

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

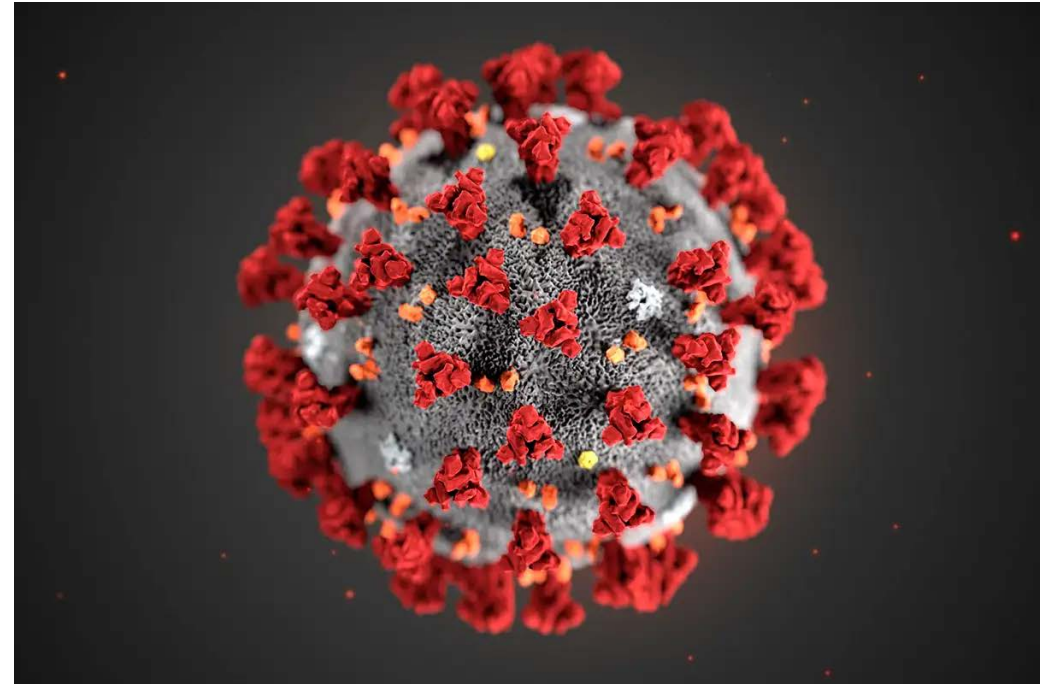
Outcome Type	Starting Data Measurement	Recent Data Measurement	Percent Change
Grade Point Average (GPA) (Intermediate, Middle, Jr. High & High School Clients)	2.68	3.11	16.0% increase
Youth Outcome Measures (YOQ)	48.09	42.13	12.4% decrease in symptoms

MHEI SBBH Outcomes

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

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

Fiscal Year	Number of Youth Receiving Telehealth Services
FY17	56
FY18	82
FY19	118
FY20	8,777*

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