









**2025 Children, Youth and Families Summit
and Synergy Session**


May 1, 2025


*Amistad Administrative Offices Auditorium
3210 Dyer St.
El Paso, TX 79930*

**8:30 – 1:00 pm
Run of Show**


-  **8:30 am Welcome** – Tracy Yellen convenes the event with thanks to Project Amistad for the use of their auditorium.
-  Tracy recognizes that the Paso del Norte Foundations are celebrating a 30-year anniversary. Mental health and emotional well-being has been a vital health arena as part of the Foundations' overall efforts to make lasting health improvements for the region.
-  She recognizes Sandra Day for her leadership working with the Mental Health and Emotional Well-Being initiative partners.
-  She shares some brief comments on the importance of hosting a summit on children, youth, and family mental health:
Optional talking points:
 - To help ensure the most up-to-date, data-informed strategies, and
 - to help ensure synergy among key stakeholders, prioritize and plan collaborative system improvement actions.
 - The last event of this type was held in Mid-2022.
 - Data presented today are highlights relevant to the day's discussion and are part of a report in the works to be released at a later date.
 - The feedback provided today will have an impact on the next step improvements for child and youth systems of care.
 - Data, Meeting Notes, and other Reports can be found at www.healthypasodelnorte.org
-  Tracy then introduces Sharon Butterworth, Founding Chair of the El Paso Behavioral Health Consortium and Chair of the Paso del Norte Center Leadership Cabinet.
-  Sharon Butterworth Briefly reflects on the Beginnings of the Consortium
Optional talking points:
 - Beginning with the Brain Trust in 2011

- The Think Change Initiative
- The development of the Consortium Executive Committee in 2013 to discuss the future of the State Hospital.
- The collaboratively funded first Behavioral Health System Assessment was completed in 2014.
- The Launch of the Consortium Leadership Councils in May 2015.

 She then recognizes members of the Paso del Norte Center Leadership Cabinet and identifies Meadows Institute Team members who will be participating today.


 Leadership Cabinet Members: Tracy Yellen-Vice Chair, Henry Gallardo, John Hjalmsquist Stacey Hunt-Spier, Lisa Peisen-Richardson, and Mark Walker,


- Monica Thyssen, Senior Vice President of Finance, Policy, and Implementation
- Jennifer Gonzalez, PhD, Senior Vice President of Population Health
- Nelson Jarrin, JD, Senior Vice President of State Policy
- John Snook, JD, Chief Policy Officer


 **9:00 am** Brief Summary of Consortium and FLC History – Ivonne Tapia and Cathy Gaytan are invited to provide some comments on the history of the Consortium Family Leadership Council.

Optional Talking Points:

- The Family Leadership Council formed in May 2015 as the Child and Youth Mental Health Council. The name was quickly changed to ensure that addressing children and youth always includes the family support and nurturing environment as an integral part of mental health and emotional well-being.
- The Family Leadership Council helped to launch several initiatives and projects for lasting improvement to the health of the region. The include West Texas Trauma Informed Care Consortium, The Strong Families initiative, The Help Me Grow Initiative, and many other projects to improve opportunities for children and youth.
- The FLC also led to several strong collaborations such as the alliance between Aliviane and El Paso Child Guidance Center, the work with the Meadows Institute's Trauma and Grief Center, and collaborations to leverage grants and programs into the region such as the Substance Abuse and Mental Health Administration program funding.
- The FLC also helped the greater El Paso area be a leader in the use of state policy such as the development of the Texas Tech Hub for The Texas Child Health Access Through Telemedicine (TCHAT) and the Child Psychiatry Access Network (CPAN). The FLC partners, including Texas Tech, created some strong alliances to help ensure the success of the programs in the region.

 Ivonne and Cathy call on Josue and Enrique as needed to assist with the history of the Consortium, and the past system assessments.

 If time allows others in the audience may offer their perspectives on the Consortium and FLC history and call on others in the audience to share as well (e.g., Laura Marquez, Sarah Martin, Chief Rosie Medina, and others may have comments).

 Ivonne and Cathy turn the meeting over to Josue and Enrique who will move in to the data presentation via Zoom.



9:15 am Data Preliminary Findings overview

Jennifer Gonzalez, PhD – Enrique introduces Dr. Jennifer Gonzalez - participating on Zoom. She provides a presentation of preliminary data and shares that the forthcoming data book is targeted to be finalized in July. The presentation is intended to reinforce the importance of having access to the most up to date data possible for optimal strategy planning.

9:45 am Post presentation, Enrique and Josue begin with the discussion activities.

Activity 1: Participants (who are all wearing name tags) are asked to introduce themselves to others at their table. They are then asked to share briefly what they wanted to be when they grew up. This will help get the participants thinking about children and youth. Enrique and Josue will call out to the tables for any unique responses to share with the entire group.

9:50 am Strategy Synergy Discussion – Existing and New Actions – Enrique and Josue reflect on the data update and current progress addressing opportunities for change. They ask the participants to use the color Post-it notes provided. Each color represents:

- **red** – a current priority,
- **yellow** – keep adding more,
- **green** – making good progress - continue maintaining current path or current capacity.

Enrique and Josue direct the participants' attention to a set of easels with large white Post-it-tablets. Each tablet includes pages with at least one opportunity for Change written on it. Enrique and Josue review each tablet and reinforce that the items on these sheets come from active discussions during work group meetings, individual community organization leader interviews, data collected during the Youth SIM, other past data gathering efforts, and Leadership Council General meetings.

9:50 am The easels are placed next to tables and participants are asked to work with the **note taker** at their table.

- Each table group will have 10 minutes to discuss the first topic (e.g., First Connection) opportunity for change and related strategies.
- Participants are asked to write on Post-its a recommended priority action or strategy using a color to show what level of priority is needed.

a. **Activity 2: First Connection – Opportunity For Change:** Making the first connection with mental healthcare a positive one. (e.g., improve Early childhood system navigation and Collaborative Care model availability provider availability).

Strategies:

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

- ii. increase availability of child psychiatrists and child psychologists, LCSWs and LPCs and individuals trained for Behavioral Health Care Manager roles (e.g., QMHPs).
- iii. 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.

10:00 am Each group will select one member to provide a summary of their discussion. Enrique and Josue will call on each table for brief comments.

10:15 am Each table group will then move to the Third Activity and have 10 minutes to discuss (e.g., Specialty Care) the opportunity for change, existing work groups, and related strategies. Participants are asked to write in any recommended priority actions or strategies using a color to show what level of priority is needed.

- b. **Activity 3: 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).

Work group focus: Respite and Residential Treatment hybrid: Seeking out options to prevent justice involvement and address complicated and co-occurring mental health and substance use conditions. Including system options such as inpatient, partial hospitalization, Intensive outpatient, respite, and residential treatment

Work Group focus: Foster and Post Adoption Care – Seeking out options to improve the foster care system as well as steps to ensure positive outcomes with post adoption care.

Strategies

- i. 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 -PHP/IOP to Integrated CoCM Primary Care settings).
- ii. Expand and enhance availability of well-established evidence-based interventions for youth with more severe behavioral problems (e.g., Intellectual, and developmental disability, or related to willful misconduct and delinquency).
- iii. 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.

10:25 am Each group will select one member to provide a summary of their discussion. Enrique and Josue will call on each table for brief comments.

