1. The act of becoming known;
2. To come out into view;
3. To rise from an obscure or inferior position or condition; "someone must emerge as a leader;"
4. To come into being through evolution;
5. A theory of the mind and brain that professes that the whole is greater than the sum of its parts.

“BE AN OPENER OF DOORS”
- Ralph Waldo Emerson
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Behavioral healthcare is transforming. It is becoming a system parallel to physical healthcare by breaking down barriers, educating communities and finding innovative solutions.

As the authority for mental health and intellectual developmental disabilities (IDD) for El Paso County, Emergence Health Network (EHN) has embodied these changes. We have identified key mechanisms in the regional behavioral healthcare system that must be altered in order for a genuine transformation to take effect right here in our community.

EHN has led research efforts that have identified the gaps in our behavioral health system. We have long known that gaps in the delivery system result in inappropriate care in inappropriate settings such as jails or emergency departments. A person in a psychiatric crisis may spend between 48 to 172 hours waiting to be transferred to a mental health facility. This leads to rising costs and treatment by professionals unequipped to effectively manage a crisis situation.

Additionally, siloed systems of care in the mental health, substance abuse and primary care arenas lead to virtually no communication amongst providers, duplication of services and a disconnected network. The effects of stigma and lack of knowledge increase poverty, homelessness, unemployment and crime rates. This creates an unhealthy community that damages economic development and quality of life.

Through collaboration and communication, the proverbial tide is turning. Advocates from throughout the region are coming together to find innovative solutions, better utilize limited resources and hold meaningful dialogue to increase visibility of the mental health and intellectual disabilities community.

EHN has also launched various projects that will alleviate many of the gaps in the system. Through the 1115 waiver, a federally funded grant with a 60/40 match, $23 million will be added to El Paso County’s behavioral healthcare system. This report to the community provides details on these projects and how they benefit every El Pasoan.

EHN is dedicated to its consumers, their families and the El Paso community—at large and the long-term and sustained growth and improvement to the mental health delivery system in our region.
MISSION
Emergence Health Network ensures superior recovery-based services for mental health, developmental disability and related conditions for the people of El Paso County. Investing in people to achieve specific, measurable results is an essential part of community development. Emergence Health Network is committed to investing in services that work, making a positive, measurable difference in people’s lives; and helping communities. Stable families mean safer neighborhoods, a more productive work force, a more productive work force, a more productive work force, a more productive work force

CORE VALUES
• Treat All Stakeholders With Dignity And Respect
• Promote Positive, Productive And Profitable Performance
• Be Dedicated To Excellence
• Be The Recognized Authority In Mental Health/IDD Care

VISION
Emergence Health Network (EHN) will lead behavioral and developmental services in the El Paso region ensuring access to quality services, advocating for a better quality of life, and providing strength, hope and recovery for persons with mental illness and developmental disabilities.

Social problems, like poverty, drug abuse and violence, destroy families and communities and leave children emotionally damaged, unprepared to learn and robbed of their full potential. Emergence Health Network assists Texas’ most vulnerable citizens - Texans with either or both severe and persistent mental illness and developmental disabilities - and helps individuals and families solve their problems and take care of themselves.
Both through triumph and tragedy, the voices of the mental health community have rung loud and strong across the country and across the State. The need for a reinforced mental health delivery system has been voiced over and over again, and significant improvements have been achieved.

On the federal level, mental health parity legislation has helped ensure that behavioral health treatment is funded and reimbursed at the same levels as physical health services. In Texas, State officials made significant increases in funding to provide treatment, services and education to a historically underserved system.

Yet as the mental health delivery system grows in prominence and as programmatic funding opportunities increase, so does the role of Community Centers across the State. It becomes incumbent for community centers and other behavioral health providers to literally and figuratively open their doors to consumers and play an even greater role in the public health system with regard to long-term planning, integration of key services and in shaping of public policy at all levels.

The Board of Trustees of Emergence Health Network is working with the Emergence Leadership Team to find innovative solutions and capitalize on opportunities to improve systems of care and expand programs to better meet the needs of El Pasoans. Of course this includes maintaining the highest levels of quality in every Emergence clinical program. The clinical team has worked hard to improve clinical processes and improve patient experience.

