

VCHIP CHAMP VDH COVID-19

February 22, 2021 | 12:00 – 1:00 pm Call Questions and Answers*

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The Impact of COVID-19 on the Mental Health (MH) and Social-Emotional Well-Being of Vermont's Children, Youth and Families with Representative Lori Houghton & Senator Virginia "Ginny" Lyons

Lewis First, MD, UVMCH & LCOM: We have never been more aware of the mental health issues of our patients, families, schools, communities, legislature, and ourselves. The biggest ask I can make of you is to be aware of the remarkable nature of this phone call. Healthcare providers coming onto this call want to collaborate and improve. We are more collaborative than any state in this country for organizing for children. We need to go upstream. We can't go upstream for just two years. It needs to be long-term. The next generation of Vermonters – kids, teenagers, and families – are right now developing attitudes that are not going to serve our state. The resources we are looking for are doable. Can we provide resources to re-train all of us to see the strengths in our kids? Be aware of the partnerships, collaborations, strengths-based pieces, and play the long game. What we are doing now is not sustainable. There will not be a workforce that wants to go in each and every day. We can pull off something that many states cannot at this point.

Senator Ginny Lyons: I couldn't agree more with Dr. Frist's comments. One of the things we did two sessions ago was to put into place a strong alliance for prevention in our Department of Health, which includes people in state government as well as across the community. The question about resources is absolutely key. As we move into this new era of prevention, primary care, and coordinated care with our Designated Agencies, we must reimagine how to pay for all of this. Some people say the money is in the system, but I think it needs some buffering. I'm writing legislation now that deals with this. It includes telehealth, audio, and telemedicine across the board. It's helpful for me to listen to you and hear about coordinated care, medical homes, and the need for reimbursement of those services.

Melanie Lawrence, MD, MS, ConvenientMD & Dartmouth Medical School: I am currently doing 100% urgent care telemedicine. I worked in Kosovo after the war, and the entire country was in a state of PTSD. There have been numerous comments about PTSD being the norm. I do have a vision for Vermont to do something different and create a whole new vision of how we do this. We do have a fixed bucket of resources to do this to a great extent, but I do hope it will be directed a little more towards mental health and children. Some children were already suffering and now don't have the resiliency to live a healthy life. How can we collaborate better together? We have an amazing state in terms of collaboration. Let's envision a statewide program to address these issues. I would love for Drs. Holmes, Davis, and First, and Levine to work with the legislature and put forward that passion for children.

Commissioner Mark Levine, MD, VDH: If there's anything COVID-19 has taught us, it's how fragile we all are and everything is, whether we're talking about families or kids, mental health or physical health, adaptive behaviors or maladaptive behaviors, all of these have gotten exposed very quickly. So, that is affirming the need for connection and a certain subset of these are clearly connected to social isolation factors, stress, anxiety, and depression. Everyone who has made comments so far has focused on that. Focusing on opioid-overdose deaths will take the focus off prevention. If it's one thing this call is revealing, there's always been

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a close collaboration and integration between physical health, mental health, and public health, and primary care in Vermont more so than in other states. I'd like to take this moment to say thank you to this group for all you do. Four out of five areas of focus of the state health improvement plan involve our youth. People understand the intensity. We need to renew our vows, if you will, to that document and to the work we want to get accomplished. Access to mental health services is out there and reasonably good in Vermont, but many continue to point out that salaries are low and the salaries that would be required to attract those professionals are insufficient. We all want to collaborate and integrate with all of these, and it's going to take a whole village of us to do that.

Questions/Discussion

Q: Do you want the survey to go out to CIS service providers or more specific to pediatric/primary provider office?

A: Breena Holmes, MD, VCHIP, VDH: I think having as many voices in this conversation as we can is terrific.

Q: Has there been other outreach to Howard Center's Children, Youth, and Families Services and other regional Designated Agencies?

A: Breena Holmes, MD, VCHIP, VDH: Yes, the mental health voice in this conversation has been there as well. I think what we're seeking today is the general population, trying to think about ALL of Vermont's children, as Wendy noted. Not just the group that are finding their way into our mental health system.

C: Elizabeth Hunt MD, Timber Lane Pediatrics: We can problem solve—like suggest, “read a book, go outside, get out of your bedroom, learn taekwondo on YouTube, call a friend, write a letter to your grandmother, etc.” But the motivation is not there. Not usually, and the parents are down, have the blues, stressed, so their oomph in getting their kids to rise up is diminished. It's tough. Being outdoors in the warm weather will be a game changer.

C: Susan Sykas, DNP, Appleseed Pediatrics: Lamoille County is seeing the same frustrations with access to mental health for children and teens and our Behavioral Health and Wellness unit is doing LOTS of telehealth as well.

C: Michelle Shepard, MD, UVMCH Pediatric Primary Care, VCHIP: I feel I am doing more mental health care now than ever before (and I was doing a lot previously). I am screening and providing in-office interventions, frequent follow-ups, and medication management as indicated but getting youth and families connected with counseling and/or psychiatry is not happening soon enough. Counselors/therapists are full, wait-lists for psychiatry are months, and crisis services are telehealth. It's hard not to get frustrated and burned out. I always leave my clinic days wishing there was more I could do but knowing I was already doing everything I could. As COVID fatigue continues to exacerbate, it is hard for providers to keep plugging away for their patients when their own kids are struggling.

C: Ashley Miller, MD, South Royalton Health Center: I looked at my schedule over the last month and I was about 50:50 well and mental health!

