



Vermont System of Care Report 2024



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Letter from State Interagency Team Co-Chairs

**Individually, we are one drop.
Together, we are an ocean.**

Ryunosuke Satoro

Since the pandemic we have seen repeatedly on the national news that more people are experiencing complex challenges—both children and adults. Here is what we also know—doing the same thing we have always done, will get us the same results we have always gotten. We all need to stretch out of our comfort zones and seek creative solutions. Some we have seen this year include:

- An agency allowing a new staff member from out of state to live in one of their buildings that was vacant while she obtained permanent housing.
- Creative use of a crisis bed program for a child struggling with unique needs who was involved with the Department for Children and Families (Family Services Division), mental health, developmental disabilities, and complex medical needs.

- State Interagency Team members joining local team meetings to consult on 16 different situations with youth with complex needs to problem-solve challenging situations.

We know there are a lot more examples of folks working together to remove barriers and do things they have never done before. That takes energy and dedication. We must keep our ultimate goal at the center—how to improve the lives of children and families with support, compassion, and caring.

We are all doing the best we can every day, and we need to hold tightly to our connections to strengthen our ability to withstand these challenging times. We need to continue thinking like an interconnected community, not independent silos. This has been the foundation of Act 264 for 36 years and is more important now than ever.

In partnership,

Cheryle Wilcox, LICSW, Mental Health Collaborations Director,
Department of Mental Health (DMH)

Beth Sausville, Director of Policy and Planning, Department for Children and Families, Family Services Division (DCF-FSD)



Introduction

This system of care report is in response to the Act 264 statutory requirement as outlined in 33 VSA § 4302 which requires the State Interagency Team (SIT) to submit an annual report to the commissioners of developmental and mental health services, social and rehabilitation services and education on the status of programs for children and adolescents with a severe emotional disturbance which shall include a system of care plan. The system of care plan shall identify the characteristics and number of children and adolescents with a severe emotional disturbance in need of services, describe the educational, residential, mental health or other services needed, describe the programs and resources currently available, recommend a plan to meet the needs of such children and adolescents, and recommend priorities for the continuation or development of programs and resources.

In 2005, an interagency agreement between the Agency of Human Services (AHS) and the Agency of Education (AOE) was established which expanded the scope of the statute in the following way. This interagency agreement outlines the provision of services to students who are eligible for both special education and services provided by AHS and its member departments and offices including Vermont Department of Health (VDH), Department for Children and Families (DCF, formerly Social and Rehabilitation Services), Department of Mental Health (DMH), Department of Disabilities, Aging and Independent Living (DAIL), Department of Corrections (DOC), Office of Vermont Health Access (now DVHA, Department of Vermont Health Access), and the Department of Education (now Agency of Education, AOE). It is intended that the agreement will provide guidance to human services staff and school personnel in the coordination and provision of services for students with disabilities.

State Interagency Team — System of Care Recommendations

These recommendations come from ongoing feedback and dialogue with a wide array of stakeholders including the 12 Local Interagency Teams, the Act 264 Advisory Board, data analysis from the departments of the Agency of Human Services and the Agency of Education, discussion at monthly State Interagency Team meetings, and Local Interagency Team Connections meetings.

1. **Invest in retention and recruitment efforts to address workforce challenges** to be able to provide necessary and quality services to children and families.
2. **Advocate for parity with private insurance** for children and youth enrolled in commercial insurance plans, so they can access the appropriate residential level of care needed.
3. **Support alternative housing options** that support families by encouraging more affordable/diverse/mixed socioeconomic/multigenerational living options.
4. **Increase supports in the community** for children and youth, and **ensure we have a system of higher levels of care in Vermont for children with complex needs** (such as co-occurring, developmental disabilities, medical issues) to decrease the number of children sent out of state for treatment.

Act 264 Board - System of Care Recommendations

This Governor-appointed Advisory Board is composed of nine members who are, by statute, one-third family members, one-third service providers, and one-third advocates. A statutory requirement of the Act 264 Board is to advise the Agency of Education and Agency of Human Services on the annual priorities for developing the System of Care. The

Board submitted the following recommendations to the State Interagency Team in December 2023 and are based on discussions with agency and department leadership, an annual survey of the 12 Local Interagency Teams, and input from the members' various connections across the state

1. **Increase workforce retention and recruitment efforts** across schools, mental health, developmental disabilities, and healthcare.
2. **Create more community-based programs and high-level care in Vermont** for children regardless of custody status or what department they are working with at the Agency of Human Services.
3. **Improve Data and Information Systems.**
 - a. Invest in the child welfare data system.
 - b. During 2024, the Act 264 Board will investigate ways to increase a consistent, efficient, and accurate method of tracking Coordinated Services Plan data.
 - c. Aim to streamline applications across the Agency of Human Services departments with access to information in the system so families and staff aren't repeating information and overwhelmed by repetitive paperwork.
4. **Focus on affordable housing** for children, youth and families and staff.
5. **Continue prevention efforts to address substance use and increase treatment options** for youth in Vermont.
6. **Continue to focus on social and emotional learning, awareness, and inclusion** across agencies and in schools to reduce anxiety, increase emotional wellness, and promote connectedness in children and youth.
 - a. Increase childcare and community opportunities for young children birth to 8 years old and their families to support play for social and emotional learning.
 - b. Have more community spaces for children and youth to practice and live these concepts by ensuring their access to youth centers, sports, various group and team activities, afterschool programming, arts, interest-based experiences.
 - c. Increase a sense of connection and belonging for historically marginalized children, youth, and families.
 - d. Agency coordination to promote staff training through The Collaborative for Advancing Social and Emotional Learning: <https://casel.org/and-trauma-responsive-practices>.

Act 264 Board Members: Co-Chairs: Cinn Smith & Matt Wolf; Parents: Laurie Mulhern, Cinn Smith, Kristin Francoeur-Holsman; Providers: Cheryl Huntley, Doug Norford, Heather Freeman; Advocate: Alice Maynard, Matt Wolf, Meagan Martin

What Steps Can Be Taken to Achieve These Goals?

