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To: Education and Health and Human Services Interim Committees

From: Chairs Rep. Melissa Ballard and Rebecca Dutson

Subject: Education and Mental Health Coordinating Council – Annual Report – 2022

Purpose

UCA 63C-23-202 requires the Education and Mental Health Coordinating Council report to the legislature each year on the council’s findings and recommendations on the following:

- (1) The council shall... make findings and recommendations to:
 - (i) generate a common framework for preventing and addressing mild, moderate, and serious behavioral health concerns that youth within the state face;
 - (ii) clarify roles among LEAs, local mental health authorities, local substance abuse authorities, and other behavioral health partners regarding the practical and legal obligations of screening, assessment, and the provision of care; and
 - (iii) facilitate joint development of state and local plans among LEAs, local mental health authorities, local substance abuse authorities, and other behavioral health partners that:
 - (A) describe how the entities will collaborate to meet the behavioral health needs of youth within the state; and
 - (B) provide clarity and consistency in the standardization, collection, analysis, and application of behavioral health-related data to drive improvement.

Executive Summary

The Education and Mental Health Coordinating Council was established by the Utah Legislature with the passage of [H.B. 288, *Education and Mental Health Coordinating Council*](#), during the 2021 General Session. H.B. 288 created the council to provide action-oriented guidance to legislative and other state leaders on how to meet the behavioral health needs (including mental health and substance use issues) facing Utah youth and their families. Per H.B. 288, the council must submit findings and recommendations to the Education and Health and Human Services Interim Committees by the November interim meeting.

The council has held eight public meetings – two in 2021 and six in 2022; worked with existing commissions, working groups, individuals focused on education and mental health, the Department of Health and Human Services (DHHS), Utah State Board of Education (USBE), and Utah System of Higher Education (USHE) to review current programs and efforts related to the



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council’s charge; and studied ideas that could strengthen current systems and connect Utahns throughout the state to critically important mental health and suicide prevention resources.

Based on the council’s study of the state’s education and mental health systems we have produced the findings and recommendations as follows.

2022 Findings and Recommendations:

- **Early childhood mental health public awareness and education campaign**

A working group focused on developing pathways for improving early childhood mental health have been exploring opportunities to connect families and adults who interact with children with more information about the importance of early childhood mental health. Increasing awareness will lead to prevention and early intervention reducing untreated mental health concerns later in life.

There is a need to address early childhood mental health and emotional resiliency in Utah. National research shows Utah is among a group of states with the highest prevalence of child and adolescent mental health disorders, and the highest prevalence of youth with untreated mental health needs.ⁱ Based on a range of estimates from national studies and local programs, it is thought that 10–20% of Utah’s 458,000 children between the ages of 0–8 could experience mental, emotional, developmental, or behavioral challenges.ⁱⁱ

Early investment improves children’s current and future health, as well as reduces future use of services and programs. Research shows a link between unmet mental health needs in a child’s earliest years and their lifetime outcomes. National cost estimates of mental, emotional, and behavioral disorders among youth amount to \$247 billion per year in mental health and health services, lost productivity, and crime.ⁱⁱⁱ Research on adverse childhood experiences (ACEs) also shows a relationship between the number of ACEs or stressors a child experiences and diminished health and well-being outcomes both immediately, and later as adults. Data from the National Survey of Children’s Health show that more than one in six children in Utah (17.6%) ages 0–17 have experienced two or more ACEs.

"The science of early childhood development tells us that the foundation for sound mental health is built early in life, as early experiences shape the architecture of the developing brain."

—Center on the Developing Child, Harvard University



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More efforts are needed to increase early childhood mental health awareness, promotion, and prevention-related activities. A working group focused on developing pathways for improving early childhood mental health identified a lack of understanding of infant and early childhood mental health as a key barrier to helping parents build emotional resiliency and a strong emotional foundation for their children. A public awareness campaign could help support this understanding and connect parents to resources if they feel they need additional support.

Recommendation:

Develop a public awareness campaign to help every parent and caregiver understand early childhood mental health and build a strong emotional foundation for their children. Key objectives could include:

- Helping families develop relationships that support early childhood mental health by understanding what this looks like for infants and young children (e.g., when a baby reaches out, someone reaching back creates emotional safety and builds the brain’s architecture supporting future learning and behavior).
- Getting upstream by building emotional health and resiliency in young children they can take into childhood, youth, and adulthood and use to deal with life’s challenges.
- Helping parents and caregivers understand important emotional developmental milestones and connect to resources if additional support is needed.

