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To: Senate Committee on Education

From: Dr. Heather Bouchey, Deputy Secretary; Melissa Bailey, LCMHC, Deputy Commissioner, AHS

Date: 2/11/16

RE: Testimony regarding Act 46, Section 49: Coordination of Educational and Social Services

- I. Beginning Fall 2015, key personnel in AHS and AOE began holding discussions about how best to jointly meet challenges of Vermont's most vulnerable populations
- II. Department of Health had planned a contract with Center for Health and Learning to conduct research on best practice for interagency collaboration and service integration

Summary of findings (one of the papers reviewed, national data)

- "The complexity of child mental health service delivery systems and funding streams hampers integration and expansion of services."
 - "Locally-controlled school policies and priorities may complicate implementation of state funded, school-located child mental and behavioral health programs."
 - "State action expanding insurance coverage for low-income children and families can lead directly to increased service access."
 - "While most states have prioritized services to support seriously emotionally disabled children... West Virginia has developed an Expanded School Mental Health Initiative that funds three tiers of mental health services prevention, early intervention, and treatment."
 - "While underfunding has limited the capacity of child mental health services across the nation, additional promising practices" exist: telemedicine and tele-psychiatry for rural and frontier areas (Minnesota); mental health training for teacher accreditation (Minnesota); problem solving-initiatives through classroom-based strategies (MN, NM, NC, OR, and TX).
- III. Based on this work and our own state data, as well as personal feedback from field, we collectively identified **emotional disturbance in children** as an area of shared concern for both AOE and AHS
 - a. VT highest designation rates in nation
 - b. Rise in more challenging and intense symptoms (even in youngest children), issue is critical for both schools and mental health/DCF services (both prevention and treatment); see Fig. 1

- c. Identified regions within the state where ED designation was on the rise and/or had highest rates
 - i. Note: schools and mental health personnel already working very hard in these regions, want to ensure we are not using this information to “point the finger.” Rather, how can we better target our resources *jointly* to ensure streamlined process, integrated programming, etc.
 - d. Developed strategy, largely based on re-working/re-vamping existing partnerships and legislation (rather than beginning something completely new)
- IV. Handouts: additional details regarding the work plan
- a. Timeline
 - b. Topics to be addressed
 - c. Snapshot of financials