



## Meeting Notes

April 1, 2026

3:30 p.m. to 5:00 p.m.

Paso del Norte Health Foundation

Meeting Room C

221 N. Kansas, 19<sup>th</sup> Floor

El Paso, Texas 79901

### Attendees:

Yovanni Atienzo  
Joel Bishop  
Sharon Butterworth  
Alba Calzada  
Dana Carmona  
Maria Carrillo  
Chrystal Davis (JLC Vice Chair)  
Monica De la Cruz  
Adan Dominguez  
Donna Elizondo  
Dr. Jennifer Eno Loudon  
Jose Esparza  
Elizabeth Felix  
Patrick Gailey  
Sgt. Ramiro Garza  
Anna Hart  
Chris Hendricks  
Rebeka Isaac  
Robert Lazcano  
Josue Lachica  
Katherine Longoria  
John Martin  
Enrique Mata  
Joey Montes  
Magdalena Morales-Aina  
Laura Orozco  
Annabelle Perez (JLC Chair)

### Representing:

Centro San Vicente Health Center  
El Paso County Administration  
Paso del Norte Center at Meadows Institute  
El Paso County Sheriff's Office  
District Attorney's Office 34<sup>th</sup> Judicial District  
Centro de Salud Familiar La Fe  
Emergence Health Network  
243rd Inspire Treatment Court  
Punto de Partida/Recovery Alliance  
El Paso County Sheriff's Office  
The University of Texas at El Paso  
El Paso County Sheriff's Office  
Punto de Partida/Recovery Alliance  
Chief Deputy El Paso County Sheriff's Office  
El Paso Police Department  
Emergence Health Network  
Emergence Health Network – Chief of Corr Care  
Emergence Health Network  
El Paso County Sheriff's Office  
Paso del Norte Center at Meadows Institute  
Emergence Health Network  
Opportunity Center  
Paso del Norte Center at Meadows Institute  
Punto de Partida/Recovery Alliance  
El Paso County Adult Probation  
El Paso County Public Defender's Office  
Judge 41<sup>st</sup> District Court

Juan Perez	Punto de Partida/Recovery Alliance
Guillermo Ramirez	El Paso County Sheriff's Office
Li Rosario	County of El Paso Criminal Justice Coordination
Rhonda Russ	Emergence Health Network
Nicole Schiff	Paso del Norte Center of Hope
Abril Silvadonay	Emergence Health Network – Chief of Diversion
Rene Vargas	El Paso County Public Defender's Office
Sgt. Scott Wilkins	El Paso Police Department

### **Welcome**

Chrystal Davis convened the meeting at 3:33 p.m. and called for brief introductions.

### **Punto de Partida/Recovery Alliance**

Adan Dominguez provided an overview of the Recovery Alliance organization's service array and how their approach to helping those in need has been successful. He and several of his team members shared examples of the needs they are now able to address for those who are battling mental health and co-occurring addiction conditions. Mr. Dominguez recognized the support Judge Anchondo has provided through his court and reinforced the Punto de Partida and Recovery Alliance Teams are available to help any court. He responded to questions from the group. A lively discussion then resulted on possible solutions to address service gaps for complex needs such as supported housing and medication management. Example situations in the community and the challenges with lack of mental health and addiction support at hospital emergency rooms were discussed. The group recognized the need for a deeper dive into this topic within a sub group like the Reentry Work Group. The group also discussed the benefits that will be seen with the new Emergence Health Network diversion service options. While gaps will still exist, these new services within the Punto de Partida outreach program and the diversion services at EHN will make a positive impact in the region. The group thanked Mr. Dominguez and his team for the presentation. **PowerPoint slides and the handout shared with the group are included with these notes.**

### **FLC 2030 Action Plan**

Enrique Mata provided an overview of JLC history and progress improving the system of care. He explained that the Consortium was formed in 2015 and has been making steady progress with system improvements thanks to increasing partner trust and collaboration. He added that since the launch of the JLC action plan in July 2022, many of the aspirational Opportunities for Change identified at that time have been achieved. He shared highlights of the most recent data available and provided a draft action plan for the JLC through 2030. He recognized this plan as a living document and can be amended as needed providing a roadmap for action and related indicators of success in the next few years. Judge Perez and Mr. Mata called for any edits or additions to be shared within the next 30 days. The intent is to share **the Final JLC Action Plan 2030 with the public on May 14th at the Consortium General Meeting.** **PowerPoint slides from this presentation are included with these notes.**

IV. **Other Business**

- a) **Reentry Report** – Ms. Li Rosario shared that the Reentry efforts through the Criminal Justice Coordination Division will now be known as PreEntry to recognize the more comprehensive vision for these efforts to prevent individuals from entering the Justice System.
- b) **Crisis System – 911/988 - MCOT/YCOT** - Rhonda Russ summarized recent data on crisis calls. She responded to questions from the group about numbers of calls from law enforcement and the process for effective call referrals. The March call report is included with these notes. The group entered into a discussion about the diversion center and how law enforcement will be able to use the Center for situations that come up in need of crisis stabilization. Abril Silvadoray shared that EHN will be offering training for law enforcement on ways to maximize the available services through the Diversion Center. She will disseminate information to key law enforcement leadership to plan learning session.

