Family Leadership Council

General Membership Meeting
Meeting Notes February 1, 2022; 8:30am MST Via Zoom

Attendees: Representing:
Sylvia Acosta YWCA of Greater El Paso
Tracy Almanzan 65th District Court
Sheila Anthony Emergence Health Network
Eric Baray CASA of El Paso
Sharon Butterworth Mental Health Advocate
Di Anna Xochitl Duran El Paso Human Services – Pride Center
Gilda Gil Paso del Norte Children’s Development Center
Santiago Gonzalez El Paso Human Services
Yahara Lisa Gutierrez Judge 65th District Court
Emily Hartmann Paso del Norte Health Information Exchange (PHIX)
Josue Lachica PdN Center at Meadows Institute
Chris Lindner Medical Center of the Americas
Rosie Medina County of El Paso Juvenile Probation Department
Enrique Mata PdN Center at Meadows Institute
Ben Miranda Jr. Cohen Veterans Network at Endeavors
Sonia Morales El Paso Psychiatric Center
Dr. Carmen Olivas-Graham Socorro ISD/ El Paso Comm. College Board
Aleczis Padilla City of El Paso Department of Public Health
Dr. Charmaine Delgado Payne Cohen Veterans Network at Endeavors El Paso
Jennifer Phelps El Paso Center for Children
Richard Salcido Family Services of El Paso
Valerie Sanchez El Paso Child Guidance Center
Maria Seelig El Paso Human Services
Ivonne Tapia Aliviane
Alejandra Valdez NAMI El Paso
Kathie Valencia El Paso Center for Children
Al Velarde Paso del Norte Children’s Development Center
Arthur Westbrook YWCA El Paso del Norte Region
Claudia Woods Emergence Health Network
Welcome and Introductions
Ivonne Tapia convened meeting at 8:33 a.m. and called for introductions of all online participants.

FLC Priority System Improvements
Enrique Mata presented the September 23rd and December 9th planning session results to the Family Leadership Council. The members received a pre-read the week before the meeting. There were no concerns voiced on the recommendations identified. Meeting notes and slides are included with these notes. Follow up meetings will be scheduled with FLC Members to discuss strategies and progress indicators.

Strong Families Community Initiative Grant
Ms. Kathie Valencia provided an overview of the 5 Protective Factors.

Workgroups
Help Me Grow
- Gilda Gil provided a brief update on the Help Me Grow project and invited interested FLC members to participate. For more information contact Laura Marquez at:

School Mental health;
- Brief update on how the group continues to collaborate with schools and other agencies that collaborate closely with schools

Youth Trafficking Prevention Taskforce;
- Enrique Mata reported that Chief Roger Martinez had been leading this group
  - A focus on youth being charged with specific drug related/trafficking charges
  - Enrique will work with Chief Medina to see what the next steps are

Foster Care;
- No updates reported

Community Collaborations;
- No updates reported

FLC General Meeting Dates:
Mr. Mata commented that FLC meetings are targeted for the second Tuesday of every other month with meetings scheduled for 1 ½ hours to ensure sufficient time for a healthy dialogue. He presented the following meeting dates for 2022:
- February 1st (January Meeting)
- March 1st (first Tuesday due to Spring Break – Planned as a Virtual Meeting)
• May 10th
• July 12th
• September 13th
• November 8th

Unless otherwise stated, all Family Leadership Council in person meetings will be held from 8:30 am – 10:00 am at Paso del Norte Health Foundation, 221 N. Kansas, 19th Floor.

Other Business
• Chris Linder will function as a liaison to convey the importance of Ft. Bliss being involved in the FLC.
• Santiago Gonzalez (PRIDE Center): Discussed a new pilot program that will allow foster youth to work for a call center from the PRIDE Center

Adjourn
There being no further business, Ms. Tapia adjourned the meeting at 10:05 am
Reflections from the 2021 Strategic Planning Sessions

Family Leadership Council of the El Paso Behavioral Health Consortium
2021 – 2025 Priority System Improvements for Family Leadership Council Consideration
EPBHC Family 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 FLC partners and other stakeholders
- Review recommendations and identify FLC priorities and key partners

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

January 2022 - We are Here
FLC Strategic Planning Sessions

• Session I – September 23, 2021

• Session II – December 9, 2021

• Meeting notes and related presentations posted to www.HealthyPasodelNorte.org/EPBHConsortium
THE CURRENT BEHAVIORAL HEALTH CARE SYSTEM

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

PHYSICAL

Primary Care
Specialty Care
Inpatient Care
Best Practice Anchor
  e.g., UTSW Simmons Cancer Center, MD Anderson

BEHAVIORAL

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 Behavioral Health Care is like the best Health Care
THE IDEAL EL PASO BEHAVIORAL HEALTH SYSTEM

