mata provided an overview of the July 28<sup>th</sup> Consortium 2.0 Event. Mr. Mata shared the new brochure and flyers that were developed for the next phase of Consortium work. Ms. Gaytan identified some text missing from the FLC flyer in comparison to some draft documents she had from previous meetings. Mr. Mata thanked Ms. Gaytan for identifying the error and reinforced to the group that these documents are intended to be living references that will be adjusted as needed. He called on all FLC Members to review and advise on any needed edits. The group discussed the number of work groups and task forces that the FLC will have. Mr. Mata commented that a Consortium Legislative Task Force came together to explore a community request to the State Legislature for a State Hospital redesign plan. The group also discussed the importance of the Collaboration Work Group that developed site visits and networking gatherings for the Consortium partners to learn more about each other's organizations. The group agreed that the Collaboration Work Group needs to remain and Ms. Kathy Revtyak agreed to continue as the Work Group Leader.

### **Strong Families - Community Change Initiative**

Ms. Valencia provided a brief progress report presentation on the Strong Families Community Change Initiative. She commented that the ABT Evaluation Firm representatives were in town for four days the week of September 12<sup>th</sup>. Chris Villa, local program evaluator reported on the importance of the survey he is requesting from the FLC Members. Ms. Valencia also commented on the diversity, equity, and inclusion grant partners. She thanked all the FLC partners for their contributions to the Strong Families project success. Ms. Valencia added that October 1<sup>st</sup> will mark the beginning of the last year of funding for the Strong Families project. She explained that there are still resources available for a second strategic doing session. The FLC Partners will explore scheduling a session with Ms. Valencia. PowerPoint slides are included with these notes.

### **Work Group Reports**

- **Help Me Grow** – Gilda Lopez-Gil announced that Ms. Laura Marquez will take on the lead role for the Help Me Grow El Paso project. She also reported that the project will be receiving funding support from the Texas Council on For Developmental Disabilities startup funding

from the Texas Health and Human Services Commission, and a Paso del Norte Health Foundation grant.

- **Foster Care** - Santiago Gonzalez with El Paso Human Services reported that there is a Foster Children work group that meets regularly. He recommended that presence on that group from the Family Leadership Council would be beneficial for coordination of programs. Ms. Claudia Munoz commented on the Region 9/10 efforts to improve children without placement conditions. She explained that currently there are only 2 children who require 24-hour supervision under the child protective services division. Ms. Munoz responded to questions from the group.

### Other Business

- Ms. Tapia thanked the FLC members who supported the Aliviane Gala. The funds raised are going to help with their new residential center.
- Ms. Cathy Gaytan commented that El Paso Child Guidance Center will be hosting their annual roast. Announcements will be sent out soon.
- Dr. Carmen Graham reported that a local Veterans Conference is planned for October 22<sup>nd</sup> and that the Veterans group she is helping to convene will host the State Veterans conference in El Paso next year. During the Veterans conversation, Aliviane was recognized for their efforts to bring the Modern Warriors program to El Paso.
- Isidro Torres commented that NAMI El Paso will be hosting the annual Nami Walk on October 8th. He stated that this is the last year that the mixed virtual and in person options will be offered. ‘
- Kathy Revtyak announced the newly formed West Texas Trauma Informed Care Consortium will be hosting a launch event on November 17th. More information to come.
- Emergence Health Network representatives shared information on the Multi Systemic Therapy Program that will be continuing to provide services for the Juvenile Probation Department, but now also has funding to cover individuals who are not yet in the justice system.
- The City of El Paso Community Development Department is hosting several virtual community forums to gather feedback on possible community projects. Ms. Alonso will send the link information for the September 20<sup>th</sup> sessions later in the day.

### Adjourn

Ms. Tapia thanked everyone for participating and adjourned the meeting at 10:02 am.



# Coordinating Care

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# What's the goal?



