Report on Act 68 of 2013

Section 6. School-Based Mental Health and Substance Abuse Services: Study

REPORT

January 15, 2014

Report and to the House Committees on Education and Human Services and the Senate Committees on Education and on Health and Welfare

Submitted by

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and

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VERMONT AGENCY OF EDUCATION & AGENCY OF HUMAN SERVICES

Legislation

Act No. 68 (S.4) of 2013: An act relating to school-based mental health and substance abuse services

Summary

This act requires the Secretaries of Education and of Human Services to work with a variety of providers to present research, findings, and proposals to the House Committees on Education and on Human Services and the Senate Committees on Education and on Health and Welfare on the mental health and substance abuse services that are provided in or through collaboration with Vermont public schools.

Because each school and each district or supervisory union is an independent organization, this was not an easy task. A list of definitions and a variety of charts will be used to help explain the numbers and the dollars involved in providing these crucial services through or in collaboration with Vermont public schools. There are many private services provided to young people that have no connection to our public schools.

Specifically, Section 6 states that the Secretaries shall:

(1) *catalogue the type and scope of mental health and substance abuse services provided in or through collaboration with Vermont public schools;*

(2) *determine the number of students who are currently receiving mental health or substance abuse services through Vermont public schools and identify the sources of payment for these services;*

(3) *estimate the number of students enrolled in Vermont public schools who are not receiving the mental health or substance abuse services they need and, in particular, the number of students who were referred for services but ...*

(4) *identify successful programs and practices related to providing mental health and substance abuse services through Vermont's public schools and nationally, and determine which, if any, could be replicated in other areas of the state;*

(5) *determine how the provision of health insurance in Vermont may affect the availability of mental health or substance abuse services to Vermont students;*

(6) *detail the costs and sources of funding for mental health and substance abuse services provided by or through Vermont public schools;*

(7) *develop a proposal based on the information collected pursuant to this subsection to ensure that clinically appropriate and sufficient school-based mental health and substance abuse services are available to students through Vermont public schools.*

Section 6(b) states that on or before January 15, 2014, the Secretaries shall present their research, findings, and proposals to the House Committees on Education and on Human Services and the Senate Committees on Education and on Health and Welfare.

Summary of Secretaries' Findings

The "job" of our public school has changed dramatically over the years. The fact that they are being expected to provide mental health and substance abuse services to students in schools speaks volumes. As children and families face a more complex world and encounter more complex challenges, we all need to work together to help children meet with success in education. We know that hungry children cannot learn, so we have seen the growth of breakfast and lunch programs for all public school children. Now we are seeing the growth of frameworks such as Positive Behavior Interventions and Supports (PBIS), which provides intervention and support to entire school population, and which is yielding very positive results in helping all Vermont public school children become better learners.

The Agency of Education, the Agency of Human Services, and our individual schools are all moving toward the use of evidence-based practices. We are working not just to identify how many students are being served but to measure whether and to what extent students are better off after they receive services. This report is intended to catalog some of those best practices and to report on the measures of success when these practices are implemented with fidelity.

Educational Data Source:

In order to quantify the mental health services provided to students in schools beyond what is provided through Designated Agencies (DA), a survey was provided to all Special Education Directors. Fifty-six percent of the SUs/SDs responded to the survey, representing a statistically significant measure of our supports in mental health provided through Vermont public schools. The survey was distributed, collected and analyzed by the Vermont Council of Special Education Administrators. It was supported by the Vermont Superintendent's Association, the Agency of Education and had contribution from the Vermont School Board's Association and the Vermont Principal's Association. Each of these state organizations recognizes the importance of this work, as well as the money and personnel hours focused on addressing the mental health challenges of children and families through our Vermont public schools. The dollars represented in this report are spent directly from the Education Fund.

