



## Meeting Notes

June 3, 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:

Valerie Arroyo  
Joel Bishop  
Asst. Chief Juan Briones  
Sharon Butterworth  
Alba Calzada  
Dana Carmona  
Justin Clark  
Chrystal Davis (JLC Vice Chair)  
Monica De la Cruz  
Brianna Edwards  
Donna Elizondo  
Jose Esparza  
Alex Flores  
Patrick Gailey  
Anna Hart  
Chris Hendricks  
Carrie Hoffman  
Jesus Komiyama  
Jose Kruge  
Josue Lachica  
Enrique Mata  
Juan Nanez  
Danica Pedregon  
Annabelle Perez (JLC Chair)  
Lt. Robert Pisarcik  
Li Rosario  
Rhonda Russ  
Isidro Torres

### Representing:

Emergence Health Network  
El Paso County Administration  
City of El Paso Police Department  
Paso del Norte Center at Meadows Institute  
El Paso County Sheriff's Office  
District Attorney's Office 34<sup>th</sup> Judicial District  
Canutillo Independent School District Police Dept.  
Emergence Health Network  
243rd Inspire Treatment Court  
Texas Health and Human Services Commission  
El Paso County Sheriff's Office  
El Paso County Sheriff's Office  
Recovery Alliance/Punto de Partida  
Chief Deputy El Paso County Sheriff's Office  
Emergence Health Network  
Emergence Health Network – Chief of Corr Care  
Texas Health and Human Services Commission  
Emergence Health Network - Analytics  
Horizon City Police Department  
Paso del Norte Center at Meadows Institute  
Paso del Norte Center at Meadows Institute  
Paso del Norte Health Information Exchange (PHIX)  
El Paso Independent School District Police Dept.  
Judge 41<sup>st</sup> District Court  
City of El Paso Police Department  
County of El Paso Criminal Justice Coordination  
Emergence Health Network  
NAMI El Paso

Abril Salvadoray	Emergence Health Network – Chief of Diversion
Rey Soliz	Recovery Alliance/Punto de Partida
Rene Vargas	El Paso County Public Defender’s Office
Luis Vasquez	El Paso County Sheriff’s Office – Special Needs Unit
Ashleigh Water	Texas Health and Human Services Commission
Riley Webb	Texas Health and Human Services Commission

### **Welcome**

Judge Anna Perez convened the meeting at 3:35 p.m. and called for brief introductions.

### **Texas Health and Human Services Commission**

Judge Perez thanked the Cohort from the Texas Health and Human Services Commission for visiting El Paso and taking time to participate in the Justice Leadership Council Meeting. Ms. Brianna Edwards, Ms. Carrie Hoffman, Ms. Ashleigh Water, Mr. Riley Webb recognized the level of collaboration they see in El Paso and commented that few communities in Texas have a group like the Consortium to share and coordinate efforts. Judge Perez provided examples of work in the community that benefits from collaboration of the partners in the room and those who could not make the meeting. She recognized the work of the INSPIRE Court, Emergence Health Network, and the Crisis Intervention Teams’ and their range of service to provide timely access, prevent justice involvement, and divert individuals to appropriate care.

### **Paso del Norte Health Information Exchange [PHIX]**

Mr. Juan Nañez, Director of Programs for the PHIX, provided a presentation on the history and current developments in electronic health records, rapid access referral networks, and bidirectional resource referral. He shared the uniqueness of the El Paso PHIX in comparison to other health information exchanges across the country, the significance of the health improvement opportunities that come from having not just the local hospital systems, but also the Local Mental Health Authority, Department of Defense, and the Veterans Administration along with more than 400 individual providers signed on to the PHIX. Mr. Nanez responded to questions and the group entered into lively discussion on the range of future opportunities resulting from the collaboration that PHIX is catalyzing. Mr. Bishop shared examples of the benefits from data tracking and analysis that are developing because of the strength of the partner collaboration. One example Mr. Bishop shared was the use of data tracking to assist with strategic interventions for opioid use prevention and timely treatment. Presentation slides are included with these notes.

### **Other Business**

- a) **Jail Diversion** – The July meeting of the Jail Diversion Committee will be canceled in observance of the July 4<sup>th</sup> holiday.
- b) **PreEntry Report** – Ms. Li Rosario shared that the PreEntry efforts through the Criminal Justice Coordination Division are working toward a more comprehensive vision to prevent individuals from entering the Justice System. The next meeting of

the PreEntry Working Group is scheduled for Friday, June 30 at Paso del Norte Health Foundation.

- c) **Crisis System – 911/988 - MCOT/YCOT** – Ms. 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 May 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.

