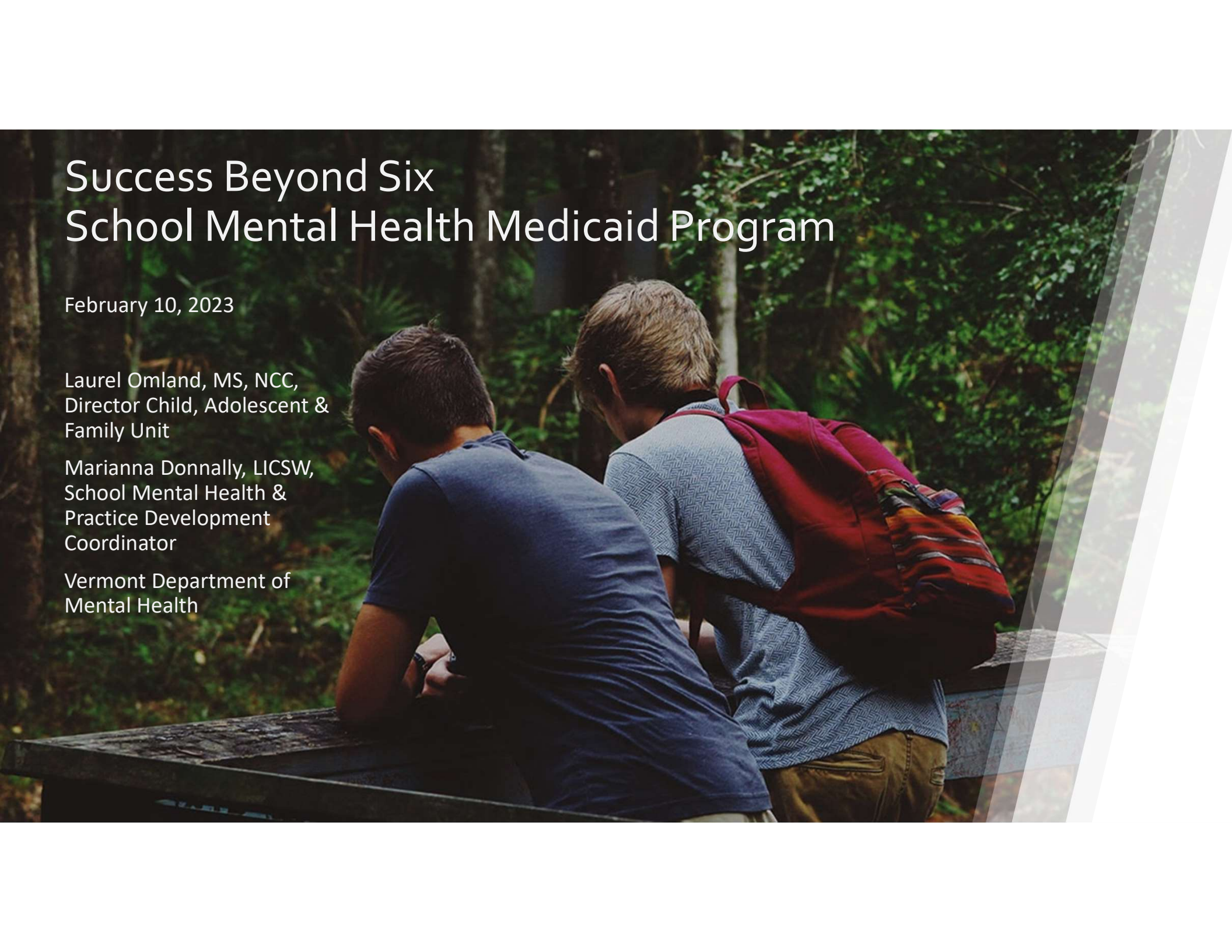


Success Beyond Six School Mental Health Medicaid Program

A photograph of two young boys sitting on a wooden bench in a forest. They are looking at a book together. The boy on the right has a red backpack. The background is a dense forest with green foliage. The image is partially obscured by a white diagonal graphic element on the right side.

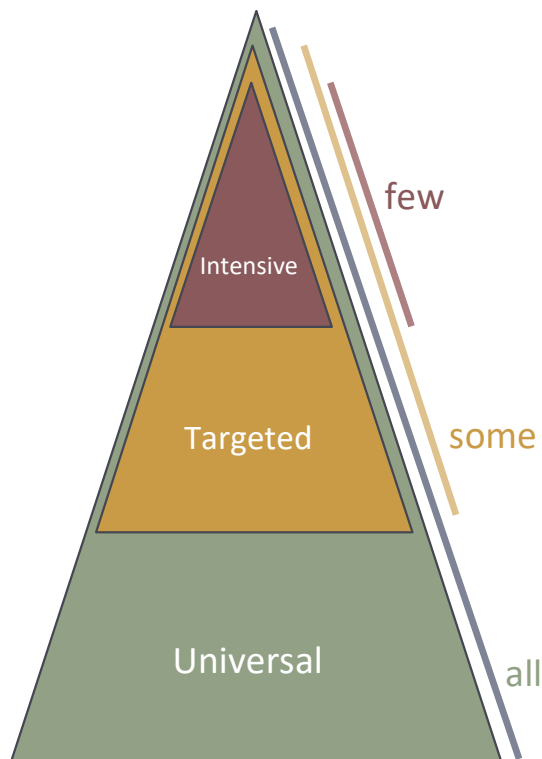
February 10, 2023

Laurel Omland, MS, NCC,
Director Child, Adolescent &
Family Unit

Marianna Donnally, LICSW,
School Mental Health &
Practice Development
Coordinator

Vermont Department of
Mental Health

Department of Mental Health uses the public health approach to:

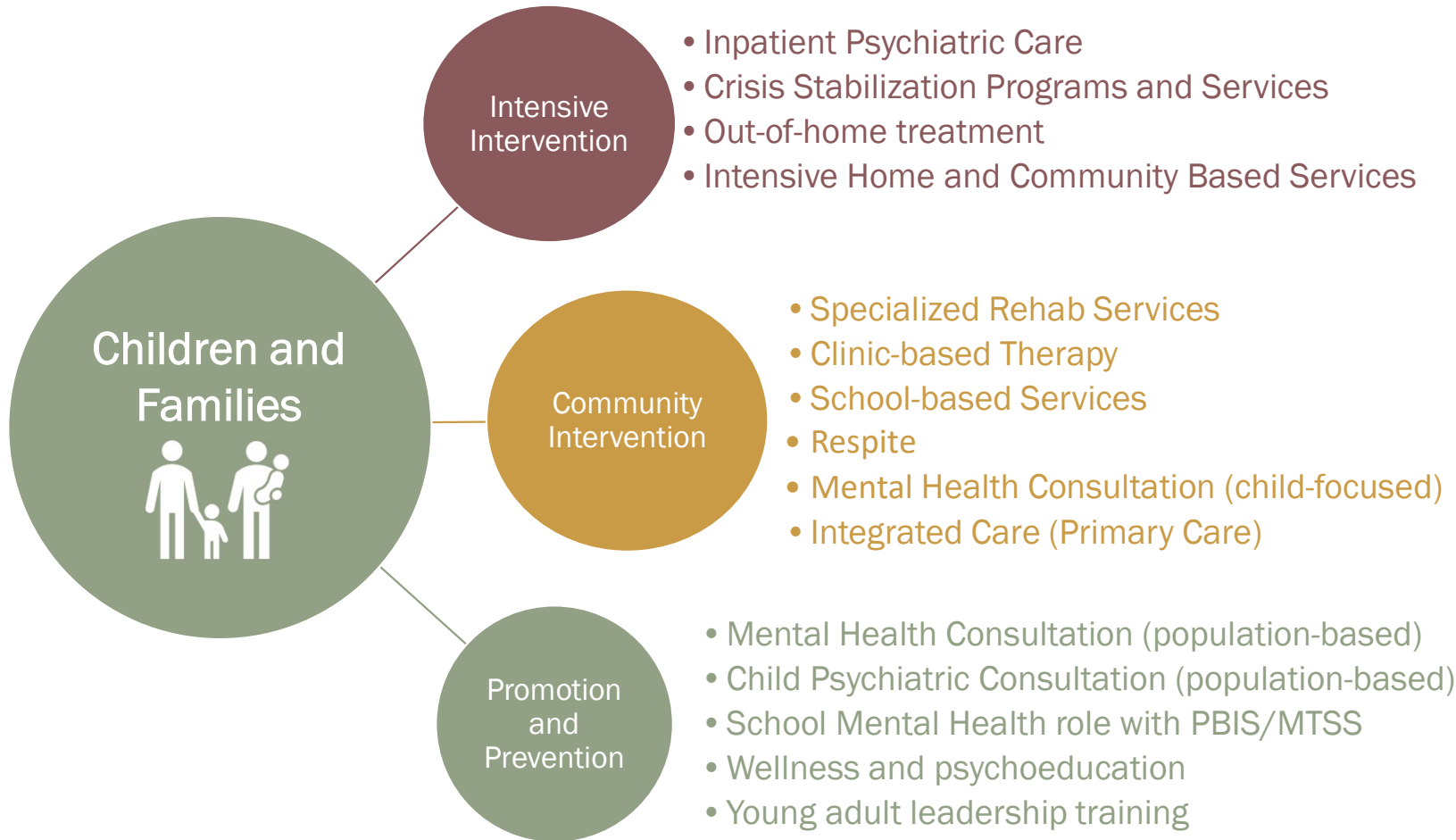


Provide intervention and treatment services to children, youth, and families with mental health needs (Intensive Intervention)

Provide prevention services to reduce risk factors and increase resiliency and protective factors for children, youth, families and, communities at risk (Targeted)

Promote mental wellness for all children, youth, families, and communities (Universal)

