



VT Public Health Association's Annual Meeting

Vermont's Mental Health Crisis: Opportunities and Solutions for Creating a Better System of Care

May 11, 2022

President's Welcome and Updates



President's Welcome and Updates

**VT Public Health Institute /
VT Public Health Association
CDC Health Equity Grant -
Penrose Jackson**

CDC Grant to VT Department of Health - Health Equity -- \$28+ million (6/1/21 - 5/30/23)

- ▶ **\$4+ Million Sub-Recipient Contract to the Vermont Public Health Association “doing business as” the Vermont Public Health Institute to:**
 - ▶ **Form and support a state-wide learning collaborative (comprised of up to 12 local collaboratives, one from each health department district) to “address health inequities laid bare by the pandemic.” \$500,000+**
 - ▶ **Support 0.5FTE staff in each district to provide “backbone support” to the local collaborative for day-to-day administration and management. \$1+ million**
 - ▶ **Funding to local collaboratives to, in turn, fund local initiatives intended to address prioritized health inequities defined in the collaboratives’ “data driven problem statements.” \$2.4+ million**

Building on Partnerships Begun During the Pandemic

- ▶ **Bennington - Bennington County Regional Commission**
- ▶ **Brattleboro - Partnership between the NAACP and United Way of Windham County**
- ▶ **Central Vermont - Washington County Mental Health Services**
- ▶ **Franklin/Grand Isle Counties - The Abenaki Nation of the Missisquoi**
- ▶ **Rutland - Coalition Loosely Supported by the Non-Profit Social Tinkering**
- ▶ **White River - Public Health Council of the Upper Valley**

President's Welcome and Updates

▶ Infrastructure

- ▶ Two full-time employees
- ▶ Bookkeeper
- ▶ Legal service
- ▶ Upcoming financial audit
- ▶ Employee handbook
- ▶ New financial policies and procedures
- ▶ New email

President's Welcome and Updates

Health Resource in Action Strategic Planning – Envisioning the Future of VT Public Health Institute

President's Welcome and Updates

- ▶ **Policy Committee**

- ▶ **Reproductive Health**

- ▶ **Climate**

- ▶ **Youth Cannabis**

- ▶ **Review of old policies**

- ▶ **American Public Health Association Letters to Congress and Federal Agencies**

- ▶ **HRSA Appropriations Bill**

- ▶ **CDC Coalition Letter**

President's Welcome and Updates

- ▶ **Communications Committee**

- ▶ **Quarterly Newsletter**

- ▶ **Enhanced Social Media**



- ▶ **twitter.com/VTPublicHealth**

- ▶ **facebook.com/VermontPublicHealthAssociation**

- ▶ **Public Health 101 Video**

- ▶ **Communications Guidelines**

President's Welcome and Updates

We welcome your input!

President's Welcome and Updates

▶ Acknowledgements

▶ Board

▶ Special Thanks to JoEllen Tarallo Executive Director, Center for Health and Learning, Board Member Since 2017

▶ Cathy Aikman, Operations Manager; Kyra Wood, District Liaison

▶ Interns - Chloe Jackson and Isabelle Boutin

▶ VT Student Assembly for Public Health - Jacque Lewman

▶ Student Posters

President's Welcome and Updates

**American Public Health Association
Meeting will be in Boston
this November!**

Public Health Champion Awards

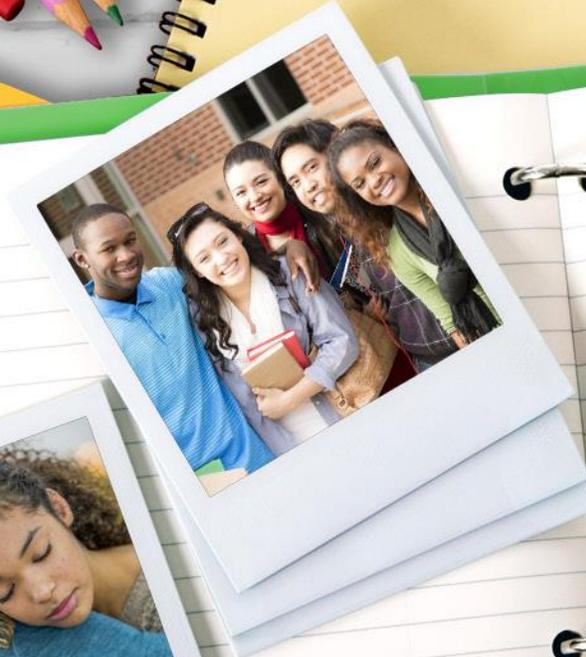
- ▶ **Mark Levine, MD, Commissioner of Health, State of Vermont**
- ▶ **Wendy Walsh, RN, Public Health Nurse**
- ▶ **Vermont National Guard COVID-19 Mapping Team**

Vermont's Mental Health Crisis: Opportunities and Solutions for Creating a Better System of Care

- ▶ **Kristy Hommel, NAMI**
- ▶ **Haley McGowan, UVM MC**
- ▶ **Katina Idol, LCMHS**
- ▶ **Alison Krompf, VT DMH**

Date _____ No. _____

Ending The Silence



About NAMI Vermont

- NAMI Vermont is the independent Vermont chapter of the National Alliance on Mental Illness, a statewide non-profit, grassroots, volunteer organization comprised of family members, friends, and individuals affected by mental illness.
- Mission: NAMI Vermont supports, educates and advocates so that all communities, families, and individuals affected by mental illness or mental health challenges can build better lives.
- Core Competency: Lived experience is key in the success of our organization and programs

About Me



- NAMI VT's Youth Outreach and Ending the Silence Program Coordinator
- Volunteer In Our Own Voice Trainer and Presenter
- Involved with multiple Vermont mental health grants



- Grew up with a mental illness
- exhibited early signs at age 8
- Self-harm
- Substance Abuse
- 2 Suicide Attempts
- Multiple Mental Health Diagnoses



- Masters Degree in Childhood Education
- NY State 1st Grade Inclusion Classroom Teacher for 10 years
- Previously Awarded NAMI VT's Darlene Manning Inspiration Award

- Funding from the Dept. of Mental Health and the Vermont Community foundation, so we can offer the program free to schools
- Provides middle and high school aged youth with direct, personal contact with a young person living in recovery from a mental health condition.
- Interactive Question & Answer Segment
- Presentations are designed to fit into a typical high-school class period, can also be offered in other settings for 13–18-year-olds.
- Student resource cards
- Teacher Resource packet
- Wrap around services post-presentation
- ETS website: online volunteer forms, presentation evaluations, and a presentation request form
<https://namivt.org/education/in-our-own-voice/>

We still need your help to get the word out, get Vermonters actively involved,
and help to grow our program!

FACTS



1 in 5 youth
in the U.S. are
experiencing or
will experience a
mental health
condition at some
point in their lives

50%
of youth
ages 8-15

with a
mental health
condition don't
receive treatment

STIGMA

is the biggest
reason people
don't seek help

Source: National Institute of Mental Health (NIMH)

How **YOU** can help a friend

- ✓ Recognize the warning signs and share your concerns with them
- ✓ Encourage your friend to talk to a trusted adult
- ✓ Share resources with support and information
- ✓ Include them in your social plans
- ✓ Help them stay positive
- ✓ Encourage them to follow their treatment plan
- ✓ Check in regularly, listen and offer support



Every Student Gets A Resource Card

 **NAMI Vermont**
National Alliance on Mental Illness

 **NAMI Vermont**
Ending the Silence

How are you doing?

I'm here to listen

Learn more and find support

- Namivt.org
- Stopbullying.gov
- Ok2talk.org
- Jedfoundation.org
- Teenshealth.org
- Thetrevorproject.org

24/7 Crisis Text Line
Text "VT" to 741741

National Suicide Prevention Lifeline
1-800-273-TALK (8255)

NAMI Near You
National Alliance on Mental Illness of Vermont
namivt.org | info@namivt.org

 **NAMI Vermont**
Ending the Silence

Learn more and find support

- Namivt.org
- Stopbullying.gov
- Ok2talk.org
- Jedfoundation.org
- Teenshealth.org
- Thetrevorproject.org

24/7 Crisis Text Line
Text "VT" to 741741

National Suicide Prevention Lifeline
1-800-273-TALK (8255)

NAMI Near You
National Alliance on Mental Illness of Vermont
namivt.org | info@namivt.org

Some warning signs

- Feeling very sad or withdrawn for more than two weeks
- Trying to harm or end one's life or making plans to do so
- Severe, out-of-control, risk-taking behavior that causes harm to self/others
- Sudden overwhelming fear for no reason, sometimes with a racing heart, physical discomfort or difficulty breathing
- Throwing up, using laxatives or not eating to lose weight; significant weight loss
- Seeing, hearing or believing things that aren't real
- Excessive use of alcohol or drugs
- Drastic changes in mood, behavior, personality or sleeping habits
- Extreme difficulty concentrating or staying still, leading to physical danger or failing at school
- Intense worries or fears that get in the way of daily activities

IF YOU NOTICE ANY OF THESE WARNING SIGNS, TALK TO AN ADULT YOU TRUST IMMEDIATELY

Cut and place on your door or in your classroom

Some warning signs

- Feeling very sad or withdrawn for more than two weeks
- Trying to harm or end one's life or making plans to do so
- Severe, out-of-control, risk-taking behavior that causes harm to self/others
- Sudden overwhelming fear for no reason, sometimes with a racing heart, physical discomfort or difficulty breathing
- Throwing up, using laxatives or not eating to lose weight; significant weight loss
- Seeing, hearing or believing things that aren't real
- Excessive use of alcohol or drugs
- Drastic changes in mood, behavior, personality or sleeping habits
- Extreme difficulty concentrating or staying still, leading to physical danger or failing at school
- Intense worries or fears that get in the way of daily activities

IF YOU NOTICE ANY OF THESE WARNING SIGNS, TALK TO AN ADULT YOU TRUST IMMEDIATELY

Support Groups



Education Programs



Presentations and Outreach



NAMI Partnership



Help NAMI Vermont End the Silence

Become a trained volunteer Ending The Silence Presenter

Help your local school schedule a presentation

Become a NAMI Vermont Member

Check out all of our programs, resources, etc. at www.namivt.org



Thank you!

