



Department of Mental Health

Child, Adolescent and Family Mental Health and System of Care

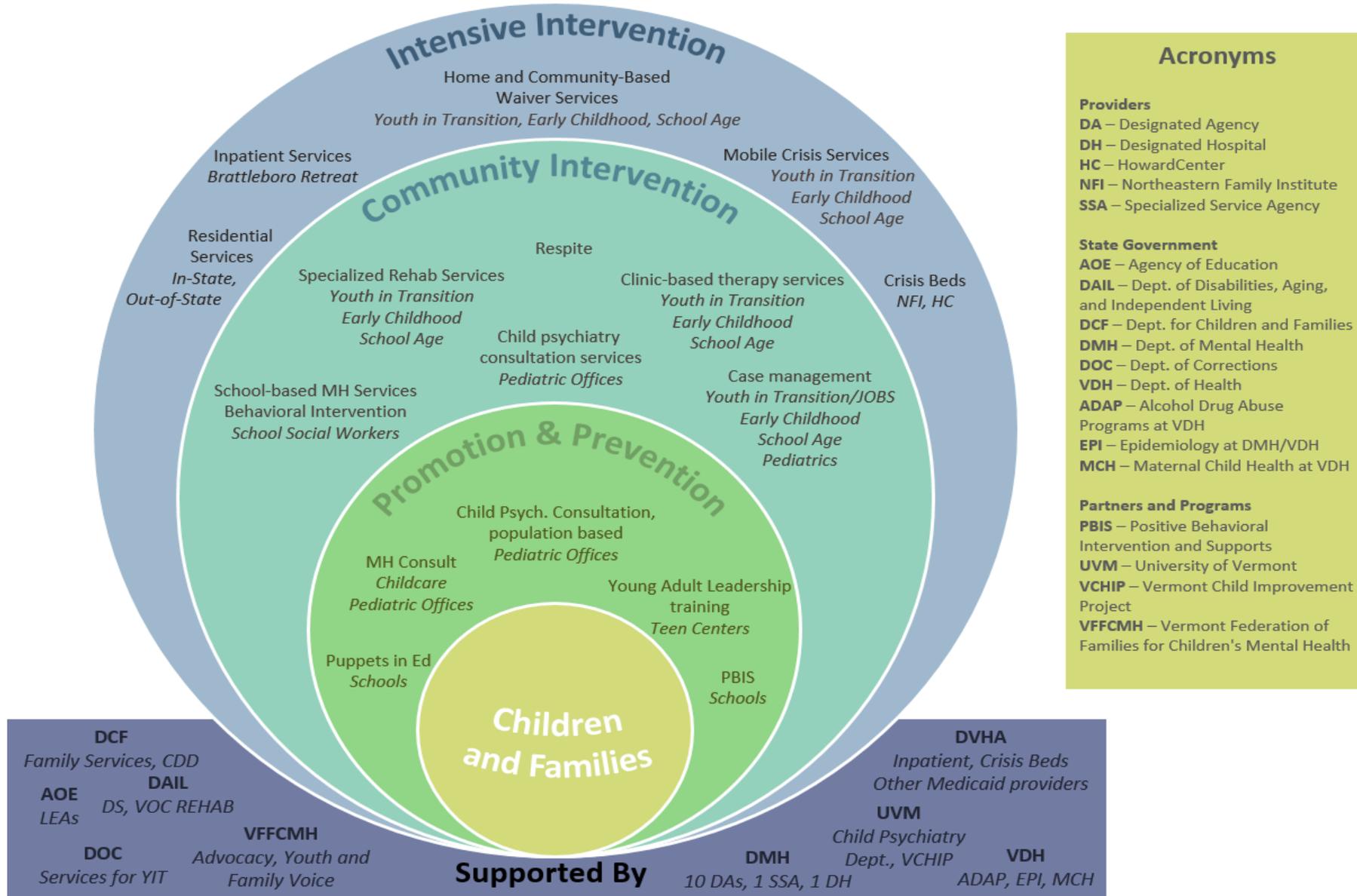
Senate Health and Welfare

January 26, 2017

Melissa Bailey, Commissioner

Charlie Biss, Director, Child, Adolescent and Family Unit

Children's Mental Health System of Care



Acronyms

Providers

- DA – Designated Agency
- DH – Designated Hospital
- HC – HowardCenter
- NFI – Northeastern Family Institute
- SSA – Specialized Service Agency

State Government

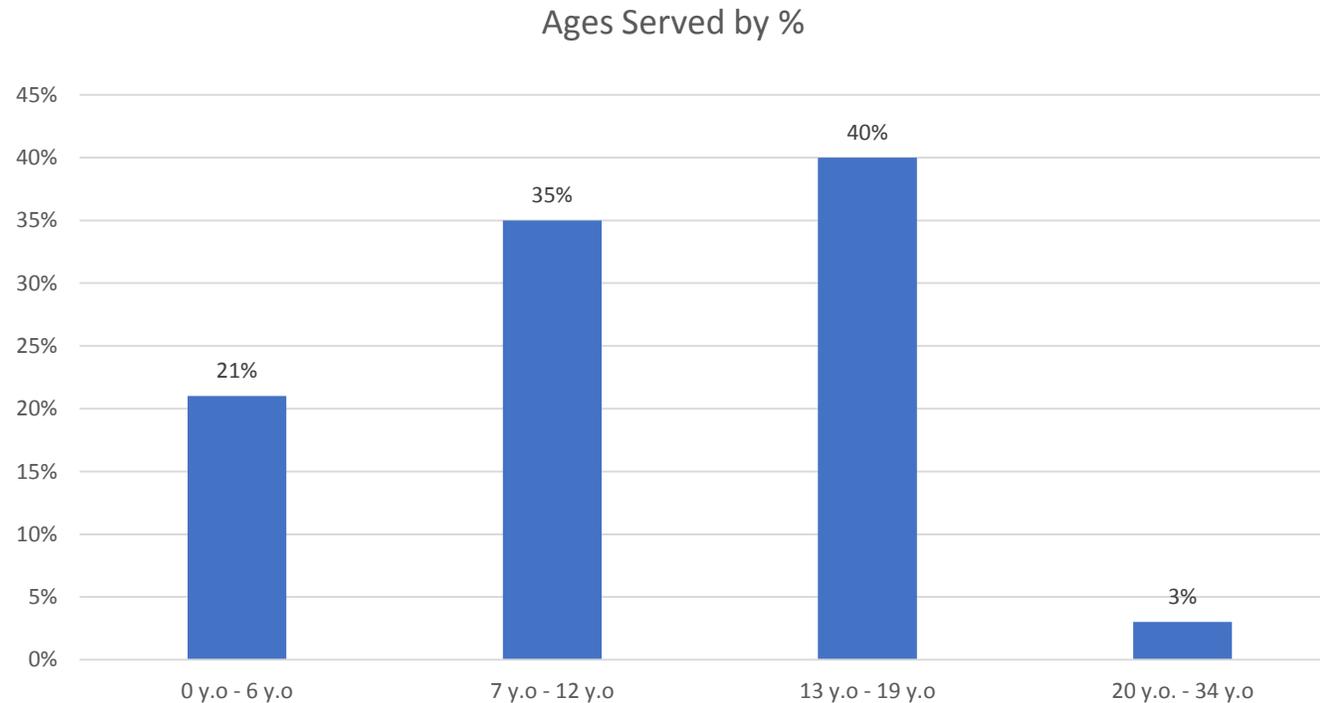
- AOE – Agency of Education
- DAIL – Dept. of Disabilities, Aging, and Independent Living
- DCF – Dept. for Children and Families
- DMH – Dept. of Mental Health
- DOC – Dept. of Corrections
- VDH – Dept. of Health
- ADAP – Alcohol Drug Abuse Programs at VDH
- EPI – Epidemiology at DMH/VDH
- MCH – Maternal Child Health at VDH

