Vermont System of Care Report 2022

Submitted by the State Interagency Team (SIT)

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Table of Contents

Letter of Appreciation and the Importance of Interagency Coordination from SIT Co-Chairs

Last year when we were writing the annual *System of Care Report*, we hoped we would not be in the pandemic a year later. The reality is that we are — and that we continue, despite the challenges and exhaustion, to keep moving forward — together.

We have seen innovations during this time which increase hope and appreciation for each other. One shining example of this has been monthly Local Interagency Team (LIT) Connection meetings. Any LIT member, Act 264 Board Member, or State Interagency Team member can come together (virtually) for an hour to share what is working and what challenges they are facing, while continuing to lead through difficulty. These monthly meetings began as an experiment and have been so successful that we will continue these through the next calendar year.

In the middle of this pandemic, we continue to face large systems challenges and changes such as educational reform (Act 173 Census Based Funding), implementation of a nationwide mental health line (9-8-8), significant one-time funding that will require thoughtful planning about sustainability, workforce challenges, and increased acuity and need. We will have to muster additional patience and stamina to hold steady during this time.

During the 2021 fiscal year, there were an estimated 760 Coordinated Services Plan meetings held throughout the state to support and coordinate services for our most vulnerable children. Many of these were held virtually when coming together in person wasn't possible. We have seen an increase in the number of children waiting in Emergency Departments needing mental health care. Now, more than ever, we must think and solve our challenges as a SYSTEM. What does this mean? It means thinking across departments and agencies, leaning in to offer supports, and coming to the table with the spirit of "we are all in this together".

We would like to dedicate this year's report to the everyday heroes we encounter—the dedicated individuals providing supports and hope to Vermont's children, youth, and families. Those who keep showing up, listening, offering solutions, providing a shoulder to lean on, and offering hope. Thank you!

All of our best,

Cheryle Wilcox, DMH, Interagency Planning Director
Diane Bugbee, DAIL, Children's Services Specialist

"A Hero is an ordinary individual who finds the strength to persevere and endure in spite of overwhelming obstacles."

Christopher Reeve

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 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 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 AOE-Agency of Education). 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 number of stakeholders including the 12 Local Interagency Teams (LIT), the Act 264 Advisory Board, data analysis from the departments of the Agency of Human Services, the Agency of Education and discussion at monthly State Interagency Team meetings.

1. **Address workforce challenges and stress by investing in retention and recruitment efforts** that bring in individuals who provide mental health supports, developmental disability services and peer supports.
2. **Respond to the additional stress and trauma** that has resulted from the past two years of the pandemic for children and families.
3. **Invest in community-based supports and services** leveraging federal funds and grants.

Act 264 Board — System of Care Recommendations

This Governor-appointed Advisory Board is composed of 9 members who are, by statute, 1/3 family members, 1/3 service providers, and 1/3 advocates. A statutory requirement of the Act 264 Board is to advise the Agency of Education and Agency of Human Services (AHS) on the annual priorities for developing the System of Care. The following recommendations were submitted to SIT in December 2021 and are based on Board discussions with agency and department leadership, feedback from annual survey of the 12 Local Interagency Teams and input from their various connections across the state.

1. **Act 264 requires the state to ensure that there is a Parent Representative on every Local Interagency Team and that families have knowledge of and access to Parent Representatives' services.**
   - a. The Act 264 Board and SIT collaborated during 2021 to review how we might improve the process of recruiting, training, funding, and supporting Parent Representatives. Based on this review, SIT and the Act 264 Advisory Board will report specific recommendations by September 1, 2022.
   - b. Provide easily accessible links to Act 264's Coordinated Service Plans (CSPs) on individual school and designated agency websites, as well as, the Department for Children and Families (DCF), the Department of Health (VDH), and the Department of Corrections (DOC).
2. **Retain and integrate effective innovations emerging from addressing the needs of our community during a global pandemic.**
   - a. Develop and implement a statewide solution to consistent and reliable internet connectivity and technology accessibility to ensure that essential services and remote education can be provided to all Vermont families and businesses.

Act 264 Board — System of Care Recommendations continued

b. Ensure the creativity, flexibility, and interagency collaborations developed during the pandemic are sustained moving forward, such as telehealth, flexibility of funding, and the ability to work remotely.

3. Demonstrate a strong commitment to develop and implement an integrated approach for child and family programs and services across the state.

a. Ensure training on Coordinated Service Plans is online and accessible to families, designated agency staff, and schools. Make such training mandatory for all department and designated agency staff who work with children and families.

b. Support the efforts of Building Flourishing Communities and statewide coordination across agencies with a focus on resiliency and trauma-informed and healing centered services.

c. Support healthcare payment reform efforts away from 'fee for service' payment frameworks and towards accountability funding based on program performance measures and client outcomes.

d. Create a state database across AHS and AOE to track all in-state and out-of-state residential placements, including length of stay, performance measures, and client outcomes.

e. Two critical factors in the state's and families' efforts to re-build the economy are (1) funding and support for childcare centers to remain open and (2) funding for families to access quality childcare.

f. Maintain and, if possible, increase supports for families facing or experiencing homelessness.

4. Increase the collaboration between the mental health system and the education system to reduce the use of restraint and seclusion in schools.

a. Increase focused effort on school-wide positive behavioral supports.

b. Annually report on the agency website the total number of all incidents of restraint and seclusion.

c. Include race and ethnicity data in restraint and seclusion reporting.

5. Strengthen direct and indirect strategies to improve staff recruitment and retention to assure timely access to needed quality services, particularly in Designated Agencies and in the Department for Children and Families, Family Services Division.

a. Increase salary levels for line staff.

b. Try various methods to enhance the work culture and climate with non-monetary incentives.

c. Consider hiring family members with appropriate life experience equivalents for educational requirements.

