

ANALYSIS OF EARLY CHILDHOOD AND FAMILY MENTAL HEALTH (ECFMH) IN VERMONT

For the Child Development Division (CDD) of the Department for Children and Families (DCF) and
For the Child, Adolescent and Family Unit (CAFU) of the Department of Mental Health (DMH)

By Brenda Bean, MA in Counseling Psychology (802-229-1310, BrendaJBean@comcast.net)

Interviews and report completed during State FY2016

Presentation to VT Legislature's House Human Services Committee 2/7/2017

ECFMH in VT - Abbreviations in Report/Presentation

- ▶ Topics
 - ▶ ECFMH - Early Childhood and Family Mental Health
 - ▶ C&E - Consultation & Education, particularly for child care programs/classrooms
- ▶ Federal Agencies and Programs
 - ▶ SAMHSA - Substance Abuse and Mental Health Services Administration
 - ▶ IDEA - Individuals with Disabilities Education Act
 - ▶ Part C - of Special Education law, IDEA, for early intervention with infants/toddlers
- ▶ State Agencies, Departments, Units, and Programs
 - ▶ AOE - Agency of Education
 - ▶ AHS - Agency of Human Services
 - ▶ DCF - Department for Children and Families
 - ▶ CDD - Child Development Division
 - ▶ CIS - Children's Integrated Services
 - ▶ DMH - Department of Mental Health
 - ▶ CAFU - Child, Adolescent, and Family Unit
 - ▶ CUPS - Children's UPstream Services *[moved to CDD in 2005, then blended into CIS]*
 - ▶ DAs - Designated Agencies (non-profit community mental health centers regulated by DMH)

ECFMH in VT - Table of Contents

▶ Executive Summary	....p. 4
▶ Introduction	....p. 9
▶ Part I - Background about ECFMH in VT	....p. 9
▶ Need for Help with ECFMH	....p. 9
▶ Systems for Helping with ECFMH	....p. 11
▶ Services for Helping with ECFMH	....p. 13
▶ Supports for Helping with ECFMH	....p.16
▶ Part II - Statewide Interviews about ECFMH	...p.17
▶ Part III - Regional Interviews about ECFMH	...p.26
▶ Summary about What is Working Well, or Not	....p. 26
▶ Details about What is Working Well, or Not	....p. 30
▶ <i>By Region (AHS District)</i>	<i>See Appendices starting p. 102)</i>
▶ <i>By Theme (Systems, Services, Supports)</i>	.....p. 30
▶ Recommendations from Author, with Context	....p. 92

ECFMH in VT - Overview of Presentation

- ▶ Author's credentials
 - ▶ Wrote Children's UPstream Services (CUPS) grant + implemented it as Project Director at DMH for 7 years
 - ▶ Served as Director of ECFMH at CDD for 3.5 years before retiring from the State to work as a self-employed consultant
 - ▶ Recommendations *[and any errors]* in this Report made by Author
- ▶ Review of Structure of Report (166 pages) - Table of Contents
- ▶ Methodology of Research for the Report
- ▶ Analysis
 - ▶ Definite and Growing Need for more help for ECFMH
 - ▶ Critical Concerns Identified about ECFMH Systems, Services + Supports
 - ▶ Lots of Room for Improvement! Financing is Really NOT Working Well.
- ▶ Recommendation to Change Financing Structure + Substantially Increase Funding for ECFMH

