MENTAL HEALTH AND EMOTIONAL WELL-BEING PRIORITY AREA STRATEGIC PLAN

2018 - 2021

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Brief overview of Mental Health and Emotional Well Being:

In December 2016, the Foundation Board approved the Foundation Strategic Plan 2021. The plan includes a Mental Health and Emotional Well-Being Priority Area (MHEWB) with a goal to "reduce the stigma associated with mental illness and to increase coordination and communication among regional stakeholders to improve the system of care."

Mental Health and Emotional Well-Being Defined:
The Foundation's working definition for Mental Health and Emotional Well-being is the World Health Organization's description of mental health and mental well-being, which states: "Mental health and mental well-being are fundamental to the quality of life and productivity of individuals, families, communities and nations, enabling people to experience life as meaningful and to be creative and active citizens."

Methods for Strategic Planning:

A planning team was established including Empower Change BBO representatives and the Foundation Program Lead. The group included representatives from the El Paso Local Mental Health Authority – Emergence Health Network, the largest provider of mental health services in El Paso County, the Dona Ana Department of Health and Human Services, and the U.S. Mexico Border Health Commission representing Juarez agencies.

During the months of March – December 2018, members of the Empower Change BBO and U.S. Mexico Border Health Commission representatives engaged in open discussions with key community leadership in each area of the region. These conversations were documented in the form of meeting notes or integrated into community strategic plans. Examples of groups involved include; the Brain Trust, El Paso Behavioral Health Consortium, Dona Ana Wellness Institute, Otero County Health Council, La Red de Organizaciones Dedicadas a la Prevención y Atención de Trastornos Mentales, Neurológicos y por Abuso de Sustancias (ROTMENAS), NAMI members, etc.

The Foundation Program Lead, with assistance from Empower Change BBO members, also interviewed key informants (e.g. CEOs at EHN, EP Child Guidance, Clinica de Familia, Paso del Norte Children's Development, etc.). These interviews in addition to the 2013 Situational Analysis, the 2014 El Paso Behavioral Health System Assessment, the 2017 Meadow Mental Health Policy Institute Assessment, the ROTMENAS Strategic plan, the El Paso, Dona Ana and Otero County Sequential Intercept mapping reports, updated literature review done by the Empower Change Center, and other secondary regional data helped to inform this strategic plan update.

Initiatives and Goals for 2018-2021

Think.Change: Reduce stigma and negative bias associated with mental illness

Behavioral Health Consortia: Increase coordination and communication among regional stakeholders to improve the systems of care.

Think.Change:

The MHEWB Priority Area began in 2012 when the Health Foundation commissioned a mental illness stigma situational analysis of the region. This document found that "stigma associated with mental illness was alive and well in the PdN region." The report was the basis for the first funded interventions. From 2013 through 2017 community organizations and stakeholders were engaged with the Foundation in a range of programs including increasing availability of provider education programs such as Mental Health First Aid and increasing availability of programs for families and lay health workers such as National Alliance on Mental Illness (NAMI) Family to Family and "Es Deficil Ser Mujer" programs. The Health Foundation also commissioned a prevalence survey of stigma in the region and evaluation of the effect of the funded programs on reducing stigma associated with mental illness. Prevalence survey responses were compared to a national survey that used the same instrument. Findings showed that PdNHF region respondents provided less stigmatizing answers to the survey items than did respondents to the national survey published by Barry and colleagues in the fall of 2014. Whereas the national sample had an average of 34% who responded on the stigmatizing side of the scale across the eleven items, an average of only 16% of PDNHF region respondents answered on the stigmatizing side of the scale across the eleven survey items. However, findings also indicated that some key group (e.g. business owners/leaders, government employees, and health workers) responses indicated stigmatizing views about mental illness. In contrast, other respondents (e.g. faith leaders) indicated very high levels of support for programs that would benefit individuals with a mental health condition. Evaluation results, monitoring of secondary data, funded program learning experiences, and community and grantee feedback all contributed to the updates to the goals and strategies for this next phase of the MHEWB Priority Area. These documents and related secondary data are available through the Health Foundation's website: www.pdnhf.org or from the Health Foundation program staff.

Goal:
Reduce stigma and negative bias associated with mental illness

Grant Objectives:

Objective G.1: Release invited or open calls for proposals to fund evidence-based trainings to reduce mental illness stigma and bias among people (i.e. teachers, landlords, law enforcement, etc.) who have frequent contact with Individuals with a mental health condition.

Objective G.2: Release invited or open calls for proposals to fund evidence-based education programs for individuals and families on emotional health, mental illness symptoms, management and treatment options.

Objective G.3: Release invited or open calls for proposals to fund evidence-based navigator training for individuals willing to serve as advocates, system navigators, or volunteer presenters, including people with lived experience.

Communication Objectives:

Objective C.1 Support and strengthen the Brain Trust network by increasing the number of active stakeholders and managing meeting logistics.

Objective C.2: Support Empower Change Backbone efforts to create and maintain a social media or other media presence that communicates regional progress related to reduction of stigma associated with mental illness in the region.

