

Chair Priority for the Interim: (Ruth Wilson)

1. What are we doing to coordinate mental health services in the schools? What are the needs? Are there some good examples of entities coordinating existing resources (such as Juab School District)? What is the status of implementing H.B. 308, Telehealth Mental Health Pilot Program, from the 2018 General Session?

1. What are we doing to coordinate mental health services in the schools?

During the 2012 Utah General Session, the Legislature allocated \$3.5 million to the Division of Substance Abuse and Mental Health (DSAMH) to begin a pilot program for Mental Health Early Intervention (MHEI). This funding was allocated to support three services, School-Based Behavioral Health (SBBH), Family Resource Facilitation (FRF), and Youth Mobile Crisis Teams (YMCT). Utah's DSAMH worked directly with the Local Mental Health Authorities (LMHA) (who worked with Local Education Authorities) to plan and develop SBBH programs which began in Fiscal Year 2013. During the first year of services, 11 of the 13 LMHA implemented SBBH through partnerships with local schools and local school districts. These services were available in 138 total schools.

Utah's DSAMH has continued to work with the LMHAs and other state agencies to continue to develop and support SBBH. Since the pilot program, collaboration has occurred with DSAMH, the Utah State Board of Education (USBE), the Department of Workforce Services (DWS), LMHA, and Local Education Authorities (LEAs); efforts have allowed for increased funding through DWS and Temporary Assistance for Needy Families (TANF) funds, specifically allocated for areas with high rates of intergenerational poverty (IGP), and an increase in the number of schools the LMHA are partnering with throughout their communities. As of the end of Fiscal Year 2017, SBBH was available in 313 total schools, with 89 schools being in areas with high rates of IGP.

The USBE, DSAMH and LMHAs coordinate on many strategies for behavioral health and suicide prevention. These efforts include but are not limited to:

- QPR Training of Trainers
- Youth Mental Health First Aid
- Signs of Suicide
- LEA District Training for Suicide Prevention, Bullying Prevention and Internet Safety Data, state, and legislative reports
- DSAMH provides mini grants to community coalitions many of which support school based efforts
- USBE provides mini grants to schools - DSAMH supports as needed
- DSAMH supports USBE with School Counseling Conference and the USBE Prevention and Responding to Youth Suicide Summits
- USBE supports DSAMH in many additional conference and training initiatives (ie Promising Youth Conference)
- USBE and DSAMH both support Hope 4 Utah as participants in their annual conference planning committee
- Postvention responses as needed in schools and communities
- Fatality reviews to better prevent suicide
- USBE and DSAMH both support the SafeUT app

2. What are the needs?

- Although the partnerships between the LMHAs and the local schools in their communities have continued to provide access to more children each year, funding is still limited. The MHEI general fund money, Mental Health Block Grant and TANF funding are the primary sources of funding for SBBH.
- Expanding the partnerships between the local schools/districts and the LMHAs is a continued need. In order to increase access to services, the relationships between the schools/districts and LMHAs need to grow, particularly in areas where there are minimal partnerships currently in place.
- Workforce development and retention, particularly in rural areas throughout the state is another major need. This need is applicable to most behavioral health services, and can make staffing each school particularly difficult.
- Buy-in for behavioral health treatment is also a barrier that has been impacted by the positive outcomes for current SBBH services, but is still an issue that occurs in certain areas in Utah.

3. Are there some good examples of entities coordinating existing resources (such as Juab School District)?

The following are examples of coordinating with existing resources in different areas in Utah:

- Davis Behavioral Health works with one high school using trust land funds to support a therapist and FRF. This partnership has occurred for the past two school years. Funding was \$50,000, with two installments of \$25,000, which covered a therapist for 52 hours/month and a Family Resource Facilitator for 56 hours/month. For the upcoming year DBH is coordinating with the United Way, three elementary schools each contributing \$5,000 in funding, and is contributing the remaining funds, supervision, and training for a full time therapist between the three elementary schools.
- Wasatch Mental Health (Utah County) has a school district that contracts for a case manager and medication management time for the non-Medicaid children/youth. In another school district, they contract for full time social workers so that the children/youth do not have to be opened into the system and the social workers are free to do what the school district wants. In the summers those social workers work in our extended year day programs.
- Southwest Behavioral Health is coordinating during parent nights the school districts are hosting. For example, during a recent presentation on bullying, SWBH brought intake workers to get children and youth signed up for services and scheduled them for appointments.
- Weber Human Services are currently cost sharing with Ogden City Schools.
- Valley Behavioral Health in Salt Lake County partners with some schools where services like groups, the Child Behavioral Treatment Unit programs, or risk assessments are provided. VBH provides these services through a contract with the specific school district which pays for part of the services.
- Valley Behavioral Health in Tooele County partners with the Tooele School District, which has a grant used to pay for services. Although it is not directly tied to SBBH, school services are supported through this grant.

4. What is the status of implementing H.B. 308, Telehealth Mental Health Pilot Program, from the 2018 General Session?

House Bill 308, Telehealth Mental Health Pilot Program has gone through the RFP process and two Local Mental Health Authorities have been awarded contracts. Bear River Mental Health has been awarded the contract for the rural pilot site and is working with all three counties, Box Elder, Cache, and Rich, to increase access to services and test telehealth. Wasatch Mental Health in Utah County has been awarded the contract for the urban pilot site and will be primarily working with Alpine School District and the schools to the west of Utah Lake. They are in discussions to also provide telehealth services to the southern portion of Nebo School District as well.