SUCCESS BEYOND SIX: SCHOOL MENTAL HEALTH REPORT 2020

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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) School Mental Health Report to describe the evolving programs and report on the outcome measures. Historically, this report focused strictly on the Behavioral Interventionist Programs; however, since 2019 the Department of Mental Health (DMH) required additional reporting from all the SB6 Programs. This 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.

Since this expanded reporting, areas for continued quality improvement were exposed with the Child & Adolescent Needs and Strengths (CANS) tool and Satisfaction Survey reporting. DMH worked with the Designated Agencies (DAs) to clearly outline reporting requirements of each SB6 program, however unprecedented obstacles emerged as schools and agencies responded to the impacts of COVID-19. Access to supports, school environments, students and families became increasingly limited which effected reporting quality as well as overall access to services. In response to the distinct challenges that were brought on by the COVID-19 pandemic DMH made temporary adjustments within the case rate for clinicians and the daily rate for CERT programs to allow greater flexibility in their services.

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 domain area as measured on the Child & Adolescent Needs and Strengths (CANS) tool, 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 reducing the Risk Behavior Needs. School Based Clinician programs are showing significant and noteworthy positive 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.

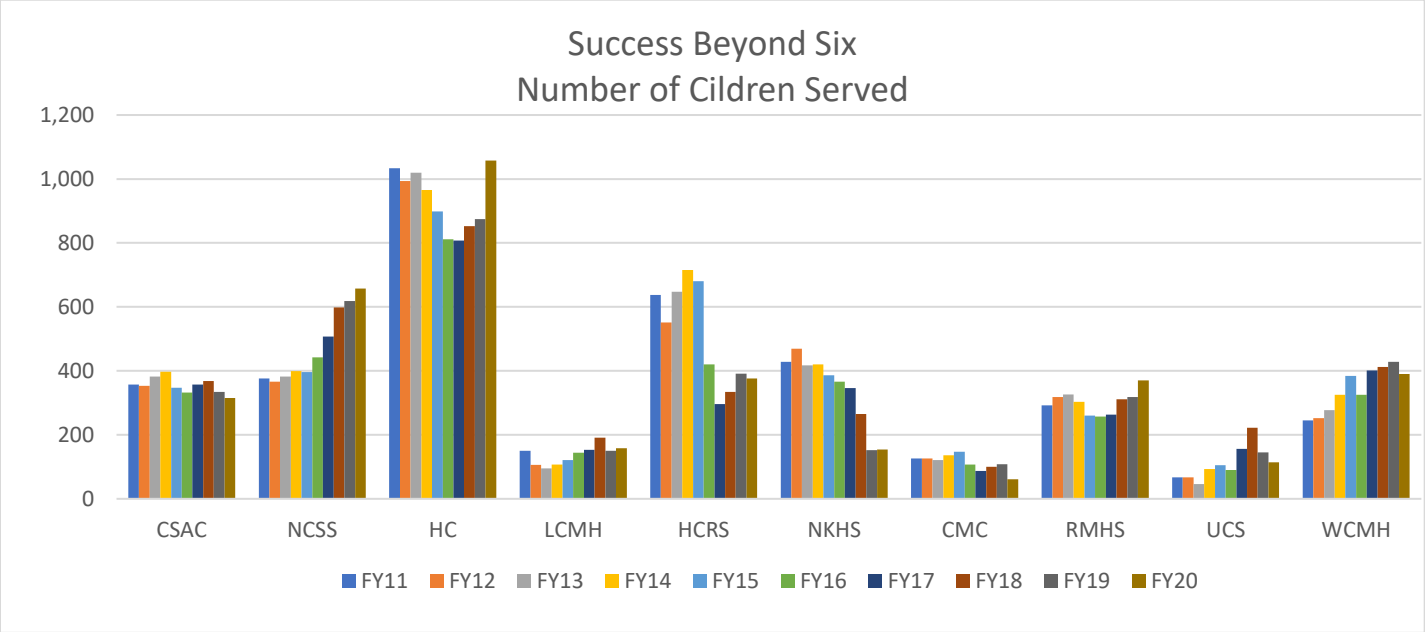
DMH does not require the same level of reporting for the Clinical Services and CERT programs as is required from the Behavioral Services programs. The DAs are required to administer the Child and Adolescent Needs and Strengths (CANS) tool for every student served in all SB6 programs and report the data 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 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 FY20 is 565.67 Behavioral Interventionists, 42.02 Board Certified Behavioral Analysts, and 213.94 School Based Clinicians.

II. Program Descriptions and Enrollment Data

All SB6 Programs (combined)



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

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

[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

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*

FY20 Report

Behavioral Services Enrollment Data

Program	*Clinic*	*Number Served*	*Percent Served*
BI Programs	CSAC	24	3%
	NCSS	295	38%
	HC	46	6%
	LCMH	51	7%
	HCRS	46	6%
	NKHS	6	1%
	CMC	5	1%
	RMHS	15	2%
	UCS	5	1%
	WCMH	278	36%
	Total	771	100%

*Autism specific program reporting was not required for FY 2020. Some DAs included services for students with autism in their enrollment data and reporting.

School-Based Clinical 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 areas of social emotional learning such 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.

FY20 Report

SBC Enrollment Data

Program	*Clinic*	*Number Served*	*Percent Served*
School Based Clinician Program	CSAC	229	10%
	NCSS	338	14%
	HC	842	35%
	LCMH	100	4%
	HCRS	293	12%
	NKHS	46	2%
	RMHS	297	13%
	UCS	93	4%
	WCMH	135	6%
	Total	2,373	100%

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 to qualify for CERT services (Vermont Department of Mental Health, 2019).

FY20 Report CERT Enrollment Data			
Program	*Clinic*	*Number Served*	*Percent Served*
CERT Program	CSAC	16	9%
	HC	79	42%
	CMC	7	4%
	WCMH	84	45%
	Total	186	100%

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. Eight of the DAs have BCBAs on their roster while two 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.

