Recommendations and Projections for School Based Health Centers in Utah

Education and Mental Health Coordinating Council
September 2024

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This report has been produced at the request of the Education and Mental Health Coordinating Council, chaired by Rebecca Dutson and Representative Melissa Ballard, to provide guidance on implementing best practices for the development of School-Based Health Centers in Utah. It reflects a collaborative effort between Aaron Fischer, PhD (University of Utah; Huntsman Mental Health Institute), Karen Manotas, MD (University of Utah Health; Huntsman Mental Health Institute), Tanya Albornoz, M.Ed (Utah State Board of Education), Shelly Cooper, RN (Intermountain Health), Amy Back (Intermountain Health), and their respective teams and institutions. We are grateful for the opportunity to work together to generate recommendations that support the overall health and well-being of Utah's children through school-based health centers. These centers are designed to provide accessible, comprehensive health services, integrating medical and mental health care directly into schools to address the growing needs of Utah's children and families.

The University of Utah and Intermountain Primary Children's Hospital have a long-standing commitment to supporting school-based care across Utah. Through collaborative efforts, we have worked to integrate medical, mental health, and educational services directly into schools, ensuring that students receive comprehensive care where they spend most of their time. These initiatives have improved access to essential health services, particularly for underserved communities, and have strengthened the connection between schools and health care providers to promote the overall well-being and academic success of Utah's children. Through modalities including telehealth, brick and mortar clinics, and hybrid setups, we have incorporated many successful healthcare systems into schools. We recognize that continuing to provide the highest standard of care, meeting the needs of families, and supporting children throughout the state requires ongoing collaboration. To that end, we are committed to partnering with one another to ensure that these goals are met, and we welcome opportunities for further collaboration to bring these initiatives to life.

This report describes our current school-based physical and mental health projects operating in various districts and outlines key recommendations for the development and implementation of SBHCs throughout Utah. It is informed by best practices, local data, and the collaborative expertise of medical, mental health, and educational professionals. By placing these resources directly within school settings, the goal is to reduce barriers to care, promote early intervention, and enhance overall student health and academic success, particularly in underserved communities. Once again, The University of Utah and Intermountain Primary Children's Hospital remain committed to partnering with stakeholders statewide to ensure these recommendations lead to impactful, sustainable solutions for Utah's children and youth to receive a continuum of care.

This report was created in collaboration with staff from the Utah State Board of Education (USBE), however, the recommendations and content do not reflect the opinions of the USBE in its entirety.

Utah School-Based Health & Well-being Programs

Presentation to the Education & Mental Health Coordinating Council

Thank you so much for the opportunity to prepare our report on school-based health and wellbeing programs in Utah. We are excited to present our findings and recommendations today.

Dr. Aaron Fischer is a licensed psychologist and faculty member in the school psychology program at the University of Utah and dept. of psychiatry at the Huntsman Mental Health Institute. He co-directs the Utah School Mental Health collaborative with Dr. Manotas.

Dr. Karen Manotas is a board certified child and adolescent psychiatrist, faculty at the Huntsman Mental Health Institute and adjunct faculty in the department of pediatrics at the University of Utah. She is an inpatient child psychiatry hospitalist and specializes in school-based health as co-director of the Utah School Mental Health Collaborative with Dr. Aaron Fischer and as the Director of Behavioral and Mental Health Services at the West High School Clinic.

Shelly Cooper is a registered nurse and the Program Development Manager for the School-Based Telehealth program at Intermountain Health.

Tanya Albornoz is a Coordinator for Prevention at the Utah State Board of Education. She is also a Clinical Social Worker. Tanya works at the Utah State Board of Education (USBE), however, the recommendations and content do not reflect her opinions or those of the USBE in its entirety.

Thanks, everyone, as we orient to the presentation today, we will address four areas: project updates, best practices, recommendations, and public/private partnerships.

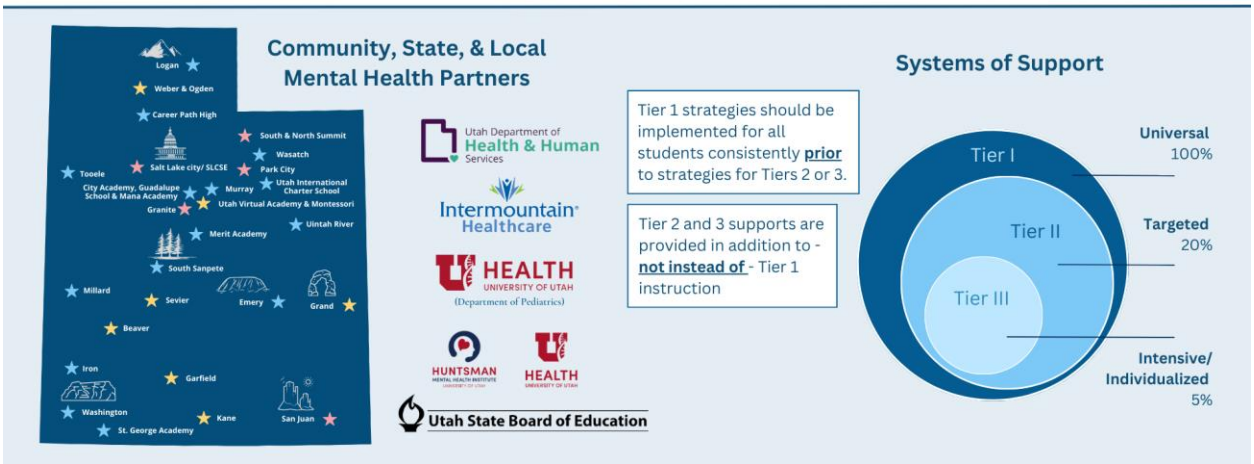
It's also important to note that many organizations, including ours, have been doing school-based health and wellbeing work across Utah for decades, and are excited to share how integrated health work, that's coordinated well, can be even more successful for all Utahns.

Project Updates & Best Practices

Starting with project updates and best practices you'll hear briefly from program leaders about related programs across Utah.

Utah School Mental Health Collaborative

Multi-tiered Mental Health Model in Schools



The Utah School Mental Collaborative has been supporting Utah communities since 2021.

We provide integrated school mental health services that are differentiated depending on student and school needs. Some examples of those are listed multi-tiered systems of support concentric circles.

Our organization works with numerous partners across the state and our strategic partners are shown on the figure on the right. We are working with more and more schools each year, thanks to the support of school leaders and educators, caregivers, and policy makers.