10:35 am Each table group will have 10 minutes to discuss the third topic (e.g., School Mental Health/Justice Diversion) opportunity for change, existing work groups, and related strategies. Participants are asked to write in any recommended priority actions or strategy using a color to show what level of priority is needed. The topics where opportunities will be discussed include:

- c. **Activity 4: Mental Health in Schools and Juvenile Justice diversion** – Opportunity for Change: Expand and enhance programs that promote emotional well-being, nurturing environments, and prevention of adverse childhood experiences.

Work Group focus: SISD First Offender Pilot: diverting youth from justice involvement, especially in cases where a TCH felony offense is imminent.


Other areas (e.g., no current work group focused on these items):


seeking out improvements for early intervention (e.g., TCHATT), and to address school age trauma, grief, harm reduction, and preventing justice involvement. Including parental involvement, availability of education programs, and addressing unhoused conditions.


Strategies:


- i. Increase availability of evidence-based and promising practices (e.g., TI-CBT, PCIT, Capacitar).
- ii. Expand and enhance availability of well-established evidence-based interventions for youth with more severe behavioral problems (e.g., Intellectual, and developmental disability, or related to willful misconduct and delinquency).

10:45 am Each group will select one member to provide a summary of their discussion.


 **10:50 am Break** - A 10-minute break will be called to prepare for the legislative update.


 **11:00 am Legislative Updates With John Snook and Nelson Jarrin** - Nelson Jarrin will provide an overview of current Texas Legislative Session progress and mental health related legislation relevant to the PdN region. John Snook will provide an overview of the current National mental health related legislation relevant to the PdN region. Enrique and Josue then facilitate a 10-minute question and answer conversation with the virtual speakers and align any key items identified to the day's discussion.


 **11:30 am Discussion on Next Steps** – Preliminary results are gathered by Josue and Enrique. Ivonne, Cathy are provided with highlights from the preliminary and the sheets are posted in a central location.


 **11:45 am** Josue and Enrique reinforce that the priority strategies and actions identified will be developed into draft communication tools (e.g., the current FLC Action Plan) for review at

the next FLC General Meeting and for public release at the next Consortium General Meeting targeted for November 2025.

 **11:50 am Break** - A 10-minute break will be called for participants to serve themselves a lunch plate and return to their seats.

 **12:00 - 1:00 pm Networking Lunch** – We break for lunch thanking participants for the ongoing support and collaboration.

 **1:00 pm Closing Remarks** Ivonne and Cathy provide their closing remarks, If Tracy and Sharon are present, they are invited to comment on behalf of the entire El Paso Behavioral Health Consortium.

 **1:15 pm Adjourn** – minimal flexibility is included here to adjust for timing overruns under any of the day's activities.

Welcome to the 2025 Children, Youth and Families Summit and Synergy Session





PASO DEL NORTE
COMMUNITY FOUNDATION



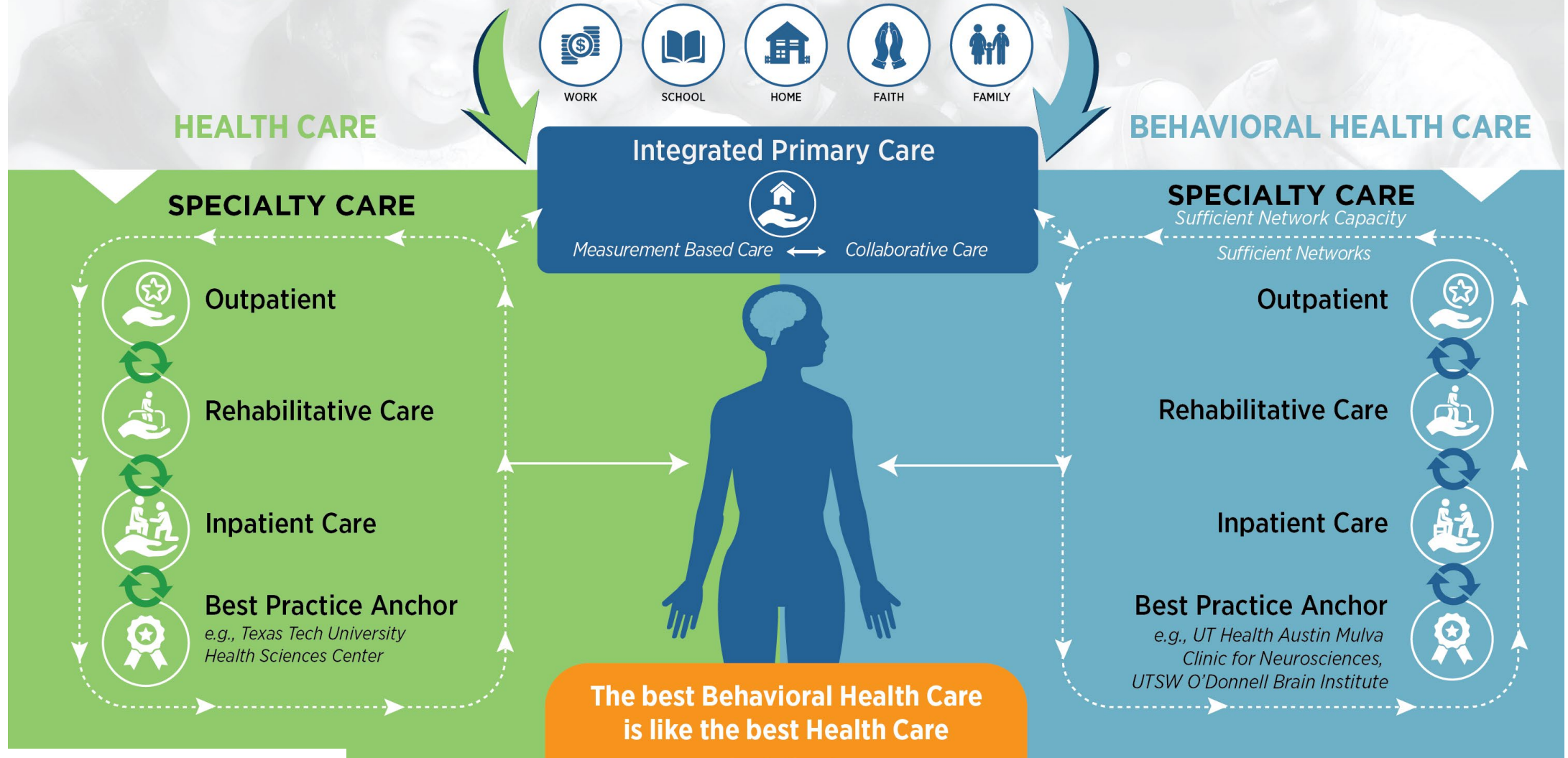
PASO DEL NORTE
HEALTH FOUNDATION



Tracy Yellen, CEO,
Paso del Norte Community Foundation and
Paso del Norte Health Foundation
Chair, El Paso Behavioral Health Consortium

THE IDEAL EL PASO BEHAVIORAL HEALTH SYSTEM

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



MEADOWS
MENTAL HEALTH
POLICY INSTITUTE



**PASO *del*
NORTE
CENTER**

Meadows Mental Health
Policy Institute

PASO *del* NORTE CENTER

Meadows Mental Health
Policy Institute



Sharon Butterworth, Mental Health Advocate
Chair, Paso del Norte Center Leadership Cabinet

MEADOWS
MENTAL HEALTH
POLICY INSTITUTE



Monica Thyssen,
Senior Vice President of Finance and Implementation



Enrique Mata,
Executive Director



Josue Lachica,
Assistant Director

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.

