“CONSORTIUM 2.0”
A GENERAL MEETING OF THE CONSORTIUM

8am -11:30 am, Thursday, July 28, 2022

Texas Tech Medical Science Building II Auditorium
Texas Tech Health Sciences Center El Paso
Medical Science Building II Auditorium 1A103
137 Rick Francis Street
El Paso, Texas 79905

Theme:
“Cultivating Collaboration”

with Keynote Speaker: Hani Talebi, PhD,
Senior Vice President, Health System Integration, Meadows Mental Health Policy Institute

Overview:
This gathering is the El Paso Behavioral Health Consortium’s 2nd General Meeting for 2022. The General Meeting is open to the community and allows for all Consortium Leadership Councils to share their progress toward lasting improvements in policy, program, and practices so that people in the greater El Paso County area will have access to mental health and substance use services where are when they are needed. More than 75 key leaders and community stakeholders participated in the July 28th “Consortium 2.0” General Meeting. Presentation slides are included within these notes.

Welcome, Introductions

Breakfast and Networking: A continental breakfast was provided for participants.

Welcome: Tracy Yellen, CEO Paso del Norte Health Foundation, and Chair of the El Paso Behavioral Health Consortium welcomed participants and provided opening remarks about the history of the Consortium, role of the Foundation, and an overview of the morning’s activity. She noted that:

• Collaboration among Consortium partners contributed to the August 3rd Tragedy, and COVID 19 Pandemic response to those in need.
• Now more than ever collaboration and diversifying connections with community partners and stakeholders is needed to address the ever-growing need for emotional health support and timely mental health and substance use treatment access.
• The Consortium contributions during the 10 months that the 2021 El Paso Behavioral Health System Assessment was developed gave the region a benchmark of reflections on successes, up to date data, and recommendations for next steps.
• The information included in the brochures and the posters in the room show the priority opportunities that Leadership Council partners have now endorsed. The related strategies will contribute to a community wide effort for the next phase of improvements in the mental health and substance use system of care.

Welcome Video from Congresswoman Veronica Escobar:
Congresswoman Veronica Escobar recognized the efforts of the Consortium partners in a video welcome. She also shared some of the federal level support the community will receive as a result of coordination and collaboration among El Paso partner organizations.

Introduction of Keynote Presenter and special guests:
Sharon Butterworth provided comments on the work of the Meadows Institute in collaboration with community partners that helped to inform legislation to improve the behavioral health system. She then introduces Dr. Hani Talebi, Melissa Rowan, Monica Thyssen, and Will Seilheimer who visited El Paso in support of the General Meeting.

Dr. Hani Talebi, a licensed psychologist and licensed specialist in school psychology with focused experience in consultation-liaison psychology, parent management training, and evidence-based interventions for medically fragile children. With more than 20 years of clinical experience, he has served in a variety of roles including Director of Pediatric Psychology at Dell Children’s Medical Center, Director of Psychological Services at Del Valle Independent School District, and management of his own private practice. In his new role as Vice President of Health Systems Integration, Dr. Talebi’s work focuses on advancing collaborative care and measurement-based progress monitoring in primary care settings. Dr. Talebi earned his combined doctorate degree in clinical, counseling, and school psychology from The University of California, Santa Barbara, and his bachelor’s degree in cognitive science from The University of California, Irvine. He completed an internship in pediatric psychology at the Children’s Hospital of Orange County and a fellowship in pediatric trauma at Child Abuse Listening and Mediation at the University of California, Santa Barbara.

“Creating an Impact Network: Collaborative Care, CPAN/TCHATT, and El Paso Community Partnerships.”
Dr. Hani Talebi provided a presentation on the efforts to move mental health and substance use care into a well-coordinated and supported primary care environment. The presentation will include examples such as the Lone Star Depression Challenge, CPAN and TCHATT, and other efforts underway in the state and nationally. Dr. Talebi will discuss how this approach contributes to emotional well-being, effective management of addiction and reducing potential for mental health or substance use related crisis situations.

Overview of the Consortium partner history, where we started, where we are and looking forward together with hope. Enrique Mata provided a brief overview of the Consortium, its leadership Councils, and the investment in system assessments to help develop and guide collaboration. He then introduces the Leadership Council Chair for Integration and will continue to serve as moderator facilitating each Leadership Council presentation transition and Q&A as needed.

Consortium 2.0 “Progress and Proactive Strategizing” for El Paso County
Leadership Council Representatives provide a brief conversation facilitated by Enrique Mata to discuss the framework for the next phase of lasting improvements in the region. He then facilitated brief panel discussions with leaders from each panel:

• Integration Leadership Council
Dr. Tewiana Norris, Ruben Vogt, and Oscar Avila provided an overview of the Re-established Integration Leadership Council. Dr. Talebi’s presentation reinforces the opportunities developing and how important it will be in the next few years for our community to:

- Increase collaboration among primary care partners to coordinate mental health and substance use care
- Enhance information sharing for more accurate and precise diagnosis and care planning
- Work with higher education partners to prepare the community’s workforce with the appropriate credentials and skills to implement new care models.

Family Leadership Council

- Ivonne Tapia, Cathy Gaytan, Juan Alderete and Dr. Sarah Martin provided an overview of the Family Leadership Council’s
  - Strong Families work group
  - Help Me Grow work group
  - Multi-Tiered System of Support (MTSS)
  - Child Psychiatry Access Network (CPAN) collaboration with primary care providers especially pediatricians
  - Texas Children’s Healthcare Access Through Telehealth (TCHATT) collaboration with school districts
  - Increasing workforce availability – expansion of child psychiatry fellowships and residencies.