Strategies:

Research shows that reducing stigma and negative bias associated with mental illness requires:
- Decreasing misinformation about mental illness;
- Preventing social isolation;
- creating inclusive environments;
- Showing that recovery from a mental illness is possible – "recovery is defined as a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential"; and
- creating a culture of support and acceptance for individuals with a mental health condition.

Strategy Logic: Increasing emotional well-being, decreasing misinformation about mental illness, improving access to timely treatment, showing that recovery from mental illness is possible, and increasing community support and inclusion will lead to decreased social isolation and an improved culture of support and acceptance
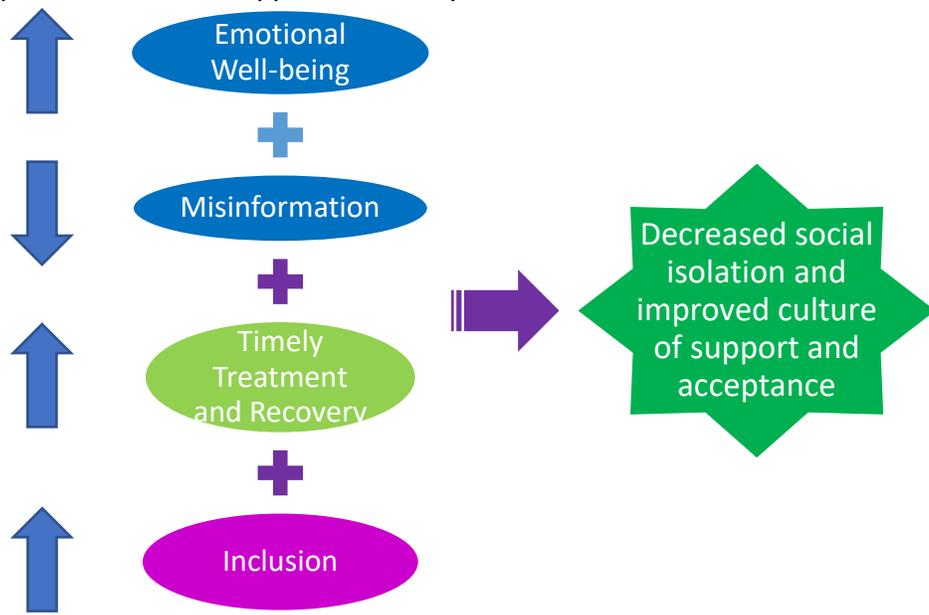
Logic Models:

Education programs for individuals with a mental health condition and family members:

Activity	Output	Impact	Outcomes
• Evidence based educational programs and presentations	• Consumers, family and friends exposed education and outreach resources • Change in knowledge & attitudes (e.g., stigma)	• Improved intentions & help-seeking • Improved Social support and Connections	• Mental and emotional well-being • Decreased negative bias • Improved health outcomes • Contributions to reduction or prevention of: • suicide • discrimination and prejudice

Trainings to reduce mental illness stigma and negative bias among people (i.e. teachers, landlords, law enforcement, etc.) who have frequent contact with Individuals with a

Activity	Output	Impact	Outcomes
• increased availablility and promotion of evidence-based trainings and educational resources	• Key group (teachers, law enforcement, healthcare, landlords, etc.) participation in training and education programs • Key group members increase skills and knowlege on their role in improving conditions for consumers	• Change in knowledge & attitudes (e.g., stigma and role in improving conditions for consumers) • Change in organizational policies and practices related to mental health • Improved social support and Connections for individuals and families	• Decreased negative bias • Improved health outcomes • Contributions to reduction or prevention of: • suicide • prolonged suffering • discrimination and prejudice

mental health condition:

Evidence-based navigator training for individuals willing to serve as volunteer presenters, advocates or system navigators, including people with lived experience.

Activity	Output	Impact	Outcomes
•Inventory and needs assessments, mapping of available peer support specialists and mental health/addiction support or navigator programs •Increase number and type of navigator or peer support specialists • advocacy for investment in new or enhancing available treatment resources including reimbursement for navigator services •Advocacy for improved provider reimbursement for services	•Service gaps and barriers identified •improved service prioritization •Increased advocacy for patient needs at front line and mid-level service delivery •Increased access to and use of support services and interventions	•Timely treatment seeking •Improved care continuity •Inproved service delivery and patient compliance with care plans •Improved consumer support from key groups •increased support from family and friends	•Decreased negative bias •Improved health outcomes •Contributions to reduction or prevention of: •suicide •prolonged suffering •discrimination and prejudice • student failure, disengagement, and • dropping out • homelessness • incarceration • removal of children from home

Grant Strategy I: Invest in evidence-based trainings to reduce mental illness stigma and bias among people (i.e. teachers, landlords, law enforcement, etc.) who have frequent contact with Individuals with a mental health condition.

