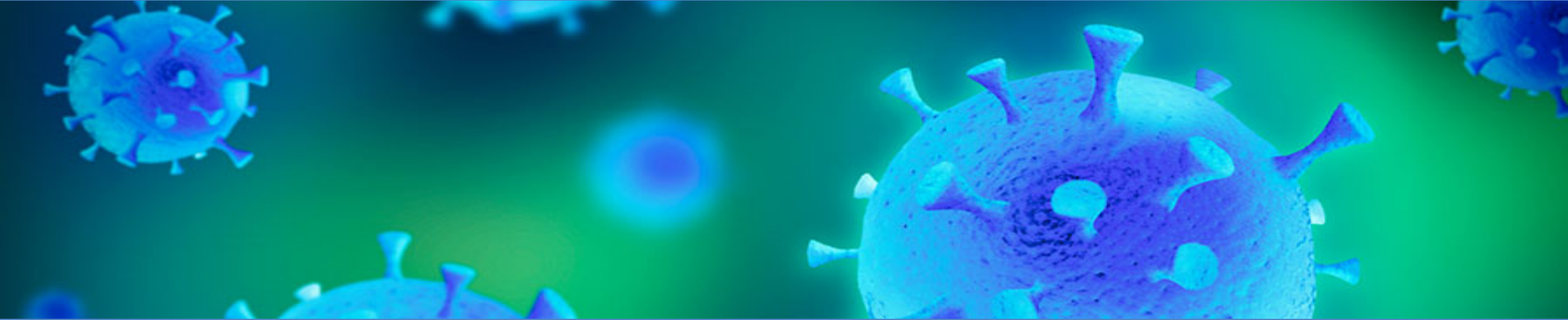


VCHIP / CHAMP / VDH COVID-19 UPDATES



Wendy Davis, MD FAAP - Senior Faculty, Vermont Child Health Improvement Program, UVM
Breena Holmes, MD FAAP – VCHIP Senior Faculty & Physician Advisor, MCH Division, VDH
February 22, 2021



Technology Notes

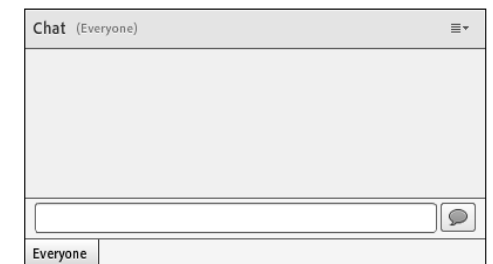
- 1) All participants will be muted upon joining the call.
- 2) If you dialed in or out, **unmute by pressing #6** to ask a question (and press *6 to mute).
If you are having audio difficulties and are using your computer speakers, you may wish to dial in:

Call in number – 1-866-814-9555

Participant Code – 6266787790

Presenters: Please avoid the use of speakerphone and make sure your computer speaker is muted if you dialed in via phone.

- 3) To ask or respond to a question using the **Chat** box, type your question and click the  icon or press Enter to send.



Overview

- Special Topic Today: ***The Impact of COVID-19 on the Mental Health (MH) and Social-Emotional Well-Being of Vermont's Children, Youth and Families***
- Welcoming our guests:
 - ▣ **Representative Lori Houghton** (D-Chittenden 8-2)
 - ▣ **Senator Virginia “Ginny” Lyons** (D-Chittenden)
- Remaining calls/events this week:
 - ▣ **VCHIP/CHAMP/VDH calls: Wed. & Fri;** Gov. Media Briefings Tues/Fri; VMS call with VDH Commissioner Levine Thurs.
- Slides with usual updates will be shared w/email this evening.
- Q & A/Discussion

[Please note: the COVID-19 situation continues to evolve very rapidly – so the information we’re providing today may change quickly]

Coming Soon!

- **Updated** post-COVID pediatric cardiac screening/return-to-play documents
- Will send via email as soon as available and post on VCHIP COVID-19 web site
- Thank you, Kristen Connolly and Jonathan Flyer
- ***Will review on our Wednesday call this week: 2/24/21***

