Department of Mental Health

Child, Adolescent and Family Mental Health and System of Care

Melissa Bailey, Commissioner
The most vivid truth of this new age is that no single profession can take the full burden for resolving the complex problems facing children and no single profession can deal with these problems alone--they are interlocked.

~National Commission on Leadership in Interprofessional Education, April 15, 2004 Meeting in Washington, DC
Values for Vermont's System of Care

• Child-Centered, Family-Focused
• Collaboration Between and Among Families, Agencies and Community
• Individualized
• Family-Driven
• Strength-Based
• Culturally Competent
• Community-Based
System of Care in the Real World

Even though we seek to function as a holistic system of care for children, youth and families, each agency/department has its own mandates, rules and regulations that have to be followed; and that is often where challenges arise.
Passed in 1988 and mandates that mental health, education and child welfare work together on behalf of children and adolescents through individual plans for youth in need, as well as interagency planning, budgeting and service development.

Act 264 created:

- An interagency definition of severe emotional disturbance.
- A coordinated services plan.
- One Local Interagency Team (LIT) in each of the State's twelve Agency of Human Services' districts.
- Created a State Interagency Team (SIT).
- Created a governor appointed advisory board.
- Maximizes parent involvement.
Act 264 was established in 1988 and did the following:

1. Created an interagency definition of severe emotional disturbance.
2. Created a Coordinated Services Plan.
3. Created one Local Interagency Team (LIT) in each of the State's twelve Agency of Human Services' districts.
4. Created a State Interagency Team (SIT).
5. Created a governor appointed advisory board.
6. Prioritized parent involvement.
Progress made since Act 264 went into effect

- Decision making and service delivery is more coordinated and involves parent voice at all levels
- Increased federal, state, and foundation funds for services, coordination, and training
- More children, youth and families have been identified and served
- Greater variety and flexibility of supports and services available
- Increased interagency collaboration within System of Care at local and state levels

Created ability to think and act like a system: common purpose, reasons to act together as allies; develop strategies for continuous quality improvement
Collaboration between AHS and AOE to expand the Act 264 process to all children with a disability under IDEA

Also expanded expectation to move to prevention and early intervention with use of the Coordinated Service Plan

Delineates the provision and funding of services required by federal or state law or assigned by state policy

Agreement covers coordination of services, agency financial responsibility, conditions and terms of reimbursement, and resolution of interagency disputes
• Students who are eligible for both special education and services provided by AHS or its contracted providers are eligible for coordination of services

• Ensures all required services are coordinated and provided to students with disabilities, in accordance with applicable state and federal laws and policies

• It is intended that the agreement will provide guidance to human services staff and school personnel in the coordination and provision of services for students with disabilities
"There is no health without mental health."
Overall Operations supported by ~65 positions

- Administrative Support Unit
- Financial Services Unit
- Legal Services Unit
- Research & Statistics Unit
- Clinical Care Management Unit
- Operations, Policy, & Planning Unit
- Quality Management Unit
- Children, Adolescent and Family Unit (CAFU)
- Adult Mental Health Services Unit

“There is no health without mental health.”
Overview of Department and Responsibilities

- Budget $230 M
- Oversees 10 Designated Agencies and 2 Specialized Service Agencies through quality review, designation and collaboration
- 35,000+ people served through the DA/SSA system with even more served by Emergency Services and Crisis Teams
- Vermont Psychiatric Care Hospital and Middlesex Therapeutic Care Residence (25 and 7 beds)
- 600 Behavioral Interventionist and 200 School Based Clinicians in partnership with local schools
- 265 staff, 200 at the facilities, 65 at Central Office
- Several contracts such as with forensic psychiatrist, psychiatric consultation with primary care, child and adolescent psychiatric fellowship at UVM
- Partners with sister departments, hospitals, other community providers, One Care, police departments, courts etc...
**Designated Agencies (DAs)**

- Required to provide services to specified populations in an assigned geographic location
- Required to meet the full requirements of the administrative rule

**Specialized Services Agencies (SSAs)**

- A distinctive approach to service delivery and coordination or services to meet distinctive individual needs
- Services are not available from a DA in the manner required by a Dept.
- Can be local, regional, or statewide
- Certain requirements can be waived
Department Of Mental Health- Child, Adolescent and Family Services – FY16

- Number Served and by age breakdown
- 10,661 (81% Medicaid; 14% other insurance)

Ages Served by %

- 0 y.o - 6 y.o: 20%
- 7 y.o - 12 y.o: 36%
- 13 y.o - 19 y.o: 40%
- 20 y.o - 34 y.o: 3%
Early Childhood and Family Mental Health Services 0-8
from 1999-2017
Why Do ACEs Matter?

If early childhood experiences are a link to health outcomes in adulthood, then shifting our focus to Adverse Family Experiences (AFEs) of children gives us the opportunity to intervene early, before poor health outcomes play out.