Three-year scope of work in Addendum A

- **Evidence-based approaches to youth suicide surveillance and prevention**

At one of its recent meetings, the council received a compelling [presentation](#) from Dr. Michael Staley, Suicide Prevention Research Coordinator, DHHS Office of the Medical Examiner, on the ongoing Utah Youth Suicide Research Project.

His presentation to the council builds on an [update](#) that he gave to the Health and Human Services Interim Committee in November of '21 and it is clear that the project has continued to produce extremely valuable insight.



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Recommendation:

- Ensure that the SHARP survey remains in schools across Utah.
- Ensure that the Utah Youth Suicide Research Project has the necessary resources to continue its work
 - Addition of a Study Coordinator (FTE); and
 - Fill gap of \$50k ongoing that is going away at the end of FY23.

- **Investigation of Medicaid reimbursement relating to integration of physical and behavioral health, with specificity to early and periodic screening, diagnostic, and treatment (EPSDT)**

A working group focused on developing pathways for improving early childhood mental health have been exploring opportunities to expand access to mental health screenings, assessments, and treatment provided to Medicaid-enrolled children. After reviewing mental health services available through Medicaid, as well as initial touchpoints families most commonly have with the mental health system, the group agreed that a key barrier to accessing Medicaid mental health services—particularly for young children (ages 0–5)—is requiring a child have a mental health diagnosis.

Requiring a diagnosis for the provision of mental health services essentially requires that the child experience functional impairment before the family can receive help. It limits the ability to address symptoms before they progress to a diagnosable level, and can also feel stigmatizing, especially when young children and their families may be hesitant to apply diagnoses or “labels” at a young age.

A Center for Medicaid and CHIP Services (CMCS) Informational Bulletin, [“Leveraging Medicaid, CHIP, and Other Federal Programs in the Delivery of Behavioral Health Services for Children and Youth,”](#) supports this concept and specifically encourages states to “avoid requiring a behavioral health diagnosis for the provision of EPSDT services.”

The working group is engaging in discussions with the Utah Department of Health and Human Services to better understand the EPSDT benefit and determine whether diagnoses are required for the provision of mental health services and in what settings (e.g., through EPSDT expanded services). These discussions are ongoing.



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Recommendation:

Support the working group’s continued engagement with the Utah Department of Health and Human Services and other key stakeholders to determine whether diagnoses are required for the provision of mental health services and in what settings, and based on these conversations, explore possible pathways for:

- Allowing for the provision of some mental health services without first requiring a mental health diagnosis—particularly for young children, ages 0–5 (e.g., through EPSDT expanded services).
- Promoting age-appropriate diagnostic criteria, such as the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC: 0–5).

- **Statewide website for programs, resources, and tools related to mental health and substance use**

The national rollout of the 988 Suicide and Crisis Lifeline this summer marks a historic development in improving access to suicide prevention resources. Individuals throughout the nation now have an easily accessible resource at their fingertips that has aligned a patchwork of complex phone numbers and networks.

A gap remains in assisting those with questions or concerns about mental health and suicide who would like to access resources on the internet.

Recommendation:

Utah will benefit from the creation of a centralized authoritative web-based resource that serves as a clearinghouse for resources, screenings, programs, and community-affiliates related to mental health, substance use, and suicide prevention.



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Recommendations related to primary and secondary education systems:

The funding recommendations below are included in the [2023 Prioritized Funding Requests from the Utah State Board of Education](#). The Education and Mental Health Coordinating Council strongly supports their inclusion in the approved budget.

Recommendation:

\$24.4 million for Full-Day Kindergarten

- Expands access to more Utah students, regardless of their geographic location, to support students in achieving higher outcomes.

\$175 million for School Safety Physical Facilities Capital Needs

- Codifies a mandate for assessments of physical facilities, safety, and general capital needs; and funding for facilities and capital improvements.

\$25.4 million for Students At-Risk Add-On

- Adjusts for the costs of providing needs-based services and supports for students in accordance with U.C.A. 53F-2-314.

\$7,156,800 for Grow Your Own Teacher and School Counselor Pipeline Program

- Extends the existing pilot program originally funded by HB 381 (2021) General Session to help address teacher and school counselor shortages while leveraging local community members interested in earning their teacher or school counselor credential.

\$3,500,000 for Utah School Safety Academy

- Creates the Utah School Safety Academy to provide ongoing, certified training for best practices in school safety, security, intervention/prevention, and emergency preparedness planning.



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Recommendations related to post-secondary education systems:

The funding recommendations below are included in the [FY 2023-24 USHE Operating Budget Request](#). The Education and Mental Health Coordinating Council strongly supports their inclusion in the approved budget.

