

PATHWAYS

A Resource Guide
Connecting Families
with Services and Supports
for Children and Adolescents
Who Experience a Serious Emotional Disturbance



Acknowledgments

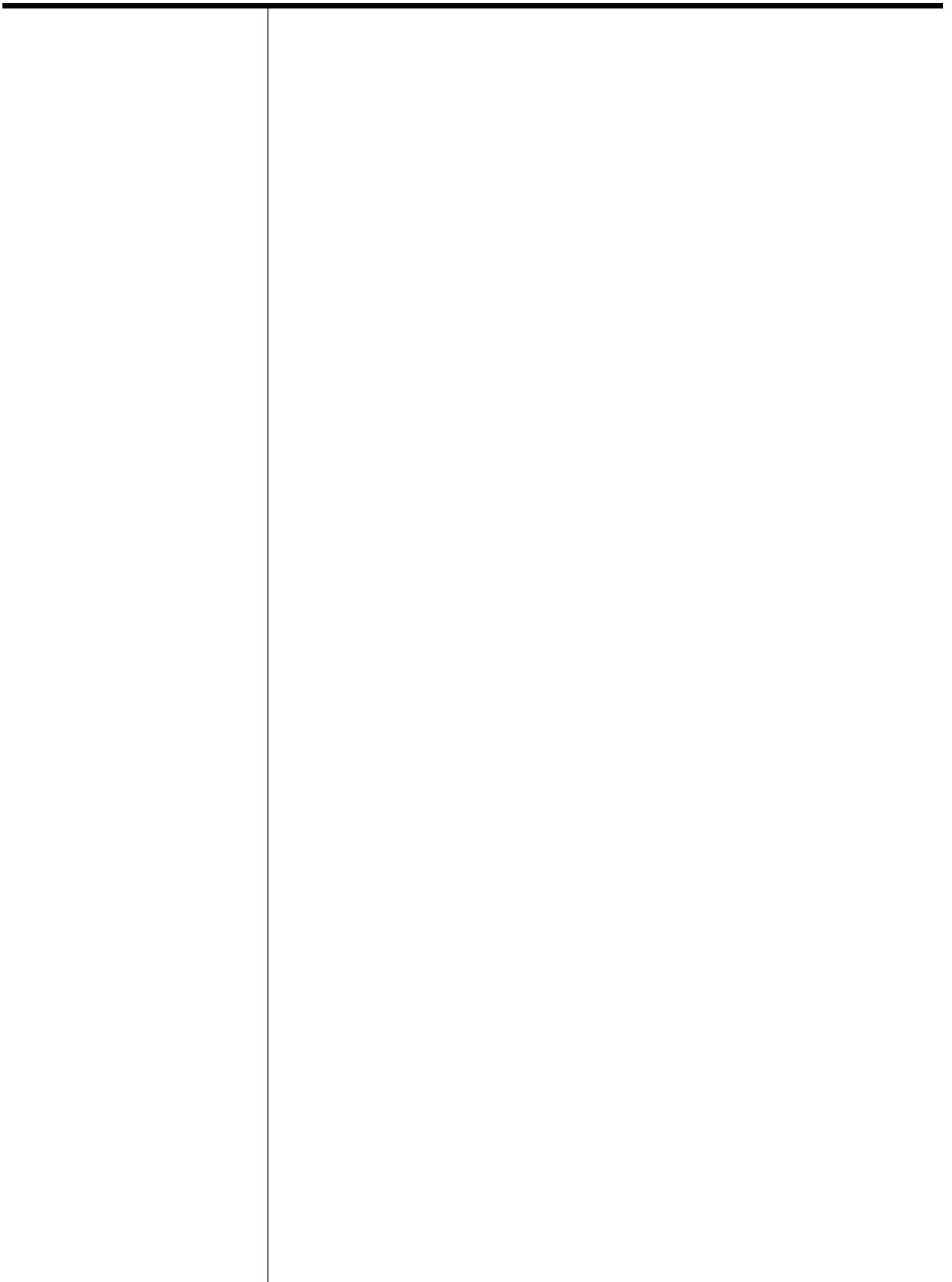
Families asked for a guide containing practical information about programs, services and resources for children who are experiencing a serious emotional disturbance. In response, representatives of children's mental health at the state and community level, as well as the Vermont Federation of Families for Children's Mental Health and the National Alliance for the Mentally Ill (NAMI of Vermont), sat down together to provide it. We hope it helps.

If you have suggestions on how to make future editions more helpful, please let us hear from you.

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Dedication

Sometimes what is most helpful to people cannot be found in any guidebook. People who listen and care, who offer kind words, who extend a helping hand, and who say they'll stick by you no matter what, can make all the difference.

Special thanks to those many family members, friends, service providers, and community members who help to make a difference for families who have a child with a serious emotional disturbance.

Thank you!

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***SECTION 1:
INTRODUCTION***





Being a parent is the hardest job in the world even in the best of times. Our children do not come with manuals that tell us what to look for as signs of distress or how to find support. When our children show troubling and hard-to-manage emotions and behaviors, it is especially difficult to know what to do or where to turn for help. As parents, we love our children and do the best we can, given the experiences we've grown up with, books we've read, and people we've talked to. Sometimes that doesn't feel like enough.

We know from experience:

- **You are not alone in your struggles**, even if it feels that way. Other families struggle with emotional and behavioral challenges with their children, too.
- **There is always hope for you and your child.** Your child and family have many strengths and abilities to build on.
- **There is help.** There are many skilled and knowledgeable people in Vermont available to help you.

This guide gives practical suggestions on “what to do” and “where to turn.” You will find information, sources of comfort and help, agencies and programs to call, and answers to questions you might not have thought of yet. You will also find phone numbers and addresses of organizations and programs, and references that can provide you with more information and help.

The rest of this booklet is organized into the following sections:

Section 2: What Is Serious Emotional Disturbance? defines “serious emotional disturbance” (SED) in children and adolescents.

Section 3: What Is the Impact on the Family? discusses the emotional impact of serious emotional disturbance on the family and suggests what you can do as parents to get yourselves and your children through these challenging times.

***You are not alone.
There is always hope.
There is help.***

*Remember, help is
only a phone call
away, and asking for
help is a sign of
strength!*

Section 4: Where Can I Find Information and Support? offers informal and formal resources where family members can find support, advocacy and information.

Section 5: What Systems Provide Support? describes the System of Care for children and adolescents who experience a serious emotional disturbance and their families, using a child-centered, family-focused approach.

Section 6: Who Pays for What? discusses how to pay for some of the services you may receive. It provides an overview through the maze of insurance, managed care organizations, and Medicaid programs for which you and your child may qualify.

Finally, the **Appendices** are full of valuable information such as names, addresses, and phone numbers of organizations (public, private and volunteer) that can provide you with help and information.

***SECTION 2:
WHAT IS
SERIOUS
EMOTIONAL
DISTURBANCE?***





A. MENTAL HEALTH PROBLEMS AND SERIOUS EMOTIONAL DISTURBANCE

Everyone has “mental health.” It is how we think, feel and act in order to face life situations. It is how we look at ourselves, our lives and the people we know and care about. It helps determine how we handle stress, relate to others, and make daily choices. Like physical health, mental health is important at every stage of life, and it can change over time. Sometimes we are healthier than at other times. Sometimes we may need help. Many people experience mental health problems at some point in their lives.

Mental health problems cannot always be seen. It’s easy to know when a child has a high fever or rash. Emotional, behavioral and psychological problems may be more difficult to identify. However, the symptoms can be recognized and help is available.

Many children and adolescents have mental health problems. Studies and the US Surgeon General’s report suggest that at any time at least 1 in 5 children may have a behavioral, emotional, or mental health problem. At least 1 in 20 children (as many as 3 million young people nationwide) may have mental health problems that severely disrupt his or her ability to function. Without help, these problems can lead to school failure, alcohol or other drug abuse, family discord, violence, or even suicide.

Many children may be experiencing temporary emotional and/or behavioral challenges. Other children and adolescents who have had prolonged or severe difficulties may be described as having an “emotional/behavioral disorder,” a “mental illness,” or a “serious emotional disturbance.” This manual uses the broad term “serious emotional disturbance” (SED) to describe children whose emotional or behavioral health concerns are *significant* and *ongoing*.

“I remember the day that I first heard the terms used and the label given. It was supposed to make things clearer, wasn’t it? I suppose in some ways it did. It was a place to start....”

B. POSSIBLE CAUSES OF SERIOUS EMOTIONAL DISTURBANCE

We do not know all the causes of serious emotional disturbance in young people. We do know that biology and environment can be involved. Examples of biological causes are genetics, chemical imbalances, and damage to the central nervous system.

Many environmental factors can put children at risk. For example, children who are exposed to violence, abuse, neglect, homelessness, lead poisoning, or loss of loved ones through death, divorce, or broken relationships are more at risk for mental health problems. Other risk factors include rejection or severe stress because of discrimination based on race, sexual orientation, religion, or poverty.

The assumption is too often made that all children who experience a serious emotional disturbance are the product of so-called “dysfunctional families” or “poor parenting.” It’s important for people to learn that there are a variety of causes. Children and adolescents who have a serious emotional disturbance in fact come from a broad spectrum of families who have a wide variety of strengths and needs.

C. SIGNS OF SERIOUS MENTAL HEALTH CONCERNS

Just as there may be a variety of causes for a child’s serious emotional disturbance, there may also be a variety of signs that problems exist.

We need to pay attention if a child...

...Is troubled by feeling:

- really sad and hopeless without good reason and the feelings don’t go away;
- very angry most of the time, cries a lot, or overreacts to things;
- worthless or guilty a lot;
- anxious or worried a lot more than other young people;



- grief for a long time after a loss or death;
- extremely fearful; has unexplained fears or more fears than most kids;
- constantly concerned about physical problems or appearance; or
- frightened that his or her mind is controlled or is out of control.

...Experiences big changes, for example:

- does much worse in school;
- loses interest in things usually enjoyed;
- has unexplained changes in sleeping or eating habits;
- avoids friends or family and wants to be alone all the time;
- daydreams too much and can't get things done;
- feels life is too hard to handle or talks about suicide; or
- hears voices that cannot be explained.

...Is limited by:

- poor concentration; can't make decisions;
- inability to sit still or focus attention;
- worry about being harmed, hurting others, or about doing something "bad;"
- the need to wash, clean things, or perform routines dozens of times a day;
- thoughts that race almost too fast to follow; or
- persistent nightmares.

...Behaves in ways that cause problems, for example:

- uses alcohol or other drugs;
- eats large amounts of food and then forces vomiting, abuses laxatives or takes enemas to avoid gaining weight;
- continues to diet or exercise obsessively although extremely thin;
- often hurts other people or animals, destroys property, or breaks the law; or
- does things that can be life-threatening.

Whether or not a child has a serious emotional disturbance or is at risk of experiencing one, it is okay to ask for help. It is important to get support as needed to assist growth, development, health, mental health and positive relationships.

There is no sharp line or division between children and adolescents who experience some of the above problems within the typical pattern of development and those who have a serious emotional disturbance. Many children have some of these problems as a normal part of growing up. For example, children are often distressed by changing to a new school, a parent's illness, or the death of a pet. These issues may be resolved by any number of actions such as talking with a trusted friend, or finding ways to relax. If, however, any of the above symptoms are severe or don't go away, it may be time to see a professional. It will be important to try to understand the cause so that a diagnosis can be made and appropriate services and other supports can be provided.

D. LEGAL DEFINITIONS

There are three important pieces of legislation that help define "emotional disturbance." The first two refer only to education; the third is broader and assures coordination of care across agencies.

- **IDEA:** The first is a federal law, the Individuals with Disabilities Education Act, or IDEA. Part B of IDEA requires that a free appropriate public education be available to eligible school-aged children and youth with disabilities. Vermont recently revised its Special Education Regulations to reflect the updated federal legislation.
- **Vermont Special Education Regulations:** The Vermont Special Education definition of emotional disturbance may be found in Appendix C of this guide. This definition helps to determine if a child is eligible for special education.



- **Vermont Interagency Law:** There is also a Vermont law (Act 264) which provides a definition of severe emotional disturbance (see Appendix C). This Vermont definition is broader than the federal definition. If children and adolescents meet the criteria of the Act 264 definition, they are entitled to a *Coordinated Services Plan* (see Appendix F). The plan outlines how services will be coordinated between agencies. This plan is further described in Section 5.F.

***SECTION 3:
WHAT IS
THE IMPACT
ON THE FAMILY?***





A. REACTIONS

All areas of a family's life may be affected when a family member experiences emotional or behavioral challenges. Rarely are family members knowledgeable about or prepared to cope with such challenges, particularly if they are severe or are occurring for the first time. The impact may vary from family to family, but the emotional reactions are similar.

Individuals in the family may experience a wide range of feelings, some of which may conflict with those of other family members.