Vermont's Mental Health Crisis: Opportunities and Solutions for Creating a Better System of Care

Haley McGowan, DO - UVM Medical Center Child Psychiatry
Vermont Public Health Association Annual Meeting – May 11th, 2022

Meeting Objectives:

- **Describe some of the key barriers to obtaining mental health services in Vermont.**
- **Describe the effects of the COVID-19 pandemic in adding to the emotional stressors on Vermonters and also the resulting burden on the mental health service delivery system.**
- **Understand the stressors associated with mental health needs for Vermonters, especially those of children and families.**
- Describe some key benefits of behavioral health prevention services for families and children.
- Understand the present opportunities and plans to improve upon the state's public health and clinical care system to address the mental health service needs of Vermonters.





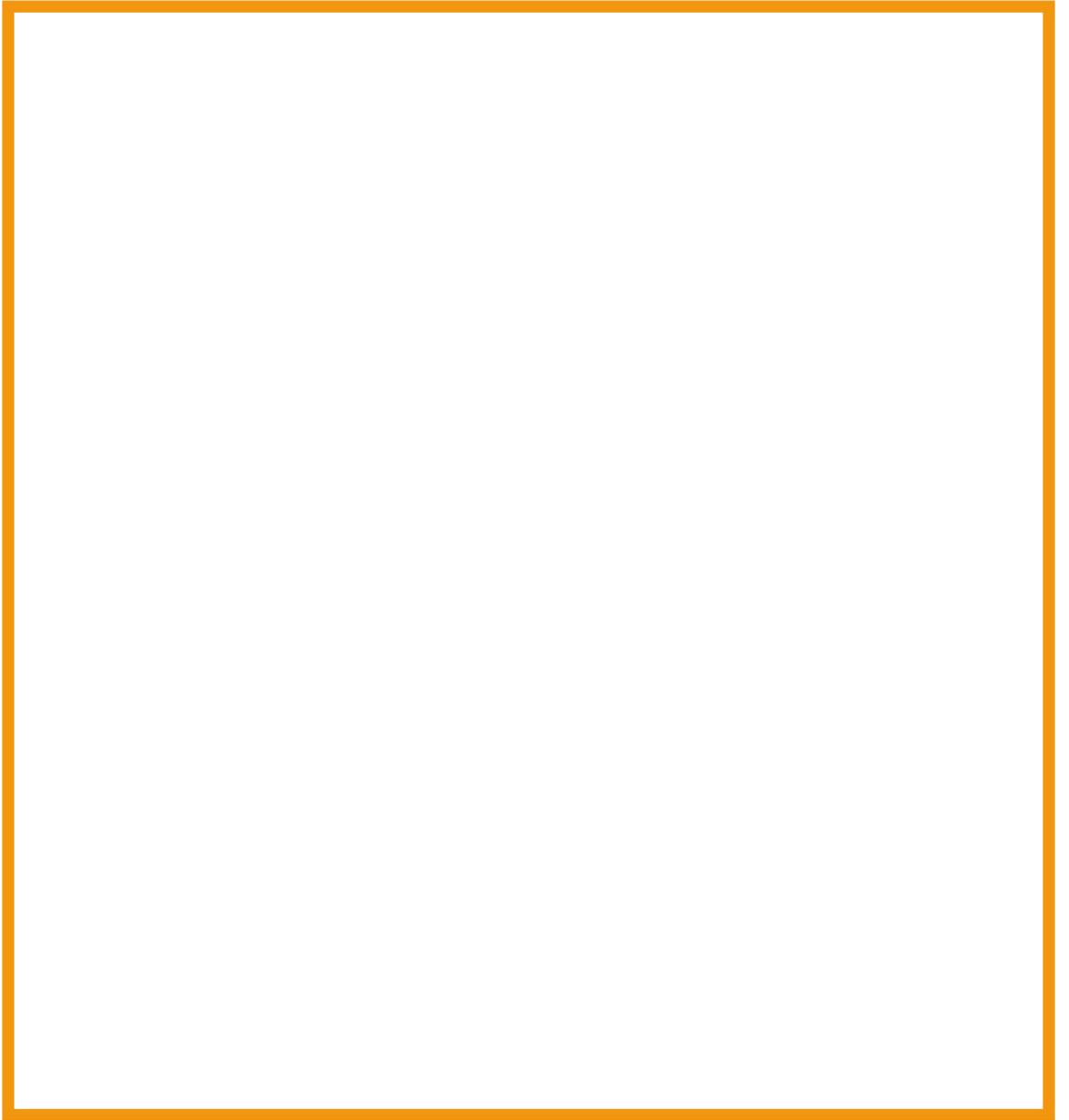
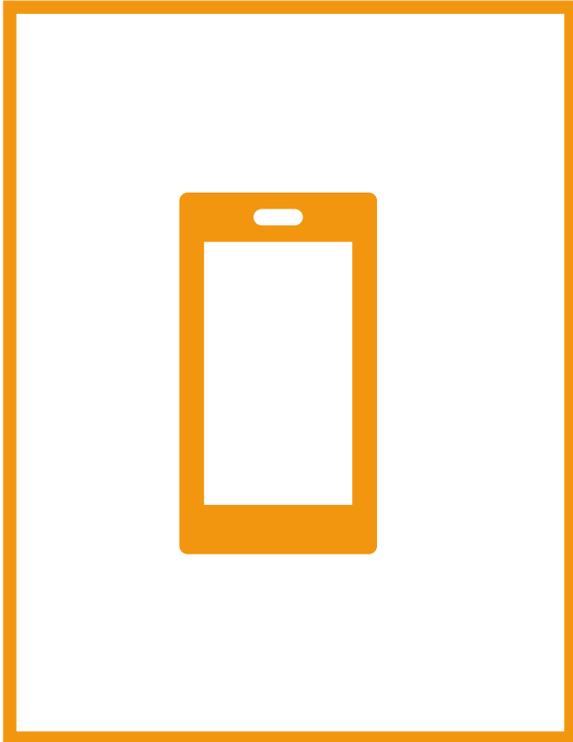


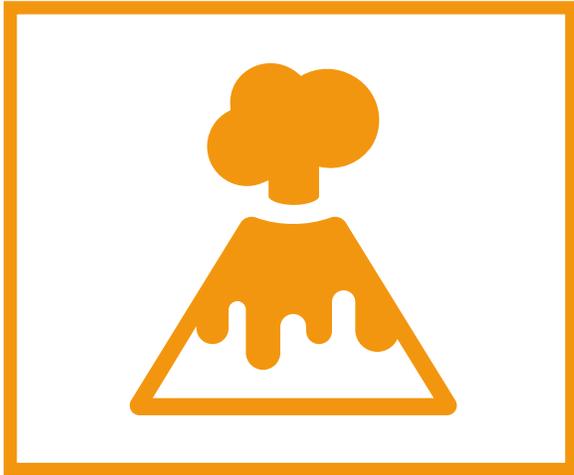
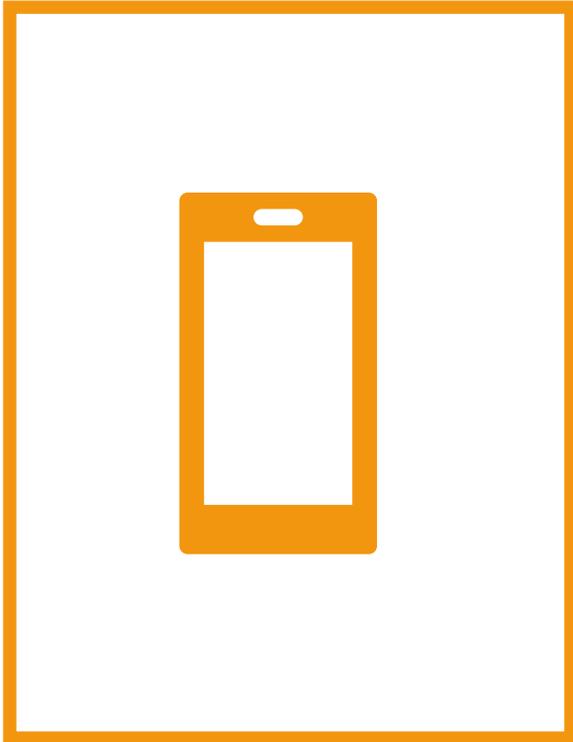


