

State Snapshot:

ARIZONA (AZ)

Team Makeup (Organizations/Individuals Represented):

- Arizona Department of Health Services (ADHS): Title V MCH Program (ColIN team lead)
- ADHS Suicide Prevention Program
- Arizona Department of Education
- Arizona Health Care Cost Containment System (AHCCCS) – Arizona’s Medicaid program
- Arizona Chapter of the American Academy of Pediatrics
- Arizona State University
- Bring Change 2 Mind
- Family Involvement Center
- Girl Scouts of Arizona
- Graham County
- Governor’s Office – Youth, Faith, and Family
- Help Hope for Youth
- Inter Tribal Council of Arizona
- Mercy Care Arizona Health Plan
- Mercy Maricopa Integrated Care
- PV Health Solutions
- Sabetta Consulting
- Touchstone Behavioral Health

Arizona ColIN Team Accomplishments and Lessons Learned:

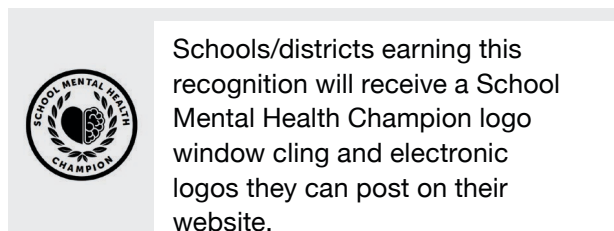
- **Include youth mental health services to statewide web-based resource:** The ColIN team discussed updating [Arizona’s 211 resource page](#) by adding providers who offer or refer behavioral health services for youth. The AZ ColIN team met with the coordinator of the 211 website to discuss the necessary steps for including a list of behavioral health providers serving young people. This addition was possible, but there were specific criteria that needed to be met.
 - Lessons learned:
 - Statewide resource websites like 211 may have their own criteria for including providers on their lists, such as a provider’s accepted payment methods.
 - There are various types of service providers for adolescent mental health, so the ColIN team needed to select a few disciplines to start with, such as licensed counselors and psychologists.
 - Surveying providers for inclusion on 211 would likely take 3-6 months to complete, so it might be more strategic to search for existing lists of providers through other mental health resources.
- **Create a [stigma reduction campaign website](#):** The AZ ColIN team researched existing stigma reduction content and conducted focus groups with youth to understand their reasons for seeking or not seeking help, their needs for resources, and tested potential campaign content. The Arizona Department of Health Services (ADHS) hired an advertising agency to develop the media campaign and worked with the ADHS Information Technology (IT) team to build the [campaign website](#).
 - Lesson learned: Some steps in developing the media campaign took longer than anticipated due to lengthy contracting processes and delays in obtaining source materials for the campaign.

- **Align efforts with the Arizona Department of Education’s Comprehensive School Mental Health COIIN team:** The two COIIN teams merged to form a Youth Mental Health Task Force, led by staff from three state agencies: Arizona Department of Health Services, Arizona Department of Education, and Arizona Medicaid. This group will continue to meet past the COIIN project end date and has developed a mission statement and areas of focus.

- Mission statement: Improving youth, adolescent and young adult mental health outcomes through coordinating programs and policy.
- Focus areas: improve the quality and sustainability of mental health services delivered in the community and at school, expand access to mental health services delivered in the community and at school, expand access to mental health services, advance policies and programs that promote quality, sustainability, and growth of mental health services, coordinate messaging across the 3 state agencies and partners, and create continued awareness of mental health resources available for youth and their families.

- **Identifying School Mental Health Champions in Arizona:** These can be individual schools or entire school districts that are taking proactive steps to address the mental health of their students. They are focusing on providing comprehensive support to students by addressing mental wellness through prevention, early intervention, and collaborating with community behavioral health providers. These sites serve as examples of what it means to be a mental health champion by:

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| <ol style="list-style-type: none"> 1. Having a board approves Mental Health Referral Policy 2. Providing AZ Medicaid-approved suicide prevention training for all staff working with students grades 6-12 3. School team completion of the SHAPE Profile 4. School team completion of an annual SHAPE School Mental Health Quality Assessment 5. Providing crisis numbers on student identification badges for students grades 6-12 | <ol style="list-style-type: none"> 6. Having at least one formal partnership with behavioral health providers 7. Having a webpage, on the school website, that lists the partnering providers and mental health referral policy and pathway. |
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➔ [Learn more about the Arizona Title V program’s Broader AYA Mental Health Approaches](#)



JOINING THE COIIN OFFERED AN OPPORTUNITY TO PRIORITIZE A NEED THAT EMERGED FROM THE 2020 TITLE V NEEDS ASSESSMENT. IT ALSO ALLOWED THE BUREAU OF WOMEN’S AND CHILDREN’S HEALTH (BWCH), OFFICE OF WOMEN’S HEALTH (OWH) TO ENGAGE VALUABLE PARTNERS WHO COULD INFORM THE DIRECTION OF ADDRESSING MENTAL HEALTH ACROSS THE STATE, WHICH WAS A NEW INITIATIVE FOR THE OWH.