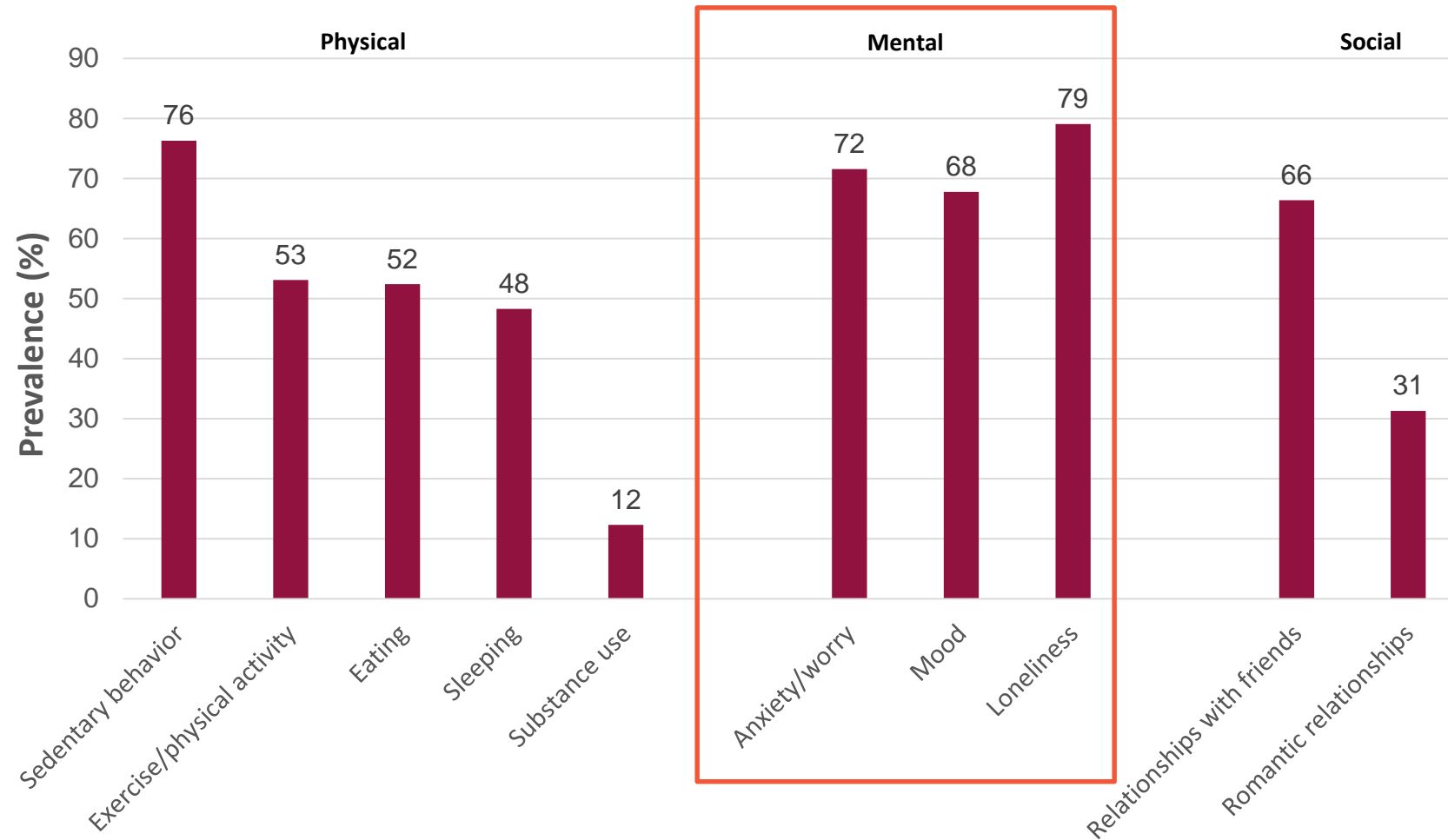
Introducing our Vermont Legislators

- Representative Lori Houghton (D-Chittenden 8-2, Essex Junction)
 - ▣ House Committee on Health Care, Ranking Member
 - ▣ <https://legislature.vermont.gov/people/single/2022/27166>
 - ▣ LHoughton@leg.state.vt.us
- Senator Virginia “Ginny” Lyons (D-Chittenden)
 - ▣ Senate Committee on Health and Welfare, Chair; Senate Committee on Education
 - ▣ <https://legislature.vermont.gov/people/single/2022/14616>
 - ▣ vlyons@leg.state.vt.us



COVID impact on well-being in youth

In general, how has the COVID-19 pandemic affected each of the following? (Percent reporting made it “a little” or “a lot” worse)



Mental Health

- Youth reported more depressive symptoms in the Fall 2020 than in the Fall 2019.
- We saw similar trends in anxiety symptoms among youth in Fall 2020 compared to Fall 2019.
- Around 70% of youth reported that the COVID-19 pandemic made their anxiety/worry, mood, or loneliness 'a little' or 'a lot' worse.

COVID-related Distress → Mental Health

- As COVID distress scores increased in Fall 2020, so did the odds of depressive symptoms, but not anxiety.

Vision for Summer 2021

Summer 2021 as a Summer of Connection, Healing, and Learning

- Strengthening community connection, building resilience, addressing learning loss
- Getting children and youth together, outdoors, and engaged
- Providing opportunities for self-advocacy, exploration, leadership, relationship-building, skill-building

Providing full-day, mixed programming with low or no-cost options is really important



Recommendations

Statewide Strategies

- Supplement and reinforce the existing system
- Provide funds for expansion where needed
- Ensure learning loss, SEL, food are addressed
- Encourage school-community partnership and collaboration
- Provide targeted funds to expand programming in underserved areas
- Offer statewide vision/messaging, training, and technical assistance

Potential Connections for Medical/Health Community

- Messaging around what kids need
- Thinking through local plans/strategies/alternatives
- Helping communities to weigh costs and benefits
- Communications to parents/families/schools
- Making local connections to create webs of support



Sources of Feedback

CAVEAT: feedback represents views of the *individual* & do not necessarily represent those of their employers.

- Prompts from our Legislative Colleagues
 - ▣ What are the short term and long term needs in addressing mental health for this population as we move out of the pandemic?
 - ▣ What additional school-based needs should we consider as we move out of the pandemic?
- Member Survey: VT Chapters of AAP and AAFP
 - ▣ Sent to 500+ members Friday, Feb. 19.
 - ▣ 37 responses by 9 a.m. today!

Survey of VT Chapters of AAP & AAFP

Themes:

- ❑ Increased need (isolation, anxiety/depression, unhealthy eating, lack of exercise); PCPs can screen but referral resources ltd./inadequate
 - ▣ Small minority “thriving” – w/baseline anxiety, may feel more comf. at home
- ❑ Children/youth in in-person school doing better than hybrid/remote; includes college-age students
- ❑ Children stressed b/c adults are stressed
- ❑ Clear **disparity** between economic strata
- ❑ Loss of prevention programs does not bode well for future
- ❑ CHILDREN MUST RETURN TO SCHOOL ASAP & WE SHOULD OFFER VACCINES NOW TO ALL TEACHERS.

Survey of VT Chapters of AAP & AAFP

Themes *(cont'd.)*:

- Increased **emergency department** use

Summary note:

Vast majority of comments reflect needs among “general population” of Vermont children & youth – those receiving care in their primary medical home and not those with more serious mental/emotional illness who are served by Vermont’s Designated Agencies.

Meredith Monahan, MD FAAP – Essex Pediatrics

- Funding for the mental health services that are already provided in primary care (PC); many current programs are supported only by grants instead of rethinking our reimbursement codes and freeing up ways to bill for care management at the PC office.
 - Essex Pediatrics: we now have 11 MH providers that work with our patients; not employed by us – work w/our EHR & collaborate with the patient's PCP.
 - ▣ Social workers attends school meetings, homes, court, supports our families.
 - ▣ Family Support Specialist for new parents: conducts support groups, family check-ins
 - ▣ Just hired a full time Mental Health Coordinator because we now have a waitlist of 75 pts. seeking MH svcs.
 - **No formal reimbursement – “it is just the right thing to do.” Care Coord. & Care Mgt. happening here – we hope we’re positively impacting families & pts. MH, keeping them from having to seek higher levels of crisis care.**
- Funding needs to be addressed to keep this type of model sustainable.**

Ashley Miller, MD FAAP – So. Royalton Health Ctr.

- ❑ Wraparound services no longer exist in our community MH centers: no in-home intensive support services, no parent behavioral management training
- ❑ Huge increase in patients needing counseling – difficulty with privacy for telehealth at home; getting kids to log on at correct times
- ❑ Assuring maintenance of payment parity for telehealth (including audio only) vs. in-person as we transition out of State of Emergency.
- ❑ Prior to COVID and persisting now:
 - ▣ Not enough counselors that take common insurances
 - ▣ Not enough psychiatrists at the community centers – e.g., CMC in Windsor/Orange County has a child psychiatrist 3 times/month; not accessible at other times for medication adjustments; usually not available until next appointment.

Ashley Miller, MD FAAP – So. Royalton Health Ctr.

