

Item Name: Mental Health Early Intervention

Legislative Session: 2012

Funding Amount: \$3,500,000

Introduction: During the 2012 Legislative General Session, the Division of Substance Abuse and Mental Health (DSAMH) was allocated funding for mental health early intervention services through General Funds from the State of Utah through an Appropriations Bill.

The onset of half of all lifetime mental illnesses takes place by age 14, and three-fourths by age 24. Almost 1 in 5 young people have one or more Mental, Emotional or Behavioral Disorders (MEB) that cause some level of impairment within a given year. However, fewer than 20 percent receive mental health services. MEB's are often not diagnosed until multiple problems exist. Adverse Childhood Experiences (ACEs) and resulting MEB's are often not recognized until a person has dropped out of school, been hospitalized, entered the criminal justice system or died from suicide.

The Institute of Medicine (IOM) and The Center for Disease Control (CDC) indicate clear windows of opportunity are available to prevent mental, emotional and behavioral disorders and related problems before they occur. Risk factors are well established, with first symptoms typically preceding a disorder by 2 to 4 years. Prevention and early intervention can effectively reduce the development of mental, emotional, and behavioral disorders.

To address this need and maximize this window of opportunity, mental health early intervention funding was allocated to support three evidenced-based services: 1) School-Based Behavioral Health, 2) Family Resource Facilitation with Wraparound to Fidelity, and 3) Mobile Crisis Teams.

Service Design:

The Mental Health Early Intervention Building Block specified that the Local Mental Health Authority (LMHA), in consultation with DSAMH, will implement (or expand) a minimum of one of the three services in their community to serve new clients in FY2013. The funding is designated for children and youth who may or may not have a Serious Emotional Disturbance (SED) designation, but are at risk to become so without early intervention services.

DSAMH developed applications and funding requirements for each of the three services. LMHAs applied for funds in each of the applicable categories according to local needs and resources. Only LMHAs with urban areas were allowed to apply for Mobile Crisis Team Funds.

Utilizing an existing children's mental health learning collaborative that included participants from each of the 13 LMHAs, a qualitative review of each of the applications was made. Applications were presented to the collaborative by the LMHA requesting funds. The presentation format supported questions, discussion and committee recommendations for improving the plan. Finalized plans were then submitted to DSAMH for fiscal review and funding allocation.

The approved Mental Health Early Intervention Applications and budgets were incorporated by reference into the LMHA's Area Plan. This application and contracting process helped ensure meaningful use of these monies in supporting quality service plans. This process also enabled services to begin July 1, 2012.

Implementation:

Of the 13 LMHAs, 11 implemented or increased school-based behavioral health services and eleven increased Family Resource Facilitation. Of the 5 LMHA’s with a county population over 125,000, four chose to implement Mobile Crisis Teams.

A strength shared by each of the three funded services, is that they were all developed and implemented in conjunction with community partners. School-based services were provided in partnership with education. Family Resource Facilitators (FRF) partnered with multiple child serving agencies, and access was increased by having FRFs assigned to work in community settings such as: schools, child service provider offices, family advocacy organizations, child welfare or juvenile justice offices, and one was assigned to a Children’s Mental Health Court. Mobile Crisis Teams partnered with police, emergency services, emergency rooms, juvenile receiving centers, and crisis and suicide prevention lines. These community based efforts to intervene early, helped strengthen 3,983 children, youth and their families in the first year of funding.

Program Specific Services:*School-Based Behavioral Health*

The Utah State Office of Education provided training on collaboration with schools and on gathering outcome data for the Local Mental Health Authorities to assist them in working with schools. This training helped the mental health system understand schools’ governing requirements and policies. It also helps the LMHAs develop referral practices and options to gather outcomes. Parent consent and involvement is integral for all school-based services. Services vary by school and may include individual, family, and group therapy; Parent Education; Social Skills and other Skills Development Groups; Family Resource Facilitation and Wraparound; Case Management; and Consultation Services.

After receiving school-based services, parents identified several barriers that prevented them from seeking mental health services previously. Barriers included transportation and lack of access, lack of awareness of treatment options, parents feeling overwhelmed, time, and cost of treatment.

