VCHIP / CHAMP / VDH COVID-19 UPDATES

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February 22, 2021
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
In general, how has the COVID-19 pandemic affected each of the following? (Percent reporting made it “a little” or “a lot” worse)

(Wave 4 only Fall 2020; N=211)
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
Caveat: feedback represents views of the individual and 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.
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.
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.
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.
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.
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; 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.

“As a state I believe we can do better.”
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.
“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.”
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.
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**

**U.S. 28.1 million+ cases; 499,189 deaths**
- 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?*

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

- Table updated **Tuesday & Friday** w/data through previous Sunday & Wednesday.

### Cases in Vermont K-12 Learning Communities While Infectious

<table>
<thead>
<tr>
<th>Learning Community</th>
<th>Cases Reported In the Past 7 Days</th>
<th>Total Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL FOR ALL SCHOOLS</td>
<td>67</td>
<td>613</td>
</tr>
</tbody>
</table>

### VT College & University dashboards:

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

### COVID-19 Reporting Dashboard

- **Spring 2021 Testing** (Employees & Students)
  - Completed Tests: 8,727
  - Current Positives: 18
  - Positivity Rate*: 1.6%
  - People Tested: 2,383

- **Spring 2021 Cumulative Positives**: 140

- **Cumulative Since 8/4/2020** (Employees & Students)
  - Completed Tests: 25,245
  - Cumulative Positives: 156
  - Cumulative Positivity Rate*: 0.62%
  - People Tested: 3,123

- **Cumulative Prevalence**: 5.0%
Week of Jan. 31; updated 2/10/21
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
GETTING THE COVID-19 VACCINE

COVID-19 VACCINE UPDATE

Now vaccinating 70+

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.

February 22, 2021

VERMONT DEPARTMENT OF HEALTH


Welcome to the COVID-19 Event Portal. Through this portal you can register for a COVID-19 vaccination clinic or COVID-19 testing event sponsored by the Vermont Department of Health. You will also be able to log in and view your test results once they are available.

To register:
1. Create an account.
2. Check your email to verify your account and get your Patient ID (check your spam folder if you don’t see the email).
3. Login with your Patient ID.
4. Register for a testing or vaccination event.

Kinney Drugs

COVID-19 Vaccination

Schedule your COVID-19 vaccination today.

Currently, the State will allocate 75+ by appointment only. Schedule an appointment to receive your COVID-19 vaccine.

Limited supplies of COVID-19 vaccines are currently available to some states at select stores to individuals 18 years of age and older (16 years of age and older for Pfizer, 18 years of age and older for Moderna) who meet state-specific eligibility by other means.
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: U.S. COVID-19 Cases Caused by Variants

<table>
<thead>
<tr>
<th>Variant</th>
<th>Reported Cases in US</th>
<th>Number of States with ≥1 Case Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.1.1.7</td>
<td>1,523</td>
<td>42</td>
</tr>
<tr>
<td>B.1.351</td>
<td>21</td>
<td>10</td>
</tr>
<tr>
<td>P.1</td>
<td>5</td>
<td>4</td>
</tr>
</tbody>
</table>

Emerging Variant Cases of B.1.1.7 in the United States

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=VkVuNTJ1ZFQ2R3diSVdqdJ2ZG4yQT09

Meeting ID: 867 2625 3105 / Password: 540684

One tap mobile - +1 646 876 9923,,86726253105#,,,,0#,,540684#