

Mental Health Early Intervention Building Block

Department of Human Service

Division of Substance Abuse and Mental Health

GOMB Report

Why Mental Health Early Intervention?

- Many mental, emotional and behavioral disorders can be prevented before they begin and there is a robust scientific base of evidence to support this conclusion
 - **Early onset** (50% of mental illness can be diagnosed by age 14 and 75% can be diagnosed by age 24;)
 - **First symptoms occur 2-4 years prior to diagnosable disorder**
 - **Common risk factors for multiple problems and disorders**

Three Programs to Address the Need

- **Family Resource Facilitation with Wraparound to Fidelity** – Family Resource Facilitators (FRF) act as advocate/advisors and resource coordinators for children and families. FRF's provide information and support and engage the child and family in a planning process that results in a unique set of community services and natural supports individualized for that child and family to achieve a positive set of outcomes.
- **School-Based Behavioral Health** – Coordinated practices provide access to behavioral health services in schools, to support academic success and help keep children and families united.
- **Mobile Crisis Teams** – Partner with emergency services (911, Crisis Line, DCFS, DJJS, etc.) & provide emergency behavioral health services in the home, the school and/or the community.

Children, Youth & Families Served

Total Families Served During Each Quarter

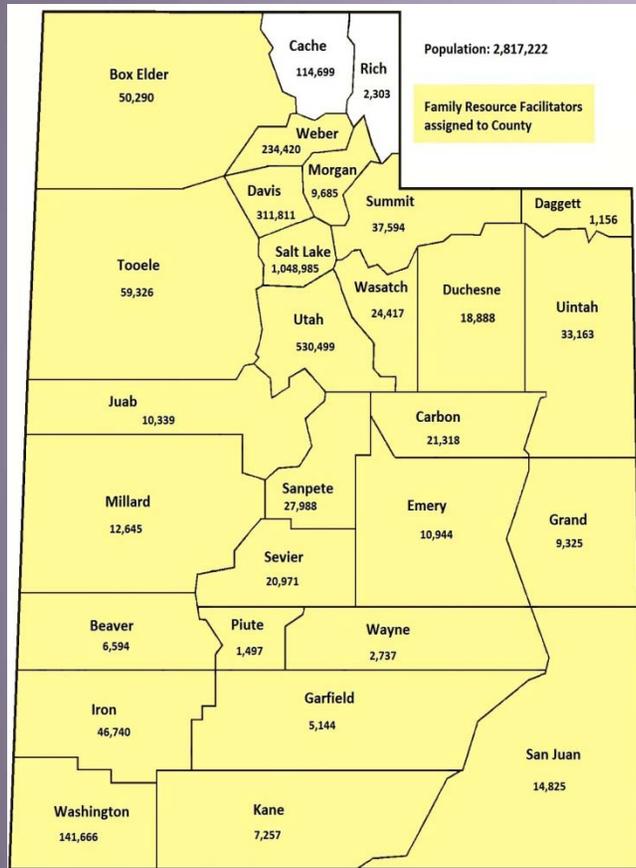
	Family Resource Facilitation (FRF)	School-Based Services	Mobile Crisis Teams	Total By Quarter
Q1	378	617	195	1190
Q2	538	919	336	1793
Q3	945	1028	514	2487
Q4	498	1182	364	2044

Unduplicated Families Served During Fiscal Year 2013

	Family Resource Facilitation (FRF)	School-Based Services	Mobile Crisis Teams	Total
Families Served	1044	1876	1063	3983

Family Resource Facilitation (FRF)

Family Resource Facilitation and Wraparound are accessible in **27** (shown in yellow) of the 29 Utah Counties.