– ANGIE LORENZO, AZ TEAM LEAD

Want to learn more? Contact Angie Lorenzo - angie.lorenzo@azdhs.gov

State Snapshot:

CALIFORNIA (CA)

Team Makeup (Organizations/Individuals Represented):

- **California Department of Health**
 - Title V Maternal, Adolescent, and Child Health (MCAH) program – ColIN team lead
 - Injury and Violence Prevention Branch, Office of Suicide Prevention
 - Office of Health Equity
- **California Department of Health Care Services**
 - Managed Care Quality and Monitoring Division
 - Medi-Cal Behavioral Health Division
- **California Primary Care Association**
- **United Health Care Plan of California, one of the Medi-Cal Managed Care Plans**
- **California School Based-Health Alliance**
- **California Department of Education**
- **Two Mental Well-Being Youth Ambassadors**

California ColIN Team Accomplishments and Lessons Learned:

- **Recruited Mental Well-Being Youth Ambassadors:** The CA ColIN team worked with two youth advisors who joined the meetings and provided their expertise to inform the activities of the ColIN team. The ColIN team lead and youth advisors wanted to meet separately to build relationships, discuss ColIN team meetings, clarify action steps, and work on projects. However, it was difficult to meet consistently because of scheduling conflicts with school, work, or family responsibilities. A lesson learned that it's important to plan meetings with youth participants during evenings or weekends when schedules are usually more flexible. The team lead should have support from their manager and the ability to adjust schedules accordingly
- **Partnered with CDPH's Office of Health Equity for stigma reduction:** CDPH's Office of Health Equity received state funding to conduct a social marketing campaign to promote public awareness of the importance of mental well-being and reduce stigma around mental health. The ColIN team partnered with the Office of Health Equity to increase outreach to subpopulations of youth who face the greatest inequities in mental health outcomes, and who are one of the key intended audiences of the campaign. The ColIN team connected the Office of Health Equity with relevant CDPH/MCAH data, previous Title V state and local assessments, and disseminated information about the larger initiative connected to the campaign to locally-funded agencies.
[Learn more about the campaign.](#)



- **Facilitated connections between state government resources and CoIIN clinics:** The CA CoIIN team supported connections between the Department of Health Care Services social and emotional well-being initiative, [CalHOPE](#), with the CoIIN team’s clinical partners. These connections aimed to increase awareness of resources as well as connections to mental well-being support and resources for young people, specifically in locations where there was a lack of timely access to mental health providers.



“THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, MATERNAL, CHILD AND ADOLESCENT HEALTH DIVISION (CDPH/MCAH) WAS INTERESTED IN PROACTIVELY CONTRIBUTING TO STRENGTHENING THE MENTAL HEALTH AND WELL-BEING OF YOUNG PEOPLE ACROSS CALIFORNIA WITH KEY GOVERNMENT AND NON-GOVERNMENTAL AGENCIES, COMMUNITY-BASED ORGANIZATIONS, AND ADVOCACY GROUPS, AS WELL AS YOUTH PARTNERS. THE COIIN PROJECT PRESENTED A UNIQUE OPPORTUNITY TO EMBARK ON THIS GOAL WITH THE TECHNICAL SUPPORT AND TRAINING OF OTHER STATE AND NATIONAL LEADERS.”

– MERRIL LAVEZZO, CA TEAM LEAD

“I LIKED BEING A PART OF THE CA COIIN TEAM AND DISCUSSING ISSUES RELEVANT TO MY EXPERIENCES AS A YOUNG PERSON ADJUSTING TO BECOMING A PARENT WHILE CONTINUING TO GO TO SCHOOL.”

