VERMONT

State of Vermont
Department of Mental Health
280 State Drive, NOB 2 North
Waterbury, VT 05671-2010
http://mentalhealth.vermont.gov/

Agency of Human Services

[phone] 802-241-0090
[fax] 802-241-0100
[tty] 800-253-0191

MEMORANDUM

TO: Representative Lori Houghton, House Health Care
Representative Robin Scheu, House Appropriations Committee

FROM: Laurel Omland, Director of Child, Adolescent & Family Unit, Department of Mental Health

DATE: February 16, 2022

SUBJECT: Follow up from discussion on 2/8/2022 regarding Success Beyond Six

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This memo is in response to questions raised during testimony on January 27, 2022 and a follow-up discussion with Representatives Houghton & Scheu regarding Success Beyond Six.

How is the Success Beyond Six (SB6) budget spent on mental health versus any other elements of the program? Can we see a breakdown of the $72 million?
The most recent comprehensive report detailing the outcomes and spending of the SB6 program is a 2020 Review of Success Beyond Six; School Mental Health Services.

The Success Beyond Six services provided by the Designated Agencies under contract with the Local Education Agencies (LEA) are billed through Medicaid for Medicaid-enrolled students. The $72 million is the Medicaid spending authority granted to DMH for this SB6 Medicaid billing. Each fiscal year, DMH develops contracts with each DA for SB6 Medicaid based on the local contracts between the LEA/DA for SB6 staff/services.

The Designated Agencies bill Medicaid through DMH. The schools then pay the Designated Agencies the General fund (State) portion. The DA uses local education funds as the state match to draw down federal Medicaid for eligible services to eligible children.

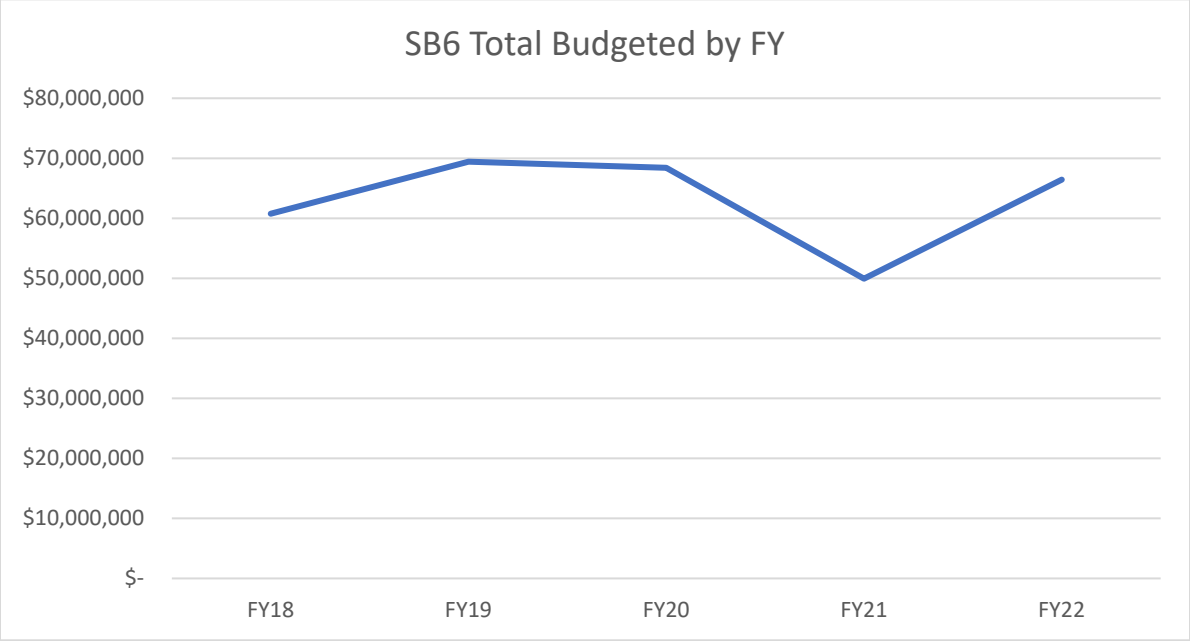
FY22 SB6 contracts support a total of 704 contracted FTEs statewide (56 Board Certified Behavioral Analysts (BCBAs), 457 Behavioral Interventionists (BIs), 191 school-based clinicians). DMH does not have specific data on how many FTEs are/were vacant; that detail is not provided by the DAs to DMH. The SB6 Medicaid is paid out on claims when services are delivered in adherence to the Medicaid requirements.

Breakdown of the $72M Medicaid authority?
The SB6 budget is developed using information submitted by the DAs based on the local DA/LEA contracts. The local contracts may fluctuate during the school year based on the needs identified by the LEA. The DAs provide quarterly updates to DMH on those changes. The DA bills SB6 Medicaid for services provided throughout the FY.

