Breakout Group: LIT Coordinators, Field Directors, DA/SSA Staff

Facilitators: Janelle Germaine and Dana Robson (SIT Members) Notetaker: Kerri Duquette-Hoffman (SIT Member)

Attending: Janelle Germaine, Dana Robson, Kerri Duquette-Hoffman, Vicki Whitehill, Ken Hammond, Luann Chiola, Beth Goss, Jessica Coleman, Shelby Canterbury, Heather Wilson, Kara Hurwitch, Ernesta Sanchez, Laura Taylor, Lori Shriner, Malisa Goyeau, Ryan Lane, Julie Pagglicia, Kyle Hoover, Heidi Conley, Krista Barbagallo, Jenni Campbell

1. **What was notable for people this morning?**
    - I was intrigued with DCF talking about their prevention model- wondering if this started yet
        - We think we are in year 2
        - What can they support throughout the state- building off of the PCIT work
        - Looking at building capacity throughout the state
        - Looking to connect to our DCF people to make sure that we are on the same page
    - DMH has the Preschool Development Grant that will fund some of the work to help people train providers around the state- Hartford already received the grant for that
    - We are getting a lot of 5-year-old referrals
    - We did not talk about the increase in Chronic Absenteeism
        - Schools are starting to try to address it
    - Wanted to hear more about work arounds with private pay insurance and education
        - LEA has generously agreed to pay directly for the educational portion (this is less expensive than paying for a placement totally on their own)
        - We have only had a few kids that we have been able to place residentially with private insurance at all
        - We do not know how long private insurance will pay for- they may push for private pay sooner
            - For children with Medicaid backup- Medicaid should cover deductible or co-pay for the private insurance (for this to happen it will need to go through CRC or DAIL)
            - Looking down the road at statutory changes they are hoping to get statutory authority for AOE to determine placement- this would make it a "state-based" placement
                - We need to hold private insurance accountable for paying for treatment, and kids still deserve access to treatment
                - Mental Health Parody laws do not cover if the primary diagnosis is a developmental disability

        - This leaves the choice of coverage up to the insurance company
    - DA staff is finding that private insurance is leaning on the DA staff very heavily
        - Dana is having a lot of conversations with private insurance behind the scenes- providing TA and working to make the family flow better
            - They have inadequate information
        - Primary insurance does not make the referral, which leaves families navigating this on their own
    - Jessica was wondering if the school district would pay for tutoring- this could also work
        - There are so many pieces of this to work on
- 92% employment rate
    - We wonder what this looks like when you look at helping fields specifically
    - We are missing the people who have 2nd jobs
    - There are still over 900 positions open at DAs throughout the state
- Chittenden are seeing an increase in kids for whom schools are saying "we just do not have anything for this kid"
    - Chittenden has 7-10 kids in this situation
    - Another area is seeing a push to go to virtual school
    - Staffing students learning in central office
- Hearing 100 less beds across they system is painful, and makes sense
    - 100 beds includes crisis beds
    - We have close to 50 long-term beds
    - 10 years ago we had about 300 beds across the state
    - If we were at full capacity we would have 150 beds
    - DMH is constantly looking for new resources
        - Other states are dealing with this as well
        - So we are now all competing for beds
    - Would it be helpful to make sure that schools know this?
- We have trouble tracking this, but the more we send kids out of state, the further they are, the longer the stays are:
    - It is harder to facilitate the work with a family
    - It is harder to find appropriate step downs
- Feeling for the schools- increase in aggressive behaviors- challenging for the schools to navigate that
    - DAs do not really have the staff to support that increase, which often turns into this 2 hour tutoring, which sends kids back to families who may not have the resources

- 988 data is very interesting- how much of this is repeat calling?