Behavioral health services in schools promote healthy children and youth, and in turn increases academic success. One kindergarten teacher said that at the beginning of the 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.” Because of the Mental Health Early Intervention Funding, she was able to get the students resources and she felt the impact was amazing. She went on to say that “Those 6 kids wouldn’t have had a change without this initiative.” See Appendix A for more family and school staff feedback.

Mental Health Early Intervention School-Based Programs are accessible in 138 schools (Table 1).

Table 1

Schools Participating in School-Based Programs				
	Elementary	Intermediate/ Jr. High	High Schools	Total Schools
Schools	86	32	20	138

See Appendix B for a list of the specific schools in FY13 that provided school-based services through MHEI funding.

Family Resource Facilitation with Wraparound to Fidelity

A 40-hour training was conducted by the Utah Family Coalition (UFC) for 24 new Family Resource Facilitators (FRFs) in FY13. UFC mentors from NAMI Utah, Allies with Families and New Frontiers for Families also provided ongoing supervision, coaching and training for the new FRFs.

The FRF provides 4 services:

- **Family Advocate/Advisor:** Develop working partnerships with provider agencies to help families navigate and access services.
- **Resource Coordinator:** Act as a Resource Coordinator to provide local resource information to any family requesting assistance.
- **Information & Support:** Link families to local Support and Information Groups or help develop groups if and when no other resources are available.
- **Family Wraparound Facilitator:** Work with families and youth who have complex needs to build a plan that incorporates both formal supports (e.g. mental health/substance abuse treatment, educational assistance, juvenile court engagement, etc.) and informal supports (family members, Boy Scouts, clergy, etc.) that will help the child and his/her family exit the mental health system to live full and productive lives.

An example of how this service works was shared by a parent during a monitoring visit on February 30, 2013: A father began raising his children on his own due to the mother's substance abuse and violent behavior. 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.

The Wraparound planning process results in a unique set of community services and natural supports individualized for that child and family. In addition to the development of natural and informal supports, this process facilitates a partnership with all child service agencies involved with that child and family and facilitates coordination of service plans rather than having fractured or duplicated services. Additionally, many FRFs also partner with schools and community agencies by facilitating or participating in local interagency coordinating committees.

There are 38 certified FRFs statewide (including all 24 Mental Health Early Intervention funded FRFs). Family Resource Facilitation and Wraparound is accessible in 27 of the 29 Utah Counties. See Appendix C for a map depicting access to FRF services.

Mobile Crisis Teams

When a child or adolescent is in the midst of a mental, emotional or behavioral crisis, a family's access to mobile crisis services are extremely beneficial. Utilizing national models and technical assistance from national leaders providing Mobile Crisis Team services, DSAMH developed a model scope of work for a Mobile Crisis Team. This model was then individualized by each participating LMHA based on local needs. Common elements in each of Utah's youth Mobile Crisis Teams include: 24-hour crisis line, mobile response, 2-person response, and a licensed therapist as part of the response team.

Mobile Crisis Teams (MCT) are now accessible in 4 of the 5 Utah Counties that have a population over 125,000 (see Attachment D for a map of MCT locations). Families may contact the MCT when their child or adolescent is experiencing a mental, emotional, or behavioral crisis. Mobile crisis services provide a licensed therapist who responds in person to a home, school or other community location. Services include therapeutic intervention and safety planning. Services may also include crisis respite and linking to community resources. When necessary, access to medication services may also be available.

Access to crisis services increase the likelihood that families are linked to help before a tragedy occurs. Mobile Crisis Teams help children and adolescents remain in their own home, school and community and avoid out of home placements. Mobile Crisis Teams also help reduce police and juvenile justice involvement.

Data Collection:

Data and outcomes for early intervention services were reported to DSAMH through quarterly reports submitted by Local Mental Health Authorities. These reports included the number of children and youth served, and outcomes relevant to each of the early intervention services provided. Additional data specific to FRF services was collected from the Utah Family Coalition FRF data base. The Substance Abuse and Mental Health Information System (SAMHIS) was used at fiscal year end to access statewide aggregated Youth Outcome Questionnaire results for children and youth with a diagnosable mental illness who received school-based services and/or FRF services. Many of the Mental Health Early Intervention services were provided to youth who were in crisis or who displayed mental, emotional or behavioral health symptoms, but did not have a diagnosable mental illness and therefore were not recorded in SAMHIS.