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C: Christina DiNicola, MD, Gifford Health Care Pediatrics: My practice too is seeing 50/50 well and depression visits. We totally lack resources for pediatric mental health counselors. I need more resources for Parent Behavior Management Training. My adolescent patients are not fond of telehealth.

C: Elizabeth Hunt, MD, Timber Lane Pediatrics: It's best to avoid hospitalization with community based accessible mental health and family support in real time.

C: Ashley Miller, MD, South Royalton Health Center: We need a way to bring qualified therapists and child psychiatrists to the state, like what we are doing for dentists. We were very lucky in VT to have our kids outside during the fall and hopefully this spring schools will be able to do this as well, continuing summer programs available to everyone, not just those that "fell behind" will also be helpful for our youth to recover, we can't miss the preteens and teens, giving them the ability to have a CTI type role would be very helpful, but transportation is also key.

C: Leah Macaulay, NP-C, Dr. Joe Nasca Pediatric Medicine: Looking down the road: to help increase number of professionals in mental health, tuition reimbursement/incentives/scholarships for practicing in VT after.

C: Melanie Lawrence, MD, MS, Little Rivers Health Care: I have a vision of us capturing all these philosophies, energies, priorities and insights to create a new vision for Vermont to address our population's PTSD type experiences following this pandemic.

C: Elizabeth Hunt, MD, Timber Lane Pediatrics: Highlighting strong families and kids' narratives through the pandemic and beyond.

C: Ashley Miller, MD, South Royalton Health Center: I would love the parent behavior management training to be available in preschools and private daycares too, I think that is really where prevention of many of these issues can start. Teaching growth mindset can get us a long way. Parent education and support essential. This is an opportunity for Vermont to create a really innovative and comprehensive approach to dealing with post-pandemic damage.

C: Shannon Hogan, DO, UVMCH Pediatric Primary Care: Within mental health, there is rising screen addition with our adolescents which worsens depression and anxiety. I think we need continued family supports and need to support these services, such as child care.

C: Kari McKinley, NP, Timber Lane Pediatrics: Focus on parenting education is huge—from a preventative perspective. Starting when children are young and continue through the developmental periods. I always talk with my parents about how there is no school for parenting. I love doing this during well visits but we don't have enough time.

C: Mary Bender, MD, Mt. Ascutney Hospital and Health Center: Major issue is that while I CAN get counseling for kids (with long waitlists, capable/aggressive parents who can make many phone calls and jump thru hoops better than most), the counseling focus for young kids continues to be 1:1 counseling for the CHILD rather than parenting support which is much more effective for kids with anxiety, depression, trauma,

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behavior issues... Most often kids CAN hold it together 1:1 with a friendly adult... What we need is SKILL BUILDING for parents of kids with mental health issues...

C: Monica Fiorenza, MD, Timber Lane Pediatrics: We are so fortunate at to have our Community Health Team Social Worker and our Care Coordinator to support families in so many ways. Our practice has referred many more patients to them during the pandemic. They are both amazing, but the needs of our patients are greater than their capacity to support all of the needs of patients and families.

C: Christina DiNicola, MD, Gifford Health Care Pediatrics: We don't have a dedicated pediatric social worker. We share with the whole hospital.

C: Kathleen Geagan, MD, Mt. Ascutney Hospital and Health Center: We're seeing LOTs more anxiety and depression, all therapists have long wait lists, older kids looking for more in-person counseling. Younger kids are manifesting stress as behavioral challenges. We have a care coordinator, and DULCE, but need more access to counselors.

C: Michelle Shepard, MD, UVMCH Pediatric Primary Care, VCHIP: With many middle and high school students only in-person 2 days or not at all, they are unable to access guidance counselors or school-based MH clinicians.

C: Sharonlee Trefry, RN: Research in School Nursing verifies (pre-pandemic) over 30% visits to the school health office is mental health related. Anecdotal reports from SNs have always been higher that 50% visits are mental health or social emotional health issues. Post-COVID research is needed to validate that those visits have likely increased further. The SN is the ideal portal to the medical home. I think our new SN consultant would echo the interest in telehealth in SN offices

C: Ellen Gnaedinger, APRN, South Royalton Health Center: It's also helpful to look at schools which have robust & effective support from community mental health, e.g., Washington County Mental Health & Williamstown High School; as a provider it is easier for me to support teens w/ mental health issues at a school such as Williamstown vs. a high school with less robust in-school community health support.

C: Jamie Rainville, VFN: Focus on special education, VFN would like to add regarding school-based needs to consider:

- 1) Consideration that ESY (extended school year) services for children on IEPs be easier to access and be more robust academically (it is usually not easy for ESY services to be approved within the IEP and when they are, the program is generally much "lighter" academically)
- 2) Consideration be given for high school students on IEPs to be allowed to stay in school longer—beyond the 22nd birthday if their transition services were severely impacted by the pandemic (those whose transitional services may have included community-based experiences)
- 3) That parent engagement be part of the schools' process when assessing extent of learning loss. With the hybrid and remote learning options, parents were even more intimately aware of their children's academic programs than in the past.

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C: Vivian Pauley, MD, UVMMC: As a resident at UVMMC it has been a privilege to take care of youth in crisis in the clinic, inpatient unit and emergency department. The number of youth who have required hospital level care for mental health needs including safety after suicide attempts, and medical stabilization for individuals experiencing eating disorders have been astounding. I appreciate the collaborative partnerships in Vermont between schools and medical providers including the Winooski School Based Health Center where we strive to meet students where they are, and address students concerns before they result in significant harm. My hope is that through the legislator's support, these kinds of partnerships will become even stronger.

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