Consortium and Family Leadership Council History

Ivonne Tapia, Chair Family Leadership Council, CEO Aliviane Inc.

Cathy Gaytan, Vice Chair Family Leadership Council,
CEO El Paso Child Guidance Center



Ivonne Tapia,
Chair Family Leadership
Council,
CEO Aliviane Inc.



Cathy Gaytan,
Vice Chair Family
Leadership Council,
CEO, El Paso
Child Guidance Center



PASO DEL NORTE HEALTH
FOUNDATION

In collaboration with

The El Paso Community Behavioral Health Consortium

Present

A Behavioral Health Forum

Wednesday, June 13, 2012

8:00am to 12:00 noon

At

The El Paso Chamber of Commerce

Lockhart Hall

10 Civic Center Plaza

El Paso, TX 79901

June 2012



August 2015



2015





EL PASO
Behavioral Health
CONSORTIUM

14

To announce the launch of the
Consortium's Leadership Councils
on

Thursday, May 28, 2015
8:00 a.m. to 12:00 p.m.
Wyndham El Paso Airport Hotel
2027 Airway Blvd.

Special Guest and Keynote Speaker

Linda Rosenberg
President and CEO
National Council for Behavioral Health

For more information visit
www.pdnhf.org

Hosted by



PASO DEL NORTE HEALTH
FOUNDATION

20 years

In celebration of the Foundation's 20th Anniversary



Behavioral Health System
Community Progress Summit

A Review of Mental Health & IDD Bills
from the 85th Legislative Session

El Paso Community Movement Launch

okay
to say

on

Wednesday, August 23, 2017

8:00 am-12:00 pm

El Paso Community College
Administrative Services Building
9050 Viscount Blvd.

HOSTED BY:



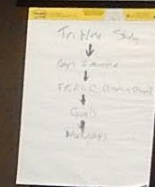
TEXAS of MIND
THE MEADOWS MENTAL HEALTH POLICY INSTITUTE

**RSVP by Friday, August 18, 2017 to
Juanita Galaviz, at jgalaviz@pdnhf.org or (915)218-2618**

Executive Committee 2017



2018



2018



2019 UTEP Don Haskins Center



**6th Annual
El Paso Behavioral Health Consortium Progress Summit**

Wednesday, October 14, 2020 • 8:30 to 11:30 a.m. • Virtual Conference



Ms. Linda Rosenberg

MSW
Director of External Relations
Columbia University Department of Psychiatry



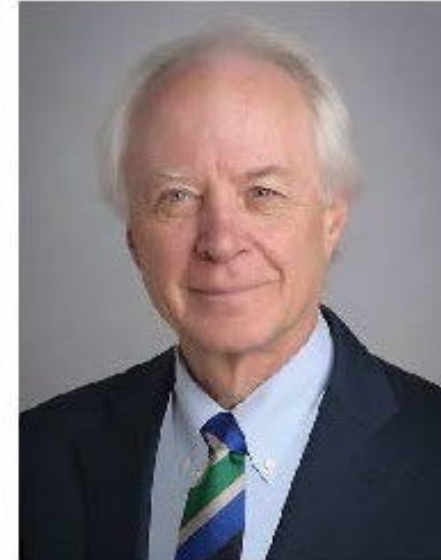
Dr. Andrew Keller

CEO
Meadows Mental Health Policy Institute



Melissa Rowan

Executive Vice President
for Policy Implementation Meadows
Mental Health Policy Institute



John Petrila

Senior Executive Vice President of Policy
Meadows Mental Health Policy Institute

2022 Consortium 2.0 Texas Tech



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

Promoting Emotional Well-Being and Early Intervention

23

“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

“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: ²⁵

- 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

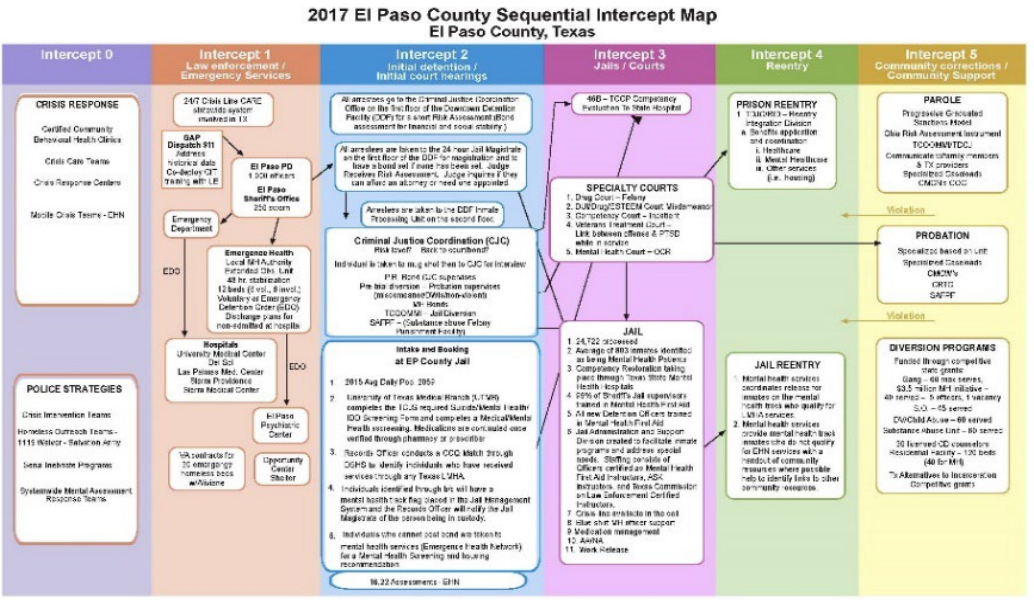
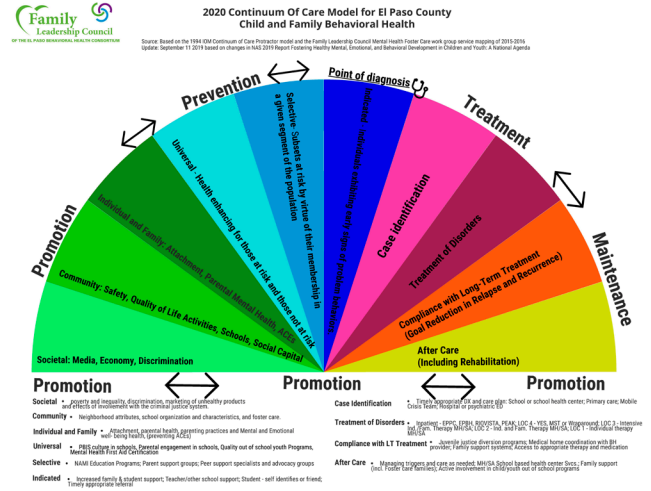
Cooperating

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



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

PdN
Center at
MMHPI
Provides:

Backbone
Technical
And
Advocacy
Support

Leadership Councils – Keep Existing and Form New as Needed (e.g., Veterans, Homelessness, etc.)