As of September 2018, more than 4,700 individuals in the Paso del Norte region are now trained in Mental Health First Aid. adult versions were associated with statistically significant reductions in stereotyping of and prejudicial attitudes toward people with mental illness, as measured by the Attribution Questionnaire. Attribution Questionnaire (AQ), one of the most commonly used instruments in stigma research. For example, El Paso County Sheriff's Office respondents (N=91) reported less stereotyping and prejudice at the six-week follow-up than they did at baseline, a finding that was statistically significant (t (90) =2.08, p=.040). Research continues to show that trainings such as Mental Health First Aid contribute to improving mental health literacy and reducing negative bias. Positive responses from grantees and community stakeholders helped to inform the Health Foundation's decision to build more partnerships that will implement similar programs.

Grant Strategy II: Invest in evidence-based education programs for individuals and families on emotional health, mental illness symptoms, management and treatment options.

More than 400 individuals in the Paso del Norte region completed either NAMI Family to Family or NAMI Basics courses as of March 2018. NAMI Family to Family course evaluation findings showed that while changes in pre to post-testing may not have been dramatic, they were consistently in the direction of reduced stigma. For example, among the participants (N=42) who completed the AQ-8 scale at both baseline and post-training, composite scale scores declined over time, indicating reduced stigma. This change was statistically significant (t (41) =2.87,

p=.007). Similar to training for providers, research shows that education programs for lay health workers and families not only help to improve mental health literacy, but also contribute to improved continuity of care as family members learn more about how to help their loved ones maintain recovery. Recommendations from Think.Change external evaluators state that "the region's portfolio of anti-stigma programs should include interventions aimed at enhancing beliefs and expectations about the effectiveness of treatment and the prospects for recovery. Additionally, some programs have been shown to contribute to individual self-efficacy. Positive responses from grantees and program participants helped to inform the Health Foundation's decision to bring additional similar programs to the region.

Grant Strategy III: Invest in evidence-based navigator training for individuals willing to serve as advocates, system navigators, or volunteer presenters, including people with lived experience.

Research has shown that contact with individuals in recovery is a key component in work to reduce stigma and negative bias. The Paso del Norte region currently lacks sufficient numbers of individuals with specialized training to serve as navigators or provide peer support services for individuals with mental health conditions and their families. In some cases, peer support services are reimbursable by insurance. The Health Foundation will explore opportunities to expand the number of individuals willing to serve as navigators including individuals who are in recovery and are willing to be trained to share their success with others.

A 2015 evaluation of the Via Hope program funded by Hogg Foundation for Mental Health showed that families receiving peer support had increased: care giver knowledge, family engagement, family empowerment, and social resources, and decreased parental anxiety and family stress. More so, Research by Corrigan, Michaels, & Buchholz (2015) show that contact-based approaches are integral to reduction of mental illness stigma and bias. The body of research suggests that five principles may effectively decrease the public stigma associated with mental illness and improve the lives of people with mental health conditions:

1. Contact with people with mental illness is fundamental to public stigma change.
Contact is defined as planned interactions between people with mental illness and key groups. Contact is different from education. Education typically compares and contrasts the myths and facts of mental illness. Face-to-face contact seems to be more effective than videotaped interactions. Contact may include education techniques to have larger audience impact compared to education alone. Contact-based programs seem to maintain stronger changes over time.

2. Contact needs to be targeted. Contact is most effective when targeting key groups, especially people in positions of power including: employers, landlords, health care providers, faith-based and community leaders, legislators, school administrators, entitlement counselors, and media outlets. Target specific behavioral changes such as: hiring employees, leasing apartments, and providing appropriate health services for people with mental illness.

3. Local contact programs are more effective. Local means attending to the specific needs of a group within a particular geographical region. Being knowledgeable about the challenges within a region can make the presentation tailored more directly to the needs of that group. Local also means acknowledging the diversity of the area (i.e., rural, urban, or suburban), and attending to needs based upon an audience's socio-economic, race/ethnicity, and religious backgrounds.

4. Credibility of a program presenter. Credibility is enhanced (e.g., similar ethnicity, religion, and/or socio-economic status) with an audience that perceives a presenter as understanding their life experiences and challenges. The presenter will be more believable and have a greater impact. For example, a Navy Seal with mental illness speaks to a group of Navy Seals. Partnerships between a person with mental illness and a representative of the target group can be quite effective. An example of this strategy is a person with mental illness speaking about her recovery and her boss

discussing success after hiring her. The presenter should be in recovery such that he or she is not presently struggling with significant mental health impairments that would prevent delivering an engaging presentation to the audience.

5. Interaction with people with mental health challenges must be continuous. One-time interaction can have positive effects, but likely will not be sustained. Contact needs to occur multiple times to be the most effective. This means that different people with mental illnesses share their messages in a variety of venues.

Grant Strategy IV: Invest in advocacy for policy change aimed at reducing the stigma and negative bias associated with mental illness.

Research shows that in addition to education and contact approaches, reducing mental illness stigma and negative bias also requires targeting key groups, especially key groups including: employers, landlords, health care providers, faith-based and community leaders, legislators, school administrators, entitlement counselors, and media outlets. Focus of interventions should be on specific organizational practices or policies connected to behavioral changes such as: hiring employees, leasing apartments, and providing appropriate health services for people with mental illness.

