

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.



Act 264 - Coordinated Service Planning a– and the Interagency Agreement

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**

AOE/AHS Interagency Agreement

(June 2005)



- 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

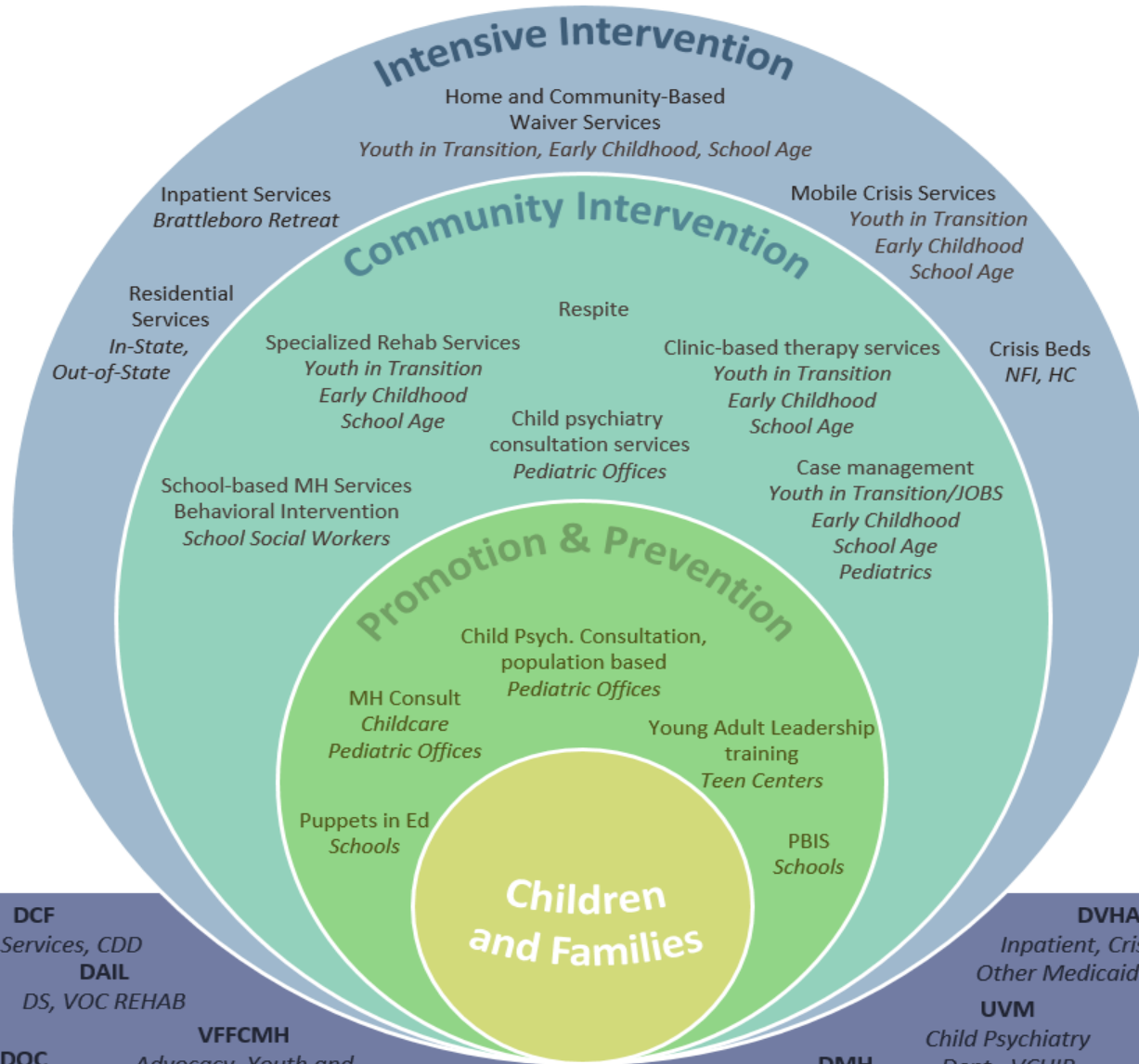
AOE/AHS Interagency Agreement

(June 2005)



- 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

Children's Mental Health System of Care



Acronyms

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

State Government
AOE – Agency of Education
DAIL – Dept. of Disabilities, Aging, and Independent Living
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Partners and Programs
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

Supported By

DCF Family Services, CDD	DVHA Inpatient, Crisis Beds Other Medicaid providers
AOE LEAs	UVM Child Psychiatry Dept., VCHIP
DAIL DS, VOC REHAB	DMH 10 DAs, 1 SSA, 1 DH
VFFCMH Advocacy, Youth and Family Voice	VDH ADAP, EPI, MCH
DOC Services for YIT	

"There is no health without mental health."

Central Office Organization

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

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...

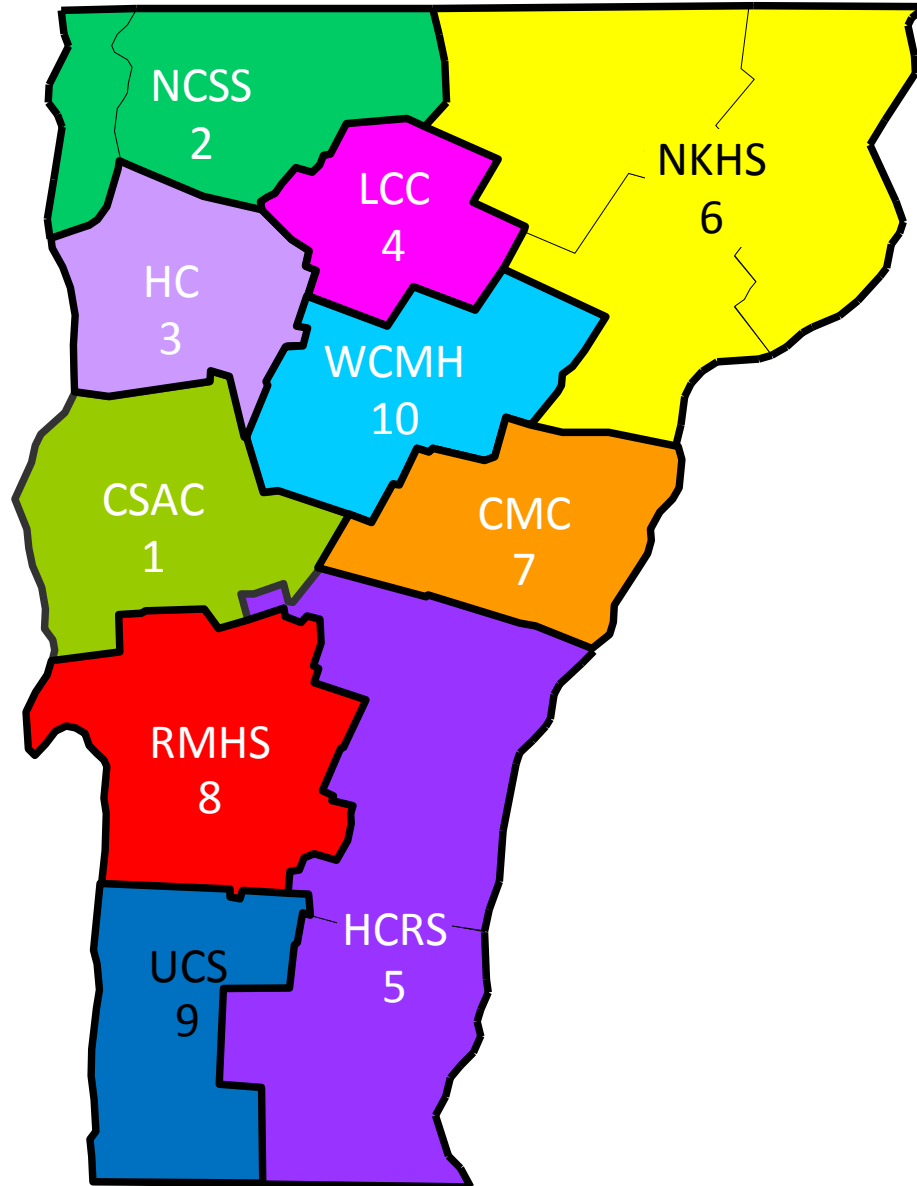
DAs and SSAs

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)