1. Advocate for livable wages¹, especially staff who are involved in frontline direct service and administrative support staff.
2. Leverage federal funding to assist with additional workforce recruitment and retention efforts that could include additional training and supports to stabilize human services and educational workforce.
3. Invest in peer programming and recruitment of individuals with lived experience.
4. Provide training, consultation, and support to include trauma responsive care across all domains, such as health care, culturally sensitive care, care of self, compassion fatigue, burnout, and vicarious trauma.
5. Implement recommended next steps as outlined in the [Insurance Parity in Residential Care for Children and Youth](#) report dated February 1, 2023.
 - a. Creating a process, through which AOE can communicate with Department of Financial Regulation (DFR), Department of Mental Health (DMH), and local school districts to ensure that students with commercial insurance in residential mental health treatment have the educational resources to which they are entitled under Agency of Education's supplemental rules.
 - b. Amending DFR Rule H-2009-03 to require health insurers to accept DCF licensure as an alternative to external accreditation for residential mental health providers.
 - c. Assigning case managers to all members of health insurance plans who require residential mental health care.
 - d. Creating a shared lexicon (vocabulary) to minimize misunderstandings caused by differences in terminology between insurers and providers; and
 - e. Raising awareness among providers and DMH about services the Office of the Health Care Advocate can provide to patients' families with respect to coordination of benefits.
6. Expand and coordinate available funding across AHS departments to support prevention and promotion efforts to ensure mental wellness. Currently most DMH funding is only available when a child has a mental health diagnosis (Medicaid requirement) or meets criteria for a Severe Emotional Disturbance (Mental Health Block Grant requirement).
7. Continue to invest in more community-based services so youth do not end up in Emergency Departments during a mental health crisis.

¹<https://lifo.vermont.gov/assets/Subjects/Basic-Needs-Budgets/1defd5222f/2021-Basic-Needs-Budget-and-Livable-Wage-report-FINAL-1-16-2021.pdf>

8. Increase social and emotional supports in schools by fully implementing both Multi-Tiered Systems of Support (MTSS) and Early MTSS.
9. Ensure adequate alternative educational programming exists for children in Vermont while supporting the least restrictive environment possible.
10. Determine how to best fund and support quality early care and education programming to maximize supports to families. This is also done by assisting families with the cost of childcare and increasing specialized childcare capacity.
11. Develop and implement supports to increase safety for staff who are involved with providing direct care.
12. Provide evidence-based, best practice training, support, and consultation on trauma responsive and resilience building care.
13. Continue conversations around the shift in the practice to primary prevention as laid out in the Department for Children and Families, Family Services Division (DCF FSD) Prevention Plan, which allows for Title IV-E dollars to be drawn down for prevention services.
14. The Agency of Human Services has been working with the Camden Coalition throughout 2023 to determine how best to implement a more formalized approach to Team Based Care for Vermont AHS and partner agencies to support improving care for people with complex needs. This work aligns well with Act 264 and will involve additional training and support for providers during 2024.
15. Rebuild systems collaboration that was impacted by the pandemic by having in person connections, intentional relationship building, foundational work together around the foundation of interagency work as identified in Act 264.
16. Continue to address comprehensive care for children with complex needs.



Progress on Last Year's Goals

Last year, the following system of care recommendations were made, with progress as noted:

1. Design and allocate sustainable funding to implement a unified parent representative system that includes family support, training, and pay that shows the value of this essential element in our system of care.

Progress Made:

- a.** The State Interagency Team provided stipends to independent parent representatives this past calendar year and through a Request for Proposals the Vermont Family Network was awarded a grant to provide additional parent representative supports. Data was collected and the funding assessed that will be needed for ongoing support for a unified parent representative system. During this year, a Request for Proposals will be created to find a vendor who can provide support, training, and equitable pay to have parent representatives statewide.
- b.** Funding through both the Mental Health Block Grant and the DMH budget were used to support these efforts. SIT will be working this year on determining what can be done to make annual funding available for this essential work for Act 264 Activities.

2. Invest in retention and recruitment efforts to address workforce challenges to bring in individuals who provide mental health supports, developmental disability services, and peer supports.

Progress Made:

- a.** Continue the multi-disciplinary Workforce Task Force launched in 2021 and chaired by DMH to implement a system-wide strategic plan that addresses workforce recruitment and retention for the DA/SSA network in Vermont. This task force is comprised of DMH, DAIL, Vermont Department of Health-Substance Use Division, Department of Corrections, Designated and Specialized Service Agencies, and Vermont Care Partners.
- b.** Additional funding (\$6.9M in total) was allocated through the legislative session to continue to support loan repayment and tuition reimbursement for providers at DA/SSA.
- c.** In 2023, \$4M in ARPA funds were allocated through the legislature to make existing housing and community-based service facilities providing mental health and developmental services more accessible, safe, and compliant with the Americans with Disabilities Act and/or to expand capacity in community settings. These improvements to buildings ensure safe, healthy, places for people to work and live.
- d.** In 2023, the legislature provided a 5% Medicaid increase to Designated and Specialized Service agencies.

3. Leverage state and federal funds by investing in community-based supports and services and to strengthen our system of care to respond to stress and trauma experienced by children and families in a manner that best meets their needs

- a. On January 1, 2024, a new [Enhanced Mobile Crisis program](#) launched statewide. Vermont's Community Mobile Crisis Program is here to support and reassure people dealing with emotional, mental health, or substance use crises. It is available 24 hours a day, and provides rapid, effective, and compassionate support, ensuring no person, regardless of age, is left to face their crisis alone. This mobile response team is composed of highly skilled providers and recovery coaches, offering a blend of expertise and caring support.
- b. The VT Department of Mental Health received a new federal award of \$1.8M per year for up to 5-years (2023-2028) from the Substance Abuse and Mental Health Services Administration (SAMHSA) for Project AWARE (Advancing Wellness and Resilience in Education). The VT Department of Mental Health and the VT Agency of Education will continue the collaborative partnership from the prior Project AWARE (2018-2023) to engage three new regional teams of Local Education Agencies (LEAs) and their Designated Mental Health Agencies (DAs). Together, these state and local partners will develop sustainable infrastructure for social, emotional, and mental health supports within the Vermont Multi-Tiered System of Support Framework (VTmtss). VT Project AWARE 2023 will work intensively with the following three LEA and DA partnerships:
 - Barre Unified Union School District (BUUSD) and Washington County Mental Health (WCMH)
 - Caledonia Central Supervisory Union (CCSU) and Northeast Kingdom Human Services (NKHS)
 - Southwest VT Supervisory Union (SVSU) and United Counseling Services (UCS)