System of Care Accomplishments

1. Due to COVID, the annual Local Interagency Team gathering has not been held for the past two years. However, monthly virtual "LIT Connections" meetings have been occurring since December 2020 on a monthly basis. These virtual meetings have created the opportunity for statewide sharing of information, resources, and ideas.

2. In 2019, an interagency workgroup created a formal proposal outlining the need for Mobile Response and Stabilization Services (MRSS) in Vermont. Due to the pandemic, funds were not realized for 2020. However, the legislative session in 2021 allocated funds for a mobile response pilot in Rutland which began on October 1, 2021.

3. The Department of Mental Health (DMH) and the Department of Disabilities, Aging and Independent Living (DAIL), Developmental Disabilities Services Division (DDSD) continue to meet every month to increase collaboration and partnership across the departments with the goal being to streamline and coordinate for youth who have both mental health and developmental needs. There have been many situations where this joint problem-solving has enabled local teams and families to receive support without the need for higher level consultation.

4. The Vermont Agency of Education announced the release of Social Emotional Learning (SEL) VT, a free virtual platform with resources for understanding healthy social emotional learning (SEL) and building SEL skills. SEL is a core part of Vermont's Education Recovery. The materials on SEL VT are intended for students directly, for parents supporting their students, and for teachers and administrators to use in instruction and education recovery efforts.

5. A new Director of Trauma Prevention and Resilience Development began working for the State of Vermont in June 2021. This position sits in the Department of Mental Health and works across agency departments and in communities. The Director is involved in many projects and trainings, including the Health Equity Workgroup, Mental Health Integration Council, an AHS-wide Diversity Group, the Substance Misuse Prevention Council, and the State Interagency Team. Training topics include Moving Beyond ACEs: Understanding Resilience, Trauma Informed Supervision, Anti-Racism and Allyship, Workforce Retention, and Creating Trauma Informed Organizations. These trainings are being offered to state employees and community partners. In a six-month period over 1,900 people received trainings in the above topics.

6. In the Vermont Department of Health, Children's Personal Care Services (CPCS) continues to leverage temporary Centers for Medicare and Medicaid Services (CMS) waiver authority to allow parents and primary caregivers of eligible children to access CPCS funds directly. These payments are intended to compensate parents for the extra, medically necessary care their children require, but may not be able to access due to concerns related to the COVID public health emergency. To date, over 800 parents have accessed these payments.

7. Since March 2020, the Children with Special Health Needs (CSHN) medical social work team (in the Vermont Department of Health) has assisted with Vermont's COVID response, by taking on key roles in the contact tracing program; and developing a care coordination follow-up program for children and families isolating/quarantining.

8. The Department of Mental Health hosted three meetings (June, September, and December) to hear from families and stakeholders about challenges and possible solutions to the issue of children accessing the care they need so children do not end up in the Emergency Department when they are in a mental health crisis. The SIT also revised and distributed the brochure created two years ago for families who are in Emergency Departments.

9. Vermont was awarded $3,170,514 over 5 years from the Health Resources and Services Administration (HRSA) for "Pediatric Mental Health Care Access – New Area Expansion." Pediatric Mental Health Care Access (PMHCA) programs promote mental health integration into pediatric primary care by supporting psychiatric telehealth access programs. These programs provide tele-consultation, training, technical assistance, and care coordination for pediatric primary care providers to diagnose, treat, and refer children with mental health conditions. The main purpose of the Vermont Pediatric Mental Health Care Access (PMHCA) project is to coordinate and expand the state's efforts to deliver timely and high-quality mental health care to youth within the primary care setting.

10. The Department for Children and Families (DCF)-Family Services Division is partnering with Vermont Kin As Parents and the University of Vermont in a Kin Navigation Cross Site Collaboration. Additional national partners include Grandfamilies United, Casey Family Programs, the University of Washington, and several other states. The Collaborative has a goal of developing, implementing, and evaluating an evidence-based model for Kin Navigation. Implementation planning is currently underway and the project plans to launch in Feb 2022.

11. The Family Services Division of the Department for Children and Families submitted their 5-year Prevention Plan on October 1, 2021. The State Interagency Team will be utilized as an Advisory Committee for the ongoing prevention efforts within the State.

12. A third crisis bed was added to the Vermont Crisis Intervention Network (VCIN) to support individuals with a developmental disability who are in crisis.

13. The Department of Disabilities, Aging and Independent Living (DAIL), Developmental Disabilities Services Division (DDSD) provided COVID Emergency Supports for Unpaid Family Caregivers. The Developmental Disabilities Home and Community Based Services enabled, under specific circumstances, a Conversion of Respite and/or other Family-Managed Funds to Difficulty of Care stipends to maintain the health and safety of a minor or adult child for the duration of the COVID state of emergency.

14. DAIL's DDSD Coordinator for the Post-Secondary Education Initiative partnered with SUCCEED, Think College, and College Steps to support young adults to acquire two-year college certificates via full campus inclusion and customized academic support. This initiative demonstrates that, when supported on campus, youth with developmental disabilities can succeed at college. Another option is Project SEARCH, a yearlong technical training project based in hospital settings. Graduates are helped to locate jobs at graduation. In 2021, 77% of these graduates were employed at graduation.

15. As of March 1, 2021, Vermont Medicaid modified reimbursement methodology for inpatient services delivered by the Brattleboro Retreat. Prior to implementation, Department of Vermont Health Access (DVHA) and DMH reimbursed the Retreat for services using different methodologies on a fee-for-service, per claim basis. The new model allows for a prospective payment informed by several factors. DVHA, DMH and the Brattleboro Retreat have agreed upon performance measures and a monitoring platform for the model.

