SUCCESS BEYOND SIX 2019

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Designated Agencies School Mental Health Programs for Vermont

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Executive Summary

The Department of Mental Health publishes the annual Success Beyond Six (SB6) Report to describe the evolving programs and report on the outcome measures. Historically this report has focused strictly on the Behavioral Interventionist Programs; however, this is the first year that the Department of Mental Health (DMH) is requiring additional reporting from all the SB6 Programs. This year's shift from the previous reporting requirements was significant for the School-Based Clinical programs, Autism Spectrum programs, and Concurrent Education Rehabilitation and Treatment (CERT) schools. The change in reporting along with some Designated Agencies' adjustment to new electronic medical record system has exposed areas for continued quality improvement with the Child & Adolescent Needs and Strengths (CANS) tool and Satisfaction Survey reporting. DMH is working with the Designated Agencies (DAs) to clearly outline reporting requirements of each SB6 program and expects a more comprehensive look at program specific demographics and outcomes in the future.

Each of the SB6 programs are designed to provide different levels of support. Due to the high level of individualized student support that Behavioral programs and CERT schools provide, those programs typically serve a lower number of students when compared with the School Based Clinical (SBC) programs. Therefore, SBC data may drive some of the overall school mental health outcomes when combining data from all SB6 programs as a result of SBC programs serving the largest number of students within SB6.

The overall outcomes for all students receiving SB6 services shows a significant improvement of identified need in each CANS domain area as well as in each specified category within the domains. While these results indicate that over time a student receiving SB6 services shows less need in the areas of Emotional/ Behavioral Need and Life Functioning Need, the data indicates the most significant impact of school-based mental health programming is on the Risk Behavior Needs. School Based Clinician programs are showing significant and noteworthy imapct in the domain of Risk Behavior.

The highest scoring areas identified by the CANS as needing to be addressed for students receiving SB6 services shows that students across programs were identified as having numerous strengths to build. "Lacking community connection," "resiliency," and "child involvement with care" all score in the highest areas needing to be addressed in each program. Also noteworthy are the high percentages of kids displaying a lack of optimism as well as anxiety throughout the programs. These areas of need (including lack of strengths) show where programs can target skill-development and identify therapeutic supports to help students build these strengths.

I. Introduction

Success Beyond Six (SB6) has three main programs: School-Based Clinical Services (SBC), School-Based Behavioral Services, and Concurrent Education Rehabilitation and Treatment (CERT). Each program is grounded in trauma-informed practices and evidence-based approaches (e.g. ARC, CBT, DBT, ABA). Additionally, these programs operate with a focus on working with students in the context of their family, community, and in collaboration with other system partners. Using SB6 programs allows schools to bring expertise in mental health practice to school-based teams while also providing the additional structure of clinical supervision, administrative support for billing and reporting, ability to link with other DA services, and oversight and accountability to the State. This SB6 annual report has been expanded beyond the previous annual Behavioral Intervention (BI) Program report to include all three SB6 programs to acknowledge the value of these programs in delivering comprehensive mental health supports to our youth in Vermont.

DMH does not require the same level of reporting for the Clinical Services and CERT programs as is required from the Behavioral Services programs. The DAs are required to administer the Child and Adolescent Needs and Strengths (CANS) tool for every student served in all SB6 programs and report the data to DMH for analysis. All programs also submit satisfaction survey results from schools/districts. As outlined in the *Success Beyond Six Minimum Standards for Behavioral Interventionists*[1] (BI), the BI and Autism programs are required to submit an annual BI Program Report which includes the following: a program description, staffing structure and roster, core competencies training schedule, a

[1] Success Beyond Six Minimum Standards for Behavioral Interventionists (August 2020) http://mentalhealth.vermont.gov/sites/mhnew/files/doc_library/Standards-SB6-BI-Program-v2-2020-8.pdf

review of seclusion and restraint trends, and student service enrollment data. While those specified sections of this Success Beyond Six report will only speak to the Behavioral Service programs, the program descriptions and outcomes data have been expanded to reflect all Success Beyond Six programs.

The total Full Time Equivalent positions (FTEs) for the Success Beyond Six Programs statewide for FY19 is 585.35 Behavioral Interventionists, 25.25 Board Certified Behavioral Analysts, and 209.18 School Based Clinicians.

II. Success Beyond Six (SB6) Program Descriptions

Behavior Intervention (BI) Programs

School-based behavioral services are a collaboration between the DA and local educational program to provide consultation and behavioral intervention with targeted students in a school setting. The behavioral services use evidence-based and best practice strategies such as Applied Behavior Analysis (ABA) that are individualized to the student's mental health and behavioral needs to help the student access their academics. The Behavioral Services include initial and ongoing assessment by clinical professionals, typically Board-Certified Behavioral Analysts (BCBAs); behavior interventions that are grounded in the assessment and behavior support plan; and clinical training and supervision of the Behavioral Interventionist (BI) as described in the BI Minimum Standards. These services may be provided within a mainstream education program in public elementary, middle, and high schools or in an alternative education program through partnership with Independent Schools.

The behavioral services covered by Medicaid include:

- Functional Behavioral Assessment (FBA)
- Behavioral support planning (BSP)
- Community Supports, aka Intensive Behavioral intervention
- Service Planning & Coordination
- Behavioral consultation (student-specific and system-wide)
- Autism-specific programming

School-Based Clinical (SBC) Services

School-based clinical services are performed by a Masters-level or above clinician and may be provided in public elementary, middle and high schools as well as through partnership with Independent Schools. Under the current case rate payment model, SB6 clinical services include the following traditional and innovative service delivery options:

- Clinical assessment
- Clinical therapies
- Individual and group supportive counseling and skill development
- Service planning & coordination
- Mental Health consultation (student-specific and system-wide)
- Crisis response
- Family support
- Health and wellness

Where SB6 clinicians are embedded in PBIS-participating schools, they can be an active team member at all levels of PBIS implementation. At the Universal level, SB6 clinicians can participate in school leadership team meetings, provide general consultation or training on mental health issues, and assist in the implementation of school-wide practices. They can also assist in reviewing and interpreting student data to assist in making decisions on whether more targeted or intensive supports are needed. At the Targeted level, they can provide Check-In/Check-Out interventions and work with the school team to develop classroom strategies for students at risk for needing more supports. Some may partner with teachers or guidance counselors on such topics as bullying, relationships, conflict resolution, and other skill building topics. They can participate in student Education Support Team (EST) meetings, offer consultation and clinical expertise

regarding students not on the DA caseload, assist in training para-educators and classroom support staff on behavior support plans, and assist teachers in creating classroom-wide behavior support plans. At the Intensive level, the more traditional individualized treatment services and family interventions are available, in addition to the supports described at the other levels.

Some DA-school partnerships involve a Case Manager instead of a clinician. The school MH Case Manager likely does not have a master's degree and performs only services within the scope of their education and training, typically Service Planning & Coordination and Community Supports. This is one way that the DA meets some of the mental health needs of the school when there are workforce limitations in filling a Master's level position.

C.E.R.T. Therapeutic Schools

Concurrent Education Rehabilitation and Treatment (CERT) school programs provide therapeutic behavior services concurrent to education (community support in a school setting). CERT assists individuals, their families, and educators in planning, developing, choosing, coordinating and monitoring the provision of needed mental health services and supports for a specific individual in conjunction with a structured educational setting. CERT programs are run by a DA and are typically AOE-approved Independent Schools or programs. These supports may include assistance in daily routine, peer engagement and communication skills, supportive counseling, support to participate in curricular activities, behavioral self-control, collateral contacts, and building and sustaining healthy personal, family and community relationships. Children must meet the definition of severe emotional disturbance in order to qualify for CERT services (Vermont Department of Mental Health, 2019).

III. Behavior Intervention (BI) Program Specific Reporting

Staffing Structure and Roster

All DAs have an organized staff roster for the BI Program including the level of education/training for the staff. Many of the agencies have created more flexible positions within Success Beyond Six that provide behavioral intervention, therapeutic intervention, consultation, coordination, and a tiered structure of support to students, school staff, and school teams. With these changes, it is more challenging to simply tally the number of each role within a program.

All of the DAs have either a licensed Master's level clinician or a Board-Certified Behavior Analyst (BCBA) providing individual or small group supervision to BIs on a weekly basis. Six of the DAs have BCBAs on their roster while four have Master's level staff providing supervision and consultation. In addition, Washington County Mental Health Services (WCMHS) continues to report that they work to support their staff in pursuing their BCBA with an on-site Master's degree Program which can lead to BCBA certification and supports staff retention.

Core Competencies and Training Schedule

Throughout FY19, and since the inception of the Minimum Standards, all DAs met the established training and core competencies. All BIs are up to date on CPR/ First Aid, FERPA, HIPAA, and crisis management and intervention training among others. Many of the DAs have used the Annual BI conference as a means for their staff to receive the necessary training outlined in the Minimum Standards requirements; others provide the training in-house throughout the year and upon hire. It is clear through the narrative reports that these agencies place high value on staff training and ensure that the BIs are trained and educated in all the necessary competencies to excel at their job.

In addition to the required Core Competency trainings, a number of DAs reported additional trainings for their staff. There continues to be a number of trauma trainings, including the Attachment, Regulation and Competency (ARC) framework and Adverse Childhood Experiences (ACEs) training, for the BI staff across the agencies. Some agencies included substance use and other addictions, suicide awareness and assessment, special considerations for children in DCF custody or foster care, ALICE training, and Understanding Family Systems.

Seclusion and Restraints

All DAs use a formal crisis management program to reduce the use of restraint: Six DAs use the Handle with Care (HWC) method of de-escalation and physical restraint, four DAs use the Crisis Prevention Institute (CPI) method, and one DA uses the Therapeutic Crisis Intervention System (TCI).

All DAs included their Restraint and Seclusion procedures in their narrative report. As well, all DAs documented their use of the proper Rule 4500 Restraint/ Seclusion documentation created by the Agency of Education when physical interventions were used.

