

SUCCESS BEYOND SIX SCHOOL MENTAL HEALTH AND COVID-19

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Presented to House Education Committee 4/14/2020

QUICK SB6 OVERVIEW

- Success Beyond Six (SB6) is the name for the Medicaid funding mechanism for school mental health services provided through Designated mental health Agencies in partnership with a Local Education Agency (LEA; school district)
- FY20 ~ \$70M budget; 831 FTEs; over 3K students
- There are LEA/DA contracts for SB6 school mental health in nearly every school district in Vermont and 13 independent schools

SFY 2020	Total in VT	With any SB6 # (%)
Public Schools	292	201 (69%)
Supervisory Unions	53	48 (91%)

- Services & Funding Structures:

School-Based Clinical Services	Monthly Case Rate
School-Based Behavioral services	Fee-For-Service
C.E.R.T. Therapeutic Schools	Daily Rate

Report:

[Review of Success Beyond Six: School Mental Health Services Act 72 \(2019\), Section E.314.1. January 15, 2020](#)



DMH
GUIDANCE
FOR
COVID-19

- DMH developed guidance based on emerging information <https://mentalhealth.vermont.gov/information-coronavirus-covid-19-0/service-providers>
- Essential Services guidance for DA/SSAs mental health services
- DMH & DVHA leveraged Covid-19 related Medicaid flexibilities to alleviate restrictions on service delivery and payment mechanisms
- Success Beyond Six (SB6) guidance to DAs on provision of school mental health services during school closure/ remote learning
- DMH held “office hours” for open communication with DA leadership regarding SB6 needs and changes related to Covid-19

SB6 GUIDANCE FOR COVID-19

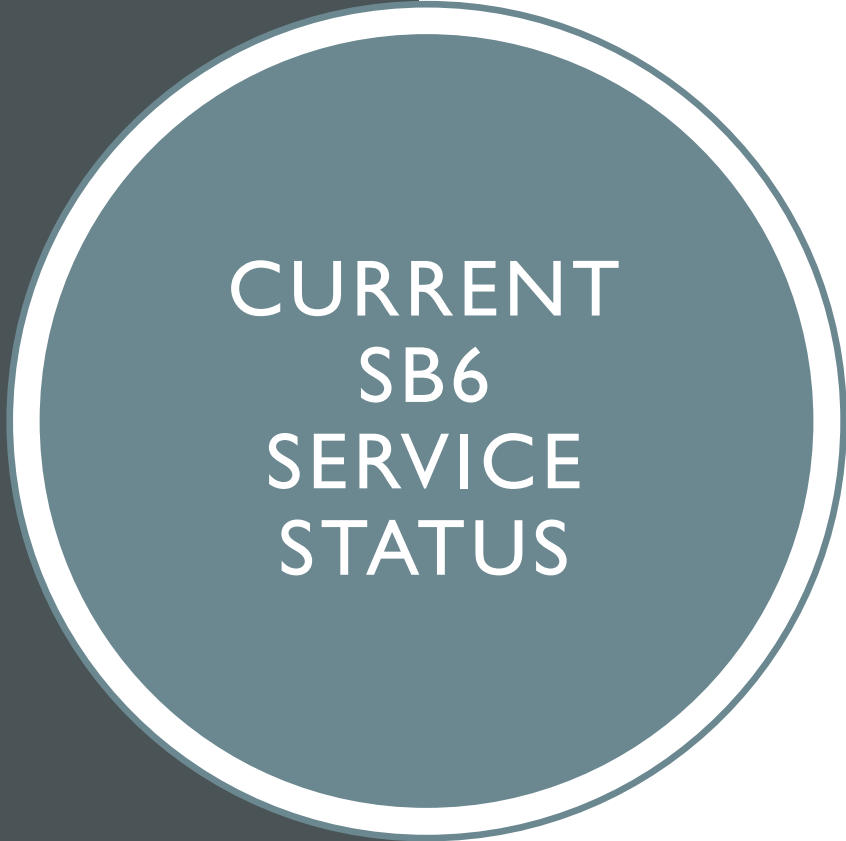
Goals are to maintain services to the greatest extent possible for students & families, support students to be available for remote learning, staff retention, flow of funding to DAs, and safety for all

SB6-specific changes in place:

- All SB6 services may be provided through telehealth (video + audio) or phone (audio only) with the student and/or family in their home or chosen setting during this period
- DMH lowered minimum thresholds of service to bill SB6 services for the services with case rate/ daily rate
 - School-based clinicians monthly case rate: lowered from 2 hours of a qualifying service per month to 1 hour of a qualifying service per month
 - CERT (therapeutic schools) daily rate: lowered from 2 hours of a qualifying service to 15 minutes of a qualifying service per day
- DMH asking DAs submit assurance for match payments from LEAs; allowing flexibility in timing

CONTINUED FOCUS: BEHAVIORAL INTERVENTION PROGRAM

- Behavioral Intervention Programs are Fee-for-Service and are seeing biggest impact of reduced service & billing
 - 566 BI FTEs; 42 BCBA FTEs;
- Standing up a temporary emergency case rate to shore up fiscal risk and staff retention
 - DMH working closely with DA Execs, CFOs, Program Directors and DVHA Payment Reform team
 - Monthly case rate will be retroactive to March 1 and will end on June 30th



CURRENT SB6 SERVICE STATUS

- All DAs have shifted their service delivery and are connecting with families and students for continued mental health support
- DAs are arranging services based on clinical need, family availability and ability to access supports through alternate methods, while following the governor's directives and AHS guidance
- DAs are connecting with schools to coordinate plans for students. Collaborative teams are still functioning through remote methods.
- Supporting children/youth to be available for learning through creative approaches
 - Facilitating emotional regulation through body-based and mindfulness activities
 - Running group activities over zoom: music time, art classes, exploring nature, cooking
 - Increased time with parents/guardians
 - psychoeducation and supportive counseling to cope with stressors
 - transferring behavioral plans to the home setting
 - Assisting with resources, basic needs

AREAS OF CONCERN

- Concerns about some students who don't have internet or limited minutes on phones for remote mental health supports and educational access
 - Federal grant funds restricted against purchasing phone minutes, Track phones, internet service, or devices
 - While texting preferred by families & students, it's not covered Medicaid service delivery method
- Hearing that some schools considering changing SB6 contracts due to fiscal concerns
- Some families are inundated with so many people (school, DAs), feeling overwhelmed, trying to balance & coordinate outreach

COORDINATION WITH AOE

- Agency of Education & DMH issued a joint memo on April 8th regarding the continuation of school mental health services
- Shared concerns about lack of internet or phones for remote learning & mental health services
- Will continue to coordinate on the role of school mental health in the development and implementation of continuity of learning plans for remote learning for the remainder of the school year
- Will eventually focus on coordination of SB6 services with educational compensatory services (e.g. summer programming)
- Working through issues of HIPAA/FERPA re: platforms for remote service delivery