Work Groups – Projects greater than 12 months to complete
& Task Forces – Projects less than 12 months to complete



Community Partners



Community Members



Governance,
Vision and
Strategy



Action planning
and
implementation

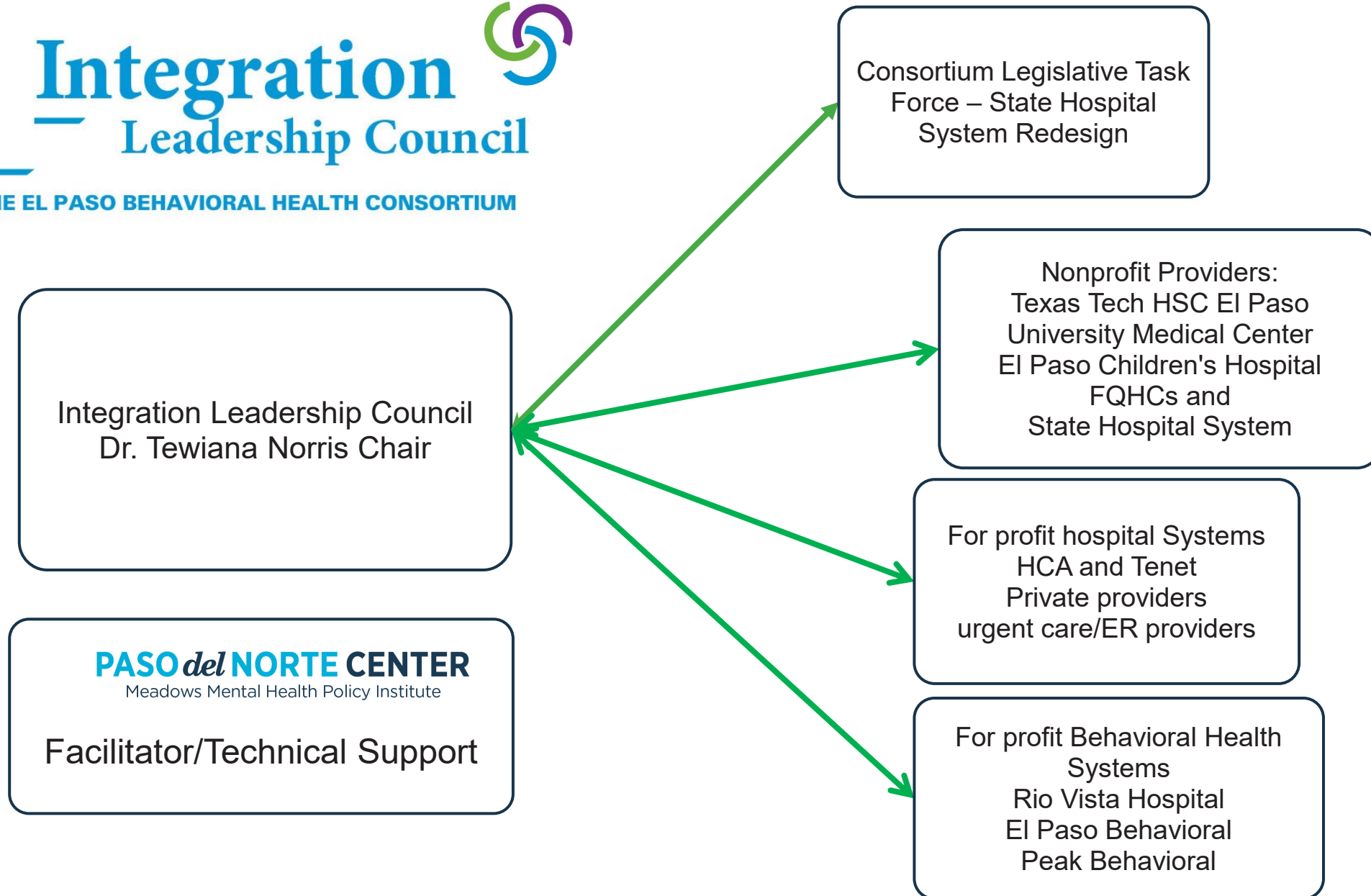


Execution
(Community Partners)



Public Will





Promoting Collaborative Care (*Evidence Based*)

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





Justice Leadership Council
Judge Anna Perez 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

