



Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



Protecting America's Children Evidence Based Practices for Children with Serious Emotional Disturbance





Substance Abuse and Mental Health Services Administration
SAMHSA
 www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)




Helping reduce risk of serious mental illness with...

Use Hashtag: #SaveAllKids

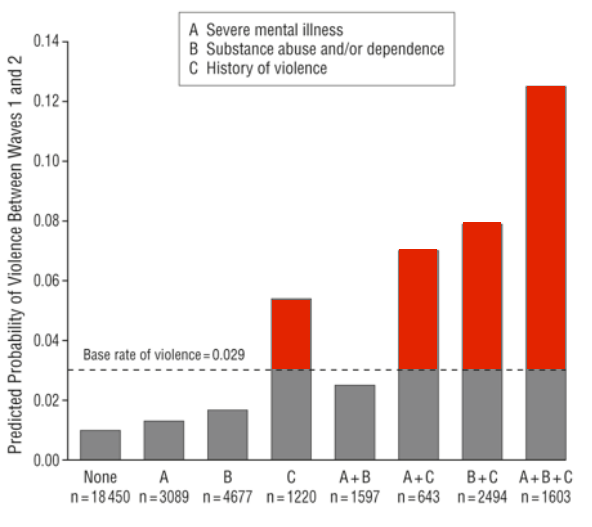


pax | Good Behavior Game

Dennis D. Embry, Ph.D.
 senior scientist
 PAXIS Institute




Prediction Makes Prevention and Protection Possible

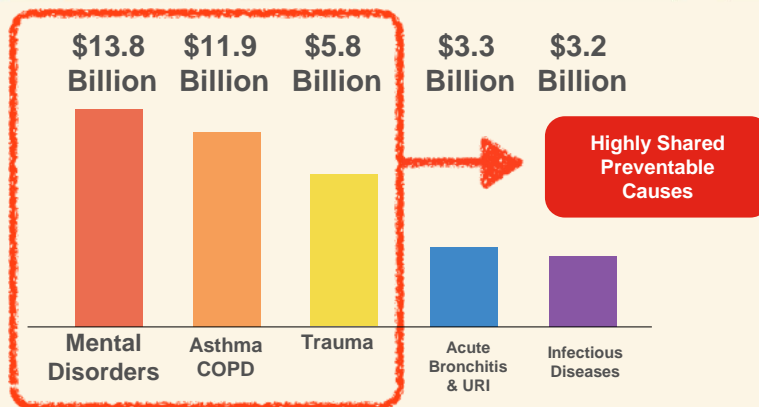


What predicts headline violence in the news?

- A. Severe Mental Illness
- B. Substance abuse or dependence
- C. History of violence



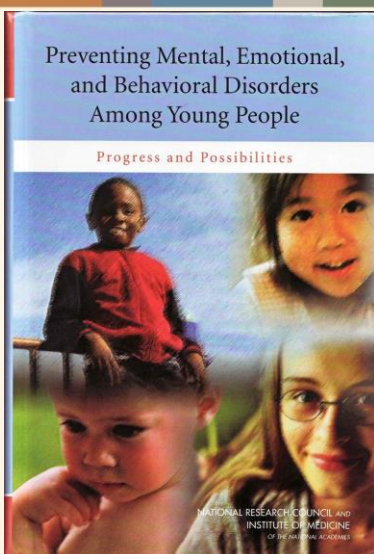
Five Most Costly Children's Conditions for Medicaid & S-CHIP - 2011



Soni, A. Center for Financing, and Cost Trends, Ed. (Agency for HealthCare Research and Quality, Rockville, MD.
http://meps.ahrq.gov/mepsweb/data_files/publications/st434/stat434.shtml



What About...



- **The possibility of preventing serious mental illness from early years as a part of universal protection in First Grade?**
- SAMHSA has several thousand classrooms to implement the single most proven strategy in early grades—the PAX Good Behavior Game (See <http://bit.ly/NREPP>), cited in the IOM Report, which is unique in affecting BDNF.