Enrollment and Demographic Data

A. BI Program Enrollment by DA

#, % BI Students, by DA

	# Students	%
CMC	4	1%
CSAC	42	8%
HC	54	10%
HCRS	47	9%
LCMH	51	10%
NCSS	172	33%
NKHS	13	2%
RMHS	9	2%
UCS	4	1%
WCMH	126	24%
Total	522	100%

B. Special Education Status

Total students accessing BI services through special education	458
Individualized Education Plans	401
504 Plans	48
Educational support team plans	9
No IEP	64

C. *Level of Intervention Statewide*

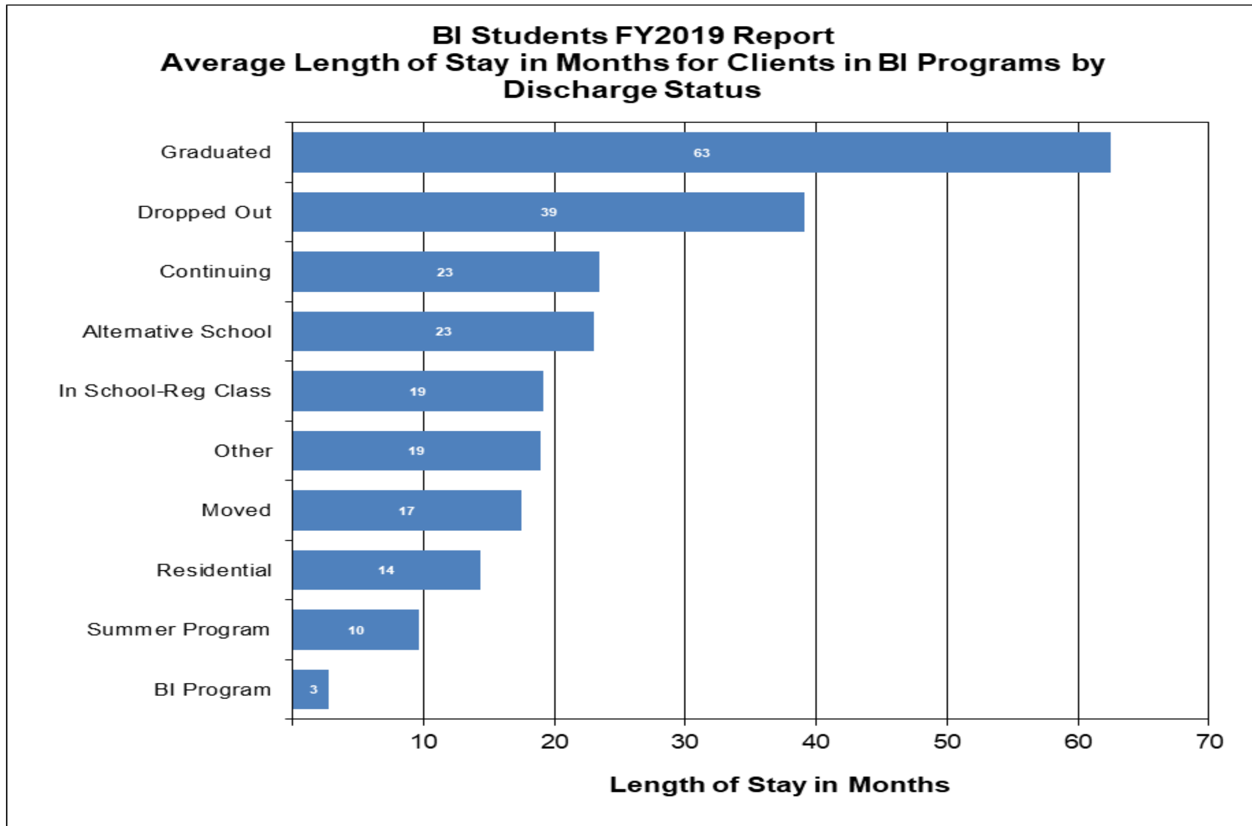
BI Students Level of Intervention Statewide						
Designated Agency	*Level of Intervention*					
	1:1	1:2	1:4	1:5	2:1	1:10 (Behavioral Consultation)
NCSS	67					114
WCMH	97			29		
HC	54					
LCMH	30	4		16	1	
HCRS	46	1				
CSAC	42					
NKHS	12					
RMHS	5		4			
UCS	4					
CMC	4					
Total	361	5	4	45	1	114

D. *Students with Autism Spectrum Disorder or Intellectual Disability Diagnosis*

Students with an Autism Spectrum or Intellectual Disability Diagnosis, FY19		
Classification	# of Students	Percentage
Autism Spectrum Disorder	56	11%
Intellectual Disability	11	2%
Total	67	13%

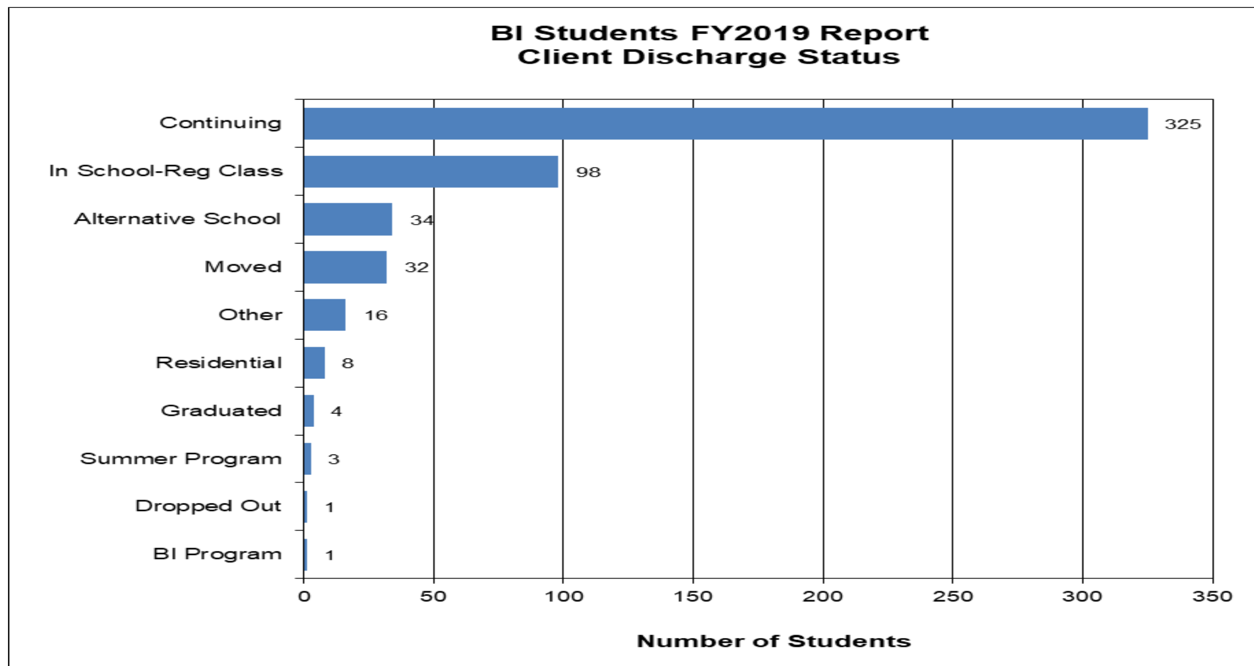
The table above reports on the number and percentage of students that have ASD or ID as a diagnosis listed anywhere in Designated Agency's service data (via Monthly Status Report (MSR)).

E. *Average Length of Stay by Discharge Status in Months*



It should be noted that the length of stay for students with an Autism Spectrum Disorder is typically longer than for other students.

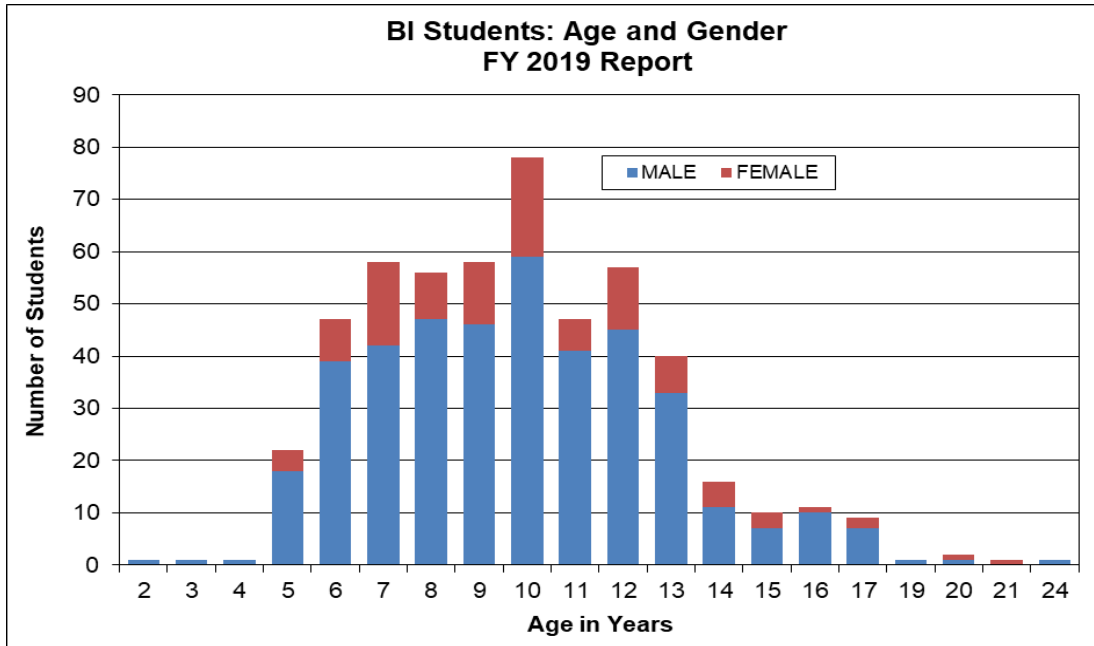
F. *Discharge Status as of July 2019*



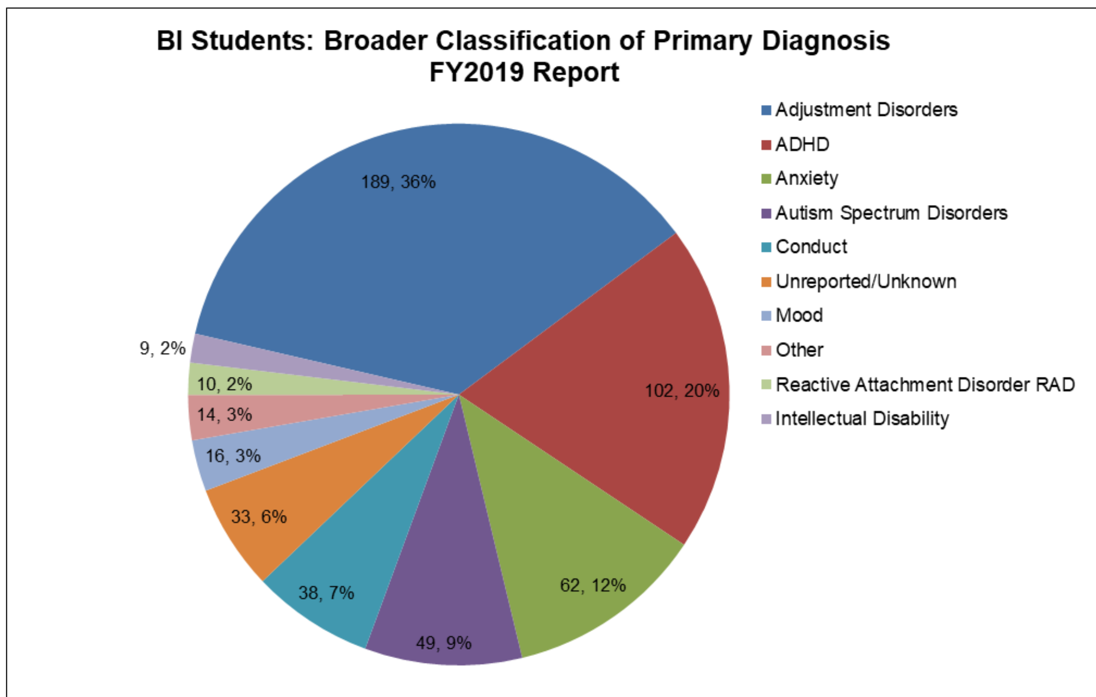
It is important to note that "Continuing" in the student's current program can mean that the child or youth has made significant progress but may not be ready to step down or that their challenges have not worsened. This should not be inferred as the child/youth has not made progress. Summer Programs inlcude children/youth receiving only BI services through the summer.