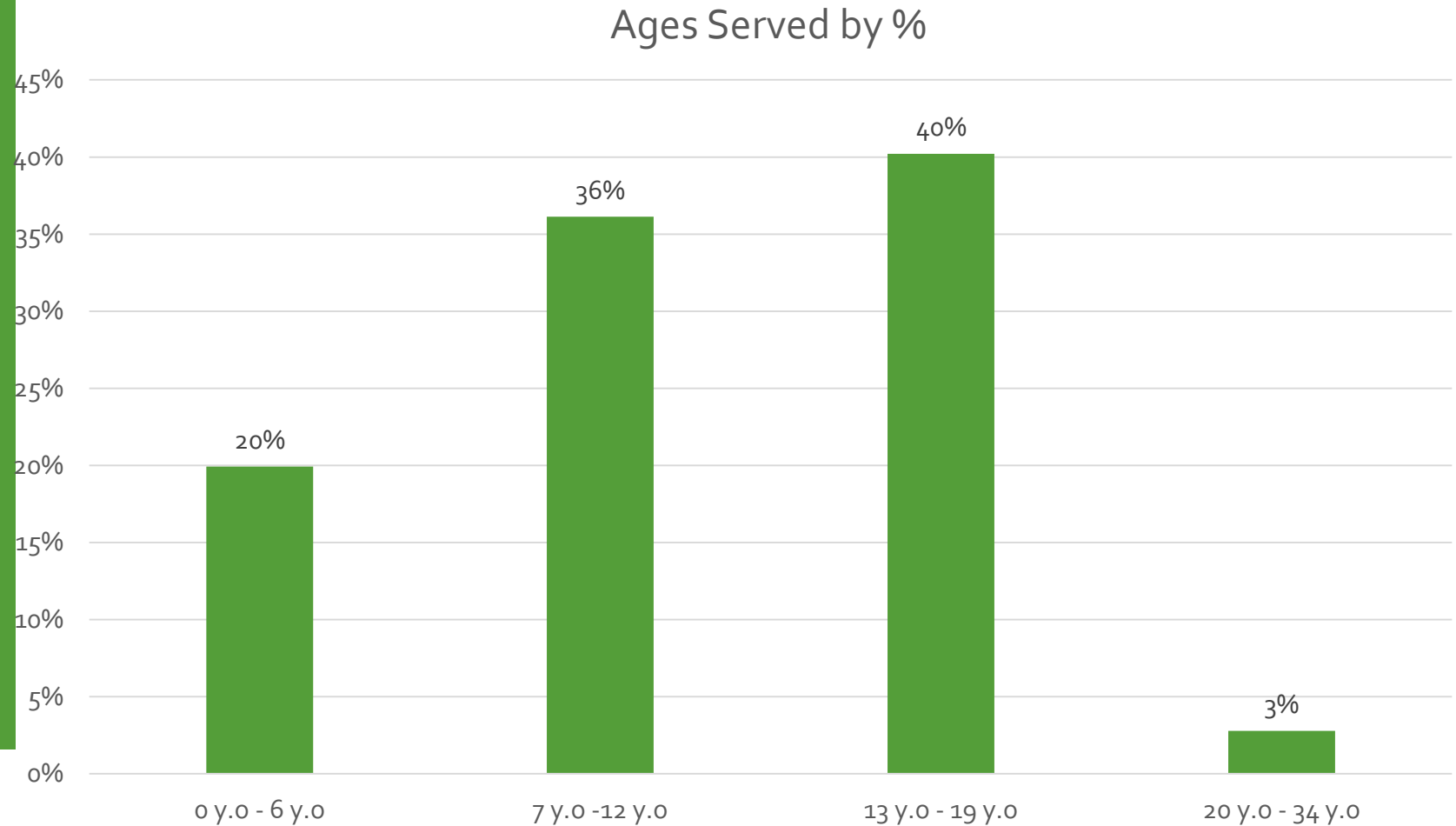
- A distinctive approach to service delivery and coordination or services to meet distinctive individual needs
- Services are not available from a DA in the manner required by a Dept.
- Can be local, regional, or statewide
- Certain requirements can be waived



- 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)
- PV** Pathways Vermont (SSA)

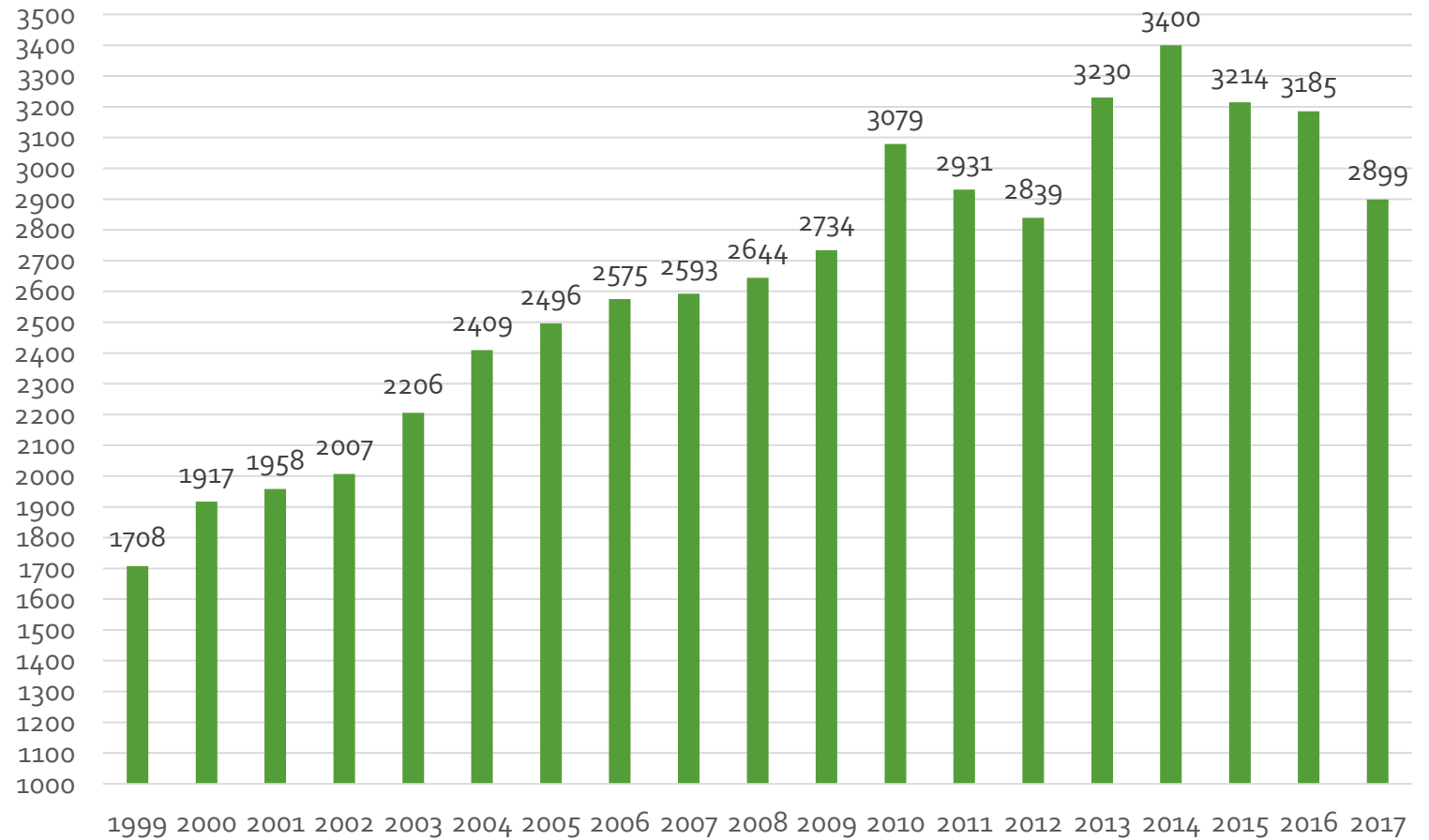
Department Of Mental Health- Child, Adolescent and Family Services – FY16