Prime Time TV Special (DOC ZONE on CBC)

- What is PAX GBG? (video)



Universal classroom or parenting strategy affects the brain.

Pre 54
DOI:10.1037/a0036441.1

Reducing Aggression and Impulsivity Through School-Based Prevention Programs: A Gene by Intervention Interaction

Rashelle J. Mucci · Catherine P. Bradshaw · Britton Mahor · George R. Hill · Sheppard G. Kellam · Nicholas S. Ialongo

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Abstract A variety of school-based, universal prevention interventions have been developed to address behavioral and mental health problems. Unfortunately, few have been evaluated within the context of randomized controlled trials with long-term follow-up. Even fewer still have examined the potential genetic factors that may drive differential impact of the intervention. In the present analysis, we examine the extent to which the longitudinal effects of two elementary school-based interventions were moderated by the brain-derived neurotrophic factor (BDNF) gene, which has been linked with aggression and impulsive behaviors. The sample included 478 white, primarily African American children who were randomly assigned along with their teachers to one of three first-grade classroom conditions: classroom-centered (CC) intervention, Family School Partnership (FSP), or a control condition. The teacher ratings of the youth's aggressive and impulsive behavior were obtained at baseline and in grades 1–12. Single-nucleotide polymorphisms (SNPs) from the BDNF gene were extracted from the genome-wide data. Longitudinal latent trait-state error models indicated a significant interaction between a particular polymorphic of the BDNF SNP cluster (46 % of sample) and CC intervention on impulsivity ($F(1,22) = 2.0, p < .05$). A similar interaction was observed for the BDNF SNP cluster and the CC intervention

on aggression ($F(1,14) = 14.0, p < .05$). The results suggest that the impact of preventive intervention in early elementary school on the adolescent outcomes of impulsivity and aggression can be potentially modified by genetic factors, such as BDNF. However, replication of these results is necessary before firm conclusions can be drawn.

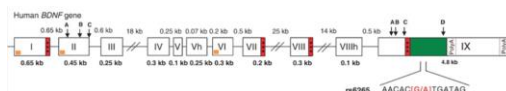
Keywords Aggression · Impulsivity · Genes · Brain-derived neurotrophic factor · Intervention · Schools

An early onset of aggressive and impulsive behaviors in childhood is associated with increased risk for mental health and problems in adolescence and adulthood (Bradshaw et al. 2010; Jakupac et al. 2006; Moffitt 2006; Pease et al. 2004). The need for efficacious prevention programs is particularly great in urban communities, where the risk for behavioral, mental health, and academic concerns is considerably increased (Institute of Education Sciences 2011; Institute of Education Sciences 2012; Pease et al. 2004). Only a select number of school-based prevention programs have been effective at reducing rates of behavioral and mental health problems through the adolescence (Chen and Speer 2007). One such program is the Good Behavior Game (GBG). Another program of interest is the Family School Partnership (FSP), which was designed to reduce early risk behaviors by enhancing family-school communication and parent behavior management and academic instruction skills. These interventions are designed to target the early antecedents of problem behaviors such as substance abuse, depression, and antisocial behavior. This work is supported by previous work showing that learning problems in childhood can predict psychiatric distress and that early aggressive behavior can predict later antisocial behavior and substance use (Kellam et al. 2002). The preventive effects of the GBG and FSP interventions were evaluated within the context of a randomized controlled trial by the Johns Hopkins Prevention Intervention Research

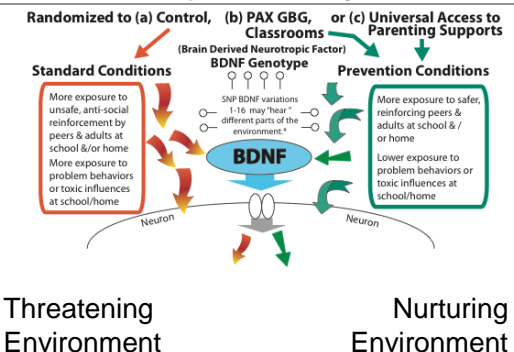
Electronic supplementary material The online version of this article (doi:10.1037/a0036441.1) contains supplementary material, which is available to authorized users.