These emotional reactions may be influenced by:

- your relationship to the child/adolescent (parent-single or couple, step, biological, adoptive, or foster; sibling; grandparent; aunt; uncle; cousin; etc.).
- the length of time your family must work with the challenges. Some emotional/behavioral issues are temporary, while others may develop into a life-long disability. A disability does not automatically mean that a person cannot live a full life. It does mean that he or she may always need some type of support, and that the support needed will likely change at different times of life.
- the severity of the problems. Some problems interfere with life more than others. And some problems are easier to work with in different environments or situations.

In addition to emotional reactions, family members may experience changes in their lifestyle such as:

- always being "on duty" 24 hours a day, seven days a week.
- increased stress on marriage and/or all other relationships.
- changing expectations by other family members, school staff, and community members.
- decrease in privacy with increased involvement by service providers.
- less time for self care or time alone.
- conflict, which can either bring a family closer together or tear it apart.

“Clearly, as time went on, the impact on the family reached every aspect of our lives. Concerns regarding school, social life, work and home life became complex. A simple thing like shopping became a major production!”

Keep in mind that individual responses are just that: *individual*. People will experience various emotional reactions, but not necessarily in the order given here, nor may they experience the same intensity or range of emotions that others do. It is also important to remember that you may go through these reactions several times as your child progresses through different stages of development. It is a normal, healthy and healing experience.

These are some of the reactions that parents in this situation have shared.

- Afraid: “What is happening to my child?”
- Confused. “What’s wrong? Why aren’t things working?”
- Denial: “This can’t be happening to me and my family.”
- Stressed: “I can’t take this anymore. If anything else happens, I will just scream.”
- Overwhelmed, lost: “Something is going on and we don’t know how to deal with it.”
- Guilty: “Am I a bad parent? Did I fail to prevent this from happening to my child?”
- Hopeless: “I don’t know how to help my child or our family through this.”
- Unsupported and misunderstood: “I am all alone. No one else is dealing with anything like this. You just don’t know how I feel.”
- Physically and emotionally exhausted: “I can’t do one more thing. All I want to do is cry.”
- Embarrassed: “What must people think about us?”
- Ambivalent: “I love you. But if you do that one more time, I’ll...” “You are so dear to me. But I’ve had it with you.”
- Grief: “Do we have to give up on our dreams for our child’s future?”



The first response when a family member experiences significant emotional/behavioral challenges is often that of shock. You may withdraw and have a hard time dealing with your day-to-day life. Denial may be the next reaction. It can be a protective response, giving you the time to process the events that seem to have turned your life upside down. You may expect the difficulty to go away. You may have been told that “he or she will grow out of it; it’s probably just a stage they’re going through.” You know your child best—trust your feelings!

Denial can give way to anger that can be intense, and may be directed toward those you love the most: your child, a spouse, friends, your other children. You may start to blame the child, insisting that they “snap out of it.” At the same time, you may feel guilty, thinking it is some how your fault.

Grief is one of the basic human emotions, as normal as laughter. The purpose of grieving is to come to terms with and accept the difference between what you expected and reality. Grieving is a process. Understanding where you are in this process and what is happening to you can make the difference between frustration and an important period of mourning that will, in time, allow you to get on with the rest of your life.

There may come a time when things feel absolutely bleak and dismal, when the entire situation is so painful. This is a very important part of the grieving process -something everyone has to go through before they can move on.

Finally, you come to accept that your life has changed. This does not mean that you like it, but you realize you must deal with it. You surely wish this trouble had not come into your lives, but it did. You find ways to manage and even thrive. You begin to focus on advocating for your child and family: for better support, more information, and solutions that work.

All of these reactions are normal. You may experience more than one reaction at a time. Give yourself time and permission to accept your feelings. Sometimes you feel you are beginning to accept the problem and a new crisis will take you right back to the initial shock and confusion! Families who deal with disabilities may cycle through these stages of emotional response many times. There is no one best way to go through this. None of these reactions are wrong or bad. For some it takes years to arrive at a state of acceptance and understanding. In the meantime you move forward as best you can, each in your own way.

B. SUGGESTIONS TO HELP YOU COPE

Some ideas on how to cope with the changes and emotions listed above have been offered by other families.

- Seek support right away; don't wait for a crisis.
- Learn all you can about the disorder(s) your child is experiencing.
- If medication has been prescribed, check with your doctor before making any changes. Make sure your child's discomfort and/or behavioral changes are made known to the doctor.
- Avoid blaming.
- Resist feeling guilty.
- Remember that other family members are affected too, and they may well be experiencing denial, guilt and depression, just as you may be. Keep communication open by talking with them about this.

Things to Do to Get Good Results

- Keep a record of everything. List names, addresses, phone numbers, etc. A record of actions and their date, time, and location may come in handy. Make notes of what went on during conferences. Keep copies of all notices and letters. Make copies of everything you mail. Keep a notebook or file of all contacts. Don't throw anything away.
- Be polite. Keep all conversations to the point. Ask for specific information.



- Be a team player. As a concerned family member, you are entitled to information, respect and courtesy, as are the other team members.
- Take responsibility for keeping appointments.
- Be on time for appointments.
- Expect professionals to:
 - Use language you can understand.
 - Keep you informed and involved at every level of planning, and follow up on promises.
 - Let you know if a plan can't be done, and why not, and offer other suggestions.
 - Return phone calls in a timely way.
 - Respect a family's right to privacy.

Just as there are certain actions to take in order to be effective, there are some things which tend not to be helpful. Keep in mind that most professionals who work with children and families want to do a good job. Also remember that their time is usually tightly scheduled.

Things NOT to do.

- Do not accept vague answers or statements that seem confusing; ask for more clarification and details until you feel you have a clear answer to your question.
- Do not feel you should already know something. (You cannot know what you have not learned.) You have the first-hand experience, and the professionals have the technical knowledge. That is why you are a team.
- When you ask how *we*, as a team, are going to implement the treatment plan, do not accept answers that imply that you and your child are solely responsible for his/her progress. You are a team, and all members of the team must be accountable.

For more suggestions, see Appendix G: Effective Parent/Professional Collaboration.

***SECTION 4:
WHERE CAN
I FIND
INFORMATION AND
SUPPORT?***





Every individual, at one time or another, needs support. Asking for help is a sign of strength. But to whom do you go when you have questions, fears, or confusion? In Vermont we have many resources and supports for families who have children or youth with emotional or behavioral challenges.

Family support may include reaching out to another child, parent, or family over the telephone, in person, one-on-one, or in a support group. **Family advocacy** can be helpful when you need another set of eyes or ears to assist you in exploring resources, navigating the system, taking in and remembering everything important that happens in a meeting, or simply “holding your hand.” You do not need to feel alone! The following is a list of statewide support and advocacy groups that can help guide you along your pathways.

- ***Vermont Federation of Families for Children’s Mental Health*** [1-800-639-6071] is a family-run organization supporting families whose children are experiencing or are at risk to experience emotional, behavioral, or mental health challenges.
- ***National Alliance for the Mentally Ill (AMI) of Vermont*** [1-800-639-6480 or 802-244-1558] is composed of individuals and families dealing with severe mental illness. Website: www.namivt.org.
- ***Vermont Parent Information Center*** [1-800-639-7170] provides families of children who have special needs with information and support regarding their child’s disability, the education process, and community resources. Website: www.vtpic.com.
- ***Parent-to-Parent of Vermont*** [1-800-800-4005] provides a network of support and information for families whose child has a chronic illness or disability or has been born prematurely. Website: www.partoparvt.org.

“Through trial and error, and with help from others, we tried to return to a time in our lives when we didn’t feel so confused, lost, overwhelmed and alone.”

In addition to the organizations listed above, the following organizations throughout Vermont can assist you in reaching out to another person who has experienced a similar situation and in finding helpful information. You may also consider contacting your faith community.

- ***Advocacy, Resources and Community (ARC) of Vermont*** [802-658-2221] provides information and support to people with developmental disabilities, their families and friends. Website: www.arcvermont.org
- ***Association for Cerebral Palsy*** [802-723-6272] can provide no-interest and low-interest loans for adaptive equipment serving people with disabilities; provide training in independent living skills, adaptive equipment, and toys; school consultations; and family support.
- ***Autism Society of Vermont & Autism Information Center*** [1-800-559-7398] provides information, support and training on Autism Spectrum Disorders (ASD). Website: www.Autism-info.org
- ***Casey Family Services*** [White River Junction office: 1-800-607-1400; or Waterbury office: 1-800-244-1408] promotes a stable family for children in need through family advocacy and support, post-adoption services, and long-term foster care.
- ***Family, Infant and Toddler Project of Vermont (FITP)*** [1-800-870-6758 voice/TTY] is a family-centered statewide system of early intervention services for infants and toddlers who have a delay in their development or a health condition that may lead to a delay in development, and their families. Website: www.state.vt.us/health/hi/cshn/fitp/fitp.shtml



- **Outright Vermont** [1-800-GLB-CHAT or 1-800-452-2428] provides information, support, referral, and education services for gay, lesbian, bisexual, transgender, and questioning (GLBTQ) youth and the people who work with them.

- **Parent Child Centers** around the state provide assistance and education to young families at low or no cost. For information about family education and support programs existing in local areas call the *Vermont Parent Child Center Network Office* [802-388-3171] or see Appendix B for a complete list of local programs. Website:
www.vermontfamilyresource.org/PCCNetwork/Home.html

- **Prevent Child Abuse - Vermont** [Parents' Stress Line: 1-800-CHILDREN or 1-800-244-5373; Office: 802-229-5724] is an umbrella organization of educational services to the families of Vermont, including:
 - Parents Together
 - The Nurturing Program
 - Shaken Baby Syndrome Program
 - Kindred Connections
 - Understanding and Responding to Sexual Behavior in Children and Adolescents
 - Sexual Abuse Free Environment for Teens (SAFE-T)
 - Vermont Parents' Home Companion & Resource DirectoryE-mail: pcavt@together.net
Website: www.pcavt.org

- **STOP IT NOW! Vermont** [1-888-PREVENT or 1-888-773-8368] is a confidential help-line to help prevent child sexual abuse. Information is available to everyone, including abusers, family members and friends who may want to confront an abuser, parents of adolescent abusers, and people who care about children and want to learn more.

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- ***Vermont Association for the Education of Young Children (VAEYC)*** [802-985-2697] provides advocacy, coordinates the Week of the Young Child, has a catalog of resources and services, and hosts an annual conference.
 - ***Vermont Association for Mental Health*** [1-800-639-4052] is a statewide citizens' organization working to promote mental health and mental health services. Focus is on public education and advocacy. Website: www.vamh.org
 - ***Vermont Center for Independent Living*** [1-800-639-1522 voice/TTY] is a private non-profit organization operated by and serving Vermonters with disabilities.
 - ***Vermont Center for the Prevention and Treatment of Sexual Abuse*** [1-800-879-5620] is a state program designed to address the treatment needs of both sexual abuse victims and offenders. It provides a resource center and referral service to prevent and treat sexual abuse.
 - ***Vermont's Children's Aid Society*** [802-864-9883 or 1-800-479-0015] is a comprehensive program to improve children's well-being, including pregnancy counseling, referral services and financial planning assistance, adoption planning and counseling, and foster care services.
 - ***Vermont Children's Forum*** [802-229-6377] does advocacy work, produces a legislative agenda with updates, publishes *The Vermont Kids Count Data Book*, and hosts an annual conference. They also sponsor the *Vermont Community Leadership Training Program*, a free community-based training program for adult community members who are committed to making positive change in communities.



- ***Vermont Coalition for Disability Rights*** [1-802-223-6140 voice/TTY] is a statewide coalition of disability advocacy organizations that works closely with its member organizations to empower people with disabilities and assist them to directly participate in legislative decision-making.
- ***Vermont Foster/Adoptive Family Association (VFAPA)*** [1-800-746-7000] is a volunteer parent organization dedicated to strengthening foster and adoptive families through training, peer support, advocacy and other services.
- ***Vermont Migrant Education Program*** at the Rural Education Center [1-800-639-2023] focuses on educational services including advocacy for children and youth of agricultural workers who move frequently across school district lines.
- ***Vermont Legal Aid*** [1-800-889-2047] is a non-profit law firm organized into specialized projects serving clients from six offices located throughout Vermont. It helps Vermonters with non-criminal legal problems if they have low incomes, are elderly, or have a disability.
- ***Vermont Protection and Advocacy*** [1-800-834-7890] works with individuals who are labeled mentally ill and are receiving mental health treatment in a residential facility or hospital, or were recently discharged from a hospital or other residential facility. It investigates: complaints of abuse (physical or sexual assault, verbal abuse, restraint and seclusion, forced treatment, and harassment;) and of violations of individual rights (the right to refuse treatment, right to privacy, access to medical records, confidentiality).

“The energy you need to keep up that level of intensity triples. Due to the extensive needs of our child we had to look beyond our family for support.”

- **University of Vermont's Center on Disability and Community Inclusion** [802-656-4031 voice/TTY] provides services, supports and education to families, schools and communities and advocacy for the legal and civil rights of individuals with disabilities. Website: www.uvm.edu/~cdci/
- **University of Vermont's I-Team** (Interdisciplinary Team for Intensive Special Education) [802-656-4031] assists local teams of families, educators, and other service providers to deliver quality educational services to students with intensive educational needs through technical assistance, professional development, and family support.