Justice Leadership Council

- Commander Ryan Urrutia, Victor Talavera, Joel Bishop, and Beatrice Fierro provided an overview of the Justice Leadership Council’s:
  - Jail system collaboration with EHN and UMC El Paso
  - CIT Expansion
  - 911 and 988 central location and dispatch transformation
  - CIT Expansion including municipal police and school police models
  - Model AOT and MAT collaboration with the courts
  - Project CHANCE
  - Justice Dashboards
  - Reentry case management collaborations

An updated Consortium Brochure AND Leadership Council Briefs can be found posted at: [https://www.healthypasodelnorte.org/tiles/index/display?alias=EPBHConsortium](https://www.healthypasodelnorte.org/tiles/index/display?alias=EPBHConsortium)

“Looking Forward - a Local Mental Health Authority Perspective”

Kristi Daugherty presented a progress report from the perspective of Emergence Health Network including an overview of projects other than the JLC and FLC strategies. Highlights of the presentation include programs funded by recent SAMHSA grants, programs funded by the state legislature during the 87th Legislative Session, and policies and practices that have been set in motion and how these actions are being implemented for the benefit of El Paso County. The presentation slides are included with these notes.

Closing Remarks: Tracy Yellen thanked all in attendance reinforcing that Leadership Council leaders, and the PdN Center Team will be calling on folks to collaborate as we move forward.
Welcome to CONSORTIUM 2.0
A General Meeting of the
Tracy Yellen, CEO,
Paso del Norte Community Foundation and
Paso del Norte Health Foundation
Chair, El Paso Behavioral Health Consortium
Welcome to CONSORTIUM 2.0
A General Meeting of the
Sharon Butterworth, Mental Health Advocate
Chair, Paso del Norte Center Leadership Cabinet
Board Member, Meadows Mental Health Policy Institute
Enrique Mata, Executive Director
Josue Lachica, Project Manager
Melissa Rowan, Chief Operating Officer
Monica Thyssen,
Senior Vice President of Finance and Implementation
Will Seilheimer,
Senior Director of Government Affairs
EL PASO Behavioral Health
CONSORTIUM

Family Leadership Council
OF THE EL PASO BEHAVIORAL HEALTH CONSORH T

Integration Leadership Council
OF THE EL PASO BEHAVIORAL HEALTH CONSORH T

Justice Leadership Council
OF THE EL PASO BEHAVIORAL HEALTH CONSORH T

CONSORTIUM 2.0
EPBHC Leadership Council
2022-2025 Priority Development Process

2021 El Paso Behavioral Health Needs Assessment and other relevant data
- Confirm progress from previous years
- Gather relevant data and community input

Data Analysis
- Identify anticipated gaps in service
- Development of specific recommendations for action

Prioritizing opportunities for system improvement
- Convening JLC partners and other stakeholders
- Review recommendations and identify JLC priorities and key partners
- Update El Paso’s Sequential Intercept Model (2022)

Strategy Development
- Confirm Priority Goals
- Work Group or Task Force Teams
- Develop Action Plans

July 2022 – We are Here
Tewiana Norris, DNP, RN,
Emergence Health Network Chief Nursing Officer
Chair, Integration Leadership Council

Ruben Vogt, University Medical Center El Paso
Asst. Administrator for Government Affairs and External Communications

Oscar Alvarez, RN, The Hospitals of Providence Memorial Campus
Director Of Geriatric Behavioral Unit
Ivonne Tapia, MA, LCDC, LPC-S, ACPS  
Chief Executive Officer, ALIVIANE, Inc.  
Chair, Family Leadership Council

Cathy Gaytan, LCSW-S,  
Chief Executive Officer at EL PASO CHILD GUIDANCE CENTER INC  
Vice Chair, Family Leadership Council

Juan Alderete, M.Ed., Director of Special Education  
Region 19 Education Service Center

Sarah Martin, M.D.,  
Medical Director, Texas Child Mental Health Care Consortium at TTUHSC El Paso  
Director, Psychiatry Residency Training  
Assistant Professor and Child and Adolescent Division Chief
Update to the El Paso Sequential Intercept Model
Kristen Daugherty, LISW, LCSW, MBA
Chief Executive Officer
Thank You
Paso del Norte Center
at the Meadows Mental Health Policy Institute

Call on us with any questions:

Enrique Mata, MSPH, RN, PHNA-BC, NEA-BC | Executive Director – Paso del Norte Center | Meadows Mental Health Policy Institute | 221 N. Kansas, 19th Floor, Suite 1900, El Paso, Texas 79901 | (m) 915.253.0287 | mmhpi.org

Josue Lachica, MA | Project Manager – Paso del Norte Center | Meadows Mental Health Policy Institute | 221 N. Kansas, 19th Floor, Suite 1900, El Paso, Texas 79901 | (m) 915.990.5717 | mmhpi.org

"The truth is: mental illness affects more people than you may think, and we need to talk about it. It’s Okay to Say™...” okaytosay.org
Creating an Impact Network: Collaborative Care, CPAN/TCHATT, and El Paso Community Partnerships
Agenda

1. COVID-19’s Impact Across Dimensions and a Call to Action
2. The Collaborative Care Model and the Lone Star Depression Challenge
3. The Texas Child Mental Health Care Consortium, CPAN/TCHATT, and ARPA
COVID-19 – Multidimensional Impacts

- Large-scale studies using data collected at the beginning of 2022 found that of a nationally representative sample of US school students:
  - 37.1% of students experienced poor mental health during the pandemic
  - 31.1% experienced poor mental health during the 30 preceding the survey.

- During the 12 months before one survey:
  - 44.2% experienced persistent feelings of sadness or hopelessness
  - 19.9% had seriously considered attempting suicide
  - 9.0% had attempted suicide.

- Compared with those who did not feel close to teachers/staff at school, students who felt connected to school personnel had a significantly lower prevalence of:
  - poor mental health during the pandemic (28.4% versus 45.2%) and during the 30 days preceding the survey (23.5% versus 37.8%)
  - persistent feelings of sadness or hopelessness (35.4% versus 52.9%)
  - having seriously considered attempting suicide (14.0% versus 25.6%), and
  - having attempted suicide (5.8% versus 11.9%).