ECFMH in VT - Introduction/Methodology

- ▶ Author contracted by CDD to analyze the status of ECFMH in VT
 - ▶ CDD concerned about losing ground in some regions
 - ▶ Plan for improvement
- ▶ To establish context, author first researched + wrote Background section (*financed by DMH*)
- ▶ Interviews with key stakeholders at State level
 - ▶ Over a dozen staff + contractors from AOE Early Childhood Programs, DCF/CDD-Children's Integrated Services (CIS) and Systems Improvement Divisions, DMH/CAFU, Northern Lights Career Development Center, Vermont Federation of Families for Children's Mental Health (VFFCMH).
 - ▶ Statewide association of Children's Mental Health Directors
 - ▶ Statewide group of Specialized Child Care Coordinators + Resource Specialists
- ▶ Interviews with key stakeholders at Regional level
 - ▶ Met onsite with each of 12 Regional CIS Administrative and/or Clinical Teams (*6-14 regional experts per team*)
 - ▶ Supplementary in-person or phone interviews with missing Team members and some local school Special Education Coordinators, especially for Early Childhood
- ▶ Minutes drafted and sent to each individual and/or group interviewed; drafts revised in accordance with feedback received.
- ▶ Analysis of themes from 572 comments made by 115 regional people (see Charts 1 and 2, pages 26+27)

ECFMH in VT - Themes Analyzed

- ▶ Systems
 - ▶ Collaborations
 - ▶ Referral Processes
 - ▶ Data Collection/Reporting
 - ▶ Financing
- ▶ Services
 - ▶ Intervention
 - ▶ Consultation & Education (C&E)
 - ▶ Other
- ▶ Supports
 - ▶ Credentials
 - ▶ In-Service Training
 - ▶ Supervision
 - ▶ Other

ECFMH in VT - Background

- ▶ Definite and growing need for help with ECFMH in VT
 - ▶ 20% of children aged 9 or under (13,219) + their families may benefit
(American Community Survey, National Survey of Children's Health, Centers for Disease Control + Prevention, VT Kindergarten Readiness Survey, etc.)
- ▶ Systems, services + supports exist here to help but are not adequate.
 - ▶ In 2005 VT Legislature appropriated funds to sustain CUPS after federal grant funds ended
 - ▶ CUPS was a grant written + administered by DMH from State FY1999-2004 with SAMHSA funds
 - ▶ Independent evaluation (Burchard et al., 2003) showed case management + other individualized services were associated with improved child behavior + reduced parental stress.
 - ▶ Further evaluation (Sullivan, Moroz, Baker & Bean, 2005) documented ECFMH consultation for childcare programs was particularly important to high quality early care and education.
 - ▶ Legislative funding for CUPS Program given to CDD, not DMH, due to AHS reorganization
 - ▶ In 2007 CCD began to design and implement CIS, incorporating CUPS + the VT Department of Health's (VDH's) Healthy Babies Program into administration of the CDD + AOE's Family, Infant, Toddler Program (Part C of federal IDEA for Special Education).
 - ▶ The FFYs 2013-14 federally-required State Systemic Improvement Plan for Part C includes a goal + a few strategies to improve social + emotional functioning of infants/toddlers.

ECFMH in VT - Critical Concerns from Statewide Interviews

- ▶ CIS staff and teams struggle to respond to families with complex needs. Intensity of toxic stress and need is high, especially for families involved with heroin. The resources are insufficient for the intervention required.
- ▶ Having enough ECFMH outreach with C&E for child care programs is a priority for CDD and the CIS teams. Specialized child care programs require extra support to keep children with problem behaviors in their programs rather than be expelled. Some regions provide a substantial amount of C&E; others provide hardly any.
- ▶ Programs, providers, and teams are different from region to region; some need more ECFMH skills and credentials. Many Designated Agencies (DAs) for community mental health have staff with no expertise about either early childhood or child care. They don't know how to support child care centers or day care homes, and doing so is not seen as part of their treatment planning for individual children.
- ▶ CDD no longer has personnel with time or expertise specifically to oversee ECFMH or collect data about or offer training to support ECFMH service delivery. CIS Early Intervention staff + contractors are limited in their ability to attend to more than Part C.

