



**Meeting Notes**  
**May 14, 2024**  
**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:**

Sharon Butterworth  
David Chayer  
Sandra Day  
Catherine Garcia  
Cathy Gaytan  
Daniely Gutierrez  
Adrienne Harrel  
Cindy Hernandez  
Josue Lachica  
Ron Long  
Laura Marquez  
Amanda Martinez  
Enrique Mata  
Rosie Medina  
Doris Ogribene  
Dr. Carmen Olivas-Graham  
Paulina Rodriguez  
Lisa Saucedo  
Nicole Schiff  
David Stout  
Ivonne Tapia  
Wes Temple  
Isidro Torres

**Representing:**

Paso del Norte Center at Meadows Institute  
Family Service of El Paso  
Paso del Norte Health Foundation  
County of El Paso Juvenile Justice Center  
El Paso Child Guidance Center  
Region 19 ESC  
TTUHSC El Paso CPAN/TCHAT  
Emergence Health Network  
Paso del Norte Center at Meadows Institute  
Strong Families Family Advisory Council  
Paso del Norte Children's Development Center  
Socorro Independent School District  
Paso del Norte Center at Meadows Institute  
Chief of Juvenile Justice El Paso County  
Emergence Health Network  
Socorro Independent School District  
TTUHSC El Paso CPAN/TCHAT  
CASA of El Paso  
Paso del Norte Center of Hope  
EP County Commissioner Precinct 2  
Aliviane Inc./Chair Family Leadership Council  
Region 19 ESC  
NAMI El Paso

Violeta Unzueta-Lopez  
Ronaldo Vara  
Valerie Watters  
Krista Wingate  
Sophia Wozniak  
Renee Zapien

United Way of El Paso County  
El Paso Independent School District  
UMC El Paso Nurse Family Partnership  
Emergence Health Network  
Emergence Health Network  
Heart Gallery of El Paso

### **Welcome and Introductions**

Ivonne Tapia convened the meeting at 8:35 a.m. and called for introductions.

### **Big Brothers Big Sisters Mentoring Project for Families Impacted by Opioid Addiction**

This presentation will be postponed for the July Meeting.

### **Help Me Grow Initiative**

Laura Marquez provided an update on the Help Me Grow initiative. Ms. Marquez commented that they are on track with progress collaborating with champion pediatric practices and have connected with more than seventy-four families. They are also able to serve expectant mothers and can help to provide tips for parents on how to find and connect with providers. Along with their efforts to improve workforce training in the area of autism spectrum conditions, their resource referral program is also up and running. While currently only available via phone, they are optimistic that soon video communications will be available. They have made 224 referrals to community programs and enrolled total of forty-five families so far with intake taking about 10-15 minutes. This service is available for families with children ages 0-8 years of age.

### **First Connection, Specialty Care and Crisis Care Work Groups**

Ms. Tapia called for Work Group leads to share highlights of progress within the groups. The presentation slides included with these notes show the highlights for each work group.

### **Other Business**

- **Policy Update**

Enrique Mata provided an update on the SB 30 \$50 million appropriation for the state hospital planning, land acquisition and initial construction. He explained that the Consortium has a State Hospital Advisory Committee communicating with the State Health and Human Services Commission on their efforts to locate a property for the new campus. El Paso had a big win in that the SB 30 language calls for El Paso to have 25 civil and 25 forensic beds added to the existing operations in El Paso. Since the El Paso Psychiatric Center is land locked, HHSC is seeking a properly large enough to allow for future expansion to eventually have one central state hospital campus with state of the art services including step down services for adults and children. The community will still have to make a case for the additional funding from the 89<sup>th</sup> Legislature to complete a state hospital campus.

