

Utah's School-Based Behavioral Health and School Safety Initiatives

Eric Tadehara, LCSW, MPA
Assistant Director
Substance Abuse and Mental Health

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Outline

History/Current Work

School-Based Work

Telehealth

Project AWARE

SAFEUT

Collaboration

An example between state agencies

Know your partner's language

Tiered interventions

Aligning Resources

Future Work and Initiatives

Why Mental Health Early Intervention?



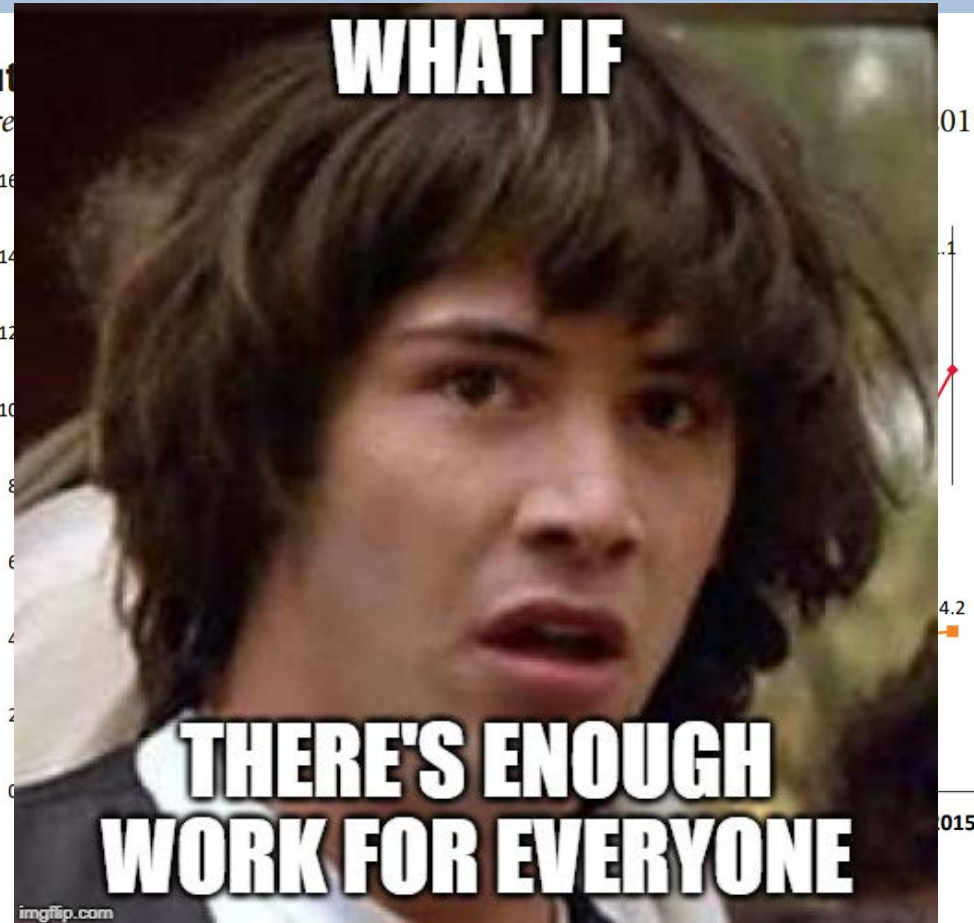
- Many mental, emotional and behavioral disorders can be prevented before they begin.
 - Early onset (50% of mental illness can be diagnosed by age 14 and 75% can be diagnosed by age 24)
 - First symptoms occur 2-4 years prior to diagnosable disorder
 - Common risk factors for multiple problems and disorders

Reasons for SBBH

- Youth have increased need for services and treatment
 - FY18: 120,298 youth in need of treatment
- High rates of youth suicide
 - 2015 rate of 11.1 per 100,000
- School Safety concerns

Youth
Figure

Rate per 100,000 Population



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.