(1) Type and Scope of Mental Health and Substance Abuse Services in or through collaboration with Vermont public schools

Schools:

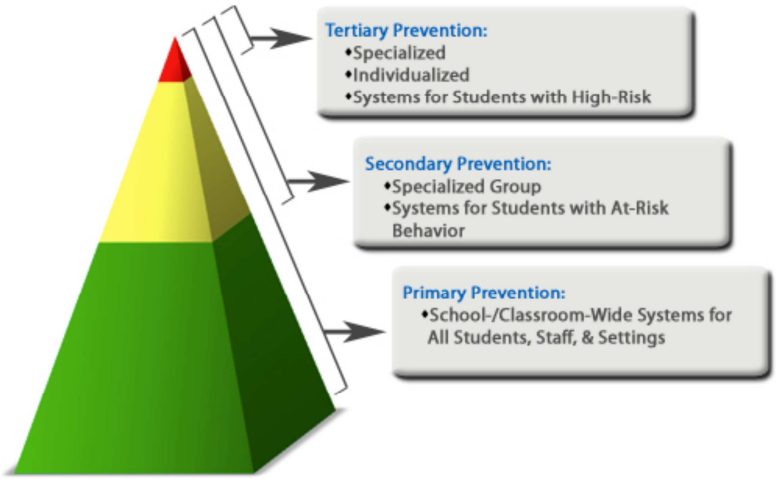
Vermont has a long history of providing mental health services to students in our schools. This important work has been done through preventative models, intervention for specific diagnoses, special education services, 504 services, Educational Support Team services and other models of supports. In order to accurately respond to the legislative inquiries, the committee determined it was critical to query schools about their services and models of service beyond the Designated Agency embedded services (described below).

The following is a list of services/providers most commonly found within Vermont public schools:

* School Social Workers and Home-School Coordinators
* School Counselors
* Therapists
* School Psychologists (for the purposes of developing programming and completing non-special education behavioral assessments
* Behavior Specialists
* Board Certified Behavior Analysts (BCBA)
* Student Assistance Program (SAP) Counselors
* Outside School Placements
* Autism Services

Mental Health Services:

Addressing the mental health of students in the school setting is not just about providing treatment to those identified with a mental illness or disorder. Indeed, there is tremendous research to support the economic and societal benefits of promoting mental health and preventing the development of mental, emotional, and behavioral disorders of children and adolescents. When school-based mental health services were initially designed in Vermont through partnerships between local schools and mental health agencies, the focus was on providing individualized interventions to students identified with emotional and behavioral difficulties. Research and evidence-based practices have greatly expanded our understanding of what works for school-based mental health in recent years. There are effective models for providing promotion and prevention supports to the general population of students, early intervention activities to protect those students at risk, and targeted treatments for those with mental, emotional or behavioral disorders (see graphic on following page).



National studies indicate that about 20%, or 1 in 5, children and adolescents have one or more mental, emotional or behavioral disorders. "Retrospective studies of adults show that half or more had their first episode as a child, adolescent or young adult. The first symptoms of most disorders precede onset of the full-blown condition by several years, so the opportunity exists for preventive intervention" (IOM 2009).

Since 1992, Vermont has supported the provision of mental health services in schools through the partnership between education and mental health agencies. Success Beyond Six is a funding mechanism that allows schools to provide Medicaid billable, school-based mental health services through direct contracts with their local mental health designated agencies. A detailed report submitted to the Vermont Legislature in 2008 can provide additional description of the history of the Success Beyond Six funding mechanism, population served, scope of services, challenges, best practices, and recommendations. Through these contracts, the following services are available in public schools:

School Based Clinician

Assessment

Development of Individual Service Plans (ISP)

Individual therapy

Family therapy

Group therapy

Community supports (specialized rehabilitation)

Service planning & coordination

Consultation & education/training to school personnel on mental health topics

Prevention and early intervention supports

Interagency service coordination

Support to Positive Behavioral Interventions and Supports (PBIS) framework

Referral for other services and supports

Behavioral Intervention Programs

Community supports (specialized rehabilitation)

Service planning and coordination

Behavioral intervention with the child/youth

Social Skill intervention with child/youth

Assist in implementation of the child/youth's IEP

Conduct Functional Behavioral Assessments (FBA)

