



Specialty Care Work Group Meeting Notes
August 30, 2024
9:00 a.m. - 10:30 a.m.

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

Attendees:	Representing:	E-Mail:
Sharon Butterworth	PdN Center at Meadows Institute	sharonbutterworth@mac.com
Daniely Gutierrez	Region 19 Education Service Center	dgutierrez@esc19.net
Vanessa Leon	Heart Gallery of El Paso	vanessa@heartgallery.org
Valeria Lerma	El Paso Child Guidance Center	vlerma@epcgc.org
Enrique Mata	PdN Center at Meadows Institute	emata@mmhpi.org
Veronica Shafer	PdN Health Information Exchange (PHIX)	vshafer@phixnetwork.org
Sophia Wozniak	Emergence Health Network	sophia.wozniak@ehnel Paso.org

Welcome and Introductions

Enrique Mata welcomed the group and called for introductions.

Overview of Specialty Care

Mr. Mata provided an overview of where the work group has been and the original charges of the work group. He recognized that several other groups have not met recently and that some of the cross cutting areas of the FLC objectives touch the efforts of this group. For example, the work to develop an approach to address first offender youth caught using THC vapes. Presentation slides are included with these notes.

Discussion on simplifying by splitting

The group discussed what programs other than Multi Systemic Therapy are available in the community to address the 5-10% of youth who need care for complex or co-occurring mental health and substance use conditions. The group discussed the population of youth and families needing this sort of care have been exposed to trauma and are in need of greater support for trauma and grief related conditions. Mr. Mata cited a recent report from meadows for a

pediatric center of excellence for treatment resistant depression. He explained that this group could easily split its focus to community support systems, like residential treatment justice diversion and addressing trauma and grief with families. The area of inpatient care, partial hospitalization and intensive outpatient services are more focused on reimbursement policies and as such could become a separate group focusing on clinical facility care access and related topics. The group discussed the name specialty care and what this group could be known as in the future. Trauma and Grief needed a positive sense and it was suggested that the work Resilience could be added. The group closed the meeting with the draft name Trauma, Grief and Resilience work group.

To Dos For Next Meeting:

- Convene a group to work on clinical facility care access.
- Bring the Residential Treatment and Crisis Respite care history and strategy recommendations to the group for discussion.

Adjourn

Mr. Mata adjourned the meeting at 10:15 am



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Specialty Care Work Group
August 30th Meeting

Specialty Care August 30th Agenda:

-  **Welcome and Introductions**
-  **Overview of Specialty Care**
-  **Discussion on simplifying by splitting**
-  **Other Business**
-  **Adjourn**



Overview of 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).

Opportunity For Change:

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.

Specialty Care Work Group – Chair

Vice Chair

Exists to:

Ensure appropriate, acceptable service options are available for complex mental health conditions and co-occurring substance use and mental health conditions

