



CHILD, YOUTH AND FAMILY MENTAL HEALTH

KEY INITIATIVES AND UPDATES

FEBRUARY 16, 2021

Sarah Squirrell, Commissioner

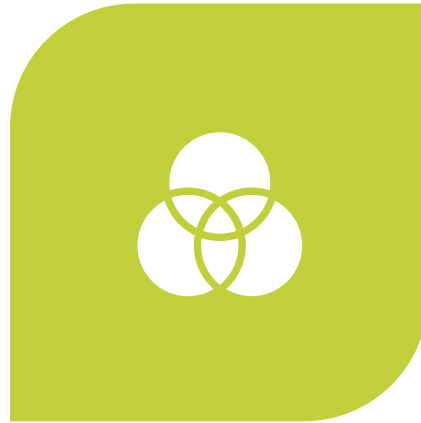
David Rettew, Medical Director of Child, Adolescent and Family Unit

Laurel Omland, Director of Child, Adolescent and Family Unit

OVERVIEW



CHILDREN'S
SYSTEM OF CARE



INITIATIVES



COVID IMPACTS

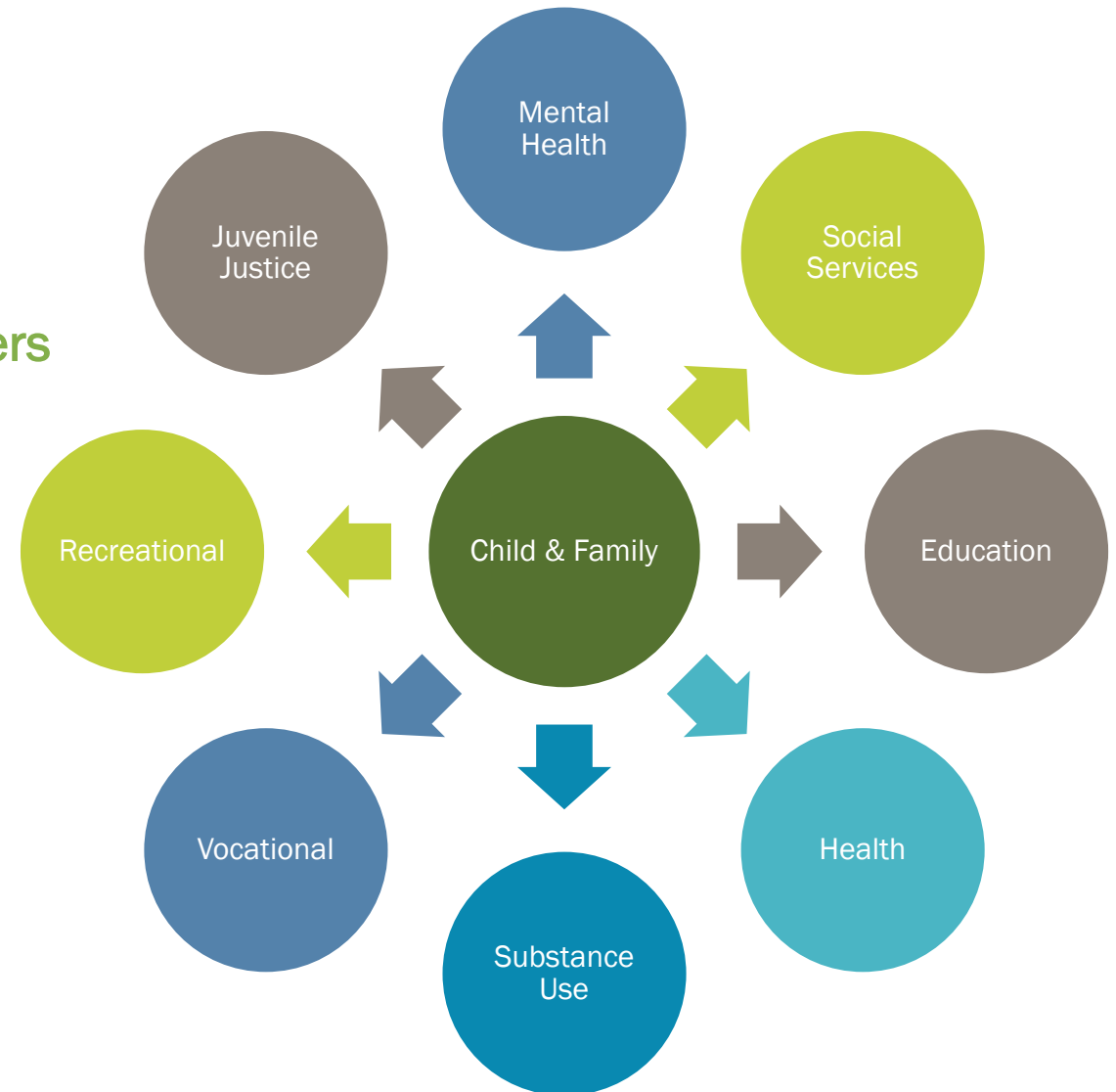
SUBSTANCE ABUSE & MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) SYSTEM OF CARE FOR CHILDREN, YOUTH & FAMILIES



Values

- Community-Based
- Family-Driven & Youth Guided
- Culturally & Linguistically Competent
- Flexible & individualized
- Public Health Approach
- Evidence-Based Practices and Practice-Based Evidence
- Accountability

