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School-Based Services Provided by the Designated Agencies

A continuum of integrated, family- and child-centered care to support the education of Vermont's most vulnerable children and youth

Matt Habedank and Amy Irish, Northwestern Counseling and Support Services, Mental Health Advocacy Day, Jan 30, 2019

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Scope of School-Based Mental Health Services

STATEWIDE REACH

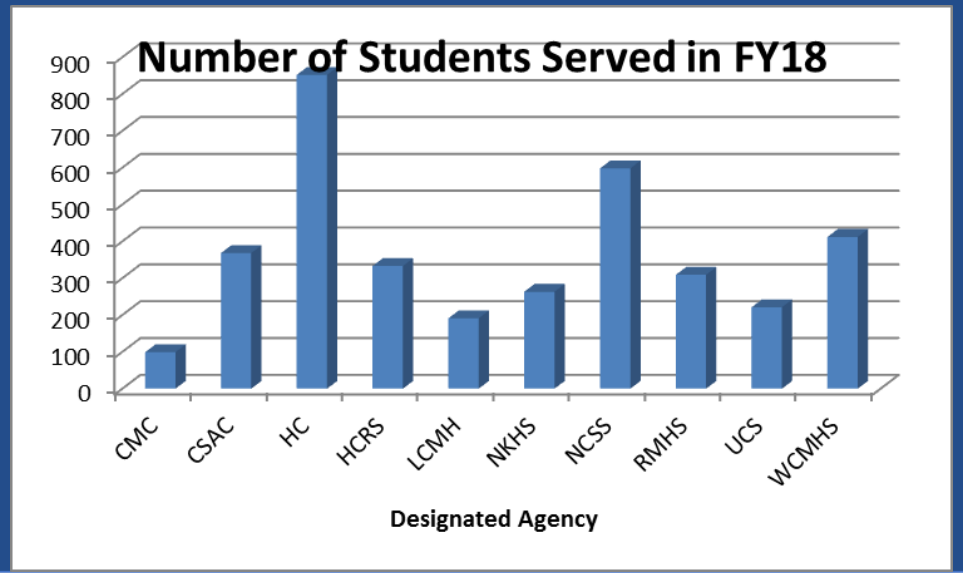
- All 10 designated agencies provide school-based services
- We partner with 77% of Vermont schools to offer school-based services

HIGH DEMAND FROM SCHOOLS

- 3646 students served in FY18
- Waitlists in many areas

COST EFFECTIVE

- Leverages Medicaid match



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Collaboration Between AOE and AHS for Mental Health Services in Schools as an Outcome of ACT 264.

- **1992:** Success Beyond Six was created as a fiscal mechanism to allow local schools to contract with Designated Agencies for mental health services for children as described in ACT 264.
- **1993:** ***Home School Coordinators***. HSC provided service coordination, case management and therapy to identified youth within their local school.
- **1995:** ***Behavioral Interventionist (BI)***. Mental Health Behavioral Interventionist positions (1 to 1) were created to support the needs of those students who require intensive individualized services beyond what HSC could offer (based on the "wraparound" model).
- **2009:** Statewide Behavior Interventionist Standards developed. These standards were created to create consistent quality of BI services across the state.
- **2012:** ***Positive Behavior Intervention Supports (PBIS) Behavior Consultants.*** 1–to-10 model of providing mental health and behavioral supports to youth in public schools. This model was created with the intention of providing more services to more students in a cost effective manner and to assist schools in their school wide behavior management system, including PBIS and MTSS.
- **2018:** ***Behavior Interventionist "Pod" Model:*** providing schools with an identified set of staff which allow them to create flexible and tailored supports to school systems beyond the 1-to-1 model.