Other Sources of Information:

Information is important in understanding your child's situation, your rights, and how you can help. In addition to the resources and their websites listed above, there are many other ways to get information, such as libraries, newsletters for specific disabilities, conferences, workshops, training events, and the Internet.

Additional Websites:

Vermont Service Net: Vermont's Agency of Human Services has created an on-line database which includes 2,300 services to help you find what you need. Services are categorized by need and town with a user-friendly point-and-click format. If you do not have Internet access in your home, public access is available in most public libraries, schools, non-profit agencies, and state agencies.

Web Site: www.ahs.state.vt.us/services

Vermont Department of Developmental and Mental Health Services maintains a website which includes, among many other things, a downloadable copy of this booklet, *Pathways*. There are also calendars of trainings and listings of technical assistance resources which you can access by clicking on "Training," then "Training and Technical Assistance Rolling Calendar" or "Vermont Technical Assistance and Consultation Resources."

Website: www.state.vt.us/dmh/



Knowledge Exchange Network: The federal Center for Mental Health Services Knowledge Exchange Network (KEN), part of the U.S. Department of Health and Human Services, provides information about mental health via a toll-free telephone number (1-800-789-2647). Information is also provide through their website, and more than 200 publications.

Website: www.mentalhealth.org

“Mental Health: Report of the Surgeon General 1999,” a report published by the United States Department of Health and Human Services, reflects an extensive review of scientific literature on mental health, as well as consultations with mental health care providers and consumers. The full report is available on-line at:

Website: www.mentalhealth.org/cmhs/surgeongeneral

“The Child and Family Web Guide” is maintained by the Tufts University's Eliot-Pearson Department of Child Development and Tisch Library.

Website: www.cfw.tufts.edu/

National Child Care Information Center (NCCIC): The National Child Care Information Center is sponsored by the Child Care Bureau, Administration for Children and Families, U.S. Department of Human Services. In partnership with the ERIC Clearinghouse on Elementary and Early Childhood Education at the University of Illinois at Urbana-Champaign, they maintain a website which provides a central access point for child care related information and an extensive listing of links to other child-related websites.

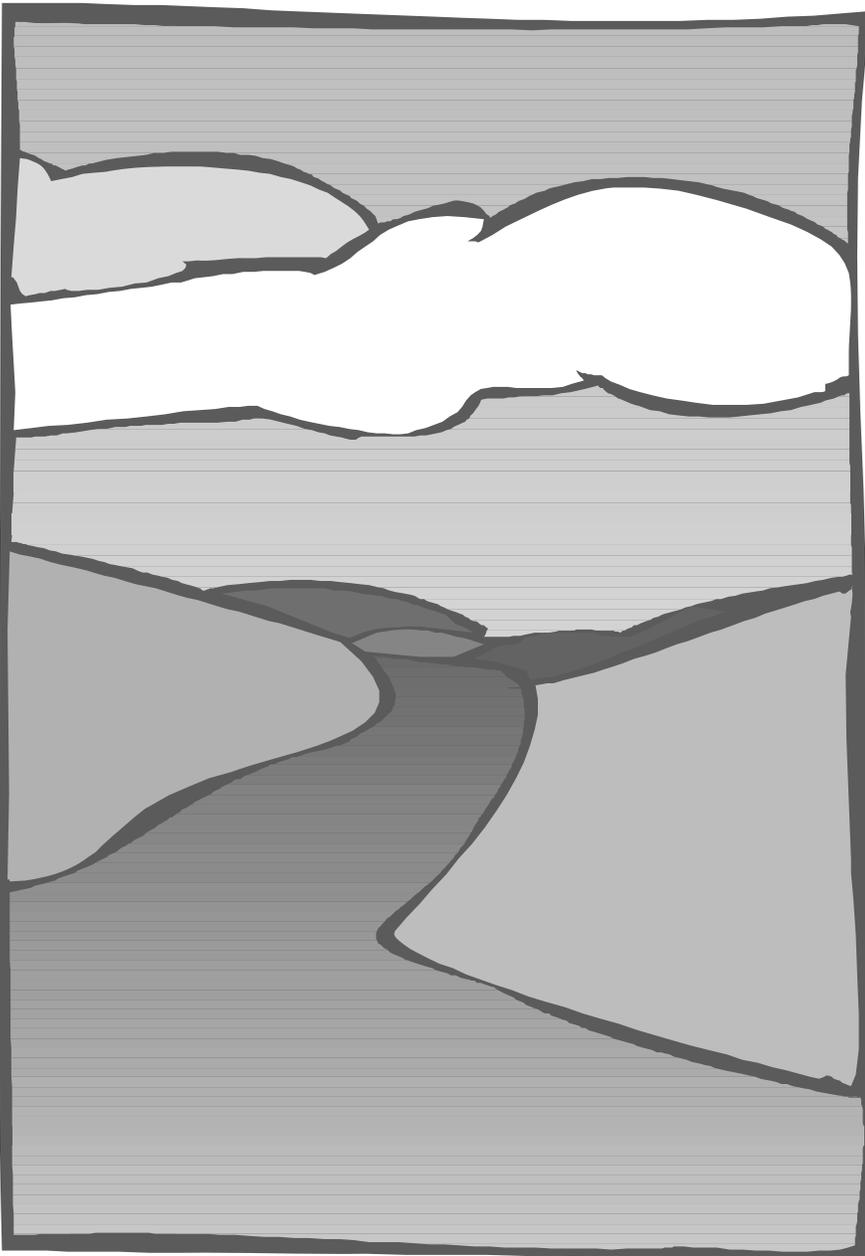
Website: www.nccic.org/

“ZERO TO THREE National Center for Infants, Toddlers and Families” ZERO TO THREE is a national non-profit organization dedicated to promoting healthy development of infants and toddlers by supporting and strengthening families.

Website: www.zerotothree.org/

***Remember, you do
not have to be alone.
Please reach out
today!***

***SECTION 5:
WHAT SYSTEMS
PROVIDE
SERVICES?***





A. BASIC VALUES

As your family starts along pathways looking for services, you should find a system of care that uses a child-centered, family-focused, strengths-based approach. This approach emphasizes that services assist each child and family to achieve their own unique goals. The following list of values forms the basis for Vermont's approach.

- **Parent/Provider Partnerships:** An active partnership between family members and service providers is necessary to meet the real needs of children and families. Children and families should be active decision-makers in the services provided.
- **Individualized Services:** Services need to focus on the unique needs and strengths of each specific child and family.
- **Focus on the Strengths of the Whole Child and Family:** Services and supports should build on the strengths of the child and family to achieve good results. They should look at the child and family members as multi-faceted human beings, considering the impact on all important aspects of their lives.
- **Community Based Services:** Services should be provided within the most family-like environment able to meet the youth's needs. Ideally, children and families receive services within their own homes, communities, and schools. If remaining with their own family is not possible, then children should have places to live which meet their needs and allow them to keep in touch with their own family.
- **Unconditional Care:** Any eligible child receives unconditional care no matter how serious, complex, or difficult the problem(s). If a child is eligible, the system should "do whatever it takes no matter what" to be certain that the child and family get the support they need.

“Our group of nine families has supported each other through a death, a birth, and a fire that destroyed one home. What we have in common is our need for support, information, referral, and a break from long, lonely Vermont winters.”

- **Cultural Competence:** For services to meet a child's and family's unique needs, providers must understand the values and customs of families from various cultures. The ability to understand and work within various cultural norms is critical to the success of any treatment approach.

1. Putting the Values into Action in Individual Treatment Planning

You may be working with just one provider or with several different providers. In either case, you should expect your planning process to use the values listed above and to include the following steps:

- Ask the child, family, and provider about possible goals; reach agreement on goals.
- Explore strengths of the child and family which could help to meet those goals.
- Explore additional strategies or ways to meet needs and reach goals.
- Decide on what is needed.
- Figure out how to get what is needed.
- Decide whether what you're doing is working.
- Decide how and when to adjust the plan's supports and services as change occurs.

2. Pathways to Services and Supports

Vermont has several major system pathways to supports and services which may be useful to you. In this guide, we hope to give you a sketch of five major system pathways:

- Early childhood
- Mental health
- Education
- Child protection
- Interagency approach to coordinated service planning

Because the focus of this guide is children's mental health, more attention will be given to the mental health system's services. However, this guide is best used as an overview of the system pathways with suggestions on how to get more detailed information if you choose a particular path.



B. THE EARLY CHILDHOOD SYSTEM

1. Vermont Family, Infant, and Toddler Project (Individuals with Disabilities Education Act: IDEA Part C, Early Intervention Program for Infants and Toddlers)

If your child is very young, you may be concerned that your child has “a problem” or that “something is not right,” but it may not be clear what your concern may mean. A good source of help, along with your child’s doctor, is the Vermont Family, Infant, and Toddler Project (FITP). Operated by 12 community-based Regional Host Agencies, this early intervention service system in Vermont is coordinated, monitored and supported by the Vermont Department of Health in partnership with the Vermont Department of Education.

FITP is a statewide early intervention program serving infants and toddlers under the age of three who have developmental delays, or a health condition that may lead to delays, and their families. It intervenes early with needed supports aimed at improving child growth and development so that very young children can enjoy learning from life, and can have relationships, activities, environments and services that enhance their abilities to learn from school.

For further information about early intervention services and to find out more about the Family, Infant and Toddler Project nearest you, please call 1-800-870-6758. A list of Regional FITP host agencies and phone numbers is also included in Appendix B. A general description follows that offers a sense of what the Family, Infant and Toddler Project in Vermont does.

FITP recognizes the expertise and experience of families and promotes collaboration between families and a number of service providers. It is viewed by many as a family support program that helps prevent developmental delays from leading to more serious problems.

The Project brings together families and when needed and wanted by families can draw upon service providers from many aspects of the community, including resources from public and private agencies, health care providers, Head Start, child care, parent child centers, local school districts, and private providers. Supports and services come together in a “core team” to meet each child’s unique needs and the needs of their family in their home and community. The team works to ensure that Vermont’s young children and their families can access the widest possible array of early intervention services that will enhance positive child and family development. The core team includes the family, an early interventionist and/or a local school district representative, a social worker, and a Community Resource Parent.

The Community Resource Parent is a unique component of Vermont’s early intervention system. In each of the twelve regions, the Community Resource Parent is a member of the core team, participating in such activities as service coordination, public awareness efforts, eligibility determination, and development and implementation of Individualized Family Service Plans. They are often the first person to talk with a family of a child being referred for services through the Family, Infant and Toddler Project. This individual also provides families with information and referral to other services, and maintains up-to-date records on what is available in the region for families with young children.

A service coordinator (sometimes called a “case manager” in other service systems), chosen by the family and other core team members, is available for each family to make sure that families are not left to hunt for resources on their own. This person’s job is to help a family gain access to needed resources, to balance multiple services when needed, and to be a critical link to information, resources, and the community.



A multi-disciplinary assessment process determines eligibility and provides a baseline of information that is then used to develop an Individualized Family Service Plan (IFSP). Families and other members of the core team are partners in developing, implementing and reviewing this personalized plan in order to achieve the best results for the child and family.

Early intervention services, depending on child and family need, might include one or more of the following:

- assistive technology
- audiology
- family education and training
- nursing, physical and occupational therapy
- counseling/psychological services
- health services to help a child benefit from other early intervention services
- special instruction
- transportation assistance
- medical diagnosis for evaluation
- nutrition
- communication
- social work
- vision

Using natural environments such as the family's home, child care program or Early Head Start program early intervention services (such as one or more of the following: language development, physical therapy, special instruction, occupational therapy or early childhood mental health) are integrated into the family and child's daily routines. Early intervention services are supportive of families in the context of their own unique daily routine, lifestyle, culture, and community.

Children transition at age three from the Family, Infant and Toddler Project to other early childhood services such as Essential Early Education (Part B of IDEA, early childhood special education) if the family wishes and there is a continuing need. Otherwise transition services are offered prior to age three when a family chooses other early childhood services.

2. Parent Child Centers

Each year 15,000 Vermont families make use of the wide variety of services offered by the sixteen (16) organizations in the Vermont Parent Child Center Network. Every center provides assistance and education to families with very young children, at low or no cost, so that families of all backgrounds and income levels can participate.

The Network's goal is to help Vermont families get off to a healthy start and prevent problems – such as illiteracy, poor health, school failure, delinquency, difficulty in becoming self-sufficient, and physical, sexual, and emotional abuse - that are so costly to our society.

Families find help, friendship, and a sense of belonging at parent child centers, and through home visits by center staff. At each center, parents can find many of the services that are right for them, along with referral to other resources and a chance to build their own connections to the community. Children get the chance to play and socialize in a stimulating environment where basic developmental strengths and challenges can be recognized and addressed.

Many services are available to all families, while others are designed to serve the particular needs of children and families who are in high-risk circumstances. Each center also offers specialized services, designed to meet community needs and to build on community strengths. All Vermont parent child centers offer 8 core services:



1. Home visiting
2. Early childhood programs
3. Parent education
4. Parent support
5. On-site services
6. Playgroups
7. Information and referral
8. Community development.

