



Date: January 26, 2017
To: Senate Health and Welfare Committee
From: Catherine Simonson, LICSW
Chief Client Services Officer
Howard Center
Re: Testimony on Children's Mental Health

Children's Mental Health in the Community: Who, Where, What and How

Who: Children and families experiencing mental health concerns interfering with reaching their potential. Ages range from toddlers to 22 years.

Where: Clinics, homes, schools, primary care, crisis and respite programs, therapeutic foster care and less frequently residential settings.

VCP Agencies provide home based services as well as community programs across the state including rural areas.

How Much: 10, 585 children and youth served in FY15 across the Designated Agency System

What: System of Care that is community based, family focused and highly collaborative with community partners. Act 264 or Coordinated Service Plan an entitlement to coordination not services.

How: Community Partners: Schools, Child Care Centers, Vermont Department for Children and Families, Law Enforcement, Primary Care Providers, Home Health Providers and Family and Child Serving Agencies.

Access: Phone or walk in, referrals through community partners, and outreach in community settings to include schools, child care and primary care.

- First Call for Chittenden County: “Caller defines the crisis”
- Non-Categorical approach to access: ARCh –Accessing Resources for Children

School Partnerships through Success Beyond Six Programming:

- School Clinicians providing school capacity for mental health resources
- Behavior Interventionist Programs supporting identified students in their public schools.
- Specialized Independent Schools
- Vermont Care Partners had services in 66% of schools statewide in FY15.
- Chittenden County – Howard Center has mental health services in every school district and 94% of the schools in the county
 - School Services FY 16- Outcome Summary (attached)
 - INCLUSION FY 16- Outcome Summary (attached)

Early Childhood Mental Health

- Part of Children’s Integrated Services (CIS) with oversight from DCF- CDD.
- Family work with young children
- Building capacity of the early child care system.
- FY 16 Outcome Data for Howard Center’s Early Childhood Program

Enhanced Family Treatment

Individualized intensive services provided to children and youth who are at risk of residential or hospitalization. Family focused with services in the home or foster home.

- FY17 – 20 kids served so far through Howard Center
- 6 in DCF Custody, 14 are not
- 7 in therapeutic foster homes in FY17

Resource Challenges

- Workforce and funding instability in VCP Partner Agencies
- Growing population of children and families impacted by opiate crisis
- Capacity for both early intervention and more intensive programs
 - Bed- Board concept
 - Indicators: Wait time, emergency departments, crisis stabilization capacity
- Inflexible funding streams, make it hard to meet individual needs in a cost effective way
- True Parity yet to be achieved

A strong children's mental health system of care is a good investment

- Prevention of more significant health challenges in adult life whether it be mental or physical health
 - Adverse Family Experiences- implications
 - Address trauma early
 - Opportunity to bend the curve on the opioid crisis
- Provide improved access to care through Integrated Family Services and other efforts to provide coordinated community initiatives.
- Committed to cutting edge programming that demonstrates impact

