Harvey Recovery Plan for Mental Health & Wellness

While Mental Health America (MHA) of Greater Houston has been supporting the efforts to meet the need for emergency services as a result of hurricane Harvey, we have also been reminded by the Director of the National Institute of Health that after the immediate needs of rescue and control of infectious and communicable diseases, the most critical emerging health need will be related to mental and behavioral health. With this in mind, we embarked on doing due diligence consulting with organizations that have addressed emerging mental and behavioral health needs in the aftermath of natural disasters such as Harvey and doing research on best practices to determine the most appropriate way forward.

Through this process of gathering information about the most appropriate way to help the Greater Houston Region recover, we have reached three key conclusions:

🌟 **Primary Prevention:** Augment support services, professional development, and community education offerings related to trauma-informed environments and social-emotional learning throughout the lifespan to strengthen resilience and healthy coping mechanisms with special emphasis on vulnerable segments of the population. This is especially critical at all places and venues where children, families, adults and seniors are being engaged, such as schools, primary care providers, places of worship and employment, community centers, and other nonprofit and public organizations, especially those that are already located in the most affected areas.

🌟 **Primary-Secondary Prevention:** Accelerate ongoing efforts to prevent mental illness and decrease the unsustainable demand for more medical and mental/behavioral health services using a multi-sector and multi-year approach to coordinate and integrate community-based services that promote mental health and provide behavioral health services. There is a need, now urgent, to increase the levels of coordination and integration of efforts. Our collective impact processes are bringing organizations to work together on concerted efforts by using a common agenda, and sharing information and resources. More of these types of efforts are needed in the recovery process.

🌟 **Primary-Tertiary Prevention:** Fast-track grass-tops and grass-roots collaborative efforts to generate the political will to fundamentally change those institutional policies and organizational processes that are perpetuating and aggravating systems that punish the ill and those with limited opportunities instead of addressing the social and community determinants of (mental) health by offering support and wrap-around services. This has a direct correlation with both schools and the juvenile justice system, as well as with jail diversion programs and specialty courts. More efforts are needed to move away from a
punishment model to an intervention and prevention model to address the behavioral health needs of special segments of the population such as youth and veterans (out-of-school placement and involvement with justice systems). Steady changes have taken place, but substantial changes and more support for initial steps taken by some institutions are now urgent considering that mental/behavioral health needs are expected to increase in the aftermath of hurricane Harvey. This work is mainly related but not limited to the ongoing engagement of elected officials and decision makers.

**Our Mission:** Drive community solutions to promote mental health. Our vision is a future of hope and understanding that promotes the health and well-being of all people. We work with a collaborative of 200 organizational partners; including school districts, clinics, public-private entities, colleges, faith-based organizations, and other nonprofits implementing collective impact processes to ascertain tangible changes in the community.

**Harvey Recovery Plan Per Area of Work:**

- **Integrated Health Care Initiative (IHCI)**
  - Utilize Kaiser Permanente funding and seek additional funding to replicate the demonstration projects methodology in areas outside the Houston central area (Northwest) that were affected by the flooding. Currently, working on a partnership with Northwest Assistant Ministries and Christ Clinic. These projects will be to enhance their capacity to respond to emerging mental/behavioral health needs.
  - Accelerate the maximization of current billing codes to sustain and increase the work of licensed behavioral health providers with special emphasis on social workers that can play a dual role providing clinical services and addressing the social determinants of (mental) health in the communities that were affected by flooding.
  - Increase efforts to ensure primary care settings are screening for behavioral health needs including post-traumatic event symptoms. Additional emerging needs will be identified and addressed through the IHCI collaborative.

- **Center for School Behavioral Health**
  - Increase current trainings and learning events to enhance trauma-informed environments in schools, homes, and places where services to children and parents are rendered. The annual school behavioral health conference theme and content will remain trauma-informed environments and social-emotional learning. Currently, working with the local UNICEF office to secure funding for
blended (virtual & in-person) trauma-informed trainings in schools with special emphasis on recovery after a natural disaster.

