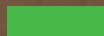




Meeting the Needs of Children and Youth in Crisis: Issues and Recommendations

April 22, 2021



Lorna Mattern, Executive Director, United Counseling Service
Dillon Burns, Mental Health Services Director, Vermont Care
Partners



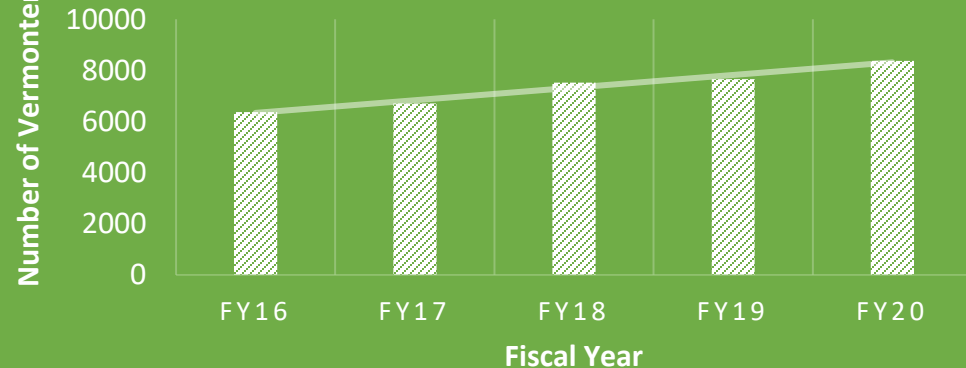
Key Points

- The need for kids and families right now is overwhelming our capacity to meet it
- When network agencies have capacity, a community-based response can effectively meet needs in the least restrictive, least harmful setting
- Our system capacity is strapped due to long and slow erosion of funding for community-based services
- There are opportunities to address these needs



EMERGENCY SERVICES

EMERGENCY SERVICES PROGRAMS ARE RESPONDING TO MORE VERMONTERS EVERY YEAR



CHILDREN YOUTH AND FAMILY SERVICES

- CYFS Programs provided care to over 9,500 children and youth in FY20
- The average family received 28 services
- 5,302 clients (56%) received care coordination, linking families with school, healthcare, and social service partners
- 30% of clients and families were served at home; almost 50% in the community; 20% at school
- 88% of families said they received the services they needed
- 87% said the services were right for them

Outcomes and Data - Vermont Care Partners

Current Need is Overwhelming Capacity



- Young people are in distress, exacerbated by COVID
 - A [CDC survey](#) found 30% of people ages 18-24 had seriously contemplated suicide in the previous month
 - According to the [CDC](#), mental health-related visits to Emergency Departments rose 24% and 31% respectively for 5-11 and 12-17-year-olds between 2019 and 2020.
- Spike in children and youth waiting in Emergency Departments for inpatient care in Vermont in recent weeks
 - In some regions, agencies report approx. 50% of people waiting are children
- Waiting lists for outpatient services at agencies is very high in some regions
 - Over **100 people** on outpatient waitlist at two different agencies
 - **519 vacancies** in mental health positions and **780 total vacancies** across the network statewide



With Capacity, Robust Community-Based Services Could Prevent the Need for ED/Inpatient in Many Cases, with

- No waitlists for treatment by experienced clinicians in office-based community mental health to meet individual, group, and family therapy needs of kids and families, responding to and preventing crisis before it happens, using practices such as DBT
- No waitlists for home-based intensive clinical supports and crisis response to meet the needs of families who would otherwise seek care in crisis settings
- Staffing for consistent, predictable community-skills supports and respite for families
- True wraparound supports for foster parents

To get there, we have to address the **erosion of community-based services** caused by:

Disparities in pay between community mental health clinicians and clinicians in healthcare, schools, state government and private practice – up to 20K

Workforce retention and recruitment challenges for skills workers, case managers, and respite providers, and foster parents

A) and B) above can be attributed to a **lack of annualized increases and/or COLAs** similar to those that exist in education, healthcare, and state government.