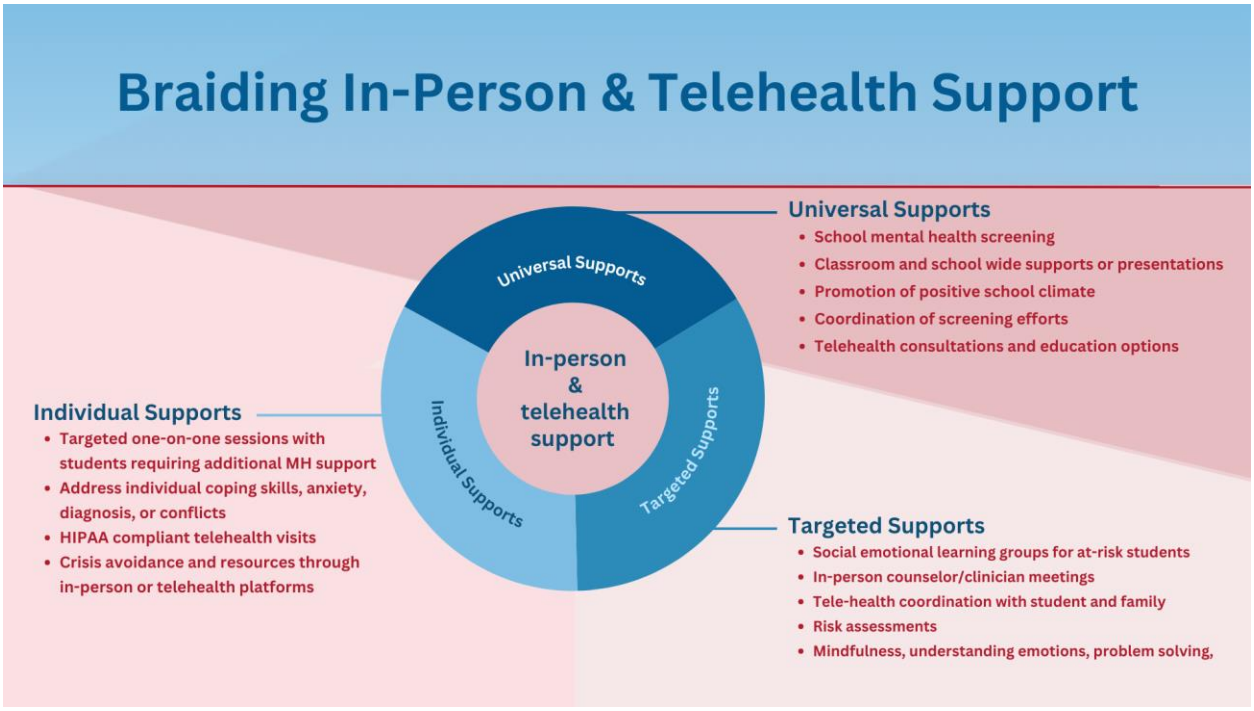
Tiered systems of support is a common framework that many schools use to address BOTH academic and behavioral issues.

Tier 1 strategies are evidence-based, universal strategies or approaches that benefit all students. These are often systemic strategies put in place to improve overall academic performance by teaching skills, and/or helping students feel connected and safe at school.

Tier 2 and 3 additional supports are layered on top of tier 1 strategies when students may need additional support to be successful in school.

Tier 2 is about supporting specific skill gaps and is typically delivered as small group interventions. Generally, about 20% of students need these types of support.

About 5% of students would need more intensive and/or individually designed support than Tier 2 can provide. These supports are provided at Tier 3 and may include a variety of supports, such as 1:1 therapy and special education services.



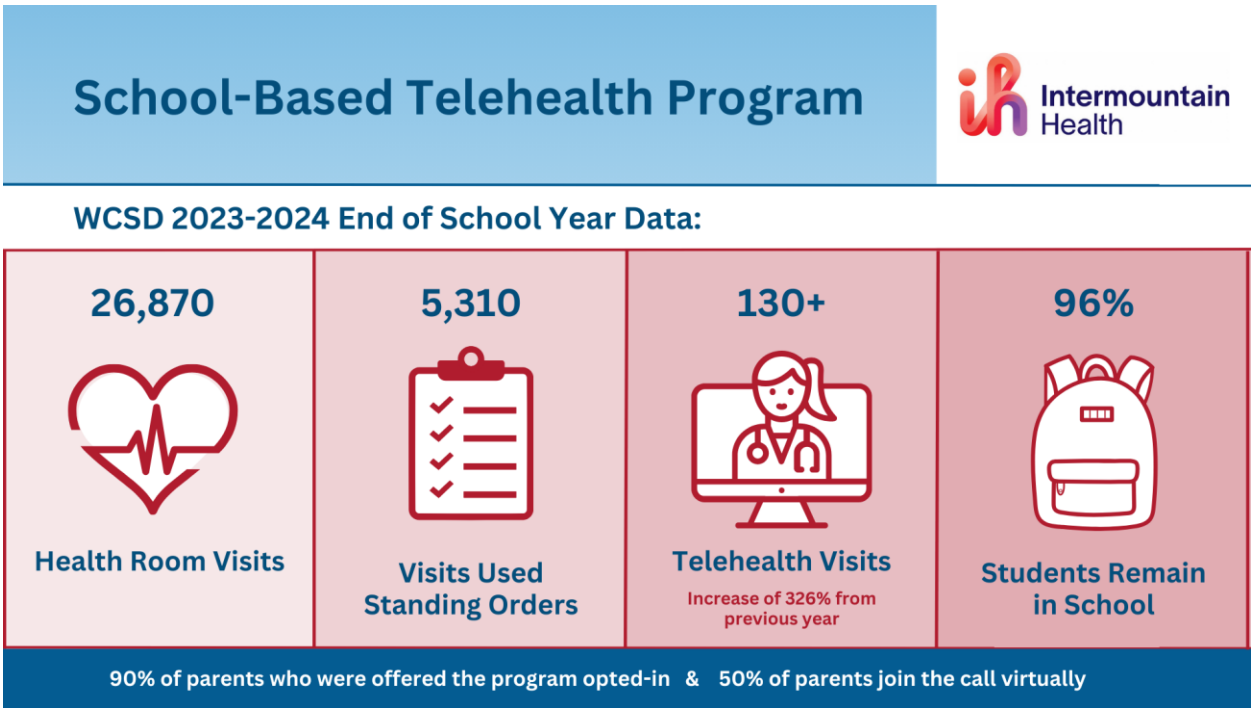
We are able to provide a variety of supports based on individual and community needs. It is important to note that Tiers 1, 2, and 3 are provided in a blended fashion that incorporate in-person and tele-health support.

Universal supports (tier 1): school mental health screening, classroom and school-wide supports, promotion of positive school climate (in-person: working with school admin, teachers, staff to coordinate logistics of screening efforts; telehealth: teleconsultation with school staff, provide continuing education opportunities like webinars to school staff).

Targeted supports (tier 2): social emotional learning groups for students identified as at-risk SEBHM (social, emotional, behavioral, mental health) concerns (in-person: counselor/clinician would meet with group of students during the school day or after school; telehealth: can be challenging to do a group session over telehealth, is possible but have to coordinate with school staff to pull students out of class and in a room).

Individual supports (tier 3): targeted one on one sessions with students who require more support (telehealth: may be the easiest to do and implement via telehealth platform because you would be meeting one on one with students; important to consider HIPPA of teleconference software and school policy of what to do during crisis situations or when to refer to outside support).