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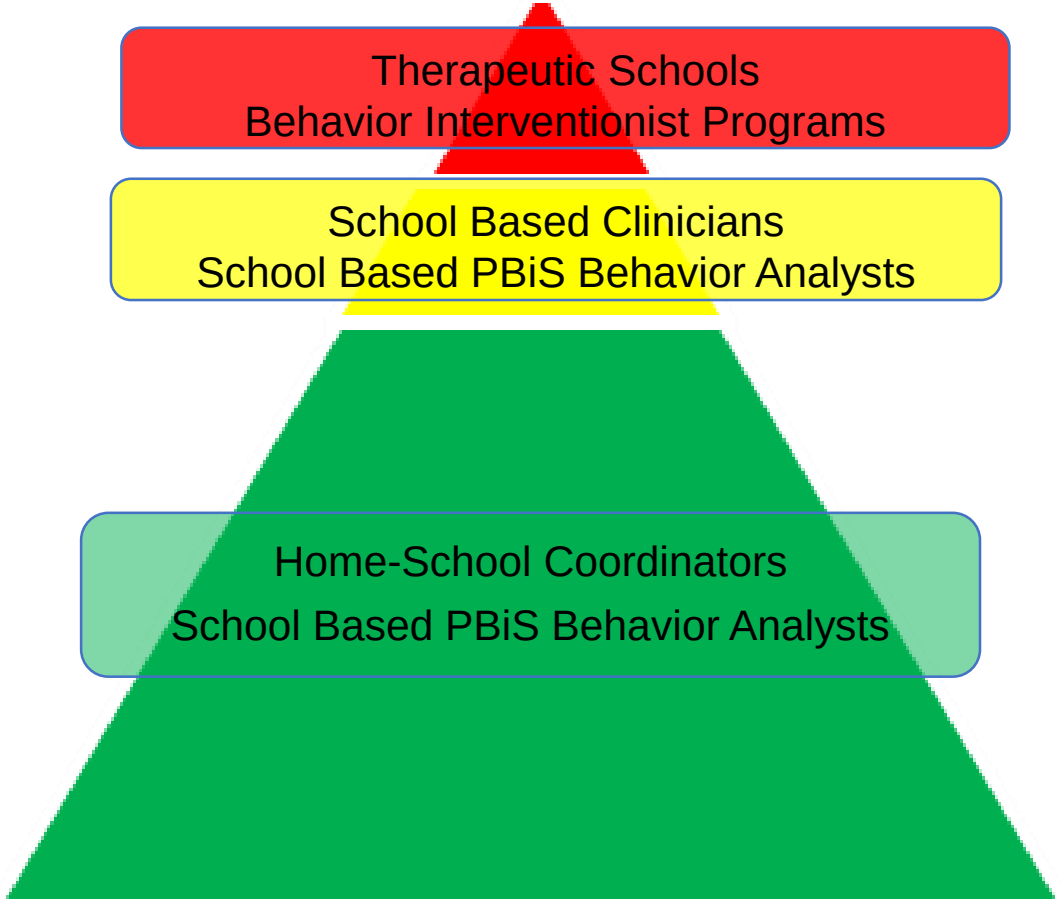
Continuum of Care

- Integrated mental health supports are a necessary part of the MTSS/PBiS system of supports and intervention
- A continuum of supports that are least restrictive and most effective
- Shift focus from Reactionary to Preventative (when possible)
- Help schools improve school-wide systems that impact all students
- Build capacity of all adults to work with students with challenging behaviors/mental health needs/trauma