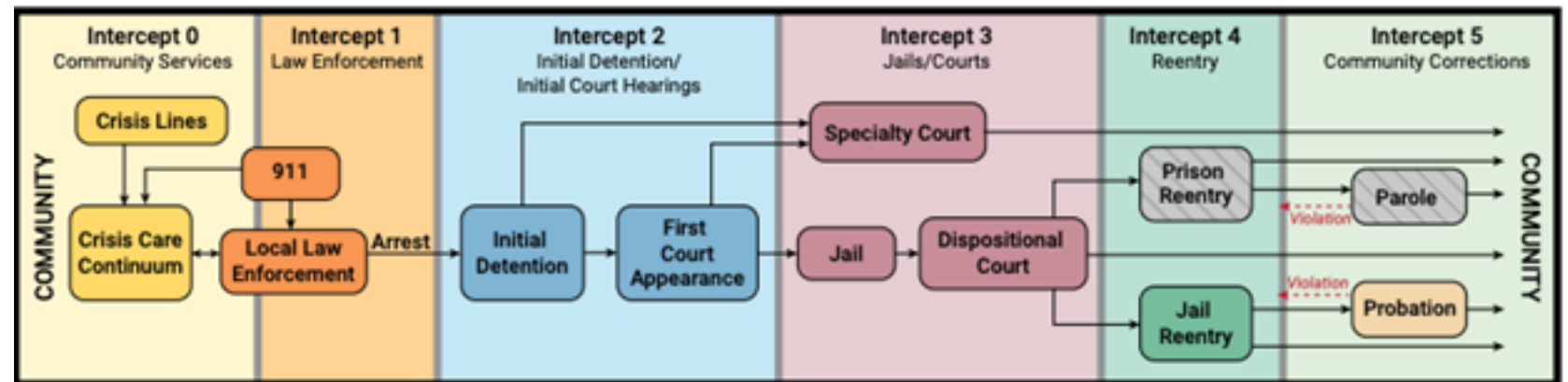


Reentry Task Force (BJA)
SIM Intercepts 3,4,5

System Improvement In the PdN region

33

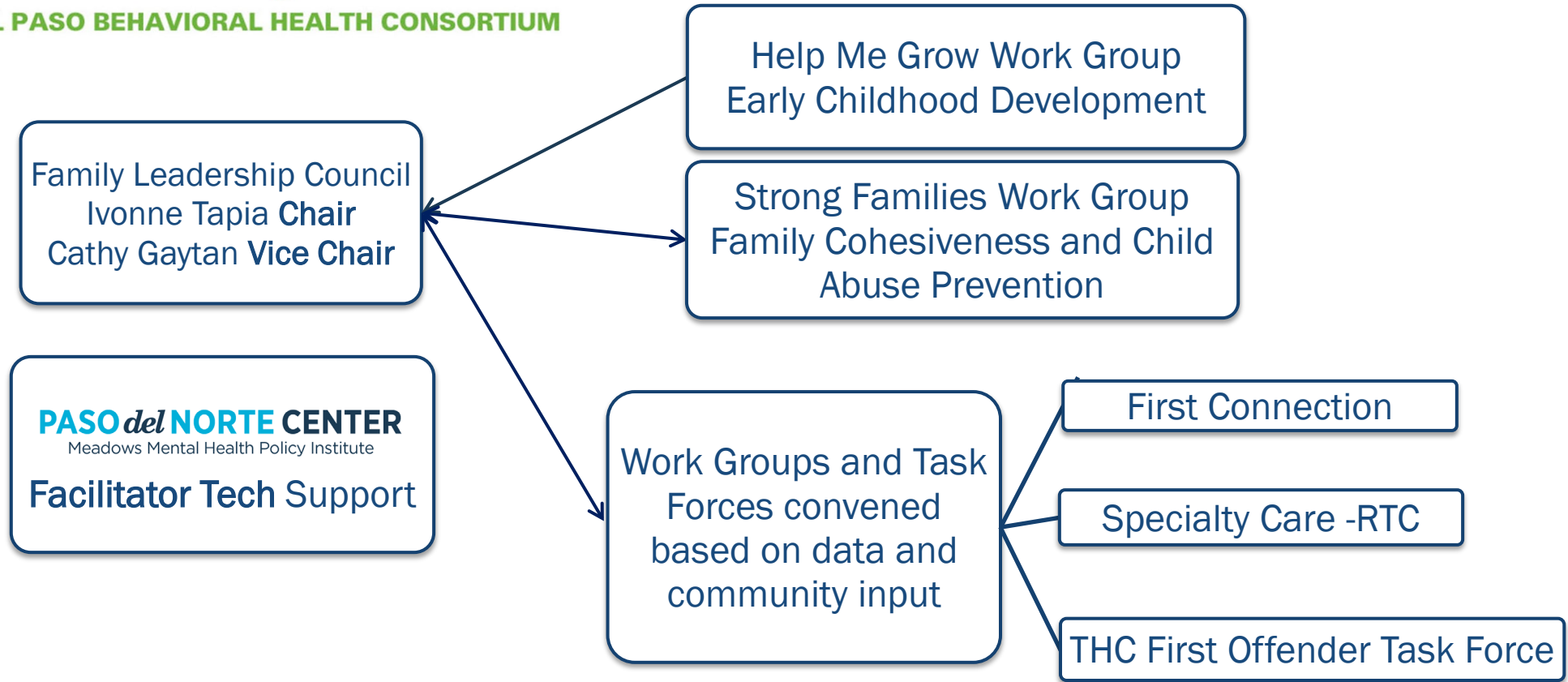
- Expanding and Enhancing Crisis Response
- Activating and Exploring improved response:
 - ✓ 911
 - ✓ 988
 - ✓ 211 - 311
- Improving timely, accurate, confidential record sharing





Family Leadership Council

OF THE EL PASO BEHAVIORAL HEALTH CONSORTIUM



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

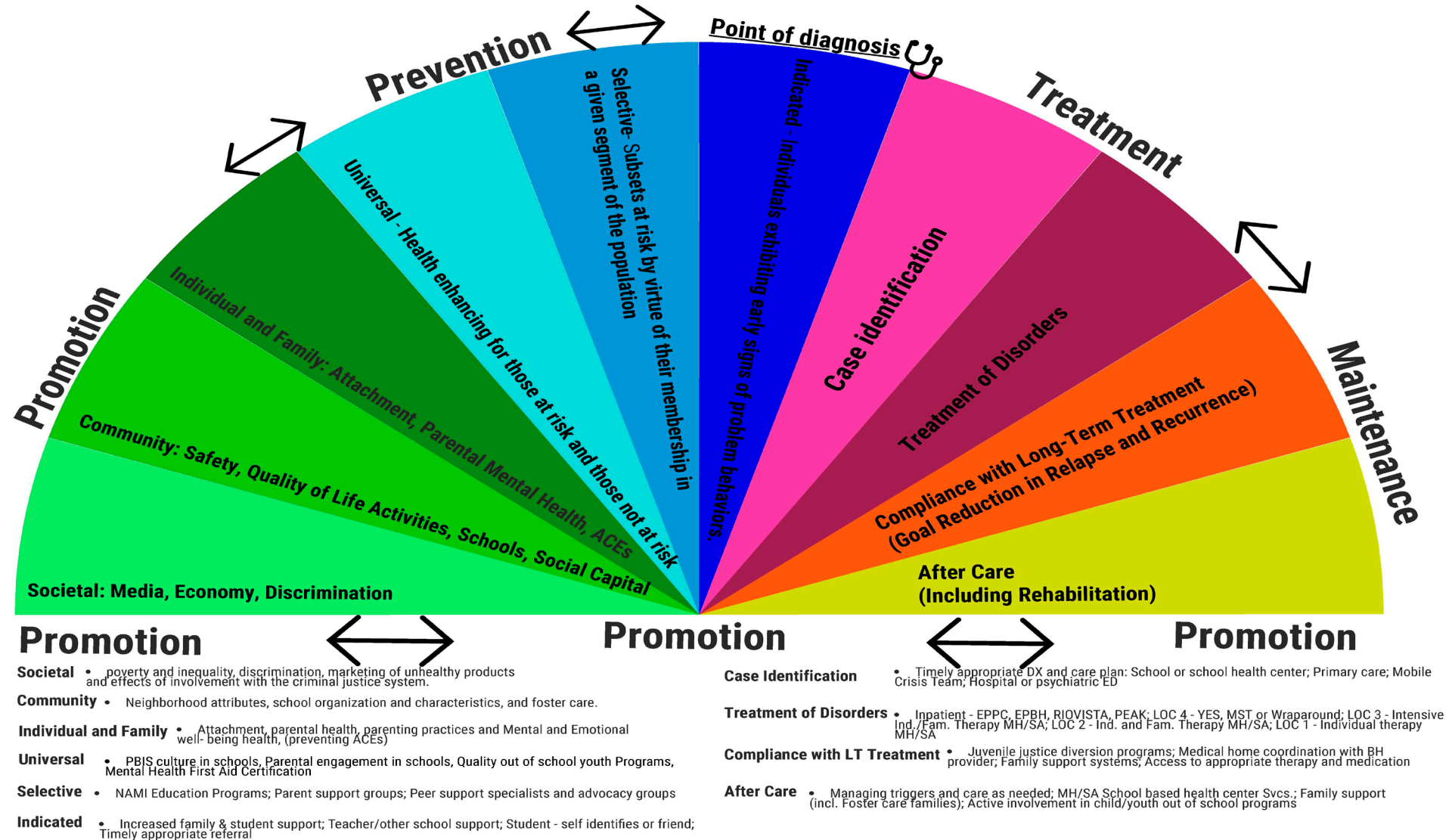
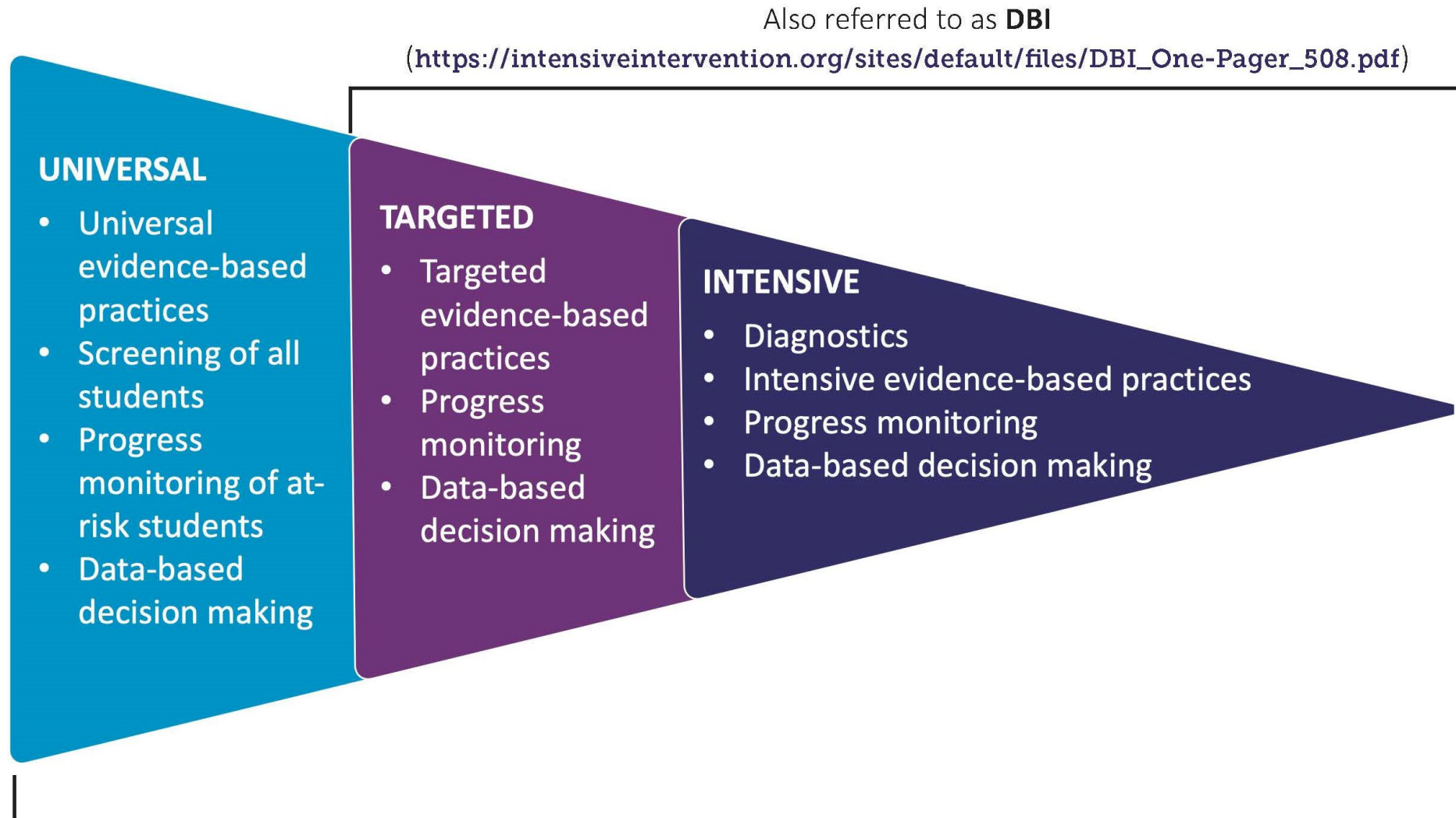