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



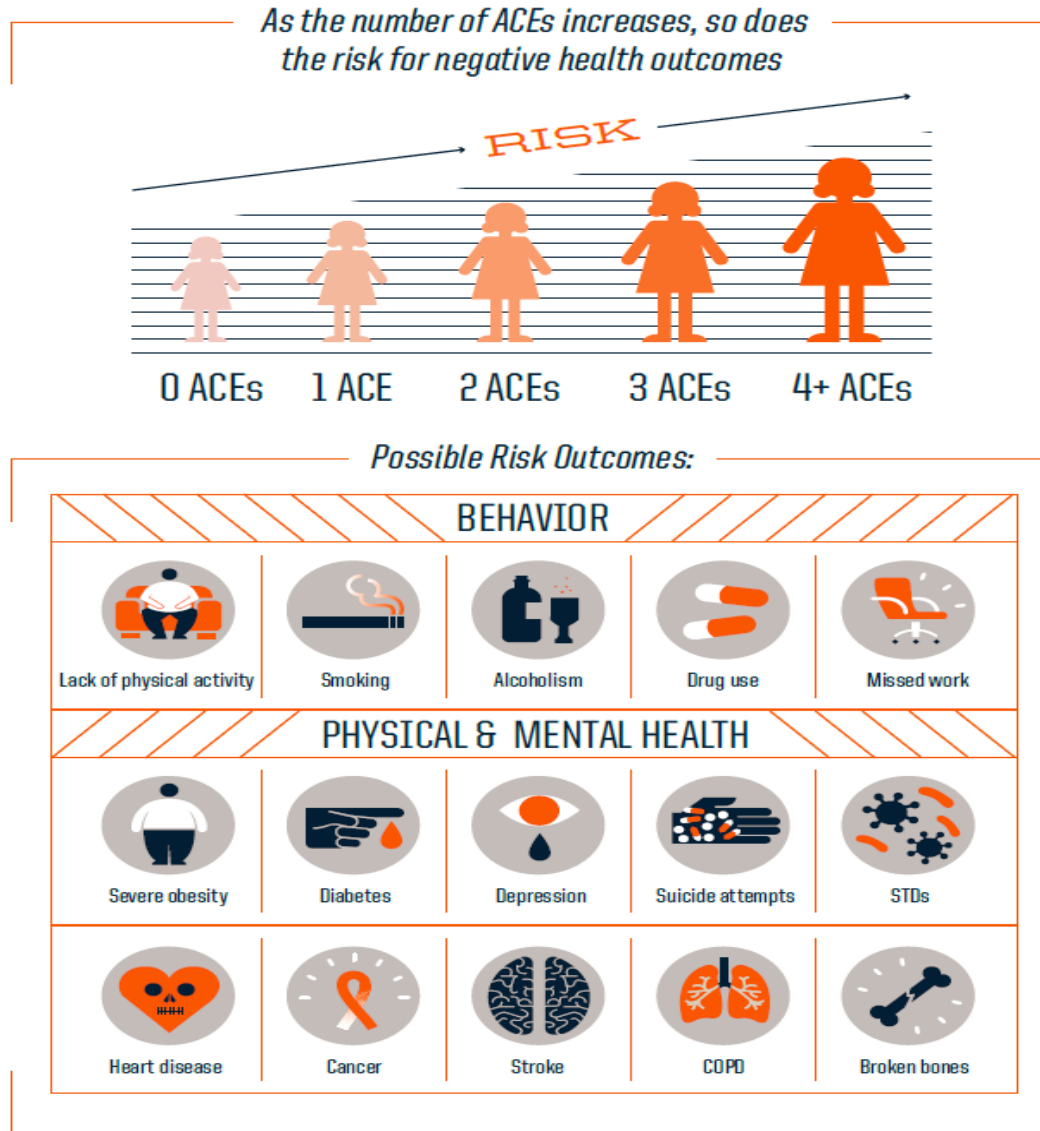
Early Childhood and Family Mental Health

Early Childhood and Family Mental Health Services 0-8 from 1999-2017



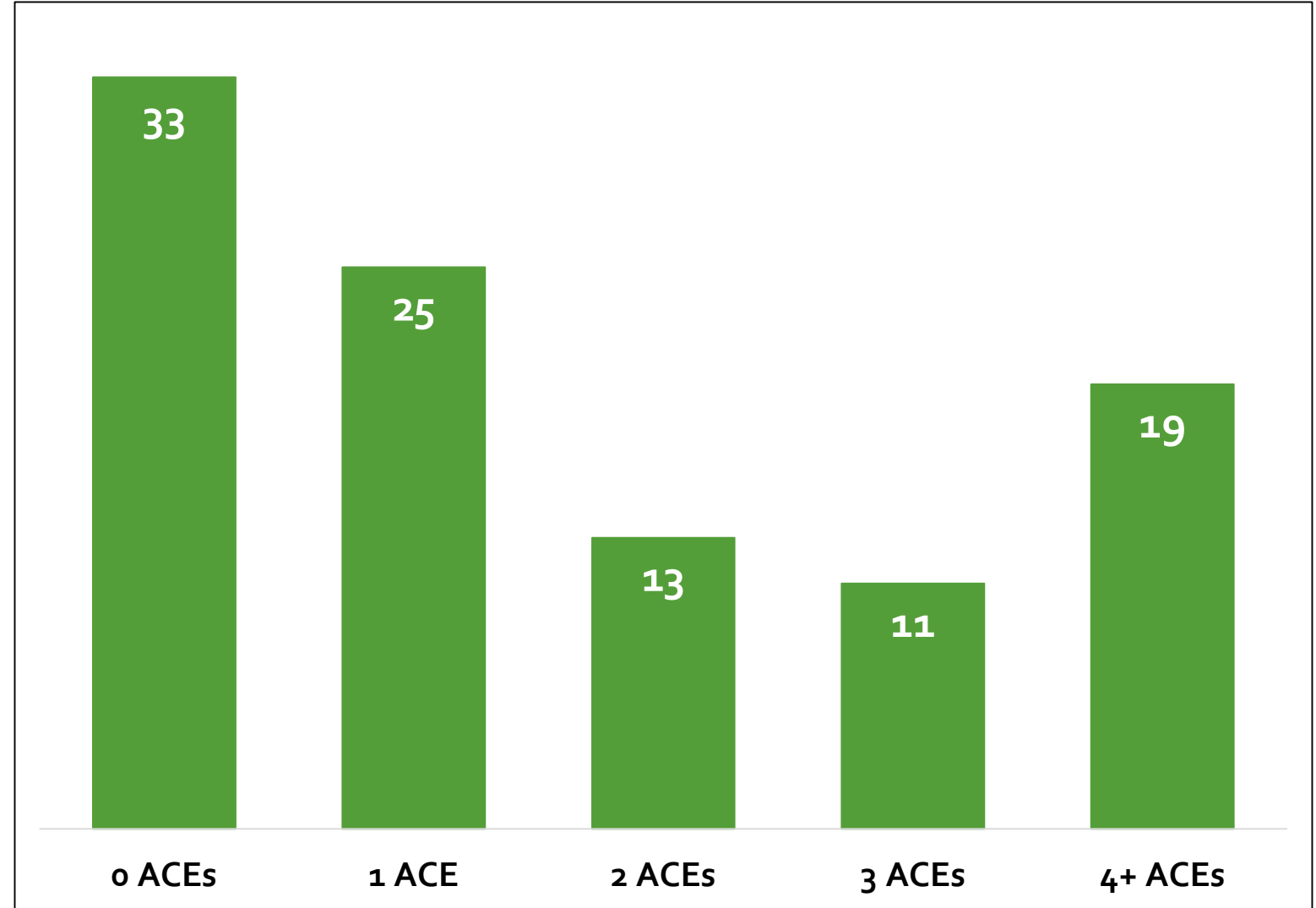
Why Do ACEs Matter?

