

Mental Health Oversight Committee Testimony

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Child and Family System of Care: Strengths and Vulnerabilities

Historical Context:

Act 264 required Agency of Human Services and Education to work together in concert with families to create better outcomes for children and youth. The 1988 law was intended to address the complex needs of children and their families based on the specific strengths and needs of each youth and family rather than on categories of programs and criteria for services. In addition, the goal was to create a non-categorical support system.

Where are we today?

Strengths

- The Coordinated Service plan, a tool under Act 264, is part of the fabric of interagency work in the system of care.
- Local Interagency Teams (LIT) continue to serve as key community teams for complex system of care issues for children and families. Membership has expanded to include more family representation.
- Children's Mental Health services are well integrated in schools, childcare, child welfare with a growing presence in primary care.
- Young children and their families have seen a significant investment in access and prevention opportunities. Children's Integrated Services, Building Bright Futures and Race to the Top are all examples of system wide efforts. **Let's Grow Kids** marketing campaign as another example.
- School Based Mental Health Services: Access and issues of stigma are reduced with mental health supports provided in the school setting. Three years ago, DMH and AOE agreed to a new funding model which utilizes the bundled payment structure to allow for a new practice model with capacity to join with educators on school wide efforts such as PBIS(Positive Behavior Interventions and Supports) and MTSS (Multi -Tiered Systems of Support).
- State Wide Program Standards have been adopted in Behavior Intervention programs to ensure consistent quality and outcomes across the state.
- Integrated Family Services has expanded to a second pilot site; Franklin and Grand Isle counties.

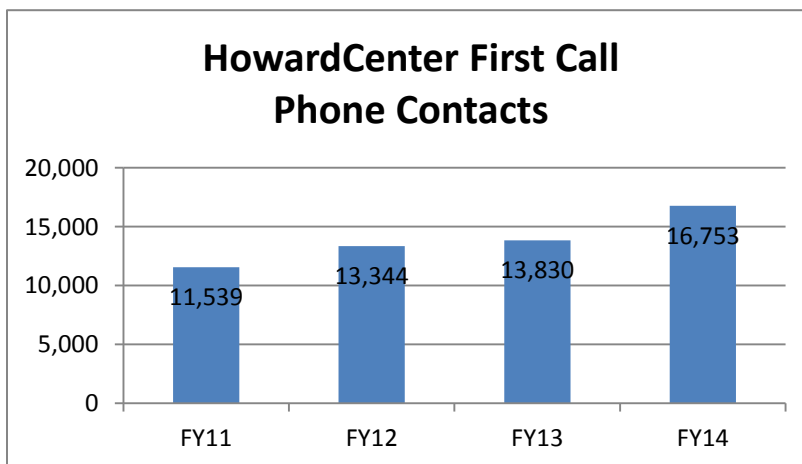
Challenges and Vulnerabilities:

The community based system is under-resourced to meet the needs of children and families.

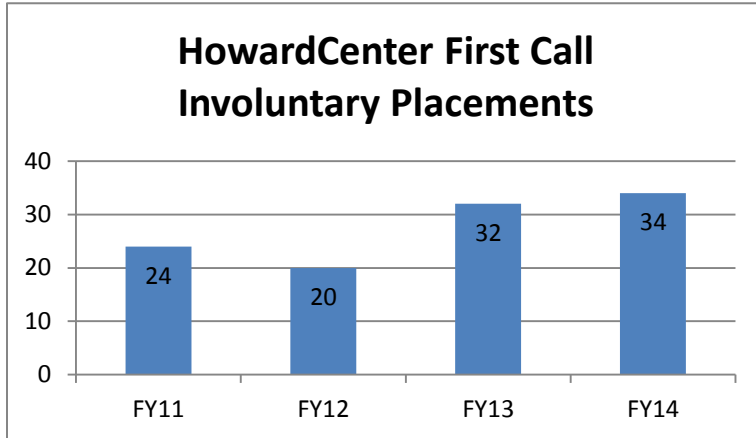
- Need for more community-level out of home respite options
- Foster care system is grossly underfunded resulting in significant challenges recruiting foster parents. Children and youth are entering higher levels of care when they could be well served in their community in a foster home.
- Children and families are still facing challenges accessing intensive services related to issues of status.
- Integrated Family Services and ACT 264 principles are not consistently held in treatment decisions for children and families requiring high end services.
- Different approaches within AHS to high end care treatment results in conflicting messages for the youth and family.
- We are still sending children and youth out of state for treatment. What is the acceptable number?
- Lack of community options impacts permanency for youth who get “stuck” in residential care.
- Increase in families who do not have Medicaid and need intensive mental health services. Health Care Reform implications.
- Substance abuse impacts the entire family. There is a relationship with the increase in child mental health and child welfare issues with the increase in substance abuse issues for parents. The community system is strained to respond proactively and comprehensively.

Community Illustration of Increased Community Demand and Acuity

Public face of the system of care in Chittenden County is HowardCenter’s First Call- Children’s Crisis Team. We continue to see a volume and acuity increase of crisis contacts.



Second graph highlights the involuntary mental health placements. Good news- the numbers are small. Bad news- prior to three years ago we placed children involuntarily rarely, typically under 10 for the year. This data point is marker of the level of acuity in Chittenden County with the Brattleboro Retreat as the only placement option.



Recommendations

- The Children's System of Care **adequately resourced** is an investment in the future of our state as well as a prevention strategy for the soaring costs in the adult mental health system.
- Implement Integrated Family Services across AHS and in the community.
- Increase hospital diversion options across the State.
- A family approach to the substance abuse crisis must be part of a multi-pronged approach.