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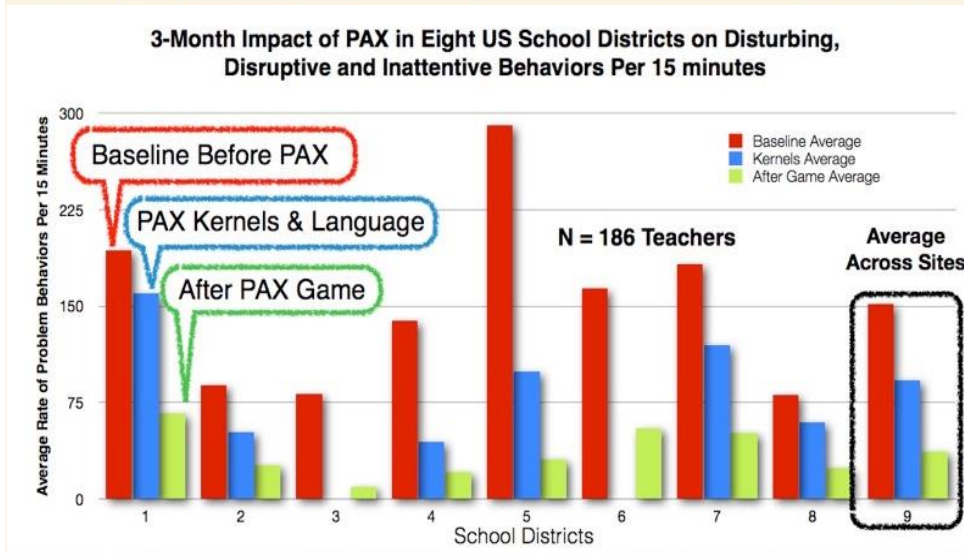
C. P. Bradshaw
Molecular Neurobiology Division, NIDA Intramural Research Program, Baltimore, MD, USA



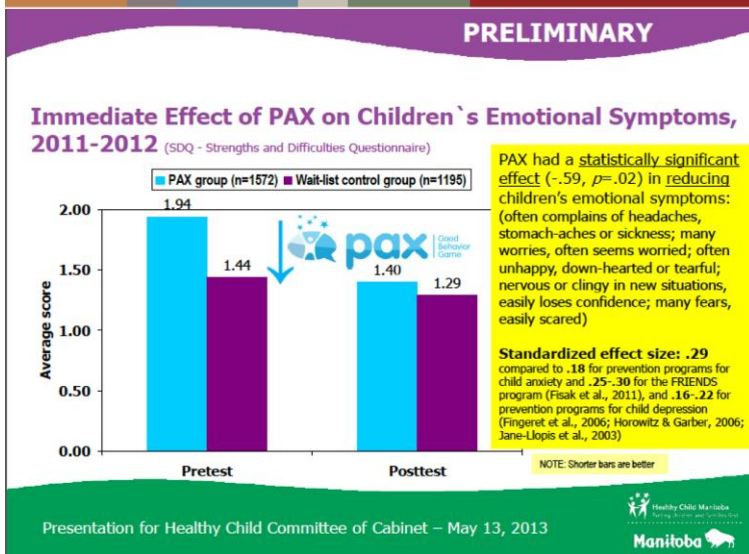
How the Social Environment Affects Expression of Genes Associated with Mental and Behavioral Disorders from Recent Experimental Results Following Children for Two Decades*