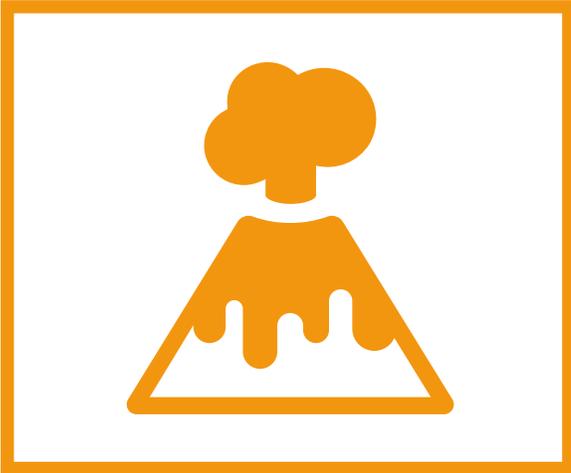
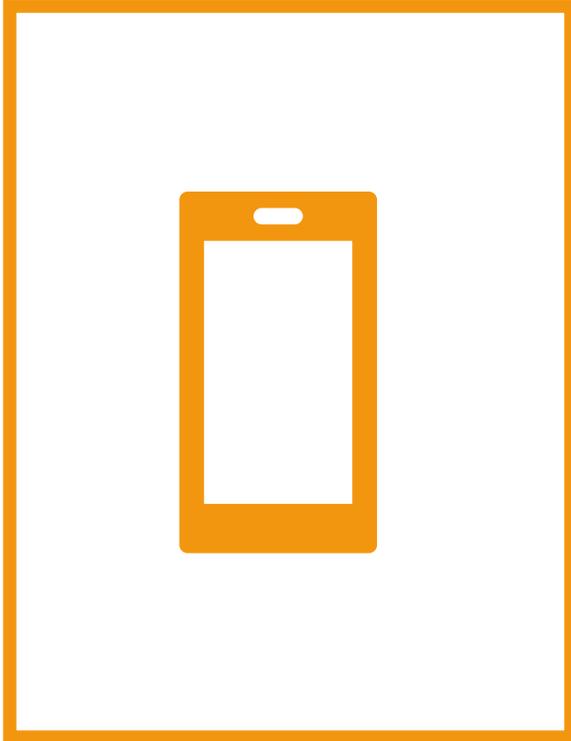


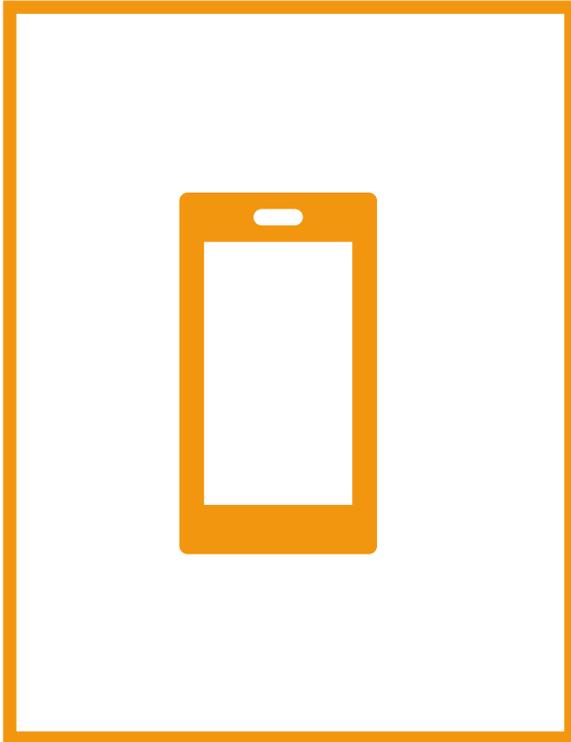


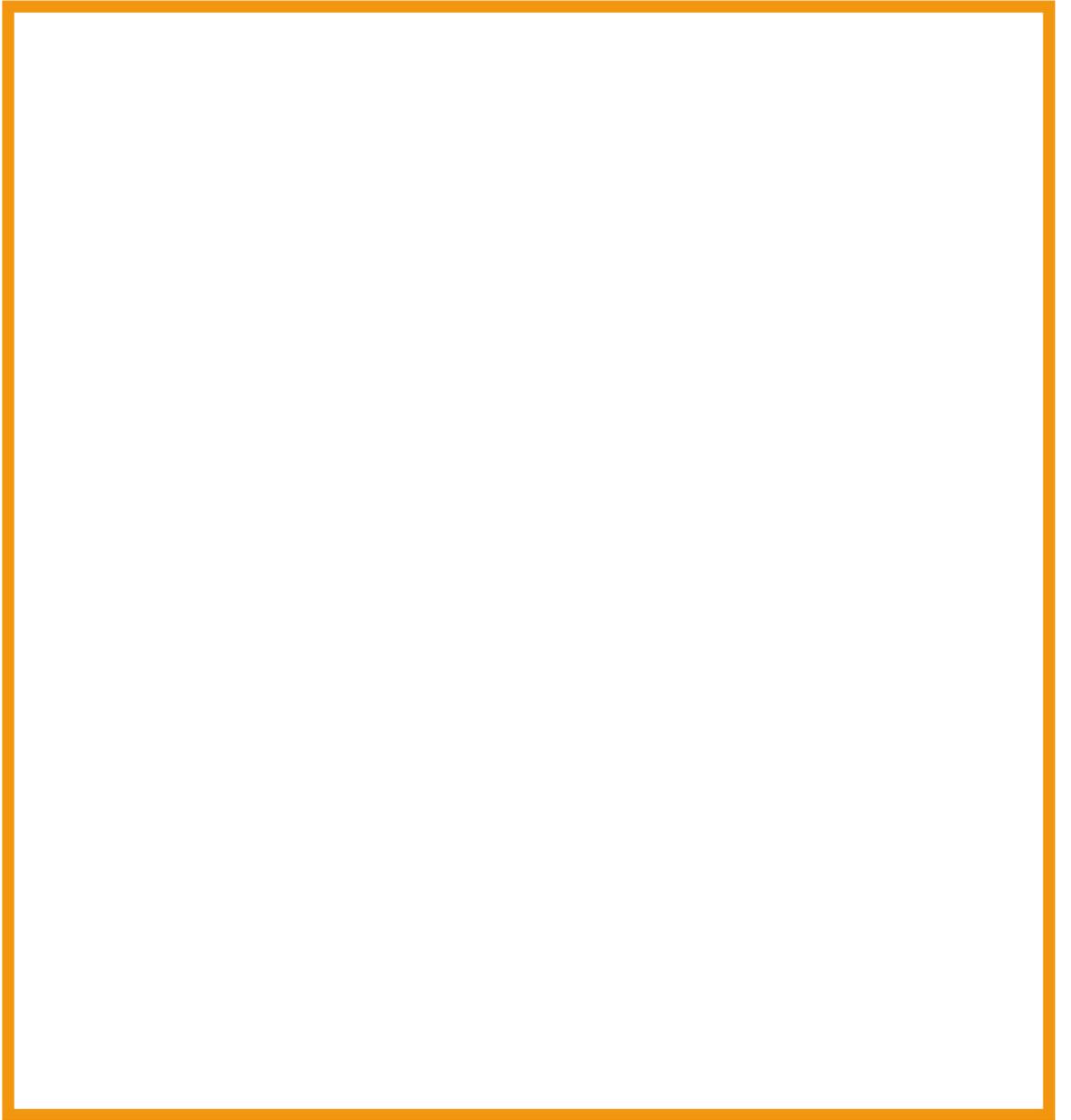
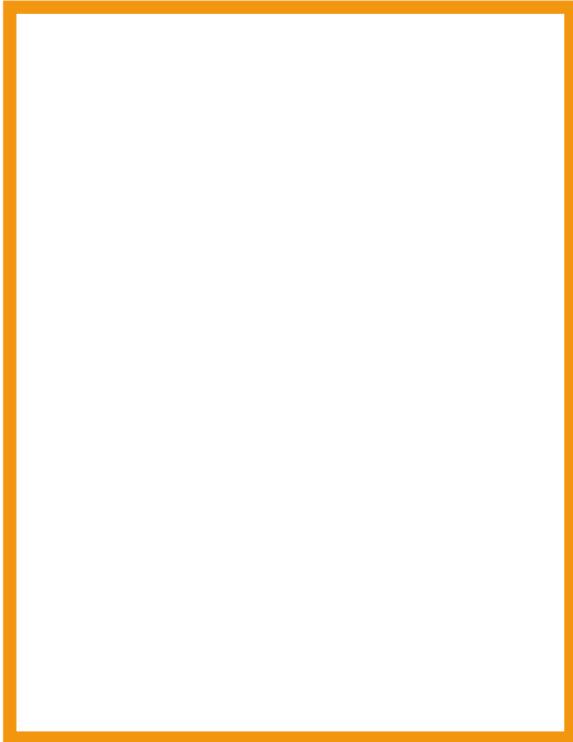
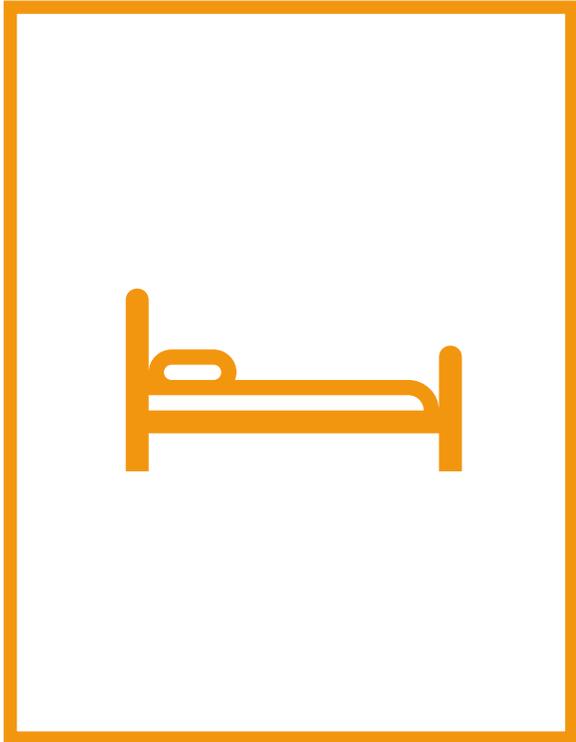