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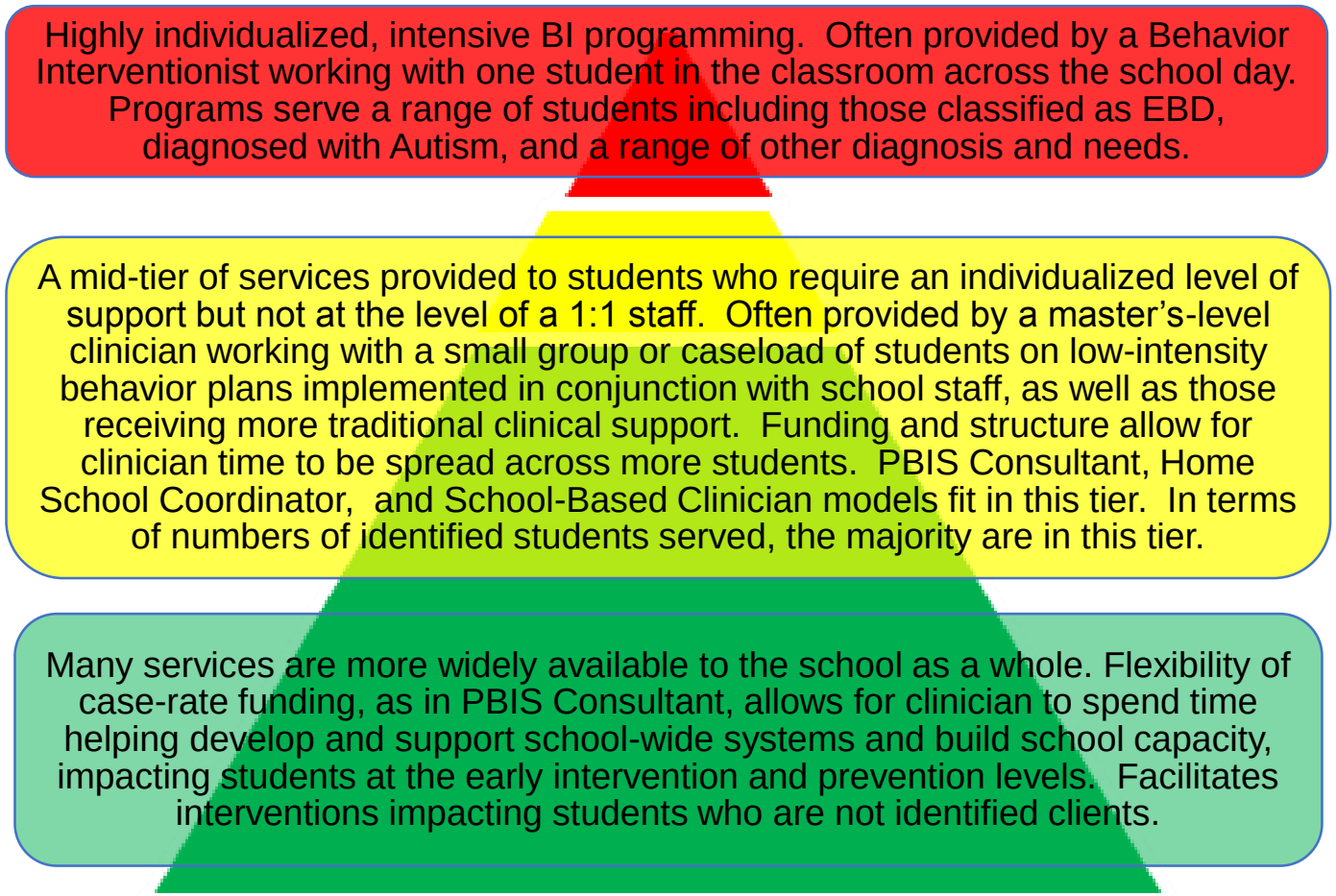
Levels of Intervention

- Designated Agencies provide a wide range of levels and types of intervention to meet the needs of schools, students, and families while maximizing resources both in terms of staffing and funding.
- DA's continue to work with schools to identify and adapt to changing needs, along with state partners to use available funding in creative and different ways to serve more students with less dollars and focus increasingly on early intervention and prevention.



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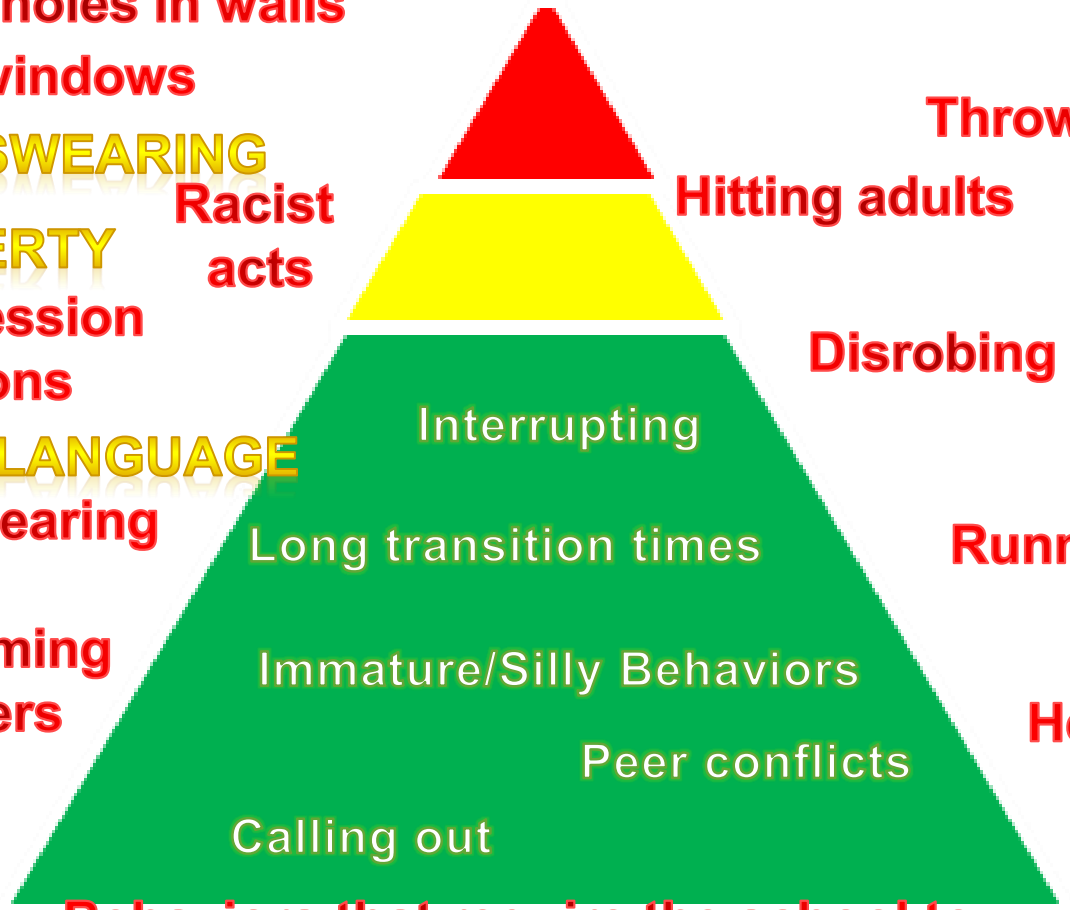
Presenting Behaviors