Rapid Reduction In Risk Behaviors



Rapid Reduction in Clinical Measures

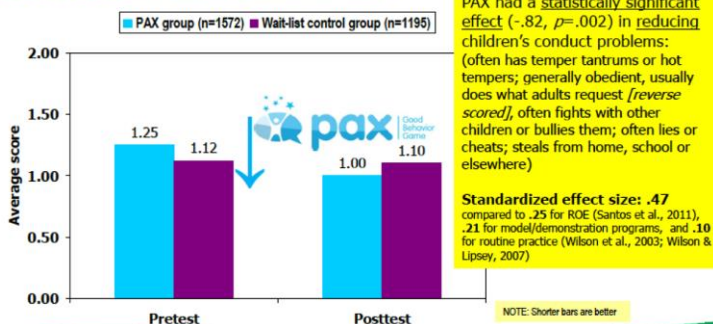


Rapid Reduction in Clinical Measures

PRELIMINARY

Immediate Effect of PAX on Children's Conduct Problems, 2011-2012

(SDQ - Strengths and Difficulties Questionnaire)



PAX had a statistically significant effect ($-0.82, p=.002$) in reducing children's conduct problems: (often has temper tantrums or hot tempers; generally obedient, usually does what adults request [reverse scored], often fights with other children or bullies them; often lies or cheats; steals from home, school or elsewhere)

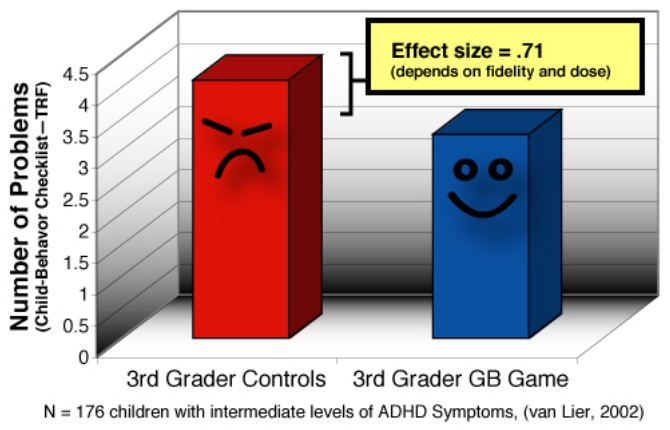
Standardized effect size: .47 compared to .25 for ROE (Santos et al., 2011), .21 for model/demonstration programs, and .10 for routine practice (Wilson et al., 2003; Wilson & Lipsey, 2007)

Presentation for Healthy Child Committee of Cabinet – May 13, 2013



How about ADHD?

Teacher's Ratings of ADHD Problems After Exposure to Game in 1st Grade



What would be the predicted benefits if all U.S. 4 million first graders were protected by the PAX GBG at Ages 19-21?

Number	Outcome
350,306	fewer young people will need any form of special education services
226,668	more boys will likely graduate from high school.
272,002	more boys will likely enter university
361,444	more girls will likely graduate from high school
282,440	more girls will likely enter university
39,564	fewer young people be convicted of serious violent crimes violence violent crimes
391,518	fewer young people will develop serious drug addictions
267,881	fewer young people will become regular smokers
144,244	fewer young people will develop serious alcohol addictions
197,510	fewer young women will contemplate suicide
267,881	fewer young men will attempt suicide



For More Info

- **Visit or Download:**
 - <http://bit.ly/NREPP>
 - www.GoodBehaviorGame.org
 - <http://bit.ly/AlbanyNYPAXGBG>
 - <http://bit.ly/What-IS-PAX-April-2014>
 - Congressional Briefing <http://bit.ly/EmbryBrief>
 - Predicted Impact in every state: <http://bit.ly/PAXGBG-50states-nov2014>
- **Call PAXIS Institute 520-299-6770**