COVID-19 – Multidimensional Impacts

• The proportion of pediatric emergency department (ED) visits for mental health conditions (MHCs) increased during 2020-2022.

• Weekly ED visits among adolescent females (aged 12–17 years) increased for:
  • two MHCs (eating and tic disorders) during 2020,
  • four (depression, eating, tic, and obsessive-compulsive disorders) during 2021, and
  • five (anxiety; trauma and stressor-related; eating; tic; and obsessive-compulsive disorders) and
  • overall MHC visits during January 2022, compared with 2019.

• The proportion of ED visits with eating disorders doubled among adolescent females when compared to 2019 numbers.

• Those for tic disorders approximately tripled during the pandemic when compared to 2019 numbers.

Note: Figure depicts 3-week moving average ratio of emergency department visit counts in 2020 and 2021 compared to identical weeks in 2019. Sample includes 174 hospital-based EDs across 33 states from a national emergency department clinical quality registry. Visits for substance use disorders and mental health conditions were identified by International Classification of Disease-10 codes.

COVID-19 – Multidimensional Impacts

Note: Figure depicts 3-week moving average ratio of emergency department visit counts in 2020 and 2021 compared to identical weeks in 2019 in each U.S. Census Region. Sample includes 174 hospital-based EDs across 33 states from a national emergency department clinical quality registry. Visits for opioid use disorder (OUD), alcohol use disorder (AUD) and other substance use disorder (SUD)-related were identified by International Classification of Disease-10 codes.9

COVID-19 – Multidimensional Impacts

• In addition to the biological pathways leading to negative outcomes, poor economic and living conditions have created a syndemic. Syndemic theory focuses on the adverse interactions between diseases and social conditions. And we definitively know that the burden of stressors in association with social vulnerability contribute to higher rates of COVID-19 infections.

• US counties with greater social vulnerability were more likely to become areas with rapidly increasing COVID-19 incidence rates, especially counties with higher percentages of racial and ethnic minority residents and people living in crowded housing conditions, and in less urban areas.

• Large-scale disasters differentially affect the health of marginalized communities. In another large survey, minority status and language, household composition and transportation, and housing and disability predicted COVID-19 case counts in U.S. counties.

• Addressing the social factors that create poor health is essential to reducing inequities in the health impacts of disasters

County-level COVID-19 Community Levels
JULY 28, 2022

Nearly 88% of the U.S. population is in an area with a medium or high COVID-19 Community Level.

<table>
<thead>
<tr>
<th>Level</th>
<th>% of Counties</th>
<th>% of Pop.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>18.7%</td>
<td>12.1%</td>
</tr>
<tr>
<td>Medium</td>
<td>35.5%</td>
<td>27.0%</td>
</tr>
<tr>
<td>High</td>
<td>45.8%</td>
<td>60.9%</td>
</tr>
</tbody>
</table>

Source: U.S. Centers for Disease Control and Prevention (CDC)
When looking specifically at Hispanic communities, results of various studies highlighted six aggregate themes related to mental health stressors including:

- Economics (e.g., job insecurity)
- Immigration (e.g., undocumented status)
- Misinformation
- Family stress (e.g., changes in family dynamics and the home environment)
- Health (e.g., limited healthcare access) and
- Social isolation.

Yet these are resilient communities. Coping skills of the community were categorized into four themes including behavioral strategies (e.g., identifying reliable information), cognitive strategies (e.g., collectivistic thinking), social support and spirituality.

The pandemic has highlighted longstanding gaps and failures in mental health, the importance of mental health to overall health and wellbeing, and the essential role of mental health in emergencies. Building back better mental health systems and services will require integrating mental health into primary care and other settings, scaling up and reallocating funding for mental health; and a renewed commitment to community-based mental health care, grounded in human rights.

THE CURRENT MENTAL HEALTH CARE SYSTEM

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

HEALTH CARE

10,337
SUBSTANCE
RELATED DEATHS
in Texas in 2020

3,924
DEATHS BY
SUICIDE
in Texas in 2020

MENTAL HEALTH CARE

Primary Care
Specialty Care
Inpatient Care
Best Practice Anchor

Crisis
Law Enforcement
ER / Hospital
Jail

Fragmented Care
Specialty Care
Insufficient Network Capacity

Primary Care
Best Practice Boutique

e.g. McLean, Johns Hopkins

The best Mental Health Care is like the best Health Care
THE IDEAL MENTAL HEALTH CARE SYSTEM

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

HEALTH CARE

SPECIALTY CARE

Outpatient
Rehabilitative Care
Inpatient Care
Best Practice Anchor
e.g., UTSW Simmons Cancer Center, MD Anderson

MENTAL HEALTH CARE

SPECIALTY CARE

Outpatient
Rehabilitative Care
Inpatient Care
Best Practice Anchor
e.g., UTSW O’Donnell Brain Institute, New York Presbyterian Hospital

Integrated Primary Care
Measurement Based Care
Collaborative Care

The best Mental Health Care is like the best Health Care
THE COLLABORATIVE CARE MODEL (COCM)
Collaborative Care

CoCM is a team-based, data-driven, patient-centered population health approach to mental health and substance use disorder care

- Increase in response to mental health and substance use treatments: 60%
- Return on investment for patients (reduction in total medical spend over cost of program): 6:1
- Reduction in markers of chronic disease, ED visits and hospitalizations

- 80+ Randomized controlled trials showing improved access, value, outcomes, and patient and provider experience.
- New billing codes from AMA and CMS make CoCM a separately reimbursable covered benefit.
How Does Collaborative Care Work?

