

Meeting Minutes-State Interagency Team Meeting

Thursday, May 27, 2021

2:00-4:00

Location: Microsoft Teams

Facilitator: Cheryle Wilcox

Note Taker: Diane Bugbee

System of Care Priorities:

1. Utilize the Residential Analysis Report to increase the number of children, youth and families served in community settings by investing in community-based supports and focusing on mobile response efforts in Vermont.
2. Continue supporting funding structures that are coordinated and streamlined to the highest extent possible across AHS departments moving away from fee-for-service funding and toward value-based payments.
3. Support statewide services being streamlined and coordinated during and after the pandemic.

Present: Pam McCarthy, Adam Poulin, Cheryle Wilcox, Diane Bugbee, Karen Bielawski-Branch, Laurel Omland, Danielle Bragg, Alicia Hanrahan, Dana Robson, Suzanne Legare-Belcher, Barb Joyal, Amy Roth, Melanie D'Amico, Amy Lincoln Moore

Regrets: Karen Price, Brenda Gooley, Sandi Yandow

Agenda	Discussion Notes	Next Steps
<p>Welcome and Department Updates that impact our System of Care (for example-staffing changes, new programming, policy changes, fiscal, workforce challenges and planning, legislative outcomes)</p>	<p>DMH:</p> <ul style="list-style-type: none"> • Commissioner Squirrell is stepping down on July 1, hoping to hear announcement on new leadership plan within the next two weeks. • Mobile response pilot in Rutland approved by legislature and will be funded with Federal ARPA funds with a target start date of October 1. • States may apply for additional crisis funding through ARPA via State Plan Amendment with an increased FMAP (85/15). • The Rutland pilot will be funded using ARPA for one year and we will use what we learn for crisis response going forward. We will need to ask for funding in state budget in FY 2023 if this pilot is continued. • A lot of concern about children and youth in Emergency Departments. This culminated in a memo to several AHS departments and AOE from House Health care about addressing the need and making it a priority. (see attached memo for reference) • An increased ARPA FMAP related to Home and Community Based Services (HCBS) is being looked at by DMH and DAIL. This opportunity is a way to stretch our state dollars for these services and requires a quick turnaround time for proposals to use the funding. • DAs/SSAs will be getting a 3% increase in their budgets through the legislature. 	

- Planning is underway related to additional block grant funds; Proposals will need to be submitted in a plan to SAMHSA.
- Work force task force has started to address capacity issues around the state. Currently there are over 700 openings across the state in our DA/SSA system (500 as of last summer).
- More conversation is happening related to benefits for children in the private and public systems. DMH is looking into assistance from the Department of Financial Regulation (DFR) to engage private insurances in this discussion.
- Seeing longer residential stays for kids because visits with parents have been limited due to COVID.

VDH/CSHN:

- CSHN Medical Social Workers who were deployed for COVID related duties will be demobilized from these responsibilities beginning June 11. This will be a slow, meaningful transition with the opportunity being given to social workers to take some time off prior to returning to their regular duties.
- A huge incident command structure will need to be disassembled as we emerge from the COVID pandemic response.
- Prior to COVID there were discussions regarding providing Care Coordination statewide while this capacity is built up by other entities. For example, folks who are ACO attributed with their health coverage are entitled to this benefit. CSHN will be filling gaps while capacity elsewhere is built up.
- CSHN is asking CMS to make permanent the ability to pay parents for CPCS benefit. I.e., to continue this temporary option beyond state of emergency. If approved, this will involve a lot of policy and implementation work.

DCF-Family Services:

- Continue to feel the ramifications of the Woodside closure. Kids have had to be staffed by Family Services workers and this has created safety issues. They are looking to partner with other entities. The Yellow House in Lamoyille being used to staff kids. Staffing kids has been a huge drain on DCF system.
- Seeing increasing levels of violence among youth that include guns and knives. Figuring out how to meet their needs. Kids know that the deterrents/consequences that used to exist are no longer available. This is contributing to gang development as the message gets out that there are no consequences in Vermont.
- Having meetings re: workforce and return to work. Engaging in a thoughtful process that tries to be fair and equitable to everyone.
- Working on standing up 12 specialized foster care homes with one in each district. Reaching out to their current network. Meant to be stays between 1-30 days and foster parent will receive higher reimbursement and training and

24/7 crisis response. Wrap services will need to be available immediately. They have permission to increase their contract with Becket Family Services. Would like to move 3-4 homes forward quickly.

