

Vermont's System of Care for Children, Youth & Families

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Vermont Department of Mental Health

VERMONT'S CHILD, YOUTH & FAMILY SYSTEM OF CARE HISTORY

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 Coordination of Services

The Act created:

1. An interagency definition of *severe emotional disturbance*
2. A Coordinated Services Plan
3. One Local Interagency Team (LIT) in each of the State's twelve Agency of Human Services' districts
4. A State Interagency Team (SIT)
5. A governor appointed advisory board
6. Prioritized parent involvement



Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Medicaid benefit

Federal mandate under Medicaid for children and youth up to the age of 21 (Section 1905(r) of the Social Security Act)

“The EPSDT benefit is...designed to assure that children receive early detection and care, so that health problems are averted or diagnosed and treated as early as possible. The goal of EPSDT is to assure that individual children get the health care they need when they need it – the right care to the right child at the right time in the right setting.”
(DHHS)

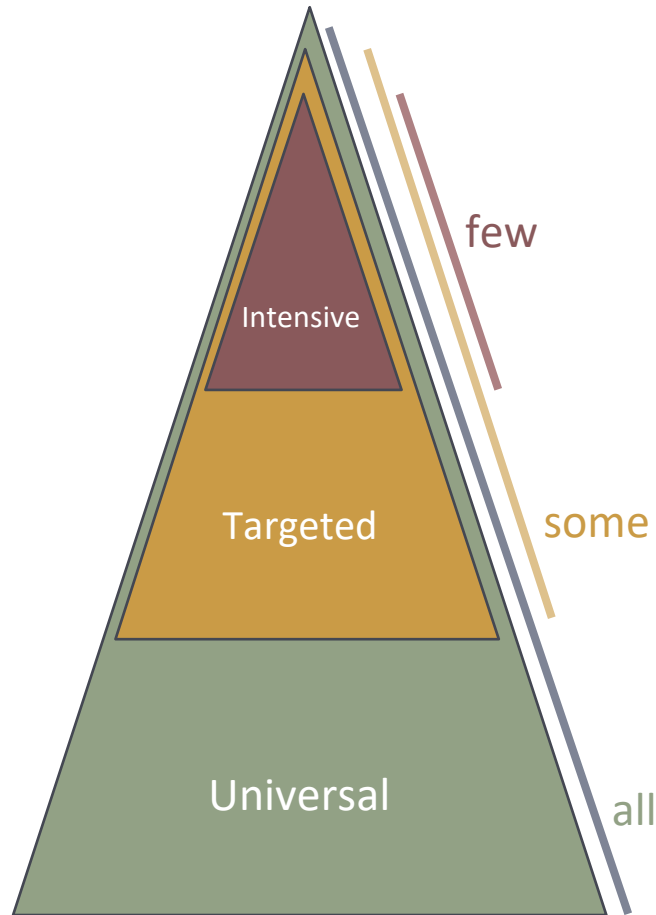
DMH Child, Adolescent & Family Unit (CAFU)

Small unit within DMH central office

- Director
- Medical Director (.5)
- Operations Chief
- Children's Care Managers (3)
- School Mental Health Coordinator
- Admin Assistant
- Grant Managers (during times of award)
 - Maternal Depression STAMPP grant (.5)
 - Pediatric Mental Health Care Access Program (.5)

VERMONT'S VISION: ALL CHILDREN AND FAMILIES ARE EMOTIONALLY HEALTHY

Department of Mental Health uses the public health approach to:

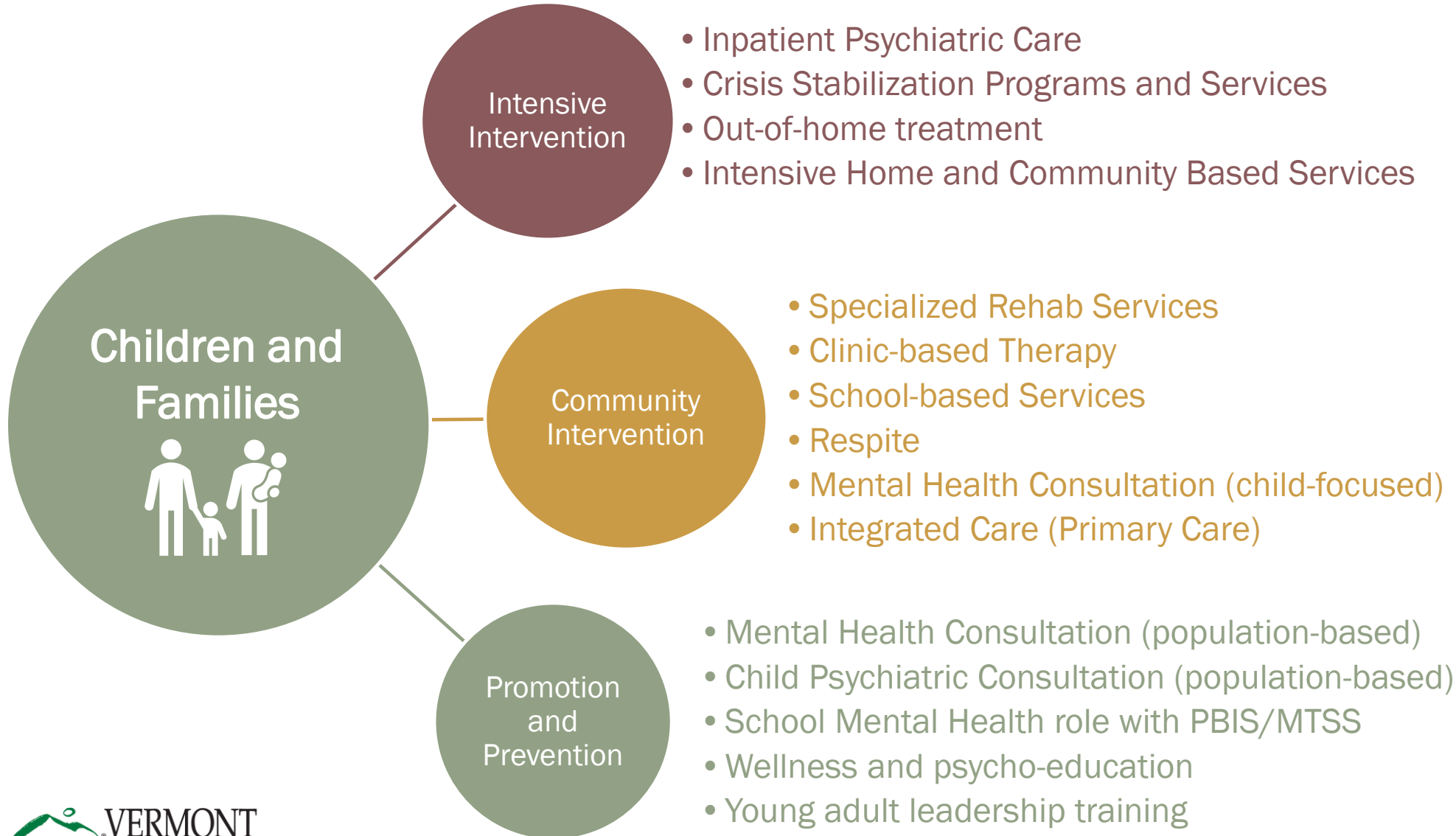


Provide intervention and treatment services to children, youth, and families with mental health needs (Intensive Intervention)