Beyond our unwavering focus on clinical excellence, EHN, as the Mental Health/Intellectual Disabilities Authority, works to engage key stakeholders in the community and bring our issues to the forefront. Issues related to the care of persons with an intellectual disability or a mental health diagnosis often have far reaching implications. Because as we know, many sectors of our community, to include education, law enforcement, physical health care, the justice system and others, are all greatly affected by behavioral health issues.

Unfortunately the system of care and reimbursement for behavioral health is quite complex, so Emergence must act as both interpreter and ambassador for the mental health delivery system. We must talk openly and honestly about our consumers’ individual needs and about the importance of a community actively engaged in the mental health delivery system.

As the door opens on 2014, Emergence also opens its doors wider in an effort to better serve our consumers and help our stakeholders learn the many intricacies of treating medical conditions of the mind. We look forward to working closely with our elected officials, advocates and civic leaders to share what is important to people living with mental illness or developmental disabilities. Opening doors to this level of understanding is what creates meaningful change.

So come in. We have much to share.
Emergence Health Network has undergone a transformation, and as with all worthwhile endeavors, it has been anything but simple or effortless. Yet unquestionably worth the time and struggle.

Obstacles in the behavioral health sector have consistently been magnified by fear and stigma. As such, mental health agencies often face greater challenges than those of other institutions in the public health sector. While non-profit agencies and public organizations periodically face budget decreases, behavioral health organizations have historically operated significantly below appropriate funding levels.

Through hard work and public education, the landscape changed. Doors to new funding and program development that had historically been closed have opened. Emergence Health Network was poised to take full advantage. An engaged Board of Trustees and a refined and reenergized leadership team allowed EHN to move forward with strategic partnerships and innovative clinical program development.

One of the primary engines fueling change within EHN is the 1115 Transformation Waiver. 2011 marked the beginning of a transformation in health care improvements that brought the spotlight to behavioral health. The waiver allowed Medicaid to expand managed care while providing incentivized funding for health care projects for hospitals and other health organizations who serve vast, uninsured populations. This funding allowed local mental health authorities to create pilot projects that were planned specifically for their community.

In FY 2013, Emergence Health Network created five pilot projects designed to fill various disparities in the regional behavioral health system. The projects will be discussed at length in this report.

The Extended Observation Unit is a service that will provide individuals who are experiencing a mental health crisis the appropriate treatment in a timely manner. It is designed to prevent overcrowding in our jails and ERs and alleviate wait times for those who need immediate care.

Multi-Systemic Therapy is a program for juvenile offenders that provides comprehensive services to address multiple variables such as family, school, and peer groups; therapists are available to the youth and their families 24 hours a day, 7 days a week. The goal of MST is to improve an adolescent’s the ability to make good decisions.

The Respite Crisis Center offers respite to individuals who are in need of low acute crisis intervention. This service is utilized primarily by individuals displaced from housing and experiencing crisis from such events.

IDD Crisis Stabilization is a service for individuals with intellectual developmental disabilities and/or co-occurring serious and persistent mental illness (SPMI). It provides intense crisis stabilization training to members of the interdisciplinary team, community, and regional stakeholders who will provide specialized services to this target population.

The 1115 waiver also allowed the agency to strategize methods to increase the number of psychiatric care providers to this historically underserved region.

Without the work of many individuals and organizations, this investment would not be possible. Our supportive board of trustees, a dedicated EHN implementation team and our region’s anchor, University Medical Center, were invaluable in this process. Their dedication to enhance our region’s behavioral healthcare through partnership cannot be overstated. I look forward to unveiling these projects in this new year and sharing these successes with our community.
The last two years have seen tremendous change for Emergence from a new board, to a new name, to a new CEO. All of that change is symbolic of the positive momentum Emergence has been experiencing because of its dedicated staff, volunteers, consumers and their families. The core of the organization’s strength comes from the committed and passionate advocates and for that we are very grateful. The leadership at Emergence has also done an outstanding job of looking for creative approaches to perennial challenges and finding ways to collaborate with key partners. The County is a dedicated partner to Emergence and we look forward to supporting their great work in 2013!