- DCF leadership is meeting with Children's Directors to discuss payment reform and they are also reaching out to Child Placing agencies to see if there is more that can be done with foster care recruitment in this group.
- Commissioner Brown put the word out about being open to receiving proposals to serve youth with complex needs. Two proposals have been put forth. One from a DA and one from a SSA. Next steps pending.

DAIL:

- Seeing Equity proposals which have caused concern that youth are graduating earlier without adequate transition planning preparing them for adult life.
- Supporting DAs and SSAs to return to pre COVID work; work force issues are intense, and this is a big focus.
- While details cannot be shared at this time, a successful bidder has been identified for a program to provide intensive crisis supports. Hoping this program will stand up in a couple of months. Will have longer stays than VCIN.
- Also working on developing a third VCIN bed and ramping up crisis supports. Looking at a potential consultation/collaboration with DHMC to provide psychiatric expertise for individuals who have co-occurring mental health and developmental diagnoses.
- Gearing up for payment reform with the SIS-A (Supports Intensity Scale) needs assessment. Pacific Consulting Group (PCG) will be conducting these assessments. The assessments beginning July 1 won't be for resource allocation but rather gathering baseline information, to see how the assessments line up with current supports. The new payment model is not in place yet. The SIS-A is used for ages 16+. Younger folks will continue to have needs assessed with current assessment.
- Looking at internal priorities for increased FMAP funding. These funds were available beginning in April but the direction around this funding did not come out until last week. There is a quick turnaround to respond.

AHS Field Services:

- Jane Helmstetter, AHS' longest serving Field Director is retiring at the end of June. This position has been posted they will be interviewing. There will be some restructuring of regional Field Director coverage once a new person is hired. I.e., Chittenden County, once its own region, will include another smaller district.
- There are currently 2,050 adults and 383 children in hotels. Field Directors are working with agency partners to address housing needs. There will be new eligibility rules under

General Assistance (GA). This will widen the door for folks on disability. July 31 is the date for the new eligibility rules. There is concern that about 30% of people currently in hotels will not be eligible for assistance. Those that don't qualify will receive a one-time payment.

- Field Directors and community partners are working on food access over the summer months.

AOE:

- Schools getting ready to submit recovery plans.
- Chris Kane will become the Assistant State Director of Special Education.
- S.16 Legislation signed last week. It will focus on healthy schools and there will be a lot of task forces. Exclusionary discipline exclusions, discipline, suspensions will be discussed. AOE will be putting guidance around this mid-summer. Questions to think about when these options are considered. Is this because of disability or something else?
- AOR is revising 504 manual with language specific to technical centers, independent schools, and pre-K.
- Final home school numbers are in. Typically, have about 2,500-this year there were over 5,000. There are 500 students signed up for next year. The final number may be higher than usual but not rise to the high number seen during the pandemic. End of year assessments are not being collected this last year. There is some concern that kids that did not have an adequate home study program could be lost.

DVHA:

- DVHA Commissioner's last day is tomorrow, hoping to have more information next month about new leadership.
- Payment reform analysis and possible rate change happening with the hospital diversion program.
- DVHA is working with UVMHC about developing an "awaiting placement" status on the pediatric unit for children currently waiting in the Emergency Department for psychiatric placement. Options and capacity being explored.
- ABA case rate feedback re: prospective payment was that this model largely difficult for providers. DVHA is moving to retroactive payment model hopes that it will help with the reconciliation burden at the end of year.
- Two new ABA providers have been onboarded in the state. This has increased coverage and while there is still a service gap, providers are working hard to serve as many children as they can.
- DVHA and DMH are working with the Brattleboro Retreat on and alternative payment model.