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



WORKFORCE

VFFCMH
Advocacy, Youth and Family Voice

DVHA
Inpatient, Crisis Beds
Other Medicaid providers

UVM
Child Psychiatry, VCHIP

DMH
10 DAs, 1 SSA, 1 DH

DAIL
DS, VOC REHAB

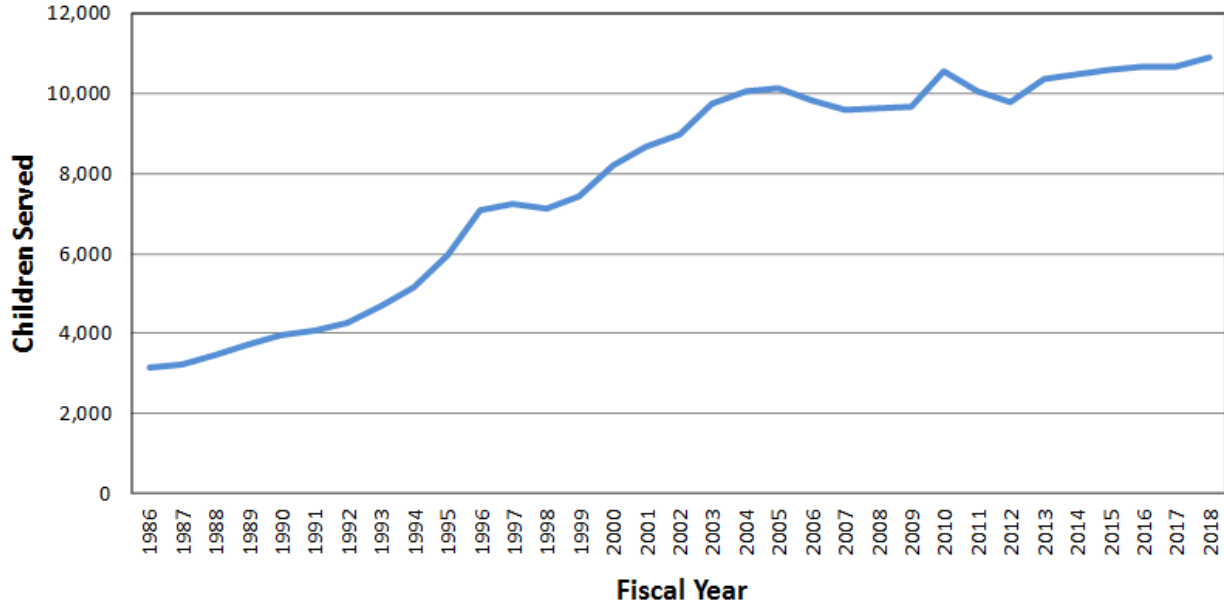
DOC
Services for YIT

VDH
ADAP, EPI, MCH

DCF
Family Services, CDD

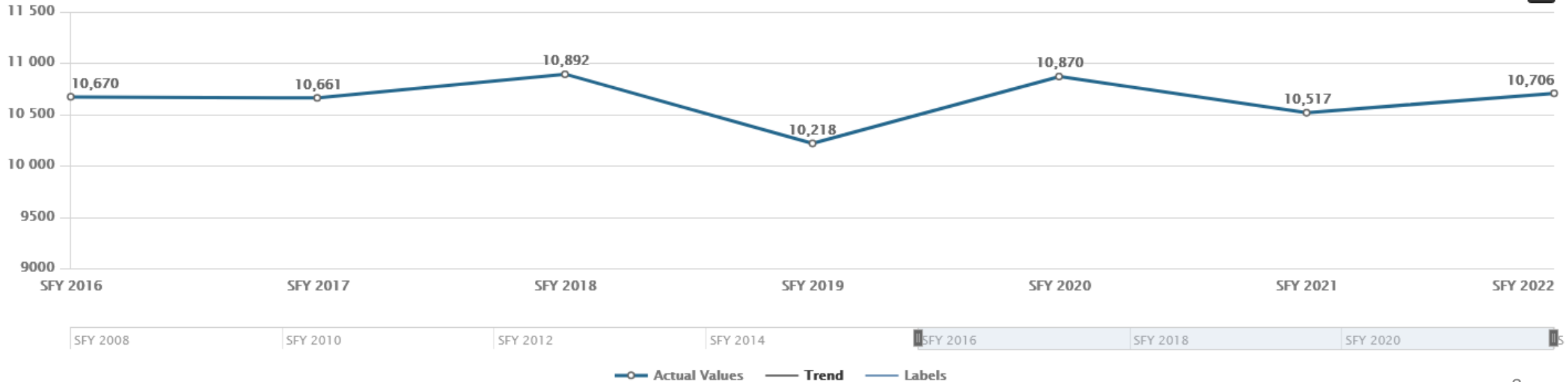
AOE
LEAs

**Number of Children Served
FY1986-FY2018**



Children/youth served by the public mental health system

Data Source: Monthly Service Report (MSR)



Current areas of focus

- Early Childhood & Family Mental Health (ECFMH) consultation and treatment
- **School-Based Mental Health & Project AWARE**
- Comprehensive Crisis Continuum
 - **Mobile Response & Stabilization Services (pilot)**
 - Mobile crisis services (RFP)
 - Alternatives to Emergency Departments (RFP)
- Sustaining Act 264 System of Care
- Addressing adverse childhood & family experiences and building resilience (ACEs/AFEs)
- Suicide Prevention
- **Pediatric integrated health care**
- **Perinatal mood & anxiety disorder screening, referral & treatment**
- Psychiatric consultation (perinatal and pediatric)
- UVM fellowship program to address shortage of child psychiatry
- Using epidemiological (population-level) data to inform policy
- Prevention, psychoeducation, and services for disordered eating
- Evidence-based Practice implementation

Pediatric Mental Health Care Access Program

What: Health Resources and Services Administration (HRSA) funded project through DMH in partnership with VDH-Maternal & Child Health, Community Health Centers (CHC), VT Child Health Improvement Program, providers (2021-2026). This award required a non-federal match, which comes largely through a private foundation grant to CHC.