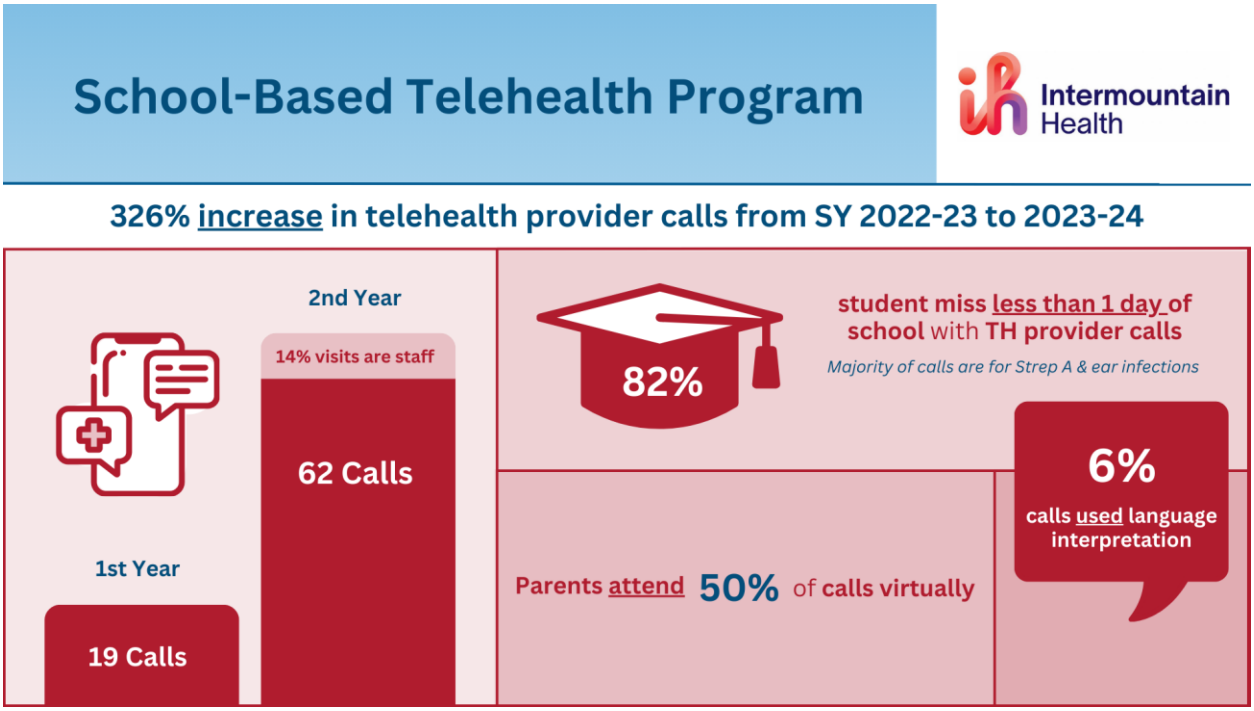
Many organizations, including ours, are engaging in this work, which can't be successful without collaboration and integration.



The pilot school for the School-Based Telehealth program was initiated in November 2022. Since inception, Wasatch County School District (WCSD) has seen an overall improvement in attendance and teacher satisfaction with the Program.

Each year continues to have increased participation, resulting in positive results impacting students and teachers. The WCSD data results are impressive. Those students & staff who participate in the Program, 96% remain in school after treatment. The district's total health room visits were 26,870. Of those visits, 5310 utilized medication standing orders, and there were 130+ telehealth visits. The telehealth visits had an increase of 326% over the previous year and we continue to expect that number to continue to rise.

You can learn more about the School Based Tele-Health Program here.



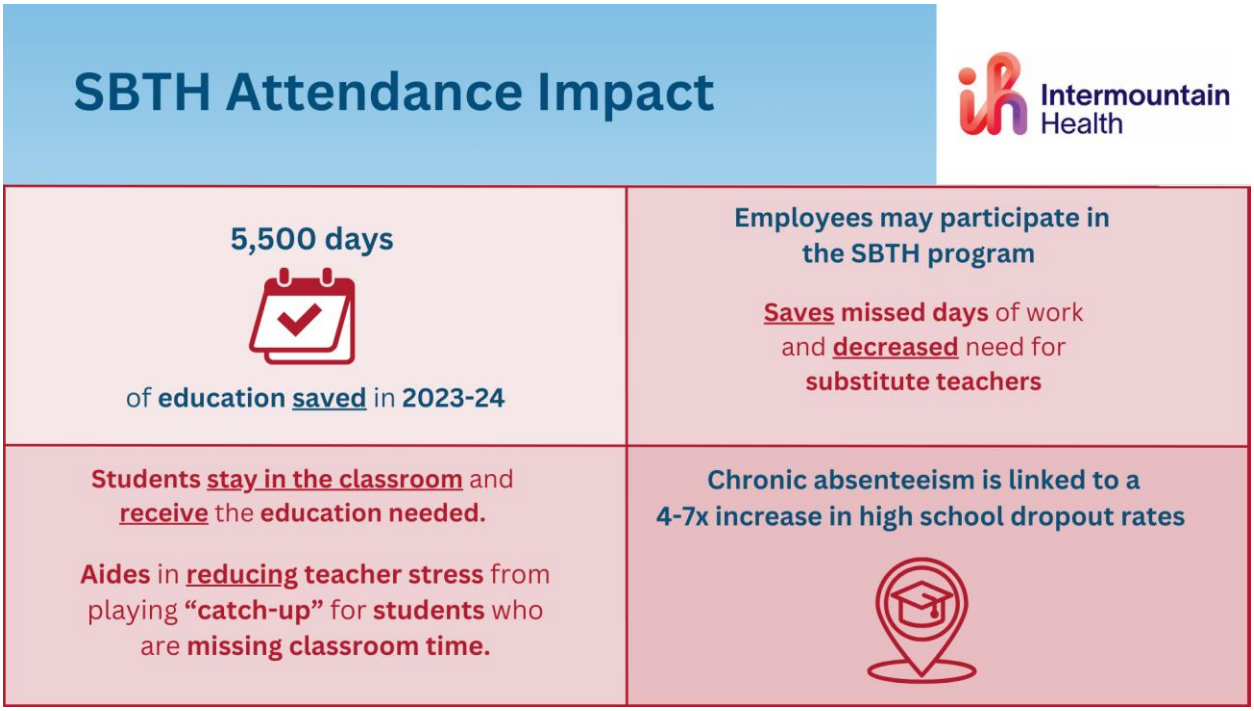
The School Based Tele-health program is becoming more utilized with each year of usage.

The 1st year of implementation, 19 telehealth provider calls were placed, in 2023-2024, there were 62 telehealth provider calls. This was an increase of 326% over the previous year.

Parents are welcomed and encouraged to join the virtual visit. Approximately, 50% of parents choose to join the call virtually.

