



Specialty Care Work Group Meeting Notes

October 15, 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:

Sereka Barlow
Daniely Gutierrez
Rebeka Isaac
Josue Lachica
Vanessa Leon
Enrique Mata
Mida Ponce
Rhonda Russ
Nicole Schiff
Kim Shumate
Wes Temple
Francisco Torres
Sophia Wozniak

Representing:

YWCA El Paso Del Norte Region
Region 19 Education Service Center
Emergence Health Network
Paso del Norte Center at Meadows Institute
Heart Gallery of El Paso
Paso del Norte Center at Meadows Institute
Court Appointed Special Advocates El Paso (CASA)
Emergence Health Network
Paso del Norte Center of Hope
County of El Paso Juvenile Justice Center
Region 19 Education Service Center
County of El Paso Juvenile Justice Center
Emergence Health Network

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Welcome and Introductions

Enrique Mata and Josue Lachica welcomed the group and called for introductions.

Overview of Last Meeting

Enrique Mata provided an overview from past work group discussions and related the goals to identified priority needs from the 2021 System Assessment and the 2023 El Paso County Youth Sequential Intercept Model (SIM). He and Josue Lachica responded to questions from the group.

Specialty Care – Trauma, Grief, and Resilience

The group discussed comments from the last meeting about a name more aligned with the group's charge. The consensus was still that the group is dealing with complex cases and trauma, grief and resilience is still integral to the ongoing charges the group is convening to address. Since a Chair and Vice Chair have not been identified, the group will remain the specialty care work group at this point.

Respite and Residential Treatment

The group engaged in a robust discussion on the need for both crisis respite and residential treatment approach for region 10. The community has been challenged with this topic for at least the past decade and the situation continues to worsen as evidenced by recent decisions to close vital service options at El Paso Center for Children.

The group discussed several approaches including:

- Exploring federal funding streams including connecting with Congresswoman Escobar and fostering partnerships with Ft. Bliss and Federally Qualified Health Centers.
- Exploring sustained funding from the state legislature including improved reimbursement options from Medicaid. The 2021 System Assessment discusses efforts under the 86th Legislative Session and SB 1177.
- There is capacity at the juvenile justice center that the community could explore a form of waiver or collaboration to bring nurturing space for residential treatment to the community without youth having to connect with the justice system to access these services.
- Developing a hybrid approach to service delivery. For example, existing models in Houston, San Antonio, and Austin, as well as models that are developing in Uvalde and other communities.

Next Meeting To dos

Enrique Mata and Josue Lachica committed to bringing information on the operations of several respite and residential treatment models to the next meeting. In addition, some key data points will be provided for the group to consider. The group suggested meeting at least one more time before the year ends. Josue Lachica will explore the feasibility for a meeting on a date in November.

Adjourn

Enrique Mata and Josue Lachica adjourned the meeting at 10:29 am. Presentation slides are included with these notes.



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Specialty Care Work Group
October 15th Meeting

Specialty Care October 15th Agenda:

-  **Welcome and Introductions**
-  **Overview of Last Meeting**
-  **Specialty Care – Trauma, Grief and Resilience**
-  **Respite Care and Residential Treatment**
-  **Adjourn**



