

Statewide Behavioral Health Coordinating Council (SBHCC)

May 25, 2023



Dr. Blake Harris filling in as chair

“Turn To” Campaign

- Chris Laguna, Claire Jamison
- Substance use area includes prevention, treatment, targeted opioid response.
 - Turn To campaign falls under prevention
- PBHB block grant seeks to reduce:
 - Underage alcohol use
 - Marijuana and cannabinoid products
 - Tobacco and nicotine products
 - Prescription drug misuse
- 20% of grant goes to prevention
- Goal 1: provide Texas youth, young adults, patients, and guardians with resources to cope with trauma, stress, and anxiety
- Goal 2: inform Texas community leaders about risk and protective factors that contribute to SUD
- Target audience:
 - Parents of youth, as persons first
 - Youth (ages 10-17) and young adults (ages 18-25)
 - Community leaders
- Primary focus on populations most affected by COVID experiencing the greatest health disparities (hispanic and latino, non-hispanic, black, lower socio-economic status)
- UT conducted a survey and found that the most important things to Texans are: Family, happiness, physical health, spirituality, mental health
- [Turn To campaign](#) has resources for how to talk to your child, family and friends, etc.

- Just added another tab for educational resources
- Turn To check in: a way for people to take a survey and identify BH and SUD needs
- Since start of campaign, over 700 million impressions served on all media
 - Were hoping for 200m impressions, so exceeded that
- 29,915 spots aired statewide on TV and radio during the campaign from January through early March, 2023.
 - Highest clicks from social media
- Trying to tap into different cultural or community events that are already happening.

88th Legislative Session Update

- Amanda Broden, director of Cross Division Coordination
- Yesterday was the last day for the senate to hear house bills, and last day for the house to hear senate bills on third reading.
- A lot of bills have dropped off at this point
- HB2059 by Price related to MH first aid training w LMHAs an LBHAs. Changed the reimbursement cap to LMHAs and LBHAs so they can be reimbursed for the full cost of mental first aid training, updated the list of who can receive mental health first aid training with HHSC funding. Has been sent to the governor.
- HB2361 by Price relates to a program started in 86th session with HB19 that LMHAs and educational service centers, coordinate to hire non-physician mental health professionals to provide resources to school districts in ESC service areas. Would allow LMHAs to file a waiver and hire professionals with less stringent requirements, like LMSWs. This bill didn't make it, but provisions in bill were added to SB26.
- SB26 by Kolkhorst relates to LMHA and LBHA audits. Broad bill, has lots of areas that affect HHSC and some providers. New innovation grant program for mental health early intervention for children and families, 30m in HB1 would fund. Requires OIG to conduct performance audits of LMHAs and LBHAs every 5y and report on it. Increases transition services for people coming out of state hospitals who were there more than a year or have intensive needs.
- HB3858 by Frazier is a new grant program. HHSC must establish and manage a grant program to establish MH wellness units with local law enforcement agencies. dNo funding identified, looking for a contingency rider in HB1.

- HB1357 related to reimbursement for certain treatments of Opioid Use Disorder. Repeals expiration date of a current provision that would limit the payment of this and expires soon. Has passed.
- SB63 by Zaffirini- the Texas Veterans Commission and HHSC would produce and make publicly available a guide for veterans and their families. Would produce and make available online. Was signed by the governor and effective immediately.

Grants Coordination Unit

- Tesa Buck-Ragland BHS Collaborative Matching Grants Unit
- Twice annual Status Report to Statewide Behavioral Health Coordinating Council (SBHCC)
- Measure Up program established in 2019 to develop metrics for matching grant programs
- Report required to share the impact each collaborative has had on project implementation and mental health outcomes on the population served

BH Collaborative Matching Grants

TEXAS
Health and Human Services

MENTAL HEALTH GRANT PROGRAM FOR JUSTICE-INVOLVED INDIVIDUALS
Address unmet physical and behavioral health needs to those in crisis to prevent initial or subsequent justice involvement and promote recovery.

COMMUNITY MENTAL HEALTH GRANT PROGRAM
Support comprehensive, data-driven mental health systems that promote both wellness and recovery.

HEALTHY COMMUNITY COLLABORATIVES
Build communities that support the ongoing recovery and housing stability of persons who are homeless and have unmet behavioral health needs.

TEXAS VETERANS + FAMILY ALLIANCE
Support community-based, sustainable, research-informed, and accessible behavioral health services to Texas veterans and their families.

4

- Collaborative partnerships with
 - Social Services (111)
 - Healthcare (88)
 - Law enforcement (85)
 - Education (35)
 - Government (24)
 - Advocacy (15)
 - Business (3)
 - Media (2)
- Benefits of collaborative partnerships
 - Access to evidence-based practices
 - Continuity of care
 - Participant retention
 - Access to licensed counselors
 - Relationship building