• 5 evidence-based principles:
  • Patient-centered team care
  • Population-based care
  • Measurement-based treatment to target
  • Evidence-based care
  • Accountable care
CoCM: Patient-Centered Team Care

• CoCM is a team-based treatment strategy where all team members work jointly to address the patient’s medical and mental health needs

• 3 primary team members:
  • Behavioral health care manager (flexible background)
  • PCP
  • Psychiatric consultant (flexible background)

• Has always leveraged telehealth
Population-Based Care

• Allows joint care of more patients than clinicians could see individually

• Population screening

• Outcomes followed in registry - no one is lost to follow-up
Treatment Registry

- Maintained by BHCM and reviewed in weekly case review
- Registry may or may not be incorporated into the electronic medical record (EMR)
- Registry can be maintained through various means – spreadsheets (i.e., MS Excel) are often used
Measurement-Based Treatment to Target

- CoCM hinges on measurement-based care (MBC)

- Screeners dependent on goals of individual CoCM program → PHQ-9 (depression) and GAD-7 (anxiety) most common

- Outcomes tracked toward significant improvement, response and remission

- Treatment plan is modified iteratively
Evidence-Based Care

- CoCM is itself extensively evidence-based
- Incorporates evidence-based treatment guidance
  - Psychopharmacology
    - Incorporates principles from seminal trials such as STAR*D
  - Psychotherapy
    - BHCM trained to provide brief interventions
      - CBT, MI, PST, BA, others
- Patients may be referred to outside providers if necessary
Accountable Care

• Accountable for outcomes, not just volume

• At the individual practitioner level, this may be tied to compensation

• Clinicians may receive reports or summaries

• May lead to workflow improvements or other adjustments

• Accountable care is not meant to be punitive
COLLABORATIVE CARE AND THE LONE STAR DEPRESSION CHALLENGE
Collaborative Care and the LSDC

All Adult Texans: 22,000,000

- Depression: 100% | 1,500,000 - The number of adult Texans with depression
- Detected: 47% | 705,000 - How many are clinically recognized?
- Treated: 24% | 350,000 - How many are treated in any fashion?
- Adequately treated: 9% | 140,000 - How many are treated adequately?
- Remission achieved: 6% | 92,000 - How many achieve remission?
Key Shift: Move Upstream Into Community

![Pyramid Diagram]

- Community-initiated care
- Community health workers and peer support specialists
- Primary care and mental health services
- Mental health and addiction services in general hospitals
- Specialty mental health and addiction care/Long term stay facilities

FREQUENCY OF NEED:
- Low
- High

Costs:
- Low
- High

QUANTITY OF SERVICES NEEDED
Lone Star Depression Challenge

1. UT Southwestern Medical School
2. UT Health Austin
3. Texas Tech University Health Sciences Center Lubbock
   - Texas Tech University Health Sciences Center El Paso
4. UT Health Rio Grande Valley
   - The University of Texas Health Science Center at San Antonio
5. UT Health Tyler
CPAN/TCHATT AND ARPA
SB11: Addressing the Mental Health Crisis

Initiatives:

- The Child Psychiatry Access Network (CPAN) provides telehealth-based consultation and training to primary care providers.
- The Texas Child Health Access Through Telemedicine (TCHATT) program provides in-school behavioral telehealth care to at-risk children and adolescents.
- The research initiative has created two state-wide networks to study and improve the delivery of child and adolescent mental health services in Texas.
- The Community Psychiatry Workforce Expansion (CPWE) funds full-time academic psychiatrists as academic medical directors and new psychiatric resident rotation positions at facilities operated by community mental health providers.
- The Child and Adolescent Psychiatry (CAP) Fellowships program expands both the number of child and adolescent psychiatry fellowship positions in Texas and the number of these training programs at Texas HRIs.
CPAN (Child Psychiatry Access Network)

- Network of child psychiatry access centers that provides support to pediatric primary care providers in caring for children and youth with behavioral health needs
- Telephone Consultation Line for pediatric primary care providers to improve access to pediatric mental health care
- Pediatric PCPs can obtain consultation on:
  - Assessment and diagnosis
  - Medication management
  - Behavioral Recommendations
  - Risk/Safety Issues
- Resource Coordination and Continuing Professional Education

CPAN Enrolled Providers and Staff: 10,182
TCHATT (Texas Child Health Access Thru Telemedicine)

1. **Assessment, brief intervention, and stabilization**
   Up to 5 telehealth appointments

2. **Care coordination**
   Assistance with referrals to community mental health services and resources

3. **School Consultations**
   Direct consultation with clinicians to discuss mental health needs of students in school environment

4. **Mental health education & training**
   For school personnel

Student population who can access services:

2,215,000

Number of ISDs enrolled:

365

Number of campuses enrolled:

3,202
ARPA Pediatric CoCM

ARPA Funds allocation in Texas

$3 billion to deploy hospital surge staffing
$500.5 million for broadband expansion
$3.7 billion to cover salaries and benefits for state employees directly working on pandemic response
7.2 billion to replenish the Unemployment Compensation Fund
$113 million to the Texas Child Mental Health Care Consortium
$237.8 million to expand access to mental health care
$100 million to support Texas food banks
$286 million to the Teacher Retirement System
$160 million to shore up funding for organizations serving sexual assault survivors and other crime victims
$500 million for construction projects at institutions of higher education
$300 million for a State Operations Center to aid the state in disaster response
$200 million to bolster cybersecurity

$16.3 billions
IMPACT NETWORKS
Impact Networks Defined

- The social and environmental challenges we face today are not only complex, but they are also systemic and structural and have no obvious solutions.

- Nevertheless, collaborative efforts often fail because they attempt to navigate complexity with traditional strategic plans, created by hierarchies that ignore the way people naturally connect.

Impact Networks Defined

• **Learning Networks**: Focused on connection and learning. They facilitate the flow of information or knowledge to advance collective learning on a particular issue.

• **Action Networks**: Focused on connection, learning, and action. They facilitate connecting and learning in service of coordinated action.