The local education and mental health leaders will enhance the multi-tiered system of support, using data-driven decision-making to understand the local needs and resources related to student mental health and wellness, universally screen students, strengthen referral processes, increase access to supports, and provide awareness trainings for youth and adults. This effort will be getting underway in the beginning of 2024, as DMH has been working to finalize contract and grant agreements with the involved entities

- c. Over this past year, an Agency of Human Services team worked together to address the high number of children placed out of state by the Departments of Mental Health, Children and Families, and Disabilities, Aging, and Independent Living. One step in addressing this issue was to develop and post a Request for Proposals to bring a Psychiatric Residential Treatment Facility to Vermont. This in-state option would serve 15 Vermont children 12 and older with emotional, behavioral, developmental disabilities, and/or mental health needs. This type of residential setting is necessary to serve children and youth with high acuity needs. The Request for Proposal resulted in an apparently successful bidder and an interagency team within the Agency of Human Services is working on a contract with the vendor.

2023 System of Care Accomplishments

1. In October 2023, members from all 12 Local Interagency Teams, State Interagency Team members and Act 264 Advisory Board members came together in person and by virtual means for a day-long event to discuss the children's system of care, learn about work being done statewide to address the needs of children, youth, and families and problem-solve challenges. The last time this group was able to gather was in the fall of 2019 prior to Covid.
2. The State Interagency Team has continued to host monthly Local Interagency Team Connections meetings have used creative solutions to come together statewide to increase communication, etc. These virtual meetings have created the opportunity for statewide sharing of information, resources, and creative solutions to come together across the state.
3. At Vermont Family Network, the Family Support Helpline program provided individualized assistance to families whose children had mental health diagnoses through the special education and Act 264 process. VFN brought more awareness of Act 264 to many families and in the parent representative role, supported families to understand and advocate for needed services for their families and children. Some quotes from families they served as CSP parent reps:

"Amazing. She kept in contact with me prior and after. She listened and gave suggestions to help the process. She jumped in to bring up questions I forgot to ask."

"I liked the follow up calls. They were very helpful to me during this process."

"Connecting with (VFN parent rep) was very helpful and validating."
4. Children with Special Health Needs (CSHN) at the Vermont Department of Health:
 - a. Launched CSHN Connections- a newsletter for providers and community partners to share and disseminate resources, Medicaid updates, policy changes, and program highlights. The newsletter ensures that all regions of Vermont stay informed about the system of care for children and youth with special health needs. To be added to the distribution list email me at debra.forrett@vermont.gov
 - b. Began interviewing families that have moved to Vermont in the last 2 years with a child with special health needs. CSHN is seeking to better understand the experience of planning, preparing, and moving to the state within the context of transferring and accessing healthcare for children with complex needs. This work will inform the creation of recommended protocols and practices as well as materials to support families moving to Vermont.
 - c. CSHN has partnered with the Washington and Franklin/Grand Isle Counties Children's Integrated Services -Early Intervention teams to implement a pilot program using a screening tool for early identification of children with Pediatric Feeding Disorders. The goal of the pilot is to identify children with a positive screen and create a simultaneous referral to a nutritionist and a feeding therapist for further assessment and determination for those services on the One Plan. CSHN plans to expand the pilot statewide in 2024.

5. Vermont was awarded a \$23 million federal grant in December 2022, to strengthen the state’s early childhood system, support the early childhood workforce and improve the quality and availability of services for children from birth to age 5. [The Preschool Development Grant \(PDG\) Renewal Grant](#) provides approximately \$7.7 million per year for three years, with \$2 million of subgrants going to local communities to support mental health care for children and families, high-quality childcare, and family engagement along with support for the workforce required. Participating entities include the Child Development Division, Department of Mental Health, Agency of Education, Vermont Department of Health, Office of Racial Equity with additional support and partnership with [Building Bright Futures](#).
6. The Child Development Division (CDD) successfully hired 14 out of 15 positions that were created by a combination of [Act 76](#) and the Preschool Development Grant. These effectively increased the size of the division by about a third and will mean an increase in support and service provision capacity for every unit within CDD — something they expect will have an immediate and noticeable impact on the Vermonters who they serve.
7. The VT Child Psychiatry Access Program ([VTC PAP](#)), with 107 primary care clinics and 559 individual providers enrolled, has provided essential mental health consultation to primary care providers serving children and youth across Vermont. Since it began June 2022, 191 providers received consultation with 114 calling multiple times, an indication that they found the service beneficial for their care of children and youth. In 2022, VTC PAP responded to an average of 31 calls each month; in 2023 that has increased to an average of 42 calls per month (through November) with the peak of 67 calls in March 2023 – a period when VT also saw a peak in the number of children waiting in emergency departments. VTC PAP is a partnership of the VT Department of Mental Health as recipient of the Pediatric Mental Health Care Access federal grant funding (2021-2026) through the Health Resources and Services Administration (HRSA), the Community Health Centers who host the VTC PAP and leverage a private foundation grant through the Vermont Community Foundation, and UVM Larner College of Medicine’s Vermont Child Improvement Program who provides provider engagement support and consultation to the project. These partners are actively exploring long-term options to sustain the consultation service beyond the end of the federal and private grant awards.
8. In the fall of 2023, the Coordinated Services Plan was translated into French, Spanish, and Nepali based on feedback from communities requesting these languages. In 2024, the CSP will also be translated into Burmese, Dari, Kirundi, Somali, Swahili, Ukrainian, and Vietnamese. This work was able to be done thanks to enhanced Medicaid funding received by the Agency of Human Services.
9. All Agency of Human Services departments and the Agency of Education websites now have a searchable feature directing folks to [the Integrating Family Services website](#) for all information related to Act 264.
10. In the DCF Family Services Division, Friday, September 15th saw the first of its kind [Child Welfare Summit](#), bringing