Goal: to expand and coordinate integration efforts to assist Vermont's primary care clinicians in delivering high quality mental health care to children, youth and their families through consultation, resource referral, training, and technical assistance

Successes:

- VT Child Psychiatry Access Program consultation service available to primary care providers started June 2022
- Training on child/youth mental health topics and evidence-based practices for primary care and mental health providers



<https://www.chcb.org/vtcpap/>



Vermont Child Psychiatry Access Program (VT CPAP)

- Funded through DMH grant from HRSA and a private foundation matching grant (both time-limited)
- Hosted by the Community Health Centers (a FQHC) with some staffing from the UVMHC Vermont Center for Children, Youth & Families
- Consultative services for Vermont primary care providers who have questions about diagnosis and treatment planning for children and adolescents ages 21 and under
 - Consultation service
 - Referral resource
 - Educational opportunities

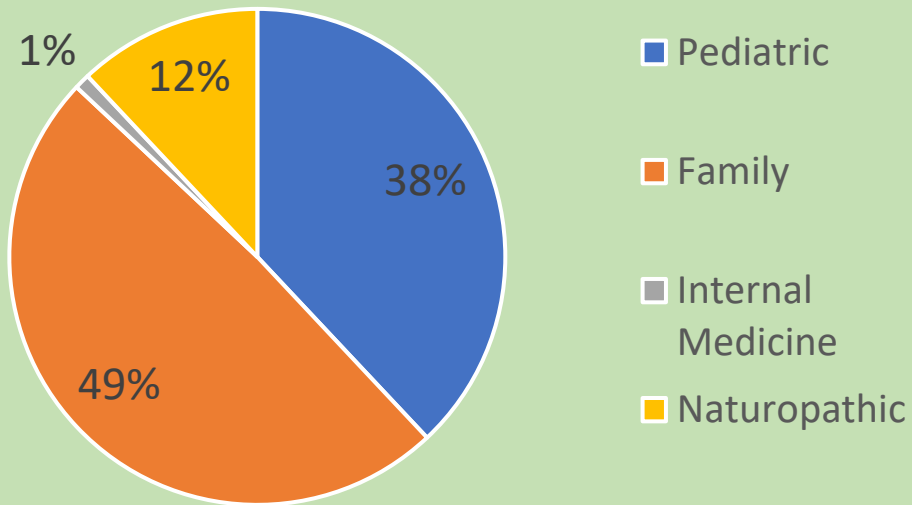


Enrollment
(June – December 2022)

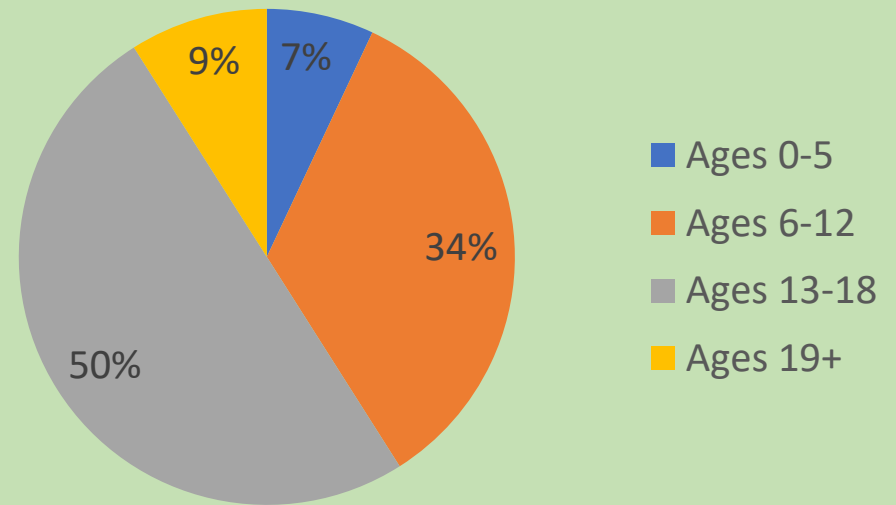
Clinics	79
Providers	387



Registered Practices
by Clinic Type



Age of Patient
focus of Consultation



Screening, Treatment, and Access for Mothers and Perinatal Partners (STAMPP)

What: HRSA-funded project through VDH in partnership with DMH, UVMMC, VCHIP, providers

Goal: To improve the mental health and well-being of pregnant and postpartum women and their children and families by developing and sustaining a coordinated system of mental health supports for pregnant and postpartum women

Successes

- Resource and Referral:
 - Help Me Grow® Vermont
- Provider resources:
 - Perinatal Psychiatric Consultation
 - Training and Technical Assistance
 - Continuous Quality Improvement
- Evidence Based Programming:
 - Mothers & Babies
 - Circle of Security
 - Support groups
- Communications campaign:
 - Support Delivered



SUCCESS BEYOND SIX – SCHOOL MENTAL HEALTH MEDICAID

What is Success Beyond Six?

- Authorized in 1993 to help reduce cost burden to education and state by leveraging Medicaid for services to Medicaid-enrolled students
- Success Beyond Six (SB6) is the name for the Medicaid funding mechanism for school mental health services provided through Designated Agencies in partnership with a Local Education Agency (LEA; school or district)
- Local contract between a Supervisory Union/ School District or school and a Designated Agency (DA)
 - District/school determines what to purchase from DA for school mental health services
 - Contract establishes what services can be funded through SB6 Medicaid and what the district/school may purchase above and beyond SB6
- SU/SD/school provides local match to draw down Medicaid federal share through DMH/DA authority

SUCCESS BEYOND SIX – SCHOOL MENTAL HEALTH MEDICAID

School/ Districts contract with Designated Agencies for SB6 school mental health in nearly every school district (82%) in Vermont and 13 independent schools.

