Dear Laurel,

Thank you for the opportunity to provide specific input for the legislative report on Success Beyond Six programming that is due to the Vermont Legislature in January.

Vermont should be very proud of the school-based services we deliver to Vermont’s most vulnerable children, youth, and families. By embedding mental health services in schools, we are mitigating the impacts of developmental trauma, supporting students in accessing their education, and preventing the onset of worsened and more costly mental health and substance use disorder conditions later in life. Integration between education and the community-based mental health system maximizes the time and resources available to both children and families to strengthen families, prevent adverse childhood experiences, and address social determinants of health. Determined at a local level, school-based services can be flexible to meet the needs of both specific students and specific school districts.

DMH has been a strong partner in communicating the value of these services over years. We know DMH is well-versed in many of the program methods and attributes. This memo will offer a VCP perspective on #2, #4, and #5 of the legislative report requirements.

Here is a summary of our main points:

- Vermont children/youth are more stressed than they were ten years ago, as indicated by rates of DCF custody, rates of Opioid Use Disorder among parents, and rates of economic stress.
- Mental health data for children/youth in Vermont indicate that the stressors above are causing increased behavioral acuity for children/youth across settings.
- Trends in the last four years indicate that, while the number of identified students has stayed relatively stable, Success Beyond Six programs are providing more and more services per student, reflecting the increase in individual need and acuity.
- Despite school districts’ development of more internal resources to meet the needs of an increasingly acute student population, the demand for DA specialized, integrated, and community-based services is still high. Rather than a
more mixed population, we now serve school districts’ most acute-needs students, a trend which likely contributes to the increase in DA services per student.

- The upward spending trend reflects the increased case intensity as well as the increased cost of providing these highly valued services in response to the presenting need.
- The flat trend in ‘number of students served’ doesn’t tell the whole story. Through the School-Based Clinician Case Rate, we are providing interventions that support the social/emotional development of whole classrooms and whole schools.
- This Legislative Report is an opportunity to share with a larger audience the extensive data and metrics that DAs currently provide to DMH as part of their Success Beyond Six Contracts.
- Spending decisions should continue to be made at the local level while maintaining current AHS, AOE, and DMH oversight. Vermont should be proud of its investment in early interventions.

In the material that follows, we are offering DMH some data and information to use that can support these key points. The memo is organized around the three bolded elements of the report requirements:

(c) AHS, AOE, and DMH shall report to the General Assembly on Success Beyond Six evaluation and oversight not later than January 15, 2020. The report shall include:

(1) an inventory of existing methods for providing school-based mental health services;

(2) analysis of the trend in school-based mental health programming that is funded through the Success Beyond Six program fiscal mechanism;

(3) evaluation of the program attributes;

(4) determination, in partnership with the Designated Agencies, of metrics for evaluating program outcomes; and

(5) a proposal for how AHS, AOE, and DMH should participate in Success Beyond Six spending decisions.

Please let us know if we can provide additional resources that may be useful in this effort.
First, “The report shall include... (2) analysis of the trend in school-based mental health programming that is funded through the Success Beyond Six program fiscal mechanism.” What is the story behind the curve?

a. Vermont children/youth are more stressed than they were ten years ago, as indicated by rates of DCF custody, rates of Opioid Use Disorder among parents, and rates of economic stress.

- **Child Abuse and Neglect**: Trends indicate that incidents of child abuse and neglect are increasing.

### Total Child Abuse & Neglect Intakes/Reports

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>15,756</td>
<td>16,396</td>
<td>18,852</td>
<td>19,434</td>
<td>20,583</td>
<td>20,985</td>
</tr>
</tbody>
</table>

Numbers extrapolated from Report on Child Protection in Vermont (years 2012-2017), Vermont Department for Children and Families

Note: the numbers depicted may vary slightly from those contained in some reports issued by DCF/AHS due to the multiplicity of reports generated containing differing numbers for the same time periods.
• **Substance Use Disorders and Financial Stressors:** Trends indicate that families are increasingly struggling with substance use disorders and financial stressors.