See Appendix B. 5. for the Parent Child Center nearest you.

3. Head Start

The Head Start philosophy is that parents, as the primary educators of their children, must be directly involved with the program. Since the well-being of children is linked to the well-being of the entire family, Head Start programs offer support for parents in childrearing, education, and creating opportunities for self-sufficiency.

Children from three to five years old from families with low income may receive Head Start services in their own homes, in classrooms, and in playgroups. Some of Vermont's seven regional programs offer services within full-day licensed early childhood programs, while others network with child care providers. Children with disabilities are included in the regular program, with individualized education and special services as needed. Three programs also serve children from birth to age three through Early Head Start Programs.

Head Start gives children a chance to grow up happy, healthy, and confident, by providing them with the educational, social, medical and nutritional services they need. The children socialize with others, solve problems, and have other experiences which help them become self-confident. They also improve their listening and speaking skills. Children have access to skilled professionals for any health problems, including vision, hearing, dental, nutrition, and mental health. Children leave Head Start prepared for kindergarten, excited about learning, confident in their own abilities, and ready to succeed.

C. THE MENTAL HEALTH SYSTEM

Who do you call when you need mental health services for your child? If you have private health insurance, you may ask your provider for an assessment and possible services. Private mental health providers may be able to assist you with assessment, diagnosis and a variety of treatment services.

You may also turn to your local Community Mental Health Center (see Appendix A for the Center nearest you). For children and adolescents with a serious emotional disturbance, each Center can provide a variety of services and supports as listed below. The child and adolescent treatment system is organized around (1) core services available locally and (2) more intensive services available through programs that serve the whole state.

1. Local Core Services

a. Family Supports

Support services can be instrumental in reducing family stress and providing parents and caregivers with the support to nurture a child who is sometimes difficult to care for.

- i. **Respite.** This service provides a planned break for parents who are caring for a child who is experiencing a serious emotional disturbance. Respite also gives the child a positive social experience with an individual who is trained to offer safe, stimulating activities. Respite care may be provided in the home or in a variety of community settings, for an afternoon, evening, or, in some agencies, overnight or for several days. Respite care can also be provided in a variety of out-of-home settings or by simply having a worker take a child on an outing for several hours. This break allows the parents time to spend with their other children, schedule necessary appointments, or simply rest and re-charge.



A Respite Coordinator is available at each Community Mental Health Center to supply parents with an application and to match trained respite workers with children and their families. Respite workers receive ongoing supervision from Respite Coordinators.

ii. Skills Training, Peer Advocacy, and Peer Support.

Teams of paraprofessionals and volunteers may be available to provide these services with the intensity and amount determined by the family's or individual's need.

b. Outreach Treatment

These services create the core of the mental health treatment system and interagency coordination.

i. Service Planning and Coordination assists individuals and their families in planning, developing, choosing, gaining access to, coordinating and monitoring needed services and supports. The services and supports may be formal (provided by the human services system) or informal (available through the strengths and resources of the family or community).

ii. Community Supports are specific, individualized, and goal oriented services that assist individuals and families in developing skills and social supports necessary to promote positive growth. These supports may include supportive counseling, support to participate in community activities, contacts with other members of a treatment team, and building and sustaining healthy personal, family, and community relationships.

- i. **Intensive Family-Based Services** provide time-limited, intensive intervention for families whose child is at imminent risk of removal from the home for reasons of abuse, neglect, or severe emotional disturbance. Treatment activities are strength-based, and emphasize doing "with," not "for," family members. Services are individualized, focus on the specific needs of the child and family, and are provided primarily within the home.
- ii. **Jump on Board for Success (JOBS)**. This initiative is a supported employment and intensive case management program that serves high-risk youth with serious emotional disabilities. Currently available in 8 sites in the state, this new service has demonstrated excellent outcomes including high rates of employment; reduction in involvement with Corrections, dependence on welfare and disability benefits, and homelessness or need for residential placement; and GED attainment by high school dropouts.

c. Clinical Interventions/Treatment

- i. **Assessment.** Assessment is the process by which an individual's strengths, severity of need, functioning, ability to cope, and support system strength are evaluated across environments. It may take the form of a psychiatric, psychological, developmental, and/or social assessment. The assessment process may serve to determine eligibility for services. There are also times when assessments are conducted because the parents, school or treatment team would like answers to specific questions.



- ii. Therapy: Individual, Family and Group.** Individual, family, parent, or group counseling is a method of treatment which uses the interaction between the therapist and client(s) to promote emotional or psychological change to reduce distress.

- iii. Medication Services.** Medication services include the evaluation of the need for, prescription of, and monitoring of medication for the treatment of a disorder. Medication can be received from a variety of professionals including your family doctor, pediatrician, and a child psychiatrist (a doctor who specializes in children's mental health).

- iv. Substance Abuse Counseling.** Substance abuse counseling is available for youth on an outpatient and inpatient basis. In some regions, an intensive outpatient substance abuse program is available. To find out more information, contact the Department of Health, Division of Alcohol and Drug Abuse Programs, at 802-651-1550.

d. Immediate Crisis Response

Crisis services provide direct consultation and clinical evaluation of individuals who are currently experiencing or may be expected to experience a psychological, behavioral, or emotional crisis.

- i. Crisis Hotline/ Telephone Support.** This is a 24 hours a day, 7 days a week telephone service affiliated with each local community mental health center. All individuals in the community have free access to this service. See Appendix A for a list of Emergency Services numbers at local community mental health centers.

ii. Immediate Response Team/Crisis Outreach. In the event that you telephone a Crisis Hotline or Emergency Services, they will talk with you about the situation and you may both decide that you need to meet in person with an Emergency Screener to evaluate the situation further. Depending on the situation, the Emergency Screener may need to meet with you at a hospital emergency room, police station, or in your own home.

iii. Assessment and Referral. The most immediate assessment made by Emergency Screeners is whether the child is at risk of hurting him/herself or others. Through this assessment they may recommend: a) ways to immediately de-escalate the current crisis; b) development of a crisis plan for your family so that this situation is less likely to occur in the future; or c) an emergency placement.

e. Prevention, Screening, Referral, and Community Consultation

The promotion of psychological health and resilience for families and youth across any and all community environments is a goal of our system. Primary prevention efforts focus on healthy lifestyles and healthy communities for all youth and families. Secondary prevention efforts focus on decreasing the effects of risk factors, minimizing the effects of trauma, and maximizing family strengths. Prevention services include consultation to childcare providers, early screening with pediatricians, and consultation to families at risk.

The delivery of early intervention, screening and consultation services for young children (0 to 6 years old) who are at risk of developing mental health problems is expanding in Vermont. A federal demonstration grant called “Children’s UPstream Services” (CUPS) has been guiding interagency and community work in this area.



2. Statewide Services

You and your local community mental health center provider may decide your child needs more intensive services for a brief period of time. There are three types of these services, available through programs, that serve the entire state.

a. Intensive Residential Services

The Department of Developmental and Mental Health Services (DDMHS) contracts with three residential treatment programs to provide intensive mental health residential treatment for youth in Vermont: The Baird Center for Children and Families (a division of Howard Center for Human Services), Northeastern Family Institute, and Retreat Healthcare. All of these programs have around-the-clock awake staff, medical/psychiatric back up and in-house crisis backup services, and an in-house array of psychological assessment and treatment services.

These three intensive residential treatment programs provide:

- **Short-term Placements** (30 to 60 days) for assessment and stabilization
- **Long-term Residential Placements** (9 to 18 months) to address psychiatric or multiple mental health problems when other less intensive services have failed or when the type and intensity of outpatient care is not available in the child's own community.
- **Group Home Placements** (9-12 months) when a youth requires a placement in a small-scale 24-hour setting that can provide intensive psychological treatment and family outreach.

b. Emergency/Hospital Diversion Bed

Emergency or Hospital Diversion beds are community-based programs that provide a very high level of care and have the ability to divert youth from inpatient hospitalization. Typically youth who do not require around-the-clock medical monitoring (for such things as drug overdoses, suicide attempts or other complicating medical conditions) can be stabilized in a smaller treatment setting. Like the Intensive Residential Services, Hospital Diversion programs have 24-hour awake night staff, 24-hour psychiatric and in-house crisis back up, and have an ability to conduct psychological, neurological and other specialized testing as needed. The typical length of stay in these services is one to 14 days.

c. Hospital Inpatient Services

Inpatient hospitalization may be required for youth who: 1) require around-the-clock medical monitoring for such things as drug overdoses, suicide attempts or other complicating medical conditions, 2) have complex and uncontrollable behaviors such as harm to themselves and/or others, and/or 3) cannot be stabilized in a smaller and more individualized hospital diversion treatment setting. Three hospitals provide psychiatric inpatient services for Vermont youth: Retreat Healthcare in Brattleboro, Vermont; Cheshire Medical Center in Keene, New Hampshire; and Champlain Valley Psychiatric Hospital in Plattsburg, New York.

3. Who Can I Call When Things Aren't Right?

If you or your child have problems with mental health services, it is generally a good idea to begin addressing the situation at the most immediate level. You may follow these steps:

Step 1: If you feel your child is being under-served, talk to his/her case manager or other service provider at your community mental health center.



- Step 2:** If that fails to resolve the problem, contact the supervisor. Major problems may require the attention of the executive director of your local community mental health center or the chairperson or president of its board of directors.
- Step 3:** If you are not satisfied with the way the matter is resolved, you may follow the steps that each agency has to file a grievance to have the issue addressed and resolved.
- Step 4:** You may also call the Commissioner of the Department of Developmental and Mental Health Services, or the Director of the Division of Mental Health. These numbers are in Appendix A.

If you have been notified that your child or family is “ineligible” for a service, and you believe an error in judgment has been made, there is an appeal process that may be instituted by writing a letter to the agency and asking for an appeal meeting. Come prepared to defend your reasoning as to why you think that the original decision was not accurate and why it needs to be reconsidered.

If mental health service providers tell you there is not enough money for a specific service or there is a lack of specialized resources available to provide the needed services, then ask for a Coordinated Services Plan (see Appendix F) to look at additional resources and options. This would be the first step in documenting the unmet needs. If having the collaboration among agencies from this meeting does not resolve the lack of resources, then the next step is to ask the Local Interagency Team for their suggestions (see Section F, Interagency Approach).

Additionally, you may attend the local community mental health center’s board of directors’ meetings and learn about the allocation process. Help make your local community mental health center as strong as it can be.

D. EDUCATION SYSTEM

1. General Education

The mission of schools is to help students grow and develop, and to acquire knowledge and skills. Our schools provide education to all Vermonters. We share a common desire for all our children to become healthy, caring, and productive citizens, and we share responsibility for how well schools work. Whether your child is in elementary school, middle school, or high school, there are staff with different types of training, life experiences, and personalities who can be valuable allies. These include classroom teachers, guidance counselors, nurses, principals, aides, program staff, and special education personnel.

Here are some suggestions that can help you support your child's learning and maintain a good working relationship with the school:

- Let your child's teacher(s) know that you are interested in playing an active part in your child's educational program.
- Offer to explain any medication, medical problem, or special equipment your child has.
- Offer to share lessons you have learned about approaches and strategies that help your child succeed.
- Inform teachers of any activities or significant events that may influence your child's performance in school.
- Ask for suggestions on how you can continue, expand, and reinforce your child's school activities at home.
- Be in touch when something is troubling you and when something goes well.
- Volunteer in your school.



Children and adolescents who are experiencing difficulties in school due to mental health issues can get services and supports through the school in a variety of ways. Each school is required to have a comprehensive educational support system in place. The system must provide a range of supports and remedial services, including instructional and behavioral interventions, and accommodations. All schools have tutoring, individual counseling through guidance counselors, or special study groups. Each school also has an Educational Support Team (EST, sometimes known as Instructional Support Team [IST] or as Teacher Assistance Team [TAT]). Teachers, parents, guidance counselors, or other staff can get help from the Educational Support Team. Schools are responsible for providing all services that impact on a child's school performance (for children eligible for Special Education).

2. Essential Early Education (EEE or Triple-E)

EEE is special education for preschoolers. Vermont mandates that Essential Early Education programs identify and serve children from three through five years of age who have developmental delays or a medical condition which may result in significant delays by the time the child enrolls in elementary school. All Vermont's supervisory unions/school districts offer these services to eligible children at no cost, and refer and assist in some services for children and families through the Vermont Family, Infant, and Toddler Project (see Section B.1.).

Essential Early Education services are designed to meet the child's unique needs and are provided in a public school classroom, in a community child care program, or in the home.

3. Early Education Initiative (EEI)

Early Education Initiative programs are designed to serve children who are at risk of school failure, but who do not have a significant disability or developmental delay that would make them eligible for Essential Early Education (EEE) services. Children are eligible for EEI services if they have one of the following: exhibit a developmental delay in one or more areas, are economically disadvantaged, have English as their second language, are at risk of abuse or neglect, or are subject to other conditions that put them at risk of school failure (exposure to violence or substance abuse, low parental education levels, social isolation, etc.). Staff may provide services within a licensed early childhood program or within a public school preschool classroom. Services may also be provided in the child's home and/or through linking the child and family to other appropriate programs. EEI services are not available throughout the entire state due to limited state funds.