Develop, evaluate, and revise individual behavior change plans

Apply principles of Applied Behavior Analysis (ABA)

Intensive case management

Parent and family support

Support PBIS framework in schools

Minimum Standards established by DOE/DMH 2009

Autism Services

Behavioral intervention support system for students with Autism

"Each child is provided one specially trained bachelor's level interventionist and a clinical autism specialist who develop and supervise the individualized plan. Most clinical specialists in this program are Board Certified Applied Behavior Analysts" (Success Beyond Six Legislative Report, 2008)

Intensive, comprehensive Applied Behavior Analysis services

Intensive case management in home, school, and/or community settings

Direct instruction and reinforcement of pro-social and coping skills

Use of Discrete Trial Learning (DTL) and/or Picture Exchange Communication Systems (PECS)

Complimentary to the Success Beyond Six funded services, there are other efforts to address the mental health of students in schools through federally funded initiatives and other opportunities. The following services are available through alternative funding mechanisms:

Crisis Services

Available through Designated Agencies for crisis evaluation and referral; post-intervention supports for school staff, students, and families following traumatic events in schools or communities

Suicide Prevention Programs

Using the Lifelines curriculum, schools have suicide prevention and post-vention protocols in place and have trained gatekeepers on staff who are aware of the signs and symptoms of suicide (Federal grant, 2012-2015)

Trauma-Informed Practices

Schools can access training opportunities on the topics of trauma-informed systems and practices (previously Federal grant funded; now schools can contract for a nominal fee)

Substance Abuse Services:

School-based substance abuse services are most effective when implemented within the context of the school's coordinated school health framework. This evidence-based model developed by the Centers for Disease Control and Prevention (CDC) is designed to improve collaboration and coordination of health education and health services among schools in a district or region and leads to consistent and supported health messages and policy development. The eight components of Coordinated School Health are:

* Health education
* Health services
* Physical education
* Mental health and social services
* Nutrition services
* Healthy and safe environment
* Family and community involvement
* Staff wellness

Vermont Department of Health's (VDH's) Alcohol and Drug Abuse Program, and the Maternal and Child Health Division work closely with the Agency of Education School Health Team to support schools around this framework. In addition, they work with Department of Mental Health on promotion of Positive Behavior Interventions and Support (PBIS).

Twenty-one supervisory unions have VDH School-Based Substance Abuse Services grants. The target group for the program is 12- to 18-year-olds. Grantees may target funds to any combination of elementary, middle or high schools. All schools receiving grant funds are required to provide ongoing substance abuse screening and referral services. In addition, Supervisory Unions/School Districts select from a menu of allowable prevention and early intervention activities, based on the school's resources and need. This menu includes:

- Classroom curricula
- Youth empowerment groups
- Parent information and education
- Teacher and school staff training
- Educational support groups

Use of evidence based screening tools, either CRAFFT or GAIN Short Screener, is required. A menu of classroom curricula represents programs on the U.S. Substance Abuse and Mental Health Service's (SAMHSA's) National Registry of Evidence-based Programs and Practices (http://nrepp.samhsa.gov) tested for alcohol and/or marijuana outcomes and having quality of research ratings greater than 2.7 out of 4.0.

(2) Number of Students Receiving Mental Health and/or Substance Abuse Services through Vermont Schools and Source of Payment

It is important to note that data collection systems are not fully coordinated between education, mental health (DMH, DVHA, and 3rd party insurance), and substance abuse services. The available data is complicated to collate and collapse while ensuring accuracy without duplication.