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	Telehealth	Total Schools
182	65	68	23	12	350

- \$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
- 67 schools with high rates of Intergenerational Poverty

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



SBBH Telehealth FY19

- Two Pilot Sites
 - Bear River Mental Health (Cache, Rich and Box Elder Counties)
 - Wasatch Mental Health (Utah County)
- Since January 2019
 - 67 students have been served
 - 4 School Districts
 - 11 schools
 - 1 home school
 - 1 charter school
 - Crisis response services

School-Based Behavioral Health

Youth Served in Schools				
Fiscal Year	MHEI Funded Youth	TANF/IGP Funded Youth	Other Funding Sources	Total Youth Served
FY13	1,876	0	250	2,126
FY14	2,494	0	530	3,024
FY15	2,088	131	1,316	3,535
FY16	2,439	10	1,635	4,084
FY17	2,627	708	903	4,238
FY18	2,762	742	1,129	4,633
FY19	2,715	448	532	3,695

- Other funding sources include Medicaid funding and County funds
- 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 (4,633 total youth served in FY18)

Service Categories	
Therapy	4,111
Assessment	2,401
Case Management	2,302
Psychosocial Rehab	840
Medication Management	785
Respite/Supported Housing	334
Peer Support	299
Testing	192
Inpatient	151
Residential	60

School-Based Behavioral Health Outcomes



- Youth Outcome Questionnaire (YOQ)
 - On average, youth receiving services through SBBH saw a 19.57% reduction in mental health symptoms.
- Office Disciplinary Referrals (ODR)
 - At the end of last year, schools reported a 40.87% reductions in ODRs for youth receiving school-based behavioral health services.
- Dynamic Indicators of Basic Early Literacy Skills (DIBELS) scores
 - Youth testing scores increased by an average 37.46%
- Grade Point Average
 - Schools report an average increase of 5.26% in GPA

WHAT IS SAFEUT?

- SafeUT is a crisis chat and a school safety tip line developed for all students in Utah, including higher education students.
- Utah Legislation created the statewide School Safety and Crisis Line Commission in 2015 (SB0175).
- In July 2017, The University of Utah launched a redesigned SafeUT App with enhanced functionality with other updates scheduled on an ongoing basis.
- As of April 2018, nearly 77% of Utah public, private and charter schools have been trained in SafeUT.

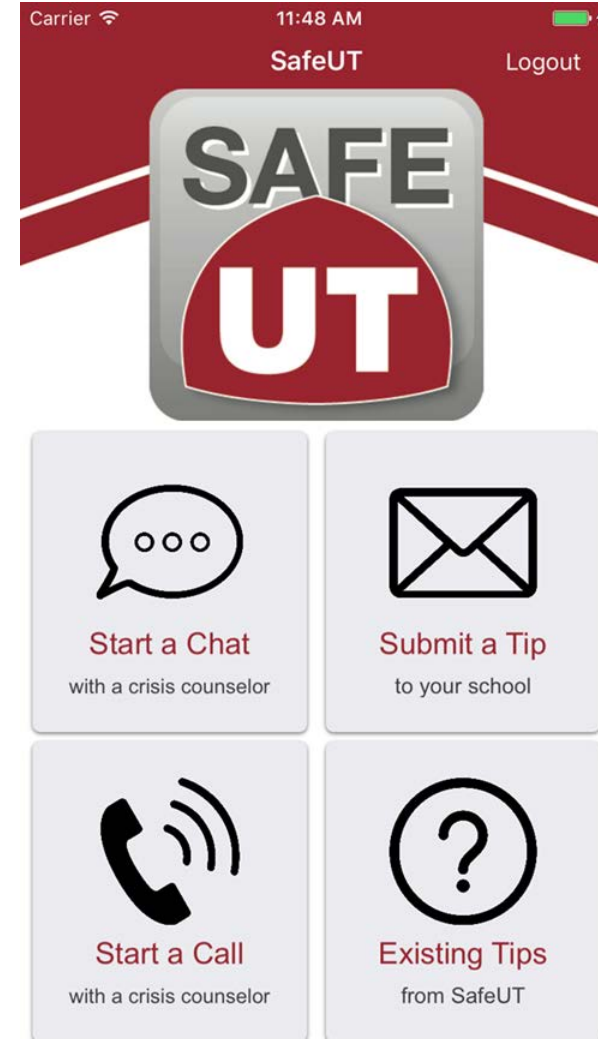
WHAT IS SAFEUT?

