

# SUCCESS BEYOND SIX: SCHOOL MENTAL HEALTH REPORT 2022

Submitted by: Marianna Donnally, LICSW  
Data Assistance by: Chris Donnelly, PhD  
Stephen DeVoe, MPH, MS

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 SB6 program is 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 click on the following weblink for further information: [Success Beyond Six \(clearimpact.com\)](#).

The Department of Mental Health is beginning to utilize Microsoft Power BI for interactive data visualization and reporting. SB6 has 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 \(vermont.gov\)](#).

Ongoing effects of the pandemic continue to have a profound effect on school mental services. While the number of students served by Success Beyond Six programs increased from the previous year, the number remains lower than 2020. The DAs have reported that attendance at school continues to be a challenge and is affecting the amount of services being delivered to students. Additionally, DAs continue to experience workforce challenges and struggle to hire staff to fill contracted positions within the schools. As a result, several schools terminated their contract with the DA and opted to fill the positions within their system. With the availability of Federal Elementary and Secondary School Emergency Relief (ESSER) funds to schools, this option became increasingly feasible and often put Local Education Agencies (LEAs) and individual schools in competition with DAs for staffing, thereby increasing the workforce crisis felt by the DAs. Other noteworthy trends in school mental health services reported to DMH this year are substantial increases in externalizing behavior by students in schools as well as the significant level of support and time clinicians were dedicating to supporting schools staff members in the school buildings.

## I. Program Descriptions and Data

The total Full Time Equivalent positions (FTEs) allocated for the SB6 Programs statewide for FY22 is:

- 457.58 Behavioral Interventionists,
- 55.69 Board Certified Behavioral Analysts, and
- 190.77 School Based Clinicians

### Number of Students Served (All SB6 Programs combined)

Designated Agency	Number of Students Served in SB6*										
	FY12	FY13	FY14	FY15	FY16	FY17	FY18	FY19	FY20	FY21	FY22
CMC	126	121	136	147	107	87	100	108	61	76	116
CSAC	353	382	397	347	332	357	368	334	315	265	270
HC	994	1,020	966	899	811	807	853	875	1,058	1,102	1,127
HCRS	551	647	715	680	420	296	334	391	376	363	377
LCMHS	106	95	107	121	144	153	191	150	158	90	150
NCSS	366	382	399	396	442	507	598	618	657	496	538
NKHS	469	417	420	386	366	346	265	152	154	160	126
RMHS	318	326	303	260	257	263	311	318	370	390	306
UCS	67	46	93	105	90	156	222	145	114	63	117
WCMHS	252	277	325	384	325	401	412	428	390	344	311
<b>Total</b>	<b>3,602</b>	<b>3,713</b>	<b>3,861</b>	<b>3,725</b>	<b>3,294</b>	<b>3,373</b>	<b>3,654</b>	<b>3,519</b>	<b>3,653</b>	<b>3,349</b>	<b>3,438</b>

\*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 2022 Report									
School-Based Behavioral Services Data									
Program	Designated Agency	FY 2019		FY 2020		FY 2021		FY 2022	
		Number Served	Percent Served	Number Served	Percent Served	Number Served	Percent Served	Number Served	Percent Served
SBB Services	CMC	4	1%	5	1%	5	1%	3	1%
	CSAC	42	8%	24	3%	25	3%	24	3%
	HC	54	10%	46	6%	70	9%	104	15%

	HCRS	47	9%	46	6%	29	4%	53	8%
	LCMHS	51	10%	36	5%	54	7%	32	5%
	NCSS	180	34%	295	39%	297	38%	254	36%
	NKHS	12	2%	6	1%	5	1%	10	1%
	RMHS	9	2%	15	2%	8	1%	2	1%
	UCS	4	1%	5	1%	5	1%	3	1%
	WCMHS	125	24%	278	37%	290	37%	223	32%
	<b>Total</b>	<b>528</b>	<b>100%</b>	<b>756</b>	<b>100%</b>	<b>788</b>	<b>100%</b>	<b>708</b>	<b>100%</b>

\*Based on analysis of Annual BI Reporting forms submitted by Designated Agencies.

### 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 2022 Report School-Based Clinical Services Data									
Program	Designated Agency	FY 2019		FY 2020		FY 2021		FY 2022	
		Number Served	Percent Served	Number Served	Percent Served	Number Served	Percent Served	Number Served	Percent Served
SBC Services	CMC	61	4%	0	0%	41	2%	81	3%
	CSAC	200	13%	229	10%	217	9%	221	9%
	HC	445	29%	842	35%	750	31%	801	34%
	HCRS	194	13%	293	12%	274	11%	260	11%
	LCMHS	50	3%	100	4%	74	3%	93	4%
	NCSS	314	21%	388	14%	420	18%	381	16%
	NKHS	76	5%	46	2%	45	2%	15	1%
	RMHS	138	9%	297	13%	325	14%	282	12%
	UCS	37	2%	93	4%	87	4%	107	5%
	WCMHS	7	0%	135	6%	166	7%	110	5%
	<b>Total</b>	<b>1,522</b>	<b>100%</b>	<b>2,373</b>	<b>100%</b>	<b>2,399</b>	<b>100%</b>	<b>2,351</b>	<b>100%</b>

\*Based on analysis of administrative billing claims submitted to the Medicaid Management Information System (MMIS) for the School-Based Clinician Case Rate by Designated Agencies.