There are **38 certified FRFs** statewide (including all 24 Early Intervention funded FRFs)

In State Fiscal Year 2013, **1044 families** received these services made available through the Mental Health Early Intervention funding

Outcomes:

- Increased family stabilization and youth able to remain in home or return to home
- Increased youth remaining in or returning to school
- Decreased amount of youth in trouble at school or with legal system

FRF Stories

- An FRF attached to a school helped a family who had just been evicted. The FRF helped them obtain temporary housing, access public transportation options so the children could continue at their school, connected the family to a budgeting class, and supported both parents in their search for employment. With this support, the child did not miss a single day of school during that time of upheaval and now both parents have obtained full-time employment.
- Due to a mother's substance abuse and violent behavior, a father began raising his children on his own. The mother kept breaking into the home, stealing money, and creating an unsafe environment for the children. The father, who struggled with a mental illness, was at risk of losing custody of his children when he was referred to an FRF. The FRF helped the father get back into treatment, obtain a restraining order against the mother, and begin the Wraparound process. Through Wraparound, a team of supportive people were gathered to help strengthen the family. The father stated that the Wraparound process helped identify his strengths and build his skills. He also said the process helped him become the backbone of his family and now he has hope for the future.

School-Based Behavioral Health

Early Intervention Funded services are accessible in:

- 86 Elementary Schools
- 32 Middle or Intermediate
- 20 High Schools
- 24 School Districts

Services vary by school and include many of the following:

- Individual and Group Therapy
- Family Therapy
- Parent Education
- Social Skills and other Skills Development Groups
- Family Resource Facilitation and Wraparound
- Case Management
- Consultation Services

Overcoming Barriers to Treatment

A family feedback group was held in Weber County on January 15, 2013 as part of a regular monitoring visit. Families were incredibly positive about the new school-based mental health services.

Parents discussed several barriers that had prevented them from seeking mental health services previously. The following barriers were noted:

- **Transportation and Lack of Access**
- **Parents were not aware of Treatment options**
- **Parents were overwhelmed and didn't feel they could take on anything more**
- **Time** - *By the time the parent took off of work, traveled to the school, checked out the child, drove to the appointment and then returned the child to school, the parent and child had missed over two hours of work and school (and this was in an urban area, imagine the time lost for both parent and child in a rural area).*
- **Cost to Family and Funding Issues for Schools and LMHAs**

School-Based Behavioral Health

During In State Fiscal Year 2013,
1867 children and youth received school-based services through the Early Intervention funding

Outcomes:

- **Decreased Office Disciplinary Referrals (ODR)**

Multiple schools are reporting significant reductions in ODRs. Several are reporting a reduction in the range of 50-88% when compared to last year

- **Increased Academic Performance**

Multiple schools are reporting increased performance in academic testing and/or Grade Point Average.

- **Decrease in Suspensions, Truancy, Absenteeism & Tardies**

Outcomes include a 50% decrease in days suspended, a 30% decrease in truancy, a 36-97% reduction in absenteeism & a 46-77% reduction in tardies

School-Based Behavioral Health

- Youth Outcome Measure (YOQ)
 - Measures symptoms of mental, emotional and behavioral distress using a standardized evidenced-based questionnaire
 - Administered at least every 30 days
- After beginning services students experience a reduction in symptoms
- Data is reported quarterly by each LMHA and aggregate state level data will be reported annually

School Staff Feedback

A stakeholder group was held in Weber County on January 15, 2013 as part of a regular monitoring visit. Over 20 staff members from Weber and Ogden School Districts participated. In the course of the conversation, the staff shared many examples of the benefits of the new school-based services.

School Staff Stories:

- One kindergarten teacher said that at the beginning of this school year, six of her students had significant behavior issues. She said that “Learning doesn’t happen when there is so much disruption going on.” She was able to get the students resources and in only 5 months the impact has been amazing. She then stated “Those 6 kids wouldn’t have had a change without this initiative.”
- A school counselor talked about a classroom of 24 students. Because of one youth with significant behavior problems the whole class couldn’t function. He went on to say that with services the child is doing “amazingly well” and “all the class is doing better.”
- One Elementary teacher said “when the classroom environment is calmer, all kids learn.”
- A Teacher gave an example of how behavioral health in schools is influencing academic performance. “He was struggling academically but after receiving help, he increased his scores by 31% while the expected increase is only 7%; it was great!”