SOCIAL ISOLATION

Kicking holes in walls

Throwing chairs through windows

REFUSAL

SWEARING

DESTRUCTION OF PROPERTY

Racist acts

Physical aggression

BULLYING

With weapons

Fire setting

DISRESPECTFUL LANGUAGE

Fecal smearing

THROWING ITEMS

Grooming peers

Drug/alcohol use

HARASSMENT

Suicidal behaviors

LEAVING CLASS

Threats of harm towards the school

Self harm

Throwing chairs, desks, etc.

Hitting adults

Physical aggression towards peers

Disrobing

Possession of weapons

Running off school grounds

Head banging

Sexual assault

Harming animals

Behaviors that require the school to go on lockdown

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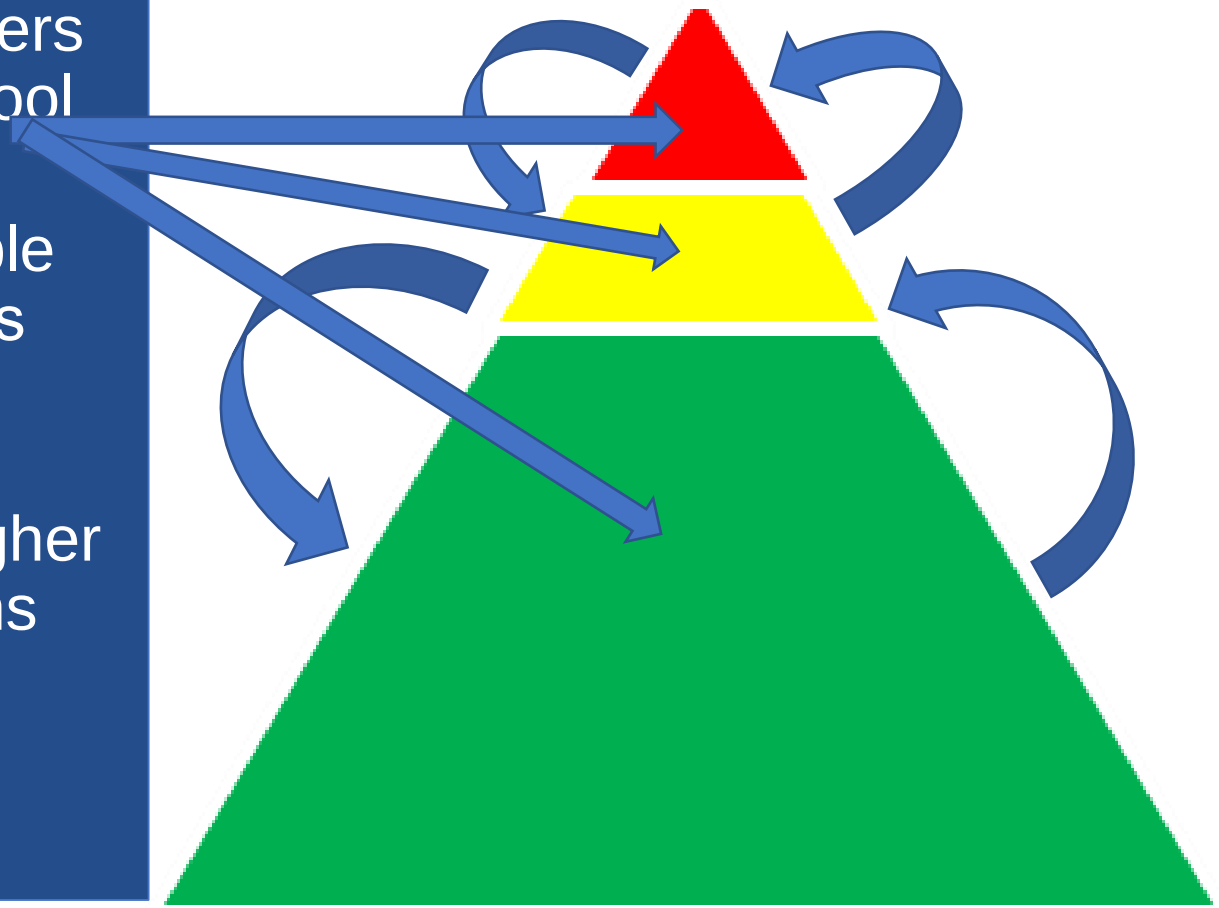
How Do Students Get the Support They Need?