V. **Announcements**

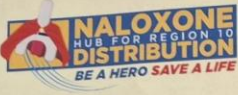
- b) **Paso del Norte Center of Hope** – Nicole Schiff reminded the group that human trafficking is a problem in our community especially with youth ages 17-24. She shared that the Center of Hope is willing and able to help connect individuals in need with vital resources for their recovery. She reinforced for law enforcement officers to be vigilant and youth with adults who are involved in criminal acts are likely being trafficked by those adults. **She shared the number 1-877-829-1911 to contact her Team for Center of Hope assistance when human trafficking is suspected.**
- c) **Consortium General Meeting** – Mr. Mata invited everyone to participate in the next Consortium General Meeting to be held the morning of May 14<sup>th</sup> at the new Endeavors Health and Wellness Center at 12135 Pebble Hills Blvd, El Paso, TX 79936 a **Save the Date flyer is include with these notes.**

VI. **Adjourn** - Judge Perez adjourned the meeting at 4:55 pm.

**Next Meeting**

The next meeting is targeted for May 13<sup>th</sup>. The location will be confirmed with an outlook meeting notice to hold the date. Meetings are planned to be held at the Paso del Norte Health Foundation, 221 N. Kansas, 19<sup>th</sup> Floor, unless otherwise notified.



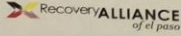



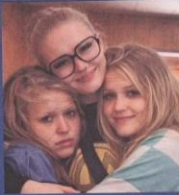
**Recovery Alliance's Punto de Partida**

**Punto de Partida** at 800 Montana is the region's only opioid drop-in center. Anyone struggling with substance use can walk in and find a welcoming space, fast support, and help connecting to local resources.

Our street outreach team builds trust, treats everyone with respect, and helps people move toward recovery and stability. **Punto de Partida** is also the main hub for naloxone in Texas Region 10, getting life-saving medication to people and organizations across El Paso and nearby counties.

- Certified Peer Recovery Coaches
- Walk-in help with food and hygiene needs
- Health and Recovery Navigation
- 90-day residential programs/sober living for men and women through:
  - **Casa Vida** — offers structured living care for men battling addiction, including dual diagnosis
  - **Alas Nuevas** — sober living environment that helps women successfully transition back into society







*"My addiction affected everyone around me, especially my daughter. Now my long-term recovery affects everyone too. After completing both the 90-day and sober-living programs at Alas Nuevas, I joined the staff and now share my story with other women every day so they know healing is possible. Recovery is about more than stopping the substance. It's about creating a better life. If I can do it, they can too."*

— Alene, former Recovery Alliance program participant and current Alas Nuevas staff member

800 Montana Ave.  
El Paso, TX 79902  
(915) 594-7000  
recoveryalliance.net

Serving West Texas since 1998



**Mission**

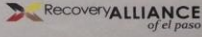
Recovery Alliance of El Paso advances long-term recovery pathways by serving as a community resource broker and connecting individuals and families to peer recovery support services led by people with lived experience. Through recovery coaching, stigma reduction awareness campaigns, residential programs for men and women, and skills development, Recovery Alliance helps people build stability and pursue recovery with hope and dignity.


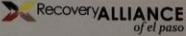
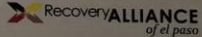
**Vision**

A community where long-term recovery thrives.

**Accreditation and Clinical Care**

Recovery Alliance has earned accreditation from The Joint Commission, recognizing the quality and safety of its Intensive Outpatient (IOP) program and reinforcing its unique model of pairing evidence-based clinical treatment with peer-driven recovery support in the El Paso region.



About Recovery Alliance	Real Stories of Real Recovery	Community Transition Support
<p>Recovery Alliance of El Paso is an organization of people in recovery from alcoholism and drug addiction who use their lived experience to empower individuals, families, and communities affected by substance use.</p> <p>Our various programs work together to advance long-term recovery pathways through individualized recovery coaching, sober housing for both men and women, a nonjudgmental opioid drop-in center, and resource connection.</p> <p>Recovery Alliance is transforming the public narrative around addiction and recovery into a force of healing and hope.</p>	<p>Recovery Alliance is a recovery community center run by people in recovery. We are a safe nonjudgmental space where individuals, families and communities affected by substance use can find immediate help pathways to healing and hope guided by people who have been there before.</p>  <p style="text-align: center;"><i>Hope grows when support comes from people who have been there before</i></p>	<p>Recovery Alliance's Reentry Peer Support Services help individuals rebuild after incarceration. We partner with local courts, county services, and community groups to give people a real chance at a fresh start.</p> <p>Our peer support specialists have been through the justice system themselves. They use their own experience to offer practical advice and encouragement.</p> <ul style="list-style-type: none"> <li>• <b>Support Before Release:</b> We connect with people before they leave jail or prison to build trust and create a plan for a smoother return home.</li> <li>• <b>Support After Release:</b> Our team offers guidance as individuals adjust to life back in the community, helping with recovery, resources, and stability.</li> <li>• <b>Sober Living Support:</b> Recovery Alliance provides safe, structured sober living thru <b>Casa Vida</b> and <b>Alas Nuevas</b>. Both residential facilities help both women and men build stability, strengthen life skills, and plan their recovery journey.</li> </ul>
Serving West Texas since 1998 • Peer recovery support services since 2002 • Joint Commission Accreditation since 2026		

