

#### LIT Extravaganza 2023

Brought to you by the State Interagency Team Waterbury State Office Complex or Teams 9:30-3:00



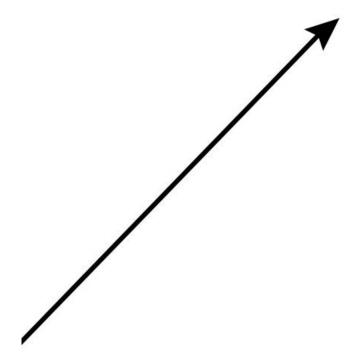
We must free ourselves of the hope that the sea will ever rest. We must learn to sail in high winds. ~ Aristotle Onassis

#### Agenda

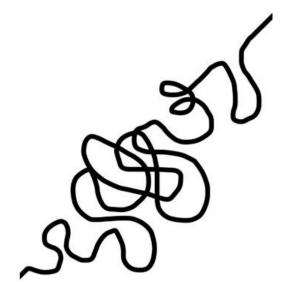
9:00-9:30	Networking and Breakfast Treats
9:30-10:00	Welcome
10:00-10:45	Focus on Statewide Efforts *Suicide Prevention Efforts ~ Chris Allen, DMH, Suicide Prevention Director and Elora Taylor, VDH, Youth Suicide Prevention Coordinator *Efforts related to housing ~ Lily Sojourner, DCF-Interim Director, Office of Economic Opportunity and Renee Weeks, AHS, Director of Complex Care and Field Services
11:00-11:15	Break
11:15-12:00	Focus on Statewide Efforts *Residential Care ~ Dave McAllister, VCORP and CRC Co-chairs, Melanie D'Amico, DCF-Family Services and Dana Robson, DMH *Prevention Efforts ~ Olivia Gaudreau, DCF-FSD, Prevention Specialist, Policy and Planning Advisory
12:00-1:00	Lunch break
1:00-2:15	Small Group Breakouts
2:15-3:00	Wrap Up

#### **SUCCESS**

#### **SUCCESS**



what people think it looks like



what it really looks like

#### A REMINDER TO US ALL...

#### **Logistics for the Day**



- Restrooms
- Lunch and pre-ordering
- Privacy for phone calls
- Breakout meetings

#### **Coordinated Services Plans by Region**

REGION	FY17	FY18	FY19	FY20	FY21	FY22	FY23
Barre	60-80	75	80-90		50	75	50
Bennington	25-30	25	30-40		45	75	
Brattleboro	40	75	45		55	45	63
Burlington	180	227	134		100	200	170
Hartford	75-80	Not reported	87	No data collected	55-60	60-70	
Middlebury	60	63	67	due to COVID	45	60-90	
Morrisville	50-60	50-70	62		55	70-75	49
Newport	17	45	26		49	55	33
Rutland	70+	60	Not reported		142	100	50
St. Albans	100	125	150		80	100	120
St. Johnsbury	11	15	19		53	46	126
Springfield	28	28	46		31	54	
TOTALS*	716	728	746		760	940	

Region	Parent Rep(s)		
Addison	Diane Bugbee, VFN (LIT and CSP)		
Barre	Amy-Lincoln Moore (LIT and CSP)		
Bennington	Cinn Smith (LIT and CSP)		
	Nancy Richards (CSP)		
Brattleboro	Marlene Wein (LIT and CSP)		
Diataces. 0	maneric Well (21) and est y		
	Nancy Richards (CSP)		
Chittenden	Suzanne Smith, VFN (LIT and CSP)		
Franklin/Grand Isle	Amy Lincoln Moore (LIT and CSP)		
	Diane Bugbee, VFN (LIT and CSP)		
Hartford	Share responsibilities: Amy-Lincoln Moore and Cinn Smith (LIT and CSP)		
	Arry-Encontribote and Chin Smith(Eff and CSF)		
Morrisville	Donna Sherlaw (LIT and CSP)		
	Crystal Bennett (CSP)		
Newport	Donna Sherlaw (LIT and CSP)		
Rutland	Cinn Smith (LIT and CSP)		
	Nancy Richards (CSP)		
Springfield	Amy Lincoln Moore (LIT and CSP)		
Springiter	Diane Bugbee, VFN (LIT and CSP)		
St. Johnsbury	Donna Sherlaw (LIT and CSP)		
555525.,			
	Crystal Bennett (CSP)		
State Interagency Team	Amy Lincoln Moore, VFFCMH Staff member		
	Sandi Yandow, VFFCMH Staff member		
	Karen Price, VFN		
Case Review Committee	Amy Lincoln Moore, VFFCMH Staff member		

### CURRENT Parent Representatives for Local Interagency Teams and Coordinated Services Plans



Where do I find information on Act 264??