- Students can access all three tiers while staying in their public school
- Step down supports are available and more seamless as student's behaviors improve
- Students can be referred for higher levels of supports if interventions are not showing improvements



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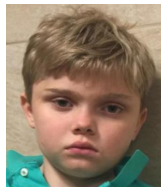
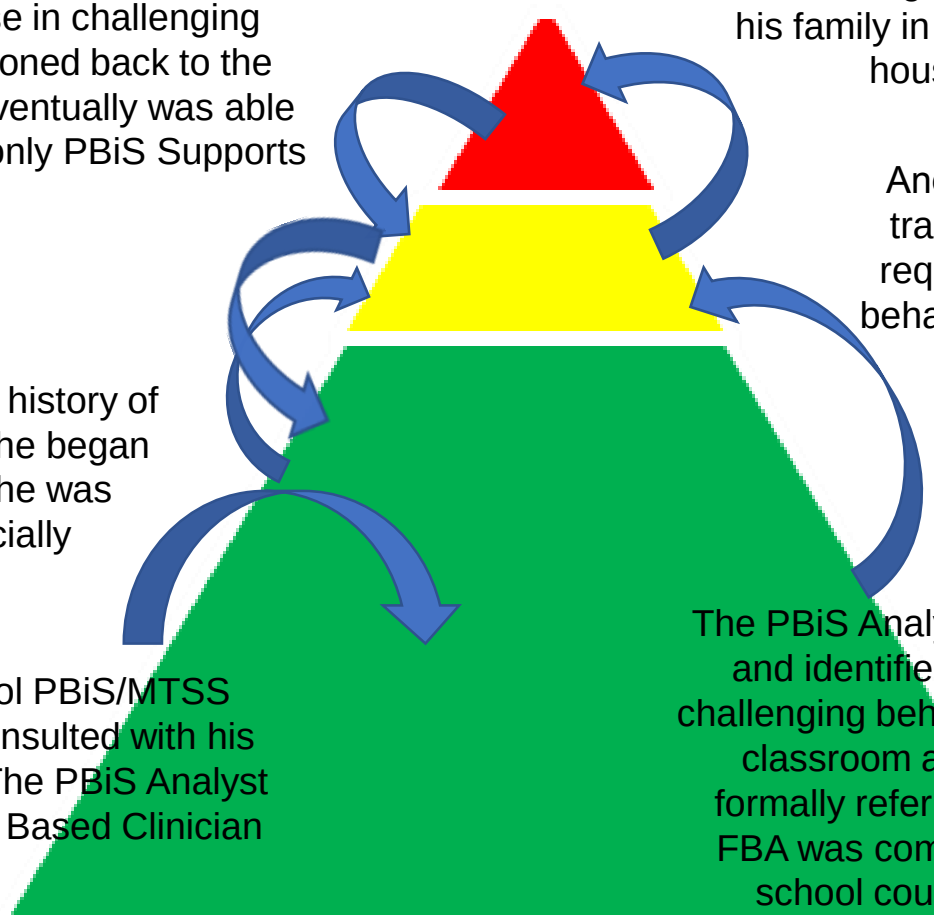
A Story: Andy



Andy was a 9 year old student with a history of early childhood trauma. In 1st grade he began making self defeating comments- he was struggling academically and socially

He also participated in the school PBiS/MTSS Systems and the PBiS Analyst consulted with his teacher on classroom supports --The PBiS Analyst referred him to access the School Based Clinician

As data reflected a decrease in challenging behaviors, Andy was transitioned back to the PBiS Analyst caseload and eventually was able to access his classroom with only PBiS Supports



Case management as part of his services supported his family in accessing resources including stable housing, food and transportation.