# RECOVERY ALLIANCE OF EL PASO

Adan Dominguez  
Programs Director



# RECOVERY ALLIANCE VALUE

## **System support, not duplication**

Since 1998, our recovery community center has been supporting crisis response, diversion and continuity of care to reduce avoidable enforcement, court, and jail strain

## **Peer-led trust and de-escalation**

Certified Peer Recovery Coaches bring lived experience that improves engagement and evidence-based stabilization services for justice-involved people

## **Fast diversion pathways**

Punto de Partida's walk-in opioid support, recovery housing, and accredited IOP connect crisis to credible care

# RECOVERY ALLIANCE'S PUNTO DE PARTIDA

## Immediate walk-in stabilization for system relief

El Paso region's only opioid drop-in center—rapid support at 800 Montana reduces repeat crisis calls, ER use, incarceration risk, and unnecessary transports. A credible, immediate referral when arrest or hospitalization isn't appropriate

## Support Before and after Release

Supports conditions of release and alternative response with continuity and follow-up navigation. Food, hygiene, navigation, and peer support in a nonjudgmental setting

## Naloxone hub & peer engagement

Primary naloxone distribution hub and awareness training for Texas Region 10



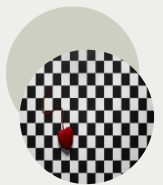
*El Paso's only free Naloxone vending machine on UTEP's campus*

# DIRECT JLC ALIGNMENT



## Peer-Driven Crisis Engagement

Supports multi-disciplinary crisis approaches (CIT expansion, virtual access models)



## Peer specialists with lived experience

Practical guidance, emotional support, and system navigation beyond supervision—planning, treatment/benefits, housing, and accountability



## System Coordination

Improves dispatch triage outcomes via immediate service navigation



## Court-reliable Sober Living

Casa Vida (men) and Alas Nuevas (women) build routines and life skills—strengthening recovery capital and lowering recidivism and costs

# WHAT RECOVERY ALLIANCE IS

A safe, nonjudgmental recovery community center, led by people in recovery, offering immediate pathways guided by lived experience

## Mission and System Fit

Advances long-term recovery by brokering resources—peer support, residential programs, stigma reduction, and skills development—aligned with accountability, dignity, and effectiveness

## Quality and Clear Role

Joint Commission-accredited services provide confidence: peer-driven support with rigorous standards—bridging systems, not replacing law enforcement or clinical care



*“After completing both the 90-day and sober-living programs at Alas Nuevas, I joined the staff and now share my story with other women every day, so they know healing is possible. Recovery is about more than stopping the substance. It’s about creating a better life. If I can do it, they can too.”*

— Alene, Alas Nuevas, former participant and current staff member

# RECOVERY ALLIANCE + JUSTICE REFERRAL PATHWAYS

Easy options for real-time court decisions

## Fast referral choices

Walk-in support at Punto de Partida (800 Montana Avenue). For guidance, call (915) 594-7000 or visit [recoveryalliance.net](http://recoveryalliance.net).

## Where it fits in justice workflows

Use for crisis diversion, post-arrest stabilization, pre-trial conditions, probation support, and reentry planning.

## Why it works—and next step

Peer-driven, nonjudgmental services increase voluntary engagement. Collaborate to embed Recovery Alliance services and programs into protocols to reduce repeat contact and improve outcomes.

# THANK YOU QUESTIONS



Justice Leadership Council Awareness and Alignment Briefing



EL PASO  
**Behavioral Health**  
CONSORTIUM





**Justice**  
**Leadership Council**  
**OF THE EL PASO BEHAVIORAL HEALTH CONSORTIUM**

# JLC April 1st Agenda

- I. Welcome and Introductions
- II. Punto de Partida/Recovery Alliance
- III. JLC 2030 Action Plan
- IV. Other Business:
  - a) Reentry Report
  - b) Crisis System – 911/988 - MCOT/YCOT
- V. Announcements
- VI. Adjourn



# Punto de Partida/Recovery Alliance



# JLC 2030 Action Plan

# Justice Leadership Council

OF THE EL PASO BEHAVIORAL HEALTH CONSORTIUM




Justice Leadership Council  
Sheriff Wiles Chair  
Chrystal Davis Vice Chair


**PASO del NORTE CENTER**  
Meadows Mental Health Policy Institute

Facilitator/Technical Support

Jail Diversion Committee  
SIM Intercepts 0,1,2



Justice Leadership Coordinating Committee



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

# July 2022 Action Plan



The Justice Leadership Council is composed of El Paso County justice system leaders and community stakeholders who support appropriate systems of care for justice-involved individuals. The Council seeks to transform policies and procedures that address mental health-related issues in the criminal justice system.

