

School-Based Behavioral Health

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October 2018

Why Mental Health Early Intervention?

- Many mental, emotional and behavioral disorders can be prevented before they begin. There is a robust scientific base of evidence to support this conclusion.
 - **Early onset** (50% of mental illness can be diagnosed by age 14 and 75% can be diagnosed by age 24)
 - **First symptoms occur 2-4 years prior to diagnosable disorder**
 - **Common risk factors for multiple problems and disorders**

Three Programs to Address the Need

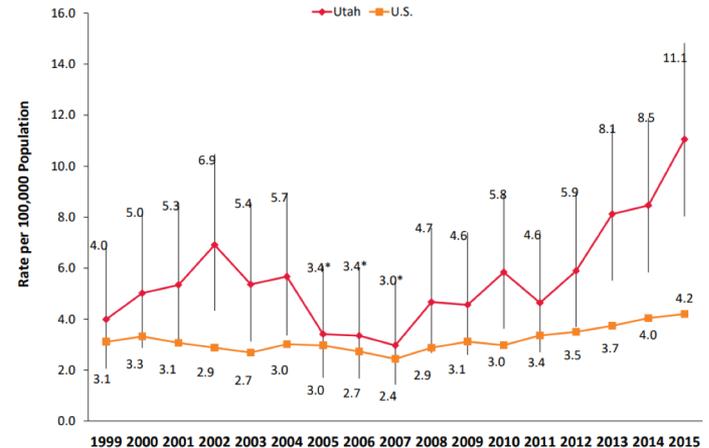
- **School-Based Behavioral Health**
 - Coordinated practices provide access to behavioral health services in schools, to support academic success, and help keep children and families united.
- **Family Resource Facilitation with High Fidelity Wraparound**
 - Family Resource Facilitators (FRF) act as advocates/advisors and resource coordinators for children and families. FRFs may be utilized in SBBH services to help link and advocate for children and families.
- **Mobile Crisis Teams**
 - Partner with emergency services (911, Crisis Line, DCFS, DJJS, etc.) & provide emergency behavioral health services in the home, the school, and/or the community.

Reasons for SBBH

- Youth have increased need for services and treatment
 - FY17: 119,437 youth in need of treatment
- High rates of youth suicide
 - 2015 rate of 11.1 per 100,000
- School Safety concerns

Youth Suicide Trends

Figure 1. Rate of suicides by year, youth aged 10–17, Utah and U.S., 1999–2015



Reasons for SBBH (Violence)

93% of the perpetrators of targeted school violence exhibited concerning behavior before the attack.

In **59%** of the incidents, more than 1 person had prior knowledge of the attack.

Of those with prior knowledge of school attacks, **93%** were peers of the perpetrators –friends, schoolmates, or siblings.

Overcoming Barriers to Treatment

- Parents have discussed several barriers that had prevented them from seeking mental health services for their children.
- The following barriers were noted:
 - **Transportation and Lack of Access**
 - **Parents not aware of Treatment options**
 - **Parents were overwhelmed and didn't feel they could take on anything more**
 - **Time** - *By the time the parent took off of work, traveled to the school, checked out the child, drove to the appointment and then returned the child to school, the parent and child had missed over two hours of work and school (and this was in an urban area, imagine the time lost for both parent and child in a rural area).*
 - **Cost of treatment for children, youth, and families**
 - **Funding Issues for Schools and LMHAs**

School-Based Behavioral Health

FY19 Schools with School-Based Programs				
Elementary	Intermediate/ Jr. High	High Schools	Charter Schools	Total Schools
182	55	71	21	329

- \$3.2 million for MHEI funding
 - \$1.53 million SBBH
- Services available in 36 of 41 school districts (see map handout)
- \$1.5 million TANF funding
 - Central Utah Counseling Center
 - Four Corners Behavioral Health
 - Salt Lake County
 - San Juan Counseling Center
 - Southwest Behavioral Health Center
 - Weber Human Services
- 75 schools with high rates of Intergenerational Poverty

Mental Health Early Intervention - TANF

- Began FY15 with partnership with DWS
 - \$1.5 million to be divided among:
 - SBBH, FRF, MCOT
- In FY17, services moved primarily to SBBH
- 742 youth served in SBBH programs in FY18

School-Based Behavioral Health

FY18 Unduplicated Youth Served in Schools				
Fiscal Year	MHEI Funded Youth	TANF/IGP Funded Youth	Other Funding Sources	Total Youth Served
FY18	2,762	742	1,129	4,633

- Other funding sources include Medicaid funding and County funds
- Youth referral process may differ from school to school
 - Often referrals come through Counselors or school administrators
 - Continued increase in youth served a result of local partnerships
- Partnerships are vital for services to thrive

Continuum of Care

- 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
 - Consultation Services

Services received by youth in SBBH programming (4,152 total youth served in FY17)

Service Categories	
Therapy	3,791
Case Management	2,403
Assessment	1,771
Medication Management	986
Psychosocial Rehab	848
Respite/Supported Housing	502
Peer Support	337
Testing	247
Inpatient	203
Residential	96