- Pursue other sources of funding to move forward with unfunded collaborative projects with core partners such as Harris County Department of Education, the Center for Reform of School Systems, the City of Houston Department of Health (My Brothers’ Keeper), and the Prevention Institute to address systemic and underlying social and community factors that are hindering the behavioral health of children and youth.

- Additional emerging needs will be identified through the Center’s collaborative and addressed utilizing the school-based providers community of practice and the school districts learning community. The community of practice and the learning community will also be utilized to enhance levels of coordinated and integrated work that are going to be a key aspect in the recovery process to avoid duplication of efforts and foment supplemental and collaborative work. This includes the procurement of additional grant-partnerships to support neighborhoods and communities that were affected by the flooding.

- **Maternal-Infant Mental Health Initiative**
  - Increase efforts to engage pediatricians and other health and human services providers in screening for perinatal mood disorders with the appropriate and timely response to address any needs identified.
  - Augment community advocacy to make sure the foundation of lifelong health starts before birth by supporting low-income mothers and families.
  - Currently, working on a partnership with El Centro de Corazón to increase efforts in neighborhoods in the east corridor that were greatly affected by the flooding.

- **Education & Outreach**
  - Utilize Kaiser Permanente funding and procure additional funding to offer self-care brief workshops in the community including places of worship.
  - Currently pursuing a partnership with AllState to embed behavioral health content in their upcoming community forums in highly affected areas in the region.
  - Utilize Kaiser Permanente funding and procure additional funding to increase resilience and capacity in the community through the implementation of a natural helper (peer-based) initiative to train and equip members of the community to be natural helpers and allies in emergency or crisis situations.
This will be deployed as a blended option between Psychological First Aid and Natural Helpers curricula.

- **Workplace Wellness**
  - Offer brief self-care workshops in places of work.
  - Include first line / front line of response personnel in self-care workshops.
  - Accelerate the launching of a comprehensive series of wellness workshops as a bundled option for corporations/businesses, and other public-private organizations interested in enhancing the well-being of their employees with emphasis on strengthening resilience and healthy coping mechanisms.

- **Veterans Behavioral Health Initiative**
  - Increase peer-mentoring basic training deliveries including a mental health toolkit for emergency and relief efforts.
  - Deploy trained veterans and volunteers (relatives and others) to team up with ongoing relief and recovery efforts in highly affected areas.
  - Increase training for law-enforcement officers including self-care content in trainings such as the Trauma Affected Veteran (TCOLE course 4067).

- **Policy & Government Affairs:**
  - Engage the local Houston delegation in MHA of Greater Houston’s Harvey initiatives and programs. Through correspondence and meetings with local elected officials, we can obtain “buy-in” not only for our programming plan, but also to motivate elected officials to implement and augment programming throughout their districts.
  - Prepare and submit Interim Charges to the Texas State Legislature to allocate funding for initiatives, including specialized trauma-informed training, to mitigate the mental/behavioral health effects of hurricane Harvey on our most vulnerable populations.
  - Organize meetings of “grass tops” influencers to mobilize the network of mental/behavioral health advocates to band together on proposed policy initiatives for the Greater Houston Region and beyond.

**Way Forward:** We are calling on funders and philanthropists to invest in long-term recovery efforts within a continuum of thoughtful steps that goes beyond the immediate need for relief and builds upon those efforts to sustain the fundamental changes that are needed in the community to prevent illness and promote wellness and resilience. Multi-year funding is needed to support these efforts and accelerate results in the aftermath of hurricane Harvey.
Initial Steps for Aftermath Year One

1. Adjust all MHA of Greater Houston programming/materials to include self-help tips and key relief resources (embedded). **Responsible:** Each Program Director. **Timeframe:** By October 31st.

2. Review the upcoming School Behavioral Health conference program to ensure content includes specific recommendations to address emerging behavioral health needs as a result of hurricane Harvey. **Responsible:** Center Professional Development Manager. **Timeframe:** By September 15th.

3. Develop a brief self-care workshop (from existing evidence-based curricula) and start offering these workshops in the community. **Responsible:** Director of Education & Outreach. **Timeframe:** By September 30th.

