



Meeting Notes
March 21, 2023
8:30 a.m. - 10:00 a.m.

Paso del Norte Health Foundation
221 N. Kansas, 19th Floor
El Paso, Texas 79901
Meeting Room C

Attendees:

Sharon Butterworth
Sandra Day
Adrian Duran
Cathy Gaytan
Josue Lachica
Jillian Longway
Ismael Lopez
Laura Marquez
Dr. Sarah Martin
Amanda Martinez
Enrique Mata
Celeste Nevarez
Aleczi Padilla
Nicole Schiff
Kathie Valencia
Al Velarde
Mary Velázquez
Valerie Watters

Representing:

Paso del Norte Center at Meadows Institute
Paso del Norte Health Foundation
El Paso Center for Children
El Paso Child Guidance Center
Paso del Norte Center at Meadows Institute
TTUHSC El Paso CPAN/TCHAT
Endeavors El Paso
Paso del Norte Children's Development Center
TTUHSC El Paso CPAN/TCHAT
Socorro ISD
Paso del Norte Center at Meadows Institute
Emergence Health Network
City of El Paso Department of Public Health
Paso del Norte Center of Hope
El Paso Center for Children
Paso del Norte Center for Children
El Paso Center for Children
Nurse Family Partnership

Welcome and Introductions

Cathy Gaytan convened the meeting at 8:34 a.m. and called for introductions.

Synergy Session Results – Ms. Gaytan calls on Enrique Mata and Josue Lachica to provide an overview of the Family Leadership Council Synergy Session. Mr. Mata summarized the event

and the resulting Opportunities for Change, related strategies, and next steps. The groups entered into a lively discussion on next steps. The slides from the synergy session are included with these notes.

Strong Families - Community Change Initiative - Ms. Valencia provided a brief progress report presentation on the Strong Families Community Change Initiative. PowerPoint slides are included with these meeting notes.

Help Me Grow Initiative - Gilda Gil and Laura Marquez shared their progress in development of the HMG initiative. They expressed the importance of having FLC members participate in an upcoming survey that Mr. Lachica will share the link to the survey via email. The Texas Institute for Excellence in Mental Health at UT Austin is conducting a statewide survey for all early childhood professionals involved in coalition work. The survey should take fifteen minutes of your time. Responses are requested by 5pm March 24, 2023. They explained that the survey results will be shared as soon as UT Austin releases them.

Adjourn – Cathy Gaytan Adjourned the meeting at 10:04 am



Strong Families Community Change Initiative Grant

March 2023

Strong Families Grant Update

September 2018 - 2023

- Parent Cafés - 250
- Parent Café Participants - 1800
- Parent Café Host Training – April 2023
- DEI project – EPCfC, JPD,
- Strong Families Community Sustainability –
 - HOPES Supplemental – Parent Cafés, Family Advisory Council, Partners using Parent Cafés
 - FAYS Grant - Parent Cafés, Family Advisory Council
 - Currently, the FRC has blended activities that use System Navigation and Parent Cafés
- Living the Protective Factor – Training for Trainers – we will provide upcoming education/awareness for the protective factors.



75 years of
CHILDREN'S



Special guest speakers, Team Agar



*Scan for a message
from Johnny Agar*

SAVE THE DATE

75TH ANNIVERSARY LUNCHEON

THURSDAY, AUGUST 17, 2023 • 11:30 AM

STARLIGHT EVENT CENTER

6650 CONTINENTAL DR. EL PASO, TX 79925

Celebrate over seven decades of making a difference in the lives of children with special needs! Enjoy delicious food, learn about our impact over the last 75 years, and hear from speakers, Team Agar – an inspiring father-son-duo with more than 200 races under their belts, including a full Ironman.

CONTACT: (915) 544-8484 OR RUSSELL.BOOTH@PDNCHILDRENS.ORG



MEADOWS
MENTAL HEALTH
POLICY INSTITUTE

Creating Consortium FLC Synergy

El Paso Behavioral Health Consortium Family Leadership Council Synergy Session
El Paso, Texas, February 8, 2023



WELCOME



PASO DEL NORTE HEALTH FOUNDATION

MEADOWS
MENTAL HEALTH
POLICY INSTITUTE

PASO *del* NORTE CENTER
Meadows Mental Health Policy Institute



**PASO *del*
NORTE
CENTER**

Meadows Mental Health
Policy Institute

PASO *del* NORTE CENTER

Meadows Mental Health
Policy Institute

Enrique Mata, Executive Director
Josue Lachica, Project Manager

The Paso del Norte Center provides trusted policy and program support to **cultivate collaboration and create lasting improvements** so that mental health and emotional well-being* services and support are available where and when they are needed.

Mental Health and Emotional Well-Being Defined

- “Mental health” includes our emotional, psychological, and social well-being and affects how we think, feel, and act.
- “Emotional well-being” is an overall positive state of one’s emotions, life satisfaction, sense of meaning and purpose, and ability to pursue self-defined goals.

In this context we intend the two to be inclusive of behavioral health and recovery from conditions related to mental illness, substance use and addiction



AN FLC HISTORICAL REVIEW

Promoting Emotional Well-Being and Early Intervention

“What we’ve begun to realize is that defining mental illnesses based on the onset of psychosis is a little bit like waiting until someone has a heart attack to say they have heart disease.”

-TOM INSEL, M.D., Former Director Of The National Institute Of Mental Health

Three Pronged Approach



Increasing availability to education, peer support, and resource navigation support



Cultivating collaboration for an Improved system of care



Promoting lasting improvements in policy and practice

“with limited resources to serve our families, bad things will happen. But we will never move forward to make improvements if we do not maintain community unity. We will instead continue to point fingers and blame each other for the bad situations when, in fact, we should be taking action with collaborative solutions.”

- **Sandy Rioux, Former Executive Director El Paso Center for Children**

True cross sector collaboration requires organizations to:

- exchange information for mutual benefit,
- alter activities,
- share risks and resources,
- and work to enhance each other's capacity to achieve a common purpose.

It can take years for such cross-organizational trust to be built.

Continuum to Achieve Collaboration

Networking

Exchanging information for mutual benefit

Coordinating

Exchanging information for mutual benefit, and altering activities to achieve a common purpose

Cooperating

Exchanging information for mutual benefit, and altering activities and sharing resources to achieve a common purpose

Collaborating

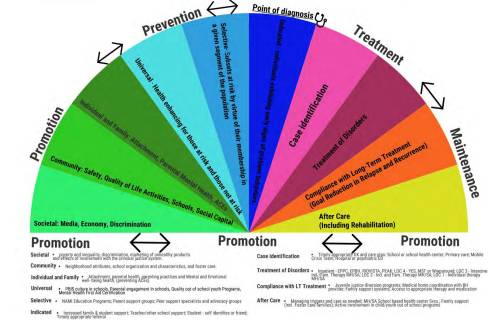
Exchanging information for mutual benefit, and altering activities, sharing resources, and enhancing the capacity of another to achieve a common purpose

Collective Impact Informed Approaches

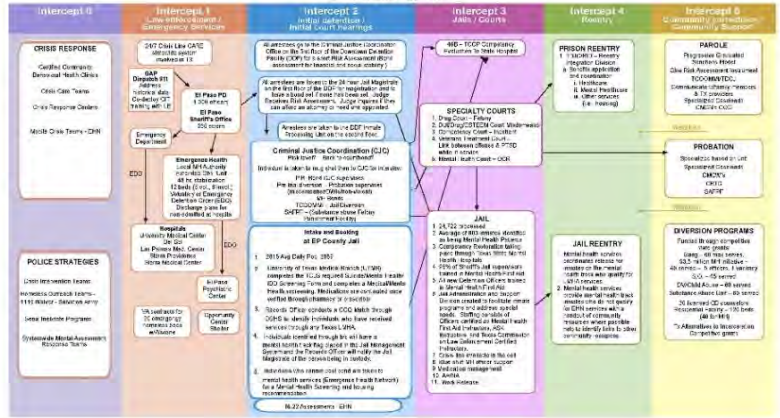


2020 Continuum Of Care Model for El Paso County Child and Family Behavioral Health

Source: Based on the 1998 OHSU Collaborative Model. The model was adapted to meet the needs of El Paso County. The model was updated in 2010. The model was updated in 2017. The model was updated in 2020. The model was updated in 2021. The model was updated in 2022. The model was updated in 2023. The model was updated in 2024. The model was updated in 2025. The model was updated in 2026. The model was updated in 2027. The model was updated in 2028. The model was updated in 2029. The model was updated in 2030.