Partners and Programs

- PBIS – Positive Behavioral Intervention and Supports
- UVM – University of Vermont
- VCHIP – Vermont Child Improvement Project
- VFFCMH – Vermont Federation of Families for Children's Mental Health

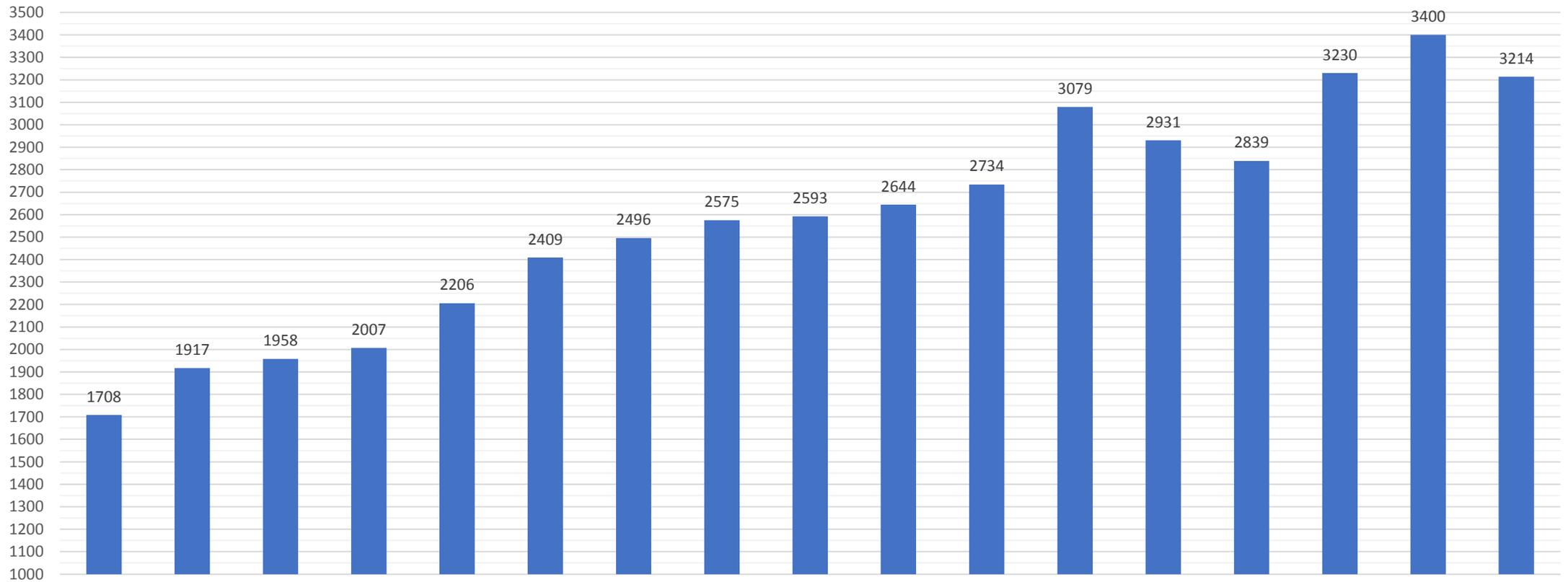
Department Of Mental Health- Child, Adolescent and Family Services – FY16

- Number Served and by age breakdown
- 10,670 (81% Medicaid; 13% other insurance)



Early Childhood and Family Mental Health

Early Childhood and Family Mental Health Services 0-8 from 1999-2015



Act 264 - Coordinated Service Planning and the Interagency Agreement



Passed in 1988 and mandates that mental health, education and child welfare work together on behalf of children and adolescents through individual plans for youth in need, as well as interagency planning, budgeting and service development.

Act 264 created:

- An interagency definition of severe emotional disturbance.
- A coordinated services plan.
- One Local Interagency Team (LIT) in each of the State's twelve Agency of Human Services' districts.
- Created a State Interagency Team (SIT).
- Created a governor appointed advisory board.
- Maximizes parent involvement.



The Interagency Agreement (June 2005)

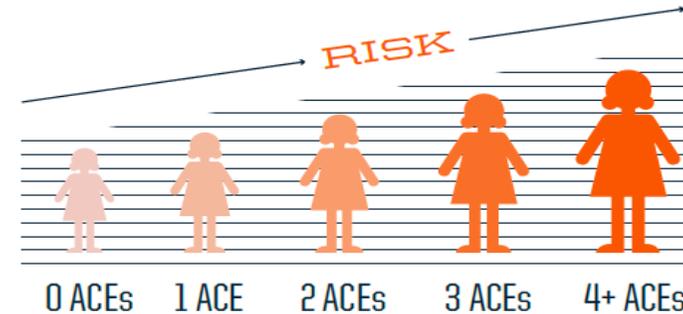
- Collaboration between AHS and AOE to expand the Act 264 process to all children with a disability under IDEA
- Also expanded expectation to move to prevention and early intervention with use of the Coordinated Service Plan
- Delineates the provision and funding of services required by federal or state law or assigned by state policy
- Agreement covers coordination of services, agency financial responsibility, conditions and terms of reimbursement, and resolution of interagency disputes

Why Do ACEs Matter?

