Vermont System of Care Report 2023

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Letter from SIT Co-Chairs

I define connection as the energy that exists between people when they feel seen, heard, and valued; when they can give and receive without judgment; and when they derive sustenance and strength from the relationship.

Brene Brown

How do we define connection in Vermont? It is a commonly used word but connecting authentically means setting aside preconceived notions of others, thinking of funding as a whole, rather than as separate pieces, and being willing to have challenging, honest and respectful discussions. In addition, we must keep our ultimate goal at the center—how we all show up as our best, creative, selves so we can hold children and families with support, compassion, and caring. We need to pay attention to our neighbors, understand how a lack of knowledge about diversity and equity issues perpetrates racism and trauma, and fight every day for equity for all Vermonters.

During the 2022 fiscal year, there were an estimated 940 Coordinated Services Plans, compared to 760 last year. These aren't just meetings—these are opportunities to bring everyone together to think through how to support Vermont's most vulnerable children. Given this significant increase over previous years, we need pay attention to the intense acuity and needs of families. Meanwhile, we have the highest number of vacancies we have seen in our mental health and developmental disability designated agencies, child protection system, and public schools. This workforce crisis often means families and children are on waitlists or are not being seen as much as otherwise possible and dedicated staff are exhausted. 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 this challenging time.

We need to think like an interconnected community, not independent siloed entities. For 35 years, the State Interagency Team (SIT) has built connections among service providers and families. This is the foundation of Act 264, and it is more important now than ever.

In partnership,

Cheryle Wilcox, LICSW, Mental Health Collaborations Director, Department of Mental Health

Beth Sausville, Director of Policy and Planning, DCF-Family Services Division

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 and the Agency of Education 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 (LIT), the Act 264 Advisory Board, data analysis from the departments of the Agency of Human Services and the Agency of Education, and discussion at monthly State Interagency Team meetings.

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.
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.
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.

Act 264 Board - System of Care Recommendations

This Governor-appointed Advisory Board is composed of 9 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 (AHS) on the annual priorities for developing the System of Care.

The Board submitted the following recommendations to SIT in December 2022 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. 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. This Advisory Board and the State Interagency Team will develop clear definitions for the functions of:
     - i. Act 264 Parent Representative for LITs, the SIT, the CRC, and the Act 264 Advisory Board as mandated in Vermont's Act 264;
     - ii. CSP Support Parent Representative for Individualized Treatment Teams as they work to develop and implement Coordinated Services Plans; and
     - iii. A parent representative with lived experience.
   - b. Offer recorded trainings for Act 264 Parent Representatives and for CSP Support Parent Representatives; This Rutland Mental Health Services (RMHS)-produced training can be used. https://youtu.be/qEFetvrV2Mo
   - c. Pay all members in each category the same rate.
2. Demonstrate a strong commitment to develop and implement an integrated approach for child and family programs and services across the state.
   - a. Provide easily accessible links to Act 264's Coordinated Service Plans (CSPs) on individual school and designated agency websites, as well as the Department of Mental Health (DMH), Department for Children and Families (DCF), the Department of Health (VDH), and the Department of Corrections (DOC).
   - b. Ensure recorded training on Coordinated Service Plans, (VFFCMH Intro to Act 264 Family HD720p - YouTube) is online and accessible to families, designated agency staff, and schools. Make such training mandatory for all department, designated agency, and education staff who work with children and families.
   - c. Support statewide coordination across agencies with a focus on resiliency and trauma-informed and healing centered services.

System of Care Recommendations continued

d. Support two critical factors that significantly impacts a family's need for CSPs and decreases their ability to access them:

   i. Childcare: enhance funding and support for childcare centers to remain open and funding for families to access quality childcare, and

   ii. Affordable housing: increase supports for families facing or experiencing homelessness.

e. Record for on-line use orientation training to improve interactions between human services providers, education staff, and public safety officers, when interacting with children and adolescents with various disabilities and their families, including information on:

   i. likely situations and various expectations of all parties;

   ii. tactics likely to escalate and to de-escalate situations for children and adolescents with specific disabilities; and

   iii. basic resources available to all parties, including use of a proactive crisis plan.

3. The education system will continue work to reduce the use of restraint and seclusion in schools.

   a. Continue to focus on social, emotional, and behavioral learning for all students.

   b. The Agency of Education will ensure that school districts/supervisory unions have a system that tracks all instances of restraint and seclusion data which can be disaggregated by: duration, location, time of day, disability status, race/ethnicity, and reason/behavior.

   c. The Agency of Education will analyze this data to look for patterns at different levels and in different regions to highlight progress and to suggest alternate or enhanced solutions for weak areas.