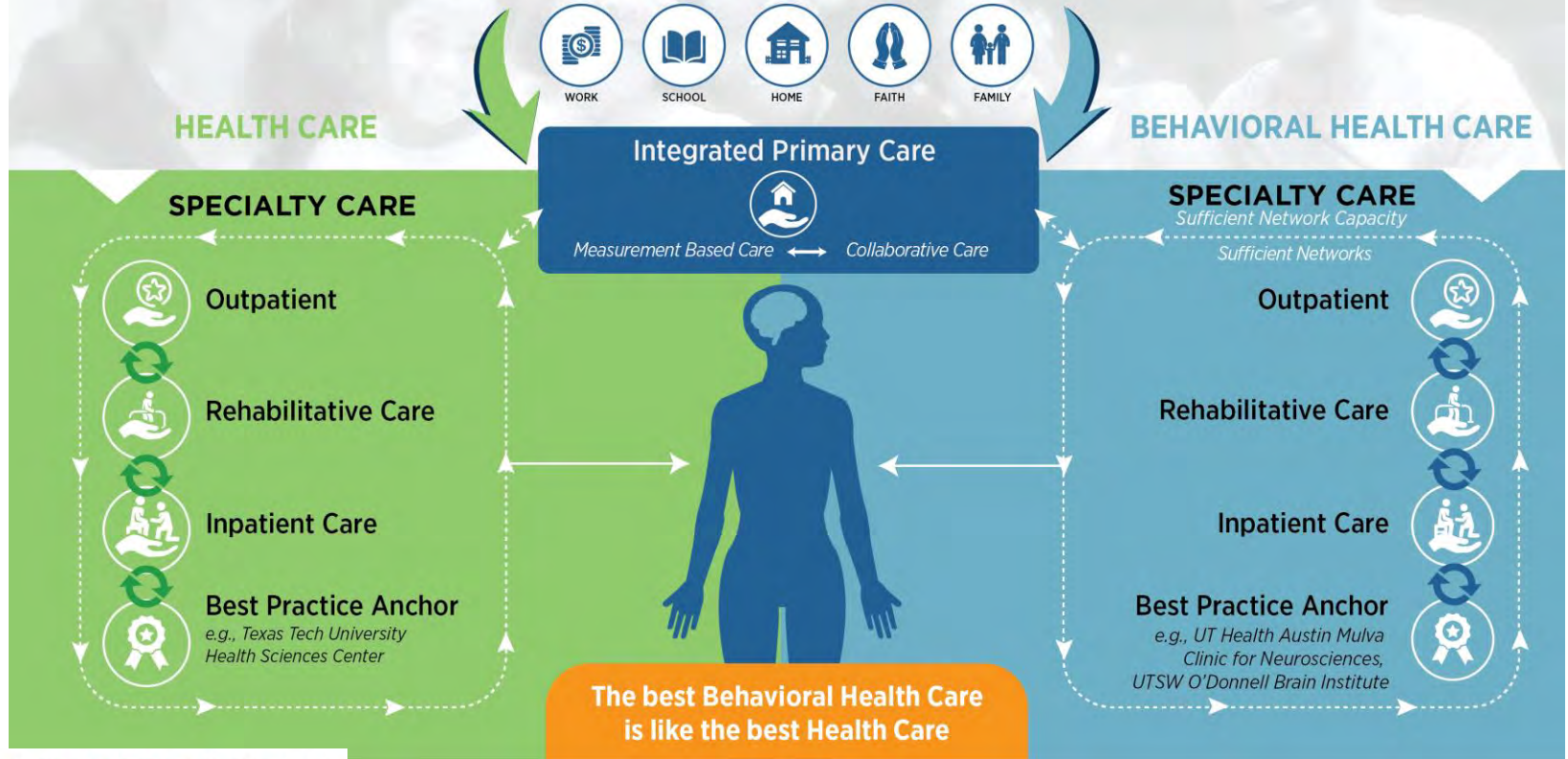


2017 El Paso County Sequential Intercept Map El Paso County, Texas



THE IDEAL EL PASO BEHAVIORAL HEALTH SYSTEM

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



Common Agenda approved by Consortium Executive Committee

Shared Measures and Progress Indicators Identified through the Behavioral Health System Assessment and approved by Consortium Leadership Councils



El Paso Behavioral Health System Assessment

- The 2021 El Paso County Assessment
 - Hopeful basis for the El Paso's next steps in improving mental health and substance use service and support
 - Report completed by MMHPI by May 1, 2021.
 - Work is underway for reengaging partners and convening Leadership Councils and work groups.

EPBHC Leadership Council

2022-2025 Priority Development Process

2021 El Paso Behavioral Health Needs Assessment and other relevant data

- Confirm progress from previous years
- Gather relevant data and community input

Data Analysis

- Identify anticipated gaps in service
- Development of specific recommendations for action

Prioritizing opportunities for system improvement

- Convening JLC partners and other stakeholders
- Review recommendations and identify JLC priorities and key partners
- Update El Paso's Sequential Intercept Model (2022)

Strategy Development

- Confirm Priority Goals
- Work Group or Task Force Teams
- Develop Action Plans

January 2023 - We are Here



Promoting Collaborative Care (*Evidence Based*)

- Primary Care Provider
- Patient
- +
- Behavioral Health Care Manager
- Psychiatric Consultant



2017 Medicare codes introduced – now over 40 commercial carriers plus an increasing number of Medicaid agencies code

Integration Leadership
Council
Dr. Tewiana Norris Chair

PASO del NORTE CENTER
Meadows Mental Health Policy Institute
Facilitator/Technical
Support

Consortium Legislative
Task Force – State
Hospital System
Redesign

Nonprofit Providers:
Texas Tech HSC El Paso
University Medical Center
El Paso Children's Hospital
FQHCs and
State Hospital System

For profit hospital
Systems HCA and Tenet
Private providers
urgent care/ER
providers