1 type of experience =
1 ACE or AFE

- If early childhood experiences are a link to health outcomes in adulthood, then shifting our focus to Adverse Family Experiences (AFE) of children gives us the opportunity to intervene early, *before* poor health outcomes play out

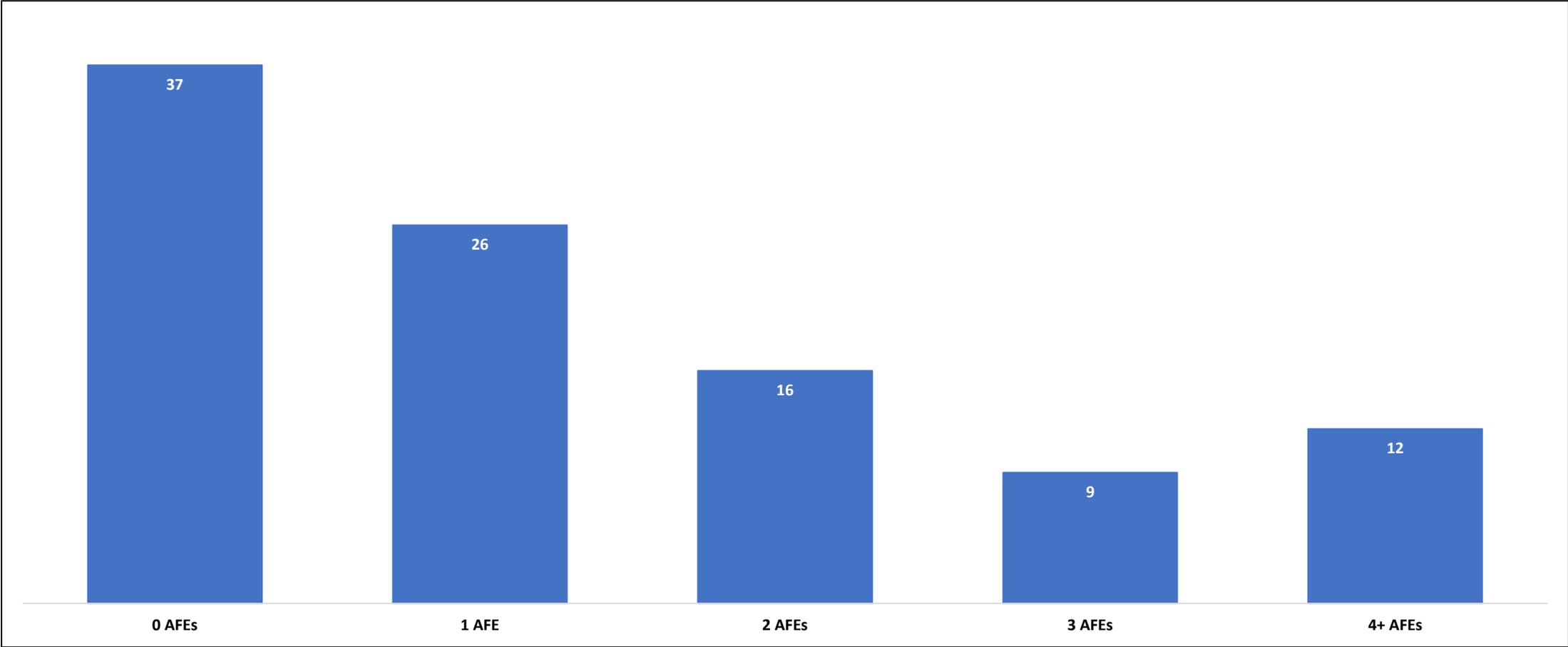
As the number of ACEs increases, so does the risk for negative health outcomes



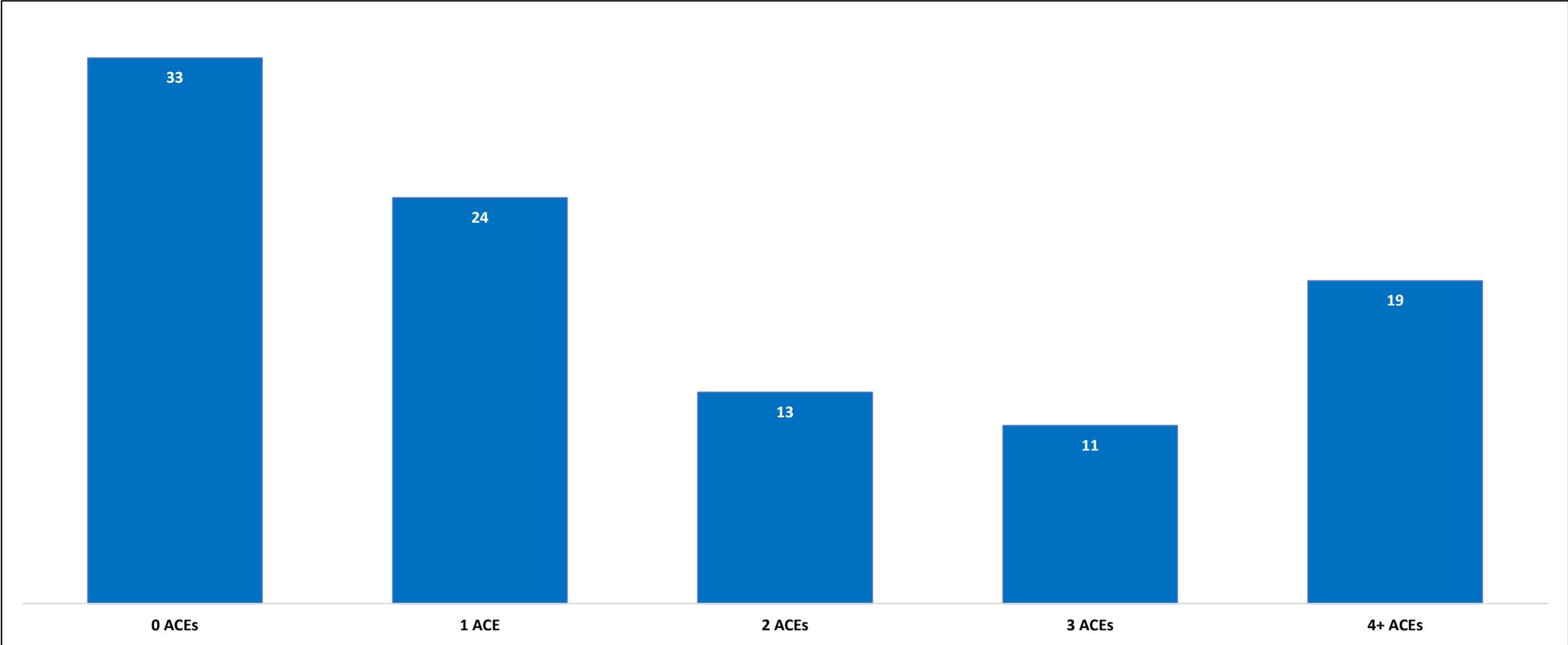
Possible Risk Outcomes:

BEHAVIOR				
 Lack of physical activity	 Smoking	 Alcoholism	 Drug use	 Missed work
PHYSICAL & MENTAL HEALTH				
 Severe obesity	 Diabetes	 Depression	 Suicide attempts	 STDs
 Heart disease	 Cancer	 Stroke	 COPD	 Broken bones

