Telehealth Mental Health Pilot Program

Eric Tadehara, Assistant Director, DSAMH
Telehealth Mental Health Pilot Program

• Importance of collaboration between Local Mental Health Authorities and Local Education Agencies
• Importance of Technology to overcome access and barriers to receiving mental healthcare (Telehealth, Apps, Emerging tech)
• Importance of working as a comprehensive state system, leveraging our areas of expertise instead of building the size of our own silos; to achieve better outcomes for the citizens of Utah
Telehealth Mental Health Pilot Program

- 2018 HB308
- Telehealth mental health joint proposals between schools and LMHA
- How can telehealth services be used to:
  - Increase access for services
  - Reduce costs for providing mental health services to youth
- What are best practices?
- What is the best technology?
- What is needed for the future?
Pilot sites

Bear River Mental Health

• Rural focus
• 3 School District Partners
  – Box Elder
  – Cache County
  – Rich County
• InTouch Telehealth platform

Wasatch Behavioral Health

• Urban focus
• 3 School Districts + Charter Partners
  – Alpine
  – Nebo
  – Provo
• InTouch and Zoom telehealth platforms
Outcomes

• 184 total youth served over 2 years
• 49 schools – Elementary, Middle, High, and Alternative Schools

### Telehealth Pilot Outcomes

<table>
<thead>
<tr>
<th>Outcome Type</th>
<th>Starting Data Measurement</th>
<th>Recent Data Measurement</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade Point Average (GPA) (Intermediate, Middle, Jr. High &amp; High School Clients)</td>
<td>2.68</td>
<td>3.11</td>
<td>16.0% increase</td>
</tr>
<tr>
<td>Youth Outcome Measures (YOQ)</td>
<td>48.09</td>
<td>42.13</td>
<td>12.4% decrease in symptoms</td>
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</table>

### MHEI SBBH Outcomes

<table>
<thead>
<tr>
<th>Outcome Type</th>
<th>Starting Data Measurement</th>
<th>Recent Data Measurement</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Disciplinary Referrals (ODR)</td>
<td>72.1</td>
<td>44.54</td>
<td>38.2% decrease</td>
</tr>
<tr>
<td>Grade Point Average (GPA) (Intermediate, Middle, Jr. High &amp; High School Clients)</td>
<td>2.57</td>
<td>2.66</td>
<td>3.5% increase</td>
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<tr>
<td>Curriculum Based Measures DIBELS (Elementary School Clients)</td>
<td>152.84</td>
<td>208.68</td>
<td>36.5% increase</td>
</tr>
<tr>
<td>Youth Outcome Measures (YOQ)</td>
<td>55.80</td>
<td>43.48</td>
<td>22.1% decrease</td>
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</table>
Obstacles

• Urban/Rural Bias
• Parent/Youth buy-in
• Professional buy-in
• COVID-19
  – Disruption of schools
  – Disruption of mental health treatment
Successes

• Telehealth expansion
  – Extended through multiple schools and districts
  – More agency wide telehealth mental health services at each pilot agency
    • 3,348 telehealth services during FY19/FY20
  – COVID-19 Response
  – Increased access to continuum of care via telehealth
  – Cost Savings
    • Travel expenses, clinician time
    • 2019 average cost for Youth MH services: $3,466
    • Telehealth pilot average cost for services: $2,045

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Number of Youth Receiving Telehealth Services</th>
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<tbody>
<tr>
<td>FY17</td>
<td>56</td>
</tr>
<tr>
<td>FY18</td>
<td>82</td>
</tr>
<tr>
<td>FY19</td>
<td>118</td>
</tr>
<tr>
<td>FY20</td>
<td>8,777*</td>
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</tbody>
</table>
Lessons Learned & Future Needs

• Partnerships are necessary
  • LMHA and LEA partnerships are vital
    – LMHAs offer clinical expertise, continuum of care, can take burden of care
    – LEAs offer safe environment, access for youth and families, community hub

• Technology is beneficial
  • Technology is easier than ever
    – Cell phones and basic laptops
  • Professionals and youth/families can understand the tech
  • Schools provide access to broadband internet
  • Still need for more equitable resources for technology
  • Saves time for families and kids spend less time out of class
Policies and Procedures

• Best Practice Standards
  – The National Council on Behavioral Health
  – National Consortium of Telehealth Resource Centers

• Privacy and confidentiality
  – HIPAA, HITECH, FERPA/UERPA
  – MOUs necessary

• Increased funding capacity through public and private means
  – Medicaid already covers
  – COVID-19 has created some looser restrictions/guidelines, but should continue