16. In an effort to support DVHA's reimbursement goals and in response to the Northeastern Family Institute (NFI) Vermont's request to review the Medicaid reimbursement rate for their hospital diversion program (HDP), DVHA implemented a new rate setting methodology for

NFI's hospital diversion program effective July 1, 2021. The new rate setting methodology utilizes the existing Inpatient Prospective Payment System (IPPS) hospital rate setting methodology to establish a benchmark rate, then applies a 15% discount, ensuring that NFI Vermont will be paid 85% of the rate that Medicaid would pay for a similar service in a hospital setting. The IPPS rate setting methodology is reviewed by DVHA's reimbursement unit on a regular basis, and DVHA's reimbursement unit will concurrently review NFI's HDP rate on the same cycle ongoing, ensuring that NFI's rate grows as hospital rates grow in the future.

17. In 2019, DVHA implemented an alternative payment model for Applied Behavior Analysis (ABA) services, characterized by a tiered monthly case rate, with tier payments depending on intensity of services. In 2021, DVHA changed the timing of the tier submissions and payments from prospective submissions and payment to post-service delivery submissions and payment after receiving feedback from providers regarding the difficulty of prospectively determining treatment hours for the subsequent month. Providers received their first post- service delivery ABA payment in August for services rendered in July. An important goal of this program is to increase access to direct services for Medicaid members by giving providers the flexibility to innovate and to use staff more efficiently. To assess progress toward this and other goals, DVHA has established a monitoring framework that includes measures of access, utilization, service intensity, quality, and cost. Early data for some of these measures shows promising results. For example, since the implementation of the payment reform program, a higher proportion of services are in the form of direct services to members rather than assessments and parent education. In addition, total hours of service have been increasing year over year (despite the impacts of the COVID public health emergency). The average monthly census has increased since the implementation of the payment model and has held fairly steady during the past three years, again despite the impacts of COVID. Intensity of service has also increased; there have been substantial increases each year in the average service hours per member per month.

18. The Coordinated Services Plan and Facilitator's Guide was updated in January 2022, to gather more information about children referred for CSPs so providers can be aware of any inequities that exist and impede service provision based on a family's culture, race, or ethnicity.

How We Are Serving Vermont's Children

760
Coordinated Services Plan meetings were held in FY21

522
Children had a CSP who also receive special education services[1]

11,356
Total children served by mental health agencies[2]

1,987
Children received crisis assessment, supports and referrals[3]

259
Children received emergency/ crisis bed services[4]

1,046
Children were in DCF custody[5]

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1,412
Children received specialized child care through the Child Development Division[11]

286
Children received respite services through Department of Mental Health funding

From the start of the **COVID** public health emergency (PHE), over **800** families have accessed special "caregiver payments" for their children who are eligible for Medicaid personal care services.

Vermont Crisis Intervention Network (VCIN):[6]

59 total bed days were children (under 18) = **7.33%**, | **4** individuals were children under 18 = **11.11%**

Home and Community Based Services (HCBS):[7]

52 children up to age **18** | **225** young adults age **18–22**

Flexible Family Funding (FFF):[8]

705 children up to age **18** | **208** young adults age **18–22**

Bridge Care Coordination:[9]

255 children up to age **18** | **140** young adults age **18–22**

Family Managed Respite data for FY 2020 through DAIL:[10]

Total children Served **496**
Intellectual Disability/Autsim Spectrum only **229**
Mental Health only **232**
Co-occurring ID/ASD and MH **35**

[1]As of December 1, 2020. This data is unduplicated children; the primary disability is identified; secondary and tertiary disabilities are not included.
[2]Fiscal Year 2020 Data, https://tinyurl.com/4znajjr3
[3]Fiscal Year 2020 Data, https://tinyurl.com/4znajjr3
[4]Fiscal Year 2020 Data, https://tinyurl.com/4znajjr3
[5]Family services data, Point in time 6/30/21
[6]DAIL-DDSD data, FY2020
[7]DAIL-DDSD data, FY2020
[8]DAIL-DDSD data, FY2020
[9]DAIL-DDSD data, FY2020
[10]DAIL-DDSD data, FY2020
[11]CDD data, FY21

Coordinated Services Plans (CSP)

A key component of Vermont's Act 264 is the creation of an entitlement for eligible children and youth to coordination of needed care. The method used to create and track this entitled coordination is each child's Coordinated Services Plan.

To organize information for this report, SIT looked at several data factors all with the goal to better understand the level of need that exists and current challenges arising for children and families. Designated Agencies resource LITs with children's mental health staff (DAs do not receive additional financial resources to support this work) and they do not have a consistent way to track CSPs in their electronic health records. LIT coordinators estimate the number of CSPs that occur and believe it is likely an underestimate since teams may use the tool at any time it may benefit planning. SIT continues to work with and explore accurate data collection in collaboration with LITs and the Act 264 Board.