Justice Leadership Council Chair: Richard Willis, El Paso County Sheriff  
 Justice Leadership Council Vice Chair: Crystal Diaz, Emergency Health Network

## Opportunities and Strategies

**Opportunity For Change #1:** Expand and enhance mental health and substance use crisis response from police to a multi-disciplinary approach.

**Strategy I:** Draw the current Crisis Intervention Team (CIT) co-responder model (a mental health clinician deployed in the same vehicle with law enforcement in operation since 2018) to offer an approach through other law enforcement teams (e.g., El Paso County Sheriff, City of Socorro Police, El Paso Independent School District Police, and others).

**Strategy II:** Explore evidence-based enhancements for optimal mental health and substance use crisis response. Model approaches include CIT team use of electronic tablets (CORE Model) for Mental Health provider virtual access on site.

**Strategy III:** Create and integrate a medical stability protocol with El Paso Fire Department/Emergency Medical Services and El Paso Police Department coordinating a three-prong approach where possible and appropriate.

**Value Proposition:** The current model for mental health and substance use crisis intervention is not available 24/7 in all areas of El Paso County. By utilizing other law enforcement officials in coordination with Emergency Health Network, El Paso can refine and replicate a model response. In addition, taking the CIT team to new heights by creating a true multi-disciplinary response inclusive of exploring use of tablets (CORE Model) for Mental Health provider virtual access on site and coordinating a three-prong approach (Police, EMS, Mental Health Professionals).

**Opportunity For Change #2:** Expand and Enhance crisis dispatch services including integration and coordination of 9-1-1 and 9-8-8 dispatch teams.

**Strategy I:** Create a long-term central location to house City and County 9-1-1, 3-1-1, and 9-8-8 dispatch services.

**Strategy II:** Implement model algorithms (procedures and practices) for appropriate triage of calls to the call center and appropriate dispatch of services suited to the individual's needs.

**Strategy III:** Monitor 9-1-1, 3-1-1 and 9-8-8 dispatch data including crisis line calls, crisis diversions, response outcomes, and others to assist in evaluating and documenting progress.

**Strategy IV:** Explore policy change to maximize timely information sharing for all providers – including mental health and substance use service providers (e.g., convert to opt out rather than opt in for consent). Both federal and state law permit this practice change.

**Strategy V:** Explore dispatch service collaboration with the Paso del Norte Health Information exchange to increase accuracy and precision of crisis triage and response.

**Value Proposition:** Maximizing use of technological advances to ensure timely, confidential information exchange with appropriate levels of access for accurate and precise decisions at crisis triage, response, stabilization, and discharge will contribute to improved health outcomes and greater opportunity for lasting recovery from mental illness or substance use conditions.

**Opportunity For Change #3:** Create crisis respite options to address gaps for conditions such as competency restoration.

**Strategy I:** Design and build a facility within the reserved space at the County jail annex with capacity for expanded outpatient, short term observation, and transitional living services options.

**Strategy II:** Increase community partner collaboration to provide timely and appropriate support services for individuals receiving care at the new jail annex facility.

**Value Proposition:** Creating transitional support options outside of incarceration and inpatient psychiatric care contributes to improved opportunities for lasting recovery and decreased need for justice system interaction to address mental health and substance use conditions.

**Opportunity For Change #4:** Increase availability of full-service extended observation units that include medical clearance.

**Strategy I:** Collaborate with Emergency Health Network to expand and enhance current service options available in the 1000 Montanita extended observation unit.

**Strategy II:** Explore collaborative partner options to scale full service extended observation units within the El Paso County area.

**Value Proposition:** Easily accessible full service extended observation units increase opportunity for timely and appropriate crisis triage, management, and recovery.

Creating a setting with quality medical stabilization, mental illness and substance use service and support options decreases the burden placed on local emergency rooms that are not prepared to address crisis behavioral health needs including emergency detention and/or related services.



**Opportunity for Change #5:** Expand and enhance reentry and justice supported recover options to encourage effective reintegration, reduce recidivism, improve individual opportunities for lasting recovery and promote community safety

**Strategy I:** Collaborate with the County of El Paso and Emergency Health network to offer program options for judges to consider as alternatives to incarceration (e.g., Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT) Assisted Outpatient Treatment (AOT) and medication assisted therapeutic (MAT) approaches).