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

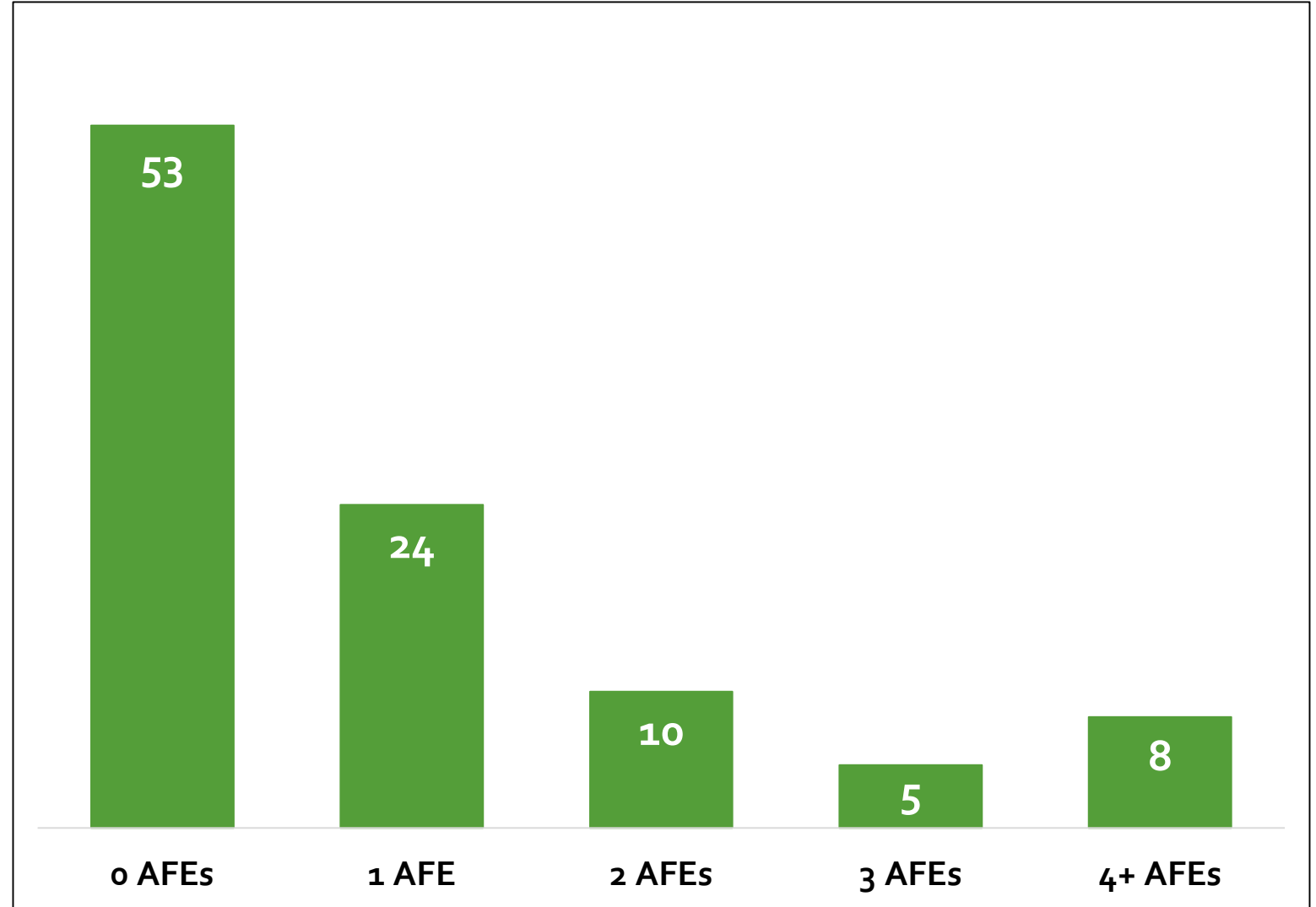


1 type of experience = 1 ACE or AFE

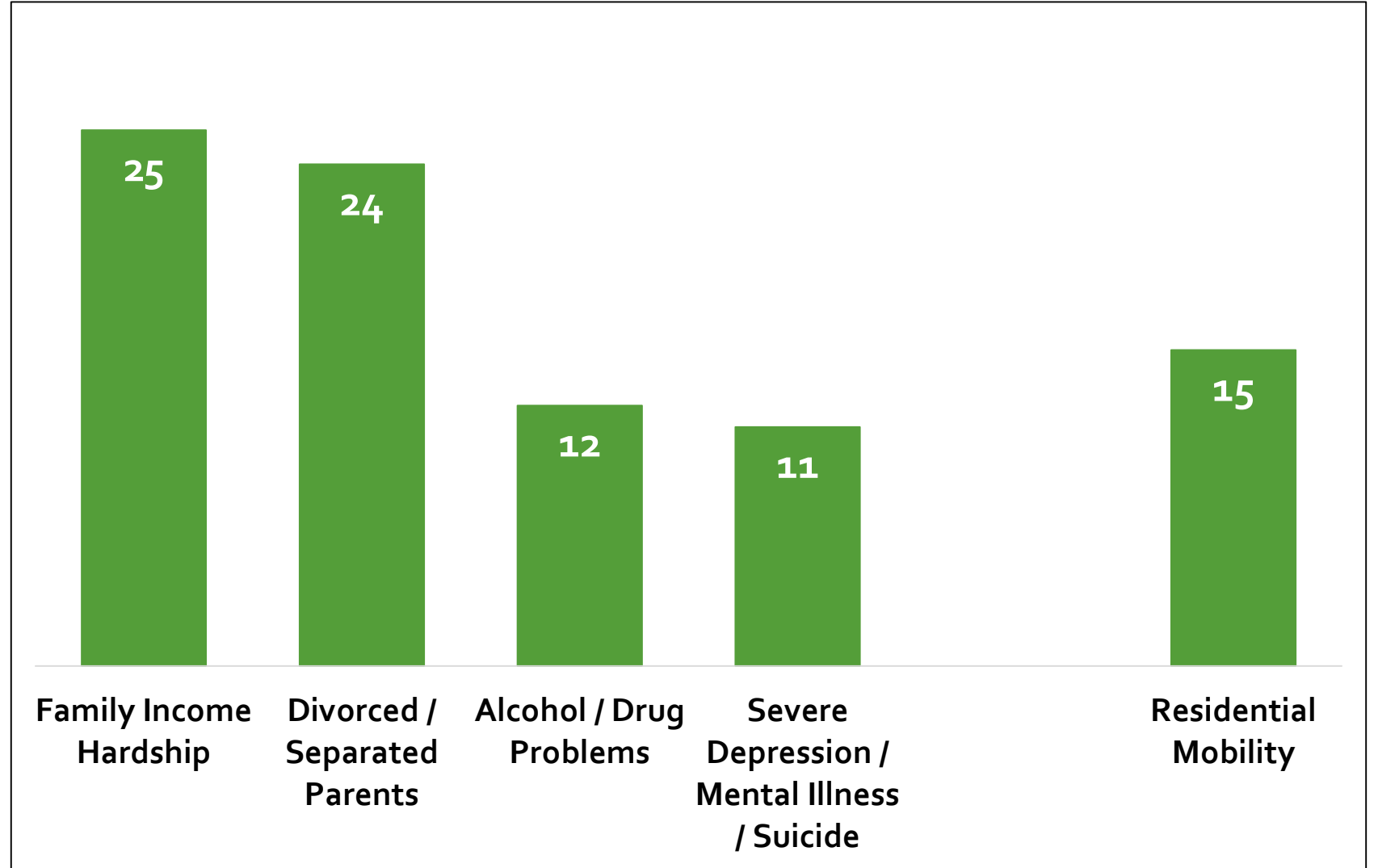
% of
Vermonters
18-44 with
0-4+ Adverse
Childhood
Experiences