4. 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. Promote affordable housing.

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

   d. Consider hiring family members with appropriate life experience to provide some services (e.g., respite).

System of Care Accomplishments

1. The State Interagency Team and Act 264 Board partnered and visited (virtually) each of the 12 Local Interagency Teams over the past year to hear their successes, challenges, and resource needs to ensure this System of Care report was informed by local community teams.

2. In partnership with the Vermont Child's Health Improvement Project (VCHIP), the Children with Special Health Needs (CSHN) Program at the Vermont Department of Health is working to address wait times for autism assessments across the state. Work is underway to connect primary care physicians (PCPs) with training opportunities to develop the ability to conduct autism assessments in their practices. This model will likely involve partnerships with Children's Integrated Services (CIS) providers, subspecialists, and other key stakeholders. A practice in the NE Kingdom is actively planning to pilot this model early in 2023. The VCHIP and CSHN teams are consulting with neighboring states about other strategies for addressing wait times, and there is growing interest with PCPs across the state. CSHN developed and distributed resources for families and providers about services that are available while a child is waiting for an assessment.

3. In an excellent example of interagency partnering, the local Designated Mental Health Agency, housing agencies, youth services, the Agency of Human Services and Easter Seals opened a new program for youth experiencing homelessness in Springfield.

4. Effective 07/01/2022, the Department of Vermont Health Access (DVHA) began reimbursement for extended Emergency Department (ED) stays in which a Vermont Medicaid member met clinical criteria for inpatient psychiatric level of care (LOC) AND there were no beds available for placement. After a Vermont Medicaid member meeting inpatient psychiatric LOC had an initial 24 hour stay in an ED, hospitals can submit an authorization request to the DVHA to seek reimbursement. DVHA implemented reimbursement to support hospitals by providing compensation for members with extended ED stays who cannot be admitted but meet inpatient LOC and need placement. Funding for this rate increase was appropriated by the VT Legislature in the Big Bill (Act 185 of 2022).

5. The Agency of Human Services has expanded and built up the process for oversight and inter-departmental communication for children in mental health crisis waiting in Emergency Departments.

6. Vermont won a State Planning grant for Community Mobile Crisis Services and with support from a technical assistance entity, completed an assessment of need. After stakeholder input, AHS issued a Request for Proposals under a new mobile crisis Medicaid benefit, to align with the Centers for Medicare and Medicaid Services (CMS) regulations.

7. There was a significant increase in Coordinated Services Plans being used to identify the needs and coordinate supports for children, youth and families.

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 challenge of children accessing the care they need so children don't 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. A federally funded Pediatric Mental Health Care Access program through the Department of Mental Health partnered with Community Health Centers and VCHIP to start the Child Psychiatry Access Program to provide psychiatric consultation to primary care providers regarding child and adolescent mental health concerns.

10. The Screening, Treatment, and Access for Mothers and Perinatal Partners (STAMPP) Grant expanded to provide training and system development around perinatal mental health issues in every region in the state this year..

11. DCF's Family Services Division had their 5-year Prevention Plan accepted which allows for Title IV-E dollars to be drawn down for prevention services to be provided to children and families.

How We Are Serving Vermont's Children

940
Coordinated Services Plan meetings were held in FY22

504
Children who receive special education services and also had a CSP[1]

10,971
Total children served by mental health agencies[2]

2,305
Children received crisis assessment, supports and referrals[3]

375
Children received emergency/crisis bed services[4]

181
Children received respite supports through DMH funding[5]

VERMONT
DEPARTMENT FOR CHILDREN AND FAMILIES

1,050
Children were in DCF custody[6]

580
Children received Family Managed Respite through DAIL-DDSD:[9]

Vermont Crisis Intervention Network (VCIN) Program. Use by children under 18

0

Home and Community Based Services provided by DAIL-DDSD (HCBS)8:

60 children up to age **18** | **369** young adults age **18-22**

Flexible Family Funding (FFF) provided by DAIL-DDSD:10

619 children up to age **18** | **184** young adults age **18-22**

Bridge Care Coordination through DAIL-DDSD:11

283 children up to age **18** | **184** young adults age **18-22**

1,908
Children received specialized child care through the Child Development Division[12]

1. As of December 1, 2021. This data is unduplicated children; the primary disability is identified; secondary and tertiary disabilities are not included.
2. Fiscal Year 2022 Data DMH
3. Fiscal Year 2022 Data DMH
4. Fiscal Year 2022 Data DMH
5. Fiscal Year 2022 Data DMH
6. Family services data, https://embed.clearimpact.com/Scorecard/Embed/15258
7. DAIL-DDSD data, FY2022
8. DAIL-DDSD data, FY2022
9. DAIL-DDSD data, FY2022
10. DAIL-DDSD data, FY2022
11. DAIL-DDSD data, FY2022
12. CDD data, FY22

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 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, so it is tracked manually by LIT Coordinators and other community members. This year the highest number of CSPs were conducted in the past decade.