HTTPS://IFS.VERMONT.GOV/DOCS/SIT

# SUICIDE PREVENTION EFFORTS

Chris Allen, DMH, Director of Suicide Prevention

Elora Taylor, VDH, Youth Suicide Prevention Coordinator



# Youth Suicide Prevention Initiatives in Vermont

Chris Allen LICSW Elora Taylor LCSW



#### **Garett Lee Smith Grant (VDH)**

- SAMHSA Funding: \$735,000 per year x five years (2022-2027)
- Regions of focus: Chittenden, Rutland, Bennington, Windham, Statewide
- Populations of Focus: Youth and Young Adults Ages 10 24, LGBTQ+ Youth, BIPOC Youth,
   Child welfare and justice-involved youth
- Key partners
  - Department of Mental Health
  - Division of Family and Child Health
  - Community Partners





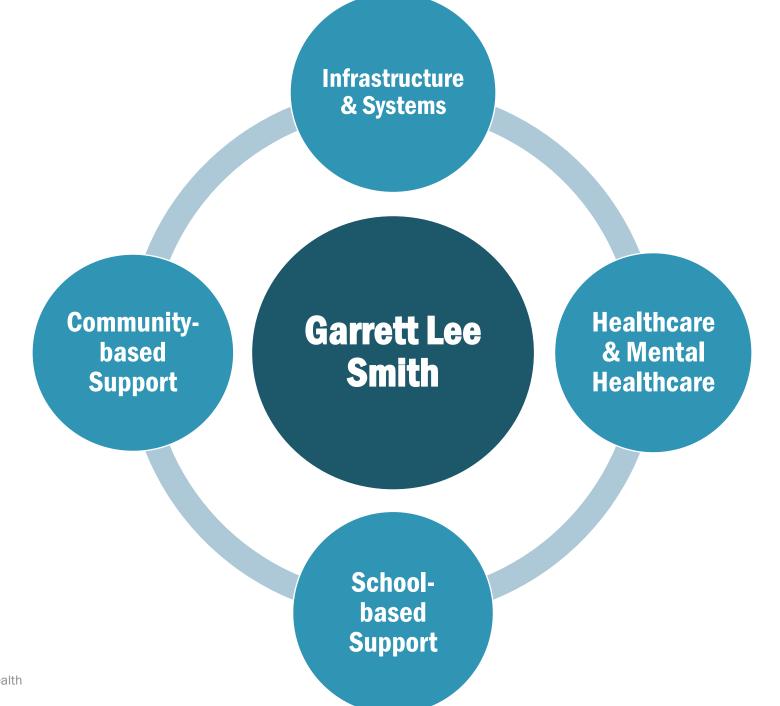












Vermont Department of Health

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### Infrastructure & Systems

- Data Linkage Project
- Statewide suicide prevention coordination
- Promotional Messaging

### Healthcare & Mental Healthcare

- Zero Suicide framework in primary care, emergency departments, and mental health agencies
  - CAMS and CAMS4Teens

### **School-based Interventions**

- Youth Mental Health First Aid
- Teen Mental Health First Aid
  - Umatter for Schools

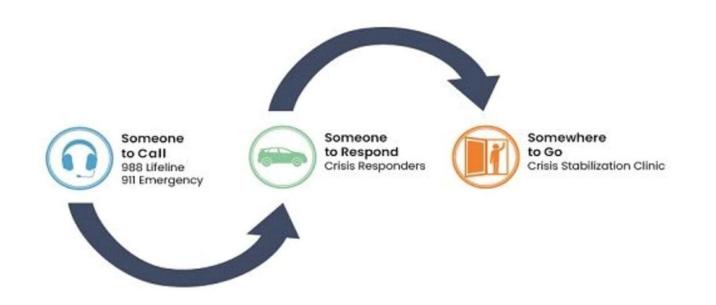
### **Community-based Interventions**

- Youth Mental Health First Aid
  - Lethal Means Safety
- Support for LGBTQA+ Youth
  - Support for BIPOC youth
- Support for families of youth experiencing suicidality
- Grief & loss support groups

#### **Looking Ahead**

- Postvention supports
  - Strategic Plan
  - Work group
- Coordination and strategic planning
  - DMH Strategic Plan
  - Coordination with key players
- Expanding the lethal means safety work and access to safe storage options

#### Where are we going?



Vermont Department of Mental Health

#### 988 Vision

988 offers 24/7 access to trained crisis counselors who can help people experiencing mental health-related distress, thoughts of suicide, mental health or substance use crisis, or any other kind of emotion distress.

People can call or text 988 or chat at <u>988lifeline.org</u> for themselves or if they are worried about a loved one.

The long-term vision for 988 is to build a robust crisis care response system across the country that links callers to community-based providers who can deliver a full range of crisis care services.



#### 988 Suicide & Crisis Lifeline

-Vermont has built 24/7 instate coverage for 988 call, text, and chat response

-Two Lifeline Centers (NCSS and NKHS, Headrest is the backup center)

-Since the launch (July 2022, Vermont has seen a significant increase in call volume, and maintained an answer rate over 80%.



Vermont Department of Mental Health 19

#### **988 Data**

	June			July			August		
	Calls	Texts	Chats	Calls	Texts	Chats	Calls	Texts	Chats
Received	651	262	54	828	48	99	787	122	194
Answered	520	47	11	655	23	16	659	77	92
Answer Rate	80%	18%	20%	79%	48%	16%	84%	63%	47%

Vermont Department of Mental Health

#### Mental Health Urgent Care: Program Goals

- Create an alternative space for individuals experiencing a mental health crisis to receive support services.
- Divert individuals from the hospital emergency departments whenever possible.
- Limit police involvement whenever possible to avoid criminal justice involvement, which can have long-term collateral consequences for youth and adults.