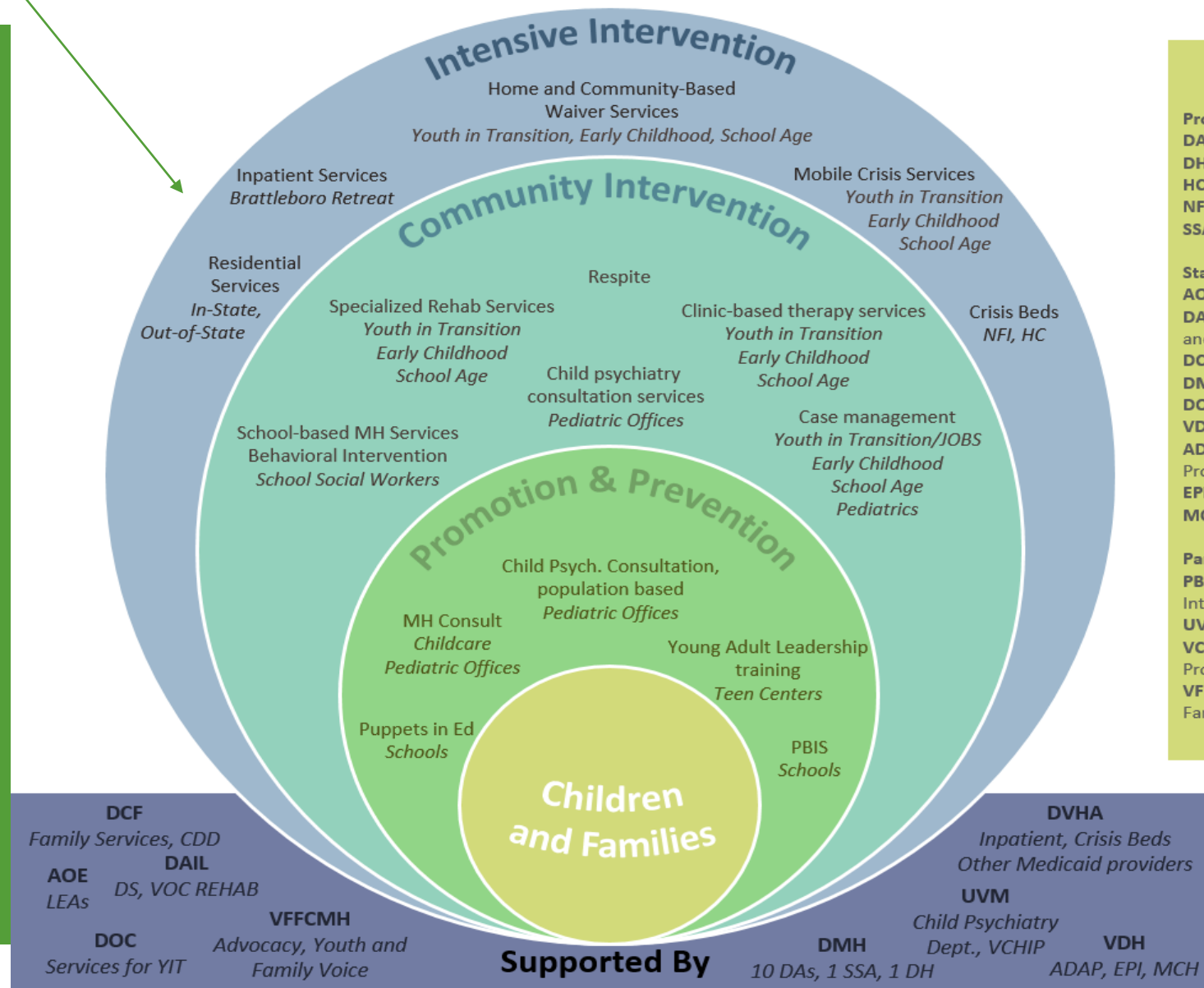
% of
Vermonters
Younger than
18 with
0-4+ Adverse
Family
Experiences



% of the 4
Most Common
AFEs (plus
residential
mobility)
Among VT
Children



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 Other Medicaid providers

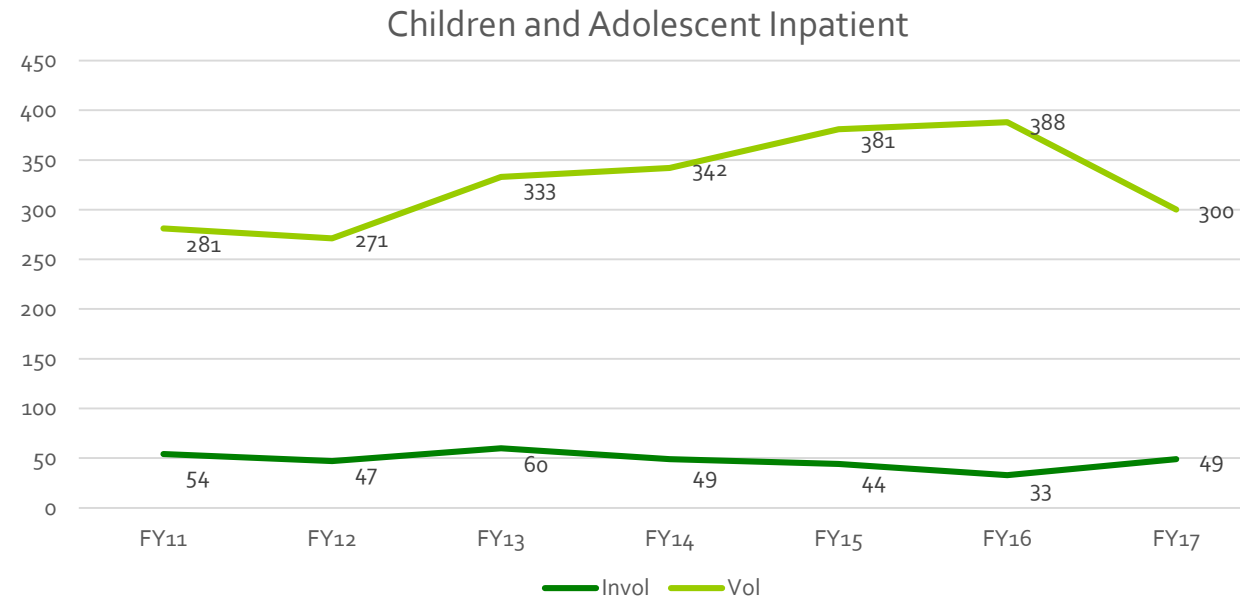
UVM
 Child Psychiatry Dept., VCHIP

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"There is no health without mental health."