Children's Mental Health System of Care



WORKFORCE

VFFCMH
Advocacy, Youth and Family Voice

DVHA
Inpatient, Crisis Beds
Other Medicaid providers

UVM
Child Psychiatry, VCHIP

DMH
10 DAs, 1 SSA, 1 DH

DAIL
DS, VOC REHAB

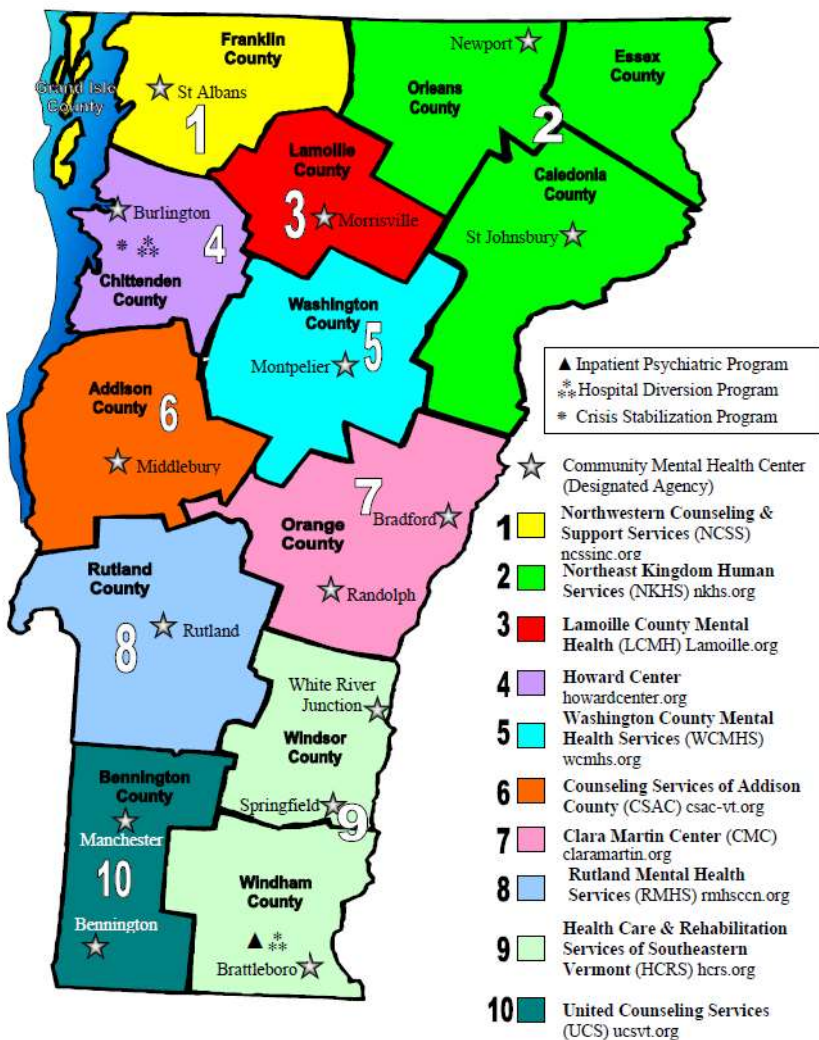
DOC
Services for YIT

VDH
ADAP, EPI, MCH

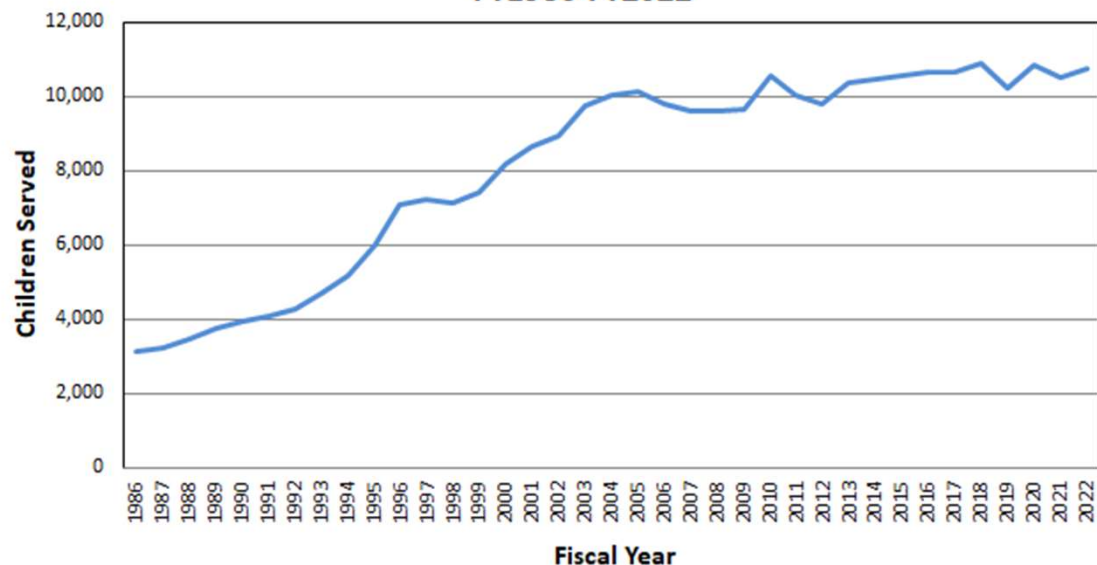
DCF
Family Services, CDD

AOE
LEAs 3

Vermont's Designated Agencies



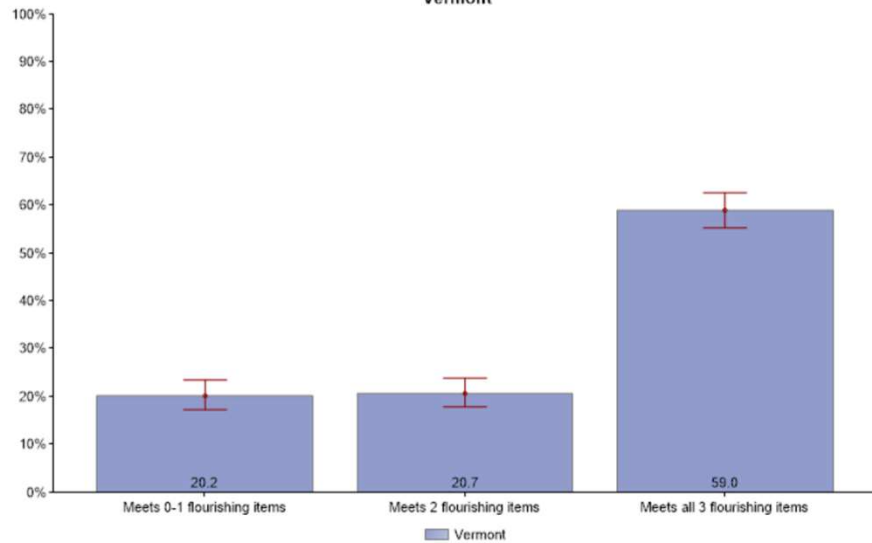
**Number of Children Served
FY1986-FY2022**



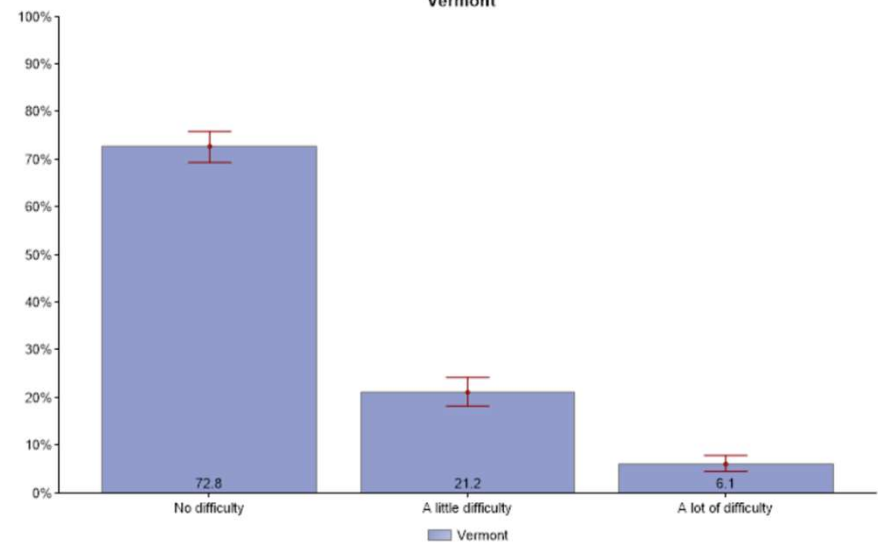
This information was taken from the Monthly Service Report (MSR) data provided by the Designated Agencies to the State of Vermont, Department of Mental Health, and is based on a designation of Primary Program Assignment of Children's Services.

Vermont Child and Adolescent Mental Health

Flourishing for children and adolescents
Children age 6-17 years
Vermont



Difficulties making or keeping friends
Children age 6-17 years
Vermont



Data Source: National Survey of Children's Health, Health Resources and Services Administration, Maternal and Child Health Bureau. <https://mchb.hrsa.gov/data/national-surveys>

Citation: Child and Adolescent Health Measurement Initiative. 2020-2021 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved [mm/dd/yy] from www.childhealthdata.org.

Data Source: National Survey of Children's Health, Health Resources and Services Administration, Maternal and Child Health Bureau. <https://mchb.hrsa.gov/data/national-surveys>

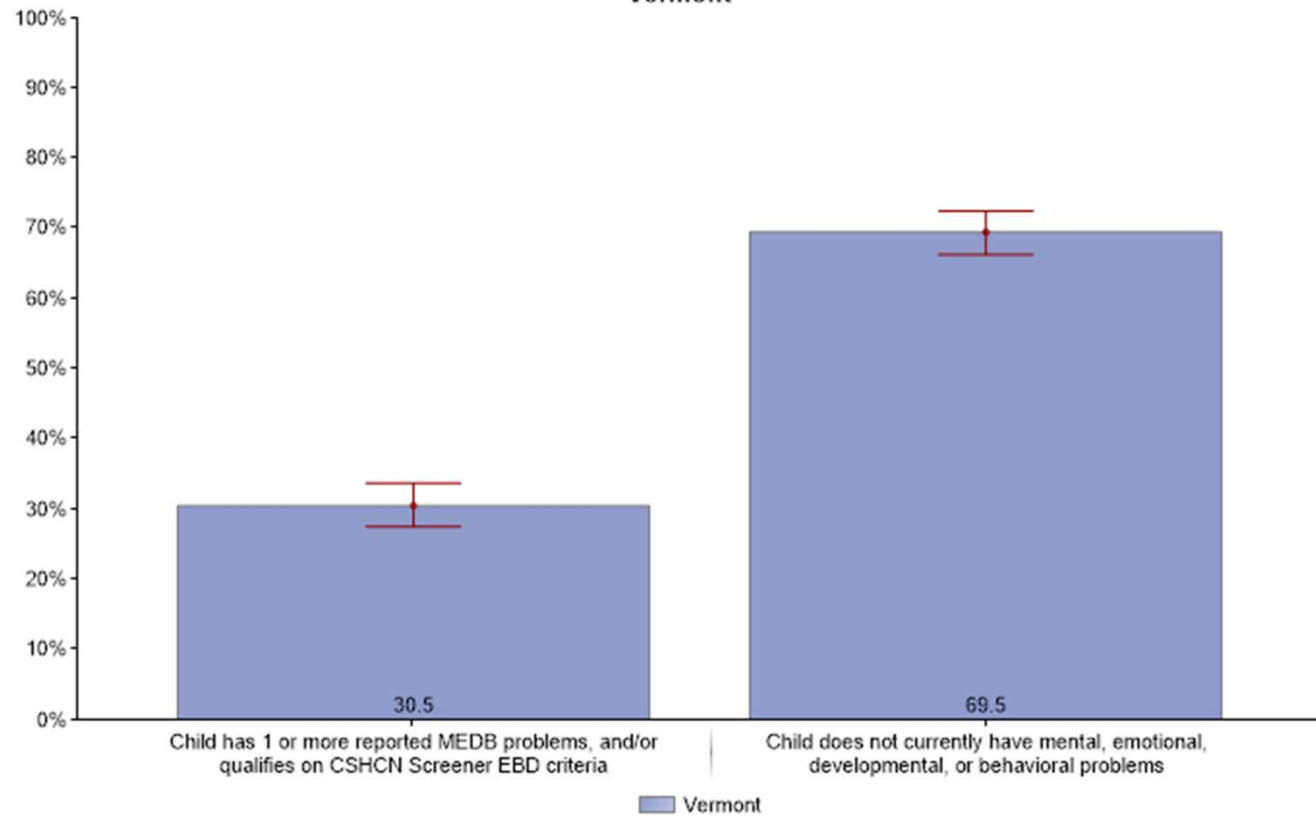
Citation: Child and Adolescent Health Measurement Initiative. 2020-2021 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved [mm/dd/yy] from www.childhealthdata.org.