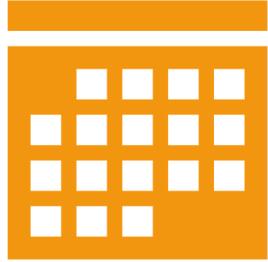


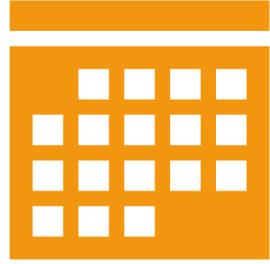


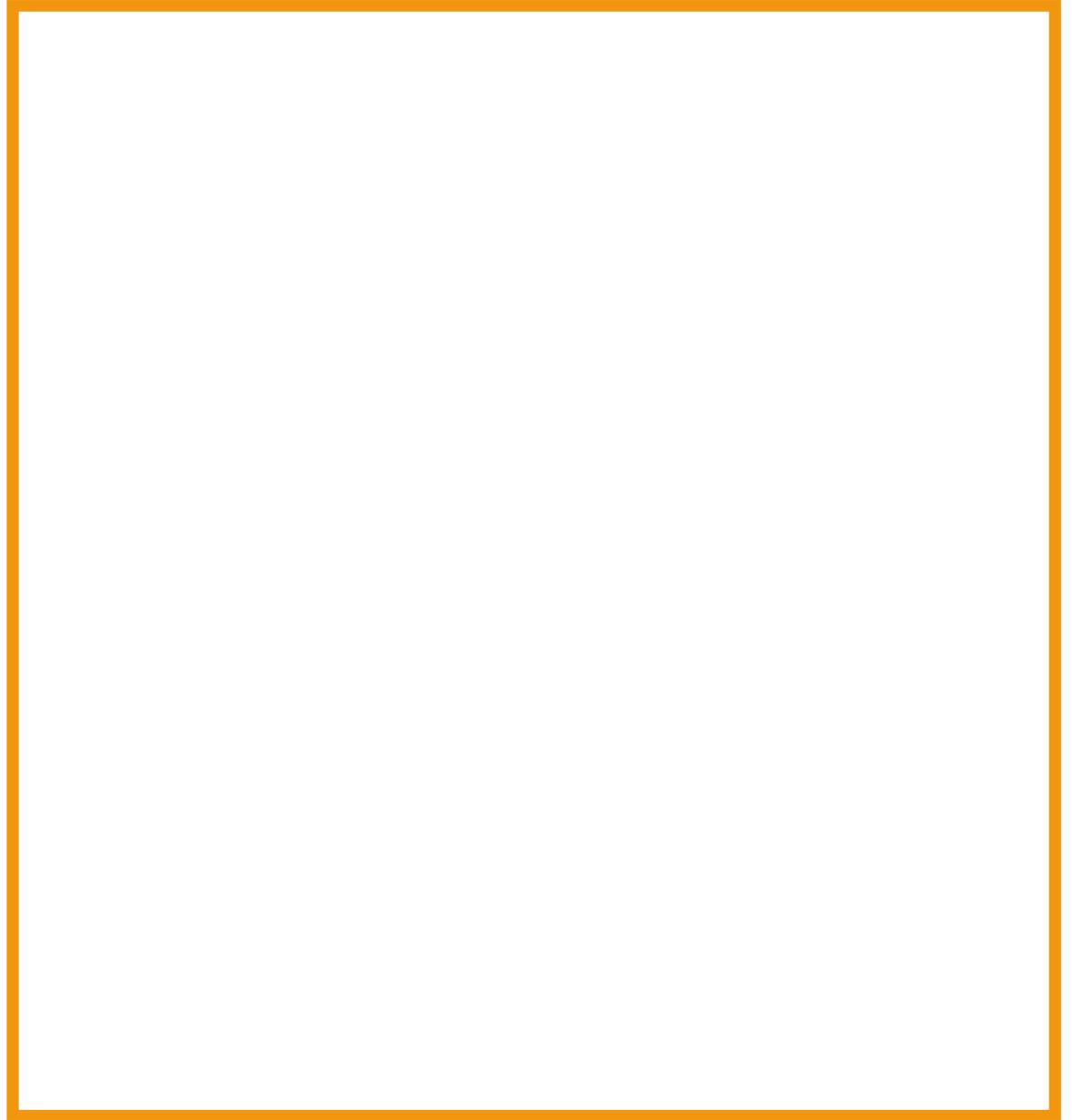
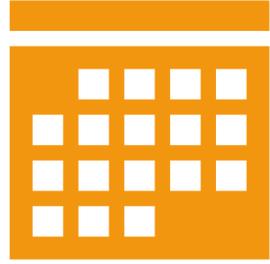


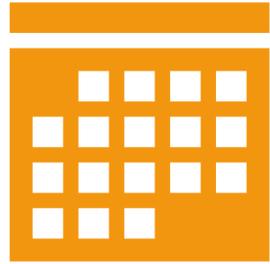
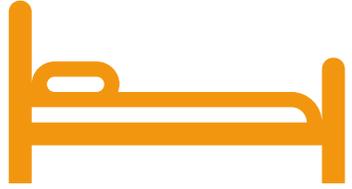






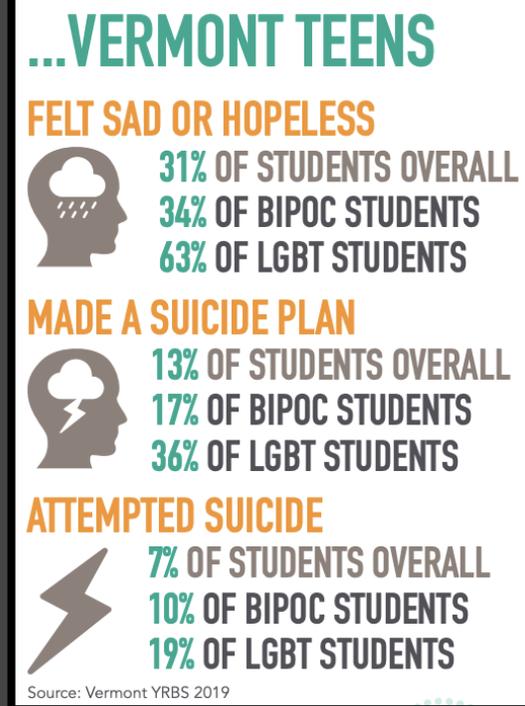






The Crisis in Child Mental Health

- Suicide is the 2nd leading cause of death for people aged 10-24.
- % of high-school students who report “persistent feelings of sadness or hopelessness” rose from 26 percent to 44 percent (2009 → 2021)
- More than 1 in 4 teenage girls reported that they had seriously contemplated attempting suicide during the pandemic (twice the rate of boys). Nearly half of LGBTQ teens said they had contemplated suicide during the pandemic.
- 2021 survey by the Vermont Youth Project: 1 in 2 Vermont high school students say their mental health has declined because of the pandemic.





'A crisis': Kids seeking mental health care are waiting for days in emergency rooms

By **Katie Jickling**
Apr 27 2021



Lawmakers want accountability as state officials try to reduce wait times for kids in ERs

By **Katie Jickling**
May 11 2021



ER visits, long waits climb for kids in mental health crisis

The pandemic has led to rising emergency room visits and long waits for U.S. children and teens facing mental health crises



For Some Teens, It's Been a Year of Anxiety and Trips to the E.R.

During the pandemic, suicidal thinking is up. And families find that hospitals can't handle adolescents in crisis.