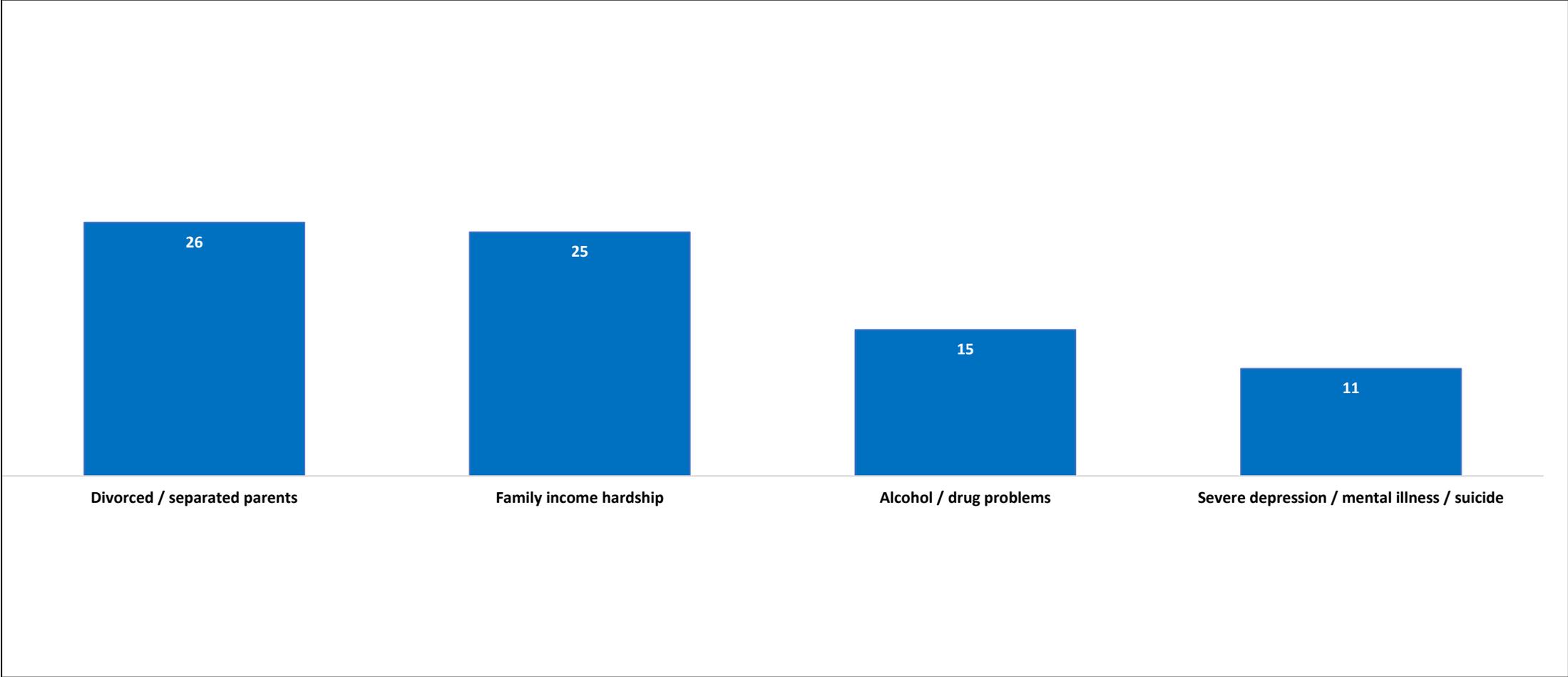
% of Vermonters Younger than 18 with 0-4+ Adverse Family Experiences



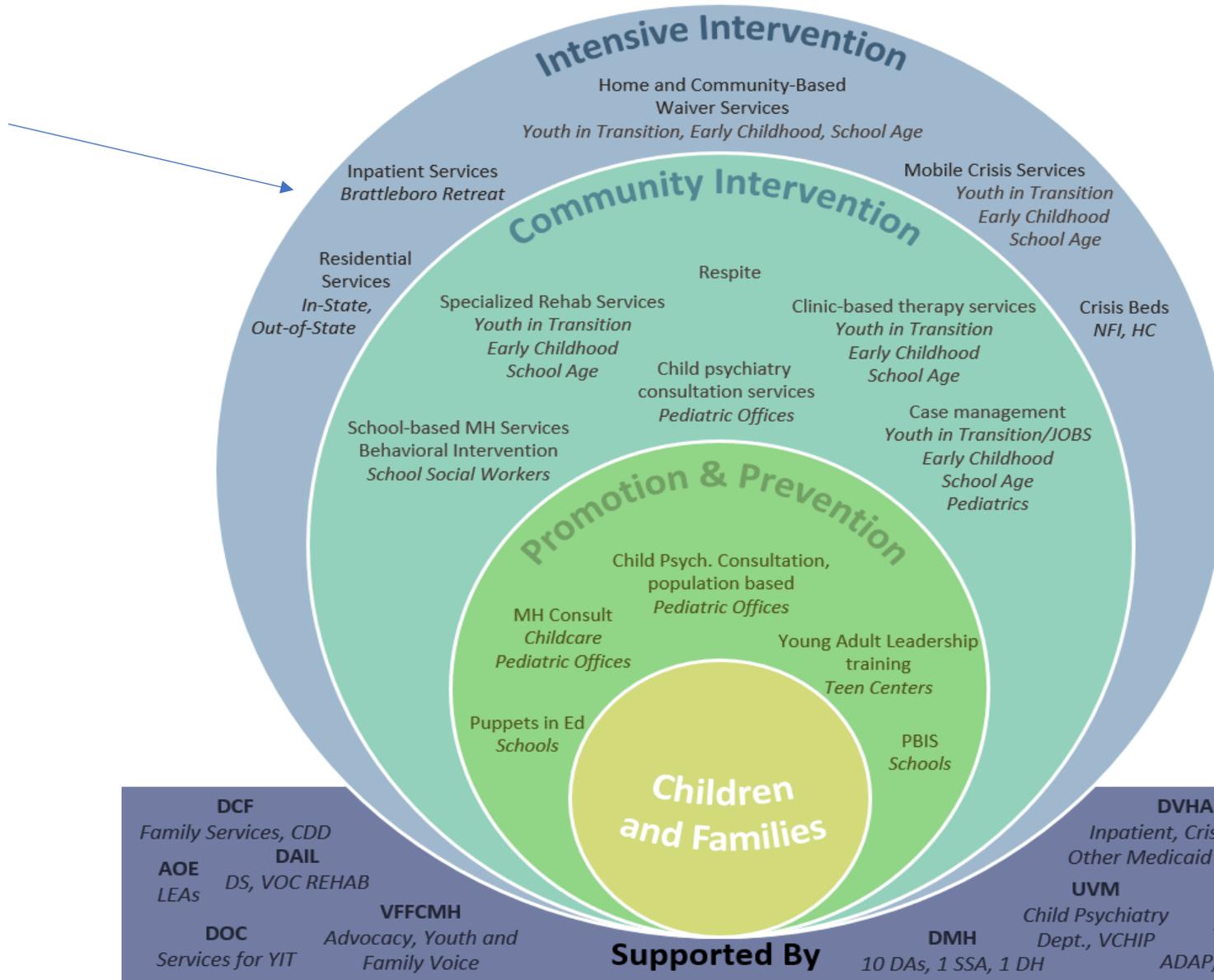
% of Vermonters 18-44 with 0-4+ Adverse Childhood Experiences