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

HEALTH CARE

Integrated Primary Care

Measurement Based Care ↔ Collaborative Care

SPECIALTY CARE

Outpatient
Rehabilitative Care
Inpatient Care

Best Practice Anchor
e.g., Texas Tech University Health Sciences Center

BEHAVIORAL HEALTH CARE

SPECIALTY CARE

Outpatient
Rehabilitative Care
Inpatient Care

Best Practice Anchor
e.g., UT Health Austin Mulva Clinic for Neurosciences, UTSW O’Donnell Brain Institute

The best Behavioral Health Care is like the best Health Care
Philosophy Notes From Session I:

• We cannot duplicate services until every client has been served
• We want people to find the right service they need at the right organization that is a fit for them.
• We need to maximize our return on investment as a community
• We will continue to support the CPAN/TCHATT projects
• There are some specific needs for system involved youth
• We need to create a community message that reflects our community behavioral health needs.
Philosophy Notes From Session I:

• We need an inventory of services available in our entire community continuum of care for children involved in the system AND for those who are not involved in the system.

• We need to connect as providers with TCHATT to identify how to ensure continuity of care after the 4th session of TCHATT end of service.

• We need to reassess our work group structure based on SWOT results.

• Results of the SWOT and Behavioral Health System Assessment will inform the FLC priorities.

• We need to have a coordinated effort around telehealth and the new landscape of behavioral health provision, between providers and ISDs.

• The FLC needs to move to a more formalized policy advocacy role at the local, state and national level.

• The FLC needs to reach out to non-traditional program and therapy providers and invite them to the table.
2021 – 2025 Priority System Improvements for Family Leadership Council Consideration
Access to and Use of Behavioral Health Services

**Recommendation 1:** Integrated and Collaborative Care Models can serve children and adults with mild to moderate mental health conditions.

**Opportunity #1**

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.

**Opportunity #2**

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

**Opportunity #3**

Improve integration of acute inpatient care within the broader health system continuum of care (e.g. appropriate and well coordinated transition care and support from inpatient to outpatient to Integrated Primary Care settings).
Access to and Use of Behavioral Health Services

Recommendation 1: *Integrated and Collaborative Care Models* can serve children and adults with mild to moderate mental health conditions.

Opportunity #4

Increase availability of evidence-based and promising practices (e.g., TI-CBT, PCIT, Capacitar, etc.).

Opportunity #5

Expand on-site integrated primary care (IPC) capacity. (e.g., Improve HIE (e.g. PHIX), Explore Child Psychiatry Access Network (CPAN) scaling).
Behavorial health strategy development for high-risk children and youth

**Recommendation 2:** *School settings* - We recommend adoption of the Multi-Tiered System of Supports model, which has been endorsed by the Texas Education Agency’s Long-Range Plan.

**Opportunity #6**
Strengthen school Liaison functions (e.g. MTSS, PBIS, CIS, CYS). Explore promising practice school-based coordination of care (e.g., TCHATT).
Figure 1: MTSS Components and Other Support Systems

Also referred to as DBI
(https://intensiveintervention.org/sites/default/files/DBI_One-Pager_508.pdf)

UNIVERSAL
- Universal evidence-based practices
- Screening of all students
- Progress monitoring of at-risk students
- Data-based decision making

TARGETED
- Targeted evidence-based practices
- Progress monitoring
- Data-based decision making

INTENSIVE
- Diagnostics
- Intensive evidence-based practices
- Progress monitoring
- Data-based decision making

Also referred to as RTI
Figure 2: The MTSS Tiers

- Universal: Almost 100% of students
- Targeted: ~20% of students
- Intensive: ~5% of students
Behavioral health strategy development for high-risk children and youth

Recommendation 3: *Juvenile justice system* - We recommend a well-established evidence-based intervention for youth with more severe behavioral problems related to willful misconduct and delinquency, *Multisystemic Therapy*.

Opportunity #7

Strengthen school Liaison functions (e.g. MTSS, PBIS, CIS, CYS). Explore promising practice school-based coordination of care (e.g., TCHATT).

Opportunity #8

Improve residential options to prevent children from inappropriately leaving for residential treatment out of town.
Behavioral health strategy development for high-risk children and youth (Continued)

**Recommendation 4: Community settings** - There is a particular need to develop additional intensive, evidence-based outpatient services, for which need currently exceeds capacity (e.g., Multisystemic Therapy).

**Opportunity #9**
Explore capacity for First Episode Psychosis (FEP) as part of child/youth/family service array (e.g. EHN capacity to serve EP County).

**Opportunity #10**
Expand intensive Medicaid services to support foster families.
Session II Results

• A total of 23 Executive Level Family Leadership Council partner representatives were present for the Session.

