

This February 2013 legislative report describes Utah's collaborative efforts between State agencies and local communities, including public schools, to prevent and respond to student behavioral, mental health, and safety concerns.

Student Mental Health in Utah: Community, Agency, and Public School Collaboration

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Overview

In the last few years, the media has increased reporting on a variety of injuries, deaths, and other safety concerns involving students and public schools. Utah students have not been exempt from instances of school violence or social behavioral issues that negatively impact education; in 2011, Utah students in grades 6-12¹ reported drinking alcohol at or near school (16.9%), considering suicide (9.4%), needing mental health treatment (11.2%), carrying a handgun (5.5%), or attacking someone with the idea of seriously hurting them (8.5%). While the overall structure of public education provides students with educational support from school administrators, educators, counselors, and related service providers (e.g., school psychologists), this support is not adequate to meet the wide range of needs of all Utah students. The Utah school counselor to student ratio, K-12, is approximately 1:759 overall with a ratio of 1:356 for secondary schools. Notwithstanding the data reported above, there are additional data sources that reflect startling rates of student involvement in at-risk activities requiring the intervention of other state agencies. The Utah State Office of Education (USOE) published data from the 2011-2012 school year on instances of prohibited behavior (i.e., use or distribution of alcohol, tobacco, or other drugs, assault, arson, and weapons) in school or during school-related activities. Utah elementary schools reported 2,566 instances of prohibited behavior, middle schools/junior highs reported 3,463, and high schools reported 3,381, for a total of 9,410 incidents of prohibited behavior in one year in Utah public schools.

Utah Juvenile Justice System (JJS) 2011 data² suggest that 36% of Utah youth will have some contact with JJS by age 18, with over 27% being charged with at least one offense. In FY 2012, the Division of Child and Family Services (DCFS)³ investigated 18,831 cases (number only reflects reported cases), including allegations of domestic violence (16%), sexual abuse (27%), physical abuse (23%), and child endangerment (23%). Data provided by the Utah Division of Substance Abuse and Mental Health (SAMH) is just as staggering. In FY 2010, it was estimated that 22,427 children and youth were in need of treatment for mental health disorders, but did not receive mental health services. Each of these reported instances subjects a child or youth to an Adverse Childhood Experiences (ACEs). ACEs and the resulting mental, emotional or behavioral (MEB) disorders are often not recognized until a young person has dropped out of school, been hospitalized, entered the criminal justice system, or died from suicide.

School improvement efforts have demonstrated the need for unified and comprehensive school and classroom learning supports to provide educators with the tools and skills to

¹ 2011 SHARP Survey of 49,707 Utah students in grades 6-12

² 2011 JJS Annual Report

³ 2012 DCFS Annual Report

recognize and address learning barriers and re-engage disinterested students. The Utah data discussed above reflect the concerns voiced by representatives of state and local substance abuse/mental health and education agencies, especially regarding the ongoing detrimental effect of student at-risk behavior on school communities and student educational progress.

The recent tragedy at Sandy Hook Elementary in Connecticut is referred to as a school shooting, but it is better described as a shooting that took place in a school. It is also relevant to consider the hundreds of multiple casualty shootings that occur in communities throughout the United States every year. In every mass shooting we must consider two keys to prevention:

- (1) The presence of severe mental illness and/or
- (2) An intense interpersonal conflict that the person could not resolve or tolerate.

Effective prevention cannot wait until there is a gunman in a school parking lot. Resources, such as mental health supports and threat assessment teams, are needed in schools and communities so that people can seek assistance when they recognize that someone is troubled and requires help. For communities, this speaks to a need for increased access to well integrated service structures across substance abuse, mental health, law enforcement, and related agencies. These issues require attention at the school and community levels.

Utah's school districts and charter schools are actively engaged in both preventative activities and responsive planning to support academic success, normal youth development, behavioral health wellness, and helping to keep children and families united and in their communities. In an effort to avoid duplication of services, strong collaboration between public schools and local substance abuse/mental health agencies is paramount.