– ADRIANA SEGOVIA, MENTAL WELL-BEING AMBASSADOR WITH THE CA TEAM

Want to learn more? Contact Merril Lavezzo - merril.lavezzo@cdph.ca.gov

State Snapshot:

IOWA (IA)

Team Makeup (Organizations/Individuals Represented):

- Iowa Department of Health
 - Title V MCH program – CoIIN team lead
 - i. Adolescent Health Coordinator
 - ii. Title V Coordinator
 - iii. Adolescent Health Coordinator
 - iv. Bureau Chief

Iowa Team Accomplishments and Lessons Learned:

- **Developed a Request for Proposals (RFP) to support primary care providers:** the Iowa team developed an RFP seeking consultants to increase adolescent well visits and increase the ability of primary care providers to manage adolescent mental health. As a part of this process, the Iowa team is engaging with parents, youth, primary care providers, and mental health clinicians to inform development of the RFP.
- **Added mental health screening questions to sports physicals:** The Iowa team partnered with the Iowa High School Athletic Association to develop a mental health screening question to add to Iowa's required athletic pre-participation physical examinations for all student athletes.



IOWA HAS BEEN IN THE PROCESS OF BUILDING A CHILDREN'S MENTAL/BEHAVIORAL HEALTH SYSTEM OVER THE PAST SEVERAL YEARS. WITH A SHORTAGE IN THE NUMBER OF MENTAL HEALTH PROFESSIONALS, ESPECIALLY THOSE FOCUSED ON CHILDREN AND ADOLESCENTS, IDENTIFYING INNOVATIVE STRATEGIES TO ENGAGE PRIMARY CARE IN THIS WORK IS IMPORTANT.

THIS WORK IS HARD AND IT TAKES TIME TO BUILD RELATIONSHIPS, ESPECIALLY WHEN INTEGRATING PUBLIC HEALTH WORK IN TO PRIMARY CARE.

-ANALISA PEARSON, IA TEAM MEMBER

Want to learn more? Contact Analisa Pearson – analisa.pearson@idph.iowa.gov

State Snapshot:

INDIANA (IN)

Team Makeup (Organizations/Individuals Represented):

- Title V MCH program – CoIIN team lead
- School Health Coordinator
- Epidemiologist
- **Indiana Division of Mental Health and Addiction**
- **Anthem Indiana Medicaid**

Indiana CoIIN Team Accomplishments and Lessons Learned:

- **Learned from young people to inform the CoIIN team’s efforts to reduce stigma around mental health:** The Indiana CoIIN team organized six focus groups with young people to discuss various mental health topics, such as coping skills, communication with providers, relationships with peers and adults. Each focus group participant was paid for their time and expertise. There were a lot of youth interested in participating, but spaces were limited due to funding constraints. The key findings from the focus groups included themes like understanding mental health, coping strategies, mental health difficulties, available resources, social media, and primary care. You can find more details in the complete report on the focus group results.
- **Built relationships with key partners:** For instance, the CoIIN team included representation from Indiana’s Division of Mental Health and Addiction and worked closely with them to plan the focus groups mentioned above. The team also formed partnerships with other organizations during the CoIIN project, such as Indiana Medicaid, Indiana Suicide Prevention Coalition, Commission on Improving the Status of Children, and Indiana University School of Medicine. Throughout the CoIIN project, the team created space for each organization to share their relevant efforts and to identify opportunities for alignment among partners. Learn more about the Indiana CoIIN team’s approach to partnerships.

- **Institutionalized youth engagement as a critical part of the Indiana Department of Health’s Title V MCH program:** Indiana hired its first youth consultant from the focus groups, and they helped the Title V team form and shape the first youth advisory board. The Indiana Youth Advisory Board (IYAB) was a joint vision between the Indiana Department of Health and the Indiana Division of Mental Health and Addiction. Forty-five youth were selected from a pool of applicants to serve from and they represent 22 counties across the state. All youth are paid board members of the Department of Health and can work up to 10 hours per month. They have accomplished a lot in their first year including: creating a name and logo, deciding on subcommittees and meeting with them regularly, sharing YRBS data with school boards, helping submit grant proposals, presenting at the Governor’s Public Health Day, serving on a panel at the Lt. Governor’s Mental Health Roundtable Summit, submitting a poster presentation at the Adolescent Health Initiative Conference, and giving general feedback on all of our programming.
- **Developed a Title V State Performance Measure on Positive Youth Development (PYD):** The IN team developed a measure to report on yearly within their Title V MCH Block Grant, “Number of youth served with a PYD curriculum, ages 10-18” with a goal of reaching 30,000 youth by 2025.