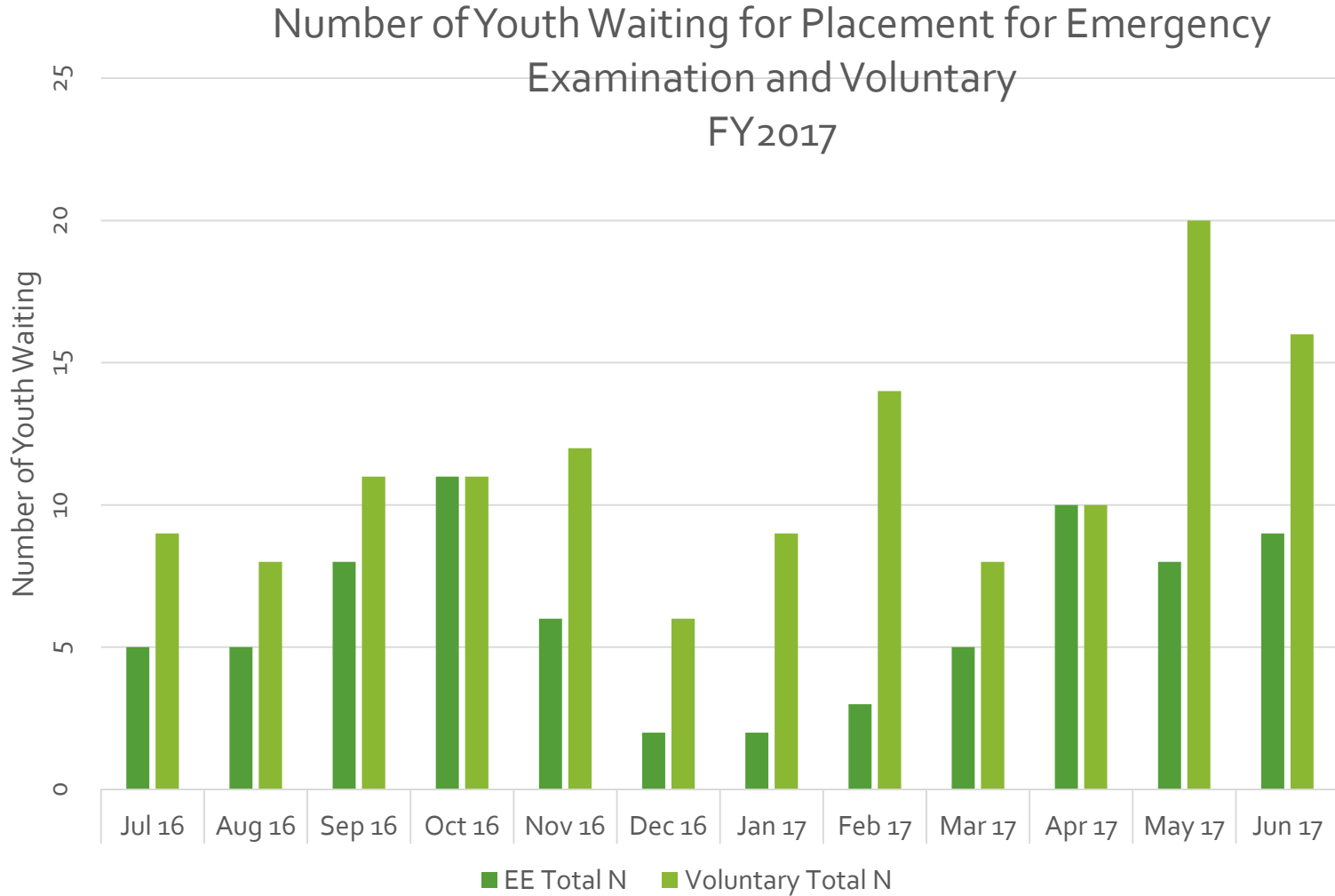
Intensive Interventions

- Brattleboro Retreat Inpatient – 30 Beds



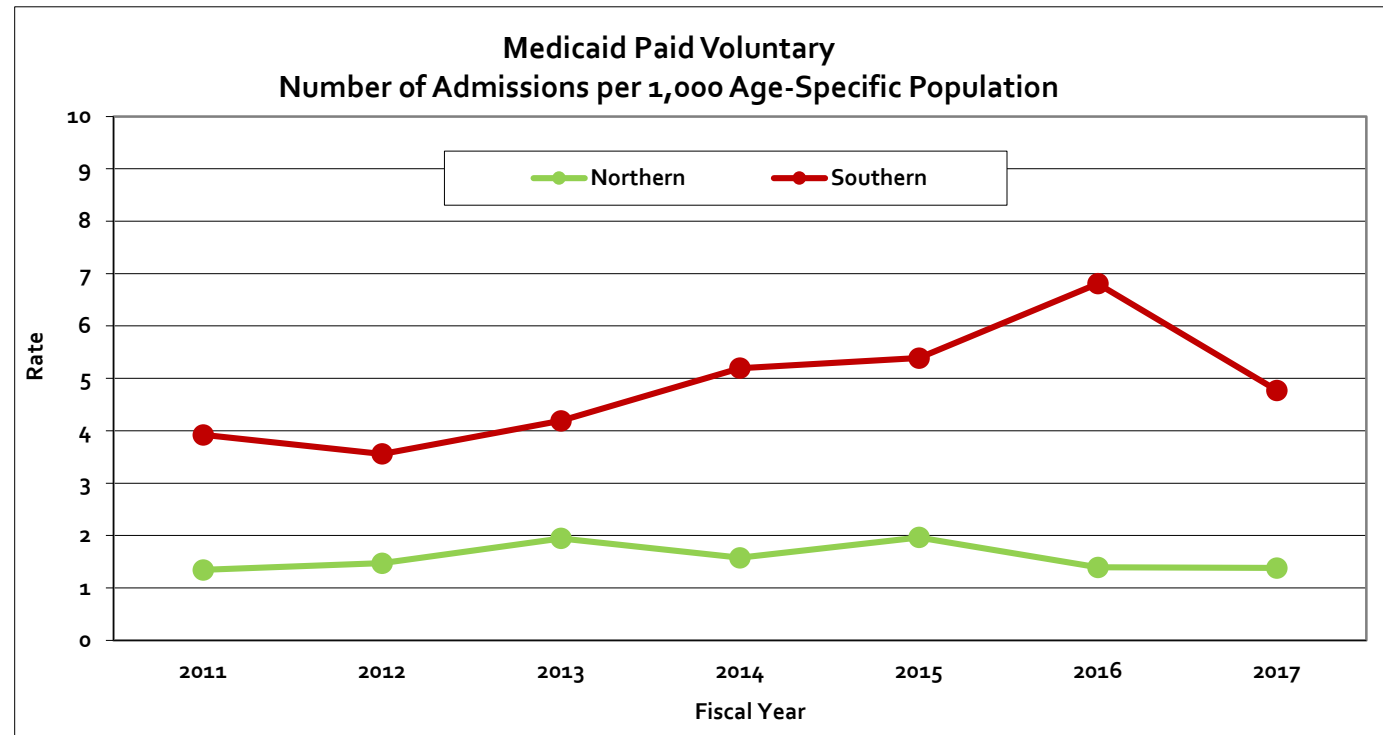
Analysis is based on the youth inpatient tracking spreadsheet maintained by the Department of Vermont Health Access (DVHA). DVHA only tracks admissions with primary Medicaid. Includes youth who had an involuntary or voluntary legal status at admission