4. Section 504

Section 504 of the federal Rehabilitation Act of 1973 is anti-discrimination legislation and applies to all institutions receiving federal financial assistance, including schools. It requires schools to provide access for individuals with disabilities (staff, students and their families) to public educational services and facilities.

A student is considered to be disabled under Section 504 if he or she:

- has a physical or mental impairment that substantially limits one or more major life activities, or
- has a record of such an impairment, or
- is regarded as having such an impairment.



“Limiting a major life activity” is an important part of this definition and includes handicaps that limit taking care of oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, or learning. Learning is the “major life activity” frequently considered in 504 situations in the schools.

Section 504 requires school districts to offer supports and accommodations to some children who might not qualify for special education benefits under the federal Individuals with Disabilities Education Act (IDEA). Students determined to have a disability, but who are not in need of specialized instruction, are provided with accommodations that allow them to benefit from the education they receive in the school. Specific accommodations are outlined in a 504 Plan developed by a team that includes parents and school staff. The plan may include such things as counseling, preferential seating, behavior management strategies, or some adjustment in class or testing requirements.

5. Special Education

A federal law, the Individuals with Disabilities Education Act (IDEA), mandates that all children with disabilities, including those with an emotional disability (ED), must receive a free and appropriate public education in the least restrictive setting appropriate. Generally, the least restrictive setting is considered to be the regular classroom unless, after extensive effort, this is not most appropriate.

A parent, teacher, or the Educational Support Team may make a referral for a special education evaluation at any time. A student is eligible for special education if:

- there is a documented disability as defined in the law, and
- that disability has an adverse effect on the student’s educational performance, and
- there is a need for special education that cannot be provided by the existing school services.

When a student is eligible for special education, a team that includes teachers, parents, or other appropriate individuals develops an Individualized Education Plan (IEP) which outlines the goals for the student and the services needed to meet those educational goals.

The school staff will try to schedule the meeting for your child's Individualized Education Plan (IEP) at a time that is convenient for parents and other team members. Since this meeting is usually held in the school, it will probably happen during working hours. To prepare for this meeting, you should look realistically at your child's strengths and needs, talk to teachers and/or therapists, visit your child's class or other classes which may be appropriate, and talk to your child about his or her feelings about school. It is a good idea to write down what your goals are for your child. It is also helpful to make notes about what you would like to say during the meeting. Before you agree to your child's IEP, ask any questions you have, so you are sure you understand what is being said.

It's important to know that, if there are disagreements about a student's evaluation or proposed special education placement or services, parents may: (1) file an administrative complaint with the Department of Education; (2) request mediation; and/or (3) request an impartial due process hearing.

6. Transition Services

Transition from adolescence in high school to adult life, post-secondary education, and work are major challenges for virtually everyone. Adolescents in Special Education may need a plan to help with the transition out of education and into adult life. This process should begin with an exploration of the student's goals, interests, and strengths. The MAPS (McGill Action Planning System) process has helped many people do this exploration. Your Special Education staff should be familiar with the MAPS process if you wish to consider using it.



If your adolescent has an Individualized Education Plan (IEP), the law requires that transition services be included in the IEP. These include:

a. Transition Services

These services are a coordinated set of activities which focus on outcomes or results. They should take into account the individual student's needs and preferences. Transition options include:

- Post-secondary education (after high school)
- Independent living
- Community integration
- Community employment

b. Related Services

Plans for transition services should include related services and supplementary aids as needed. For example:

- Orientation/mobility services
- Independent living services/assistive technology
- Positive behavioral interventions
- Speech pathology
- Nutrition

The steps in transition planning are as follows:

Step #1 at Age 14:

The IEP Team writes a statement of transition service needs that focuses on a course of study. This plan must be updated annually.

Step #2 at Age 16:

The IEP Team further refines the plan to include, for example, career education, vocational assessment, or consumer math. The plan provides a statement of specific transition program services with identified links to appropriate service providers.

For example:

- program services may include community employment, community integration, post secondary education/training, and independent living
- provider links may include Developmental Services, Vocational Rehabilitation, Vermont Council for Independent Living, Vermont Student Assistance Corporation.

Step #3 at Age 17:

The student must be informed of his/her rights upon reaching the age of majority.

As with any complicated system, questions or issues can arise that prove difficult to answer or solve. If the process seems stuck or too confusing, try looking higher up in the chain of command, from the school staff, to the staff at the supervisory union level, to specialists at the Department of Education, or you can look outside to groups such as *Vermont Parent Information Center (VPIC)* (see Section 4, page 11, for additional information).



E. CHILD PROTECTION AND JUVENILE JUSTICE SYSTEM

1. What are Child Protection and Juvenile Justice Services?

Although it would be a comfort to think that dealing with a child's mental health issues meant you didn't have to worry about other problems in life such as accidents, illness, or phone bills, life doesn't work that way. As does part of the general population, some children with mental health concerns and their families also have to deal with issues of child care and of abuse, neglect, or delinquency. This may involve the child protection system.

In Vermont, Child Protection and Juvenile Justice Services are the primary responsibility of the Department of Social and Rehabilitation Services (SRS). Two of the department's three divisions are involved with the oversight and delivery of these services. Child Protection services are delivered in different ways by the Child Care Services Division and the Social Services Division; Juvenile Justice services are delivered through the Social Services Division.

a. The Child Care Services Division of Social and Rehabilitation Services

The Child Care Services Division (CCSD) takes a universal promotion and prevention approach, as well as a focused early intervention and treatment approach, to build a child care system in Vermont that meets the emotional and social needs of all young children in the child care system. These approaches try to anticipate the needs and promote the well being of children rather than respond exclusively to identified problems for a specific child. Services are structured to be open, integrated and accessible.

The CCSD also uses focused early intervention and treatment approaches to address the needs of young children in the child care setting who are at risk of, or are experiencing, emotional and social difficulties. Specifically, CCSD's supportive services include the following:

- i. Protective Services Child Care:** Protective Services Child Care helps families, including foster families, with children who have been abused or neglected and are at risk for future abuse or neglect. Protective services child care providers are licensed centers or registered family child care homes where the caregivers have received specialized training to deal with these children. The child care is provided as part of a case plan for the family and child. It is authorized by the SRS social worker and the CCSD pays the tuition subsidy, usually without fees to the family.

- ii. Family Support Child Care:** Family Support Child Care is designed to reduce the stress in homes where children are at risk for abuse or neglect but where there has not been a substantiation of abuse or neglect. The child care subsidy for this care may be authorized based on a confidential risk assessment. The child care must be provided in conjunction with a family support service plan. There are no income guidelines for this service. The CCSD pays the tuition subsidy without fees to the family.



iii. **Individualized Assistance and Accommodations for Children with Special Needs:** The Child Care Services Division has limited discretionary funds to assist children with special needs who need accommodations in order to be successful in community child care programs. The majority of these funds are spent on one-on-one individualized assistance. They can also be used for equipment and minor physical modifications to the space. To receive an award, the child must be eligible for Early Intervention or Special Education services and have a current IFSP or IEP or be in the process of being evaluated for these services. Child care must be a component of the IFSP/IEP.

iv. **Supported Child Care Programs:**

Supported child care programs, also referred to as therapeutic child care, enable children who need extra support to be successful in an integrated child care center. Therapeutic services such as case management, behavioral management strategies, and classroom consultation are provided for individual children in the program. Consultation and technical assistance are also provided to the staff in the child care center. To date three of these programs exist, in Chittenden, Washington and Windham counties. The CCSD anticipates extending this model, which is funded through a partnership between SRS, DDMHS, and the community mental health center, to the remaining regions of the state over the next two years.

For information on any of these services, please contact the SRS Child Care Services Division at 1-800-649-2642.

b. The Division of Social Services of Social and Rehabilitation Services

The Division of Social Services has a different focus. Social workers work with families whose child may be abused or neglected, or with families whose children may be in the Juvenile Justice System because they are either, (a) beyond the control of the parents after the family has accessed all available community services, or (b) charged as a delinquent. Social workers perform several different roles with families and children.

- Receive reports of child abuse and neglect from community members. SRS receives many calls from community members who are concerned about a child who may be abused or neglected. It is the job of SRS to decide which reports require a social worker to visit the family.
- Investigate reports of child abuse or neglect. If the report suggests that a child is being abused or neglected, SRS is charged by law with investigating the report. The purpose of the investigation is to determine if the child really is being abused or neglected and, if so, to work with the family to stop that abuse.
- Work with families who need services to help with parenting. SRS receives and investigates reports on children under the age of 16 who may be beyond the control of their family. Families must first try using all appropriate community resources. Then the SRS social worker will work with the family to determine the best course of action.
- Work with children who are placed in State's custody as a result of a court order. Social workers arrange for alternative living situations, coordinate the child's treatment plan, and work toward a long-term plan for the child's permanent living situation, preferably by making it possible for the child to return home.



- Supervise delinquent youth on probation and their families while they are working toward meeting the terms of the youth's probation.

2. What does Vermont law say about child abuse?

The law defines several kinds of child abuse or neglect:

- “Physical abuse” is when a parent or caretaker injures a child.
- “Sexual abuse” is when any person engages a child in sexual activity.
- “Neglect” is when a parent does not provide adequate food, clothing, shelter, or medical care for a child, for reasons other than lack of money.
- “Emotional maltreatment” is when a child's emotional health and development has been damaged by the parent's behavior (for example, when a child is repeatedly belittled).

Anyone may report a concern about child abuse or neglect, but certain persons *must* report their concerns (“mandated reporters”). These people include teachers, doctors, counselors, and child care providers, as well as others.

By law, SRS is forbidden to reveal the name of the person who reports the concern unless that person requests it or the information is revealed in a court hearing.

3. What are the possible outcomes of an investigation?

If the social worker determines that a child is not being abused or neglected, SRS will not remain involved with your family. However, if your family needs services, the social worker can assist you with information and referrals.

If the social worker determines that a child has been abused or neglected, several things can happen.

- SRS can help you to get involved with appropriate community services.
- An SRS social worker can be assigned to work with you over a longer period of time to assist you with developing the skills you need to keep your child safe.
- SRS may work with you on a plan for your child to live for a while with a friend or family members while you work on a plan to keep your child safe.
- SRS may seek temporary custody of your child through the Family Court in order to arrange for your child to live away from home while a plan can be put in place to keep your child safe. Your child may live temporarily with a friend, a family member, a foster home, or another setting that can meet his or her needs.

If you go to court and cannot afford an attorney, you are entitled to a Public Defender or court-paid attorney.

If SRS determines that you have abused or neglected a child and you disagree, you may ask for a review of that decision by sending a letter to the district director of your local SRS office (see appendix B). When that review process is completed, if you still disagree with the decision, you may contact the SRS Commissioner's Office and ask for a state level review.



In the past, SRS was sometimes used as a source of funding if a child needed to leave their home temporarily to receive intensive mental health services. These services, including treatment in a therapeutic foster home, group home, or other residential setting, are costly. Some families do have health insurance that will cover part, but seldom all, of the costs of such treatment. Until recently, parents often needed to “voluntarily” give custody of their child to the state SRS in order for the state to pay for intensive treatment services. In 1996 Vermont passed Act 137 which states that children cannot be placed in custody merely to access services. Also, children cannot be denied such services merely because they are not in custody. SRS works in partnership with other state and community agencies to find ways for needed services to be made available to children and their families without needing to have the child enter State’s custody. However, this law does not mean that any other agency is required to provide these services. In that situation, you may need to use an Interagency Approach.

For further information about SRS services, contact your local SRS District Office (see Appendix B).

F. INTERAGENCY APPROACH: COORDINATED SERVICES PLAN

Sometimes working with one major provider results in sufficient services and supports. However, children and adolescents are human beings and carry their strengths and disabilities with them wherever they go. Therefore, they may need supports and services with them in their home life, in their school, and in their community. In situations of high need, no one service provider (or family) can realistically be expected to meet all of a child's needs. The family will look for natural supports in its extended network of family and friends, and service providers need to look beyond their own agency to the System of Care for additional services.

Vermont has developed a System of Care for children and families in this situation. This System of Care exists to serve a child, adolescent, and family when the child has a severe emotional disturbance or is at substantial risk of developing such a disturbance. The System of Care provides these youth and their families with support to get what they need as early as they need it, so they can meet their own goals and live safely in community environments that support growth, development, health, mental health, and positive relationships.

This system was created in law by Vermont Act 264 in 1988. This law also entitles eligible youth to a Coordinated Services Plan. Eligibility criteria are simple and designed to be inclusive. Parents should feel free to request such a plan. To see how a Coordinated Services Plan might be developed, refer to the Act 264 Flow Chart in Appendix F. Forms to develop a Coordinated Services Plan for your child are available on-line at: www.state.vt.us/dmh under "Forms" under Child and Adolescent Mental Health. Click on "Coordinated Services Plan and Releases." Or you can call your Local Interagency Team Coordinator for assistance (see Appendix A).