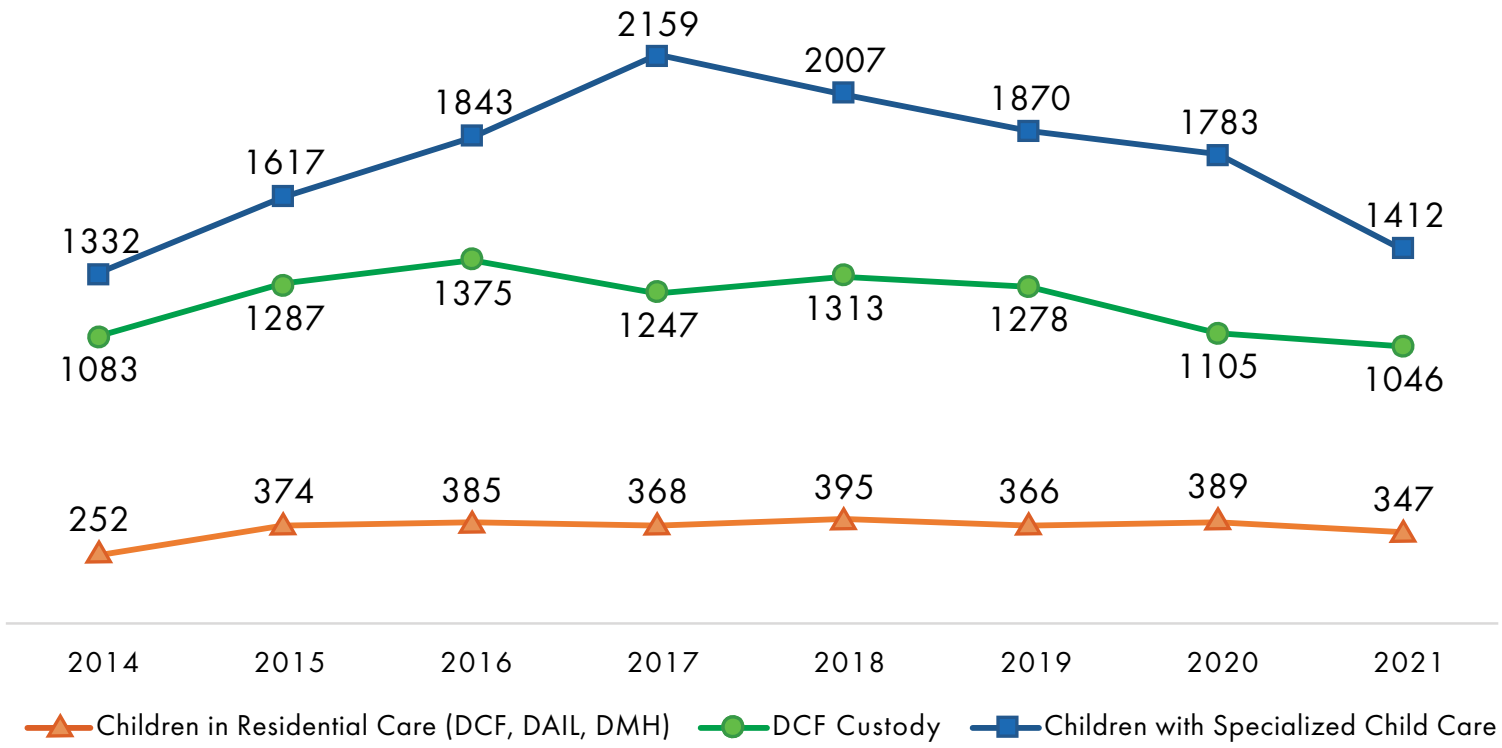
REGION	FY2017	FY2018	FY2019	FY2020	FY2021
Barre	60 – 80	75	80 – 90		50
Bennington	25 – 30	25	30 – 40		45
Brattleboro	40	75	45		55
Burlington	180	227	134		100
Hartford	75 – 80	★	87		55 – 60
Middlebury	60	63	67	No data collected due to COVID	45
Morrisville	55 – 60	50 – 70	62		55
Newport	17	45	26		49
Rutland	70+	60	★		142
Springfield	28	28	46		31
St. Albans	100	125	150		80
St. Johnsbury	11	15	19		53
TOTALS*	**716**	**728**	**746**		**760**

* When a range was identified, the lower end was utilized for this calculation

★ Data not reported

Data Trends Over Time

The following line graph shows several data points we are following closely that can tell us about some of the acuity of need with Vermont's children. This data tells us about the need for supports and interventions to combat the social and economic needs of families in Vermont. Families are facing stress and exhaustion from COVID, poverty, and struggles with opiate addiction.



I. Workforce Challenges and Provider Stress

Recommendation: Address workforce challenges by investing in retention and recruitment efforts that bring in individuals who provide mental health supports, developmental disability services, and peer supports.

Statement of Need: The COVID pandemic has intensified the human service workforce crisis. Data is showing high turnover and vacancy rates that are greater than in the past decade. Individuals have left their positions due to stress, illness, fear, family responsibilities, lack of childcare, their own trauma and exhaustion.

Solutions:

1. Provide funding to stabilize the current workforce:
    - **a.** Support loan repayment and tuition reimbursement for human service providers. For example, in November 2021, a contract between Vermont Department of Health (VDH) and Vermont Care Partners was signed to provide $1.5M the legislature allocated for tuition reimbursement and loan repayment at DA/SSA.
    - **b.** In December 2021, the Agency of Human Services identified $2M for immediate distribution for crisis bed and residential staff at DA/SSAs in an effort to stabilize the workforce at these highly needed programs.
    - **c.** In December 2021, the Agency of Human Services submitted a request to the Centers for Medicare and Medicaid Services (CMS) to utilize $15M from increased federal Medicaid match related to Home and Community Based Services for workforce recruitment and retention efforts. There will be more details about this in the spring of 2022.
    - **d.** AHS is looking to leverage $15M in federal funding to assist with additional workforce recruitment and retention efforts that could include additional training and supports to stabilize this essential workforce.
2. Continue the multi-disciplinary Workforce Task Force launched in 2021 and co-chaired by DMH and a DA to create a system-wide strategic plan that addresses workforce recruitment and retention for the DA/SSA network in Vermont. The task force is comprised of DMH, DAIL, Vermont Department of Health-Alcohol and Drug Abuse Program, Department of Corrections, DA, SSA, and Vermont Care Partners and will continue meeting in 2022. This team has identified the following strategies to positively impact workforce:
    - **a.** Increase tuition reimbursement and loan repayment
    - **b.** Invest in fair and equitable compensation packages
    - **c.** Support an educational support pipeline
    - **d.** Ensure work-life balance
    - **e.** Increase training and clinical support

f. Increase the use of career advancement

g. Communicate and educate others about DA/SSA workforce

h. Joint marketing efforts for recruitment

3. Invest in peer programming and recruitment of individuals with lived experience by leveraging federal and state funds.

