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Date: January 31, 2017

To: House Committee on Education

From: Todd Bauman, Director, Children, Youth, and Families

Belinda Bessette, CYF Clinical Services Program Manager

Matt Habedank, CYF Behavior Services Program Manager

Re: Testimony on School Partnerships

Purpose: To provide information on the scope of NCSS partnerships with local schools, highlight how those partnerships help serve high-needs students while providing a cost savings to local schools, and outline how strong partnerships between Designated Agencies and local schools facilitate identification and provision of treatment to children and families in home and community settings.

Prevention and Early Intervention

Early identification and intervention models aim to support children and families as soon as a mental health or developmental issue is suspected with the goal of children being prepared to enter school. NCSS addresses this goal in several ways, both in partnership with local schools and through targeted mental health and support services.

Applied Behavior Services:

- Provides treatment based in Applied Behavior Analysis to children ages 2 – 21 with Autism and other developmental disorders
- Funded with Children's Mental Health Dollars
- Early intensive intervention for children with Autism has been shown to help remediate the effects of the disorder and increase independence as individuals progress through childhood. This has the potential of significant cost savings over the course of a lifetime, including to schools.

Children's Integrated Services Early Intervention:

- Provides Developmental Therapy and Service Coordination for children age birth – 3 who have a developmental delay or medical condition likely to result in a delay.
- Funded with dollars allocated through the Child Development Division. Extensive partnerships with Early Essential Education and Special Education.

"Building Bridges in the Community"

School Integration

There are a range of services provided to children and families through partnerships between schools and mental health. These programs often use creative funding mechanisms to decrease cost and increase value to local schools.

School-Based Behavior Consultant:

- Innovative model where a Behavior Consultant is integrated into a local school to provide direct support to students as well as work with the school to develop internal capacity
- Funded through Success Beyond Six partnerships through which local school dollars are used to access Federal Medicaid dollars which helps to offset local school expense.
- Services are grounded in Applied Behavior Analysis with specific focus on helping schools develop and implement Positive Behavior Interventions and Supports (PBIS) systems

School-Based Autism Program:

- Behavior Intervention program that support students K – 12 with Autism and other developmental disorders or medical conditions.
- Funded through Success Beyond Six partnerships through which local school dollars are used to access Federal Medicaid dollars which helps to offset local school expense.
- Services are based in Applied Behavior Analysis and often 1:1 staffing with extensive support and oversight.

Collaborative Achievement Team:

- Behavior Intervention program that supports students K – 12 identified as having an Emotional and Behavioral Disorder.
- Funded through Success Beyond Six partnerships through which local school dollars are used to access Federal Medicaid dollars which helps to offset local school expense.
- Services are based in Applied Behavior Analysis and often 1:1 staffing with extensive support and oversight.

School-Based Clinicians:

- Provide clinical intervention and mental health counseling to students K – 12
- Funded through Success Beyond Six partnerships through which local school dollars are used to access Federal Medicaid dollars which helps to offset local school expense.
- Schools can contract for the number of schools days that meets their need

Soar Learning Center:

- Approved Independent School providing behavior and academic support, imbedded counseling, and service coordination across environments to students K – 12 identified as needing support in an alternative environment
- Funded through Success Beyond Six partnerships through which local school dollars are used to access Federal Medicaid dollars which helps to offset local school expense.

Substance Abuse Treatment:

- Substance Abuse prevention and treatment to identified students in local schools
- DA resources are prioritized to ensure access to high quality intervention
- Memorandum of Accountability with local schools to refer students to NCSS for substance abuse treatment to ensure continuity across the community

Innovation

NCSS works with our community partners to create innovative solutions to identified needs. These programs are funded through a variety of mechanisms typically outside of schools, but have a significant impact on students' ability to access their education.

"Building Bridges in the Community"

Truancy Specialist:

- Works with identified students and families to improve school attendance
- Conceptualizes truancy as a symptom of larger family issues and attempts to address the root cause
- Partnership with local team including schools, child protection, and mental health to determine priorities
- Funded through children's mental health dollars

Safe Baby Court:

- Systems approach that will work with kids age birth – 6 when a child enters state custody.
- A service coordinator and support team will work with family and DCF to ensure services are identified and implemented in order to increase protective factors and permanency.
- This is a strategy endorsed by the community that NCSS is working on with the state to figure out final details for implementation.