- **SISD THC First Offender**

Josue Lachica summarized the progress on the Juvenile probation department collaboration with Socorro Independent School District. This first offender project began out of the Youth SIM in October 2023 and is now developing into a model that it is hoped will be scalable to other districts in the region, and with successes shared with others across the state. Dr Graham, Chief Medina, and others shared information on the process thus far requiring a good amount of support at all levels from SISD and the County of El Paso. Chief Medina commented that with the assistance of the PdN Center leveraging of Judge Teske Technical Assistance, the process to develop a first offender program is becoming a reality. SISD is the pilot, but the plan is to then have other Law Enforcement Agencies sign on. This project required legal opinion from the state and local justice systems.

**Adjourn** – Ivonne Tapia Adjourned the meeting at 10:05 am



EL PASO  
**Behavioral Health**  
CONSORTIUM



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**Family  
Leadership Council**

**OF THE EL PASO BEHAVIORAL HEALTH CONSORTIUM**

## FLC May 14 Agenda:

-  **Welcome and Introductions**
-  **Big Brothers Big Sisters mentoring project for families impacted by opioid**
-  **Help Me Grow Initiative**
-  **First Connection, Specialty Care and Crisis Care Work Groups**
-  **Other Business**
  - **Policy Update – Enrique Mata**
  - **SISD THC First Offender – Josue Lachica**
-  **Open Discussion**
-  **Adjourn**



## Big Brothers Big Sisters mentoring project for families impacted by opioid addiction



## Help Me Grow Initiative





## Work Groups and Task Forces

- **First Connection**
- **Specialty Care**
  - **SISD THC Felony Policy**
- **Crisis Care**

# Work Group Overview – First Connection

**Role:** Make the First Connection with mental health service a positive and nurturing experience.

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

**Youth SIM Work Group:** School-Based Crisis Intervention Teams (CIT) and Mental Health Training First Episode Psychosis

**Progress Highlight:** Identifying needs and maintaining upstream support including timely action for those with First Episode Psychosis (e.g., refer to first – preventive – primary care – school based interventions like TCHATT and CIT – not falling into the mental health system of care unless

# Work Group Overview - Crisis Care – School Based CIT

**Crisis Care:** Purpose 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.

## **School-Based Crisis Intervention Teams (CIT) and Mental Health Training**

Preliminary Purpose: Facilitate data sharing for improved cross-system collaboration across law enforcement, schools, juvenile probation, and community-based service providers.

### **Highlights:**

- **Humane and caring assessment and transport that is not connected to the justice system. Justice involvement should be the last resort.**
- **Clarify role and definitions of outreach, youth trained responders.**
- **Anecdotal: Child and adolescent concerns are that the numbers are continuing to rise since covid and they do not appear to be looking like they could decrease anytime soon.**
- **There are not enough service options for children.**

# Work Group Overview - Specialty Care – Youth SIM

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

## **Youth SIM Work Group:**

- First Offender and Pre-Arrest Diversion Program
- Discipline Alternatives and Disciplinary Alternative Education Programs (DAEP)
- Community-Based Behavioral Health/SUD Service Capacity and School Integration

## **Highlights:**

- **Revisit the idea of an RTC for El Paso area. Explore numbers of youth in justice that where RTC may work better**
- **Explore other wraparound options other similar models?**



## Other Business

- **Policy Update – Enrique Mata**

# TACFS Event on May 19, 2024 9:30 – 12:00 EPCC 9050 Viscount

**PASO del NORTE CENTER**

Meadows Mental Health Policy Institute



**BREAKTHROUGH  
TO EXCELLENCE**  
TCCAC 2024

## **Preparing for Community-Based Care: Region 10 Community Convening**

Please join community members interested in the child welfare system for a conversation about how to best meet the needs of children and families while preparing for the implementation of Community-Based Care in Region 10. We will share our newly published Region 10 Community Profile, informed by data and stakeholder interviews.

During our time together, we will engage in interactive discussions to identify community priorities and actions that can be taken to address critical needs.