4. Provide training, consultation, and support to include:

a. trauma responsive, health and culturally sensitive care and self-care;

b. compassion fatigue, burnout, and vicarious trauma

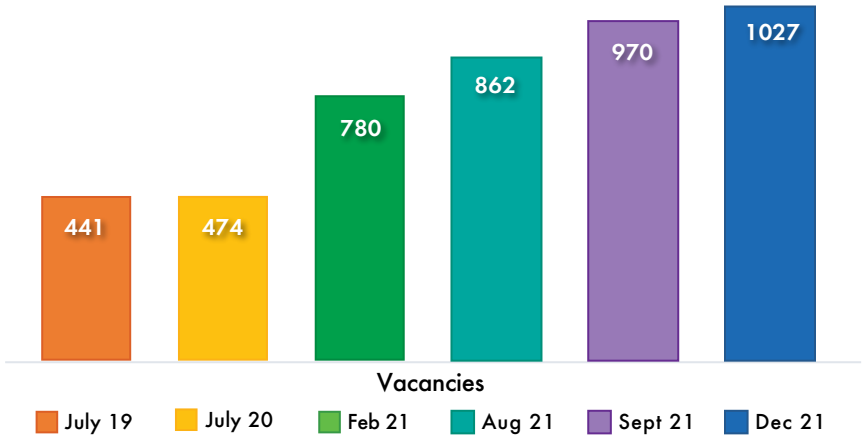
What Is the Data Telling Us?

The following vacancy and turnover data is specific to the Designated and Specialized Services Agencies in Vermont who specialize in providing mental health, substance use and developmental disability services to Vermonters.

Vacancies (out of approximately 5,000 staff)

Vacancy: a position that is unfilled.

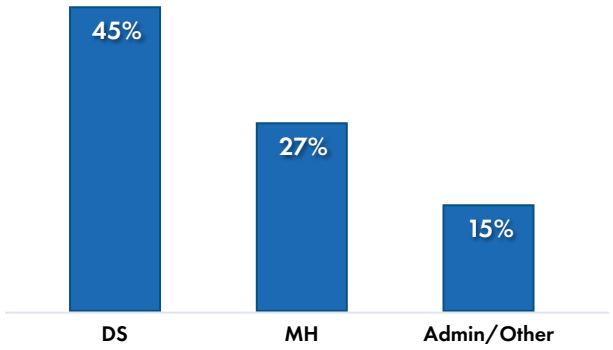
Source: Vermont Care Partners



Turnover by Services FY22

Turnover: staff leaving positions within a period of time

Source: Vermont Care Partners



II. Child and Family Stress

Recommendation: Respond to the additional stress and trauma for children and families that has been exacerbated by the ongoing pandemic.

Statement of Need: On December 7, 2021, the U.S. Surgeon General issued an advisory on the Youth Mental Health Crisis stating:

Before the COVID pandemic, mental health challenges were the leading cause of disability and poor life outcomes in young people, with up to 1 in 5 children ages 3 to 17 in the U.S. having a mental, emotional, developmental, or behavioral disorder.

- Additionally, from 2009 to 2019, the share of high school students who reported persistent feelings of sadness or hopelessness increased by 40%, to more than 1 in 3 students.
- Suicidal behaviors among high school students also increased during the decade preceding COVID:
  - With 19% seriously considering attempting suicide, a 36% increase from 2009 to 2019,
  - About 16% having made a suicide plan in the prior year, a 44% increase from 2009 to 2019.
  - Between 2007 and 2018, suicide rates among youth ages 10-24 in the U.S. increased by 57%, and early estimates show more than 6,600 suicide deaths among this age group in 2020.

The pandemic added to the pre-existing challenges that America's youth faced. It disrupted the lives of children and adolescents, such as in-person schooling, in-person social opportunities with peers and mentors, access to health care and social services, food, housing, and the health of their caregivers. The pandemic's negative impacts most heavily affected those who were vulnerable to begin with, such as youth with disabilities, racial and ethnic minorities, LGBTQ+ youth, low-income youth, youth in rural areas, youth in immigrant households, youth involved with the child welfare or juvenile justice systems, and homeless youth. This past Fall, a coalition of the nation's leading experts in pediatric health declared a national emergency in child and adolescent mental health.

In Vermont, we have seen an increase in need with more children ending up in crisis and therefore in Emergency Departments while awaiting supports and services.

III. Supports and Services at All Levels

Recommendation: Invest in community-based supports and services leveraging federal funds and grants.

Statement of Need: Children, youth and families need different supports and services available depending on their need. We need to work to offer the right services, at the right time, in the right amount.