University Medical Center of El Paso supports Emergence Health Network (EHN) as the community leader in addressing the mental health and intellectual disabilities issues that face many of our families. Although EHN is challenged with increasing demands for services, EHN leadership and its dedicated staff members are diligent in their commitment to their customers and family members. Through their collaborative efforts this past year, they are moving forward critical initiatives such as the Extended Observation Unit that will help to address many of the barriers that exist to the delivery of high quality mental health services.

Veronica Escobar
El Paso County Judge

Jim Valenti
CEO University Medical Center
EXTENDED OBSERVATION UNIT (EOU)

The Extended Observation Unit (EOU) is a stabilization and treatment alternative facility with 12 beds at 1600 Montana. It provides individuals up to 48 hours of observation; providing medical screenings and clearance.

Follow-up care with psychiatric supports is a central function of the EOU, including medication maintenance and therapeutic interventions for up to 90 days.

The EOU is meant to alleviate extensive wait times and overcrowding in our community’s emergency rooms.

It will essentially provide individuals experiencing a mental health crisis with access to follow-up care and the resources needed to achieve mental health stabilization.

IDD CRISIS STABILIZATION UNIT

The Intellectual and Developmental Disabilities (IDD) Crisis Stabilization Unit was created based upon an evidence-based model known as START: Systematic, Therapeutic, Assessment, Respite, and Treatment.

START emphasizes the use of a multi-modal approach with an interdisciplinary team consisting of the individual, their family and/or primary caregiver, psychiatrist, nurse, therapist, social worker and behavioral specialists.

START provides intense crisis stabilization training to members of the interdisciplinary team, community and regional stakeholders.

The IDD Crisis Stabilization Unit’s target population focuses on individuals with intellectual developmental disabilities and/or co-occurring serious and persistent mental illness (SPMI).

It will serve an estimated 500 individuals either through training or direct care services.

Each START Team will consist of one Team Leader and three Service Coordinators.

EXPAND BEHAVIORAL HEALTH PROVIDERS

Due to a shortage of behavioral health providers in the community, efforts were focused on the recruitment and retention of quality providers in order to ensure access to care.

The goal of this project was to expand behavioral health providers by way of a staffing.

EHN has recruited for five positions: a psychiatrist, three clinical nurse practitioner and one physician assistant.

Staffing of key behavioral health professionals will increase availability and accessibility of behavioral health services.

Additionally, it will allow successful execution of other 1115 projects.
MULTI-SYSTEMIC THERAPY

Multi-Systemic Therapy will provide specialized interventions that will lead to reduced admission to state hospitals and juvenile detention facilities.

The wrap-around therapy will be available to serious delinquent juveniles’ ages 12 to 17, 24 hours a day, seven days a week.

The focus of the treatment is to address circumstances propelling the behavioral problem.

Intensive treatment may last anywhere between three to five months.

The Multi-Systemic Therapy Program will be led by an intensive care team consisting of:

- Licensed Practitioner of the Healing Arts (as supervisor)
- 2-4 Master’s level therapists

The target population includes youth at risk for placement under the following criteria:

- Delinquent behavior
- Anti-social behavior
- Substance abuse
- Involvement in the juvenile justice system
- Sexual offenses in conjunction with other anti-social behavior

RESPITE CARE UNIT

The Respite Crisis Unit is a 16 bed facility, providing brief stabilization to individuals in need of:

- symptom management
- coping skills
- reality orientation
- COPSD (Co-occurring Psychiatric and Substance Use Disorders) training

The unit allows for a 7 to 10 day stay, managing daily hygiene, medication monitoring, sleep hygiene and stress management.

The Respite Crisis Unit is a voluntary facility and family visitation is allowed.

Follow-up care is provided by a caseworker 24 to 48 hours, followed by a doctor visit one week after stay.

Individuals at risk of psychiatric crisis due to housing challenges and those suffering from severe stress are the target population.

The purpose of the Respite Crisis Unit is to reduce the utilization of emergency room visits and entries into the criminal justice system, inappropriate holding of individuals and appropriate transitions into the community.