together judges, family services workers, attorneys and advocates to take a close look at the decisions which might lead a child to be removed from their home due to concerns of abuse and neglect. Over 240 people representing parties in a Family Court matter learned about the Structured Decision-Making tools utilized by Family Services Division to assess safety and risk, and a newly released guide for courts designed to unify language and understanding across disciplines. The day-long event took place in South Burlington at the Delta Marriot, where judges, DSA's, GAL's and attorneys who represent parents and children sat down with family services workers and their supervisors to begin a long overdue truly collaborative conversation about how we make the decisions that have the most dramatic impact on the lives of Vermonters. The [Vermont Court SDM Guide and Guide and the SDM Court Reference Sheet](#) were developed by a collaborative workgroup consisting of judges, FSD, and our partners at Evident Change over a period of eight months. These guides were born from recommendations from the [legislatively commissioned UVM study on the drivers of custody rates in Vermont](#), and are meant to help us all understand the linkages between statute and practice and increase objectivity and consistency around the state.

- 11.** ,Approximately a year and a half ago the Agency of Human Services Secretary's Office brought Department and Division leads together to brainstorm ways to support the Family Services Division in their need to staff high end youth in care due to the pandemic and lack of placement resources. Leadership in the Family Services Division

worked closely with the Department of Corrections to examine and possibly replicate their Special Response Team model for this purpose. Out of that work came proposed training curriculum, and processes, and an inquiry to all agency employees regarding interest. Subsequent to that inquiry, teams were formed, and training is underway. The expectation is that teams will be fully trained and ready for deployment sometime in late February, 2024.

- 12.** The Agency Learning Collaborative emerged from a collaboration between the AHS Secretary's office. Involved in this initiative are the Director of Organizational and Workforce Development, the Director of Trauma Prevention and Resilience Development, and the Director of Strategic Operations and Planning. The mission of the Collaborative is to focus more attention on building connection, relationship, and collaboration through our work, then we will strengthen protective factors and leverage the resilience of our workforce and the individuals and families we work with to overcome obstacles to well-being. During the first year the goals of the Collaborative included:

- Focusing on addressing burnout and building resilience in staff.
- Creating a space for district collaboration and community building.
- Finding way to communicate with and provide feedback to leadership.
- Providing ongoing support and resources for district staff.

The day long training offered this year included Trauma Responsive Supervision, Care of Self Culture, and Managing

Effective Hybrid Teams. Over 400 State of Vermont Staff attended these trainings. In the upcoming year the focus of the Collaborative will be increasing understanding and engagement in the strategic planning process and a deeper dive into creating an effective care of self-plan.

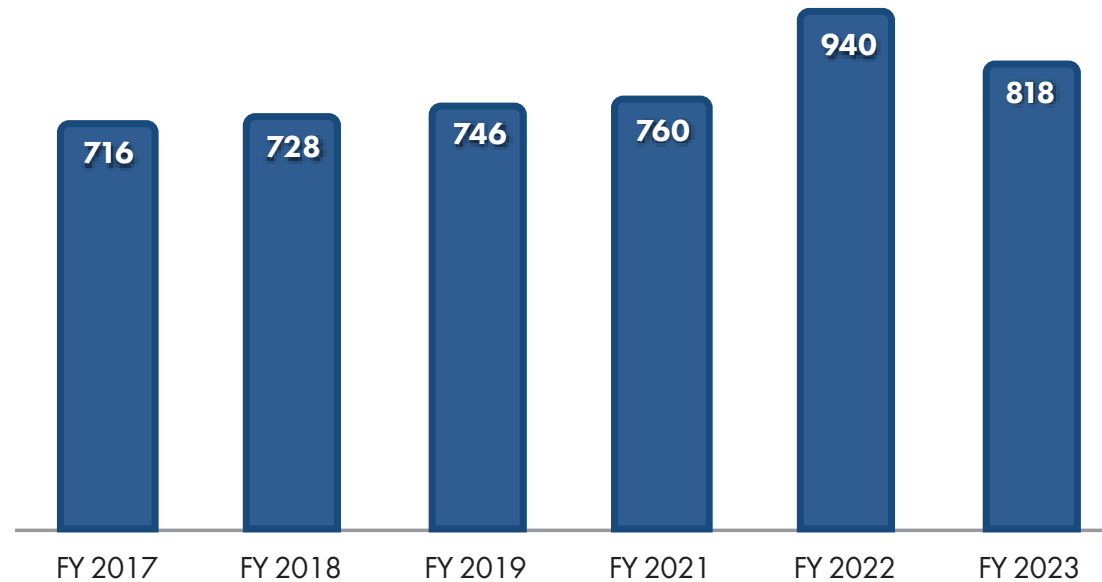
- 13.** The Department of Vermont Health Access announced, that beginning January 1, 2024, children can stay on Medicaid for 12 months after they are first enrolled, or their eligibility is renewed, with a few exceptions. Medicaid coverage may end 12 months from the date the child was determined eligible, for example, if the child is no longer a state resident or turns 19 years old. Vermont also recently extended automatic Medicaid coverage from 60 days to 12 months after giving birth.
- 14.** DCF-FSD has been working toward the implementation of prevention services as outlined in their 5-Year Prevention Plan. This has included a training partnership with Easter Seals to ensure that the Balanced and Restorative Justice (BARJ) and Intensive Family Based Services (IFBS) provider networks are trained in Motivational Interviewing, an evidence-based practice, in order to embed this practice into their work with families. FSD has also made progress towards the implementation of a new data system, which, once in place, will allow FSD to take full advantage of funding opportunities to support future prevention work.
- 15.** DCF had its 5 year Prevention Plan under the Family First Prevention Services Act approved in February, 2022. In the last year, the Prevention Implementation Workgroup, whose membership includes statewide community stakeholders,

has been meeting regularly over the past year to support the overall design and implementation of prevention services. This work has included oversight of new business processes as well as input and guidance to support practice and policy development that aims to keep families together. FSD continues to work behind the scenes to gather data from providers and establish fidelity monitoring practices to ensure families are receiving high quality prevention services that adhere to model fidelity.”