2. Thoughts, Ideas & Solutions

- 2 hour tutoring thing- one school district is working to find other creative opportunities that are not just the 2 hours tutoring
    - Some schools have re-integrated virtual learning models to make sure that kids are getting something
- Need- substance use treatment for adolescents in several areas- it is all school counsellors and AA meetings
- Behavioral services for outpatient kids
- Micro-residentials
- Staffed homes
- NEK is working on Mental Wellness activities- Rec Center, play and socialization ideas
    - They are partnering to do this rather than compete for resources
    - NECKA is bringing back drop-in teen center hours
- Challenge trying to fill the outpatient therapy roles- Outside of the 5 year rostering
    - You can write to have the rostering start when you graduate
- Never Use Alone line
- Meeting to organize with state partners when there is a DAIL/DMH/DCF- this will happen quickly
- About 1/3 of the kids who come through DMH have a Developmental Disability
    - For some of these kids they are not able to engage in mental health treatment and the mental health need is really secondary
    - This is an effort to prevent families from jumping through hoops
    - If this is a kid that we may have a question on, this process can help direct the family in the right place
    - They have been doing this informally for about a year
    - This is for kids not in custody who have significant combined mental health and developmental issues
    - This is a tools that seems to be more helpful for areas that have more blended care at the local levels
    - Question- in addition to ability to engage in treatment, what are the other reasons that this might be a useful process?
        - What impacts their primary need for treatment?
        - Who should take the lead?
        - Why can't they both pay?
            - Programs do not want to bill 2 agencies
                - We would lose providers

    - Most rates- treatment- Medicaid, residential-provider, education-AOE- blending funding would add a 4th place for them to bill
  - Whoever is funding, there still needs to be MH and DD representation on the treatment team

3. **Questions people have**
   - 7 Challenges – Does anyone still use this model?
     - Rutland- using concepts, but not that specific program
     - Addison
     - You do not have to have an LADC, just a Master's Degree

Breakout Group: Parent Representatives and Act 264 Advisory Board

Facilitators: Karen Price (SIT Member) Notetaker: Maria White (SIT Member)

Attending: Karen Price, Maria White, Cinn Smith, Alice Maynard, Suzanne Smith, Crystal Bennett, Laurie Mulhern, Diane Bugbee, Sandi Yandow, Nancy Richards, Danielle Bragg, Jill Larson, Amy Lincoln Moore, Donna Sherlaw, Karen Price, Erika Rojas

1. **What stood out for you?**
    - Comments about kids for transgender. Oklahoma and Florida and there laws are not friendly. Do we have data about those kids placed there? Concerns about being able to access hormone treatment.
    - Losing residential programs in state and out of state? Are there outcome data when kids leave those programs
        - Did they successfully complete treatment? Did they transition to a step-down to another program or home? Continue education? Not end up in jail or suicide?
            - What does outcome data look like?
    - Encouraged that DAIL/DMH have a new process for co-occurring DAIL/DMH features. It is difficult to tease out the lead due to complexity.
    - Importance of staying engaged and need for community to stay engaged as placements have already taken time. “hold kids/families” while waiting so that they have supports from MH and education.
    - We cant change a generation in 5 years. How many generations to improve families situations? Culture takes a long time.
    - We need data to justify the work that we do. Need peoples stories/data to win minds of others to understand work we do and the importance

2. **Was there anything surprising or confusing?**
    - Why are AOE numbers not there? Don’t have a scope of who is in those placements?
        - CRC is AHS placement entity. Representation from AOE but don’t get the full scope of those placements by LEAs
            - AOE is partnered with CRC and not partnered. Why aren’t we engaged as much? Still have a missing piece. Just need more information and clarity.
    - Missing data on private insurance. Likely no way to get that information except through CSPs.
    - No uniform way to collect CSP data per county. This is an ongoing issue.
        - Why is this also not tracked - How many where a LIT parent rep was supporting the CSPs? Why is this not tracked? Did you ask? If not why not?

        - Numbers were not accurate in the report for CSP tracking of what was reported and what was shown on the chart.
            - In some DAs it was tracked through billing but isn't anymore. Why not?
    - How many children were displaced from flooding and how does that affect their support and networks?
    - 2022 System of Care Report – no CSP data for one of the fiscal years because of Covid. All parent reps were paid during Covid. That data is available but not collected off of LIT surveys. To say there isn't data is disappointing as the parent reps did that work.
        - DMH paid for stipends and provided data to how many CSPs were attended.
    - Award of Charlie Biss award – Parent Reps were chosen as recipients of the award and appreciate in MH system. Show value to parent reps and family system of care.
        - Increased advocacy for Parent Reps as part of the CSP process.
    - Housing - Lots of empty homes – why can't we save them before they get run down? So that there is more options for housing.