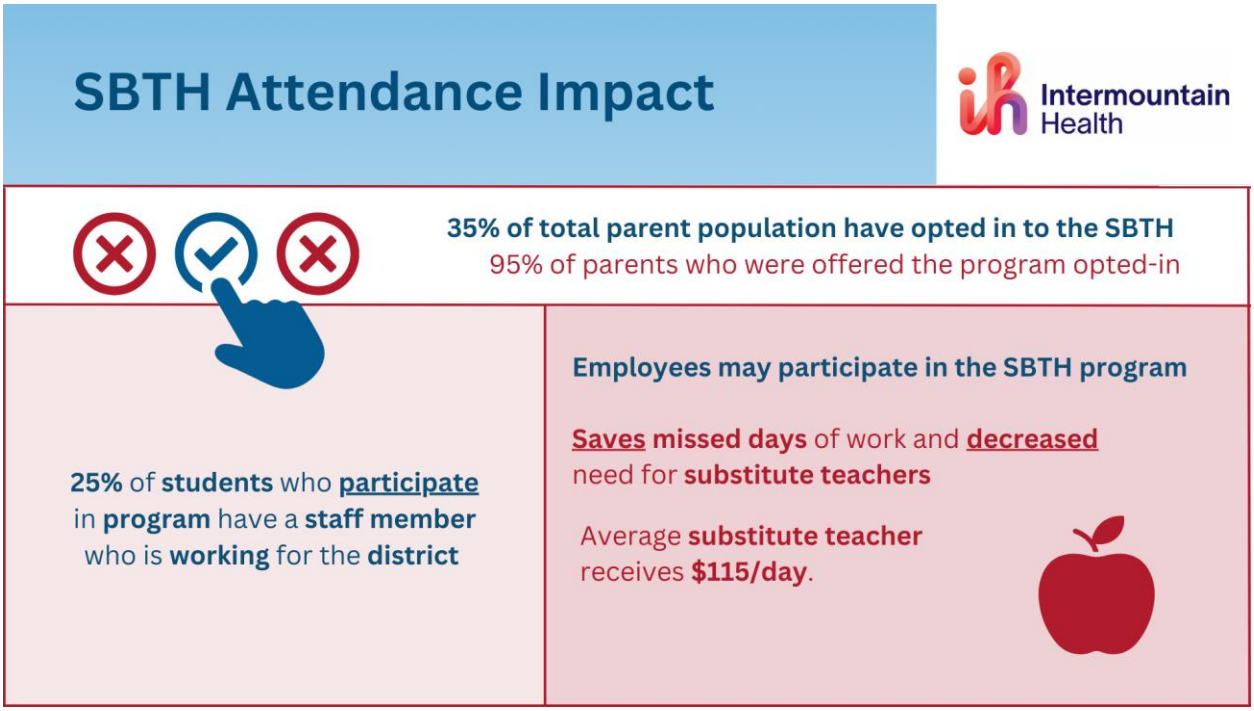
Language interpretation is offered by Intermountain Health and 6% of the students request language services, with Spanish being the top requested language.

Overall, 96% of students and staff who participate in the Program either return to class or miss less than 1 day of school, which includes students who need medication standing orders. Of the students who use the provider telehealth services, 82% miss less than 1 day of school. The most common conditions seen by a tele-health provider are strep throat, ear infections, skin conditions and UTI's.



Chronic absenteeism has been linked to a 4 to 7 times increase in the high school dropout rate. Because of the School Based Tele-Health Program, students are able to stay in the classroom and receive the education needed for success. It is estimated 5,500 days of education were saved in 2023-24. Increased student attendance in classrooms aides in reducing teacher stress by not having to play "catch up" for students who miss classroom time.

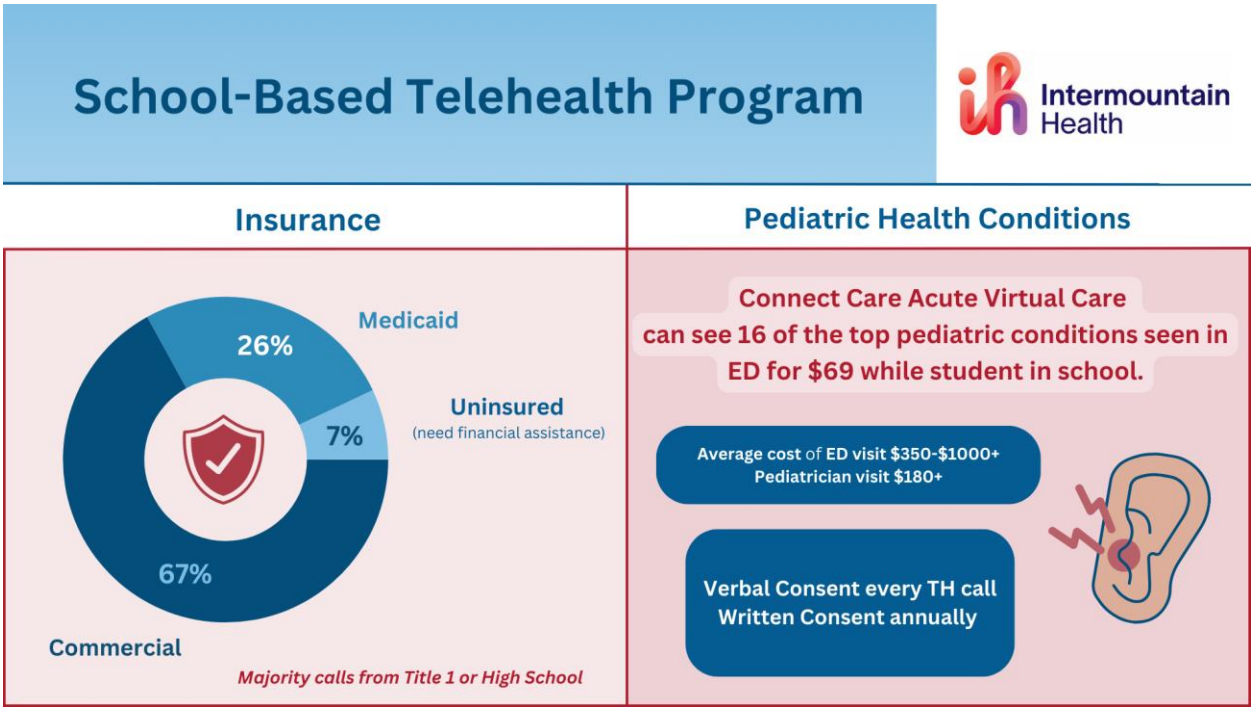
Employees are welcome to participate in the program. By allowing employees to participate, it allows the employees to stay at work, reducing missed days of work and a decreased need for substitute teachers.



25% of the students who participate in the Program have a staff member, usually a parent or guardian, who is working for the district.

95% of parents who are offered to participate in the program opt-in, bringing a total of approximately 35% of the total parent population at WCSD who have chosen to have their child participate in the Program.

With employees being able to participate in the Program, this has saved missed days of work and a decreased need for substitute teachers which is a cost savings for the school district. The average substitute teacher receives $115/day.