**May 29, 2024, 9:30 a.m. to noon (El Paso time)**

**El Paso Community College Administrative Offices (Building A,  
Boardroom)  
9050 Viscount Blvd  
El Paso, TX 79925**

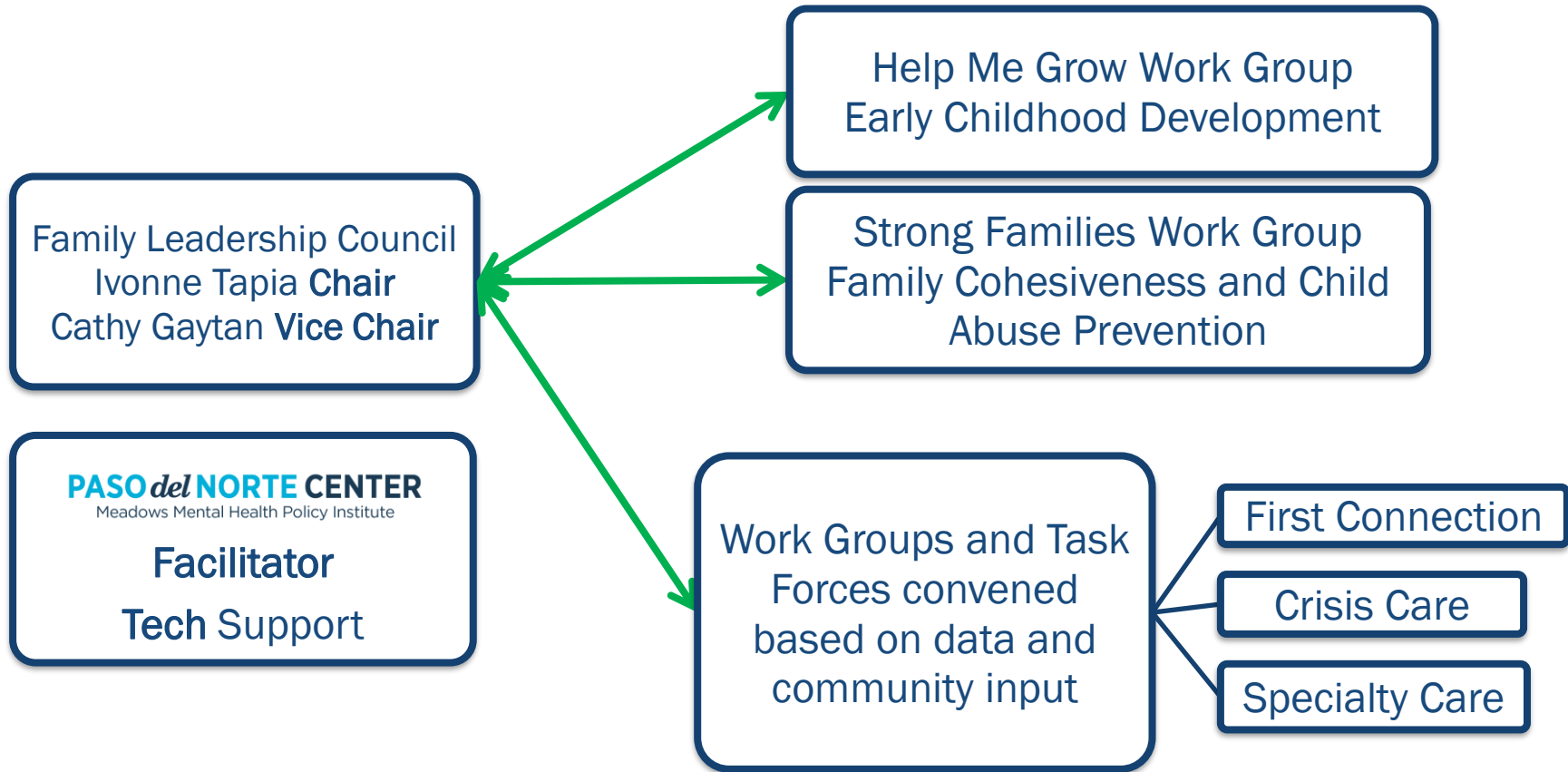
[REGISTER HERE](#)

