

SUCCESS BEYOND SIX: SCHOOL MENTAL HEALTH REPORT 2021

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Designated Agencies School
Mental Health Programs for
Vermont

Overview

The mission of the Department of Mental Health (Department) is to promote and improve the health of Vermonters. The Department resides under the Agency of Human Services and has the same critical mission: to improve the conditions and well-being of Vermonters and protect those who cannot protect themselves.

Our Vision: Mental health will be a cornerstone of health in Vermont. People will live in caring communities with compassion and a determination to respond effectively and respectfully to the mental health needs of all citizens. Vermonters will have access to effective prevention, early intervention, and mental health treatment and supports as needed to live, work, learn, and participate fully in their communities.

Success Beyond Six (SB6) is the name for the Medicaid funding mechanism for school mental health services provided through Designated Agencies (DA) in partnership with a Local Education Agency (LEA; school districts/supervisory unions). SB6 has three (3) main programs: School-Based Behavioral Services (SBBs), School-Based Clinical Services (SBCs), and Concurrent Education Rehabilitation and Treatment (CERT) Therapeutic Schools. These programs are grounded in trauma-informed practices and evidence-based approaches focusing on working with students in the context of their family, community, and in collaboration with other system partners. Using SB6 programs allows schools to utilize mental health clinician expertise within school-based teams to provide clinical supervision, administrative support for billing and reporting, linkages with other state Designated Agency (DA) services, and oversight and accountability to the State.

Each of the SB6 programs are designed to provide different levels of support. Due to the high level of individualized student support provided by School-Based Behavioral programs and CERT schools, these programs typically serve a lower number of students when compared with the SBC program. Therefore, SBC data has greater influence on overall school mental health outcomes when combining data from all SB6 programs.

The Agency of Human Services uses the [Results Based Accountability \(RBA\)](#) framework to evaluate the performance of programs and initiatives, as well as make data-driven decisions. RBA is a key component of achieving value-based care in an integrated system. The Department [website](#) presents how to use the regularly updated RBA scorecards containing longitudinal data and performance measures related to programs and the broader system of care. The SB6 scorecard is a valuable resource for conducting evaluation and tracking progress. Please see click on the following weblink for further information: [Success Beyond Six \(clearimpact.com\)](#).

The Department of Mental Health is in the beginning stages of utilizing Microsoft Power BI, which is an interactive data visualization tool to provide the end user with a more comprehensive picture of data. SB6 will soon have a Power BI Report published here for stakeholders, providers, educators, and members of the public to use: [School Based Mental Health Services | Department of Mental Health \(vermont.gov\)](#). The Department's Children, Adolescent, and Family Unit will notify these groups once this report has been published on this site.

I. Program Descriptions and Data

The total Full Time Equivalent positions (FTEs) allocated for the SB6 Programs statewide for FY21 is:

- 453.81 Behavioral Interventionists,
- 46.07 Board Certified Behavioral Analysts, and
- 193.48 School Based Clinicians.

Number of Students Served (All SB6 Programs combined)

Designated Agency	Number of Students Served in SB6*										
	FY11	FY12	FY13	FY14	FY15	FY16	FY17	FY18	FY19	FY20	FY21
CSAC	357	353	382	397	347	332	357	368	334	315	265
NCSS	376	366	382	399	396	442	507	598	618	657	496
HC	1,034	994	1,020	966	899	811	807	853	875	1,058	1,102
LCMHS	150	106	95	107	121	144	153	191	150	158	90
HCRS	637	551	647	715	680	420	296	334	391	376	363
NKHS	428	469	417	420	386	366	346	265	152	154	160
CMC	126	126	121	136	147	107	87	100	108	61	76
RMHS	292	318	326	303	260	257	263	311	318	370	390
UCS	67	67	46	93	105	90	156	222	145	114	63
WCMHS	245	252	277	325	384	325	401	412	428	390	344
Total	3,712	3,602	3,713	3,861	3,725	3,294	3,373	3,654	3,519	3,653	3,349

*Based on analysis of Monthly Service Reports submitted to the Vermont Department of Mental Health by Designated Agencies. This analysis is based on a selection of Cost Center of Success Beyond Six and a Program of Service of Children's Services.