![Graph showing trends in substance abuse and financial stress over years 2009-2016](image)

Family Factors Identified by Reports/Intakes 2009–2016

Numbers extrapolated from Report on Child Protection in Vermont (years 2009-2016), Vermont Department for Children and Families

• **DCF custody placements:** Trends indicate that more kids are in DCF custody, a proxy measure for developmental trauma and attachment challenges.

![Bar chart showing DCF custody, Conditional Custody (CCO) and Family Support Cases (CSC) over years 2010-2018](image)

Appendix G: Children/Youth involved with DCF Custody, Conditional Custody (CCO) and Family Support Cases (CSC)
(Data Source: DCF Quarterly Management Reports last day of Q2 for Custody, CCO Report Tracking and CCO Case Closeout & CCO Reports for Non-Custody)
b. Mental health data for children/youth in Vermont indicate that the stressors above are causing increased behavioral acuity for children/youth across settings.

- **Non-Fatal Self-Injury Rates:** Trends indicate that Vermont kids are experiencing increased non-fatal self-injury rates.

  (source: VCHIP)

- **Youth Risk Behavior Survey:** We understand that DMH also plans to use additional data from the Youth Risk Behavior Survey to demonstrate some of the increased mental health symptoms of Vermont’s children and youth.
• **Mental Health Crisis Services**: In the DA system, trends indicate that more DA crisis services are provided each year, and more children/youth are accessing these services.
- **Crisis Bed Utilization**: Trends indicating increased utilization of DA/SSA crisis bed programs.

![More Children/Youth are Accessing Crisis Bed Programs](image1)

![Vermont Children/Youth are Accessing More Days of Crisis Bed Programming](image2)
• **Acuity Increasing for Younger Children:** VCP Repository data indicates that the number of kids ages 0-8 shows a significantly increasing year-over-year trend.

![Graph showing the number of children ages 0-8 who received at least one DA crisis service from FY17 to FY19.](chart)

• **Specialized Support for Child Care:** Behavioral challenges are starting at a younger age. The need for specialized child care accommodations have increased significantly while the population has stayed steady.

![Graph showing population of children 0-18 in Vermont from 2010 to 2016.](chart)

**Figure 3: Acuity of Need**

There is no question there is a clear decline in the population of children 0-18 in Vermont (see sidebar), however, this does not correlate to a decline in acuity of need. In fact, the line graph below shows there continues to be a rise in the need for supports and interventions to combat the growing social and economic needs of families in Vermont. Families are facing poverty, struggles with opiate addiction, limited employment opportunities, and the impacts Adverse Family Experiences have on children.

![Graph showing the number of children in various categories from 2014 to 2018.](chart)

(chart from Vermont’s [2019 Children’s System of Care Plan](https://example.com))
• **Therapeutic School Placements:** Use of therapeutic school placements has **tripled in 10 years.** According to data from the Vermont Independent Schools Association, 23 therapeutic schools served 101 students in the 2009-10 school year. Currently, Vermont’s therapeutic schools serve more than 411 students.

• **Trend in Alternative School Placements in Chittenden County 2008-2019**

![Graph showing the trend in alternative school placements](image)
• **Residential Placements for Mental Health**: Vermont has seen an increase in the need for residential placements for children/youth with serious mental health needs.

**Appendix D: Children and Youth in Residential Care: By Funding Department**

*Data compiled by Department of Mental Health*

The following charts are duplicates of the previous two charts, broken down by funding department. As noted previously, if a child is state-placed by an AHS department in a residential program which has an affiliated school, the Agency of Education is responsible for the education costs. The charts below represent the primary placing department. If a child changed custody status within a fiscal year (i.e. child in DCF custody returned to parent’s custody but remained in a residential program), the child is counted under both Departments in the Total Child Count chart; the actual bed days are attributed to the respective department in Total Residential Bed Days.

(Chart from Vermont’s [2019 Children’s System of Care Plan](#))
c. Trends in the last four years indicate that, while the number of identified students has stayed relatively stable, Success Beyond Six programs are providing more and more services per student, reflecting the increase in individual need and acuity.