Table 1. Coordinated Services Plan Meetings by District and Fiscal Year

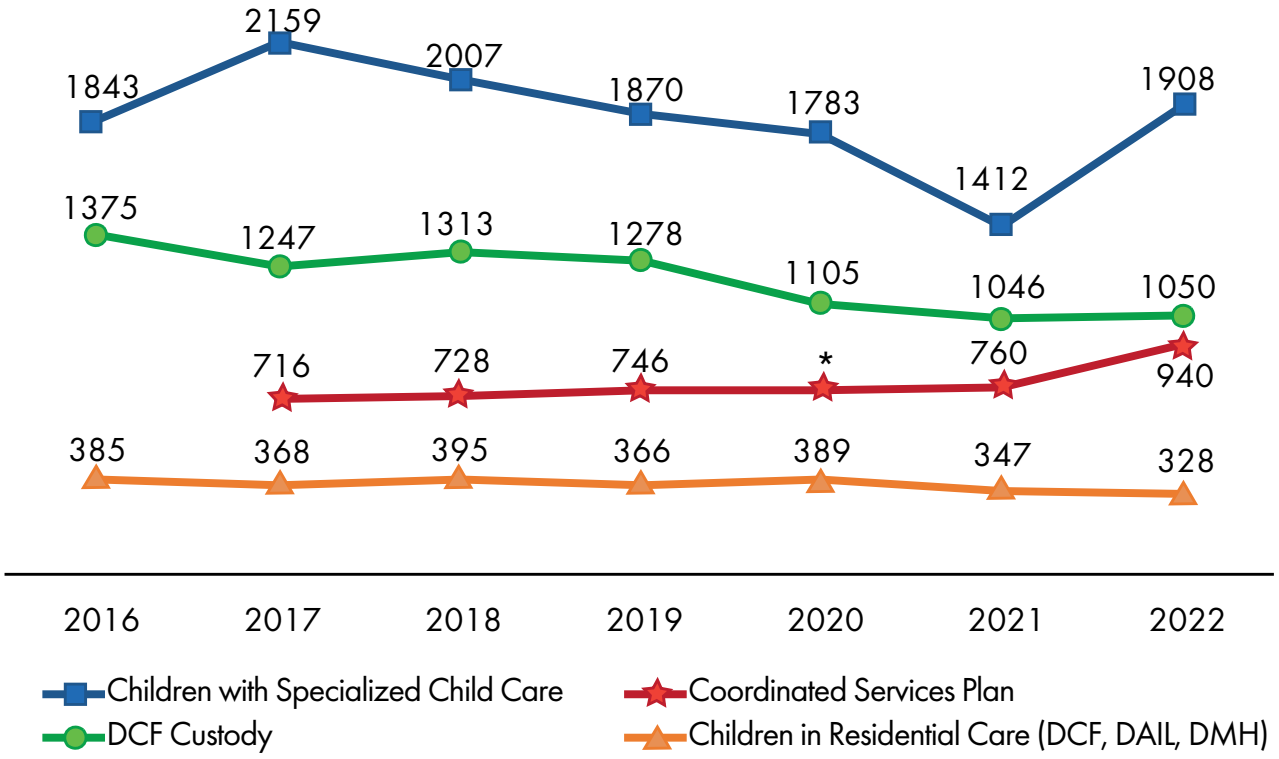
REGION	FY17	FY18	FY19	FY20	FY21	FY22
Barre	60–80	75	80–90	No data collected due to COVID	50	75
Bennington	25–30	25	30–40		45	75
Brattleboro	40	75	45		55	45
Burlington	180	227	134		100	200
Hartford	75–80	Not reported	87		55–60	60–70
Middlebury	60	63	67		45	60–90
Morrisville	50–60	50–70	62		55	70–75
Newport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

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

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.



*No data collected due to COVID

Specialized Child Care 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.

Special Note about residential data: While there has been a decrease in the number of children in residential treatment in the past two 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-- while needing to intermittently access crisis and inpatient programs for stabilization.

Recommendation 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.