Partners



SAMHSA & VT's HISTORY OF CHILD & FAMILY SYSTEM OF CARE

1982

The last ward of the VT state hospital closed for children
CMS awarded VT DMH the first **Home and Community Based Services Medicaid Waiver (1915c)** for children with Severe Emotional Disturbance (SED)

1984

Children's System of Care was promoted by SAMSHA

1984-1988

Vermont awarded first Child & Adolescent Service System Program (CASSP) grant from SAMHSA to create **System of Care in VT**

1988 & 1990

- passage of **Act 264**

- First state chapter of **Federation of Families for Children's Mental Health** established in VT

1993

Success Beyond Six school MH authorized

- Established core values, concept of working together to address the needs of children & families
- Expanded service array for children with mental health challenges
- Family Voice was paramount

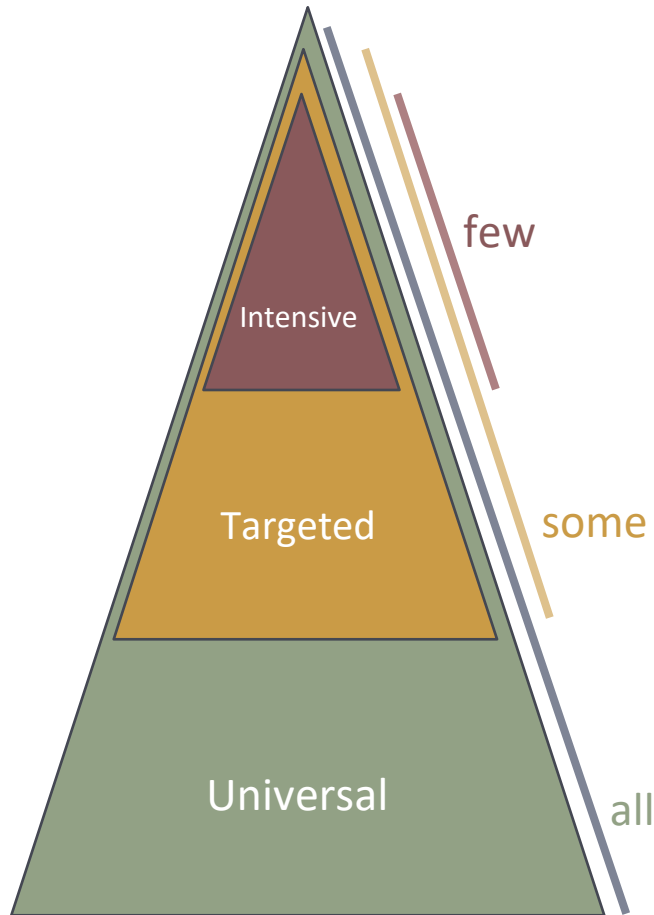
Act 264 created:

- An interagency definition of severe emotional disturbance
- A Coordinated Services Plan
- A Local Interagency Team (LIT) in each of the twelve Agency of Human Services' districts
- A State Interagency Team (SIT)
- A governor appointed advisory board
- Prioritized parent involvement at all levels