The 1115 Waiver Projects will add $23 million to El Paso County’s behavioral healthcare system.
As a result of a mandate from the 82nd Texas Legislature to control cost through managed care expansion and to preserve the hospital supplemental payment system, the Texas Health and Human Services Commission filed an application for a waiver of certain federal Medicaid requirements under Section 1115 of the Social Security Act on July 13, 2011. The Centers for Medicare & Medicaid Services approved THHSC’s application on Dec. 12, 2011 with an expiration on September 30, 2016.

The waiver (1) expands Medicaid managed care to the entire state; and (2) creates new funding pools, replacing the upper payment limit program with the uncompensated care pool and the delivery system reform incentive payment pool. The UC pool will reimburse hospitals for the cost of care for Medicaid and uninsured patients for which the hospital does not receive payment. The DSRIP pool will provide payments to hospitals and other providers to incentivize hospitals and other providers to transform their service delivery practices to improve quality, health status, patient experience, coordination, and cost effectiveness. Texas has the potential to receive up to $29 billion over the five years of the waiver.

The waiver creates Regional Healthcare Partnerships (RHP) anchored by public hospitals, counties, local mental health authorities and local health departments.

The waiver also designates RHP anchors for each region. University Medical Center is the local anchor and is charged with the coordination of local efforts to create a regional health plan and to serve as a single point of contact for reporting purposes.

In order to draw down the additional funding, Inter-Governmental Transfer (IGT) dollars must be generated locally and then matched with federal dollars through the Texas Health & Human Services Commission. The waiver is set for a 40/60 cash match.

All funded programs must adhere to established standards and must meet specific criteria set forth in project guidelines and goals.
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The goal of this project was to expand behavioral health providers by way of a staffing.

The EOU’s target population is concentrated on individuals with:
- bio-psychosocial needs
- non-medical detoxification
- therapeutic interventions
- medication maintenance
- stabilization

The IDD Crisis Stabilization Unit’s target population focuses on individuals with intellectual developmental disabilities and/or co-occurring serious and persistent mental illness (SPMI).

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11/15 WAIVER PROJECTS

- Extended Observation Unit
- IDD Stabilization Unit
- Expanding Behavioral Health Providers
- Multi-Systemic Therapy
- Respite Care Unit
Intellectual Developmental Disability Services

Dayhabs
- Heart of Champions
- Northeast Day Treatment
- Sunrise (Autism Dayhab)
- University Dayhab Sunrise

IDD Services
- Home and Community Based Services
  - Texas Home Living
  - IDD Crisis Stabilization Unit (1115)
- Residential
  - Casa Bagdad
  - Casa Norton
  - Casa Promesa
  - Su Casa

Military Veteran Peer Network

Community Resources
- Peer Groups

Jail Diversion

JDP Crisis Liaison
- Multi-Systemic Therapy (1115)

Outpatient Competency Restoration

TCOOMMI
ECI is a statewide program for families with children, birth to three, with disabilities and developmental delays.
COMMUNITY COMMITMENT FY 13

CLIENTS SERVED BY AGE

- **INTELLECTUAL DISABILITIES (IDD)**
  - 5 - 17: 5.5%
  - 18 - 35: 44.1%
  - 36 - 65: 47.8%
  - 66+: 2.5%
  - Male: 678
  - Female: 537

- **MENTAL HEALTH**
  - 5 - 17: 16.8%
  - 18 - 35: 31.6%
  - 36 - 65: 46.9%
  - 66+: 4.6%
  - Male: 4,679
  - Female: 4,290

- **EARLY CHILDHOOD INTERVENTION**
  - 0 - 12 months: 36%
  - 13 - 24 months: 32%
  - 25 - 36 months: 31%
  - 37+ months: 1%
  - Male: 1,013
  - Female: 561

CLIENTS SERVED BY ETHNICITY

- **Intellectual Disabilities (IDD)**
  - ASIAN: 0.5%
  - BLACK: 2.7%
  - HISPANIC: 79.4%
  - AMERICAN INDIAN: 0.1%
  - WHITE: 15.8%
  - OTHER: 1.2%

- **Mental Health**
  - ASIAN: 0.3%
  - BLACK: 4.6%
  - HISPANIC: 76.6%
  - AMERICAN INDIAN: 0.04%
  - WHITE: 16.7%
  - OTHER: 1.6%