% of the 4 Most Common AFEs Among VT Children



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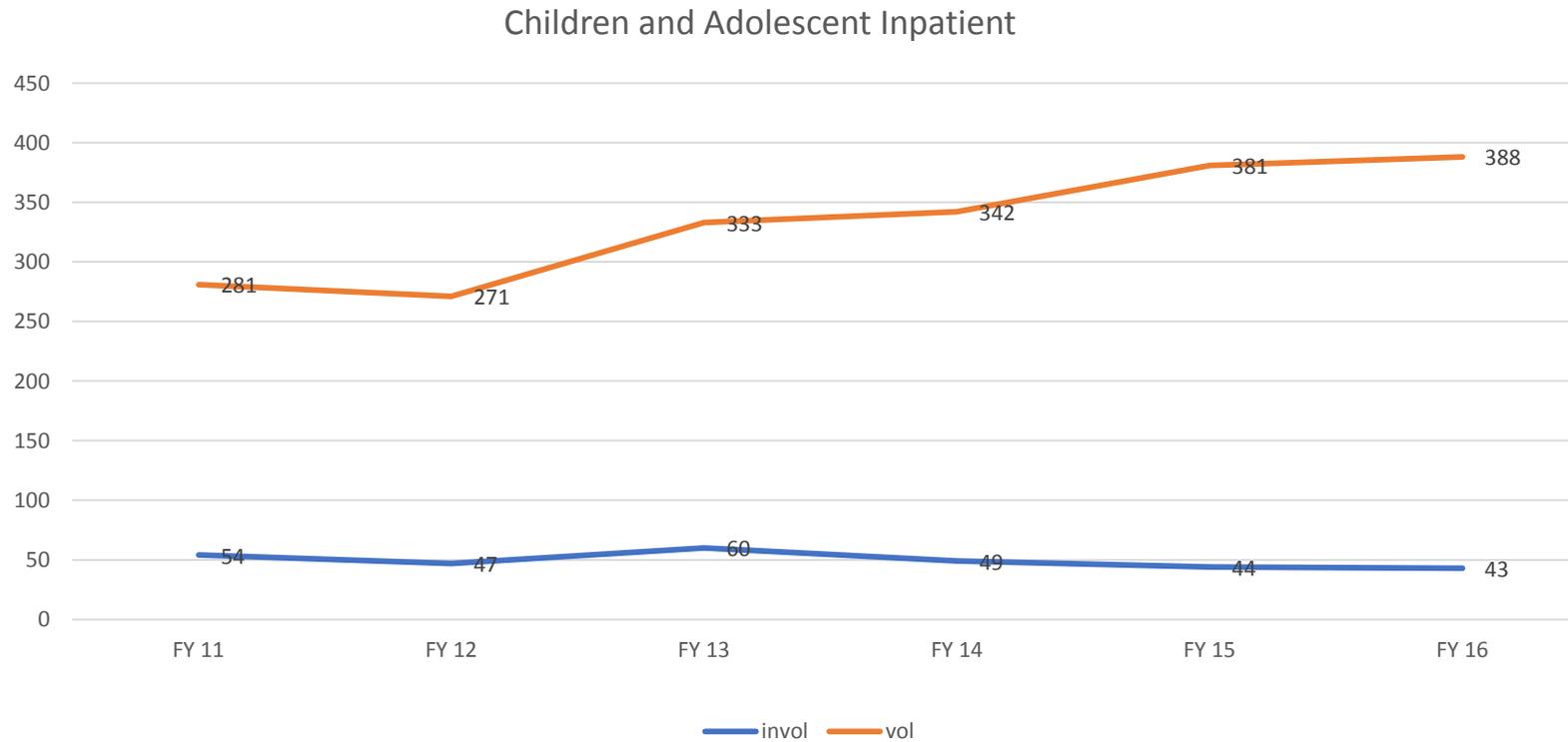
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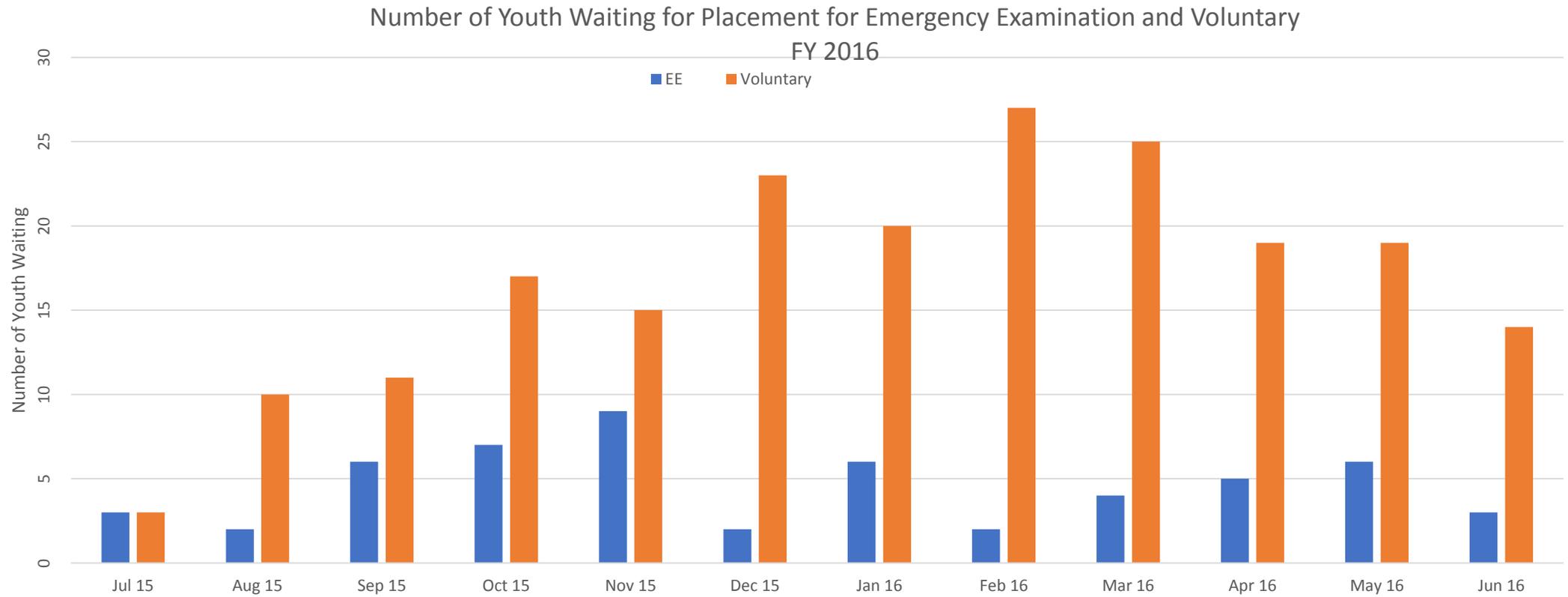
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Intensive Interventions