<https://tacfs.org/event/preparing-for-community-based-care-region-10-community-convening/>

*Hosted by:  
Texas Alliance of Child and Family Services (TACFS)  
Texas Center for Child and Family Studies (The Center)  
409 West 13th Street, Austin, Texas 78701  
(512) 892-2683 - [www.tacfs.org](http://www.tacfs.org)*



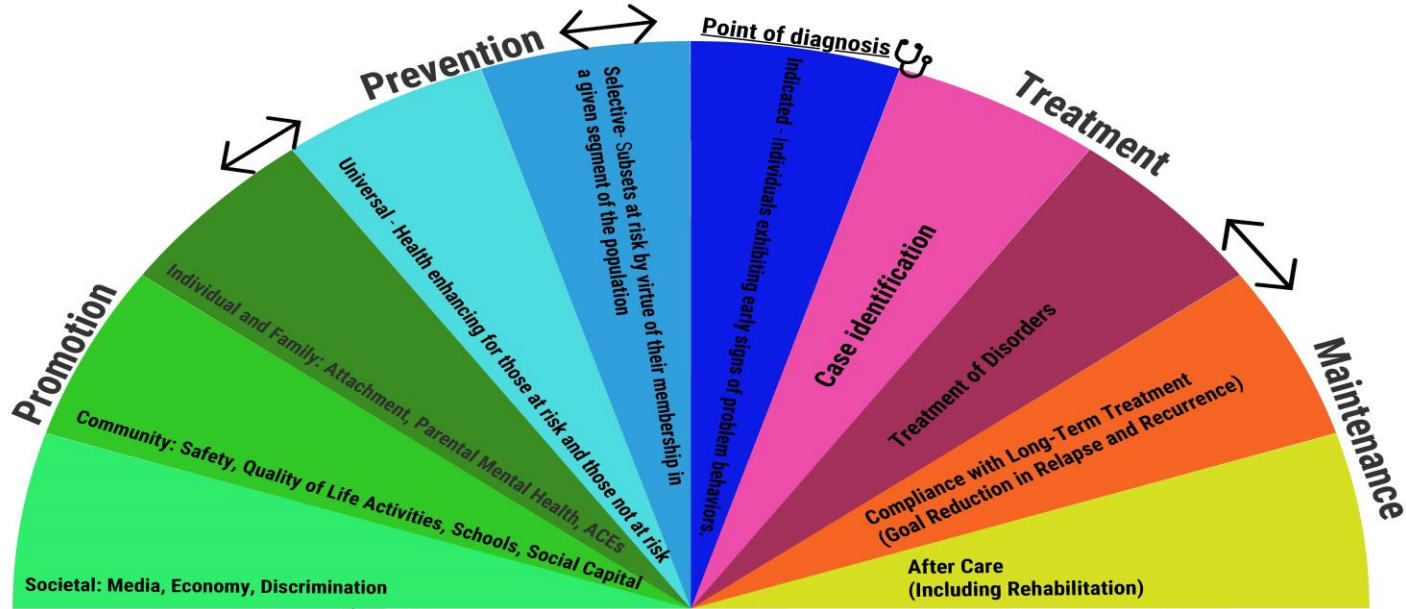
## Open Discussion





## 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

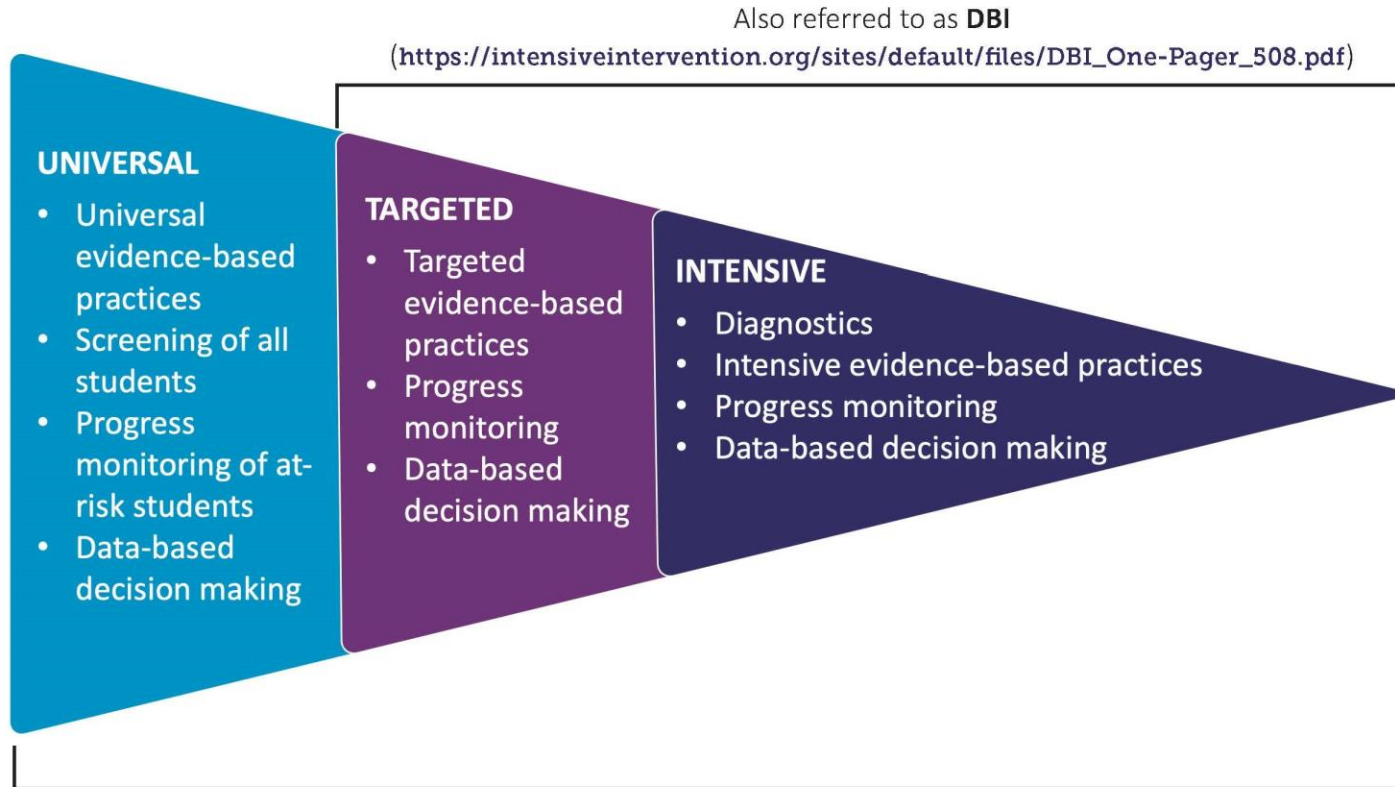
#### Compliance with LT Treatment

- 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