School-Based Behavioral Services

School-Based Behavioral (SBB) Services are a collaboration between a DA and LEA to provide consultation and behavioral intervention with identified students within a school setting. All DAs have either a licensed Master's-level clinician or a Board-Certified Behavior Analyst (BCBA) providing individual or small group supervision to Behavioral Interventionists (BIs). These services use evidence-based, best practices that are individualized to the student's mental health and behavioral needs. SBB services covered by SB6 Medicaid include:

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

FY 2021 Report							
School-Based Behavioral Services Data							
Program	Designated Agency	FY 2019		FY 2020		FY 2021	
		Number Served	Percent Served	Number Served	Percent Served	Number Served	Percent Served
SBB Services	CMC	3	1%	5	1%	5	2%
	CSAC	10	4%	0	0%	12	5%
	HC	18	8%	23	5%	73	28%

	HCRS	11	5%	37	8%	23	9%
	LCMHS	42	18%	35	8%	36	14%
	NCSS	72	31%	219	50%	9	4%
	NKHS	9	4%	6	1%	5	2%
	RMHS	2	1%	11	3%	8	3%
	UCS	3	1%	5	1%	3	1%
	WCMHS	61	26%	95	22%	83	32%
	Total	231	100%	436	100%	257	100%

School-Based Clinical Services

School-Based Clinical (SBC) Services are provided by Masters-level or above clinicians in public elementary, middle, and high schools, as well as through partnership with Independent Schools. SBC services include the following:

- 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

FY 2021 Report							
School-Based Clinical Services Data							
Program	Designated Agency	FY 2019		FY 2020		FY 2021	
		Number Served	Percent Served	Number Served	Percent Served	Number Served	Percent Served
SBB Services	CMC	61	4%	0	0%	26	1%
	CSAC	200	13%	13	1%	153	9%
	HC	445	29%	680	35%	699	39%
	HCRS	194	13%	311	16%	351	20%
	LCMHS	50	3%	82	4%	94	5%
	NCSS	314	21%	442	23%	38	2%
	NKHS	76	5%	55	3%	71	4%
	RMHS	138	9%	207	11%	247	14%
	UCS	37	2%	76	4%	62	3%
	WCMHS	7	0%	85	4%	48	3%
	Total	1,522	100%	1,951	100%	1,789	100%

Concurrent Education Rehabilitation and Treatment (Therapeutic Schools)

Concurrent Education Rehabilitation and Treatment (CERT), also known as “therapeutic schools”, provide therapeutic behavior services concurrently within a school setting. These schools are Agency of Education (AOE)-approved Independent Schools run by a DA with embedded therapeutic services funded through SB6 Medicaid. or programs. Students must meet the definition of [severe emotional disturbance](#) to qualify for CERT services, which include:

- Clinical assessment
- Clinical therapies
- Individual and group supportive counseling and skill development
- Service planning & coordination
- Crisis response
- Family support

FY 2021 Report							
Concurrent Education Rehabilitation and Treatment Services Data							
Program	Designated Agency	FY 2019		FY 2020		FY 2021	
		Number Served	Percent Served	Number Served	Percent Served	Number Served	Percent Served
CERT Services	CMC	0	0%	21	14%	15	11%
	CSAC	5	19%	0	0%	0	0%
	HC	22	81%	72	46%	74	53%
	HCRS	0	0%	0	0%	0	0%
	LCMHS	0	0%	0	0%	0	0%
	NCSS	0	0%	0	0%	0	0%
	NKHS	0	0%	0	0%	0	0%
	RMHS	0	0%	0	0%	0	0%
	UCS	0	0%	0	0%	0	0%
	WCMHS	0	0%	62	40%	51	36%
	Total		27	100%	155	100%	140