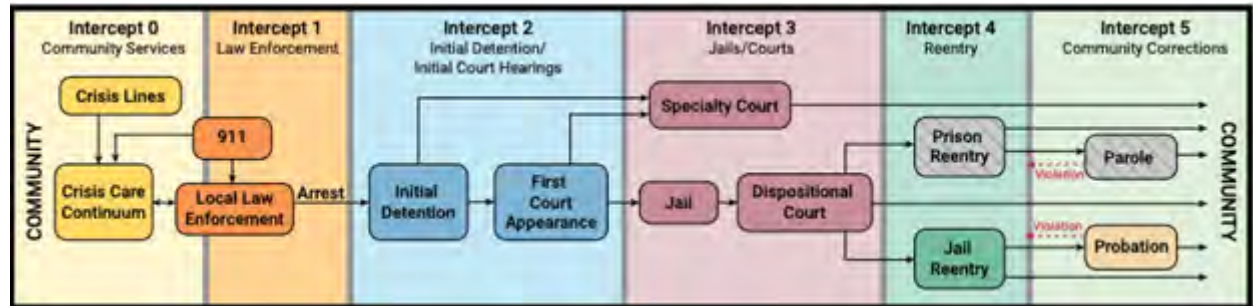
For profit Behavioral
Health Systems
Rio Vista Hospital
El Paso Behavioral
Peak Behavioral




Justice Leadership Council
OF THE EL PASO BEHAVIORAL HEALTH CONSORTIUM

System Improvement In the PdN region

- Expanding and Enhancing Crisis Response
- Activating and Exploring improved response
 - 911
 - 988
 - 211 - 311
- Improving timely, accurate, confidential record sharing



Justice Leadership Council

OF THE EL PASO BEHAVIORAL HEALTH CONSORTIUM



Justice Leadership Council
Sheriff Wiles Chair
Chrystal Davis Vice Chair


PASO del NORTE CENTER
Meadows Mental Health Policy Institute

Facilitator/Technical Support

Jail Diversion Committee
SIM Intercepts 0,1,2



Justice Leadership Coordinating Committee



Reentry Task Force (BJA)
SIM Intercepts 3,4,5



Family Leadership Council

Family Leadership Council

OF THE EL PASO BEHAVIORAL HEALTH CONSORTIUM



Family Leadership Council
Ivonne Tapia Chair
Cathy Gaytan Vice Chair

PASO del NORTE CENTER
Meadows Mental Health Policy Institute

Facilitator/Technical
Support

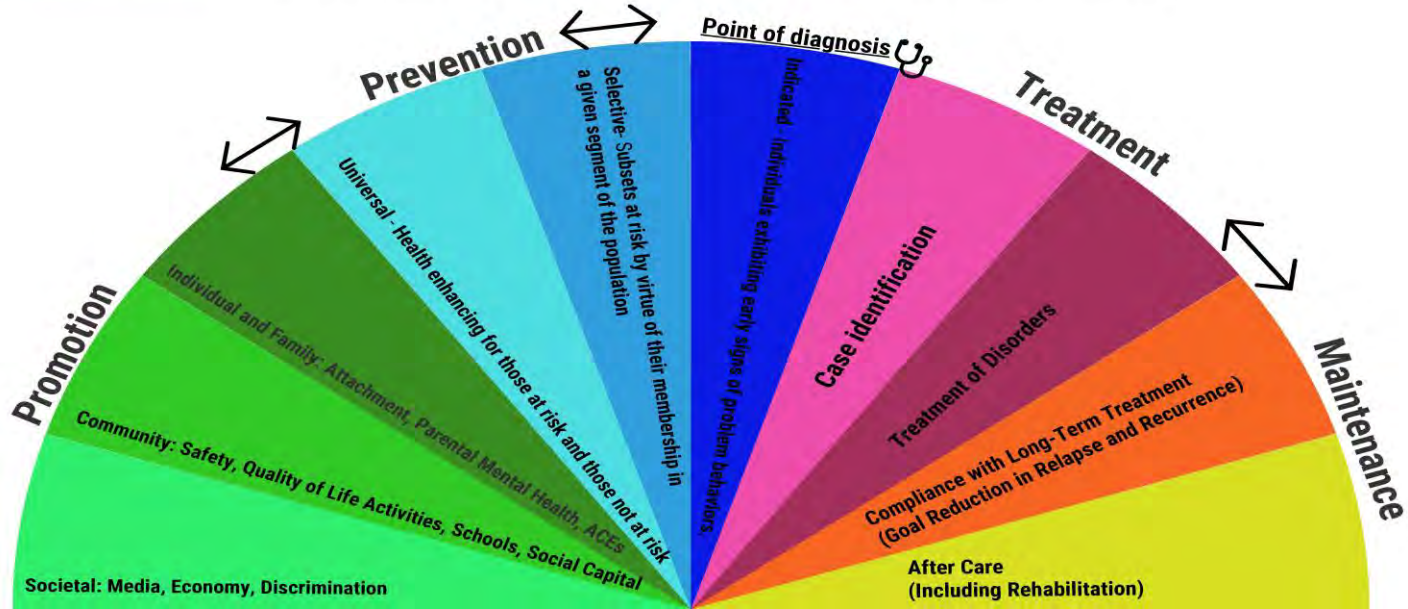
Help Me Grow Work Group
Early Childhood
Development

Strong Families Work Group
Family Cohesiveness and
Child Abuse Prevention

CPAN/TCHAT
Collaborative Care Model

2020 Continuum Of Care Model for El Paso County Child and Family Behavioral Health

Source: Based on the 1994 IOM Continuum of Care Protractor model and the Family Leadership Council Mental Health Foster Care work group service mapping of 2015-2016
Update: September 11 2019 based on changes in NAS 2019 Report Fostering Healthy Mental, Emotional, and Behavioral Development in Children and Youth: A National Agenda



