

# **Presentation to the House Committee on Public Health: Children with Mental Illness and Mental Health First Aid**

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# Statewide Behavioral Health Strategic Plan



## Identified Gaps for Children and Youth

- Gap 1:** Access to Appropriate Behavioral Health Services (BHS)
- Gap 2:** Behavioral Health Needs of Public Schools Students
- Gap 6:** Access to Timely Treatment Services
- Gap 7:** Implementation of Evidence-Based Practices
- Gap 8:** Use of Peer Services
- Gap 9:** BHS for Individuals with Intellectual Disabilities
- Gap 11:** Prevention and Early Intervention Services
- Gap 15:** Shared & Usable Data





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# Statewide Behavioral Health Coordinating Council Activities

## Coordination with Texas Education Agency (TEA)

- Unified Services for All Children (USAC)
  - An interagency workgroup with the goal of developing a system that helps school-age children achieve mental/behavioral wellness.
  - USAC engaged each Regional Education Service Center (ESC), each Local Mental Health Authority (LMHA), Local Intellectual and Developmental Disability Authorities (LIDDAs), juvenile probation officers, parents, and other stakeholders as local teams to build capacity for local action-planning across systems.
- Disaster Relief
  - TEA collaborated with HHSC to include impacted ESCs in the FEMA Crisis Counseling Program (CPP) grant.
- Youth Mental Health First Aid
  - TEA collaborates with regional education service centers (ESCs) and local school districts to promote Youth Mental Health First Aid training for educators throughout the school year and at the BHI. An updated will be provided shortly.



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# Texas System of Care Approach

**A way of providing mental health services and supports to children and their families based on a collaborative network of youth-serving providers.**

- In 2017, HHSC received a four-year, \$11 million cooperative agreement from the Federal Substance Abuse and Mental Health Services Administration (SAMHSA) to expand and sustain the system of care approach.
- A memorandum of understanding was finalized among HHSC, Department of State Health Services, Department of Family and Protective Services, TEA, Texas Department of Criminal Justice, and Texas Juvenile Justice Department.
  - Governance board representatives include local school districts, community resource coordination groups, Child Protective Services offices, juvenile probation departments, other child-serving agencies, youth, and family members.
- Any agency that is part of the local system of care may refer a child to the LMHA for a mental health screening.
  - Following the mental health screening, any child who meets criteria for intensive mental health services and is eligible for enrollment in wraparound services. The goal of LMHAs providing wraparound services is to decrease lengths of stay in out-of-home placement, prepare children and families for reunification, and reduce recidivism.



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# Recognizing Trauma in Children

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## Determining Needs, Strengths, and Level of Care

- The Texas Child and Adolescent Needs and Strengths (CANS) assessment is a comprehensive psychosocial, trauma, and suicide assessment used to determine needs, strengths, and level of care.
- Texas CANS incorporates the national best practices for:
  - Trauma screening
  - Suicide Screening



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# Trauma-Informed Care Framework

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## Trauma-Informed Care (TIC)

- TIC is a framework that guides our principles, day-to-day operations, and relationships by creating a culture that recognizes, understands, prevents, responds, and is sensitive to the impact of trauma on individuals, families, and the workforce.
- TIC creates a safe environment for all individuals impacted by trauma by helping rebuild a sense of control, awareness, and empowerment that can foster recovery and resilience.

# Trauma-Informed Evidence-Based Practices

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## Trauma-Informed Practices

- The Texas Resiliency and Recovery service delivery system implements two trauma-focused, evidence-based practices for children:
  - Seeking Safety (for trauma and substance use)
  - Trauma Focused Cognitive Behavior Therapy

## Suicide Prevention Initiative: Zero Suicide Model

- Developed by the Texas State Suicide Prevention Coordinator
- Recognized by the American Suicidology Association as the best practice for suicide prevention
- Designed to reduce death by suicide and suicide attempts among youth
- Trauma-informed care framework considers suicide a type of trauma and prioritizes safety for all





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# Coordinated Specialty Care for Early Onset of Psychosis

**Coordinated Specialty Care is a recovery-oriented program providing behavioral health services and support to individuals experiencing an early onset of psychosis.**

- 20-30 individuals are served by a single Coordinated Specialty Care team
- Individuals receive an average of five hours of service per month
- The average length of stay will not exceed 30 months

Services	Multi-Disciplinary Team
<ul style="list-style-type: none"><li>• Medication Management</li><li>• Peer Support Services</li><li>• Case Management</li><li>• Psychosocial Rehabilitation</li><li>• Skills Training</li></ul>	<ul style="list-style-type: none"><li>• Psychiatrist</li><li>• Team Leader</li><li>• Peer Specialist</li><li>• Licensed Therapist</li><li>• Case Manager</li><li>• Supported Employment/Education Specialist</li></ul>





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# Mental Health First Aid

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## Background and Overview

- In December 2012, former Governor Rick Perry requested recommendations on preventing mass violence events in Texas.
- The Department of State Health Services provided a report including a series of best practice approaches to create awareness regarding youth mental health, including Mental Health First Aid (MHFA).
- HB 3793 (83R), 2013, required HHSC provide grants to LMHAs to train and certify MHFA instructors who will provide MHFA to public school educators at no cost.
- Most recently, SB 1533 (85R), 2017, expanded the existing MHFA program to include university employees of public or private institutions of higher education.

# Mental Health First Aid

**Since the initiative began in 2014, more than 44,000 individuals have received training, including:**

- 875 instructors
- 24,736 public school employees
- 503 university employees
- 18,133 community members

**Numbers Trained by Region\*** (Sept. 1, 2016 through May 1, 2018)

HHSC Regions	Instructors	Public School Employees	University Employees	Community Members	Total
1	15	328	25	195	563
2/3	14	3,245	331	983	4,573
4/5n	5	349	1	387	742
5s/6	14	1634	0	429	2,077
7	27	1,121	50	1,786	2,984
8	16	1,851	7	1,112	2,986
9/10	55	678	77	1,806	2,616
11	13	949	1	572	1,535
<b>Statewide</b>	<b>159</b>	<b>10,155</b>	<b>492</b>	<b>7,270</b>	<b>18,076</b>

\*See Appendix for Health and Human Services Regional Map



# Appendix: Health and Human Services Regional Map



## Local and Regional Public Health Coverage