Childhood Assessment of Needs and Strengths (CANS):

- Comprehensive assessment tool that looks at a child's functioning across home, school, and community environments, including family factors that may be adversely affecting the child.
- Identifies strengths, areas of need, and natural support systems for both child and caregivers and allows for monitoring of progress over time
- Will be used as one of the primary assessment tools across the system of care, including with children and families served through school programming.
- Allows for coordination and continuity of treatment across environments.

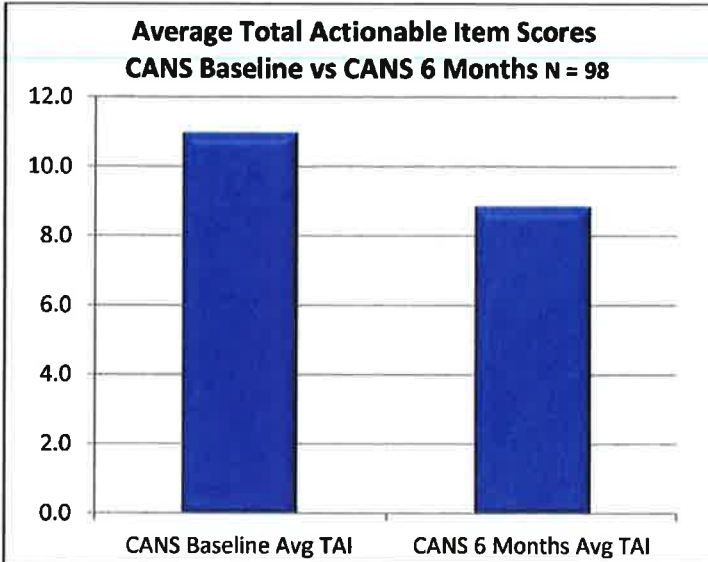
Trauma-Informed Schools Initiative:

- NCSS staff with expertise in childhood trauma provide information to increase school staff understanding of childhood trauma and the impact of adverse childhood experiences.
- Training is focused on functioning and development, how to support kids impacted by trauma, and skills to help effectively manage associated behaviors in the classroom with a focus on increasing engagement and improving academic success.

Northwestern Counseling & Support Services Children, Youth & Family Division: Integrating Family Services

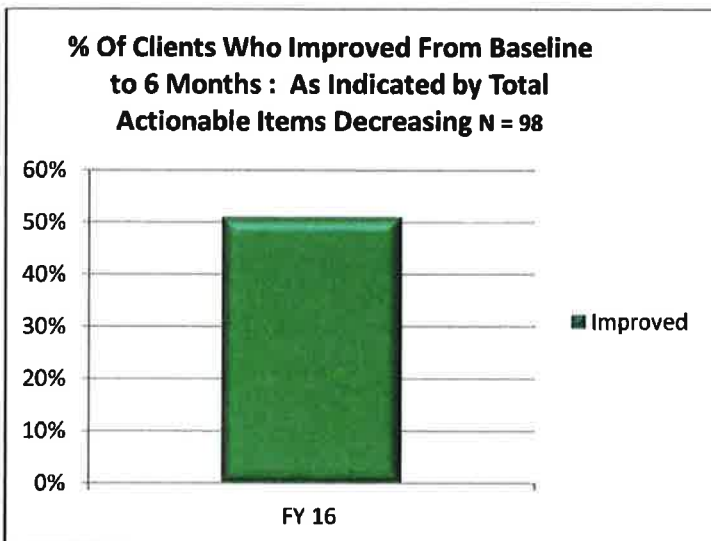
Program Outcome Statement: Children and families will be safe and successful

Program Indicator: Children and families will show improved functioning as evidenced by decreasing Total Actionable Items on the Child and Adolescent Needs and Strengths assessment (CANS). The average TAI at Baseline in FY 16 was 11.0 and reduced to 8.9 at 6 months, indicating that on average IFS programming is able resolve two identified needs per client in the first six months of services.



Story Behind the Numbers: Total Actionable Items on the CANS refers to the number of items scored at a 2 or above, indicating the item is a need to be addressed.

There are 50 items on the CANS, covering five domains: Emotional/Behavioral Needs; Life Functioning; Client Strengths; Caregiver Needs and Strengths; and Risk Behaviors. Every one point a TAI decreases indicates an identified need being resolved.