Performance and Outcomes:

In Fiscal Year 2013, 3,983 children, youth and their families received services through the Mental Health Early Intervention Funding. Of those 3,983 children and youth, 1,876 were served through School-Based Behavioral Health, 1,044 were served through the Family Resource Facilitation, and 1,063 were served by Mobile Crisis Teams (Table 2).

Table 2

Mental Health Early Intervention Services FY 2013			
Component	Funded Amount	Unduplicated Families by Service	Average Cost
School Based Behavioral Health	\$1,725,078	1,876	\$919
Family Resource Facilitators with Wraparound to Fidelity	\$856,313	1,044	\$820
Mobile Crisis Teams	\$968,046	1,063	\$910
Total	\$3,500,000	3,983	\$879

The children and youth participating in school-based services are given a Youth Outcome Questionnaire (YOQ) at the beginning of their services and it should be administered every thirty days. The YOQ measures symptoms of mental, emotional and behavioral distress. There were 1415 children and youth who completed the YOQ. Out of those who participated in school-based services the majority saw their scores decrease, indicating a lowered amount of mental, emotional and behavioral distress in their lives. The average student’s score decreased by 22.53 percent since receiving services (Table 3).

Table 3

School-Based Outcomes: YOQ Scores					
	Average Questionnaire Scores				
Number of Youth	Pre-Service	Most Recent	Time (in months)	Reduction	Percent Reduction
1415	29.91	23.17	6.22	-6.74	22.53%

Outcomes also reflect a decrease in disciplinary reports, suspensions, truancy, absenteeism, and tardies. Office Disciplinary Referrals (ODR) are one form of disciplinary reports. Referrals were tracked per school and per child participating in school-based services. Based on the average number of total referrals per participating schools for children and youth receiving school-based services, there was a reduction in ODRs of 39.84 percent (Table 4).

Table 4

School-Based Outcomes: Office Disciplinary Referrals (ODR)			
Average Pre-Service	Average After Service	Reduced Referrals	Percentage Reduction in Referrals
65.25	39.25	-26	39.84%

Schools also tracked the number of suspensions which occurred over the past school year. Although there was limited data for the number of suspensions students received, there was an overall reduction for schools reporting data on suspensions. The reports were on students in school-based programs and saw an 81.63% drop in total suspensions from the previous year (Table 5).

Table 5

School-Based Outcomes: Suspensions			
Pre-Service	After Service	Reductions	Percent of Reduction
49	9	-40	81.63%

One high school identified 51 students who were not on track for graduating with their class. These students were then referred to school-based services. After receiving services, 43 of the students either graduated early or were on track for graduating with their class (Table 6).

Table 6

School-Based Outcomes: On Target for Graduation			
	On Target For Graduation		
Number of Students	Pre-Service	After Service	Percent of Students After Services
51	0	43	84.31%

There have been 3,983 families which have been served by Early Intervention Mental Health Programs. One thousand and sixty-three (1,063) families accessed Mobile Crisis Teams because their child or adolescent was experiencing a mental, emotional, or behavioral crisis. Access to crisis services reduced out of home placements for children and adolescents, limited their involvement in the legal system, and provided immediate help for those at risk of harming themselves or others (Table 7).

Table 7

Mobile Crisis Teams Outcomes for 1063 Unduplicated Callers		
	Calls	Percent of Calls
Avoided Out of Home Placements	280	26.34%
Avoided Legal Involvement	147	13.83%
Received Assistance for Danger to Harm	284	26.72%
Number of Police Calls Avoided	460	43.27%
Total greater than 100% because there may be more than one outcome per caller		

Summary:

The Mental Health Early Intervention services help families access needed services during critical developmental periods in their children's lives. MHEI supports and strengthens families and makes a positive and lasting impact in the lives of children and youth throughout the State.