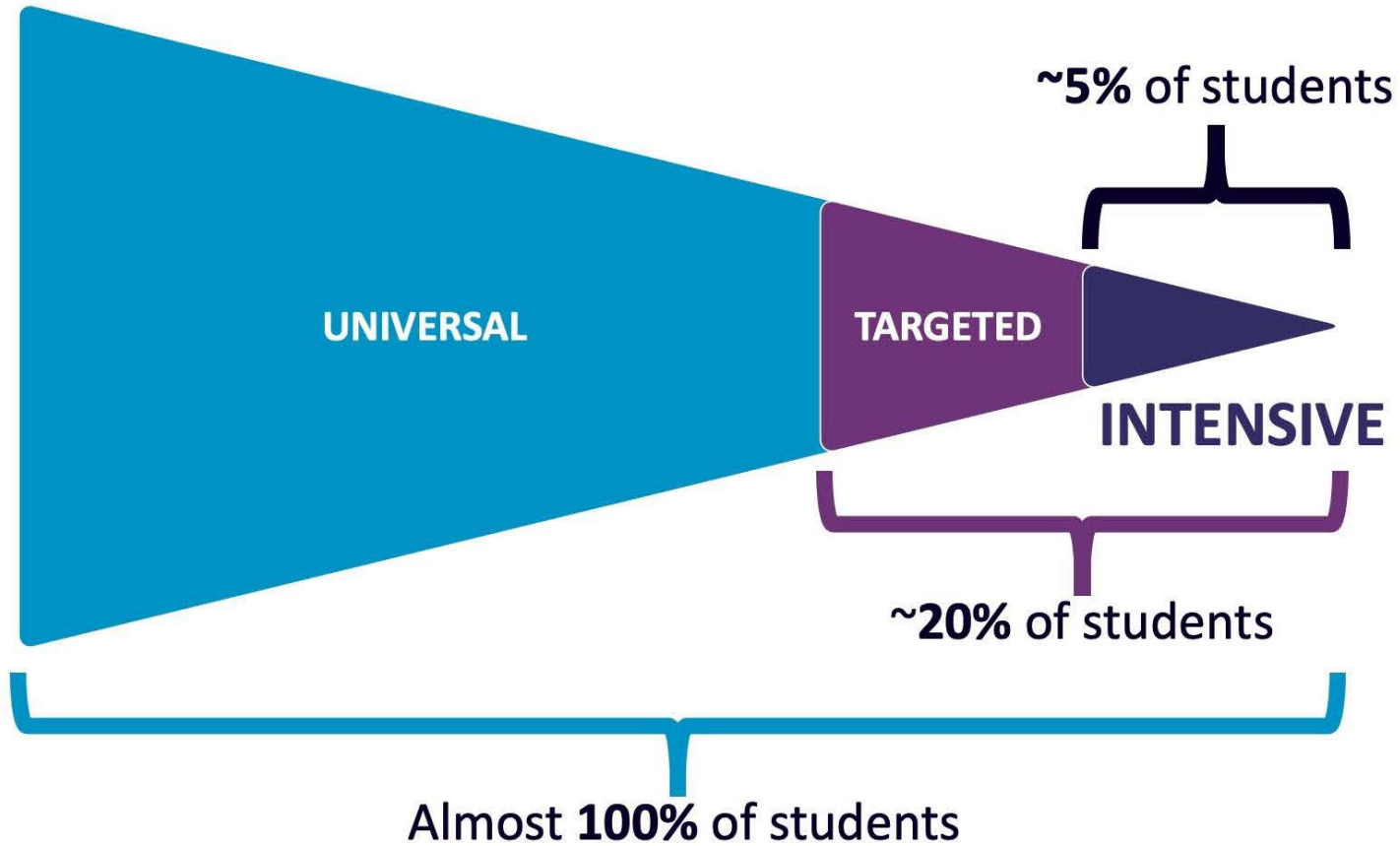
Next Meeting:

August 30th at 8:30 – 10:00 am

What will it do:

Improve coordination and increase availability of specialty care services (e.g. wraparound care, PHP, IOP, addiction interventions, trauma and grief services).

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 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 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, Capacitan).

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 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.healthyschoolhorizon.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@mmhp.org, 915-553-0287 or Sandra Day, Associate Program Officer, Paso del Norte Health Foundation, at sday@pdnfdn.org, 915-544-7636.