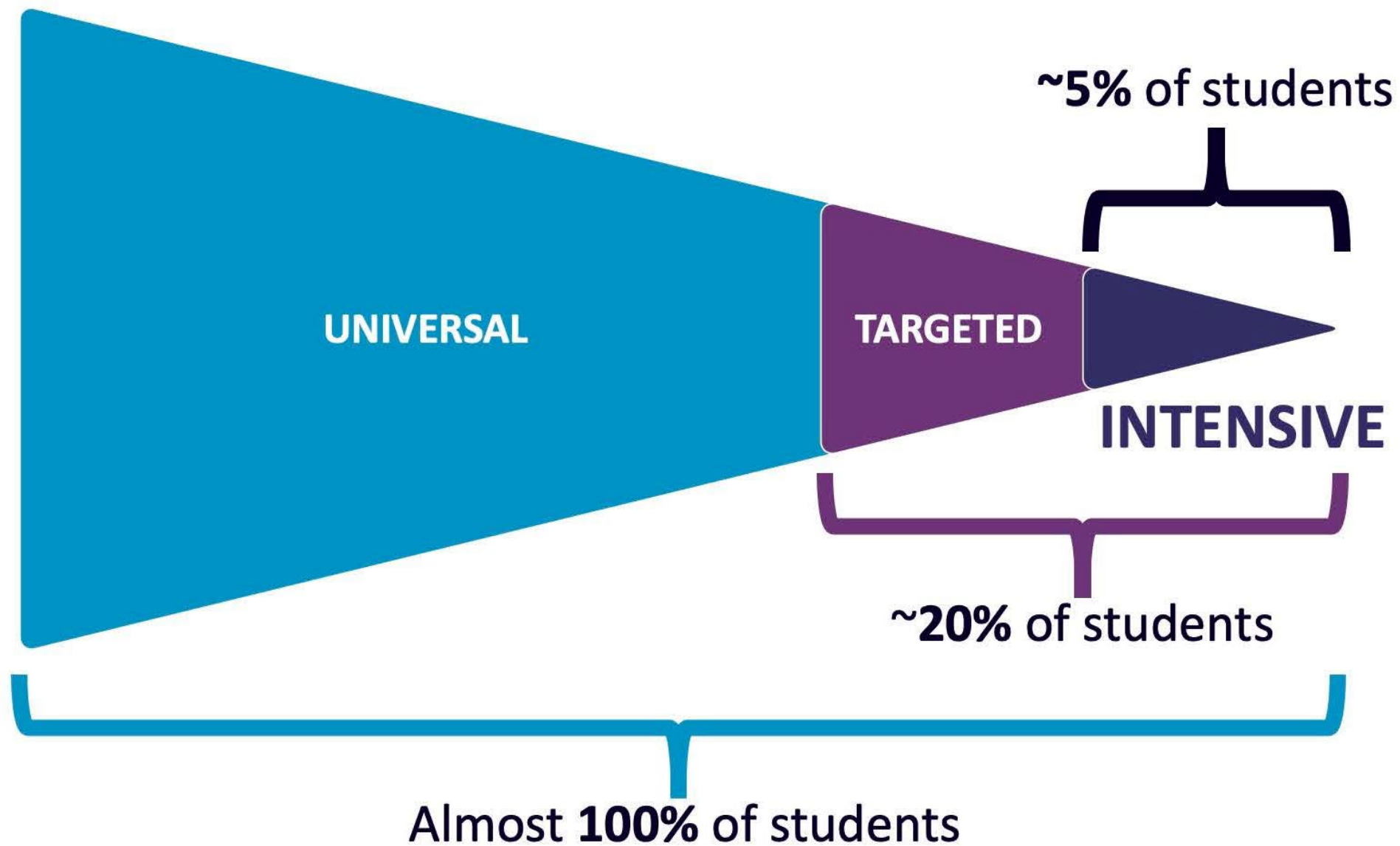
Figure 1: MTSS Components and Other Support Systems



Also referred to as

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

Figure 2: The MTSS Tiers



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 end up going to the same call centers as calls involving adults. A seamless dispatch system for crisis care increases likelihood for access to appropriate care and improves opportunity for successful recovery.