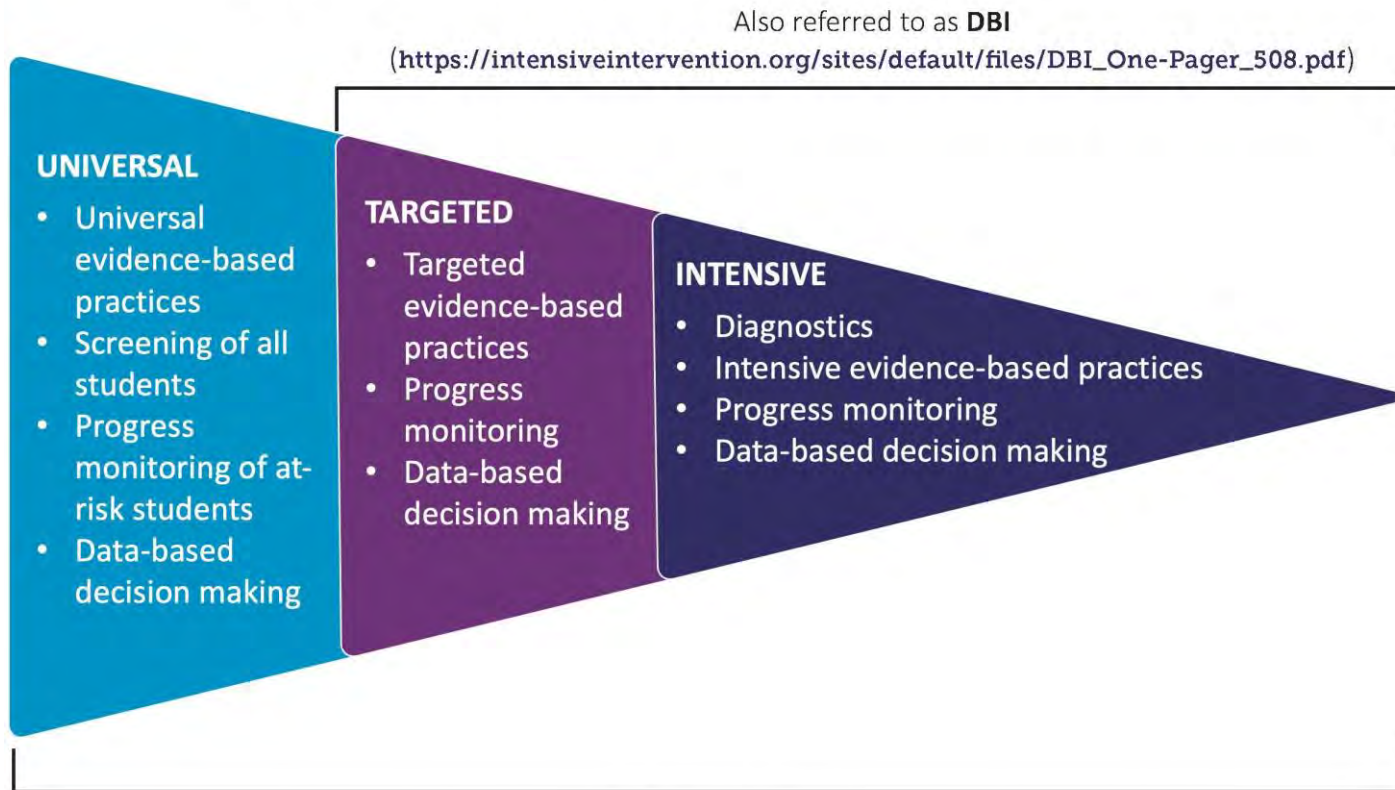
Promotion

- Societal** • poverty and inequality, discrimination, marketing of unhealthy products and effects of involvement with the criminal justice system.
- Community** • Neighborhood attributes, school organization and characteristics, and foster care.
- Individual and Family** • Attachment, parental health, parenting practices and Mental and Emotional well-being health, (preventing ACEs)
- Universal** • PBIS culture in schools, Parental engagement in schools, Quality out of school youth Programs, Mental Health First Aid Certification
- Selective** • NAMI Education Programs; Parent support groups; Peer support specialists and advocacy groups
- Indicated** • Increased family & student support; Teacher/other school support; Student - self identifies or friend; Timely appropriate referral

Promotion

- Case Identification** • Timely appropriate DX and care plan: School or school health center; Primary care; Mobile Crisis Team; Hospital or psychiatric ED
- Treatment of Disorders** • Inpatient - EPPC, EPBH, RIOVISTA, PEAK; LOC 4 - YES, MST or Wraparound; LOC 3 - Intensive Ind./Fam. Therapy MH/SA; LOC 2 - Ind. and Fam. Therapy MH/SA; LOC 1 - Individual therapy MH/SA
- Compliance with LT Treatment** • Juvenile justice diversion programs; Medical home coordination with BH provider; Family support systems; Access to appropriate therapy and medication
- After Care** • Managing triggers and care as needed; MH/SA School based health center Svcs.; Family support (incl. Foster care families); Active involvement in child/youth out of school programs

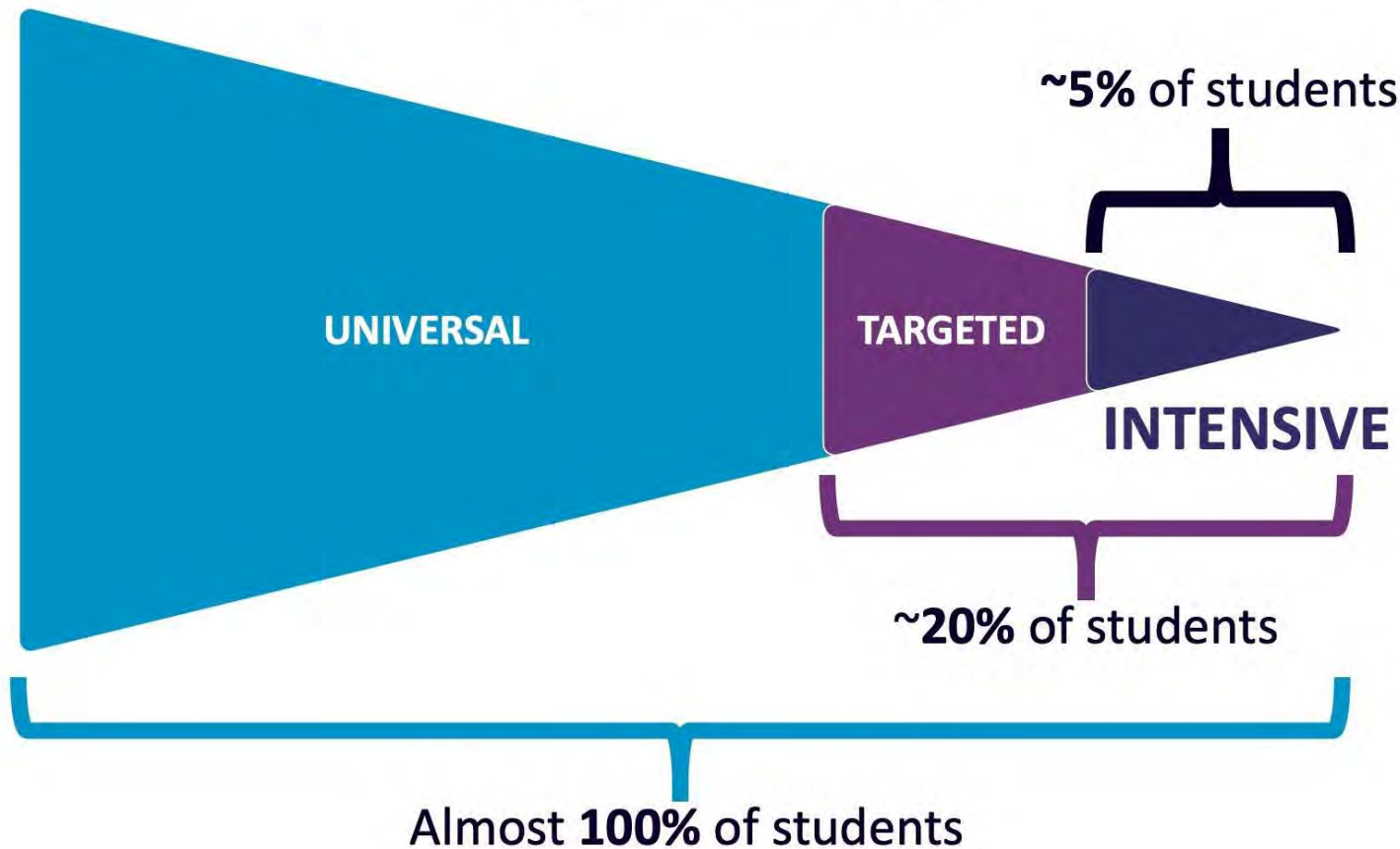
Figure 1: MTSS Components and Other Support Systems



Also referred to as

RTI (https://mtss4success.org/sites/default/files/2020-07/rtiessentialcomponents_042710.pdf)

Figure 2: The MTSS Tiers



What are we learning about collaboration?