Writing a Coordinated Services Plan requires a wider view as you begin forming an Interagency Treatment Team of family members and service providers. Each team is a unique combination of persons, specific to the youth and family. The Treatment Team's purpose is to explore the child's and family's strengths and needs across settings and to develop and implement an effective Coordinated Services Plan. This includes deciding on goals, obtaining what is needed to meet those goals, and coordinating changes over time. A case manager or case coordinator usually leads the process of developing the Coordinated Services Plan. This person helps make sure that the child and family get whatever services they need in a coordinated, timely, and effective manner.

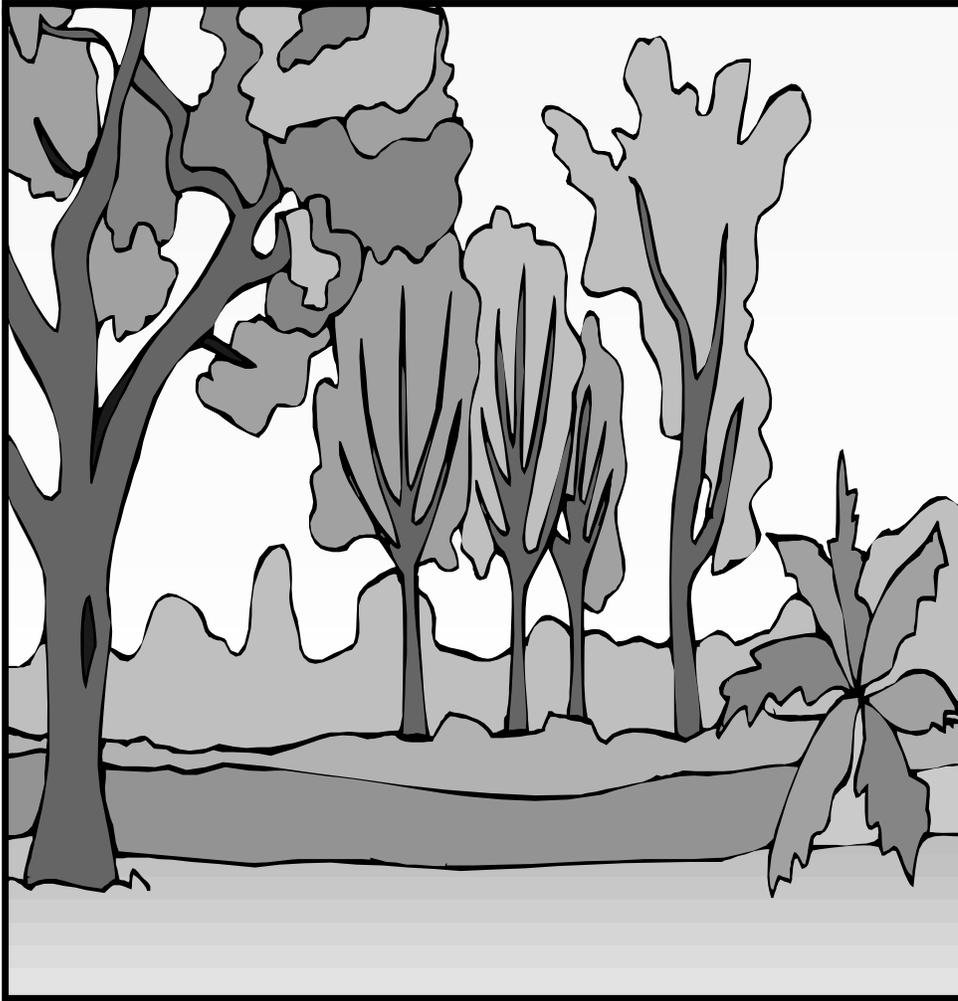
Most Treatment Teams write and implement satisfactory Coordinated Services Plans. If, however, a Treatment Team is unable to find a way to agree upon or implement a plan, anyone on the team may call upon the Local Interagency Team (LIT or LIT Team) for assistance. Each of Vermont's 12 Local Interagency Teams is available to Treatment Teams in its region when they need technical assistance.

The Local Interagency Team may review a plan and make recommendations on the content; suggest possible additional resources to implement the plan; and/or recommend that an agency waive or modify a policy.

The Coordinator of each Local Interagency Team is at your community mental health center (see Appendix A). Additional members of all Local Interagency Teams include representatives of families, education, and Social and Rehabilitation Services (SRS). The Coordinator can also connect you with the Local Interagency Team's Family Representative. This person can help you prepare for a meeting with the Local Interagency Team, provide support during the meeting, and follow up with you after the meeting regarding questions, concerns and satisfaction.

Although Vermont's System of Care has developed into one of the best in the country, it is neither complete nor perfect. On occasion, a Local Interagency Team may not be able to fully resolve the situation. It may need to refer the situation to the State Interagency Team. This Team acts much as the Local Interagency Teams do to review a plan; make recommendations on content, strategies, or sources of support; and/or recommend that an agency waive or modify a policy as appropriate. Neither the Local Interagency Team nor the State Interagency Team can order any agency to provide services, however. And while the system continues to work to improve the services available, remember that budgets and regulations limit what can be done.

SECTION 6:
WHO PAYS
FOR WHAT?



“Finally, there is the question of how to pay for mental health services.”

A. Insurance Parity

The recent passage of the Mental Health Insurance Parity Law in Vermont has raised questions about what is covered, especially since the law allowed insurance companies to use a system of managed care for mental health benefits. Very simply, Vermont law requires health insurance plans to cover mental health and substance abuse services at no greater cost to you than insurance for other health services. The law eliminates separate and unequal deductibles and out-of-pocket costs for mental health and substance abuse services. Instead, it requires comprehensive combined deductibles and out-of-pocket costs for mental health, substance abuse and all other health care services. It also eliminates arbitrary - and discriminatory - limits on visits, and annual and lifetime limits on payments.

The Parity Law took effect on January 1, 1998. This law applies to all health plans offered by Vermont insurance companies, including HMOs (Health Maintenance Organizations). The Vermont law does not, however, apply to employers who pay their employees' health care cost themselves (self-insured plans). States cannot regulate self-insured companies because they are regulated by the federal government.

Vermont's Division of Health Care Administration in BISHCA (Department of Banking, Insurance, Securities and Health Care Administration) ensures compliance with this law and has established a consumer hotline as an early warning system to identify any problems as soon as they happen. That hotline number is 1-800-631-7788 for calls within Vermont.

B. Private Insurance

If you have private insurance, check your policy under mental health service benefits before you phone for an appointment. It will tell you what will be paid for and what is excluded. If you do not feel comfortable with the technical language in the policy, call your insurance



company and ask for a person to explain your benefits to you. You should call the doctor or counselor to make sure that your insurance company can be billed.

If you have an HMO, check your policy or call their behavioral health provider service to find out who you can see in your area for services. You need to follow the plan's rules to ensure coverage.

C. Medicaid Sources

If you have Medicaid, you need to go through a Medicaid-approved facility or provider. Community Mental Health Centers throughout Vermont (see Appendix A) accept Medicaid, as do some Certified Psychologists and Social Workers who have a Master's Degree. You should call the provider first and ask if they accept Medicaid clients before you make an appointment.

If you have no insurance, you still have options. There are six ways that your child may be eligible for Medicaid:

- Dr. Dynasaur
- Katie Beckett Waiver or Disabled Children's Home Care (DCHC)
- Children's Mental Illness Home and Community-Based Waiver
- Traditional Medicaid, which comes with being eligible for ANFC (Aid to Needy Families with Children), now called TANF (Temporary Assistance to Needy Families), or with eligibility for SSI (Supplemental Security Income)
- Medically Needy Program

1. Dr. Dynasaur

Dr. Dynasaur is a Vermont health insurance program. It is designed to provide health care for pregnant women and for children through age 17 who meet the financial eligibility requirements. Eligibility is based on earned and unearned income as well as on looking at other expenses a family has such as childcare. Eligibility is based on income only; the disability of the child is not a factor. The income guidelines are different from those for Medicaid, so call the social welfare (now called PATH – Department of Prevention, Assistance, Transition, and Health Access) office nearest you (see Appendix B) for the most recent income guidelines. To apply, call the Health Access Member Services at 1-800-850-8427 for an application. If your child is under five years of age, you can call your local Department of Health office for an application.

2. Katie Beckett Waiver Program

The Katie Beckett Program provides Medicaid to children who are disabled, regardless of their parents' income and resources. Eligibility is based on the following criteria:

- the child has a disability;
- the level of care that is needed for this child is the same level of care that is provided in a hospital, nursing home, or intermediate care facility for the developmentally delayed;
- it is medically appropriate to care for the child at home; and
- the cost of care at home is less than the cost of the same appropriate care in an institution or other care facility.

It is important to know that a family's income or resources are NOT counted when eligibility is being determined; they are "waived." However, the child's income and resources, if any, are considered.



To ask for an application, call 1-800-250-8427. This office will first attempt to find a child eligible for Medicaid through the Dr. Dynasaur program. Inform the intake person if you already know you are not eligible for Dr. Dynasaur or if your child has ever been found eligible for SSI. You should ask for and receive a packet of application forms. Remember that the child is the applicant, so answer as the child would. Generally it takes 6-8 weeks to process the disability determination and program eligibility. It takes about 4 weeks if the disability is already determined.

3. Children’s Mental Illness Home and Community-Based Waiver

Vermont has a Medicaid waiver, limited in size, to provide services in a community for children who would otherwise be considered for psychiatric hospital levels of care. Eligibility is determined by the child’s intensity of need and the child’s income and resources; the parents’ income and resources are waived (or not counted). Referrals are made by community mental health centers (see Appendix A), and services are provided through community mental health centers.

4. Medically Needy Medicaid Program

The Medically Needy Medicaid Program covers medical costs for people who have high medical expenses.

D. Temporary Assistance to Needy Families

Temporary Assistance to Needy Families (TANF, formerly ANFC) is based on income resources and size of household. Part of the eligibility for this assistance is a lack of “parental support,” which may include a missing or absent parent; an injured, hurt, or incapacitated parent who is unable to work; or inadequate family income. Call your local office of PATH (formerly Social Welfare) (see Appendix B) for an application. If you need help with the application, you can ask an intake specialist for assistance. Families receiving TANF are automatically eligible for Medicaid.

E. Supplemental Security Income

Supplemental Security Income (SSI) is a federal program which provides supplemental income to persons who are 63 years old or older, or who are blind or disabled, including children. Children served in the community mental health system generally become eligible because they are disabled due to a functional or mental impairment. The functional or mental impairment must stem from a medical cause, and eligibility is also based on the family's and the child's income. If your child is found to be eligible for SSI, he or she is automatically eligible for Medicaid.

You apply through the Social Security Administration offices in Burlington (802-951-6753), Rutland (802-775-0893) or Montpelier (802-223-3476), or call the national toll-free line (1-800-772-1213) to have a representative from your local office set up a telephone interview. Families are encouraged to send copies of supporting records and documents about their child's disability along with their application and medical release forms to the Social Security Administration. Remember to save all letters from SSI, save a photocopy of your application, appeal if your child is denied benefits, and report all changes in family income immediately.

F. Special Education

If a child is eligible for Special Education, he or she may be entitled to specific services paid for by the Vermont Department of Education (see Section 5.D.).

G. Department of Social and Rehabilitation Services (SRS)

If a child is in the custody of SRS, Division of Social Services, he or she may be entitled to services paid for by SRS (see Section 5.E.2). In addition to services for children in their custody, SRS funds some other services for families. Contact your local SRS office (see Appendix B.2.) for more information.