Through Unite Us, we're **building a network of community partners** across the state, equipped with the tools they need to collaborate across sectors and **create a more equitable community.**

# What is a coordinated care network?

A coordinated care network connects community partners (such as social service organizations, government agencies, and health care providers) to deliver integrated whole person care through a shared technology platform (Unite Us) to:

- Make electronic referrals
- Securely share client information
- Track outcomes together
- Inform community-wide discussion



# Connecting People to Care



# Client privacy is our priority.

- 1** We never share client data without **consent**.  
Consent offered in +30 languages
- 2** We **protect** clients' most sensitive information.  
Substance use and other sensitive information is never shared beyond the service provider.
- 3** We keep client data **secure**. Period.  
The Unite Us Platform is **HIPAA** compliant and **HITRUST** certified.





A group of people in a meeting room, with a woman pointing at a laptop screen. The scene is dimly lit, suggesting an evening or indoor setting with artificial light. The people are focused on their work, with some looking at laptops and others at each other. The overall atmosphere is professional and collaborative.

It's more than referrals.  
**It's coordination.**

# Your Thought Partner for Health Equity

When you partner with us, you're getting:



## Community Engagement

- Creation of trusted access points such as faith-based centers, barbershops and more
- Attention to translation needs, accessibility, and equitable interactions with users



## Innovation

- A platform for coordination that supports strategic, place-based initiatives
- The first-ever solution to prioritize payments for social care on a national scale



## Data & Insights

- Dashboards highlighting disparities in services across intersecting demographics
- Outcomes-focused technology to provide insight on reinvestment strategies
- A commitment from us to treat and honor all data with integrity and security



## Strategy

- Long-term partnership for strategy and policy development
- An opportunity to lead the transformation to value-based social care



**Let's jump into the network...**

NEW

Referrals 2

Clients Requiring Action

REFERRALS

In Review

Recalled

Rejected 1

Sent

Pending Consent

Needs Action

In Review

Open

Closed

All

Drafts

Closed

CASES

Open

Out of Network

Closed

All

Service Type 1-2 of 2

SENDER	CLIENT NAME	SERVICE TYPE	STATUS	DATE RECEIVED
African American Cultural Group	Anita Baker	Job Search/Placement	Needs Action	Jul 13
African American Cultural Group	Melody Cross	Job Search/Placement	Needs Action	Jun 27

NEW

Referrals 2

Clients Requiring Action

REFERRALS

In Review

Recalled

Rejected 1

Sent ★

Pending Consent

Needs Action

In Review

Open

Closed

All

Drafts

Closed

CASES

Open

Out of Network

Closed

All

← BACK

### Anita Baker's Referral

**NEEDS ACTION**

SENDER	African American Cultural Group	RECIPIENT	Training and Employment Experts
SENDING NETWORK	Unite Wisconsin Demo Network	DATE SENT	7/13/2022 at 9:30 am
SERVICE TYPE	Job Search/Placement	LAST INTERACTION	No Interactions Yet

REFERRAL DESCRIPTION

Anita is looking for part time employment while she's in school.

ASSESSMENTS

Military Information  
 UU Employment Assessment *(Not Started)*

DOCUMENTS

No Attached Documents  
 Attach or Upload a Document

TAKE ACTION

Add New Note

Interaction    Other

Anita Baker

GO TO FACE SHEET

Mobile: (123) 456-9181 *Primary*

anita.baker42@gmail.com

1425 North Clark St Unit 5  
 Milwaukee, WI 53216  
 Milwaukee County

DATE OF BIRTH  
 9/18/2001 *(Age 20)*

RACE  
 Black/African American

ETHNICITY  
 Not Hispanic or Latino

MARITAL STATUS  
 Undisclosed

GENDER  
 Female

Case Coordinator

# Network Standards

The maximum length of time partners should take to respond to a referral	<b>Within two (2) business days</b>
The maximum length of time partners should take to make first contact with a client in response to a referral	<b>Within three (3) business days</b>
How many attempts should be made to contact an unresponsive client before closing a case or referral	<b>Three (3) attempts over ten (10) business days</b>
How regularly organizations should review/update their organization and program information	<b>Once a quarter/as needed</b>
How regularly organizations should update their user information when users leave the organization/should no longer have access	<b>Within two (2) business days of change in user access</b>
The maximum length of time users should take to close clients' cases once they know the outcome	<b>Within two (2) business days of resolution</b>
Which organizations are responsible for following up on an electronic client referral to ensure appropriate services have been received and that the loop is closed	<b>Each referring agency will document their follow up on any referral they make to ensure the loop is closed.</b>