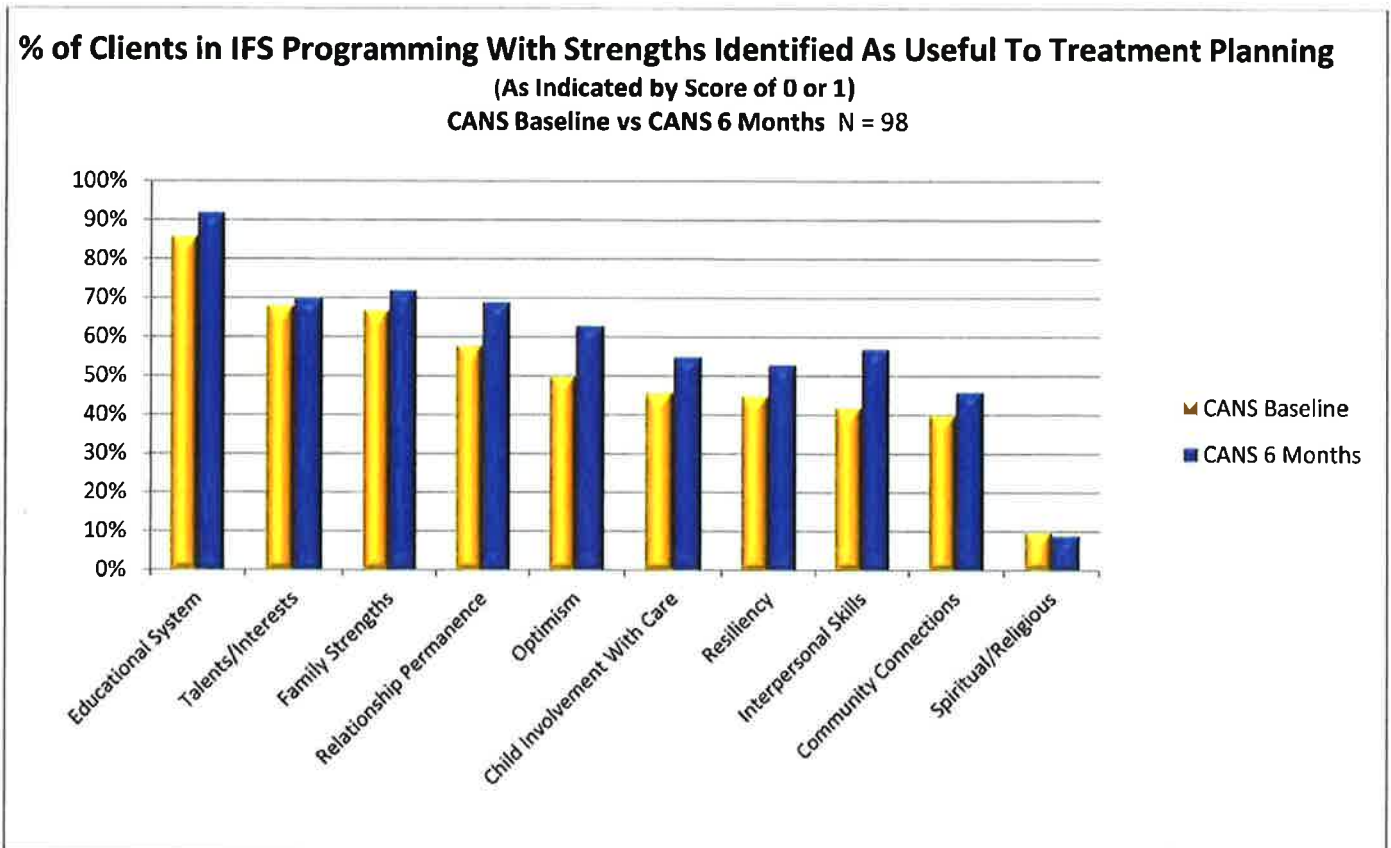


Moving Forward: NCSS IFS programming will also use % of clients who showed a reduction in Total Actionable Items as progress monitoring for our program. In FY 16 we established a baseline of 51% of clients showing a decrease in TAI over 6 months. We will look to improve on this number annually.