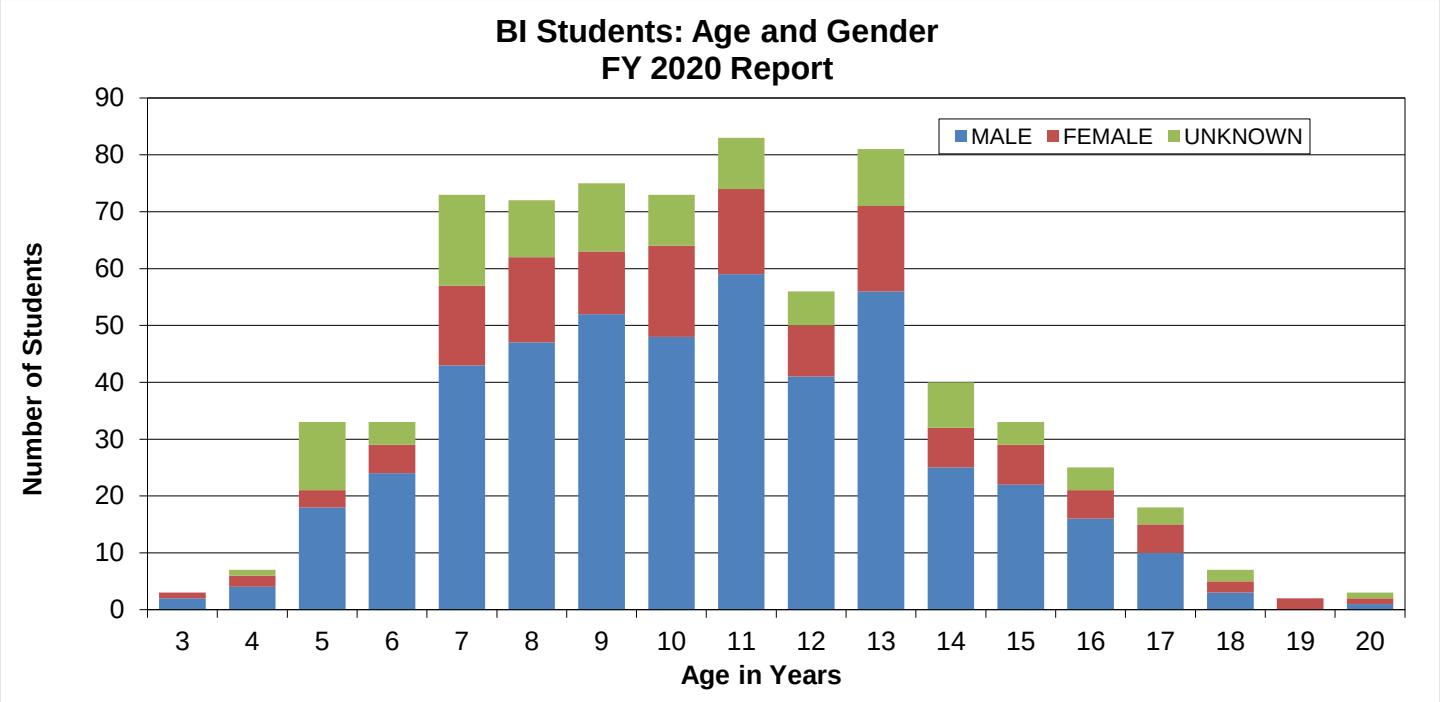
Seclusion and Restraints

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

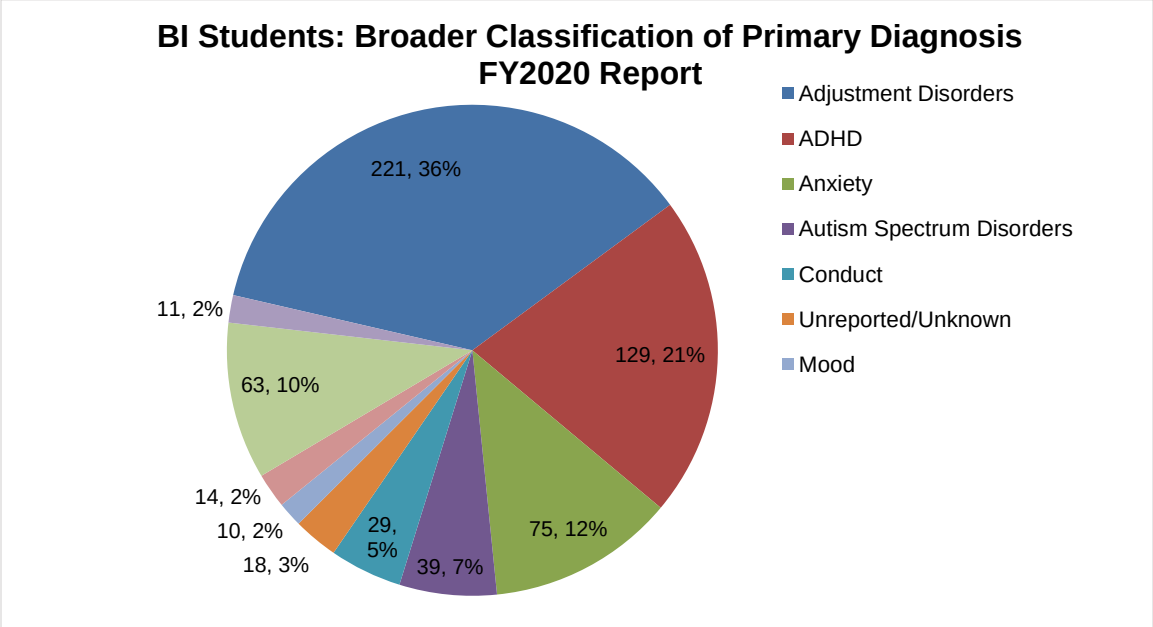
All DAs included their Restraint and Seclusion procedures in their narrative report. As well, all DAs documented their use of the proper Rule 4500 Restraint/ Seclusion documentation created by the Agency of Education when physical interventions were used.

Demographic Data

1. Age and Gender of Student



2. Broader Classification of Primary Diagnosis

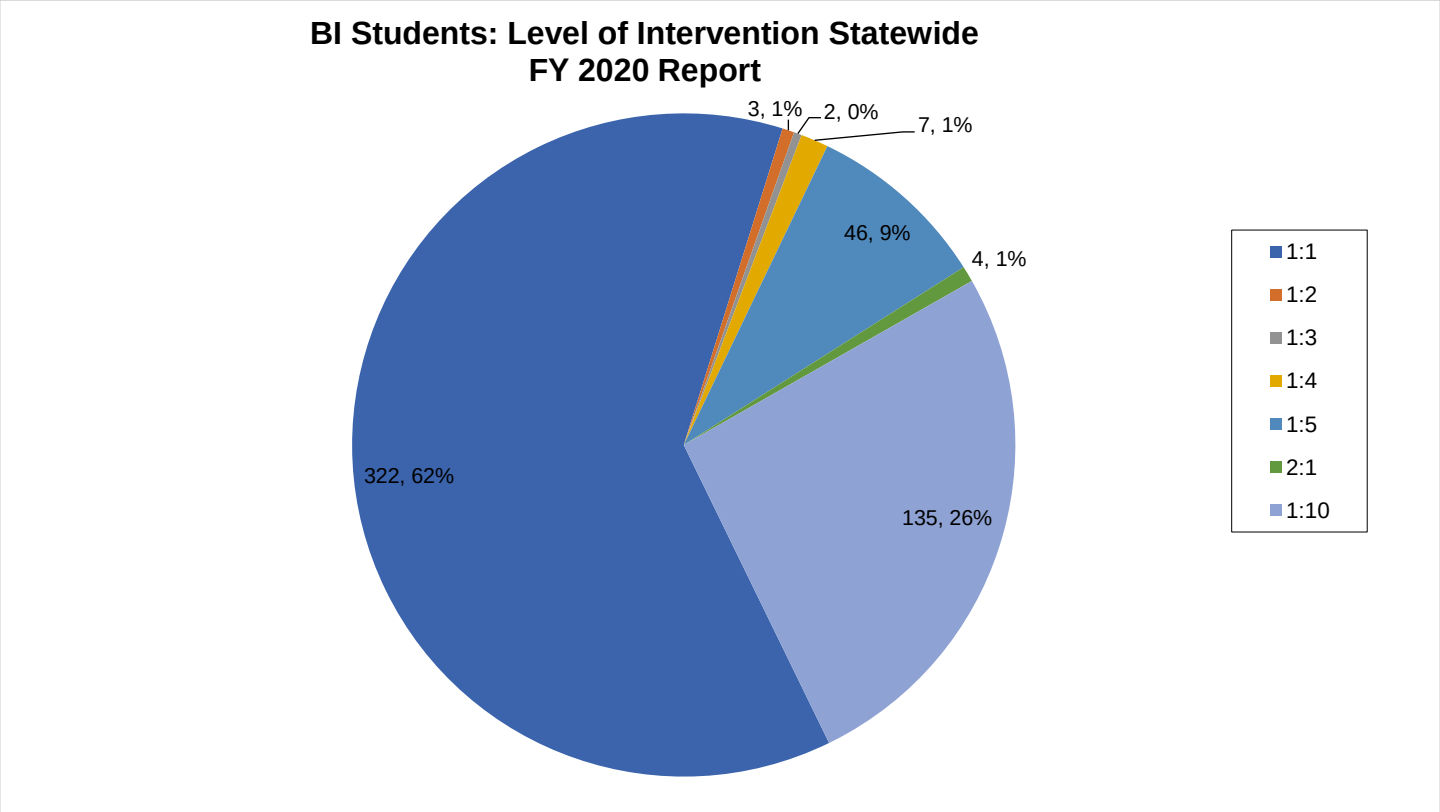


As school mental health services are increasing preventative supports, by working with students and school teams providing earlier interventions, there will likely continue to be an increase in adjustment disorder diagnosis. Age and Gender of Student