# Questions?

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# Get in Touch

[www.UniteUs.com](http://www.UniteUs.com)

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## Anna Apodaca

Community Engagement Manager  
anna.apodaca@uniteus.com

[Schedule a meeting with Anna!](#)

## Follow Us



Schedule a Workflow Conversation



Submit Your Partner Registration Form



Attend a Software Training



Be a Network Champion



## ***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@pdnfoundation.org](mailto:sday@pdnfoundation.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 - 211*

*24-Hour Mental Health Crisis Line - 9-8-8 or (915) 779-1800*

*National Suicide Prevention Lifeline - (800) 273-TALK (8255)*



***Collaborating to build better options for our community***



### Leadership and Vision

The El Paso Behavioral Health Consortium envisions an accessible, person-centered behavioral health system of care in the El Paso region. Its actions are informed by community leaders and available data including a series of El Paso County behavioral health system assessments the most recent conducted in 2021.

The Consortium developed strategic leadership councils to seek out and engage organizations, existing stakeholder work groups, and other behavioral health champions and change agents in communication, coordination, and collaboration to achieve the vision.

### Strategic Leadership Councils

The Consortium Leadership Councils include leaders and key stakeholders with influence on priority areas identified by the series of El Paso Behavioral Health System Assessments. Each Leadership Council is led by a Chair and Vice Chair with knowledge and expertise in the identified arena. Leadership Councils engage existing stakeholder work groups, and other behavioral health champions and change agents in collaborative projects and organizational policy change through information and knowledge exchange to maximize resources and expand and enhance service options for access where and when they are needed.

#### Family Leadership Council

The Family Leadership Council works with child, adolescent and family health organizations, other child-serving agencies, and natural support systems to transform El Paso County into a model community for child and family behavioral health services and support.

#### Justice Leadership Council

The Justice Leadership Council works with Justice System leaders and stakeholders as they transform the current system to support person-centered, recovery-oriented care and treat as many people as possible in health care settings instead of within the criminal justice system.

#### Integration Leadership Council

The Integration Leadership Council works with primary care and other healthcare providers to increase collaboration, coordination and integration of mental health and substance use service options into primary care settings by; improving organizational policies and practices, increasing availability of trained and credentialed workforce, expanding, and enhancing model behavioral health and recovery supports into primary care settings.

### Consortium Aim

The Consortium is committed to ongoing collaboration where all partners are welcome, empowered, and unified to achieve the ideal behavioral health service and support system.

### The Ideal Behavioral Health System is:

- An inclusive collaborative system (including criminal justice, law enforcement, veterans' services, juvenile justice, child welfare, schools, homeless providers, health systems).
- Organized within whatever resources are available at every level (policy, program, procedure, and practice).
- Customer-driven and focused on meeting or exceeding the service and support needs of individuals and families.
- Person-centered, recovery and resiliency oriented.
- Integrated, trauma-informed, culturally competent, and organized from a population health perspective.
- Set up to meet the needs of individuals and families with complex, co-occurring conditions of all types (mental health, substance use, medical, cognitive, housing, legal, parenting, etc.); and
- Prepared to support individuals and families as they make progress to achieve the happiest, most hopeful, and productive lives they possibly can.



## Opportunities and Objectives

### 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 systems. \*There is a particular need to develop additional intensive, evidence-based outpatient services, for which need currently exceeds capacity (e.g., Multisystemic Therapy).

**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

### Workforce Capacity

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

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## Opportunities and Objectives

**Opportunity for Change #1:** Expand and enhance coordination of mental health and substance use care within the primary care setting.

**Strategy 1:** Identify active collaborative care models being implemented in the region and engage the model champions to participate on the Integration Leadership Council.