- Brattleboro Retreat Inpatient – 30 Beds

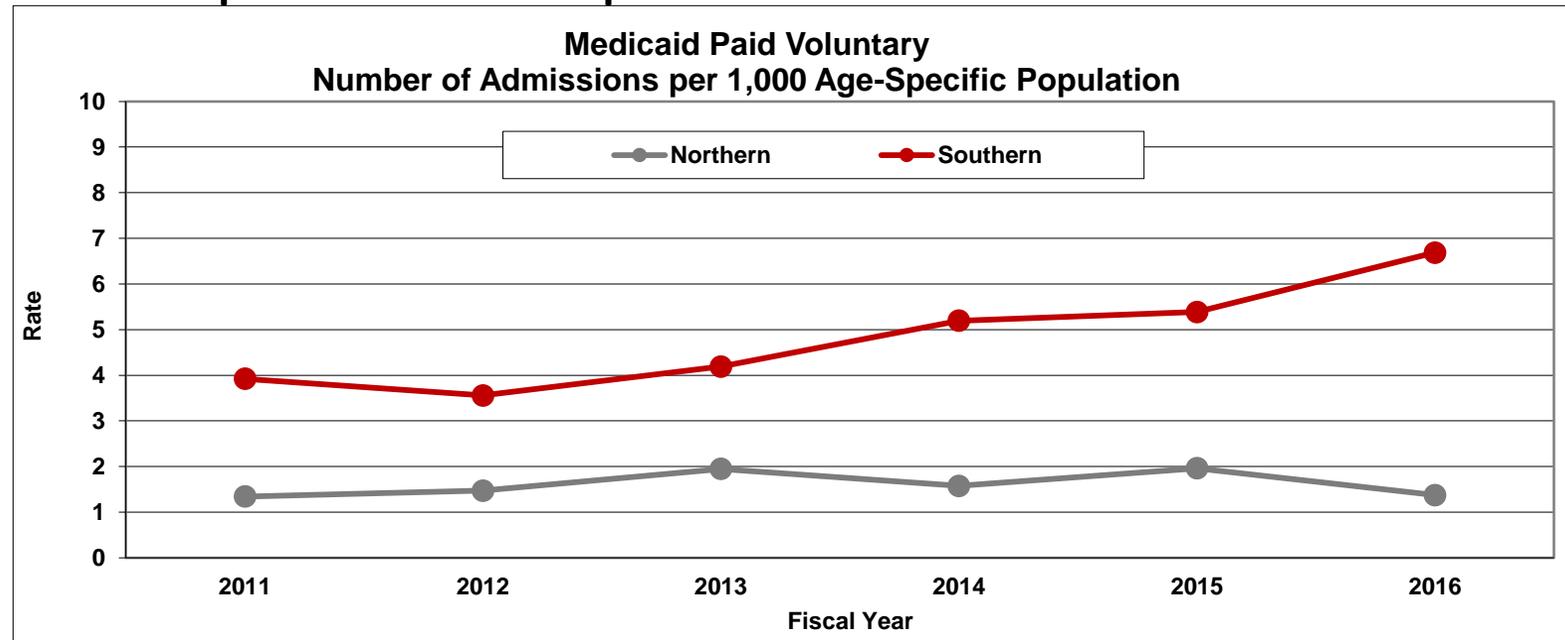


Emergency Department Wait Times



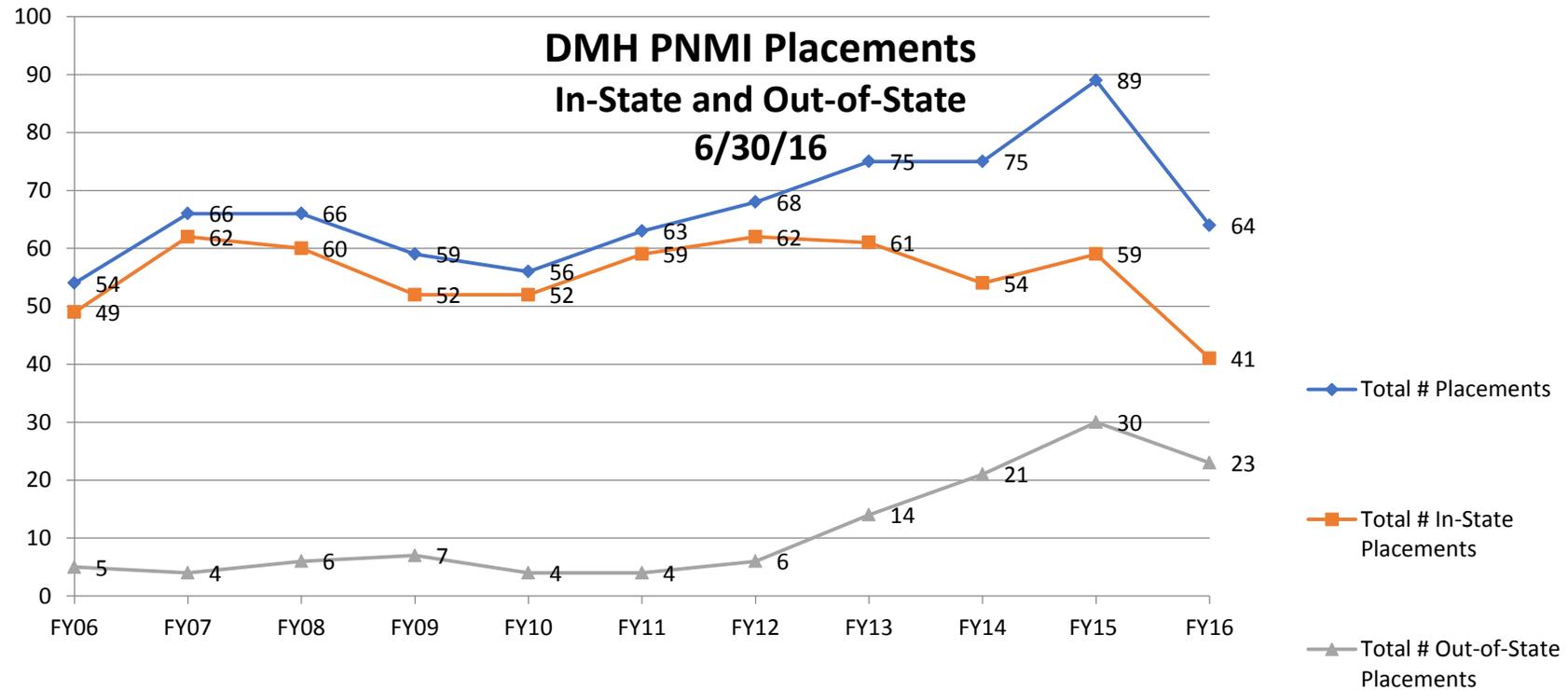
Intensive Interventions

- NFI - 6 Hospital Diversion Beds
- Howard Center – 6 Crisis Stabilization Beds
- NFI – in development 6 Hospital Diversion Beds