Written commitments are complicated

We choose to do these things not because they are easy, but because they are **HARD**

- John F. Kennedy

A picture is worth a thousand words

EL PASO Behavioral Health CONSORTIUM

“Consumers of services are becoming extremely savvy about their own care and wellness. They want and deserve on-demand access to treatment and support anytime anywhere. We applaud the efforts of the El Paso Behavioral Health Consortium to collaboratively build better options for local families.”
Linda Rosenberg, President and CEO, National Council for Behavioral Health

Statements from the Consortium Executive Committee:

“This is a great time in the Paso del Norte region. El Paso County organizations and agencies are coming together to eliminate the negative bias associated with mental illness and build lasting collaboration for comprehensive person centered behavioral health.”
Sharon Rutenworth, Chair, El Paso Behavioral Health Consortium

“The El Paso Behavioral Health Consortium partners are taking a big step forward in transforming El Paso’s behavioral health system into a fully integrated, person centered system. I am excited to see our community coming together with a long term commitment to collaborate for success.”
Zulema Carrillo, Superintendent, El Paso Psychiatric Center

“The Consortium partners have a unified vision to meet the growing needs of our tri-state community. We will collaborate to make the latest in behavioral health programs and technology available to those in need and build a fully integrated system of care prepared to serve future generations.”
Janet Chirino, CEO, Del Sol Medical Center and Royal Oaks, Emergency Healthcare Network

“With ever changing policies on how behavioral health services can be delivered, it is imperative for us as a community to work as a unified force so that all in need will have access to the highest quality care and support possible now and in the future. Emergency Healthcare Network both as the Local Mental Health Authority and as major behavioral health care provider for the county is committed to ongoing collaboration as part of the Consortium.”
Kristi Daugherty, CEO, Emergency Health Network

“The Consortium is committed to using data informed strategies and community driven programs to achieve a system of care where all partners are passionately working to improve the wellbeing and health of all we serve.” The System Integration Leadership Council will seek out workforce, communication and reimbursement improvements that provide a lasting platform for behavioral health access in primary care settings.”
Dr. J. Manuel de la Rosa, Provost, Texas Tech University Health Sciences Center El Paso

“Only with leadership and collaboration will this community transform its healthcare system to meet the needs of today’s families and prepare for future generations.”
Marys Decker, CEO Paso del Norte Health Foundation

“As a County on the United States Mexico Border we must collaborate to maintain a community that embraces family culture and provides the best possible care for all in need. The County of El Paso is a committed partner working with the Behavioral Health Consortium to transform our systems for the long term benefit of all El Pasosians.”

We have baseline data to guide our next steps. The Consortium partners support this opportunity to make significant measurable improvements both within each organizational system and across system boundaries so that people in the community can access the best service possible when and where they need it.”
Sally Deitch, Market CEO, Sierra Providence Health Network

“Working together to address key system needs, such as increasing the number of behavioral health providers in the region will make lasting impacts on the quality and accessibility of care for individuals who have a mental illness and their families. Texas Tech Health Sciences Center El Paso joins the Consortium in its commitment to collaborate.”
Dr. Richard Longie, President, Texas Tech University Health Sciences Center El Paso

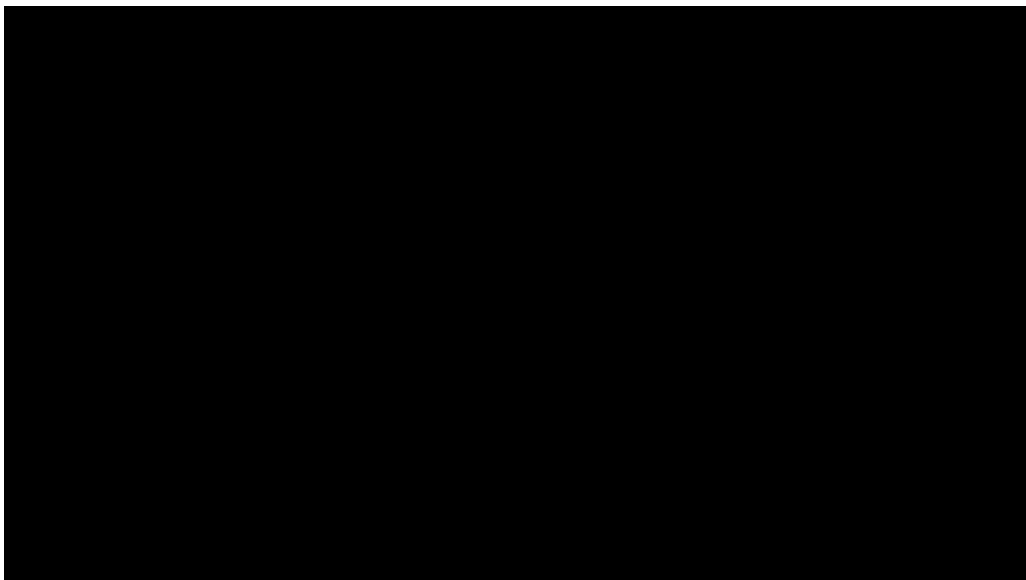
“Through collaboration we step out of our comfort zones to strengthen and diversify the behavioral health care and support options available in El Paso County. El Paso Behavioral Health will work with other Consortium partners to create better referral systems for individuals and families to experience a recovery oriented continuity of care.”
David Morris, CEO, El Paso Behavioral Health

“UTEP is proud to play a role in the Consortium’s behavioral health mission. We are committed to working with member organizations to understand workforce issues and educate expert caring professionals who serve our region and the needs of its people. The future of our community depends upon our ability to work together to uncover and develop the leadership potential that abounds around us.”
Dr. Diane Nolasco, President, The University of Texas at El Paso

“Excellent behavioral healthcare requires an understanding of all behavioral health needs, including substance use. It is through ongoing collaboration that we will achieve having comprehensive customer oriented service options that will contribute to the wellness of our community.”
Norma Tapia, CEO, Aliviano

“The complex and ever changing healthcare landscape requires that local leaders collaborate to ensure every individual who needs services, including behavioral health services, can navigate through simple to understand pathways. The Consortium’s collaborative mission will help ensure that this region’s health systems provide accessible, high quality services for all who seek them.”
Jim Valenti, CEO, University Medical Center El Paso

“Each Consortium partner plays a vital role in building an effective and efficient behavioral health system. The Justice Leadership Council will connect partners in the public safety system to prevent inappropriate confinement and ensure that individuals who have a mental illness are referred with dignity and respect to the behavioral health services they need.”
Richard Wilson, El Paso County Sheriff