Emergency Department Wait Times



Intensive Interventions

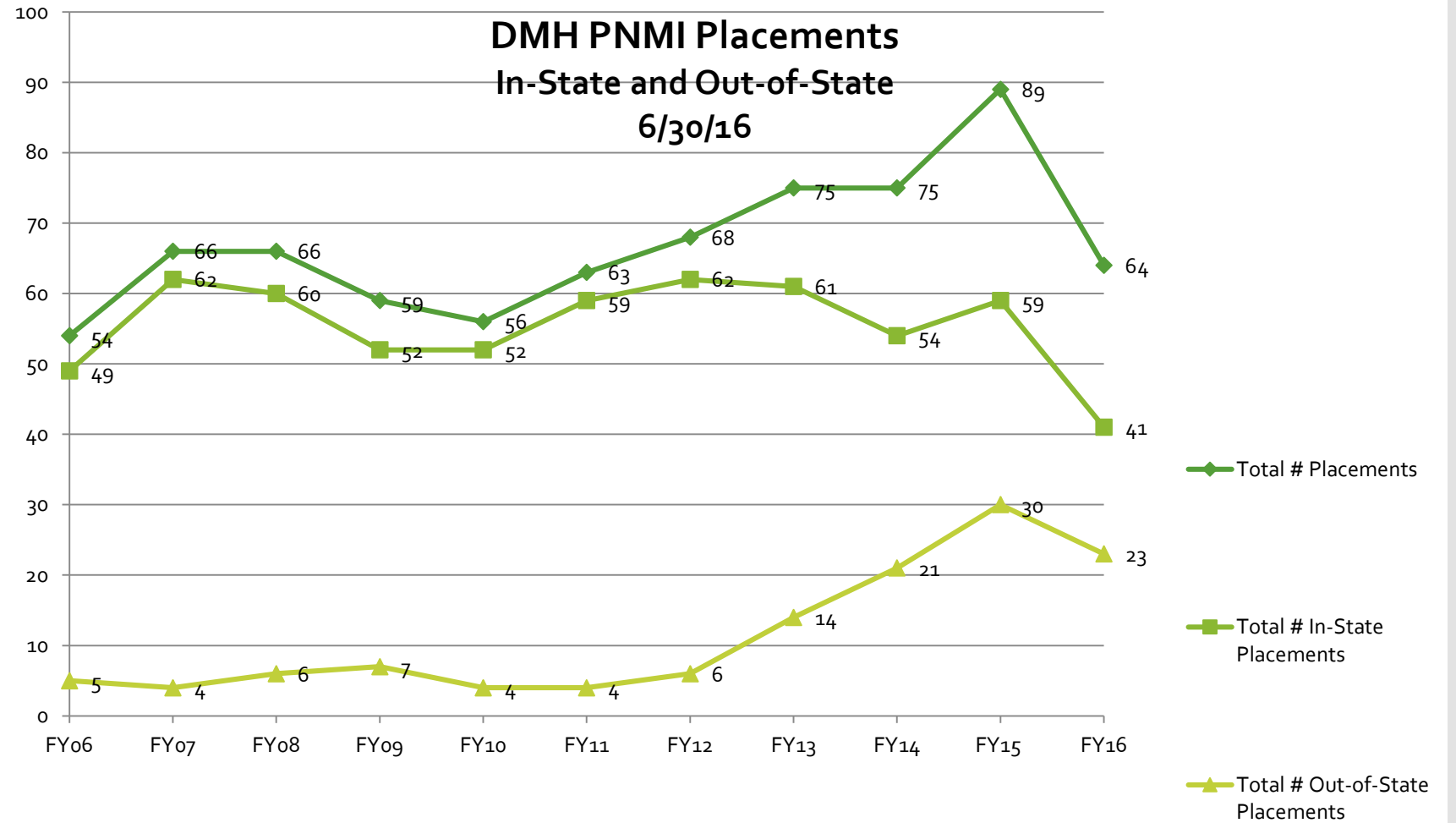
- NFI - 12 Hospital Diversion Beds (6 north/6 south)
- Howard Center – 6 Crisis Stabilization Beds



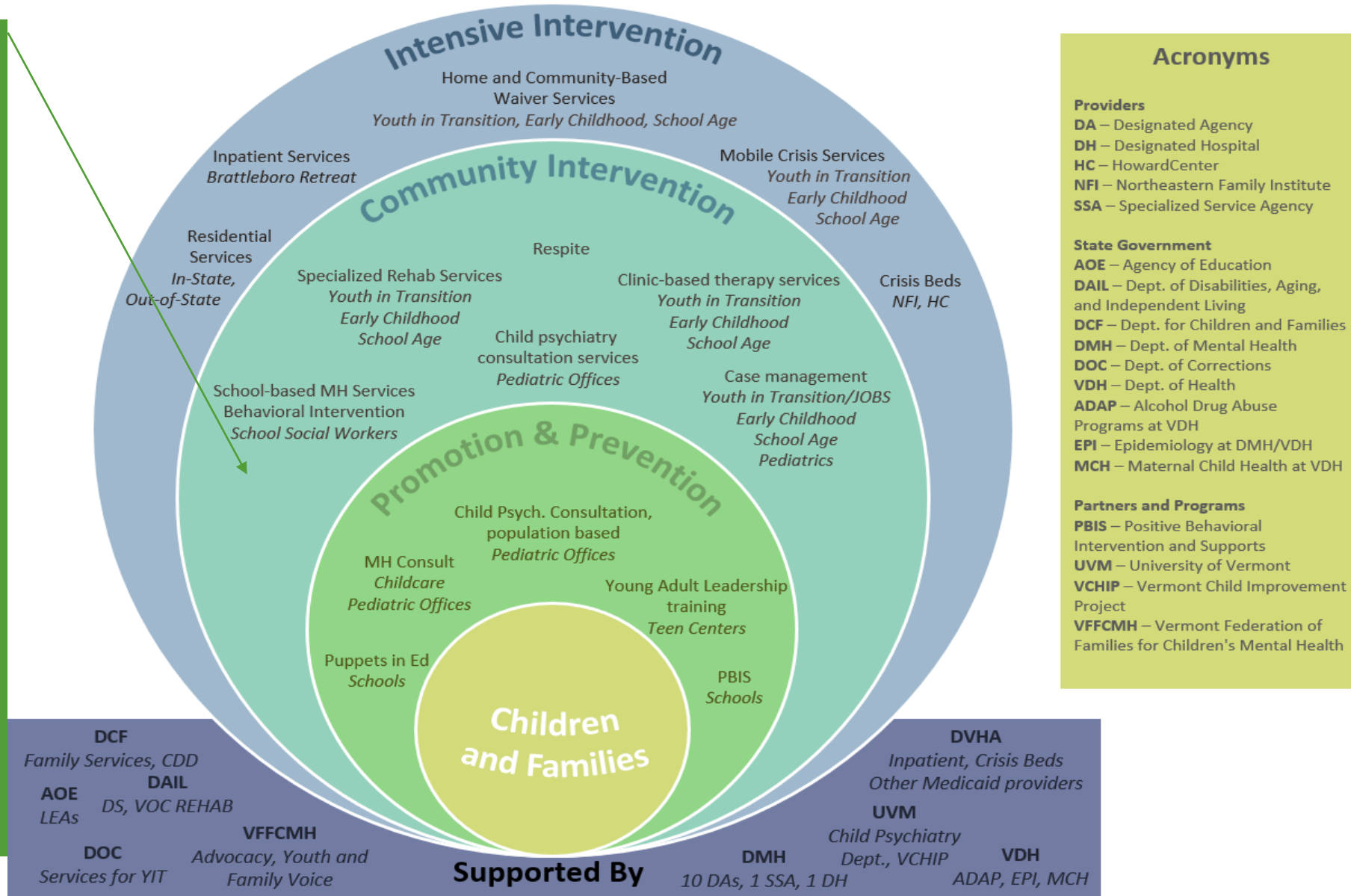
Analysis is based on the youth inpatient tracking spreadsheet maintained by the Department of Vermont Health Access (DVHA). DVHA only tracks admissions with primary Medicaid. Includes youth who had a voluntary legal status at admission. The designated agency represents the home agency of the child, not 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



Children's Mental Health System of Care



"There is no health without mental health."

Community Programs

Program	Description
Adult Outpatient (AOP)	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
Community Rehabilitation and Treatment (CRT)*	Provides services for adults with severe and persistent mental illness
Children and Families (C&F)*	Provide services to children and families who are undergoing emotional or psychological distress or are having problems adjusting to changing life situations.
Emergency Services	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.
Advocacy and Peer Services	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

**mandated service population*

"There is no health without mental health."

