Family Leadership Council

General Membership Meeting

Meeting Notes March 22, 2022; 8:30am MST Via Zoom

Attendees: Representing:
Sylvia Acosta YWCA of Greater El Paso
Sandra Day PdNHF
Sheila Anthony Emergence Health Network
Sharon Butterworth Mental Health Advocate
Gilda Gil Paso del Norte Children’s Development Center
Josue Lachica PdN Center at Meadows Institute
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
Dr. Charmaine Delgado Payne Cohen Veterans Network at Endeavors El Paso
Jennifer Phelps El Paso Center for Children
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
Marie Alvarez Rio Visa Behavioral Health
Claudia Woods Emergence Health Network
Adrian Duran El Paso Center for Children
Sarah Martin Texas Tech
Nicole Schiff PdN Center of Hope
Diana Hastings UCF
Marivel Macias Socorro ISD
Mario Garcia
Meeting Notes

Welcome and Introductions:
- Ivonne Tapia convened meeting at 8:32 a.m. and called for introductions of all online participants.

Priority System Improvements:
- Enrique Mata, provided an overview of the current priority system improvements for 2022 - 2025
- Ivonne Tapia and Enrique Mata discussed the effort to update and align current and new work groups
  - Ivonne reiterated that there is still opportunity to reach out to Enrique/Josue with questions, thoughts, etc.

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

Brief Work Group Updates
- Family Advisory Council
  - Continue to meet regularly and recruit new members.
- Child Prevention Coalition/Strong Families
  - Sonia Avila discussed presentations provided to the workgroup
- Help Me Grow El paso
  - Meeting with access point partners
    - 211 – sharing data regarding family needs, etc.
      - Ivonne noted that this may be a place where others can collaborate on data gathering
  - Working with Strong Families – collaborating to make sure as many parents that need help can access it
  - Currently working on funding to have fulltime staff working on Help Me Grow
  - Autism Awareness month events – details on the event will be sent out
- Education & Mental Health Work Group
  - NAMI is working on developing Events for Mental Health Day (May 6th)
    - Working with School Districts: “Ending the Silence” Program
- CPAN/TCHATT
  - CPAN – 300 providers signed up
  - TCHATT – large increase in referrals – majority of referrals come through school counselors.
Hiring a number of mental health clinicians (LPC, MSW, Psychologist, LPC-A). Can provide LPC supervision on site

As the consortium has gained momentum other people are also wanting to put money on the same type of programs in parts of West Texas
  ▪ BCBS – Health Families/Healthy Kids program
  ▪ New Rural Telemedicine program for youth and youth adults

Other Business:

- Ivonne noted that we will be reviewing the current workgroups. Some may end up being a short-term task force and others may be merged.
- Dr. Martin noted that the FLC has been important to the success of CPAN, TCHATT.
- Diana Hastings introduced the Underserved Communities Foundation
  - Underserved Communities Foundation Current Funding Opportunities
    https://underservedcommunitiesfoundation.org/funding-opportunities/
    dhastings@UnderservedCommunitiesFoundation.org 915-926-2412
- Future FLC communication will include details on Engage & Excel

Meeting adjourned at 10:02 am.
2022-2025 Draft FLC Priority System Improvements

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

- Confirm progress from previous years
- Gather relevant data and community input

2021 El Paso Behavioral Health Needs Assessment and other relevant data

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

March 2022 – We are Here
FLC Meeting Notes

- Remember: Meeting notes and related presentations are posted at:
  www.HealthyPasodelNorte.org/EPBHCongressium
Opportunities for Improvement

• **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. TCHAT).

• **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. TCHAT).

• **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.
THE CURRENT BEHAVIORAL HEALTH CARE SYSTEM

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

7,632 SUBSTANCE RELATED DEATHS in Texas in 2018

3,930 DEATHS BY SUICIDE in Texas in 2018

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
Insufficient Network Capacity

Primary Care
Best Practice Boutique
e.g., McLean, Johns Hopkins
THE IDEAL EL PASO BEHAVIORAL HEALTH 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., Texas Tech University Health Sciences Center

Integrated Primary Care
Measurement Based Care ↔ Collaborative Care

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
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.

- Data within the 2021 El Paso System Assessment seeks adult and children’s crisis care common approaches where appropriate. For example, 911 and 988, calls involving families and children end up going to the same call centers as calls involving adults.

- Strategy I - Analyze what types of needs are unique to children, youth and families and how response to those needs must be designed. A definition for the phrase "range of urgent needs outside the normal delivery of care" will be necessary with focus both on what the particular needs are and then why they lie outside the "normal delivery of care".
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 #2**

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

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

**Strategy I** - Expand on-site integrated primary care (IPC) capacity. (e.g., upgrade technology and HIE, Explore Child Psychiatry Access Network (CPAN) scaling).

**Strategy II** – Increase membership within the PdN Health Information Exchange, especially large provider networks and behavioral health hospitals (e.g., Rio Vista and El Paso Behavioral Hospitals).

**Value Proposition** - Upgrading area provider technology to a level of capacity that allows effective use of health 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 addressing a patient’s needs along the healthcare continuum is shown to have a significant positive impact on overall health for patients.
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.).

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

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

Strategy 1 – Increase school coordination with community services to provide emotional well-being (e.g., mindfulness and resilience exercises – upstream interventions) and timely access to screening and access to treatment (e.g., recognizing mental health treatment access as an excused absence).
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
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.
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.
Family Leadership Council
2021 – 2025
Existing Work Groups
Existing Work Groups:

- **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).
  
  **Note:** This work group includes numerous sub groups and task forces.

- **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.)
  
  **This Group has not met since before the Pandemic.**

- **Youth Drug Trafficking Prevention Task Force** – Next steps with media messages and information dissemination to parents and youth. **This group completed its work on the media messaging and was pending a reflections/next steps gathering.**
Existing Work Groups:

- **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) **This group does not have a regular meeting date and time set.**

- **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) **This group’s next Meeting is targeted for the first week of May**
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
Strong Families Grant Update
October 2021 – February 2022

➢ Parent Café Workshops – 30 Cafes / 165 Participants
➢ Parent Café Host Training – April 19th – 20th or April 21st –
➢ Living Protective Factor training – May and June
➢ DEI – 7 Community Partners building the El Paso DEI Team

➢ FAC – Family Advisory Council / Strong Families Workgroup
➢ Evaluation Dissemination Project – (Annual final reports, local federal evaluation findings, etc.)
➢ Federal Evaluation Team – ABTs – May – June 2022