Prevention Activities in Utah Schools and Communities

Rather than requiring a solitary school to face these issues alone, Utah continues efforts to build a seamless system of care and support to proactively reduce the occurrence and impact of activities with the potential to interrupt not only the education of a student, but the ability of the family and community to address and respond to student behavioral, mental health, and safety concerns. Many of these prevention activities have been in place for years; however, local substance abuse/mental health providers and educators continue to respond to the needs identified through State data review and to adapt programs and services based on those data. Even though the partnership between education and substance abuse/mental health is longstanding in many areas, resources for treatment have always been extremely limited. With Mental Health Early Intervention (MHEI) funding, access to services has increased and barriers to treatment have been reduced. The following State councils and coalitions, with representatives from a variety of State agencies, provide encouragement and support for these efforts: Utah Substance Abuse Advisory Council, Utah Prevention Advisory Council, Utah Sexual Violence Council, Utah Suicide Prevention Coalition, and the Utah Coordinated School Health Coalition. A listing of some prevention activities available throughout Utah follows:

Community Coalitions such as Communities That Care (CTC), a program of the Center for Substance Abuse Prevention in the office of the United States Government's Substance Abuse and Mental Health Services Administration. CTC is a coalition-based prevention operating system that uses a public health approach to prevent mental illness and youth problem behaviors such as violence, delinquency, school dropout, suicide, and substance abuse. Using strategic consultation, training, and research-based tools, CTC is designed to help community stakeholders and decision makers understand and apply information about risk and protective factors, and programs that are proven to make a difference in promoting healthy youth development, in order to most effectively address the specific issues facing their community. Because of the efficacy of the CTC model, the Utah SAMH supports and provides incentives to those coalitions that use CTC. The Mental Health and Substance Abuse Prevention System in Utah supports Statewide and local community coalitions involved in providing assessments, planning, and resources in addressing community priorities at the local level.

Community of Practice (CoP) on School Behavioral Health is guided by principles that services (including mental health and substance abuse) are: child-centered, youth-driven, and family-focused, with the needs of the students and their families dictating the types and mix of services provided; culturally competent and responsive to the linguistic and cultural diversity of the students

and their families; well integrated into planning, delivery and evaluation; and transitioned seamlessly as students exit and enter school, post-secondary education or employment. Beginning in 2008, CoP has built on, and in some cases established, long term on-going partnerships between education and local providers. Through active collaboration and planning, CoP has expanded awareness and a greater understanding of resources, ultimately improving efficiency with regards to the implementation of school-based mental health services throughout the state. It helps bridge the gap between local schools and substance abuse/mental health providers by creating a common mission, vision, and shared accountability of school-based services. CoP is sustaining consistent knowledge/skills development to respond to mental health needs of all students. It fosters partnerships designed to align systems and resources on behalf of a shared vision for meeting youth and families. Moreover, CoP helps Utah's schools, community-based agencies, and families work together to improve educational, behavioral, and developmental outcomes for children (with particular focus on those with mental health needs).

Comprehensive Counseling and Guidance Programs include the use of Utah's Career Information Delivery System, guidance curriculum, the Student Education Occupation Plan/Plan for College and Career Ready (SEOP), and the Career and Technical Education (CTE) Pathways. A 2010 report on Utah's school counseling programs and practices conducted by the Center for School Counseling Outcome Research found evidence that school counseling in Utah high schools contributes significantly to students' educational outcomes (e.g., achieving math and reading proficiency, increasing ACT participation and scores, lower discipline and suspension rates, and higher graduation rates). The improved outcomes are accomplished by school counselor communication with parents, prioritizing activities that directly benefit students, and identifying interventions to close achievement gaps and promote academic, social/personal, and career development. In schools, school counselors are considered first responders for students dealing with behavioral, safety, and mental health issues. With the ratio of approximately 1:759 in K-12 grades, the real capacity to counselors to have a substantial impact on individual students is limited. There is evidence that by lowering this ratio, school counselors can help students better access services.

Framework for School Behavioral Health Services⁴ was developed in 2008 by State stakeholders including public education, mental health and substance abuse professionals, community members, and youth and family advocates.

⁴ Manual may be found at http://www.dsamh.utah.gov/docs/Utahs_School_Behavioral_Health_Services_Implementation_Manual.pdf

Components of the Framework include recommendations for schools, agencies, and communities regarding: readiness and implementation; school and local authority policies; staff development; program awareness; internal referral process; inter-disciplinary team; discrete services to children and students; integration with school-based programs; cooperation and collaboration with other agencies and resources; and program evaluation and sustainability. The CoP on School Behavioral Health has expanded on the framework and continued (after the conclusion of the federal grant) the Statewide technical assistance support and professional development opportunities around implementation of school-based behavioral health in Utah schools.