IV. Demographics of Students Receiving SB6 Behavioral Services

Age and Gender of Student



Broader Classification of Primary Diagnosis



As school mental health services are increasing preventative supports, by working with students and school teams providing earlier interventions, there will likely continue to be an increase in adjustment disorder diagnosis.

V. Child, Adolescent Needs and Strengths (CANS)

The CANS is a multiple purpose information integration tool that is designed to be the output of an assessment process. The purpose of the CANS is to accurately represent the shared vision of the child serving system, including the child/youth and family. As such, completion of the CANS is accomplished to allow for the effective communication of this shared vision for use at all levels of the system. Since its primary purpose is communication, the CANS is designed based on communication theory rather than the psychometric theories that have influenced most measurement development.[2] For more information on the Vermont CANS, please go to this website: https://ifs.vermont.gov/content/child-and-adolescent-needs-and-strengths-cans-0.

Basic Design for Rating Needs

Rating	Level of Need	Appropriate Action
0	No evidence of need	No action needed
1	Significant history or possible need that is not interfering with functioning	Watchful waiting/prevention/additional assessment
2	Need interferes with functioning	Action/intervention required
3	Need is dangerous or disabling	Immediate action/Intensive action required

Basic Design for Rating Strengths

Rating	Level of Strength	Appropriate Action
0	Centerpiece strength	Central to planning
1	Strength present	Useful in planning
2	Identified strength	Build or develop strength
3	No strength identified	Strength creation or identification may be indicated

Praed Foundation 1999

All students receiving Success Beyond Six services are administered the Child and Adolescent Needs and Strengths assessment tool, which captures their needs and strengths entering the school year and monitors them over time. The following are the outcomes that are based on the raw data the designated agencies submitted to the Department of Mental Health at the end of the 2018-19 school year. Every DA was required to complete a CANS-VT (5-22, or 0-5) for each student in their program at two separate intervals 6 months apart. If the CANS were administered less than 5 months apart, the second CANS was not used in the analysis. It is worth noting that 28% percentage of kids are missing some amount of CANS data. Therefore, the numbers reported in this section differ from the total number of kids who receive SB6 services. DMH is working on a quality improvement process with DAs to improve CANS reporting.

NOTE: There are areas for continued quality improvement with the DAs regarding complete data reporting on the CANS.

[2] https://praedfoundation.org/tools/the-child-and-adolescent-needs-and-strengths-cans/

Top Areas Needing to be Addressed

TOP 12 highest scoring areas identified by the CANS as **needing to be addressed** overall for students receiving Success Beyond Six services and per program. Items are color coded across programs to assist with tracking the item's prevalence in each program. Items without color appear in only one program.

	Overall	% with need	Autism	% with need	BI	% with need	CERT	% with need	SBC	% with need
1	Community Connection	56%	Developmental	89%	Community Connection	56%	Optimism	67%	Community Connection	55%
2	Optimism	48%	Child Involvement with Care	84%	School Behavior	52%	Community Connection	63%	Optimism	47%
3	Resiliency	46%	Resiliency	71%	Attention/ Impulse/ Hyperactivity	51%	Child Involvement with Care	63%	Resiliency	44%
4	Child Involvement with Care	43%	Community Connection	60%	Optimism	51%	Attention/ Impulse/ Hyperactivity	52%	Child Involvement with Care	40%
5	Anxiety	39%	Interpersonal	56%	Child Involvement with Care	51%	Family	48%	Anxiety	38%
6	Interpersonal	37%	Self Care/ Daily Living	52%	Resiliency	48%	Resiliency	48%	Interpersonal	36%
7	Attention/ Impulse/ Hyperactivity	36%	Talents/ Interests	50%	Oppositional	45%	Anxiety	44%	Attention/ Impulse/ Hyperactivity	33%
8	Talents/ Interests	31%	School Behavior	44%	Anger	42%	Adjustment	44%	Talents/ Interests	31%
9	School Behavior	29%	School Achievement	44%	Anxiety	40%	School Behavior	37%	Adjustment	27%
10	Adjustment	28%	Attention/ Impulse/ Hyperactivity	37%	Interpersonal	39%	Talents/ Interests	33%	Family	27%
11	Family	27%	Optimism	35%	Adjustment	31%	Anger	30%	School Behavior	25%
12	School Achievement	25%	Anxiety	29%	Family	30%	Living Situation	30%	Family Strengths	24%

There are notable differences in needs and strengths between students receiving services in each program. It is expected that the Autism programs would show high needs in the developmental and interpersonal domains by nature of their diagnostic profile. Additionally, it is anticipated that the BI and CERT programs indicate high needs in domains with externalizing behavior, like school behavior and attention/impulsivity/hyperactivity, while the SBC programs tend toward serving the youth struggling with internalizing mood disorders.

Conversely, the similarities in needs are less expected. Students across programs were identified as having numerous strengths to build. Lacking community connection, resiliency, and child involvement with care all score in the highest need domains of each program. Also noteworthy are the high percentages of kids displaying a lack of optimism as well as anxiety throughout the programs. These areas of need show where programs can target skill-development and identify therapeutic supports to help students build these strengths.

VI. Outcomes for SB6 (all programs combined)

1. Improvement at CANS Domain Level

To determine whether a child improved in a certain domain, individual students' CANS scores are analyzed, comparing the fall and spring assessments to determine overall movement in a positive trajectory. Improvement = If Sum of the 2's and 3's for all items in the Domain in Spring is Less than Sum of 2's and 3's for all items in the Domain in Fall.

CANS FY2019 Report:
Improvement by Domain
for Children with Severe or Moderate Scores at Assessment 1

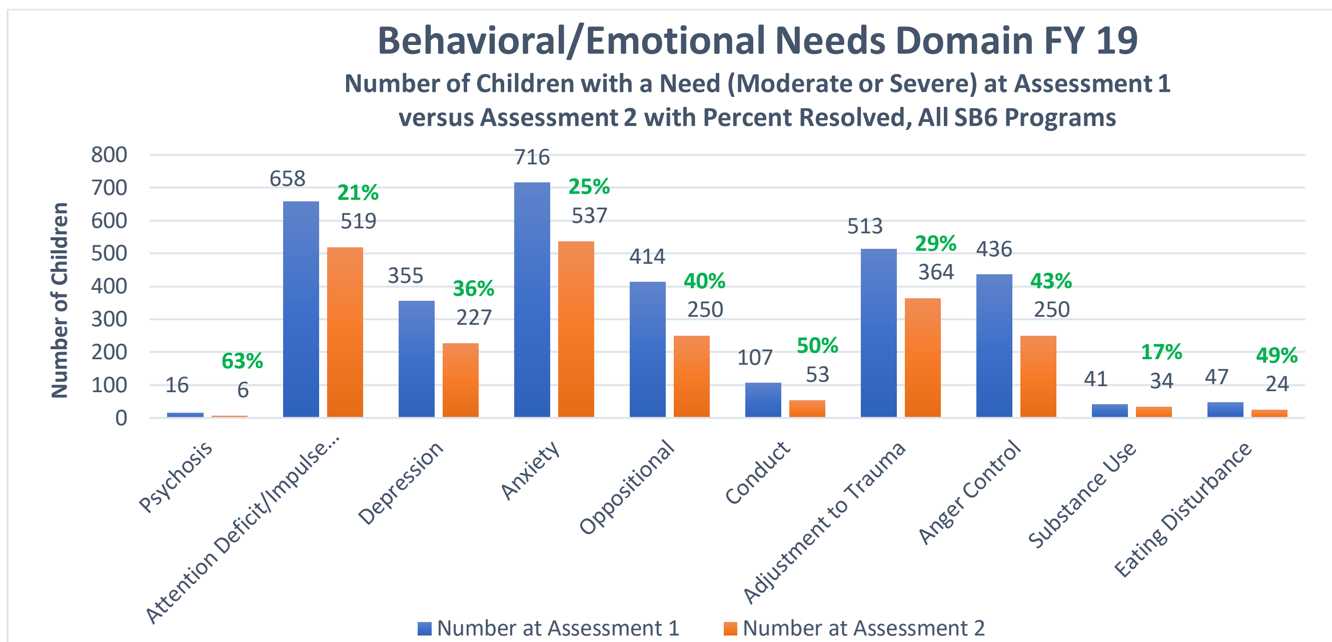
Program	Domain	Number of Students with Need Identified at Assessment 1	Percent Improved
All SB6 Programs	Child Behavioral/Emotional Needs	1519	34%
	Life Domain Functioning	1417	36%
	Child Strengths	1678	40%
	Caregiver Needs & Strengths	885	36%
	Child Risk Behaviors	343	42%

2. Change over time by CANS Domain Categories

The following charts show results over time for the students with a need in each identified area at the start of the school year for all Success Beyond Six programs students combined. This data captures only students whose needs were resolved (reduced to a 1 or 0).