Behavioral Health is Essential To Health



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People Recover



Parents as Teachers

Elaine Shiver- Texas Parents as Teachers
Program Director



Program Goals



Parents as Teachers™

1. Increase parent knowledge of early childhood development and improve parenting practices
2. Provide early detection of developmental delays and health issues
3. Prevent child abuse and neglect
4. Increase children's school readiness and school success

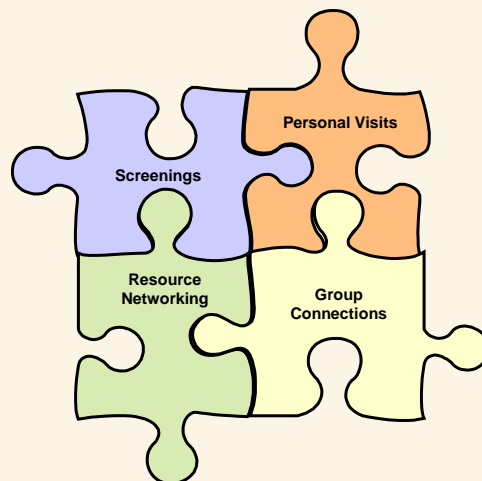


Program Components



Parents as Teachers™

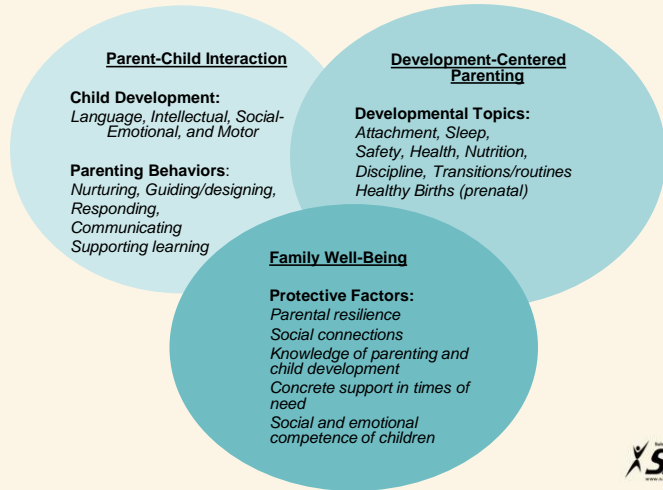
Available to families from the prenatal period through the kindergarten year