**Strategy II:** Collaborate with the County of El Paso to create successful and lasting reentry supports effectively utilizing grants from the Bureau of Justice Assistance (BJA), the Substance Abuse and Mental Health Services Administration (SAMHSA), and others. Services will include case management (4 months support) and system navigation support, supported housing, life skills and workforce reintegration support, peer support specialists and other model programs.

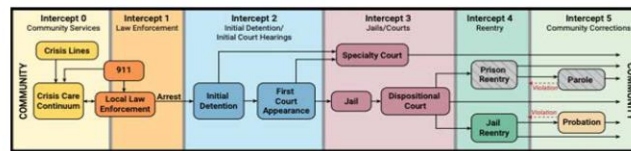
**Strategy III:** Collaborate with the University of Texas El Paso (UTEP) and other third-party evaluators. In a research-practitioner partnership to guide grant related planning and implementation, identify and track key metrics to inform progress, and engage in modifying programs as needed to meet funded target deliverables.

**Strategy IV:** Increase availability of credentialled providers including providers that can provide Medication Assisted Therapy (e.g., methadone, buprenorphine, suboxone) as part of a well supported plan of care.

**Value Proposition:** Providing individualized case management (4 months support) and related illness management support to encourage effective reintegration into society promotes community safety, contributes to reductions in recidivism and improves individual's opportunities for lasting recovery.

**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 2022 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 2022 El Paso County Behavioral Health System Assessment, visit [www.healthprogression.org](http://www.healthprogression.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 2022 El Paso County Behavioral Health System Assessment, or the Consortium Leadership Council, contact Geneva Mata, Executive Director/Paso del Norte Center on Meadows Mental Health Policy Institute, at [emata@mhpi.org](mailto:emata@mhpi.org), 915-253-1037 or Sandra Day, Accessible Program Officer, Paso del Norte Health Foundation, at [sday@pnhf.org](mailto:sday@pnhf.org), 915-544-3638.



**Value Proposition:** The El Paso Behavioral Health Consortium does not provide health services of any form, such as mental health, substance abuse, or other services. The following are resources to help those seeking behavioral health services: 2-1-1 El Paso Resource Referral System - Dial 211 24-Hour Mental Health Crisis Line - Dial 9-8-8 or 855-739-5955 National Suicide Prevention Hotline - Dial 800-273-8255 8255

# SIM UPDATE 2022

**Intercept 0**  
Community Services

- **COMMUNITY CRISIS RESPONSE**
  - Certified Community Behavioral Health Clinic - 1 active EHN Clinic
  - Centrally Deployable Mobile Crisis
- Crisis Care Response Centers (*In Progress*)
- **POLICE STRATEGIES**
  - Crisis Intervention Team: EHN and El Paso PD - 14 Units
    - CIT Expansion
      - El Paso County Sheriff - 3 Units
      - City of Socorro - 2 units
    - Exploring use of tablets for Mental Health provider virtual access on site
  - El Paso PD: CIT 40 Hour Training (TCOLE 1850)
  - Basic CIT 16 Hour Training (BPOC - TCOLE 3842)
  - Mental Health Peace Officer (TCOLE 4001)
  - Crisis Care Principles & Practices (*Needed*)
  - Homeless Outreach Teams
  - Serial Inebriate Programs
  - Systemwide Mental Assessment Response Teams
  - Cohen/Endeavors Veterans Wellness Center
  - Substance use drop in (Punto de Partida)
    - project chance
- **COMMUNITY COORDINATION**
  - Justice Leadership Council
  - Community Dashboard

**Intercept 1**  
Law Enforcement and Emergency Services

- 24/7 Crisis Line CARE statewide system involved in Conversion to 988 System and processes
- Dispatch 911 - Explore refined dispatch with mental health professional consults
- **El Paso PD**
  - 1024 Officers
- **El Paso Sheriff's Office**
  - 240 Deputies
- MHFA Certification
- **EMERGENCE HEALTH NETWORK - LOCAL MENTAL HEALTH AUTHORITY**
  - Extended Obs. Unit
    - 48 hr. stabilization
    - 10 beds
    - Voluntary or Emergency Detention Order (EDO) Explore expanded availability of full service or medical clearance
- **HOSPITALS**
  - University Medical Center Del Sol
  - Las Palmas Med. Center
  - Sierra Providence Sierra Medical Center
- **RESOURCES**
  - El Paso Psychiatric Cntr.
  - Opportunity Center Shelter
  - VA- 20 emergency homeless beds w/Aliviane
  - Mobile Integrated Healthcare (MIH)
- **COMMUNITY COORDINATION**
  - Jail Diversion Committee
  - Re-Entry Taskforce