'I've Tried Everything': Pandemic Worsens Child Mental Health Crisis

January 18, 2021 · 5:00 AM ET
Heard on Morning Edition



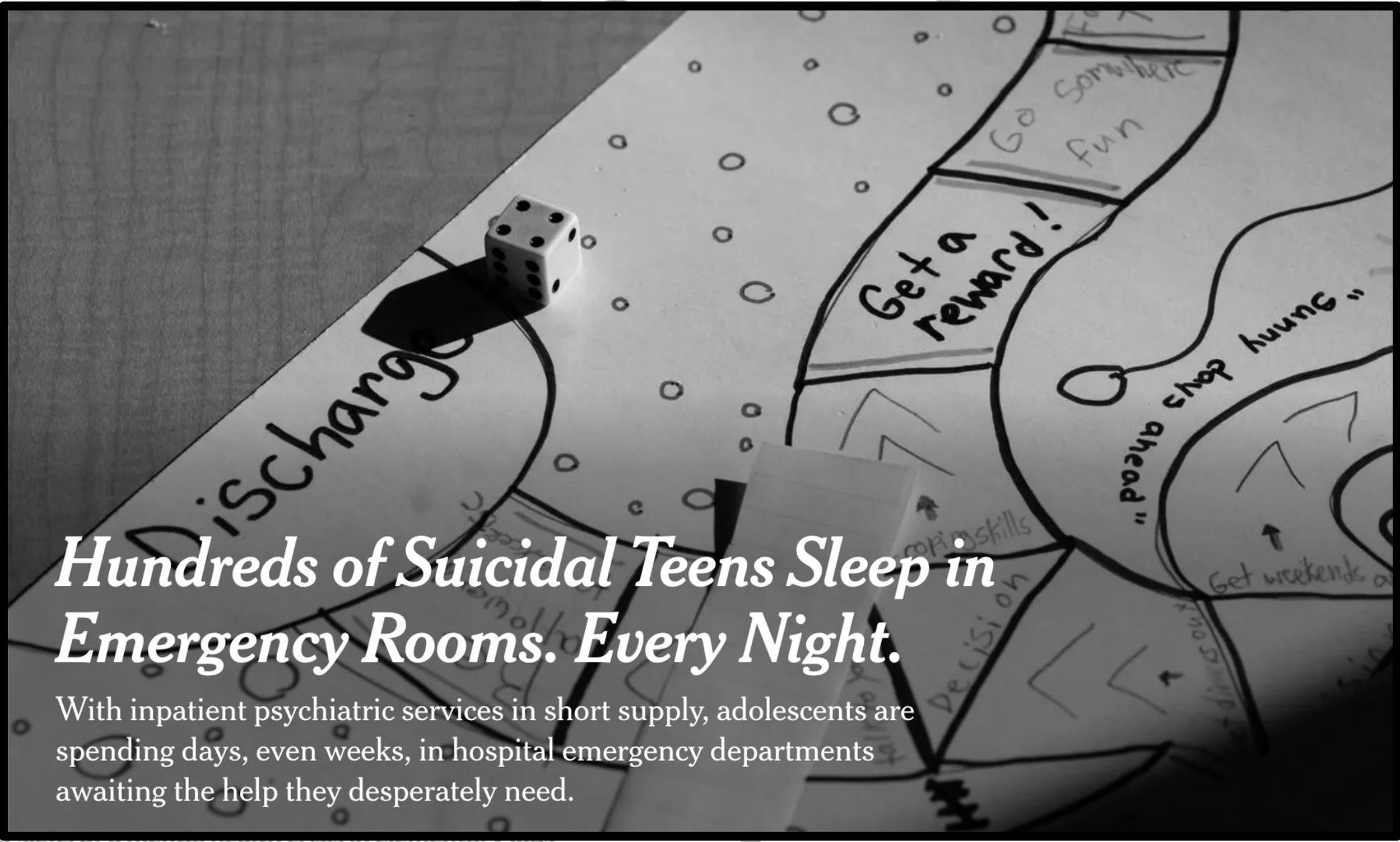
HEALTH

Children's Hospital Colorado declares mental health state of emergency as suicide attempts rise

Suicide attempts are rising and emergency room visits for mental health crises were up 90% last month. Mental health experts are asking for help.



Experts saw signs of a mental health crisis in elementary kids — even before the pandemic

A hand-drawn board game on a wooden surface. A white die is on a path labeled 'Discharge'. The board has various sections with handwritten text: 'Get a reward!', 'Go Somewhere Fun', 'Sunny days ahead', 'Get weekends ahead', 'Decision', 'Skills', and 'Get weekends ahead'. A card is placed on the board.

Hundreds of Suicidal Teens Sleep in Emergency Rooms. Every Night.

With inpatient psychiatric services in short supply, adolescents are spending days, even weeks, in hospital emergency departments awaiting the help they desperately need.

V T D

HEALTH CARE

'A crisis':
waiting for

By Katie Jickling
Apr 27 2021

HEALTH CARE

Lawmaker
to reduce v

By Katie Jickling
May 11 2021



Experts saw signs of a mental health crisis in elementary schools even before the pandemic

of Anxiety

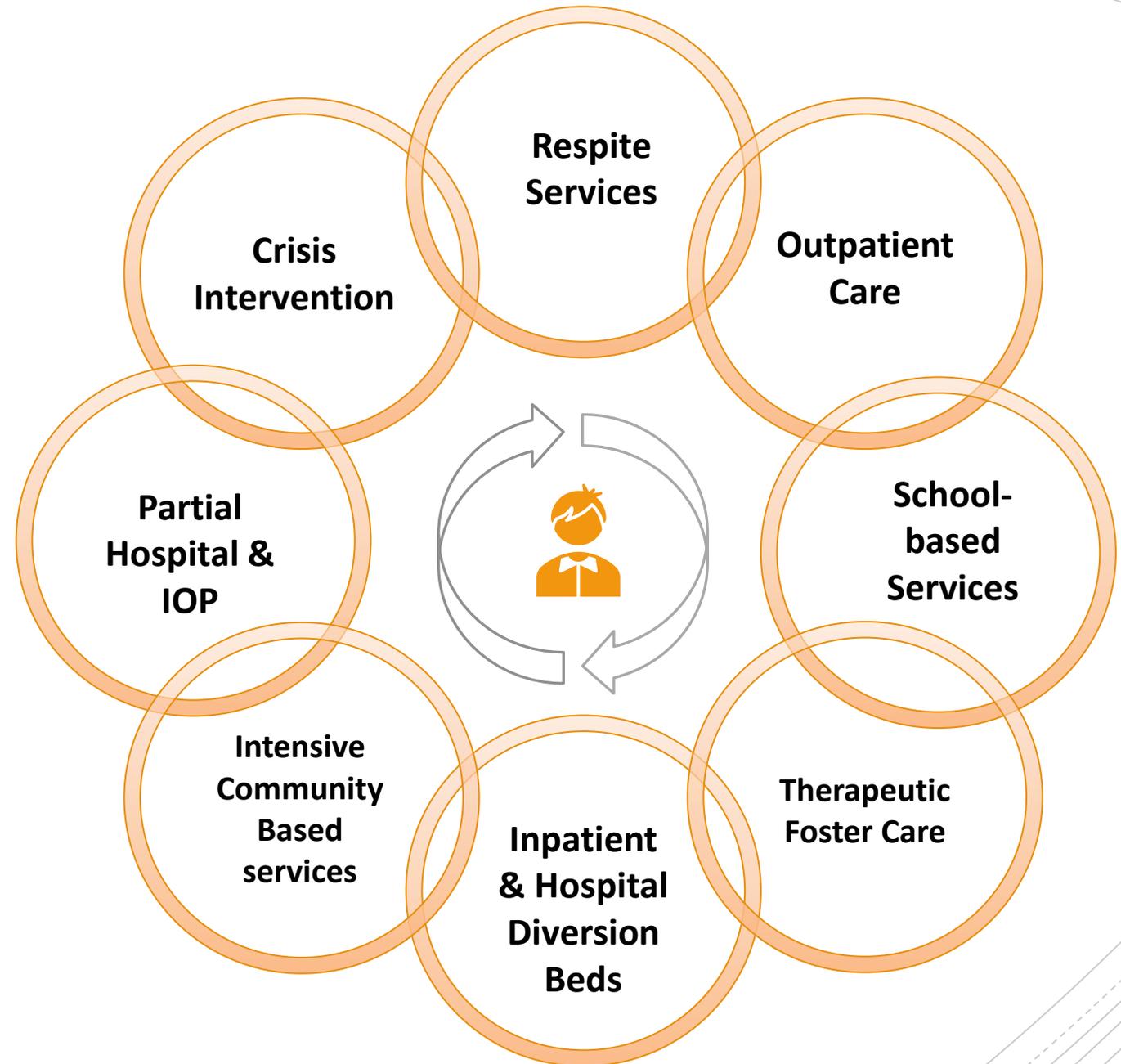
lies find

Sun

mental
empties

crises were up

Continuum of Care



Brainstorming Solutions and Interventions



Partial hospitalization and intensive outpatient programs



Brief crisis stabilization programs



Intensive, home-based, wrap-around services



Increased school-based supports and programming



Workforce development and retention



Thank You!

