Success Beyond Six

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What I'll Cover Today

- Level set on what is Success Beyond Six
 - SB6 programs & funding structures
 - SB6 data & trends
- COVID-19 impacts
- Areas of concern & opportunities

Legislative Report: <u>Review of Success Beyond Six:</u> <u>School Mental Health Services</u> <u>Act 72 (2019), Section E.314.1.</u> <u>January 15, 2020</u> Covid-19 Response: <u>School Based Mental Health</u> <u>During Covid-19</u>

Success Beyond Six: VT Medicaid Mechanism for School Mental Health

Authorized in 1993 to help reduce cost burden to education and state by leveraging Medicaid for Medicaid-enrolled students

Original goals:

- 1. Enhance the capability of schools and communities to meet the needs of atrisk students. This will ultimately help <u>all</u> students so they can be successful in the regular classroom.
- 2. Build and solidify a partnership between the local human service system and the 60 supervisory unions, making it easier for human services and school personnel to coordinate resources in better serving children and families.
- 3. Increase, coordinate, and focus all resources from all sources in order to best meet the prevention and treatment needs of children and families.

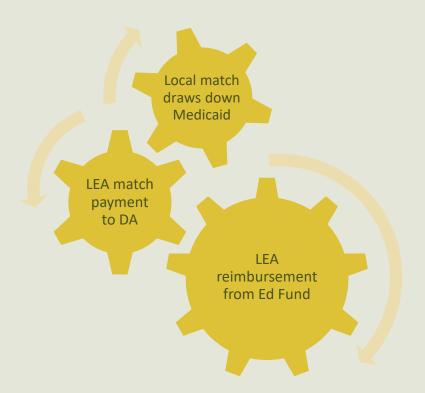
What is SB6?

- 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)
- Local contract between School/District and Designated Agency (DA)
 - School determines what to purchase from DA for school mental health services
 - Contract establishes what services can be funded through SB6 Medicaid and what the school may purchase above and beyond SB6
- SU/SD provides local/state dollars which DMH/DA uses as match to draw down Medicaid federal share through DMH/DA authority

Quick SB6 overview

- FY20: \$72M budget; 831 FTEs; over 3,400 students
- SB6 is ~26% of overall MH budget
- LEA/DA contracts for SB6 school mental health in nearly every school district in Vermont and 13 independent schools

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



Success Beyond Six (SB6) 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

School-Based Clinical Services

Service Array

- Clinical assessment
- Clinical therapies
- Individual and group supportive counseling and skill development
- Service planning & coordination
- Mental Health consultation (student-specific and system-wide)
- Crisis response
- Family support
- Health and wellness

Case Rate model

1115 Global Commitment to Health Waiver (CMS) provides flexibility in Vermont's Medicaid program

- Per Member Per Month (PMPM) case rates are established annually for each DA
 - Case rate for PBIS and non-PBIS schools
 - Based on historical Fee-For-Service utilization and payment rates
 - Case rate ceiling is sufficient to cover program costs
- Minimum service threshold per month to bill the case rate for each student
- Allows SB6 clinician to participate in PBIS/MTSS and other non-child-specific activities

School-Based Behavioral Services

Service Array

- Functional Behavioral Assessment (FBA)
- Behavioral support planning (BSP)
- Community Supports, aka Intensive Behavioral Intervention
- Service Planning & Coordination
- Behavioral consultation (student-specific and system-wide)
- Autism-specific programming

Provided within a mainstream education program in public elementary, middle and high schools or in alternative education programs through partnership with Independent Schools

Funding Structure

Fee-for-Service

Some DAs created a "Pod" or PBIS consultant model:

<u>Team</u>: BCBA/clinician, case manager, # behavioral interventionists

Services:

Bundle of behavioral intervention for specified # students, consultation, and case management supports. Able to serve more than just 1:1 as in traditional Behavioral Services.

Concurrent Education Rehabilitation and Treatment (CERT)

Service Array

CERT programs are AOE-approved Independent Schools run by a DA with embedded therapeutic services funded through SB6 Medicaid

- Clinical assessment
- Clinical therapies
- Individual and group supportive counseling and skill development
- Service planning & coordination
- Crisis response
- Family support

Daily Case Rate

CERT Medicaid daily case rate is established annually for each program based on cost allocations for treatment.

AOE Independent School tuition rate is established for educational services based on cost allocations for education.

6 CERT programs in FY21 HC's Baird School & Jean Garvin School Laraway WCMH's ChOICE Middle & High Schools CMC's East Valley Academy

SB6 Medicaid Costs of Services Trends

Overall SB6 Medicaid Costs of Services Trend 70,000,000 60.000.000 50,000,000 40,000,000 30,000,000 20,000,000 10,000,000 FY10 FY11 FY12 FY13 FY14 FY16 FY17 FY18 FY19 FY15

SB6 spending trends are influenced by Medicaid rates, available workforce, and student need.

% Change in SB6 Costs and Medicaid Rate % Spending Changes % Medicaid Changes 9.2% 7.3%

12%



Note: Medicaid rate changes have a cumulative effect. For example, FY20 applied a 1.23% Medicaid rate increase for SB6; when this is added to prior Medicaid rate changes, the cumulative 10-year Medicaid rate increase is 11.46%.