Prevention Dimensions is a life skills resource developed using the research-based Risk/Protective Factor Prevention Framework. Prevention Dimensions includes a professional development component with age-appropriate lessons designed to give students a strong foundation of effective violence and substance abuse prevention skills. It is provided by the USOE, in collaboration with Local Substance Abuse/Mental Health Agencies, for educators to help students develop social competency skills and protective factors which support their academic learning. The program began in 1982 as a joint effort between the Utah SAMH, Utah State Department of Health (DOH), USOE, and Utah State PTA and continues to be funded through the Department of Health Division of SAMH and the USOE.

SHARP Survey on Risk/Protective Factors⁵ is used in Utah to gather the student information on Risk and Protective Factors⁶. Risk factors are characteristics of individuals, their family, school, and community environments that are associated with increases in alcohol and other drug use, delinquency, teen pregnancy, school dropout, and violence. Protective factors encompass family, social, psychological, and behavioral characteristics that can provide a buffer for students and mitigate the effects of risk factors present in the student's environment. These data are used to bring additional prevention funds by demonstrating need to the State of Utah by the DOH, Department of Human Services, USOE, and many local and community coalitions and agencies.

⁵ Utah SHARP reports may be found at <http://www.dsamh.utah.gov/sharp.htm>

⁶ Arthur, Hawkins, et al., 1994, Hawkins, Catalano, Miller, 1992

Responsive Planning

The efforts of school personnel are supplemented and supported by the involvement of state and local agencies, including the DOH, DSAMH, JJS, DCFS, USOE, community counseling and behavioral health centers, and Local Substance Abuse Authorities (LSAA).

Crisis Intervention Teams (CIT) are composed of law enforcement officers who have been specially trained in tactics to effectively interact with a person experiencing a mental health crisis. Training is provided in a 40-hour course, authorized and funded through the SAMH and includes testing components to receive state certification. Of the 147 law enforcement agencies in the State, 103 currently have CIT Officers.

Mental Health Early Intervention (MHEI) Building Block provided \$3.5 million in one-time funds coordinate practices that provided access to behavioral health services. As a result of this coordination, 511 additional children received services in the first three months of FY2013. Services are available in 72 new elementary and 36 new middle and high schools. Services vary by school, and may include individual, family, and group therapy, parent education, social skills and other skill development groups, family resource facilitation and wraparound supports, case management, and consultation services. In the last quarter of 2012, these funds provided school-based mental health services to 919 children, youth, and families. This Building Block also funded responsive activities, including Mobile Crisis Teams (MCTs) and Family Resource Facilitation (FRFs) which are described later in this document.

Family Resource Facilitation (FRF) provides advocates/advisors and resource coordinators for children and families funded through the MHEI Building Block described above. The FRFs provide information, 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/family to achieve a positive set of outcomes. In the last quarter of 2012, the MHEI funds provided FRF services to 538 children, youth, and families.

Mobile Crisis Teams (MCT)⁷, a partnership between emergency services (e.g., 911, Crisis Line, DCFS, JJS) and provided through the MHEI Building Block, are available to all Utah children and families 24 hours a day in four out of five Utah Counties containing populations of more than 125,000 people, and provide emergency behavioral health services in the home, school or community. In the

⁷ Dept. of Human Service Division of Substance Abuse and Mental Health GOPB Report

last quarter of 2012, the MHEI funds provided MCT services to 336 children, youth, and families in crisis.

School Emergency Response Plans have been developed by schools in collaboration with the Utah Department of Public Safety's Emergency Response personnel. Information was passed down to local community emergency response planners who worked with local law enforcement and public schools in supporting the development of their plans. Components of School Emergency Response Plans vary by school priorities and some local mental health and substance abuse service providers are included. The following is the link to the Utah State Board of Education Rule which details the school emergency plan requirements <http://www.rules.utah.gov/publicat/code/r277/r277-400.htm>. Some school districts and charter schools have local substance abuse/mental health providers as part of their crisis response plans and teams.

Outcomes of Prevention Activities and Responsive Planning

The work done through these State and local agency partnerships, school districts, and charter schools demonstrates results. Although designed in response to research (i.e., Geirstanger and Amaral (2004) report that mental health services provided in schools improve student attendance, educational motivation and attitude towards schoolwork, and school connectedness, while simultaneously decreasing behavioral problems), Utah has begun to see the impact of these activities in State data. Through these continued partnerships at the State and local level we are moving toward a time where access to services can be driven by the needs of Utah's children, and not limited by their ability to pay for services.

