

ADDRESSING THE ISSUE OF ACCESS TO CARE AND TREATMENT FOR CHILDREN AND YOUTH IN OUR VERMONT SYSTEM OF CARE

KEY INITIATIVES AND UPDATES

MAY 2021

Sarah Squirrel – Commissioner, Department of Mental Health

Sean Brown – Commissioner, Department for Children and Families

Cory Gustafson – Commissioner, Department of Vermont Health Access

Selina Hickman - Division Director, Developmental Disabilities Services, Department of Aging and Independent Living

GOALS

- To identify barriers to accessing care and inpatient treatment in our Vermont system of care for children and youth with a focus on children youth waiting in Emergency Departments or in the community
- To identify concrete and actionable strategies to improve access to care for children and youth and reduce emergency department visits and wait times

SYSTEMIC ISSUE: AGENCY OF HUMAN SERVICES RESPONSE

- The issue of children waiting for treatment in emergency departments is a systemic issue that requires systemic solutions and response
- Long wait times in Emergency Departments are symptomatic of inadequate “flow” in the system
- All Human Service systems of care have been impacted by COVID
- Response must be holistic, integrated and considerate of all aspects of the continuum of the human service system and the needs of children, youth and their care givers

FACTORS THAT CONTRIBUTE TO THE ISSUE

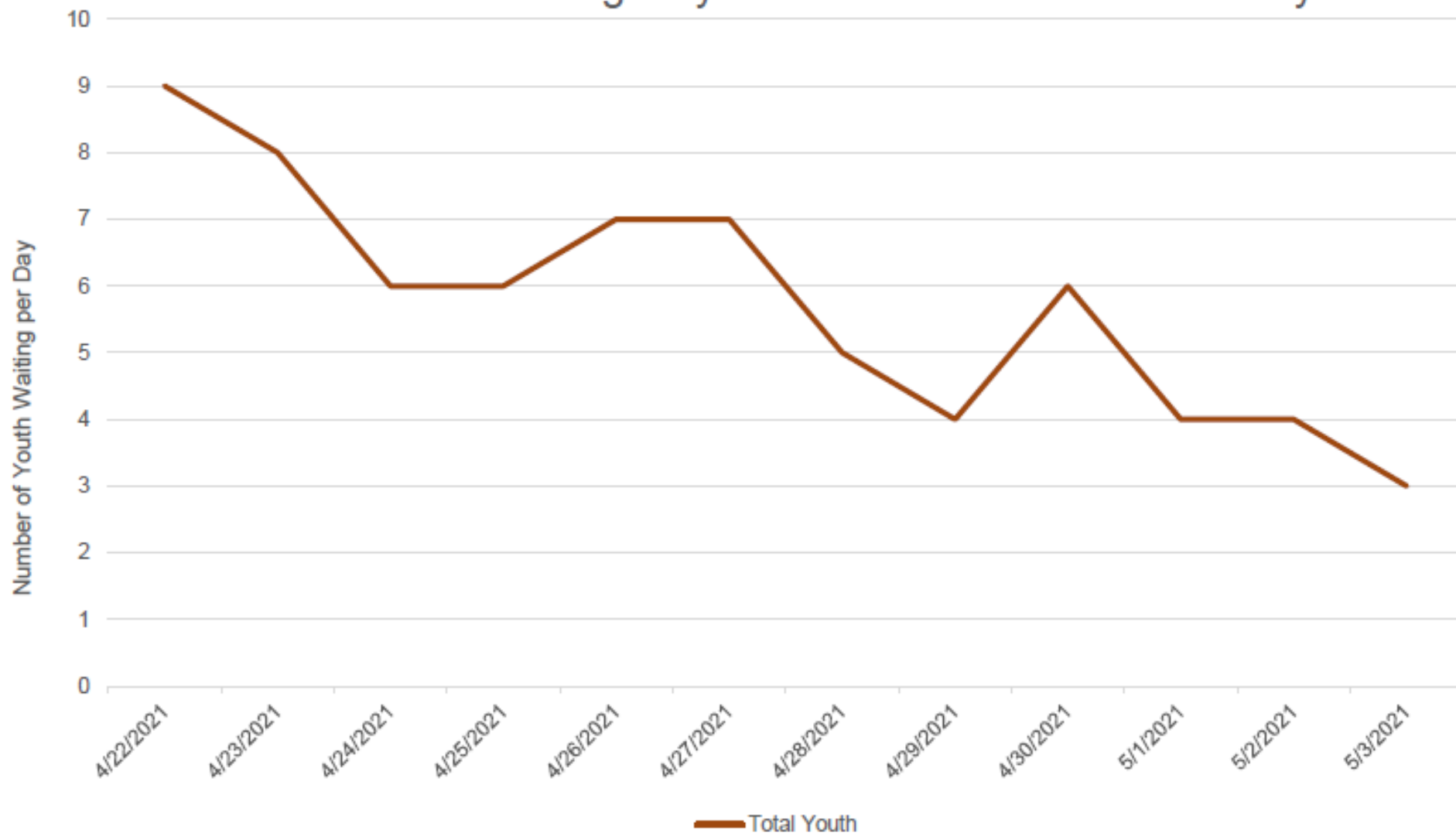
- Increased mental health needs due to COVID19
- Schools not being fully re-opened over the past year
- Reduced capacity in the system of care
 - Virtual vs. in-person
 - Staffing and vacancies at all levels of care (outpatient, school-based, crisis/hospital diversion programs, foster homes, respite providers, residential programs, inpatient)
 - COVID19 Guidance and Restrictions
- Seasonal fluctuation & demand