What can explain this trend? In the last ten years, given the severity of the overall need, schools have worked hard to develop their own capacity to provide behavioral supports. For example, they have hired school-based clinicians, behavioral consultants, and developed alternative settings. As a result, the mix of students being served in Success Beyond Six programming represent almost exclusively students with the most acute emotional and behavioral needs, whereas previously the mix had included other students whose needs are now more likely to be met with schools’ in-house services.

For example, one DA therapeutic school previously had capacity for 52 students. As the number of referrals with significant behavioral acuity increased, the school had to reduce its capacity to 48 students while providing more intensive services and staffing to those 48 students.
d. Despite school districts’ development of more internal resources to meet the needs of an increasingly acute student population, the demand for DA specialized, integrated, and community-based services is still high. Rather than a more mixed population, we now serve school districts’ most acute-needs students, a trend which likely contributes to the increase in DA services per student.

The demand to partner is high because school districts’ field of expertise is education. Schools need the knowledge and interventions that come from trained mental health providers. They are not funded to fully develop the breadth of mental health supports necessary for student success. This is borne out in data around waitlists for school placements and contracts.

- **Regional waitlist pressures:** Data from Chittenden County indicates that 131 students are on a formal or informal waitlist or interim tutorial program waiting for specialized education setting.

<table>
<thead>
<tr>
<th>2018-2019 School Year</th>
<th>K-6</th>
<th>7-12</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td># Kids Placed in Alternative School Setting - Chittenden County</td>
<td>44</td>
<td>121</td>
<td>165</td>
</tr>
<tr>
<td># Kids Placed in Alternative School Setting - outside Chitt. County</td>
<td>12</td>
<td>33</td>
<td>45</td>
</tr>
<tr>
<td># Kids Placed in Alternative School Setting - outside VT</td>
<td>4</td>
<td>10</td>
<td>14</td>
</tr>
<tr>
<td># Kids Placed in Alternative Placement- Formal Waitlist</td>
<td>10</td>
<td>33</td>
<td>43</td>
</tr>
<tr>
<td># Kids Placed in Alternative Placement- Informal Waitlist</td>
<td>9</td>
<td>19</td>
<td>28</td>
</tr>
<tr>
<td># Kids Received an - Interim/Tutorial Program</td>
<td>19</td>
<td>41</td>
<td>60</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>98</strong></td>
<td><strong>257</strong></td>
<td><strong>355</strong></td>
</tr>
</tbody>
</table>

- **DA waitlist pressures:** Internally collected VCP data indicates that for the 2019-20 school year there are waitlists for at least 71 contracts in nine out of ten regions of the state due to high demand for Success Beyond Six Services.

- **New contracts:** Some regions have experienced a recent shift where schools are now clamoring for more contracts. One DA had only a handful of contracts a few years ago, and is now up to 20 contracts. Increased services around the state point to a trend towards geographic equity in school-based services.
e. The upward spending trend reflects the increased case intensity as well as the increased cost of providing these highly valued services in response to the presenting need.

- **Inflationary Increases**: One reason for an increase spending trend is inflationary increases. DMH can demonstrate that a significant amount of the upward trend is tied Fee-For-Service rates adjusted by legislatively appropriated rate increases.

- **More intensive programming**: Given that the student population we serve has significantly higher acuity, the programming has become more intensive and comprehensive and therefore costly. For example, specific therapeutic school programs have had to increase the number of 1:1 interventionists than they had ten years ago.

- **Recruiting and Retaining Staff with Competitive Salaries**: Part of the increase in the spending trend is due to increasing cost and competition for staff. For years, salaries for designated agency positions have significantly lagged behind salaries for comparable positions in education, health care, and state government. Agencies have had to increase their Success Beyond Six program salaries in order to recruit and retain qualified staff to fill contracts. Even still, Howard Center, Washington County Mental Health, and Northwestern Counseling and Support Services are unable to fill positions that represent over 53% of the 71 open contracts.

f. The flat trend in number of students served doesn’t tell the whole story. Through the School-Based Clinician Case Rate, we are providing interventions that support the social/emotional development of whole classrooms and whole schools.