SB6 Services:

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

Reform work:

Leaders from DMH, AOE, DVHA, DAs, and Local Education Agencies (LEAs)

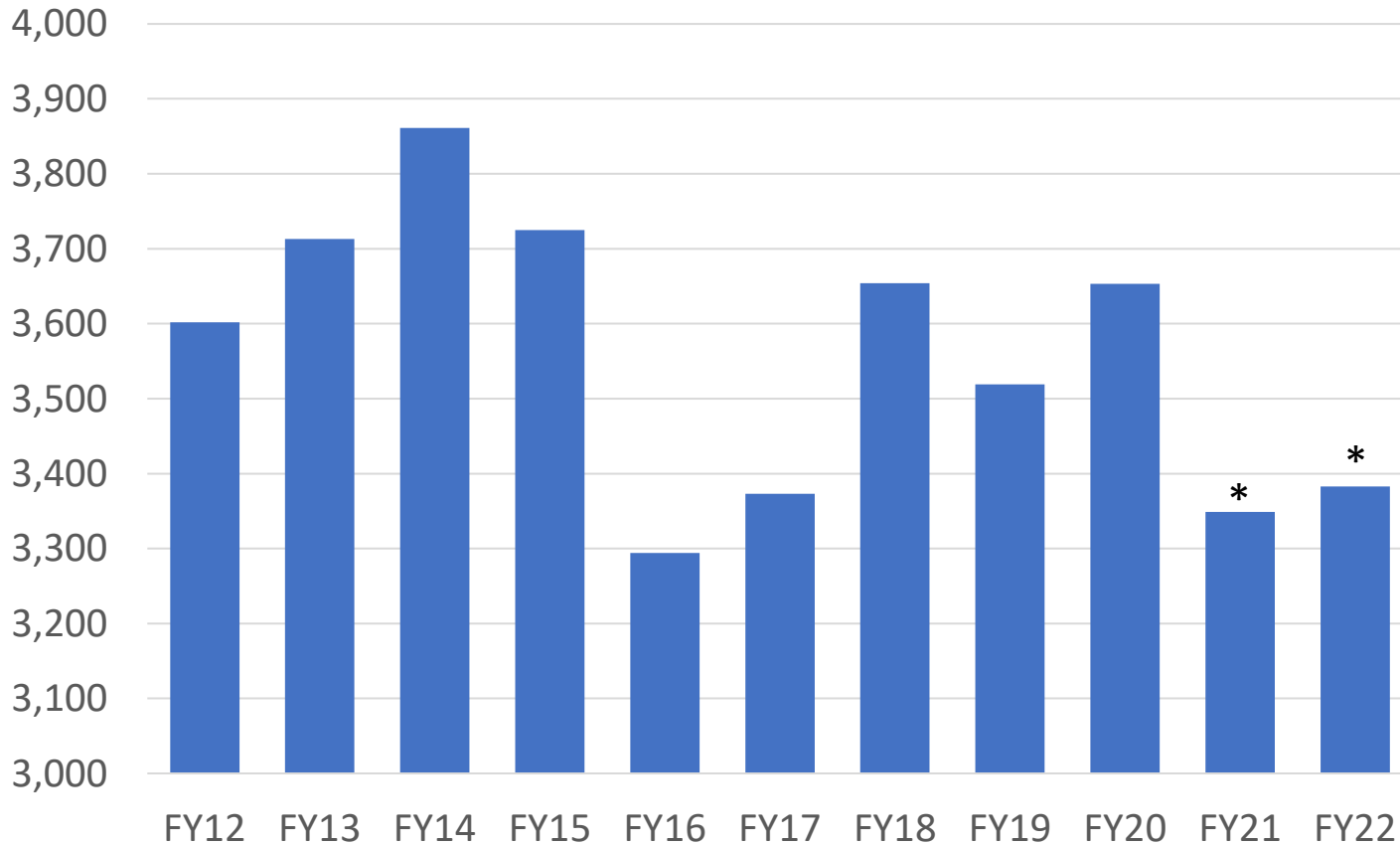
Summarized the federal and state resources that are available for school-based social, emotional, and mental health services and supports, including but not limited to SB6

Developed informational materials summarizing funding mechanisms and eligibility criteria for school mental health related activities

Summarized current outcome/data sources, scope and availability

SCHOOL MENTAL HEALTH

Total Number of Children Served in SB6 Medicaid School Mental Health, by Year



* COVID-19 impacted FY21 & FY22 due to staff vacancies, staff & student illness, reduction in local contracts

Success Beyond Six (SB6) Medicaid-funded School Mental Health services

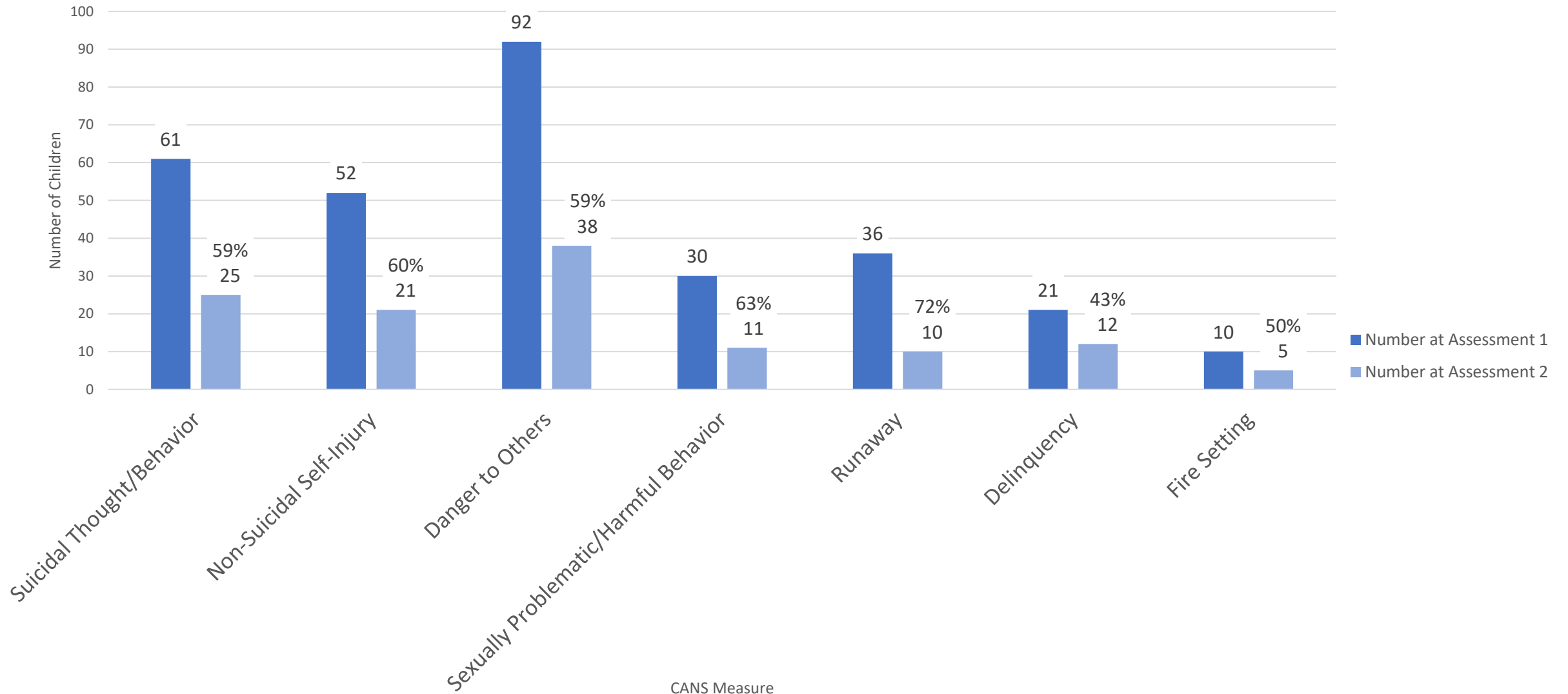
Partnership between Local Education Agency & Designated MH Agency