- ❑ Parent training – not family therapy but specific training to teach parents about limit setting, positive parenting, and dealing with difficult children
- ❑ Communication – not receiving admission/discharge summaries in timely manner (often weeks later); communication to PCP re: taking over prescribing from community mental health. Need for more detailed plans re: what to do if medication ineffective; criteria for med adjustment, etc.
- ❑ Inpatient MH – only emergency stabilization; little done to increase skills while they are there & arrange connections for after discharge.
- ❑ Prolonged inpt. stays – ltd. availability & resources for long term placement
- ❑ Dialectical behavior therapy (DBT) – need more programs/groups
- ❑ DCF: challenges supporting families of youth 14-16 yo; it becomes a "they are old enough to decide"; lack mandated supports/counseling in place for families at risk

Leah Costello, MD FAAP – Timber Lane Pediatrics, S. Burl.

- Challenges in access to MH care for families existed pre-pandemic: mostly due to inadequate psychiatric and counseling services; pandemic has significantly exacerbated this problem.
 - ▣ **Need for easily accessible behavioral/counseling svcs.** for all ages (we give list of names or refer to [psychologytoday.com](https://www.psychologytoday.com); parents unable to find openings.
- **Improve access to mental health services in schools;** school based clinicians are full & not taking new clients. Connection between schools & medical homes in VT have been strengthened during pandemic; we could more easily coordinate care conferences among schools, MH svcs. & medical homes.
- **Behavioral therapy must be done in the preschool setting** so parents can access it at drop off and or pick up.

Leah Costello, MD FAAP – Timber Lane Pediatrics, S. Burlington (cont'd.)

- ❑ Improved **home-based behavioral therapy** for young families struggling.
- ❑ **Fund mental health coordinators for primary care offices** – or embed someone in medical homes from designated agencies (DULCE as example). A medical home-based MH coordinator could help families (that don't need other SW svcs.) access services and find therapists.
- ❑ We need to **improve reimbursement** for mental health services for both primary care physicians & clinicians providing the mental health services.
 - ❑ Pediatricians provide a significant amount of MH care & our reimbursement rates continue to fall. Result: we cannot spend adequate time with families & cannot afford the needed ancillary staff to assist pts. w/access to MH care – pvt. practice cannot compete w/UVMMC for staff.
- ❑ Need better reimbursement to provide more svcs.; **best provided in medical homes, schools, preschools and childcare centers.**

Stanley Weinberger, MD FAAP – Children's Primary Care, *UVM Children's Hospital*

- ❑ Short term – **psychological support: counseling for adolescents.**
 - ▣ Challenging to access, esp. in schools but also outside.
 - ▣ Many teens want someone in person (all current counselors meet via Zoom)
 - ▣ Group sessions focused on isolation.
 - ▣ For parents of younger children: behavioral support (managing more at home).
- ❑ Long term: prevention strategies that promote resilience/sense of community, belonging. COVID has shown we can connect in ways other than in-person.
- ❑ Greater access to **school based clinicians**; focus on social-emotional resilience curriculum. School group work.

Stanley Weinberger, MD FAAP – Children's Primary Care, *UVM Children's Hospital* (cont'd.)

- “The children are not OK – in part, because the parents are not OK. Parents are juggling economic uncertainty, working, directing their child's school and managing their own isolation and mental health. We have increased our referrals for food insecurity and referrals for behavioral challenges as parents struggle. Teens in particular are isolated, especially as Burlington High School has been fully remote for almost a year now. A huge increase in teens turning to fully online (10-12+hr/day) with consequences of losing touch with school, getting into dangerous situations online (I've seen a number examples of online exploitation of teens by older adults), and substance use as teens try to manage stress and isolation.”

Erica Gibson, MD FAAP – Adolescent Medicine, *UVM Children's Hospital*

- ❑ Important to remember how resilient our youth are; some of them continue to thrive during this time even though others are struggling mightily.
- ❑ Many professionals working on this (medical, MH, schools, etc.). Important to coordinate/not duplicate efforts; talk to each other & not make assumptions about what other groups should and shouldn't be doing (doing pretty well so far)
- ❑ Have needed **improved MH access, embedded MH & improved care coordination in primary care** for a long time; pandemic has highlighted this.
 - ❑ Some larger/academic practices have these things but many small practices still do not. Those who have on site often do not have enough – **need more funding for these svcs.**
- ❑ With these services, PCP office can serve as a hub for mild/mod MH challenges, while the CBOs, DAs take the lead on mod/severe MH challenges.

Erica Gibson, MD FAAP – Adolescent Medicine, *UVM Children's Hospital* (cont'd.)

- ❑ PCP offices can also serve as hubs w/virtual connection to schools & third space venues via new telehealth technology; care would be less splintered that way.
- ❑ Optimal time to consider connecting all schools to medical homes for medical/MH care/care coordination where appropriate:
 - ▣ What if all schools/school nurse offices had a room, computer, and Zoom account for a young person to see their PCP or medical home MHP/CC, potentially along with a parent, and even a school staff person during the school day? Could save time, effort, improve care coordination...might be something to consider piloting
- ❑ Definitely support youth health voice work & Afterschool efforts (youth council).
- ❑ Timely availability of child psychiatrists for mod/severely ill youth (for psych/med mgt.) very challenging: statewide hard to find good child psych supports

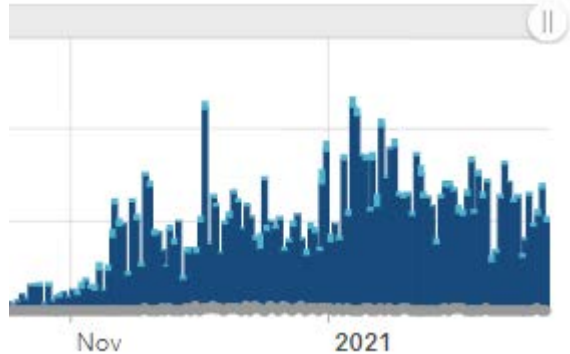
Stress & anxiety have become the norm now; I think public health education on this topic moving forward will be important.

Situation Updates

Situation update

NOTE FROM VDH re: Dashboard - Feb. 22: Numbers for monitoring are no longer reported on the dashboard, as our COVID-19 reporting evolves to share the most relevant information. We continue to internally track travelers and contacts monitored, and people who have completed monitoring.