- The SafeUT Commission continues to help develop and implement the program in Utah schools. The Commission is represented by:
 - Utah Attorney Generals Office
 - Utah State Legislature
 - University of Utah Neuropsychiatric Institute (UNI)
 - Utah State Office of Education
 - Utah System of Higher Education
 - University of Utah Health IT Department
 - Utah Department of Human Services

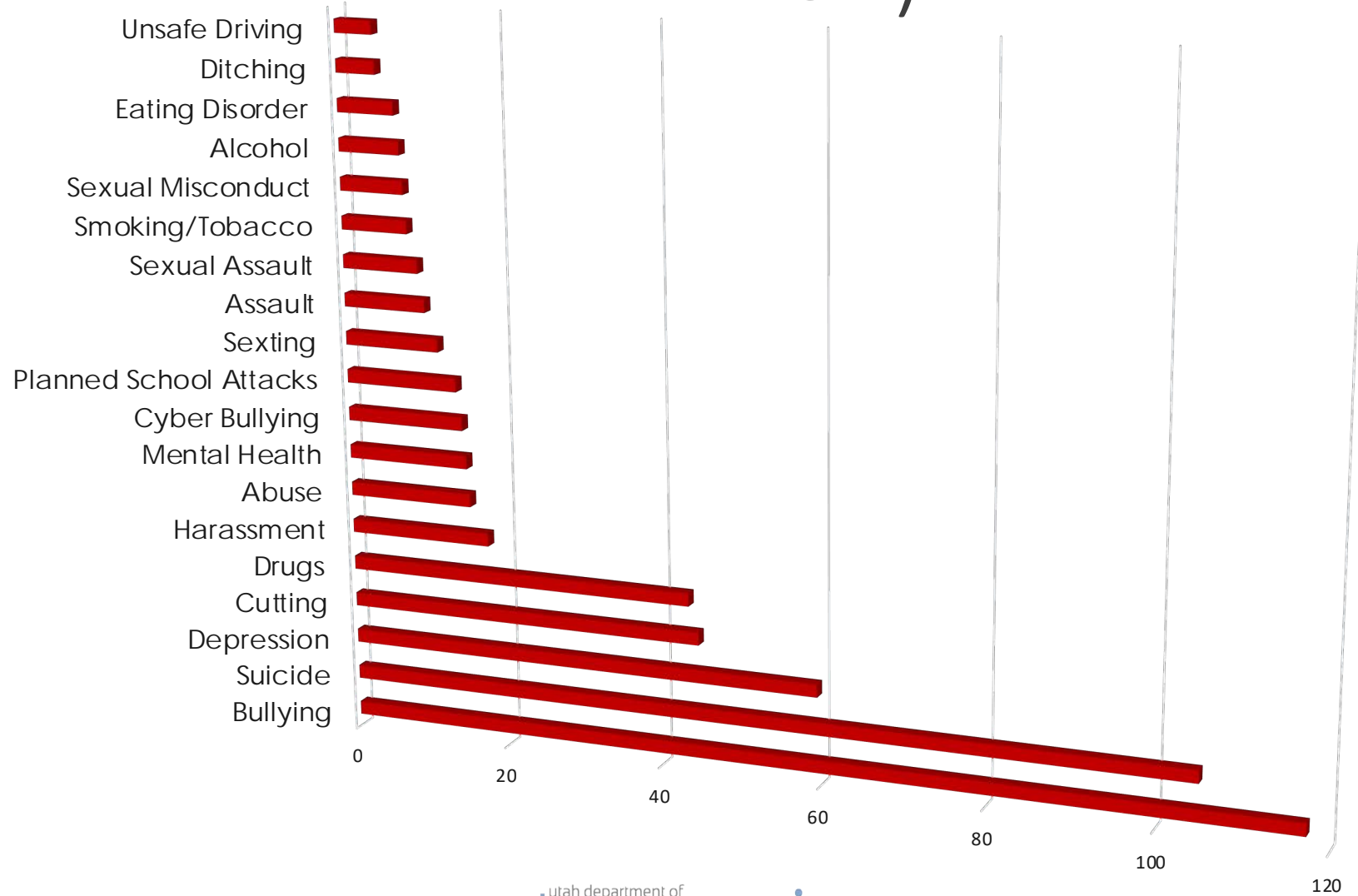
HOW DOES SAFEUT WORK?

Users can submit:

- **Tip** - Concerns (weapons, bullying, self-harm, drugs etc.) that are immediately sent to both SafeUT crisis workers and the school to evaluate.
- **Chat** - Therapeutic dialogue through texting with a SafeUT Licensed Clinical Social/Crisis Workers (LCSW's).
- **Call** – Therapeutic dialogue through a phone conversation with an LSCW.