• **Movement Networks**: Link many learning and action networks together, creating a network-of-networks focused on a common aim.
Typical Issues and How Impact Networks Address Them

• An Impact Network innovatively solves three basic issues regions typically experience when addressing needs v. resource limitations:

  • **Limited knowledge:** People typically engage with different parts of a system, with expertise in “their piece of the puzzle.” Networks organically integrate to distribute this knowledge.

  • **Separation:** People are often disconnected in their professional field; they’re unable or unwilling to share knowledge and resources with others. Impact networks address this in a more effective, integrated manner.

  • **Complexity:** A system is more complex than any one person can grasp on their own. Impact networks bring the pieces together so groups make sense of the whole puzzle.
A Simple Impact Network
Action Network Node

Action Network

Core Team

Collaborative Team

Collaborative Team

Collaborative Team

Collaborative Team

NC = Network Coordination
A Map for a STEM Education Action Network
Action Network Node

Core Team

FLC
ILC
JLC
UTEPE
Texas Tech
Crisis Intervention Teams
Primary Care CoCM
CPAN AND TCHATT
911/988
Government
Policy Makers
Military
Utilities
Tribal Bands
Land Trusts
Nonprofits
Agricultural
Border Patrol
INS
Civic Groups
Faith Groups
Financial Institutions
Small Businesses
Funders
Network Mindset

• Hierarchies have a difficult time adapting quickly to changing circumstances. When the organizing structure is predefined and inflexible, there is little room for collective discovery, spontaneous collaboration, and unforeseen innovation.

• Institutions that embrace a network mindset focus on the following:
  • Scaling impact, not growing their organization or function
  • Being part of an interconnected system, not the center of it
  • Sharing leadership and credit with peers, not hoarding power or trying to be a hero
  • Building trust-based relationships, not systems of control

Impact Networks

• While the “why” (a network’s purpose) and the “what” (a network’s actions) differ widely from one impact network to another, the “how” (a network’s formation) is remarkably consistent.

• Forming, cultivating, and sustaining an impact network involves five core activities, referred to as the “Five Cs”:
  • Clarify the network’s common purpose and principles
  • Convene the people
  • Cultivate trust (for impact)
  • Coordinate members’ actions (information, knowledge, resources)
  • Collaborate for change

• These five activities are dynamic and interdependent. Never fully complete and not strictly linear, they loop back and forth on each other as the network evolves, and they’ll be revisited over and over throughout a network’s life cycle.
Impact Network Leadership - Dynamic Tensions

• Building Trust and Taking Action
• Participation and Pace
• Self-interest and Shared-interest
• The Parts and the Whole
• Planning and Emergence
• Divergence and Convergence
Impact Networks - Conclusion

• Network leadership begins when you’re faced with a complex challenge and recognize the need for greater levels of connection, coordination, and collaboration to address the issues at play.

• **Trust-based relationships** enable everything else that a network aims to achieve. If at any point you feel unsure about how to proceed, invest in relationships.

• Let El Paso answer the call to:
  • Honor its interdependence
  • Invest in the capacity to work across difference
  • Cultivate resilient networks that foster more just, equitable, and vibrant systems.
THANK YOU
References


References


Wei-Skillern, J., Ehrlichman, D., Sawyer, D., & Jane Wei-Skillern (@jweiskillern) is an adjunct associate professor at UC Berkeley’s Haas School of Business and previously served on the faculty at the Stanford Graduate School of Business and Harvard Business School. For the past 15 years. (n.d.). The most impactful leaders you have never heard of (SSIR). Stanford Social Innovation Review: Informing and Inspiring Leaders of Social Change. Retrieved July 8, 2022, from https://ssir.org/articles/entry/the_most_impactful_leaders_youve_never_heard_of#


EMERGENCE HEALTH NETWORK
A MENTAL HEALTH/IDD AUTHORITY PERSPECTIVE

July 28, 2022

Kristi Daugherty, LCSW-S, LISW-S, MBA
Chief Executive Officer
AGENDA

Operational Highlights

Service Array for Children and Adults

Grants Overview

EHN Crisis System and 988

Mental Health Learning Library

Looking Ahead
OPERATIONAL HIGHLIGHTS

- Joint Commission Accreditation
- Launch of “Community Conversations” Series
- NCQA Accreditation for IDD Services
- Expansion of Active-duty Service Members at the Veterans One Stop Center Service
- Hogg Foundation Peer Policy Fellow Award
ADULT MENTAL HEALTH SERVICES

STATE-FUNDED SERVICES

Outpatient Services

• EHN operates several outpatient clinics for mental health and substance use disorders throughout the El Paso area.

Coordinated Specialty Care

• EHN has clinical staff specially trained in First-Episode Psychosis Treatment and provide consumers with psychotherapy, family support medication management, among other services.

COLLABORATIVE CARE SERVICES

Partial Hospitalization/Intensive Outpatient

• EHN offers PHP and IOP for clients with a mental health and/or chemical dependency who need a structured setting for those who meet criteria.

Transcranial Magnetic Stimulation

• The electromagnet therapy painlessly delivers a magnetic pulse that stimulates nerve cells in the region of your brain to alleviate medication resistant depression.
School-Based Services

- Partnership with El Paso Independent School District for five campus locations to include feeder schools

Multi-Systemic Therapy

- Ongoing partnership with Juvenile Probation Department for expansion of program due to Texas Rider 21 (during last legislative session).

CHAMHPS Clinic Renovation

- Children and adolescent clinic redesign for enhanced experience of children, youth and families

Children’s Mental Health System Navigator Program

- Grant funds one position over two years to enhance provision of services to high needs children enrolled in EHN services
Region 19 Professional Development Educator

HB 19-86th Legislative Session

- Established a process for Local Mental Health Authorities (LMHAs) and Educational Service Centers to enter into a contract to increase mental health educational resources to area educators.