Crisis Stabilization Programs Can Also Prevent ED/Inpatient Utilization

- Regional Hospital Diversion Models such as NFI North and South and Jarrett House
- MRSS
- PUCK

Recommendation:

INVEST short-term federal dollars as a bridge to reduce the demand for more expensive hospital and residential care costs, similar to investments made when downsizing the Vermont State Hospital, and then

COMMIT to long-term sustainability of the community-based system for kids and families





PUCK: Psychiatric Urgent Care *for* Kids



A COLLABORATION BETWEEN UNITED
COUNSELING SERVICE AND
SOUTHWESTERN VERMONT MEDICAL
CENTER

BACKGROUND

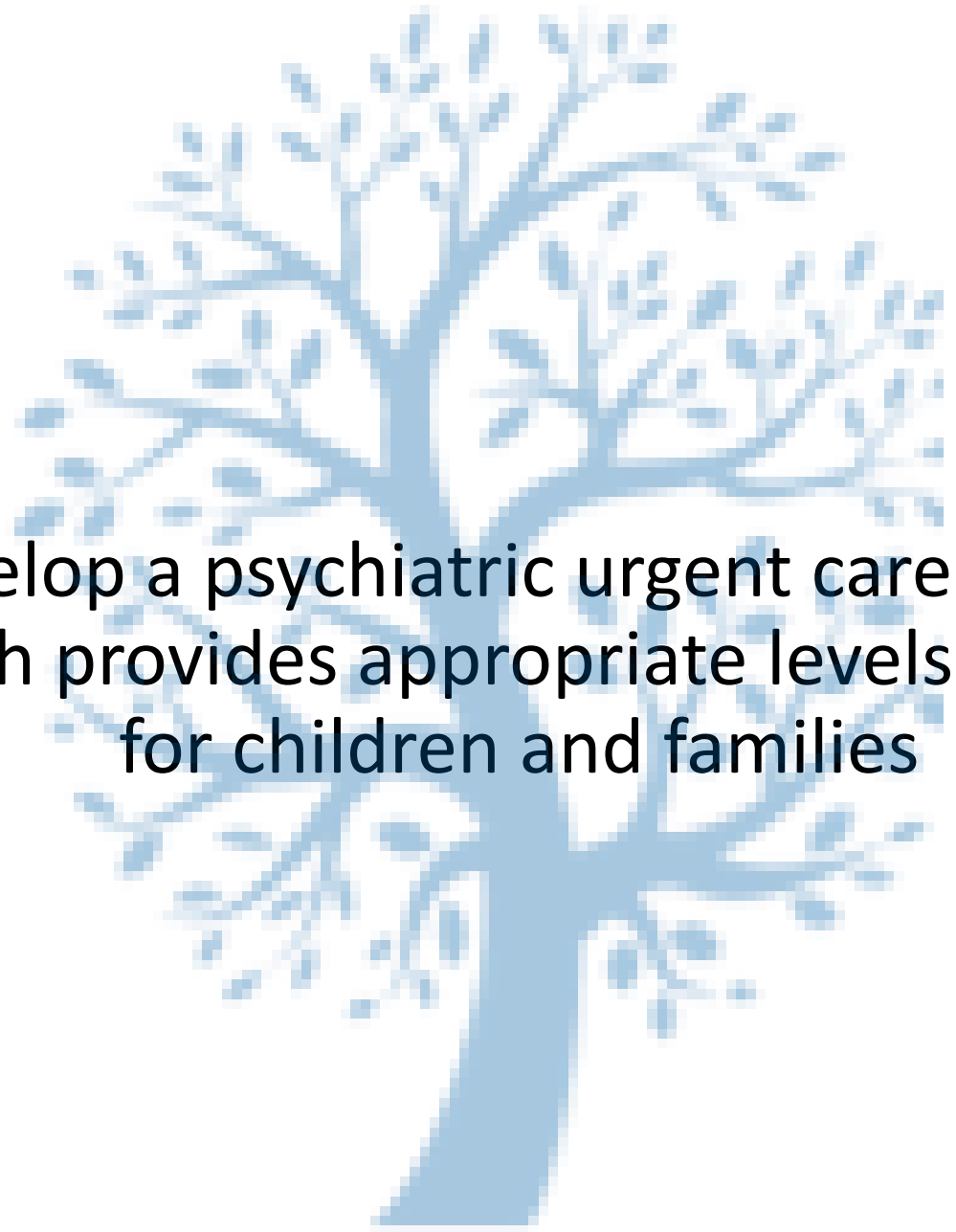
In the fourth quarter of 2018, **294** children were seen at SVMC in the Emergency Department. **80%** of those children were discharged with no service/treatment plan, which generally means they shouldn't have gone to the ED in the first place.