Schools:

Services Provided and FTEs Employed per 1,000 Average Daily Membership (count of all students) in Vermont Beyond What is Provided by Designated Mental Health Agencies*

(data collected through the survey referenced at the beginning of this report)

Service	FTE Per 1000 ADM	FTE Across VT
Social Workers and Homeschool Coordinators	.83	73.41
School Counselors	4.4	389.13
Therapists	.47	41.57
School Psychologists for purpose of developing programming and completing behavioral assessments (non-special education)	.31	27.42
Behavior Specialists	.90	79.60
Behavior Interventionists (highly trained para educator)	2.69	237.90
SAP Counselors	.65	57.48

**Note: The Vermont Department of Health, Alcohol, and Drug Abuse Program contracts/grants through a preferred provider system which includes but is not limited to Designated Agencies.*

Dollars Spent on Mental Health Services in Vermont Schools Beyond what is Provided by Designated Mental Health Agencies

(data collected through the survey referenced at the beginning of this report)

Service	Dollars Spent Per 1000 ADM	Dollars Spent Across VT
Risk Assessments	$2,411.45	$213,268.64
Social Worker Services	$34,338.56	$3,036,902.25
Behavior Specialists	$61,216.29	$5,413,968.69
Behavior Interventionists	$68,567.50	$6,064,109.70
School Psychologist (does not include special education evaluations)	$19,366.26	$1,712,752.03
Outside Placements for students who cannot access their public school due to a mental health issue	$158,299.85	$14,000,038.73

It is important to consider these numbers in the context of school contributions made to purchase the Designated Agency services and to provide services in schools. The data from the survey intentionally kept DA numbers separate in order to fully account for the services being provided by schools beyond the Designated Agency service or the $52.8M spent by public schools within the DA system to get services from DAs into/provided to schools.

While we do not have a specific count of every student receiving mental health services specifically, the numbers below are a result of data collected during the service plan providing the numbers of students who receive specific special education services:

Service Category	# of Students FY 2013	# of Students FY 2014
Residential Placements	53	41
Special Class Programs	1,250	1,282
Resource Room and/or Counseling Teacher and/or Special Educator Services	11,828	11,997
Behavior Specialist Services	835	878
Integration Facilitator Services	317	342
Community and/or Employment Services	781	801
Vision Services	115	120
Adaptive Physical Education Services	282	283

Individual Aides and/or Individual Tutoring	1,524	1,557
Health Services	159	162
Occupational and/or Physical Therapy	3,133	3,310
Counseling Services	1,410	1,461
Assessment Services	4,742	5,017
Speech Language Instruction	5,776	6,020
Audiology and/or Deaf Education	223	221
Transportation Services	1,563	1,607
Other Related Services	166	178

Mental Health Services:

The number of children who received direct mental health services in Success Beyond Six (SBS) cost center for FY 2012 and FY 2013 (does not reflect promotion and/or prevention services:

* FY 2012: 3,498
* FY 2013: 3,610

The number of children who received direct Mental Health services in SBS cost center with a diagnosis of Autism Spectrum Disorder or Intellectual Disability, for the most recent fiscal year and five-year trend (it should be noted, as reported in the 2007 legislative report on Success Beyond Six, that the cost per pupil for students with an Autism Spectrum Disorder served in the four SBS Autism Collaborative programs is up to five times higher than for students with an emotional disturbance):

Diagnosis	FY 2013	Percent of Total Students Served in SBS
Autistic Disorder	91	3%
Asperger's / Pervasive Developmental Disorder (PDD)	140	4%
Intellectual Disability (all severities)	56	2%
TOTAL	**287**	**8%**

DIAGNOSIS	FY 2013	FY 2012	FY 2011	FY 2010	FY 2009
Autistic Disorder	91	77	64	46	65
Asperger's / PDD	140	111	125	115	114
Intellectual Disability	56	48	57	45	68
TOTAL	**287**	**236**	**246**	**206**	**247**

The number of specific children who received direct Mental Health services in SBS cost center for FY 2012 and FY 2013 who also received Mental Health services under different cost centers through the Designated Agency (DA) system:

* FY 2012: 2,075
* FY 2013: 2,258

Medicaid is the source of funding for SBS services with local match dollars. The Department of Mental Health does not collect data on mental health services funded by third party insurance carriers nor on Medicaid billed directly through The Department of Vermont Health Access (DVHA).

Substance Abuse Services:

The following services were provided by "reach-by-service" School-Based Substance Abuse Services Grants.

