



Brattleboro Retreat

Overview: Services for Children & Adolescents

September 25, 2013

Children's Inpatient Program

Acute crisis stabilization, assessment and treatment for children ages 5 to 13

Current bed capacity of Children's Inpatient: 12

Adolescent Inpatient Program

Acute crisis stabilization for young people ages 13 to 18 who may be experiencing either or both mental health and substance abuse issues

Current bed capacity of Adolescent Inpatient: 21

Children's Residential Program

The Abigail Rockwell Children's Center (ARCC) serves children ages 6 to 14 in a home-like setting with specialized programming & services including mentoring, counseling & family support.

Current bed capacity of ARCC: 11

Adolescent Residential Program

For ages 13 to 17 with an emphasis on self-discipline, personal accountability and social responsibility.

Current bed capacity of Adolescent Residential: 19

BRIDGES

The Brattleboro Retreat's Individually Developed and Guided Educational Services (BRIDGES) helps local students (and their families) receive a quality education while receiving needed care.

Classroom capacity: 25

Meadows Educational Center

Located on the Brattleboro Retreat campus, the Meadows Educational Center is a Vermont State Board of Education Approved Independent School offering an elementary, middle, and high school curriculum for K-12 students.

Classroom capacity: 55

Anna Marsh Clinic

Provides a team of skilled outpatient therapists who work exclusively with young people (and their families) on a variety of social, emotional and substance abuse issues.

Collaborative Office Rounds

Collaborative Office Rounds (COR) began 8 years ago with the assistance of the Vermont Child Health Improvement project (VCHIP) from UVM. It is a regular meeting with area pediatric and family practices providing education, training and case consultation along with connections to local mental health clinicians to aid in the triage and referral process.

Presenters have included psychiatrists from the Retreat, HCRS, and staff from UVM and Dartmouth. CMEs are offered for some of the programs

Service Gaps and Recommendations:

- There is a lack of appropriate step down services for individuals ready for discharge, the result is that the Retreat is penalized by a reduction in payment when the state determines a child no longer needs inpatient care but has no place to go. More importantly a young child has their time in hospital extended
- Vermont is an outlier in the way it manages the admissions of children by requiring that a child as young as 5 years old must sign a consent form. Parents do not have a right to seek emergency care for their children. The result is that on an annual basis 50-60 children and their families/guardians are required by law to go through an emergency exam procedure that delays care and could result in the child being placed in the ‘care and custody’ of the commissioner. This is a process not found in other areas of health care
- Need for case management services from DVHA as well as a child psychiatrists to review care. Criteria and service coordination differ from adults to children, this needs to be understood and managed better
- Even with the best intentions there can be ongoing challenges to coordinating care between multiple agencies (DVHA, DCF, DMH, Education) when there is no one person integrating the plan or after care needs

A question was asked during testimony regarding the requirements for involuntary medication and whether or not Act 114 applied to children. The answer from our lawyer is that the same processes would apply to children/adolescents as to adults.