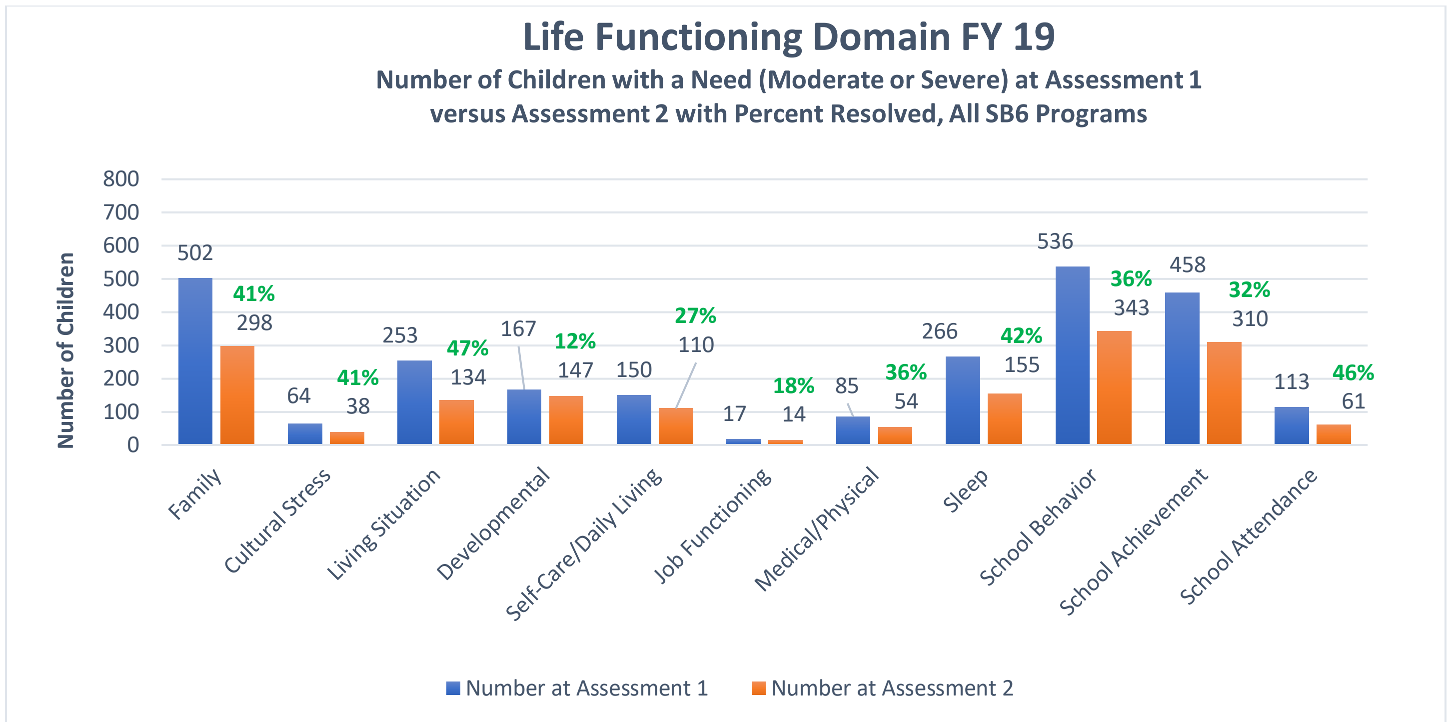
i. Child Behavioral/ Emotional Needs Domain

The chart below shows the percentage of students with an Emotional/ Behavioral Need present in the fall that was **resolved** by the spring assessment.



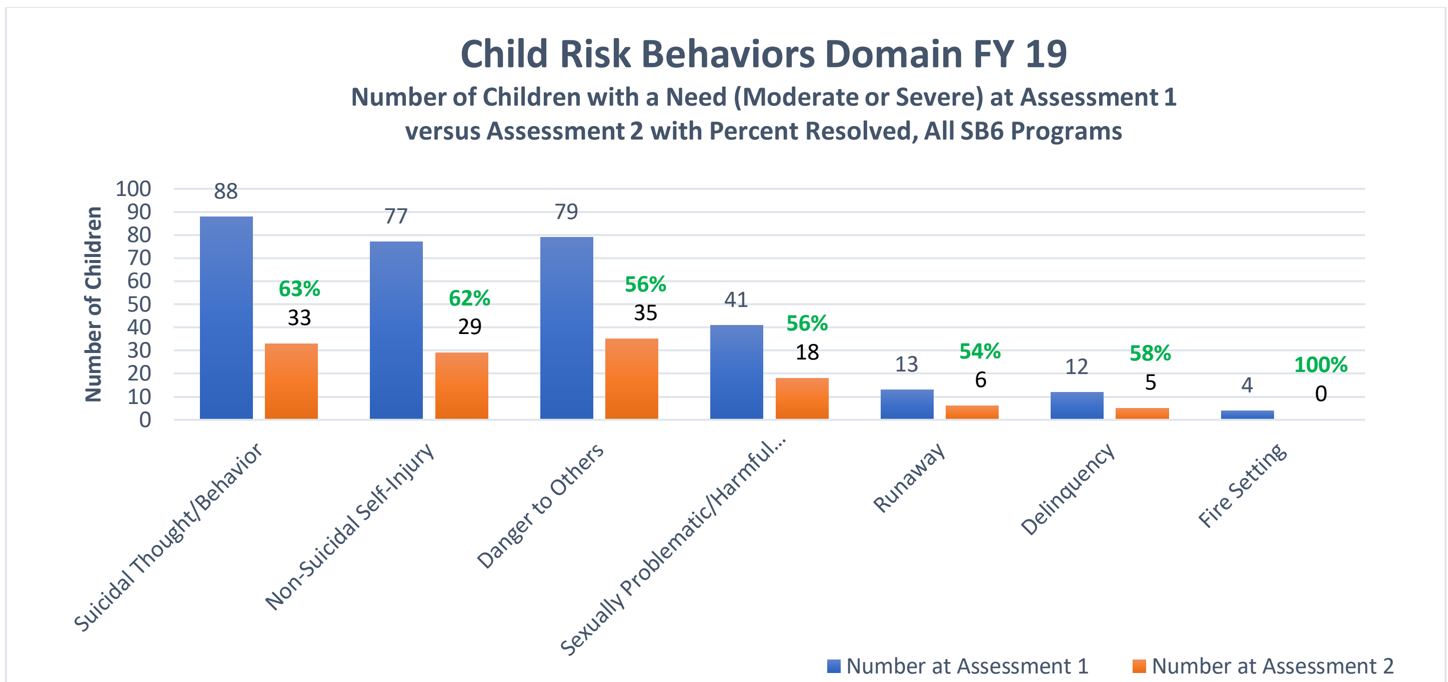
ii. Life Functioning Domain

The chart below shows the percentage of students with a Life Functioning Need present in the fall that was **resolved** by the spring assessment.



iii. Child Risk Behaviors

The chart below shows the percentage of students with a Risk Behavior Need present in the fall that was **resolved** by the by the spring assessment.



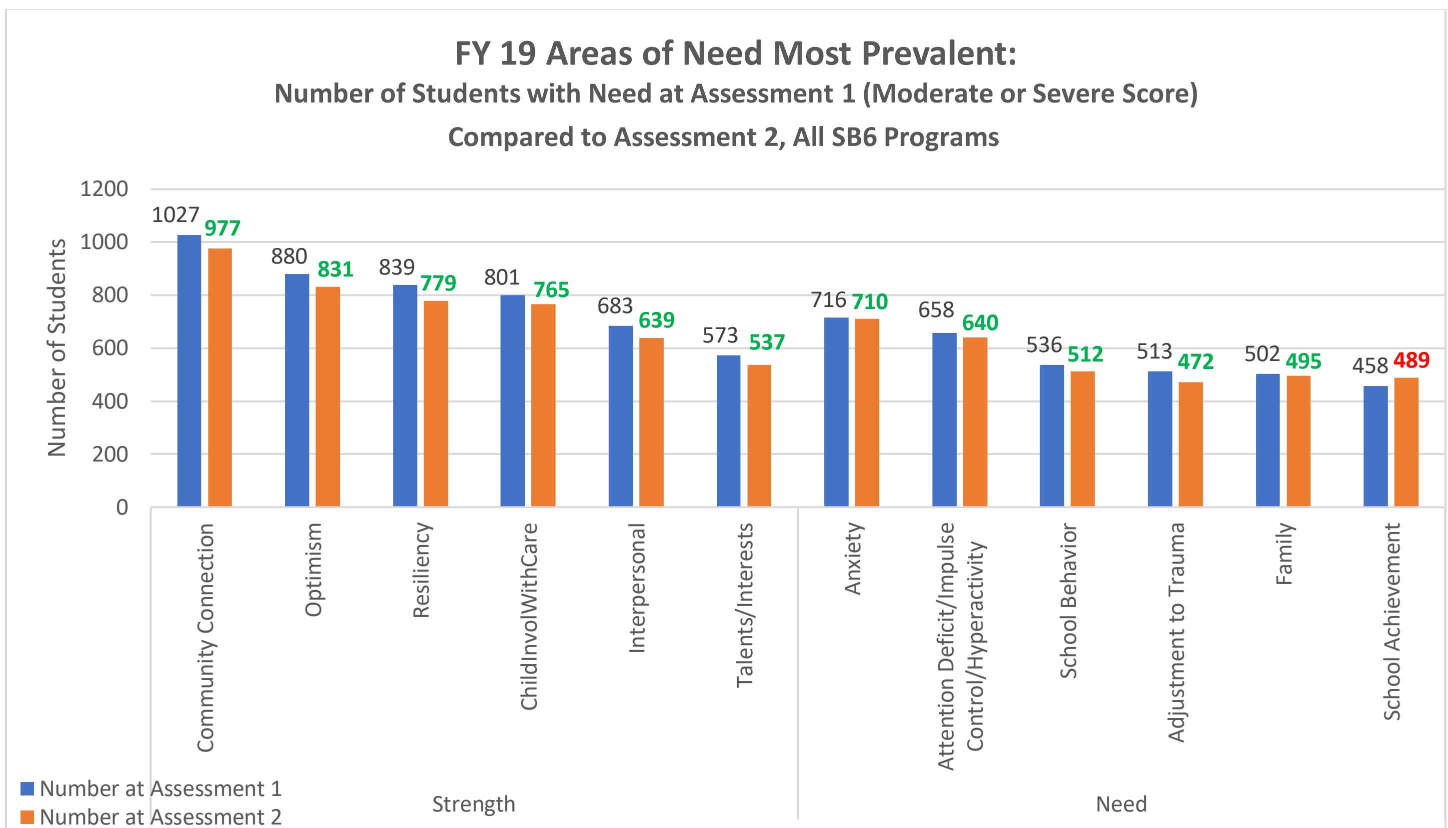
3. *Most Prevalent Areas of Needs and Strengths*

The following graphs illustrate areas identified by the CANS as most prevalent for SBC students, and which areas saw the most impact over time from fall to spring for the population of students served.

i. *Most Prevalent Needs (Including Lack of Strengths)*

This graph illustrates the most prevalent high scoring items on the CANS for students entering the SBC program in the Fall, and how those areas were impacted over time. Strengths are included in this image, as it is notable that lack of strengths are the top two most prevalent issues, above all other emotional/behavioral or life functioning items.