Medicaid Costs of Services by SB6 Program Type

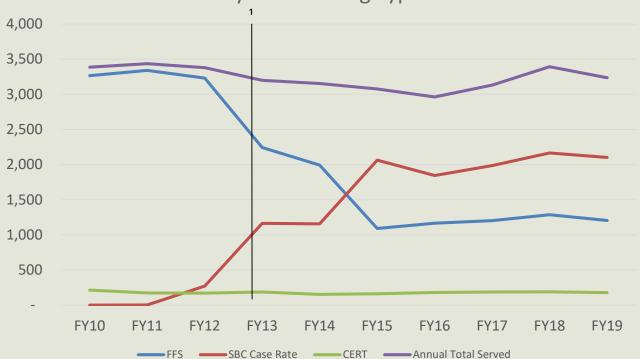


- Fee-For-Service (FFS) is generally used for Behavioral Intervention Services
 - Some BI services occur in alternative schools/ programs
- School-Based Clinician (SBC) case rate for clinical services
 ¹ SB6 Clinician Case Rate went into effect statewide FY13 following regional pilot, shift from FFS

Trends of Students Served

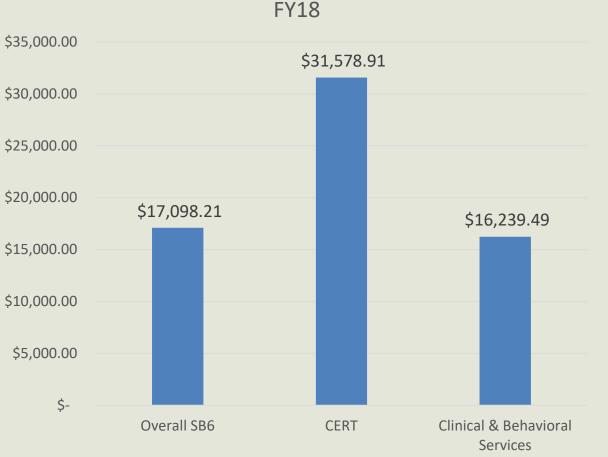
All SB6 student data represents *only open clients of the DA* and does not capture students who received direct service but didn't meet threshold for billing or who benefit from SB6 supports at the Universal levels of MTSS



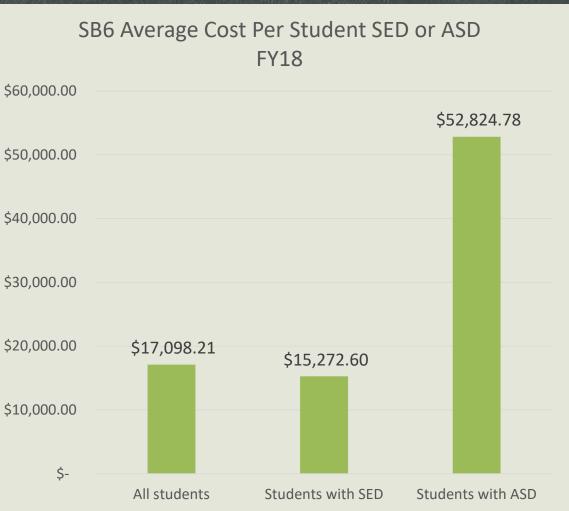


Per Student Cost

SB6 Average Cost Per Student by Program Type



Data source: Medicaid Management Information System (MMIS) paid claims



COVID-19 Impacts

 DVHA, DMH leveraged COVID-19 related Medicaid flexibilities to alleviate restrictions on service delivery and payment mechanisms

> Telehealth & telephonic service delivery

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

Case rates for mental health services continued with option to adjust Lowered minimum thresholds of service to bill SB6 services under case rate/ daily rate

- Behavioral Intervention (BI) Programs were Fee-for-Service; experienced biggest impact of reduced service & billing with closure of schools and shift to remote learning
 - > April 2020, DMH stood up interim case rate for BI services for remainder of 2019/2020 SY
 - > AOE reimbursement to LEAs didn't have shared flexibilities
 - For 2020/2021, BI services are FFS and available during fully-remote, hybrid, or in-school
 - DAs concerned about reduced services due to student/staff illness, telehealth fatigue, etc. and subsequent impact on revenue needed to cover costs

AOE & DMH

Long-Term

- Strategic planning to define a *core set of mental health services* for schools with *equitable access*
- Recommended in SB6 Legislative Report (Jan 2020) and needs to align w/ Act 173 (SPED reform)
- May lead to discussion of SB6 payment reform, but that is not definitive
- Still in the planning process

Short-Term

- Delivery system & payment reform for the Behavioral Intervention services
- Recommended in the SB6 Legislative Report to shift away from fee-forservice and explore new models that have been tested in some regions
- The target timeline is Oct 2021 to propose a new payment model to CMS, if that is the final recommendation



idea Strategic policy vision Planning forecast

Goals for Sustainability of SB6

- Students MH needs are supported so ready to learn
- Sustainable SB6 for DAs and School Districts in short-term (with COVID-19) and long-term
- Flexibility to respond to changing needs of school & student population
- Transparency of funding & service
- Partnership at state & local levels within a System of Care
- MH supports at student, classroom & school level (MTSS/ISF)