What Areas Specifically Are We Impacting: Strengths and Needs

Building Client Strengths Through IFS Programming

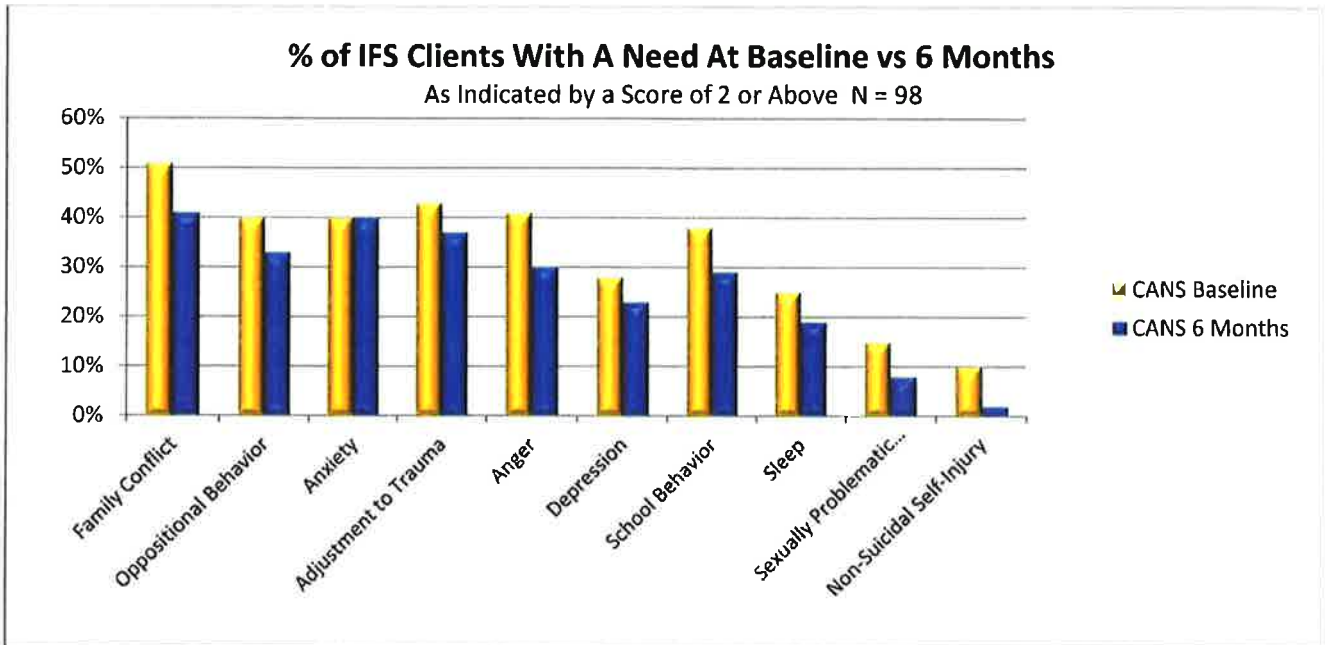
One of the best features of the CANS is it assesses client and family *strengths*. The following graph illustrates improved functioning of our IFS population by increasing client strengths over time.



- By assessing and monitoring Strengths we are able to better incorporate them into our treatment planning and maintain a strength based focus in our work
- The data suggests that the majority of our clients arrive at NCSS lacking in Optimism, Resiliency, Interpersonal Skills and Community Connections and we are actively pursuing methods to build these strengths through our IFS programming
- The CANS data suggests that strengths have been improved in the first 6 months of treatment within IFS.