www.act264.vt.gov

CHILD, YOUTH & FAMILY MENTAL HEALTH

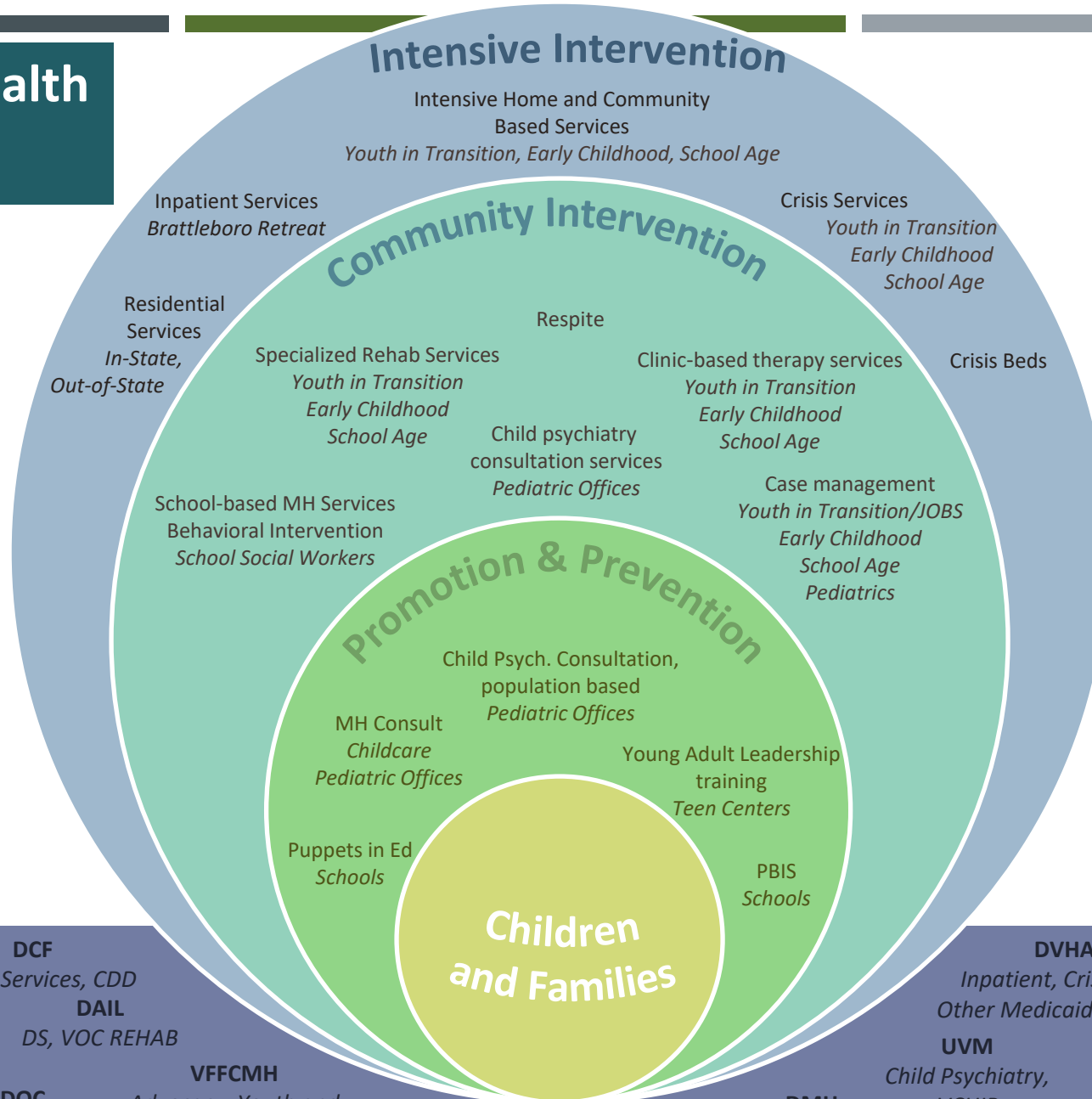


Vermont's vision is that all children and families are emotionally healthy.

Department of Mental Health uses the public health approach to:

- Provide intervention and treatment services to children, youth, and families with mental health needs (Intensive Intervention)
- Provide prevention services to reduce risk factors and increase resiliency and protective factors for children, youth, families and, communities at risk (Targeted)
- Promote mental wellness for all children, youth, families, and communities (Universal)

Children's Mental Health System of Care



Acronyms

Providers

DA – Designated Agency
DH – Designated Hospital
SSA – Specialized Service Agency

State Government

ADAP – Alcohol Drug Abuse Programs at VDH
AOE – Agency of Education
CDD – Child Development Division
DAIL – Dept. of Disabilities, Aging, and Independent Living
DCF – Dept. for Children and Families
DMH – Dept. of Mental Health
DOC – Dept. of Corrections
DS – Developmental Services
DVHA – Dept. of VT Health Access
EPI – Epidemiology at DMH/VDH
MCH – Maternal Child Health at VDH
VDH – Dept. of Health

Partners and Programs

JOBS – Jump On Board for Success
LEA – Local Education Agency
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
YIT – Youth in Transition

DCF
Family Services, CDD

DAIL
DS, VOC REHAB

AOE
LEAs

DOC
Services for YIT

VFFCMH
Advocacy, Youth and Family Voice

Supported By

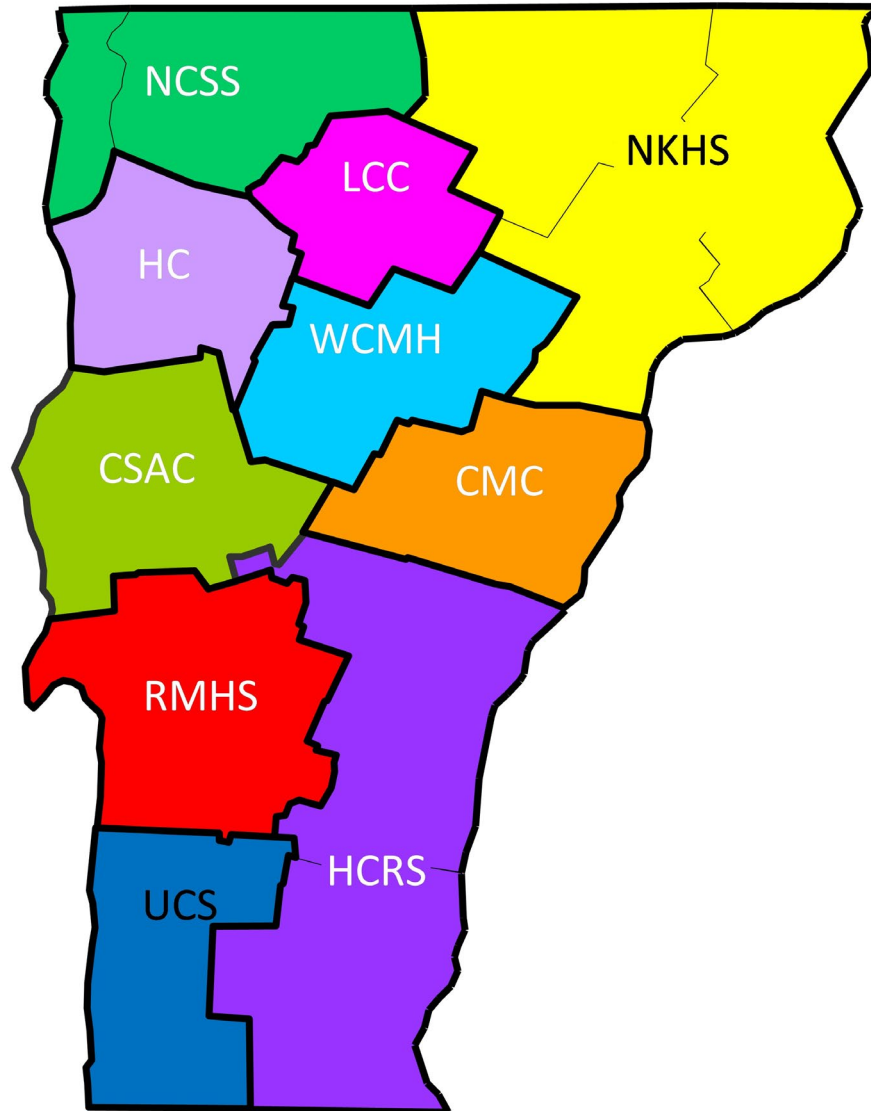
DVHA
Inpatient, Crisis Beds
Other Medicaid providers