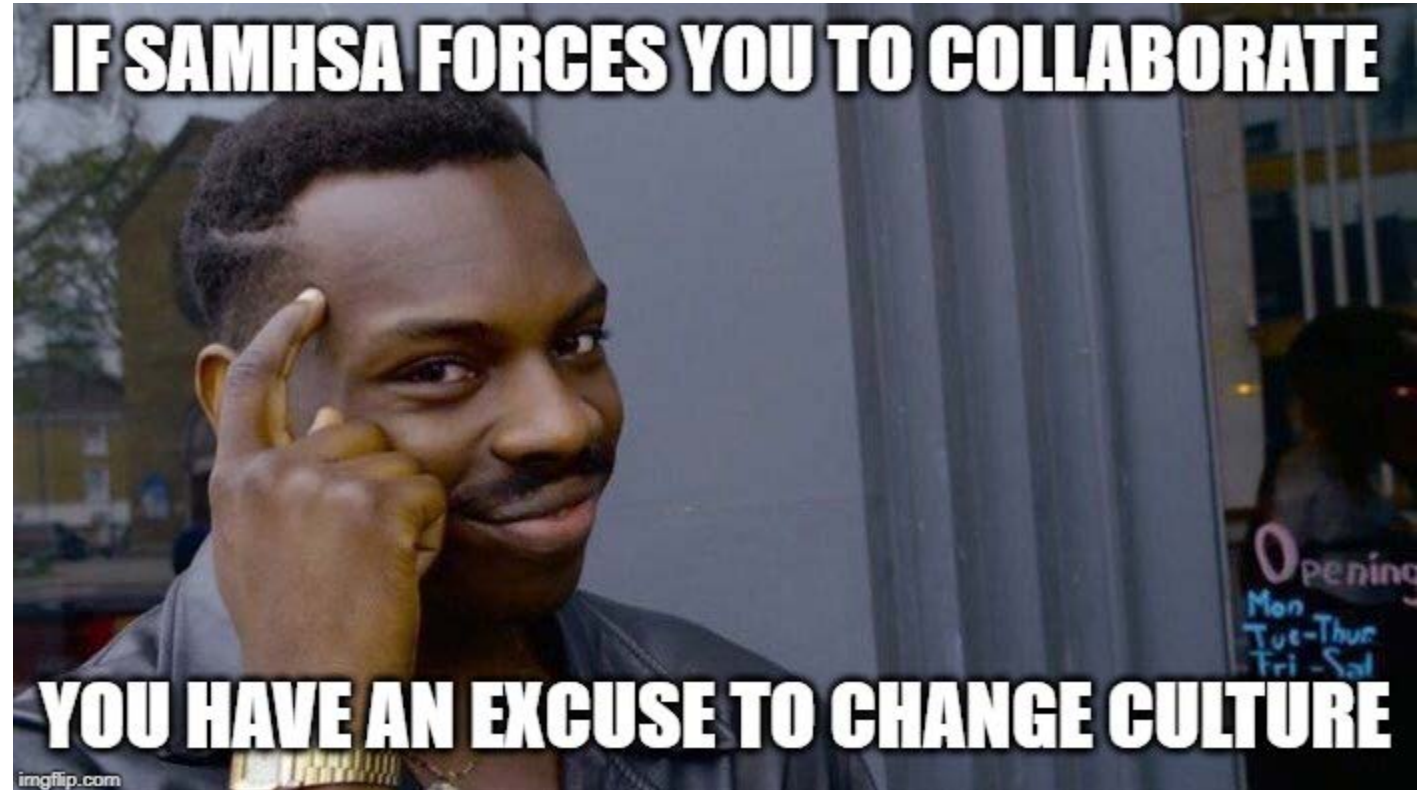


TOP 20 TIP TOPICS (MONTHLY AVERAGE)



Project AWARE

- SAMHSA Grant
- Partnership with USBE
 - USBE FTE
 - DSAMH .5 FTE
- 3 LEAs served
 - Cache
 - Alpine
 - Jordan





4 GOALS of Project AWARE

1. Increase student education on mental wellness.
2. Increase mental health screenings for early identification.
3. Increase access to mental health care.
4. Increase adult training in mental wellness, intervention, and crisis response.