3. *Special Education Status*

Total students accessing BI services through special education	683
Individualized Education Plans	559
504 Plans	66
Educational support team plans	57
IFSP Plans	1
None	54

4. *Level of Intervention Statewide*



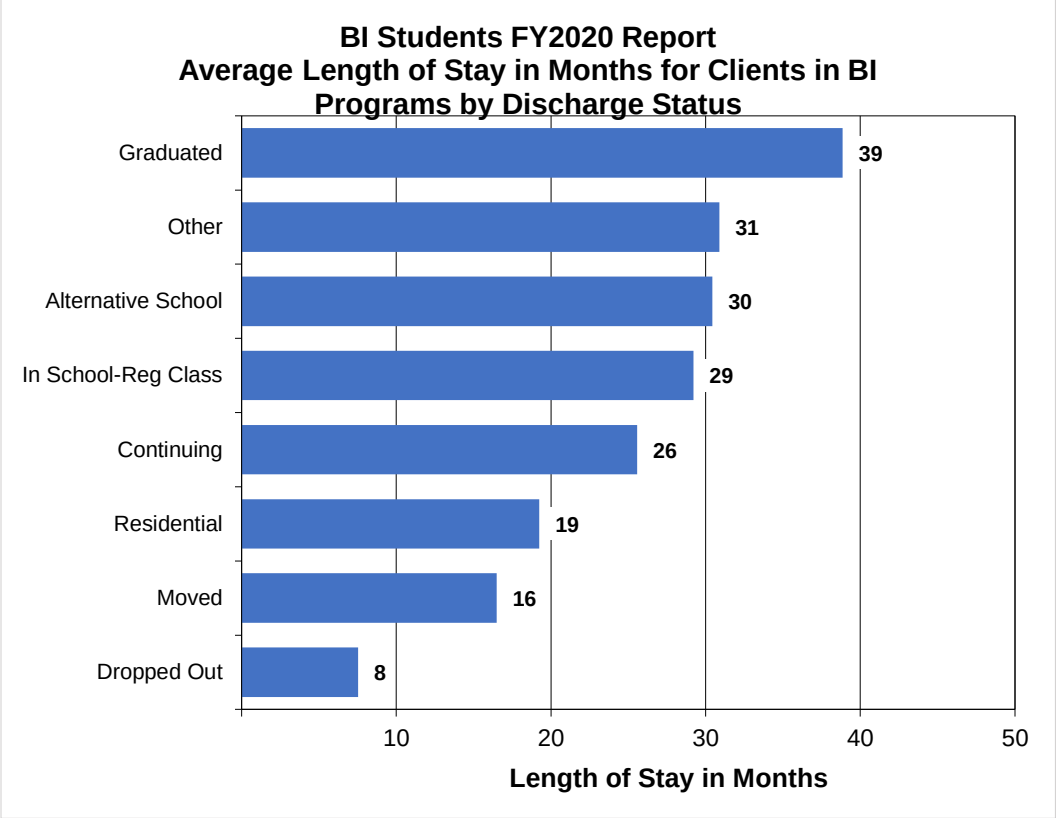
5. *Students with Autism Spectrum Disorder or Intellectual Disability Diagnosis*

Students with an Autism Spectrum or Intellectual Disability Diagnosis, FY20

Classification	# of Students	Percentage
Autism Spectrum Disorder	69	9%
Intellectual Disability	19	3%
Total	88	12%

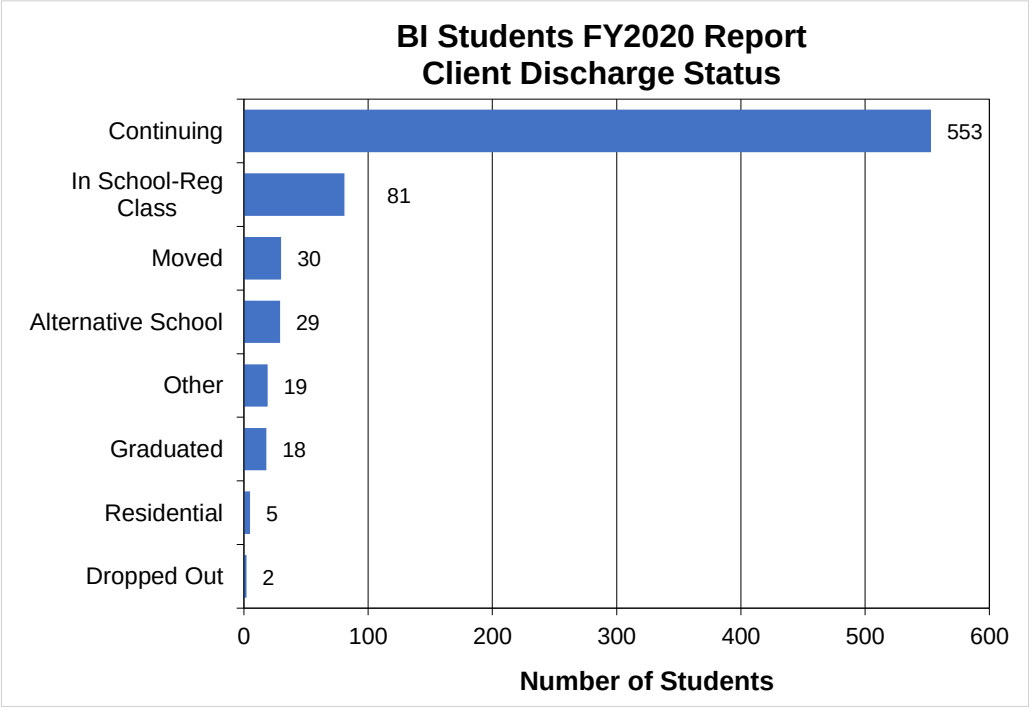
The table above reports on the number and percentage of students that have ASD or ID as a diagnosis listed anywhere in Designated Agency's service data (via Monthly Status Report (MSR)).

6. *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.

7. *Discharge Status as of July 2020*



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 student has not made progress. Summer Programs inlcude students who were in only receiving BI services through the summer.