Areas of Emphasis



Parents as Teachers™



History and Scope



Parents as Teachers™

PAT in all 50 states and 6 other countries



1981



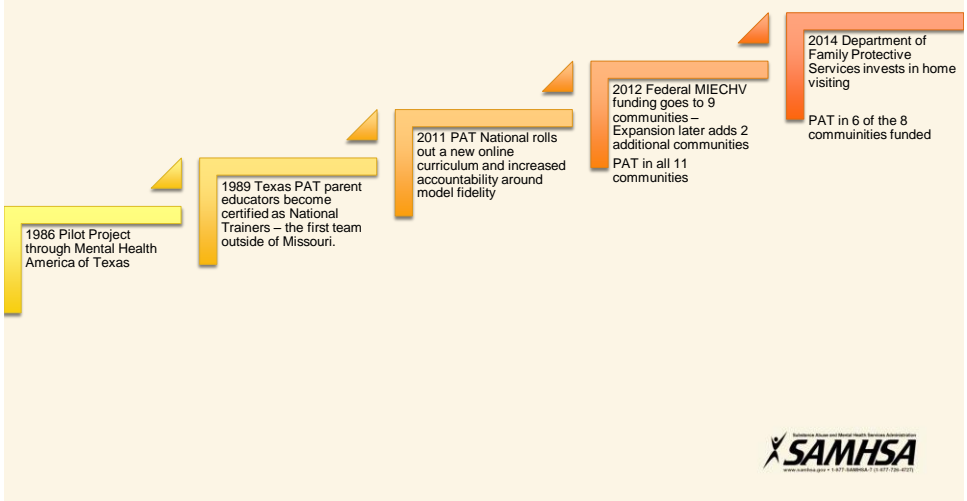
2014



Texas Beginnings



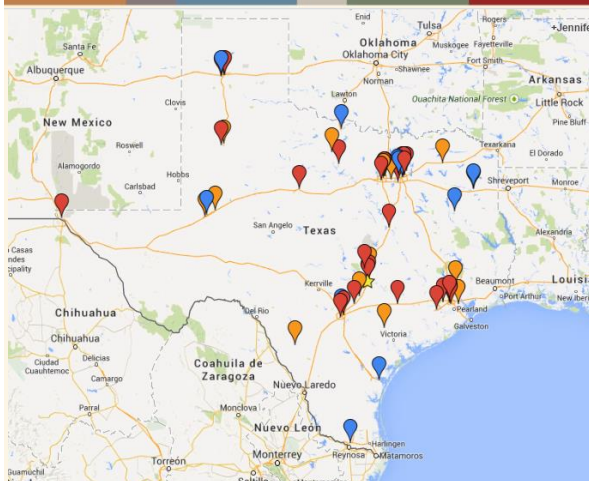
Parents as Teachers™



Texas Today



Parents as Teachers™



2013 Texas Footprint
43 Affiliate Sites
256 Parent Educators
62,777 Visits
7,240 Children Served
5,847 Families Served

There are additional families receiving some but not all of the Parents as Teachers components.



Partners



Parents as Teachers™

Area

Type of Organization that Houses Affiliate



- Hospital or Medical Facility
- Health Department
- Government Agency
- Family Resource Center
- Early Intervention
- Community Action Agency
- Private/Public Non-Profit
- School System
- Social Service Agency
- University Extension

Funding

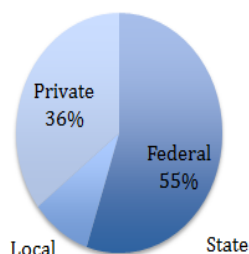


Parents as Teachers™

33% of our sites blend PAT with another early child service delivery model:

- 8 Early Head Start
- 5 Head Start
- 5 Family Literacy or Center-Based
- 1 Healthy Families America

Primary Funding



**** This data is from the Annual Performance Report in 2013. State funding was added in 2014 and is expected to increase in 2015.**



Working with the State



Parents as Teachers™

- **Do your homework**
 - *Research program model*
 - *Determine cost*
 - *Build a business plan*
- **Build relationships**
- **Communication!**
- **Budgets/Contracts**
 - *Data collection*
 - *Benchmarks/Outcomes*
- **Model specific Technical Assistance benefits everyone**



Lessons Learned



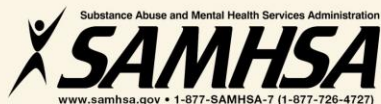
Parents as Teachers™

- **Benefits and Costs of Evidence Based Practices**
- **Benefits and Costs of a Flexible Model**
- **Relationships are key to sustainability**
- **Prevention, Early Intervention, and Two Generation programs cut across normal “silos”.**
- **High Quality Programs will be able to weather the storms**



For more information:

- Elaine Shiver at txpat@txpat.org
- Parents as Teachers National Center at www.parentsasteachers.org



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**Texas Suicide Safe Care:
 Zero Suicides in Texas (ZEST)**

Texas Project Primary Partners:
 Texas Department of State Health
 Services
 Community Behavioral Health
 Centers (LMHAs)
Mental Health America Texas
 University of Texas at Austin
 School of Social Work