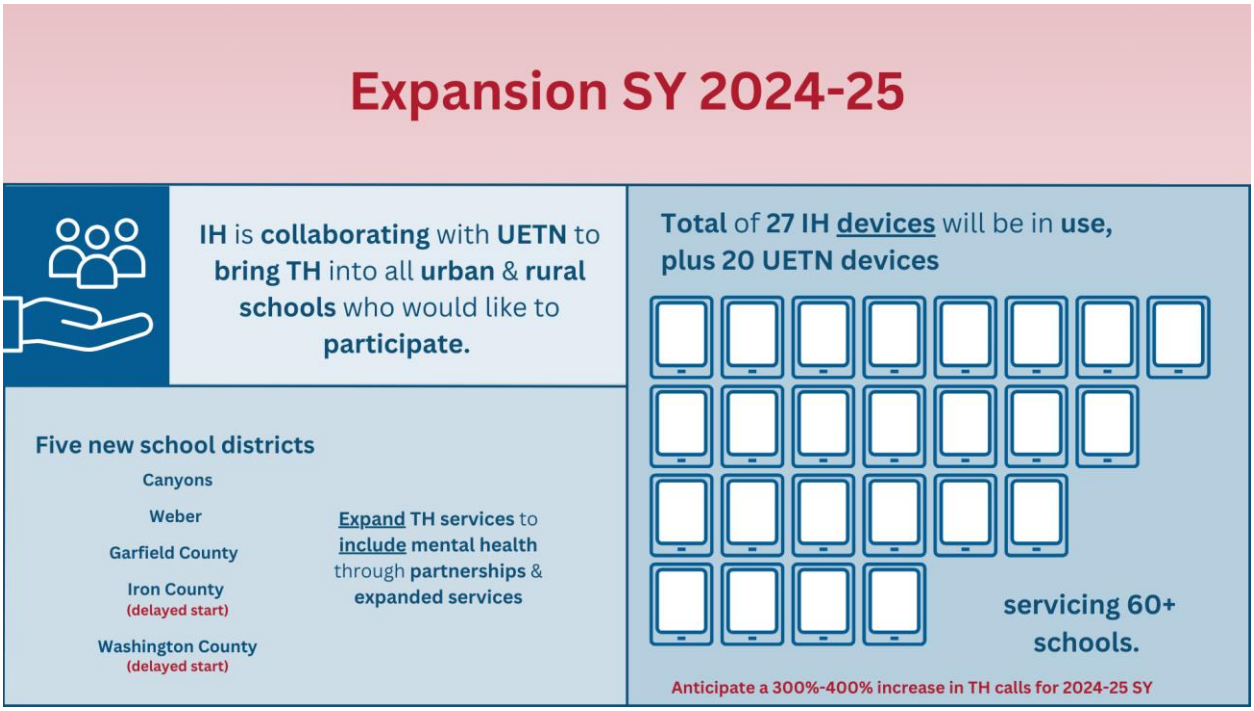
The School Based Tele-Health program is an opt-in program. Verbal consent is required for EACH Virtual Provider Telehealth visit. Written consent is received annually and is obtained either during school registration or at the time of the first visit of the school year.

Information collected on the consent includes the family's health insurance information. The majority of families either have commercial insurance (67%) or Medicaid (26%). Financial assistance is available to families who do not have insurance or are unable to afford the $69 for a Virtual Provider telehealth visit. 7% of families needed financial assistance.

Intermountain Health's Connect Care Acute Virtual Health Providers are the primary point for the telehealth visits. For the SBTH Program, Connect Care expanded the conditions it would treat because of the images that are able to be captured by the telehealth equipment.

Connect Care can see 16 of the top pediatric conditions seen in the Emergency Department. The #1 seen pediatric condition (0-17 years) in Intermountain Health's ED in 2023 was otitis media (ear infection), approximately 16,000.

Ear infection and Strep A are two of the most commonly treated conditions within the SBTH program. Each Connect Care visit is a flat $69. This is a major cost savings considering the average Emergency Department visit ranges from $350-$1000+ and a pediatrician visit is $180+.

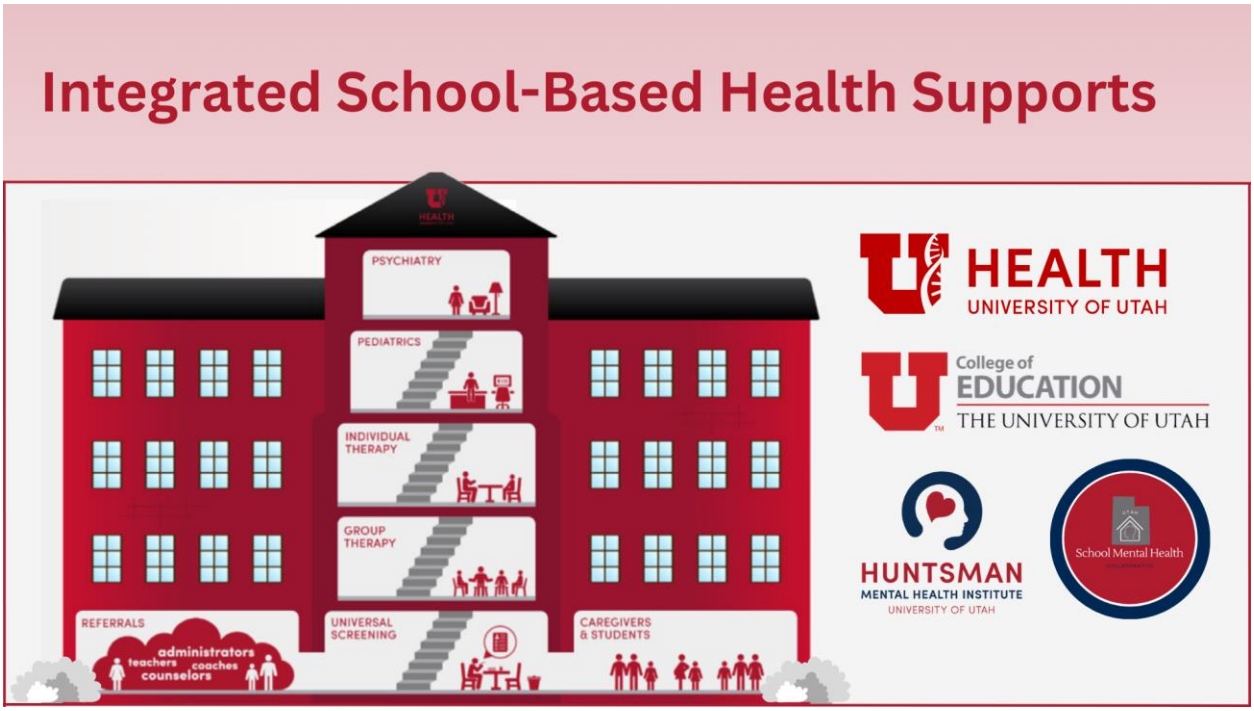


The interest in the School Based Tele-Health Program is increasing. Expansion for the SY 2024-25 includes five new school districts in addition to the continued service in Wasatch County. Canyons, Weber, Garfield County, Iron County and Washington County are the new school districts joining by October 2025. We expect other school districts to join by the end of the SY. We also have interest in providing service in Teen Centers throughout Utah.

We hope to expand tele-health services to include mental health services through partnerships and expanded services at Intermountain Health.

Intermountain Health uses 19labs as a source for the tele-health equipment that is provided to schools. Intermountain Health continues to collaborate with UETN to use the 19labs equipment that already exists in some rural school districts.

With this collaboration, the School Based Tele-Health Program will expand services from 9 schools to over 60+ schools this school year. It is anticipated the Program will have an increase of 300%-400% in provider telehealth calls this school year.



As we mentioned earlier, integrated health supports are a best practice for youth well-being.

This integrated model has been successfully implemented at West High school, through the West High Health Clinic. It truly is an exceptional application of collaborative practice between departments of pediatrics, psychiatry, and educational psychology.

We know that we can't address Utahn youth mental health crisis with the current workforce shortage and we need more community pediatricians to feel comfortable seeing and treating child and adolescent MH with first line treatments.

Our team comprises psychiatry fellows
and Residents, Interdisciplinary Graduate Students, Pediatrics and Family Medicine Residents, and associated Faculty in each field. This setting provides critical training to increase MH workforce while serving our communities making an impact on their education and wellbeing.