Collaboration

Working together

Speaking the same language



Working
in silos

Policy Work



Effectively
collaborating

What's Important

To Schools:

Academic Achievement

Having kids in school:

- Reducing Chronic Absenteeism

Proper Supports:

- 504/IEP

College and Career Readiness

To Mental Health

Professionals:

Symptom Reduction

Skill Building

Supporting family systems

Building protective factors & reducing risk factors

We have the same goals, just through different lenses

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

ANSWER THE QUESTION, "WHY ARE WE THE ONES TO SOLVE THE PROBLEM WE IDENTIFIED?"



EDUCATIONAL LEADERSHIP

Facilitates, Holds staff accountable, Decides on disciplinary action



SCHOOL PSYCHOLOGIST/ MENTAL HEALTH

Case Manager, Utilizes Team Resources, Provides Services to Students and Family, Provide Feedback



SCHOOL RESOURCE OFFICER

Give Background Information on Students and Family, Organize outside Resources



SPECIAL EDUCATION/ INSTRUCTION

Provide information on interventions, protected populations, and Child Find

Others as requested: School nurse, Homeless Liaison, DCFS Case Worker, Court Liaison, etc.

How To Communicate With Schools?

Partnership Roles:

Schools and information sharing (FERPA):

Obstacles? Brainstorming Solutions:

- “I know you can’t...”
- “I’m not sure if you are able to...”
- “Could you partner on these things...”
- “Common language to help this student may be....”



Collaboration to support student success

How to work with the school to support the family:

- Community Resources
- Meeting attendance/ inclusion
- Avoiding school focused recommendations
- Academic skill-building
- Tracking school performance
- Medication management
- Talking to the family about the importance of including the school perspective
- Parent release of information



Intensive, Individual Intervention (Tertiary):

few students, assessment-based, intense (crisis) procedures, major discipline/threats

Targeted Group Interventions (Secondary):

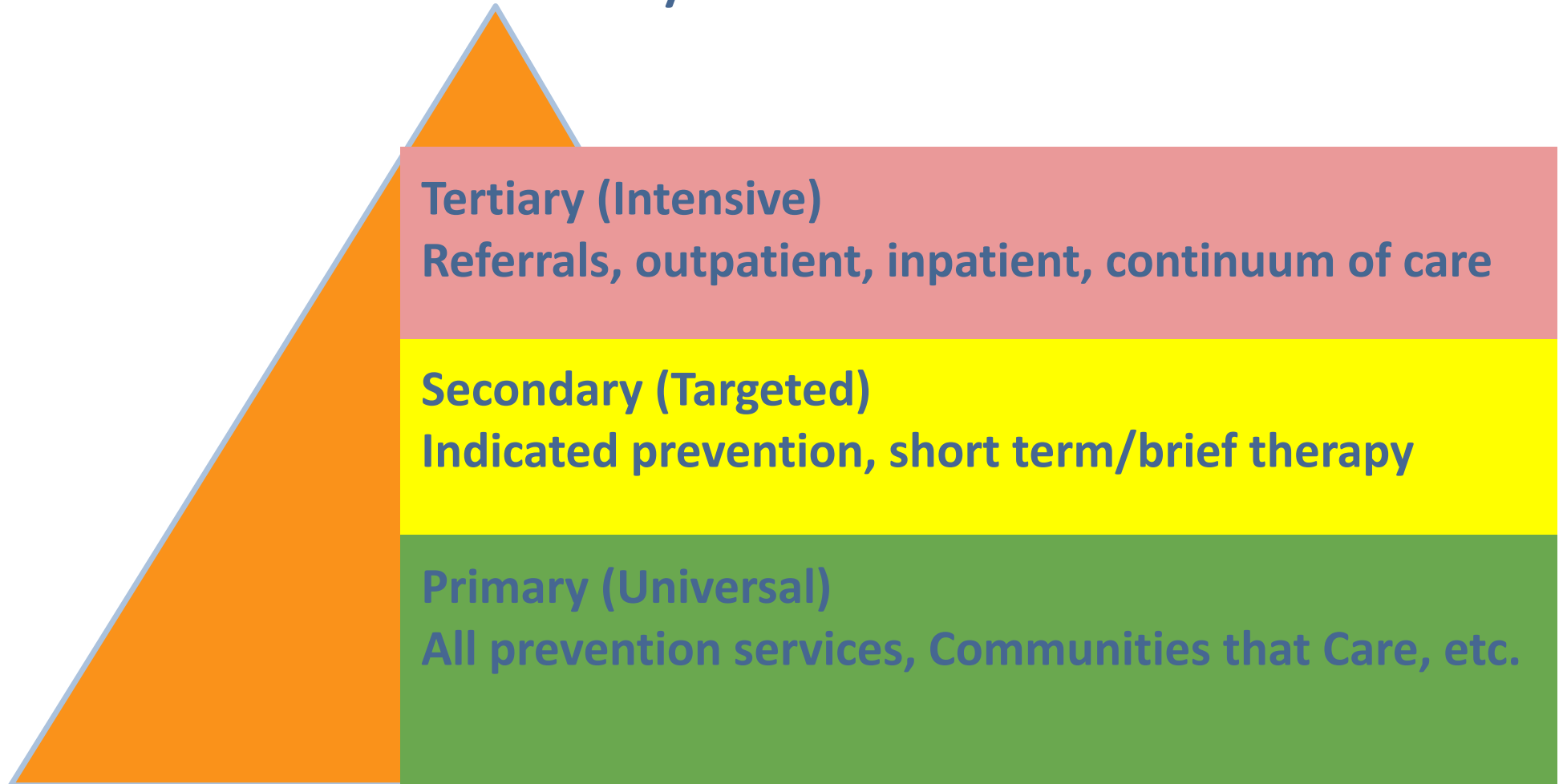
some students (at-risk), high efficiency, rapid response, corrective discipline