IV. 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 2019-20 school year. DAs were transitioning to the updated version CANS 2.0 this year (either were accepted), while CANS 0-5 was still administered for younger students. Every DA was required to complete a CANS 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 CANS data was missing for 18% of students. Therefore, the numbers reported in this section differ from the total number of students 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	51%	Child Involvement with Care	64%	Community Connection	42%	Community Connection	58%	Community Connection	39%
2	Optimism	42%	Developmental	60%	Resiliency	40%	Optimism	46%	Optimism	31%
3	Interpersonal	37%	Resiliency	51%	Child Involvement with Care	40%	Adjustment	41%	Spiritual/ Religious	31%
4	Child Involvement with Care	37%	Self Care/ Daily Living	38%	Optimism	36%	Child Involvement with Care	40%	Interpersonal	28%
5	Anxiety	36%	Interpersonal	38%	School Behavior	35%	Attention/ Impulse/ Hyperactivity	40%	Anxiety	27%
6	Resiliency	36%	Community Connection	31%	Attention/ Impulse/ Hyperactivity	32%	Anxiety	39%	Child Involvement with Care	26%
7	Attention/ Impulse/ Hyperactivity	33%	Spiritual/ Religious	27%	Interpersonal	32%	Interpersonal	38%	Resiliency	26%
8	Spiritual/ Religious	32%	Anxiety	22%	Talents/ Interests	27%	School Behavior	34%	Talents/ Interests	22%
9	School Behavior	29%	Optimism	20%	Anxiety	26%	Family	33%	Attention/ Impulse/ Hyperactivity	21%
10	Talents/ Interests	28%	Talents/ Interests	20%	Anger	25%	Spiritual/ Religious	32%	Adjustment	21%
11	Adjustment	27%	Attention/ Impulse/ Hyperactivity	16%	Oppositional	23%	Talents/ Interests	30%	Family	20%
12	Family	26%	School Achievement	16%	Adjustment	22%	Resiliency	30%	Family Strengths	19%

It is important to note an absence of spiritual/religious beliefs does not represent a need for the family. "This item refers to the child/youth's experience of receiving comfort and support from religious or spiritual involvement. This item rates the presence of beliefs that could be useful to the child/youth." Spirituality has a broad definition which is listed in the CANS manual. "Spirituality can include any activities that are concerned with the spirit or soul, such as kinship relationships with living and non-living entities, mindfulness, prayer, meditation, or anything that connects the child/youth to something beyond the physical or material world. This item rates the presence of beliefs that could be useful to the youth."

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, anxiety, and interpersonal throughout the programs, all of which could be impacted further by the isolation and disruption caused by COVID restrictions. These areas of need show where programs can target skill-development and identify therapeutic supports to help students build these strengths.

V. Outcomes for SB6 (all programs combined)

The population of students assessed by the CANS is significantly higher in FY2020 than in FY2019, therefore it is inappropriate to compare raw numbers across the 2019 and 2020 annual reports.

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 FY2020 Report:

Improvement by Domain

for Children with Severe or Moderate Scores at Assessment 1

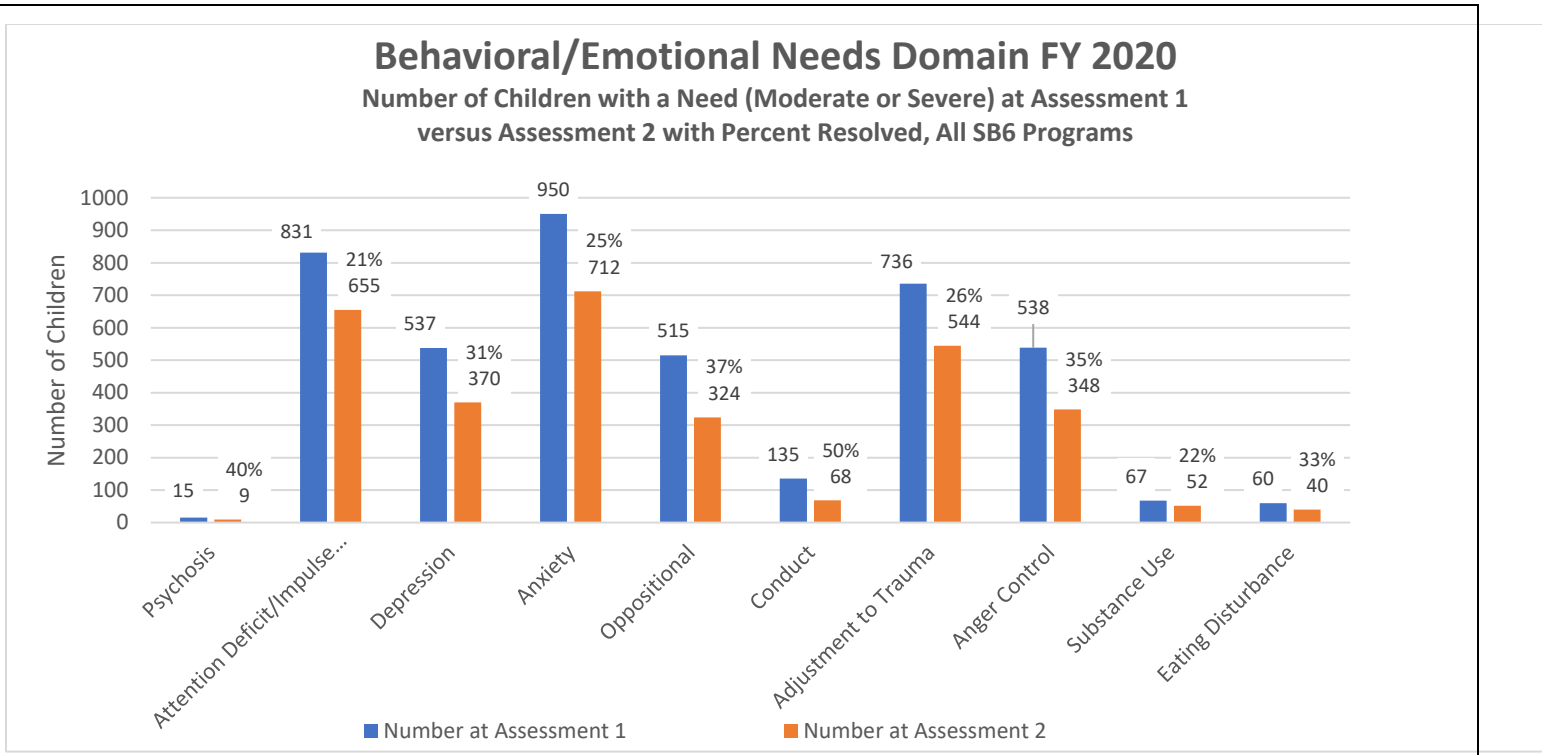
Program	Domain	Number of Students with Need Identified at Assessment 1	Percent Improved
All SB6 Programs n= 3032	Child Behavioral/Emotional Needs	1909	31%
	Life Domain Functioning	1746	33%
	Child Strengths	2133	32%
	Caregiver Needs & Strengths	1130	30%
	Child Risk Behaviors	460	39%

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).