To accommodate the 80% of children who do not belong in the Emergency Department for behavioral health issues, we developed an alternative...

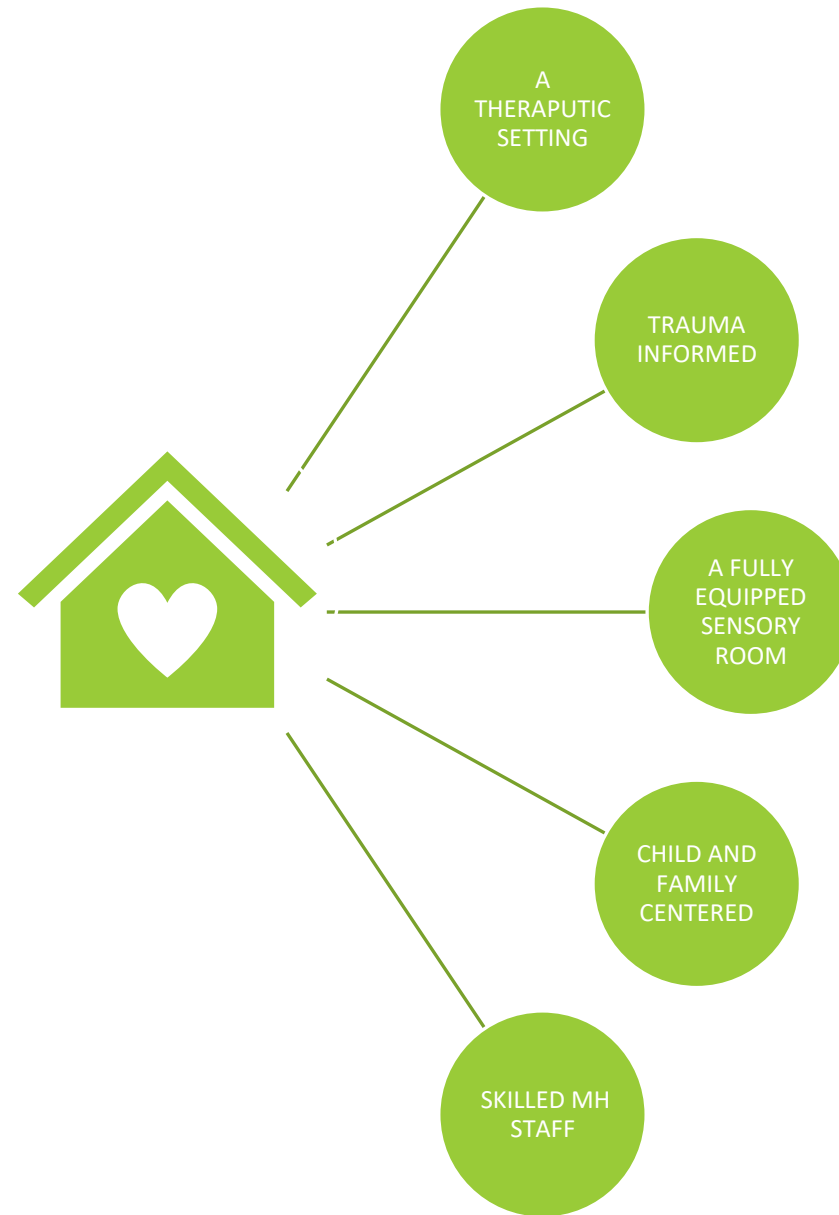
PUCK
Psychiatric Urgent Care *for* Kids

Project Goal #1

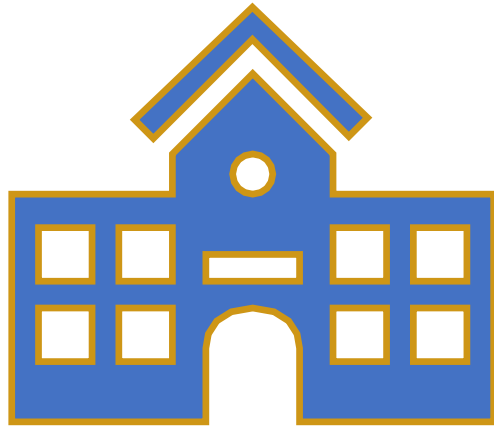
Develop a psychiatric urgent care center which provides appropriate levels of care for children and families