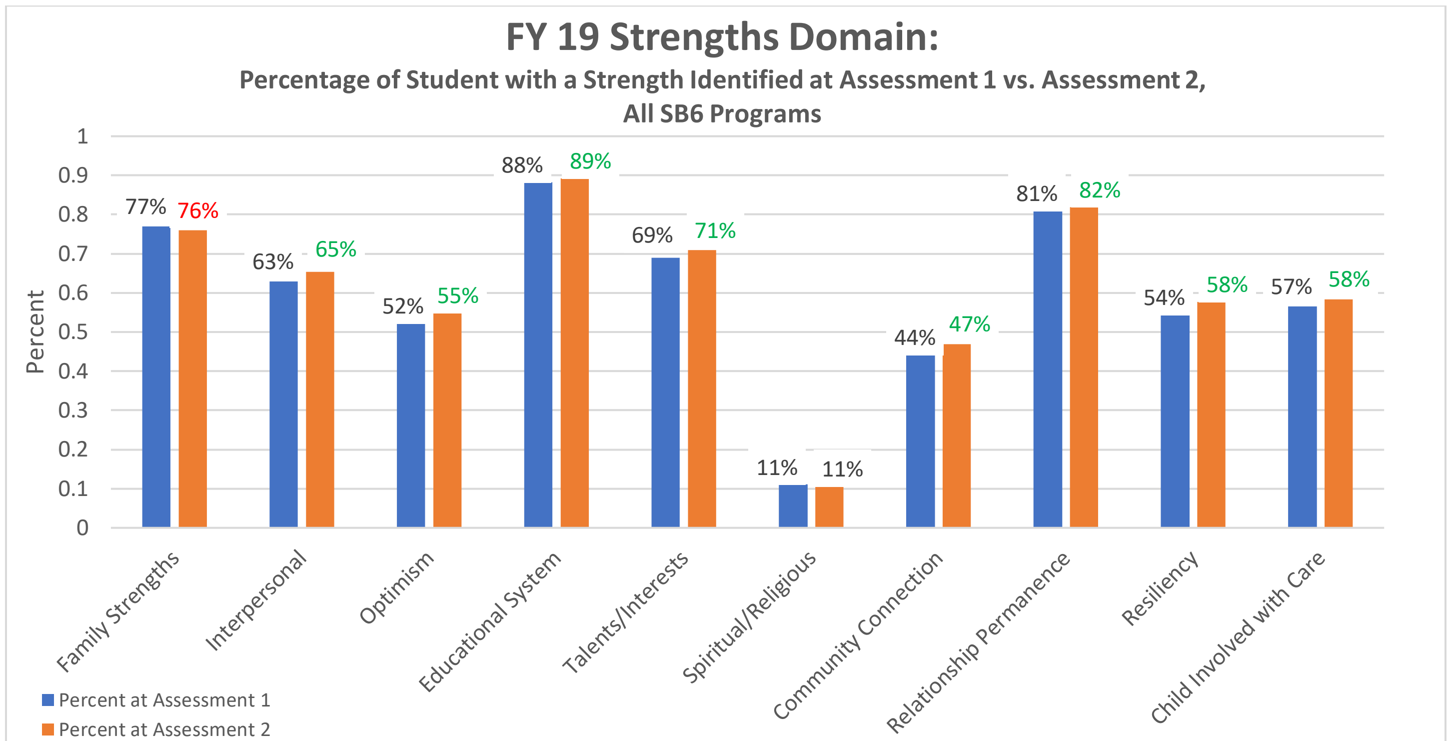
*For all CANS items in this chart, including Strengths items (Resiliency, Community Connection, Child Involvement with Care, Optimism and Interpersonal) numbers *decreasing* means improvement.



ii. *Presence of Centerpiece or Useful Strengths*

Centerpiece Strengths are well-developed strengths that may be used as a protective factor and a centerpiece of a strength-based plan. Useful Strengths are strengths that are identified and can be used in treatment planning but may not be at the center of treatment plan development.

This graph illustrates the percent of children that have an identified Centerpiece or Useful Strength at assessment 1 in the Fall, and assessment 2 in the Spring. Students in the SBC program built Interpersonal Skills, Optimism, Resiliency, Talents/Interests and increased their Involvement in Care throughout the program. They experienced high levels of stable and supportive relationships with their Educational System throughout but showed a slight decrease in Family Strengths and Community Communications from Fall to Spring.



VII. *Outcomes Per Program*

The following data sections are separated out by SB6 program to illustrate how these needs and strengths are addressed within each program.

School Based Clinical Services

1. *Improvement at CANS Domain Level*

To determine whether a child improved in a certain domain, individual students' CANS scores are analyzed, comparing the fall and spring assessments to determine overall movement in a positive trajectory. Improvement = If Sum of the 2's and 3's for all items in the Domain in Spring is Less than Sum of 2's and 3's for all items in the Domain in Fall.

CANS FY2019 Report:
Improvement by Domain
for Children with Severe or Moderate Scores at Assessment 1

Program	Domain	Number of Students with Need Identified at Assessment 1	Percent Improved
SBC	Child Behavioral/Emotional Needs	1249	33%
	Life Domain Functioning	1138	36%
	Child Strengths	1374	41%
	Caregiver Needs & Strengths	727	37%
	Child Risk Behaviors	240	45%

2. *Change over time by CANS Domain Categories*

The following charts show results over time for the students with a need in each identified area at the start of the school year for SBC program students. This data captures only students whose needs were resolved (reduced to a 1 or 0).

i. *Child Behavioral/ Emotional Needs Domain*

The chart below shows the percentage of students with an Emotional/ Behavioral Need present in the fall that was **resolved** by the spring assessment.

CANS FY2019 Report:

Behavioral/Emotional Needs Domain

Children with a Need (Moderate or Severe) at Assessment 1 Resolved at Assessment 2

Program	Variable	Number of Students with Need Identified at Assessment 1	Percent Resolved
SBC (n=1522)	Psychosis	7	86%
	Attention Deficit/Impulse Control/Hyperactivity	497	22%
	Depression	290	37%
	Anxiety	581	25%
	Oppositional	289	43%
	Conduct	69	58%
	Adjustment to Trauma	411	30%
	Anger Control	312	48%
	Substance Use	30	20%
	Eating Disturbance	41	54%

ii. Life Functioning Domain

The chart below shows the percentage of students with a Life Functioning Need present in the fall that was **resolved** by the spring assessment.

CANS FY2019 Report: Life Functioning Domain Children with a Need (Moderate or Severe) at Assessment 1 Resolved at Assessment 2			
Program	Variable	Number of Students with Need Identified at Assessment 1	Percent Resolved
SBC (n=1522)	Family	405	42%
	Cultural Stress	48	40%
	Living Situation	196	47%
	Developmental	78	18%
	Self-Care/Daily Living	90	36%
	Job Functioning	12	25%
	Medical/Physical	65	40%
	Sleep	219	44%
	School Behavior	376	40%
	School Achievement	352	33%
	School Attendance	96	50%

iii. Child Risk Behaviors

The chart below shows the percentage of students with a Risk Behavior Need present in the fall that was **resolved** by the by the spring assessment.

CANS FY2019 Report: Child Risk Behaviors Domain Children with a Need (Moderate or Severe) at Assessment 1 Resolved at Assessment 2			
Program	Variable	Number of Students with Need Identified at Assessment 1	Percent Resolved
SBC (n=1522)	Suicidal Thought/Behavior	72	67%
	Non-Suicidal Self-Injury	47	72%
	Danger to Others	37	76%
	Sexually Problematic/ Harmful Behavior	26	54%
	Runaway	6	83%
	Delinquency	5	100%
	Fire Setting	3	100%

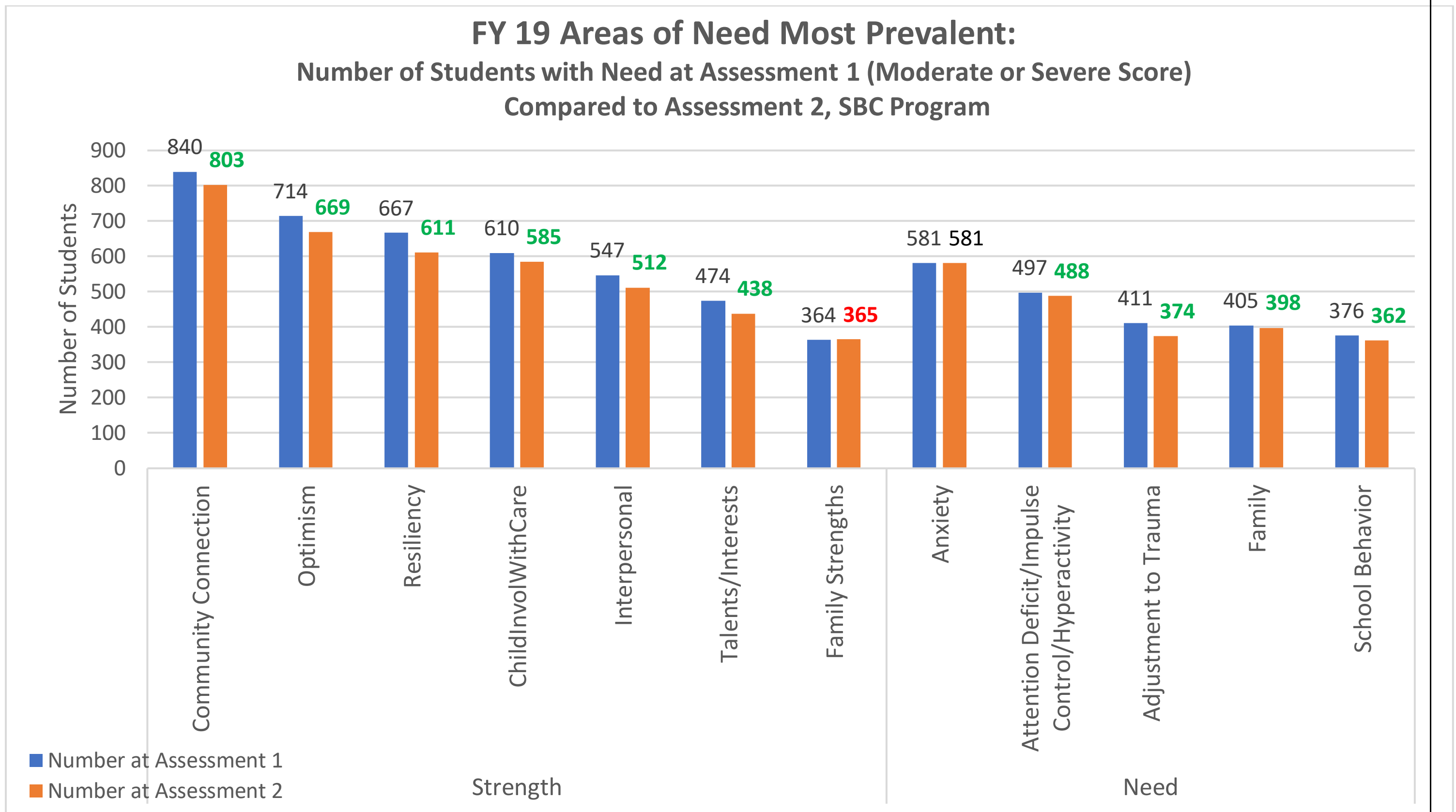
3. *Most Prevalent Areas of Needs and Strengths*

The following graphs illustrate areas identified by the CANS as most prevalent for SBC students, and which areas saw the most impact over time from fall to spring for the population of students served.

i. Most Prevalent Needs (Including Lack of Strengths)

This graph illustrates the most prevalent high scoring items on the CANS for students entering the SBC program in the Fall, and how those areas were impacted over time. Strengths are included in this image, as it is notable that lack of strengths are the top two most prevalent issues, above all other emotional/behavioral or life functioning items.