UVM
Child Psychiatry, VCHIP

DMH
10 DAs, 1 SSA, 1 DH

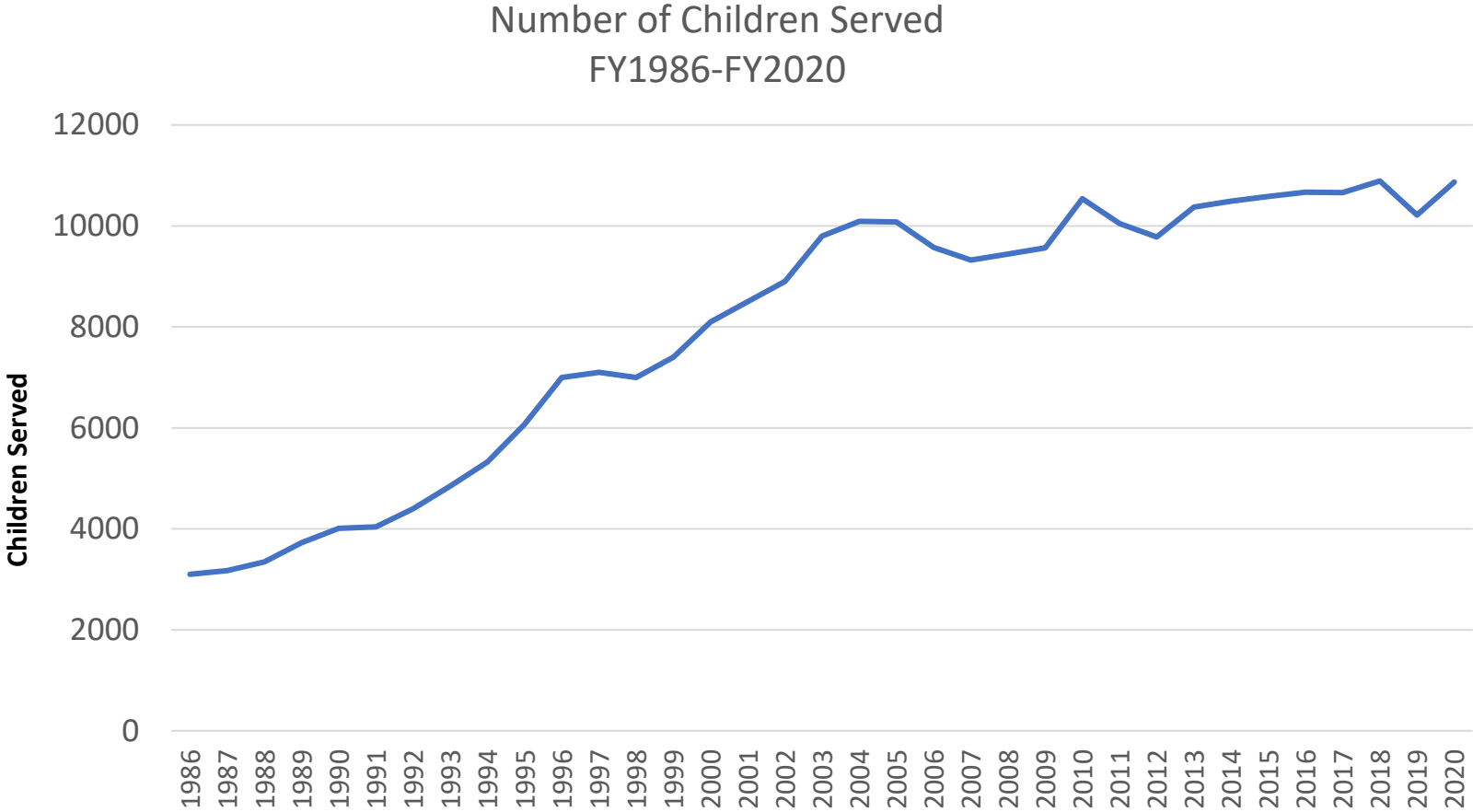
VDH
ADAP, EPI, MCH

DESIGNATED AGENCIES AND SPECIALIZED SERVICE AGENCIES (FOR CYF)



- CMC** Clara Martin Center
- CSAC** Counseling Services of Addison County
- HCRS** Health Care and Rehabilitation Services of Southeastern VT
- HC** Howard Center
- LCMH** Lamoille County Mental Health Services
- NCSS** Northwest Counseling and Support Services
- NKHS** Northeast Kingdom Human Services
- RMHS** Rutland Mental Health Services
- UCS** United Counseling Service
- WCMH** Washington County Mental Health Services
- NFI** Northeastern Family Services (SSA)