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 (TCHATT)	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 TCHATT)	<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 	

El Paso Youth Sequential Intercept Model (SIM) Report

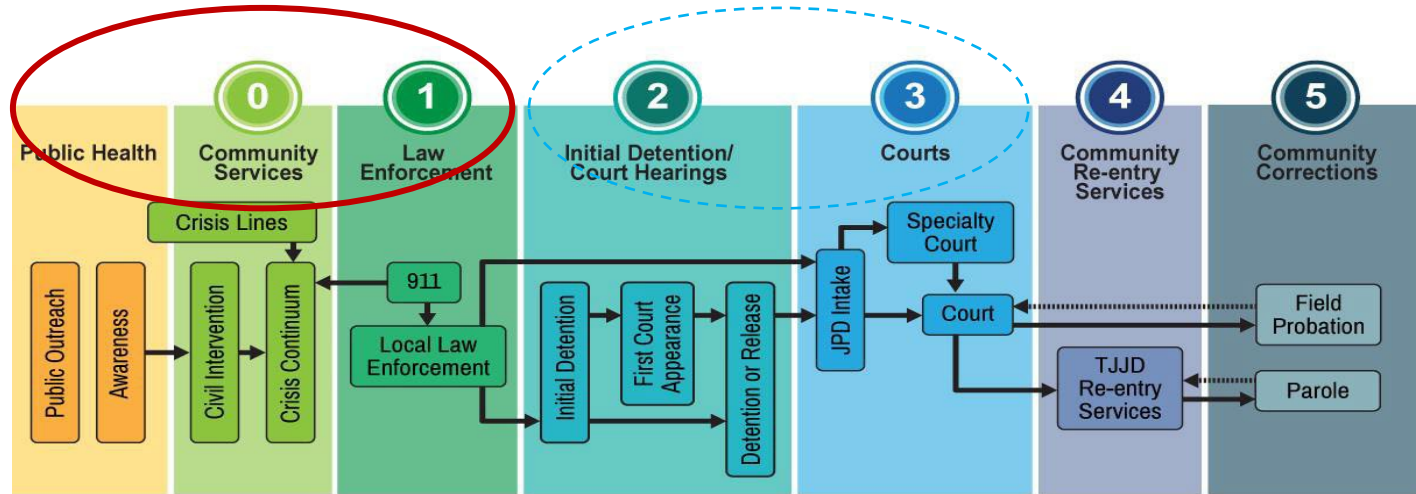
Mapping School to Justice Pathways

Overview

The El Paso Juvenile Probation Department engaged the Meadows Mental Health Policy Institute to launch the **School-Justice Pathways Youth Sequential Intercept Model (SIM) Mapping Project**.

The initiative convened a diverse group of community stakeholders, including educators, justice and law enforcement professionals, clinicians, and representatives from community-based organizations to engage in constructive dialogue and formulate action plans to prevent young people from entering the juvenile justice system.

About SIM Mapping



A collaborative effort involving various agencies, including the Office of Forensic Coordination, the Texas Health & Human Services Commission, JCMH, and the Meadows Institute, has been focused on adapting the adult SIM model for youth and aligning it with the Texas context.