New Cases
102
14,608 Total
Currently Hospitalized
37
Hospitalized In ICU
13
Hospitalized Under Investigation
1
Percent Positive 7-day Avg.
1.6%
People Tested
325,694
Total Tests
1,024,572
Recovered
11,761
80.5% of Cases
Deaths
198
1.4% of Cases
Last Updated: 2/22/2021, 11:14:52 AM

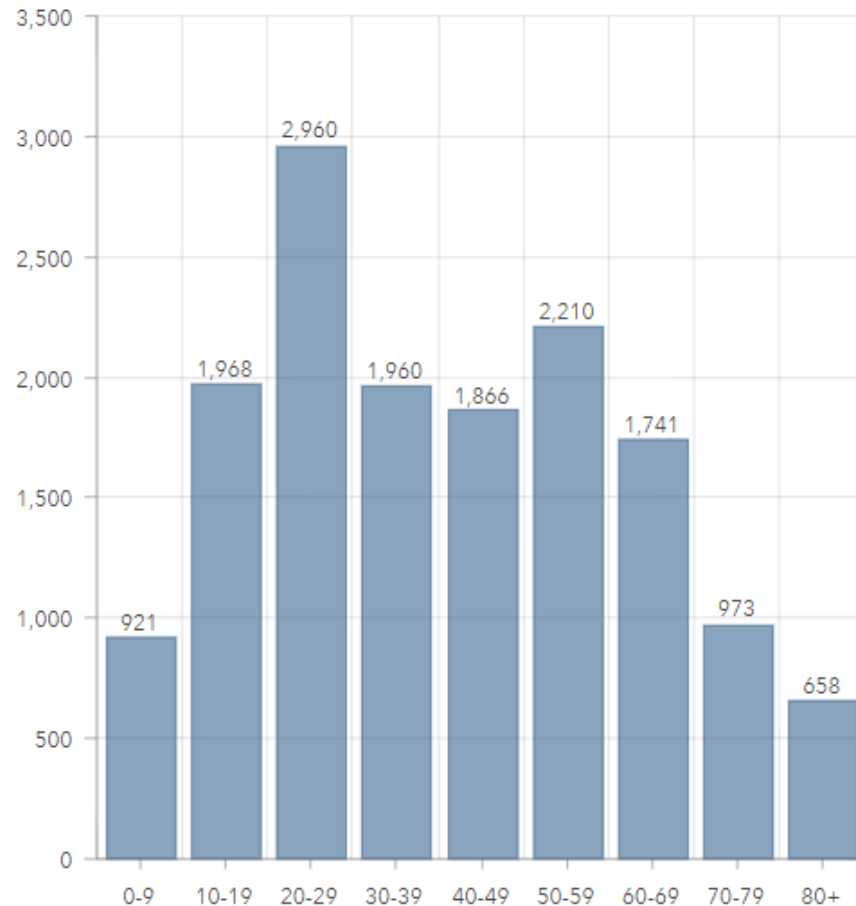


VT New Cases, Probables, Deaths

- U.S. **28.1 million+** cases; **499,189 deaths**
 - ▣ <https://www.nytimes.com/interactive/2020/us/coronavirus-us-cases.html> (updated 2/22/21)
 - ▣ 2/21/21: **55,195 new cases; 1,247 d.; 56,159 hosp.**
 - ▣ Past week: average 66,393 cases/day (decrease of 44% from average 2 weeks earlier)
 - ▣ **2.4 million+ deaths worldwide; 111.4 million+ cases)**
- VDH Weekly Data Summary(2/19/21)
 - ▣ **Weekly Spotlight Topic – *How are people getting COVID-19?***
 - ▣ Find previous summaries at: <https://www.healthvermont.gov/covid-19/current-activity/weekly-data-summary>

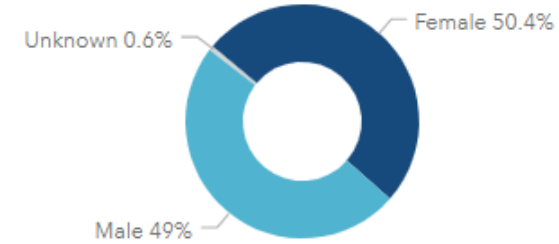
Situation update

Vermont COVID-19 Cases by Age Group

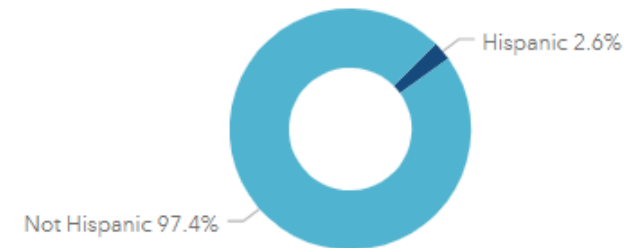


Case Demographics

Vermont COVID-19 Cases by Sex



Vermont COVID-19 Cases by Ethnicity if Known



Vermont COVID-19 Cases by Race if Known



COVID-19 Cases in VT K-12 Learning Communities (While Infectious)

COVID-19 Cases in Vermont K-12 Learning Communities While Infectious

- <https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID19-Transmission-Schools.pdf>
- Table updated **Tuesday & Friday** w/data through previous Sunday & Wednesday.

February 17, 2021

Cases in Vermont K-12 Learning Communities While Infectious

Learning Community	Cases Reported In the Past 7 Days	Total Cases
Schools with less than 25 students are reported in the "Total for all Suppressed Schools" row at the end of the table.		
TOTAL FOR ALL SCHOOLS	67	613

VT College & University dashboards:

- Norwich University** Dashboard:
- UVM** – men's hockey again *on pause*

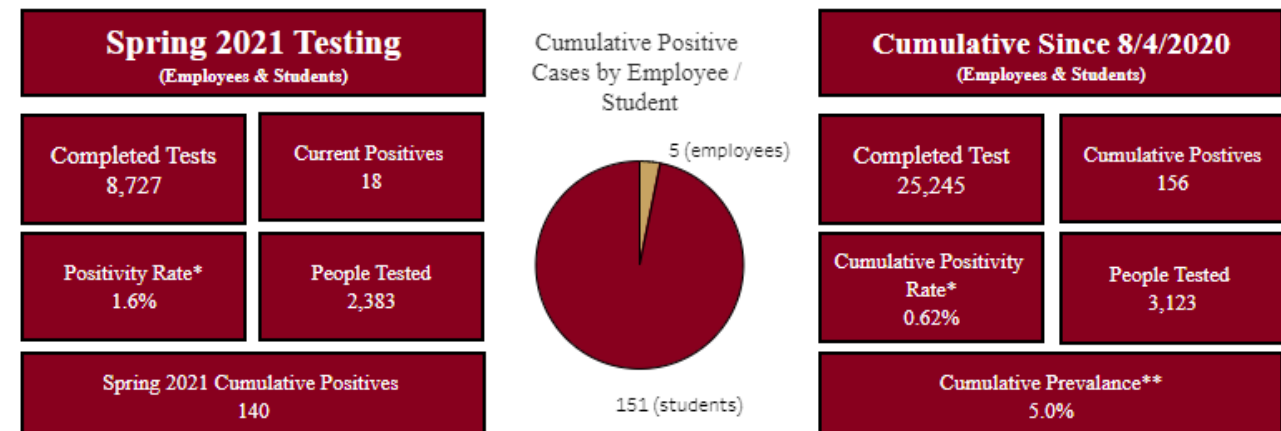
February 14, 2021

Cases in Vermont K-12 Learning Communities While Infectious

Learning Community	Cases Reported In the Past 7 Days	Total Cases
Schools with less than 25 students are reported in the "Total for all Suppressed Schools" row at the end of the table.		
TOTAL FOR ALL SCHOOLS	68	594