The number of students served by required activities:

* over 1,500 students were screened in the 2012-13 school year; 34 were referred for substance abuse services; 551 were referred for mental health services
* 85% of those students who screened positive for substance abuse and/or mental health were referred for services
* Approximately 22% of referred students were reported to have connected with recommended service

The number of students served by optional activities:

* Support of classroom health curricula (17 grantees)

  Over 11,000 students participated in evidence-based curricula with a primary focus on substance abuse education

* Advising and training of youth empowerment groups (20 grantees)

  1,485 students participated in these groups

* Delivery of parent information and education programs (20 grantees)

  78 parents participated in an evidence-based parent program; over 16,000 parents were reached by parent information dissemination (newsletters, dialogue nights, etc.)

* Delivery of teacher and support staff training (21 grantees)

  Over 1,500 school staff attended alcohol or other drug training

* Delivery of education support groups (17 grantees)

  1,500 students participated in an educational support group

(3) Estimated Number of Students Not Receiving Needed Mental Health or Substance Abuse Services

As noted previously, national studies indicate that about 20%, or 1 in 5, children & adolescents have one or more mental, emotional or behavioral disorders. Estimating the number of students who need but aren't receiving services is challenging; however, we know that "the gap between the number of children who have documented mental health needs and the number who actually receive service is becoming recognized nationally as critical in terms of its impact. It is well documented that less than one-third of children who need services are receiving treatment" (Lynn, 2006; Chapter 3). There is no centralized system to collect data on the number of students who need services and aren't receiving them, whatever the reason.

We may be asking the wrong question. Instead of estimating who did not receive the treatment needed, imagine a system in which we could measure if everyone has access to mental health and health promotion and prevention activities so as to not wait until there is a need for treatment. This is the principle behind AOE and AHS systems development initiatives currently underway.

The 2013 Vermont Youth Risk Behavior Survey (YRBS) provides information on the need for mental health promotion, substance abuse prevention and intervention services among Vermont students. The YRBS is a school-based, self-administered survey which measures the prevalence of specific personal behaviors that directly affect the health of our youth. In 2013 two surveys were conducted: a high school survey of students in grades 9-12, and a middle school survey of students in grades 6-8. Over 37,000 students at over 150 schools took the 2013 YRBS. A full copy of the middle school and high school reports can be found at: http://healthvermont.gov/research/yrbs/2013/index.aspx.

Highlights from the 2013 Vermont YRBS High School Report Include:

Youth Assets

50% of students feel valued by their community

59% of students agree or strongly agree that their teachers care about them and give them encouragement

77% of students spoke to their parents at least once a week about school

Mental Health

18% of students reported being bullied in the past 30 days

14% of students reported bullying someone else in the past 30 days

21% of students report feeling sad for a least 2 weeks in the past 12 months

11% of students made a suicide plan, and 5% of students reported attempting suicide

Substance Use

19% of students reported binge drinking (five or more drinking within a few hours) within the past 30 days, and 5% of students reported having 10 or more drinks in a row

7% of students reported ever misusing a prescription drug without a prescription within the past 30 days

24% of students reported using marijuana in the past 30 days

16% of students reported driving after using marijuana in the past 30 days, while 8% of students reported driving after drinking alcohol in the past 30 days

13% of students smoked cigarettes the past 30 days

(4) Successful Programs and Practices

Schools:

Service Model	% of Schools Participating in Study Who Use This Model
Behavior Interventionist	73%
Individual Therapy	53%
Family Therapy	12%
Social Cognition and/or Other Social Skills Groups	85%
In-District Alternative Programs	53%
Private therapists who come to the school and bill Medicaid/Insurance directly and do not bill the school	65%
School psychologists who provide FBAs and write behavioral plans	59%
Service Model	**% of Schools Participating in Study Who Use This Model**
Access to Risk Assessments	68%
School wide training on Mental Health	41%
School wide training on Substance Abuse	32%
School wide training on co-occurring substance use and mental health	12%
School wide climate work specific to decreasing mental health issues	41%
Contracted services with Designated Agencies[1]	91%
Outside placements at alternative schools	100%
General Para educators who are trained in mental health issues and implement behavioral plans	50%

[1] Please note again that these percentages apply to the schools participating in the Study. DMH cannot provide comparable data on how many schools contract with Designated Agencies for mental health services, as the local contracts vary as to whether they are at the school, district or supervisory level.