National Survey of Children's Health, Health Resources and Services Administration

<https://www.childhealthdata.org/>

Vermont Child and Adolescent Mental Health

Children with mental, emotional, developmental or behavioral problems
Children age 3-17 years
Vermont



Data Source: National Survey of Children's Health, Health Resources and Services Administration, Maternal and Child Health Bureau. <https://mchb.hrsa.gov/data/national-surveys>

Citation: Child and Adolescent Health Measurement Initiative. 2020-2021 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved [mm/dd/yy] from www.childhealthdata.org.

National Survey of Children's
Health, Health Resources and
Services Administration
<https://www.childhealthdata.org/>

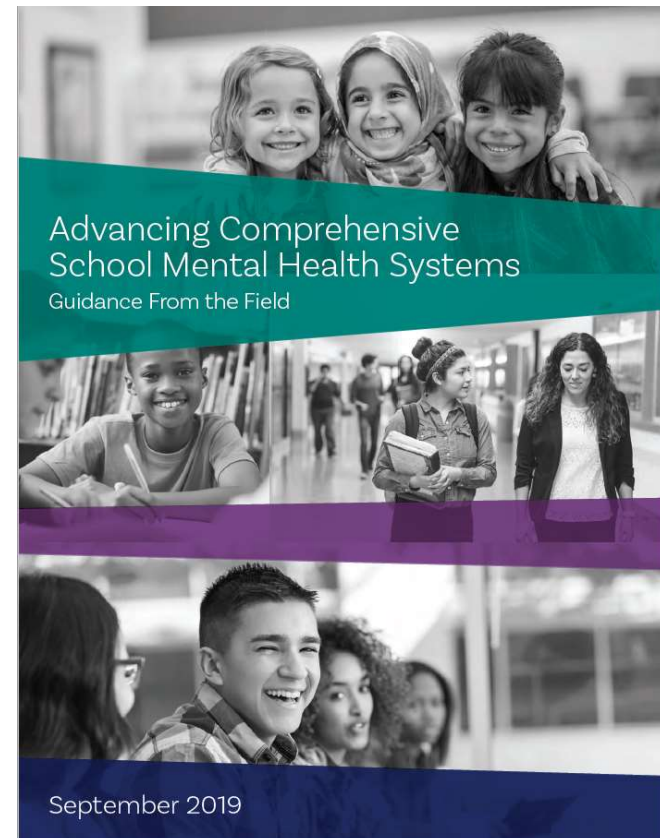
National Best Practices for School Mental Health

National Center for School Mental Health (NCSMH):

“Positive mental health allows children to think clearly, develop socially and learn new skills. Additionally, good friends and encouraging words from caring adults are important for helping children develop self-confidence, high self-esteem and a healthy emotional outlook on life.

Each day in the United States, millions of children and adolescents go to school with mental health concerns that threaten their well-being and educational performance.

Comprehensive school mental health systems provide an array of supports and services that promote positive school climate, social and emotional learning, and mental health and well-being, while reducing the prevalence and severity of mental illness.”



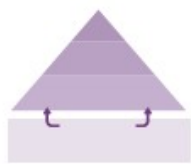
National Center for School Mental Health: Comprehensive School Mental Health Systems

Core Components

1  Well-Trained Educators and Specialized Instructional Support Personnel

2  Family-School-Community Collaboration and Teaming

3  Needs Assessment and Resource Mapping

4  Multi-Tiered System of Support

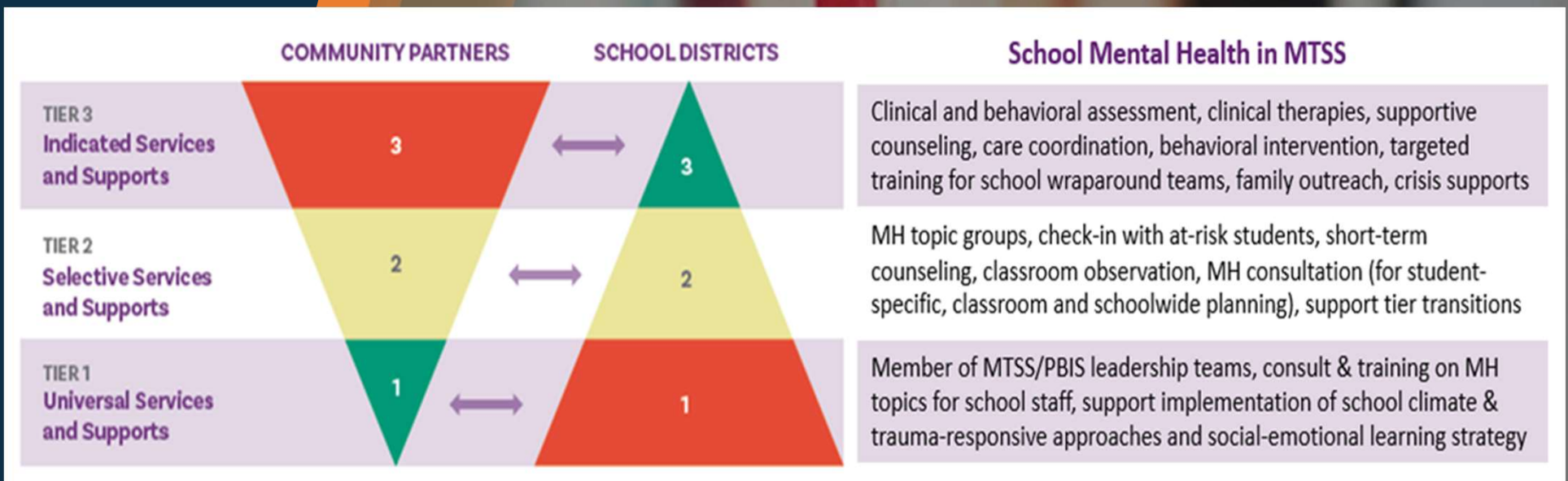
5  Mental Health Screening

6  Evidence-Based and Emerging Best Practices

7  Data

8  Funding

Multi-Tiered Systems of Support (MTSS) and School Mental Health



Adapted from (Hoover, 2019)

Different Structures for School Mental Health

- **Internal:** Schools directly hire mental health providers
- **Integrated:** Success Beyond Six – local partnerships between school/district and community mental health (Designated Agencies)
- **Co-located:** Schools open space for private mental health provider in building or via telehealth
- **Coordinated:** Schools refer out to community provider

SUCCESS BEYOND SIX – SCHOOL MENTAL HEALTH MEDICAID

What is Success Beyond Six?