FY18 School-Based Behavioral Health Outcomes

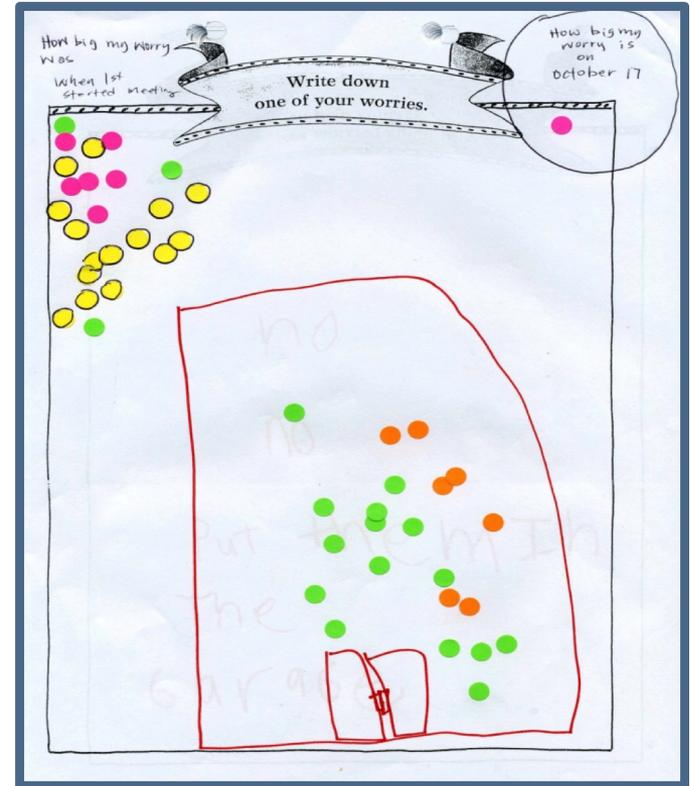
- Youth Outcome Questionnaire (YOQ)
 - Measures symptoms of mental, emotional and behavioral distress using a standardized evidenced-based questionnaire
 - Administered at least every 30 days
 - On average, youth receiving services through SBBH saw a 18.27% reduction in mental health symptoms.
- Office Disciplinary Referrals (ODR)
 - Reflects the number of times a youth is sent to administration offices
 - At the end of last year, schools reported a 44.89% reductions in ODRs for youth receiving school-based behavioral health services.

FY18 School-Based Behavioral Health Outcomes

- Increased Academic Performance
- Dynamic Indicators of Basic Early Literacy Skills (DIBELS) scores
 - Tests given to Kindergarten through 3rd graders
 - Youth testing scores increased by an average 37.75%
- Grade Point Average
 - Schools report an average increase of 0.79% in GPA
- Youth receiving SBBH are able to maintain, and in most cases improve their academic performances

School-Based Behavioral Health Short-Term Interventions Making a Big Impact

- A six year old first grader was struggling with anxiety about coming to school. The teacher reported that the child would come to class crying each day. It took a lot of the teacher's time and effort to get him to calm down and on task. This took away from the other students learning.
- The therapist had him draw a picture of something that he worried about. He drew a picture of the school. Each dot in the school represented his worries.
- On his sixth visit with the therapist the child reported that his worries were shrinking. The therapist took out the child's school drawing and asked him to place sticker dots on the left side of the page to show how big his worries were when they first began meeting and on the right side of the page to show how big his worries after their visits. The child only placed one dot on the right side. In the language of a 6 year old, he had experienced a significant reduction in anxiety.



Collaborative Efforts

- SBBH services would not exist without partnerships between LMHAs and LEAs
- LMHAs and LEAs participate in staffings and the referral process – MACs and LICs
- LMHAs and LEAs have a history of cost sharing to increase the access to services for youth and families
- Partnerships necessary to gather outcomes
- DSAMH and USBE partner to increase efforts at State level
- Multiple groups developing recommendations for school safety

Gaps/Needs

Youth in Need (SHARP data/Scorecard)			
	Number in need	Number Served (5-17 year olds)	Percent Served (5-17 year olds)
FY14	83,633	16,487	19.7%
FY15	97,385	17,923	18.4%
FY16	100,193	19,063	19.0%
FY17	119,437	19,804	16.6%

- Gaps: only 329 schools at present time, total of about 1070 schools in state
- 5 districts (3 Counties) without school based services
 - Tintic, Juab, Wayne, Garfield, Jordan
 - Juab, Wayn, Garfield Counties
- Time for therapy is still scattered

Future Efforts

- State and local efforts aligned
- Complete an assessment of all services being provided throughout Utah
 - Work with USBE, LEAs, LMHAs to assess all services available in schools
 - Private agencies, public agencies, school hired providers (psychologists, therapists, social workers, etc.)
 - Treatment, prevention, postvention, etc.
 - Examine perceived needs based on what is available and possible identified risks
- Report back to Legislature

HB 308 – Telehealth Pilot

- RFP process has been completed
- Bear River Mental Health – Rural Telehealth Pilot
 - Box Elder, Cache, and Rich County Schools
- Wasatch Mental Health (Utah County) – Urban Telehealth Pilot
 - Alpine School District (schools on west side of Utah Lake)
 - Nebo School District (in discussion)
- Evaluation Goals



QUESTIONS

For more information about our programs and services please visit our
website at: dsamh.utah.gov