#### **Mental Health Urgent Care Types**

The Living Room Model

Psychiatric Urgent Care (PUC)

Psychiatric Urgent Care for Kids (PUCK)

Crisis Assistance Health Out On The Streets (CAHOOTS)



### Psychiatric Urgent Care (PUC) or Psychiatric Urgent Care for Kids (PUCK)

The model provides a space for individuals (and their family members) experiencing a mental health crisis that needs an urgent response to meet with mental health clinical staff. Individuals can stay onsite for as long as they need during weekday daytime hours and even return the following days if they can be safe at home overnight.

#### Each urgent care site can provide:

- Crisis de-escalation
- Safety planning
- Clinical assessment
- Psychiatric consultation
- Sensory tools
- Peer and respite supports

#### **Funding Awardees:**

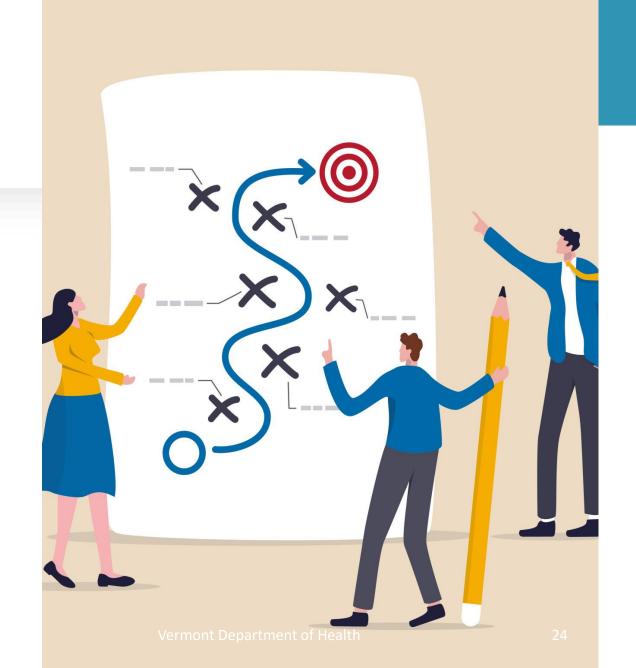
- Health Care and Rehabilitation Services (HCRS)
- Lamoille County Mental Health Services (LCMHS)
- United Counseling Services of Bennington County (UCS)
- The Howard Center (HC)



#### **Act 56**

#### -Act 56 language:

- create a strategic plan for suicide
- prevention, training, education, and postvention
- additional asks to develop model protocols for schools and health care settings





#### How to get involved?

Join the State Coalition meetings

The more perspective represented throughout the plan will make it more comprehensive and higher quality!

#### For more information:

Chris Allen, Director of Suicide Prevention:

Christopher.M.Allen@vermont.gov

**Elora Taylor,** Youth Suicide Prevention Coordinator:

Elora.Taylor@vermont.gov



#### **Housing Efforts in Vermont**





LILY SOJOURNER, INTERIM
DIRECTOR OF OFFICE OF ECONOMIC
OPPORTUNITY

RENEE WEEKS, AHS SECRETARY'S
OFFICE, DIRECTOR OF COMPLEX
CARE AND FIELD SERVICES

#### Housing Overview



### General Assistance Emergency Housing Program

District Office	Total Eligible Households	Cohort Households	Non-Cohort Households
Barre	161	98	63
Bennington	129	99	30
Brattleboro	124	96	28
Burlington	258	184	74
Hartford	73	50	23
Middlebury	12	8	4
Morrisville	18	15	3
Newport	12	10	2
Rutland	249	235	14
Springfield	70	41	29
St Albans	40	24	16
St Johnsbury	127	14	113
Total	1273	874	399

Households By District (all households in GA 9/26/23)

Number of people in household:					111 43 01 3/ 20/ 20
iii iiodaciioid.	1	2	3+	Total # of Adults	Total # of Children
Barre	45	23	30	134	68
Bennington	61	14	24	122	64
Brattleboro	77	9	10	105	28
Burlington	109	36	39	231	101
Hartford	38	7	5	56	15
Middlebury	6	1	1	9	2
Morrisville	13	0	2	16	3
Newport	8	1	1	11	3
Rutland	139	43	53	298	119
Springfield	20	15	6	57	15
St. Albans	19	4	1	26	4
St. Johnsbury	7	2	5	17	14
Total:	542	155	177	1082	436

Households By District (all households in GA 9/26/23)

Eligibility Category	6/30 Cohort Households
Age 60+	64
Death of a Spouse or Minor Child	0
Disabled (SSI/SSDI)	478
Domestic Violence	35
Families with Children	204
Health Code Violations/Eviction	77
Natural Disaster (Fire, Flood, Hurricane)	4
Pregnant	12
Vulnerable Population Points	0
Tot	al 874

Households By Eligibility Category (all households in GA 9/26/23)

#### Community Investments

# Housing Opportunity Grant Program

- New base funding for HOP grants was prioritized for:
  - Emergency Shelter expansion
  - Expanding staffing at shelters to address safety concerns
- One-time HOP funding was prioritized for:
- Flexible Client Financial Assistance to help homeless or at-risk households stabilize in housing (e.g., security deposits, rental arrears, transportation, fees, etc.)
  - \$3.6m total with \$2.5m from one-time funding, a \$1.2m increase over SFY23 (which was also supported in part by one-time funding)
- Day shelter expansion to address unsheltered homelessness, including food
- Staffing to expand housing navigation services
- Expanding rapid re-housing
- The Annual <u>HOP Award Summary</u> is available online: <a href="https://dcf.vermont.gov/oeo/resources/awards">https://dcf.vermont.gov/oeo/resources/awards</a>