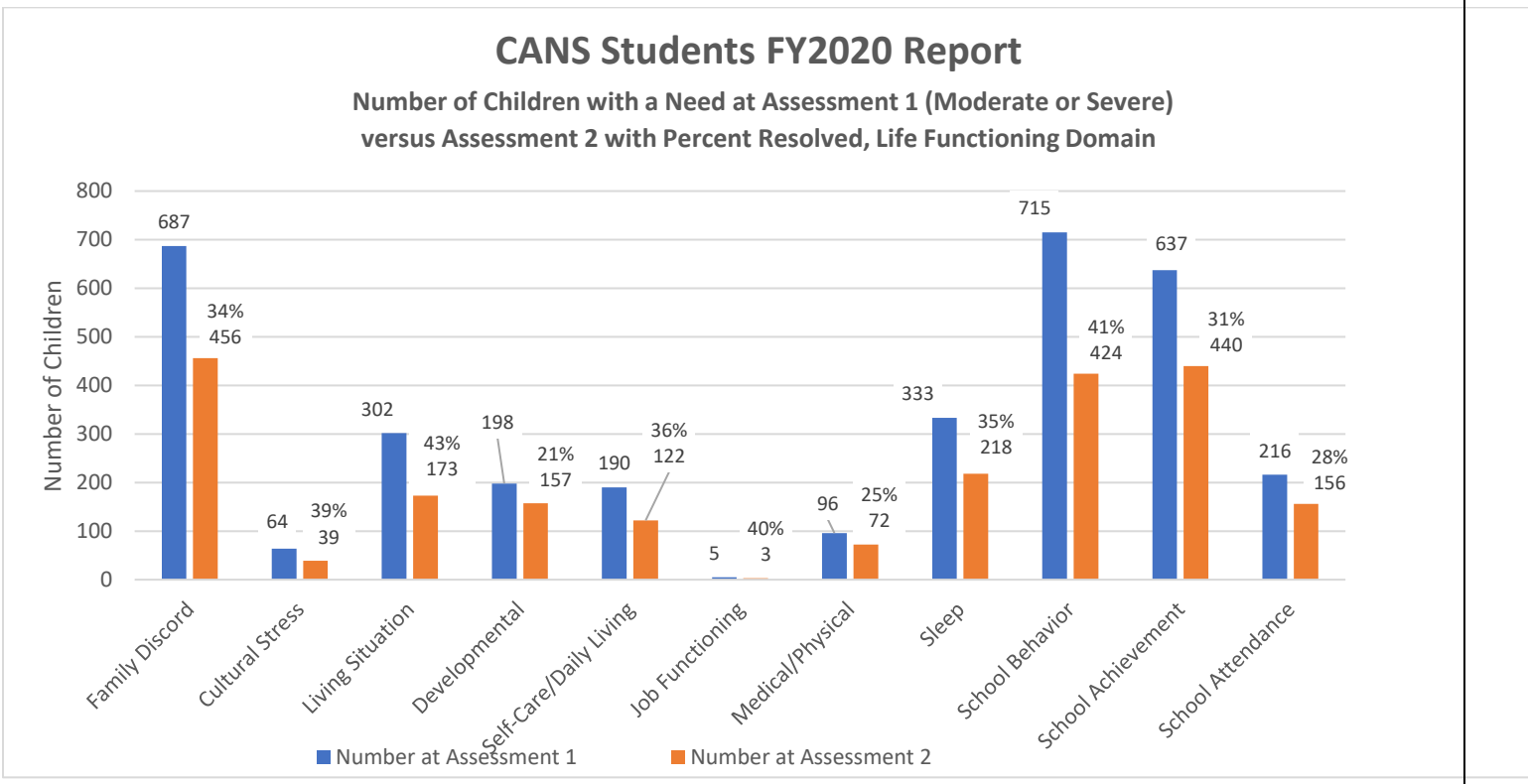
i. Child Behavioral/ Emotional Needs Domain

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



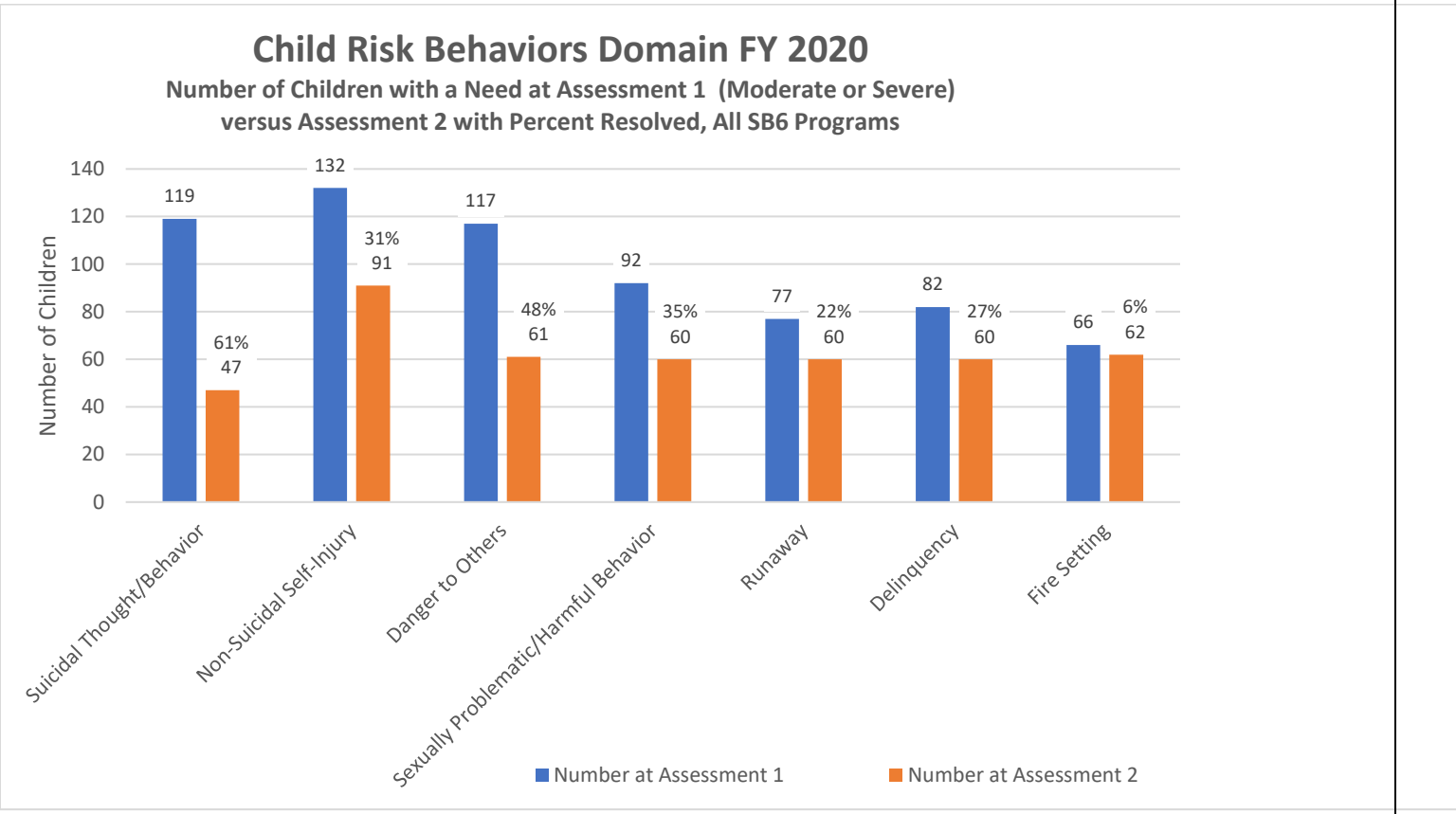
ii. Life Functioning Domain

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.