- d) **May 14th Consortium General Meeting Reflections**

Mr. Mata commented that over 130 community leaders and mental health stakeholders participated in the Consortium 2030 event hosted by the Health Foundation and the Paso del Norte Center at Meadows Institute. This Consortium General Meeting was held on the morning of May 14<sup>th</sup> from 8:30 am to 11:30 am at [Endeavors Health and Wellness Center](#). The event helped to share updated data and launch the next wave of Consortium Action Plans. The meeting was open to the public and created a forum for networking and celebrating collaborations that have leveraged funding and maximized resources for lasting health system improvements. He recognized that the Action Plans are living documents and can be amended as needed providing a roadmap for action and related indicators of success in the next few years. The group also recognized Judge Perez's leadership in the coordinated efforts to confirm the Consortium 2030 Opportunities for Change that will be the basis for next level work across the county. To review the updated data report and Consortium Action Plans visit <https://healthypasodelnorte.org>

### **Announcements**

Judge Perez encouraged the group to share information on opportunities for training, program coordination and other ways to maximize resources.

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

### **Next Meeting**

The next meeting is targeted for August 3<sup>rd</sup> and planned to be held at the Paso del Norte Health Foundation, 221 N. Kansas, 19<sup>th</sup> Floor, unless otherwise notified.

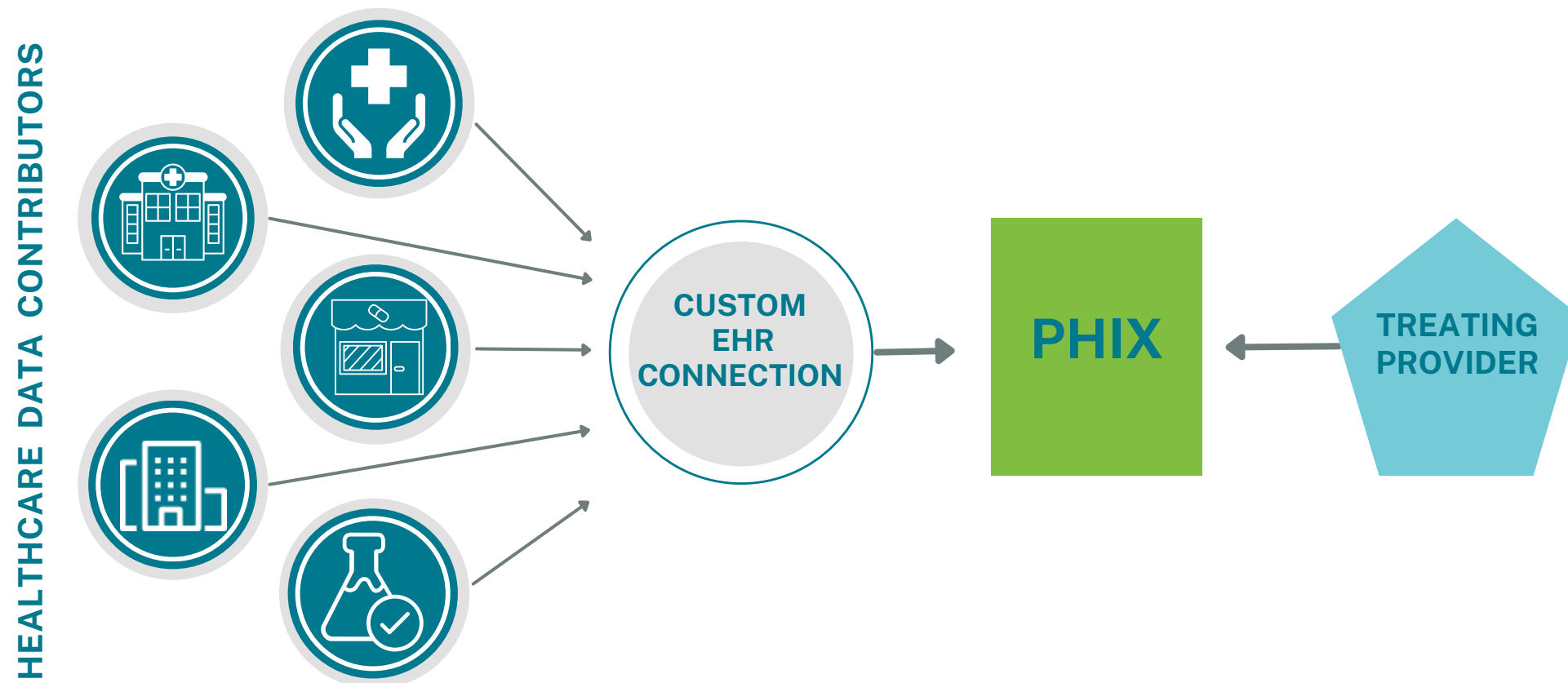




**Justice Leadership Council**  
**06/03/2026**



- PHIX, the Paso del Norte Health Information Exchange, is a local non-profit in El Paso, TX which was founded by health leaders in 2010.
- We facilitate clinical data sharing between hospitals, clinics, public health, and other health and social service providers.
- We leverage data to solve challenges for our partners and region to improve health equity.