ECFMH in VT - Critical Concerns from Regional Interviews

- ▶ Overall, ECFMH is working across regions, systems, services, and supports with lots of room for improvement! In grade school, teachers used 70% as the minimum passing grade. Using that as a benchmark for what is working really well [*and that same benchmark for what is really NOT working well*], NONE of the regions are functioning really well, or really NOT well, for ECFMH.
- ▶ The fact that none of the regions are really doing well, or really NOT well, is the result of relatively standardized statewide systems, services, and supports for ECFMH.
 - ▶ Within systems, Collaborations are really working well and Financing is really NOT working well.
 - ▶ Within services, Other Services (*usually small, specialized pilot projects by VT Dept. of Health or in local schools*) are really working well.
 - ▶ And within supports, In-service Training and Supervision are really working well (*but mentioned by only a small number of respondents*).
- ▶ **In summation:** with good in-service training, supervision, collaborative relationships, and other services, regional workers do the best they can within the poor financing system available for ECFMH. **Thus, for effective quality improvement, change should begin with the financing system!**

ECFMH in VT - Regional Concerns about Financing

- ▶ “Grossly inadequate funding for ECFMH.”
- ▶ “The CIS funding for ECFMH is not significant; the demand for service is too high for the dollars available.”
- ▶ “CIS funds are being cut to cover a short-fall for federally mandated EI [*Early Intervention, Part C*] services. For regions to figure out how to cut the funds pits partners against each other. In this region there seemed no choice except to reduce funds for ECFMH.”
- ▶ “Half of the HowardCenter’s ECFMH caseload is funded by CDD; half is funded by the DA’s Fee-for-Service (FFS) Exhibit B Medicaid. This is hard to manage. Clinicians must constantly analyze who is covered by which cost center; they need an accounting degree to maximize the resources!”
- ▶ “Loss of Specialized Child Care Accommodation Grants for 1X1 support part-way through the year negatively impacts child care programs, which are then more likely to expel the children who lost their Grants.”
- ▶ “DVHA [*Department for VT Health Access*] reimbursement rate cuts for ABA [*Applied Behavior Analysis*] programming caused the end of this service for children with autism.”

ECFMH in VT - Context for Recommendations

- ▶ The statewide and regional stakeholders interviewed overwhelmingly agree that the capacity to meet the need for ECFMH is woefully inadequate.
- ▶ While VT began to address this need with CUPS, the need has grown and that limited investment has shrunk over the past 12 years. One reason for the shrinkage is, as stated by the Green Mountain Care Board, the “chronic underfunding of Vermont’s mental health agencies....”
- ▶ Furthermore, for ECFMH, the funding has shrunk due to the design of CIS, which put Part C [*an entitlement program*] at its core. When the costs for Part C exceed the budget, the over-run is taken from the rest of CIS - e.g., from ECFMH.
- ▶ Also, for CIS the ECFMH Fee-For-Service (FFS) funding was transformed into a case rate...which overlooked the importance of separate funding for (and reporting of) C&E. Separate funding is important to ensure that C&E is happening and to know how much and for whom. This was lost when CUPS was incorporated into CIS.

ECFMH in VT - Recommendations

Change Financing Structure + Substantially Increase ECFMH Funding

- ▶ Remove ECFMH from the CIS case rate.
 - ▶ Devote current CIS budget for ECFMH to C&E and Therapeutic Child Care.
 - ▶ Transfer financial responsibility for ECFMH individualized services from DCF-CDD to DMH-CAFU.
- ▶ Award NEW funding to DMH-CAFU for ECFMH equal to or greater than the current CIS budget for ECFMH, to be devoted to individualized services for children aged 0-8 and their families (via FFS Medicaid).

ECFMH in VT - Review/Conclusion

- ▶ Author's Credentials
- ▶ Structure of the Report
- ▶ Methodology of the Research
- ▶ Analysis
 - ▶ Definite and Growing Need for more help for ECFMH
 - ▶ Critical Concerns Identified about ECFMH Systems, Services + Supports
 - ▶ Lots of Room for Improvement! Financing is Really NOT Working Well.
- ▶ Recommendation to Change Financing Structure + Substantially Increase Funding for ECFMH
- ▶ Questions/Discussion?