1 type of experience = 1 ACE or AFE
% of Vermonters 18-44 with 0-4+ Adverse Childhood Experiences

<table>
<thead>
<tr>
<th>0 ACEs</th>
<th>1 ACE</th>
<th>2 ACEs</th>
<th>3 ACEs</th>
<th>4+ ACEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>33</td>
<td>25</td>
<td>13</td>
<td>11</td>
<td>19</td>
</tr>
</tbody>
</table>
% of Vermonters Younger than 18 with 0-4+ Adverse Family Experiences
% of the 4 Most Common AFEs (plus residential mobility) Among VT Children

- Family Income Hardship: 25%
- Divorced / Separated Parents: 24%
- Alcohol / Drug Problems: 12%
- Severe Depression / Mental Illness / Suicide: 11%
- Residential Mobility: 15%
Children’s Mental Health System of Care

Intensive Intervention
- Home and Community-Based Services
- Youth In Transition, Early Childhood, School Age
- Mobile Crisis Services
- Youth In Transition, Early Childhood, School Age
- Inpatient Services
- Brattleboro Retreat

Community Intervention
- Residential Services
  - In-State, Out-of-State
- Specialized Rehab Services
  - Youth In Transition, Early Childhood, School Age
- Child psychiatry consultation services
  - Pediatric Offices
- Clinic-based therapy services
  - Youth In Transition, Early Childhood, School Age
- Case management
  - Youth in Transition/JOBS
  - Early Childhood
  - School Age

Promotion & Prevention
- Child Psych Consultation, population based
  - Pediatric Offices
- MH Consult Childcare
- Pediatric Offices
- Young Adult Leadership training
- Teen Centers
- Puppets in Ed Schools

Children and Families

Supported By
- DCF
  - Family Services, CDD
- DAIL
- AOE
  - LEAs
- DOC
  - Services for VIT
- VFCCMH
  - Advocacy, Youth and Family Voice

Acronyms
- Providers
  - DA – Designated Agency
  - DH – Designated Hospital
  - HC – Howard Center
  - NFI – Northeastern Family Institute
  - SSA – Specialized Service Agency
- State Government
  - AOE – Agency of Education
  - DAIL – Dept. of Disabilities, Aging, and Independent Living
  - DCF – Dept. for Children and Families
  - DMH – Dept. of Mental Health
  - DOC – Dept. of Corrections
  - VDH – Dept. of Health
  - ADAP – Alcohol Drug Abuse Programs at VDH
  - EPI – Epidemiology at DMH/VDH
  - MCH – Maternal Child Health at VDH
- Partners and Programs
  - PBIS – Positive Behavioral Intervention and Supports
  - UVM – University of Vermont
  - VCCHIP – Vermont Child Improvement Project
  - VFCCMH – Vermont Federation of Families for Children’s Mental Health

“There is no health without mental health.”
Intensive Interventions

- Brattleboro Retreat Inpatient – 30 Beds

Analysis is based on the youth inpatient tracking spreadsheet maintained by the Department of Vermont Health Access (DVHA). DVHA only tracks admissions with primary Medicaid. Includes youth who had an involuntary or voluntary legal status at admission.
Emergency Department Wait Times

Number of Youth Waiting for Placement for Emergency Examination and Voluntary FY2017

Number of Youth Waiting

EE Total N 
Voluntary Total N
Intensive Interventions

- NFI - 12 Hospital Diversion Beds (6 north/6 south)
- Howard Center – 6 Crisis Stabilization Beds

Analysis is based on the youth inpatient tracking spreadsheet maintained by the Department of Vermont Health Access (DVHA). DVHA only tracks admissions with primary Medicaid. Includes youth who had a voluntary legal status at admission. The designated agency represents the home agency of the child, not necessarily the screening agency. The Northern Region includes: CSAC, HC, LCMH, NCSS, NKHS, and WCMH. The Southern Region includes: CMC, HCRS, RMHS, and UCS.
Intensive Interventions

Residential DMH PNMI Placements

In-State and Out-of-State 6/30/16

Total # Placements

Total # In-State Placements

Total # Out-of-State Placements

FY06 FY07 FY08 FY09 FY10 FY11 FY12 FY13 FY14 FY15 FY16
Children’s Mental Health System of Care

There is no health without mental health.