CURRENT CHILDREN'S CRISIS AND INPATIENT CAPACITY

As of 5/3/2021

	Maximum Capacity (# beds)	Closed (# beds)	Current Capacity (%)
Brattleboro Retreat Inpatient for Children (Osgood 1)	12	4	67%
Brattleboro Retreat Inpatient for Adolescents (Tyler 3)	18	5	72%
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	13	73%

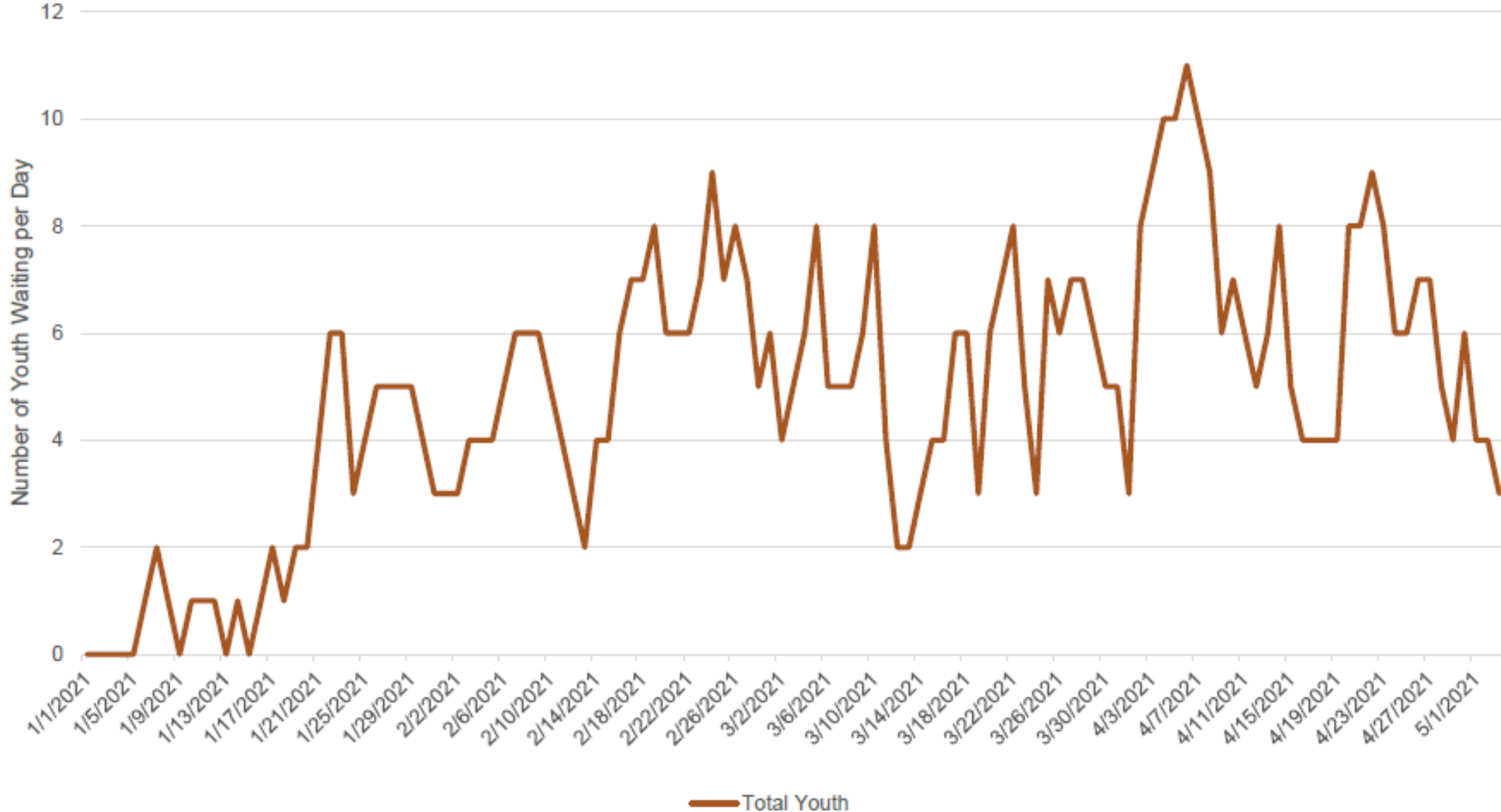
Number of Youth Waiting for Inpatient Placement for Youth Emergency Exams and Medicaid Voluntary



Analysis conducted by DMH Research and Statistic unit.

Analysis based on data maintained by the VPCH admissions department from paperwork submitted by crisis, designated agency, and hospital screeners. Voluntary patients are only Medicaid patients and may not include all such patients. All patients waiting are included, regardless of eventual disposition.

Number of Youth Waiting for Inpatient Placement for Youth Emergency Exams and Medicaid Voluntary



Analysis conducted by DMH Research and Statistic unit.

Analysis based on data maintained by the VPCH admissions department from paperwork submitted by crisis, designated agency, and hospital screeners. Voluntary patients are only Medicaid patients and may not include all such patients. All patients waiting are included, regardless of eventual disposition.



Short Term



Mid Term



Long Term

Coordinated Agency Response and Engagement with Stakeholders

IMMEDIATE SOLUTIONS

- System of Care Recovery: Updated COVID-19 guidance for DAs and SSAs
 - Guidance update for in-person (non-residential) services issued 4.29.21
 - Youth congregate living programs including residential and crisis facilities may follow the childcare guidance with regard to distancing: [A Strong and Healthy Year: Health Guidance for Vermont Schools \(healthvermont.gov\)](#).
 - Allowance for NFI HDP North to use 3-ft distancing for meals (VDH, DCF, DMH)
- Triage current youth lacking step-down discharge options at the Brattleboro Retreat
- Improved access to CVPH for Vermont children and youth
- Identify regions ready to implement intervention programming for youth and children
 - Targeting additional federal funding to address needs for children and youth at the community level
- Improved ED triage with ED directors and care managers