3. **When thinking about the local and statewide system of care that exists, what might you offer to counterbalance any barriers that exist to children and families getting their needs met?**
    - Written guidelines to understand how this works with commercial insurance for parents and for parent representatives
    - How many where a LIT parent rep was supporting the CSPs? Why is this not tracked? Did you ask? If not why not?
    - What is support? Prep work beforehand.
    - No funding for data collection to look at bigger picture to know all that is involved in it.
    - Parent reps track their own data – there is a lot of data but no one asks for that.
    - But no idea what VFFF and VFN forms look like for information gathering.
        - Perhaps this coalition can have transparency with one another regarding this.
    - Need for consistent funding – contributes to lack of formality and confusion with parent representatives due to underfunding. It is uneven and confusing.
    - We could do more to get data out by using stories. In order to get money, need for hard data to get funding. Including stories to help others understand. For system of care report – share stories that are focused on particular issues for a family to share and put a face to it. Family stories are important.
        - Goal of story? What is important? Work w/Cheryle about that.
        - Being present with people is important.

- Clearer explanation from AOE on why it is difficult to share de-identified information for data purposes. If it can't be changed, why is that?
- How do families discover CSPs? Families don't know the system of care. How is knowledge promoted to agencies/staff to share with families as appropriate?
    - Putting it on IFS website may not be sufficient.
        - There is VFN and VFFF but how do people learn?
            - This was defunded – marketing for this.
            - SIT – do dive of Parent Rep consequences when funding no longer existed. Coordination of this was lost due to changes in infrastructure.
            - Its growing – Children's mental health and now other disabilities as well.
            - It is significant – funding, training, support, - could have been an entire day.
- Highlight regions who do/don't have effective methods for tracking and what they do to track
- Why isn't there a state database online to track that? Perhaps lead agency individual would track that? Enter it into dataset. Doesn't need to be child identifying. Region? parent rep? custody? Gender? Try to keep it simple to track.
    - At times there is conflict on who is the lead.
        - One who facilitates and one who takes notes.

- In some DAs CSP tracking was tracked through billing but isn't anymore. Can it get tracked elsewhere?

Breakout Group: Education Staff

Facilitators: Alicia Hanrahan and Laurel Omland (SIT Members) **Notetaker**: Renee Weeks (SIT Member)

Attending: Alicia Hanrahan, Laurel Omland, Renee Weeks, Jen Taplin, Carrie Russell, Jessica Puckett, Heather Freeman, Peter Garrecht, Alyssa Barnes

1. **What was notable for people this morning?**
   - Acronyms confusing
   - Staffing shortages statewide
   - No staffing for high needs children/youth (Southpoint replaced Centerpoint and being run by S. Burlington School District, but they are not taking out of district kids) MOSAIC shut down
   - It helped to connect dots of agencies and departments
   - Not enough residential placements and they have waits of 3 to 12 mos
   - We do have RFP out for PRTF and inpatient youth beds
   - Financial supports are in place for existing residential beds
   - Other options do exist for school placements but those are not Medicaid programs.
   - Higher needs, fewer resources leads to staff burnout
   - Need workforce development
   - How do we keep kids in our community to serve them instead of sending them out of the district?
   - Need to build mental health service capacity in schools to help fill the gap
   - Need to train community providers on how to maintain contacts with kids even when they do need to go to residential or out of district placement.

2. **Thoughts, Ideas & Solutions**
   - How can we have our own local preschools or Centerpoint type programs?
   - How do we create more local resources?
   - Transportation costs to have kids served out of district is very high.
   - Could those funds be used to create programs in district?
   - LIT in one region has not met all summer and is not found to be productive.
   - LIT has lost its sense of purpose in another region.
   - Lamoille area shared how they have structured their LIT into a productive meeting & use LIT as resource for brainstorming.
   - LITs may need more training and support with structure/purpose.
   - CSP is a place to do shared care planning & LIT is the next level.
   - Some families do not want to do LIT due to Family Services being there and their misconception about the role of FSD

Breakout Group: Family Services, Economic Services, Health Department and HireAbility Staff