- Clinical consultation, treatment, and behavioral interventions in public schools
- Therapeutic independent schools run by DAs

[Legislative report](#) on school mental health (Jan 2020)

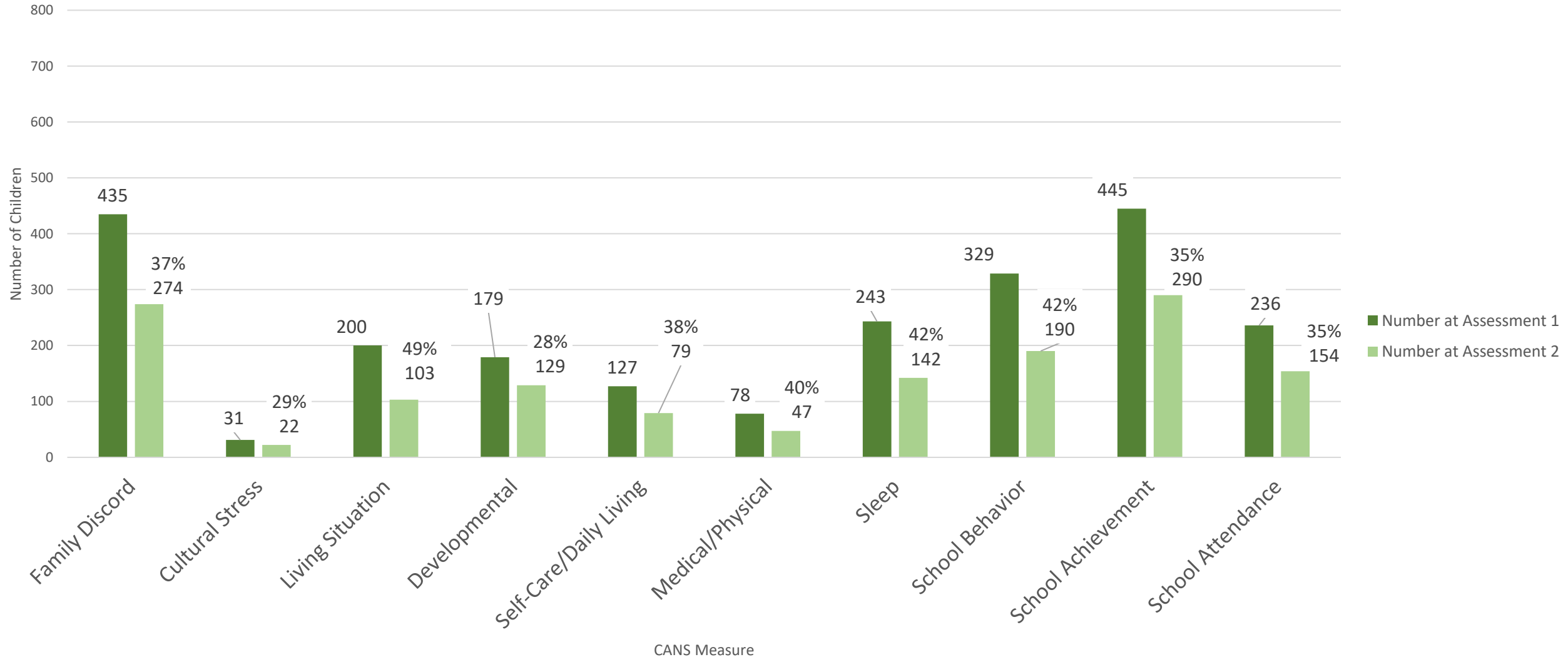
SB6: Child Risk Behaviors Domain FY2021

Number of Children with a Need (Moderate or Severe) at Assessment 1 versus Assessment 2 with Percent Resolved