- VT Legislature authorized in 1993 to help reduce cost burden to education and state by leveraging Medicaid for services to Medicaid-enrolled students
- Success Beyond Six (SB6) is the name for the Medicaid funding mechanism for school mental health services provided through Designated Agencies in partnership with a Local Education Agency (LEA; school or district)
- Local contract between a Supervisory Union/ School District (SU/SD) or school and a Designated Agency (DA)
 - District/school determines what to purchase from DA for school mental health services
 - Contract establishes what services can be funded through SB6 Medicaid and what the district/school may purchase above and beyond SB6
- Supervisory Union/District or school provides local match to draw down Medicaid federal share through DMH/DA authority

Legislative Report: January 2020

Review of Success Beyond Six: School Mental Health Services Act 72 (2019), Section E.314.1.

Number of Schools and Supervisory Unions with SB6 Contracts

		Total in VT*	With any SB6 # (%)	With School-Based Clinician # (%)
FY 2020	Public Schools	292	201 (69%)	185 (63%)
	Supervisory Unions	53	48 (91%)	44 (83%)
FY 2022	Public Schools	292	193 (68%)	151 (44%)
	Supervisory Unions	52	43 (84%)	42 (82%)
FY2023	Public Schools	289	185 (64%)	152 (53%)
	Supervisory Unions	51	48 (94%)	43 (84%)

*Info provided by AOE; Public school totals exclude Tech Centers

Success Beyond Six (SB6) Services Medicaid Funding Structures

School-Based Clinical Services

Monthly Case Rate

School-Based Behavioral services

Fee-For-Service

C.E.R.T. Therapeutic Schools
(Concurrent Education Rehabilitation and
Treatment)

Daily Rate

School-Based Clinical Services

Service Array

- 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

Case Rate model

1115 Global Commitment Demonstration Waiver provides flexibility

- developed monthly case rate limits based on historical Fee-For-Service utilization and payment rates
- case rate ceiling is sufficient to cover program costs
- Per Member Per Month (PMPM) case rates are established annually for each DA
 - Case rate for PBIS and non-PBIS schools
 - Minimum service threshold per month to bill the case rate for each student

School-Based Behavioral Services

Service Array

- 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

Provided within a mainstream education program in public elementary, middle and high schools or in alternative education programs through partnership with Independent Schools

[Success Beyond Six Minimum Standards for Behavioral Interventionists](#) (August 2020)

Funding Structure

Fee-for-Service

Some DAs have created a “Pod” or PBIS consultant model:

- Team: BCBA/clinician, case manager, # behavioral interventionists
- Services: Schools select array of services for Behavioral Interventionists, consultation, and case management supports

Able to provide more than just 1:1 supports as in traditional Behavioral Services.

Concurrent Education Rehabilitation and Treatment (CERT)

Service Array

CERT programs are run by a Designated Agency and are typically AOE-approved Independent Schools

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

Daily Case Rate

CERT daily case rate is established annually for each CERT program based on program costs attributed to treatment and education.

Medicaid covers the treatment services through CERT rate and educational services are covered by LEA/AOE through approved Independent School rate.

6 CERT programs

(Baird School, Jean Garvin, Laraway, WCMH CHOICE Middle & High, and East Valley Academy)

Clinical practices within School Mental Health

- Cognitive Behavioral approaches
- Trauma-informed and Trauma-Responsive practices
- Trauma-specific interventions (Attachment Regulation & Competency Framework)
- Coping Cat (anxiety treatment)
- Family systems
- Motivational Interviewing
- Applied Behavioral Analysis
- Restorative Practices
- Crisis de-escalation (national models in use vary by DA)
- Suicide prevention
- Clinical coordination and navigation of system of care
- Reflective Supervision

SB6 Monitoring

Program Monitoring

- Monitoring of SB6 services falls under the DMH Medicaid program oversight standards
 - Medicaid documentation and reporting requirements apply; [Mental Health Provider Manual](#)
 - Minimum Standards chart reviews
 - Agency reviews
- Additional SB6 practice standards, reporting requirements for covered services and claims payment
- DMH meets monthly with SB6 program directors

Fiscal Monitoring

- Spending trend monitoring
- Monitor required Match payments
- Annual Medicaid utilization reconciliation
- Annual rate review for CERT and SBC case rates

SB6 Outcome Measurement

How Much:

1. # of Students Served
2. # of FTEs by role and setting
3. Local contracted payment per school or district

How Well:

1. School Satisfaction Survey
2. Annual Report

Locally tracked measures often include school attendance, in-classroom time, school disciplinary actions, etc.

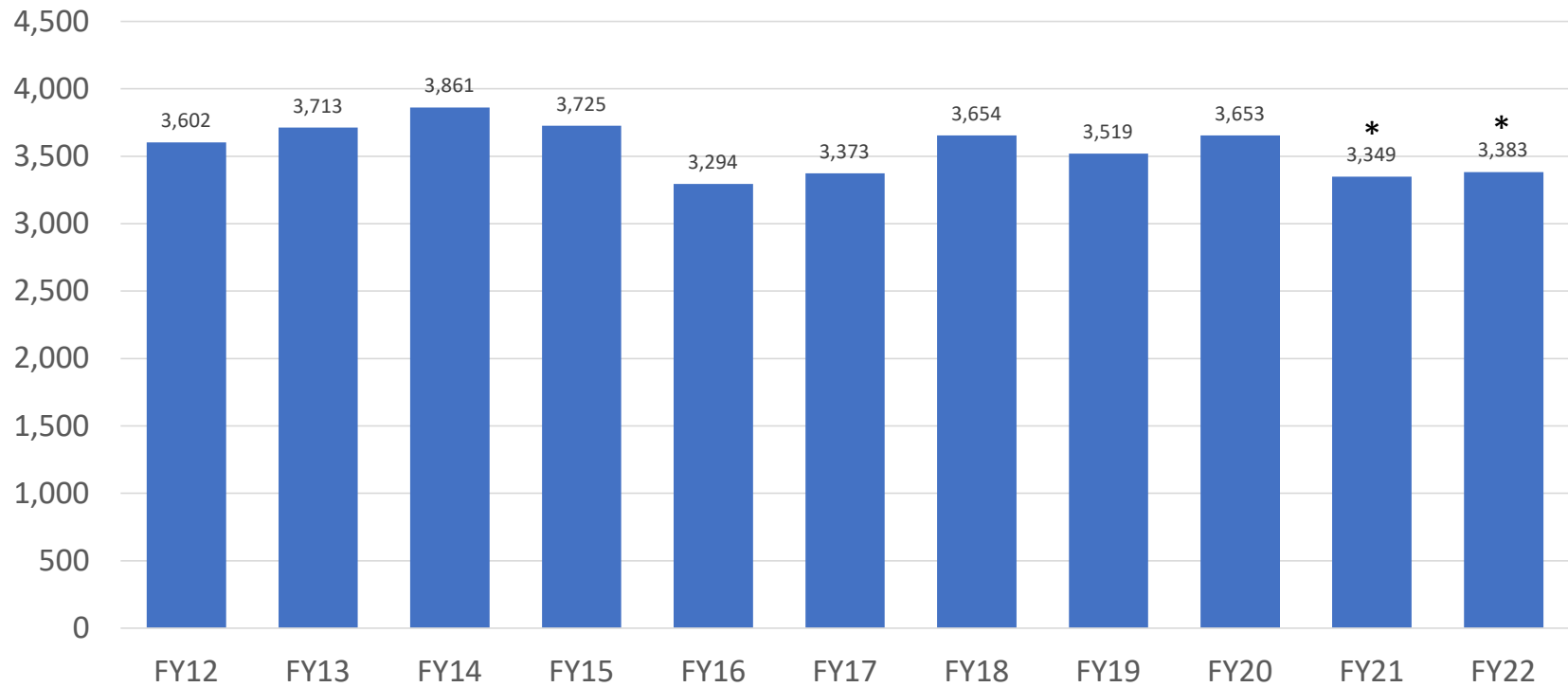
Is Anyone Better Off:

Child and Adolescent Needs and Strengths (CANS) [tool](#) data:

1. % of eligible* students who received two CANS in the school year (*eligible = students who were in school based programming for 5 months or more this reporting year)
2. % of students who improved on an item in the Strengths domain
3. % of students who improved on a Support Intensity score
4. % of students who improved on School Behaviors

SCHOOL MENTAL HEALTH

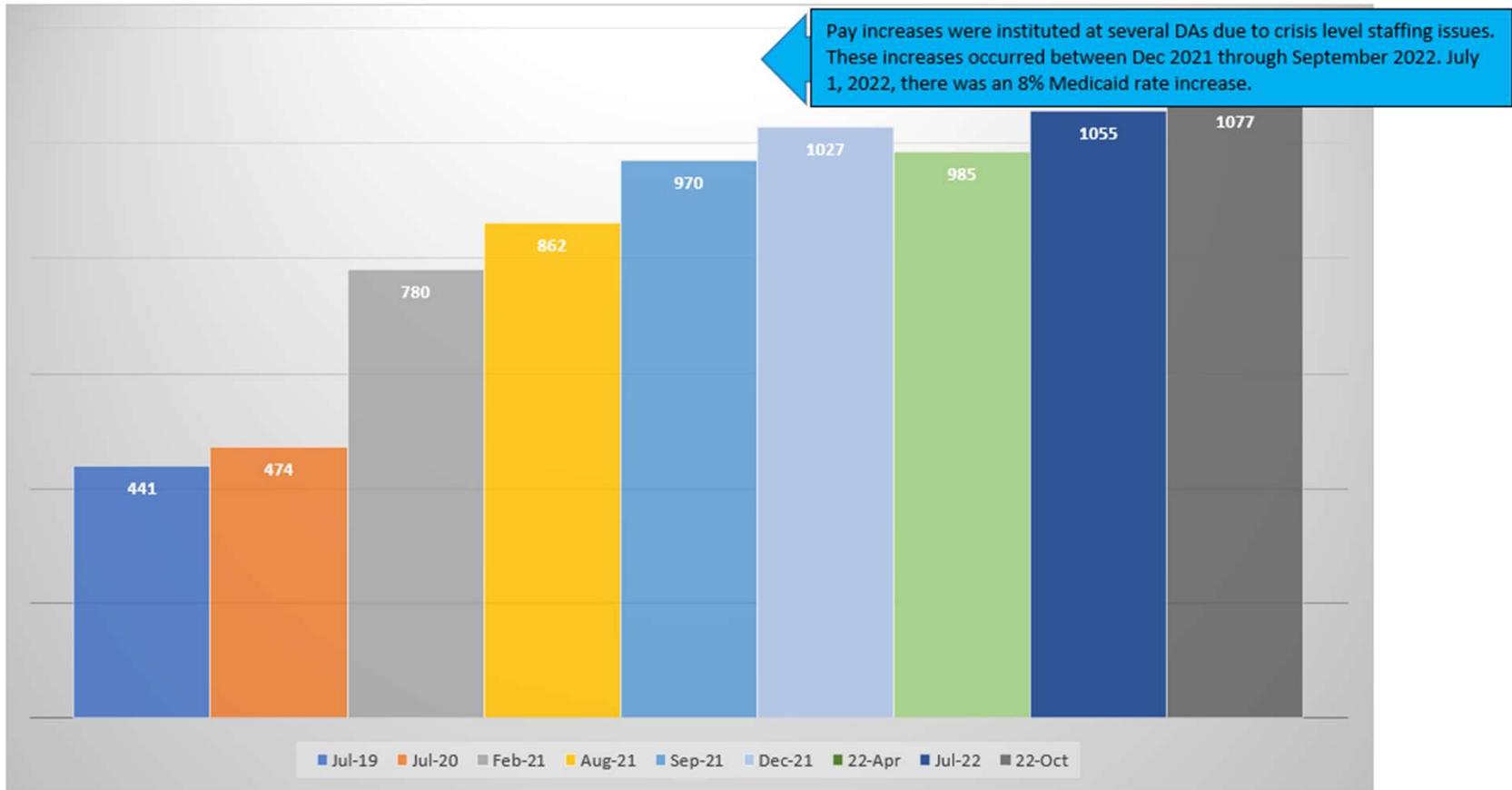
Total Number of Children Served in SB6 Medicaid School Mental Health, by Fiscal Year



* COVID-19 impacted FY21 & FY22 due to staff vacancies, staff & student illness, reduction in local contracts

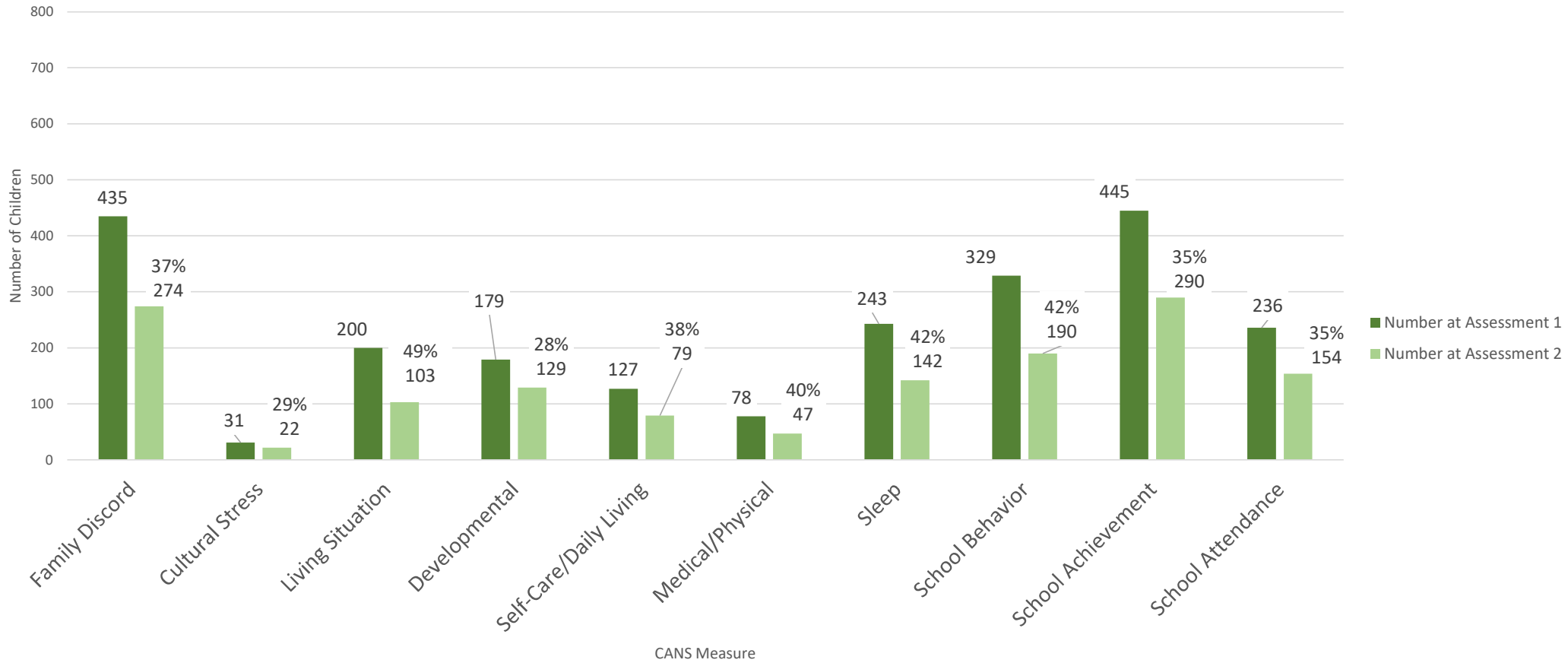
DA/SSA VACANCIES

Out of approximately 5,943 staff. Staffing numbers fluctuate at times due to contract and/or grant staff.
Source: Vermont Care Partners