- The legislation provided funding for a full-time staff educator to work with EHN and Region 19 to spearhead these efforts.
Region 19 Professional Educator provides:

- Title IV initiatives support related to low economic, English-learning, or at-risk students primarily in smaller, rural ISDs
- Specialized training curricula for students with severe and aggressive behaviors
- Concepts such as Positive Behavioral Supports (PBS), which help these students remain connected to the classroom

“Ultimately, this provides a stronger link to behavioral health supports that will help all area school districts manage the needs of students.”
What is CCBHC?

CCBHCs provide a comprehensive collection of services needed to create access, stabilize people in crisis and provide the necessary treatment for those with the most serious, complex mental illnesses and substance use disorders.

CCBHCs integrate additional services to ensure an approach to health care that emphasizes recovery, wellness, trauma-informed care and physical-behavioral health integration.
CCBHCs are responsible for directly providing ten types of services:

1. Assertive Community Treatment
2. Crisis Mental Health Services
3. Screening, Assessment & Diagnosis, including Risk Assessment
4. Patient-Centered Treatment Planning
5. Outpatient Mental Health & Substance Use Services
6. Primary Care Screening & Monitoring of Key Health Indicators/Health Risk
7. Targeted Case Management
8. Psychiatric Rehabilitation Services
10. Services for Members of the Armed Forces & Veterans
CCBHC Funded Two New Programs:

Care Coordination: This program provides care coordination to a subset of EHN’s population that have co-occurring chronic health conditions. The CC team, which consists of nurses and caseworkers, ensure individuals are receiving the services they need to ensure all-inclusive wellness.

Assisted Outpatient Treatment: This program is designed to help individuals who encounter the judicial system, offering post-arrest diversion from jail. The purpose of AOT is to provide services to individuals, as mandated by court orders.
School-Based Mental Health in EPISD
School-based behavioral health services

Clinician-Officer Remote Evaluation
Program provides response during mental health crisis calls using an iPad equipped with HIPAA-approved technology to connect a law enforcement officers with EHN mental health therapists

Wellness Initiatives for EHN Employees
Provides 16 EAP therapy sessions per employee

Wellness coaching program and Speaker Series on Wellness
Program Goals
The goal of the program is to improve access to care for students and families. EHN’s mental health professionals are positioned within the schools, which means parents do not have to get their child out-of-school for an outpatient appointment.

School Sites
• Austin High School
• Bowie High School
• Canyon Hills Middle School
• El Paso High School
• Franklin High School

Services
• Therapy Services
• Caseworker Management
• Licensed Chemical Dependency Counselor Services
• Training and Education
HHSC receives SAMSHA grant, selects 3 LMHAs

- Emergence Health Network (El Paso County)
- Integral Care (Travis County)
- Pecan Valley Center (6 counties in North central Texas)

Grant Requirements of LMHA

- Create Program to Serve Families
- Develop Governance Board
- Improve Access & Identify Service Gaps
SOC Advisory Board Requirements

• The advisory board is a requirement of the grant and the central hub of all activities

• Members will include local children/family serving agencies as well as families and youth

• The board will define the referral processes from CPS, juvenile justice, and schools into the local system of care

• With the benefit of having youth/families lived experience, the board will identify service gaps in the community; along with developing a strategic plan for the SOC
Service Specifications
Identify families (through screening and assessment) in need of behavioral health services

Provides Services: Skills training, case management, youth peer services, family partner services, individual and group counseling
Outreach & Education

• Children’s Mental Health Acceptance Week

• Kick-Off Event at the El Paso Zoo

• Back-to-School Television Special
Back 2 School
What Every Family Should Know
Brought to you by:
Emergence Health Network
Texas System of Care

Saturday, July 30th
9:30 pm
Review of 3-Digit Services

211—Non-emergency number used for community resources (i.e., food banks, shelters, etc.)

311—Non-emergency number used by municipalities to report problems within their communities.

911—Used for all emergencies

988—Mental health crisis calls handled by National Suicide Prevention Lifeline counselors
EHN Crisis System and 988

EHN Crisis Line Overview

• Available 24/7/365
• Answers approx. 2,000 local crisis line calls and 500 National Suicide Hotline calls monthly
• Serves as the National Suicide Prevention Lifeline responder for 42 Texas counties
• Accredited by the American Association of Suicidology
In accordance with the Texas Administrative Code, all LMHAs must provide a crisis line to their community. These crisis lines must include:

- 24/7/365
- Toll-free option
- Sufficiently staffed to handle volume and surges
- Have the technology to document calls
- Callers experiencing crisis must be assessed by a QMHP-CS within 1 minute
- Offer face-to-face services, if necessary
- Provide or obtain necessary interventions to stabilize the crisis
Overview

- EHN one of four call centers in Texas taking 988 National Suicide Hotline Calls
- EHN received funding to make investments in staffing and technology for 988
- The National Suicide Prevention Lifeline, 1800-273-TALK is now 988, a network of 190+ crisis lines across the US who answer calls 24/7/365
- EHN’s Local Crisis Line (915) 779-1800 continues to be operational

“Our goal continues to be providing 24/7, free and confidential support to people in suicidal crisis or mental health-related distress.”
EHN Leads in Innovation

• EHN will be answering 988 calls within the 911 Call Center through an agreement with the 911 District and the City of El Paso

• EHN developed the Consumer Call Center to respond to informational calls and facility appointment access for all services

• EHN has been designated as a national bilingual call center
Mental Health Learning Library

• Mental Health First Aid Training Hub with support from the Paso Del Norte Health Foundation
• Among the first in the US to pilot Teen Mental Health First Aid
• Partnering with National Council on Mental Heath and Wellbeing in designing Spanish-language MHFA modules
• Launching training affiliation programs to partner with other community education agencies to improve access to quality local programming
LOOKING AHEAD...