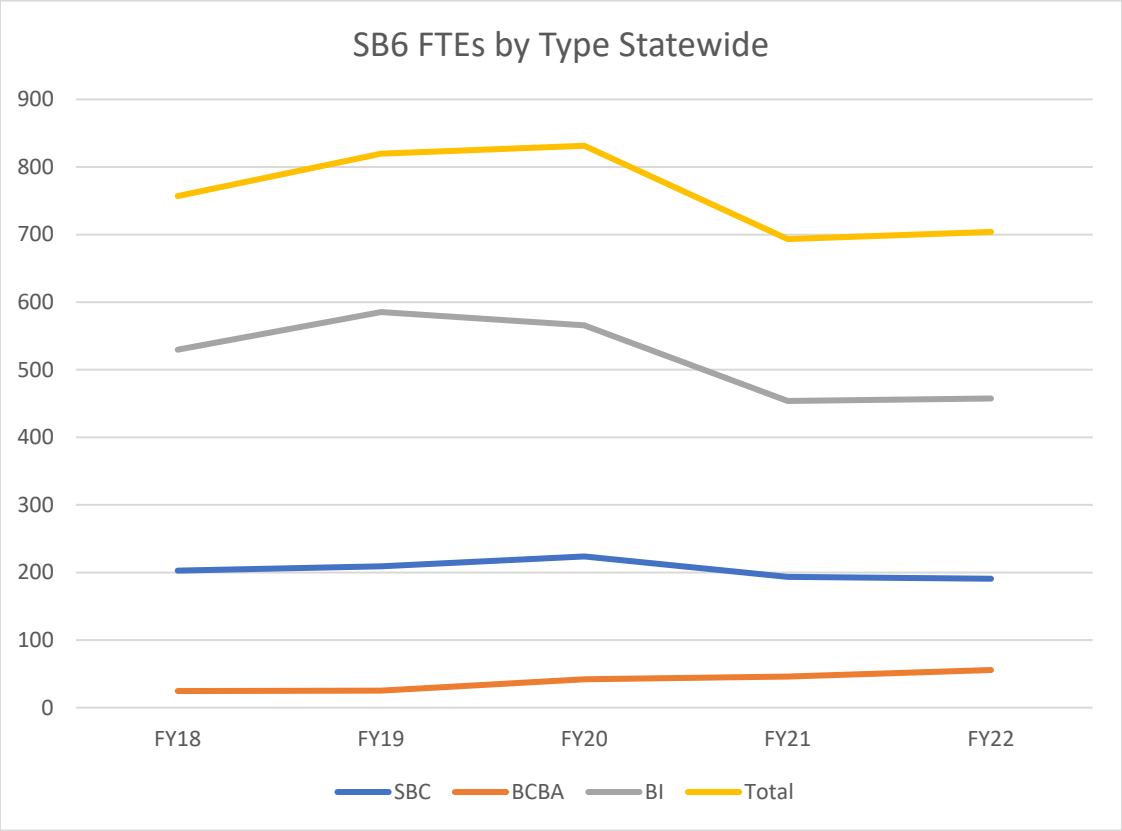
FY22 SB6 budgeted amounts & FTEs by DA

DA	SB6 Budgeted	FTEs
CMC	$ 1,838,248	26.24
CSAC	$ 3,473,033	38.78
HC	$ 21,784,416	181.90
HCRS	$ 4,327,249	52.00
LCMHS	$ 1,853,347	31.50
NKHS	$ 1,269,407	14.43
NCSS	$ 12,910,896	148.52
RMHS	$ 2,757,952	30.00
UCS	$ 646,818	172.67
WCMH	$ 15,582,533	8.00
Total	**$ 66,443,899**	**704.04**

Trend of SB6 budget across past 5 FYs



Total SB6 FTEs across past 5 FYs



SBC = School-Based Clinician

BCBA = Board Certified Behavioral Analyst

BI = Behavioral Interventionist

Notes: FTEs rounded to nearest whole. CERT therapeutic schools are included in the FTEs.

If some of $72M isn't being used, can schools use the remaining funds or can it go towards increasing workforce retention with the DAs?

The $72M is Medicaid spending authority. DMH does not have the GF to draw down the unused portion of the SB6 Medicaid spending authority; as noted above, the local/state match comes from the LEA. The LEAs would only be able to use whatever funds they would otherwise put towards the local match.

The spending authority is leveraged through the LEA/DA contracts and provision of service, which is driven by need but also by having the workforce to provide the service. DMH and AHS had anticipated being much closer to the spending authority cap before the pandemic and, if the workforce stabilizes, it's likely that we'd see a return to that level. DMH agrees that there is need to stabilize the workforce and we are looking at other federal funding options to support the Workforce Task Force recruitment and retention plan.

With regard to whether DMH could leverage more of the SB6 Medicaid spending authority to stabilize the workforce, any increase to SB6 Medicaid rates beyond the proposed 3% is a long-term change that impacts the Global Commitment requirement for Medicaid budget neutrality. It's also important to note, that Medicaid rate increases put a proportional increased burden on the LEAs due to an increase in required state/local match. LEAs are not able to use their available federal funds, such as ESSER, to provide that match, as federal funds cannot be used to match other federal funds. Lastly, DMH is exploring short-term adjustments using the COVID-19 flexiblities to help address the pandemic's impact on the Designated Agencies' ability to draw down their SB6 case rates/ daily rates.