*For all CANS items in this chart, including Strengths items (Resiliency, Community Connection, Child Involvement with Care, Optimism and Interpersonal) numbers *decreasing* means improvement.



Most prevalent needs are calculated by counting the number of students with a need, or lack of strength, identified at the beginning of the school year (Score of 2 or 3) compared to the number of students with a continued need or lack of strength in the spring.

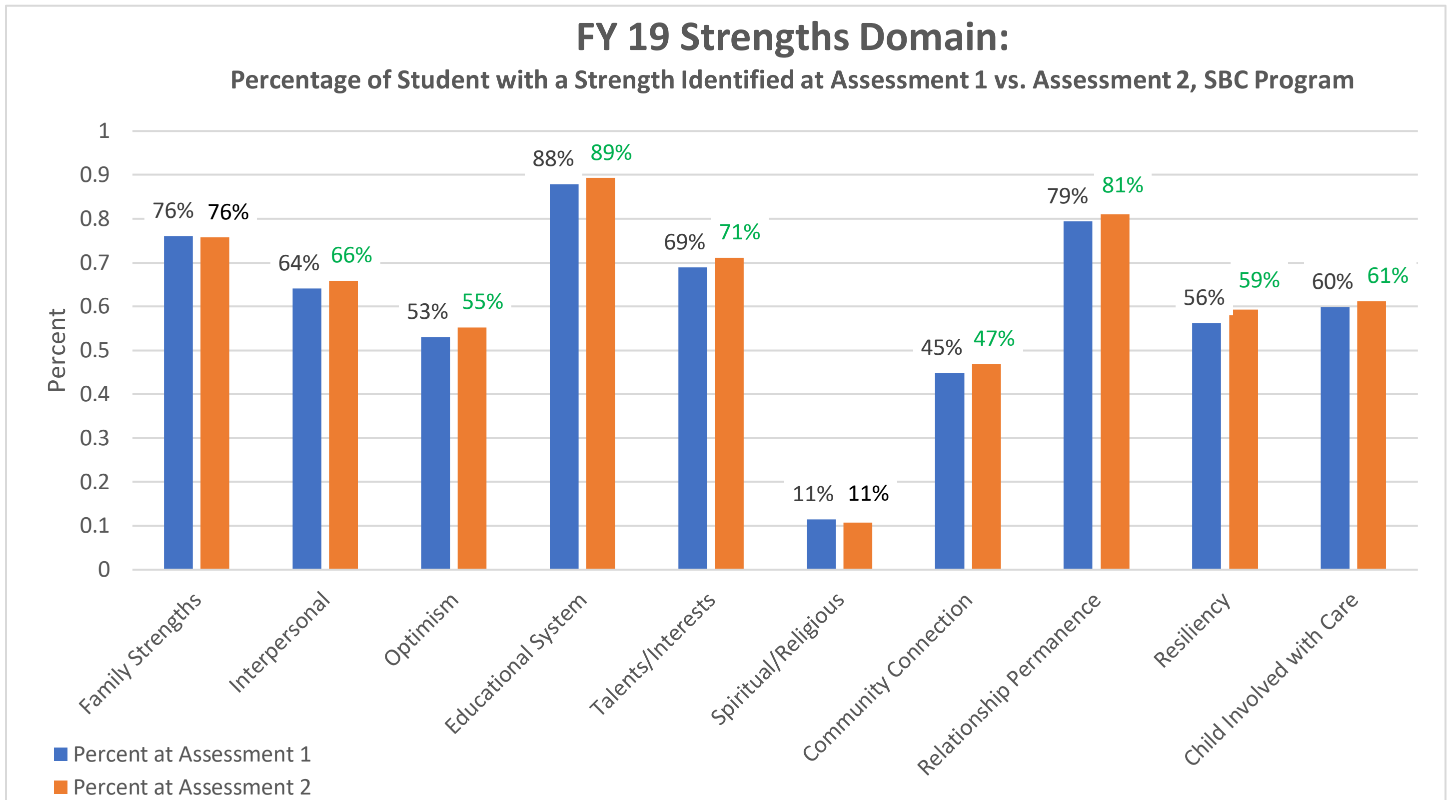
**Students who improved from Severe to Moderate will not have progress captured here*.

ii. Presence of Centerpiece or Useful Strengths

Centerpiece Strengths are well-developed strengths that may be used as a protective factor and a centerpiece of a strength-based plan. Useful Strengths are strengths that are identified and can be used in treatment planning but may not be at the center of treatment plan development.

This graph illustrates the percent of children that have an identified Centerpiece or Useful Strength at assessment 1 in the Fall, and assessment 2 in the Spring. Students in the SBC program built Interpersonal Skills, Optimism, Resiliency, Talents/Interests and increased their Involvement in Care throughout the program. They experienced high levels of stable and supportive relationships with their Educational

System throughout but showed a slight decrease in Family Strengths and Community Communications from Fall to Spring.



Behavior Interventionist (BI) Programs

1. *Improvement at CANS Domain level*

To determine whether a child improved in a certain domain, individual students' CANS scores are analyzed, comparing the fall and spring assessments to determine overall movement in a positive trajectory. Improvement = If Sum of the 2's and 3's for all items in the Domain in Spring is Less than Sum of 2's and 3's for all items in the Domain in Fall.

CANS Students FY2019 Report:

Improvement by Domain

Children with a Need (Moderate or Severe) at Assessment 1 Resolved at Assessment 2

Program	Domain	Number of Students with Need Identified at Assessment 1	Percent Improved
BI N = 187	Child Behavioral/Emotional Needs	158	44%
	Life Domain Functioning	151	38%
	Child Strengths	176	38%
	Caregiver Needs & Strengths	100	31%
	Child Risk Behaviors	57	37%

2. *Change over time by CANS Domain Categories*

The following charts show results over time for the students with a need in each identified area at the start of the school year for BI program students. This data captures only students whose needs were resolved (reduced to a 1 or 0).

i. Child Behavioral/ Emotional Needs Domain

The chart below shows the percentage of students with an Emotional/ Behavioral Need present in the fall that was **resolved** by the spring assessment.

CANS FY2019 Report:

Behavioral/Emotional Needs Domain

Children with a Need (Moderate or Severe) at Assessment 1 versus Assessment 2 with Percent Resolved

Program	Variable	Number of Students with Need Identified at Assessment 1	Percent Resolved
BI (n=187)	Psychosis	3	67%
	Attention Deficit/Impulse Control/Hyperactivity	96	19%
	Depression	33	39%
	Anxiety	74	34%
	Oppositional	84	39%
	Conduct	24	46%
	Adjustment to Trauma	58	28%
	Anger Control	78	33%
	Substance Use	1	0%
	Eating Disturbance	1	0%

ii. Life Functioning Domain

The chart below shows the percentage of students with a Life Functioning Need present in the fall that was **resolved** by the spring assessment.

CANS FY2019 Report:
Life Functioning Domain
Number of Children with a Need (Moderate or Severe) at Assessment 1 versus Assessment 2 with Percent Resolved

Program	Variable	Number of Students with Need Identified at Assessment 1	Percent Resolved
BI (n=187)	Family	56	36%
	Cultural Stress	6	67%
	Living Situation	32	50%
	Developmental	29	14%
	Self-Care/Daily Living	22	14%
	Job Functioning	0	-
	Medical/Physical	6	33%
	Sleep	19	47%
	School Behavior	97	29%
	School Achievement	54	30%
	School Attendance	8	25%

iii. Child Risk Behaviors

The chart below shows the percentage of students with a Risk Behavior Need present in the fall that was **resolved** by the by the spring assessment.

CANS FY2019 Report:
Child Risk Behaviors Domain
Percentage of Children with a Need (Moderate or Severe) at Assessment 1 Resolved at Assessment 2

Program	Variable	Number of Students with Need Identified at Assessment 1	Percent Resolved
BI (n=187)	Suicidal Thought/Behavior	6	33%
	Non-Suicidal Self-Injury	14	50%
	Danger to Others	25	48%
	Sexually Problematic/ Harmful Behavior	11	64%
	Runaway	1	100%
	Delinquency	0	-
	Fire Setting	0	-

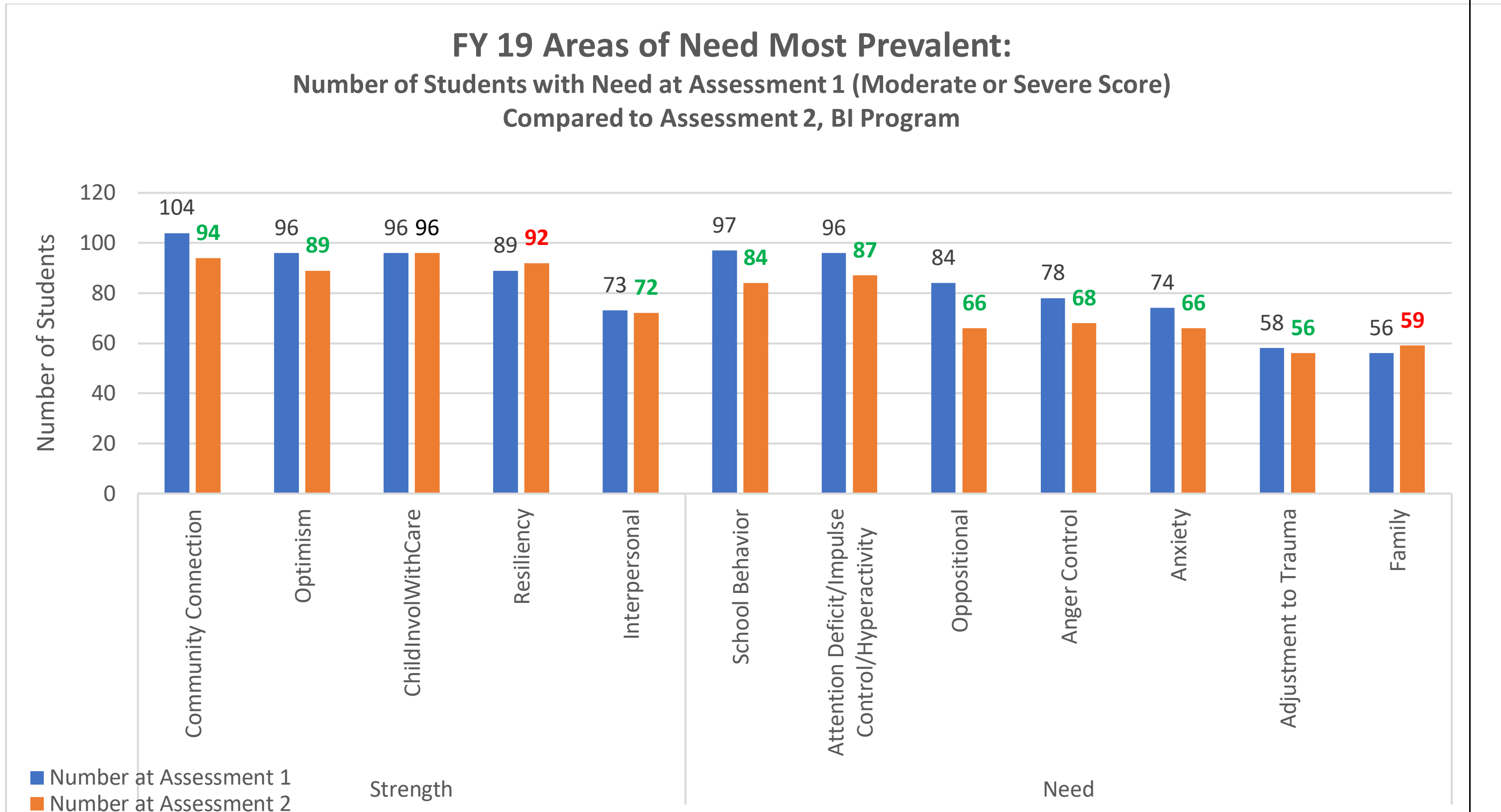
3. Most Prevalent Areas of Needs and Strengths