Providing opportunities for shared, coordinated, and cohesive mental health services, planned across agencies and provided within community schools has increased awareness and accessibility to those services while reducing silos, duplication of services, and barriers that prevented families seeking treatment (e.g., transportation, time away from work, longer absences from school). Responsiveness to emergency situations has increased, resulting in quick resolutions that mitigate problems early, increasing the likelihood that families remain intact, and children remain in their school, home, and community, with the linkage to build supports that strengthen families to help prevent future crises.

Multi-agency efforts on suicide and bullying prevention have resulted in classroom and school trainings which include procedures to access mental health and respond to emergency situations. A Disasters and Mental Health Crisis Conference is scheduled for May 2013 and will focus on preparing stakeholders for response to public crisis (e.g., school shootings, earthquakes, infectious disease outbreaks); schools, agencies, and private providers are invited to attend.

Two school districts (Canyons and Washington) have used the data and partnerships to secure federal grant money to further enhance their relationship and the array of mental health services they have available for the children they serve.

Identified State Needs

Research by the Center for Disease Control (CDC) and the Institute of Medicine (IOM) in 2009⁸ indicate clear windows of opportunity are available to prevent mental, emotional, and behavioral disorders, as well as the related problems before they occur. The risk factors associated with MEB's are well established. Prevention and early intervention can effectively reduce the development and onset of an MEB. Mental Health Early Intervention funding, which includes Family Resource Facilitation, School-based Behavioral Health, and Mobile Crisis Teams allows Local Substance Abuse/Mental Health Authorities, in consultation with SAMH, to continue with the implementation of these programs based on local needs, assessment data from a variety of sources, and available local resources.

Utah continues efforts to build a seamless system of care and support to proactively reduce the occurrence and impact of activities with the potential to interrupt the education of a student, and the ability of the family and community to address and respond to student behavioral, mental health and safety concerns. Even though the partnership between education and substance abuse/mental health is longstanding in many areas, resources for treatment have always been extremely limited. With Mental Health Early Intervention funding, access to services has increased and barriers to treatment have been reduced. However, there remain additional needs to continue to expand the support structure. If MHEI funding is not reallocated; further gaps and safety concerns are likely to develop. A decrease in school counselor to student ratio, as well as an increase in the number of individuals in schools who are trained and available to respond in crisis situations (e.g., educators and substance abuse/mental health providers) will facilitate recognition of student needs and build a system that includes effective response to those student needs. Continuing attention and leadership by members of the Legislature will help to move these programs forward and to ensure youth in our communities can access vital services.

⁸ Available from: <http://www.ncbi.nlm.nih.gov/books/NBK32774/>

Appendix 1

Current activity reports by public schools in Utah:

- Valley Mental Health (VMH) provided mental health services in two school districts, supporting nine total schools.
 - In Salt Lake School District, VMH provided mental health services in eight schools and in Granite School District, VMH provided services in one school.
 - After receiving MHEI grant funding, VMH was able to expand mental health support into four school districts in 34 schools which include elementary, middle, and high schools: Salt Lake School District-17 schools, Granite School District- 4 schools, Murray School District- 8 schools, and Canyons School District- 5 schools.
- Washington County School District has partnered with Southwest Behavioral Health (SBHC) to provide school-based mental health services with 40 schools. Recently this developing cooperation and support allowed a parenting class taught by the Utah Juvenile Justice Center to be taught at WCSD school. SBHC is providing Mental Health First Aide training to WCSD employees to identify early warning signs, understand when an issue is of concern, and how to refer children at risk for mental health issues. This training is also being provided to all area police departments.
- Data reported to the USOE on the implementation of the Utah State Board of Education (USBE) R277-613 demonstrates that 80.7% of LEAs have created written policies against bullying and hazing, with an additional 16.9% being in the process.
 - The USOE 2011-2012 Comprehensive Prevention Plan Survey Results, reflecting input from 80 school districts and charter schools, describe the:
 - Prevention services and activities implemented by those schools as part of the Comprehensive Prevention Plan:
 - Drug Prevention Instruction-88%
 - Programs to Improve School Climate and Learning-86%
 - Student Support Services-85%
 - Parent Involvement-70%
 - Community Service Projects-68%
 - After-school or Before-school Activities-66%
 - Conflict Resolution and Peer Mediation-60%
 - Security Equipment-51%
 - Violence Prevention Instruction-49%
 - Funding sources, in addition to State Substance Abuse Prevention, used by school districts and charter schools to operate substance abuse and violence prevention activities:

- State Government-50%
- Federal Government-20.8%
- Local Government-37.5%
- Other funds-33.3%
- Through grant funding from the Utah State Legislature and Utah SAMH, school counselors are able to collaborate for student referrals with outside mental health agencies.