Current Health Foundation supported interventions include:
- Working with jail system administration in El Paso, Dona Ana and Otero Counties. Partners, both funded and nonfunded, are working to improve policies for timely access to services for justice involved individuals with mental illness. For example, In El Paso Emergence Health Network is working with members of the Justice Leadership Council, maintains 24-hour behavioral health clinical services at both jail facilities. Now in its third year of operation, this level of treatment intervention and access to care was not available under the previous operational mode.
- The City of El Paso Housing Authority administration, with assistance from faculty at UT El Paso, is reviewing its policies for multi-unit, and section 8 housing to identify any improvement needs.
- The El Paso Child Guidance Center established a trauma informed care training and review of organization policies and practices. They are working with local nonprofits to revise their policies and train staff on ways to improve service delivery for individuals with mental health conditions.
- Advocacy efforts led by the County, Sheriff's Office, Emergence Health Network and other health care providers in complement with Health Foundation supported Meadows Mental Health Policy Institute efforts will have a lasting positive impact on improving the behavioral health system across Texas.

The Health Foundation will continue exploring partnerships that help create inclusive environments through policy and practice change including local and state policy analysis.

Communication Strategy I: Maintain and foster the Brain Trust Network.

The Brain Trust is a collaborative network of community stakeholders committed to changing minds and attitudes about mental illness in El Paso County to improve mental and emotional well-being for the health of children, youth, and adults. This network was formed in 2011 with support from the Health Foundation. The group is open to anyone interested in learning more about mental health and reduction of the negative bias that surrounds mental illness. There are more than 130 stakeholders active on its listserv representing organizations from El Paso and Dona Ana County. The Brain Trust meetings serve to Inform stakeholders including policymakers on ways to promote a socially inclusive community; strengthen communication among stakeholders, existing networks and community members to maintain a unified vision about social inclusion, and mental illness early detection, timely treatment, and recovery; and

maximize resources by sharing data, and identifying, refining and implementing interventions that work.

The Brain Trust has a cadre of champions who coordinate with the Health Foundation and the Empower Change Center to plan monthly meeting agendas, provide thought provoking presentations and develop facilitated conversations on relevant topics. For example, the Brain Trust helped bring awareness to initiatives such as the 915 Cares initiative involving all local school districts and Emergence Health Network in a regional suicide prevention and education campaign. Also, the Trust helped promote the Mental Health and You (MHU) smartphone app aimed at high school and college age youth.

Support for efforts to grow the number of active stakeholders and maintain the network meetings will continue as a key strategy for the Mental Health and Emotional Well-Being Priority Area.

Communication Strategy II: Support Empower Change Backbone efforts to create and maintain social media or other media messages and tools that communicate regional progress related to reduction of stigma associated with mental illness in the region.

Health Foundation staff and the Empower Change Backbone Team will work to communicate grantee program progress and successes to regional stakeholders and, if appropriate, though international, national, state and regional social media sites.

Numerous state and national level campaigns exist and are designed to include stories and social media comments on activity from local communities. For example, the National Alliance on Mental Illness (NAMI) has a "Stigma Free" campaign that is easily aligned with regional NAMI awareness efforts, the Meadows Mental Health Policy Institute campaign called "Okay to Say" allows for local communities to connect with and use social media tools and campaign materials in each Texas community; Stamp Out Stigma is an initiative spearheaded by the Association for Behavioral Health and Wellness (ABHW) to change perceptions and reduce the stigma of mental illness and substance use disorders by encouraging people to talk about them.

Behavioral Health Consortia:

Behavioral Health System Defined:
For this strategic plan, the Health Foundation defines a behavioral health system as inclusive of treatment, navigation, support and health promotion services for mental health, intellectual and developmental disabilities (IDD), addiction and related substance use disorders, and other related disorders.

Health Foundation Role in Behavioral Health System Improvement:
The Health Foundation does not fund illness treatment services. The Foundation's role, in conjunction with the Empower Change Backbone, is to serve as a neutral convener and facilitator on each of the community collaboratives and related work groups. Work to improve the Paso del Norte region's behavioral health systems under the Mental Health and Emotional Well-Being Priority Area will strive to achieve an "Ideal Behavioral Health System." The El Paso Behavioral Health Consortium leaders accepted the definition of an ideal behavioral health system as: 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 possible 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 abuse, 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. Other communities in Texas are using this ideal system definition to compare against their community's current behavioral health system The Foundation will work with the following regional Consortia and related workgroups to make lasting improvements to systems of care:

El Paso County: The El Paso Behavioral Health Consortium (Consortium) was convened in 2013 to examine the El Paso County behavioral health system in preparation for future service needs and funding trends. The Foundation played a lead role in transitioning the Consortium into an effective system of care collaborative. An assessment of the El Paso County behavioral health system was completed in early 2014. The assessment describes what an ideal behavioral health system of care should be for El Paso and it compares El Paso County's system to the ideal system of care making specific recommendations on ways to address known system gaps. The Consortium leadership accepted the report as a benchmark and developed a council structure with an aim to achieve the ideal behavioral health system.