**Strategy 2:** Initiate a data sharing and integration work group or engage an existing work group (e.g., PHIX partners) to explore how expanded data sharing can improve coordination and collaboration among primary care, mental health and substance use service providers.

**Strategy 3:** Explore opportunities for integration of behavioral health care manager (BHCM) staff within area primary care practices.

**Strategy 4:** Identify active regional navigation systems, peer support and promotor/a programs, and other related resources and engage model champions to inform on ways to enhance coordination of care for individuals and families.

**Strategy 5:** Engage with substance use service providers to strengthen network communication and implementation of best practice substance use prevention, support, and treatment programs.

**Strategy 6:** Increase employer knowledge of the importance of integrated care and employee health insurance coverage options for mental health and substance use care.

**Strategy 7:** Identify model tools to improve knowledge and empower individuals and families to understand care integration and increase their skill in use of third-party coverage options for mental health and substance use care.

**Value Proposition:** Effective integration of mental health and substance use care within the primary care setting contributes to reduction of stigma and negative bias, emotional well-being, effective management of addiction and reduces potential for mental health or substance use related crisis situations.

**Opportunity for Change #2:** Engage with regional employers and higher education institutions to introduce and enhance programs that lead to student completion of degrees, licenses, certifications, and other credentials for immediate and sustainable employment in mental health occupations (e.g., LPC, LMS, LCSW, Licensed Clinical Psychologist, Psych NPI).

**Strategy 1:** Obtain current data on supply and demand for various mental health and substance use care positions and the related education programs available to address needs and grow credentialed professionals who will practice in the region.

**Strategy 2:** Implement evidence-based education and training programs for primary care providers (e.g., physicians, nurses, pharmacists) to increase knowledge and skill in effective and efficient mental health and substance use screenings and care coordination.

**Strategy 3:** Explore areas where policy and practice changes will lead to lasting improvements in educational attainment and sufficient employer reimbursement to maintain service availability at optimal levels.

**Value Proposition:** Implementation of model higher education and training programs in the region will reduce reliance on recruitment from other regions, provide opportunities to aspiring local students, and enhance the ability of local health professionals and service providers to maintain vital services at optimal levels. Improving third-party coverage options, knowledge and awareness for employers and employees will contribute to timely treatment and help prevent mental health and substance use crisis situations.

**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.

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## Opportunities and Objectives

**Opportunity For Change #1:** Expand and enhance mental health and substance use crisis response from police to a multi-disciplinary approach.

**Strategy I:** Grow the current Crisis Intervention Team (CIT) co-responder model (a mental health clinician deployed in the same vehicle with law enforcement in operation since 2019) to offer a similar approach through other law enforcement teams (e.g., El Paso County Sheriff, City of Socorro Police, El Paso Independent School District Police, and others).

**Strategy II:** Explore evidence-based enhancements for optimal mental health and substance use crisis response. Model approaches include CIT team use of electronic tablets (CORE Model) for Mental Health provider virtual access on site.

**Strategy III:** Create and integrate a medical stability protocol with El Paso Fire Department/Emergency Medical Services and El Paso Police Department coordinating a three-prong approach where possible and appropriate.

**Value proposition:** The current model for mental health and substance use crisis intervention is not available 24/7 in all areas of El Paso County. By utilizing other law enforcement officials in coordination with Emergence Health Network, El Paso can refine and replicate a model response. In addition, taking the CIT team to new heights by creating a true multi-disciplinary response inclusive of exploring use of tablets (CORE Model) for Mental Health provider virtual access on site and coordinating a three-prong

**Opportunity For Change #2:** Expand and Enhance crisis dispatch services including integration and coordination of 9-1-1 and 9-8-8 dispatch teams.

**Strategy I:** Create a long-term central location to house City and County 9-1-1, 3-1-1, and 9-8-8 dispatch services.

**Strategy II:** Implement model algorithms (procedures and practices) for appropriate triage of calls to the call center and appropriate dispatch of services suited to the individual's needs.