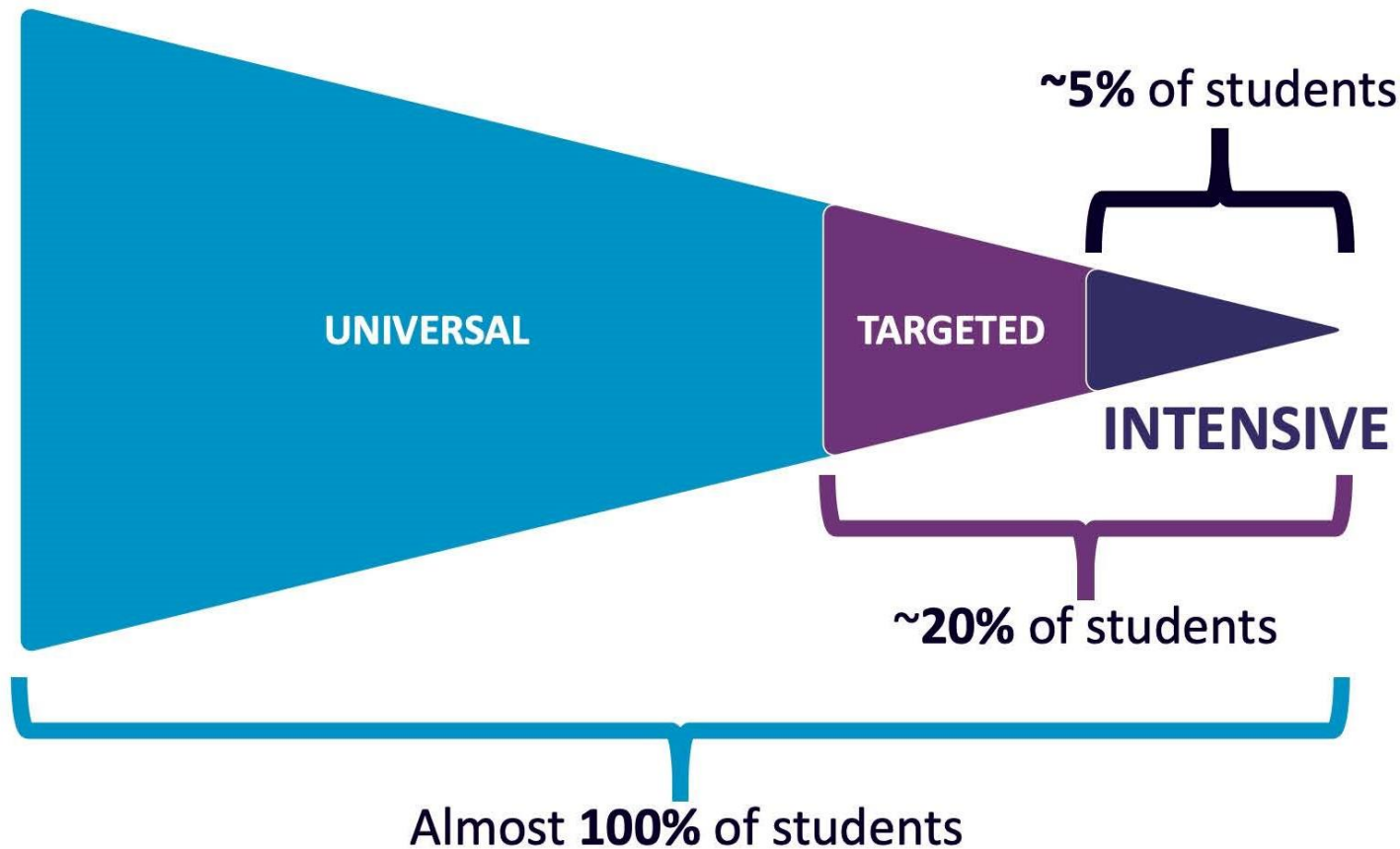
Figure 1: MTSS Components and Other Support Systems



Also referred to as

RTI ([https://mtss4success.org/sites/default/files/2020-07/rtiessentialcomponents\\_042710.pdf](https://mtss4success.org/sites/default/files/2020-07/rtiessentialcomponents_042710.pdf))

Figure 2: The MTSS Tiers



## 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 setting).

**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, Capactar).

**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., 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 essential 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.healthypasobehavioral.org](http://www.healthypasobehavioral.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 Council, contact Enrique Mata, Executive Director, Paso del Norte Center at Meadows Mental Health Policy Institute, at [emata@mmhpi.org](mailto:emata@mmhpi.org), 915-553-0287 or Sandra Day, Associate Program Officer, Paso del Norte Health Foundation, at [sday@pdnffoundation.org](mailto:sday@pdnffoundation.org), 915-544-7636.