The following graphs illustrate areas identified by the CANS as most prevalent for BI students, and which areas saw the most impact over time from fall to spring for the population of students served.

i. Most Prevalent Needs (Including Lack of Strengths)

This graph illustrates the most prevalent high scoring items on the CANS for students entering the BI program in the Fall, and how those areas were impacted over time. Strengths are included in this image, as it is notable that lack of strengths are the top two most prevalent issues, above all other emotional/behavioral or life functioning items.

*For all CANS items in this chart, including Strengths items (Resiliency, Community Connection, Child Involvement with Care, Optimism and Interpersonal) numbers *decreasing* means improvement.



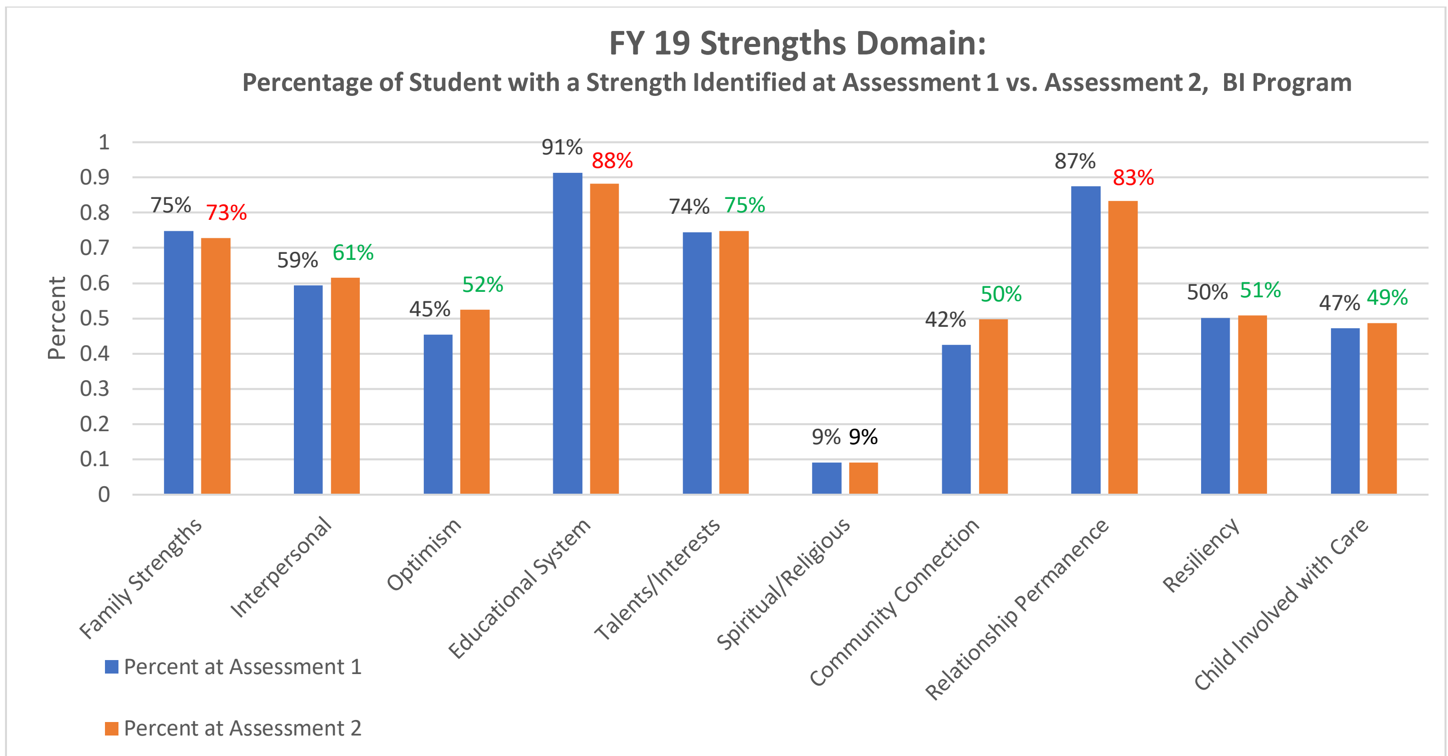
Most prevalent needs are calculated by counting the number of students with a need, or lack of strength, identified at the beginning of the school year (Score of 2 or 3) compared to the number of students with a continued need or lack of strength in the spring.

**Students who improved from Severe to Moderate will not have progress captured here*.

ii. Presence of Centerpiece or Useful Strengths

Centerpiece Strengths are well-developed strengths that may be used as a protective factor and a centerpiece of a strength-based plan. Useful Strengths are strengths that are identified and can be used in treatment planning but may not be at the center of treatment plan development.

This graph illustrates the percent of children that have an identified Centerpiece or Useful Strength at assessment 1 in the Fall, and assessment 2 in the Spring. Students in the BI program built Community Connection, Interpersonal Skills, Optimism, Resiliency, Talents/Interests and increased their Involvement in Care throughout the program. The data shows a slight decrease in Family Strengths from Fall to Spring. Though there was a decline in both the levels of stable and supportive Relationships in the students' lives as well as the students' and families' relationships with their Educational System these two areas are the highest areas of strengths.



Concurrent Education and Rehabilitation Treatment (CERT) Programs

1. *Improvement at CANS Domain level*

To determine whether a child improved in a certain domain, individual students' CANS scores are analyzed, comparing the fall and spring assessments to determine overall movement in a positive trajectory. Improvement = If Sum of the 2's and 3's for all items in the Domain in Spring is Less than Sum of 2's and 3's for all items in the Domain in Fall.

CANS FY2019 Report:

Improvement by Domain

for Children with Severe or Moderate Scores at Assessment 1

Program	Domain	Number of Students with Need Identified at Assessment 1	Percent Improved
CERT N = 27	Child Behavioral/Emotional Needs	27	37%
	Life Domain Functioning	24	29%
	Child Strengths	25	28%
	Caregiver Needs & Strengths	10	40%
	Child Risk Behaviors	9	67%

2. *Change over time by CANS Domain Categories*

The following charts show results over time for the students with a need in each identified area at the start of the school year for CERT program students. This data captures only students whose needs were resolved (reduced to a 1 or 0).

i. Child Behavioral/ Emotional Needs Domain

The chart below shows the percentage of students with an Emotional/ Behavioral Need present in the fall that was **resolved** by the spring assessment.

CANS FY2019 Report:

Behavioral/Emotional Needs Domain

Number of Children with a Need (Moderate or Severe) at Assessment 1 versus Assessment 2 with Percent Resolved

Program	Variable	Number of Students with Need Identified at Assessment 1	Percent Resolved
CERT (n=27)	Psychosis	1	100%
	Attention Deficit/Impulse Control/Hyperactivity	14	21%
	Depression	6	17%
	Anxiety	12	17%
	Oppositional	7	14%
	Conduct	3	67%
	Adjustment to Trauma	12	17%
	Anger Control	8	50%
	Substance Use	2	0%
	Eating Disturbance	0	-

ii. Life Functioning Domain

The chart below shows the percentage of students with a Life Functioning Need present in the fall that was **resolved** by the spring assessment.

CANS FY2019 Report: **Life Functioning Domain** Percentage of Children with a Need (Moderate or Severe) at Assessment 1 Resolved at Assessment 2			
Program	Variable	Number of Students with Need Identified at Assessment 1	Percent Resolved
CERT (n=27)	Family	13	38%
	Cultural Stress	2	0%
	Living Situation	8	38%
	Developmental	1	0%
	Self-Care/Daily Living	3	67%
	Job Functioning	1	0%
	Medical/Physical	0	-
	Sleep	7	0%
	School Behavior	10	30%
	School Achievement	8	25%
	School Attendance	1	100%

iii. Child Risk Behaviors

The chart below shows the percentage of students with a Risk Behavior Need present in the fall that was **resolved** by the by the spring assessment.