Andy's home stressors increased following a transition into DCF custody and he began to require 1:1 support to manage his aggressive behaviors– A referral was made for an Intensive Behavior Interventionist Services.

The PBiS Analyst reviewed the ODR data with the school and identified that he continued to show increasingly challenging behaviors (including throwing chairs across the classroom and running away from the building) and formally referred him to the Analyst caseload where an FBA was completed in order to develop a plan that the school could implement that focused on teaching, practicing and reinforcing new and appropriate skills.

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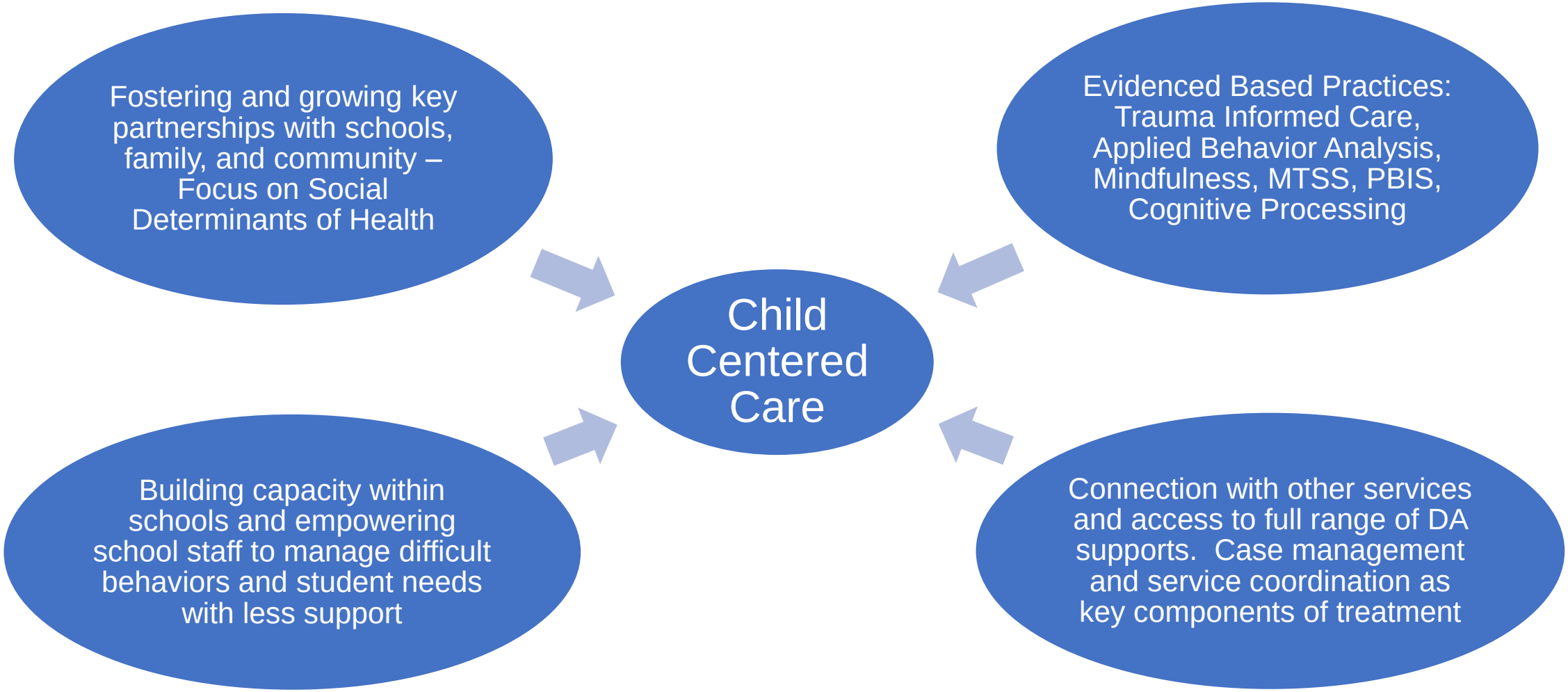
Many Facets to Effective Treatment in Schools