**Strategy III:** Monitor 9-1-1, 3-1-1 and 9-8-8 dispatch data including crisis line calls, crisis diversions, response outcomes, and others to assist in evaluating and documenting progress.

**Strategy IV:** Explore policy change to maximize timely information sharing for all providers – including mental health and substance use service providers (e.g., convert to opt out rather than opt in for consent). Both federal and state law permit this practice change.

**Strategy V:** Explore dispatch service collaboration with the Paso del Norte Health Information exchange to increase accuracy and precision of crisis triage and response.

**Value Proposition:** Maximizing use of technological advances to ensure timely, confidential information exchange with appropriate levels of access for accurate and precise decisions at crisis triage, response, stabilization, and discharge will contribute to improved health outcomes and greater opportunity for lasting recovery from mental illness or substance use conditions.

**Opportunity For Change #3:** Create crisis respite options to address gaps for conditions such as competency restoration.

**Strategy I:** Design and build a facility within the reserved space at the County jail annex with capacity for expanded outpatient, short term observation, and transitional living service options.

**Strategy II:** Increase community partner collaboration to provide timely and appropriate support services for individuals receiving care at the new jail annex facility.

**Value Proposition:** Creating transitional support options outside of incarceration and inpatient psychiatric care contributes to improved opportunities for lasting recovery and decreased need for justice system interaction to address mental health and substance use conditions.

**Opportunity For Change #4:** Increase availability of full-service extended observation units that include medical clearance.

**Strategy I:** Collaborate with Emergence Health Network to expand and enhance current service options available in the 1600 Montana extended observation unit.

**Strategy II:** Explore collaborative partner options to scale full service extended observation units within the El Paso County area.

**Value Proposition:** Easily accessible full service extended observation units increase opportunity for timely and appropriate crisis triage, management, and recovery. Creating a setting with quality medical stabilization, mental illness and substance use service and support options decreases the burden placed on local emergency rooms that are not prepared to address crisis behavioral health needs including emergency detention order related services.

**Opportunity For Change #5:** Expand and enhance reentry and justice supported recover options to encourage effective reintegration, reduce recidivism, improve individual opportunities for lasting recovery and promote community safety

**Strategy I:** Collaborate with the County of El Paso and Emergence Health network to offer program options for judges to consider as alternatives to incarceration (e.g., Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT) Assisted Outpatient Treatment (AOT) and medication assisted therapeutic (MAT) approaches).

**Strategy II:** Collaborate with the County of El Paso to create successful and lasting reentry supports effectively utilizing grants from the Bureau of Justice Assistance (BJA), the Substance Abuse and Mental Health Services Administration (SAMHSA), and others. Services will include case management (>6 months support) and system navigation support, supported housing, life skills and workforce reintegration support, peer support specialists and other model programs.

**Strategy III:** Collaborate with the University of Texas El Paso (UTEP) and other third-party evaluators, in a research-practitioner partnership to guide grant related planning and implementation, identify and track key metrics to inform progress, and engage in modifying programs as needed to meet funded target deliverables.

**Strategy IV:** Increase availability of credentialed providers including providers that can provide Medication Assisted Therapy (e.g., methadone, buprenorphine, suboxone) as part of a well supported plan of care.

**Value Proposition:** Providing individualized case management (>6 months support) and related illness management support to encourage effective reintegration into society promotes community safety, contributes to reductions in recidivism and improves individual's opportunities for lasting recovery.

**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 united 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@mnhpi.org](mailto:emata@mnhpi.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 1800 273-TALK (6255)



# Strong Families

## Community Change Initiative Grant

September 2022

# Strong Families Grant Update

- Parent Café Workshops – 164 Cafes / 1,117 Participants (09-2019 thru 08-2022)
- System Navigations – 248 referrals (09-2019 thru 08-2022)
- DEI partners: United Way, JPD, CASA/65<sup>th</sup> District Court, Emergence Health Care Network, El Paso Center for Children
- ABTs External Evaluation Team conducted a site visit to El Paso – Interviewed several community partners
- ABTs survey will be sent in October
- Helix Solutions local evaluation team – survey – September
- Strategic Planning meeting – FLC