

**Mental Health Early Intervention Legislative Report
SFY18**

Item Name: Mental Health Early Intervention

State Fiscal Year: 2018

Funding Amount: \$3,200,000 + \$1,500,000 TANF

Introduction: During State Fiscal Year 2018 (SFY18), the Division of Substance Abuse and Mental Health (DSAMH) was allocated funding for Mental Health Early Intervention (MHEI) services through State General Funds and through the Utah Department of Workforce Services (DWS) via Temporary Assistance for Needy Families (TANF).

According to the National Alliance on Mental Illness (NAMI) 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. 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 by suicide.

Investment in mental health promotion, mental illness prevention, and early intervention before symptoms become a disorder offers the best opportunity for positive emotional, physical, and economic outcomes in our children, families, and communities. The Institute of Medicine (IOM) and The Centers for Disease Control and Prevention (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 diagnosable disorder by 2 to 4 years. Prevention and early intervention can effectively reduce the development of mental, emotional, and behavioral disorders, improving quality of life and reducing the lifetime cost of treatment..

To address this need and maximize this window of opportunity, MHEI funding was allocated to support three evidenced-based services: 1) School-Based Behavioral Health (SBBH), 2) Family Resource Facilitation with High Fidelity Wraparound, and 3) Youth Mobile Crisis Teams (YMCTs).

Service Design:

The MHEI funding specified that the Local Mental Health Authorities (LMHA), in consultation with DSAMH, will provide a minimum of one of the three services in their community to serve children, youth, and families. 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 develop one without early intervention services.

DSAMH incorporated the design and approval of these services into the LMHA's area planning process. Each of the LMHA submitted plans for funds in each of the applicable categories according to local needs and resources. The plans are submitted and approved by DSAMH prior to the beginning of the State Fiscal Year.

Implementation:

Utilizing MHEI funding, all thirteen LMHAs provide School-Based Behavioral Health (SBBH) services and Family Resource Facilitation. Of the five LMHAs with a county population over 125,000, three utilized MHEI to provide YMCT services.

A strength shared by each of the three funded services, is that they were all developed and implemented in conjunction with community partners. SBBH services were provided in partnership with the Utah State Board of Education (USBE) and the Local Education Authorities (LEA). Family Resource Facilitators (FRF) partner with multiple child serving agencies including the Division of Child and Family Services (DCFS), the Division of Juvenile Justice Services (DJJS), and the Division of Services for People with Disabilities (DSPD). Access was increased by having FRFs assigned to work in community settings such as: schools, child service provider offices, family advocacy organizations, child welfare, and Juvenile Mental Health Courts. YMCTs partner with police, emergency services, emergency rooms, juvenile receiving centers, and crisis and suicide prevention lines. These community-based efforts have helped 8,781 children, youth, and their families in Fiscal Year 2018.

Program Specific Services:*School-Based Behavioral Health*

The Utah State Board of Education continues to be a key partner and helps 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 helped 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 High Fidelity Wraparound; Case Management; Crisis Management Services; and other Consultation Services.

After receiving SBBH 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 away from school for the child and work for the parent, and cost of treatment. Behavioral health services in schools overcome these barriers and promote healthy children and youth, and in turn increases academic success. In SFY18, SBBH services were accessible in some capacity in over 340 schools during the school year.

Of the 342 schools receiving SBBH services, 89 schools were identified as having high rates of Intergenerational Poverty (IGP). Within the 89 schools with high rates of IGP, 742 children and youth were able to receive these services utilizing the funding made available via TANF.

See Appendix A for a list of the all schools in SFY18 that provided SBBH services.

Family Resource Facilitation with Wraparound to Fidelity

The Utah Family Coalition (UFC) provides training and coaching for all FRFs. The UFC mentors from National Alliance on Mental Illness (NAMI) Utah and Allies with 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 (e.g. family members, community groups, clergy, etc.) that will help the child and their 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 a child and their family. In addition to the development of natural and informal supports, the Wraparound process facilitates a partnership with all child service agencies involved with a child and their family. The partnership with all child serving agencies facilitates a coordination of services plans rather than having fractured or duplicated services. Additionally, many FRFs also partner with schools and community agencies and participate in local interagency coordinating committees.

There are 69 certified FRFs statewide as of the end of SFY18. Family Resource Facilitation and High Fidelity Wraparound is accessible in 26 of the 29 Utah Counties.

Youth Mobile Crisis Teams (YMCTs)

When a child or adolescent is in the middle of a mental, emotional, or behavioral crisis, a family's access to mobile crisis services is beneficial. Common elements in each of Utah's YMCTs include: 24-hour crisis line, mobile response, 2-person response, and offer a licensed therapist who is available as needed as part of the response team.

Families may contact the YMCTs 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. YMCTs are accessible in 4 counties (Salt Lake, Utah, Washington, and Iron). In SFY18 Davis county continued to offer YMCT services but without MHEI funding and on a limited basis.