# Housing Opportunity Grant Program

#### Expanded Emergency Shelter Capacity

- New/Expanded:
  - 2 seasonal shelters --> year-round in Burlington and Morrisville Districts
  - New & Expanded projects in Rutland, Barre, Brattleboro, Burlington, St. Johnsbury and Springfield Districts
- Under Consideration/In Development: 3 potential projects could add capacity statewide (Brattleboro, Rutland and Hartford) between SFY 24-26

#### Day Shelter Capacity

 New/Expanded: 4 projects (Burlington, Barre, Rutland & Morrisville Districts), some impacted by flooding

#### Street Outreach Expansion

 In Development by DMH: 6 projects, many multiagency (Burlington, Rut, Benning, Barre, Bratt & St. Albans)

FSH Partner	Prior Staff Capacity	Prior Caseload Min- Max	After Expansion Staff Capacity	After Expansion Caseload Min-Max
Winston Prouty Center in Brattleboro	2 positions	24-30	3 positions	36-45
COTS/Howard Center in Burlington	2 positions	24-30	5 positions	60-75
Homeless Prevention Center in Rutland	3 positions	36-45	5 positions	60-75
Upper Valley Haven in Hartford	2 positions	24-30	2 positions	24-30
Northeast Kingdom Community Action (NEKCA) in St. Johnsbury and Newport	2 positions	24-30	3 positions	36-45
Family Center of Washington County in Barre	3 positions	36-45	5 positions	60-75
Sunrise Family Resource Center in Bennington	2 positions	24-30	3 positions	36-45
Pathways Vermont in St. Albans	2 positions	24-30	3 positions	36-45
Springfield (TBD)	(1 position)	(12-15)	1 position	12-15
Morrisville (TBD)			1 position	12-15
Middlebury (TBD)			1 position	12-15
TOTALS	19 Positions	216-270	32 Positions	384-480

#### Family Supportive Housing Expansion

## Additional Information

- Eligibility and contact information, and links to documents and resources including a summary of the Letters of Interest can be found at the DCF website
- https://dcf.Vermont.gov/Addressing-and-Preventing-Unsheltered-Homelessness

## Care Management

- Agency of Human Services cross-departmental teams began working with households in the hotels/motels in October 2022.
- Many of the households originally screened or with shared care plans are no longer in the hotel/motel system.
- In order to supplement AHS staff and ensure timely screening and care planning, AHS contracted with Rescue Inc. They started screening clients on July 19.
- A contract with TempSolutions went into effect in August to fully staff care management statewide

   replacing TLC and Rescue Inc. These staff will do screening, case conferencing and shared care planning and reporting with the goal of connecting people in the program to services they need. As of 9/18 ten staff have been hired and are being trained.

## Care Management

- Case managers work with HHs who are not already connected to case manager in CBO
- Panel coordinators to help track engagement in the program and to ensure people are connected to needed services. Some of requirements of ACT 81 include:
  - Completion of sDOH Screening tool
  - Completion of Coordinated Entry Assessment for housing
  - Completion of Shared Care Plan
  - Engagement with case management (either with CBO or AHS)
  - Engagement with own housing search and working on any barriers to housing

## Contact Information

Lily Sojourner, Interim Director of the Office of Economic Opportunity

<u>Lily.sojourner@vermont.gov</u>

Renee Weeks, Director of Complex Cares & Field Services

Renee.s.weeks@vermont.gov





Something to think about during break...sometimes what we think is a mistake ends up with happy results!

COMIC SPONSORED BY OLIVER BAHLER



## Residential care for youth

- Dave McAllister, President, Vermont Coalition of Residential Programs
- Melanie D'Amico, DCF-FSD
- Dana Robson, DMH

# VCORP LIT Extravaganza October 11<sup>th</sup>, 2023 Dave McAllister

## Who are we?

- 10 Member Organizations
  - WCMHS
  - LUND
  - Howard Center
  - NFI
  - Brookhaven
  - Community House
  - Becket
  - Brattleboro Retreat
  - Seall, Inc.
  - Laraway Youth & Family Services

- Programs
  - Park Street
  - Jarret House
  - T-House
  - Foote Brook
  - Capital Meadows
  - Allen Brook
  - Village House
  - Hospital Diversion

# What do we do?

- Safety and stabilization
- Short, Intermediate, and long-term stays
- Focused treatment
- Reunification
- Community Integration
- Therapeutic Foster Care