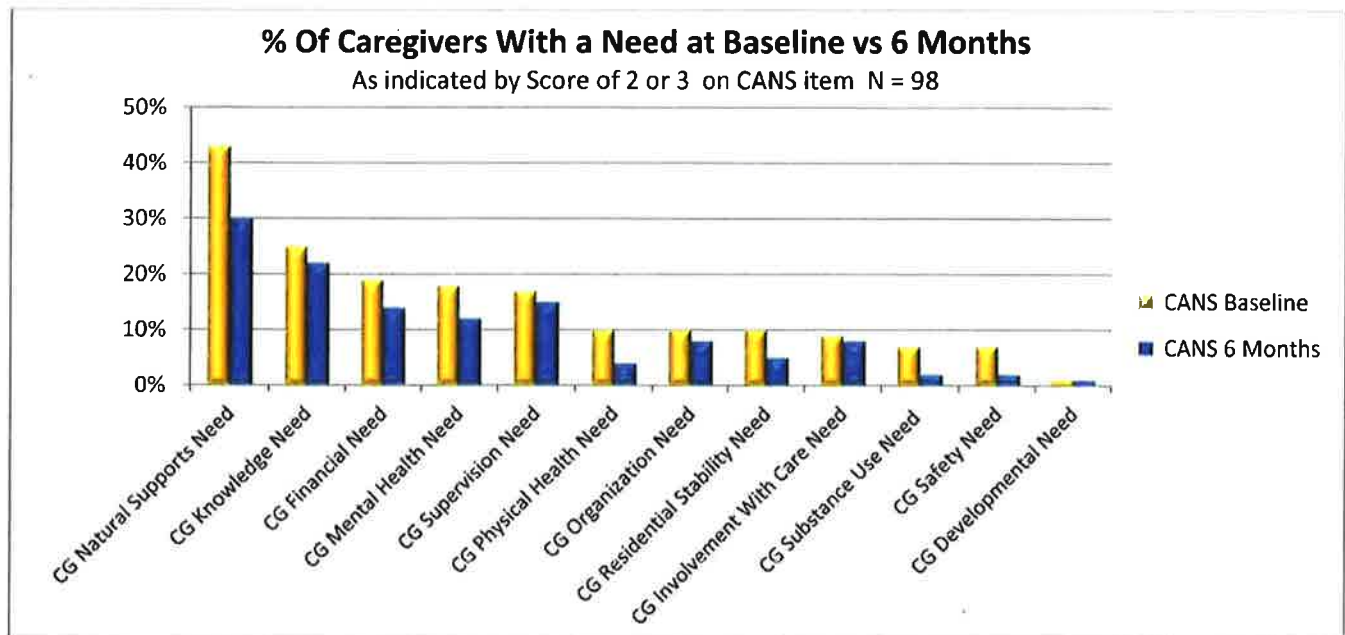
Resolving Client Needs Through IFS Programming

The CANS assesses Emotional/Behavioral needs, Life Functioning, and Risk Behaviors of the client to monitor progress over time. In FY 16 Families accessing IFS programming showed a significant improvement in areas such as Family Conflict and School Behavior, among others. An area identified for improvement would be to look at our approach for treating Anxiety, as we were not able to significantly impact this need for this sample of our population.



Resolving Caregiver Needs Through IFS Programming

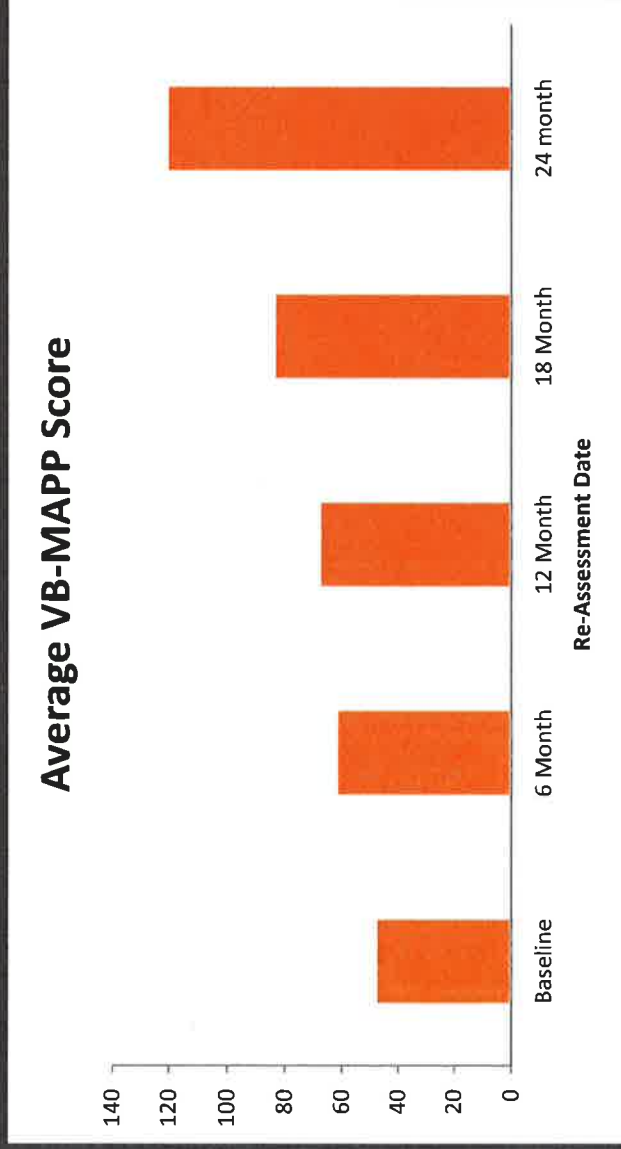
The most prevalent need for Caregivers in our IFS population is Natural Supports to help in caring for their children. IFS programming assists caregivers in identifying and accessing these supports.



