Item Name: Mental Health Early Intervention

Legislative Session: 2016

Funding Amount: $3,200,000 + $300,000 TANF

Introduction: During 2016 Legislative General Session, the Division of Substance Abuse and Mental Health (DSAMH) was allocated funding for Mental Health Early Intervention services through State General Funds and through TANF.

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; however, fewer than 20 percent receive mental health services. 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 from suicide.

The Institute of Medicine (IOM) and The Center for Disease Control (CDC) indicate clear windows of opportunity are available to prevent MEBs and related problems before they occur. Risk factors are well established, with first symptoms typically preceding a disorder by 2 to 4 years. Prevention and early intervention can effectively reduce the development of mental, emotional, and behavioral disorders.

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

Service Design:

The MHEI funding specified that the Local Mental Health Authority (LMHA), in consultation with DSAMH, will provide a minimum of one of the three services in their community to serve clients. 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 become so without early intervention services.

DSAMH incorporated the design and approval of these services into the LMHA's area planning process. Each of the LMHAs submitted plans for funds in each of the applicable categories according to local needs and resources.

Implementation:

Utilizing MHEI funding, eleven LMHAs provided School-Based Behavioral Health (SBBH) services and ten provided Family Resource Facilitation. Of the five LMHAs with a county population over 125,000, four provided 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. School-based services were provided in partnership with education. Family Resource Facilitators (FRF) partnered with multiple child serving agencies, and 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 partnered with police, emergency services, emergency rooms, juvenile receiving centers, and crisis and suicide prevention lines. These community-based efforts to intervene early, helped strengthen 5,994 children, youth, and their families in Fiscal Year 2016.

Program Specific Services:

School-Based Behavioral Health

The Utah State Office of Education continued to be a key partner and helped 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 Wraparound; Case Management; and Consultation Services.

After receiving school-based 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 FY16, Mental Health Early Intervention School-Based Programs were accessible in 256 schools.

See Appendix A for a list of the all schools in FY16 that provided school-based services.

Family Resource Facilitation with Wraparound to Fidelity

The Utah Family Coalition (UFC) provides training, supervision and coaching for all FRFs. The UFC mentors from National Alliance on Mental Illness (NAMI) Utah, Allies with Families, and New Frontiers for 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 (family members, community groups, clergy, etc.) that will help the child and his/her 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, this process facilitates a partnership with all child service agencies involved with for a child and family and facilitates coordination of service plans rather than having fractured or duplicated services. Additionally, many FRFs also partner with schools and community agencies and facilitate or participate in local interagency coordinating committees.

There are 46 certified FRFs statewide. Family Resource Facilitation and Wraparound is accessible in 25 of the 29 Utah Counties.

Youth Mobile Crisis Teams (YMCTs)

When a child or adolescent is in the midst of a mental, emotional or behavioral crisis, a family's access to mobile crisis services is extremely beneficial. Common elements in each of Utah's YMCTs include: 24-hour crisis line, mobile response, 2-person response, and a licensed therapist 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 now accessible in 4 counties (Davis, Salt Lake, Utah, and Washington).

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 included the number of children and youth served, and outcomes relevant to each of the early intervention services provided. Additional data specific to FRF services was collected from the Utah Family Coalition FRF data base. The Substance Abuse and Mental Health Information System (SAMHIS) was used at fiscal year end to access statewide aggregated Youth Outcome Questionnaire (YOQ) results for children and youth with a diagnosable mental illness who received school-based services. 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:
5,994 children, youth and their families received services through the MHEI Funding in FY2016. Of those 5,994 children and youth, 2,439 were served through School-Based Behavioral Health, 1,739 were served through the Family Resource Facilitation, and 1,816 were served by YMCTs.

The children and youth participating in MHEI services are given a Youth Outcome Questionnaire (YOQ) at the beginning of their services and it should be administered every thirty days thereafter while receiving service. The YOQ measures symptoms of mental, emotional, and behavioral distress. For youth completing the YOQ, 85.56 percent have shown improvement or stabilization (Table 1).