SCHOOL BASED MENTAL HEALTH

KATINA IDOL, LCMHC, ARC TRAINER
SCHOOL BASED CLINICAL SERVICES DIRECTOR
LAMOILLE COUNTY MENTAL HEALTH SERVICES

FIRST THINGS FIRST

Thank You to all School Staff, Caregivers, Parents, and Providers for continuing to show up for our children and students.



Want to Help Kids? Focus on Parent and Teacher Burnout

Researcher Suniya Luthar explains why protecting kids' mental health during the pandemic starts with caring for parents and teachers.

BY [MARYAM ABDULLAH](#) | APRIL 6, 2022

“...Now, let’s look at the educators’ mental health—at emotional burnout at work. **At the start of COVID, 20% of faculty and staff reported serious levels of emotional exhaustion** (and this is burnout at work, not general stress). **The most recent assessments are at 70%.** So of all the adults in a given school, almost three out of four are now in the “red zone” of feeling emotionally drained at work.”

This is not sustainable. You cannot give to a child when you’re so exhausted and depleted yourself.



“This is not a recovery year. It is a survival year.”

Libby Bonesteel, Superintendent, Montpelier Roxbury Public Schools, [The Washington Post, 12/5/21](#)

Asking school staff to focus on recovery right now is akin to asking someone with a sports injury to run a marathon. But running only a short distance while injured can cause further damage to even the most elite athletes.

Educators, our schools’ most valuable resource, are struggling and suffering.

It is essential that districts/schools provide educators with interventions and supports to help mitigate the “injury” caused by the ongoing realities of teaching during this “survival year” in an extended pandemic.

The stages of healing and recovery from a sports injury provide a helpful analogy:

- 1. Rest and protect the injury.** Prevent further harm to allow the process of healing to begin.
- 2. Provide supports for healing** – the process of regeneration and repair.
- 3. Focus on recovery** – the process of regaining former strength and ability.

[VT PBIS > VERMONT BEST PROJECT/VTPBIS RESOURCE TO SUPPORT EDUCATORS 2021-22](#)



Path to a Just Society

Work to prevent and heal trauma. Foster nurturing relationships, restorative processes, and positive experiences.

Just Society

A self-actualized, equitable, beloved society in which all thrive, belong, and feel loved.

Healing Centered

Aware of the significance of Positive and Adverse Childhood Experiences (PACEs) and their interaction (e.g., PCEs act as buffers against ACEs).

PACEs Informed

Recognize the impact of ACEs. Put ACEs science-informed practices and policies in place, following Substance Abuse and Mental Health Services Administration Trauma-Informed Principles.

Trauma Informed

Aware of historical, collective, and personal trauma and ACEs, but do not act on it.

Trauma Aware

Unaware of the impact of historical, collective, and personal trauma, ACEs. React to symptoms.

Trauma Unaware

What can we do to create a world in which all feel safe, valued, and loved? We can learn about, prevent, and heal adverse childhood experiences (ACEs) and create more positive childhood experiences (PCEs) in our communities. We can start or join a positive and adverse childhood experiences (PACEs) initiative to accelerate change. Join us on the path to creating a just society.

Thank you to members of the PACEs Connection Race and Equity Workgroup for their vision and contributions.

How to Create Resilience in traumatized students

“[The research](#) into Positive Childhood Experiences is fairly new, but a consistent finding is that they produce a particular response in children that is recurring: *resilience*.”

3 easy ways for teachers to build resilience in students

► 1. Connect

This can be as simple as a check-in to see how students are doing. That personal attention may not seem like much to you, but it shows children that you care. Remember, children are positively impacted when at least two caring adults outside of the home are a part of their lives.

► 2. Encourage

Children need to feel supported. Understand that you’re helping them build confidence every time you offer words of encouragement. Point out their strengths, talents and interests. Get them focused on what they *can* do, instead of what they *can’t*.

► 3. Involve

Speaking of interests, show children how their strengths fit into community traditions — one of those PCEs. Joining clubs or teams or participating in various programs open doors to friendships, which is another PCE.”

<https://www.eschoolnews.com/2022/03/11/how-to-create-resilience-in-traumatized-students/2/>



RESOURCES TO HELP US MOVE FORWARD:

TIME, TOOLS, TRAINING, INTENTIONALITY

PACES CONNECTION

SEL 3 Signature Practices Playbook – CASEL

ARC: ATTACHMENT, REGULATION, COMPETENCY

INTERCONNECTED SYSTEMS FRAMEWORK: EDUCATION AND MENTAL HEALTH WORKING TOGETHER FOR THE WHOLE CHILD, FAMILY, SCHOOL STAFF, SCHOOL DISTRICT, COMMUNITY.

A TRAUMA-INFORMED APPROACH TO WORKFORCE

AN INTRODUCTORY GUIDE FOR EMPLOYERS AND WORKFORCE DEVELOPMENT ORGANIZATIONS



mental
health



Mental Healthcare for Children

Vermont Public Health Association

Alison Krompf, MA

Deputy Commissioner, VT Dept of
Mental Health

5/11/22

Access

Vermont Consistently Ranked 1st In US In Mental-Health Access

The 9 measures that make up the Access Ranking include:

1. Adults with Any Mental Illness (AMI) who Did Not Receive Treatment
2. Adults with AMI Reporting Unmet Need
3. Adults with AMI who are Uninsured
4. Adults with Cognitive Disability who Could Not See a Doctor Due to Costs
5. Youth with MDE who Did Not Receive Mental Health Services
6. Youth with Severe MDE who Received Some Consistent Treatment
7. Children with Private Insurance that Did Not Cover Mental or Emotional Problems
8. Students Identified with Emotional Disturbance for an Individualized Education Program
9. Mental Health Workforce Availability



STAFFING CRISIS

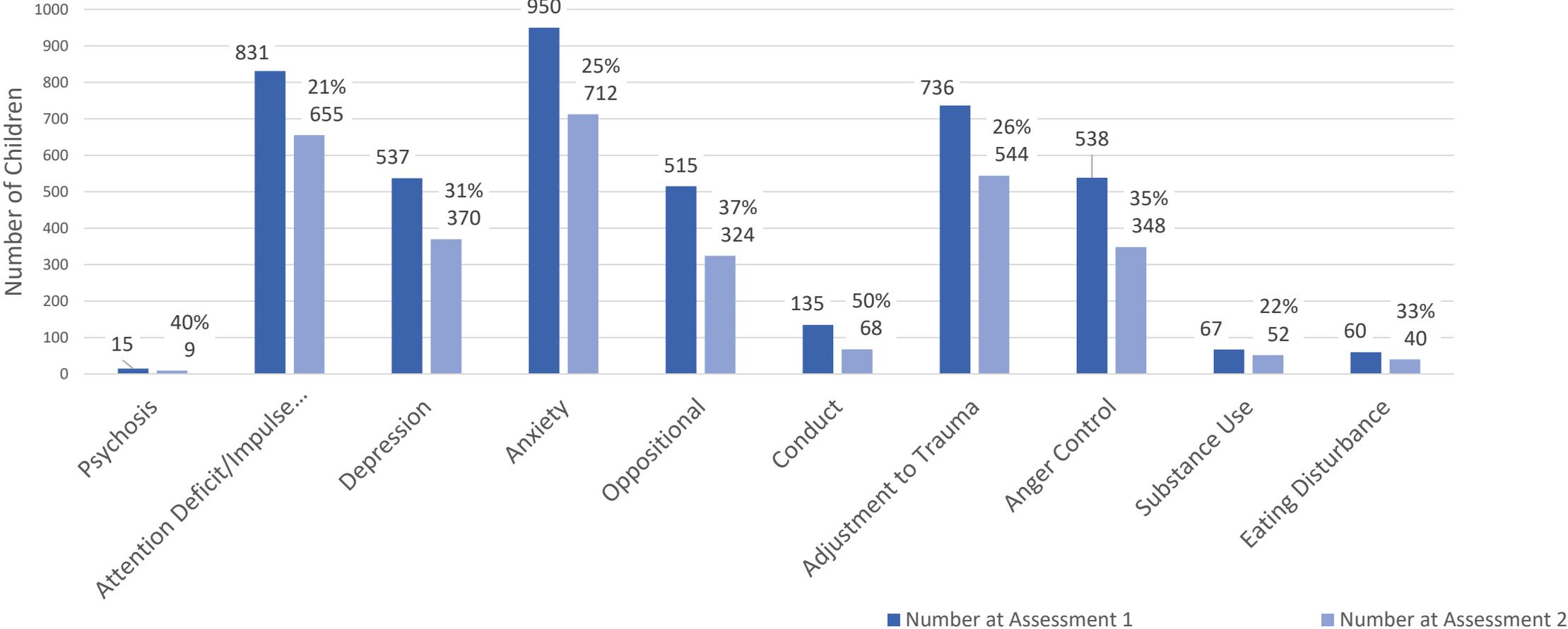


Impact in Vermont:

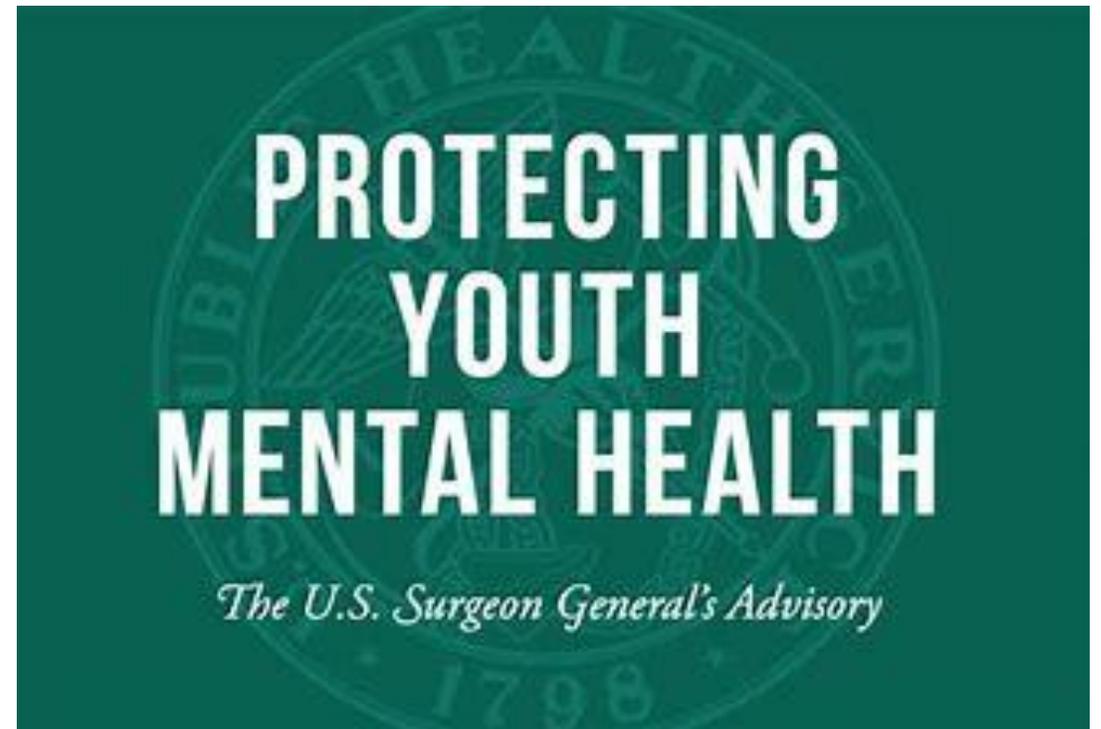
- 52 out of 200 adult inpatient psych beds are closed
- 13 out of 30 child and adolescent inpatient psychiatric beds are closed
- Latest community mental health agency data indicates out of 5,000 positions over 1,000 are vacant
- Use of Emergency Services are increasing, 24/7 programs struggling to stay open, mental health outpatient waitlists are too long

Emotional/Behavioral Needs for VT Children Receiving School Mental Health Services

Number of Children with a Need (Moderate or Severe) at Assessment 1 in the Fall versus Assessment 2 in the Spring - with Percent Resolved
 All Success Beyond Six Programs (N=2,640 students) FY20



U.S. Surgeon General Issues
Advisory on Youth Mental Health
Crisis Further Exposed by COVID-
19 Pandemic

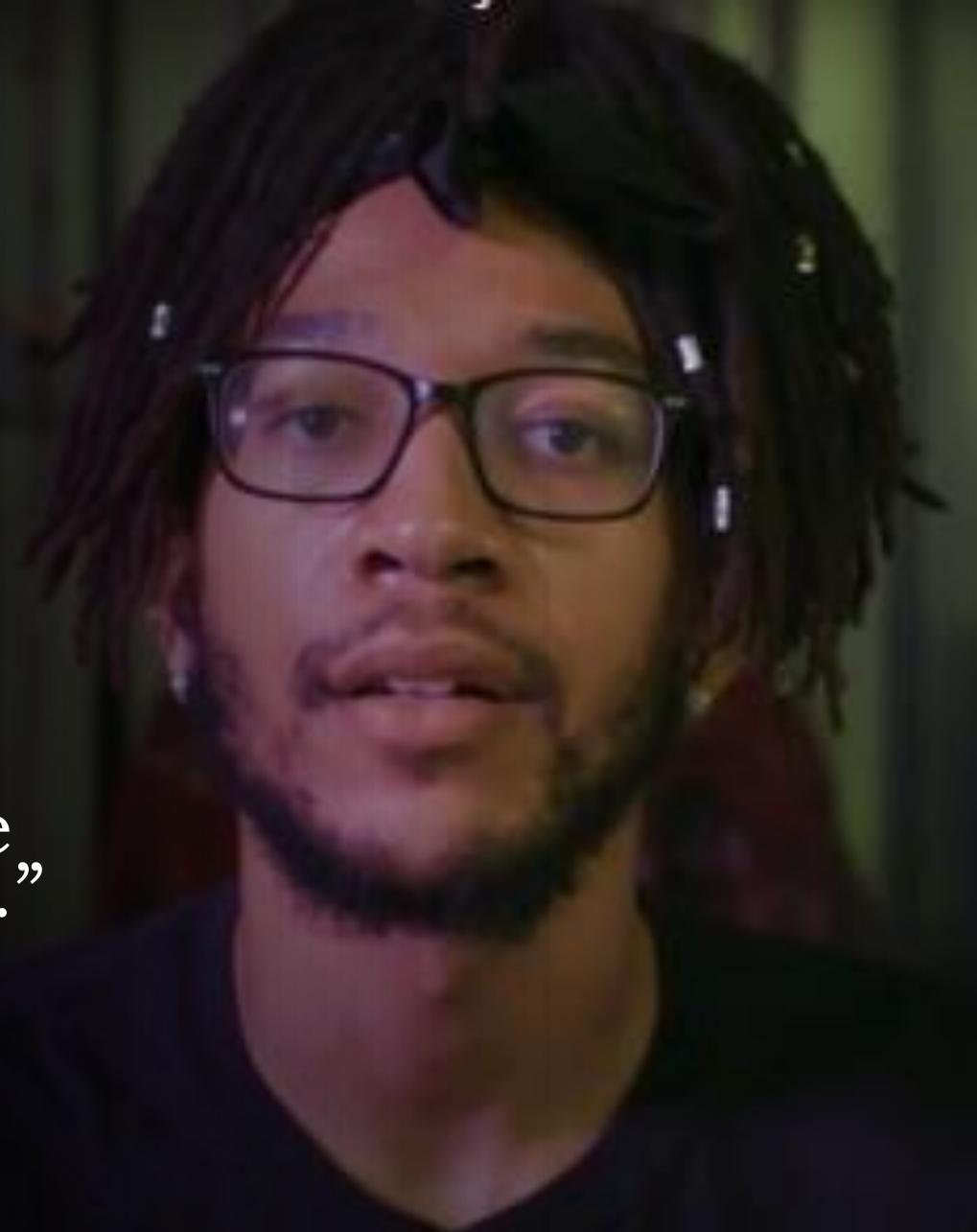




Social Media

“Everybody’s miserable out there watching everyone who is miserable look like they’re having a good time.”

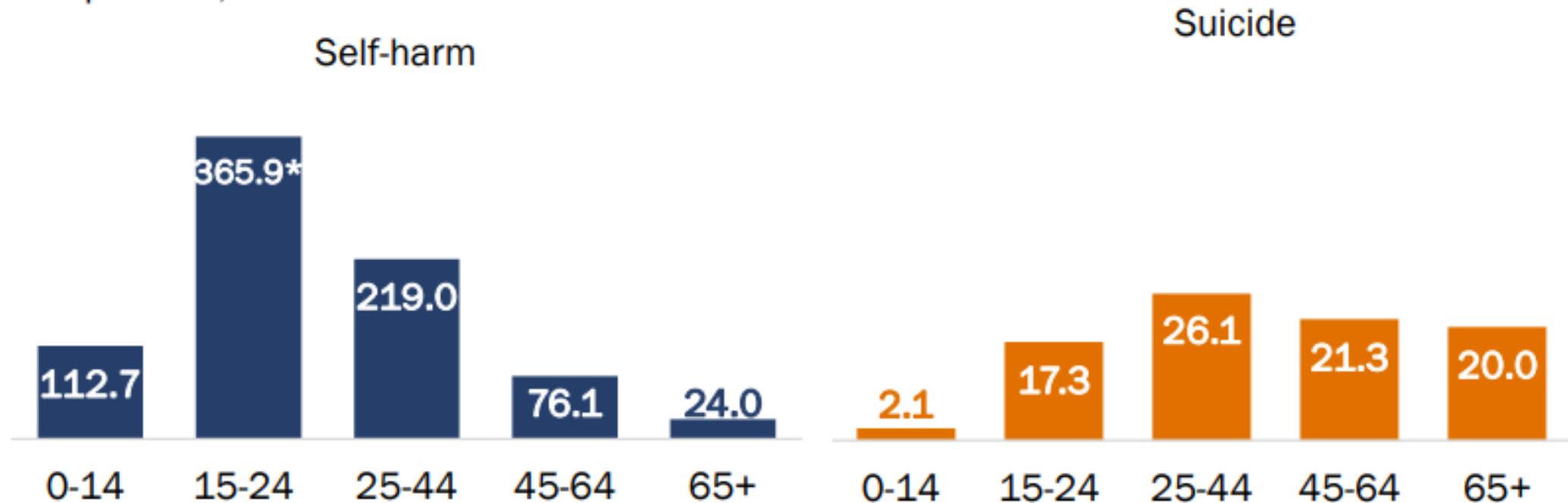
[Lesson of the Day: “It’s Life or Death”: The Mental Health Crisis Among U.S. Teens’ - The New York Times \(nytimes.com\)](#)



Vermont Self-Harm Data

Hospital visit rates for intentional self-harm are significantly higher among 15 to 24-year-olds. Suicide rates are similar by age.