# Mission

Improve health through collaboration and data technology

# Vision

Our communities will be leaders in the collaborative usage of HIT toward improved health care delivery.

# Our Values

- Trust is fundamental
- Collaboration makes us better
- Innovation keeps us moving forward
- Inclusiveness leads to understanding
- Quality is what our stakeholders deserve
- Compassion drives us

# Partners

PHIX is based in El Paso and serves hospitals, physicians, and patients in **west Texas** and **southern New Mexico**.

Partners include:

- University Medical Center of El Paso (Level I Trauma Center serving 280 mile radius around El Paso)
- El Paso Children's Hospital
- The Hospitals of Providence (Tenet Healthcare)
- Las Palmas Del Sol Health Care (HCA Healthcare)
- Texas Tech University Health Sciences Center El Paso
- Emergence Health Network (Local Mental Health Authority)
- Federally Qualified Health Centers: Centro De Salud Familiar La Fe, Project Vida, San Vicente
- City of El Paso: Public Health, Fire, Community & Human Development
- National Connections: Veterans Administration and Department of Defense
- State Connections: ImmTrac, Prescription Drug Monitoring Program
- Private Clinics: Approximately 400 locations
- Managed Care Organizations: El Paso Health
- Social Service Agencies: El Pasoans Fighting Hunger Food Bank, United Way, El Paso Coalition for the Homeless, Opportunity Center for the Homeless
- New Mexico: Gila Regional Medical Center Hospital, primary care and specialty clinics, and post-acute care





# PHIX Clinical Viewer

**Test, Minnie**  
Summary

Date of Birth: 12/12/1910 (115) Gender: Female Patient ID: 350Y-G301-0L [More Patient Information](#)

2 of 16 Search Results Actions

### Encounters (4)

AMB (3) ER (1) IN (0) OTHER (0)

Admission Type	Date	Source
	01/21/2026	Kingsway Medical Center
(NV) Nurse Visit	01/21/2026	El Paso Mens and Womens Clinic
Laboratory	01/19/2026	Quest Diagnostics

### Results (2)

Lab (1) Img (0) Trans (1) Path (0) Other (0) Unknown (0)

Name	Date	Source
↑ IRON, TIBC AND FERRITIN PANEL, COMPREHENSIVE METABOLIC PANEL, SED RATE BY MODIFIED WESTERGREN, URINALYSIS, COMPLETE W/REFLEX TO CULTURE, REFLEXIVE URINE CULTURE, CBC (INCLUDES DIFF/PLT)	Jan 19, 2026 (1...)	Quest Diagnostics

### Allergies (8)

Allergen	Reactions	Alternate Code
codeine	Shakes	2
morphine	Rash	2
No Known Intolerances	NONE	
ALCOHOL		
No Known Contrast Allergies		
No Known Food Allergies		

### Conditions (13)

Problems (13) Diagnoses (0)

Title	Date	Alternate Code
Contact dermatitis and other eczema, unspecified cause		
Dermatitis, unspecified		
Diarrhea		
Diarrhea, unspecified		
Acute cough		

### Vitals (10)

Type	Value	Date
BMI	30.57 kg/m2	01/19/2026
Weight	207 lbs	01/19/2026
Blood pressure systolic	119 mm Hg	01/19/2026
Height	69 in	01/19/2026
Weight-kg	93.89 kg	01/19/2026
Blood pressure diastolic	80 mm Hg	01/19/2026

### Medications (3)

Name	Dose	Strength
Tirzepatide 7.5 MG/0.5ML	undefined	
DIM-plus -	undefined	
Semaglutide-Weight Management 0.25 MG/0.5ML	undefined	

The Clinical Viewer has **over 100,000 medical records** accessed by patient care providers monthly.

# PHIX Depth of Data

## Demographics

Name, date of birth, address, race/ethnicity, phone number, etc

## Insurance

Insurance type and self-pay

## Procedures

CPT procedural codes

## Admission/discharge summaries

Emergency and inpatient provider notes with patient presentation, treatment, and care plan post hospitalization

## Diagnoses

ICD-9, ICD-10, and SNOMED diagnosis codes

## Medications

Prescribed, administered, and home medications as well as vaccinations

## Allergies

Type and severity of allergens

## Physician and nurse notes

Consultation notes, progress notes, diagnostic findings, operative summary, health history, and treatment plan

## Vital signs

Vital, Value, and metric

## Lab and pathology reports

Test, observed value, result, date/time collected, date-time resulted

## Imaging reports

Diagnostic findings

## Other clinician written reports

Referrals, disease screening tools, social screening tools, etc

# PHIX's Clinical Viewer Value

**2025 study published in the *Western Journal of Emergency Medicine*** found during a chart-review study of Emergency Department Physicians using PHIX data that information from a prior emergency department visit would have:

- **Changed the approach** in **69%** of cases.
- **Enabled comparison** of prior lab or imaging results in **67%** of cases.
- **Led to a better understanding** of behavioral patterns in **73%** of cases.