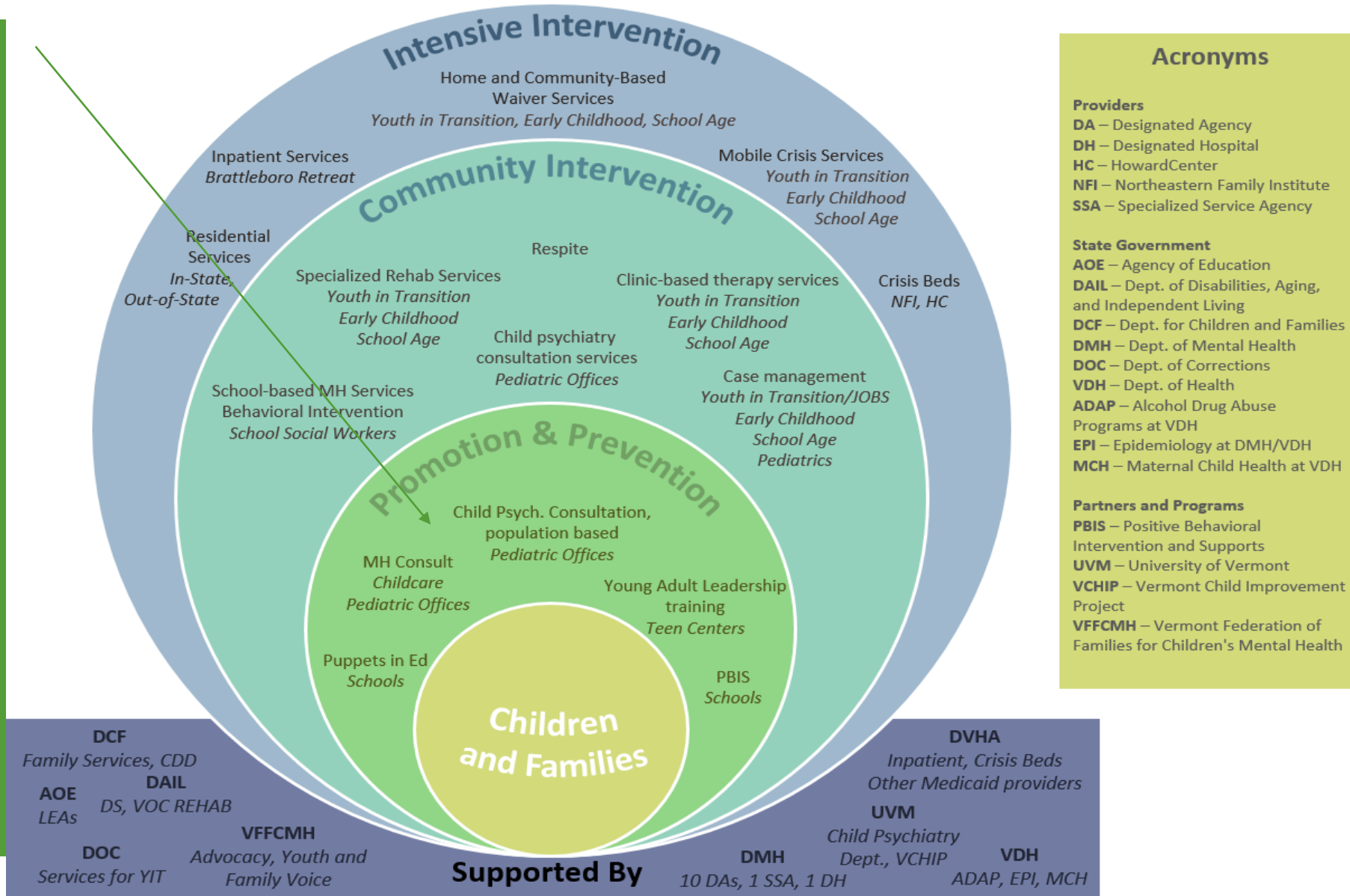
Community Interventions



- 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

Service	State Plan	HCBS (DS, CRT and Childrens)
Service Coordination	x	x
Community Supports	X	x
Work Supports	(uses the above services to provide)	x
Home supports		x
Supervised Living		x
Respite		X
Clinical interventions	X	X
Crisis services	X	X
Home modifications		X
Transportation	X	x
Therapy (ind, group, family)	X	X
Psychiatric services	x	x

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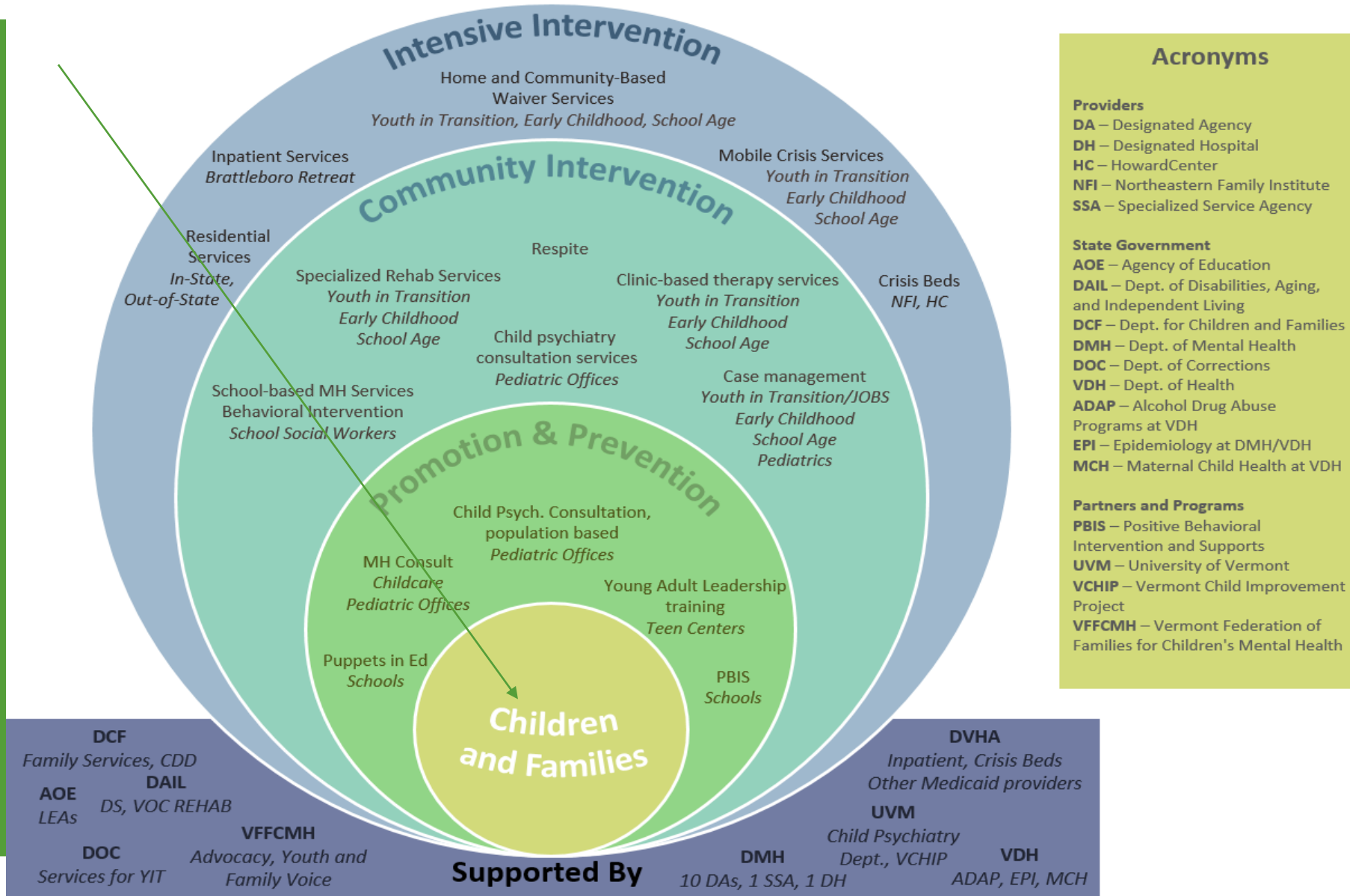
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Health Promotion and Prevention



- 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

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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