El Paso Behavioral Health 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 and to reduce the burden of mental illness by designing improved, efficient, patient centered care for El Paso County residents.

The Consortium and its leadership councils continue to make considerable progress in reducing system fragmentation by improving coordination of services, expansion of service options and workforce.

Southern New Mexico: In 2016, the Health Foundation began efforts to develop similar collaborations in Southern New Mexico and Ciudad Juarez. At that time a collaborative was forming in Dona Ana County with a priority to address behavioral health concerns within the justice system. With Foundation funding to enhance the 2016 Domenici Institute Annual Conference, the collaborative was strengthened and is now known as the Dona Ana Wellness Institute. In Otero County, the Otero County Community Health Council and the Local Behavioral Health Collaborative (Judicial District 12) work with community stakeholders to improve the system of care; Health Foundation and Empower Change team members participate in these groups and support their efforts.

Ciudad Juarez: In 2016 a consortium was also developed in Ciudad Juarez with the assistance of the Mexican arm of the United States Mexico Border Health Commission. The group, now known as ROTMENAS (an acronym describing the charge of the group to improve the Juarez behavioral health system, inclusive of treatment and health promotion services for mental health, intellectual and developmental disabilities (IDD), and other related disorders including substance abuse) now convenes regularly and is building strength, structure and synergy among the more than 33 organization partners.

Goal:
Increase coordination and communication among regional stakeholders to improve the system of care.

Grant Objectives:

Objective G.1: Release invited or open calls for proposals to fund regional behavioral health consortia informed programs that address system gaps not otherwise covered by government or reimbursed by health coverage.

Objective G.2: Fund backbone support for behavioral health consortia and stigma reduction funded and non-funded regional programs.

Collaboration Objective:

Objective C.1: Organize and execute an annual event that disseminates and promotes accomplishments of MHEWB initiatives and partners, formally recognizes grantees and partners (including regional behavioral health consortia) for their work, and maximizes the event as an opportunity to recast vision and call to action.

Strategy logic: Increased communication, coordination and collaboration leads to decreased system fragmentation and improved continuity of care.
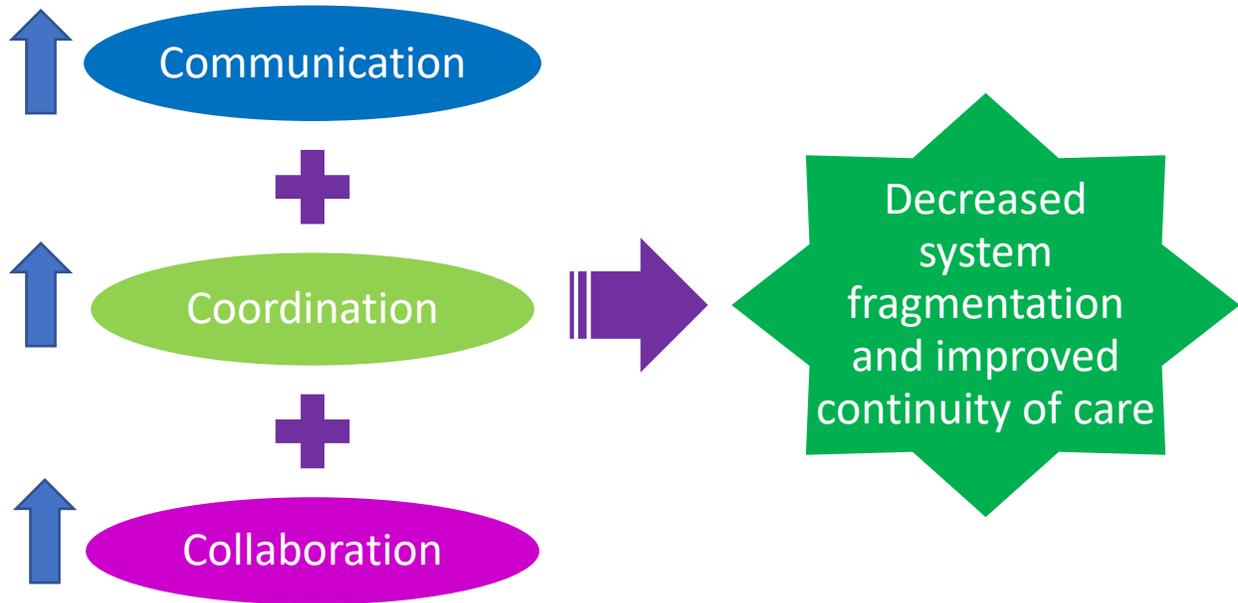
Logic Model:

Increasing coordination and communication among regional stakeholders to improve the system of care:

PdN Assists Consortium	Coordination and Communication Output	System of Care Impact	System of Care Outcomes
•Needs assessments, service mapping, gap identification •Building networks and collaborations among key groups •Seeking out investment in new or enhancing available treatment resources •Advocacy for improved provider reimbursement for services	•Service needs prioirtized •Service gaps addressed in phases •increased access to and use of support services and interventions •Services sufficient for population in need. •Increases in available funding for service delivery	•Improved policies and practices related to mental health •Improved care continuity •Inproved service delivery and patient compliance with care plans •Program or practice partially or completely sustained •Increase in the number of alliances for behavioral health service coordination •Improved consumer support from key groups	•Decreased negative bias •Improved health outcomes •Contributions to reduction or prevention of: •suicide •prolonged suffering •discrimination and prejudice • student failure, disengagement, and • dropping out • homelessness • incarceration • removal of children from home

Strategies:

Grant Strategy I: Invest in regional behavioral health consortia informed programs that address system gaps not otherwise covered by government or reimbursed by health coverage.