School-Based Services

Improve Academic Success

Early Intervention Stories:

- A third grade student who demonstrated aggressive and violent behaviors, started receiving services through the School-Based Mental Health Program at the elementary school she was attending to address these behaviors. The child and her mother received extensive ongoing therapy and group involvement. She was able to replace violent behaviors and become a positive and helpful member of the class.
- A 6 year old was referred for trauma, hyperactivity, non-compliance, anger, aggression, incoherent speech, and defecating and urinating on the floor. He was observed demonstrating extreme anger and frustration while trying to communicate. The therapist felt the child's speech was a medical factor. During a medical evaluation, it was determined he was severely tongue tied and then surgery was performed. He continued in speech and mental health therapy and is now able to communicate well with others. Also his disruptive classroom behaviors substantially improved and he was awarded the Student of the Month.

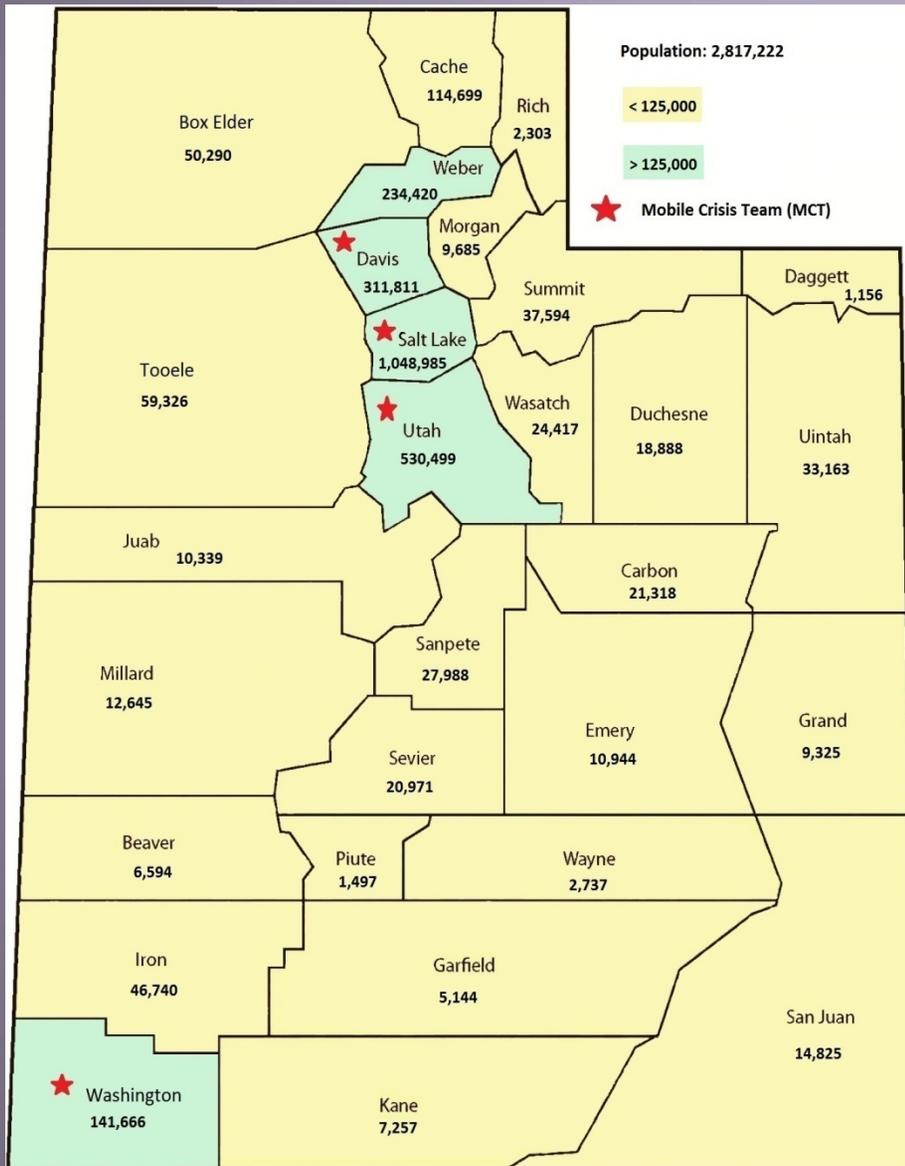
School-Based Services Preventing Tragedy

In December, there were 3 youth who were at very high risk of committing suicide. The parents were not aware, but because therapists were accessible in the school, all are still with us.