CHILDREN AND YOUTH SERVED



CURRENT AREAS OF FOCUS

- Early Childhood & Family Mental Health (ECFMH) consultation and treatment
- School-Based Mental Health & Project AWARE (SAMHSA grant)
- Mobile Response & Stabilization Services
- Sustaining Act 264
- Health Care Reform
- Addressing adverse childhood & family experiences (ACEs/AFEs)
- Implementation of evidence-based practices
- Suicide Prevention
- Perinatal mood & anxiety disorder screening, referral & treatment (STAMPP grant)
- Pediatric Integrated health care (CHILD grant and VCHIP collaboration)
- Psychiatric consultation & UVM fellowship program to address shortage of child psychiatry
- Using epidemiological (population-level) data to inform policy

SUCCESS BEYOND SIX: VT MEDICAID MECHANISM FOR SCHOOL MENTAL HEALTH

Authorized in 1993 to help reduce cost burden to education and state by leveraging Medicaid for Medicaid-enrolled students

Original goals:

1. Enhance the capability of schools and communities to meet the needs of at-risk students. This will ultimately help all students so they can be successful in the regular classroom.
2. Build and solidify a partnership between the local human service system and the 60 supervisory unions, making it easier for human services and school personnel to coordinate resources in better serving children and families.
3. Increase, coordinate, and focus all resources from all sources in order to best meet the prevention and treatment needs of children and families.

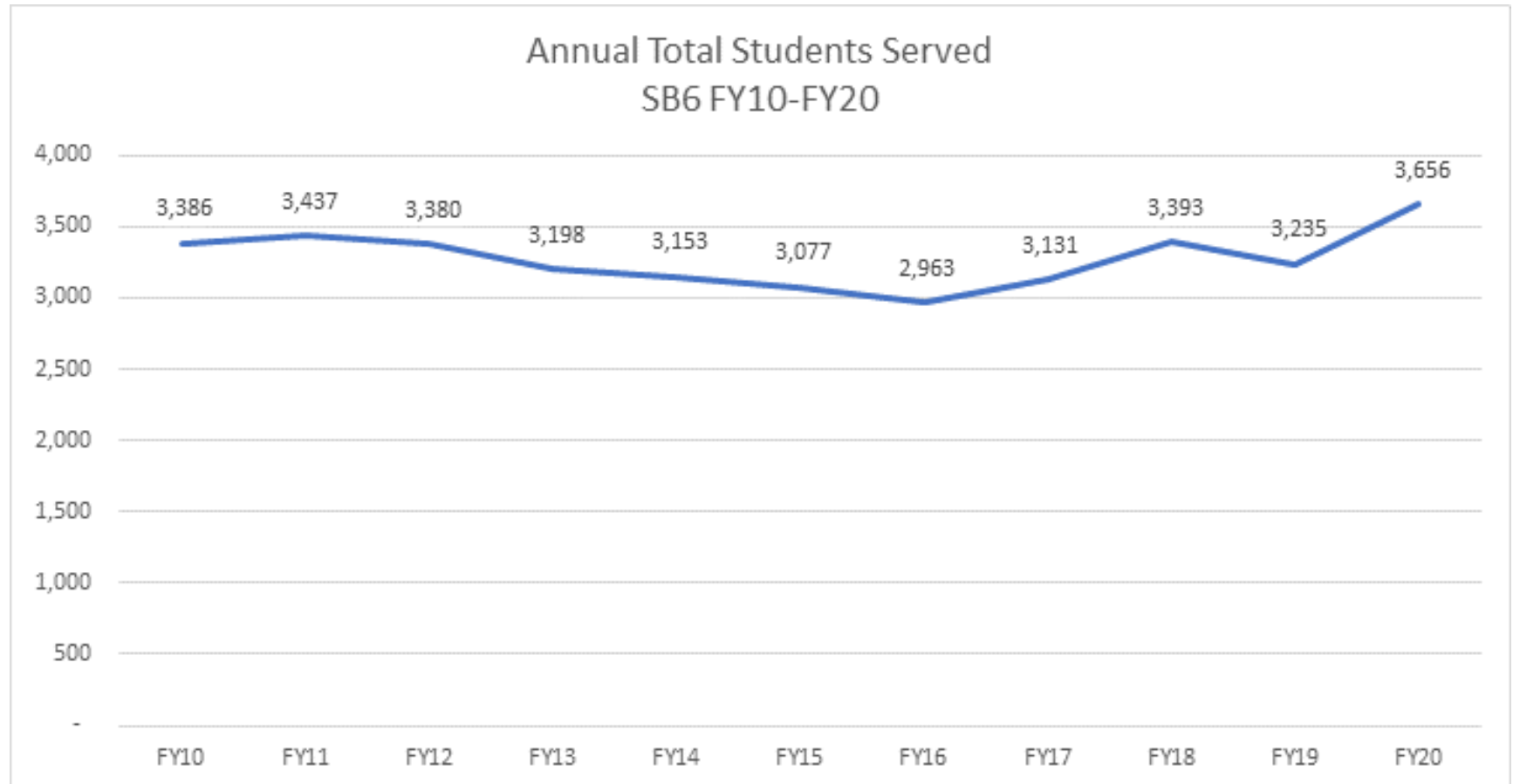
SUCCESS BEYOND SIX – SCHOOL MENTAL HEALTH MEDICAID

Success Beyond Six (SB6):

School Districts contract with DAs for SB6 school mental health in nearly every school district in Vermont and 13 independent schools.

