

**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

Schools Participating in School-Based Programs				
Elementary	Intermediate/ Jr. High	High Schools	K-12	Total Schools
86	32	20	4	159

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

Mental Health Early Intervention Services FY 2014			
Component	Funded Amount	Unduplicated Families by Service	Average Cost
School Based Behavioral Health	\$1,402,332	2,494	\$562
Family Resource Facilitators with Wraparound to Fidelity	\$ 1,120,410	1,541	\$727
Mobile Crisis Teams	\$ 977,258	1,726	\$566
<b>Total</b>	<b>\$3,500,000</b>	<b>5,761</b>	<b>\$607</b>

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

Mental Health Early Intervention Services Comparison FY 2013 and FY 2014						
Component	Unduplicated Families by Service			Average Cost		
	FY13	FY14	% Increase	FY13	FY14	% Decrease
School Based Behavioral Health	1,876	2,494	33.94%	\$919	\$562	38.85%
Family Resource Facilitators with Wraparound to Fidelity	1,044	1,541	47.61%	\$820	\$727	11.34%
Mobile Crisis Teams	1,063	1,726	62.37%	\$910	\$566	37.80%
<b>Total</b>	<b>3,983</b>	<b>5,761</b>	<b>44.64%</b>	<b>\$879</b>	<b>\$607</b>	<b>30.94%</b>

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

School-Based Outcomes: YOQ Scores	
After an average of 9.56 hours of service scores indicated that the child/youth:	
Met the standard to be considered recovered	27.40%
Showed significant improvement	20.63%
Were stable	36.38%

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 5

School-Based Outcomes: Office Disciplinary Referrals (ODR)			
Average Pre-Service	Average After Service	Reduced Referrals	Percentage Reduction in Referrals
71.50	38.75	-32.75	45.80%

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 6

School-Based Outcomes: Grade Point Average (GPA)			
Intermediate, Middle, Jr. High & High Schools			
GPA Average Pre-Service	GPA Average After Services	Average GPA Improvement	Percentage Improvement
2.24	2.39	.15	6.78%

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 7

Family Resource Facilitation Outcomes	
Outcome data collected in FY13 and FY14	
Increased Family Stabilization	
Youth who were identified as being at risk of an out-of-home placement who are no longer are at risk.	126
Youth who were in out-of-home placements that have returned home	58
Increase School Involvement	
Youth who were not attending school regularly that have now either returned to school or successfully graduated	36
Decreased in Youth who are in Trouble at School or with the Legal System	
Youth who were in legal trouble that are no longer in legal trouble	79

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

Mobile Crisis Teams Outcomes		
1726 Unduplicated Callers		
	Calls	Percent of Calls*
Avoided Out of Home Placements	1341	77.69%
Avoided Legal Involvement ( <i>The the child/ youth avoided charges and/or court sanctions</i> )	737	42.70%
Received Assistance for Danger to Harm	1108	64.19%
Number of Police Calls Avoided	1442	83.55%
*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  
Backman Elementary, Edison Elementary, Franklin Elementary, Jackson Elementary, Lincoln Elementary, Meadowlark Elementary, Mountain View Elementary, Palmer Court Head Start, Riley Elementary, Rose Park Elementary, Washington Elementary, Whittier Elementary, Bryant Jr. High, Glendale Jr. High, Northwest Jr. High, East High, West High,

### **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  
Apsen Elementary, Cherry Hill Elementary, Geneva Elementary, Greenwood Elementary, Lindon Elementary, Meadow Elementary, Riverview Elementary, Scera Park Elementary, Sharon Elementary, Shelley Elementary, Suncrest Elementary, Westmore Elementary, Windsor Elementary, American Fork Jr. High, Lakeridge Jr. High, Oak Canyon Jr. High, Orem Middle School, Willowcreek Jr. High, Lehi High, Pleasant Grove High, Polaris High, Westlake High

### **Nebo School District**

Brockbank Elementary, East Meadow Elementary, Goshen Elementary, Larsen Elementary, Park Elementary, Parkview Elementary, Salem Hills Elementary, Santaquin Elementary, Spring Lake Elementary, Taylor Elementary, Westside Elementary, Diamond Fork Jr. High, Mt Nebo Jr. High, Payson Jr. High, Salem Hills Jr. High, Landmark High, Payson High, Salem Hills High