The survey also collected information on prevention strategies that have shown effectiveness in Vermont. Frequency of usage allowed the strategies to be categorized by those most common and those least commonly implemented.

The following prevention strategies are the most common in Vermont schools:

- Responsive Classroom
- PBIS
- Friendship Groups and Lunch Bunches
- Parent Engagement Strategies
- Formal Instruction in Mental and Emotional Health within the Health Curriculum

The following strategies are less common in Vermont schools but are beginning to be seen as ways to prevent mental health challenges:

- Consistent Implementation of Mindfulness Strategies
- Regularly-Scheduled Movement Breaks (beyond recess)
- Second Step Curriculum and/or other Evidence-Based Social Skills Curricula
- Formal Bullying Prevention Programs and Strategies
- Universal Screenings for Social/Emotional Functioning

Schools, Mental Health Services, and Substance Abuse Services:

Schools need to create an environment that addresses the general needs of all students, can intervene early to protect those students at risk, and provides intensive targeted interventions for those with mental, emotional, or behavioral (including substance use) disorders. Under the Multi-Tiered System of Supports, schools strive to create "a proactive, school-wide, systems approach to improving social and academic competence for all students". It is within such a framework that mental health and substance abuse services can be most effective. This is a public health strategy that, when implemented effectively, functions through coordination between the school and community systems such as mental health systems. As noted in the Institute of Medicine's report, *Preventing Mental, Emotional and Behavioral Disorders Among Youth People*, mental health promotion in schools includes offering support to children encountering serious stresses; modifying the school environment to promote pro-social behavior; developing students' skills at decision making, self-awareness and relationship building; and targeting aggressive behavior and substance abuse. Any program that is considered for implementation within a school system should be considered in the context of how well it can be imbedded within a coordinated school health framework that addresses the school-wide environment. Research has also indicated that schools need to consider "whether a particular evidence-based program or strategy addresses the needs of the local population" (Kutash, Duchnowski & Lynn 2006). Therefore, a one-size fits all

state-wide approach to implementing practices to address mental health and substance abuse concerns is not recommended.

"Interestingly, an analysis of federal policies reveals a common thread: the need to implement the "public health model" more fully. This view is a central characteristic in policy reports ranging from special education (see the President's Commission on Excellence in Special Education, U.S. Department of Education-Office of Special Education and Rehabilitative Services, 2002) to mental health (the report of the President's New Freedom Commission on Mental Health, 2003). We view this as an encouraging prospect and support the use of the public health model as a framework for the implementation of effective SBMH [School-Based Mental Health] services." (Kutash et. al, 2006)

Implementation of new approaches has its own research base and it is clear that simply training professionals (school staff or mental health providers) in a new model is inefficient and often ineffective in sustaining fidelity of the model. Resources for infrastructure development, on-going coaching/supervision to the model, and creating buy-in from all parties is crucial for effective implementation of new approaches.

Some successful approaches include:

- Multi-Tiered System of Supports, including Positive Behavioral intervention & Supports (PBiS)
- Applied Behavioral Analysis
- Coordination between school and community mental health systems, substance abuse treatment providers, community coalitions
- Psychological First Aid (PFA) for schools: an evidence-informed approach for assisting children, adolescents, adults, and families in the aftermath of a school crisis, disaster, or terrorism event.
- Suicide Prevention using Lifelines curriculum: training school staff as gatekeepers to recognize signs and symptoms of suicide
- Coordinated School Health Framework
- Student Assistance Programs

(5) How the Provision of Health Insurance in Vermont may Affect the Availability of Mental Health and Substance Abuse services

Third party insurance carriers do not provide coverage for case management and community skills integration (aka Specialized Rehabilitation), or crisis services. These services are covered under the Medicaid State Plan when provided through a local Designated Agency, and thus are available through Success Beyond Six school-based mental health providers.