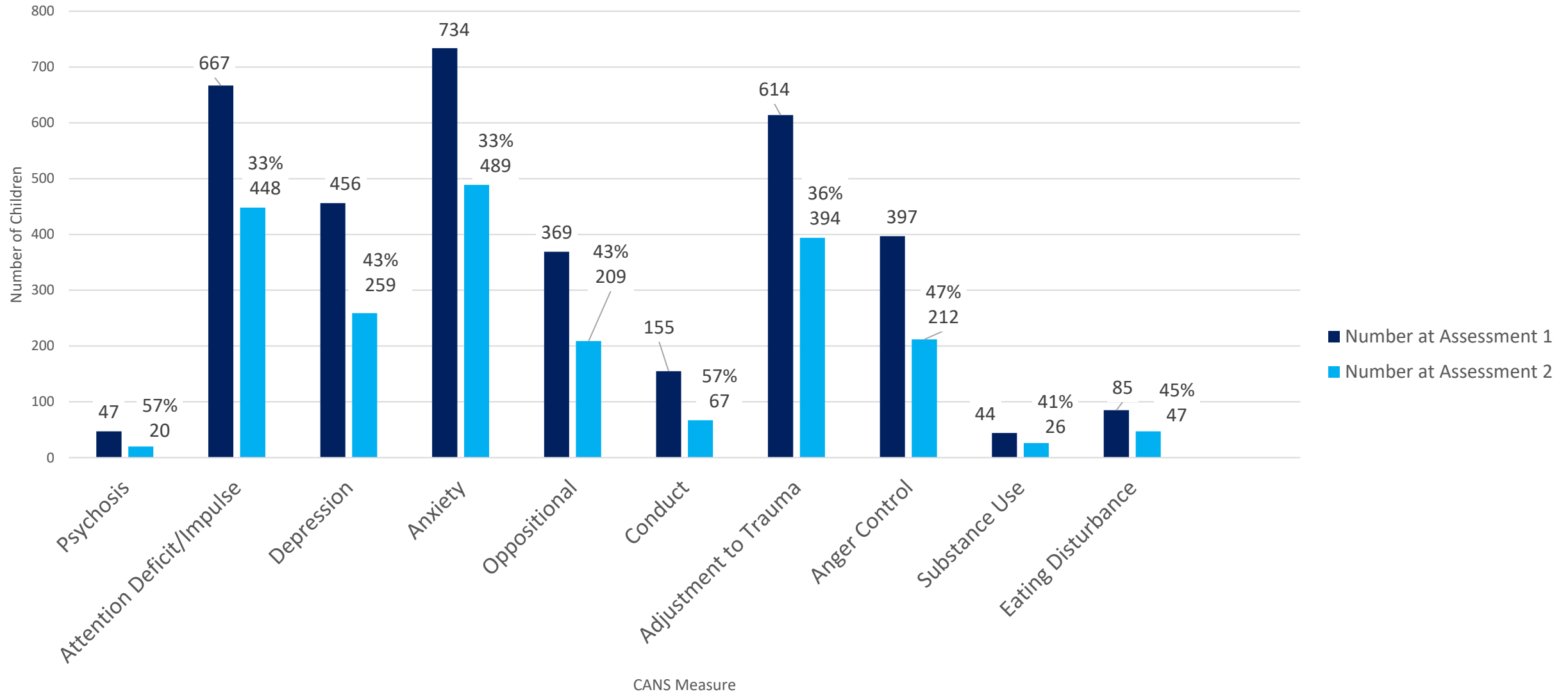
SB6: Life Functioning Domain FY2021

CANS Students FY2021 Report: Percentage of Children with a Need (Moderate or Severe) at Assessment 1 (Fall) Resolved at Assessment 2 (Spring)



SB6: Behavioral/Emotional Domain FY2021

CANS Students FY2021 Report: Number of Children with a Need (Moderate or Severe) at Assessment 1 versus Assessment 2 with Percent Resolved



Child & Adolescent Needs and Strengths (CANS) tool (AHS CANS webpage:

<https://ifs.vermont.gov/content/child-and-adolescent-needs-and-strengths-cans-0>)

Project AWARE

Advancing Wellness and Resiliency in Education

- SAMHSA-funded 5-yr grant with AOE in partnership w/ DMH, ends Sept 2023
- 3 Local Education Agencies (LEA): Greater Rutland, Orleans Southwest, and Slate Valley
- Implementing **Interconnected Systems Framework** (ISF) to strengthen mental health within education's Multi-Tiered Systems of Support, including Positive Behavioral Interventions and Supports (MTSS/PBIS)
 - Identify and spread new models for providing supports and services across the tiers of support to reduce reliance on highest intensity intervention
 - Establish a District-Community Leadership Team to guide the implementation of ISF
- **Training** personnel and public on MH related topics
- Establish structure for **universal screening** of student social-emotional & behavioral needs & strengths
- Establish **structure for referral to supports & services**
- State-level collaboration work across AOE and DMH

Project AWARE

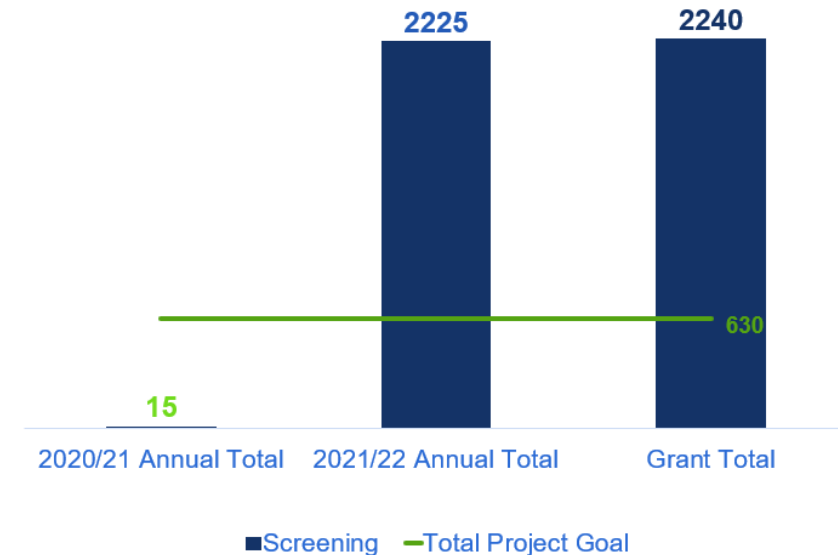
Advancing Wellness and Resiliency in Education

Successes:

- All three LEAs implemented a universal screener in 2021/22 school year
- LEA coordinators and school teams have been trained in Interconnected Systems Framework implementation. LEAs and schools vary in levels of implementation
- All LEAs have protocols in place for youth who express suicidal ideation (quality improvement activities for awareness)
- In 2021/22, Center for Health & Learning trained 158 people on Umatter, suicide prevention, suicide risk screening, transition planning, and suicide postvention

Screening (S1)

The number of individuals screened for mental health or related interventions as a result of the grant (universal and targeted).



Mobile Response & Stabilization Services (MRSS) pilot in Rutland

What is Mobile Response?