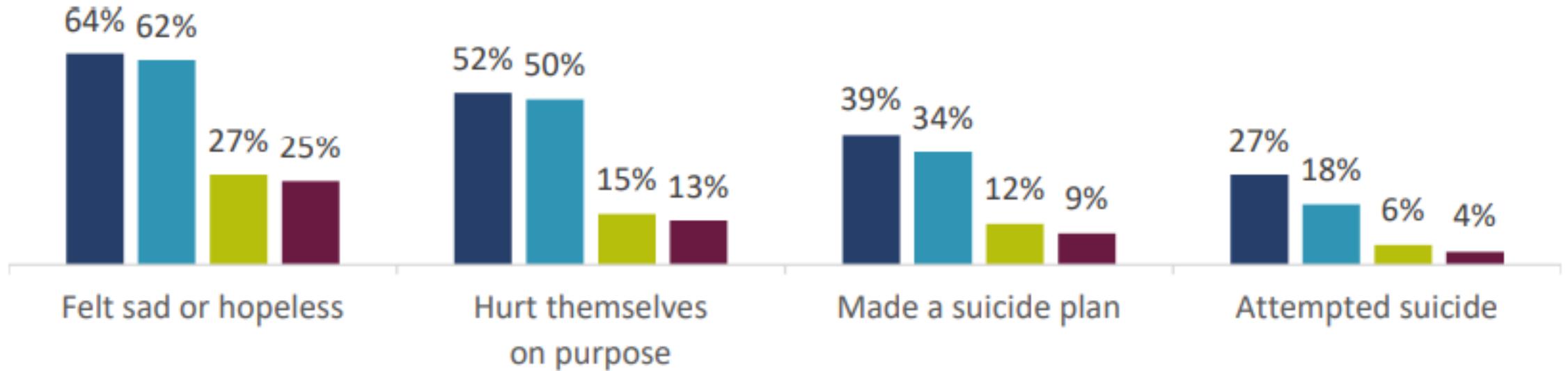
Rates per 100,000 Vermonters



Source: Vermont Vital Statistics 2020, Vermont Uniform Hospital Discharge Data Set 2020

Mental Health and Suicide Risk

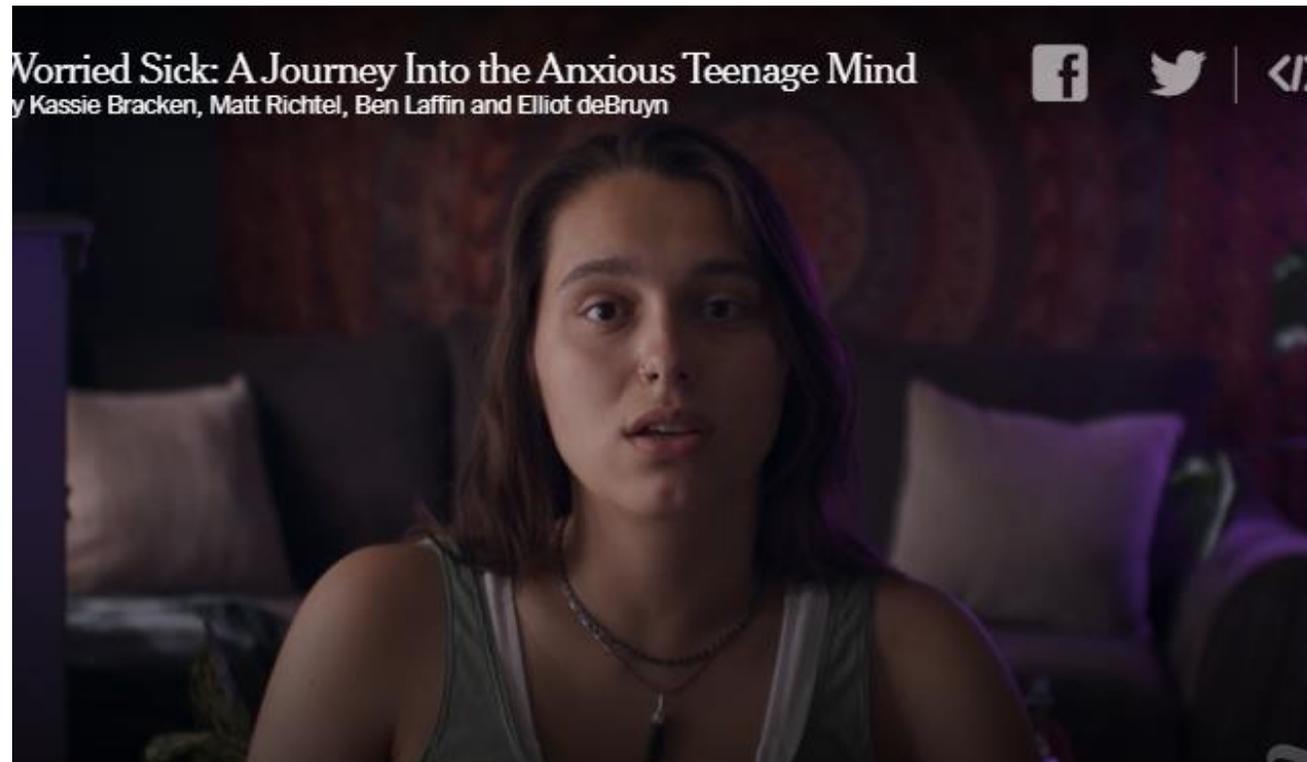
■ SOC LGBT ■ WnH LGBT ■ SOC CisHet ■ WnH CisHet



¹ CDC (2017) Sexual Minority Youth in [Youth Risk Behavior Survey: Data Summary & Trends Report 2009-2019](#).

Students of Color (SOC) LGBT, WhiteNonHispanic (WnH) LGBT, compared to Cis Hetero Students

Need a Public Health Approach



Public health messaging for youth has focused on smoking, teen pregnancy, and drinking and driving – all for which rates have decreased.

“I know not to drink and drive, but no one’s ever told me what to do if I get a panic attack”

Focus on Building Strengths

Kids need connection, resiliency, community support and optimism to foster wellbeing

More than half of youth receiving school based mental health services in Vermont report they do not feel connected or supported by their community

42% are not optimistic about their future

1 in 3 students identified they do not have the resiliency necessary to face life's challenges





MUSIC and the ARTS

Increase opportunities and access for young people. Making music and art is proven to have all the ingredients for strengths building.

Recommendations



- **Recognize** that mental health is an essential part of overall health.
- **Empower** youth and their families to recognize, manage, and learn from difficult emotions.
- **Ensure** that every child has access to high-quality, affordable, and culturally competent mental health care.
- **Support** and expand the workforce with a focus on integrated models
- **Address** the social determinants of health that contribute to poor mental health outcomes
- **Leverage** technology for the good. Timely data collection and research to identify and respond to youth mental health needs more rapidly.

[U.S. Surgeon General Issues Advisory on Youth Mental Health Crisis Further Exposed by COVID-19 Pandemic | HHS.gov](#)

Need to Innovate our Payment Models: DMH Value-Based Payment Reform

How_Well VBP: How Well Individuals Were Served			Current Actual Value
+	!	How_Well Percentage of clients offered a face-to-face contact within five calendar days of initial request	62%
+	!	How_Well Percentage of clients seen for treatment within 14 calendar days of assessment	63%
+	!	How_Well Percentage of clients with a CANS update recorded within the last 6 months.	70%
+	!	How_Well Percentage of clients screened for substance use.	57%
+	!	How_Well Percentage of clients screened for psychological trauma history	44%
+	!	How_Well Percentage of clients screened for depression	54%

**You
Are
Not
Alone**

Available 24/7 – If you need help, text VT to 741741

The National Suicide Prevention Lifeline
is available 24/7 at 800-273-8255

Dial 2-1-1 to find mental health services in your area

Vermont Peer Support Line – open 3 PM-6 AM
Call or text 833-888-2557

Vermont's Mental Health Crisis: Opportunities and Solutions for Creating a Better System of Care



Closing

- ▶ **Please take a few minutes to fill out your evaluation**
- ▶ **Thank you!**