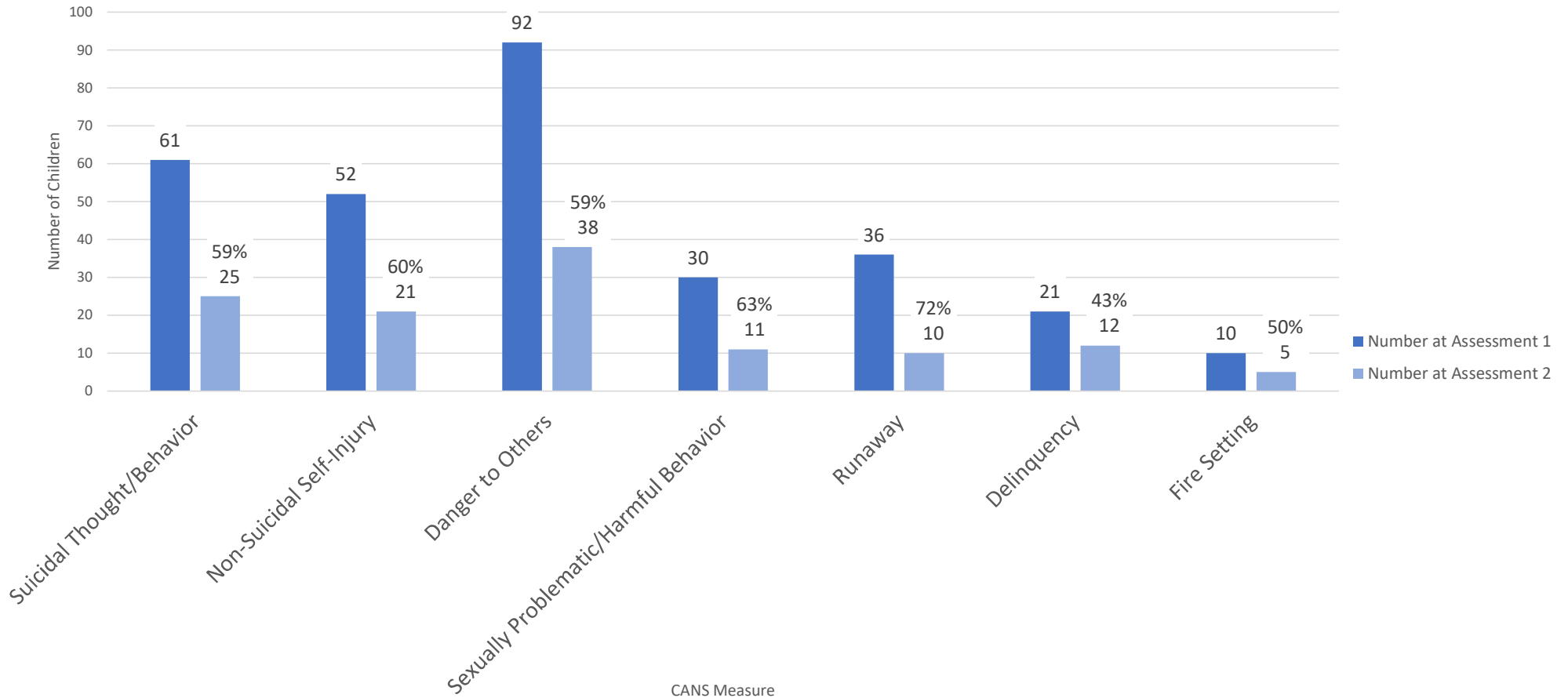
SB6: Life Functioning Domain FY2021

CANS Students FY2021 Report: Percentage of Children with a Need (Moderate or Severe) at Assessment 1 (Fall) Resolved at Assessment 2 (Spring)



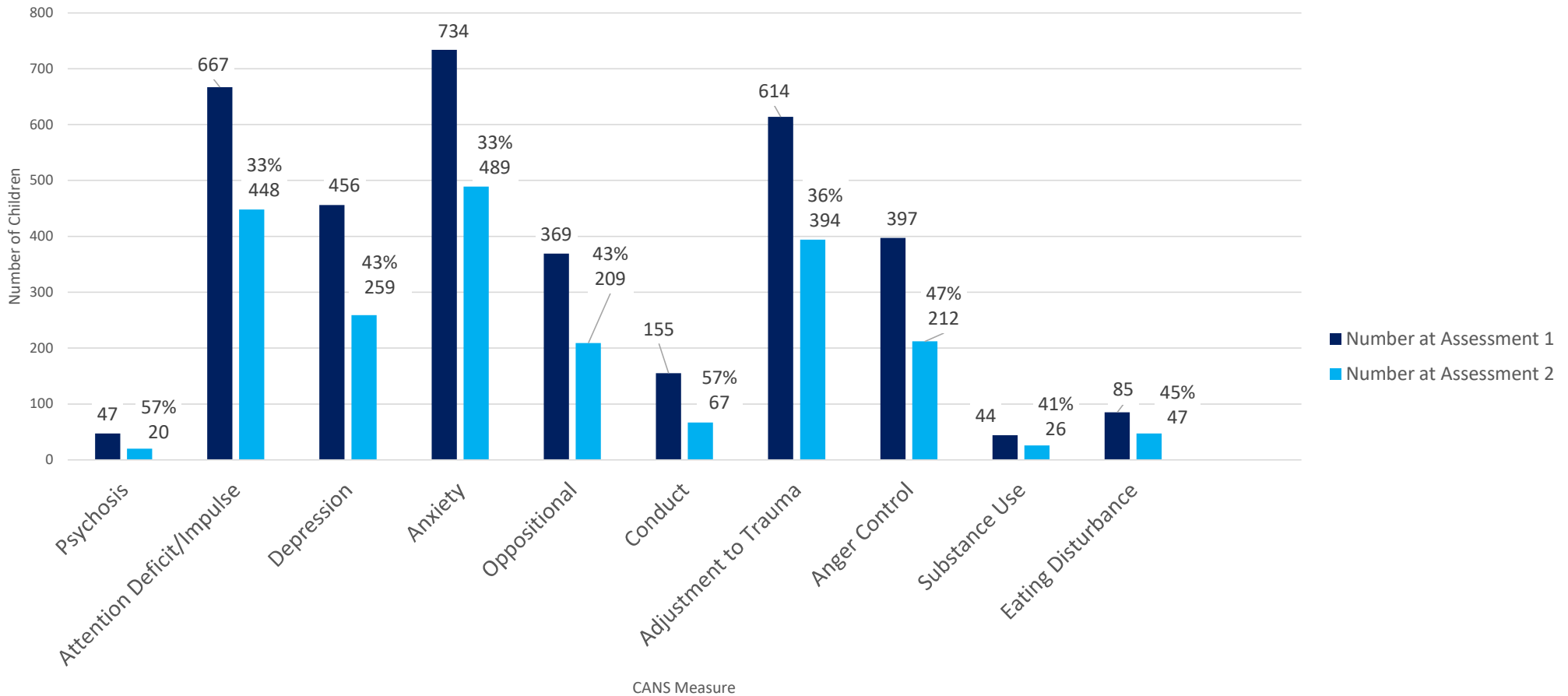
SB6: Child Risk Behaviors Domain FY2021

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



SB6: Behavioral/Emotional Domain FY2021

CANS Students FY2021 Report: Number of Children with a Need (Moderate or Severe) at Assessment 1 versus Assessment 2 with Percent Resolved