- School-Based CIT
- Restorative Justice Center
- Opportunity Youth Collaboration
- 66th Legislative Session
  - Focus on Children’s Mental Health & Crisis Supports
  - Staffing and Workforce Issues
  - Rate Relief and Adjustments
  - Save the Date for EHN Legislative Priority Stakeholder Session
THANK YOU FOR YOUR SUPPORT & COLLABORATION
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 2023 El Paso Behavioral Health System Assessment, other related data and ongoing community feedback, El Paso County is prepared to take new steps toward achieving an ideal behavioral health system of care.

To view or download the full 2021 El Paso County Behavioral Health System Assessment, visit www.healthypasodeelnorte.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 2023 El Paso County Behavioral Health System Assessment, or the Consortium Leadership Councils, contact Enrique Mata, Executive Director, Paso del Norte Center at Madowo Mental Health Policy Institute, at enmata@mjmsgp.org, 915-255-0707 or Sandra Day, Associate Program Officer, Paso del Norte Health Foundation, at sday@pdnhfounds.org, 915-541-7383.

Please Note:
The El Paso Behavioral Health Consortium does not provide health services of any type, 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 - 211
- 24-Hour Mental Health Crisis Line - 9-8-8 or (915) 779-1800
- National Suicide Prevention Lifeline - (800) 273-TALK (8255)

Collaborating to build better options for our community
**Leadership and Vision**

The El Paso Behavioral Health Consortium envisions an accessible, person-centered behavioral health system of care in the El Paso region. Its actions are informed by community leaders and available data including a series of El Paso County behavioral health system assessments the most recent conducted in 2021. The Consortium developed strategic leadership councils to seek-out and engage organizations, existing stakeholder work groups, and other behavioral health champions and change agents in communication, coordination, and collaboration to achieve the vision.

**Strategic Leadership Councils**

The Consortium Leadership Councils include leaders and key stakeholders with influence on priority areas identified by the series of El Paso Behavioral Health System Assessments. Each Leadership Council is led by a Chair and Vice Chair with knowledge and expertise in the identified areas. Leadership Councils engage existing stakeholder work groups, and other behavioral health champions and change agents in collaborative projects and organizational policy change through information and knowledge exchange to maximize resources and expand and enhance service options for access where and when they are needed.

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**Consortium Aim**

The Consortium is committed to ongoing collaboration where all partners are welcome, empowered, and unified to achieve the ideal behavioral health service and support system.

**The Ideal Behavioral Health System is:**

- An inclusive collaborative system (including criminal justice, law enforcement, veterans’ services, juvenile justice, child welfare, schools, homeless providers, health systems).
- Organized within whatever resources are available at every level (policy, program, procedure, and practice).
- Customer-driven and focused on meeting or exceeding the service and support needs of individuals and families.
- Person-centered, recovery and resiliency oriented.
- Integrated, trauma-informed, culturally competent, and organized from a population health perspective.
- Set up to meet the needs of individuals and families with complex, co-occurring conditions of all types (mental health, substance use, medical, cognitive, housing, legal, parenting, etc.) and
- Prepared to support individuals and families as they make progress to achieve the happiest, most hopeful, and productive lives they possibly can.

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**The Ideal El Paso Mental Health System**

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

**Health Care**

- Integrated Primary Care
- Speciality Care
  - Outpatient
  - Rehabilitative Care
  - Inpatient Care
- Best Practice Anchor
  - Texas Tech University Health Sciences Center

**Mental Health Care**

- Integrated Primary Care
- Speciality Care
  - Outpatient
  - Rehabilitative Care
  - Inpatient Care
- Best Practice Anchor
  - e.g., UTSA/UT Health San Antonio Institute for Community and Family Health
Opportunity For Change #1: Expand and enhance mental health and substance use crisis response from police to a multi-disciplinary approach.

Strategy I:
- Grow the current Crisis Intervention Team (CIT) co-responder model and mental health clinician deployed in the same vehicle with law enforcement in operation since 2000 to offer a similar approach through other law enforcement teams (e.g., El Paso Police Department, 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 (CIT 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 of response in addition, taking the CIT team to new heights by creating a true multi-disciplinary response inclusive of exploring use of tablets (CIT Model) for Mental Health provider virtual access on site and coordinating a three-prong approach.

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

Strategy I:
- Create long-term central location to house City and County 9-1-1 and 8-8-2 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, 8-8-2 dispatch data including crisis line calls, crisis diversion, response outcomes, and others to assist in evaluating and documenting progress.

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. In partnership with capacity for expanded outpatient, short term observation, and transitional living service options.

Strategy II:
- Increase community partner collaboration to provide timely and appropriate support services for individuals receiving care at the new respite 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 Urgent Health Network to expand and enhance current service options available at the 8801 Montgomery 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 on local emergency rooms that are not prepared to address crisis behavioral health needs including emergency detention under 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 Urgent 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 Inpatient Treatment (AIT) and medication assisted therapy (MAT) approaches).

Strategy II:
- Collaborate with the University of Texas El Paso UTEP and other third-party evaluators in research-practice partnerships 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 III:
- Increase availability of pretrial 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 (5-6 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 for the individual case and system levels and continuity of care at the provider level.

Consortium 2.0: The El Paso Behavioral Health Consortium is a 2023. As a result, El Paso partners have successfully increased mental health and substance use resources for the region, making significant contributions to the behavioral health care system, and set the stage for the next phase of improvements.
Opportunities and Objectives

Opportunity for Change #1: Expand and enhance coordination of mental health and substance use care within the primary care setting.

Strategy 1: Identify active collaborative care models being implemented in the region and engage the model champions to participate on the Integration Leadership Council.

Strategy 2: Initiate a data sharing and integration work group or engage an existing work group (e.g., PHIX partners) to explore how expanded data sharing can improve coordination and collaboration among primary care, mental health and substance use service providers.

Strategy 3: Explore opportunities for integration of behavioral health care manager (BHCM) staff within area primary care practices.