Table 1

Outcomes: YOQ Scores	
Symptoms of mental, emotional, or behavioral distress have reduced to fall within community norms	26.76%
Showed Significant Improvement	17.95%
Were Stable	40.85%
Deteriorated Following Initial YOQ*	14.44%
***Lack sufficient dosage of treatment to see improvement yet.**	

In FY2016, youth receiving services through SBBH lowered their average YOQ scores from 50.58 to 38.99, an improvement of 22.92 percent (Table 2).

Table 2

FY2016 SBBH YOQ Scores		
Average Beginning Score	Recent Average Score	Percent Reduction
50.58	38.99	22.92%

Outcomes also reflect a decrease in Office Disciplinary Referrals (ODR). Referrals were tracked per school and per child participating in school-based services. Based on the average number of total referrals per participating schools for children and youth receiving school-based services, there was a reduction in ODRs of 38.11 percent (Table 3).

Table 3

School-Based Outcomes: Office Disciplinary Referrals (ODR)			
Average Number of Referrals per Student Pre-Service	Average Number of Referrals per Student After Service	Reduced Number of Referrals per Student	Percentage Reduction in Referrals
1.62	1.00	.62	38.11%

Grade Point Average (GPA) is tracked for youth in Intermediate, Middle, Jr. High & High School. On average, students who participated in school-based services experienced a 7.82 percent increase in their GPA (Table 4). This is an average improvement from a C- to a C GPA.

Table 4

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
2.20	2.36	.16	7.82%

In FY2016, we collected Dynamic Indicators of Basic Early Literacy Skills (DIBELS) scores for elementary age youth since they are not given GPAs. Students participating in School-Based Behavioral Health experienced a 49% increase in their literacy scores (Table 5).

Table 5

School-Based Outcomes: Dynamic Indicators of Basic Early Literacy Skills scores (DIBELS)			
Average Beginning Score*	Average Ending Score*	Average Point Change*	Average Percentage Change
200.9	299.6	98.7	49.08%
**Per student average*			

Family Resource Facilitation helped support 1,739 families in FY2016. 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 6).

Table 6

Family Resource Facilitation Outcomes		
Outcome data from services received in FY13 through FY16		
Increased Family Stabilization		Percentage Improved
	224 youth were identified as being at risk of an out-of-home placement; of those youth, 167 are no longer are at risk.	75%
	163 youth were in an out-of-home placement when the FRF began working with the family; of those youth, 90 have returned home.	55%
	69 youth were identified as being homeless or at risk of homelessness; of those youth, 50 are no longer homeless or at risk of homelessness.	72%
Increase School Involvement		
	287 youth were identified as not attending school regularly; of those youth, 71 have now either returned to school or successfully graduated.	25%
Decrease in Youth who are in Trouble at School or with the Legal System		
	245 youth were identified as being in legal trouble; of those youth, 150 are no longer in legal trouble.	61%

Youth Mobile Crisis Teams in Davis, Salt Lake, Utah, and Washington Counties responded to 1,816 families on 3,003 calls for help in FY2016. 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 7).

Table 7

Mobile Crisis Teams Outcomes		
1,816 Unduplicated Callers; 3,003 Calls		
	Calls	Percent of Calls*
Avoided Out of Home Placements	2,056	68.46%
Avoided Legal Involvement *(The child/ youth avoided charges and/or court sanctions)*	2,113	70.36%
Received Assistance for Danger to Harm *(At risk of injuring themselves or others)*	2,085	69.43%
Number of Police Calls Avoided	2,362	78.65%
*Total greater than 100% because there may be more than one outcome per caller		

Summary:

The Mental Health Early Intervention services help families access needed services during critical developmental periods in their children's lives. MHEI supports and strengthens families and makes a positive and lasting impact in the lives of children and youth throughout the State.