II. *Child and Adolescent Needs and Strengths Outcomes Data*

The Child and Adolescent Needs and Strengths (CANS) is a multiple purpose information integration tool designed to be the output of an assessment process to accurately represent the shared vision of the child/youth, their family, the team working with the student/family, and the clinician. All students receiving services from SB6 are administered the CANS in six-month intervals to capture their needs and strengths entering the school year, then re-assessed to monitor these areas over time. For this reporting period, CANS assessments were completed at both Time 1 and Time 2 for 58.2% of students served by SB6.

A. *Improvement at CANS Domain Level*

To determine whether a student 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 is defined by 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 FY2021 Report: Improvement by Domain for Students with Severe or Moderate Scores at Assessment 1			
Program	Domain	Number of Students with Need Identified at Assessment 1	Percent Improved
All SB6 Programs n=2,067	Child Behavioral/Emotional Needs	1,577	37%
	Life Domain Functioning	1,239	36%
	Child Strengths	1,799	39%
	Caregiver Needs & Strengths	869	37%
	Child Risk Behaviors	314	42%

CANS FY2021 Report: Strengths Domain Percentage of Students with a Strength Identified at Assessment 1 vs. Assessment 2 for all SB6 Programs				
Program	Variable	Percent at Assessment 1	Percent at Assessment 2	Percent Improvement (T2-T1)
Overall (n=2,067)	Resiliency	63%	70%	7%
	Interpersonal	54%	57%	3%
	Optimism	57%	60%	3%
	Talents/Interests	65%	67%	2%
	Child Involved with Care	61%	63%	2%
	Relationship Permanence	73%	75%	2%
	Spiritual/Religious	21%	23%	2%
	Community Connection	41%	42%	1%
	Educational System	84%	85%	1%
	Family Strengths	75%	75%	1%

III. Outcomes By Program

The following data sections are separated out by SB6 program to illustrate how these needs and strengths are addressed within each program. Improvement at the CANS Domain level is determined by whether a student improved in a certain domain from Time 1 to Time 2, typically a 5-6-month period between assessments. Individual students' CANS scores are analyzed, comparing the fall and spring assessments to determine overall movement in a positive trajectory. Improvement is defined by if the sum of the 2's and 3's for all items in the domain during the re-assessment in the Spring is less than the sum of 2's and 3's for all items in the domain from the initial assessment in the Fall.

A. School-Based Behavioral Services

CANS Students FY2021 Report: Improvement by Domain Students 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
SBB (n=257)	Child Behavioral/Emotional Needs	110	39%
	Life Functioning	131	34%
	Child Strengths	153	30%
	Caregiver Needs & Strengths	66	32%
	Child Risk Behaviors	31	61%

B. School-Based Clinical Services

CANS FY2021 Report: Improvement by Domain for Students with Severe or Moderate Scores at Assessment 1			
Program	Domain	Number of Students with Need Identified at Assessment 1	Percent Improved
SBC (n=1,652)	Child Behavioral/Emotional Needs	1,298	40%
	Life Domain Functioning	1,151	37%
	Child Strengths	1,597	42%
	Caregiver Needs & Strengths	764	39%
	Child Risk Behaviors	250	41%

C. Concurrent Education Rehabilitation and Treatment Therapeutic Schools

CANS FY2021 Report: Improvement by Domain for Students with Severe or Moderate Scores at Assessment 1			
Program	Domain	Number of Students with Need Identified at Assessment 1	Percent Improved
CERT (n=96)	Child Behavioral/Emotional Needs	87	44%
	Life Domain Functioning	82	45%
	Child Strengths	93	47%
	Caregiver Needs & Strengths	34	32%
	Child Risk Behaviors	36	47%