SB6 Services:

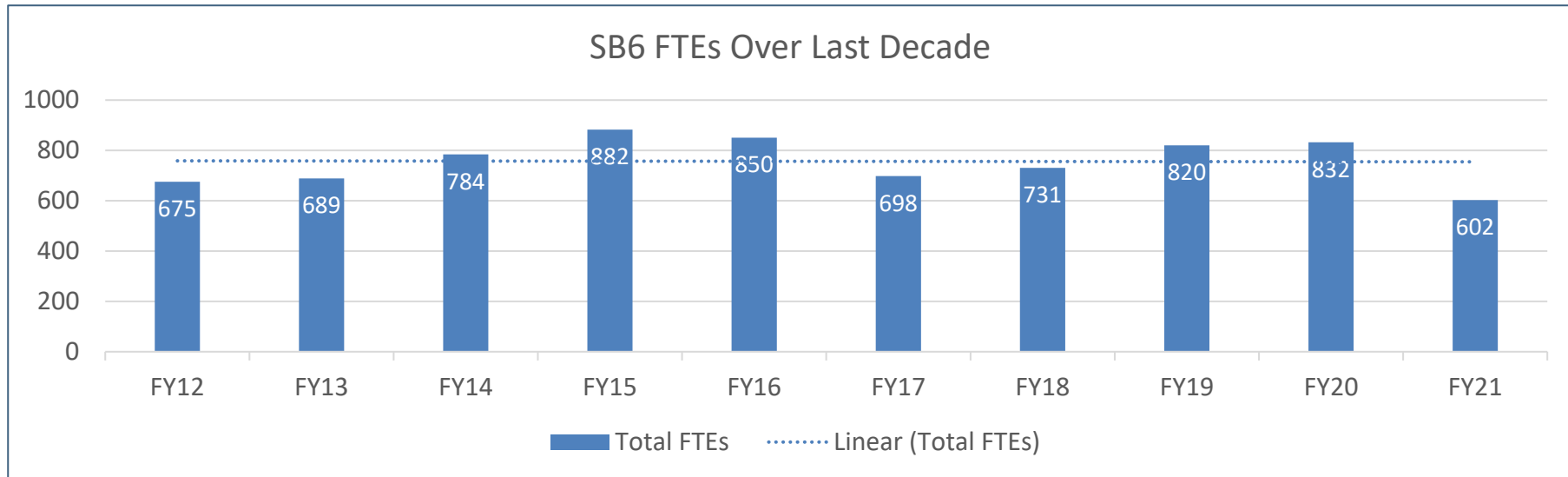
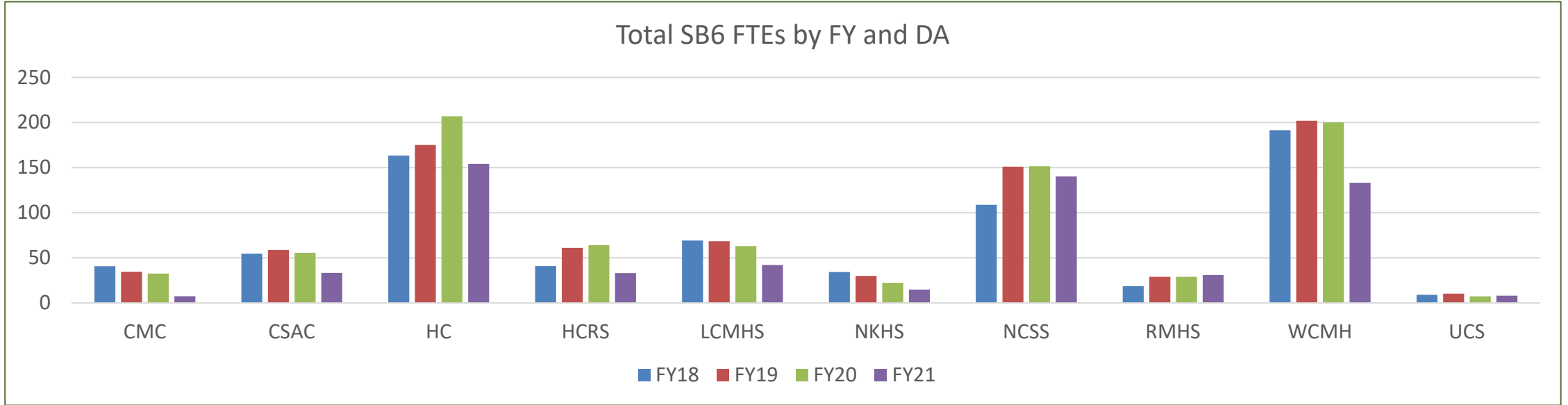
- School-Based Clinicians
- Behavioral Intervention Programs
- Concurrent Education Rehabilitation and Treatment (CERT) therapeutic schools



Legislative Report: January 2020

Review of Success Beyond Six: School Mental Health Services Act 72 (2019), Section E.314.1.

SB6 FTEs



SCHOOL-BASED MENTAL HEALTH DURING COVID-19

- Partnerships with local schools essential (and strained) during pandemic
- SBMH continuously adapting to student/family, educator/school needs
- Increased parent/guardian contact, coaching & psychoeducation: how to support their child's educational/ behavioral plans and addressing basic needs
- Identified other spaces to meet with students following COVID precautions – or using telehealth – when not in school building
- In-person supports continued where clinically indicated; resumed where school in-person

HOW ARE CHILDREN, YOUTH AND FAMILIES DOING?