COVID-19 Reporting Dashboard

Data Updated: 2/17/2021 at 10:33am

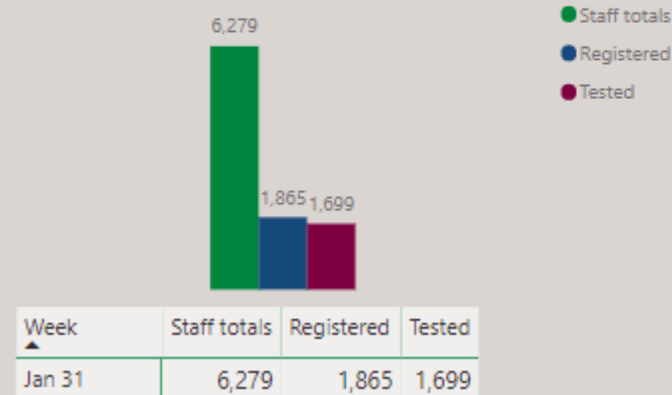


AOE School Staff Testing Dashboard

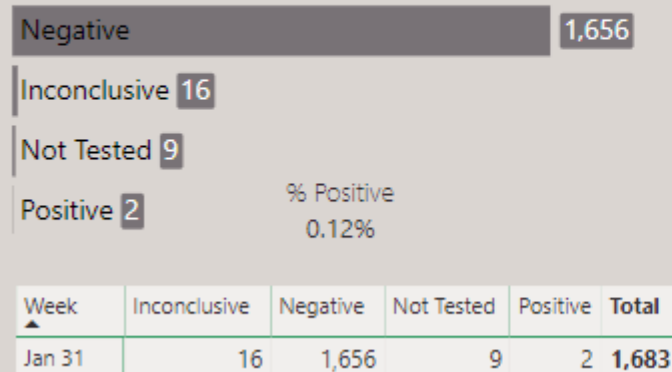
School Staff Testing: Weekly Summary



Summary

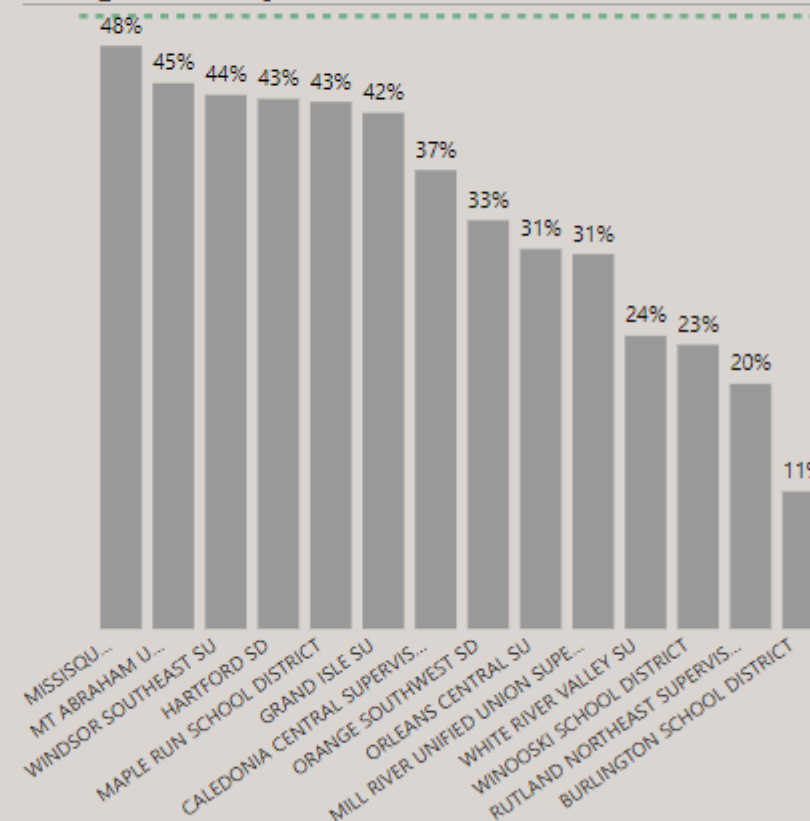


Test Results



Select Testing Week: January 31, 2021

% Registered by SD/SU



SD/SU	% Registered
MISSISQUOI VALLEY SCHOOL DISTRICT	48%
MT ABRAHAM UNIFIED SCHOOL DISTRICT	45%
WINDSOR SOUTHEAST SU	44%
HARTFORD SD	43%
MAPLE RUN SCHOOL DISTRICT	43%
GRAND ISLE SU	42%
CALEDONIA CENTRAL SUPERVISORY UNION	37%
ORANGE SOUTHWEST SD	33%
ORLEANS CENTRAL SU	31%
MILL RIVER UNIFIED UNION SUPERVISORY UNION	31%
WHITE RIVER VALLEY SU	24%
WINDOSKI SCHOOL DISTRICT	23%
RUTLAND NORTHEAST SUPERVISORY UNION	20%
BURLINGTON SCHOOL DISTRICT	11%
Total	30%