Solutions for II and III:

1. Invest in more community-based services so youth do not end up in Emergency Departments during a mental health crisis.
    - **a.** During the legislative session in 2021, funds were allocated for a mobile response pilot in Rutland which began on October 1, 2021. There is a need for more of this type of programming statewide.
    - **b.** Invest in additional community mobile response initiatives utilizing results from a statewide assessment being done during 2022. The assessment is being led by the Department for Vermont Health Access with grant funding.
    - **c.** Increase crisis bed capacity in Vermont.
2. Increase social and emotional supports and alternative educational programming for children.
3. Increase use of Vermont Agency of Education's Social Emotional Learning (SEL) VT virtual platform for understanding healthy social emotional learning (SEL) and building SEL skills. The materials on SEL VT are intended for students directly, for parents supporting their students, and for teachers and administrators to use in instruction and education recovery efforts.
4. Increase focused effort on school-wide Positive Behavioral Interventions and Supports.
5. Continue to invest in affordable housing across the state.
6. Increase supports, including food assistance, for families facing or experiencing homelessness.
7. Fund and support childcare centers to remain open and provide more funding to assist families with the cost of childcare.
8. Continue supporting telehealth which is enabling more families to engage in support without worrying about transportation, childcare, or exposure to COVID. At the same time, we need to invest in greater broadband access so this important way of receiving services is available statewide.

9. Continue to create and provide evidence-based, best practice training, support and consultation on trauma responsive care and resilience building.

10. Explore and invest in prevention and promotion activities such as Building Flourishing Communities so we are providing support early on to all Vermont children and families.

11. Invest in services. For example, in the fall 2021, grant funding was provided by DMH to each of the 10 Designated Agencies to hire an Emergency Case manager in the fall of 2020. This federal funding was allocated by the Vermont legislature in its last session and is one-time in nature.

12. Advance and advocate for eating disorder treatment in Vermont which needs to include various levels (*e.g.* outpatient, inpatient, residential)

13. Recruit and support more respite providers.

14. Increase the use of peer supports to offer families a connection with others.

15. Increase specialized childcare capacity.

16. Train providers in trauma responsive and healing centered care for children and families.

What is the Data Telling Us About Child and Family Stress and the Need for Supports and Services at All Levels?

760
Coordinated Services Plan meetings were held in FY21

1412
children received specialized child care through the Child Development Division[14]

11,356
Total children served by mental health agencies[12]

1,046
children were in DCF custody[15]

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493
children were living in hotels as of 12-30-2021; compared to **394** on December 18, 2020 (children is defined as 18 and younger)

259
children received emergency/crisis bed services[15]

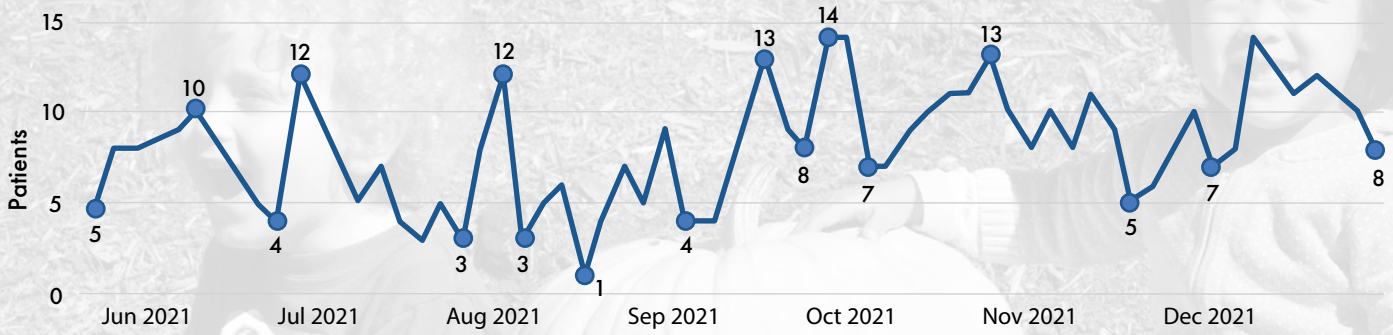
1,987
Children receiving crisis assessment, supports and referrals[13]

The number of Vermonters using food assistance programs grew by **86.7%** between March 2020 and March 2021 from **24.8%** to **46.4%**.

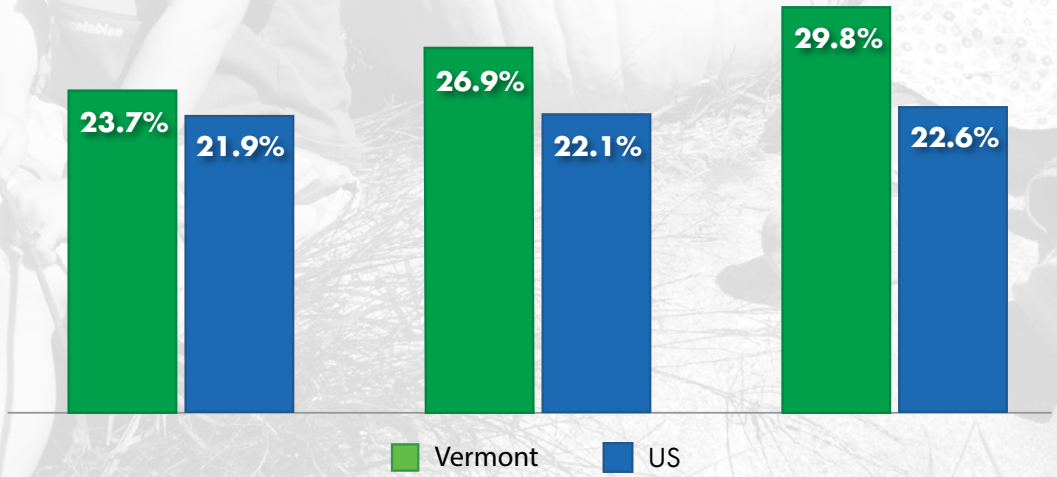
[12]Fiscal Year 2020 Data
[13]Fiscal Year 2020 Data
[14]CDD data, FY21
[15]Family services data, Point in time 6/30/21

What is the Data Telling Us About Child and Family Stress and the Need for Supports and Services at All Levels?