**Intercept 2**  
Initial Detention and Initial Court Hearings

- **ALL ARRESTEES GO TO:**
  - Criminal Justice Coordination Office at Downtown Detention Facility for short risk assessment
  - 24 Hour Jail Magistrate for magistration and to have bond set (if none set).
  - Judge receives risk assessment. Judge inquires if attorney can be afforded or needs to be appointed.
  - Arrestees are taken to the DDF Inmate Processing Unit on the second floor.
- **CRIMINAL JUSTICE COORDINATION (CJC)**
  - Risk level? Back to court/bond?
  - Individual is taken to mug shot then to CJC for interview
  - P.R. Bond CJC supervises
  - Pre-trial diversion - Probation supervises (misdemeanor/DWIs/non-violent)
  - MH Bonds
  - TCOOMMI - Jail Diversion
  - SAFFP - (Substance abuse Felony Punishment Facility)
- **INTAKE & BOOKING AT EP COUNTY JAIL**
  - University Medical Center (UMC) completes the TCJS required Suicide/Mental Health/IDD Screening Form.
  - Records Officer conducts a CQ Match through DSHS to identify individuals who have received services through any Texas LMHA.
  - Individuals with mental health track flag placed in the Jail Management System and the Records Officer will notify the Jail Magistrate of the person being in custody.
  - **COMMUNITY COORDINATION**
    - Jail Diversion Committee
    - Re-Entry Taskforce

**Intercept 3**  
Jails and Courts

- **46B - TCCP COMPETENCY EVALUATION TO STATE HOSPITAL**
- **SPECIALTY COURTS**
  - Drug Court - Felony
  - DUI/Drug/ESTEEM Court Misdemeanor
  - Competency Court - Inpatient
  - Veterans Treatment Court - Link between offense & PTSD while in service
  - Mental Health Court + OCR (Work Group)
- **FORENSIC ASSERTIVE COMMUNITY TREATMENT**
- **ASSISTED OUTPATIENT TREATMENT (AOT) Service for 50 Individuals**
- **JAIL**
  - Competency Restoration taking place through Texas State Mental Health Hospitals
    - Competency Waitlist(160)
      - 112: Non-Max Security
      - 54: MaxSecurity
        - 95% of Sheriff's Jail supervisors trained in Mental Health First Aid
  - All new Detention Officers trained in Mental Health First Aid
  - Jail Administration and Support Division created to facilitate inmate programs and address special needs. Staffing consists of Officers certified as Mental Health First Aid Instructors, ASK Instructors, and Texas Commission on Law Enforcement Certified Instructors.
  - Crisis line available in the cell
  - Blue shirt MH officer support
  - Medication management
  - AA/NA
  - Work Release
- **SPECIALTY PODS**
  - Jail equipped with Mental Health and Freedom Pods for SUD - provides peer recovery support.

**Intercept 4**  
Reentry

- **PRISON REENTRY**
  - DJC/RID - Reentry Integration Division
    - Benefits application and coordination
      - i. Healthcare
      - ii. Mental Healthcare
      - iii. Other services (i.e., housing)
- **JAIL REENTRY**
  - Mental health services coordinates release for inmates on the mental health track who qualify for LMHA services.
  - Mental health services provide mental health track inmates who do not qualify for EHN services with a handout of community resources where possible help to identify links to other community resources.
  - UMC/EHN provides medication prescriptions to CVS upon release.
- **COMMUNITY COORDINATION**
  - Re-Entry Transitional Living and Support Center (EP County - near Jail Annex)
  - Medication-assisted treatment (MAT) EHN

**Intercept 5**  
Community Corrections and Community Support

- **PAROLE**
  - Progressive Graduated Sanctions Model
  - Ohio Risk Assessment Instrument
  - Contract w/EHN for services
  - Communicate w/family members & TX providers
- **PROBATION**
  - 7,400-7,800 in El Paso County
  - Clinical Management BH Services funded by state: supervision & corrections
  - Training-Specialized based on unit
- **DIVERSION PROGRAMS**
  - Funded through competitive state grants:
    - Gang - 60 max serves, \$3.5 million MH Initiative
    - S.O. - 45 served
    - DV/Child Abuse - 60 served
    - Substance Abuse Unit - 60 served
    - 30 licensed CD counselors Residential Facility - 120 beds (40 for MH)
    - Tx Alternatives to Incarceration Competitive grants



## Community Mental Health Law Plan (CMHLP)

Eight counties participated in the County Mental Health Law Plan (CMHLP) program. Judge Anna Perez convened a multidisciplinary team that engaged in the Pilot Program that yielded numerous opportunities for change.

# El Paso County Behavioral Health Assessment: 2026 Quantitative Data Update Report Highlights

Justice Leadership Council General Meeting  
April 1, 2026

# Core Prevalence Data:

- In 2022, approximately 7,500 El Paso County children and youth had severe emotional disturbances, and about 29,000 adults had serious mental illnesses.

# Increase in Demand for Inpatient Care for Trauma-Related Conditions:

- Adult inpatient discharges related to trauma- and stressor-related disorders increased more than 600% between 2019 and 2022.

# Growth in Utilization of Higher Levels of Care:

The number of EHN clients served in higher levels of care (i.e., beyond medication management and targeted services) increased between FY 2019 and FY 2023.