Facilitators: Deb Forrett and Olivia Gaudreau (SIT Members) Notetaker: Maria White (SIT Member)

Attending: Deb Forrett, Olivia Gaudreau, Maria White, Beth Sausville, Kelli Killanski, Renee Fortin, Tara Howe, Jennifer Taylor, Holly Laramee, Kheya Ganguly, Deborah Manning, Kathy Hemenway, Laura Wargo, Patrick Ryan, Dan Evans

1. **What stood out for you?**
    - Interesting that we still continue to struggle with a way to track how many meetings (CSP) are current and who we are serving, we need the data and to know what is going on understand certain populations and is a conundrum for all.
    - It was hard because there was not a central place to record a CSP meeting.
    - Good point, the thought that speaks to intentional process which is different in every area but what it highlights is the need to review the process. The DCF perspective often times the process is that we have a kid that needs to rise to level residential care where that has not historically involved a full CSP process, when getting a signature from DA is that always assigning the particular case to get added to CSP list or not? Speaking to process.
    - Issue come in with maybe as a large group we need to think about this and should we have a CSP meeting help or signatures, thinking that questions on 264 are coming up and we do not have data to speak to the outcomes and goals. I think is harder to advocate right now without having those numbers and prove what we know; we know it works and know it's a good process, would love to recapture norm activity what is going on and to look at and see if we are having youth of color and Indigenous over rep. it is something we need to think about.
    - It was great to hear about all of the support and initiatives that are happening and in the works re: suicide prevention. I was surprised at the number of calls they get on the crisis line. There were some supports that had not been heard about before and the outreach. I am hearing about the mental health crisis calls a lot. But stuff more specific to suicide and crisis, there is not much of a lens and it was surprising how many calls. Thought there would be more on the texting side of this. That way could say it not out loud.
    - 911 for mental health services, wondering how all the staffing issues will affect the ability to full fill that.
    - Question about the 988, in chat our staff programs stop callling it 488 777 crisis number. For having suicidal ideation and is just wondering if we should be offering this is there certain response and if there is different responses if we were to change to the new.
    - Chris talked about it a little bit, recognizing the prior way to it, still working but the response was for suicide is going to be similar and it may be the same people manning

the lines, btu they will be doing more intention 988 roll out and will take over the old number.

- Assume of other MH have the same Crisis number and have they changed course or are they still doing the same and setting it will affect data.
- The 988 started from grant funding and it was all in grant funding.
- 741 741 when fully staff will start to make the change to 988. It is phone support through text support chat, is there resources on the other end.
- When talked about where going for mobile response and the end goal, the mobile response has rolled out in a couple of areas and wanting it to me more universal available?
- Had a conversation with first responder, who talked about ED usage and how they see it, there are still chronic cases that they are responding to all the time that are not emergency crisis. Needing help but not ED help. Sometime folks are in ED for days and have no place for them to go. The mobile response was for this purpose.

2. **What might you offer to counterbalance any barriers that exist to children and families getting their needs met?**
   - Prevention lens makes wonder what are the gaps that people see what services do you wish existed that don't.
   - In home visiting care, parent education, in home substance misuse, support, the crisis response, how to apply to other areas, taking the help to their home and not the ER.
   - Families not DCF involved need to have better easier access to children when that is needed, and often we end up with kids in custody in the services.
   - That could and should be a LIT conversation but from bigger systems issue it is good for SIT as well.
   - Important to be able to identify the trends we are seeing form the kids we are seeing from LIT or SIT, anecdotal where we need to intervene the LBGTQ need to be better looked at and supported and focus on big solution it hara dot continue to send any youth out of community, is it in home services are there places in community where kids can stabilize more? See older teens needs to stay in custody longer for better services to be set up, and they are not ready. Developmental services kids need more support to get needs met, sad to see ages 6 or 7 go to out of state to get services needs met, we need to focus on this and lean in on the families and communities to support more help. How do we intervene with communities to intervene before they say I am done.
   - Backing that up where does that begin, educating the broader community, the work around reforming homes, local programs being more specific to community programming, where do we start?
   - Where do our youth meet in our community, that is schools. They used to be the foundation where kids can get their basic needs met. With school being stressed where do we start--child care, parent child centers, struggling with housing,