Number of Children and Youth Waiting Vermont Emergency Departments[16]



Children with a mental, emotional, developmental or behavioral (MEDB) problem 3 – 17 years. Vermont and US[17]

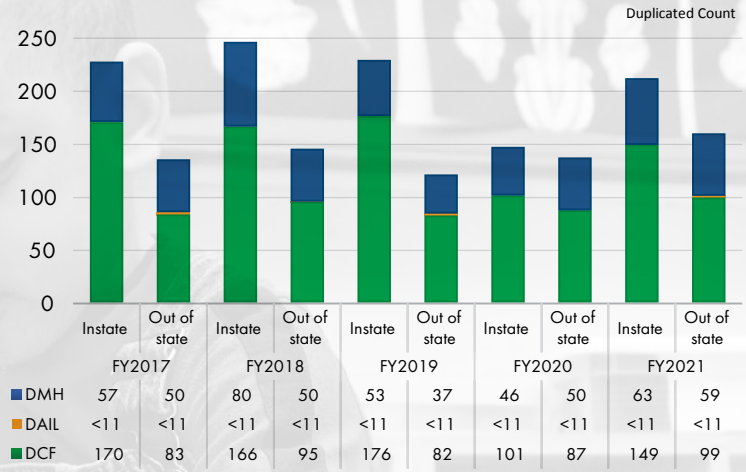


[16]ED Data: Vermont Association of Hospitals and Healthcare Systems, Point in time data, from 5/24/21 through 12/30/21

[17]MEDB data: This data comes from the National Survey for Children's Health (NSCH) which "is designed to produce national and state-level data on the physical and emotional health of children 0 – 17 years old in the United States." The NSCH defines a behavioral, emotional, mental health, or developmental condition as having one or more of the following 10 conditions: ADD and ADHD, anxiety, depression, behavioral or conduct problems, autism or Autism Spectrum Disorder, developmental delay, intellectual disability, learning disability, speech or other language disorder, or Tourette syndrome. https://www.childhealthdata.org/browse/survey

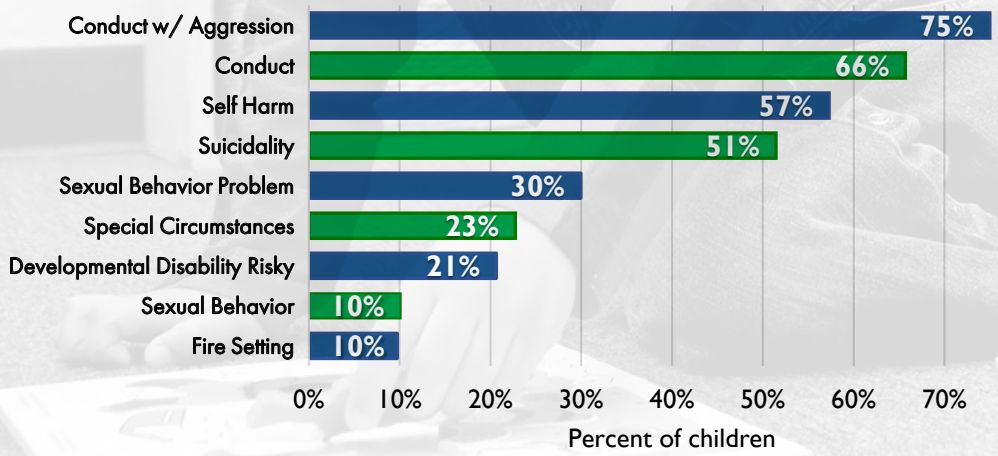
What is the Data Telling Us About Child and Family Stress and the Need for Supports and Services at All Levels?

Instate and Out-of-State Residential Count Through FY21

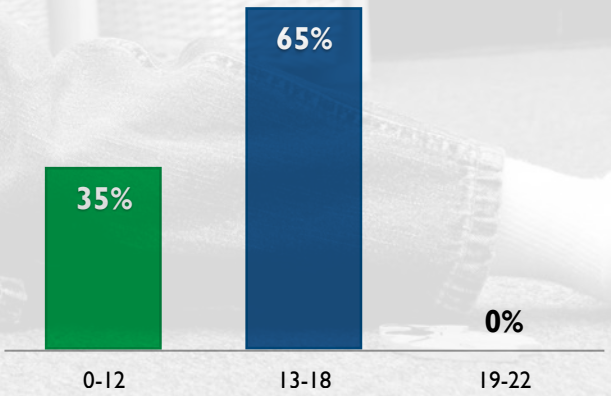


	FY2017		FY2018		FY2019		FY2020		FY2021	
	Instate	Out of state	Instate	Out of state	Instate	Out of state	Instate	Out of state	Instate	Out of state
DMH	57	50	80	50	53	37	46	50	63	59
DAIL	<11	<11	<11	<11	<11	<11	<11	<11	<11	<11
DCF	170	83	166	95	176	82	101	87	149	99

Presenting Needs Among Children in Residential Programs FY21



Percentage by Age Groups in Residential Programs FY21



What Does Coordination of Services Look Like?

The Field Services Division is part of the AHS Secretary's Office and represents the Secretary in the districts. The Division's scope covers the entire Agency of Human Services, including services provided by community partner organizations. Field Directors work to unify human services and to build a system focused on excellent customer service, the holistic needs of individuals and families, strength-based relationships, and improving results for Vermonters. The Division's work is designed to maximize the effectiveness of the human service system in each district of the state through identifying strengths and gaps in services at the local systems change level; learning what is needed for specific complex case situations; and facilitating solutions.