SIM Map - Intercept 00

El Paso SIM Map: Intercept 00

Intercept 00 COMMUNITY PREVENTION & INTERVENTION, BEHAVIORAL HEALTH SERVICES		Intercept 0 SCHOOLS
PUBLIC HEALTH	<p><u>Youth/Family Programs</u></p> <ul style="list-style-type: none"> • Lee Moor Children Home • Ciudad Nueva Community Outreach • Community Solutions of El Paso • El Paso Child Guidance Center • Child Crisis Center of El Paso • El Paso Center for Children 	INTERCEPT 1: LAW ENFORCEMENT
	<p><u>Behavioral Health & EHN</u></p> <ul style="list-style-type: none"> • Crisis Lines (988) • Warm Lines/Resource Lines • MCOT (see Intercept 1) • Intensive Services: YES Waiver, Multisystemic Therapy, Level of Care 4 • Coordinated Specialty Care for First Episode Psychosis • Crisis Extended Observation Unit24/7 • Youth & Family Partners 	
	<p><u>Afterschool/Mentor/Career</u></p> <ul style="list-style-type: none"> • UTEP's El Paso Collaborative for Academic Excellence (Opportunity Youth Initiative) • Big Brothers/Big Sisters • Faith-based Institutions • Boys & Girls Club • YMCA, YWCA • Community Centers • Workforce Solutions • Opportunity Center 	
	<p><u>Counseling Services</u></p> <ul style="list-style-type: none"> • Pinnacle Social Services • Texas Tech University Health Sciences Center • New Leaf Counseling • Counseling Center of Expressive Arts • Family Services of El Paso • Living Hope Christian Counseling Service • Catholic Counseling Services, Inc. • Amistad Family Counseling Center • Steven A Cohen Military Family Clinic Endeavors • La Familia del Paso, Inc. 	
	<p><u>Case Management</u></p> <ul style="list-style-type: none"> • Methodist Children's Home EP Outreach • El Paso United Family Resiliency Center • Project Amistad 	
	<p><u>Prevention/Collaboratives</u></p> <ul style="list-style-type: none"> • Family Leadership Council (& Consortium) • Paso del Norte Health Foundation • Programs: Smoke Free, etc. • System of Care Grant • CRCG Referral/Diversion- JPD referrals for youth under 11 • JPD Prevention and Intervention Program 30-45 day, 6-17 yo • Youth Mental Health First Aid 	
	<p><u>Youth SUD & Peer Supports</u></p> <ul style="list-style-type: none"> • Aliviane Outpatient & Youth Services • National Alliance on Mental Illness (NAMI) • Children's Grief Center of El Paso • Sovereign Health of Texas 	INTERCEPT 1: LAW ENFORCEMENT
	<p><u>Medical/BH Supports</u></p> <ul style="list-style-type: none"> • Project Vida • Centro San Vicente • Centro de Salud La Fe • University Medical Center • El Paso Behavioral Health • PEAK Behavioral Hospital • Northeast Counseling Services • Behavior Health Support Services • El Paso Psychiatric Center • RVBH PRISM Program 	
	<p><u>Child Welfare/Family Crisis</u></p> <ul style="list-style-type: none"> • CASA • Paso del Norte Center of Hope • Center against Sexual and Family Violence • Advocacy Center for the Children of El Paso • El Paso Center for Children Runaway Center Against Family Violence Family Resource Center • El Paso Human Services, Inc. • Sexual Trauma and Assault Response Services (STARS) 	
	<p><u>Housing</u></p> <ul style="list-style-type: none"> • El Paso Coalition for Homeless • Multiple Shelters (full list at epchomeless.org) 	
	<p>School-based Supports, Systems, and Services: YISD SISD EPISD</p> <p>Exclusionary School Discipline & Alternative Schools YISD SISD EPISD</p>	

Key Findings *more in report

- **Access to Schools:** Community-based providers want to provide students services in schools or in partnership with schools, but face challenges in connecting and gaining access to the schools. At the same time, schools are also challenged by a need to limit students' time out of class for outside interventions and services provided by community-based organizations, while also balancing the safety precautions of having outside personnel on campuses.
- **Resource Inventory:** School lack of knowledge about available resources and services, as well as lack of clear collaboration among school districts and outside systems and service providers, with systems often working in isolation from each other.
- **Crisis Intervention Teams:** Need for additional school-based Crisis Intervention Teams (CIT) and other crisis services in schools to allow situations to be handled earlier with mental health supports for behavior that often escalates into misconduct and a discipline or law enforcement response, rather than referral to counselor or other intervention.

Key Findings

- **After Hours Access:** Lack of availability of services after hours or on weekends to accommodate the needs of parents, as well as transportation issues that can hinder access to essential services.
- **Substance Use Services:** Students are using substances, including vapes, to self-medicate. Systems are not in place in schools or in the community to consistently identify the root cause of behavior and connect students to substance use or mental health treatment to more effectively address the underlying cause of the behavior. When those needs are identified, there is a lack of intervention services related to substance use disorders (SUD). Failing to address the root causes of substance use and mental health issues can have long-term consequences, potentially leading to chronic SUD, ongoing mental health challenges, and a higher risk of involvement with the juvenile justice system.