PRE-COVID CONTEXT

Nationally

- Rising rates of depression among adolescents. Rising rates of adolescents utilizing mental health services (SAMHSA)

Vermont

- **14.7%** (or 6,000) youth aged 12–17 with a Major Depressive Episode (MDE) in 2016–2019, compared to 8.1% in 2004-2007 (SAMHSA)
- About **1 in 3** youth reported feeling sad or hopeless, compared to 1 in 4 in 2017. These concerns are higher among students of color and LGBTQ youth (YRBS 2019)
- **6.5%** of youth reported they had attempted suicide at least once (compared to 5.4% in 2017). These concerns are higher among female youth and higher still among students of color and LGBTQ youth (YRBS 2019)
- **17.7%** increase in ED visits among children/youth primarily for a mental health concern from 2016 to 2019. This increase occurred despite there being slightly fewer children in Vermont in 2019 compared to 2016 (Kasehagen, VHCURES, 2020)

Concerns already existed related to anxiety, depression, suicidal ideation, and self-harm, especially among LGBTQ youth and students of color, as well as children waiting for inpatient.

HOW ARE CHILDREN, YOUTH AND FAMILIES DOING? DURING (& ANTICIPATED BEYOND) PANDEMIC

Nationally

We know when adults are suffering, it impacts children.

To address child well-being, we need to address adult well-being.

- Reports to Abuse and Neglect Hotlines went down across the country by as much as 50%
- **ED visits for youth for mental health reasons** increased 31% for 12–17-year-olds and 24% for 5–11-year-olds from March to October 2020 compared to 2019 (CDC)
- Among adolescents who received any mental health services during 2012 to 2015, 35% received their **mental health services exclusively from school settings**. School closures will be especially disruptive for the mental health services of that group (CDC)
- Studies of past pandemics revealed 1 out of 3 children who had **been subject to disease containment measures needed mental health services** (Judge Baker’s Children’s Center Issue Brief 9/2020)
- “History has shown that the mental health impact of disasters outlasts the physical impact, suggesting today’s elevated mental health need will continue well beyond the coronavirus outbreak itself” (<https://www.kff.org/report-section/the-implications-of-covid-19-for-mental-health-and-substance-use-issue-brief/>)

HOW ARE CHILDREN, YOUTH AND FAMILIES DOING? DURING (& ANTICIPATED BEYOND) PANDEMIC

Vermont

- Significant financial distress, food and housing insecurity
- Stress, depression, hopelessness, grief, anxiety, fear – but also resilience
- Isolation, especially for youth (e.g., LGBTQ) in unsupportive or unsafe homes
- Lack of access to natural supports, respite
- Limited internet access especially in rural areas
- Zoom exhaustion
- Where schools are closed or hybrid, impact on caregivers and students
- Families need supports to manage their child(ren)'s anxiety or other emotional and behavioral challenges
- Typical developmental steps inhibited across stages, some regression
- More people are calling crisis lines than before; people who have never sought MH support are calling

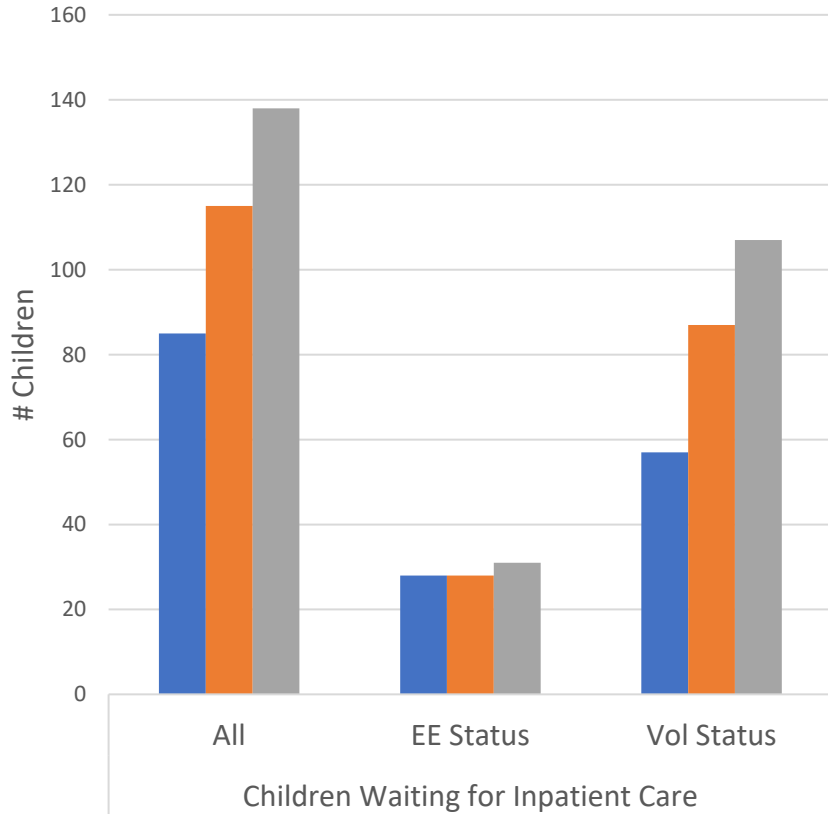
HOW ARE CHILDREN, YOUTH AND FAMILIES DOING? DURING (& ANTICIPATED BEYOND) PANDEMIC