• Each organization or agency representative had 6 votes to use in identifying opportunities for change.
Top 3 Choices
Priority System Improvements: Top Choices

- Opportunity 1
- Opportunity 2
- Opportunity 3
- Opportunity 4
- Opportunity 5
- **Opportunity 6**
- Opportunity 7
- Opportunity 8
- Opportunity 9
- Opportunity 10

**FIRST PRIORITY**

Behavioral health strategy development for high-risk children and youth: (School settings) Adoption of the Multi-Tiered System of Supports model, which has been endorsed by the Texas Education Agency’s Long-Range Plan.

- **Opportunity #6**: Strengthen school liaison functions (e.g. MTSS, PBIS, CIS, CYS). Explore promising practice school-based coordination of care (e.g. TCHAT).
Priority System Improvements: Top Choices

- Opportunity 1
- Opportunity 2
- Opportunity 3
- Opportunity 4
- Opportunity 5
- Opportunity 6
- **Opportunity 7**
- Opportunity 8
- Opportunity 9
- Opportunity 10

**SECOND PRIORITY**

**Behavioral health strategy development for high-risk children and youth:** (Juvenile justice system)
Well-established evidence-based intervention for youth with more severe behavioral problems related to willful misconduct and delinquency, Multisystemic Therapy.

- **Opportunity #7:** Strengthen school liaison functions (e.g. MTSS, PBIS, CIS, CYS). Explore promising practice school-based coordination of care (e.g. TCHATT).
Priority System Improvements: Top Choices

THIRD PRIORITY

Access to- and use of- behavioral health services: Integrated and collaborative care models can serve children and adults with mild to moderate mental health conditions.

• **Opportunity #3**: Improve integration of acute inpatient care within the broader health system continuum of care (e.g. appropriate and well coordinated transition care and support from inpatient to outpatient to Integrated Primary Care settings).
Top 3 Choices

- **Opportunity #6**: (School settings) Adoption of the Multi-Tiered System of Supports model, which has been endorsed by the Texas Education Agency’s Long-Range Plan. Strengthen school liaison functions (e.g. MTSS, PBIS, CIS, CYS). Explore promising practice school-based coordination of care (e.g. TCHATT).

- **Opportunity #7**: (Juvenile justice system) Well-established evidence-based intervention for youth with more severe behavioral problems related to willful misconduct and delinquency, Multisystemic Therapy. Strengthen school liaison functions (e.g. MTSS, PBIS, CIS, CYS). Explore promising practice school-based coordination of care (e.g. TCHATT).

- **Opportunity #3**: Improve integration of acute inpatient care within the broader health system continuum of care (e.g. appropriate and well coordinated transition care and support from inpatient to outpatient to Integrated Primary Care settings).
Secondary Choices
Priority System Improvements: Secondary Choices

- Opportunity 1
- Opportunity 2
- Opportunity 3
- Opportunity 4
- Opportunity 5
- Opportunity 6
- Opportunity 7
- Opportunity 8
- Opportunity 9
- Opportunity 10

FIRST PRIORITY

Access to- and use of- behavioral health services: Integrated and collaborative care models can serve children and adults with mild to moderate mental health conditions.

- Opportunity #1: 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.
Priority System Improvements: Secondary Choices

- Opportunity 1
- Opportunity 2
- Opportunity 3
- Opportunity 4
- Opportunity 5
- Opportunity 6
- Opportunity 7
- Opportunity 8
- Opportunity 9
- Opportunity 10

SECOND PRIORITY

Access to- and use of- behavioral health services: Integrated and collaborative care models can serve children and adults with mild to moderate mental health conditions.

- **Opportunity #2**: Reframe the concept of mental health and substance use specialty care as secondary to Integrated Primary Care (e.g. 25% of care).
Priority System Improvements: Secondary Choices

Opportunity 1  Opportunity 2  Opportunity 3
Opportunity 4  Opportunity 5  Opportunity 6
Opportunity 7  Opportunity 8  Opportunity 9
Opportunity 10

THIRD PRIORITY

Behavioral health strategy development for high-risk children and youth: (Community Settings) There is a particular need to develop additional intensive, evidence-based outpatient services, for which need currently exceeds capacity.

• Opportunity #10: Expand intensive Medicaid services to support foster families.
Secondary Choices

- **Opportunity #1**: 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.

- **Opportunity #2**: Reframe the concept of mental health and substance use specialty care as secondary to Integrated Primary Care (e.g. 25% of care).