Key Findings

- **Prevention:** Elementary schools often lack preventive measures or programs aimed at addressing issues such as behavioral problems, mental health challenges, or substance abuse in their early stages. Without early prevention programs, schools and communities are forced to address these issues only when they have already become significant problems. This late intervention can result in more complex and challenging situations to resolve.
- **Child Psychiatry:** In 2020, El Paso County had 67 licensed psychiatrists. Of these, only 18 reported a specialization in child and adolescent psychiatry, pediatric psychiatry, or developmental-behavioral pediatrics.
- **Intensive Services:** In El Paso County, there is a shortage of providers who offer intensive community-based services. A lack of sufficient intensive community-based services that allow children and youth to thrive at home and in their communities could lead to an overreliance on more restrictive placements, such as psychiatric hospitals and juvenile detention.
- **Youth Voice:** Explore the establishment of a state-funded Youth Crisis Respite (YCR) Center and explore opportunities to further partner with law enforcement and El Paso County Juvenile Probation to serve youth that may be appropriate for diversion to the YCR.

SIM Map - Intercept 0

El Paso SIM Map: Intercept 0

COMMUNITY PREVENTION & INTERVENTION

Intercept 0 SCHOOL SYSTEMS & SUPPORT SERVICES & EXCLUSIONARY DISCIPLINE		Intercept 1 LAW ENFORCEMENT
<p>Ysleta ISD: Supports</p> <ul style="list-style-type: none"> 30 schools, 40k students Vaping First Offender Program involving parent training (with CIS) and student counseling Counselor warm handoff protocols for targeted supports based on behavior/need Counselors track/report data on service delivery Comprehensive Care Centers; Care Solace partnership (year 2) for family support Behavioral RTI program with tiered interventions Use SEL survey and weekly check-ins to identify/support students Project Vida family assistance Discipline data dashboard drilling down to code of conduct violations, teacher patterns – share regularly with administrators Truancy graduated response system MOU w/EHN for counseling, case management, psychiatric @ 3 schools Youth Peer Support from EHN via SOC grant Behavior Task force reviewing data to drive interventions 	<p>Socorro ISD: Supports</p> <ul style="list-style-type: none"> 50 schools, 50k students 8-Step intervention plan prior to DAEP RISE Program at 1 HS for discretionary offenses pre-DAEP Parent education program on vaping New discipline data reporting and monitoring process Referrals made to community behavioral health treatment Partnership with law enforcement for on-campus CIT services for students in crisis Project Vida family assistance Monthly campus behavior coordinator meetings Counselor at each campus Classroom-based SEL program twice a month Grief and trauma-focused interventions 	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">INTERCEPT 2: INITIAL JUSTICE CONTACT</p> <p>School-based Law Enforcement: SISD Police EPISD Police Ysleta ISD SROs w/El Paso PD</p> <p>Community Law Enforcement: El Paso Police El Paso Sheriff</p> <p>Justice Diversion: County Attorney El Paso Juvenile Probation Dept Municipal Courts</p> <p>Crisis/Emergency Systems</p>
<p>Communities in Schools: SISD & YISD</p> <ul style="list-style-type: none"> Full-time program coordinators embedded at schools for case management Home visits, needs assessments, service referrals, and follow-up support On-campus support groups and activities focused on skills building Parenting classes and engagement opportunities Partnerships w/schools to identify and serve high-need student populations Mental health and wellness coordinator provides support across program 	<p>El Paso ISD: Supports</p> <ul style="list-style-type: none"> 90 schools, 60k students Site-based MH clinics: MOU w/EHN 5 schools (counseling, case management, and psychiatric) Suicide prevention protocol and threat assessment process, tracked in Navigate 360 Responsible decision-making classes at middle schools for certain offenses Focus on Families program to engage parents of students with serious discipline issues Some restorative practices and referral to counseling for interventions First Chance alternative program for some first-time substance-related offenses Partnership with law enforcement for on-campus CIT services for students in crisis MTSS (behavior) in development, Whole Learning Chief position 	
<p>Discipline Population - 2021-22 School Year</p> <ul style="list-style-type: none"> YISD: 9.6% of Student Body with a Discipline Record <ul style="list-style-type: none"> 789 DAEP actions (724 students), w/restorative, LOS: 45 days SISD: 7.8% of Student Body with a Discipline Record <ul style="list-style-type: none"> 752 DAEP Actions (720 students), LOS: 9 wks, 2nd offense 18 wks EPISD: 7% of Student Body with a Discipline Record <ul style="list-style-type: none"> 1,531 DAEP Actions (1392 students) El Paso County Juvenile Justice Alternative Education Program (JJAEP) <ul style="list-style-type: none"> # students/year? 		
Region 19 Education Service Center	Texas Child Health Access Through Telemedicine (TCHAT)	Behavior Threat Assessment Teams