PUCK DESIGN



Working with Partners



- We began by piloting with one small elementary school, Monument Elementary, (No children from Monument Elementary went to the ER once we started working with them).
- We met with DCF, Police, Superintendents, Principals, and local teams to collaborate and educate
- We now serve any child under the age of 18 who resides in Bennington County. For youth over the age of 18 we provide FES services and coordinate with our crisis services to assess for SI and HI outside of the ER.
- Schools send children to the ED via the police because they don't know what else to do when a child is in distress, they now report that PUCK as a primary service for intervention.

Project Goal #2

Support youth and their family members with appropriate mental health and care coordination services

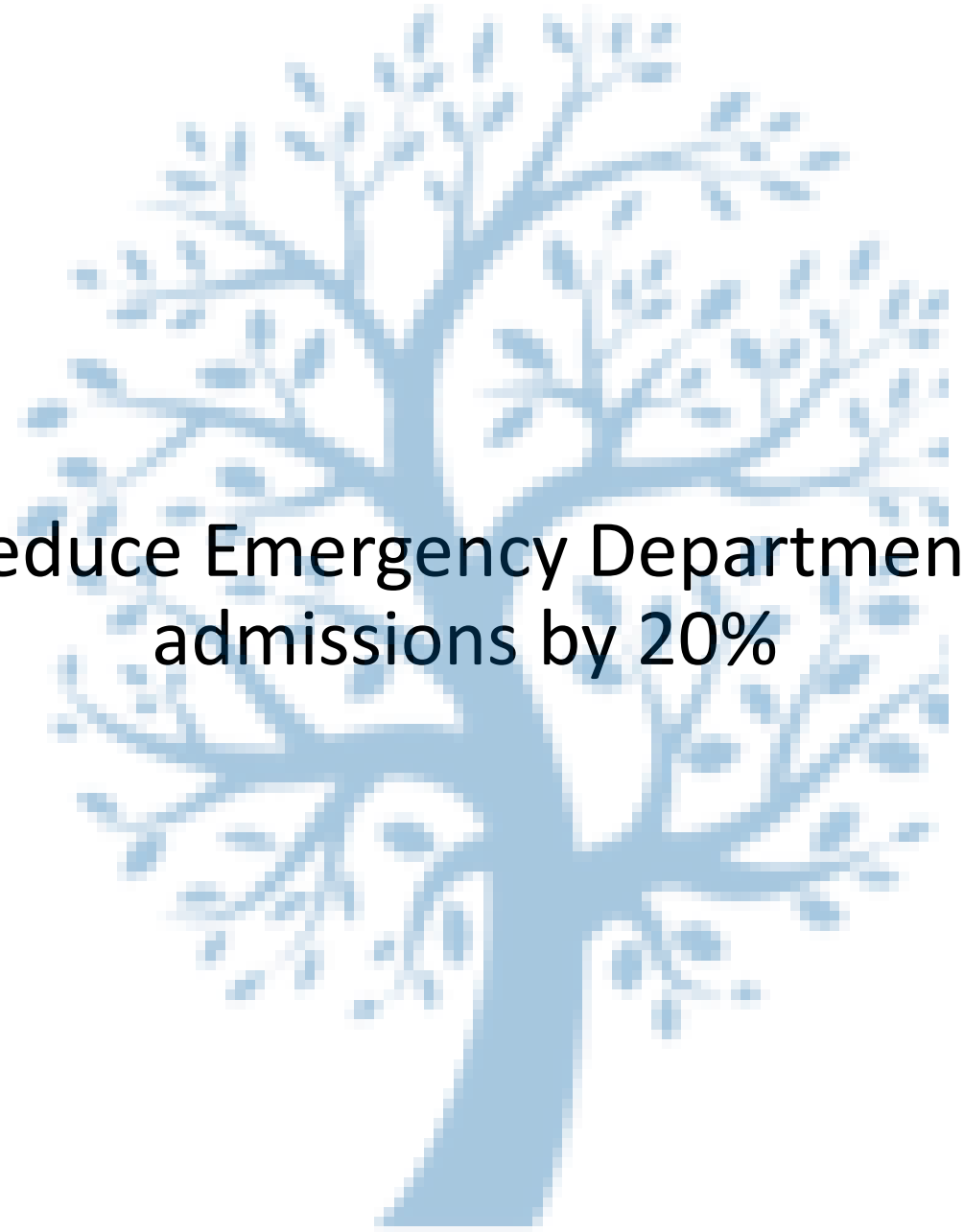


A DAY IN PUCK

- Family Emergency Services staff will transition child/youth to PUCK.
- Youth will utilize the sensory room/ sensory tools, while Family Emergency Service worker debriefs PUCK staff.
- A masters level clinician can provide appropriate screenings and observations of the child/youth in PUCK.
- Regulation and Modulation activities and skill building can occur.