- How can we get the whole system to address it together, if not more pressure keeps coming.
- Engaging folks outside for child welfare to hold risk with us, in the primary prevention world what it means instead of us, what thoughts and ideas do you have for how we shift in that direction.
- Taking a bigger community, not all kids need to come into custody to get needs met, not only do we need more robust resources, if we were to look towards shifting our culture and our approach what that really means in practice that some of our community partners would need to sit with the risk that they only expect child welfare to sit with. How to do move in the direction that our community partners are in it next to us.
- Why do we feel this kid needs to be custody from community stand point, that parent is not engaging with us, we cannot meet needs because parent is not reliable or dependable. We take for granted someone who is not in survival mode. Co-occurring things going on. If we have someone with mental health and SUD how do we engage them to get their kids needs met.
- The need for in-home services it is asking a lot, in addition to getting a basic need met we need you to go to a bunch of meetings and adding more on top of what is expected.
- The difference between enforcement and engagement, we need to do this messaging from the Child welfare lens and leave that to the legalities side of this. We need to engage with this on a kinder level to make this different.
- If I had a magic wand, this idea of intentional communities, I love it when we ask ourselves, how can we help the children and families, just because these are humans that live in my community, how can we be supportive of humanity, in a world full of a lot of challenges, can't afford rent or basic needs met, had intentional communities where they were mixed social economics where supports were embedded in the communities? There is always the separation between the providers and the recipients of services. Any one of us communities could be just a few inches away from struggling ourselves.
- That reminds me of all the work of flourishing communities and other approaches that happened over the last 10 years throughout the country around recognizing that that population is shifting, and the approach needs to be different, the work that some schools did and the approach and accommodations or shift in best practice, that point of needing to look at the changes needed to happen.
- The time has come to dream bigger. A lot of the families we serve have skills and resources that are untapped, see them as what is to that they can bring to the table. Some of these people could really be a good resource in some other way. What that brings up, is the times of the times in our country as a whole, and how so many people whether because of finances or social unrest, I feel like a lot of people may become more inclusive and are in survival mode and I am curious as to how to shift this. You can look out for yourself and its ok to look out for your neighbor too?

- There has to be some incentive to buy into it, financial? Rent is based on a commune, not necessary want to deal with anything, how do we shift.
- Adolescent system of care FSD, staffing kids overnight, how could this look different? What if we had parents with their kids in a community?
- Building a community or doing self-preservation, how do we come back as a community with all agencies, what are the strategies that each uses to try and build community or network, SUD, MH, other agencies, how are folks working to try and build this back up and who can we learn from one another.
- What is the emotional labor that comes from that type of work, how can we make it to better offer 4-day work weeks? How do we support staff to do this line of work? It's just about money, it's about getting staff to come in the door, recruitment, there are so many different things that people value people feel that their way of life is not helping anyone.
- Lack of willingness to be part of the community in general. Work is blowing up with double the amount.
- The difference of someone who went into the field as apposed from years ago, if you weathered some of the ebbs and flows it may not be seen as intense. People coming in ow are seeing this intensity now and are seeing the peeks starting off.
- Barriers in general in Springfield it has been difficult, and we have found that the bridge care coordination is that children are not eligible with foster parents, and they lose it upon entering DCF custody, became heavily involved on the intervention side, using community resources once DCF is out of the table.
- Once DCF takes over the custody the case management goes to them the child support then leaves from the bridge program. The DCF worker may not know the ins and outs of programs. The court system or the families and the visits. This is concerning.
- What would it look like in your particular area, if kids who weren't in danger didn't meet the criteria of being at risk enough of coming in to care as delinquent and we didn't have the, Chins A and B what would need to happen?
- You would have a lot of CHINS A and B, thoughts of idea around community prep? Where does it need to start what do we need to do? Having it all together in ounce place, 44% came from an adoptive home, reluctant to go forward with adoption, that fight to advocate if rough.
- Have all services get together and work on how to support
- CIS does this through age 6 but we need a higher age group for the same things or how can we expand?
- Everybody hears this but it is now relevant that it happens every day now, school that have own risks and mirror a lot of other situations,
- We need to replicate CIS!