- 16.** FSD’s main data collection system was created in 1983 and is currently the oldest child protection system in the United States. Due to the limitations of our current antiquated systems, FSD continues to be challenged with being able to report out exactly how much IV-E money is being left on the table and how often we are drawing down inaccurately. A report in the fall of 2023 indicated that from 1/1/2019 through June 20th, 2023, roughly \$2,000,000.00 was drawn down in federal IV-E funds that should not have been. This is money that the state has paid back or will need to pay back to the federal government. A few years ago, a workaround was put in place to attempt to reduce the amount of IVE funds that were being drawn down in error. This is a manual workaround held within the Business Office and between 2019 to June 20th, 2023 this workaround prevented roughly \$7,000,000.00 of IV-E funds being drawn down in error. Because the workaround involves both manual and coded procedures, there continues to be room for error and this process is not sustainable or fully accurate. It is also an incredible weight for staff to carry.

How Many Children in Vermont are Served through Our Interagency Efforts?

Table 1. Coordinated Services Plan Meetings by Fiscal Year



Last year there was a significant increase in Coordinated Services Plan (CSP) meetings being held, and this year numbers seemed to have returned to pre-pandemic rates. The increase in CSPs in FY22 may have been due to recognizing children who had been isolated and struggling during the pandemic and then returning to school with increased challenges.

Date Note: No data was collected from Local Interagency Team Coordinators in 2020 due to high demands on staff time supporting children and families during the Covid pandemic.

How Many Children in Vermont are Served through Our Interagency Efforts?



409 children who receive special education services also had a Coordinated Services Plan².

216 students had a primary disability of Emotional Disturbance.

27 students had a secondary disability of Emotional Disturbance.

1734 children/youth had involvement with DCF for the following reasons:

985 children were in DCF custody³. Of these children/youth:

864 was due to abuse/neglect

29 was for delinquent behavior

80 was due to child behavior

12 was for voluntary care



467 Conditional Custody Orders

Placement of these children/youth was with a parent or a person with a significant relationship to the child/youth.

99 youth who were charged with a juvenile delinquency

159 youth were on juvenile probation

24 unresolved cases in the court system related to child behavior



Home and Community Based Services provided by DAIL-DDSD (HCBS)^[2]:

62 children up to age 18

302 young adults age 18-22

2,228 children received specialized child care through the Child Development Division⁶



² As of December 1, 2022. This data is unduplicated children.

³ Family services data, last quarter, 2023.

⁴ Child Development Division Data

⁵ Data from Children with Special Health needs, Calendar Year 2-23

⁶ CDD data, FY23

In **FY22**, over **50,000** children and their caregivers were served across all **15 Parent Child Center programs**.

Children with Special Health Needs (CSHN)

Care Consultants at Children with Special Health Needs (CSHN) responded to **1870** requests for consultation and support navigating the system of care (such as Medicaid access and utilization, financial technical assistance, connection to services, and transition to adulthood).

1/3 of this assistance served families directly and the rest was with community partners and other agencies supporting this population.

The most common inquiries were regarding education about the system of care (**37%**) and the Vermont Medicaid benefits (**17%**).

Children with Special Health Needs provided **32** trainings to the community for a variety of topics including Pediatric Palliative Care and Children's Personal Care Assessor training and more.

580 children received Family Managed Respite through DAIL-DDSD^[3]:

Flexible Family Funding (FFF) provided by DAIL-DDSD^[4]:

619 children up to age 18

184 young adults age 18-22

Bridge Care Coordination through DAIL-DDSD^[5]:

283 children up to age 18

184 young adults age 18-22

^[2] DAIL-DDSD data, FY2023

^[3] DAIL-DDSD data, FY2023

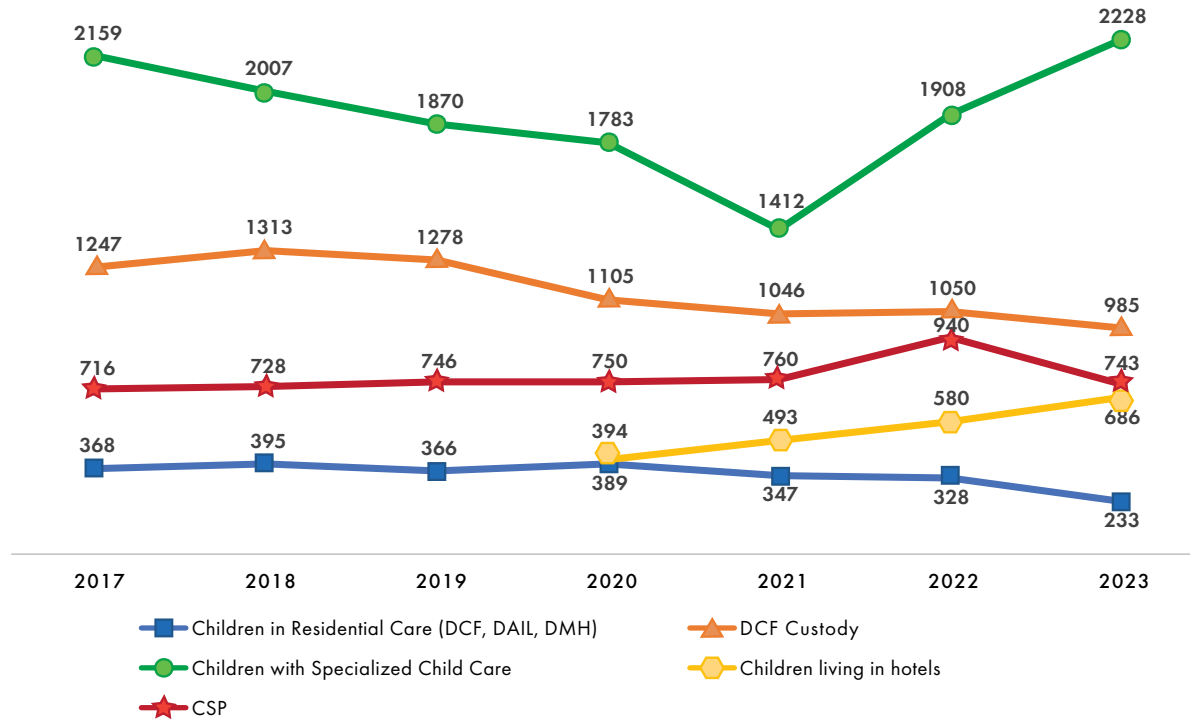
^[4] DAIL-DDSD data, FY2023

^[5] DAIL-DDSD data, FY2023

Data Trends Over Time

The following line graph shows several data points that tell us about the need for supports and interventions to combat the social and economic needs of families in Vermont. Families are struggling with the trauma and exhaustion from the COVID pandemic, poverty, increased substance use, and housing instability.

Figure 1.



Note about Specialized Childcare: Specialized Childcare provides vulnerable children and high-risk families with quality childcare and specific supports that help meet their needs, strengthen their families, and promote child development.

Note about residential data: While there has been a decrease in the number of children in residential treatment in the past three years, this should not be interpreted to mean there is a decrease in need. Due to significant staffing capacity issues in residential programs (both in-state and nationally), many programs have had to decrease bed capacity, reduce days open (e.g. running Monday – Friday instead of daily), and some have completely closed. This has led to a significant shortage of available residential beds, and children/youth are waiting longer to get into residential programs – frequently waiting in the community or being staffed in settings not intended for therapeutic stays – while needing to intermittently access crisis and inpatient programs for stabilization.

Figure 2. DA/SSA Vacancies

VACANCIES (out of 5,943 staff)
Vacancy: a position that is unfilled.