4. Create a core team of contract professionals and paraprofessionals to do community education and outreach in highly affected areas. **Responsible:** Director of Education & Outreach. **Timeframe:** By October 31st and thereafter on an ongoing basis.

5. Deploy trained veteran peer-mentors to support the work of organizations in the most affected areas in the community. **Responsible:** Director of VBHI. **Timeframe:** By September 30th and thereafter on an ongoing basis.

6. Ensure the dissemination and access to existing free virtual trauma-informed trainings such as Kognito (up to March 2018) and Psychological First Aid. **Responsible:** Director of the Center for School Behavioral Health & Director of Education & Outreach. **Timeframe:** By September 30th and on an ongoing basis thereafter.

7. Identify key partners in the implementation of recovery-specific programming with emphasis on underserved areas that were impacted by the flooding such as the East Corridor and the Northwest area in Harris County. **Responsible:** Chief Program Officer in partnership with Director of G&R. **Timeframe:** By September 30th and on an ongoing basis thereafter.

8. Through our community advocacy presence in various convening instances and our own convening efforts, ensure mental/behavioral health considerations are given priority in all recovery/relief plans that may be underway. **Responsible:** Director of Policy and Government Affairs in partnership with CEO and Program Directors. **Timeframe:** Already underway and ongoing.

9. Engage current and potential philanthropic partners in crucial conversations about the need for long-term recovery investment in the area of mental/behavioral health. **Responsible:** Development team. **Timeframe:** Already underway and ongoing.
Chair the work of the United Way Harris County Long-term Recovery Workgroup for Mental and Spiritual Health. **Responsible:** Chief Program Officer. **Timeframe:** Already underway and ongoing.

**Multi-year Vision for the Aftermath**

- **Year One:** Deploy *ad-hoc* programming with special emphasis on social-emotional learning throughout the lifespan and trauma-informed services. Increase capacity to address emerging mental/behavioral health concerns in the areas most affected by the flooding including peer-based approaches such as natural helpers. Concrete deliverables for each program area will be defined by the Chief Program Officer and each Program Director by the first week in October. Indicators will be embedded in the benchmark report and labeled as Harvey Recovery Indicators (HRI).

- **Year Two:** Assess Y1 work. Sustain most promising efforts according to available funding. Introduce legislation in support of community-based efforts to strengthening resilience and peer-based approaches. Support efforts to address the social and community determinants of (mental) health.

- **Year Three:** Regroup and determine future steps for additional community based solutions to address recovery needs in areas that may remain underserved by local and regional recovery efforts as it pertains to the mental/behavioral health of the community. Sustain the most promising practices implemented in previous years and start a recurrent multi-year process of implementation of special programming to enhance readiness and resilience in the community.

**Key Concepts**

- **Trauma-Informed:** Environments/Care/Services realize the signs and symptoms of trauma, understand potential path for recovery, respond integrating knowledge into policies/procedures/services, and actively seek to avoid re-traumatization.

- **Natural Helper:** A peer-helping approach initially developed in Washington State as a school-based suicide prevention model. The program is based on a simple premise, within every community/school there are informal ‘helping networks’ that can be strengthened through training and support. It is in essence a peer-based model.

- **Social Determinants of (mental) Health:** A person’s (mental) health is shaped by various social, economic, and physical environment factors operating at different states and stages of life.
- **Resilience**: An individual’s capacity to adapt to adverse conditions. It does not imply that the individual is not unchanged by adversity; it only refers to being able to move forward in spite of adverse life conditions.

- **Social Vulnerability**: Susceptibility of individuals and social groups to the impact of adverse conditions and disasters that limits their resilience and ability to recover.

- **Primary Prevention**: Efforts to deter the onset or development of mental illness or behavioral disorders by limiting or avoiding adverse personal and community conditions/events, strengthening protective factors (e.g. social-emotional skills), identifying and addressing early signs, and enacting prosocial policies.

- **Secondary Prevention**: Efforts to reduce the life-altering impact of mental illness or behavioral disorders by implementing early intervention services and developing skills to manage chronic conditions.

- **Tertiary Prevention**: Efforts to ameliorate the impact of chronic mental illness or behavioral disorders by implementing services to enhance level of functioning and quality of life.