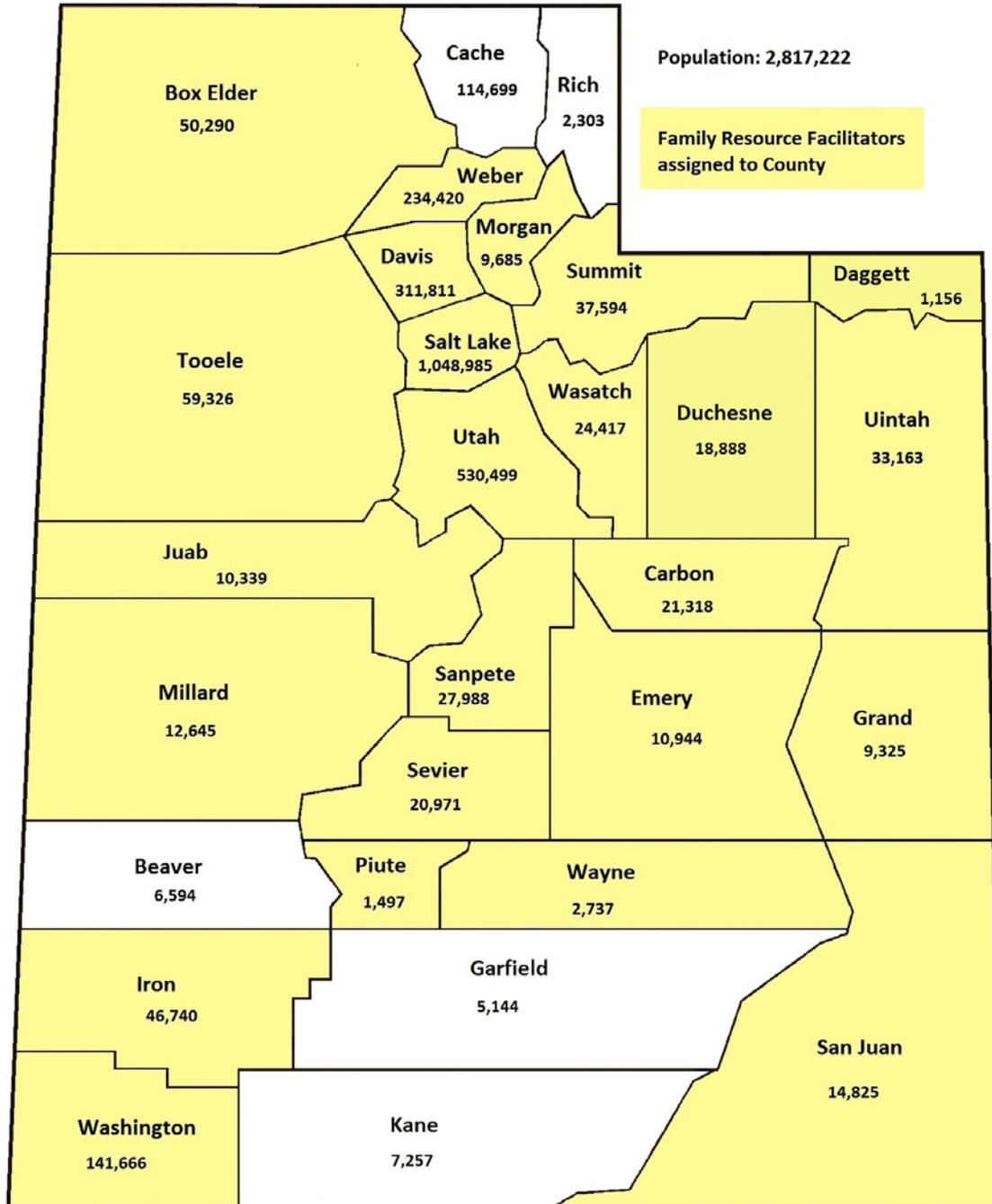
### **Provo School District**

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**

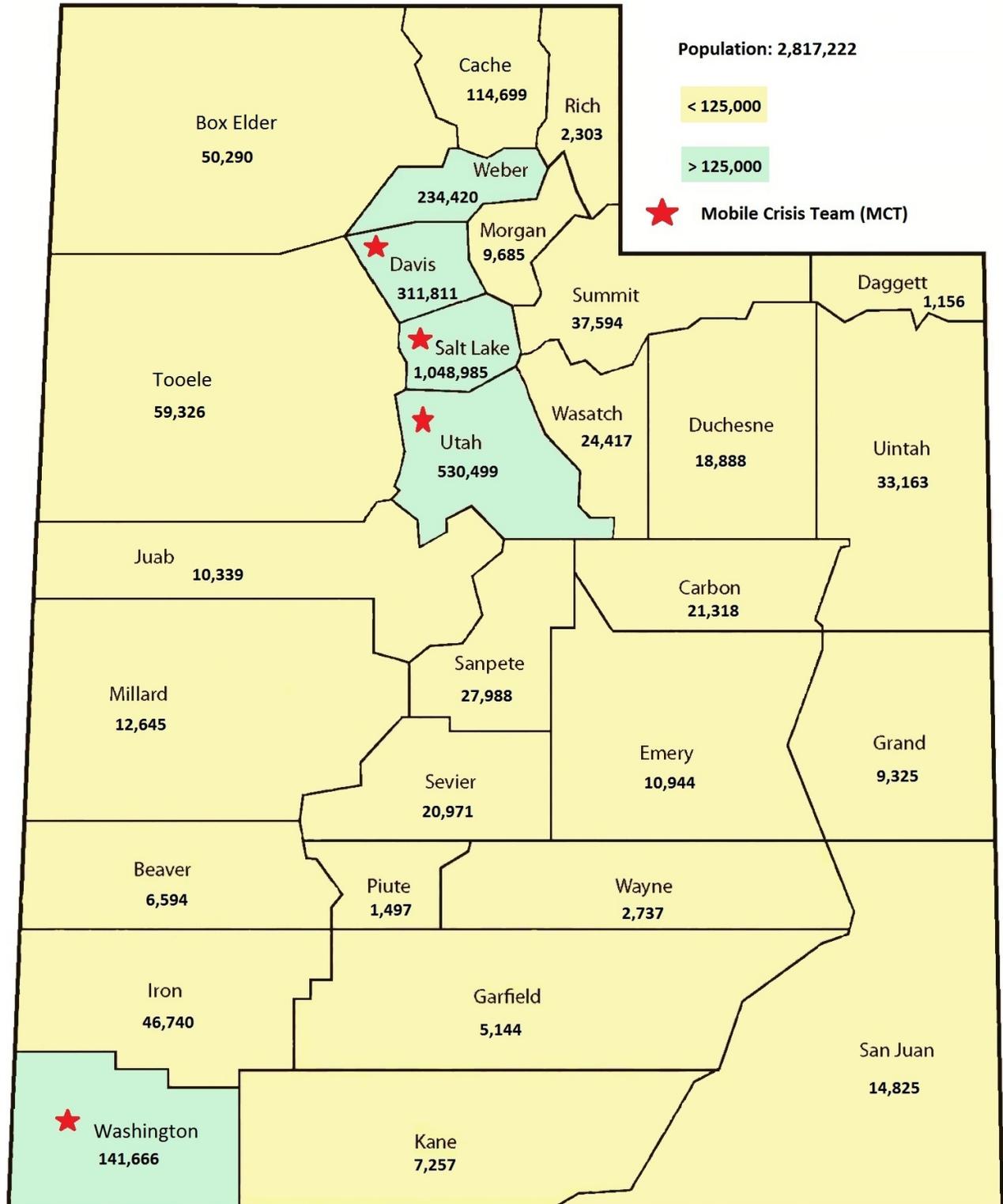
Morgan School District  
Morgan Elementary, Morgan Jr. High, Morgan High  
Ogden City School District Schools  
Gramercy Elementary, Heritage Elementary, James Madison Elementary, Lincoln Elementary, Odyssey Elementary, T.O. Smith Elementary  
Weber School District Schools  
Club Heights Elementary, Riverdale Elementary, Roosevelt Elementary, Washington Terrace Elementary

# 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.

## 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