FEDERAL FUNDING STREAMS

Grant	Timeline	Funding amount
FEMA - EMERGENCY CRISIS COUNSELING	Apr. 2020-Aug. 2021	\$775k
SAMHSA - EMERGENCY SERVICES GRANT	Apr. 2020-Aug. 2021	\$1.1M
SAMHSA - EMERGENCY SERVICES GRANT – Renewal	Feb. 2021-May. 2022	\$1.4M
CDC - COMPREHENSIVE SUICIDE PREVENTION	Sept. 2020-Sept.2025	\$3.8M (VDH and DMH split)
SAMHSA - 9-8-8 PLANNING GRANT	Feb 2020–Sept 2020	\$135k
SAMHSA - MENTAL HEALTH BLOCK GRANT	Through Sept. 2021	\$1.2M
SAMHSA - COVID SUPPLEMENTAL - MENTAL HEALTH BLOCK GRANT	Through Mar. 2023	\$1.4M
AMERICAN RESCUE PLAN ACT - MENTAL HEALTH BLOCK GRANT	Through Sept, 2025	\$2.8M

MID-TERM SOLUTIONS

- Distribute funding to support additional community mental health **services** and **workforce needs** that would benefit from federal funding in conjunction with partners
 - Match services with federal funding streams, particularly the Mental Health Block Grant supplemental dollars
 - Prioritizing funding for peer support services for children and families
- Implement Mobile Response and emergency department diversion options
- Work with VAHHS to support EDs
- Supporting AOE in assistance to LEAs on recovery planning to address social, emotional, mental health needs of students and educators
 - AOE to support increased access to YMHFA training through VCP for school staff, educators, administrators
- Workforce Task Force convening this week to address stabilizing mental health workforce
 - Create concrete steps to address recruitment and retention
 - Includes AHS departments, mental health agencies, and Vermont Care Partners
 - Design strategic plan
 - Ensure loan repayment dollars are distributed to DA/SSAs

MID-TERM SOLUTIONS

- Possible changes in payment options or structures
 - Opportunities for alternatives to waiting in Emergency Departments
 - Evaluate payment rates for hospital diversion
- Developmental Disabilities Services
 - Inventory of local crisis capacity to support individuals with developmental disabilities
 - Evaluation of ability to expand statewide crisis bed capacity for individuals that exceed local crisis supports
 - RFP open that creates intensive transition supports for individuals experiencing extended crisis, including children and youth with complex needs.

MID-TERM SOLUTIONS

■ High End Stabilization Foster Homes

- Creating specialized foster homes to provide stabilization for youth in crisis.
- Foster homes will receive additional training in crisis intervention and de-escalation.
- Community providers will work with the families to provide intensive wrap services.
- The goal is to implement over the next several months.

■ Crisis Stabilization Program in Franklin County

- Currently working with NCSS to create a two-week crisis stabilization program for youth.
- The goal of this program is to stabilize the behavior of youth who are struggling in their home environment (biological, foster, adoptive, shared living) with behaviors that present a significant safety risk to themselves or others.
- The program will incorporate a structured setting, a focus on problem solving skills and coping strategies, evidenced based individual, group and family clinical work, and intensive post-placement wraparound care.
- Meetings are underway with NCSS to negotiate and develop the program.

■ Co-Occurring Stabilization Program

- Currently working with Families First to develop a stabilization program to serve youth in crisis who have mental health and developmental disabilities in the Brattleboro area.
- The program will provide an instate option for youth who have historically been referred to out of state services.
- The goal of this program is to assess and treat youth while identifying longer term community placements. It will also provide training, assistance, and support to the community placement.
- Meetings are underway with Families First to negotiate and develop the program.

OTHER SOLUTIONS UNDER CONSIDERATION

- State Interagency Team review 2020 residential analysis and recommendations and develop plan with stakeholder input
- Mental Health Parity – Ensuring that private insurers cover the same levels of medically necessary mental health services (residential treatment, partial hospital programs and in home services) as Medicaid