- Among adults, use of transitional services increased by 61%, and enrollment in Assertive Community Treatment (ACT) also grew (+13%).

# Demographic Characteristics of El Paso County Adults (2022)

	Total Population	Population in Poverty <sup>3</sup>	Population With SMI <sup>4</sup>	Population With SMI in Poverty
Adult Population	640,000	260,000	29,000	17,000

- The Table above highlights the scale and distribution of mental health needs, including serious mental illness (SMI), and identifies populations at greater risk due to poverty and other social factors.
- As in younger populations, **poverty and mental health challenges often intersect among adults, contributing to persistent barriers to care and underscoring the need for targeted service strategies.**

# Demographic Characteristics of El Paso County Adults (2022)

- Since the Meadows Institute's 2021 assessment, El Paso's resident adult population increased slightly from 610,000 adults in 2019 to 640,000 in 2022, with few changes to its demographic composition.
- Adults ages 25 to 54 made up the largest proportion of the adult population (53%).
- Four in five resident adults (81%) in El Paso identified as Hispanic or Latino, and the population was evenly split between males and females.

# Table 8: Twelve-Month Mental Health Prevalence Among El Paso County Adults (2022)

Major depression was the most common mental health diagnosis, affecting 65,000 adults in the region.

Other common conditions included:

- Specific phobias (31,000);
- Post-traumatic stress disorder (PTSD) (30,000)
- Generalized anxiety disorder (GAD) (28,000)
- Panic disorder (16,000).
- **Bipolar I disorder (9,000 adults)**
- **schizophrenia (3,200 adults).**

The incidence of first episode psychosis (FEP) among adults ages 18-34 was estimated at 80 individuals annually.

	Prevalence
<b>Total Adult Population</b>	<b>640,000</b>
Population in Poverty <sup>1</sup>	260,000
<b>All Mental Health Needs (Mild, Moderate, and Severe)</b>	<b>150,000</b>
Mild Conditions <sup>2</sup>	65,000
Moderate Conditions <sup>3</sup>	60,000
Serious Mental Illness (SMI) <sup>4</sup>	29,000
SMI in Poverty <sup>5</sup>	17,000
<b>Specific Diagnoses<sup>6</sup></b>	
Major Depression	65,000
Bipolar I Disorder	9,000
Anxiety Disorders	
Generalized Anxiety Disorder	28,000
Panic Disorder	16,000

# Rising Mortality Rates from Drug Overdose:

The mortality rate from drug overdose / accidental poisoning increased by 81% between 2019 and 2023. Our data suggest:

- Access to care for substance use disorder (SUD) remains a challenge among El Pasoans - **80% of adults with SUDs need but do not receive treatment.**
- The high rates of untreated SUDs and comorbidity with mental illness indicate a critical need for integrated and accessible treatment services in the region.
- The reliance on self-pay for SUD-related emergency department encounters underscores the need for safety net providers and facilities to serve those with SUD.

# May 2026 Action Plan

## JLC Opportunities for Change 2030



### JLC Opportunities for Change 2030

#### Intercept 4 & 5

**Opportunity for Change:** Expand and enhance diversion, reentry and justice supported recovery options to encourage effective reintegration, reduce recidivism, improve individual opportunities for lasting recovery and promote community safety

**Strategy I:** Improve communication about bond hearings between all offices, including Emergence, the county jail, and the Public Defender's Office, so that when an individual on a mental health bond is released from jail, all entities are aware of the individual's release plan and treatment plans.

**Strategy II:** Develop a model approach (e.g., Court Appointed Special Advocates) to assist individuals leaving the jail in navigating support for complex IDD, mental health and co-occurring conditions. For some individuals, jail has been the only place they have received any physical healthcare, mental healthcare, or substance use disorder treatment. In many cases navigating access to community-based health, mental health, and substance use services requires an advocate to help ensure success in the continuity of care.

**Strategy II:** Ensure both steps of the statutory process for court-ordered medications are appropriately implemented. Consider implementing a policy to file medication applications within 30 days of an individual's return from the El Paso Psychiatric Center.

**Strategy IV:** Use mental health bonds and other strategies to expand judges' discretion in setting bonds and bond conditions.

**Strategy V:** Improve residential support options to prevent individuals with IDD, or complex mental health and co-occurring conditions. (e.g., prevent recidivism due to lack of supported housing options by improving coordination and continuity of care and support with shelters that offer limited services for justice-involved individuals such as the Opportunity Center and Salvation Army).

**Strategy VI:** Increase workforce availability, especially credentialed providers; providers authorized for Medication Assisted Therapy, methadone, buprenorphine, suboxone; improve compensation and training availability for peer support specialists with lived experience; and expand reimbursement options for nontraditional programs and Medicaid covered services to support addiction recovery as part of a well-supported plan of care.

#### Intercept 0 & 1

**Opportunity for Change:** Increase availability of full-service diversion, observation, and step down options that include medical clearance.