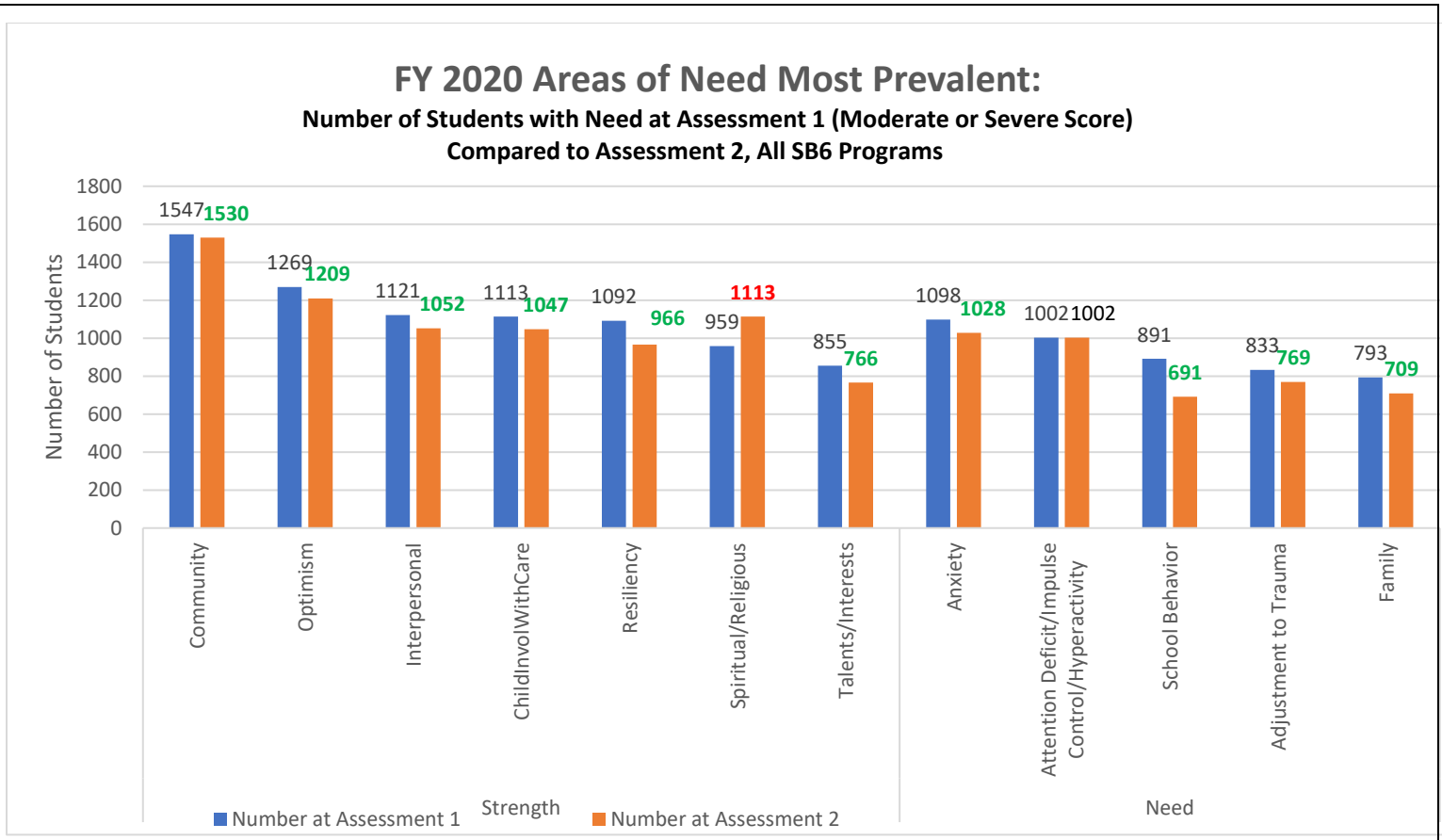
3. Most Prevalent Areas of Needs and Strengths

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.

CANS FY2020 Report: **Strengths Domain** Percentage of Student with a Strength Identified at Assessment 1 vs. Assessment 2, All SB6 Programs				
Program	Variable	Percent at Assessment 1	Percent at Assessment 2	Difference (t2-t1)
Overall (n=3032)	Family Strengths	71	72	1
	Interpersonal	57	59	2
	Optimism	52	53	2
	Educational System	78	76	-2
	Talents/Interests	67	70	3
	Spiritual/Religious	16	19	3
	Community Connection	41	41	0
	Relationship Permanence	74	74	0
	Resiliency	58	62	4
	Child Involved with Care	58	59	2

VI. 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.

A. School Based Clinical Services

1. Improvement at CANS Domain Level (SBC)

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 FY2020 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 (n=1522)	Child Behavioral/Emotional Needs	1400	35%
	Life Domain Functioning	1260	37%
	Child Strengths	1589	36%
	Caregiver Needs & Strengths	846	33%
	Child Risk Behaviors	312	45%

2. *Change over time by CANS Domain Categories (SBC)*

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 FY2020 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	43%
	Attention Deficit/Impulse Control/Hyperactivity	540	22%
	Depression	406	31%
	Anxiety	685	25%
	Oppositional	325	40%
	Conduct	89	53%
	Adjustment to Trauma	527	26%
	Anger Control	327	38%
	Substance Use	48	21%
	Eating Disturbance	40	38%

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 FY2020 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	500	33%
	Cultural Stress	44	39%
	Living Situation	216	44%
	Developmental	108	28%
	Self-Care/Daily Living	108	39%
	Job Functioning	4	50%
	Medical/Physical	70	27%
	Sleep	221	32%
	School Behavior	419	43%
	School Achievement	452	31%
	School Attendance	164	27%

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 FY2020 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	82	59%
	Non-Suicidal Self-Injury	98	26%
	Danger to Others	58	43%
	Sexually Problematic/ Harmful Behavior	61	31%
	Runaway	61	15%
	Delinquency	66	24%
	Fire Setting	60	5%

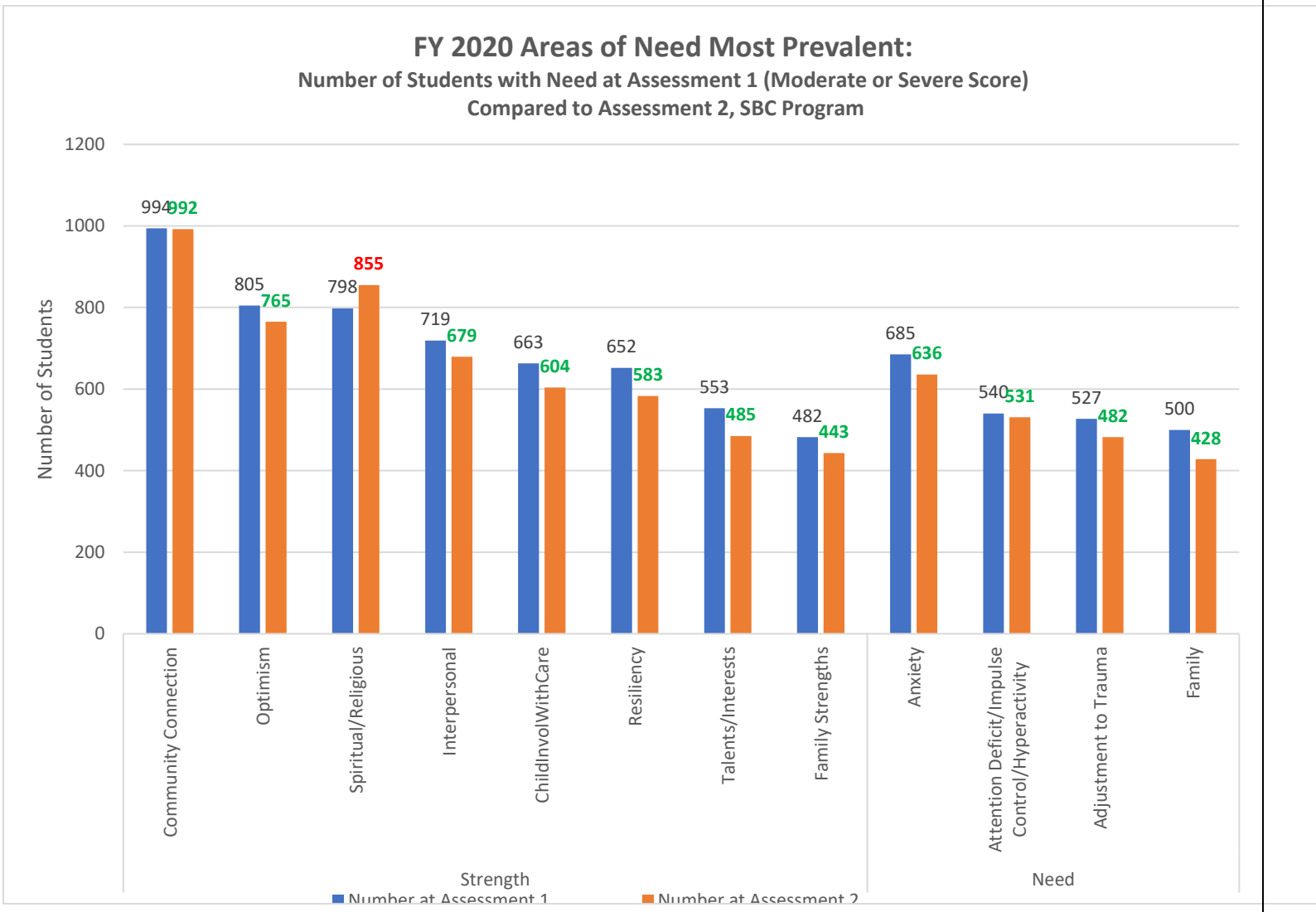
3. *Most Prevalent Areas of Needs and Strengths (SBC)*

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.