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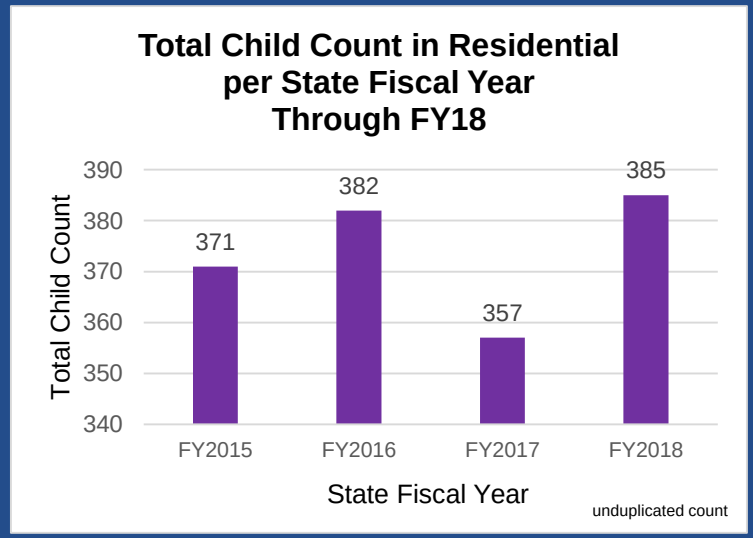
School-Based Services Prevent More Restrictive and More Costly Levels of Care, such as…

Mental Health Hospitalization

- Restrictive setting
- Little to no education
- Cost per bed day: $1425/day for a child or youth at Brattleboro Retreat as of 7/1/18 -- significantly higher per day than any service in the school-based continuum of care

Residential Placement

- 385 kids in ’18, 82K bed days
- 40% (154 kids) out of state
- ⬇ Sx6 options= ⬆ residential



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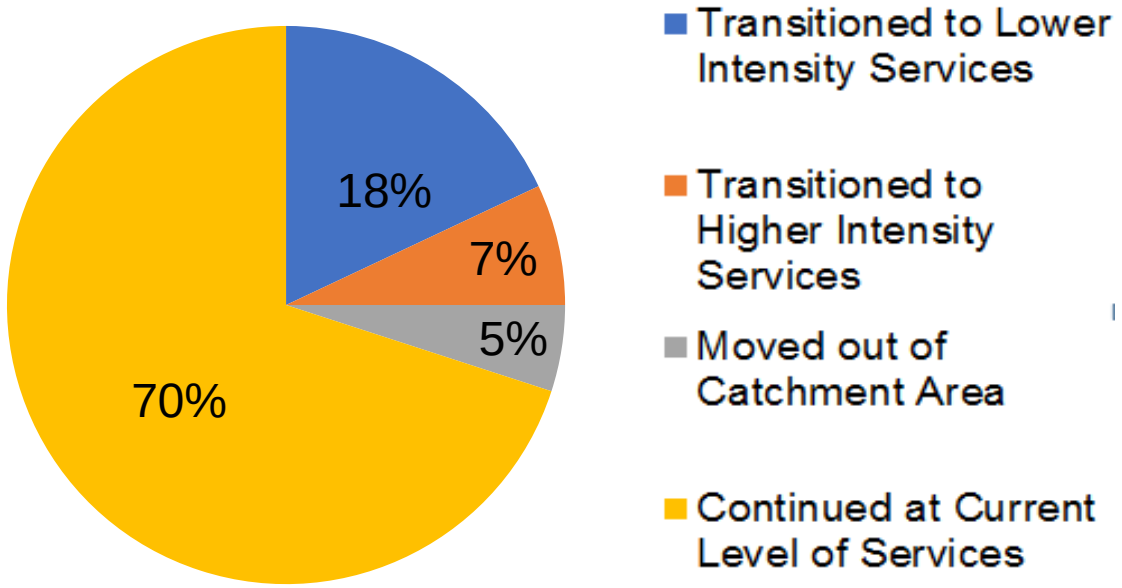
FY 18 Outcomes

- In FY 18 Success Beyond Six programs in the DA system served approximately 3,646 children.
- The outcomes listed here are based on a subset of those numbers (n=587).
- 88% of students were able to transition to a lower level or maintain their current intensity of care.

