State Response in Vermont: COVID-19

Laurel Omland, Director
Child, Adolescent & Family division
Vermont Department of Mental Health
A snapshot of Vermont during COVID-19 pandemic, to date

- **Stay Home, Stay Safe** order (3/14)
- Mental Health essential services, guidance (3/26)
- Frequent Public Communications:
  - Governor’s Press conferences 3x/wk (now 2x/wk) with Health Commissioner and Secretaries of Human Services, Education, Commerce
  - Daily email updates – includes info on MH, crisis resources
- Map of free Wi-Fi hotspots and connectivity resources; legislative focus on broadband access
- Vermont’s Health Care Provider Stabilization Grant Program
- Order to wear masks/ cloth facial coverings (7/24)
- **Restart Vermont**: coordination with VT Dept of Health for slow data-driven reopening of business sectors, including childcare – significant economic impacts
- Universal (delayed) reopening date for schools – Sept 8th
  - Most began in hybrid model with option for full virtual.
  - Now many districts are shifting to 4-5 days in-person for elementary grades
Mental Health System response

• Communication with providers, families, public
  • Weekly meetings with CMHC Execs
  • Child psychiatrist/ medical director media spots
  • Website info

• Maximize provider financial stability
  • Goals:
    • Reduce disruption in MH services
    • Staff retention; prepare for 2nd wave MH needs
  • Enacted COVID-19 Medicaid flexibilities for service delivery & payment (also benefit of 1115 Waiver)
    • thrust into using telehealth, whereas pre-pandemic hesitancy/wariness
    • guide for families use of telehealth
  • Clear process re: COVID Relief Funds

• Widespread collaboration with SOC partners
  • COVID-19 protocols for different levels of care & settings
  • Guidance to address social-emotional needs across early childhood system, K-12 schools
  • Parallel focus on provider/educator self-care & wellness
  • Suicide prevention efforts (new grant), Y/MHFA
  • Partner with Health Dept on calls with Pediatric PCPs, Q&A with CMHCs & residential treatment providers

School-Based Mental Health

• Partnerships with local schools essential (and strained) during COVID-19 pandemic
  • Discussions about who is responsible for services/supports during remote learning – money, risk, communication tensions!
  • Issues shifted from last spring to the start of this school year

• SBMH constantly adapting to meet student/family, educator/school needs, working with their fears and safety needs

• Increased parent/guardian contact compared to pre-pandemic, focus on how to support families in their child’s educational/behavioral plans and addressing basic needs
  • Delivered customized totes of SEL materials to student’s homes
  • Updated behavioral support plans for home-based and hybrid learning
  • Psycho-education for families on how may impact mood and behavior
  • Zoom and YouTube training for families on supporting child(ren) during remote learning, targeted programming on behavioral & safety principles and strategies, (re-) teaching coping skills
  • Assisted with delivering meals, connecting to financial/ housing supports

• Identified other spaces to meet with students, with COVID precautions in place - or using telehealth - when not in school building
  • Some in-person clinical supports continued where indicated; resumed w/ in-school

“I know that I don’t need to worry about the families that [the school-based clinician] is working with, she has been able to reach the families that I am most worried about and is in every effort working to collaborate with the school and families to make sure that people’s needs are met in all aspects”
- Special Educator

“Thank you for consistently checking in on us and [student] to see how we are doing and if we need support or just to say ‘Hi’. We a really appreciate it”
- Parent
Positive solutions

While demand for services has grown significantly, staffing levels haven’t

A focus on workforce:

• School MH:
  • Consultation with school MTSS teams on strategies to attend to social-emotional MH needs of students
  • Ongoing wellness groups for school staff have been well received

• Sponsored a 2-part virtual training series “Transforming Trauma: How to Create Healing Communities”
  1. Foundations of Trauma Transformation: Stress, Stress Mitigation and Resilience
  2. The Core Capacities to Transform Trauma

Themes:
  • Our ability to do our work shifts when we are under stress. Emphasis on clear ways to keep a self-care focus
  • Intersectionality of race, trauma, self-identification impacts how we work with others during pandemic

Other efforts

• Adaptations for EBPs (e.g. PCIT, CPP) to telehealth
• MH crisis teams at area food distribution sites, handing out information about how to get help
• Added MH counselors to 2-1-1 for COVID support
• Successful proposal to add questions re: anxiety to 2021 YRBS MS & HS surveys
• Use of CANS to track impacts over time, inform EBP focus and SOC work
• Substance use spikes, increased need to collaborate with SU partners
• Continued focus on integration opportunities with Primary Care, Education

“It’s very draining. We’re stretched.”
-MH Supervisor

"Leading a mental health agency right now is like moving through thick fog with a dim flashlight. The one silver lining of this dark pandemic is that never before has there been such a recognition of the importance of emotional health and well-being."
-Executive Director MH Agency
Parallel concerns of COVID-19 pandemic and systemic racism

- Guidance for schools to attend to social, emotional and mental health needs of faculty, staff, students & families as prepare for return to school
  - acknowledge racial injustices and impacts on mental health
  - schools have a role in addressing systemic racism
  - these are critical components for educators & students to feel safe and connected

- AHS Trauma Prevention & Resilience Development Coordinator leading a cross-walk of White Supremacy Characteristics & Antidotes with SAMHSA TIC elements to enhance trauma-informed approaches with a racial trauma/ racial equity lens (in process)
  - Plan to infuse racial equity concepts in TI Assessment tool for AHS Depts

SAMHSA’s Trauma Informed Principles
1. Safety
2. Trustworthiness & transparency
3. Peer support
4. Collaboration & Mutuality
5. Empowerment, Voice & Choice
6. Culture, Historical & Gender Issues

https://www.showingupforracialjustice.org/white-supremacy-culture-characteristics.html