YOUTH INVOLVED IN OUR FOCUS GROUPS HAD INCREDIBLE INSIGHT AND KNOWLEDGE OF THEIR MENTAL HEALTH NEEDS - WE NEED TO TRUST AND LISTEN TO THEM!

-KATE SCHEDEL, INDIANA’S DIRECTOR OF MATERNAL & CHILD HEALTH PROGRAMS

Want to learn more? Contact Kate Schedel - kschedel@health.in.gov



State Snapshot:

MINNESOTA (MN)

Team Makeup (Organizations/Individuals Represented):

- **Minnesota Department of Health**
 - Title V MCH program – ColIN team lead
 - Adolescent Health Coordinator
 - EPSDT Child Health Consultant
- **Rice County Public Health**
 - Child & Teen Checkup Coordinator, M.I.N.D.S. Youth Group Facilitator

Minnesota Team Accomplishments and Lessons Learned:

- **Formed a youth advisory council:** The ColIN team partnered with local public health staff to recruit student advocates from Rice County, MN schools. The group, called M.I.N.D.S., surveyed students from several middle and high schools to understand their experiences with mental health, mental health screenings in the community setting, and how best to communicate with youth on mental health topics. Survey data was used to improve mental health communication in schools and clinics. The school where the M.I.N.D.S. group is housed formed a mental wellness committee with youth advocates and community partners to reduce stigma and provide ongoing support for students. M.I.N.D.S. organized a community-wide event to address mental health stigma. [Learn more about the M.I.N.D.S. group.](#)
- **Lessons learned:** personal invitations were effective for recruitment to the advisory council and meetings were adapted to accommodate youth schedules and COVID safety.



- **Mapped local resources:** members of the ColIN team conducted a scan of local mental health supports for adolescents, young adults, and their families located in Rice County, Minnesota. Local public health nurses and health educators use this list to share resources with clinics, schools, and other organizations in the community who are offering mental health screenings and resources for adolescent and young adults. Ensuring that the list is updated consistently is an important task to manage.
- **Minnesota AYAH Confidentiality Guide.** The ColIN team is worked with Abigail English ([Center for Adolescent Health and the Law](#)) HealthPartners, Park Nicollet and managed care organizations to clarify and summarize minor consent and confidentiality policies.



WE WERE MOTIVATED TO PARTICIPATE IN THIS PROJECT TO ALLOW A MULTIDISCIPLINARY TEAM THE TIME AND SPACE TO WORK ON THE ADOLESCENT WELL VISIT. WE LIKED USING THREE STRATEGIES (UTILIZATION, QUALITY, AND POLICIES AND PRACTICES). WE LOVED WORKING WITH YOUTH AND INCORPORATING THEIR VOICE AND EXPERIENCES INTO THIS PROJECT.

– LYNDSEY REECE, MN TEAM MEMBER

EACH PERSON'S MENTAL HEALTH NEEDS ARE SO DIFFERENT, SO WE MUST MEET PEOPLE WHERE THEY ARE AT AND BE OPEN TO THEIR FEELINGS BEING EXPRESSED WITHIN ALL PROGRAMS AND SUPPORT SYSTEMS BEING PROVIDED.

- M.I.N.D.S. STUDENT ADVOCATE

Want to learn more? Contact Julie Neitzel Carr - julie.neitzelcarr@state.mn.us

State Snapshot:


OHIO (OH)

Team Makeup (Organizations/Individuals Represented):

- **Ohio Department of Health**
 - State Title V MCH
 - Violence and Injury Prevention Section (VIPS)
- **Ohio Department of Mental Health and Addiction Services**
- **Ohio Department of Education**
- **Ohio Chapter of the AAP**
- **James Duffee, MD, MPH, FAAP- ODH contracted pediatrician/child psychiatrist**
- **Nationwide Children's Hospital**
- **Miami University**
- **Ohio Association of Community Health Centers**

Ohio CoIN Team Accomplishments and Lessons Learned:

- **“Set the table” – brought together a team from several key sectors for the CoIN project:** As outlined above, CoIN team members represented a variety of important partners for addressing AYA mental health systems. Regular CoIN team meetings facilitated and led by the OH Title V program created opportunities for each partner to share information on their relevant work and identify opportunities for alignment and collaboration.
- **Learned what projects or programs already exist and figure out the areas that need attention or improvement:** The OH CoIN team members gathered information about existing activities related to Adolescent and Young Adult (AYA) Behavioral Health in Ohio. This helped the team to coordinate and align the work that was already happening and identify areas where there were gaps. The team discovered many ongoing initiatives in schools and community-based settings and noticed opportunities to focus more on efforts specifically in clinical settings. Since the CoIN team also enjoyed strong representation from clinical organizations, the group decided to prioritize clinical efforts.

