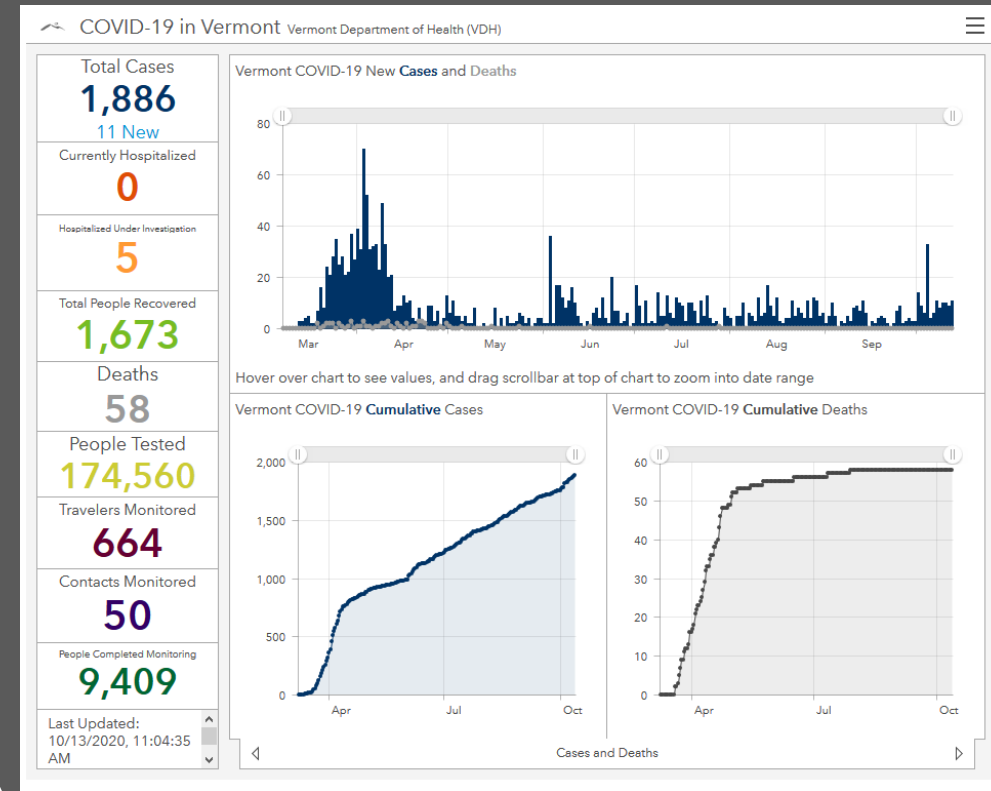# State Response in Vermont: COVID-19

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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

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Information on the Coronavirus (COVID-19)

CORONAVIRUS (COVID-19) INFORMATION FOR SPECIFIC GROUPS

Coronavirus Information for Families, Individuals	Coronavirus Information for Service Providers	Coronavirus Information General Releases
Governor's Declarations related to the Coronavirus	Self-Care Information	FEMA COVID-19 CRISIS COUNSELING ASSISTANCE AND TRAINING PROG
SUICIDE PREVENTION HELP AND RESOURCES	In Crisis?	VERMONT DEPARTMENT OF HEALTH COVID-19 GUIDANCE

https://mentalhealth.vermont.gov/coronavirus-covid-19-information-specific-groups

COVID SUPPORT VT
Promoting mental health and wellness for all

Support Counselors Are Here to Help Call 2-1-1 Today

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

KEY PRINCIPALS OF A TRAUMA INFORMED ORGANIZATION (target schema)	WHITE SUPREMACY CULTURE ANTIDOTES (source schema)	SYNTHESIS (for assessment)
Safety - Throughout the organization, staff and the people they serve feel physically and psychologically safe.	**Objectivity Antidotes:** realize that everybody has a world view and that everybody's world view affects the way they understand things; realize this means you too; push yourself to sit with discomfort when people are expressing themselves in ways which are not familiar to you; assume that everybody has a valid point and your job is to understand what that point is **Perfectionism Antidotes:** develop a culture of appreciation, where the organization takes time to make sure that people's work and efforts are appreciated; develop a learning organization, where it is expected that everyone will make mistakes and those mistakes offer opportunities for learning; create an environment where people can recognize that mistakes sometimes lead to positive results; separate the person from the mistake; when offering feedback, always speak to the things that went well before offering criticism; ask people to offer specific suggestions for how to do things differently when offering criticism **Fear of Open Conflict Antidotes:** role play ways to handle conflict before conflict happens; distinguish between being polite and raising hard issues; don't require those who raise hard issues to raise them in acceptable ways, especially if you are using the ways in which issues are raised as an excuse not to address the issues being raised; once a conflict is resolved, take the opportunity to revisit it and see how it might have been handled differently **Sense of Urgency Antidotes:** realistic workplans; leadership which understands that things take longer than anyone expects; discuss and plan for what it means to set goals of inclusivity and diversity, particularly in terms of time; learn from past experience how long things take; write realistic funding proposals with realistic time frames;	**Safety includes:** Recognizing differing views Sitting with discomfort in difference Assuming validity of differing view Practice appreciation of work and efforts Practicing curiosity Expecting mistakes and encouraging learning from them Allowing for "hard issues" to be raised and practicing handling of conflicts Allowing time for work to come to fruition Acknowledging defensiveness and fear and working on your own Accepting that change is constant Accepting challenges to your leadership as healthy.

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