- School work can begin when the child/youth is able to access learning.
- An immediate INTAKE can occur if the family/child chooses, a clinician is assigned, and appointment made for next service prior to leaving.
- Parent/family meetings are provided
- Consultation to sending school
- A **Psychiatry Medication Consult** can be provided – Parent/Guardian must attend.
- **Consultation with child's PCP.**
- Parent/Guardian is expected to come to PUCK for discharge and Crisis Plan development.
- The child can return for multiple days or planned respites.

Project Goal #3

Reduce Emergency Department
admissions by 20%



September 2018 through June 2019

24 kids up to age 11 were screened in the ED from September through January.

19 kids up to age 14 were screened in the ED from February through April.

50 kids up to age 18 were screened in the ED from May through June.

Total number of kids screened in the ED was 93.

September 2019 through June 2020

23 kids up to age 11 were screened in the ED from September through January.

25 kids up to age 14 were screened in the ED from February through April.

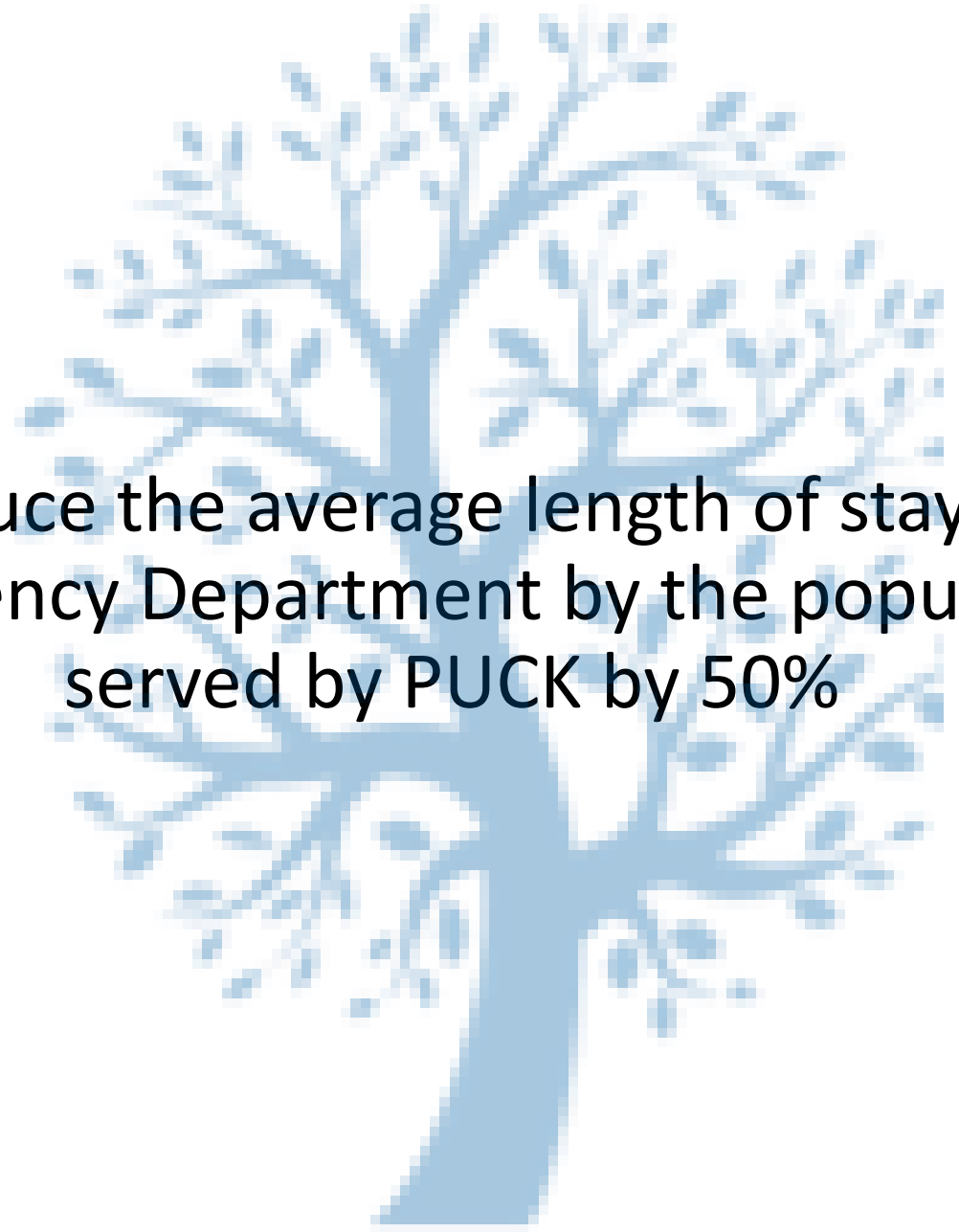
15 kids up to age 18 were screened in the ED from May through June.