Specialty Care

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

Strategy I – As with primary care, clearly identify mental health and substance use care and support that is beyond the scope of practice and cannot be directly provided within the primary care setting. For example, serious mental health conditions that require an intensive coordinated approach with psychiatry, psychology, counseling, or substance use specialty care.

Strategy II – Expand and enhance availability of well-established evidence-based interventions for youth with more severe behavioral problems related to willful misconduct and delinquency (e.g., increase availability of child psychiatrists and child psychologists, increase availability and effective use of collaborative care model options (psychiatry, counseling, and primary care services).

Strategy III – Utilize the Multisystemic Therapy Rider to promote timely wraparound support for children with complex needs to prevent entry into the Foster Care or Justice

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, Capacitar).

Strategy I – Confirm availability of providers who are credentialed to provide specialty services that have been shown to have benefit in treating and supporting children and youth with specialty care needs. For example, the current system has capacity to serve 50 children with Multi-Systemic Therapy and the documented need for children who would benefit from this type of service is approximately 200 children (a gap leaving 150 children in need and at risk for justice involvement or acute serious crisis).

Value proposition – Increasing availability of well trained and credentialed providers who are actively treating and supporting patients decreases risks for acute crises, trauma, and justice involvement.

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).

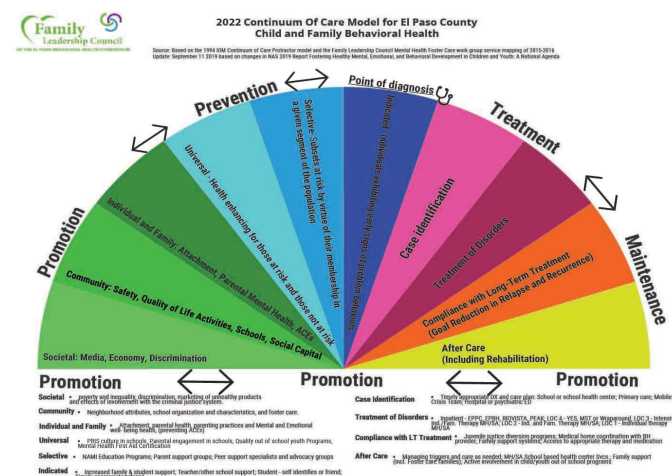
Strategy III – Expand and enhance promising practice school-based coordination of care (e.g., TCHAT).

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.healthypasodelnorte.org.

Get Involved: The Consortium is committed to ongoing collaboration where all partners are welcome, empowered, and unified to achieve the vision.

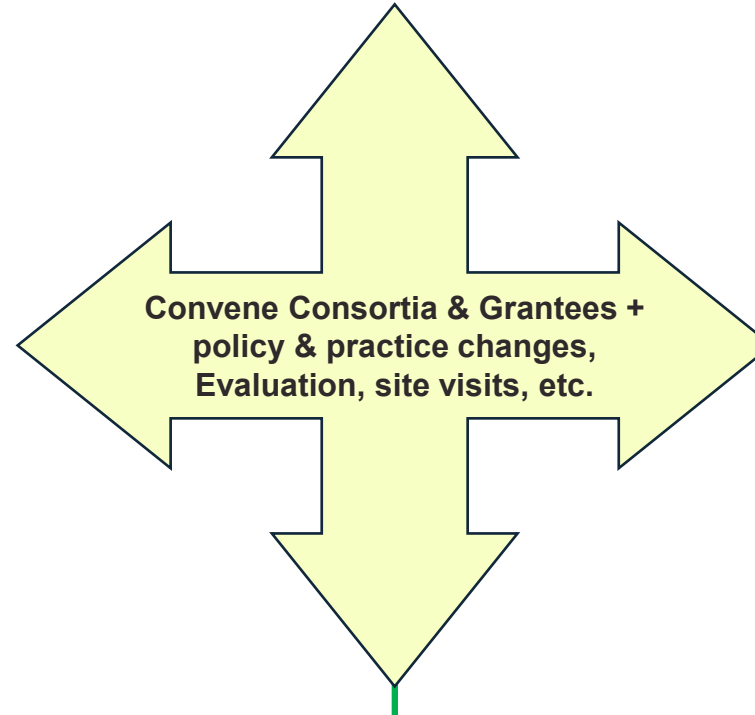
To learn more about the El Paso Behavioral Health Consortium, the 2021 El Paso County Behavioral Health System Assessment, or the Consortium Leadership Councils, contact Enrique Mata, Executive Director, Paso del Norte Center at Meadows Mental Health Policy Institute, at emata@mmhpl.org, 915-253-0287 or Sandra Day, Associate Program Officer, Paso del Norte Health Foundation, at sday@pdnfhoundation.org, 915-544-7636.

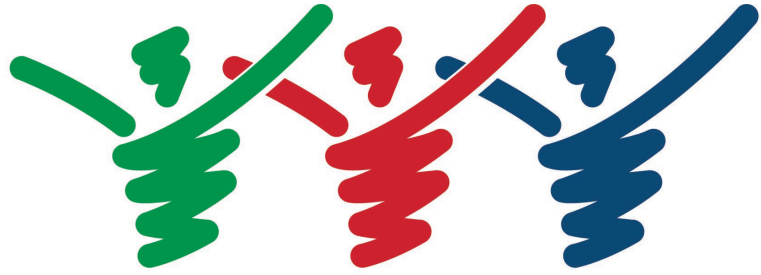
Mental Health and Emotional Well-Being Grantee Partners:



- **New Mexico State University**
- **Paso del Norte Children's Development Center**
- **El Paso Child Guidance Center**
- **El Paso Center for Children, Inc.**
- **NAMI El Paso/Family Services of El Paso**
- **Dona Ana LC3/Families and Youth Innovations Plus**
- **Meadows Mental Health Policy Institute**
- **Centro Caritativo para Atención de enfermos de Sida A.C**
- **Project Vida Health Center**
- **Comision de Salud Fronteriza Comision de Salud Fronteriza México-Estados Unidos**

MENTAL HEALTH AND EMOTIONAL WELL-BEING





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

How We Do What We Do

| 42

The PdN Center cultivates collaboration among local, regional, national, and international entities to:



Engage key system leaders in **coordinated approaches** to improve regional **systems** of care

Expand and enhance model approaches for **crisis response**

Build strategic alliances for making **integrated and collaborative** health care available where and when it is needed.

Promote and facilitate implementation of best practice mental health guidance and supports for **optimal student readiness**.

Strengthen mental health **recovery and resilience** service systems along the care continuum.

Advance Health Equity to reduce mental health disparities in all populations

Increase adoption of **evidence-based assessments and interventions** for children, youth, and families with trauma experiences.

Translate regional health promotion and disease management needs into local, state and national **policy and practice improvements**.

