Protecting America’s Children
Evidence Based Practices for Children with Serious Emotional Disturbance
Helping reduce risk of serious mental illness with…

Use Hashtag: #SaveAllKids

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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

Base rate of violence = 0.029

<table>
<thead>
<tr>
<th></th>
<th>Probability of Violence Between Waves 1 and 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>0.005</td>
</tr>
<tr>
<td>A</td>
<td>0.024</td>
</tr>
<tr>
<td>B</td>
<td>0.068</td>
</tr>
<tr>
<td>C</td>
<td>0.042</td>
</tr>
<tr>
<td>A+B</td>
<td>0.128</td>
</tr>
<tr>
<td>A+C</td>
<td>0.103</td>
</tr>
<tr>
<td>B+C</td>
<td>0.140</td>
</tr>
<tr>
<td>A+B+C</td>
<td>0.132</td>
</tr>
</tbody>
</table>

n = 18,450  m = 3,089
n = 1220    n = 1997
n = 643     n = 2,494
n = 1,603
Five Most Costly Children’s Conditions for Medicaid & S-CHIP - 2011

- Mental Disorders: $13.8 Billion
- Asthma COPD: $11.9 Billion
- Trauma: $5.8 Billion
- Acute Bronchitis & URI: $3.3 Billion
- Infectious Diseases: $3.2 Billion

Highly Shared Preventable Causes


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.
Rapid Reduction In Risk Behaviors

3-Month Impact of PAX in Eight US School Districts on Disturbing, Disruptive and Inattentive Behaviors Per 15 minutes

- Baseline Before PAX
- PAX Kernels & Language
- After PAX Game

N = 186 Teachers
Average Across Sites

Rapid Reduction in Clinical Measures

Immediate Effect of PAX on Children’s Emotional Symptoms, 2011-2012 (SDQ - Strengths and Difficulties Questionnaire)

PAX had a statistically significant effect (-.59, p<.02) in reducing children's emotional symptoms: (often complains of headaches, stomach-aches or sickness; many worries, often seems worried; often unhappy, down-hearted or tearful; nervous or clingy in new situations, easily loses confidence; many fears, easily scared)

Standardized effect size: .29 compared to .18 for prevention programs for child anxiety and .35 - .36 for the FRIENDS program (Fink et al., 2011), and .16 - .22 for prevention programs for child depression (Feng et al., 2006; Resnick & Garbar, 2006; Same-Djipo et al., 2003)

Presentation for Healthy Child Committee of Cabinet – May 13, 2013
Rapid Reduction in Clinical Measures

Immediate Effect of PAX on Children’s Conduct Problems, 2011-2012
(SDQ - Strengths and Difficulties Questionnaire)

PAX had a statistically significant effect (-.82, p<.002) in reducing children’s conduct problems:
(often has temper tantrums or hot temper; generally obedient, usually does what adults request, rarely scores high on conduct problems; often fights with other children or bullies them; often lies or cheats; steals from home, school or elsewhere)

Standardized effect size: .47
compared to .29 for ROE (Santos et al., 2011).
.33 for medication programs, and .18 for routine practice (Wilson et al., 2003; Wilson & Loney, 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

Effect size = .71
(depends on fidelity and dose)

N = 176 children with intermediate levels of ADHD Symptoms, (van Lier, 2002)
What would be the predicted benefits if all U.S. 4 million first graders were protected by the PAX GBG at Ages 19-21?

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

For More Info

- Visit or Download:
  - [www.GoodBehaviorGame.org](http://www.GoodBehaviorGame.org)
- Call PAXIS Institute 520-299-6770
Behavioral Health is Essential To Health
Prevention Works
Treatment is Effective
People Recover

Elaine Shiver- Texas Parents as Teachers
Program Director
Program Goals

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

Available to families from the prenatal period through the kindergarten year

Screenings
Personal Visits
Resource Networking
Group Connections
Areas of Emphasis

Parent-Child Interaction
Child Development: Language, Intellectual, Social-Emotional, and Motor
Parenting Behaviors: Nurturing, Guiding/designing, Responding, Communicating, Supporting learning

Development-Centered Parenting
Developmental Topics: Attachment, Sleep, Safety, Health, Nutrition, Discipline, Transitions/routines, Healthy Births (prenatal)

Family Well-Being
Protective Factors: Parental resilience, Social connections, Knowledge of parenting and child development, Concrete support in times of need, Social and emotional competence of children

History and Scope
PAT in all 50 states and 6 other countries

1981
2014
Texas Beginnings

1986 Pilot Project through Mental Health America of Texas

1989 Texas PAT parent educators become certified as National Trainers – the first team outside of Missouri.

2011 PAT National rolls out a new online curriculum and increased accountability around model fidelity

2012 Federal MIECHV funding goes to 9 communities – Expansion later adds 2 additional communities

PAT in 6 of the 8 communities funded

2014 Department of Family Protective Services invests in home visiting

2011 PAT National rolls out a new online curriculum and increased accountability around model fidelity

Texas Today

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.
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

- 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

- 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
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

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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

- 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
ASK About Suicide

App
Virtual Hope Box

True Stories of Hope and Help
Videos Online
Learn More

- www.dshs.state.tx.us/mhsa/suicide/Suicide-Prevention.aspx
- www.TexasSuicidePrevention.org
- Twitter: @StopTXSuicides

- Contact M.H. Keller, hodgekeller@yahoo.com