NCSS CHILDREN YOUTH AND FAMILY DIVISION: Autism – Applied Behavior Services Team

PROGRAM OUTCOME STATEMENT: To help children gain the skills necessary to lead more independent and productive lives within our community

PROGRAM INDICATOR: Children will acquire and retain new skills utilizing the Verbal Behavior Milestone Assessment and Placement Program (VB-MAPP)



COMMUNITY PARTNERS:

- Local Schools
- Local Child Care Providers
- Franklin County Home Health
- Mousetrap Pediatrics
- Children's Integrated Services
- Vermont Child Development Clinic

ACTION PLAN:

- Increase ABA knowledge through frequent trainings and review of recent research in the field of ABA
- Develop a more streamlined data system to report overall team outcomes

Story behind the numbers:

- The ABA team served 47 clients in FY 16, 37 of which are doing the VB-MAPP programming. 70% of these children are under the age of seven.
- The total score possible on the VB-MAPP is 180. Improvement is indicated by VB-MAPP scores increasing. The Average VB-MAPP scores for our clients increased by 155% over baseline after 24 months of intensive teaching based strategies based on ABA techniques.

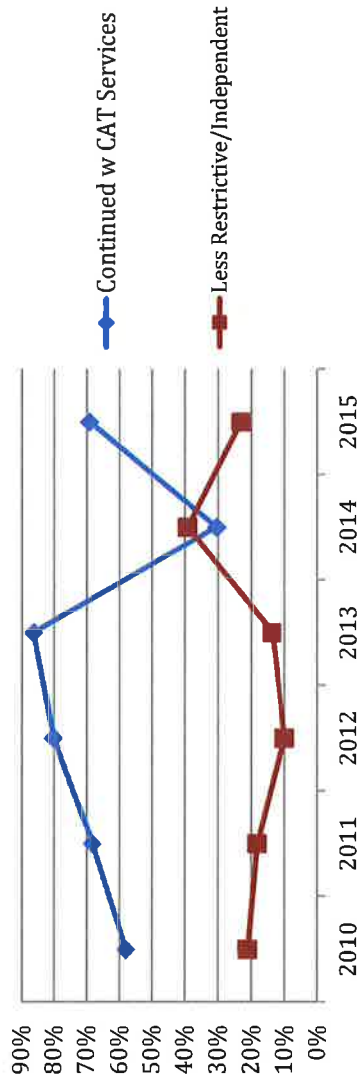
What Works

- Providing services to children in the home, community and here at NCSS.
- Providing transportation for clients to receive ABA services. This allows services to take place within the environment that works best for each family.
- Providers and supervisors with BCBA certification who provide a high level of skill and expertise.

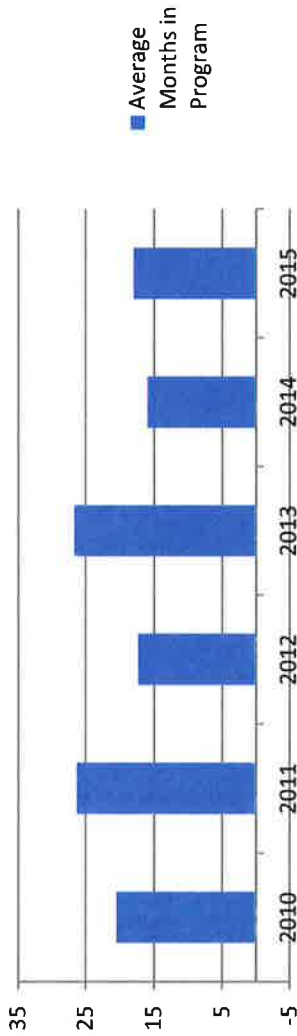
NCSS CHILDREN YOUTH AND FAMILY DIVISION: Collaborative Achievement Team