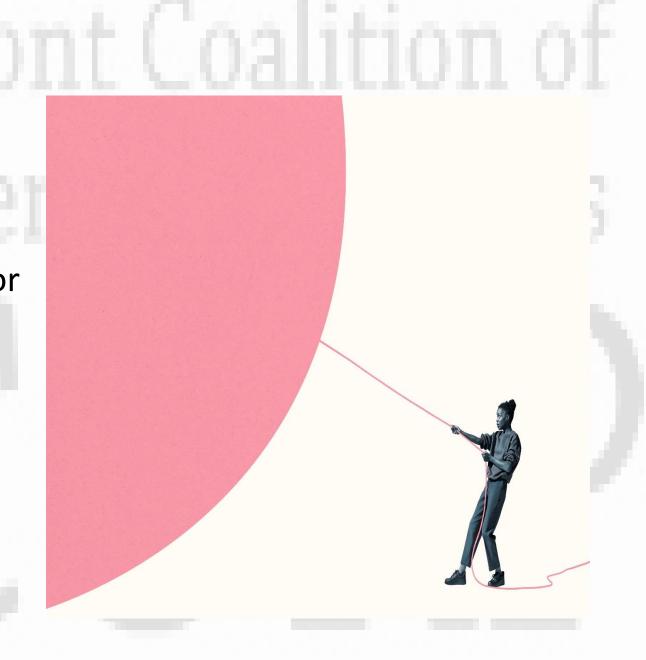
## Recent Trends



- Increased intensity and acuity within referrals.
- Increased substance use/misuse.
- Suicidality and/or self-harming ideology and behavior.
- Aggression and violence.

Ongoing Challenges

- Safe and secure facility for aggressive and violent behavior
- Access to inpatient treatment for mental health emergencies
- Staffing
- Funding
- Federal Mandates



## What do we need?

- The Middlesex Project
- Mental Health Crisis & Stabilization-not ED beds.
- Funding
  - PNMI Workgroup
  - Assistance with Federal and State mandates
  - Start-up costs for new initiatives

- Staffing
  - Expedited Background Checks-RLSI
  - Competitive compensation & benefits
  - Professional Development or Educational opportunities
  - Self-care & Wellness resources
- Federal Mandates
  - Families First
  - PREA

## Partnerships



- State Placement Team
  - Melanie D'Amico
  - Janet Dunigan
  - Steve McGlaughlin
  - Laura Bosworth
- RLSI
  - Stacey Edmunds
  - Chris Ward
  - Ashton Giroux
- DMH
  - Dana Robson

Questions





## Agenda

- Data Collection for CRC
- Process for determining lead agency
- Trends in Residential Use
  - Medical Complications
  - > LGBTQ Youth
  - Adoption Status
  - Developmental Disabilities
  - Placements Timelines
  - Bed Capacity
  - Private Insurance





### New Process for Helping Determine Lead Agency in CRC Referrals

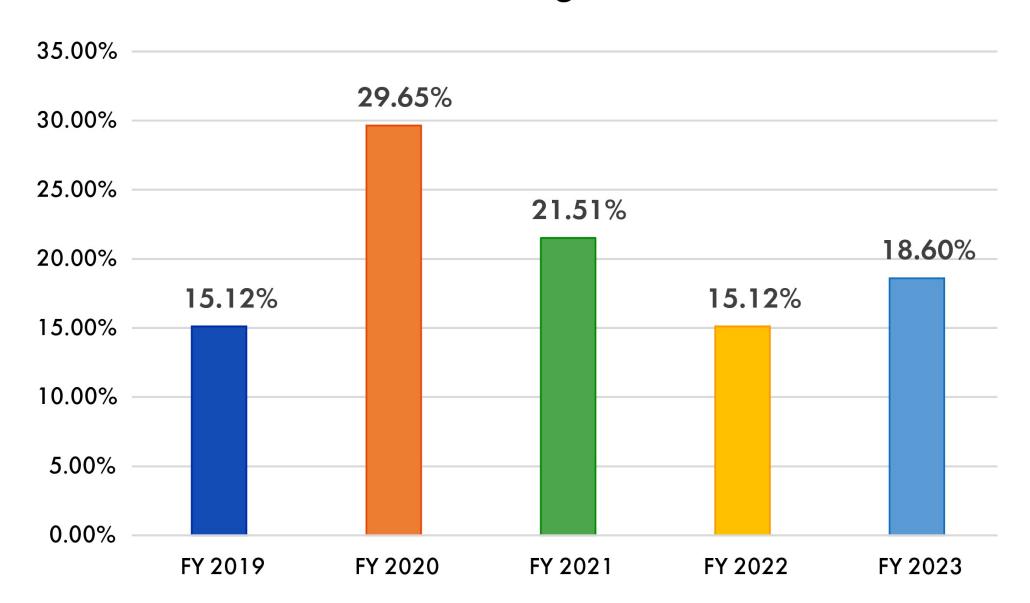
When Appropriate: When youth for referral has both significant Mental Health and Developmental Needs.