CANS Students FY2020 Report:

Strengths Domain

Percentage of Centerpiece or Useful Strengths for Students, First vs Second Assessment

Program	Variable	Percent at Assessment 1	Percent at Assessment 2	Difference (t2-t1)
SBC (n=2556)	Family Strengths	71	72	2
	Interpersonal	57	60	3
	Optimism	52	54	2
	Educational System	77	73	-4
	Talents/Interests	67	71	4
	Spiritual/Religious	18	22	4
	Community Connection	41	42	0
	Relationship Permanence	73	74	0
	Resiliency	61	65	4
	Child Involved with Care	60	63	2

B. Behavior Interventionist (BI) Programs

1. *Improvement at CANS Domain level (BI)*

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 FY2020 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 = 262)	Child Behavioral/Emotional Needs	165	38%
	Life Domain Functioning	156	40%
	Child Strengths	174	38%
	Caregiver Needs & Strengths	107	35%
	Child Risk Behaviors	55	49%

2. Change over time by CANS Domain Categories (BI)

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 FY2020 Report: **Behavioral/Emotional Needs Domain** Percentage of Children with a Need (Moderate or Severe) at Assessment 1 Resolved at Assessment 2			
Program	Variable	Number at Assessment 1	Percent Resolved
BI (n=262)	Psychosis	4	50%
	Attention Deficit/Impulse Control/Hyperactivity	85	27%
	Depression	30	43%
	Anxiety	69	35%
	Oppositional	59	39%
	Conduct	17	71%
	Adjustment to Trauma	58	36%
	Anger Control	66	35%
	Substance Use	4	25%
	Eating Disturbance	3	67%

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 Students FY2020 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
BI (n=262)	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 FY2020 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=262)	Suicidal Thought/Behavior	13	85%
	Non-Suicidal Self-Injury	12	58%
	Danger to Others	18	83%
	Sexually Problematic/Harmful Behavior	11	55%
	Runaway	1	0%
	Delinquency	5	20%
	Fire Setting	0	

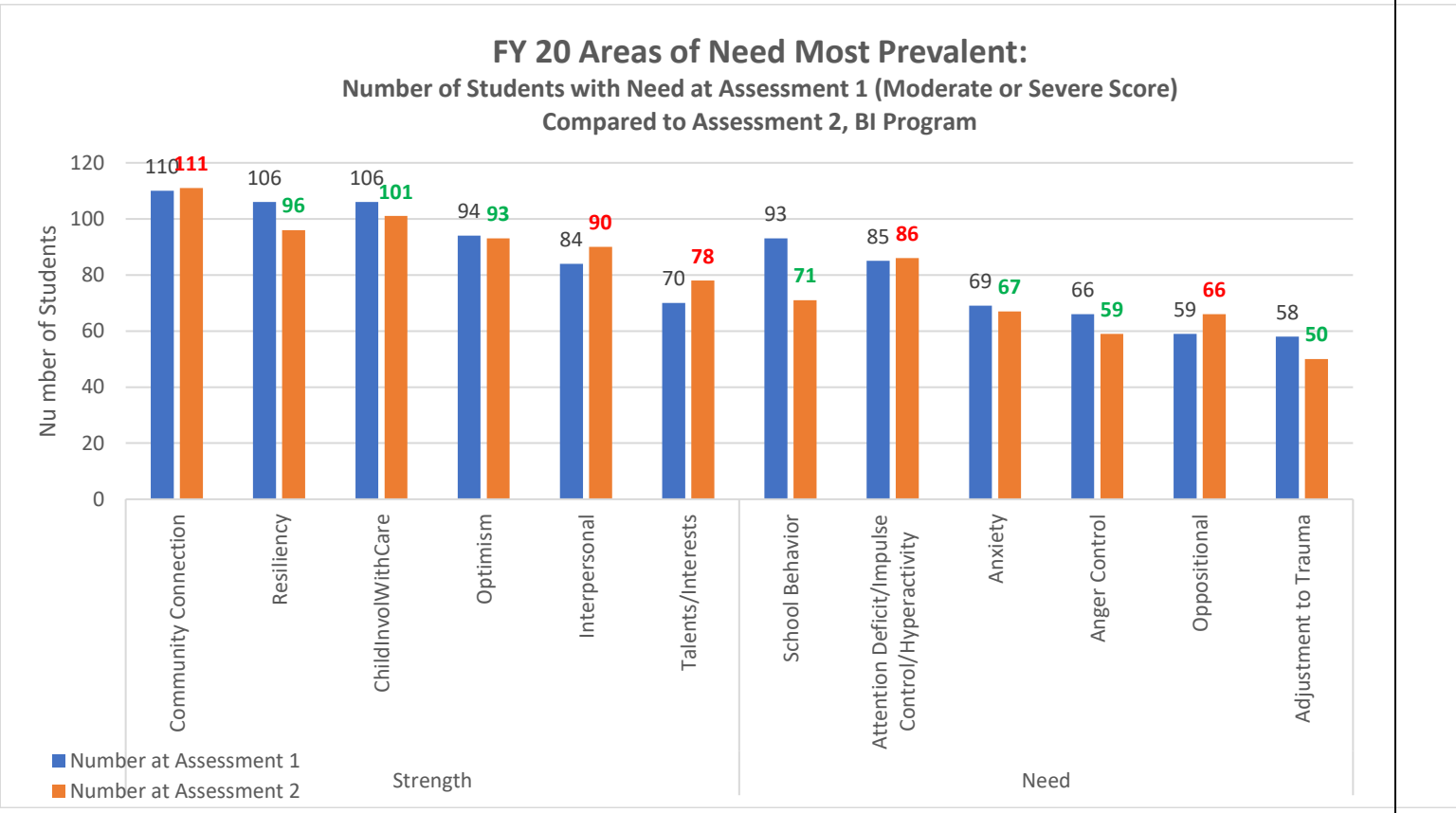
3. *Most Prevalent Areas of Needs and Strengths (BI)*

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 strengths in areas of Resiliency, Spiritual/Religious, Education System, Community Connection, and Optimism, throughout the program. Though there was a decline in the levels of Relationship Permeance, Child Involved with Care, and Talents/Interests in the students' lives.