Providers
DA – Designated Agency
DH – Designated Hospital
HC – Howard Center
NFI – Northeastern Family Institute
SSA – Specialized Service Agency

State Government
AOE – Agency of Education
DAIL – Dept. of Disabilities, Aging, and Independent Living
DCF – Dept. for Children and Families
DMH – Dept. of Mental Health
DOC – Dept. of Corrections
VDH – Dept. of Health
ADAP – Alcohol Drug Abuse Programs at VDH
EPI – Epidemiology at DMH/VDH
MCH – Maternal Child Health at VDH

Partners and Programs
PBIS – Positive Behavioral Intervention and Supports
UVM – University of Vermont
VCHIP – Vermont Child Improvement Project
VFCCMH – Vermont Federation of Families for Children’s Mental Health

Acronyms
DCF Family Services, CDD
AOE
DAIL
DS, VOC REHAB
DOC Services for YIT
VFCCMH Advocacy, Youth and Family Voice
DMH Child Psychiatry Dept., VCHIP
UVM
DVHA Inpatient, Crisis Beds
Other Medicaid providers
VDH ADAP, EPI, MCH

Supported By

Children and Families

Promotion & Prevention
Child Psych., Consultation, population based Pediatric Offices
MH Consult Childcare Pediatric Offices
Teen Centers
Child Psychiatry Consultation Services
Puppets in Ed Schools
Young Adult Leadership training

Community Intervention
Respite
Crisis Beds
NFI, HC
Pediatric Offices

Intensive Intervention
Home and Community-Based Waiver Services
Youth In Transition, Early Childhood, School Age
Mobile Crisis Services
Youth In Transition Early Childhood School Age

Inpatient Services
Briottoborn Retreat
Residential Services
In-State, Out-of-State
School-based MH Services
Behavioral Intervention
School Social Workers

"There is no health without mental health."
# Community Programs

<table>
<thead>
<tr>
<th>Program</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Outpatient (AOP)</td>
<td>Provides services for adults who do not have prolonged serious disabilities but who are experiencing emotional, behavioral, or adjustment problems severe enough to warrant professional attention</td>
</tr>
<tr>
<td>Community Rehabilitation and Treatment (CRT)*</td>
<td>Provides services for adults with severe and persistent mental illness</td>
</tr>
<tr>
<td>Children and Families (C&amp;F)*</td>
<td>Provide services to children and families who are undergoing emotional or psychological distress or are having problems adjusting to changing life situations.</td>
</tr>
<tr>
<td>Emergency Services</td>
<td>Serves individuals who are experiencing an acute mental health crisis. These services are provided on a 24-hour a day, 7-day-per-week basis with both telephone and face-to-face services available as needed.</td>
</tr>
<tr>
<td>Advocacy and Peer Services</td>
<td>Broad array of support services provided by trained peers (a person who has experienced a mental health condition or psychiatric disability) or peer-managed organizations focused on helping individuals with mental health and other co-occurring conditions to support recovery</td>
</tr>
</tbody>
</table>

*mandated service population

“There is no health without mental health.”
• DAs provide services such as: therapies, supportive counseling, skill building, family and in home therapeutic services, psychiatric services, case management, respite.....

• School Based Services – DAs have:
  • Partnerships with 95% of the Supervisory Unions
  • Over 200 School Based Master Level Clinicians in schools
  • Over 600 Behavioral Interventionists in schools

• 5,000 children and adolescents receive school based services and of that 50% also receive clinic based services
<table>
<thead>
<tr>
<th>Service</th>
<th>State Plan</th>
<th>HCBS (DS, CRT and Childrens)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Coordination</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Community Supports</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Work Supports</td>
<td>(uses the above services to provide)</td>
<td>x</td>
</tr>
<tr>
<td>Home supports</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Supervised Living</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Respite</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Clinical interventions</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Crisis services</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Home modifications</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Transportation</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Therapy (ind, group, family)</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Psychiatric services</td>
<td>x</td>
<td>x</td>
</tr>
</tbody>
</table>
"There is no health without mental health."
Health Promotion and Prevention

- Pediatric collaborations including staff co-located in primary care
- Psychiatric consultation with primary care providers
- Positive Behavioral Interventions and Supports – working with schools; changed our payment methodology to support work with all students
- Youth training and youth development
- Crisis Text Line available for all Vermonters
- Suicide Prevention includes all age groups
- Developmental of Social Emotional skills
- Consultation with childcare settings
“There is no health without mental health.”
Families and their children

- DMH works with the VT Federation of Families for Children’s Mental Health. We fund some of their work and work in partnership on issues important to VFFCMH.
- VFFCMH supports parent representatives on the Local Interagency Teams
- The DAs and SSA work extensively with families and approach treatment plan development and the system of care from a family centered, family driven perspective. Our goal is to always have the family taking lead with the expertise of mental health and human services added.
Examples of Work with Other Departments

- **Department for Children and Families** – Turn the Curve work to reduce residential stays; early childhood evidence based treatment for families; trauma responsive treatment

- **Department of Disabilities, Aging and Independent Living** – how to bring our systems together on children with co-occurring diagnosis; development of respite resources for families

- **Agency of Education** – Reinvigorating Act 264 and Coordinated Service Planning; planning for a 2 generation approach

- **Agency of Human Services/Integrating Family Services** – How to address issues of coordination and integration across AHS child/adolescent/family serving entities

- **Vermont Department of Health** – pregnant and post-partum parents dealing with depression; development of social emotional skills for young children

- **Department of Vermont Health Access** – inpatient and hospital diversion resources

- **Department of Corrections** – identify inmates that are parents and discussing options to address parenting skill development