- Mobile Response and Stabilization Services provide more **upstream services**
- A mobile face-to-face response is provided to a **family-defined crisis** to provide support and intervention for a child/youth and their family, **before** emotional and behavioral difficulties escalate
- MRSS is showing positive outcomes in other states



Mobile Response & Stabilization Services (MRSS) pilot in Rutland

Pilot status

- Rutland Mental Health began direct services Oct 2022
- Available 8:30 AM-4:30 PM Mon-Fri, with the ability to flex and adjust timing according to families' needs
- RMHS filled the following positions:
 - Program Director (1.0 FTE), hired January 2022;
 - Clinician (1.0 FTE), hired September 2021;
 - Case Manager (0.5 FTE), hired full-time March 2022 and reduced to part-time November 2022; and a
 - Family Peer Support Worker (1.0 FTE), hired August 2022

Total = 3.5 FTE out of planned 7.0 FTE

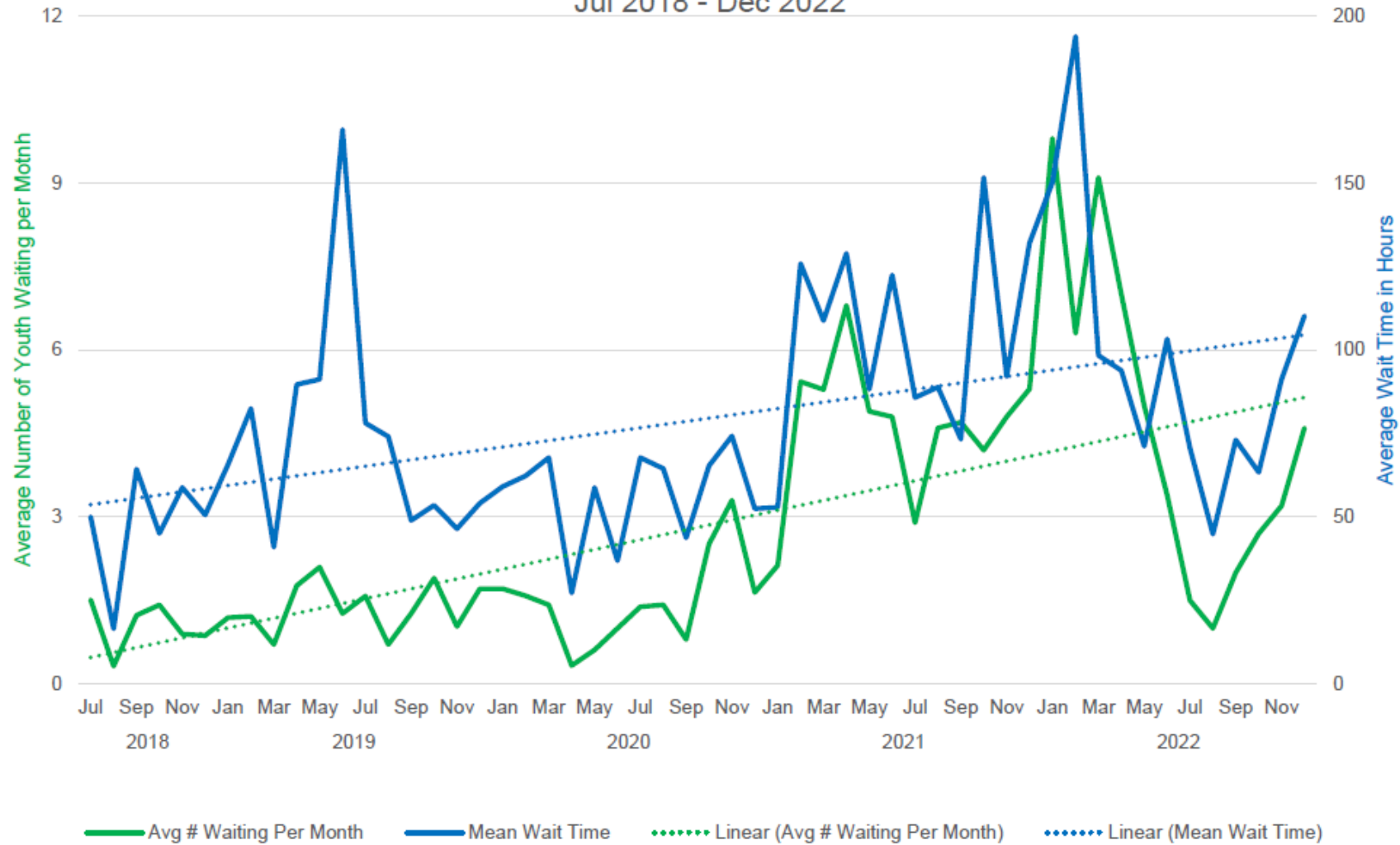
Rutland Mobile Response & Stabilization Services Pilot

Oct 2021 – Dec 2022 (15 months) metrics

Call Volume	#	%
Calls for MRSS	123	
Calls that resulted in a Mobile Response	93	76%
Initial Mobile Response	#	%
Families requested to schedule the initial mobile response at a later time, rather than an immediate response, to accommodate their family's needs		62%
Need (can be duplicates)		
• for youth with mental health concerns		86%
• for youth with developmental or intellectual disability		5%
Location (where mobile response occurred)		
• in the youth/family's home or residence		67%
• in the school setting		12%

Initial Mobile Response (continued)	#	%
Disposition		
• needed additional follow-up support and stabilization services		80%
• were able to be resolved at the initial on-site response		11%
• unable to be safely resolved and required Emergency Services	1	
• unable to be resolved safely by MRSS Team or Emergency Services, requiring Emergency Department visit	0	
Stabilization services	(data quality changes made for Year 2 reporting)	

Comparison of Average Wait Time to Average Numbers of Youth Waiting
 Inpatient Placement for Youth Emergency Exams and Medicaid Voluntary and
 Forensic Observations
 Jul 2018 - Dec 2022

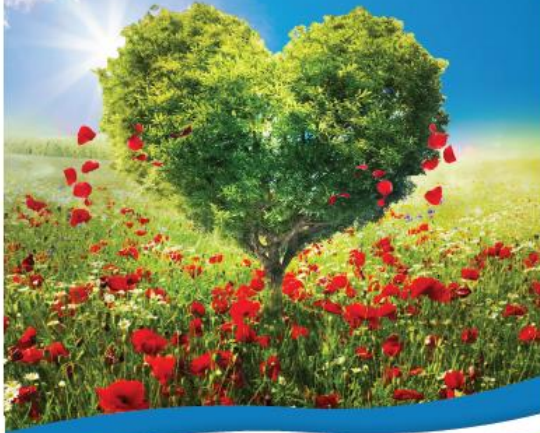


Youth waiting in emergency departments with mental health concerns

Analysis conducted by the Vermont Department of Mental Health Research & Statistics Unit. Analysis based on data maintained by the VPCH admissions department from paperwork submitted by crisis, designated agency, and hospital screeners. Wait times are defined from determination of need for admission to disposition, less time for medical clearance, for persons with applications for emergency exam or youth medicaid voluntary patients. Wait times are point in time and based on week of disposition. Average number waiting per day is based on the VPCH admissions' unit morning update report and end of shift reports regarding persons awaiting inpatient placement. All patients waiting are included, regardless of eventual disposition

You Are In The
Emergency Department
With Your Child
In Crisis

NOW WHAT?