**2023 study published in the *Annals of Family Medicine*** examined whether primary care physicians' use of PHIX to access data about patient care transitions reduced the likelihood of the patient being re-hospitalized.

When PHIX was accessed by primary care physicians after hospitalization, the likelihood of a **return visit to the ED decreased by 53% while re-hospitalization decreased by 61%.**



“I had a patient who I was wondering what the origin of their low blood pressure was and when I logged into PHIX I saw that they had a mildly elevated white blood cell count and that help me to understand that the patient could have been septic or that the origin of low blood pressure was of infectious origin. Because of PHIX I sent the patient to the hospital and the patient was found to be septic after all. ***This was a lifesaving referral because of lab values I received through PHIX.***”

Physician Assistant, Federally Qualified Health Center

# Using Data to Address Local Challenges



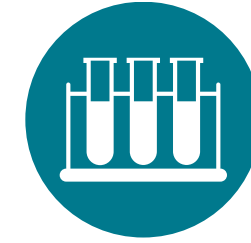
Clinical Viewer



Non-Medical Drivers  
of Health



Notifications



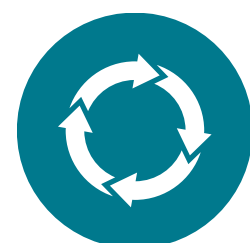
Lab Ordering and  
Results System



Public Health  
Syndromic  
Surveillance



Vaccine Information  
Exchange



Closed-Loop  
Referrals



Trauma Image  
Sharing

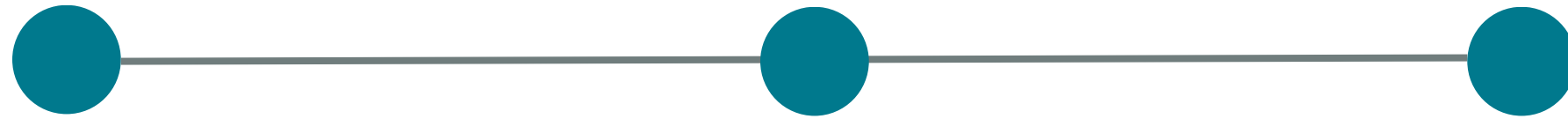


Data Analysis



Public Health  
Data System

# COVID19 Growth Catalyst



## March 2020

Public Health Laboratory **operated on paper** and was the only lab that could do COVID19 testing.

## April 2020

PHIX **developed and implemented an electronic ordering and results system for COVID19** in less than 3 weeks. This electronic system sent positive results to Epidemiologists to begin case investigations.

## April 2020 – Today

Infrastructure expanded to provide:

- El Paso's **case investigation** and **contact tracing system**.
- Lab ordering systems across **drive-thru testing sites**.
- **Notification system for patient results**.
- Real time data to support **300 transfers to El Paso's emergency alternative care site**.
- Daily list of patients eligible for transfer to hospital on local military base **expanding community hospital bed availability**.
- Electronic **immunization system** to collect and report COVID19 vaccines to ImmTrac (Texas registry).
- Supported the CDC with **COVID19 vaccine efficacy analysis** (VISION Network).

# Emergency Response Support



During COVID19, supported **transfers to the Alternative Care Site at the El Paso Convention Center**, significantly reducing the time required for transfer appropriately.



During COVID19, supported **transfers to William Beaumont Army Medical Center** by identifying eligible patients at community hospitals.



During withdrawal from Afghanistan, supported **continuity of care for Afghan refugees at Fort Bliss** by facilitating access to community hospital records.



## Hospital



Patient is admitted and/or discharged from the hospital

## Notification



PHIX captures hospital visit and sends notifications to providers

## Provider



Provider receives patient notifications

## Clinical Viewer



Provider reviews details in PHIX clinical viewer to support care coordination

# Notifications

PHIX notifies providers and insurance carriers when their patients are admitted to and/or discharged from the hospital or emergency department (ADT Notifications).

Custom notifications are developed to support specific use cases. For example, PHIX also provides notifications for elevated HbA1c results to support diabetes care coordination.

**“PHIX has been very helpful to our program and our diabetes classes, weekly I receive a list of patients with their HbA1c results, then I distribute that list to my staff, then they contact and invite patients to the diabetes/ prediabetes classes, so PHIX has been a great resource for our program.”**

Chronic Conditions Care Program Coordinator,  
Federally Qualified Health Center



1

**Patient identified for transfer**



2

**Transferring facility sends image content via the PHIX trauma system**



3

**Distribution list at hospital receives email/text notification for images received**



4

**Hospital view images in directly in their PACs or via the PHIX trauma system**



5

**Clinicians use images to inform care**

# Trauma Image Sharing

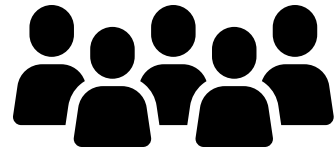
PHIX facilitates the exchange of trauma images between healthcare facilities to support continuation or timely care.

