Item Name: Mental Health Early Intervention

Legislative Session: 2014

Funding Amount: $1,500,000 one-time + $2,000,000 on-going

Introduction: During the 2012 and 2013 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. MEBs are often not diagnosed until multiple problems exist. Adverse Childhood Experiences (ACE) and resulting MEBs are often not recognized until an individual 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 MEBs 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 (MHEI) 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 MHEI funding specified that the Local Mental Health Authority (LMHA), in consultation with DSAMH, will provide a minimum of one of the three services in their community to serve 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.

For FY2014, DSAMH incorporated the design and approval of these services into the LMHA’s area planning process. Each of the LMHAs submitted plans for funds in each of the applicable categories according to local needs and resources. Only LMHAs with urban areas were allowed to utilize funds for Mobile Crisis Teams.

Implementation:
Utilizing MHEI funding, ten LMHAs provide school-based behavioral health services and eleven provided Family Resource Facilitation. Of the five LMHAs with a county population over 125,000, four provided Mobile Crisis Team services.

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 (MCT) 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 and 5,761 in the second year of funding.

**Program Specific Services:**

*School-Based Behavioral Health*

The Utah State Office of Education continued to be a key partner and helped provide technical assistance on collaborating with Local Education Authorities and on gathering outcome data. This technical assistance helped the mental health system understand schools’ governing requirements and policies. It also helps the LMHAs strengthen 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 overcome these barriers and promote healthy children and youth, and in turn increases academic success.

Mental Health Early Intervention School-Based Programs are accessible in 159 schools (Table 1).

**Table 1**

<table>
<thead>
<tr>
<th>Schools Participating in School-Based Programs</th>
<th>Elementary</th>
<th>Intermediate/ Jr. High</th>
<th>High Schools</th>
<th>K-12</th>
<th>Total Schools</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>86</td>
<td>32</td>
<td>20</td>
<td>4</td>
<td>159</td>
</tr>
</tbody>
</table>

See Appendix A for a list of the specific schools in FY14 that provided school-based services through MHEI funding.

*Family Resource Facilitation with Wraparound to Fidelity*

The Utah Family Coalition (UFC) provides training, supervision and coaching for all FRFs. The UFC mentors from NAMI Utah, Allies with Families, and New Frontiers for Families ensure fidelity to the model which increases positive outcomes.

The FRFs provide 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, community groups, clergy, etc.) that will help the child and his/her family exit the mental health system to live full and productive lives.

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 and facilitate or participate in local interagency coordinating committees.

There are 59 certified FRFs statewide (including all 35 Mental Health Early Intervention funded FRFs). Family Resource Facilitation and Wraparound is accessible in 24 of the 29 Utah Counties. See Appendix B for a map depicting access to FRF services.

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

Families may contact the MCTs 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. MCTs are now accessible in 4 of the 5 Utah Counties that have a population over 125,000. See Appendix C for a map of MCT locations.

Access to crisis services increase the likelihood that families are linked to help before a tragedy occurs. MCTs help children and adolescents remain in their own home, school, and community and avoid out of home placements. MCTs 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 LMHAs. 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 (YOQ) results for children and youth with a diagnosable mental illness who received school-based services. Mental Health Early Intervention services were also 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 2014, 5,761 children, youth and their families received services through the MHEI Funding. Of those 5,761 children and youth, 2,494 were served through School-Based Behavioral Health, 1,541 were served through the Family Resource Facilitation, and 1,726 were served by MCTs (Table 2).

Table 2

<table>
<thead>
<tr>
<th>Component</th>
<th>Funded Amount</th>
<th>Unduplicated Families by Service</th>
<th>Average Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Based Behavioral Health</td>
<td>$1,402,332</td>
<td>2,494</td>
<td>$562</td>
</tr>
<tr>
<td>Family Resource Facilitators with Wraparound to Fidelity</td>
<td>$ 1,120,410</td>
<td>1,541</td>
<td>$727</td>
</tr>
<tr>
<td>Mobile Crisis Teams</td>
<td>$ 977,258</td>
<td>1,726</td>
<td>$566</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$3,500,000</strong></td>
<td><strong>5,761</strong></td>
<td><strong>$607</strong></td>
</tr>
</tbody>
</table>

In the second year of the program, as services became more developed, the number of families served increased by 44.64 percent and the cost per family served decreased by 30.94 percent (Table 3).