Other Paso del Norte Regional Mental Health Collaboratives



Behavioral Health Collaborative

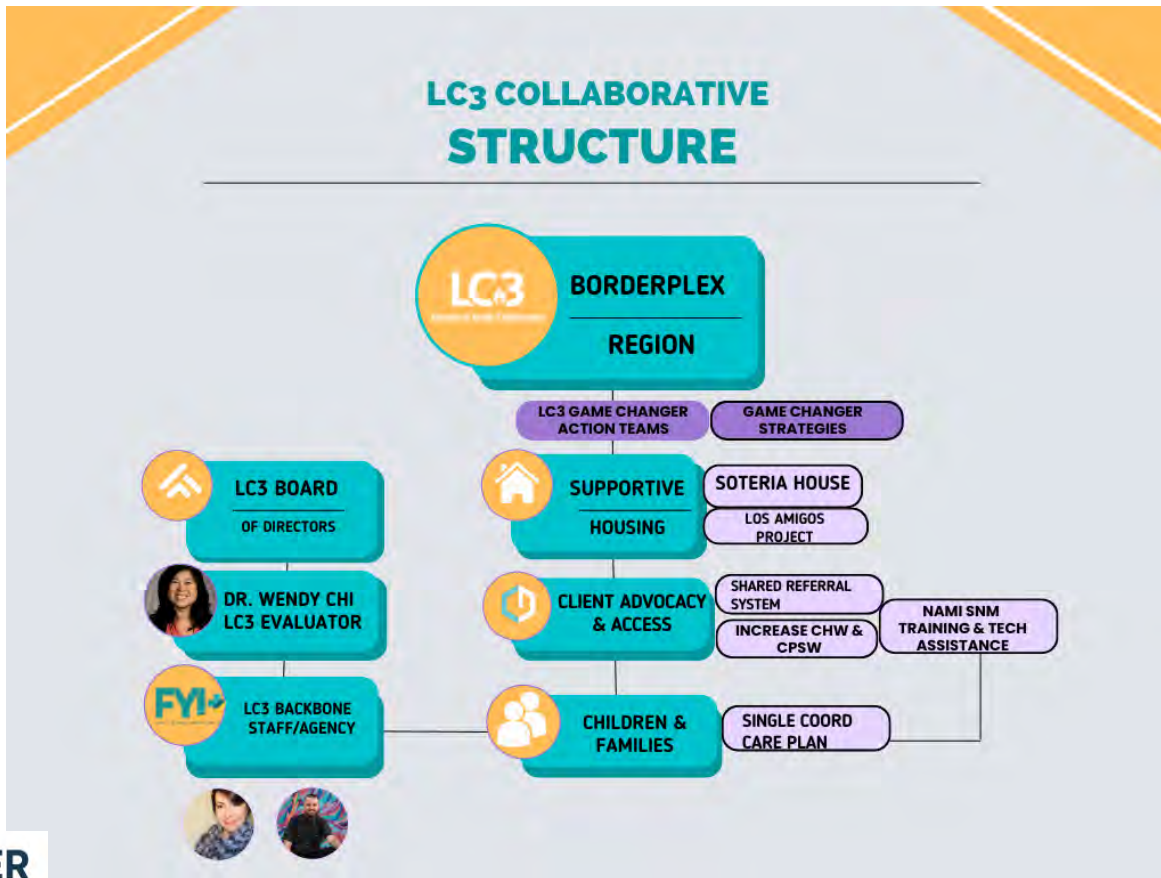
Building the Ideal Behavioral Health System Together



ROTMENAS



Outcome: LC3 Game Changer Action Teams & Strategies



Estructura



ROTMENAS

Somos un grupo multidisciplinario formado por organizaciones sociales, académicas y gubernamentales, involucrados en mejorar la salud mental en nuestra comunidad, incluyendo trastornos derivados del abuso de sustancias. Esto lo hacemos mediante estrategias de prevención y atención, teniendo como prioridad a las personas, familias y población vulnerable en ciudad Juárez, con un enfoque integral y binacional.

MISIÓN

VISIÓN

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Contar con una red consolidada, con estrategias y acciones definidas, tendientes a la visibilización, sensibilización, y capacitación con respecto a la salud mental en la población, teniendo como prioridades la reducción del estigma y la mejora en el acceso a los servicios de salud mental.

SALUD MENTAL

ADICCIONES

INVESTIGACIÓN

LEGISLACIÓN



FLC OPPORTUNITIES FOR CHANGE AND RELATED STRATEGIES

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 and 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).

effective use of health information exchange will help ensure timely and efficient continuity of care and recovery. Connecting and sharing vital confidential e healthcare continuum is shown to have a significant positive impact on overall

Workforce Capacity

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

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 crisis, 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., TCHATT).

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.healthsystemcoalition.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 of Meadowlark Health Policy Institute, at emata@mninstitute.org, 915-553-0287 or Sandra Day, Associate Program Officer, Paso del Norte Health Foundation, at sdlay@pdnfoundation.org, 915-544-7630.



STRATEGY SYNERGY EXISTING AND NEW ACTIONS



SYNERGY DEFINED:

**THE INTERACTION OR COOPERATION OF TWO OR MORE ORGANIZATIONS,
SUBSTANCES, OR OTHER AGENTS TO PRODUCE A COMBINED EFFECT
GREATER THAN THE SUM OF THEIR SEPARATE EFFECTS**

Next Gen

August 27, 2017

“I JUST WANNA TAKE A MOMENT RIGHT NOW AND THANK YOU ALL SO MUCH FOR GIVING ME A PLATFORM TO TALK ABOUT SOMETHING THAT MAINSTREAM MEDIA DOESN'T WANNA TALK ABOUT. MENTAL HEALTH, ANXIETY, SUICIDE, DEPRESSION, AND SO MUCH MORE”



“I JUST WANNA TAKE A MOMENT RIGHT NOW AND THANK YOU ALL SO MUCH FOR GIVING ME A PLATFORM TO TALK ABOUT SOMETHING THAT MAINSTREAM MEDIA DOESN'T WANNA TALK ABOUT. MENTAL HEALTH, ANXIETY, SUICIDE, DEPRESSION, AND SO MUCH MORE THAT I TALK ABOUT ON THIS ALBUM. FROM RACISM, DISCRIMINATION, SEXISM, DOMESTIC VIOLENCE SEXUAL ASSAULT, AND SO MUCH MORE. I DON'T GIVE A DAMN IF YOU'RE BLACK, WHITE, OR ANY COLOR IN BETWEEN. I DON'T CARE IF YOU'RE CHRISTIAN, YOUR MUSLIM, YOUR GAY, YOUR STRAIGHT I AM HERE TO FIGHT FOR YOUR EQUALITY BECAUSE I BELIEVE THAT WE ARE ALL BORN EQUAL

BUT WE ARE NOT TREATED EQUALLY AND THAT IS WHY WE MUST FIGHT. WE MUST FIGHT FOR THE EQUALITY OF EVERY MAN, WOMAN AND CHILD REGARDLESS OF RACE, RELIGION, COLOR, CREED AND SEXUAL ORIENTATION SO I SAY HERE AND NOW, IF YOU BELIEVE IN THIS MESSAGE AND MY LESSONS OF PEACE, LOVE, POSITIVITY AND EQUALITY FOR ALL THEN I DEMAND THAT YOU RISE TO YOUR FEET AND APPLAUD NOT ONLY FOR YOURSELVES, BUT THE FOUNDATION WE ARE LAYING FOR OUR CHILDREN”

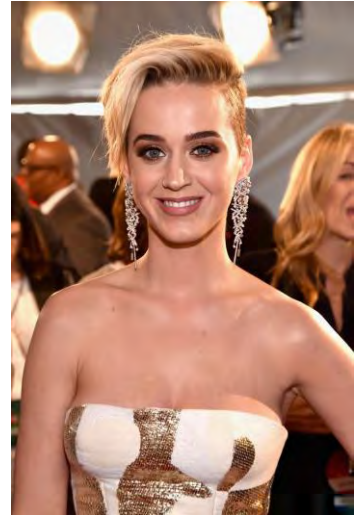
[Source: Logic ft. Alessia Cara, Khalid - 1-800-273-8255 \(Live At The MTV VMAs\) - YouTube](#)

Opportunities for Mental health and resilience beyond the COVID 19 Pandemic

- What has happened since August 3rd 2019, COVID 19, and Uvalde
- The importance of connection and preventing isolation

Next Generation – Mainstream Conversations

- Kendall Jenner
- Adele
- Ryan Reynolds
- Chrissy Teigen
- Beyoncé
- Miley Cyrus
- Dakota Johnson
- Demi Lovato
- Emma Stone
- Gina Rodriguez
- Dwayne Johnson
- Nicki Minaj
- Lady Gaga
- Selena Gomez
- Prince Harry
- Zendaya
- Katy Perry
“I wrote a song about it,”



Stigma Reduction

CVN/National Council Survey

More than ever before, Americans are seeking mental health and addiction help

Six in ten Americans have sought treatment either for themselves or a loved one.