Paso del Norte Center at the Meadows Mental Health Policy Institute

- Established by a \$1.5 million-dollar, 3-year grant from the Paso del Norte Health Foundation. To build on the numerous improvements made to the region's mental health systems over the past several years.
- Funding renewed for \$1.5 million-dollar, 3 year grant

Support for regional health system improvement projects⁴⁴

El Paso Consortium

- New state hospital Campus for El Paso County
- Updated El Paso SIM with emphasis on Transition Age Youth
- Expanded and enhanced trauma and grief program availability

Dona Ana LC3

Development of a closed loop referral system for Doña Ana County - similar to the existing Santa Fe model

ROTMENAS Juarez

Development of a pilot telehealth model similar to the Child Psychiatry Access Network (CPAN) and Texas Child Health Access Through Telemedicine (TCHATT)

Program and Policy Technical Support

| 45

Convening Support

Further the El Paso Behavioral Health Consortium (EPBHC) 2024-2027 goals and objectives, supporting other regional consortia as necessary by providing leadership, coordination, and cultivating collaboration through leadership councils, work groups, and task forces

Program Support

Promote emotional well-being and reduction of mental illness stigma and negative bias by assisting as needed with Think.Change and Regional Consortia initiatives with Health Foundation staff.

Policy Support

Provide regional, state, and national policy and practice technical support, including providing testimony on behalf of the region, exploring opportunities to scale model programs, and developing data and policy briefs in coordination with regional consortia leaders.

Preventing Isolation and Promoting Social Connection

46

“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

PdN Center Scope of Work Highlights

| 47

- Assist as needed with Health Foundation's Disease Prevention and Management Health Priority Area.
- Update the 2021 system assessment's quantitative data tables.
- Host a summit on the future of child, youth, and family mental health
- Provide leadership, cultivate collaboration, coordinate health system improvements and track progress for the El Paso Behavioral Health Consortium (EPBHC), its leadership councils, workgroups, and task forces
- Provide state, national, and regional policy technical support (e.g., providing testimony on behalf of the region, informing legislative groups on regional policy improvement needs).

Other Paso del Norte Regional Mental Health Collaboratives





healthypasodelnorte.org

El Paso County Behavioral Health Assessment: Brief Quantitative Data Update on Children and Youth

Jennifer Gonzalez, PhD

Senior Vice President of Population Health

Meadows Mental Health Policy Institute

MEADOWS
MENTAL HEALTH
POLICY INSTITUTE



Jennifer Gonzalez, PhD
Senior Vice President of Population Health

Strategy and Synergy Activities

Enrique Mata, Executive Director

Josue Lachica, Assistant Director

Paso del Norte Center at Meadows Mental Health Policy Institute

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

Strategy and Synergy Activities

| 54

Please use the colored Post-it notes provided.
Each color represents:

- red – a current priority,
- yellow – keep adding more,
- green – making good progress - continue maintaining current path or current capacity.

Strategy and Synergy Activities

| 55

- Each table group will have 10 minutes to discuss the **First Connection** opportunity for change and related strategies.
- Please write on a recommended Priority Action or Strategy on the selected color of Post-it to show what level of priority is needed..

Strategy and Synergy Activities

| 56

First Connection – Opportunity For Change:

Making the first connection with mental healthcare a positive one.

(e.g., improve Early childhood system navigation and Collaborative Care model availability provider availability).

Strategy and Synergy Activities

| 57

- Each table group will have 10 minutes to discuss the **Specialty Care** opportunity for change and related strategies.
- Please write on a recommended Priority Action or Strategy on the selected color of Post-it to show what level of priority is needed..

Strategy and Synergy Activities

| 58

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 and Synergy Activities

| 59

- Each table group will have 10 minutes to discuss the **Mental Health in Schools and Juvenile Justice Diversion** opportunity for change and related strategies.
- Please write on a recommended Priority Action or Strategy on the selected color of Post-it to show what level of priority is needed..

Strategy and Synergy Activities

| 60

Mental Health in Schools and Juvenile Justice Diversion – Opportunity for Change:

Expand and enhance programs that promote emotional well-being, nurturing environments, and prevention of adverse childhood experiences.

Legislative and Congressional Update From the Meadows Institute:

Nelson Jarrin, JD, Senior Vice President of State Policy

John Snook, JD, Chief Policy Officer

Meadows Mental Health Policy Institute



Nelson Jarrin, JD,
Senior Vice President
of State Policy



John Snook, JD,
Chief Policy Officer

Break

10 Minute Break

Collaboration Cultivating Lunch

Please Help Yourself to a
Lunch Plate and Drink

Strategy and Synergy Activities

Enrique Mata, Executive Director

Josue Lachica, Assistant Director

Paso del Norte Center at Meadows Mental Health Policy Institute

Strategy and Synergy Activities

| 66

- Each table group will have 10 minutes to discuss the **Specialty Care** opportunity for change and related strategies.
- Please write on a recommended Priority Action or Strategy on the selected color of Post-it to show what level of priority is needed..

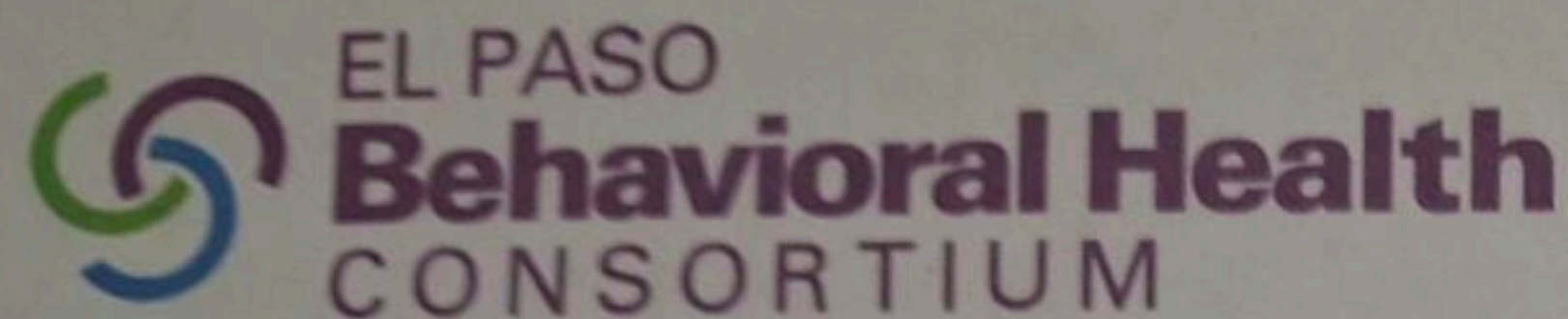
Strategy and Synergy Activities

| 67

- Each table group will have 10 minutes to discuss the **Mental Health in Schools and Juvenile Justice Diversion** opportunity for change and related strategies.
- Please write on a recommended Priority Action or Strategy on the selected color of Post-it to show what level of priority is needed..



Closing Remarks



2025 Children, Youth and Families Summit and Synergy Session

SIGN IN SHEET

May 1, 2025, 8:30 am - 1:00 pm

	Last Name	First Name	Organization	e-mail	phone #
	Rangel	Andres	Alivision	arangel@alivision.org	(915) 782-4023
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	Ford	Melissa	JPD	m.ford@epcountytx.gov	915-342-8132
	Galicia	Karmela	EPFH	kgalicia@epfhfb.org	(915) 229-4738
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	Cabrera	Selina	Dona Ana County H&HS	selina@donana.gov	575-528-4262
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2025 Children, Youth and Families Summit and Synergy Session

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Penabaz	Gabriela	EHN	gpenabaz@ehnpaso.org	915-238-1888

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Last Name	First Name	Organization	e-mail	phone #
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