Table 3

<table>
<thead>
<tr>
<th>Component</th>
<th>Unduplicated Families by Service</th>
<th>Average Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FY13</td>
<td>FY14</td>
</tr>
<tr>
<td>School Based Behavioral Health</td>
<td>1,876</td>
<td>2,494</td>
</tr>
<tr>
<td>Family Resource Facilitators with Wraparound to Fidelity</td>
<td>1,044</td>
<td>1,541</td>
</tr>
<tr>
<td>Mobile Crisis Teams</td>
<td>1,063</td>
<td>1,726</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>3,983</td>
<td>5,761</td>
</tr>
</tbody>
</table>

The children and youth participating in school-based services are given a YOQ at the beginning of their services and it should be administered every thirty days thereafter while receiving service. The YOQ measures symptoms of mental, emotional, and behavioral distress. There were 1,937 children and youth who completed the YOQ. After an average of 9.56 hours of service, 84.41 percent of youth’s score improved or stabilized (Table 4).

Table 4

<table>
<thead>
<tr>
<th>School-Based Outcomes: YOQ Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>After an average of 9.56 hours of service</td>
</tr>
<tr>
<td>scores indicated that the child/youth:</td>
</tr>
<tr>
<td>Met the standard to be considered recovered</td>
</tr>
<tr>
<td>Showed significant improvement</td>
</tr>
<tr>
<td>Were stable</td>
</tr>
</tbody>
</table>
Outcomes also reflect a decrease in Office Disciplinary Referrals (ODR). 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 45.80 percent (Table 5).

<table>
<thead>
<tr>
<th>School-Based Outcomes: Office Disciplinary Referrals (ODR)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Average Pre-Service</strong></td>
</tr>
<tr>
<td>71.50</td>
</tr>
</tbody>
</table>

Grade Point Average (GPA) is tracked for youth in Intermediate, Middle, Jr. High & High School. On average, students who participated in school-based services experienced a 6.78 percent increase in their GPA (Table 6).

<table>
<thead>
<tr>
<th>School-Based Outcomes: Grade Point Average (GPA)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intermediate, Middle, Jr. High &amp; High Schools</strong></td>
</tr>
<tr>
<td><strong>GPA Average Pre-Service</strong></td>
</tr>
<tr>
<td>2.24</td>
</tr>
</tbody>
</table>

Family Resource Facilitation helped support 1,541 families in FY 2014. Families report receiving significant support from their FRFs and outcomes show they help in some life altering ways by working to keep children and youth in their homes, participating in school and out of trouble (Table 7).

<table>
<thead>
<tr>
<th>Family Resource Facilitation Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome data collected in FY13 and FY14</strong></td>
</tr>
<tr>
<td>Increased Family Stabilization</td>
</tr>
<tr>
<td>Youth who were identified as being at risk of an out-of-home placement who are no longer are at risk.</td>
</tr>
<tr>
<td>Youth who were in out-of-home placements that have returned home</td>
</tr>
<tr>
<td>Increase School Involvement</td>
</tr>
<tr>
<td>Youth who were not attending school regularly that have now either returned to school or successfully graduated</td>
</tr>
<tr>
<td>Decreased in Youth who are in Trouble at School or with the Legal System</td>
</tr>
<tr>
<td>Youth who were in legal trouble that are no longer in legal trouble</td>
</tr>
</tbody>
</table>

Mobile Crisis Teams in Davis, Salt Lake, Utah, and Washington Counties responded to 1,726 families calls for help in FY 2014. Families accessed Mobile MCTs 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 8).