Overview of August 30th Meeting

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

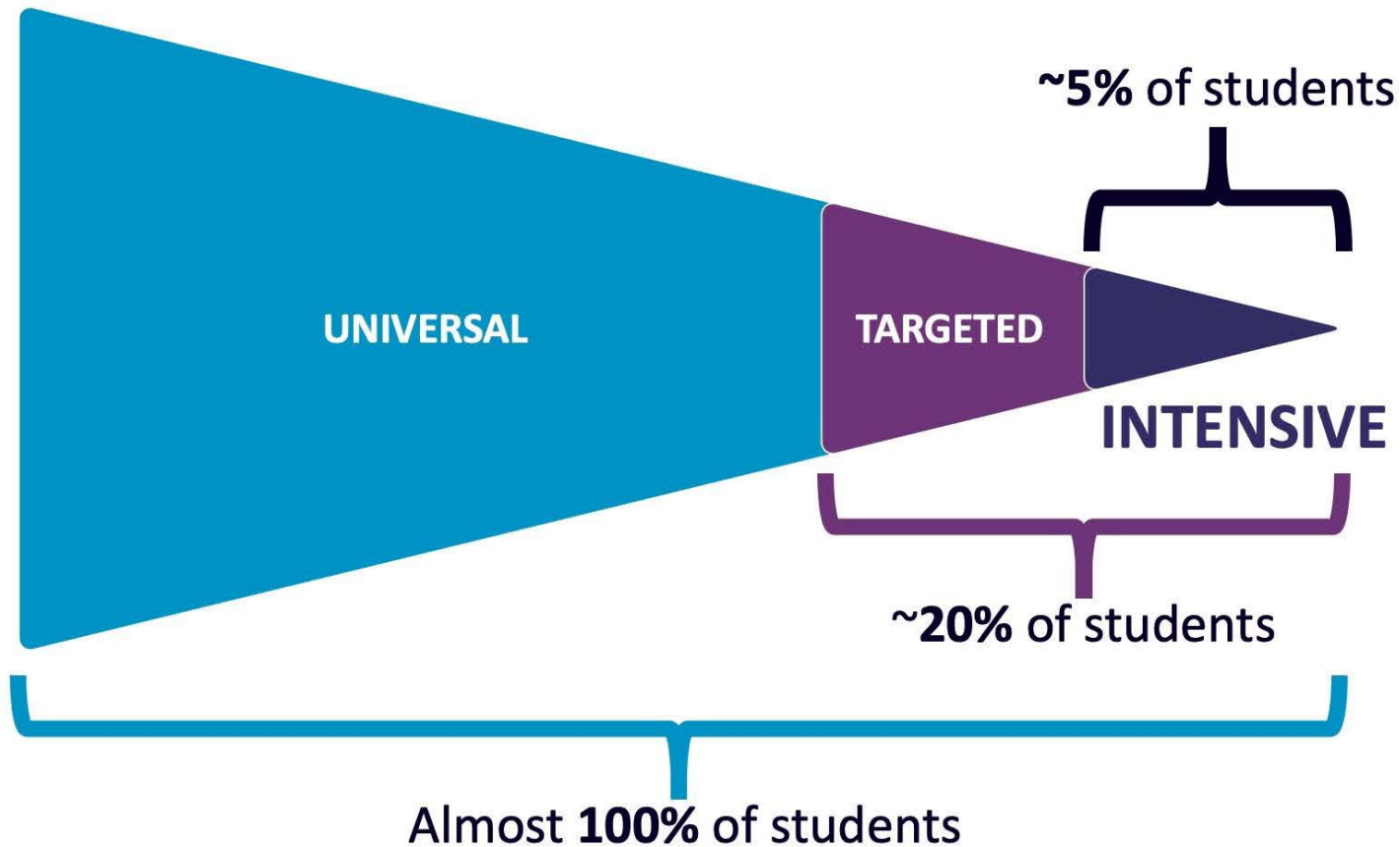
Next Meeting:

October 15th 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



El Paso Youth Sequential Intercept Model (SIM) Report

Mapping School to Justice Pathways

Relevant 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.

Relevant Key Findings

- **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.

Cross Cutting 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.

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.**



Respite Care and Residential Treatment

2021 System Assessment



El Paso needs an array of crisis placements:

- In-home respite
- Crisis foster care
- Crisis respite
- Crisis stabilization

2021 System Assessment



Explore creating crisis respite to address the lack of a short-term crisis response, particularly for children and youth, using Medicaid managed care financing provisions as the funding mechanism

Crisis care:

- ideally includes mobile teams that respond to urgent needs outside the routine delivery of care
- offers a continuum of time-limited out-of-home placement options ranging from crisis respite to acute inpatient to residential care.

2021 System Assessment - Crisis Respite



Finding: There are no available out-of-home, short-term crisis stabilization environments that could serve as an alternative to hospitalization for children and youth in crisis.

Crisis respite, whether facility-based or home-based, provides:

- temporary relief for caregivers
- a safe environment to resolve crises
- an opportunity to engage children, youth, and their families in services.

crisis respite can serve as a safe alternative to inpatient care.

2021 System Assessment - Crisis Respite



Crisis respite, whether facility-based or home-based, provides temporary relief for caregivers; a safe environment to resolve crises; and an opportunity to engage children, youth, and their families in services. Further, depending on the severity of the crisis and the needs of the child or youth, crisis respite can serve as a safe alternative to inpatient hospitalization. Services that may be provided in a crisis respite setting include crisis planning for the family and child/youth, therapy, and skills training. The goal is to strengthen the ability of children, youth, and their families to prevent future crises and to better manage them if they do occur.

2021 System Assessment Crisis Respite



Finding: There are no available out-of-home, short-term crisis stabilization environments that could serve as an alternative to hospitalization for children and youth in crisis.

Recommendation: Medicaid managed care providers should explore the provisions of Senate Bill (SB) 1177 to add crisis respite to the community's array of crisis services.



Open Discussion



Next Meeting

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).