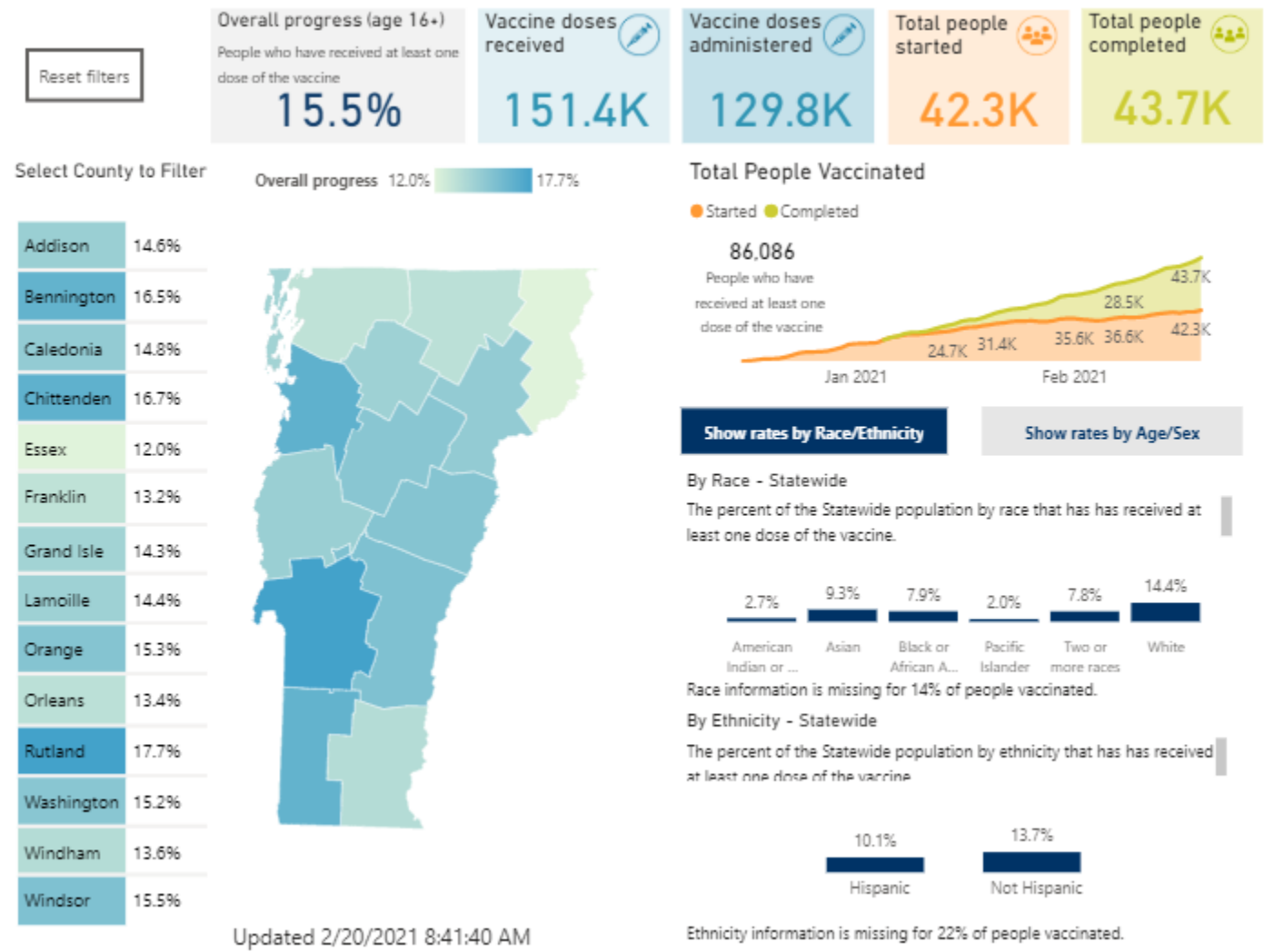
Data source: Vermont Testing/Vaccine Registration System.
Updated 2/10/2021 8:23:10 AM

Week of Jan. 31; updated 2/10/21

<https://education.vermont.gov/news/covid-19-guidance-vermont-schools/school-staff-covid19-surveillance-testing/school-staff-covid-19-surveillance-testing-weekly-summary>

VDH COVID-19 Vaccine Dashboard

- **NOTE – 2/17/21:** to align w/CDC reporting, # of doses rec'd. for VA & VNG now being removed from # doses rec'd.; accounts for about 8,300 doses.
- Daily updates Tues. thru Sat.
- Data = counts reported by end previous day; subject to change.
- <https://www.healthvermont.gov/covid-19/vaccine/covid-19-vaccine-dashboard>



VDH COVID-19 Vaccine Registration & Sites

<https://www.healthvermont.gov/covid-19/vaccine/getting-covid-19-vaccine>

GETTING THE COVID-19 VACCINE



MAKE AN APPOINTMENT WITH:

THE HEALTH DEPARTMENT

KINNEY DRUGS

WALGREENS

People age 70 years and older can make appointments now.

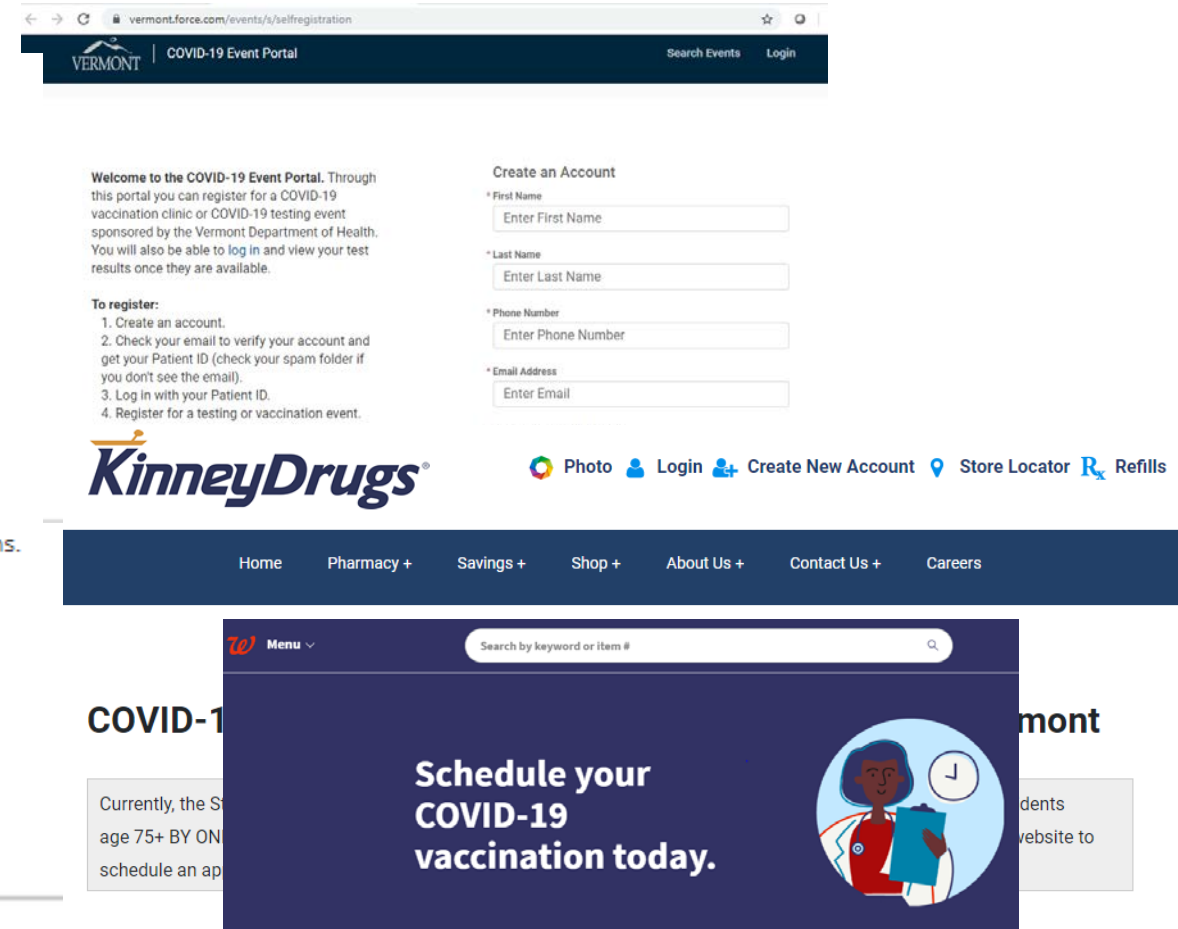
There are enough appointments for everyone who is eligible. Appointments are required. Clinics cannot accept walk-ins.