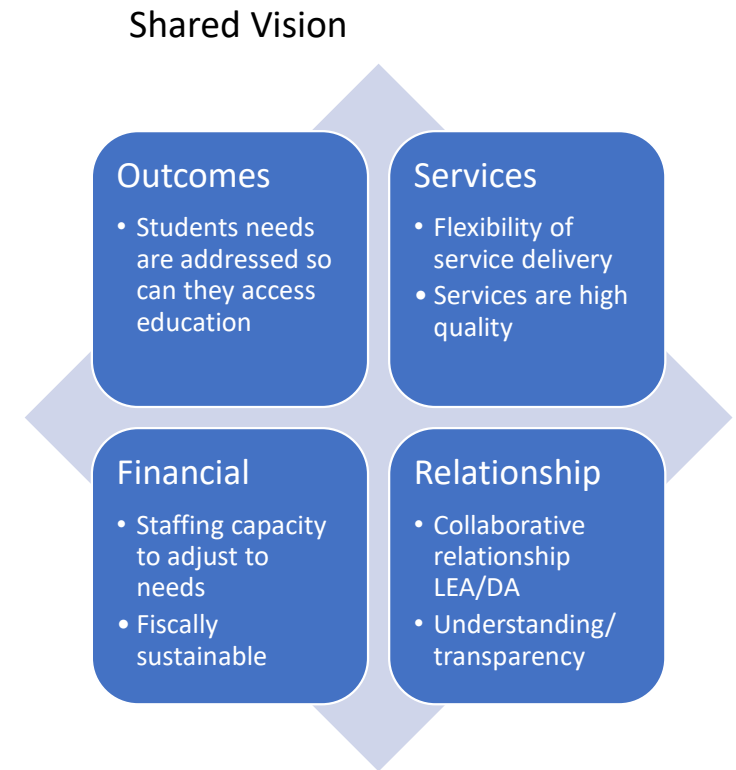


SCHOOL MENTAL HEALTH

Reform work:

Leaders from DMH, AOE, DVHA, DAs, and Local Education Agencies (LEAs)

- Summarized the federal and state resources that are available for school-based social, emotional, and mental health services and supports
- Developed informational materials summarizing funding mechanisms and eligibility criteria for school mental health related activities
- Summarized current outcome/data sources, scope and availability
- Considerations for how to ensure equitable access to school mental health



2019 Joint Bulletin from Centers for Medicare and Medicaid Services (CMS) & SAMHSA: School Mental Health



Joint Informational Bulletin

DATE: July 1, 2019

FROM: Elinore McCance-Katz, M.D., Ph.D., Assistant Secretary for Mental Health and Substance Use
Calder Lynch, Acting Deputy Administrator and Director
Center for Medicaid and CHIP Services

SUBJECT: GUIDANCE TO STATES AND SCHOOL SYSTEMS ON ADDRESSING MENTAL HEALTH AND SUBSTANCE USE ISSUES IN SCHOOLS

“No single funding source can adequately support all mental health and substance-related prevention and treatment needs of students and their families and caregivers; however, federal, state, and community-level resources can be leveraged with philanthropic and other funding streams to ensure appropriate levels of support.”


Schools fund school-based mental health through statutory authorities such as:

- Medicaid
 - Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit
 - Medicaid demonstrations and waivers (e.g. Section 1115 demonstration projects)
- Non-Medicaid authorities
 - Individuals with Disabilities Education Act (IDEA)
 - Title I of the Elementary and Secondary Education Act, as amended by the Every Student Succeeds Act (ESSA)

VT Funding for Social-Emotional Learning and Mental Health Supports in Schools/Districts

- Medicaid
 - DMH Success Beyond Six (SB6)
 - AOE School-Based Health Services
- LEA local budget/ State Ed Fund
- Title funds
- Elementary and Secondary School Emergency Relief (ESSER)
- IDEA-B 611 and 619 (Federal)
- Act 173 Census Based Grant
- Essential Early Education (EEE/ECSE)
- Extraordinary Special Education Expenditure Reimbursement

<https://mentalhealth.vermont.gov/document/options-funding-social-emotional-learning-and-mental-health-supports-schools-districts>

 VERMONT		<small>AGENCY OF EDUCATION DEPARTMENT OF MENTAL HEALTH DEPARTMENT OF VERMONT HEALTH ACCESS</small>	<small>education.vermont.gov mentalhealth.vermont.gov dvha.vermont.gov</small>
Options for Funding Social-Emotional Learning and Mental Health Supports in Schools/Districts			
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How can this help you as district leader?	2		
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Project AWARE

Advancing Wellness and Resiliency in Education

- SAMHSA-funded 5-yr grant with AOE in partnership w/ DMH, ends Sept 2023
- 3 Local Education Agencies (LEA): Greater Rutland, Orleans Southwest, and Slate Valley
- Implementing **Interconnected Systems Framework** (ISF) to strengthen mental health within education's Multi-Tiered Systems of Support, including Positive Behavioral Interventions and Supports (MTSS/PBIS)
 - Identify and spread new models for providing supports and services across the tiers of support to reduce reliance on highest intensity intervention
 - Establish a District-Community Leadership Team to guide the implementation of ISF
- **Training** personnel and public on MH related topics
- Establish structure for **universal screening** of student social-emotional & behavioral needs & strengths
- Establish **structure for referral to supports & services**
- State-level collaboration work across AOE and DMH

Project AWARE

Advancing Wellness and Resiliency in Education

Successes:

- All three LEAs implemented a universal screener in 2021/22 school year
- LEA coordinators and school teams have been trained in Interconnected Systems Framework implementation. LEAs and schools vary in levels of implementation
- All LEAs have protocols in place for youth who express suicidal ideation (quality improvement activities for awareness)
- In 2021/22, Center for Health & Learning trained 158 people on Umatter, suicide prevention, suicide risk screening, transition planning, and suicide postvention

Screening (S1)

The number of individuals screened for mental health or related interventions as a result of the grant (universal and targeted).



Recovery Planning

- Mental Health training for schools (Youth/Teen Mental Health First Aid, Suicide Prevention, Trauma-Responsive Schools)
- Care of the Educators
- Encourage Universal social-emotional-behavioral screening
- How to ensure equitable access to Mental Health expertise across MTSS in school and afterschool settings
- Standards for school mental health (regardless of how funded or employed)