**Information Needed:** Information about Diagnosis, Presenting Issues, Services Provided, Evaluations Completed.

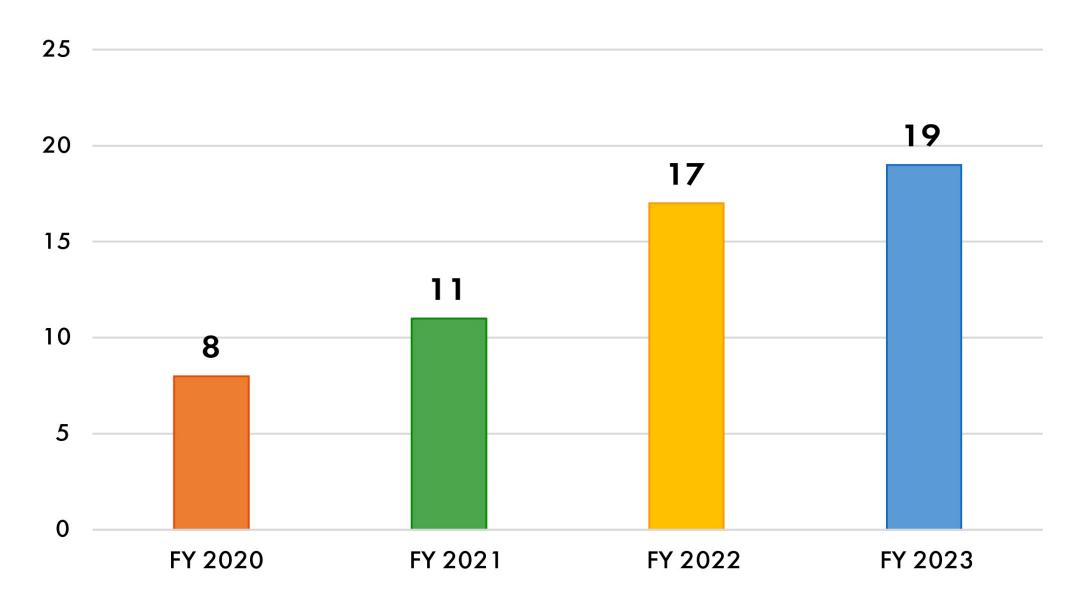
Questions to Consider: What diagnoses have the greatest impact on presenting behaviors? What issues impact child/youth's ability to make progress? What area of expertise is most needed to assess progress in a placement and plan for next steps?

Process: Request meeting with DMH and DAIL CRC contacts PRIOR to sending CRC referral to State. Meeting should include both MH and DS local provider representatives. State team will confer and decide who will move forward as the Lead Agency and will be responsible for determining Medical Necessity and becoming the Funding Department.

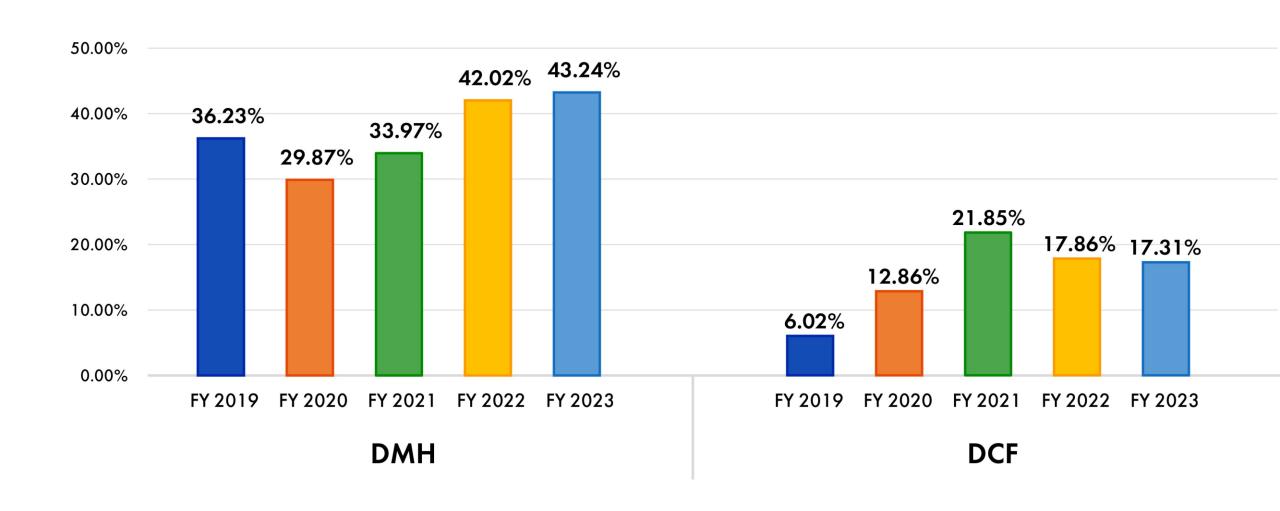
## Youth with Co-Occurring Medical Conditions