The stigma of mental health and addictions is fading while awareness is rising

Americans are highly supportive, **76% say it is just as essential** to discuss and treat as physical health.

Accessibility is the biggest hurdle to meeting patients' needs

Almost **50%** wouldn't know where to ask for help and **74%** say lack of funding and insufficient facilities barriers.

2/3 of primary care providers report poorer access to mental health/SUD care than any other specialty

Preventing Isolation and Promoting Social Connection

“isolation and silos weaken our communities; without strong communities, we cannot pull together in times of hardship and our diversity turns from a source of strength to a source of conflict. **When we have strong connections with each other everything is possible”.**

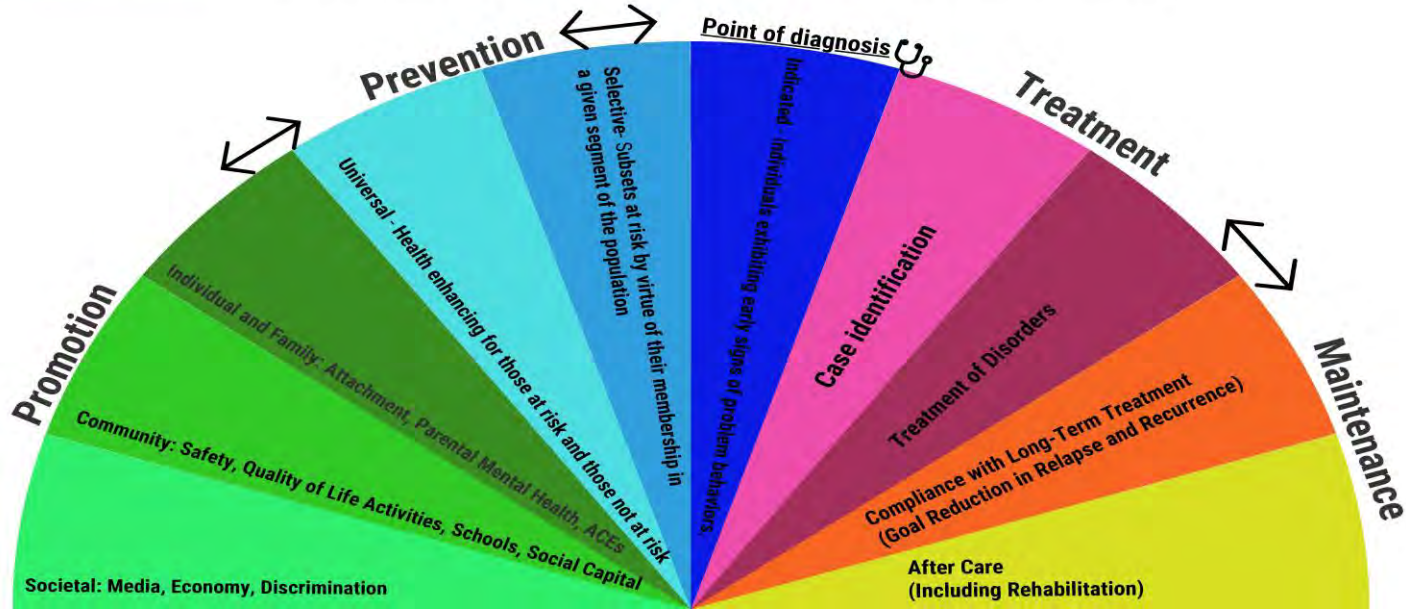
- U.S.Surgeon General Dr. Vivek Murthy



DISCUSSION ON WORK GROUP AND TASK FORCE DESIGN

2020 Continuum Of Care Model for El Paso County Child and Family Behavioral Health

Source: Based on the 1994 IOM Continuum of Care Protractor model and the Family Leadership Council Mental Health Foster Care work group service mapping of 2015-2016
Update: September 11 2019 based on changes in NAS 2019 Report Fostering Healthy Mental, Emotional, and Behavioral Development in Children and Youth: A National Agenda



Promotion

- Societal** • poverty and inequality, discrimination, marketing of unhealthy products and effects of involvement with the criminal justice system.
- Community** • Neighborhood attributes, school organization and characteristics, and foster care.
- Individual and Family** • Attachment, parental health, parenting practices and Mental and Emotional well-being health, (preventing ACEs)
- Universal** • PBIS culture in schools, Parental engagement in schools, Quality out of school youth Programs, Mental Health First Aid Certification
- Selective** • NAMI Education Programs; Parent support groups; Peer support specialists and advocacy groups
- Indicated** • Increased family & student support; Teacher/other school support; Student - self identifies or friend; Timely appropriate referral

Promotion

- Case Identification** • Timely appropriate DX and care plan: School or school health center; Primary care; Mobile Crisis Team; Hospital or psychiatric ED
- Treatment of Disorders** • Inpatient - EPPC, EPBH, RIOVISTA, PEAK; LOC 4 - YES, MST or Wraparound; LOC 3 - Intensive Ind./Fam. Therapy MH/SA; LOC 2 - Ind. and Fam. Therapy MH/SA; LOC 1 - Individual therapy MH/SA
- Compliance with LT Treatment** • Juvenile justice diversion programs; Medical home coordination with BH provider; Family support systems; Access to appropriate therapy and medication
- After Care** • Managing triggers and care as needed; MH/SA School based health center Svcs.; Family support (incl. Foster care families); Active involvement in child/youth out of school programs

Family Leadership Council Task Force and Work Group Roster

February 8, 2023

Active

Family Leadership Council Flyer

Work Group or Task Force	Role	Current Status	Opportunities & Strategies	Continuum of Care
Strong Families	To enhance County wide child abuse prevention efforts. Next steps in community collaboration for child and youth health (e.g., improved networking and cross discipline communications).	Last year of grant funded activities underway in 2022-2023. Family Advisory Committee, parent and provider cafes are underway.	<u>Emotional Wellbeing</u> <ul style="list-style-type: none"> • Strategy II <u>Crisis Care</u> <ul style="list-style-type: none"> • Strategy I 	<u>Promotion</u> <ul style="list-style-type: none"> • Individual & Family <u>Prevention</u> <ul style="list-style-type: none"> • Universal
Help Me Grow	To improve support and timely service referrals for families with children 0-8 years of age (e.g., ECI, IDD, and other education and support for young families)	Currently poised to grow in breadth and depth with three recent grants related to community capacity building.	<u>Emotional Wellbeing</u> <ul style="list-style-type: none"> • Strategy I • Strategy II • Strategy IV <u>Crisis Care</u> <ul style="list-style-type: none"> • Strategy I 	<u>Promotion</u> <ul style="list-style-type: none"> • Individual & Family <u>Prevention</u> <ul style="list-style-type: none"> • Universal • Selective
Child Psychiatry Access Network (CPAN)/Texas Child Health Access Through Telehealth (TCHAT)	To improve coordination and collaboration for timely psychiatric assessment in primary care and school settings	Recommended for strategies to be integrated as appropriate into other work group roles (e.g., increasing intensive outpatient service capacity, signing school districts up for TCHAT)	<u>Primary Care</u> <ul style="list-style-type: none"> • Strategy I <u>Specialty Care</u> <ul style="list-style-type: none"> • Strategy I • Strategy II <u>Recovery Care</u> <ul style="list-style-type: none"> • Strategy I <u>Emotional Wellbeing</u> <ul style="list-style-type: none"> • Strategy III 	<u>Treatment</u> <ul style="list-style-type: none"> • Point of Diagnosis • Treatment