Universal Interventions:

all settings, all students, preventive, proactive



Mental Health Tier System



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.



POTENTIAL SCHOOL THREAT TIPS

245

potential school threats received

318

verified tips

THREAT TIPS COVERED

- EXPLOSIVES
- GUNS
- KNIVES
- PLANNED SCHOOL ATTACKS
- WEAPONS

THE DOWNLOAD ON SAF

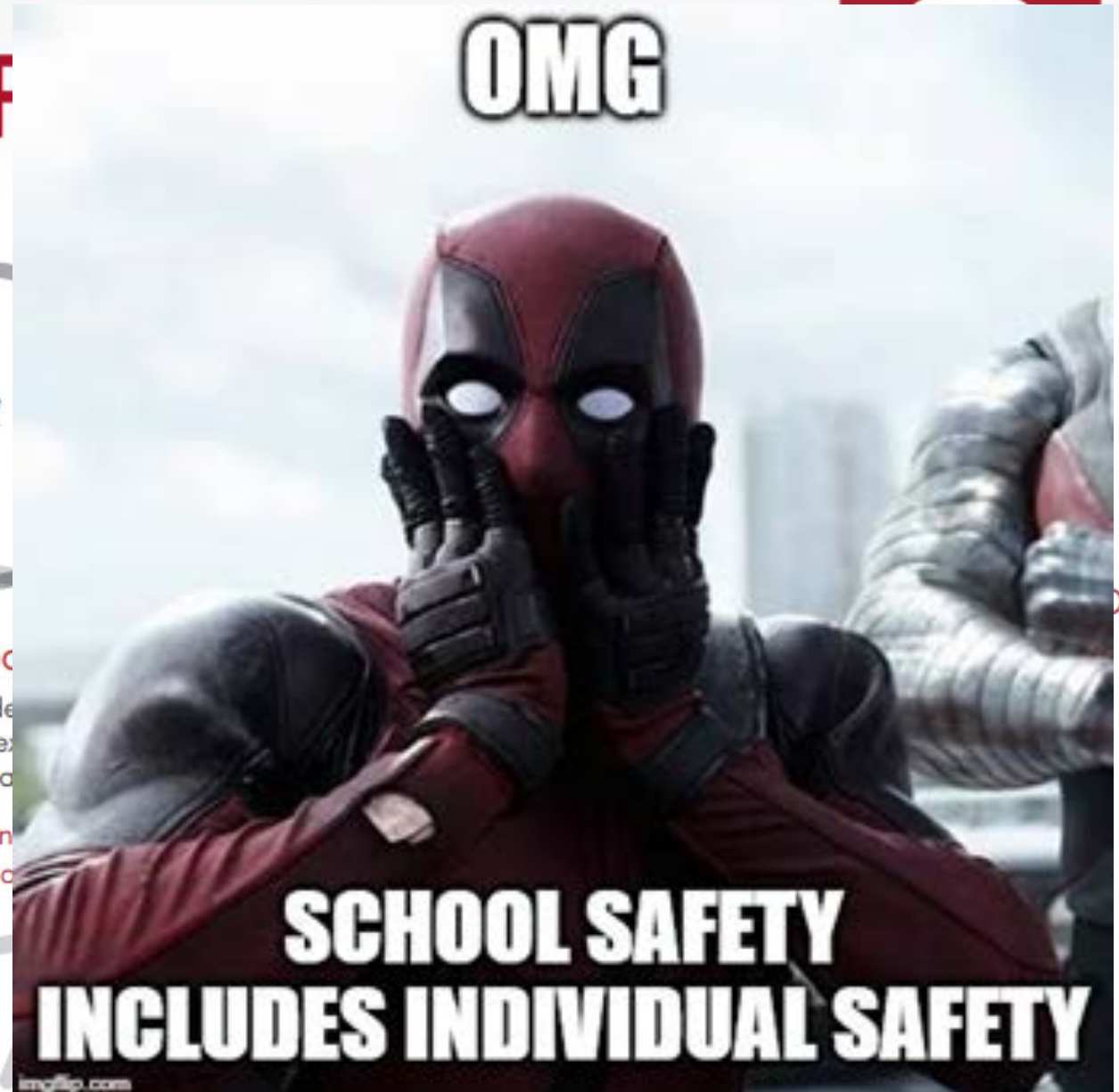


OMG

23,120
CHATS: Therapeutic dialogue through texting with a SafeUT Licensed Crisis Worker.

POTENTIAL SCHOOL
 Tip topics include school attack, explosives, weapons, guns and knives.

307 unique instances in the generation of



SCHOOL SAFETY INCLUDES INDIVIDUAL SAFETY

Legislation

HB120

- School Safety Center
 - School Safety Specialist
 - DPS Public Safety Liaison
 - DSAMH School Mental Health Specialist
 - USBE Data Analyst
- HB373
 - Supports for Mental Health Supports



School Safety Center

Utah State Board of
Education

Department of
Public Safety

Department of
Substance Abuse
and Mental Health

Additional
Members- Suicide
Prevention,
Substance Abuse
Prevention, Equity,
and Utah
Department of
Health



utah department of
human services
SUBSTANCE ABUSE AND MENTAL HEALTH



Upcoming/Continued Collaboration

- SAFEUT Funding
- R277-400
- School Climate Survey
- Continued work in trauma-informed classrooms
- Threat Assessment interventions and school violence prevention