The multi-tiered school mental health support model operates within a framework designed to address the varying levels of student mental health needs through a continuum of interventions. Tier 1 includes universal supports for all students, promoting positive mental health and preventing issues through classroom-wide strategies and school-wide initiatives. Tier 2 targets students who are at risk or exhibiting mild concerns, offering more focused interventions such as small group counseling or check-ins. Tier 3 provides individualized, intensive support for students with significant mental health challenges, typically involving collaboration with specialized staff or external mental health professionals. The referral process begins with teacher observation or screening tools identifying students needing additional support. For Tier 2 or 3, the referral typically involves a multi-disciplinary team review, parent/guardian

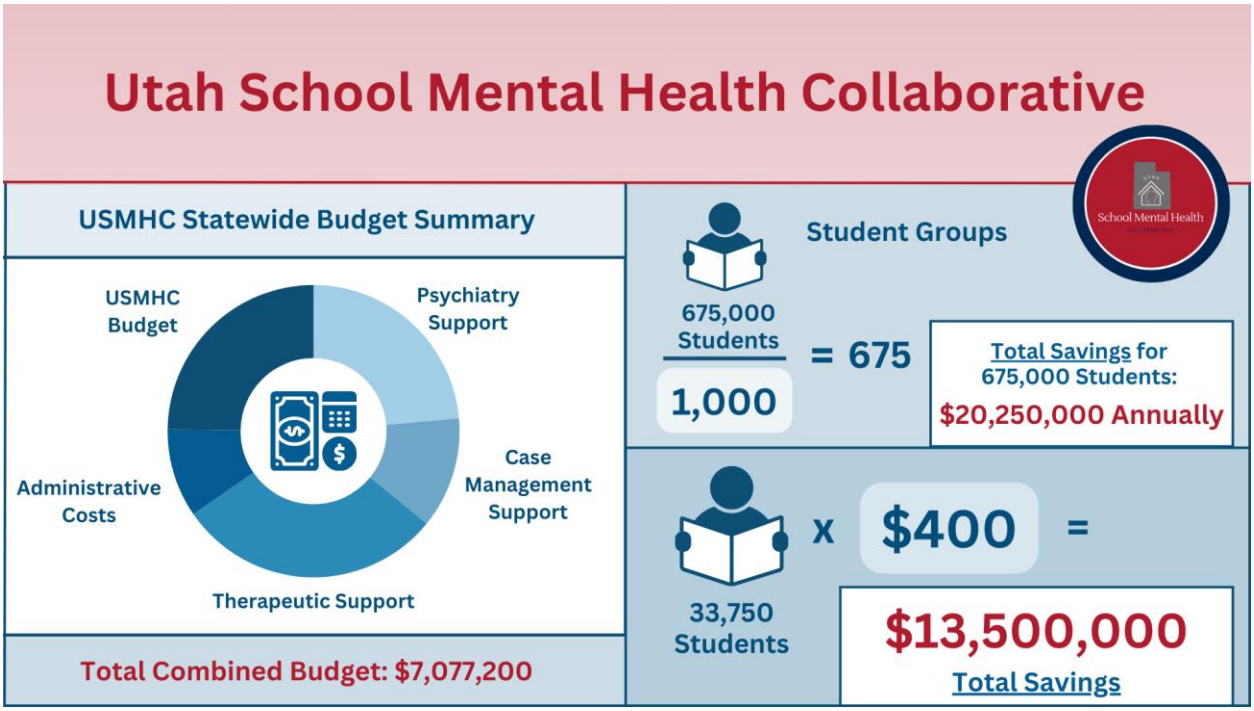
engagement, and coordination with mental health services to implement appropriate interventions. Continuous monitoring and adjustment are essential to ensure students' needs are met effectively at each tier.

Our sustainability model encompasses providing support to students, families, schools, and community providers through existing state-wide services and tools developed and maintained by our HMHI faculty and staff.

SafeUT:
We facilitate the use of this talk-to-text crisis app for students and schools within our network, enhancing our continuum of school-based services. This app is designed to increase crisis support for students and bolster school safety tools.

CALL-UP:
CALL-UP is a state-funded hotline manned by HMHI child psychiatrists during business hours. It allows primary care providers, including family practice physicians and pediatricians across the state, to seek guidance on managing psychiatrically complex youth, particularly when access to a psychiatrist is limited.

Our school-based psychiatric consultative service is designed to offer diagnostic clarification for youth in schools, thereby removing barriers and providing a step-by-step treatment blueprint in a TIMELY manner. Currently, the average wait time to see a child psychiatrist in our program is 14 days, compared to up to 6 months in the community. Instead of administering medications in the school setting, we work closely with the student's pediatrician to manage the youth's care and connect them with the CALL-UP hotline. This resource offers immediate guidance from board-certified child psychiatrists. This approach not only ensures timely access to school-based psychiatric consultations but also aims to improve primary care providers' mental health competency and confidence, helping to address some of the mental health workforce shortage.



The Utah school mental health collaborative coordinates, trains, and helps school teams provide best practice multi-tiered MH to all K-12 students in Utah.

An important part of our prevention work is the cost savings to our community members. We know that when these systems of support are in place schools, with early detection, prevention services, and high levels of implementation fidelity, we can save 30k annually for every 1000 students.

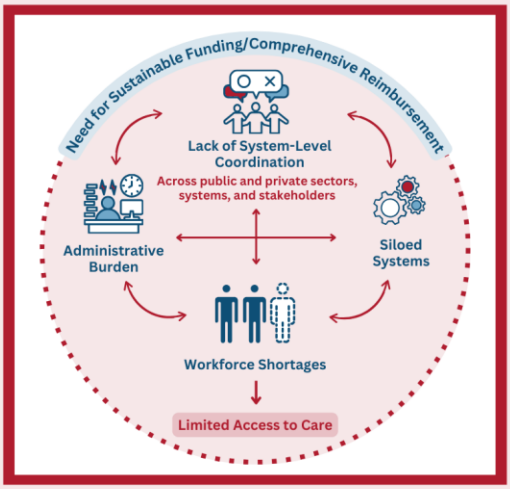
Considering there are roughly 675k students in Utah, we can save Utahns over 20 million dollars annually.

of the 675k students, we know about 5% will need individual support. Utahns can save even more when those students can access support through the functioning system. For each student needing therapy
access support through the system, saving amounting to $400 per student. In comparison, when the system is not in place, savings only amount to $100. Considering 5% of students in Utah is 33,750, we could begin to see annual savings of over 13 million dollars if we develop this strong integrated MH system.

To implement these programs statewide, it would cost about 7 million dollars annually, with a potential net savings of over 26 million dollars annually.

Utah's Behavioral Health System-Level Issues

Low funding levels
Siloed approaches
Delayed treatment outcomes
Increased administrative burden
Exacerbated workforce shortages



As mentioned in the Utah Behavioral Health Assessment & Master Plan, there is a lack of system-level coordination that exists among the various behavioral health providers in Utah. Often groups are working in silos whilst duplicating efforts, resulting in an overall poor quality of care because public funds are not maximized to increase access and resources and some providers receive more referrals than others leading to burnout. For schools, this means children and adolescents with intense needs who cannot be supported adequately through school services are also not able to receive timely access to quality care from community providers resulting in worsened mental health conditions including substance abuse, suicidal ideation, and poor academic, behavioral, social, and emotional outcomes. Having recognized this, the USMHC plays the critical role of a liaison to build connections between schools, districts, community providers, invested stakeholders, and other entities that are involved in school mental health.