Access to crisis services increase the likelihood that families are linked to help before a tragedy occurs. YMCTs help children and adolescents remain in their own home, school, and community and avoid out of home placements. YMCTs 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 include the number of children and youth served and outcomes relevant to each of the early intervention services provided. Data collected for SBBH is obtained through the partnerships between LMHAs, LEAs, DSAMH, and USBE. The data continues to be evaluated and collection has improved each year to strengthen outcomes for these services. Additional data specific to FRF services was collected from the UFC FRF database. MHEI 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:

8,781 children, youth, and their families received services through the MHEI and TANF Funding in SFY18. Of those 8,781 children and youth, 2,762 were served through School-Based Behavioral Health with an additional 742 being served in schools with high rates of Intergenerational Poverty, 1,599 were served through the Family Resource Facilitation, and 3,639 were served by YMCTs. While there was a slight decrease of children, youth, and families served in SFY18, it is important to note the YMCT numbers from Davis county were not counted in the totals of children, youth, and families served.

School-Based Behavioral Health Outcomes:

The Youth Outcome Questionnaire (YOQ) is a research based outcome measurement tool that has been tested to show validity and reliability with the pilot studies conducted in Utah. The YOQ measures symptoms of mental, emotional, and behavioral distress for youth in treatment versus the community norms and shows a reduction in mental health symptoms. In SFY18, youth receiving services through SBBH lowered their average YOQ scores from 48.98 to 40.02, a reduction in symptoms of 18.28 percent (Table 1). YOQ scores were collected for 2,723 children who received SBBH services. Students are required to receive at least 2 services and YOQ administrations to have a valid score. Children and youth who participate in services for crisis purposes may not reach these qualifications.

Table 1

SFY18 SBBH Reduction in MH Symptoms		
Pre-Treatment Score	Post -Treatment Score	Percent Reduction
48.98	40.02	18.28%

Outcomes also reflect a decrease in Office Disciplinary Referrals (ODR). Referrals are tracked independently per school and information was collected for 1,163 students participating in SBBH

services. Based on the average number of total ODRs per participating schools for children and youth receiving school-based services, there was a reduction in ODRs of 44.86 percent (Table 2).

Table 2

School-Based Outcomes: Reduction in Office Disciplinary Referrals (ODR)			
Average Number of Referrals per Student Pre-Treatment	Average Number of Referrals per Student Post-Treatment	Reduced Number of Referrals per Student	Percent Reduction in Referrals
4.06	2.43	1.63	44.86%

Grade Point Average (GPA) is tracked for youth in Intermediate, Middle, Jr. High & High School. On average, for the 908 students whose GPA was tracked before and after participating in SBBH services, students experienced a 1.13 percent increase in their GPA (Table 3). **This is an average improvement from a C to a C+ GPA.** GPA may be influenced by various factors, however, students participating in these services show no major decreases in academic achievement, with many showing overall improvement.

Table 3

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
2.52	2.54	.02	1.13%

In SFY18, we collected Dynamic Indicators of Basic Early Literacy Skills (DIBELS) scores for youth in Kindergarten through third grade since they are not given GPAs. Of the 295 students with DIBELS scores who participated in SBBH, they experienced an average 26.57% increase in their literacy scores (Table 4).

Table 4

School-Based Outcomes: Dynamic Indicators of Basic Early Literacy Skills scores (DIBELS)			
Average Beginning Score*	Average Ending Score*	Average Change*	Average Percentage Change
220.94	304.33	83.39	37.74%
<i>*Per student average</i>			

Family Resource Facilitation Outcomes:

Family Resource Facilitation helped support 1,599 families in SFY18. 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 5).

Table 5

Family Resource Facilitation Outcomes		
Outcome data from services received in SFY13 through SFY18		
Increased Family Stabilization		Percentage Improved
	279 youth were identified as being at risk of an out-of-home placement; of those youth, 186 are no longer are at risk.	67%
	197 youth were in an out-of-home placement when the FRF began working with the family; of those youth, 99 have returned home.	50%
	93 youth were identified as being homeless or at risk of homelessness; of those youth, 61 are no longer homeless or at risk of homelessness.	66%
Increase School Involvement		
	365 youth were identified as not attending school regularly; of those youth, 93 have now either returned to school or successfully graduated.	25%
Decrease in Youth who are in Trouble at School or with the Legal System		
	284 youth were identified as being in legal trouble; of those youth, 171 are no longer in legal trouble.	60%

Youth Mobile Crisis Team Outcomes:

Youth Mobile Crisis Teams in Salt Lake, Utah, and Washington Counties responded to 3,639 families for help in SFY18. Youth Mobile Crisis Teams in Davis County responded to 543 families in SFY18 outside of the MHEI funding. Families accessed YMCTs 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 6).

Table 6

Mobile Crisis Teams Outcomes		
3,639 Unduplicated Callers		
	Calls	Percent of Calls*
Avoided Out of Home Placements	2,65	67.74%
Avoided Legal Involvement (<i>The child/ youth avoided charges and/or court sanctions</i>)	1,986	54.58%
Received Assistance for Danger to Harm (<i>At risk of injuring themselves or others</i>)	1,059	29.10%
*Total greater than 100% because there may be more than one outcome per caller		

Summary:

The MHEI funding has been available from SFY13 to the present. Over the course of the funding, the number of children, youth, and families who have received one of the three offered programs has continued to increase year over year. School-Based Behavioral Health, FRF services, and YMCTs are each services which have become integral to the service delivery system for children and youth and are valued throughout Utah. Through partnerships at the state and local levels, these services continue to improve and continue to have positive outcomes. Data collection continues to show the value of these services and the impact they make in the lives of children, youth, and their families. DSAMH will continue to work toward strengthening each program, collecting outcomes and data, and ensuring families across Utah are able to access these services which help to keep youth and their families in their communities.