School-Based Behavioral Health:

DISTRICT HIGHLIGHTS

The Utah State Legislature supports the adoption of School-Based Behavioral Health (SBBH) through the Mental Health Early Intervention Building Block Grant program. Four of the more than 150 schools that have benefited from SBBH are the Title I Elementary schools in Canyons School District (CSD). Students in these schools are highly impacted by issues of poverty and have high rates of mobility and absenteeism (USOE, 2014). In response to the need at these four schools, mental health services became school-based in January 2013 in partnership with Valley Behavioral Health (VBH). Therapists provided services on-site at the schools and became integral members of the schools’ student support teams. This brief summarizes outcomes associated with the SBBH services at these four schools. In short:

- Symptoms significantly improved among youth who received SBBH services.
- More youth received mental health services through the SBBH model.
- Youth experienced more successes with their behavior at school.
- The SBBH services were of high quality and continuity.

These outcomes were demonstrated through a close examination of SBBH services done within the context of a broader school improvement effort and evaluation (see Anderson-Butcher & Paluta, 2015). De-identified VBH records spanning 1.5 years prior to and after SBBH adoption were analyzed, and 12 professionals associated with the work at CSD were interviewed (Paluta, 2015). These procedures were led by researchers at The Ohio State University and were approved by the Institutional Review Boards at all agencies involved.

References available by request. For additional information...

About SBBH in Utah: Contact Dinah Weldon (dweldon@utah.gov), Department of Substance Abuse & Mental Health.

About the work in CSD: Contact Carol Anderson (carol.anderson@schools.utah.gov), State Office of Education.

About data in this brief: Contact Lauren Paluta (paluta.2@osu.edu) and Dawn Anderson-Butcher (anderson-butcher.1@osu.edu), The Ohio State University.
Mental Health Symptoms Significantly Improved

Mental health symptoms were assessed through the Youth-Outcome Questionnaire (Y-OQ), which was completed by parents/caregivers over the course of youths’ involvement in mental health services. A pre-to-post-analysis of Y-OQ data (n=72) revealed:

- Significant overall reduction in mental health symptoms from pre-to-post Y-OQ.
- Significant reductions in five specific domains of symptoms, including ‘critical items’ which measures acute symptoms such as suicidality.

Between the pre- and post-Y-OQ, youth received, on average, 20 ‘critical items’ which measures acute symptoms such as suicidality.

More Youth Received Behavioral Health Services

Nationally, 70 to 80 percent of the youth that may benefit from mental health do not receive them (Kataoka, Zhang, & Wells, 2002). In the four Title I CSD Elementary Schools:

- 175 students were served by VBH in the 1.5 years following SBBH services.
- The number of students receiving services grew significantly after services became school based.
- Stakeholders perceived that SBBH services reach youth who would not otherwise have access to mental health services, in part thanks to the EIH Grant Funding.

Based on the success seen in the four elementary schools, it was decided to expand the SBBH model to a fifth school in CSD in the fall of 2014.

SUCCESS STORIES

“You can tell he’s more at peace. He doesn’t feel that anxiety all of the time, he’s not as angry. It’s just amazing—he’s doing better in class, he’s fewer incidents that have sent him to the office...So yes, you can tell it makes a difference, absolutely.”

-SBBH Therapist

“There were kids that I knew before this started that were so intense that I honestly knew I couldn’t scratch the surface with the amount of resources and time that I had... We were able to put more supports in place that gives the kids a chance.”

-School Psychologist

“[SBBH] opens doors for people, it makes [services] so much more accessible to a lot of different people who would normally never get services.”

-SBBH Therapist

ASSESSMENT OUTCOMES

Mental Health Outcomes of School-Based Behavioral Health

(Lower scores indicate reduction in symptoms)

SUCCESS STORIES

I remember “one child in particular...His teacher said he barely talked, never raised his hand, wasn’t doing his work and he didn’t want to come to school. He was actually running away from school at times. After receiving services for just a short period of time, he started liking school. Now he asks for help and he provides answers in the classroom. He’s still quiet, but he talks about his feelings more and he can express himself more openly than he did in the past. And he likes school! How awesome is that!”

-SBBH Therapist

Behavioral Health Services were of High Quality and Continuity

Proponents of SBBH across the nation point to many value-added benefits of SBBH services. Data from the four schools in CSD supported the notion that:

- SBBH services reach youth on a regular basis, allowing for more regular service delivery and perhaps improvements in the overall continuity of care (American Academy of Pediatrics, 2004). In the case of CSD, youth receiving SBBH received on average 3.44 services per month during the duration of an open case. The average number of services per youth per month significantly increased after SBBH adoption.
- The quality of services is enhanced when therapists can observe and engage youth in the natural environments (Sarno-Owens & Murphy, 2004; Flaspohler et al., 2006). In the case of CSD, one stakeholder described this effect as follows: “it just opens a lot more doors as far as helping the kids... 

SUCCESS STORIES

"The best thing about SBBH is that we refer to someone who’s right here in the building...We can see results much faster than we were able to before we had this system in place.”

-School Principal