PROGRAM OUTCOME STATEMENT: Children will successfully access their public school education

PROGRAM INDICATOR: Children will acquire skills/knowledge and achieve their behavioral goals



Average Months in Program: Positive Transition



COMMUNITY PARTNERS:

-Local Schools - Department of Children and Families Northeastern Family Institute

ACTION PLAN:

- Continue to expand PBIS School Based Consultation model
- Continue to enhance our team's overall expertise in applied Behavioral Analysis

Story behind the numbers:

- In FY 16, the Collaborative Achievement Team (CAT) program provided 1:1 intensive Behavior Intervention services to 26 students in Franklin County.
- 92% of those students were able to access their education in their community and public school with the support of CAT services.
- By the end of FY 16, 23% transitioned to independence in their public school setting. Those who were able to transition engaged in intensive programming for an average of 18 months.

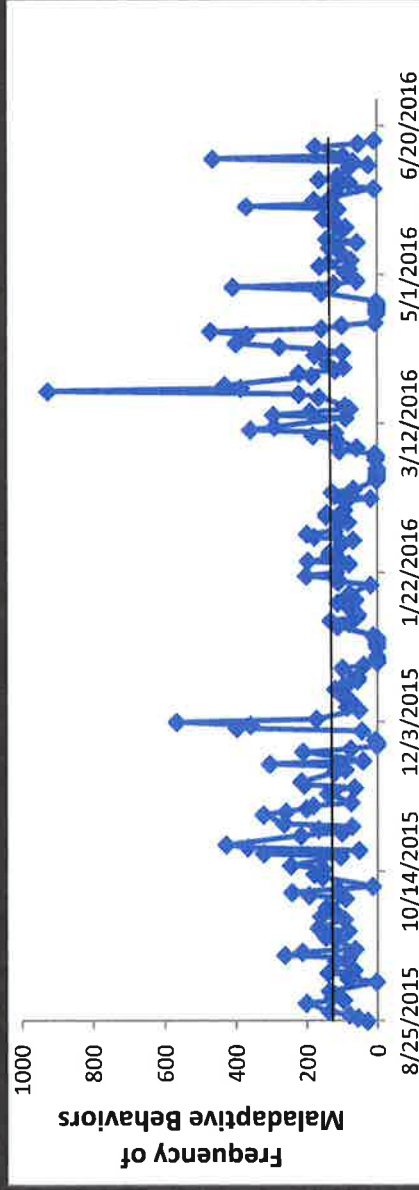
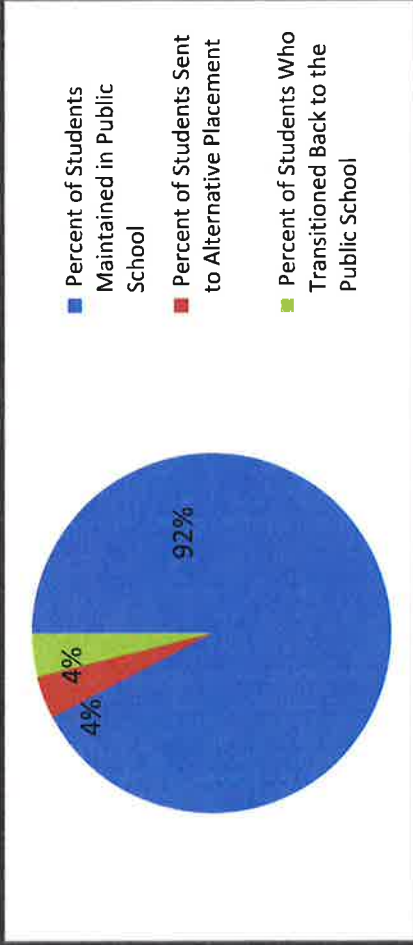
What Works

- Using practices grounded in Applied Behavior Analysis
- Individualizing behavior change interventions to fit each child's needs, and including a strengths-based positive approach.

