MEETING NOTES AND SUMMARY

Agency of Human Services & Community Partners Exploratory Meeting: ***Addressing the issue of access to care and treatment for children and youth in our Vermont system of care***

Goals of the Meeting

1) To explore and understand barriers to accessing care and inpatient treatment in our Vermont system of care for children and youth, including children youth waiting in Emergency Departments or in the community

2) To identify concrete and actionable strategies to improve access to care for children and youth

Meeting Outcomes |Priority Solutions, Actions & Next Steps

Priority Solution	Action	Next Steps
1. Improve inpatient discharge coordination	Brattleboro Retreat, DMH, DVHA meet to plan for improved inpatient discharge coordination	DMH & BR Lead *in process*
2. Focus on in-home supports and exploration of mobile response	Focused discussion at next Children's Designated Agency Director's Meeting and DMH preparing information to share regarding Mobile Response	DMH & DA'S lead *in process*
3. Emergency Department Settings	• UVMMC successful recruitment and staffing of child psychiatrists (In Process) • Improving physical space in Emergency Departments to be welcoming and therapeutic for children and youth	• In process • UVMMC work underway, DMH (Commissioner) and Medical Director (David Rettew) to meet with other Emergency Department leadership (possible)
4. Parity with commercial insurers (BCBS) for mental health supports (particularly in home)	• Potentially work with Vermont Collaborative Care/BCBS	• In Process
5. Develop an easily understandable "menu" of systems services, eligibility, etc	• DMH review opportunity at DMH Leadership Meeting on 3/19	• Develop plan to move forward

Meeting Minutes

Time	Topic	
3:00 – 3:05	**1. Welcome & Introductions**	Sarah Squirrell, DMH
3:05 – 3:15	**2. Framing the Issue** a. Barriers to accessing care and treatment for children and youth across our Vermont system of care and the issue of children and youth awaiting treatment in Emergency rooms, in the community or at home	Al Gobeille, AHS Bob Bick, Howard Center
3:15 – 3:30	**3. Brief Data Overview: What data do we have and what does it tell us? Brief overview of available data may include;** **a.** Overall Child, Youth & Family Services **b.** Emergency Room Visits & Wait Times **c.** Youth Awaiting Placement (Involuntary) d. Vermont Inpatient Capacity **e.** Medicaid Paid Children's Inpatient f. Brattleboro Retreat Inpatient Occupancy	Department of Mental Health
3:30 – 4:15	**4. Sharing Perspectives and Experiences** **We come to this work in the spirit of collaboration, and our diversity of perspectives and experiences is our greatest strength** **a. Family members and providers share their experiences and insights** **<u>Family Members Perspectives and Experiences</u>** **Cindy Tabor, Executive Director, Vermont Federation for Families** – Survey of families that they serve – responses from families that are calling their 800 number **<u>Kathleen (Parent)</u>** – Story shared **Jamie (Parent)** – Story shared **<u>Kelly (Parent)</u>** – Story shared	General discussion
4:15 – 4:55	**5. Solutions & Opportunities: What concrete opportunities and solutions do we have to strengthen the system and improve timely access to care for children and youth in Vermont.** **Potential solution contexts** 1. What is needed to prevent from going to ED? 2. What can occur in ED to support child/family? 3. What could reduce wait-time?	General discussion
4:55	**6. Next Steps (SEE Priorities, Solutions, Status at beginning of document)**	

Solution Contexts/IDEAS & OPPORTUNITIES Notes

What is needed to prevent children/youth from going to the ED?	What can occur in the ED to support the child and family?	What would reduce wait-times?
Lack of options for in-home services for families who have commercial insurance; this is available for families with Medicaid. Opportunities under APM? Parity issue. Mindfulness skills for children/youth More VCIN beds (Developmental Disability Services crisis/assessment programming) Immediate & timely services for family & child/youth. In-home. Responsive to family-defined need/crisis. E.g. Mobile Response Do we have right match of programs & need? Need family voice in what is needed – for individuals and for system. Workforce challenges for in-home, crisis, crisis stabilization & hospital diversion program, WCMH 3-bed crisis assessment Community Outreach workers model (4 pilots) MH worker with police to support community response More in-home services; more mobile crisis as had decade+ ago. Invest upstream where	UVMMC is pursuing Child Psychiatrist to consult w/ ED. Improving communication structures. Other EDs don't have these resources (child psych) ED is an option for families; need it to be a portal to helpful services. Inpatient – consider different approach to stabilization and discharge so not repeated admissions. Consider escalating specific cases, review with DVHA UR, DMH, etc.	BR, DVHA, DMH/DCF looking at next step from inpatient to help with transitions – weekly calls – could invite DA to participate Access to DA community-based/ in-home services impacts wait-times Commercial insur. Coverage of residential didn't allow home visit; Medicaid does Suggestion to increase inpatient beds for children/youth. Other suggestion to expand other types of beds (residential, crisis/hospital division programs, etc) Could divert more kids with more Hospital Diversion Program Review Discharge planning process (from ED or from BR) – improve process, who involved, timing, with people known to family. Identify gaps in plan/system. discharge plan includes crisis planning post-discharge.

family defines crisis. DA Emergency Services teams are maxed and are having to define the crisis. Improved Services for children with ASD Suicide prevention – need dedicated suicide prevention work at all DAs across all populations; postvention support. Seeing increasing need and individuals often not connected to MH services. Family Wellness Coaches being trained by UVM Parenting skill classes/coaching Crisis worker who can help youth deescalate in moment		