Key Findings – Intercept 0 *more in report

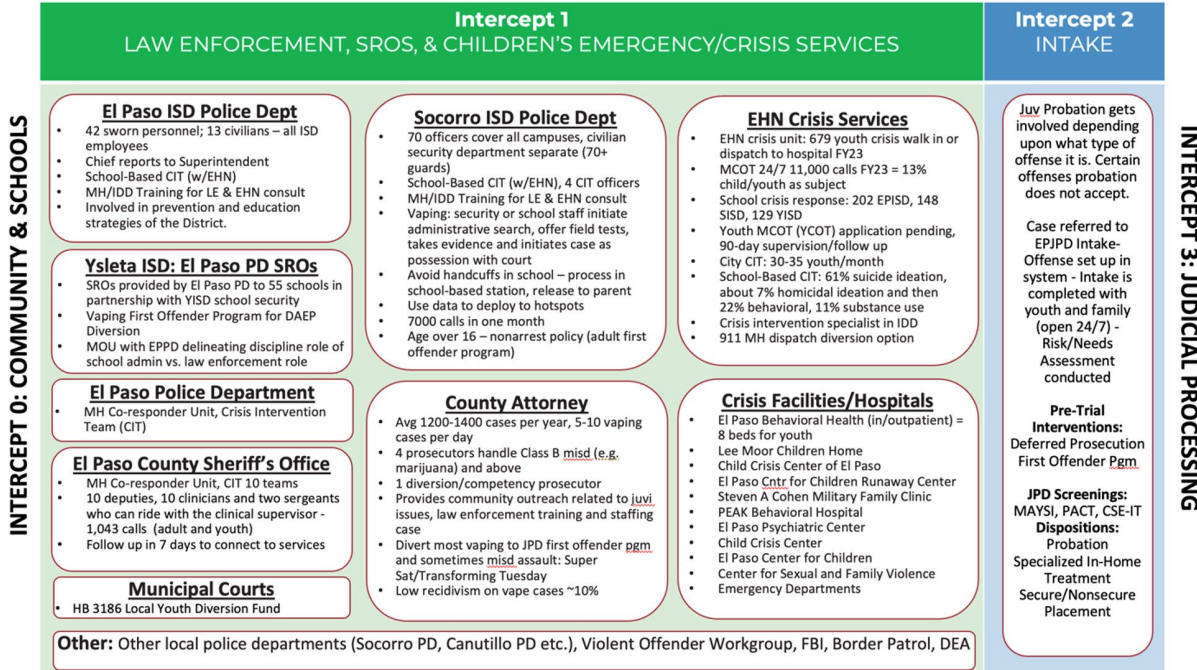
- **Discipline:** Inconsistencies and lack of standardization in discipline decisions/practices across districts & campuses
- **Alternatives to Exclusion:** PBIS, bolster Behavioral Intervention Teams on campuses, restorative justice
- **Tiered Intervention: Multi-Tiered System of Support (MTSS)** expansion, formalize a method to identify students who need intensive mental and behavioral health services and supports by establishing a School-Based Assessment, Treatment, and Intervention Screener to identify risk and needs.
- **Increased legal education within school districts:** clear guidance on what is legally permissible while actively seeking creative solutions that address disciplinary challenges effectively.
- **Mental Health Needs:** In school settings, students with untreated behavioral health conditions are more likely to have higher rates of school absences and school behavioral incidents, and lower rates of timely course completion and graduation.