Recommendation:

\$2,025,000 for student mental health

- \$1,500,000 to expand mobile, after-hours, crisis care to multiple institutions across the system, with an emphasis on those institutions that have on-campus housing.
- \$75,000 for SafeUT higher education outreach coordinator (shared position with the Huntsman Mental Health Institute [HMHI]).
- \$100,000 for student-facing software to support resource navigation and screening, as well as case management for student wellness case managers.
- \$350,000 for institutional anti-stigma and resource awareness campaigns in support of:
 - HMHI's efforts to combat cultural barriers to mental health supports;
 - Recommendations from JED Campus institutional strategic plans; and
 - Enhancing the effectiveness of regionally-shared student wellness case managers and providing them with resources in support of their outreach work.

\$975,000 for systemwide student wellness case managers

- 11 regionally-shared case managers, requiring BSW at least, to support students connecting to and navigating through state, community, federal, and campus provided supports for student wellness, including mental health, basic needs, and other items.



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Addendum A

- **Early childhood mental health public awareness and education campaign recommended Scope of Work:**

YEAR 1 | \$600,000

Research | Conduct a pre-campaign lift survey to determine the level of awareness that the general Utah population has around children’s mental health to determine the appropriate route to take when developing key messaging and assets.
Estimated budget: \$30,000

Campaign branding and assets | Development of overall message strategy, creative approach, style guide, logo/name, and deliverables needed.
Estimated Budget: \$40,000

Website | A fully branded website with a purchased URL will serve as a resource and call-to-action for all marketing materials and resources.
Estimated Budget: \$50,000

PR & Community Mobilization | A campaign announcement and kick-off event will be organized to gain statewide attention to the campaign and its resources. Ongoing public relations work will continue throughout the entirety of the campaign including but not limited to: press releases, media coordination, community outreach, events, and reporting.
Estimated Budget: \$30,000

Media Campaign | Determine audience priorities and effective messaging to distribute to the appropriately chosen advertising channels—paid social, display, broadcast, radio, outdoor, environmental. Awareness generation for the advertising would be measured in terms of impressions and reach, and messages would be tested for most effective outcomes. Creation of all assets—web banners, social media images and messaging, content, and photography.
Estimated Budget: \$450,000

YEAR 2 | \$550,000

Survey | Conduct annual benchmarking survey to identify the progress, success, and opportunities of the past year.
Estimated Budget: \$20,000



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Branding & Strategy Refresh | Based on survey results, testing and additional performance measures, awareness messaging will be refined and modified both in terms of creative look and feel and in most effective outcomes in terms of timing, advertising channels (social media and programmatic display) and response.

Estimated Budget: \$60,000

PR & Community Mobilization | Ongoing public relations work will continue throughout the entirety of the campaign including but not limited to press releases, media coordination, community outreach, events, and reporting.

Estimated Budget: \$30,000

Media Campaign | Continue distributing messaging through the most appropriate and impactful channels.

Estimated Budget: \$440,000

YEAR 3 | \$550,000

Survey | Conduct yearly benchmarking survey to determine the impact of our past two-year campaign to modify key messaging and delivery.

Estimated Budget: \$20,000

Branding & Strategy Refresh | Keeping the messaging “fresh” will be a key attribute as the campaign matures; we will reevaluate the look and feel of the creative components and adjust accordingly. A minimal amount of dollars may have to be reserved for new creative development – testing and response will dictate that necessity. Reevaluation and implementation of PR strategy based on survey feedback.

Estimated Budget: \$60,000

PR & Community Mobilization | Reevaluation and implementation of ongoing public relations strategies including but not limited to press releases, media coordination, community outreach, events, and reporting.

Estimated Budget: \$30,000

Media Campaign | Continue distributing messaging through the most appropriate and impactful channels.

Estimated Budget: \$420,000

Post-campaign Survey | Conduct a post-campaign lift survey to present the final results and effectiveness of the awareness campaign and its findings.

Estimated Budget: \$20,000



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ⁱ Whitney, D., & Peterson, M. (2019, February). U.S. National and State-Level Prevalence of Mental Health Disorders and Disparities of Mental Health Care Use in Children. *JAMA Pediatrics*.

ⁱⁱ Ball, S., & Summers, L. (2020, December). Early Childhood Mental Health in Utah. Kem C. Gardner Policy Institute.

ⁱⁱⁱ Eisenberg, D., and Neighbors, K. (2007). Economics of Preventing Mental Disorders and Substance Abuse Among Young People. Paper commissioned by the Committee on Prevention of Mental Disorders and Substance Abuse Among Children, Youth, and Young Adults: Research Advances and Promising Interventions, Board on Children, Youth, and Families, National Research Council and Institute of Medicine, Washington, DC.

Thank you,

Rep. Melissa Ballard, Chair

Rebecca Dutson, Chair

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