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- **Identified opportunities for alignment and collaboration among CoIIN team member's projects/ programs:** for example, members of the CoIIN team worked together to discuss the creation of resources for clinical providers on available mental health services in their communities (for referrals), update a Suicide Prevention Resource Guide to be relevant to expanded audiences (i.e. clinical), and expand opportunities for clinical quality improvement related to suicide prevention.
 - **Sought funding to help primary care doctors become better at providing mental health care for adolescent and young adults:** Since the OH team decided to prioritize efforts in clinical settings, a subgroup of the CoIIN team collaborated to apply for a Federal grant award, that if approved, would expand access to psychiatric consultations for primary care providers who treat adolescents with mental health conditions.

➔ [Learn more about the Ohio Title V program's Broader AYA Mental Health Approaches](#)



WE DECIDED TO JOIN THE TEAM TO SUPPORT THE TITLE V BLOCK GRANT PRIORITY TO DECREASE SUICIDE BEHAVIOR IN ADOLESCENTS. THIS WAS THE FIRST TIME ODH HAD INCLUDED MENTAL HEALTH IN THE BLOCK GRANT PRIORITIES AND SAW THE COIIN AS AN OPPORTUNITY TO LEARN HOW TO SUPPORT MENTAL HEALTH PRIORITIES FROM A PUBLIC HEALTH PERSPECTIVE.

-SARA HAIG, OH TEAM LEAD

Want to learn more? Contact Sara Haig - sara.haig@odh.ohio.gov

State Snapshot:

PENNSYLVANIA (PA)

Team Makeup (Organizations/Individuals Represented):

- **State Title V MCH**
 - Adolescent Health Team
- **State Title V CSHCN staff**
- **Children's Hospital of Pennsylvania (clinical champion)**

Pennsylvania CoIIN Team Accomplishments:

- **Building Connections to Improve Statewide Coordination:** The PA CoIIN team made formal agreements with the Pennsylvania Office of Mental Health and Substance Abuse Services (OMHSAS) to work together more closely. They started having monthly meetings between the Department of Health and OMHSAS. The purpose of these meetings was to find common priorities and resources related to youth mental health between the two agencies.
- **Helping healthcare providers become better at providing care that respects and supports a person's individual identity:** In partnership with OMHSAS, the PA CoIIN team collaborated with the Persad Center to create and provide specialized training for organizations that serve young people, such as SAP liaisons, mental health providers, substance abuse providers, and the criminal justice system. The training was specifically focused on LGBTQ+ issues and mental health and is called, "Gender, Identity, When Children Know, and Much More: The Nuances of LGBTQ+ and Mental Health". The team presented this training at the Commonwealth Prevention Alliance and the Pennsylvania Care Alliance. A total of 728 individuals attended the live trainings, and the [training is now available for viewing online](#).
- **Making Mental Health Care a Regular Part of Routine Healthcare:** The IDPH Adolescent Health Team made changes to the grant agreements with family planning councils to make sure that patients seeking services through the network of providers across Pennsylvania are screened for depression and other mental health issues. This requirement started in January 2023.
- **Supporting Prevention Efforts:** In collaboration with OMHSAS, promote and serve as judges for the [PA Suicide Initiative's 11th Annual PSA Contest for Youth Suicide Prevention](#)

➔ [Learn more about the PA Title V Program's Broader AYA Mental Health Approaches.](#)

IMPROVING MENTAL HEALTH, BEHAVIORAL HEALTH AND DEVELOPMENTAL OUTCOMES FOR CHILDREN AND YOUTH WITH AND WITHOUT SPECIAL HEALTHCARE NEEDS IS A PRIORITY THAT WARRANTS ATTENTION AND THE COIIN ALLOWED US TO PROVIDE FURTHER FOCUS INTO THE SYSTEMS THAT CAN IMPACT OUR YOUTH FOR THE BETTER.