Source: Vermont Care Partners

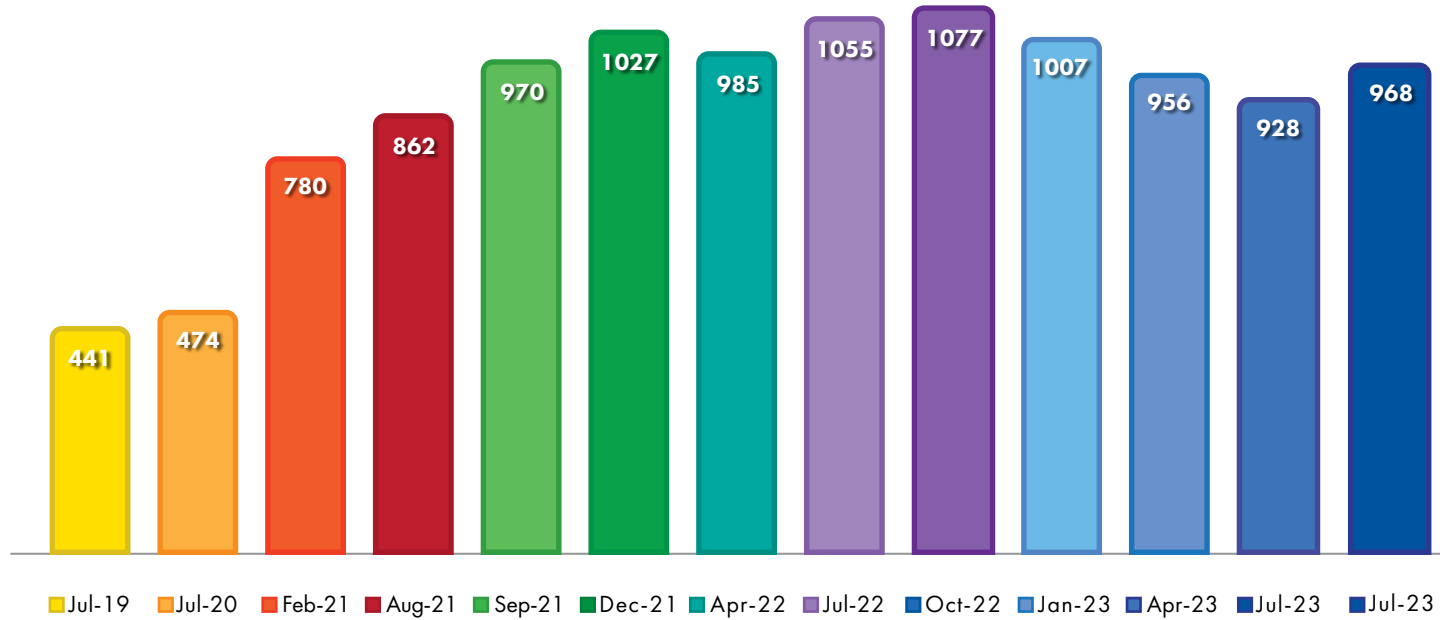


Figure 5. Family Services Caseload Trends

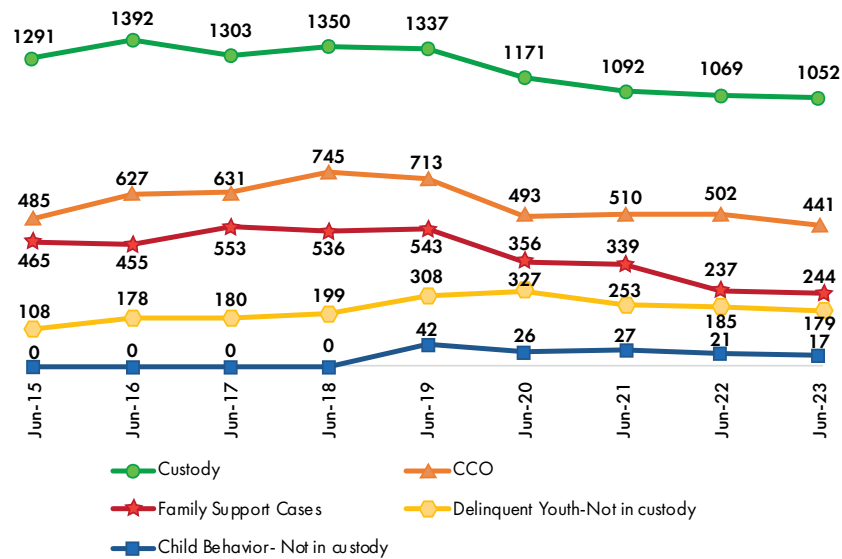
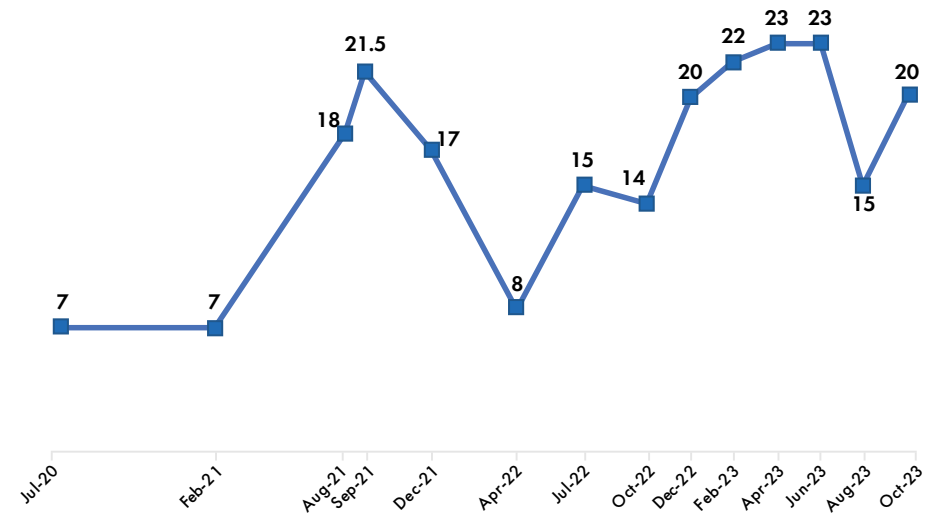
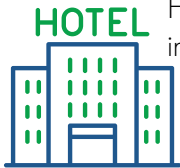


Figure 6. Family Service Workers VACANCIES (out of 128 FSW staff)

There is a 5-28% vacancy rate range across Family Service District Offices
 Vacancy: a position that is unfilled.



What Is the Data Telling Us about child and family stress AND the need for supports and services at all levels?



Housing continues to be a crisis in Vermont with more children living in hotels than any previous year. We need to invest in more housing options that are affordable.

December 2020: **394** children

December 2021: **493** children

December 2022: **580** children

December 2023: **686** children⁷

Children and youth continued to be challenged by increased anxiety. The most recent data from the Youth Risk Behavior Survey, 2021⁸ shows that:

24% of middle school students reported feeling anxious. For middle school students who identify as LGB it was **50%**; transgender students were **69%**.

36% of high school students reported feeling anxious most of the time or always. For high school students who identify as LGB it was **65%** and for transgender students it was **76%**.



985 children in DCF custody⁹. This is a **7%** decrease from last year.

Vermont ranks as the number one state to identify students (K+) with emotional disturbance for an individualized education program (IEP), identifying **30.6% per 1,000** students; the national average is **7.18%**¹⁰. For purposes of an IEP, the term **“Emotional Disturbance”** is used to define youth with a mental or behavioral health condition that is affecting their educational performance. High percentages are associated with positive outcomes and low percentages are associated with poorer outcomes. Vermont, therefore, is identifying and providing supports to youth on IEPs at the highest rate of any state.



291 children were served in emergency/crisis beds¹¹; the number of bed days provided was **2,922** compared to **6,570** potential bed days is the official capacity; we are operating at **44%** of crisis bed capacity. This is all due to staffing shortages.

⁷ Economic Services Data, end of December

⁸ <https://www.healthvermont.gov/sites/default/files/document/hsi-yrbs-2021-full-report.pdf>

⁹ Family services data, last quarter 3.

¹⁰ Mental Health America's access data, Mental Health America. (2023). <https://www.mhanational.org/issues/2023/mental-health-america-access-care-data#cpi-no-cover>

¹¹ Fiscal Year 2022 Data DMH

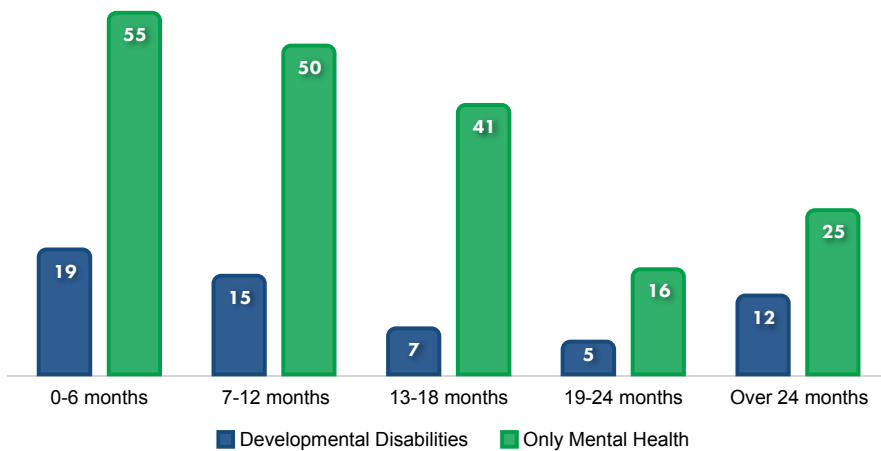


Over the last several years, the **Developmental Disabilities (DDS) system** has experienced unprecedented challenges, placing particular stress on the available clinical and crisis services. Individuals and families are struggling to receive adequate supports as professionals scramble to provide with inadequate resources. The result is Vermonters with **intellectual/developmental disabilities (I/DD)** who are homeless or temporary housing, emergency respite, living in a short-term crisis bed, or at the Emergency Department without a safe discharge plan or disposition.