Current activity reports by local substance abuse/mental health authorities and their providers in Utah:

- Through MHEI, school-based mental health services are now accessible in 72 elementary schools and 36 middle and high schools.
 - 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, and consultation services.
 - Children’s needs, not their ability to pay, is driving access and by taking services to where the children are (schools), this has increased accessibility and reduced barriers that prevented families from seeking treatment (e.g., transportation, time, availability, stigma about seeking behavioral health services, knowledge of options, cost).
- Kane Community Coalition is focusing on suicide in the communities.
- Weber Coalition for Healthy Communities addresses suicide prevention by providing an evidence-based intervention, QPR (Question, Persuade, Refer) for trainings and classroom presentations on suicide prevention. They are considering adding crisis team involvement as part of the Prevention by Design project.
- Northeastern Counseling Center is providing one hour of Mental Health training to all teachers in Uintah and Duchesne School Districts. During this training, school staff are trained on procedures to access mental health assistance. Duchesne School District has requested the two day Mental Health First Aid training. They have offered Mental Health First Aid training after school/weekend/summer classes for the school districts in their area. Prevention is working with schools and the PTA to address bullying.
- Davis School District crisis team has involved Davis Behavioral Health (DBH) treatment staff when they’ve needed assistance. DBH has five therapists working in the schools, providing mental health services.
- In San Juan there are currently no programs that target school violence/shootings, but the coordinator is exploring this issue with the local coalition. Resources are a major issue and limit expansion.
- Bear River Coalitions are just beginning to work on addressing suicide. Cache School District has had a number of mental health grants for the last four years, and they have included the Northern Utah Substance Abuse Prevention Team (NUSAPT) in the grant. Starting this year, funding was allocated to give prevention staff time to look into what mental illness prevention would look like

and how it can be integrated into a larger prevention plan. There is a suicide-specific coalition in Tremonton (northern Box Elder County).

- The Valley Mental Health Prevention Team is very involved in the Tooele schools, and provides many prevention programs and educational opportunities for students and staff in the Tooele School District.
 - Valley Mental Health (VMH) is a first responder when requested by the school district. A school district representative contacts the Prevention Coordinator (who is also on the district crisis team), who will coordinate with the VMH crisis coordinator to dispatch as much help to the crisis as needed and requested by the school district. The Prevention Specialist assigned to the school is also immediately dispatched to the location in need.
 - Currently Botvin's Life Skills groups are run at all secondary schools in the Tooele Valley.
 - In the elementary schools, a prevention team provides Prevention Dimensions training to teachers, classroom interventions, and mental health prevention groups, using the Hope for Tomorrow Curriculum offered by National Association on Mental Illness (NAMI) Utah.
 - The Tooele Interagency Prevention Professionals (TIPP) Coalition is very supportive of mental health prevention and mental wellness promotion. They will be hosting the first Mental Health First Aid training in Tooele County, and will be assisting in coordinating other training for local agencies and school personnel during the coming year. They are also the oversight coalition for the Prevention by Design Project for Valley Mental Health in Tooele.
- In the Salt Lake City area, there is no organized participation on school crisis teams but agencies are working closely with Title VII (Indian Education) Coordinators. Two yearly events are planned:
 - 1.) March or April we collaborate with Title VII coordinators and USOE Indian Education to do a half day leadership conference inviting graduating seniors and their families (300+ when conference is regional, 500 + when conference is statewide). Agenda includes substance abuse prevention and identity building encouraging healthy lifestyles and discouraging substance abuse and violence and preventing suicides among native youth.
 - 2.) In late September or early October local agencies will collaborate with Granite School District and Salt Lake Community College to do a half day back to school leadership and success conference for about 200 high school youth from the Salt Lake, Granite, Murray, Canyons, Jordan, and Tooele School Districts and native high school youth from Richfield/Sevier County, Uintah River High School at Ft Duchesne and San Juan School District. All youth attend workshops on college preparation/high school success, healthy living, healthy dating (to reduce domestic violence), substance abuse prevention, learning to live (suicide prevention), native history, and positive peer interaction.

- Native Youth Leadership: Once a month local agencies meet with native youth at Hillcrest and Jordan High Schools and provide workshops including healthy peer interaction, substance abuse prevention, health and wellness, arts and culture and learning to live.