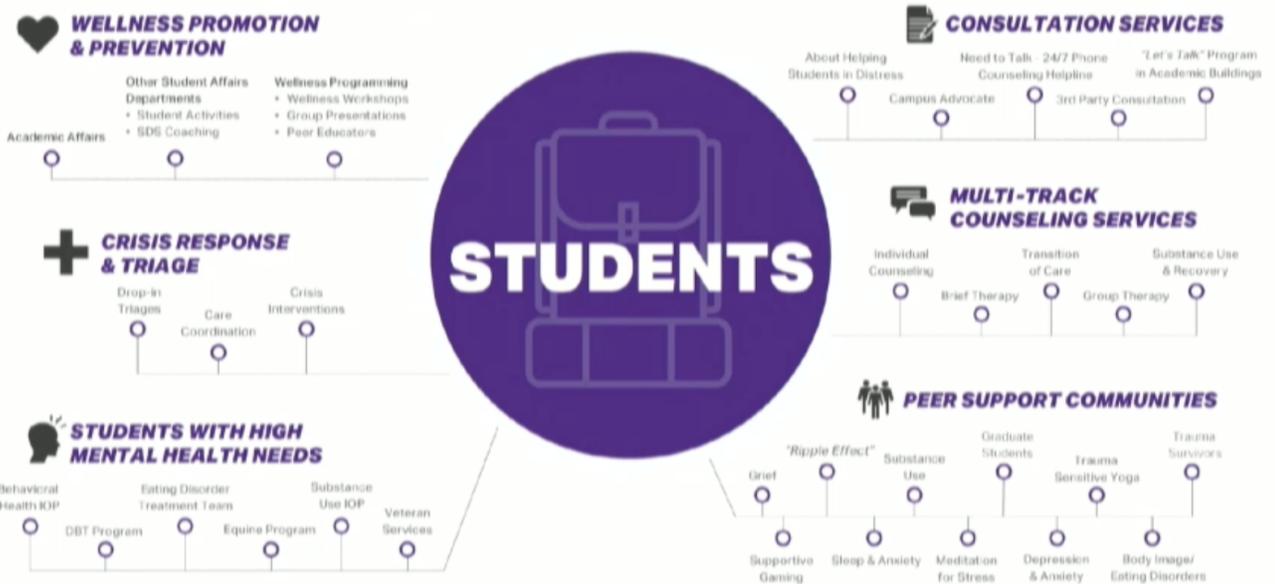
- Increase reach of the program
- Rapid access to BH services with “warm hand off”
- Streamlining access to all needed services
- Community outreach and advocacy
- Needed funds to support and grow services
- Performance measure
 - Unduplicated numbers served for SFY22: 91,298
- Report card for CMHG funded services
 - 136 rural counties served by 27 grantees, connecting over 10,590 rural Texans
 - Over 2,520 students received individualized mental health services. Outcomes of service participation include:
 - 85% of students achieved behavioral improvement
 - 77% of students achieved better grades
- Report card for Justice Involved
 - Increased access to MH services in 31 rural Texas counties, reaching over 4,950 rural Texans.
 - 84% diverted from jail of the 11,837 people encountered
 - Reduction of arrest rate: 5%. 95% of participants in programming remained in the community and out of justice-involved settings
 - 87% of participants with depression achieved clinically significant improvement
- Wayne Young, CEO, Harris Center for MH and IDD. Presentation on Hospital to Home program
 - Program services
 - Crisis and residential services
 - Criminal justice collaborations
 - Crisis response
 - Outpatient services
 - Integrated healthcare
- LMHA for Harris County- over 2600 employees. Serve 88k people across system.
- Stages of homeless rehabilitation
 - Outreach and engagement
 - Transition to intensive care
 - Intensive care

- Transition to ongoing rehab
- Ongoing rehab
- Hospital to Home Services
 - Temporary housing
 - Intensive stabilization supports
 - Trauma-informed care
 - Peer support
 - Linkage to community resources
 - Case management
 - Assistance with application for social services
 - Clothing
 - Healthy meals
- H2H has 24 beds, just expanded to 34 (added 10).
 - Typical stay: 90-180 days
 - For adults experiencing serious mental illness and homelessness

Texas Christian University Counseling Center

- Dr. Eric Wood, director with TCU. e.c.wood@tcu.edu

TCU'S COMPREHENSIVE COLLABORATIVE CARE MODEL



-
- Opportunities provide by campus MH counseling:
 - Reach a vital demographic
 - Many MH concerns emerge/escalate between 18-25. That's an opportune time to treat.
 - High prevalence of suicide attempts
- Reduce barriers to accessing treatment
 - Location- located where clients (students) live and work. Makes it convenient to get treatment. Can get to students quicker than if they were to call 911
 - Reduced stigma/ increased help-seeking
 - Natural desire for peer support
 - Reduced cost for services- provided as part of tuition fee
- Utilize an established infrastructure
- Significant impact on students' lives and the community
 - If a student could get treatment ASAP as mental health concerns come out, you'd really have an impact on MH epidemic.
- Changing campus dynamics

- About 50% of all campus counseling services nationwide are utilized by 20% of clients, according to the Center for Collegiate Mental Health
 - Some students may be referred to off-campus resources if needed
 - Students may come in for evals and not receive ongoing care
 - In TCU, instead of referring students off campus, they decided to have services on campus for students with high mental health needs.
- Many current counseling clients are former clients who have returned to seek services again.
- Counseling center staff often report high levels of burnout and rate unscheduled appointments and crisis response as the largest source of the burnout
 - Students generally wait until things get really bad to seek help. Don't generally seek help preemptively
- Primary objectives of Comprehensive Collaborative Care (CCCM)
 - Provide specialized services for students with high mental health needs
 - Foster peer support communities and recovery services for a wide range of MH domains
 - Implement dedicated triage and crisis response services
 - Work with campus partners to serve students with sub-clinical needs
- Counseling tracks
 - Single session counseling
 - Brief counseling
 - Crisis management
 - Short-term individual counseling
 - Group counseling
 - Substance use and recover counseling
 - Maintenance individual counseling
 - Long-term individual counseling
 - Transition of care
- Questions
 - Harris: what's the rate of students being referred by professors, TAs, school staff?
 - Wood: most students need somebody to give them that nudge to come to the counseling center. Professors will generally refer students

if their grades change suddenly. It's key for us to contact people on the first line, like professors.

- Harris: do they get training on how to recognize MH?
 - Wood: it depends on the campus. We do that at TCU, but lots of other academic depts don't know that mental health first aid exists
- Is there an opportunity for intensive case management?
 - Wood: yes. Case managers can follow to make sure students stay in certain programs, hook students up with resources (like to help with food and utilities).