By bringing everyone together, the USMHC aims to address the strategic priorities set forth by the state in the Utah's Behavioral Master Plan to establish comprehensive care for children and adolescents so they can receive continuum of behavioral health care that is effective, evidence-based, more equitable, aligned, and will provide timely access to person-centered and culturally responsive care when they need it.

Some of this work includes working on cost savings, sustaining behavioral health innovation, creating effective upstream strategies, ensuring access to behavioral health screenings at school at no cost to families, expanding and supporting integrated care models, encouraging better alignment of integrated behavioral health across public and private payers and systems, defining roles and responsibilities of public and private behavioral health providers who serve children and adolescents, developing and leveraging digital tools to link service provision, and enhancing and expanding the behavioral health workforce beginning at the high-school level.

Recommendations

As we transition into recommendations, it's important to highlight that our recommendations are synthesized collaboratively across our organizations.

SBTH Future Needs

Funding Needs

New Equipment
In-Person Health Aides
In-Person or Virtual School Nurses
Annual Service Fee for Each Device

Each school district has a unique set-up to bring Tele-health services to their students and employees. It is important to have flexibility within the program and recognize where resources are needed.

With the uniqueness of each school district, it is anticipated more funding will be needed to purchase new telehealth equipment and funds to pay the annual service Fee for each device.

Additional funding is also anticipated for in-person tele-presenters, which could be health aides or Certified Medical Assistants trained specially for use of the telehealth equipment. Funding for either in-person or virtual school RN's and additional funding for mental health professionals providing virtual care is needed as the School Based Tele-Health Program grows.

Recommendations

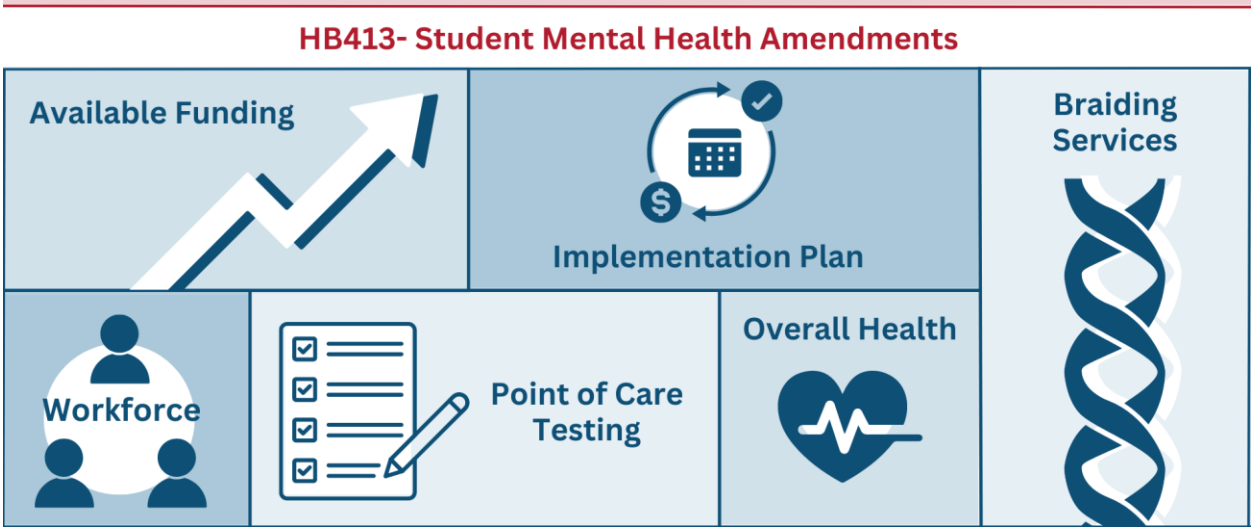
There is significant evidence on implementing behavioral health care in both in-person and tele-health formats, and this care model proves successful.

When providing behavioral health care, it is important that both in-person and tele-health care elements are blended, and match the needs of the community. There is no "one model fits all" as every community will have different needs and resources.

In order to best adapt to different communities, we are recommending additional school-based trained personnel to facilitate point of care, BH, and other approved activities. This can be done through the collaboration of The U of U and Intermountain Health, and The Huntsman Mental Health Institute.

In connection to telehealth support, it is important to ensure ongoing support for the SafeUT and CALL-UP Programs. SafeUT provides immediate phone support to licensed counselors. Huntsman Mental Health Institute in partnership with the Office of Substance Use and Mental Health (SUMH) created CALL-UP to improve access to psychiatric services in Utah. These programs are under the HMHI continuum of care that we currently collaborate with.

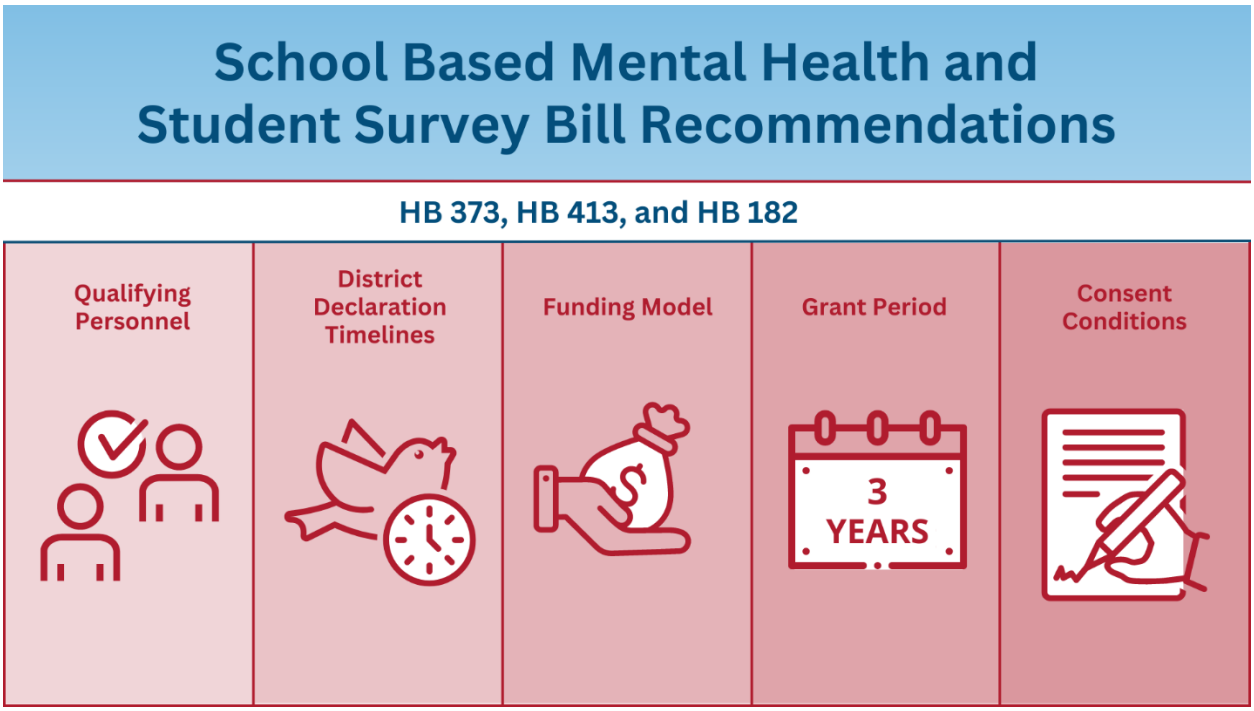
Student Mental Health Amendment Recommendations



Implementation Plan: Use the evidence on behavioral health to guide model implementation for in-person, telehealth, and hybrid care.