NCSS CHILDREN YOUTH AND FAMILY DIVISION: School Based Autism Program

PROGRAM OUTCOME STATEMENT: Children will be successful in their public school

PROGRAM INDICATOR: Children will achieve their behavioral goals and acquire skills and knowledge



COMMUNITY PARTNERS:

-Local Schools - Supervisory Unions - Vermont Child Development Clinic

ACTION PLAN:

-Continue to support staff with Board Certification in Behavior Analysis (BCBS) supervision to increase skilled staffing

Story behind the numbers:

- In FY 16, the School Based Autism Program served 25 kids aged 5-22 in 11 public schools.
- 92% of those students were maintained within their public schools/least restrictive environment.
- Over the FY 16 school year we showed a slight increasing trend line in maladaptive behaviors. This increase was impacted by taking on two new students in March with high level behaviors. We believe the flexibility of accepting students mid to late school year is key for partnering effectively with schools.

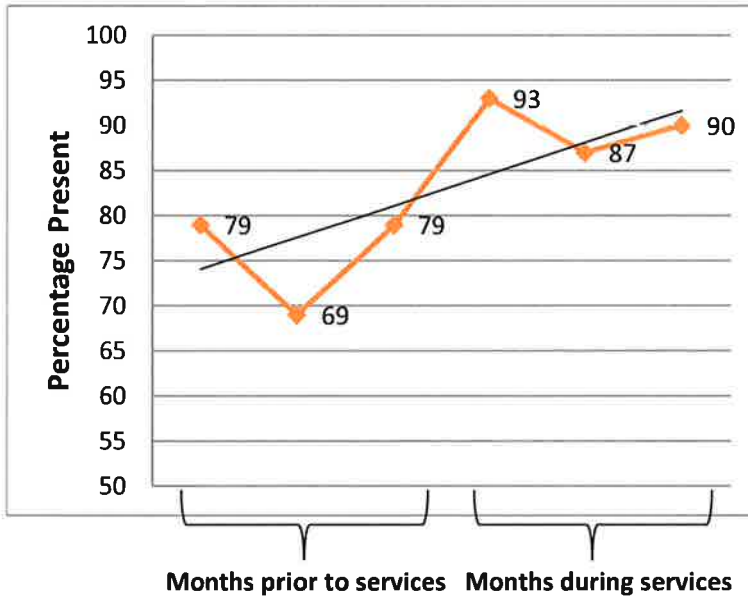
What Works

- Student centered services, where the child and ongoing collected data drive programmatic decisions.
- Behavior Analysts and Autism Specialists developing all behavior programming and providing supervision and ongoing training.

OUTCOME STATEMENT: Promote social-emotional well-being through education for children & families served.
INDICATOR: Children will demonstrate increased school engagement and attendance as outlined in Individual Plans of Care.

Headline Measures – How well are we doing?

School Attendance



- Students served attended an average of 76% school during 3 months before services, compared with 90% during the first 3 months of services.
- At these average rates, students would miss 43 days in a school year without services versus 18 days with services.

Story Behind the Baseline Performance:

In 2016, TS services have supported individuals in increasing their attendance by 16% within the first month of service. The TS discharges individuals from services only when he/she has missed 0-1 days per months, for 3 consecutive months to ensure sustained, consistent attendance. More than half of the individuals served had reached 20 absences prior to services; by focusing future services on individuals beginning at 15 absences, the TS predicts even better outcomes.

What Works:

The Truancy Specialist (TS) works to support children who have missed 15 or more school days in a year. The TS works with children and caregivers to develop individual plans of care that meet the individuals' needs and strengths. Through targeted interventions, the TS works to address the multiple risk areas contributing to the individual's poor school engagement and attendance. The TS works with community partners to establish consistent truancy protocol, attain referrals, track outcomes, coordinate services and plan transitions to ensure continued success for clients and families. Frameworks used are but not limited to:

- Motivational Interviewing
- Cognitive Behavioral Therapy
- ARC

Community Partners:

- Public Schools and Supervisory Unions
- Department for Children and Families
- Franklin Grand Isle Restorative Justice Center
- Franklin County Truancy Intervention Panel

Proposal to Improve Performance:

- Work in collaboration with community partners to identify students and families who are most likely to engage in and benefit from services.
- Develop a clear process to: 1) assess risk areas contributing to truancy, and 2) target interventions based on those identified risk areas.
- Identify trainings for staff that continue to build staff expertise and ability to meet the community's needs.

Action Plan:

- Continue to track outcomes of clients served and further analyze these outcomes to inform services.
- Work with school administration and staff to identify students and families most likely to engage in and benefit from services; coordinate services with same personnel across environments for individual served.