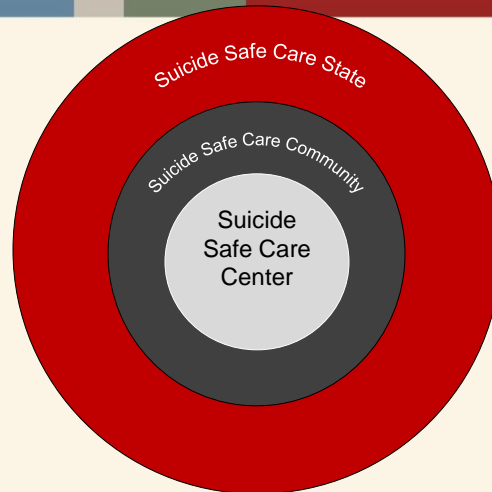
Zero Suicide Framework

DSHS focus on change in public mental health agencies:

- **90% of individuals who die by suicide have a diagnosable behavioral health condition**
- **25% have reached out to a BH care provider within the previous month**
- **Transitions between ED or hospital and outpatient services a high risk time**
- **Public mental health agencies serve as community leaders in behavioral health care**



Texas Suicide Safe Care Model



Where Did We Start?

- **Two previous youth suicide federal grants**
 - *Success in public awareness, coalition building*
 - *Not sure folks were getting to good care and emphasis on safe messaging needed*
- **BH system is public safety net**
- **Zero Suicide effort began with engagement of 15 Local Mental Health Authorities (LMHAs and being rolled out to 10 others each year of grant cycle)**



Leadership Commitment

- DSHS Deputy Commissioner Mike Maples sends message to all CBHC leadership
- DSHS video highlighting suicide prevention services and suicide safe care goal
- Local CBHC executive leadership commits to Zero Suicide goal
- Local CBHCs identify suicide prevention officers



Community Commitment

- **History:** Texas Suicide Prevention Council is made up of 30 local suicide prevention coalitions & 20 statewide organizations -- MHAT serves as convener & facilitator
- 2011 Zero Suicide goal embraced by the Texas Suicide Prevention Council as part of State Plan
- 2012 Texas State Plan for Suicide Prevention rewritten with Zero Suicide Goals in mind to reflect new National Plan



Mental Health America of Texas Emphasis on Education & Training

•Training: (best practices)

- Gatekeeper
- Train the trainer
- Postvention
- Kognito online training teachers

•Suicide Prevention Council:

- Infrastructure
- 30+ Coalitions
- 20+ Statewide Groups
- Texas State SP Plan
- Policy issues
- Technical Assistance



Mental Health America of Texas Emphasis on Education & Training

Public Education:

- Bilingual brochures
- PSAs
- Prevention & Postvention toolkits
- iPhone & Android Apps

- Statewide Symposium (700 plus attendees)
- Regional Summits
- Youth Videos
- Host Website
- eNewsletter
- Spanish Webpage

New emphasis on safe messaging for all communications.



Suicide Safe Care Communities (MHAT focus)

- ASK Gatekeeper Training,
- Kognito Gatekeeper Training (MS, HS, college) , over 25,000 trained
- Suicide Prevention Regional Summits (2 per year)
- Means restriction Eds, 1st Responders-CALM
- Technical assistance to local coalitions
- Postvention technical assistance



Potential Partnerships

What You Might Do – Potential Partnerships

- Partner with state or local health/mental health department leadership for ZERO suicide plan
- Partner with state's GLS youth suicide prevention grantee for training, awareness or services, or apply for a grant with SAMHSA
- Partner with education authority for best practices sp training such as Kognito or ASK



What You Might Do-Public Policy

What You Might Do - Public Policy

- **State Plan for Suicide Prevention – add Zero Suicide Goal**
- **Share suicide data among education, health and mental health authorities**
- **Joint advocacy effort with all major mental health organizations**



TexasSuicidePrevention.org

**App
ASKAbout
Suicide**



**App
Virtual
Hope Box**



**True Stories of
Hope and Help
VideosOnline**



Learn More

- www.dshs.state.tx.us/mhsa/suicide/Suicide-Prevention.aspx
- www.TexasSuicidePrevention.org
- Twitter: @StopTXSuicides
- Contact M.H. Keller, hodgekeller@yahoo.com