- **Early Childhood Intervention**
  - ASIAN: 0.9%
  - BLACK: 3.1%
  - HISPANIC: 86%
  - AMERICAN INDIAN: 0.2%
  - WHITE: 9.5%
  - OTHER: 0.1%
REVENUE & EXPENDITURES

**REVENUE**  
$39.1 MILLION

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<td>State</td>
<td>$20.5 million</td>
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<tr>
<td>Federal</td>
<td>$9.8 million</td>
</tr>
<tr>
<td>Other*</td>
<td>$8.3 million</td>
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<tr>
<td>County</td>
<td>$2 million</td>
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<tr>
<td>Hospital District</td>
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<td>City</td>
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Total Revenue: $38.9 MILLION

* This includes primarily Fee for Service Revenue i.e., Private Insurance, Medicaid, Medicare.

**EXPENDITURES**  
$36.4 MILLION

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<tr>
<td>IDD</td>
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<tr>
<td>ECI</td>
<td>$4.2 million</td>
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<tr>
<td>MH Children</td>
<td>$3.1 million</td>
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Total Expenditures: $36.2 Million
• Texas Department of Aging and Disabilities (DADS) auditors recertified EHN’s HCS and TxHL programs for another year with zero findings.

• The Mental Health Month Movie Series received positive media and good attendance figures with over 40 individuals attending the screening of The Perks of Being a Wallflower.

• EHN was awarded a $376,700 grant by the Paso Del Norte Health Foundation to serve as lead agency for a community-wide Mental Health First Aid training initiative.

• A DADS audit of the EHN Home & Community Based Services (HCS) Program resulted in zero citations. The HCS program provides services to persons with IDD who are living with their family, in their own home or in small group homes.

• The Early Childhood Intervention (ECI) Program received a Meets Standards Level from DARS this year. This is the first time in five years that the ECI program has met this accomplishment.

• EHN’s partnership with the City’s Park & Recreation Dept. to open the Memorial Park secure area for IDD families once a week for the summer has resulted in positive media and increased park usage by our consumers and families.

• Thirty community leaders attended EHN’s Community Conversations Forum featuring San Antonio Mental Health Authority CEO Leon Evans who provided background and history on San Antonio’s nationally recognized mental health delivery system.

• EHN’s Workmen’s Comp Insurance Carrier issued a check to EHN totaling $86,000 for improved performance by both the insurance fund and EHN’s reporting and tracking mechanisms.

• EHN was awarded Community Development Block Grant (CDBG) funding totaling $34,782 to provide mental health case management services to adult clients with severe and persistent mental health illness at the EHN’s northeast clinic.

• Preliminary results from EHN’s DSHS Financial Audit indicated one minor finding that has since been corrected. According to DSHS, this represents major improvement from the previous audit in 2010.
Emergence Health Network hosted a mental health symposium at the Greater El Paso Chamber of Commerce to inform the community of improvements in the delivery of crisis services. Nearly 80 business leaders were in attendance.

The Emergence employee turnover rate showed substantial improvement throughout the entire fiscal year, reflecting the success of EHN’s staff retention efforts.

EHN and the West Texas Suicide Coalition organized the second annual Suicide Prevention Summit. Over 70 people participated in the day-long educational event.

EHN was asked to join the Association of Urban Centers, which is comprised of the six largest centers in the State. Monthly conference calls are held to discuss matters of importance to urban community centers.

Several hundred people were in attendance at The Early Childhood Intervention Program’s (ECI) Stroller-A-Thon. The event made $2,000 profit (to be shared among the three area ECI’s and Child Fund) and provided media exposure in print and TV.

Sun City hired an experienced nurse practitioner to provide services on a full time basis.

The annual IDD Picnic had over 600 participants, great weather and media coverage on three TV stations.

EHN coordinated the Ethical Advocate Core Values session with 30 employee leaders creating Core Values for the entire center.

Emergence was appointed to Congressman Beto O’Rourke’s Advisory Committee on Veterans Issues.

After a week-long review of EHN’s fiscal records, the Texas Department of State Health Services (DSHS) Contract Oversight Audit Team indicated no findings and significant improvement since the previous comprehensive audit.
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