Note: There is a service threshold that must be met in order to bill Medicaid, therefore the actual numbers of students served may be higher than what is reported via Medicaid billing claims

## Concurrent Education Rehabilitation and Treatment (Therapeutic Schools)

Concurrent Education Rehabilitation and Treatment (CERT) programs, 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. CERT program services include:

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

In 2022, three DAs ran CERT programs. These programs include the Baird School (HC), Jean Garvin school (HC), Laraway school (under WCMH’s Medicaid authority), the Ch.O.I.C.E. Academy (WCMH), and East Valley Academy (CMC).

FY 2022 Report									
Concurrent Education Rehabilitation and Treatment Services Data									
Program	Designated Agency	FY 2019*		FY 2020*		FY 2021 <sup>#</sup>		FY 2022 <sup>#</sup>	
		Number Served	Percent Served	Number Served	Percent Served	Number Served	Percent Served	Number Served	Percent Served
CERT Services	CMC	No program		7	4%	23	12%	19	10%
	CSAC	10	6%	16	9%	Program closed			
	HC	80	44%	79	42%	77	40%	89	47%
	WCMHS	90	50%	84	45%	91	48%	80	43%
	<b>Total</b>	<b>180</b>	<b>100%</b>	<b>186</b>	<b>100%</b>	<b>191</b>	<b>100%</b>	<b>188</b>	<b>100%</b>

\*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 Service Code of CERT and a Program of Service of Children’s Services.

<sup>#</sup>Based on analysis of administrative billing claims submitted to the Medicaid Management Information System (MMIS) by Designated Agencies for CERT services using Procedure Code H2020, Modifier HK.

## *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 reassessed to monitor these areas over time. For this reporting period, CANS assessments were completed at both Time 1 and Time 2 for 57% of students served by SB6. The time comparison is done by selecting the first CANS assessment that occurred during the school year (Time 1) and the last assessment in the year (Time 2). As set by our Minimum Standards for all Success Beyond Six programs, the standard for Time 2 is 6 months from the Time 1 CANS to allow for adequate comparison over time. It should be noted that these assessments are not inclusive of all Children, Youth, and Family Services programming, only for those students served by Success Beyond Six.

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 FY2022 Report: <b>Improvement by Domain</b> 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=2,329)*	Behavioral/Emotional Needs	1,657	31%
	Life Functioning	1,519	30%
	Strengths	1,865	31%
	Caregiver Resources & Needs	862	26%
	Risk Behaviors	374	42%

\*Based on analysis of students who were administered a CANS assessment during the fall and spring of the school year from data submitted by Designated Agencies. The number of students identified is unduplicated and reflects those who have Medicaid insurance.

CANS FY2022 Report: <b>Strengths Domain</b> 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= 2,329)*	Resiliency	70%	73%	3%
	Interpersonal	56%	58%	2%
	Optimism	56%	58%	2%
	Talents/Interests	71%	73%	2%
	Child Involved with Care	62%	65%	3%
	Relationship Permanence	74%	76%	3%

	Spiritual/Religious	22%	24%	1%
	Community Connection	39%	41%	2%
	Educational System	84%	85%	1%
	Family Strengths	76%	76%	0%

*Note: The improvement column does not reflect rounding error.*

\*Based on analysis of students who were administered a CANS assessment during the fall and spring of the school year from data submitted by Designated Agencies. The number of students is unduplicated and reflects those who have Medicaid insurance.

### 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

<b>CANS Students FY2022 Report: Improvement by Domain for Students with Severe or Moderate Scores at Assessment 1</b>			
Program	Domain	Number of Students with Need Identified at Assessment 1	Percent Improved
SBB (n=256)*	Behavioral/Emotional Needs	78	40%
	Life Functioning	91	30%
	Strengths	100	26%
	Caregiver Resources & Needs	32	31%
	Risk Behaviors	19	21%

\*Based on analysis of students who were administered a CANS assessment during the fall and spring of the school year from data submitted by Designated Agencies. The number of students is unduplicated and reflects those who have Medicaid insurance.

#### B. School-Based Clinical Services

<b>CANS FY2022 Report: Improvement by Domain for Students with Severe or Moderate Scores at Assessment 1</b>			
Program	Domain	Number of Students with Need Identified at Assessment 1	Percent Improved
SBC (n=1,955)*	Behavioral/Emotional Needs	1,407	33%
	Life Functioning	1,275	33%
	Strengths	1,737	35%
	Caregiver Resources & Needs	777	30%

	Risk Behaviors	294	39%
--	----------------	-----	-----

\*Based on analysis of students who were administered a CANS assessment during the fall and spring of the school year from data submitted by Designated Agencies. The number of students is unduplicated and reflects those who have Medicaid insurance.



C. Concurrent Education Rehabilitation and Treatment Therapeutic Schools

<b>CANS FY2022 Report:</b> <b>Improvement by Domain</b> <b>for Students with Severe or Moderate Scores at Assessment 1</b>			
Program	Domain	Number of Students with Need Identified at Assessment 1	Percent Improved
CERT (n=118)*	Behavioral/Emotional Needs	47	34%
	Life Functioning	40	33%
	Strengths	48	33%
	Caregiver Resources & Needs	20	35%
	Risk Behaviors	14	50%

\*Based on analysis of students who were administered a CANS assessment during the fall and spring of the school year from data submitted by Designated Agencies. The number of students is unduplicated and reflects those who have Medicaid insurance.