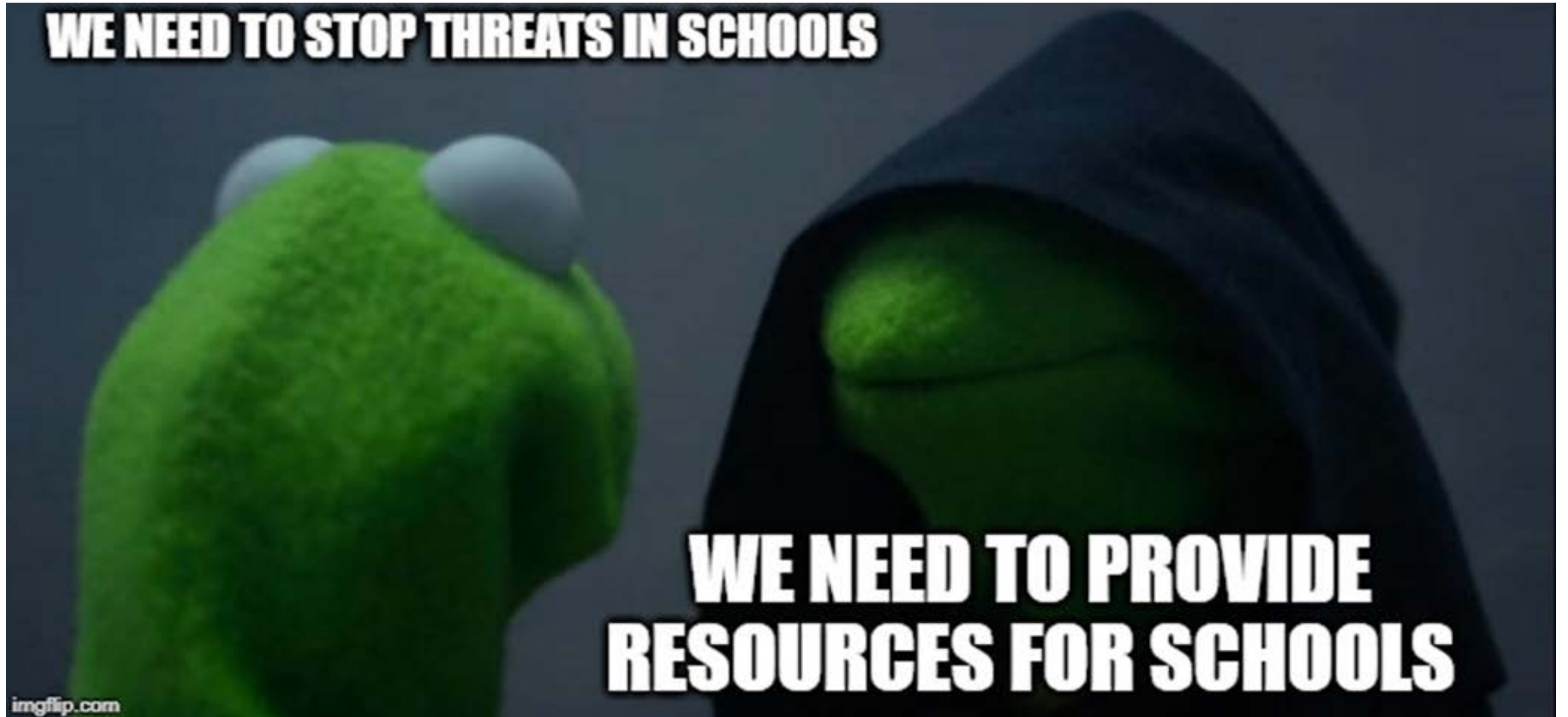
Aligning Resources & Future Work

BRACE YOURSELF



PARTNERSHIPS ARE COMING

Future Efforts



Utah Initiatives

- Cable Style Gun Locks Distribution- Over 110,000 to date (including 10K in the last week with KSL partnership)
- Concealed Carry Permit Module:
 - Firearm safety work group
 - Survey of concealed carry instructors
 - Development of module
 - Began training instructors Sept 2016



IS YOUR
SAFETY ON?

Utah Initiatives

- Mini Grants
 - Suicide Prevention Gatekeeper training targeting firearm owners utilizing “Is Your Safety On” supplemental training module on firearm safety.
 - Outreach and education to firearm dealers, shooting ranges, gun shows, and other relevant community partners to support firearm safety for suicide prevention or to recruit for participation in local coalitions.
 - Dissemination or promotion of the existing “Is Your Safety On” firearm safety for suicide prevention materials (PSA’s, radio ads, posters, etc.).