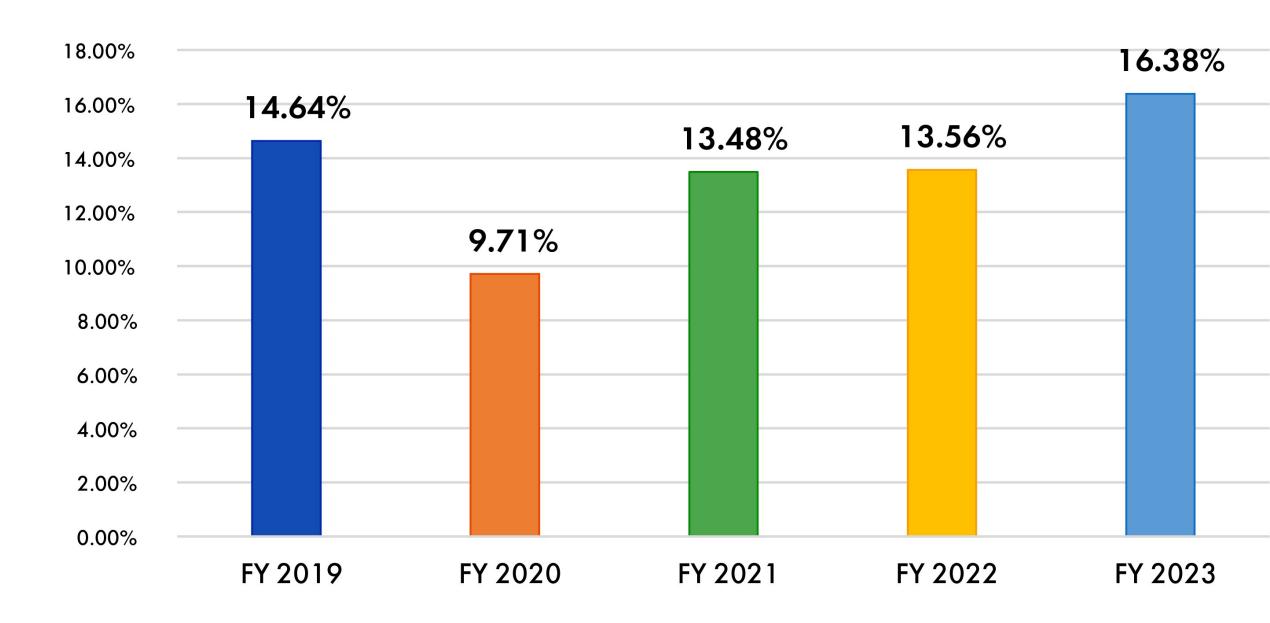
## Youth Identifying as LGBTQ



### Youth From Adoptive or Guardianship Homes



## Youth With Developmental Disabilities

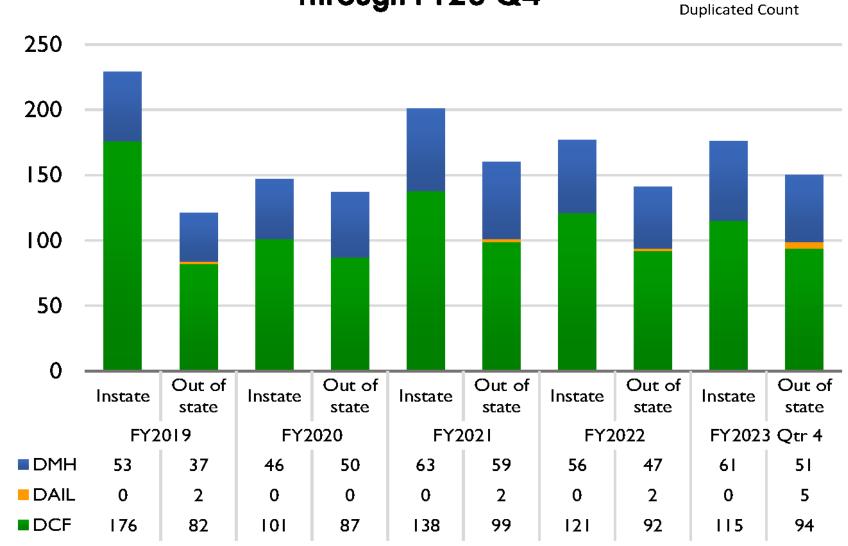


## Factors Impacting Placement Timelines

- Acuity/Special Needs
- Reduction in Bed Capacity
  - In-State
  - Out of State
- Increased Wait Time
  - Need for Interim Plans— Community or Crisis Beds
  - Schools need to remain actively involved



## Instate and Out-of-State Residential Count Through FY23 Q4



## Tips for Working with Private Insurance

- ➤ Always check insurance status prior to moving forward with a CRC referral process.
- ➤ If a youth has highly acute needs and private insurance, encourage the family to request a Care Manager be assigned to their case.
- ➤ Help the family explore what benefits are covered in their plan.
- ➤ If residential treatment is a covered benefit, then the private insurance is the primary decision-maker and Medicaid cannot "take over."
- If residential treatment is indicated and the private insurance agrees, ask for a list of programs that have been covered in network, or that the private insurance has worked with through a singe case agreement in the past.
- Help the family make referrals to the programs.
- Consult with DMH Care Managers if needed.



# Case Review Committee Members

### Department for Children and Families – Family Services Division

Melanie D'Amico, MSW; Residential Services Manager (Co-Chair of CRC), 802-793-2416 Melanie.DAmico@vermont.gov

Janet Dunigan, MSW; Client Placement Specialist 802-735-6101 Janet.Dunigan@vermont.gov

Laura Bosworth, MSW; Client Placement Specialist, 802-246-7546 Laura.Bosworth@vermont.gov

**Steve McLaughlin, BA;** Client Placement Specialist, 802-735-7092 <a href="mailto:Steven.McLaughlin@vermont.gov">Steven.McLaughlin@vermont.gov</a>

#### **Agency of Education**

Alicia Hanrahan, MA; Education Programs Manager 802-479-1206 alicia.hanrahan@vermont.gov

### **Vermont Federation of Families for Children's Mental Health**

**Amy Lincoln Moore**; System of Care Parent Support Provider, 1-800-639-6071 almoore@vffcmh.org

#### **Department of Mental Health**

**Dana Robson, LICSW;** Children's Mental Health Operations Chief **(Co-Chair of CRC)** 802-585-4115 Dana.Robson@vermont.gov