Key Findings – Intercept 0

- **Information Sharing:** Lack of access to information about a child's history among behavioral health, school, and justice stakeholders can impede decision-making processes and access to appropriate care (i.e., PHIX)
- **Family Engagement:** Lack of family involvement and engagement in educational and support systems is exacerbated by family stress, lack of parental education, the need to teach parents how to navigate systems, bilingual needs, family mental health needs, and the scarcity of family partners with lived experience. Additionally, there is often stigmatization of mental health among caregivers.
- **Disciplinary Alternative Education Program and Vaping:** There is limited disciplinary alternative education program (DAEP) capacity to support youth expelled due to the new vaping laws passed (HB114). Texas law grants school districts discretion in applying "mandatory" disciplinary consequences, allowing consideration of mitigating factors, including disciplinary history. However, use of mitigating factors varies across districts and campuses, and many fail to fully explore alternatives to expulsion and exclusionary discipline practices.

SIM Map - Intercept 1

El Paso SIM Map: Intercept 1



Gaps, Challenges, and Opportunities for Change

Of the 700-800 students arrested in school and referred to the juvenile justice system's first offender program in Fiscal Year 2023, 95% were assessed as low risk offenders and only 3% reoffended. (See Appendix 3, Data Presentation.) Significant school and justice human resource hours are expended to process low risk offenders who will receive a criminal record. Sending low-risk youth into the juvenile justice system consumes significant resources from both schools and the justice system. These resources could be better allocated to addressing more serious offenses and providing support to high-risk youth.

A few Key Findings – Intercept 1 *more in report

- **Officer Discretion:** Law enforcement officers are unclear where they have discretion and/or are unwilling to use discretion to divert students from arrest, particularly with THC felony vaping offenses. When law enforcement officers are reluctant to use discretion, it limits the availability of diversion programs and alternative interventions that can address the underlying issues leading to vaping. Arresting students for vaping offenses misses the opportunity to connect them with educational and rehabilitative interventions that can address substance use issues and promote healthier choices.
- **First Offender Programs for Vaping:** For school districts like Ysleta ISD with a First Offender Program for vaping-related offenses run by school administration, students are diverted from exclusionary discipline consequences but still referred to law enforcement for arrest and juvenile referral. This is a result of law enforcement officers interpreting felony laws to prohibit a school-based first offender program to be used for felonies, including THC felony vaping.

Key Findings – Intercept 1

- **Inconsistent Response:** There is variation in law enforcement response and arrest policies between different districts and even individual campuses. Law enforcement agencies operate independently within their jurisdiction. Each district or campus has its own chief of police or law enforcement leadership, with autonomy in setting policies. The availability of law enforcement resources, including personnel, equipment, and funding, can influence policies. Districts with more resources may have more flexibility in their approaches. The level of collaboration between law enforcement agencies and schools differs. Some districts have well-established partnerships and clear protocols, while others have limited interaction. Some districts may adapt more quickly to evolving best practices and legal requirements, while others may lag.
- **Duplicate Programs:** Even when students are successful in school-based first offender programs addressing behavior (including vaping), this information is typically not shared with the juvenile probation department. Without a system for tracking interventions, youth who have already successfully completed school-based programs may be unnecessarily referred to the juvenile justice system, which leads to duplicative programming consuming valuable resources.