Braid Services: In-person and telehealth components are blended and matched to the local community needs.

Workforce: Train, recruit, and retain school-based trained personnel to facilitate (point of care testing for triage, behavioral health assessment and service provisions, handle and manage equipment. Explore other approved activities for each specialty.



Qualifying Personnel: Limits imposed to the qualifications/ credentials of personnel who can provide services under the grant impacts the ability for Local Education Agencies (LEAs) and charters to timely hire their staff.
Recommendation: Allow for contracting with qualifying personnel who practice under the purview of the supervisors' licenses (e.g., Graduate trainees)

District Declaration Timelines: This year, the USBE School-Based Qualifying Mental Health Grant (SBQMHG) and School Mental Health Screening Grant (SMHSG) were released in May and June. The end of academic year is a challenging time for LEAs and charters to get their applications in. More challenges tied to applying for the SMHSG which takes three months for LEAs and charters to receive the funds from the time of application.
Recommendation: Opening applications as early as January every give LEAs and charters sufficient time to apply for the grants, also allowing them time to engage in meaningful discussion with their boards on the planning, implementation and preparation of the grant related work. The end of academic year is a challenging time for LEAs and charters to coordinate screening grant applications.

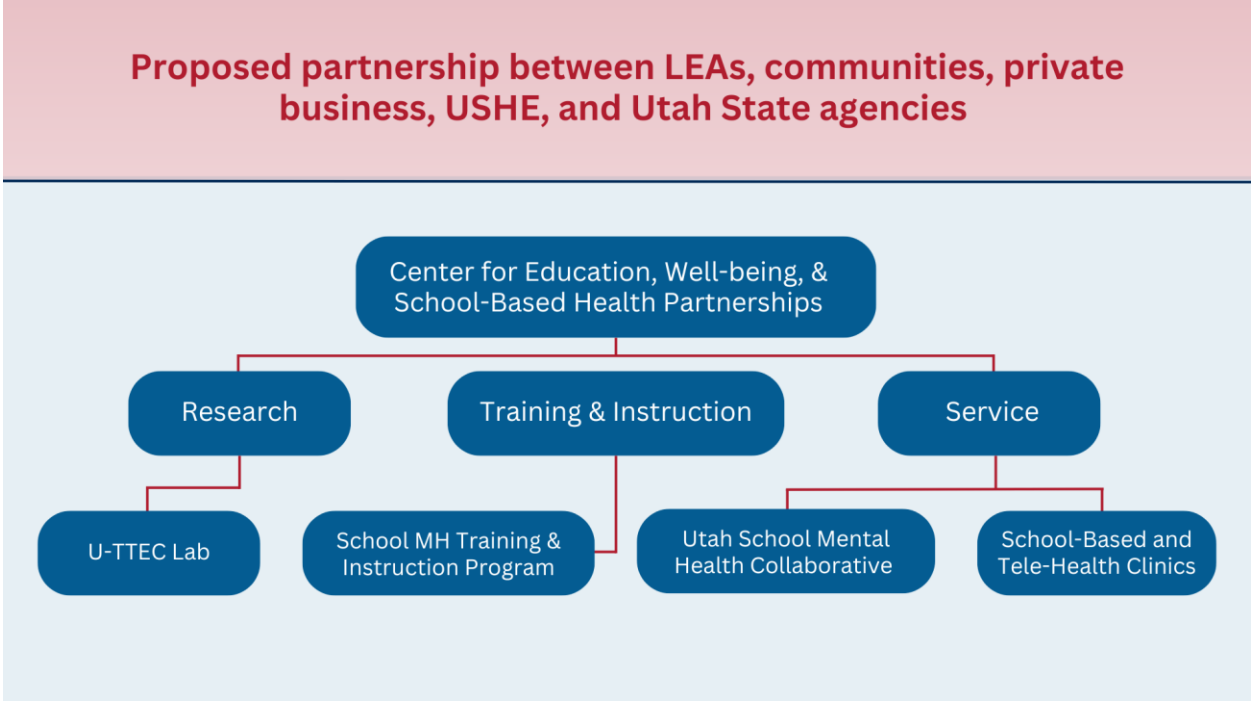
Funding Model: Due to changes in the funding model from last school year to this school year, allocated amounts were insufficient for schools to plan their screening efforts for the academic year intentionally. While entities opted in to screen on the first round of screening applications, they opted out on the second round due to the time needed to process the grant and the insufficient amounts allocated given their screening plan and student population.
Recommendation: It will be beneficial for the SMMHSG funds to be allocated as previously, through a competitive grant program, so LEAs can request the amount of funding that they intend to use, as aligned with their screening plan.

Grant Period: The SBQMHG is a three-year cycle and the SMHSG is one-year cycle.
Recommendation: It will be helpful to award the SMHSG on a three-year cycle so that it commits schools to continuing their screening efforts. A three-year grant period creates more commitment from the schools and districts and ensures there is meaning and effort put into the data collection. Additionally, a three-year period allows schools to collect more longitudinal data and assess the long- term impact of school mental health screening.

Consent Conditions: Current conditions for collecting consents for school climate surveys, at the start of the year, excludes students who might miss registration due to relocation, immigration, or other personal and family situations. The start of the school year is too restrictive, prevents data collection. School administrators report that, because parents are signing so many forms at the start of the year and the screening forms are bundles with additional information, there of an informed consent process.
Recommendation: In order to reduce restrictions, create consent opportunities for all families, and increase the informed consent, the consent process should be extended beyond registration which will include more students in the survey process.

Partnership Coordination

With those recommendations in mind, we think school-based health and wellbeing work across Utah is best implemented through a coordinated and collaborative effort, including community partners, and it is important that those partnerships are well coordinated.



We are submitting a collaborative proposal to launch a coordinated center through the University of Utah on Education, Wellbeing, and School-Based Health Partnerships. The center will bring together all of the presenters you heard from today, and we aim to launch this center in the fall of 2025.

The coordinated effort to ensure students receive differentiated services through the available continuum of care at the center including Research, Training and Instruction, and Service. Service units in the center will manage school-wide integrated behavioral health efforts, and oversee the responsible growth of these programs across the state.

We will continue to enhance the available mental health workforce through our school mental health training and instruction program, where over 45 allied mental health students work in schools across the state supporting these efforts.

Lastly, our research efforts will continue to innovate around the topics of technology, behavior, and school mental health, and actively disseminate our work at the state and national level through presentations

THANK YOU

Any Questions?

We appreciate the time you have spent.

Please feel free to reach out to us for additional information or questions.

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