This process can be completed using PHIX's secure email system or PHIX's DICOM-to-DICOM interfaces. Both instances alert the trauma receiving facility when images are in route for timely review and intervention.

“Before PHIX had officially gone live with trauma image sharing with Gila Regional Medical Center, one of the lead radiology techs at Gila Regional Medical Center called PHIX to let our team know that they had a really urgent need to use the system because they had a patient whose brain was bleeding that was being transferred to Del Sol. PHIX assisted Gila Regional Medical Center with pushing the DICOM images to Del Sol. **The trauma physicians at Del Sol were able to review the images while the patient was on the helicopter and prepared accordingly.** As a result, the patient did not need to be re-scanned upon arrival. **The surgery was performed, and the patient lived.** The following day, the patient had comparative imaging done the next day to evaluate progress.”

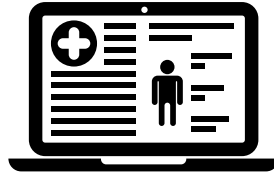
Gila Regional Medical Center and Del Sol Medical Center

# Fall Prevention Initiative



**Initiative:** To prevent falls among a high risk population.

**Cohort:** Patients aged 65 and older who had a fall requiring EMS transport to the hospital emergency department, BUT were not transitioned to “Inpatient” care and were instead discharged home.



**Technology:** PHIX leveraged its data sharing connections with EMS and the hospitals to identify fall prevention program candidates. PHIX securely shared a list of potential participants with the MIH team.



**Service:** MIH contacted and enrolled consenting candidates into the fall prevention program. These patients received in-home fall prevention support through education and intervention.

**Evaluation:** PHIX tracked the outcomes of participants (reutilization of the emergency department) for 90 days as well other key metrics. This information is currently being used to develop lessons learned and return on investment propositions.

# Closed-Loop Referrals



Support secure, electronic process for sending referrals and receiving closed-loop communication when the patient is seen. This system was developed with generous funding from the Paso del Norte Health Foundation.