CANS FY2019 Report: **Child Risk Behaviors Domain** Percentage of Children with a Need (Moderate or Severe) at Assessment 1 Resolved at Assessment 2			
Program	Variable	Number of Students with Need Identified at Assessment 1	Percent Resolved
CERT (n=27)	Suicidal Thought/Behavior	1	100%
	Non-Suicidal Self-Injury	1	100%
	Danger to Others	4	75%
	Sexually Problematic/Harmful Behavior	0	-
	Runaway	0	-
	Delinquency	3	33%
	Fire Setting	0	-

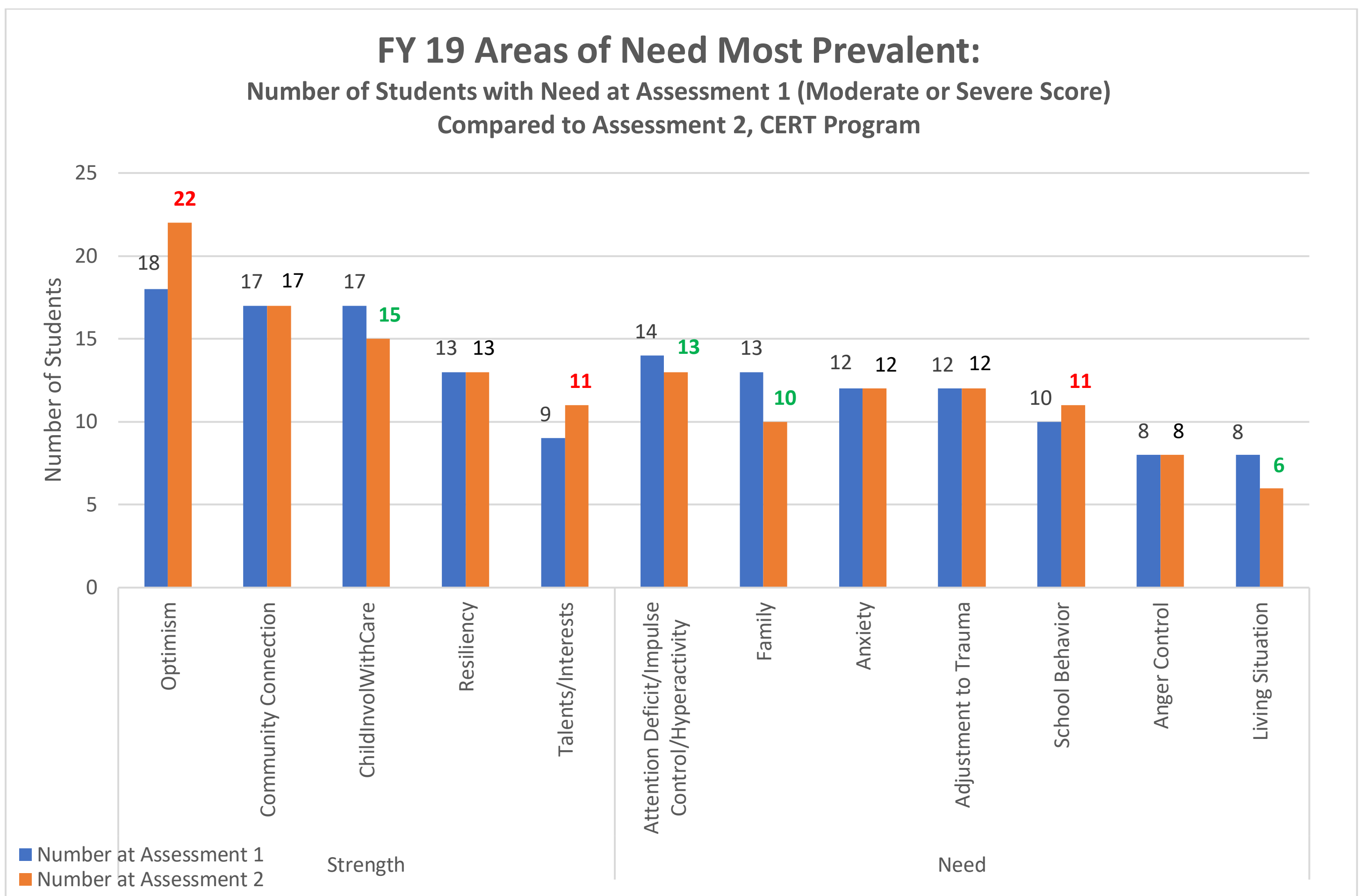
3. *Most Prevalent Areas of Needs and Strengths*

The following graphs illustrate areas identified by the CANS as most prevalent for CERT students, and which areas saw the most impact over time from fall to spring for the population of students served.

i. *Most Prevalent Needs (Including Lack of Strengths)*

This graph illustrates the most prevalent high scoring items on the CANS for students entering the CERT program in the Fall, and how those areas were impacted over time. Strengths are included in this image, as it is notable that lack of strengths are the top two most prevalent issues, above all other emotional/behavioral or life functioning items.

*For all CANS items in this chart, including Strengths items (Resiliency, Community Connection, Child Involvement with Care, Optimism and Interpersonal) numbers *decreasing* means improvement.



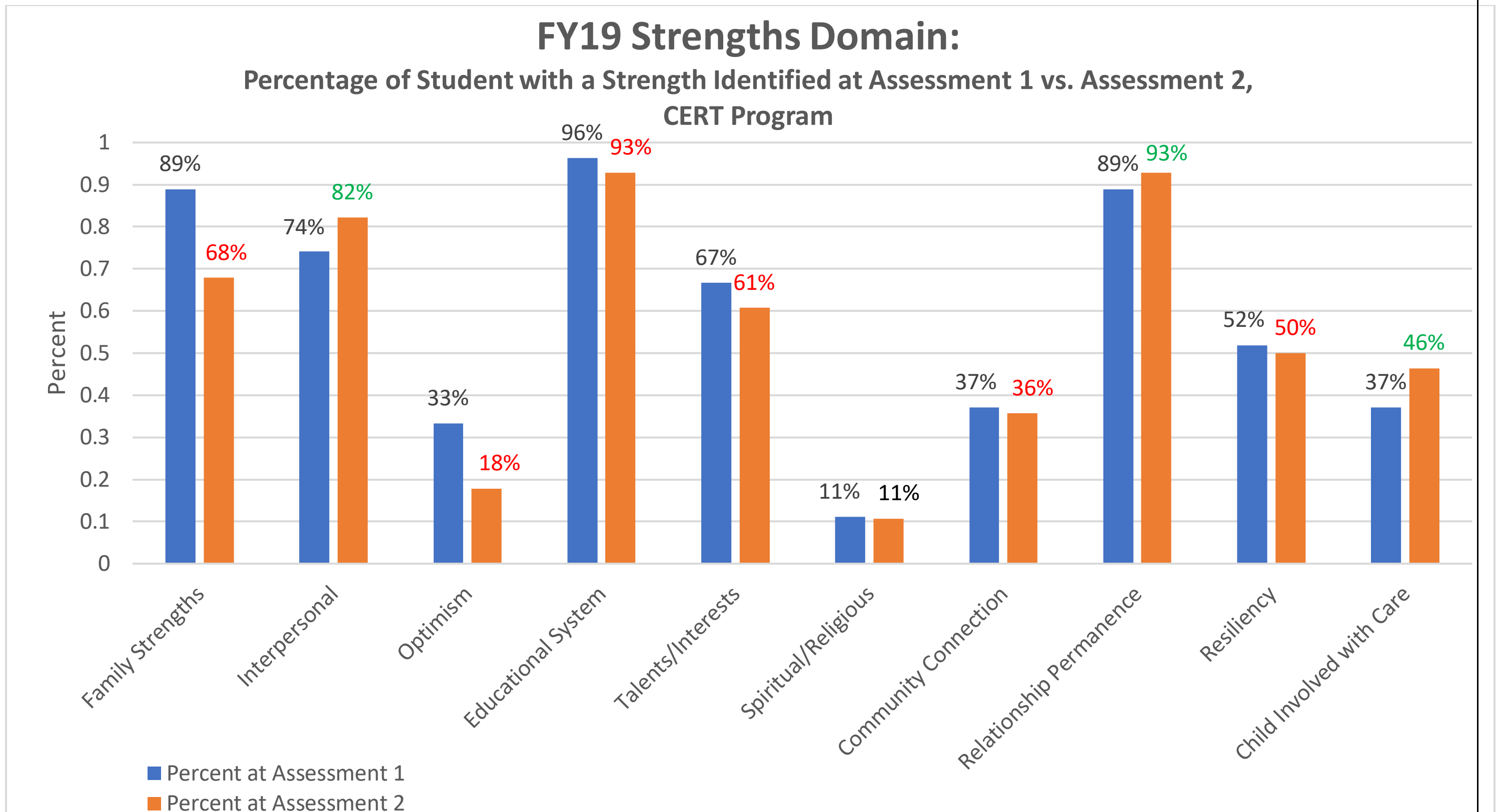
Most prevalent needs are calculated by counting the number of students with a need, or lack of strength, identified at the beginning of the school year (Score of 2 or 3) compared to the number of students with a continued need or lack of strength in the spring.

**Students who improved from Severe to Moderate will not have progress captured here*.

ii. Presence of Centerpiece or Useful Strengths

Centerpiece Strengths are well-developed strengths that may be used as a protective factor and a centerpiece of a strength-based plan. Useful Strengths are strengths that are identified and can be used in treatment planning but may not be at the center of treatment plan development.

This graph illustrates the percent of children that have an identified Centerpiece or Useful Strength at assessment 1 in the Fall, and assessment 2 in the Spring. Students in the CERT program built Interpersonal Skills, Optimism, Resiliency, Talents/Interests and increased their Involvement in Care throughout the program. They experienced high levels of stable and supportive relationships with their Educational System throughout but showed a slight decrease in Family Strengths and Community Communications from Fall to Spring.



VIII. SB6 Satisfaction Surveys

The following chart shows the results of surveys evaluating the SB6 programs across the state. The surveys are distributed to school staff and administrators at the end of the school year and returned anonymously to the distributing DA. This year DMH expanded the satisfaction survey reporting from solely the BI program to requiring all school mental health programs report individually. DMH will continue to work with the DAs and VCP on improving the process and quality of stakeholder reporting for each SB6 program.

Annual Performance Data by DA, FY 19 Report

DA	Program	Stakeholder Satisfaction Survey Response Rate (%)	*% of responding schools who Strongly Agree or Agree:*				
			The SB6 Program treated students and their families with respect	The SB6 Program provided a service not otherwise available through school resources	The SB6 Program was able to collaborate effectively with school teams	The SB6 Program had a positive influence on the school's relationship with families	Overall, our school is better off because of our relationship with the DA
CMC*	SBC	N/A	N/A	N/A	N/A	N/A	N/A
CSAC	SBC	96%	99%	93%	96%	82%	91%
HC	Combined	63%	98%	94%	93%	91%	94%
HCRS	SBC	88%	88%	88%	57%	63%	75%
LCMH	BI	51%	100%	88%	82%	88%	85%
LCMH	SBC	89%	100%	92%	96%	100%	100%
NCSS	Combined	67%	99%	91%	88%	96%	98%
NKHS	SBC & BI	37%	71%	57%	29%	43%	43%
RMHS	SBC	82%	100%	97%	90%	94%	97%
UCS	SBC	32%	100%	83%	100%	83%	100%
WCMH	BI	N/A**	96%	85%	87%	80%	87%
LYFS	BI	42%	100%	100%	100%	100%	100%

*CMC lost all satisfaction survey data while implementing a new agency-wide Electronic Medical Records system.

**WCMH tracked the number of paper surveys sent out and returned, however most respondents completed the survey online. WCMH was unable to determine how many people received the online survey link, and consequently the overall response rate, as recipients were able to forward the link to others.