CANS FY20 Report:

Strengths Domain

Percentage of Centerpiece or Useful Strengths for Students, First vs Second Assessment

Program	Variable	Percent at Assessment 1	Percent at Assessment 2	Difference (t2-t1)
BI (n=262)	Family Strengths	72	73	0
	Interpersonal	58	59	0
	Optimism	52	52	1
	Educational System	79	81	2
	Talents/Interests	68	67	-1
	Spiritual/Religious	10	12	3
	Community Connection	43	44	1
	Relationship Permanence	78	75	-3
	Resiliency	50	55	5
	Child Involved with Care	52	51	-1

C. Concurrent Education and Rehabilitation Treatment (CERT) Programs

1. Improvement at CANS Domain level (CERT)

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 FY2020 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 =169)	Child Behavioral/Emotional Needs	126	28%
	Life Domain Functioning	115	34%
	Child Strengths	129	27%
	Caregiver Needs & Strengths	63	38%
	Child Risk Behaviors	45	24%

2. *Change over time by CANS Domain Categories (CERT)*

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 FY2020 Report:

Behavioral/Emotional Needs Domain

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

Program	Variable	Number at Assessment 1	Percent Resolved
CERT (n=169)	Psychosis	2	50%
	Attention Deficit/Impulse Control/Hyperactivity	67	16%
	Depression	42	12%
	Anxiety	66	23%
	Oppositional	36	19%
	Conduct	9	11%
	Adjustment to Trauma	70	20%
	Anger Control	45	31%
	Substance Use	7	14%
	Eating Disturbance	8	13%

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 FY2020 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=169)	Family	55	40%
	Cultural Stress	4	50%
	Living Situation	22	27%
	Developmental	14	21%
	Self-Care/Daily Living	19	42%
	Job Functioning	1	0%
	Medical/Physical	4	0%
	Sleep	29	34%
	School Behavior	58	29%
	School Achievement	47	28%
	School Attendance	17	24%

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 FY2020 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=169)	Suicidal Thought/Behavior	9	22%
	Non-Suicidal Self-Injury	6	50%
	Danger to Others	14	21%
	Sexually Problematic/Harmful Behavior	9	22%
	Runaway	3	33%
	Delinquency	3	0%
	Fire Setting	1	100%

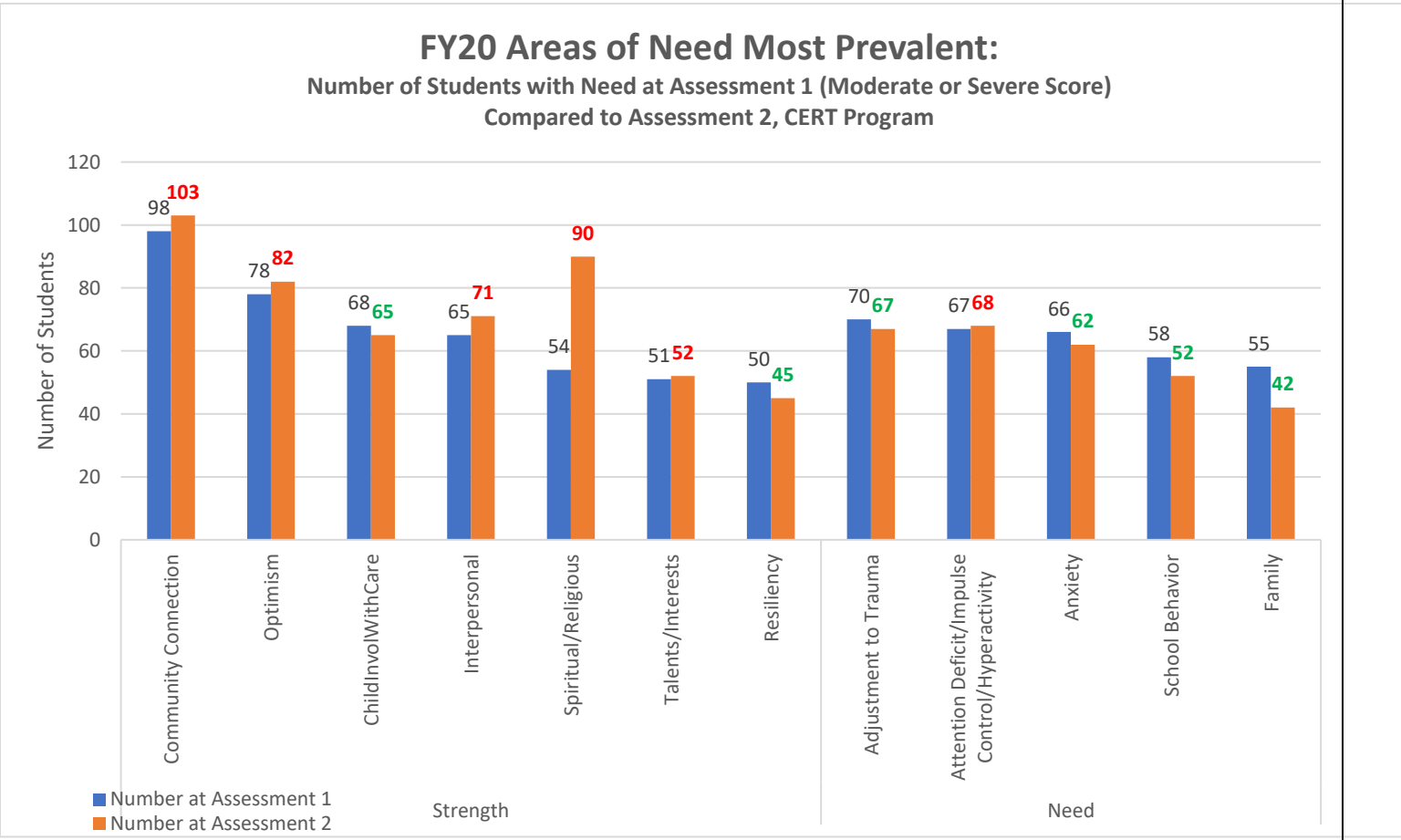
3. *Most Prevalent Areas of Needs and Strengths (CERT)*

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.

CANS FY 20 Report:

Strengths Domain

Percentage of Centerpiece or Useful Strengths for Students, First vs Second Assessment

Program	Variable	Percent at Assessment 1	Percent at Assessment 2	Difference (t2-t1)
CERT (n=169)	Family Strengths	66	68	1
	Interpersonal	50	47	-3
	Optimism	40	38	-2
	Educational System	78	85	6
	Talents/Interests	59	60	1
	Spiritual/Religious	17	19	2
	Community Connection	25	24	-1
	Relationship Permanence	67	69	2
	Child Involved with Care	48	50	2

VII. 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 Surveys 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 20 Report

DA	*Program*	*Number of Schools who Responded to Stakeholder Satisfaction Survey*	*% of responding schools who Strongly Agree or Agree:*						
			The SB6 Program treated students and their families with respect	The SB6 program had a positive influence on the school's relationship with the families.	The SB6 program provided a service that is not otherwise available through school resources.	The SB6 program was able to collaborate effectively with school teams.	Overall, our school is better off because of our relationship with the DA.	The student(s) is/are better able to access their education because of the services provided by the DA.	My school found the services provided during COVID-19 helpful.
CMC	BI	1	100%	100%	100%	100%	100%	100%	100%
	Therapeutic Schools	5	100%	100%	100%	100%	100%	100%	100%
	SBC	2	0%	0%	0%	0%	0%	0%	0%
CSAC	SBC	14	100%	91%	87%	100%	91%	0%	81%
HC	SBC	49	98%	96%	96%	95%	96%	N/A	93%
	BI	20	100%	96%	88%	N/A	96%	96%	85%
	Therapeutic Schools	2	100%	94%	94%	N/A	88%	89%	89%
HCRS	SBC	19	100%	81%	87%	87%	N/A	86%	92%
	BI	19	100%	79%	79%	79%	86%	92%	22%
LCMH	SBC	8	100%	97%	94%	97%	89%	94%	77%
	BI	6	97%	89%	97%	94%	89%	92%	61%
NCSS	SBC	22	97%	90%	87%	87%	90%	88%	65%
NKHS	SBC	16	94%	75%	56%	75%	63%	63%	38%
	BI	3	100%	67%	67%	67%	N/A	33%	0%
RMHS	SBC	13	94%	91%	98%	91%	93%	91%	N/A
UCS	SBC	6	100%	93%	93%	93%	93%	93%	80%
WCMH	SBC	10	100%	94%	92%	95%	96%	86%	73%
	BI	22	97%	87%	78%	89%	92%	86%	74%
	Therapeutic School	10	100%	93%	100%	100%	93%	100%	93%