(6) Costs and Sources of Funding

Schools:

Another piece of data collected by the Agency of Education worth considering is a rudimentary statewide analysis of special education spending. Vermont spent $272,172,983.51 in FY13 in Special Education. During the same year, 15.4% of students eligible for special education were eligible with a diagnosis of emotional disturbance. One can assume that students who are eligible under this category are or can be diagnosed with a mental health disorder. Based on these facts, at least $43,050,499.70 was spent on students with mental health issues through the special education budget. It is important to recognize the limitation of this analysis and consider the fact that the majority of the students placed in outside placements have mental health challenges. It would be reasonable to assume that this would be a gross under-representation of the percentage of the special education dollars attributed to children with mental health needs because the costs of these placements are much higher than the public school programming for students with mild to moderate special needs.

The number of dollars reported under Success Beyond Six included DA services for the population of students with Autism Spectrum Disorders (ASD). Therefore, it seems worth providing public school data on students with ASD in the same way. Vermont spent $272,172,983.51 in FY13 in Special Education. During the same year, 918 of students eligible for special education were eligible with a diagnosis of Autism Spectrum Disorder. One can assume that students who are eligible under this category are or can be diagnosed with Autism. Based on these facts, at least $20,680,456.14 was spent on students with Autism Spectrum Disorders through special education funds.

Mental Health Services:

Medicaid is the source of funding for Success Beyond Six (SBS) services. In State Fiscal Year 2012, the SBS funding mechanism for school-based clinicians moved from a per-student based fee-for-service mechanism to a more flexible funding model. This shift allowed those Designated Agencies who voluntarily participate (7 of the 10) to have flexibility in school-based clinician service delivery to include prevention and early intervention supports, while reducing administrative burden. The table below shows the amount of approved SBS Medicaid spending by DAs through contracts with their local school system.

Designated Agency	FY 2012 Total Medicaid	FY 2013 Total Medicaid	FY 2014 Total Medicaid	FY 2014 Total Local School Funds Paid to DA (Match/Revenue)
CMC	1,991,854	1,887,259	1,887,259	1,968,209
CSAC	2,941,843	3,166,476	3,494,252	3,789,408
HC	9,939,563	11,280,570	12,065,223	14,743,774
HCRS	2,808,000	3,160,000	3,459,880	3,503,489

LCC	2,499,880	2,499,880	2,499,880	2,499,880
NKHS	1,301,607	1,373,689	1,690,543	1,727,440
NCSS	5,693,786	6,593,787	6,728,307	7,697,107
RMH	1,377,379	1,441,465	1,501,805	1,512,959
UCS	227,032	223,808	221,497	230,711
WCMH	10,599,251	10,629,566	13,456,272	15,072,916
TOTAL	**39,380,195**	**42,256,500**	**47,004,918**	**52,745,893**

Full-time Equivalent Staff (FTEs)

FY11: 642 FY12: 627 FY13: 691 FY14: 778

Note: The numbers above include services for children with diagnoses of Intellectual Disabilities and Autism Spectrum Disorders.

Department of Health School-Based Substance Abuse Services Grants

- Total of $830,000 per year
- Source of funds: a blend of tobacco settlement funds and global commitment
- Twenty-one awards: up to $40,000 each (totaling approximately $800,000) designed as three-year continuation grants from August 1, 2012 to June 30, 2015, contingent on satisfactory performance and the availability of funds
- Ten percent local match in funds or in-kind services required
- Statewide training and evaluation services supported at up to $30,000

Recommendations

The approaches and programs designed to address the mental health and substance use needs of students must be provided in an integrated and coordinated manner with a focus on sustainable system development in schools. Initiatives regarding school-based services need to be coordinated with community and home based services and supports. Positive Behavior Interventions and Supports (PBIS), Coordinated School Health, and Integrated Family Services (the initiative of the Agency of Human Services to streamline all of their services for children and families) share common principles of promotion, prevention, early intervention, and treatment in the amount needed, when it's needed. This may well be a suitable starting point of a process to pull all of the pieces together because this study has revealed that there are already effective frameworks in place. To support these efforts there needs to be effective communication across agencies at the state and local levels, well beyond the foundation provided by ACT 264, of individual student entitlement to coordination, and regional and state systems collaboration for problem resolution among few specific departments.