 - Purchase and targeted distribution of safe storage tools to at-risk individuals and their caregivers (safes, gun locks, etc...).
 - Means restriction outreach and prevention activities focused on documented high-risk individuals (ie military connected individuals, first responders, older adults 65+).

TARGET SPECIFIC RISK IN YOUR STATE

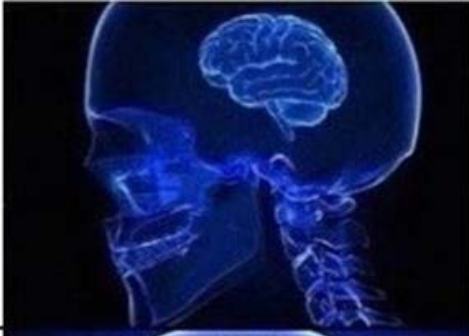
Work Smarter Not Harder

- Learn what is available locally
- Reach out to partners
- Join a Communities that Care coalition
- Ask and offer what the schools need, not what you think they need
- Behavioral Health Multi Agency Staffings



- Ask how you can partner to support the same objectives
- Share what you offer to the schools (e.g. free programs, classes, low cost stuff)

**PARENTS
FIXING ALL
KIDS' PROBLEMS**



**SCHOOLS
PROVIDING SOCIAL &
EMOTIONAL LEARNING**



**PROVIDING
BEHAVIORAL HEALTH
SERVICES AND SUPPORTS**



**WORKING TOGETHER
TO MEET KIDS
WHERE THEY HAVE NEEDS**



QUESTIONS

**WANT TO HELP
KIDS YOU DO?**



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