

VOICES FOR VERMONT'S CHILDREN
PUBLIC ASSETS INSTITUTE
Facts to Action
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Outline

Introductions

Human Services and our Current Fiscal Reality

Children's Mental Health and Vermont's budget

What do we value as a state and a community for those who cannot care for themselves?

Vulnerable Populations and our responsibility as a state

Realities for Children and Youth who need our most intensive therapeutic services

Funding background

We've already seen over one million in funds for children's mental health targeted for children with the most intensive needs rescinded this fiscal year.

The Department of Children and Families also saw cuts this year to their substitute care budget targeted for those children and youth in care who need the most intensive services.

The FY09 budget adjustment included cuts for residential funding via both the DCF and DMH budgets.

Intensive programs that provide therapeutic programming 24/7 serve a relatively small number of children in our state with approximate numbers at 200.

Vermont has been recognized for its innovative system of care for children and families which is largely community based with the availability of more intensive services such as crisis stabilization, residential treatment and hospital in patient services.

Data from the National Mental Health Information Center shows that Vermont has one of the most effective children's mental health systems in the U.S.

Why focus on the 200 children who receive the most intensive treatment within our state when our designated agency system served 10,000 children and adolescents in 2008?

We know that vulnerable individuals of all ages are feeling the impact of services being cut. We are seeing that intensive services for children, youth and families are less available with programs closing due to occupancy challenges and related fiscal difficulties.

Will decisions be made related to numbers impacted and the associated cost? Consider the implications regardless of the population you may serve or in the case of your own family your vulnerable family member.

Vermont has been recognized for its outstanding outcomes for children and at the same time we do have children who have intensive needs. How can we ensure these children receive the treatment they need regardless of our current economic crisis?

Implications if we do not have intensive services such as crisis stabilization, intensive residential or psychiatric inpatient services.

Children will not receive the treatment they need which will impact their ability to participate fully in normal developmental activities such as school, community and family activities. These children are also at greater risk for mental health issues that will impact their functioning as they enter into adulthood.

Families will be impacted as they attempt to care for their son or daughter who needs more intensive services but there are no appropriate options or no available funding. This increases the demands on an already stressed family system including siblings. Economic issues for families.

Safety implications for the children, their families and the greater community. We run the risk of having more children in our community who have been determined to be in need of crisis stabilization or more intensive residential treatment and not receiving these intensive services

Currently we have close to 50 children who were placed out of state in residential programs. There is the risk that our state will move to a model of outsourcing residential treatment for children if we have more residential programs close.

Potential loss of specialized treatment programs with the risk of paying start up costs for similar programs at a later date.

Provide examples of how other states have dealt with fiscal realities and supporting residential treatment.

The current economic climate has a tremendous impact on families as they struggle to maintain their respective jobs and care for the children. At a time when children and families are seeking assistance at a great rate we are decreasing the availability of some of the more intensive services.

First Call data over a 10 year window. There has not been an increase of this magnitude since FY04 when the team increased in size and also improved their reporting methods.

In closing, our children are our future and we have a responsibility to all of them regardless of their disability. We are fortunate to have a current system of care that is largely community based that while fiscally challenged will continue to reach many of the children and families. At the same time, the intensive services necessary for those children and families who need crisis stabilization, residential treatment or even hospitalization are at risk of disappearing and the costs would be felt by our communities, schools and most importantly the children and families.