- One youth had taken his parents loaded gun and begun holding it to his head as he contemplated suicide. The gun has been secured and he is now regularly meeting with a therapist at school and is responding to treatment.
- At a different school, two girls had a suicide pact that was discovered only hours before it was implemented. One of the girls is still in school-based treatment, the other is receiving more intensive services.

Mental health early intervention not only improves the quality of life for children, youth and families in Utah, it saves lives.

Implementation: Mobile Crisis Teams (MCTs)



- MCTs are now available in 4 of the 5 Utah Counties that have a population over 125,000
- MCTs are open to all children, youth & families
- Services provided include:
 - Licensed Therapist Response In Person to Home/School, other locations
 - Safety Planning
 - Crisis Respite
 - Case Management
 - Access to Medication Services
 - Linking to Resources
- MCT services are available 24 hours a day in all 4 counties

Mobile Crisis Teams

During the State Fiscal Year 2013,
1063 families utilized Mobile Crisis Team services
made available through Early Intervention Funding

Access to crisis services have increased the likelihood that:

Children remain in their own home, school and community

Families are linked to needed services before a tragedy happens

Access to crisis services have reduced:

Police and juvenile justice involvement

Trauma resulting from an unmanaged crisis

Out of home placements

Mobile Crisis Team Stories

- **Several parents have sought crisis services because a child was depressed or suicidal**
 - *A father called the crisis line because his daughter would not stop crying and would not respond to consolation. The daughter had a history of depression and being suicidal.*
 - *A newly-widowed mother called the crisis line because, since her husband's death, her son had not left their couch and she was worried about his severe depression.*

In both cases, the crisis workers were able to assist the parent and youth in the moment, and then help the family access services to treat the cause of the depression.

- **Some crisis calls have helped avoid out of home placements**
 - *A 15 yr. old young man was hospitalized twice last year, but since working with the MCT this year, he has been able to remain in his home and has not required re-hospitalization.*
 - *A 14 yr. old young lady was about to be hospitalized when the family was referred to the MCT. Both mom and dad mentioned they were very grateful for the team's assistance in meeting their daughter's needs.*

Mobile Crisis Team Stories

Other parents have contacted the crisis lines because their child was physically aggressive and out of control. Several parents report that without the crisis line their only option would have been to call the police

- *Parents reported their son's anger included verbal abuse towards the mother and physical abuse towards the father. Parents said that "We were truly at the end of our rope". After an incident last October where their son tried to take down his father, they were told about the MCT. "These teams of professional people have been the answer to my prayers!" Through the MCT, and other services that they were linked to, their Son's grades have improved greatly, his anger has softened and the parents stated "Our home is finally, after 5 or 6 years of horrible tension, a place of peace."*

Overcoming Generational Challenges

- A school counselor stated that services were helping to break generational problems for families. “We no longer have to worry about funding issues or how the family or the school will pay for it, we just make the referral when there is a need and it’s taken care of.”
- A young boy, whose father has a terminal illness and is incarcerated, is being raised by his grandmother. At the beginning of the school year he was having extreme behavioral problems and significant emotional distress. He was constantly getting in trouble at school, and had been suspended multiple times. Although his grandmother knew mental health services would benefit him, she did not know how to pay for it. The grandmother was extremely relieved when she was offered services through his school. She said that her grandson now shows much more respect, he is able to cope with strong emotions effectively and his behavior in school has improved drastically.
- Through school-based services many parents participate in family therapy once a month and many have also chosen to participate in parent education courses taught at the school in the evenings. Many parents stated they felt that these services had significantly strengthened their families.
- One parents stated that he wished these services would have been available for him when he was a child dealing with his own issues, then maybe his son wouldn’t be struggling like he is now.

Summary

The Mental Health Early Intervention Funding is:

- Supporting and strengthening Utah families
- Helping families access needed services during critical developmental periods in their children's lives
- Making a positive and lasting impact in the lives of children, youth and families throughout the State