CDD:

- The new CIS Director, Keith Williams, is starting June 7th and comes from UVM. Also hiring for a new Policy Director for the position vacated by Melissa Riegel-Garret. CIS is also

	<p>hiring for a data Analyst. The Program Improvement Manger is leaving for another position in the state.</p> <ul style="list-style-type: none"> • CIS is busy with the ARPA funds designated for childcare. The legislation has approved a case rate increase. CIS is poised to put contract amendments in place once budget is signed. <p>VFFCMH:</p> <ul style="list-style-type: none"> • Parent reps are all very busy. May/June are typically busy months. Schools are closing earlier this year. • Quarterly reports are being worked on. • Staying virtual in their work right now, have not been given permission to go into family homes. ED goes into office periodically. <p>VFN:</p> <ul style="list-style-type: none"> • The helpline has been fraught with many mental health related calls. They are hearing about younger people entering Emergency Departments and not getting what they need. Have contracted with Robyn Freedner-Maguire to do work with family voices and leaders. • Also receiving lots of calls from families about Extended School Year (ESY). There has not been a lot of guidance issued yet. Once the information is available the will help families navigate this • Working with the Developmental Disabilities Council and other partners so that families have the most current information about vaccines. Also, what other options might include mobile access, sensory friendly clinics, for example. 	
<p>Priority Area: Utilize the Residential Analysis Report to increase the number of children, youth and families served in community settings by investing in community-based supports and focusing on mobile response efforts in Vermont.</p> <ul style="list-style-type: none"> • How would we like to use the report to move the recommendations forward? • What are potential barriers exist to moving this work forward and what ideas do you have to resolve these barriers? 	<p>Comments:</p> <p>Question about ARPA funds and data system recommendation. How would we do this? It is not just the money to set it up. This also would require staff time/availability.</p> <p>We have money, where can we prioritize?</p> <p>Let's address what we need and can all agree on.</p> <p>This is overwhelming to think about. Nothing has come off our plate. Not really expanding our system. This is one time funding and time limited.</p> <p>What infrastructure opportunities exist in these recommendations?</p> <p>How do we incentivize people going into professions, training, building workforce development infrastructure?</p> <p>What can we draw from as we think about these funds? Education repayment? One time funding to outfit a place for kids to go vs. an ED. What doesn't create a sustainability issue?</p> <p>Tuesday date is not final. First proposal for HCBS funding.</p>	

	<p>Should we have grants to providers of HCBS with specific state defined criteria?</p> <p>New buildings vs. leveraging what we already have. How we use space is shifting. Not always about bricks and mortar. Need accessibility.</p> <p>Adaptive vans – not a lot of options unless eligible for HCBS. Green opportunities related to climate change.</p> <p>Flexible Family Funding model so that it has immediate, lasting impact.</p> <p>How could these recommendations be used to be a roadmap for thinking about this funding?</p> <p>Where do things connect, overlapping/intersectionality with different groups. What do we know is going to work?</p>	
<p>Collaborating as a State Interagency Team as we emerge from a pandemic:</p> <ul style="list-style-type: none"> • Lessons learned • Relationship building <p>Are we missing anyone from our departments</p>	<p>Comments:</p> <p>Important to think about, hard to say, importance of convenience and also take stock of what this group is about, what we mean to each other and how we support families, a lot of good work to be done.</p> <p>Great benefit in this structure, will be hard to be back in Waterbury and not come together in person, having this conversation in many forums, how to we keep both and so folks can feel that that they participate and are a part of this group?</p> <p>What will our technology needs look like so that we would be able to maintain a hybrid model?</p> <p>Need to look at what is our purpose and what is most important. What funding will be needed and available to make this (hybrid model) happen?</p> <p>Keep LIT Connections going.</p>	
<p>Wrap Up and Next Steps Discuss parent rep survey next month utilizing summary of theme from the Act 264 Board</p>	<p>We look forward to this discussion as a State Interagency Team at our meeting next month.</p>	

Recommendations from VT AHS Analysis of Children’s Residential System of Care

1. Care often comes too late. The current child and family continuum of care and service array is not structured to operate as an integrated system of care, but rather as separate systems with their own rules, regulations, funding requirements, and service types. Different department missions and their associated funding limitations and restrictions can make it difficult for children and youth to access the right service at the right time.