Total number of kids screened in the ED was 63.

There was an overall **33% reduction** in the number of kids screened in the ED during the time PUCK was opened!

Project Goal #4

Reduce the average length of stay in
Emergency Department by the population
served by PUCK by 50%



Length of Stay in ED	2018-2019	2019-2020
1 Day	63 (68%)	43 (68%)
2 Days	13 (14%)	16 (25%)
3 Days	6 (6%)	3 (5%)
4 Days	4 (4%)	1 (2%)
6 Days	2 (2%)	0
7 Days	2 (2%)	0
10 Days	1 (1%)	0
29 Days	1 (1%)	0

2018-2019

16% of kids had a stay 3 days or longer

2019-2020

7% of kids had a stay 3 days or longer

Although the percentages of kids staying one day stayed the same, the percentage of kids staying longer than 3 days reduced by half and the overall number of kids in the hospital went down by 33%.

Project Goal #5

Reduce cost of unnecessary Emergency Department utilization for the population served by PUCK.

- 177 kids served in PUCK instead of going to the ED.
- The average stay in an ED is 8- 34 hours according to Health Care Business Today by the American College of Emergency Clinicians (ACEP) at a cost of \$2,264 per stay.
- 177 kids at \$2,264 per stay costs \$400,728.00.

Project Goal #6

Improve the patient experience for the population served by PUCK as reported in patient satisfaction data



PARENT FEEDBACK

Parents report high levels of engagement and satisfaction with PUCK Services:

100% report staff treated them with respect

92% reported they received services that they needed

92% reported the services they received made a difference

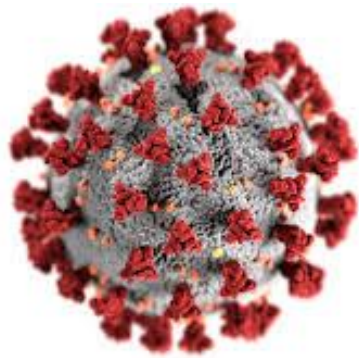
92% received services that were right us

100% reported they would recommend PUCK to a friend or family member.

Families who have felt helpless and unsure of where to turn for help, now report feeling heard and supported



COVID-19



- In March of 2020, due to the emergence of COVID -19, UCS made the decision to close in person use of most services, including PUCK and FES.
 - Family Emergency Services continued to provide support to youth and families via telephone and online platforms such as ZOOM or Skype.
- Once proper PPE were obtained and procedures created, based on community need, PUCK re-opened on April 13, 2020.
- PUCK criteria were expanded:
 - Ages served increased to 18.
 - PUCK use was expanded and worked with clinicians and case managers able to refer children and youth who were in danger of going into crisis.
 - Between the months of May-June 51 children and youth accessed PUCK services.