Table 8

<table>
<thead>
<tr>
<th>Mobile Crisis Teams Outcomes</th>
<th>1726 Unduplicated Callers</th>
<th>Calls</th>
<th>Percent of Calls*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoided Out of Home Placements</td>
<td>1341</td>
<td>1341</td>
<td>77.69%</td>
</tr>
<tr>
<td>Avoided Legal Involvement <em>(The child/youth avoided charges and/or court sanctions)</em></td>
<td>737</td>
<td>737</td>
<td>42.70%</td>
</tr>
<tr>
<td>Received Assistance for Danger to Harm</td>
<td>1108</td>
<td>1108</td>
<td>64.19%</td>
</tr>
<tr>
<td>Number of Police Calls Avoided</td>
<td>1442</td>
<td>1442</td>
<td>83.55%</td>
</tr>
</tbody>
</table>

*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.
Schools Supported by Mental Health Early Intervention Funding
The following 159 Schools are funded by Mental Health Early Intervention

**Bear River Mental Health**
Box Elder School District
  Adele Young Intermediate School, Alice Harris
  Intermediate School, Box Elder Middle School, Bear River Middle School

Cache County School District
  Greenville Elementary, Heritage Elementary,
  Mountainside Elementary, Nibley Elementary, North Park Elementary, Providence Elementary, River Heights Elementary, Wellsville Elementary, Willow Valley Elementary, Fast Forward Charter School

**Davis Behavioral Health**
Davis School District
  Lincoln Elementary, South Clearfield Elementary, Vae View Elementary, North Davis Jr. High, Sunset Jr. High, Clearfield High, Mountain/Canyon High, Syracuse High

**Four Corners Behavioral Health**
Carbon County School District
  Bruin Point Elementary, Sally Mauro Elementary,
  Pinnacle Canyon Academy

Emery County School District
  Cleveland Elementary, Cottonwood Elementary, Ferron Elementary, Huntington Elementary

Grand County School District
  Helen M Knight Elementary

**Northeastern Counseling Center**
Daggett School District
  Manila Elementary, Manila High

Duchesne School District
  Kings Peak Elementary, Myton Elementary, Roosevelt Jr. High

Uintah School District
  Vernal Jr. High, Vernal Middle School

**Salt Lake County**
Canyons School District
  Bella Vista Elementary, Copperview Elementary, East Midvale Elementary, Midvale Elementary, Sandy Elementary, Midvale Middle School, Jordan High

Granite School District
  Robert Frost Elementary, South Kearns Elementary, Connection High, Kearns High

Murray School District
  Liberty Elementary, Parkside Elementary, Viewmont Elementary, Hillcrest Jr. High

Salt Lake School District

**Southwest Behavioral Health**
Iron County School District
  East Elementary, Enoch Elementary, Escalante Valley Elementary, Fiddlers Canyon Elementary, Iron Springs Elementary, North Elementary, Parowan Elementary, South Elementary, Three Peaks Elementary, Southwest Education Academy, Canyon View Middle School, Cedar Middle School, Canyon View High, Cedar High, Parowan High

**Summit County – VMH**
Park City School District
  Ecker Hill Middle School, Treasure Mountain Junior High School, Weilenmann School of Discovery, Park City High

Summit County School District
  North Summit Elementary, South Summit Elementary, North Summit Middle School, South Summit Middle School, South Summit High

**Wasatch County Family Clinic**
Wasatch County School District
  Heber Valley Elementary, Midway Elementary, Old Mill Elementary, JR Smith Elementary, Rocky Mountain Middle School, Wasatch High

**Wasatch Mental Health**
Alpine School District

Nebo School District

Provo School District
  Amelia Earhart Elementary, Franklin Elementary, Provo Peaks Elementary, Spring Creek Elementary, Timpanogos Elementary, Centennial Middle School, Dixon Middle School, Independence High, Provo High, Timpview High

**Weber Human Services**
Morgan School District
  Morgan Elementary, Morgan Jr. High, Morgan High

Ogden City School District Schools
  Gramercy Elementary, Heritage Elementary, James Madison Elementary, Lincoln Elementary, Odyssey Elementary, T.O. Smith Elementary

Weber School District Schools
  Club Heights Elementary, Riverdale Elementary, Roosevelt Elementary, Washington Terrace Elementary
Appendix B

Access to Family Resource Facilitators & Wraparound to Fidelity

Yellow indicates access to at least one Family Resource Facilitator (FRF) in the county. 24 out of 29 counties have at least one FRF working in the county.

June 2014
Appendix C - Mobile Crisis Teams

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