- JULIE HOHNEY, PA TEAM LEAD

Want to learn more? Contact Julie Hohney - jhohney@pa.gov

State Snapshot:


SOUTH CAROLINA (SC)


Team Makeup (Organizations/Individuals Represented):

- **South Carolina Department of Health and Environmental Control**
 - Title V MCH program – ColIN team lead
 - State School Health Nurse Consultant
- **South Carolina chapter of the American Academy of Pediatrics**
- **South Carolina Medicaid**
- **South Carolina Behavioral Health Coalition**
- **SC Blue Cross Blue Shield**
- **SC Hospital Association**
- **Fact Forward (Formerly SC Campaign to Prevent Teen Pregnancy)**
- **Family Connections SC**
- **NAMI SC**

South Carolina ColIN Team Accomplishments and Lessons Learned:

- **Coordinated with existing initiatives:** the SC ColIN team focused on identifying, connecting, and building on the work of existing efforts across the state instead of starting from scratch or duplicating what was already happening. The team worked to partner and align their goals with: the SC Behavioral Health Coalition, the SC Suicide Prevention Task Force, The Child Wellbeing Coalition, and the Community Crisis Response and Intervention Program. Representatives from these groups attended monthly ColIN meetings. As a result, informational resources were created and shared with providers and community partners to raise awareness about available mental and behavioral health supports in the communities. Existing workgroups played a vital role in identifying community needs and mapping available services. Additionally, Family Connection SC, supported by the ColIN, developed resources specifically for families and youth going through life transitions, such as entering adulthood, scheduling doctor appointments, or transitioning between educational levels. These resources aimed to provide support during these transitions and promote healthy independence.
- **Provided critical stigma-reducing education directly to youth and their supportive adults:** the ColIN team partnered with the SC chapter of the National Alliance on Mental Illness (NAMI) to provide their [Ending the Silence program](#) to various strategic groups across the state. The ColIN supported the development of resources used in the NAMI SC trainings statewide. [Learn more about how the ColIN team partnered with the SC chapter of NAMI to provide important education on AYA mental health across the state.](#)

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- **Lessons learned:** Each region had its own approach to scheduling and delivering training. It was found that attempting to standardize the process for all regions didn't work well. Some regions opted for online training while others preferred in-person sessions. It was concluded that in-person delivery generally led to smoother outcomes
 - **Facilitated training opportunities on Adolescent & Young Adult Behavioral Health to Maternal & Child Health (MCH) staff:** The SC ColIN team lead developed and provided two trainings for MCH staff across the state on adolescent body and brain development, cultural responsiveness, being youth-friendly, strengths-based approaches to adolescent health, substance use, trauma, mental health, reproductive coercion, protective factors, and LGBTQ+ youth.



EVEN PRIOR TO COVID, SC RECOGNIZED GAPS IN ACCESS TO MENTAL AND BEHAVIORAL HEALTHCARE IN THE STATE, ESPECIALLY FOR YOUNG ADULTS AND ADOLESCENTS. WORKING WITH THE AYA BH COIIN PROVIDED AN OPPORTUNITY TO STRENGTHEN THESE SYSTEMS AND FOCUS PARTICULAR ATTENTION ON THIS POPULATION.

- REBECCA WILLIAMS-AGEE, SC TEAM LEAD

Want to learn more? Contact Rebecca Williams-Agee - williara@dhec.sc.gov

State Snapshot:

VERMONT (VT)

Team Makeup (Organizations/Individuals Represented):

- **Vermont Department of Health**
 - State Title V Program (CollIN team lead)
- **VT Child Health Improvement Program**
- **VT Department of Mental Health**

Vermont CollIN Team Accomplishments and Lessons Learned:

- **Understand the current state of adolescent and young adult mental health initiatives in Vermont:** The VT CollIN team examined the existing landscape of AYA mental health efforts across the state. Through this assessment, they discovered that multiple projects and programs had been intentionally developed by various partners to implement effective screening processes in different practice settings. This assessment highlighted the importance of partnering with or coordinating efforts with these existing programs to avoid duplication of work.
- **Collaborate with Vermont's Department of Mental Health:** As part of their strategy, the VT CollIN team worked closely with leaders from the state's Department of Health and Department of Mental Health. They aimed to coordinate the different initiatives identified in the assessment by establishing regular communication channels to stay informed about the progress of each initiative. To accomplish this, the VT CollIN team lead arranged monthly meetings between the Title V MCH Director and the Director of the Adolescent & Family Unit at the Vermont Department of Mental Health.

➡ [Learn more about the VT Title V Program's Broader AYA Mental Health Approaches.](#)



LEADERSHIP COMMITMENT TO REGULAR ENGAGEMENT ENHANCED THIS PARTNERSHIP AND IMPROVED COORDINATION OF OUR EFFORTS.

-KIM SWARTZ, VT TEAM LEAD

Want to learn more? Contact Kim Swartz - kimberly.swartz@vermont.gov