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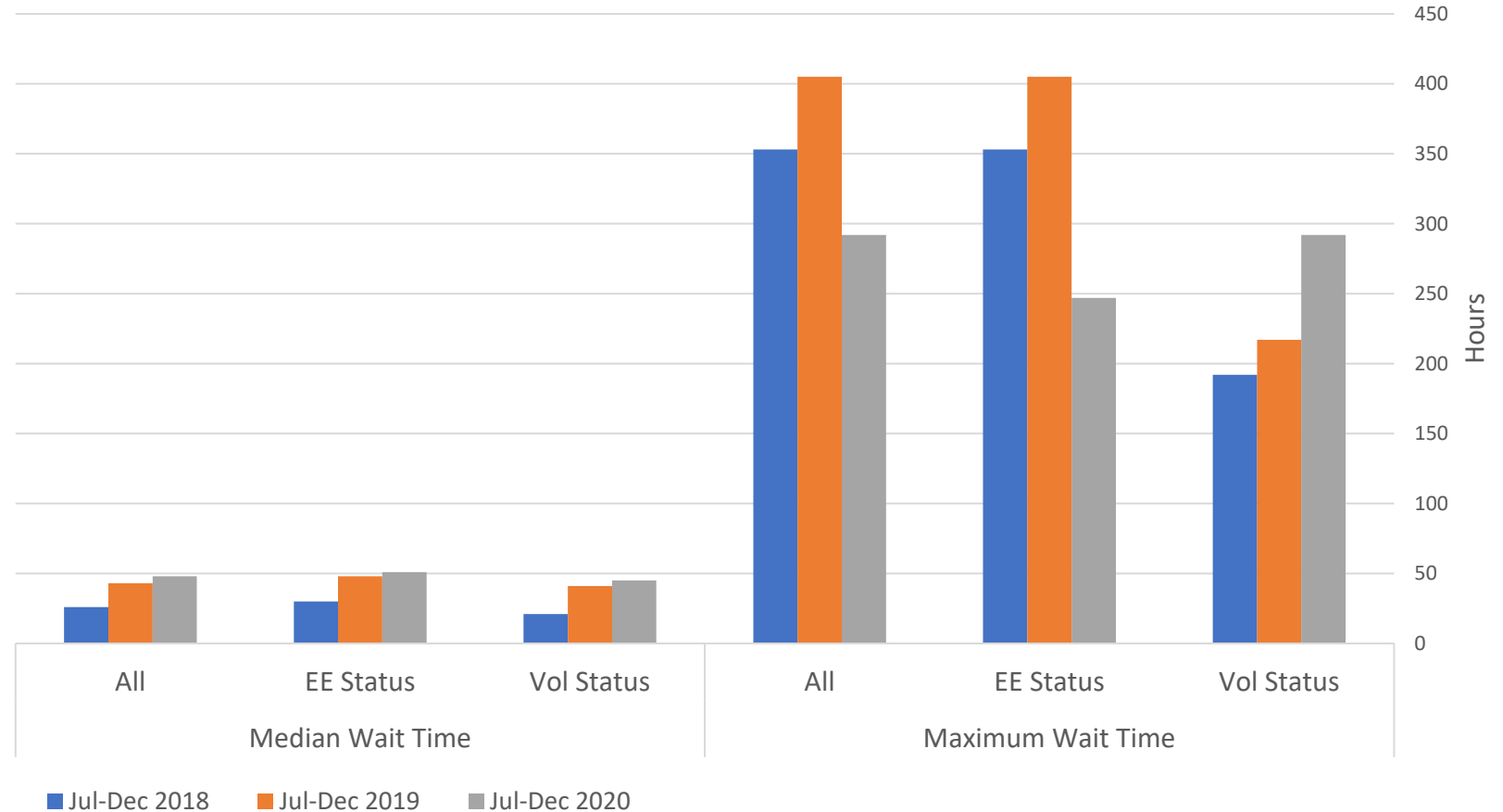
- **ED visits for MH reasons:** drop in total number of youth (voluntary and involuntary) waiting in EDs in April and May (correlated with the initial Stay Home/Stay Safe and remote learning period), with that drop being primarily among youth on voluntary status. Increased over Fall (Hospital reports to DMH)
- 32% of youth served through the DA/SSA mental health system received some of those services through **SB6 school mental health**. Services have continued via telehealth, but capacity cannot meet current need and significant concerns about “The Coming Child Mental Health Tsunami”
- The number of students served through SB6 in school year 2019/2020 increased 13% over the prior 2018/2019 school year and that was also 13% increase over the 10-year average of SB6 students served
- We are not seeing increases in prescriptions for anti-depressants among youth

CHILDREN WAITING IN FOR INPATIENT PSYCHIATRIC CARE

Numbers of Children Waiting



Wait Time in Hours



CHILDREN'S CRISIS AND INPATIENT CAPACITY

As of 2/12/2021

	Maximum Capacity (# beds)	Closed (# beds)	Current Capacity (%)
Brattleboro Retreat Inpatient for children (Osgood 1)	12	7	42%
Brattleboro Retreat Inpatient for adolescents (Tyler 3)	18	6	67%
NFI Hospital Diversion Program - North	6	2	67%
NFI Hospital Diversion Program - South	6	2	67%
Howard Crisis Stabilization Program	6	0	100%
Total	48	17	65%

POTENTIAL SOLUTIONS

- Mobile response & stabilization services
- Care of the caregivers
- Strengthen system of care approach
- Integration of service delivery where children, youth & families are (PCP, early care settings, school)
- Support for workforce recruitment efforts, partnerships with higher ed, licensure reciprocity
- Wellness activities for children, youth and adults
- Promote group therapy, challenges with private sector reimbursement
- Delivery system and payment reform within SB6 Behavioral Intervention Program
- Continued collaboration with AOE regarding Act 173 as relates to Success Beyond Six