- **Opportunity #10**: Expand intensive Medicaid services to support foster families.
Selected Opportunities at a Glance

SHOWN IN ORDER OF VOTE RESULTS:

• **Opportunity #1**: (School settings) Adoption of the Multi-Tiered System of Supports model, which has been endorsed by the Texas Education Agency’s Long-Range Plan. **Strengthen school liaison functions** (e.g. MTSS, PBIS, CIS, CYS). Explore promising practice school-based coordination of care (e.g. TCHATT).

• **Opportunity #2**: (Juvenile justice system) **Well-established evidence-based interventions for youth with more severe behavioral problems related to willful misconduct and delinquency**, Multisystemic Therapy. Strengthen school liaison functions (e.g. MTSS, PBIS, CIS, CYS). Explore promising practice school-based coordination of care (e.g. TCHATT).

• **Opportunity #3**: Improve integration of acute inpatient care within the broader health system continuum of care (e.g. **appropriate and well coordinated transition care and support from inpatient to outpatient to Integrated Primary Care settings**).

• **Opportunity #4**: 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.

• **Opportunity #5**: Reframe the concept of mental health and substance use **specialty care as secondary to Integrated Primary Care** (e.g., 25% of care).

• **Opportunity #6**: Expand intensive Medicaid services to support foster families.
2021 – 2025 Work Groups
for Family Leadership Council
Consideration
Existing Work Groups For FLC Consideration:

• **Strong Families** and county wide child abuse prevention efforts. Next steps in community collaboration for child and youth health (e.g. improved networking and cross discipline communications).

• **Community Collaborations** – Enhanced learning experiences as COVID 19 restrictions subside.

• **Foster Care** - Improving support for children and youth at risk for and involved in foster care or juvenile justice systems (e.g. MST expansion, System of Care, etc.)

• **Youth Drug Trafficking Prevention Task Force** – Next steps with media messages and information dissemination to parents and youth.
Existing Work Groups For FLC Consideration:

- **School Mental Health** - Elementary and Secondary School Emergency Relief (ESSR) funds and Multi-Tiered System of Supports (MTSS) model and the schools (and Region 19’s and El Paso Area Directors of Guidance (EPaDOG’s) roles)

- **Child Psychiatry Access Network (CPAN)/Texas Child Health Access Through Telehealth (TCHATT)** next steps and collaboration with primary care (e.g. increasing intensive outpatient service capacity)

- **Help Me Grow** Implementation to support families with children 0-8 years of age (e.g. ECI, IDD, and other education and support for young families)
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
Strong Families Update
January, 2022

Strong Families – Community Change Initiative
Funded by the Children’s Bureau - HHS
How Protective Factors supports Help Me Grow Systems

• HMG connects families with young children to community-based services and support.

• HMG philosophy and model align well with the Strengthening Families goal and protective factors.

• Strengthening Families materials can be used to help build a more comprehensive family support strategy that will compliment existing work.

• Strong Families and partner programs can be an important resource for Help Me Grow in El Paso (e.g. existing work groups).

• Strong families is working with families in strengths based, capacity building way and act as a resource to families who need additional supports.
Being Strong and Flexible: foster family strengths by meeting families where they are and partnering with them in identifying and prioritizing issues.

Parents and Caregivers Need Friends: through HMG care coordination, families are linked to a wide array of formal and informal services and supports such as family events, networks, educational programs, and play groups.
Protective Factors & Help Me Grow

Being a parent is part natural and part learned: HMG supports families as their children's first observers, teachers, and advocates for optimal healthy development.

Everyone needs help sometimes: HMG connects families to services, programs, and opportunities where they live.

Help our kids learn to communicate in healthy ways: HMG care coordination and service referrals are provided for children and families at every level of need.
Fifteen individuals from seven agencies have been trained to provide IDI debriefs.

Held quarterly kick off meeting in January.

Partners are in the process of convening their project “champion” teams and exploring the following questions:

- What are some of our key goals around cultural diversity?
- What are some challenges our organization faces in which successfully navigating cultural differences is important?
- How will we introduce this to the agency?
- Who will take the IDI? – a specific program, division, etc.
Next Steps

- Ten volunteers will take the IDI (pre test), and be provided with a debrief and personalized plan.
- A group profile will be provided to the organization based on the individual profiles.
2022 Meeting Dates

The following are the proposed 2022 meeting dates for the Family Leadership Council of the El Paso Behavioral Health Consortium.

FLC members agree to meet the second Tuesday of every other month with meetings scheduled for 1 ½ hours to ensure sufficient time for a healthy dialogue. The following are proposed meeting dates for 2022:

- February 1st
- March 22nd (Changed due to Spring Break school closures)
- May 10th
- July 12th
- September 13th
- November 8th

Unless otherwise stated, all Family Leadership Council Meetings will be held from 8:30 am – 10:00 am at Paso del Norte Health Foundation, 221 N. Kansas, 19th Floor.