Regrouping

Family Leadership Council Flyer

Work Group or Task Force	Role	Current Status	Opportunities & Strategies	Continuum of Care
School Mental Health/Emotional Wellbeing	To improve school district mental health and emotional well-being supports and to maximized related resources.	Restarting Meetings as a Task Force in January 2023	<u>Emotional Well-being</u> <ul style="list-style-type: none"> • <u>Strategy I</u> • <u>Strategy II</u> • <u>Strategy III</u> • <u>Strategy IV</u> • <u>Strategy V</u> 	<u>-Prevention</u> <u>-Point of Diagnosis</u> <u>-Treatment</u>

Suggested

Family Leadership Council Flyer

Work Group or Task Force	Role	Current Status	Opportunities & Strategies	Continuum of Care
Crisis Care	Explore Community capacity to serve those experiencing FEP as part of the child, youth, and family service array.	Could be consolidated into one Task Force	<u>Crisis Care</u> <ul style="list-style-type: none"> • Strategy II 	-Point of Diagnosis Treatment -Treatment <ul style="list-style-type: none"> • Case Identification • Treatment of Disorders
Specialty Care	To promote the timely wraparound support for children with complex needs to prevent entry into the Foster Care and Justice systems.	Could be consolidated into one Task Force	<u>Specialty Care</u> <ul style="list-style-type: none"> • Strategy III 	-Prevention <ul style="list-style-type: none"> • Universal • Selective
Specialty Care	Improve residential support options to prevent children from inappropriately leaving for residential treatment out of town.	Not currently meeting and no longer coordinated with Department of Family and Protective Services' Child Placing Agency meetings	<u>Specialty Care</u> <ul style="list-style-type: none"> • Strategy III • Strategy IV 	
		Task Force could work in collaboration with the Integration Leadership Council	<u>Workforce Capacity</u> <ul style="list-style-type: none"> • Strategy I 	



BREAK



CONTINUED DISCUSSION ON FLC STRATEGIES AND WORK GROUP ROLES

Family Leadership Council Task Force and Work Group Roster

February 8, 2023

Active

Family Leadership Council Flyer

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STRONG FAMILIES REFLECTIONS

Strong Families



It is our mission to empower youth and families to brave adversity and conflict through constantly evolving, innovative, programs in order to co-create a brighter future.

Strong Families

Summary:

The Border Collaborative to Strengthen and Preserve Families is centered on the theory of change that an integrated family support system employing outreach, training and client engagement strategies will result in a reduction in the number of youth entering the foster care system.

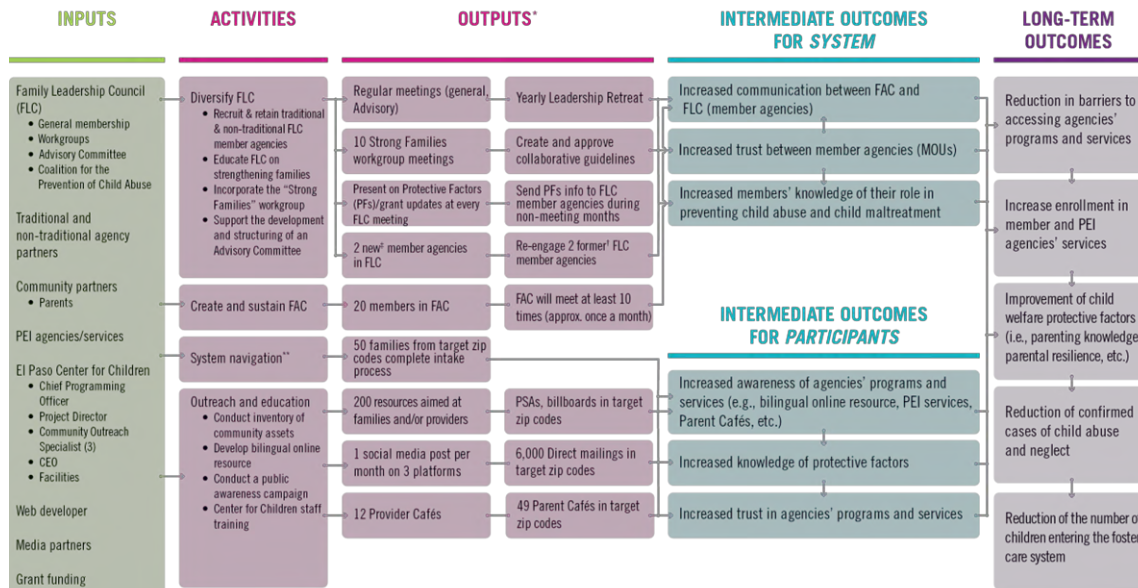


Logic Model



Figure 1-2
El Paso Center for Children Logic Model

Ultimate Goal: Reduce new referrals into the foster care system by strengthening families and mobilizing the community through primary prevention strategies and engaging clients' voices.



- Notes:
- As noted by a single asterisk (*), all outputs are per year unless noted.
 - As noted by a double asterisk (**), system navigation includes "urgent need" cases. Navigators will follow-up with such cases, which in turn may become "full" navigation.
 - As noted by a single dagger (†), a former member agency is one that has not attended an FLC meeting in the past six months.
 - As noted by a double dagger (‡), a new member agency is one without previous involvement in the FLC.

Contextual Factors: Stigmas may exist among members of the target populations. In turn, these stigmas prevent them from seeking child welfare services. Such stigmas and barriers include the following:

- Mixed-status families (i.e., citizen and non-citizen family members) may be reluctant to seek assistance due to fear of deportation.
- Military families may be reluctant to seek assistance due to stigma and potential professional repercussions.

Strong Families Major Activities



- **Diversify the Family Leadership Council**
- **Create and sustain the Family Advisory Council**
- **System Navigation**
- **Implement outreach and education activities**



Family Leadership Council

Family Advisory Council



The purpose of the Family Advisory Council (FAC) is to build a parent/caregiver community of leaders who seek to reduce child abuse and strengthen families in their communities. The FAC creates a place at the table to allow a parent voice to be represented.

Its purpose is to provide input to the “Strong Families” program on designing services that meet the needs of families in the identified five high risk zip codes 79901, 79903, 79904, 79905, 79924 and those of military-connected families who reside anywhere in El Paso County.

System Navigation



Program Year	Number of Clients	Number of Referrals
FY1	Planning Year	
FY2	48	87
FY3	58	99
FY4	57	85
FY5	30	52
Totals	193	323

Urgent Need Assistance

Program Year	Number of Clients	Number of Referrals
FY2	20	24
FY3	13	16
FY4	0	0
Totals	33	40



Parent Cafes and Provider Cafes

Program Year	Parent Café	Participants	Provider Cafes
FY1	Planning Year		
FY2	25	217	12
FY3	59	371	12
FY4	92	661	12
FY5	55	559	10
	* As of January 2023		
Totals	231	1808	46

DEI



Organizations

1. JPD
2. United Way of El Paso County
3. Veterans One Stop
4. CASA/65th Court
5. El Paso Center for Children

Outcomes

- Staff completed pre and post assessments and debriefed on their results by a trained QA
- Partner Project Summary: Strong Families Community Diversity, Equity and Inclusion Project- plans of each agency to continue with DEI



Sustainability

**THANK YOU FOR YOUR TIME, YOU
ROCK!**



YESSS, FINALLY OVER!

meme-generator.net





THANKS AND LETS HAVE LUNCH!

Paso del Norte Center at the Meadows Mental Health Policy Institute

Call on us with any questions:

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"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