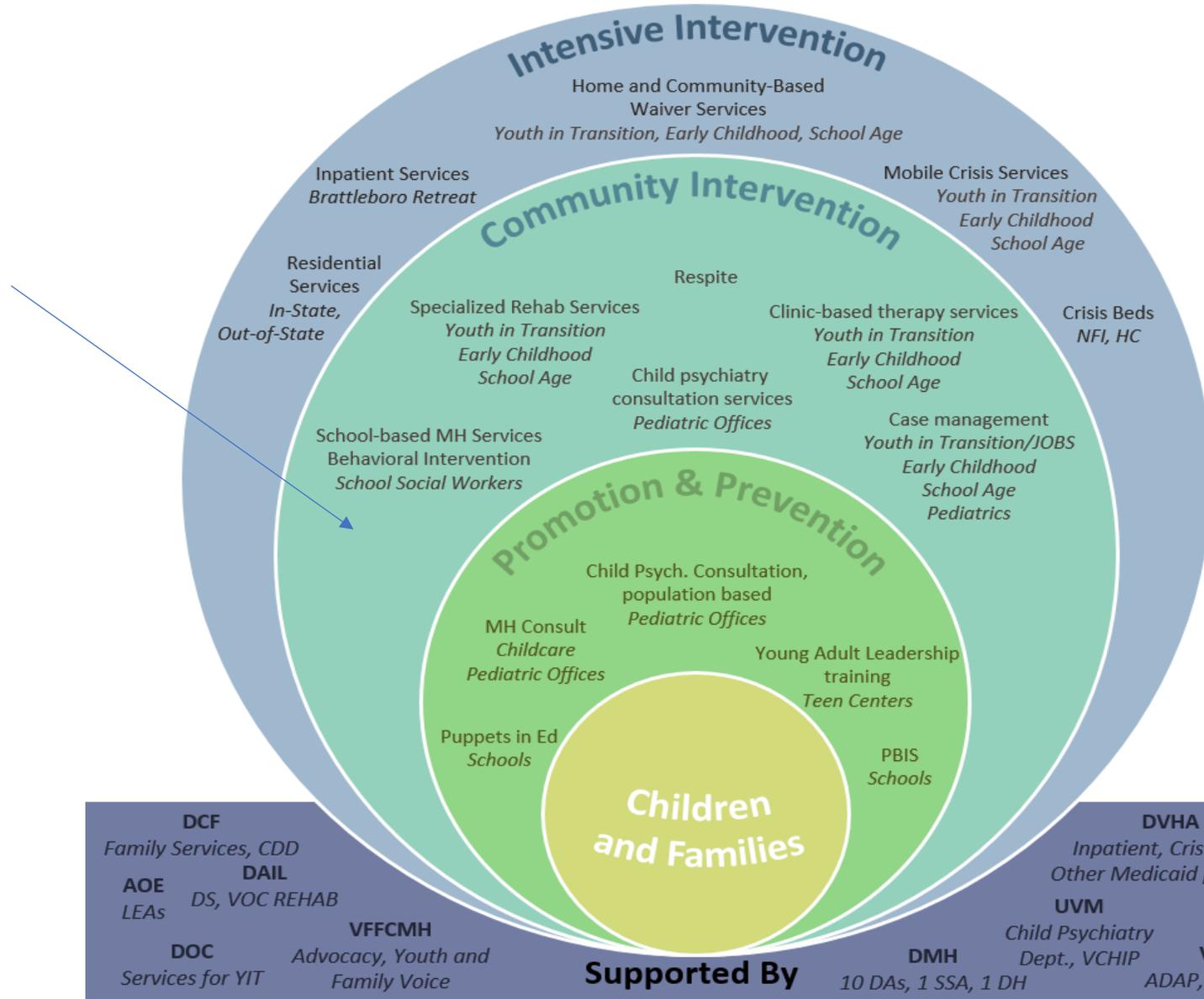


Intensive Interventions

- Residential



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Supported By

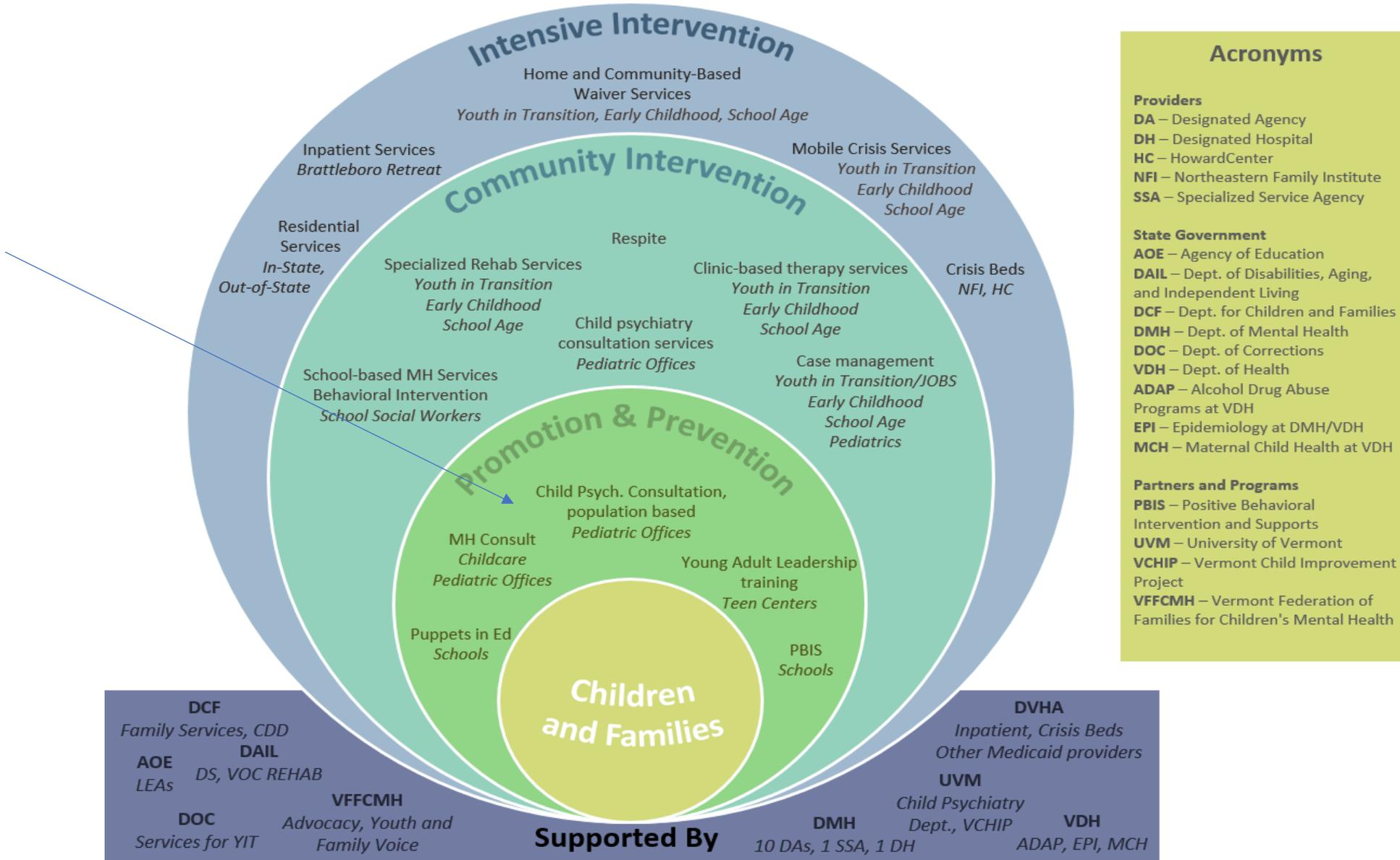
DCF Family Services, CDD	DVHA Inpatient, Crisis Beds Other Medicaid providers
AOE LEAs	UVM Child Psychiatry Dept., VCHIP
DAIL DS, VOC REHAB	DMH 10 DAs, 1 SSA, 1 DH
DOC Services for YIT	VDH ADAP, EPI, MCH
VFFCMH Advocacy, Youth and Family Voice	