- A. Explore the creation of a “Single Point of Access” through a lead agency or department or through regional hubs to oversee, manage, and accept financial risk and Continuous Quality Improvement (CQI) for residential treatment, crisis services, and a continuum of community-based services and supports for children, youth, and families.
2. Funding for services is limited and siloed, and payment structures are problematic.
 - A. Conduct a comprehensive analysis of existing funding mechanisms and service rates to learn about pain points in the system before proceeding with payment reforms
 - i. Examine the rate methodology for residential placements to allow for more flexible funding to stabilize the provider pool
 - ii. Align the rates for residential care to the Qualified Residential Treatment Program (QRTP) requirements and other requirements for specialized settings under the Family First Preservation Services Act
 - iii. Examine the payment structures in place for children’s services
 - iv. Create budgetary flexibility to reinvest savings into preventative services
3. The system lacks a single data system with common client identifier and integrated data warehousing between agencies to create a holistic view of the children, youth, and families served, which results in difficulty tracking youth across departments and regions.
 - A. Invest in a centralized system for data collection to allow for a comprehensive view of children and families and for cross-agency case planning and coordination, with departments entering all data into one database
 - B. Explore procuring services to build a live data dashboard
 - C. Consider holding a Children’s System of Care Data Summit
 - D. Collect data on how state and federal funding is being spent at the program and individual level
 - E. Collect data on race and ethnicity for children and families receiving services, including CRC
 - F. Standardize geographic service regions to allow for consistent comparative analysis between departments and across services
4. Insufficient supports at home and in the community leaves caretakers without needed care and skills. Additionally, the system does not adequately integrate family partnership in service planning and delivery.
 - A. Prioritize investment in family empowerment by augmenting current efforts
 - B. Focus on support and engagement of adoptive parents
 - C. Review foster care rates, ensuring that tiers for children who need more support and supervision are adequate, and revise as needed
 - D. Expand natural/informal and community/peer support networks, to empower families and communities to care for children
 - E. Consider creating a system for community volunteers to build community capacity and provide support services
 - F. Include family voices in the service planning process consistently and measure family satisfaction at regular intervals
5. Service provision and quality vary across the system by agency, placement type, and provider. The system lacks a robust, state-level continuous quality improvement (CQI) process for residential programs to complement and strengthen ongoing quality assurance (QA) efforts.
 - A. Bolster early intervention, emergency support, crisis care, and crisis management capacity
 - B. Align residential models to QRTP requirements, revise contracts, and monitor contract performance and improve transition planning efforts at residential programs
 - C. Encourage transition planning to begin earlier which will help secure appropriate placement options in the community as needed for children after they exit residential care
 - D. Conduct an inventory of where and to what degree evidence-based practices are in use and consider scaling them in regions that need them most
 - E. Take inventory of DMH-funded Intensive Service Coordinator positions in the state, examine best practices, and consider adding the position to regions where needed

- F. Expand quality assurance oversight efforts in DAs and DCF-FSD Residential Licensing and Special Investigations Unit to include continuous quality improvement (CQI), where needed
 - G. Inventory expected inputs, processes, outputs, and outcomes to align performance standards to the results-based accountability framework in Vermont's Act 186.
 - H. Implement performance-based contracting for all service providers, using uniform outcome metrics for reporting and/or standard scorecards to assess efficacy of programs
 - I. Amend policy to require and fund transportation for residential visits for all departments and families to children in placement every 30 days
 - J. Consider requiring increased communications between Local Education Agencies (LEA) and children placed in residential programs
6. Workforce shortages and turnover affect nearly all aspects of the current system and impact the capacity, quality, and accessibility of services.
- A. Continue to work towards implementing an integrated system of care
 - B. Conduct turnover analysis within AHS departments that focus on the children's system of care (DCF-FSD, DMH, DAIL-DDSD) and implement strategies to reduce staff turnover
 - C. Continue to cultivate and expand partnerships with local universities and high schools to develop academic pipelines into the human services workforce