**Strategy I:** Collaborate with Emergence Health Network to expand and enhance current service options available in the 1600 Montana extended observation unit, and as they build a new crisis stabilization center in East El Paso.

**Strategy II:** Explore collaborative partner options to scale full service outreach, diversion, observation and step down options within the El Paso County area.

**Strategy IV:** Expand and enhance hybrid diversion models (e.g., person charged with a criminal offense is transported under an Emergency Detention Order to a behavioral health hospital, the criminal charge is filed, and the person is transferred from the hospital to the jail for booking once they have been stabilized).

#### Intercept 2 & 3

**Opportunity For Change:** Refine policies and practices for improved continuity and consistency in processing justice involved individuals with mental health and co-occurring conditions.

**Strategy I:** Maintain a list of attorneys with specialized mental health knowledge.

**Strategy II:** Implement a written procedure manual for the 16.22 process to improve continuity and consistency (e.g., refine the magistration and bond process to streamline cases with 16.22 reports, including earlier involvement of defense counsel).

**Strategy III:** Include jail data sets in the Paso del Norte Health Information Exchange (PHIX) to improve continuity of care for individuals with complex mental health and co-occurring disorders.

**Strategy IV:** Inventory and locally validate all the county's pretrial assessments for El Paso's cultural context.

**Strategy V:** Identify and implement a single point of assessment that feeds into all specialty court programs, streamlining the referral process.

**Strategy VI:** Ensure competency restoration is reserved for cases where there is a compelling interest in prosecution, and that stakeholders understand the purpose of competency restoration, as opposed to holistic mental health treatment.

**Strategy VII:** Exert judicial pressure for timely closure of cases where individuals are inpatients at the El Paso Psychiatric Center (EPPC) including implementing efficient transportation policies (e.g. Court staff prioritize cases where individuals are receiving EPPC inpatient care to prevent decompensation).

## Your Feedback is Vital:

Are there any data missing that would be helpful?

Are there any **PRIORITY** services or supports missing that the Consortium partners and leadership councils should focus on in the next few years?

Are there policy priorities that must be explored for the next Texas legislative session?

# Other Business



a) Other Business:

a) Reentry Report

b) Crisis System – 911/988 - MCOT/YCOT

## V. Announcements




# Reentry Report



# Crisis Care MCOT/YCOT

## NEXT MEETING

 In May – Participate in the  
Consortium General Meeting on  
May 14<sup>th</sup> from 8:30 – 11:30 am

 **ADJOURN**

# Preventing Isolation and Promoting Social Connection

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

- U.S. Surgeon General Dr. Vivek Murthy

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**Due 1<sup>ST</sup> of the Month**

## Crisis and Emergency Services Jail Diversion Committee Data Report

Month of: March

### Crisis Hotline

REPORTING INFORMATION:		DATA:	
Total Monthly CHL Calls		3632	
Percentage of PD Call Referrals to Emergency Departments		3.38%	
Total Referrals to Emergency Departments		185	
Number of PD Calls		<i>Total</i>	123
		<i>EPPD</i>	116
		<i>Socorro PD</i>	3
		<i>Horizon PD</i>	2
		<i>Texas Tech PD</i>	0
		<i>Sheriff's Office</i>	0
		<i>EPPC</i>	2
		<i>Anthony PD</i>	0
		<i>San Elizario Marshall</i>	0
Number of CIT Referrals to Emergency Departments		<i>Total</i>	62
		<i>CIT</i>	53
		<i>CIT-SO</i>	9

### Crisis Hotline Call Breakdown

REPORTING INFORMATION:		DATA:	
Total Monthly Calls		3632	
EHN Crisis Hotline Calls		1580	
EPCJ Crisis Calls		7	
988 Suicide & Crisis Lifeline Calls		1287	
911 Diversion Calls		69	
Number of EPCSO Calls		1	
Staff Line & Police Line Calls		695	
OUTCOMES			
Rescue Services		74	
Mobile Crisis Outreach Requests		225	
Crisis De-escalation		935	
Hospital Coordination		572	
Information and Referral		1826	

### Extended Observation Unit

REPORTING INFORMATION:		DATA:	
EOU admissions:		63	
Crisis walk-ins assessed:		222	
Crisis walk-ins with EOU Disposition:		41	
Law Enforcement drop-offs:		13	
Recidivist patients:		1 month	0

**Due 1<sup>ST</sup> of the Month**

	<b>3 months</b>	0
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**Crisis Intervention Team**

<b>REPORTING INFORMATION:</b>	<b>Total Calls:</b>	<b>Remained in Community</b>	<b>Received In-Patient Mental Health Service</b>	<b>Hospitals-ERS</b>	<b>Other/Comm Follow up</b>	<b>Jail</b>
<b>CIT EPPD:</b>	266	90	56	79	34	7
<b>CIT EPCSO:</b>	76	19	25	24	5	3
<b>CIT HPD:</b>	16	5	1	2	7	0
<b>CIT School Based:</b>	41	32	7	3	0	0