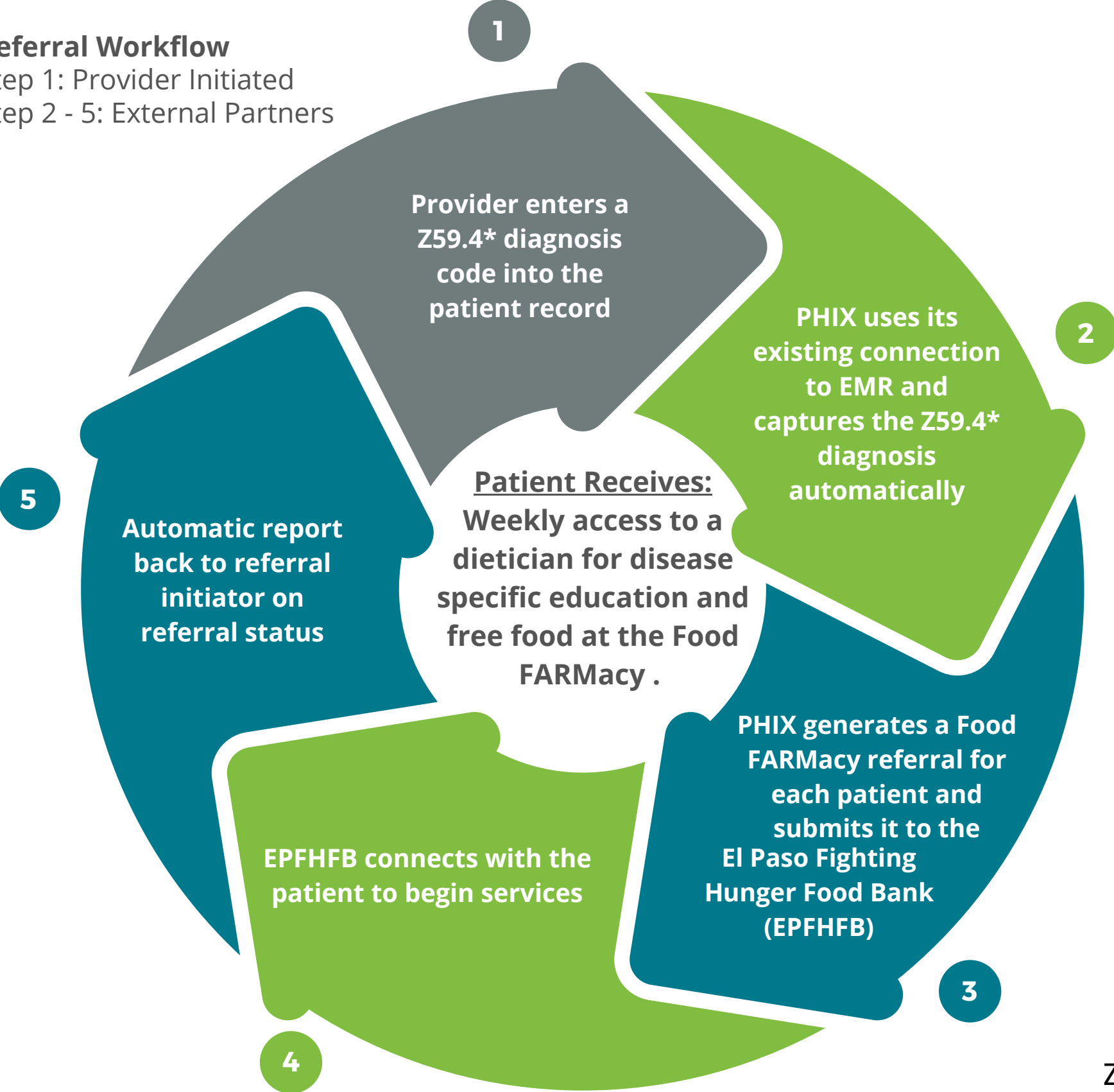
## Example: Food FARMacy

The El Pasoans Fighting Hunger Food Bank has partnered with PHIX so providers can send closed-loop electronic referrals to their Food FARMacy. The Food FARMacy provides patients with access to health food and a team of nutrition experts to help them take the next steps toward a healthier life.



# Closed-Loop Referrals: Sample Work-Flow

**Referral Workflow**  
Step 1: Provider Initiated  
Step 2 - 5: External Partners



Z59.4 is an ICD-10 code for food insecurity.

# Diabetes Alliance – Diabetes Data Briefs

## Diabetes Data Briefs

- **General Brief** – Summarizes Diabetes Data workgroup analyses and includes Diabetes Alliance members data interpretation and insight. We also published 2 additional sub briefs detailed below:
  - **Non-Medical Drivers of Health** – explores the relationship between diabetes self-management and non-medical drivers of health (NMDOH), such as transportation, education level, insurance access, and socioeconomic challenges.
  - **Utilization and Cost**– aims to provide insight on diabetes healthcare utilization and estimated cost of care within the region to inform local conversations on opportunities for diabetes prevention and intervention.

### Understanding Diabetes

**What is Diabetes?**  
Individuals with diabetes have an imbalance of hormones, like insulin and/or glucagon, which are important for regulating blood sugar levels in the body. In some cases, this imbalance can be due to insufficient production of the hormone insulin or the body's inability to use its hormones effectively. These hormonal imbalances in turn can result in too much, or too little, sugar in the blood. Because individuals with diabetes have trouble regulating their hormones and keeping their blood sugar levels within a healthy range, they are at increased risk for developing poor health complications.

There are four different types of diabetes, based on the cause of the hormone imbalance and the amount of sugar in the blood, including type 2 diabetes, pre-diabetes, gestational diabetes, and type 1 diabetes.

This brief provides an overview of the four types of diabetes in the El Paso region, leveraging clinical data from PHIX. Our goal is to improve knowledge in the El Paso region on diabetes to support local intervention and management of the disease.

Diabetes Overview - Type 2, Type 1, Gestational, and Prediabetes					# of Visits	# of Patients
El Paso County (01/01/2021 - 10/31/2024)					679,881	134,009
Visit Type	Age	Gender	Race	Ethnicity		
Emergency: 11.11% Outpatient: 76.41%	100-109: 0.00% 50-59: 21.89% 40-49: 28.98% 30-39: 21.43%	Male: 43.84% Female: 56.37%	American Indian or Alaska Native: 1.72% White: 88.49%	Hispanic / Latino: 84.92%		
Diabetes Prevalence by ZIP Code						
Prevalence: 0.09 - 37.55						
Diagnosis Distribution						
Type 1 Diabetes: 1,269 Patients (0.94%)	Type 2 Diabetes: 1,170 Patients (8.81%)	Gestational Diabetes: 1,441 Patients (1.08%)				

Around 15% of people in El Paso County have some form of diabetes, but there is wide variation across the County. Similar to 2023, we find that the highest prevalence of diabetes is along the U.S. Mexico border and in rural regions of El Paso County. During 2024, we focused on breaking down prevalence and other social factors by census tract to support providing community leaders with data to drive focused strategies for prevention and management of diabetes.

**Hector Ocaranza, MD**

### The Relationship Between Food Access and Health

**Food Access and Type 2 Diabetes Prevalence**  
Access to healthy food plays a crucial role in managing and preventing diabetes. When people have limited access to nutritious food, they often rely on cheaper, processed foods that are high in sugars, fats, and sodium. These foods can lead to weight gain and insulin resistance, increasing the risk for type 2 diabetes. Greater access to food is associated with lower type 2 diabetes rates. Similarly, greater availability of full-service restaurants and grocery stores (and lower availability of fast-food and convenience stores) have been associated with lower diabetes rates.