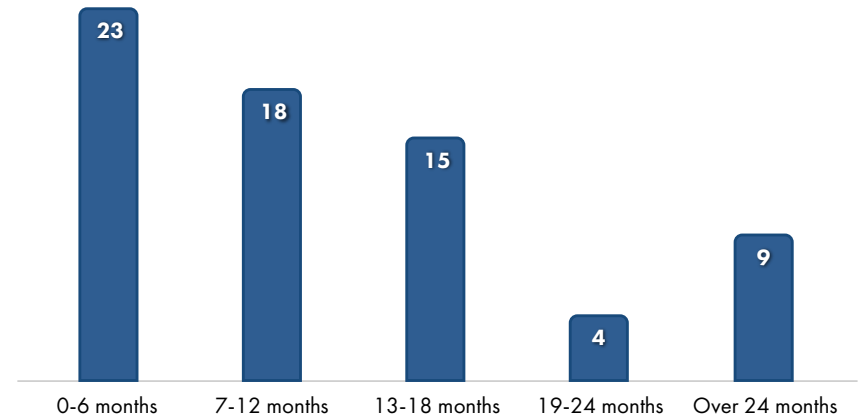
It is equally important to note that the number of individuals who receive **DDS Home and Community Based Supports (DS HCBS)** has grown significantly in the last decade. In SFY2011, the number of people receiving DS HCBS support was **2,539**. By SFY2021, the DS HCBS increased by **742** to support **3,281 (23%)**. This increase has not been accompanied by any significant expansion of crisis capacity in the system.

The Vermont Crisis Intervention Network has 3 statewide crisis beds available to help supplement the crisis resources available at the local and county level. In addition to these beds, VCIN also provides case consultations and trainings to designated and specialized service agency staff to increase general clinical expertise and competency to reduce and potentially prevent crises. In FY23, **5** adults have accessed the **3 VCIN beds** and there were **71** case consultations. Every team that requested a case consultation for a child, youth, or adult received this support.

Length of stay in residential for youth who have DD vs only MH diagnosis



Length of stay for youth who were adopted/guardianship



APPENDIX

Appendix A: Act 264 Statutory Language

Per 33 VSA § 4302: The State Interagency Team shall have the following powers and duties:

1. Submit an annual report to the commissioners of developmental and mental health services, social and rehabilitation services and education on the status of programs for children and adolescents with a severe emotional disturbance which shall include a system of care plan. The system of care plan shall identify the characteristics and number of children and adolescents with a severe emotional disturbance in need of services, describe the educational, residential, mental health or other services needed, describe the programs and resources currently available, recommend a plan to meet the needs of such children and adolescents, and recommend priorities for the continuation or development of programs and resources
2. Develop and coordinate the provision of services to children and adolescents with a severe emotional disturbance.
3. Make recommendations to the local interagency team for resolution of any case of a child or adolescent with a severe emotional disturbance referred by a local interagency team under subsection 4303(f) of this chapter.
4. Recommend to the Secretaries of Human Services and of Education and the Commissioners of Mental Health and for Children and Families any fiscal, policy, or programmatic change at the local, regional, or State level necessary to enhance the State's system of care for children and adolescents with a severe emotional disturbance and their families. (Added 1987, No. 264 (Adj. Sess.), § 2; amended 1989, No. 187 (Adj. Sess.), § 5; 1995, No. 174 (Adj. Sess.), § 3; 2013, No. 92 (Adj. Sess.), § 295, eff. Feb. 14, 2014; 2013, No. 131 (Adj. Sess.), § 69, eff. May 20, 2014.)



Appendix B: Coordinated Services Plans by Region

REGION	FY17	FY18	FY19	FY20	FY21	FY22	FY23
Barre	60–80	75	80–90	No data collected due to COVID	50	75	50
Bennington	25–30	25	30–40		45	75	10
Brattleboro	40	75	45		55	45	63
Burlington	180	227	134		100	200	170
Hartford	75–80	Not Reported	87		55–60	60–70	35
Middlebury	60	63	67		45	60–90	55
Morrisville	50–60	50–70	62		55	70–75	124
Newport	17	45	26		49	55	33
Rutland	70	60	Not Reported		142	100	50
Springfield	100	125	150		80	100	120
St. Albans	11	15	19		53	46	55
St. Johnsbury	28	28	46		31	54	53
TOTALS*	716	728	746		760	940	818

*Data note: When a range for CSPs was identified the lowest number was used for the total.

Appendix C: References

- Act 264 Statutory Reference: <http://legislature.vermont.gov/statutes/section/33/043/04302>
- Act 264 Information and Materials: <https://ifs.vermont.gov/docs/act264>
- Agency of Education, Special Education Website: <https://education.vermont.gov/data-and-reporting/school-reports/special-education-reports>
- DAIL System of Care Plan for DS Services FY23-FY25: https://ddsd.vermont.gov/sites/ddsd/files/documents/SSCP_FY23-25_final.pdf
- DCF-Family Services Performance Measures Dashboard: <https://embed.clearimpact.com/Scorecard/Embed/15258>
- DCF-Family Services, 2022 Report on Child Protection in Vermont: <https://outside.vermont.gov/dept/DCF/Shared%20Documents/FSD/Reports/2022-CP-Report.pdf>
- DMH Stats Report, FY2022: https://mentalhealth.vermont.gov/sites/mentalhealth/files/doc_library/DMH-2022_Statistical_Report.pdf
- Vermont Family Network: <http://www.vermontfamilynetwork.org/>
- Vermont Federation of Families for Children’s Mental Health: <http://www.vffcmh.org/>