Community Synergy

Sequential Intercept Model (SIM)

&

Family Leadership Council (FLC) Work Groups

Summarized Youth SIM Priority Areas

Based on the analysis of gaps and resources described above, the following five priorities for change were identified by the participants at the conclusion of the SIM workshop. During future convenings, stakeholders should review these opportunities and engage in a consensus process to come to agreement on priorities for the next three years, as well as develop a strategy and action plan with work group or task force teams assigned to each.

Priority 1:	Systems Data Sharing & Cross System Collaboration
Priority 2:	First Offender and Pre-Arrest Diversion Program
Priority 3:	School-Based Crisis Intervention Teams (CIT) and Mental Health Training
Priority 4:	Discipline Alternatives and Disciplinary Alternative Education Programs (DAEPs)
Priority 5:	Community-Based Behavioral Health & Substance Use Service Capacity and School Integration

Work Group Integration

FLC Work Group	Role	Stakeholder Examples	SIM Priorities
Primary Care	Expand and Enhance Integrated and Collaborative Care models for mental healthcare and related support access in the pediatric and primary care settings.	This work group engages with child and youth mental health service providers, primary care practices, healthcare system leaders, and other clinical service practices that may encounter early symptoms of mental health conditions in children and youth.	Community-Based Behavioral Health/SUD Service Capacity and School Integration
Crisis Care	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.	This work group engages with special populations service providers such as child and youth crisis shelters, foster care child placing agencies, human trafficking support systems, Child Protective Services, law enforcement at all levels, psychiatrists, psychologists and independent counseling practices dealing with complex mental illness or co-occurring mental health and substance use cases. Currently poised to grow in breadth and depth with three recent grants related to community capacity building.	School-Based Crisis Intervention Teams (CIT) and Mental Health Training
Specialty Care	Reframe the concept of mental health and substance use specialty care as secondary to Integrated Primary Care (e.g., 25% of care).	This work group engages with special populations service providers such as child and youth crisis shelters, foster care child placing agencies, human trafficking support systems, Child Protective Services, law enforcement at all levels, psychiatrists, psychologists and independent counseling practices dealing with complex mental illness or co-occurring mental health and substance use cases.	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

El Paso County SIM: Where We've Been and Where We Need to Go

2023:

- Intercepts 00
- Intercept 0
- Intercept 1

2024:

- Coordination of SIM priorities (00-1) and FLC Work Groups
- Intercept 2-3 [Internal JPD]

2025:

- Cont. Intercept 2-3 [Internal JPD]
- Intercept 4
- Intercept 5

2026:

- Full SIM update [00-5]

The result was rapid transformation of civil commitment law across the country, adoption of legal model of commitment and reliance on “dangerousness” as the required criterion for commitment



So What Has Improved?



Discussion on simplifying and splitting

FAMILY EDUCATIONAL SUPPORTS

Education about diagnosis, available treatments, and prognosis



MEDICAL EVALUATION & TREATMENT

Comprehensive diagnostic evaluation and precision psychiatry to optimize holistic functioning



INDIVIDUAL & FAMILY SKILL BUILDING

Individual and family therapy, psychosocial rehabilitation, peer support, and educational supports



FAMILY NAVIGATION



CARE COORDINATION

Schools, primary care, and engagement with broader community



Pediatric Center of Excellence

Core Elements

- Comprehensive interdisciplinary evaluation
- Family involvement and support
- Case management and navigation
- Address social determinants of health

Specialized Interventions

- Diagnostic expertise
- Psychopharmacology
- Individual and group therapies
- Family therapy
- School psychology
- Social work
- Outpatient programs
- Inpatient care

Implementation Site Essentials

- Strong existing infrastructure
- Inpatient unit
- Availability of interventional psychiatry
- Academic institution
- Research capabilities
- Growth capacity



Other Business



NEXT MEETING

Adjourn

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 ICPAN) 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).