Discharge Status FY 18



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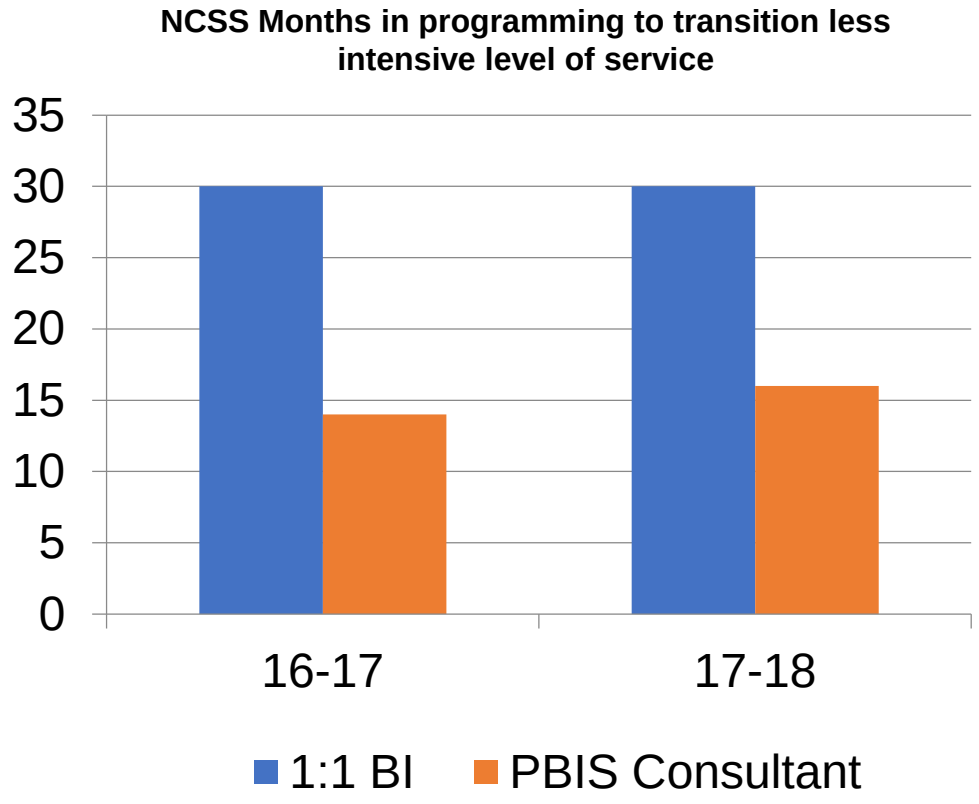
Agency-Specific Outcomes



PBIS Consultants 2017-2018 School Year

- Washington County
  - 140 Identified Students Served
  - 563 Unidentified Students Served
  - 14 schools
- NCSS
  - 88 Students Served
  - 6 Schools
  - 3,363 non-billable service hours to partner schools

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Challenges Facing SX6 Programs

- Hiring and maintaining qualified staff
- Student need vs. staff availability
- Staff injury
- Health Care Cost
- Competitive wages with other agencies and professions
- Staff turnover makes it a challenge to serve kids with intense behavioral needs (need high level of training and ongoing supervision and support)
- Competing with programs/positions that don’t require travel
- Staff coverage due to illness, injury, maternity leave, etc

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Importance of School Based Mental Health Services

Without these services the state and community would be at risk of the following:

Educational Implications

- Increase in out-of-school placements (in and out of state)
- Including residential and alternative schools
- More restrictive and higher cost placements
- Increase in school disciplinary referrals as well as strain on behavioral support resources
- Increase in truancy
- Increase in school suspension and expulsions
- Exhausting school (personnel and financial) resources
- Increase in reactionary access to local LEO (law enforcement officer)
- Increased need for SRO (school resource officer)
- Increased stressors in school environment to staff, students, etc

Accessing Community Mental Health Implications

- Increase strain on mental health system and reduced capacity to serve underrepresented community members
- Without SB6 programs there would be an inability to access a higher level of care that is currently being provided by school based programs
- Decreased protective factors for individuals with high ACE scores
- Family access to needed services, resources and supports, ie therapy, healthcare, Medicaid, food banks, economic services, etc
- Breakdown in communication amongst school, DCF, other providers
- Limited ability to access psychiatry, community skills supports or family managed respite, case management
- Fragmented community supports (siloes of supports)

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School-Based Services are Evolving to Meet VT's Needs

WHAT LIES AHEAD:

- Census funding on the horizon with emphasis on MTSS
- Statewide cap on Medicaid in All-Payer Model
- Schools will still be the mostly likely place where kids who struggle can access behavioral and family support

WE ARE READY:

- Experimenting with different/ new delivery models
- Working with special education community to prepare for census funding future
- Piloting innovative integrated models of family-centered care