APPENDICES



BENNINGTON/MANCHESTER

- United Counseling Service** 802-442-5491
 or 802-362-3950
- 24-Hour Emergency Service
 - Manchester..... 802-362-3950
 - Bennington..... 802-442-5491
- Children’s Director 802-442-5491
- Local Interagency Team Coordinator 802-442-5491
- Children’s Respite Coordinator 802-442-5491

BRATTLEBORO

Health Care and Rehabilitation Services of

- Southeastern Vermont** 802-254-6028
- 24-Hour Emergency Service 800-622-4235
- Children’s Director..... 802-254-6028
- Local Interagency Team Coordinator 802-254-6028
- Children’s Respite Coordinator..... 802-254-6028

BURLINGTON

Howard Center for Human Services,

- Baird Division** 802-658-0400
- 24-Hour Emergency Service 802-863-2400
- First Call for Children & Families
 - Crisis Line 802-864-7777
- Children’s Director..... 802-863-1326
- Local Interagency Team Coordinator 802-863-1326
- Children’s Respite Coordinator..... 802-652-2178

MIDDLEBURY

- Counseling Service of Addison County** 802-388-6751
- 24-Hour Emergency Service..... 802-388-7641
- Children’s Director 802-388-6751
- Local Interagency Team Coordinator 802-388-6751
- Children’s Respite Coordinator 802-388-6751

***APPENDIX A:
Community
Mental Health
Centers’ Phone
Numbers***

MONTPELIER

Washington County Mental Health802-229-0591
24-Hour Emergency Service802-229-0591
Children’s Director802-476-1480
Local Interagency Team Coordinator802-476-1480
Children’s Respite Coordinator802-476-1480

MORRISVILLE

Lamoille County Mental Health802-888-4914
24-Hour Emergency Service911 in County
..... *or* 802-888-4635
Children’s Director802-888-4914
Local Interagency Team Coordinator802-888-4914
Children’s Respite Coordinator802-888-4914

NEWPORT

Northeast Kingdom Human Services802-334-6744
24-Hour Emergency Service802-334-6744
Children’s Director802-334-6744
Local Interagency Team Coordinator802-334-6744
Children’s Respite Coordinator802-334-6744

RANDOLPH/BRADFORD

Clara Martin Center802-728-4466
..... *or* 802-222-4477
24-Hour Emergency Service800-639-6360
Children’s Director802-728-4466
Local Interagency Team Coordinator802-728-4466
Children’s Respite Coordinator802-728-3896

RUTLAND

Rutland Mental Health Services802-775-2381
24-Hour Emergency Service802-775-1000
Children’s Director802-775-4388
Local Interagency Team Coordinator802-775-4388
Children’s Respite Coordinator802-775-4388



SPRINGFIELD

Health Care and Rehabilitation Services of

- Southeastern Vermont**..... 802-885-5781
- 24-Hour Emergency Service..... 800-622-4235
- Children’s Director 802-885-5171 x230
- Local Interagency Team
 - Coordinator 802-885-5781 x230
- Children’s Respite Coordinator 802-885-5781 x265

ST. ALBANS

Northwestern Counseling and Support

- Services**..... 802-524-6554
- 24-Hour Emergency Service..... 802-524-6554
- *or* 800-834-7793
- Children’s Director 802-524-6066 x35
- Local Interagency Team
 - Coordinator 802-524-6066 x35
- Children’s Respite Coordinator 802-527-7514 x15

ST. JOHNSBURY:

- Northeast Kingdom Human Services**..... 802-748-3181
- 24-Hour Emergency Service..... 802-748-3181
- Children’s Director 802-748-3181
- Local Interagency Team Coordinator 802-748-3181
- Children’s Respite Coordinator 802-748-3181

WHITE RIVER JUNCTION

Health Care and Rehabilitation Services of

- Southeastern Vermont**..... 802-295-3031
- 24-Hour Emergency Service 800-622-4235
- Children’s Director 802-295-3031
- Local Interagency Team Coordinator..... 802-295-3031
- Children’s Respite Coordinator..... 802-295-3031

A. Mental Health – Department of Developmental and Mental Health Services

- Commissioner’s Office802-241-2610
- Division of Mental Health, Child, Adolescent,
and Family Unit802-241-2650
- Office of Interagency Teams.....802-241-2621
- Division of Mental Health, Adult Unit802-241-2604
- Division of Developmental Services.....802-241-2614

B. Social Services—Department of Social and Rehabilitation Services

- Central Office.....802-241-2131

District Offices:

- Barre**.....802-479-4260
- Bennington**.....802-442-8138
- Brattleboro**.....802-257-2888
- Burlington**.....802-863-7370
- Hartford**.....802-295-8840
- Middlebury**.....802-388-4660
- Morrisville**.....802-888-4576
- Newport**.....802-334-6723
- Rutland**.....802-786-5817
- St. Albans**.....802-527-7741
- St. Johnsbury**.....802-748-8374
- Springfield**.....802-885-8900

***APPENDIX B:
Other Helpful
Phone Numbers***

C. Health—Department of Health

Central Office 800-631-4343

District Offices:

Addison County, Middlebury 802-388-4644

Bennington County, Bennington 802-447-3531

Caledonia County, St. Johnsbury 802-748-5151

Chittenden County, Burlington 802-863-7323

Essex County, Newport 802-334-6707

Franklin and Grand Isle Counties,

 St. Albans 802-524-7970

Lamoille County, Morrisville 802-888-7447

Orange County, Barre 802-479-4200

Orleans County, Newport 802-334-6707

Rutland County, Rutland..... 802-786-5811

Washington County, Barre 802-479-4200

Windham County, Brattleboro 802-257-2880

Windsor County,

 White River Junction 802-295-8820

Windsor County, Springfield 802-885-5778

Family, Infant and Toddler Project (FITP):

Statewide Information and Referral 800-870-6758

Administrative Office..... 802-865-1336

FITP Regional Offices & Host Agencies:

Addison: *Addison County Parent Child Center*
.....388-1437 or 1-800-639-1577

Bennington: *Southwest VT Medical Center*
.....447-2768 or 1-800-750-6975

Caledonia: *Northeast Kingdom Human Services*
.....748-6609 or 1-800-299-6609



- Chittenden:** *Parent to Parent*
764-5294 or 1-800-870-6758
- Franklin/**
- Grand Isle:** *Family Center of Northwestern VT*
524-7959 or 1-800-870-6720
- Lamoille:** *Lamoille Family Center*
888-5229 or 1-800-639-1932
- Orange/N. Windsor:** *The Family Place*
649-3268 or 1-800-639-0039
- Orleans/Essex:** *Orleans Essex North Supervisory Union*334-3324 or 1-800-253-6621
- Rutland:** *Rutland County Parent Child Center*
747-5039 or 1-800-974-2034
- Washington:** *The Family Center of Washington County*.....476-8784 or 1-800-270-4231
- Windham:** *Winston Prouty Center*
258-2414 or 1-800-281-7852
- Windsor South:** *Springfield Area Parent Child Center*886-5242 or 1-800-808-4442

D. Social Welfare - Department of PATH: Prevention, Assistance, Transition and Health Access

Central Office.....241-2800 or 1-800-287-0589

District Offices:

- Barre**479-1041 or 1-800-499-0113
- Bennington**442-8541 or 1-800-775-0527
- Brattleboro**257-2820 or 1-800-775-0515
- Burlington**863-7365 or 1-800-775-0506
- Hartford**295-8855 or 1-800-775-0507
- Middlebury**388-3146 or 1-800-244-2035
- Morrisville**888-4291 or 1-800-775-0525
- Newport**334-6504 or 1-800-775-0526
- Rutland**786-5800 or 1-800-775-0516
- Springfield**885-8856 or 1-800-589-5775
- St. Albans**524-7900 or 1-800-660-4513
- St. Johnsbury**748-5193 or 1-800-775-0514

E. Parent Child Centers

Addison County Parent Child Center
126 Monroe Street, Middlebury..... 388-3171

Champlain Islands Parent Child Center
22 Lake Street, Alburg..... 796-3013

Early Education Services/Windham County
130 Birge Street, Brattleboro 254-3742
..... or 254-3761 or 1-800-427-3730

The Family Center of Franklin County
27 Lower Newton Street, St. Albans 524-6574 x19

The Family Center of Washington County
32 College Street, Montpelier 828-8765

The Family Place Parent Child Center
319 US Rte. 5 South, Norwich..... 649-3268

Lamoille Family Center
480 Cady’s Falls Road, Morrisville 888-5229

Lund Family Center
76 Glen Road, Burlington 864-7467

Milton Family Community Center
23 Villemarie Lane, Milton..... 893-1457 or 893-6502

NEKCA/Parent Child Center South
506 Portland Street, St. Johnsbury 748-6040

NEKCA/Parent Child Center North
32 Central Street, Newport 334-4072

Orange County Parent Child Center
35 Ayers Brook Road, Randolph 728-6155

Rutland County Parent Child Center
61 Pleasant Street, Rutland 775-9711

Springfield Area Parent Child Center
2 Main Street, North Springfield 886-5242

Sunrise Family Resource Center
238 Union Street, Bennington..... 442-6934

VNA/Maternal Child Health Services
1110 Prim Road, Colchester 860-4420

H. Residential and Foster Care Programs for Children

204 Depot Street, Bennington	442-6156
206 Depot Street, Bennington	447-3907
Allenbrook Homes for Youth, South Burlington.....	658-1433
Baird Center for Children and Families, Burlington	863-1326
Baird Center for Children and Families, Rutland.....	775-9852
Bennington School, Bennington	447-1557
Brattleboro Retreat, Brattleboro.....	257-7785
Brookhaven, Chelsea	685-4458
Casey Family Services, White River Junction.....	649-1400
Community Care Network - RMH, Rutland.....	775-2386
Community House, Brattleboro	257-7470
Easter Seal Society of Vermont, Montpelier....	223-4744
Eckerd Family Youth Alternatives, Inc. (Camp E-WEN-AKEE), Benson	537-4101
Family Life Services, Vergennes	877-3166
Futures Unlimited, Northeast Kingdom Human Services, St. Johnsbury.....	748-3181
Health Care & Rehabilitation Services, Springfield.....	885-5781
Laraway School, Johnson.....	635-2805
Lund Family Center, Burlington	864-7467
Lutheran Social Services of New England, Bellows Falls.....	483-4004
Mountain View Treatment Center, Richmond.....	434-2929
Mountainside House, Springfield.....	228-7783
New England Kurn Hattin Homes, Westminster	722-3336
Northeastern Family Institute, Burlington	655-9013
Northeastern Family Institute, Williston.....	878-5390



Onion River Crossroads, Montpelier 229-2606

Professional Parenting Program of Washington
 County, Barre 476-1480

Sand Hill, Castleton..... 468-8888

Spectrum, Burlington 660-0539

Spectrum Youth & Family Services,
 Burlington 864-7423

Spectrum, Rutland 786-9967

United Counseling Service, Bennington 442-5491

Washington County Mental Health, Barre 476-1480

Woodside, Colchester..... 655-4990

Vermont Catholic Charities, Rutland 773-3379

I. Domestic Violence and Sexual Assault Programs and Shelters

Statewide Hotlines.....

 For Domestic Violence:1-800-228-7395

 For Sexual Assault1-800-489-7273

Abuse and Rape Crisis, St. Albans

 Hotline: 524-6575

 Office: 524-8538

AWARE, Hardwick 472-6463

Battered Women’s Services and Shelter, Montpelier

 Hotline: 223-0855

 Office: 476-6010

 Shelter: 476-4965

Clarina Howard Nichols Center and Shelter, Morrisville

 Hotline: 888-5256

 Office: 888-2584

New Beginnings, Springfield.....

 Hotline: 885-2050

 Office: 885-2368

Project Against Violent Encounters, Bennington

 Hotline: 442-2111

 Office: 442-2370

Rutland County Women's Network and Shelter, Rutland
 Hotline: 775-3232
 Office: 775-6788

Sexual Assault Crisis Team and Shelter, Barre
 Hotline: 223-7755
 Office: 479-5577

Safeline, Randolph
 Hotline: 1-800-639-7233
 Office: 728-5647

Step One, Newport
 Hotline: 1-800-224-7837
 Office: 334-0148

Umbrella, St. Johnsbury
 Hotline: 748-8141
 Office: 748-8645

Womensafe, Middlebury
 Hotline: 1-800-388-4205 or 388-4205
 Office: 388-9180

Women's Information Service and Shelter, Lebanon, NH
 Hotline: 603-448-5525
 Office: 603-448-5922

Women Helping Battered Women
 and Shelter, Burlington
 Hotline: 658-1996
 Office: 658-3131

Women's Crisis Center and Shelter, Brattleboro
 Hotline: 1-800-773-0689 or 254-6954
 Office: 257-7364

Women's Rape Crisis Center, Burlington
 Hotline: 863-1236
 Office: 864-0555

Severe Emotional Disturbance (SED) Definitions:**A. Vermont's Act 264 Definition of Severe Emotional Disturbance:**

“Child or adolescent with a severe emotional disturbance” means a person who:

1. exhibits a behavioral, emotional, or social impairment that disrupts his or her academic or developmental progress or family or interpersonal relationships;
2. has impaired functioning that has continued for at least one year or has an impairment of short duration and high severity;
3. is under 18 years of age, or is under 22 years of age and eligible for special education under state or federal law; and
4. falls into one or more of the following categories, whether or not he or she is diagnosed with other serious disorders such as mental retardation, severe neurological dysfunction or sensory impairments:
 - a. Children and adolescents who exhibit seriously impaired contact with reality and severely impaired social, academic and self-care functioning whose thinking is frequently confused, whose behavior may be grossly inappropriate and bizarre and whose emotional reactions are frequently inappropriate to the situation.
 - b. Children and adolescents who are classified as management or conduct disorder because they manifest long-term behavior problems including developmentally inappropriate inattention, hyperactivity, impulsiveness, aggressiveness, anti-social acts, refusal to accept limits, suicidal behavior or substance abuse.

***APPENDIX C:
Definitions of
Severe Emotional
Disturbance***

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- c. Children and adolescents who suffer serious discomfort from anxiety, depression, irrational fears and concerns whose symptoms may be exhibited as serious eating and sleeping disturbances, extreme sadness of suicidal proportion, maladaptive dependence on parents, persistent refusal to attend school or avoidance of non-familial social contact.