Strategy 4: Identify active regional navigation systems, peer support and promotora programs, and other related resources and engage model champions to inform on ways to enhance coordination of care for individuals and families.

Strategy 5: Engage with substance use service providers to strengthen network communication and implementation of best practice substance use prevention, support, and treatment programs.

Strategy 6: Increase employer knowledge of the importance of integrated care and employee health insurance coverage options for mental health and substance use care.

Strategy 7: Identify model tools to improve knowledge and empower individuals and families to understand care integration and increase their skill in use of third-party coverage options for mental health and substance use care.

Value Proposition: Effective integration of mental health and substance use care within the primary care setting contributes to reduction of stigma and negative bias, emotional well-being, effective management of addiction and reduces potential for mental health or substance use related crisis situations.

Opportunity for Change #2: Engage with regional employers and higher education institutions to introduce and enhance programs that lead to student completion of degrees, licenses, certifications, and other credentials for immediate and sustainable employment in mental health occupations (e.g., LPC, LMS, LCSW, Licensed Clinical Psychologist, Psych NP).

Strategy 1: Obtain current data on supply and demand for various mental health and substance use care positions and the related education programs available to address needs and grow credentialed professionals who will practice in the region.

Strategy 2: Implement evidence-based education and training programs for primary care providers (e.g., physicians, nurses, pharmacists) to increase knowledge and skill in effective and efficient mental health and substance use screenings and care coordination.

Strategy 3: Explore areas where policy and practice changes will lead to lasting improvements in educational attainment and sufficient employer reimbursement to maintain service availability at optimal levels.

Value Proposition: Implementation of model higher education and training programs in the region will reduce reliance on recruitment from other regions, provide opportunities to aspiring local students, and enhance the ability of local health professionals and service providers to maintain vital services at optimal levels. Improving third-party coverage options, knowledge and awareness for employers and employees will contribute to timely treatment and help prevent mental health and substance use crisis situations.

Progress Indicators: The Council will track relevant measures regarding data sharing among providers (at the individual case and system level) and continuity of care between providers over time.

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Primary Care

Opportunities and Objectives

Primary Care

Opportunity For Change: Expand and Enhance a Collaborative Care model for mental healthcare and related support access in the pediatric and primary care settings.

Strategy I - Clearly identify mental health and substance use care and support that can efficiently and effectively be coordinated or provided within the primary care setting. For example, pediatricians and staff trained for assessment and care planning to address early child anxiety symptoms providing care in support of coordinating with counseling and specialty care as needed (e.g., CPAN, Collaborative Care Managers).

Value Proposition - Improving access to mental health care services and support through the pediatrician and primary care setting decreases stigma and negative bias to seeking appropriate care, improves timely, accurate, and effective treatment of mental health condition symptoms.

Crisis Care

Opportunity For Change: Expand and Enhance existing or develop a non-forensic cross agency mobile crisis team model to respond to a range of urgent needs outside the normal delivery of care.

Strategy I - Analyze what types of services are unique to children, youth, and families and how response to these needs must be designed. A definition for the phrase “range of urgent needs outside the normal delivery of care” will be necessary with focus both on what the particular needs are and why they lie outside the “normal delivery of care”.

Strategy II - Explore community capacity to serve those experiencing a First Episode Psychosis (FEP) as part of the child, youth, and family service array.

Value Proposition - Data within the 2023 El Paso System Assessment seeks adult and children’s crisis care common approaches where appropriate. For example, 611 and 988, calls involving family and children end up going to the same call centers as calls involving adults. A seamless dispatch system for crisis care increases likelihood for access to appropriate care and improves opportunity for successful recovery.

Specialty Care

Opportunity For Change: Reframe the concept of mental health and substance use specialty care as secondary to Integrated Primary Care (e.g., 75% of care).

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

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

Strategy III - Utilize the Multisystemic Therapy model to promote timely wraparound support for children with complex needs to prevent entry into the Foster Care or Justice systems. There is a particular need to develop additional intensive, evidence-based outpatient services, which need currently exceeds capacity (e.g., Multisystemic Therapy).

Strategy IV - Improve residential support options to prevent children from unnecessarily leaving for residential treatment out of town, including increasing compensation for foster parents and reimbursement for nontraditional programs and expanding intensive Medicaid services to support foster families.

Value Proposition - Well-coordinated availability of top specialty care approaches for those in need contributes to increased likelihood of successful and lasting recovery.

Work Groups: School Mental Health and Foster Care

Recovery Care

Opportunity For Change: Improve integration of acute inpatient care within the broader health system continuum of care (e.g., appropriate and well-coordinated transition care and support from inpatient to outpatient integrated Primary Care settings).

Strategy I - Expand on-site integrated primary care/CMHC capacity, e.g., appraisal technology and IE, Explore Child Psychiatry Access Network (CPAN) scaling.

Strategy II - Increase membership within the PNM Health Information Exchange, especially large provider networks and behavioral health hospitals (e.g., University of New Mexico Hospitals and El Paso Behavioral Hospitals).

Value Proposition - Upgrading area provider technology to a level of capability that allows effective use of information exchange will help ensure timely and efficient communication of care plans, treatment progress, and specialty support needs to maintain continuity of care and recovery. Connecting and sharing vital confidential information among providers who have a direct role in

Workforce Capacity

Opportunity For Change: Increase availability of evidence-based and promising practices (e.g., T1-CTI, PCIT, Capacitator).

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

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

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- 211 El Paso Resources Referral System – Day 23
- 24-Hour Mental Health Crisis Line – 911 or (915) 779-9800
- TX Mental Health Services – 1-888-427-8232
- National Suicide Prevention Lifeline – 1-800-273-TALK (8255)

211 El Paso Resources Referral System – 800-520-0807

24-Hour Mental Health Crisis Line – 911 or (915) 779-9800

National Suicide Prevention Lifeline – 1-800-273-TALK (8255)