The Secretary of the Agency of Education and the Secretary of the Agency of Human Services should collaborate to develop a memo of understanding that addresses the need for both systems-level

planning and student-centered teaming to address the mental health and substance abuse needs of Vermont students. The memo may pull from the recommendations outlined below and should also address ways to reduce the boundaries created by confidentiality requirements (ex: HIPAA and FERPA) that make teaming around individual students a challenge.

As described throughout the report, Vermont students benefit from a system of universal evidence-based practices to promote wellness and prevent the development of mental, emotional and behavioral disorders; early intervention services and supports for those students at risk; and targeted treatment for those students with identified mental health and substance abuse problems. Programs or models to address depression, bullying, alcohol use or any other defined category of student need must be provided in an integrated and coordinated manner and embedded into a school-wide framework of supports.

The State of Vermont including but not limited to AHS and AOE should explore the barriers to getting children the mental health, substance abuse and developmental services they need. This should include examining the ways current resources are used, what resources are available including AHS Medicaid services and private insurance benefit packages that do not cover the necessary services (i.e. – case management; skill building; in-home supports) and the implementation of evidenced-based school frameworks and practices previously described. It is important to continue to address the funding and service silos that prevent integrated services and therefore services that lead to positive outcomes for children.

Vermont educators need to have access to pre-service and/or in-service education on school-based approaches to the promotion of behavioral health and prevention of mental, emotional, and behavioral disorders, including substance abuse.

Clinicians providing school-based mental health services should have access to training on both mental health and substance specific issues.

APPENDIX

A. Glossary of Terms
B. References
C. Map of Designated Mental Health Agencies
D. IOM Report Brief for Policy Makers

A. Glossary of Terms

ABA (Applied Behavioral Analysis): An evidence-based practice. Professionals in applied behavior analysis engage in the specific and comprehensive use of principles of learning, including operant and respondent conditioning, in order to address behavioral needs of widely varying individuals in diverse settings.

Behavioral Interventionist: The term Behavior Interventionist (BI) is used to describe mental health staff who provide 1:1 or small group assistance to students struggling with an emotional disability in a classroom or school setting within the context of an individualized behavior support planning process. (DOE/DMH Minimum Standards for Behavioral Interventionists, 2009)

BCBA (Board Certified Behavior Analyst): National certification for professional who conducts behavioral analyses, including FBA, develops specific behavioral intervention plans, supervises the implementation of intervention plans, evaluates results and adjusts plan.

DA (Designated Agency): A private non-profit agency designated by the Department of Mental Health to provide mental health services

FBA (Functional Behavioral Analysis): The process of gathering and analyzing information about the student's behavior and accompanying circumstances in order to determine the purpose or intent of the actions.

Mental Health Promotion: Interventions that aim to enhance the ability to achieve developmentally appropriate tasks and a positive sense of self-esteem, mastery, well-being, and social inclusion and to strengthen the ability to cope with adversity. (NRC/ IOM 2009)

Prevention: Interventions that occur prior to the onset of a disorder that are intended to prevent or reduce risk for the disorder. These are distinct from treatment, but complementary in a common goal of reducing the burden of mental, emotional & behavioral disorders on the healthy development of children. (NRC/ IOM 2009)

Success Beyond Six: A VT Department of Mental Health funding mechanism that allows schools to provide Medicaid billable, school-based, mental health services through direct contracts with their local mental health designated agencies.

School-Based Clinician: Also known as School Social Worker or Home-School Coordinator. These positions are Master's level clinicians employed by the Designated Mental Health Agency (DA) to provide mental health services in schools through Success Beyond Six funding.

B. References

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C. Designated Mental Health Agencies

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