To make an appointment online with the Health Department:

1. Create an account (anyone can do this anytime!)

You may already have an account if you were tested for COVID-19 at a Health Department site.

2. Make an appointment when your age group is eligible to get the vaccine.

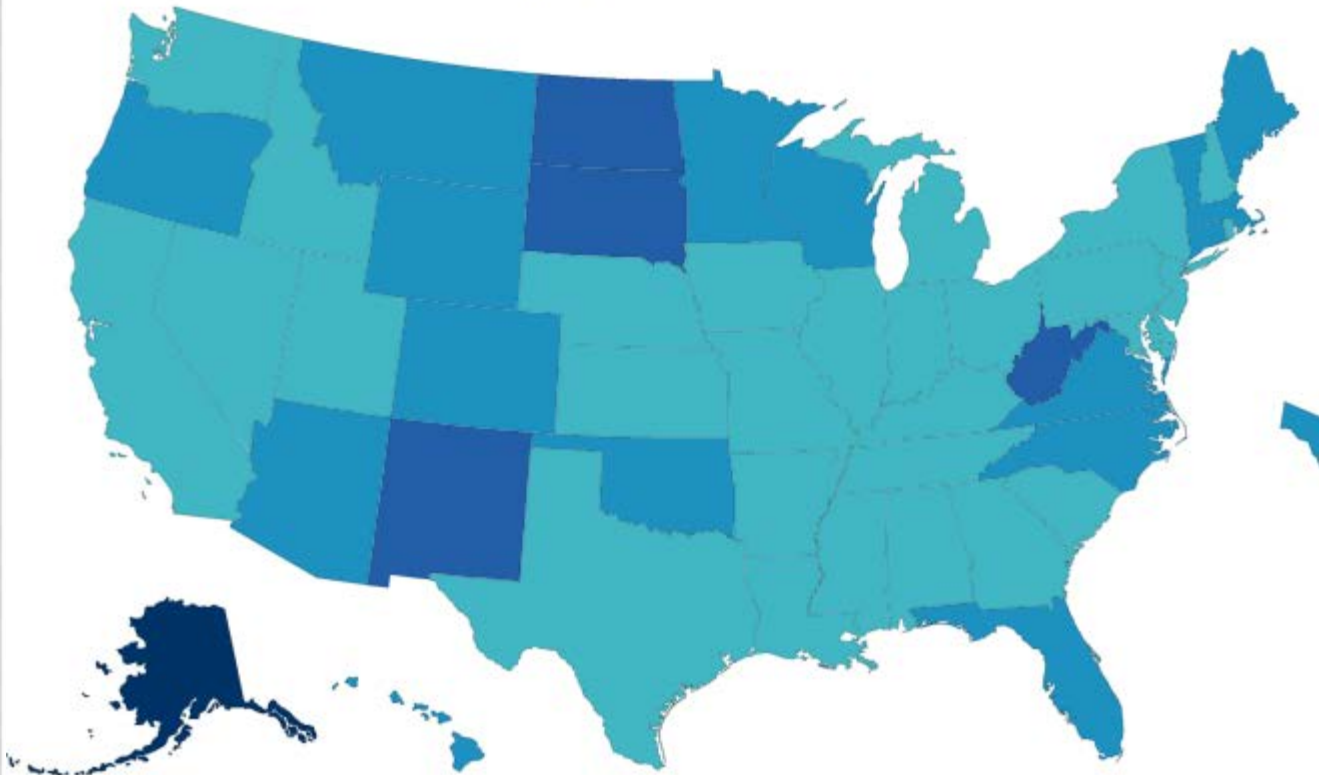
A screenshot of the Vermont COVID-19 Vaccine Registration Portal. The browser address bar shows "vermont.force.com/events/s/selfregistration". The page has a dark blue header with the Vermont logo and "COVID-19 Event Portal". Below the header, there's a "Welcome to the COVID-19 Event Portal" message. To the right, there's a "Create an Account" section with input fields for First Name, Last Name, Phone Number, and Email Address. Below that, there's a "To register:" section with a list of steps: 1. Create an account, 2. Check your email to verify your account and get your Patient ID, 3. Log in with your Patient ID, 4. Register for a testing or vaccination event. Further down, there's a "KinneyDrugs" logo and a navigation bar with links: Photo, Login, Create New Account, Store Locator, Refills. At the bottom, there's a dark blue banner with the text "Schedule your COVID-19 vaccination today." and an illustration of a person with a clipboard.

VDH COVID-19 Vaccine Registration & Sites (cont'd.)

- Appointments from 2/22 – 5/4/21
 - ▣ **699 clinics** (health care, VDH POD – does not include pharmacies);
112,475 total appointments
 - ▣ VDH Local (District) Health Office sites; health care sites
- **Online (preferred)** and **phone** appointment scheduling:
 - ▣ 1-855-722-7878
 - ▣ *If you need to speak with someone in a language other than English, call this number, and then press 1.*
- **Call Center Hours:**
 - ▣ Monday-Friday, 8:15 a.m. – 5:30 p.m.
 - ▣ Saturday and Sunday, 10:00 a.m. – 3:00 p.m.