Reviewing the map below you can see that many sections of El Paso lack access to food resources within a 1 mile walking radius. Without access to vehicles or bus transportation those in rural regions face additional barriers in accessing food. Improving access to nutritious foods by decreasing barriers in transportation and increasing the availability of food resources in areas that are 5-10 miles from a grocery store could improve healthy living.

**Food Insecurity as a Determinant of Health**  
Food insecurity is the condition of not having consistent access to enough food for an active, healthy life. It can mean not having enough food, or having to rely on less nutritious options due to financial constraints. This can lead to malnutrition and various health issues. Food insecurity is closely linked to diabetes prevalence. People who experience food insecurity are more likely to develop prediabetes, gestational diabetes, and type 2 diabetes due to the lack of access to healthy foods. Several studies have also reported a relationship between food insecurity and adverse health outcomes related to poor management. Policies and programs that aim to make nutritious food more affordable and accessible, such as subsidized healthy food options, food pantries, and community gardens play a vital role in supporting individuals with diabetes and reducing health disparities.

#### Food Access Across El Paso County, Texas

Grocery Store Walking Distance

- 1 Mile
- 5 Miles
- 10 Miles

Food Deserts

Note: The Food Deserts are identified as regions without food access within a 1 mile walking radius. This method for determining food deserts is similarly used by the American Community Survey (ACS). This mapping of food access was created by PHIX.

**Susan Goodell**  
Resources: American Diabetes Association and "Social Determinants of Health and Diabetes: A Scientific Review"

### Gestational Diabetes

**Adverse Outcomes** - Mothers with gestational diabetes face a higher risk of adverse outcomes than those without gestational diabetes. In fact, mother with gestational diabetes are nearly twice as likely to have maternal hypertension then those without gestational diabetes. This helps to exemplify the importance of early identification and intervention of gestational diabetes. Which not only improves maternal health outcomes, but newborn outcomes as well. Decreasing newborn risk for injury at birth, hypoglycemia, jaundice, and difficulty breathing.

**Medicaid Access Analysis** - Areas with a low percentage of Medicaid and high prevalence of gestational diabetes should be further evaluated to see if there are gaps in application for Medicaid services. Helping mothers who qualify for Medicaid to apply and utilize its service could improve access to prenatal visits and support early identification and management of gestational diabetes. Early identification and management of diabetes can help decrease the incidence of adverse maternal health and newborn outcomes.

**Medicaid Access & Gestational Diabetes Prevalence (2021-2023)**

Note: Medicaid population 19-34 years of age, without filter for sex. The mean Medicaid coverage level for El Paso County served as the threshold for determining low % versus high % covered by Medicaid. This data was pulled from the American Community Survey (ACS).

"Gestational diabetes occurs in 5% to 9% of pregnancies in the United States. From 2021-2024, El Paso had 3,441 women with gestational diabetes. This is around 8% of all pregnancies, and is on the higher end of the national average. Since those with gestational diabetes are at an increased risk for poor health outcomes at delivery as compared to those without gestational diabetes, more education on preventing the disease should be done for those planning to become pregnant."

**Maren Torgersen, BSPH**

### Type 1 Diabetes

**Who is Experiencing Adverse Outcomes?**  
Without proper management, people with type 1 diabetes can experience acute and chronic health problems. Among these health problems, diabetic ketoacidosis (DKA) is one of the most severe acute health outcomes that is directly related to blood sugar management.

**Ketoacidosis - Type 1 Diabetes**  
El Paso County (01/01/2021 - 10/31/2024)

Visit Type	Age	Gender	Race	Ethnicity
Outpatient: 9.41% Emergency: 4.07% Inpatient: 86.42%	80-89: 2.30% 50-59: 10.23% 40-49: 14.64% 30-39: 22.83% 20-29: 23.83%	Unknown: 0.13% Male: 50.00% Female: 50.00%	Other: 8.94% White: 89.12%	Not Hispanic / Latino: 9.20% Hispanic / Latino: 39.12%

**Ketoacidosis Prevalence by ZIP Code**

**Ketoacidosis Visits over Time**

Understanding "who is experiencing adverse outcomes?" in a population is vital for identifying high-risk groups and addressing disparities. This epidemiologic data helps clinical providers identify populations at increased risk for complications like DKA and helps to identify age-appropriate communication and education strategies for those most at risk. These targeted efforts would promote awareness and prevent complications amongst those at greatest risk.

"Managing type 1 diabetes in El Paso, Texas, presents unique challenges due to the region's predominantly Hispanic population, which faces significant health concerns associated with diabetes. In El Paso, the prevalence of diabetes exceeds rates in both Texas and the U.S. as a whole, with diabetes-related deaths nearly 50% higher among Hispanics compared to non-Hispanic Whites. This underscores the importance of effective diabetes management and education to prevent serious complications like Diabetic ketoacidosis (DKA) which can be life-threatening. DKA is most common among people with type 1 diabetes and can lead to severe dehydration, swelling in the brain, coma, and even death. Local resources offer programs and support to help individuals manage their diabetes and reduce the risk of adverse outcomes like DKA.