Community Interventions



- DAs provide services such as: therapies, supportive counseling, skill building, family and in home therapeutic services, psychiatric services, case management, respite.....
- School Based Services – DAs have:
 - Partnerships with 95% of the Supervisory Unions
 - Over 200 School Based Master Level Clinicians in schools
 - Over 600 Behavioral Interventionists in schools
- 5,000 children and adolescents receive school based services and of that 50% also receive clinic based services

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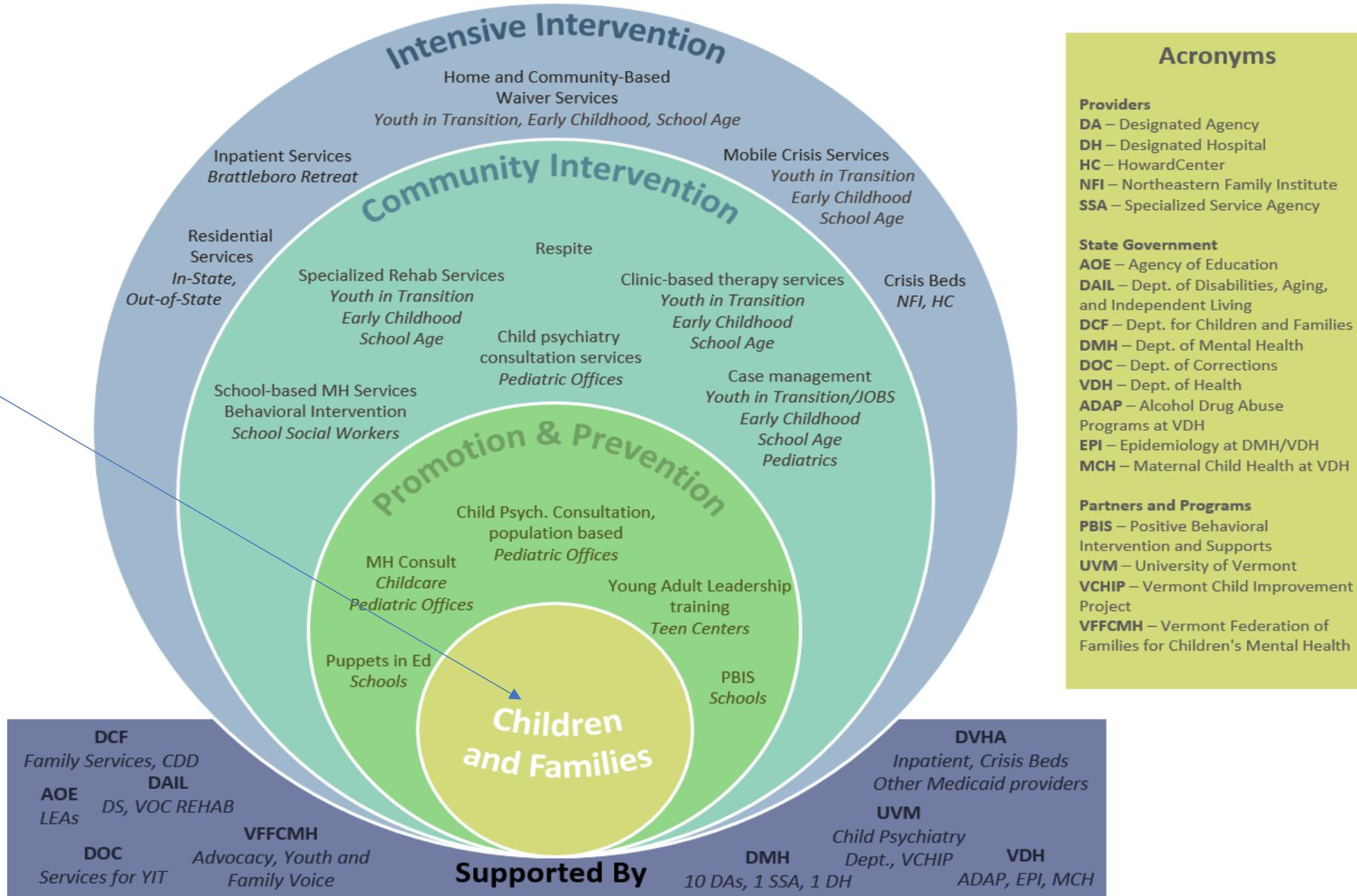
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Health Promotion and Prevention



- Pediatric collaborations including staff co-located in primary care
- Psychiatric consultation with primary care providers
- Positive Behavioral Interventions and Supports –working with schools; changed our payment methodology to support work with all students
- Youth training and youth development
- Crisis Text Line available for all Vermonters
- Suicide Prevention includes all age groups
- Developmental of Social Emotional skills
- Consultation with childcare settings

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Families and their children



- DMH works with the VT Federation of Families for Children's Mental Health. We fund some of their work and work in partnership on issues important to VFFCMH.
- VFFCMH supports parent representatives on the Local Interagency Teams
- The DAs and SSA work extensively with families and approach treatment plan development and the system of care from a family centered, family driven perspective. Our goal is to always have the family taking lead with the expertise of mental health and human services added.

Examples of Work with Other Departments

- **Department for Children and Families** – Turn the Curve work to reduce residential stays; early childhood evidence based treatment for families; trauma responsive treatment
- **Department of Disabilities, Aging and Independent Living** – how to bring our systems together on children with co-occurring diagnosis; development of respite resources for families
- **Agency of Education** – Reinvigorating Act 264 and Coordinated Service Planning
- **Agency of Human Services/Integrating Family Services** – How to address issues of coordination and integration across AHS child/adolescent/family serving entities
- **Vermont Department of Health** – pregnant and post-partum parents dealing with depression; development of social emotional skills for young children
- **Department of Vermont Health Access** – inpatient and hospital diversion resources
- **Department of Corrections** – identify inmates that are parents and discussing options to address parenting skill development