(As approved by the Vermont Legislature on June 17, 1988, with revisions stipulated in H.706 as passed by the House and Senate in April 1990.)

B. Vermont Department of Education Special Education Regulations and Other Pertinent Regulations; Section 2362.1.h. (effective August 16, 2001):

Emotional disturbance shall be defined as follows:

1. "Emotional Disturbance" means a condition, including schizophrenia, exhibiting one or more of the following characteristics over a long period of time and to a marked degree:
 - a. An inability to learn that cannot be explained by intellectual, sensory or health factors;
 - b. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
 - c. Inappropriate types of behaviors or feelings under normal circumstances;
 - d. A general pervasive mood of unhappiness or depression;
 - e. A tendency to develop physical symptoms or fears associated with personal or school problems.



2. A student who is socially maladjusted shall not be considered to be emotionally disturbed unless he or she also meets the definition of emotional disturbance, as set forth in subdivision (1). A social maladjustment is a persistent pattern of violating societal norms, such as multiple acts of truancy, or substance or sex abuse, and is marked by struggle with authority, low frustration threshold, impulsive or manipulative behaviors. A social maladjustment unaccompanied by an emotional disturbance is often indicated by some or all of the following:
 - a. Unhappiness or depression that is not pervasive;
 - b. Problem behaviors that are goal-directed, self-serving and manipulative;
 - c. Actions that are based on perceived self-interest even though others may consider the behavior to be self-defeating;
 - d. General social conventions and behavioral standards are understood, but are not accepted;
 - e. Negative counter-cultural standards of peers are accepted and followed;
 - f. Problem behaviors have escalated during pre-adolescence or adolescence;
 - g. Inappropriate behaviors are displayed in selected settings or situations (e.g., only at home, in school or in selected classes), while other behavior is appropriately controlled; and/or
 - h. Problem behaviors are frequently the result of encouragement by a peer group, are intentional and the student understands the consequences of such behaviors.
3. The Evaluation and Planning Team (EPT) shall obtain an opinion of a licensed psychologist or psychiatrist as to the existence of an emotional disturbance and its effect on the student's ability to function, based on the above criteria.
4. Upon determination of the existence of an emotional disturbance disability, the parent shall be informed of the availability of interagency coordination of services, as defined by 33 V.S.A. § 4301 et seq.

A. Treatment Plan/Individual Family Service Plan

As mentioned earlier in this guide, a plan of care would be developed by yourself, your child, and the service providers. The agencies your family will work with will call this plan by many different names, including “Plan of Care,” “Treatment Plan,” or an “Individualized Family Service Plan.” Regardless of what it is called, a basic part of developing a plan is assessing your family’s needs in different life domains. Life domains may include, but are not limited to: emotional/psychological, residential, health and health care, vocational/educational, legal, safety, play and recreational, and spiritual.

The plan is developed by reviewing the child’s and family’s strengths, needs and resources, and then building a network of supports to meet any unmet needs. Each plan is unique. Once written, the treatment plan will include:

- a. goals, or hopes for the future, agreed upon by the family and service providers;
- b. steps that everyone will take to help meet those goals; and
- c. supports and services which would be provided by community members and/or service providers.

Generally a parent and the child will need to sign the plan, acknowledging that they have reviewed it and they agree with it. However, if you are uncertain about whether a plan has been developed, talk with the case manager or therapist. It is important that you discuss any additions or changes that need to be made prior to agreeing with the plan or as soon as you think that a change in plan should be considered. The plans can and should be modified to reflect the changing needs of your child and family.

APPENDIX D: Treatment Plans and Crisis Safety Plans

B. Developing a Crisis Safety Plan

For any family, planning ahead of time to prepare for a possible emergency or crisis is a good idea. People react differently to crisis situations, but it is always beneficial for your family to know what the plan is and how to follow through. A safety plan may include the phone numbers of different supportive people and agencies including: your local community mental health center Emergency Services or Crisis Line, police, mental health professionals, and friends, family or neighbors who will be of help to you. Post these telephone numbers by the phone so that anyone in the family may have immediate access to them. Additionally, it is important to talk with the people on your list ahead of time so they will know that they are part of your family's safety plan; this will also be a good time to talk with them about what support they may offer during a time of crisis. It is helpful to have written information available about the child's diagnosis, medications, and/or past history that may be relevant to their behavior. This information will be useful to police and mental health professionals should they need to do an emergency evaluation.

Your child and family may decide to include other things on the safety plan such as what not to do when the child gets angry, where they can go, what will make them angrier, what they can do or the family can do to calm the situation down, what is the bottom line, who do you call and when. Discussing this with your family is important so that, if there is a crisis, everyone will know what will happen next.

You may consider working with your treatment providers at the local community mental health center to find out how their Emergency Screeners operate and how they would respond given a certain crisis scenario. You can request that a copy of the Crisis Plan you have developed be shared with the Crisis Team. Let them know that you are concerned about your child for a number of reasons, and that it would help if you knew how they would respond when presented with a situation. Emergency Screeners would much rather be prepared in advance of a crisis.



Also, they may have some additional ideas about how to de-escalate the situation so it doesn't get to the crisis point. Call for help if you feel threatened; no one should live in their own home in a state of fear for their own safety.

Stabilization and support are often required following a crisis to help a child and family acquire new coping skills and develop prevention strategies to alleviate and deter future crises. Also you might consider how you might have handled things differently or what part of the safety plan you may want to amend. Call a family meeting to discuss the situation. Also, the more involved you are in your community (support groups, free classes, school events), the more contacts you have. Many group leaders and facilitators of local support groups may be available if an emergency occurs. The follow-up may include mediation, counseling, role modeling, skill building, comprehensive assessment of needs, and linkage to long term support and other services.

A Parent's Guide to Foster Care (July 1997)

Copies of this booklet may be obtained from the Department of Social and Rehabilitation Services, 103 South Main Street, Waterbury, VT 05671-2401 or by calling the Division of Social Services at 802-241-2131.

This useful guide book includes the following sections:

- When Your Child Is in Foster Care
- How Children Come into Foster Care
- Your Parental Rights and Responsibilities
- Maintaining Contact with Your Child
- Some Tips for Successful Contact with Your Child
- Child Support Payments
- Planning Your Child's Future
- Return Home
- Adoption
- Other Plans for Permanence
- Working with Your Social Worker
- Case Planning and Your Team
- Plan Reviews
- Disposition Reviews
- If You Have a Complaint
- Asking for a Formal Review of a Decision
- Court Hearings in Family Court
- Child in Need of Care and Supervision (CHINS) Cases
 1. Emergency Detention Hearings
 2. Detention Hearings
 3. Merits Hearings
 4. Disposition Hearings
 5. Modification Hearings
- Delinquency Cases
 6. Diversion
 7. Preliminary Hearings
 8. Merits Hearings
 9. Disposition Hearings
 10. Modification Hearings

***APPENDIX E:
A Parent's Guide
to Foster Care***

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- Other Information about CHINS and Delinquency Hearings
 - Conferences
 - Continued Hearings
 - Who Are These People in Court?
 1. Guardian-Ad-Litem
 2. The State's Attorney
 3. The Court Officer
 4. Who Is the Person Typing?
 5. The Court Clerk
 - Why Is the Foster Parent at Court?
 - Working with Your Lawyer
 - Your Lawyer Works for You
 - Tips for Working with Your Lawyer
 - Where Do I Go from Here?

A child experiencing a severe emotional disturbance has needs.

1. Needs met?
Yes ⇒ Exit.
No ⇒ Form treatment team.
2. Needs met?
Yes ⇒ Exit.
No ⇒ Determine eligibility for Coordinated Service Plan and lead agency contact.
3. Child eligible?
No ⇒ Explore possible referrals.
Yes ⇒ Treatment team develops, writes, and implements Coordinated Service Plan.
4. Plan implemented?
Yes ⇒ Exit.
No ⇒
 - A. Need resource information?
 - consult local or state department specialists
 - B. Need intensive residential placement?
 - refer to state Case Review Committee (or Education's Residential Review Team)
 - C. Lack of service, lack of funding, lack of agreement, or policy difficulty?
 - refer to Local Interagency Team
5. Plan implemented?
Yes ⇒ Exit.
No ⇒ Refer to State Interagency Team
6. Plan implemented?
Yes ⇒ Exit.
No ⇒ Possible appeal.
7. Annual review or revision as needed.

Forms to develop a Coordinated Services Plan for your child are available on-line at: www.state.vt.us/dmh. Click on "Forms" and then click on "Coordinated Services Plan and Releases; Interagency Team Referral; Residential Review Team Referral" under Child and Adolescent Mental Health. Or you can call your Local Interagency Team Coordinator for assistance (see Appendix A).

***APPENDIX F:
Interagency
Approach:
Act 264
Flow Chart
And
Coordinated
Service Plan***

A. Effective Parent/Professional Collaboration: A Checklist for Parents

You may need to work with professionals to get information or services and supports. To get the most benefit from parent-professional collaboration, try asking yourself these questions.

- Do I believe that I am an equal partner with professionals, accepting my share of the responsibility for solving problems and making plans on behalf of my child?
- Do I state my desire to be an active participant in the decision-making process concerning services for my child, and do I seek agreement on how I will be involved?
- Do I see as my goal for working with professionals describing a joint understanding of a problem so that we can take action as a team?
- Do I clearly express my own needs and the needs of my family to professionals?
- Do I take an active role in planning and implementing the Individual Education Program for my child, if he/she has one?
- Do I communicate with other parents, to reduce my isolation and theirs, and share my experience?
- Am I able to see the professional as a person who is working with me for the well being of my child?
- Do I treat each professional as an individual and avoid letting past experiences or attitudes get in the way of establishing a good working relationship?
- Do I communicate quickly with professionals who are serving the needs of my child when there are important changes or when notable events occur?
- Do I encourage the professionals involved with my child to communicate with each other and to keep me informed as well?

APPENDIX G: Parent/ Professional Collaboration

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- Do I have realistic expectations of professionals, myself and my child, knowing that complete and definitive answers are unlikely when complex emotional and physical conditions of children are concerned?
 - Do I accept the fact that a professional often has responsibility for service coordination and communication with many families, including my own?
 - When I have a positive relationship with a professional or an agency, do I express support for that professional or agency in the community?
 - Do I come to appointments having thought through the information I want to give and the questions I want answered?
 - When I make a commitment to a professional for a plan of action, do I follow through and complete that commitment?
 - Do I maintain a file of important documents and correspondence so that I have a complete history of services provided to my child and family?

B. Effective Parent/Professional Collaboration: A Checklist for Professionals.

- Have I put myself in the parents' place and mentally reversed roles to consider how I would feel as the parent of a child with an emotional disability?
- Am I informed about the individual child's case before the appointment or group session, placing equal value on the parents' time and my own?
- Do I make appointments and provide services at times and in places which are convenient for the family?
- Do I really believe that parents are equal to me as a professional and, in fact, are experts on their child?
- Do I treat each parent I come in contact with as an adult who can understand a subject of vital concern?



- Do I work to create an environment in which parents are comfortable enough to speak and interact?
- Do I ask questions of parents, listen to their answers and respond to them?
- Do I listen to parents and communicate with my words, eye contact and posture that I respect and value their insights?
- Do I consistently value the comments and insights of parents and make use of their reservoir of knowledge about the child's total needs and activities?
- Am I able to keep in mind that the child/adolescent is a person whom the parent loves?
- Do I see the child/adolescent in more than one dimension, looking beyond the diagnosis or disability?
- Do I make a consistent effort to consider the child as part of a family, consulting parents about the important people in the child's life and how their attitudes and reactions affect the child?
- Do I judge the child/adolescent in terms of his/her progress and communicate hope to the parents by doing so?
- Do I express hope to parents through my attitudes and my words, avoiding absolutes like "always" and "never"?
- Do I distinguish between fact and opinion when I discuss a child's problem and potential with a parent?
- Do I speak plainly, avoiding the jargon of medicine, sociology, psychology or social work?
- Do I understand the family's culture, traditions, lifestyle, and spiritual beliefs?
- Have I explored with the family possible strengths and supports in their culture and beliefs?

- Do I see as my goal for interactions with parents the mutual understanding of a problem so that we can take action as a team to alleviate the problem?
- Do I actively involve the parents of each child in the establishment of a plan of action or treatment and continually review and revise the plan with the parents?
- At the request of parents, am I an active part of their information and referral network, extending time and energy to provide functional contacts to points in the service system and to parent support networks?
- Do I make every effort to steer parents toward solutions and resources, providing both written and oral evaluations and explanations as well as brochures about potential services, other supportive arrangements, and financial aid?
- Do I tell each family about other families in similar situations, recognizing parents as a source of support and information and at the same time, respecting their right to confidentiality?
- When I make a commitment of action to the family, do I follow through and complete that commitment?
- Do I obtain and share information from other appropriate professionals to insure that services are not duplicated and that families do not expend unnecessary energy searching for providers and services?

**NOTES,
PHONE
NUMBERS
AND NAMES**



