# Success Beyond Six
## *Executive Summary*

In May 2007, the Senate Appropriations Committee called for the creation of a study committee to examine Vermont's school-based mental health services with the following charge.

*The secretary of the agency of human services and the commissioner of education shall convene a summer study group to ensure that expenditures in this area utilize best practices, yield positive outcomes, and are managed to a predictable rate of growth.*

*(1) This study will result in recommendations regarding:*

*(A) Mechanisms for managing Success Beyond Six services in a capped Medicaid environment to ensure the effective delivery of services to school-age children and controlled growth;*

*(B) Prioritizing Success Beyond Six populations and/or services for growth within the constraints of the waiver cap. This will include exploring whether prevention and mental health wellness programs can or should be funded within this model;*

*(C) Decreasing administrative burdens of service provision where ever possible.*

In the beginning of his first term, President Bush commissioned a study on the state of mental health services nationally. The resulting *New Freedom Commission Report* calls for a transformation in the delivery of mental health services in this country and highlights the importance of providing mental health services through schools. School-based mental health services are widely recognized as improving students' access to care and improving educational achievement for students with special needs.

Vermont has been actively developing its partnerships between mental health, education, and students and their families under the Success Beyond Six (SBS) fiscal mechanism since its official start in December 1992. This voluntary development is driven by local needs and the desire to help students with an emotional disturbance succeed in school. In FY2007, fifty-four of Vermont's sixty Supervisory Unions had Success Beyond Six contracts with their region's community mental health center. Together they hired and supervised 556 full time equivalent staff to provide services to 3,855 students using 40% general funds from education to draw down 60% federal Medicaid funds. The total program expended $30,181, 957. Fifty-seven percent of these students, especially those covered by Part B of the 2005 IDEA Interagency Agreement between the Department of Education and the Agency of Human Services, also receive other non-school related services from the local mental health center funded by the Department of Mental Health and the Agency of Human Services. [See *Table 1*, page 3.]

We have learned much in the past 15 years about how community mental health agencies and school systems, despite their different cultures, can work collaboratively for the benefit of students and families in their communities. Research has demonstrated that bringing mental health services into the school environment reflects best practice as a service delivery model. This knowledge has informed the following recommendations on how to make Success Beyond Six programmatically and financially sound for the future.

## Recommendations and Plan

Since the inception of Success Beyond Six, the Department of Mental Health has controlled growth by developing programs based on the amount of state general fund dollars that schools

invested. Going forward, growth will be controlled within the limits of the federal Medicaid cap in addition to a state general fund cap. While the specific parameters have changed, controlling growth is not a new role for the Department of Mental Health. As it always has, the Department will work within its allocation and not approve any contract above that amount.

Success Beyond Six programs and students served can be grouped into three major population areas. These three categories inform the structure of the full report as the implications for the numbers needing and receiving services, the types of services contracted for, the outcomes desired, and the average per pupil cost are significantly different in each category. Our four major recommendations below reflect these categorical differences.

***Table 2.***

| **In FY07 Success Beyond Six divided its resources among three populations:** | **Actual # Served** | **Estimated Average Per Pupil Cost** |
|---|---|---|
| 1. any students who have mental health issues | 1,966 | $4,100 |
| 2. students in Special Education who have an emotional disability | 1,832 | $10,300 |
| 3. students in Special Education who have intensive needs on the autism spectrum | 57 | $54,000 per year |

In addition to working within the federal Medicaid cap, we have four recommendations outlined below. In 2008, the Agency of Human Services (AHS) and the Department of Education (DOE) will:

***1. Capitalize on the Positive Behavioral Supports (PBS) model for all students***

While the Vermont PBS implementation just began in the fall of 2007, over 50 schools are already demonstrating interest. National data from the 42 states in which PBS has been implemented show that this broad based prevention and early intervention approach creates significant improvements in school climate resulting in a marked reduction in disciplinary incidents and more effective use of intensive services such as those in Success Beyond Six. DOE has provided funding for schools to begin implementation with five trained and active coaches available statewide. DOE and DMH will vigorously study the Vermont schools applying the PBS model in relation to the kinds of SBS services needed to perform effective secondary and tertiary interventions. Based on national research findings, we expect that PBS will have a profound effect on the ability of schools to successfully work with students who exhibit problem behaviors and thus more clearly delineate what is needed from DMH for secondary and tertiary interventions. As this data on Vermont schools becomes available, we will take further steps toward providing standards and incentives for these practices.

***2. Define quality standards for the behavior interventionist position used with students in special education who have an emotional disturbance***

Establish an *ad hoc* group to define standards for the use, training, practice, supervision, and outcomes of Behavior Interventionists. As a key component of the SBS work with students in Special Education who have an emotional disability, it is important to assure schools and students, wherever they live in Vermont, are receiving a clearly defined, quality service capable of achieving desired outcomes in accordance with the 2005 Part B of the IDEA Interagency Agreement between DOE and AHS.

3. ***Promote Vermont's current evidence based practice (EBP) model to benefit students who have a diagnosis of autism spectrum disorder.***
The EBP model in Vermont's four autism collaborative programs funded through Success Beyond Six is intensive and has a high per pupil cost. However, it achieves significant short-term results for students with very high needs and sets these students on the path to improved long-term outcomes. We recommend that Success Beyond Six continue to fund the four autism collaborative programs it currently funds. In order to control costs, we also recommend that Success Beyond Six suspend funding new programs without additional revenue sources.
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4. ***Improve administrative processes:***
Develop Success Beyond Six from a local mechanism into a statewide program that will provide:
   a. standards for contracts;
   b. statewide outcomes;
   c. more adequate financial mechanisms; and
   d. standards for supervision and training.

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***Table 1*:** **Services to Success Beyond Six (SBS) Clients In Vermont Children's Mental Health Programs FY2006**

Fifty-seven percent of students served through Success Beyond Six, especially those covered by Part B of the 2005 IDEA Interagency Agreement between the Department of Education and the Agency of Human Services, also receive other non-school related services from the local mental health center funded by the Department of Mental Health and the Agency of Human Services.

| **Success Beyond Six Services to SBS Clients** | | |
|---|---|---|
| **Type of Service** | **Students Served** | **% of Total Students Served** |
| Service Planning & Coordination | 3,155 | 78% |
| Community Supports | 3,441 | 85% |
| Clinical Interventions | 1,680 | 42% |
| Consultation, Education, & Advocacy | 623 | 15% |
| **Total SBS Clients** [unduplicated] | **4,037** | |
| **Other Services to SBS Clients Funded by DMH/AHS** | | |
| **Type of Service** | **Students Served** | **% of Total Students Served** |
| Service Planning & Coordination | 1,883 | 47% |
| Community Supports | 1,499 | 37% |
| Clinical Interventions | 297 | 7% |
| Consultation, Education, & Advocacy | 170 | 4% |
| **Total SBS Clients also receiving other services funded by DMH/AHS** [unduplicated] | **2,309** | **57%** |