The 2014 El Paso County Behavioral Health System Assessment found that fragmentation and a lack of substantive programmatic collaboration were identified as El Paso County's major behavioral health system challenges. Similar challenges were identified within each developing regional collaborative (Dona Ana, Otero, Juarez). Important steps have been taken to foster and maintain new collaborative structures. The Health Foundation and the Empower Change Backbone function as a team of neutral facilitators to coordinate cross-agency collaboration and cross-funder planning.

Each regional collaborative is making progress in developing data and stakeholder informed strategies and action plans to prioritize and address key system gaps in service. The Health Foundation and the Empower Change Backbone will work alongside collaborative councils and identify areas where Foundation support, within the bounds of the Foundation's mission and charter, will catalyze or strengthen Consortia informed interventions.

Grant Strategy II: Leverage federal, state and private resources to improve the behavioral health system of care.

In 2017, state and federal level legislation resulted in funding opportunities that are well aligned with regional Consortia informed actions. For example: During the 85th Texas Legislative Session the following bills and related allocations were passed:

- SB 1 contains:
  - A $20 million commitment to the Texas Veterans + Family Alliance grant program over the next biennium.
  - A $2.125 million commitment to the Loan Repayment Program for Mental Health Professionals over the next biennium.
  - A 62.7 million commitment to eliminate waiting lists for community mental health services for adults and children; increase capacity to avoid future waitlists; address population growth in local mental health authority service areas; and increase equity in funding allocations to local mental health authorities.
- SB 292, $37.5 million for jail diversion grants.
- HB 13, $30 million for grants to fill gaps in services.

El Paso County benefited from these state allocations. Several interventions that were recently funded by these state allocations contribute to accomplishing Consortia goals. Under SB 1, Emergence Health Network received Texas Veterans and Family Alliance monies to expand clinical services for area veterans and family members. Under SB 292 Emergence Health Network received monies to launch the Crisis Intervention Team (CIT) program in the City of El Paso. Under HB 13, Project Vida and received monies to pilot a school based mental health program within Socorro Independent School District.

The Health Foundation and the Empower Change Backbone will work with regional system leaders to develop competitive proposals that foster collaboration and leverage resources from state, federal and private sources to help achieve an ideal behavioral health system of care.

Collaboration Strategy I: Lead regional multi-institutional partnerships that contribute to behavioral health system improvement.

In 2017 the Meadows Mental Health Policy Institute (MMHPI) conducted assessment of the current functioning of the El Paso Behavioral Health Consortium in order to identify opportunities for strengthening its role in promoting system enhancements. For the purpose of developing more informed recommendations, MMHPI also examined accomplishments and changes brought about in the behavioral health system since 2014 and updated basic prevalence/needs and needs met data. The findings showed that the El Paso Consortium is successful in establishing an organizational structure and in engaging behavioral health leaders and other decision-makers in the process of analyzing community and system needs. Examples of successes included; development of a sequential intercept model for justice-involved adults with a mental health condition, based on expert input on needs at various intercept points, and identification of integrated care workforce needs through the Integration Leadership Council. In a relatively short time, the BHC and its leadership councils (LCs) established leadership roles and filled them. The Councils have taken on projects that involve collaborative effort on the part of BHC member agencies and their representatives; and in some cases, they have promoted the establishment or strengthening of formal relationships among county offices and non-profits (such as the Sheriff's Office, the County Commissioners Office, and Emergence Health Network). For example, the Health Foundation in partnership with Emergence Health Network under Project Emerge, launched El Paso's first Mental Health Lifesaver Rally featuring

community-aimed presentations by two national renowned authors and thought leaders regarding behavioral health, Kevin Hines and Mark Lukach. This rally is a successful model that other mental health authorities across the state can follow.

Since 2014, involvement has expanded, and the BHC has succeeded in increasing the capacity for collaboration and system enhancement in El Paso County. In addition, the BHC addressed meaningful, system-wide challenges in the community, including, for example, placement of foster children outside of the community, integrated care workforce needs, and the problem of too many people with mental health conditions becoming involved with law enforcement and ending up in jail.

Similar efforts in Southern New Mexico have shown some successes. For example, Dona Ana and Otero Counties now also have sequential intercept model mappings for justice-involved adults with a mental health condition, based on expert input on needs at various intercept points.