From the CDC Vaccine Tracker

Total Doses Administered Reported to the CDC by State/Territory and for Selected Federal Entities per 100,000

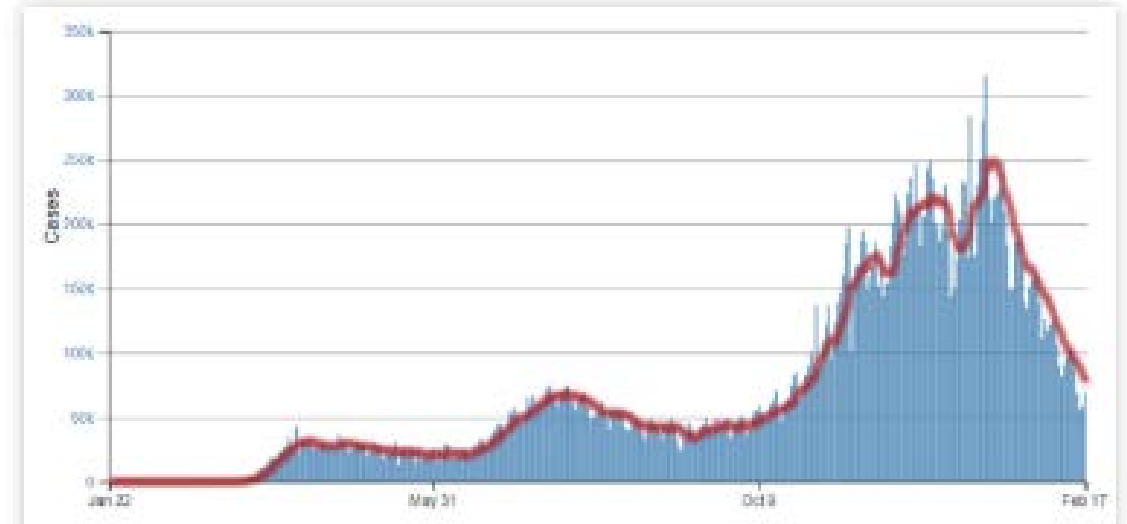


Total Doses Administered per 100,000

○ No Data ○ 0 ○ 1 - 15,000 ○ 15,001 - 20,000 ○ 20,001 - 25,000 ○ 25,001 - 30,000 ○ 30,001+

Daily Change in Number of COVID-19
Vaccinations in the United States Reported to
CDC

— 7-Day moving average



<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>

<https://covid.cdc.gov/covid-data-tracker/#vaccinations>

From the CDC: U.S. COVID-19 Cases Caused by Variants

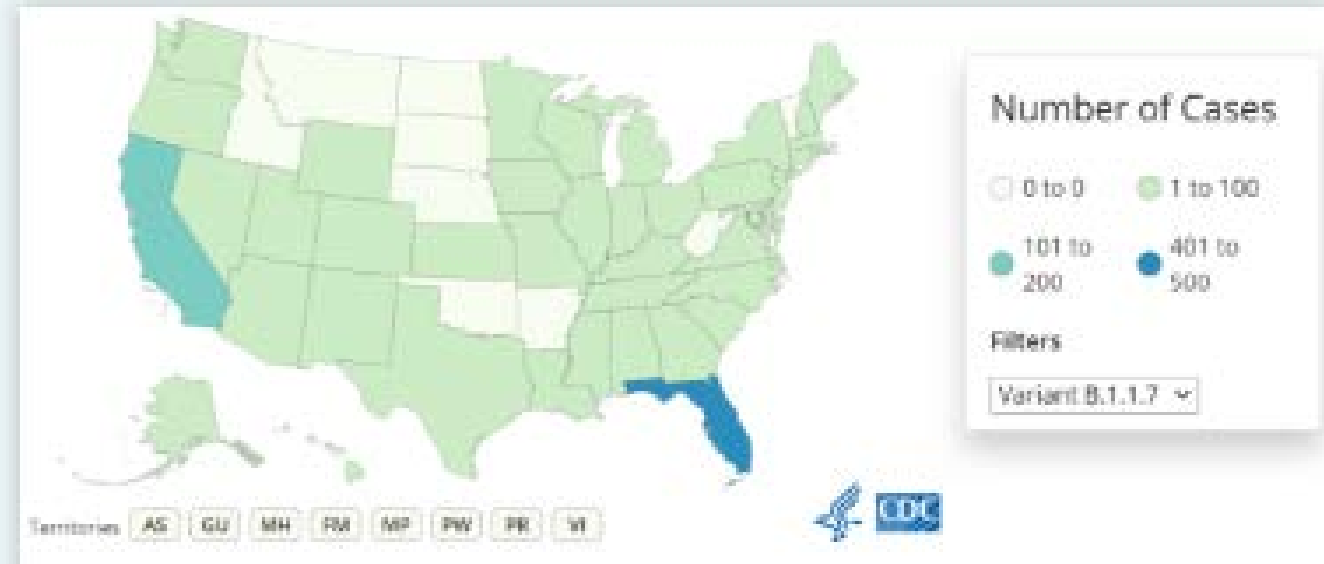
Variant	Reported Cases in US	Number of States with ≥1 Case Reported
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B.1.1.7	1,523	42
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B.1.351	21	10
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P.1	5	4
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Emerging Variant Cases of B.1.1.7 in the United States



<https://www.cdc.gov/coronavirus/2019-ncov/transmission/variant-cases.html>

Questions/Discussion

- ❑ Q & A Goal: monitor/respond in real time; record/disseminate/revisit later as needed.
- ❑ **For additional questions, please e-mail:** vchip.champ@med.uvm.edu
 - ❑ **What do you need** – how can we be helpful (specific guidance)?
- ❑ **VCHIP CHAMP VDH COVID-19 website:**
https://www.med.uvm.edu/vchip/projects/vchip_champ_vdh_covid-19_updates
- ❑ Next CHAMP call – **Wednesday, February 24, 2021 – 12:15 – 12:45 pm**
- ❑ Generally back to **Monday/Wednesday/Friday** schedule
- ❑ Please tune in to VMS call with VDH Commissioner Levine. This week's special call is also: "Congressional COVID-19 Town Hall with invited Congressional delegates":
Thursday, February 25, 2021 – 12:30-1:30 p.m. – Zoom platform & call information:
- ❑ **Join Zoom Meeting:**
<https://us02web.zoom.us/j/86726253105?pwd=VkVuNTJlZFQ2R3diSVdqdIJ2ZG4yQT09>
 - ❑ Meeting ID: 867 2625 3105 / Password: 540684
- ❑ One tap mobile - +1 646 876 9923,,86726253105#,,,,0#,,540684#