Over this past year the Field Services Directors focused on facilitating food distributions; supporting children, youth and families experiencing homelessness; helping with the distribution of vaccines and COVID testing kits and standing up vaccine clinics and testing sites; assisting local Children's Local Interagency Teams and Children's Integrated Services teams; and facilitating complex case coordination for children. Field Services Directors worked to meet the needs of communities through collaboration with: District Offices, Designated Agencies, Hospitals and Community Health Centers, Public Safety, Towns and Municipalities; Hotels and Motels; Domestic and Sexual Violence resources and Substance Abuse and Recovery resources.

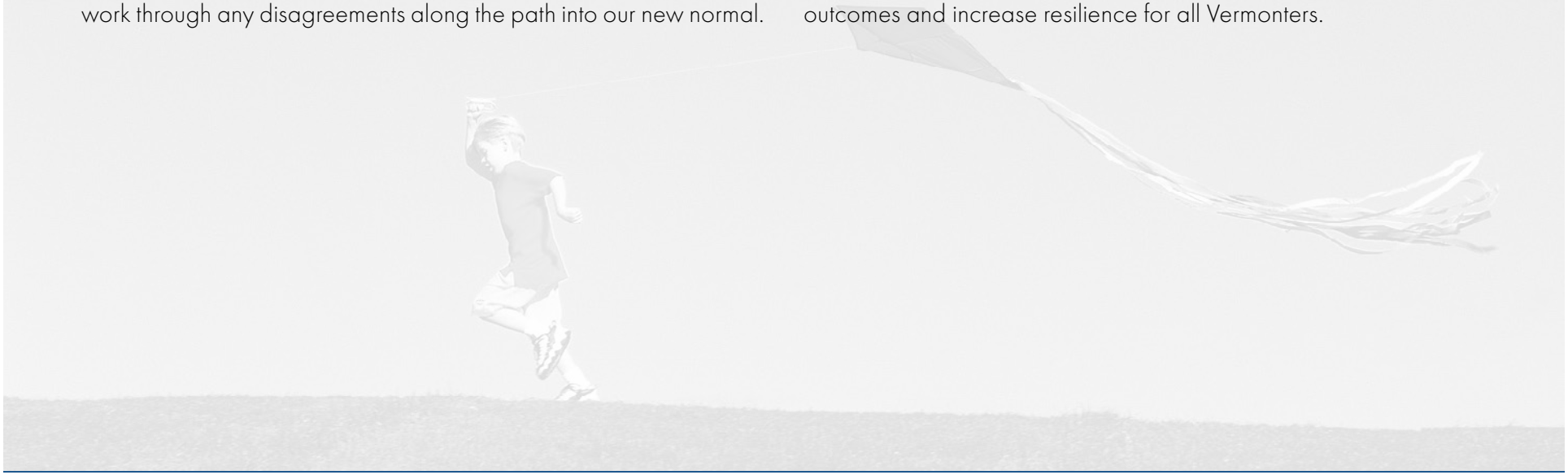
The Hope Resiliency Brings

COVID presented a host of challenges unlike any other previously experienced in the state. We have seen the population face novel trauma and upheavals. The strain on the system and staff has been unprecedented. Despite barriers and increased levels of need caused by the pandemic and other upheavals, during this time, we were able to find new and creative ways to provide supports and services. Increased levels of funding combined with payment reform measures aided us in increasing services and trying out innovative solutions. Some examples of the resilience of our systems include:

- **Psychiatric Urgent Care for Kids (PUCK) in Bennington and Mobile Response and Stabilization Services (MRSS) in Rutland which offer services that help keep some children and youth out of Emergency Departments.**
- **The use of ZOOM enables CSPs to occur for children and youth in need of additional supports.**
- **The Field Services Program found ways to help districts in supporting communities to meet their needs including housing, access to food, and creating safety nets for families.**

The resiliency of the Vermont System of Care is amply displayed in this report. Although the strain of COVID has been significant and continues to exist, our systems and communities displayed an incredible ability to "bounce back". We did this by working together to achieve our mutual goals, sharing ideas and resources, and meeting to work through any disagreements along the path into our new normal.

The work of the future is to celebrate and build on all we have learned and achieved, to remain open to emerging effective and efficient solutions to new challenges, and to support each other when the journey is hard. Fortunately, these are all things that Vermonters are good at doing! We continue to look for new ways to improve outcomes and increase resilience for all Vermonters.



APPENDIX

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.)

References

- Act 264 Statutory Reference: http://legislature.vermont.gov/statutes/section/33/043/04302
- Act 264 Information and Materials: http://ifs.vermont.gov/docs/sit
- Agency of Education, Special Education Website: https://education.vermont.gov/student-support/vermont-special-education
- DAIL System of Care Plan for DS Services FY18-20: https://ddsd.vermont.gov/sites/ddsd/files/documents/Vermont_DS_State_System_of_Care_Plan.pdf
- DCF-Family Services Performance Measures Dashboard: http://dcf.vermont.gov/scorecard
- DCF-Family Services, 2020 Report on Child Protection in Vermont: https://dcf.vermont.gov/sites/dcf/files/Protection/docs/2020-CP-Report.pdf
- Developmental Disabilities Services State Fiscal Year 2020 Annual Report: https://dail.vermont.gov/sites/dail/files//documents/DAIL_Annual_Report_2020.pdf
- DMH Stats Report, FY2020: https://mentalhealth.vermont.gov/sites/mhnew/files/documents/Reports/Stats/DMH-2020_Statistical_Report.pdf
- Vermont Family Network: http://www.vermontfamilynetwork.org/
- Vermont Federation of Families for Children's Mental Health: http://www.vffcmh.org/