Work in the behavioral health arena includes work with individuals and families seeking care for substance use conditions such as addiction to alcohol, marijuana, and other drugs. The Health Foundation approach to improve the behavioral health system of care will work in complement with the Foundation Tobacco and Alcohol Priority Area. For example, Tobacco and Alcohol Priority Area goals and strategies are focused on prevention of initiation and reductions in access to tobacco and alcohol related products in youth. Person centered treatment approaches for individuals with an addiction are a component of the ideal behavioral health system of care and part of system improvement action plans. A goal for the El Paso Behavioral Health Consortium Integration Leadership Council states that partners will support the identification and implementation of best practice substance use prevention and intervention programs as informed by Recovery Oriented System of Care (ROSC) members efforts for individuals seeking help. In Juarez the ROTMENAS collaborative includes an addictions work group seeking out best practices to implement for individuals battling addiction to have access to timely and appropriate treatment options. This work can only be accomplished though collaborative partnerships that bring strength, structure and synergy to the system of care.

The Health Foundation and the Empower Change Backbone will continue to lead and facilitate the consortia to increase the number of multi-institutional partnerships in the region.

Collaboration Strategy II: Build collaborations with state, national and international organizations and agencies.

The 2017 MMHPI Assessment recognized the importance of building state, national and international collaborations. For example, Tarrant County Collaborative that has been in existence for more than 17 years, has developed very high levels of participation and trust that involve ongoing and often lengthy collaborative efforts to tackle major mental health-related concerns in the community. Its members also worked together to collaboratively obtain nearly $100 million in grant funding from state and national sources to address their needs.
In 2018, collaborations in El Paso, Juarez and Dona Ana have seen some success. For example, a collaborative proposal to address Family Leadership Council Goal number 1 was submitted by the El Paso Center for Children to the U.S. Department of Health and Human Services. A grant was approved for approximately 2.7 million over 5 years that will help enhance the Family Leadership Council partner efforts to prevent child abuse and children ending up in the foster care system.

Collaboration Strategy III: Build and maintain alliances with internal and external thought leaders.

Building and maintaining connections with behavioral health system experts within the region, nationally and internationally will contribute to identifying the latest model interventions to serve individuals with behavioral health needs. For example, the Health Foundation and Empower Change Backbone Team developed relationships with external thought leaders including; Dr. Patrick Corrigan, an international leader in research on stigma and system integration, Linda Rosenberg, CEO of the National Council on Behavioral Health, Judge Steve Leifman, a national leader in transforming jail systems, and others. The Empower Change Backbone Team members are also developing a "community of practice" data base to connect regional experts with consortia partners.

Communication Strategy I: Develop cost efficient social media and other media about local efforts to build collaboration with behavioral health system stakeholders.

Developing communication tools such as a dashboard of metrics and electronic brochures, issue briefs and other tools for continuous communication and shared measurement will contribute to maintaining and acting on unified goals for system improvement. One example of a communication strategy is for each Consortium to hold an annual summit to release updates on progress and recruit additional partners. This type of event, with well-coordinated media contributes to building strength, structure and synergy among partners and with external thought leaders. The 2017 MMHPI assessment compared the El Paso Consortium to other similar system of care collaboratives in the state and in other states. The Health Foundation and Empower Change Backbone will keep informed of model approaches to communicate using social and other media for greater regional awareness of the Consortia partner organization efforts to improve behavioral health systems.

Socio-ecological Model:

Because no single strategy works well in isolation a socio-ecological (mixed-strategies) model will be utilized to promote social inclusion, reduce mental illness negative bias, and make improvements to the behavioral health system of care. The following table summarizes the mixed strategies:

Level	*Interventions*
Individual and Interpersonal	• Programs such as NAMI Family to Family and De Mujer a Mujer enhance individual capability of promoting inclusion and preventing crisis and strengthen individual knowledge and skills. • Programs like NAMI In Our Own Voice and Parents and Teachers as Allies teach how to promote mental health and prevent social isolation contributing to stronger interpersonal relationships. • Programs like Mental Health First Aid train key groups (e.g. teachers, law enforcement healthcare providers, landlords, etc.) who will use and transmit skills and knowledge to others.

Organizational and Community	• Strengthening coalitions and networks in El Paso, Southern New Mexico and Juarez will increase communication, coordination and collaboration and improve continuity of care. • Advocating for changes in organizational practices and regulations to shaping norms toward improvement of systems and prevention of negative bias.
Policy and Systems	• Mapping system of care gaps and tracking improvements • Advocating to amend laws and policies such as; mental health parity for insurance coverage, improved access to addiction treatment services, seamless integration of behavioral health services into primary care settings, and others will contribute to improved health outcomes.