Effective management of diabetes in El Paso requires a comprehensive approach that includes patient education, access to quality healthcare, awareness of resources, and community support to prevent serious complications like DKA."

**Hector Granados, MD**  
Pediatric Endocrinologist

Resources - American Diabetes Association, Texas Tech University Medical Center, and the Center for Disease Control and Prevention



**Questions?**

A wide-angle landscape photograph featuring a range of rugged, brownish mountains in the background under a bright blue sky with scattered white and light-colored clouds. The foreground is a desert valley filled with dense, low-lying green and yellowish shrubs. The overall lighting suggests a clear, sunny day. The text 'THANK YOU!' is centered horizontally and vertically over the image in a large, white, bold, sans-serif font.

**THANK YOU!**

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

## Crisis and Emergency Services Jail Diversion Committee Data Report

Month of: May

### Crisis Hotline

REPORTING INFORMATION:		DATA:	
Total Monthly CHL Calls		3613	
Percentage of PD Call Referrals to Emergency Departments		4.92%	
Total Referrals to Emergency Departments		178	
Number of PD Calls		<i>Total</i>	112
		<i>EPPD</i>	110
		<i>Socorro PD</i>	0
		<i>Horizon PD</i>	2
		<i>UTEP PD</i>	0
Number of CIT Referrals to Emergency Departments		<i>Total</i>	66
		<i>CIT</i>	57
		<i>SB CIT</i>	2
		<i>CIT-SO</i>	7

### Crisis Hotline Call Breakdown

REPORTING INFORMATION:		DATA:	
Total Monthly Calls		3613	
EHN Crisis Hotline Calls		1536	
EPCJ Crisis Calls		7	
988 Suicide & Crisis Lifeline Calls		1294	
911 Diversion Calls		65	
Number of EPCSO Calls		1	
Staff Line & Police Line Calls		717	
OUTCOMES			
Rescue Services		78	
Mobile Crisis Outreach Requests		204	
Crisis De-escalation		869	
Hospital Coordination		605	
Information and Referral		1860	

### Extended Observation Unit

REPORTING INFORMATION:		DATA:	
EOU admissions:		65	
Crisis walk-ins assessed:		259	
Crisis walk-ins with EOU Disposition:		35	
Law Enforcement drop-offs:		11	
Recidivist patients:		1 month	0
		3 months	0

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

**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>	221	86	57	77	0	1
<b>CIT EPCSO:</b>	65	20	19	17	0	2
<b>CIT Horizon PD:</b>	17	6	3	5	1	1
<b>CIT School Based:</b>	45	34	10	1	0	0



EL PASO  
**Behavioral Health**  
CONSORTIUM



OF THE EL PASO BEHAVIORAL HEALTH CONSORTIUM



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

# JLC June 3rd Agenda

- *Welcome and Introductions*
- *Texas Health and Human Services Commission*
- *Paso del Norte Health Information Exchange [PHIX]*
- *Other Business:*
  - *Jail Diversion*
  - *Reentry Report*
  - *Crisis System – 911/988 - MCOT/YCOT*
  - *May 14<sup>th</sup> Consortium General Meeting Reflections*
- *Announcements*
- *Adjourn*



## ***Texas Health and Human Services Commission***



# Paso del Norte Health Information Exchange [PHIX]

# 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 recovery 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.

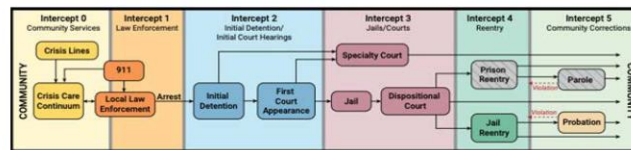
**Strategy III:** Collaborate with the University of Texas El Paso (UTEP) and other third-party evaluators. In a research-practitioner partnership to guide grant related planning and implementation, identify and track key metrics to inform progress, and engage in modifying programs as needed to meet 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 2016. 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/Passado/Norte Center on Meadows Mental Health Policy Institute, at [emata@mhpi.org](mailto:emata@mhpi.org), 915-253-0207 or Sandra Day, Accessible Program Officer, Paso del Norte Health Foundation, at [sday@pnhf.org](mailto:sday@pnhf.org), 915-544-3638.



**Please Note:** 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 852-759-5885  
National Suicide Prevention Hotline - Dial 800-273-8255

# 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 magistratation 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.

# Other Business




a) Other Business:


a) Reentry Report

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

## V. Announcements

# NEXT MEETING

 July Meeting will be canceled in observance of the July 4<sup>th</sup> Holiday

 The Next Justice Leadership Council General Meeting is targeted for August 3<sup>rd</sup> from 3:30 – 5:00 pm

# 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