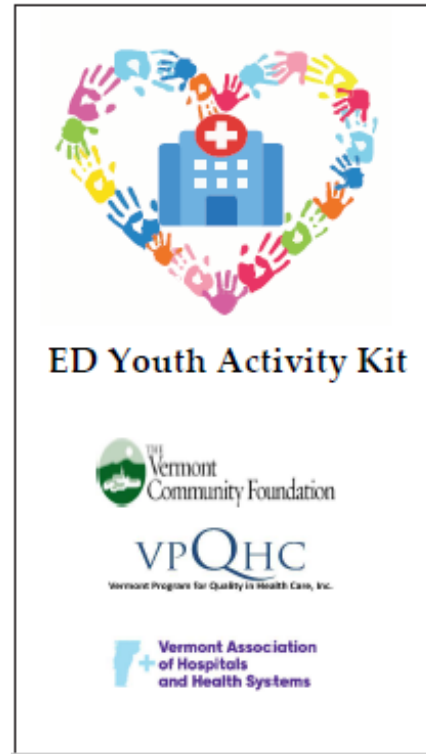
Being in the Emergency Department with your child can be scary and confusing. Please remember you are the expert on your child and you know their strengths and what works best for them. It is important to share this with others. You may feel worried, overwhelmed and alone. Please know there is support for you.

It is OK to Reach Out.
It is OK to Ask Questions.

Supports for youth and their families when waiting in a hospital emergency department with mental health concerns

Activity Kits & Brochure:

Three age groupings with developmentally tailored activities and information. Kits include items such as coloring materials, stress toys, puzzles, fidgets, etc.



Trauma Responsive Care training for Emergency Departments:

Through a new federal award, DMH is partnering with VT Program for Quality in Health Care (VPQHC) to provide Trauma-Responsive Care training to interested VT hospital emergency department staff in 2023.

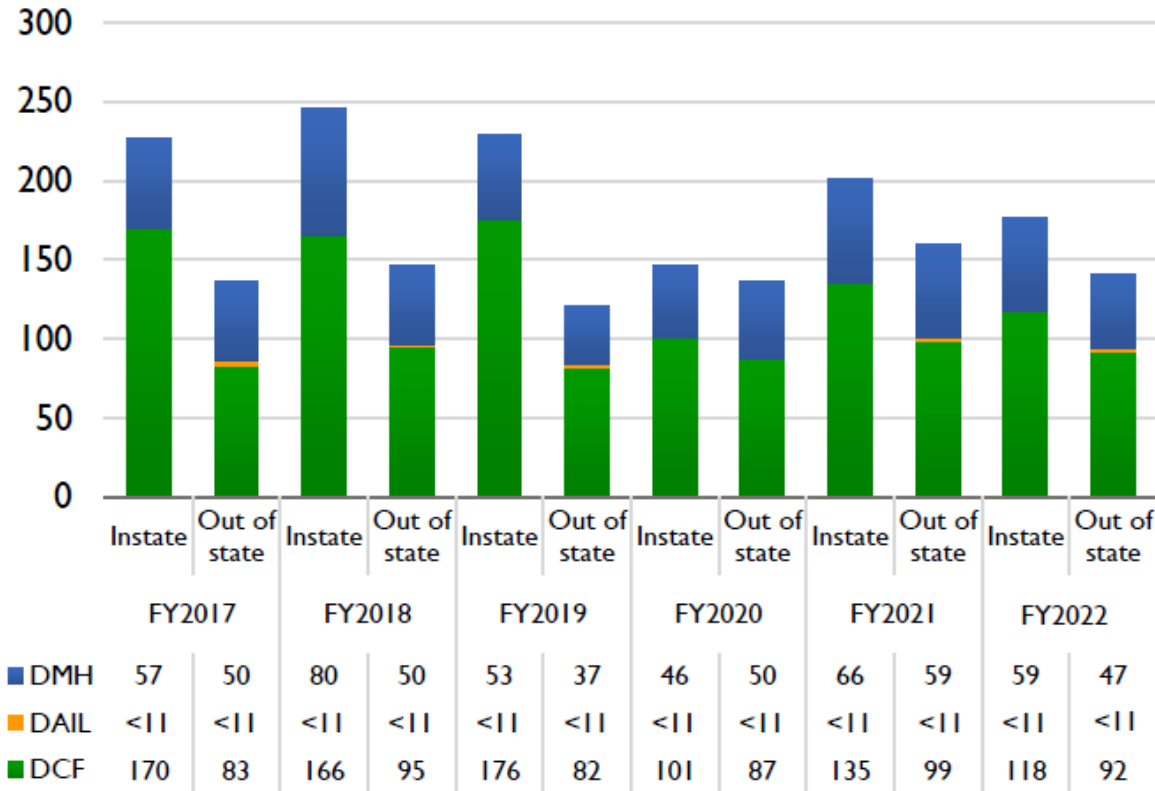
Brochure: [You Are In the Emergency Department with Your Child In Crisis, Now What?](https://mentalhealth.vermont.gov/sites/mhnew/files/documents/Services/ES/Emergency_Brochure_REV5.pdf)

https://mentalhealth.vermont.gov/sites/mhnew/files/documents/Services/ES/Emergency_Brochure_REV5.pdf

Youth Placed in Residential Treatment under VT's Medicaid Benefit

- Medicaid benefit for residential treatment is delegated by DVHA to other AHS departments: DCF-FSD, DMH, DAIL-DDSD
- EPSDT (Medicaid) requires states to provide medically necessary services
- Residential program costs & fund sources:
 - Treatment -> Medicaid
 - Room & Board -> state general fund
 - Education -> AOE
- When AHS funds residential treatment, Agency of Education considers those youth to be “state placed” and funds the educational costs of the residential program

Instate and Out-of-State Residential Count Through FY22 Q4



In-state versus Out-of-state Placement Count by Year

This chart represents the total number of in-state and out-of-state placements by funding department and by fiscal year. Children/youth who were placed in more than one facility or had a custody change in a fiscal year are duplicated in the count.

Access and use of residential level of care

Presenting Needs Among Children in Residential Programs FY22 Q4