- **Building School-Wide Capacity and Reaching More Students**: One purpose of the School-Based Clinician Rate was to allow for our skilled staff to provide more consultation to teachers and classrooms, supporting PBIS and MTSS models. Our Success Beyond Six Clinicians are helping teachers and schools build capacity to prevent and address behavioral challenges before students need to be referred as open clients of our agencies.

- **We Can Improve “Counting” Students**: It is challenging to adequately quantify the financial, school climate, and social/emotional benefit to schools of this model. We are working internally at our agencies to streamline how we count the students we serve who are non-clients and we are working with schools to measure our impact.

- **A flat enrollment trend line doesn’t mean the enrollment profile has stayed the same**: In some regions of the state, there were very few Success Beyond Six contracts ten years ago. With a change in Superintendents’ philosophy and/or enhanced regional partnerships, those regions have seen a significant rise in number of students served. In other regions, a decline in enrollment equates to the school providing services for students previously served in Success Beyond Six, but the students still served have higher acuity and therefore greater service utilization.
Second, #4 “The report shall include...determination along with designated agencies the metrics for evaluating program outcomes.”

This Legislative Report is an opportunity to share with a larger audience the extensive data and metrics that DAs currently provide to DMH as part of their Success Beyond Six Contracts.

Success Beyond Six Programs are delivered through a contract with the Department of Mental Health. The contracts include detailed data reporting requirements which are intended to measure the volume, quality, and outcomes of the programs.

- Agencies report data on numbers and demographics of students served, staffing structures, and certifications.
- We see this report as an opportunity to educate the legislature and the education community about the outcomes that are already being tracked:
  - % of students with a strengths and needs tool administered (the CANS)
  - % of students who improved in the strengths domain
  - % of students who improved on a Support Intensity score
  - % of students who improved on school behaviors
  - % of program discharges due to youth dropping out of school
  - % of youth transitioning to a higher or lower level of care
- VCP has worked with our agencies to develop a standardized School Satisfaction Survey – questions and methodology – that will be implemented in the spring of 2020 for reporting for FY2020.
- In FY19, DMH expanded the reporting requirements so that certain data sets that had previously been only reported for the Behavioral Interventionist programs were now required for all Success Beyond Six Programs. This represents a significant new set of outcomes.

VCP is committed to working with the Department of Mental Health to continually improve the data and outcomes that DAs are required to report. Specifically, agencies are committed to working on how to better track the numbers of students served by school-based clinicians who are not identified clients of the agencies; these include individual students and student populations served through classroom-wide and school-wide consultation.
Third, #5 “The report shall include...a proposal for how AHS, AOE, and DMH should participate in Success Beyond Six spending decisions.”

Spending decisions should continue to be made at the local level while maintaining current AHS, AOE, and DMH oversight. Vermont should be proud of its investment in early interventions.

Vermont’s total Medicaid spending for Fiscal Year 2020 will be approximately $1.7 billion. Much of that spending is the result of health care costs in inpatient settings, outpatient care, pharmaceuticals, and nursing homes. And while the rate of increase for Success Beyond Six programming may be a concern, the rate of increasing of spending for physical health care over the same time period has been steeper.

In 2016, Vermont signed an agreement with CMS to adopt an All-Payer Model to meet the triple aim of improved quality of care, improve population health, and reduce health care costs. Meeting these goals require early interventions to reduce the risks of ACEs and AFEs (adverse childhood and family experiences) and promote health and stability at a young age.

A balanced partnership between agencies has been a central value of Vermont’s system for many years. The passage of Act 264 in 1988 mandated that Education, Mental Health and DCF provide comprehensive, coordinated community-based care. The creation of Success Beyond Six funding four years later supported a shared vision of AHS and AOE for the integration of mental health and educational services for Vermont’s children and their families.

Success Beyond Six programming is a cornerstone example of what states should be doing to ensure the physical and mental health of their population. Rather than restrict and/or redistribute funds, we should work to increase funding and build capacity so there is equitable access across the state. In additions to the interventions we provide, Success Beyond Six programs promote population health by being in the right place at the right time – schools, homes, and communities – for early detection and referral. The $67 million total annual spend for Success Beyond Six programming is a key investment in addressing the potential long term health care costs of the most vulnerable Vermonters.