Collective Impact Approach:

The mixed strategy model will be executed with a Collective Impact approach. Numerous publications report that the five concepts of Collective Impact increase likelihood of lasting social change. The Foundation will work with community partners to reduce stigma and negative bias associated with mental illness and increase coordination and communication among regional stakeholders informed by the Collective Impact Framework. Results will be measured based on indicators that are accepted by community partners (i.e. Brain Trust, regional consortia and other regional partner groups). The following are descriptions of the five concepts as they relate to the Mental Health and Emotional Well Being Priority Area:

• **Common Agenda:** Funded and non-funded MHEWB Priority Area partners have a shared vision for the region to have an ideal behavioral health system of care as defined by the 2014 El Paso Behavioral Health System Assessment and similar assessments for Juarez and Southern New Mexico. Progress toward this common agenda will be informed by gathering the most up to date data available and with ongoing community input. The Health Foundation and the Empower Change Center Backbone will work to strengthen regional partnerships, increase collaborative efforts that lead to system improvement and implement programs to reduce stigma and negative bias associated with mental illness.

• **Shared Measurement:** Partner organization leaders, community stakeholders and the Empower Change Backbone Team will work to gather data from collaborative efforts and external data and program model sources. The BBO will maintain a regional dashboard of indicators and track progress using accepted shared indicators and secondary data measures. The BBO will inform regional consortia and grantees on collecting data to show progress and advance the Priority Area goals.

• **Mutually Reinforcing Activities**: Partner activities must be differentiated while still being coordinated through mutually reinforcing action plans. Some partners typically work toward individual or family level change while others work on larger scale organizational and public

policy change. It is the synergy of these multiple mutually reinforcing activities by multiple partners that creates change. Funded and non-funded MHEWB Priority Area partners will convene to share experiences and leverage resources. The Paso del Norte Center for Mental and Emotional Well-Being "Empower Change" will support regional activities as the Priority Area backbone. The backbone and Health Foundation staff will work to strengthen these mutually reinforcing activities.

- **Continuous Communication:** Consistent and open communication is needed across the many partners to build trust, assure mutual objectives, and create common motivation. The regional consortia and the Brain Trust Network will be central mechanisms for communication. The Brain Trust and regional consortia will work to effectively communicate the MHEWB Priority Area goal, common agenda, and shared measures to stakeholders and groups in El Paso, Hudspeth, Southern New Mexico and Ciudad Juarez.

- **Backbone Organization (BBO):** Collective impact development and management requires a separate organization with staff and specific skill sets to serve as a backbone for the entire initiative. The Mental and Emotional Well-Being Priority Area established the Empower Change Center in November of 2017. The leadership from this center are thought leaders with years of experience in research, higher level analysis of data, and scientific knowledge of arenas such as; forensic mental health systems, child development and mental health, behavioral health integration into primary care and emotional well-being and positive psychology, addressing stigma associated with mental illness. The Team members will work with regional consortia assisting with implementing strategies, coordination of programs, and to serve as a liaison between the Health Foundation and regional partners as needed.

Evaluation:

The Empower Change Center will build on evaluation efforts set forth by the Triwest Group, an independent evaluation firm that developed external evaluation measures for stigma reduction and the Meadows Mental Health Policy Institute, an organization that provided behavioral health system progress indicators for the MHEWB Priority Area. Additional evaluation and technical support may be necessary to provide input as strategies are implemented, and to assess the overall effect of Priority Area interventions. Data and findings from evaluation will be used to inform community coalitions, create policy briefs and other tools to enhance the synergy of multiple mutually reinforcing activities by regional partners. Tools and measures for evaluation of the MHEWB Priority Area will include but not be limited to:

Grantee Reports: MHEWB Priority Area grantees submit progress reports describing program successes and challenges, self-monitoring of approved objectives, and documenting lessons learned.

Staff Reports: Health Foundation staff and BBO Team members observe the funded programs and assist in leading coalition meetings noting examples of success and challenges. Staff, grantees and BBO Team reflect on lessons learned and identify opportunities for improvement.

External Assessment: Empower Change Backbone Team members and grantee external evaluation support contractors research program elements related to their contribution to success. Intervention specific evaluation reports will be provided to the grantee and the Health Foundation. Examples of data to be collected include:

- Monitoring coalition activity in each area of the region (e.g. chronicling meetings, tracking collaborative actions, social network analysis, etc.)
- Collecting qualitative data from regional stakeholders on coalitions (e.g. regional consortia) and their effectiveness

- Regional mental illness stigma prevalence survey using core survey questions shown to be sensitive to change
- Key group surveys using core survey questions shown to be sensitive to change
- Grantee participant data collection using core survey questions shown to be sensitive to change
- Monitoring of secondary data from key groups including:
  - School districts:
    - Average number of school days missed per child/youth with BH disorders
    - Number/percent of suspensions among children/youth with mental disorders
    - Rate of expulsion among children/youth with BH disorders
    - School performance for children/youth with BH disorders (GPA, grade completion, graduation rate)
  - Housing:
    - Number of landlords willing to rent to people with a mental health condition
  - Faith community:
    - Individuals with a mental health conditions interested in faith communities and related entities - frequency of experiencing welcoming and frequency of experiencing stigma or rejection (use of survey instruments identified from existing research)
  - Law enforcement officers:
    - Frequency of referral to behavioral health care
    - Number of officers trained in person centered and mental illness crisis training
  - Primary care providers:
    - Frequency of referral to behavioral health care
    - Number of health providers (including specialists) willing to accept patients with a mental health condition (a "growing directory" kept by the BBO).

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