Erika Rojas, LICSW; Children's Mental Health Care Manager, 802-760-8140 Erika.Rojas@vermont.gov

Kara Hurwitch, MSW; Children's Mental Health Care Manager, 802-904-3077 Kara.Hurwich@vermont.gov

**Open Position**; Children's Mental Health Care Manager

### DAIL – Developmental Disabilities Services Division

Janelle Germaine; Children's Services Specialist 802-241-0154 janelle.germaine@vermont.gov

#### **Division of Substance Use Programs**

Mariah Ogden; Women's Services Coordinator, (802) 489-7327, Mariah.Ogden@vermont.gov

## Olivia Gaudreau, DCF-FSD, Prevention Specialist, Policy & Planning Advisor





## Vermont's 5-Year Plan



Year 1	Year 2	Year 3	Year 4	Year 5
<ul> <li>Family Support Cases</li> <li>In-Home Conditional Custody Orders</li> </ul>	<ul> <li>Family Support         Cases with Siblings in Custody         In-Home Juvenile Probation Youth         Post-Permanency (Reunification and Adoption)     </li> </ul>	Community     Pathways without     DCF Involvement	<ul> <li>Continued implementation of identified populations</li> </ul>	<ul> <li>Continued implementation of identified populations</li> </ul>

## How we get there



#### **Implement Best Practices**

- Initial Implementation of Evidence Based Practices (Motivational Interviewing and Parent Child Interactive Therapy)
- Cultural and systemic shifts to emphasize work that keeps families together

#### Data and System Improvements

- Determine how to track and monitor EBPs in accordance with federal requirements
- Enhance internal data systems (short and long term)

#### Claiming and Program Expansion

- Draw down federal funds to allow for expansion of programs and candidacy populations
- Create a path for Community Pathways (Primary Prevention)



## Prevention Highlights

- Motivational Interviewing included in BARJ and IFBS contracts
- Coordinated planning
  - Program design (business process maps, child-specific prevention plan)
  - QA, data collection, and federal reporting
  - Claiming
- Workforce preparation
- Formation of Prevention Implementation Workgroup
- Partnership with people with lived expertise
- Policy work to support necessary practice shift





## Community Pathways to Prevention





## Thank you





Olivia Gaudreau, Policy & Planning Advisor/Prevention Specialist Department for Children and Families

Family Services Division

Olivia.Gaudreau@vermont.gov

(802) 735-8029

## **KEEP** CALM **AND** TAKEA LUNCH BREAK

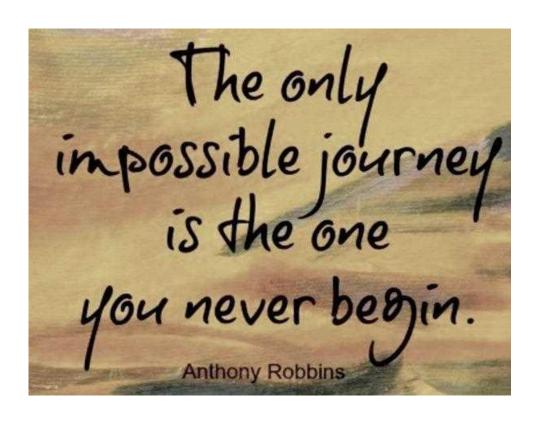
## Discussion in groups

- 1. Parent Representatives
- LIT Coordinators, DA/SSA staff, and Field Directors
- 3. Education Staff and Act 264 Board Members
- 4. Family Services Staff, Health Dept Staff



#### **Discussion Questions:**

- 1. What stood out for you in the morning presentations?
- 2. Was there anything surprising or confusing?
- 3. What might you offer to counterbalance any of the barriers?
- 4. What additional ideas might you have to offer?



## **Group report out**

- 1. Parent Representatives
- 2. LIT Coordinators, DA/SSA staff, and Field Directors
- 3. Education Staff and Act 264 Board Members
- 4. Family Services Staff, Health Dept Staff

## Pop Quiz!





GIFT FROM CINN SMITH, ACT 264 ADVISORY BOARD MEMBER, PARENT REPRESENTATIVE AND VT FEDERATION OF FAMILIES:

SNOWFLAKES REPRESENT SO
MUCH TO ME BUT MOST OF ALL IN
THE WORLD OF CHILDREN'S
MENTAL HEALTH I ASK THAT WE ALL
REMEMBER.....
EVERY PARENT'S DREAMS ARE AS
BEAUTIFUL, AS INDIVIDUAL, AND
FRAGILE AS A SNOWFLAKE. PLEASE
ALWAYS LISTEN WITH HEARTS FULL
OF KINDNESS.

Thank you for coming.

We will be sending a link for a survey of the day!



For questions about this presentation or Act 264 please contact SIT Co-Chairs:

Cheryle Wilcox at <a href="mailto:Cheryle.Wilcox@Vermont.gov">Cheryle Wilcox at Cheryle.Wilcox@Vermont.gov</a>, 802-760-9171 and Beth Sausville, <a href="mailto:Beth.Sausville@vermont.gov">Beth.Sausville@vermont.gov</a>, 802-735-6106