Statement of Need: Families benefit from a peer during Coordinated Services Plan meetings and at their Local and State Interagency Team meetings. Currently[13], there are eight peers providing parent representation for all 12 Local Interagency Teams, the State Interagency Team, the Case Review Committee, and Coordinated Services Plan meetings across the state. The funding structure has been inadequate to sustain and build a strong family peer network to keep up with the level of need across the state.

Solutions:

1. In the Spring of 2022, three Designated Agencies (Healthcare and Rehabilitation Services-Springfield, Counseling Service of Addison County, and Northwestern Counseling and Support Services) contracted with the Vermont Family Network to fund a part-time position to support their area LITs and CSP meetings with additional parent/family voice, to support their local Children's Standing Committee meetings, and to act as a link to other Vermont Family Network resources when needed.

2. In April 2022, DMH leveraged funding through the Mental Health Block Grant to issue a Request for Proposals (RFP) for Peer Supports: to provide parental peer supports to family members of children and youth who meet criteria for Severe Emotional Disturbance (SED). One proposal was received for the peer support scope of work. The Vermont Family Network was awarded the funding to provide peer supports for families of children who meet criteria for SED. This grant is from October 1, 2022 through September 30, 2023.

3. Also, in the Spring of 2022, the Department of Mental Health leveraged funding through the Mental Health Block Grant to issue a Request for Proposals (RFP) to create an analysis of peer support services occurring in Vermont. No proposals were submitted for this scope, therefore, the Act 264 Board and SIT held two meetings in June 2022, to discuss the following: 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 family peer support. 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 and family peer support people. Feedback was received during these two meetings from 29 stakeholders. This feedback included:

a. Commit funding for family and youth partnership as a shared responsibility of all AHS departments who are represented at the SIT, and the Agency of Education.

b. Reach agreement on one system to train, supervise, mentor, and support (1) Parent Representatives for LIT/SIT/CRC/AB and (2) peer support specialists for families working on developing and implementing their Coordinated Services Plan (CSP).

c. Ensure parents providing peer supports have access to supervision, support, and learning opportunities so the peer does not feel isolated or alone in the work and has the tools to provide quality peer support.

13 DMH Data as of January 10, 2023

What Is the Data Telling Us?

For state fiscal year 2022, the Vermont Federation of Families for Children's Mental Health provided the following support to the local districts through parent representatives and contracted peer support specialists:

Table 2. VFFCMH Peer Supports

# of Local Interagency Team (LIT) Meetings Attended by LIT PRs	# of Initial CSP Meetings Attended by LIT PRs	# of follow-up CSP Meetings Attended by LIT PRs	# of Families Supported by VFF PSPs	# of New Families Supported by VFF PSPs	# of New Families engaged in MH svcs/supports at intake	# of New Families contacting VFF following a CSP
102	425	112	443	84	67	24

Three Designated Agencies formed an arrangement with Vermont Family Network for a Family Support Consultant – Mental Health in 2022 to support their Local Program Standing Committees, Local Interagency Teams, and to support families in CSP meetings. The CSPs supported by these peers are included in the totals in Table 1.

During the LIT visits over the past year, every LIT that has a parent representative on their team identified one of the things working well about their LIT is their parent rep!

As of July 1, 2022, DMH began directly paying parent representatives for LIT and CSP meetings. During this time period, the 4 parent reps in these roles provided support to **226** families at CSP meetings.

In FY22, the Vermont Family Network had **1,650** family contacts regarding **782** children receiving special education services for an Emotional Disturbance.

Recommendation 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.

Statement of Need: The COVID pandemic has intensified the human services 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, and their own trauma and exhaustion.

Solutions:

1. Advocate for livable wages[14] , especially staff who are involved in frontline direct service and administrative support staff.
2. Continue to support loan repayment and tuition reimbursement for human service providers.
3. Continue leveraging federal funding to assist with additional workforce recruitment and retention efforts that could include additional training and supports to stabilize this essential workforce.
4. Continue the multi-disciplinary Workforce Task Force launched in 2021 and co-chaired by DMH and a DA to implement their 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-Substance Use Division, Department of Corrections, DA, SSA, and Vermont Care Partners.
5. Invest in peer programming and recruitment of individuals with lived experience.
6. Provide training, consultation, and support to include:
   - i. trauma responsive care across all domains, such as health care, culturally sensitive care and self-care;
   - ii. compassion fatigue, burnout, and vicarious trauma
7. Address the lack of housing issues that prevent new workforce from being able to stay.

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

What Is the Data Telling Us?

Figure 2. Designated and Specialized Service Agency Vacancies

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

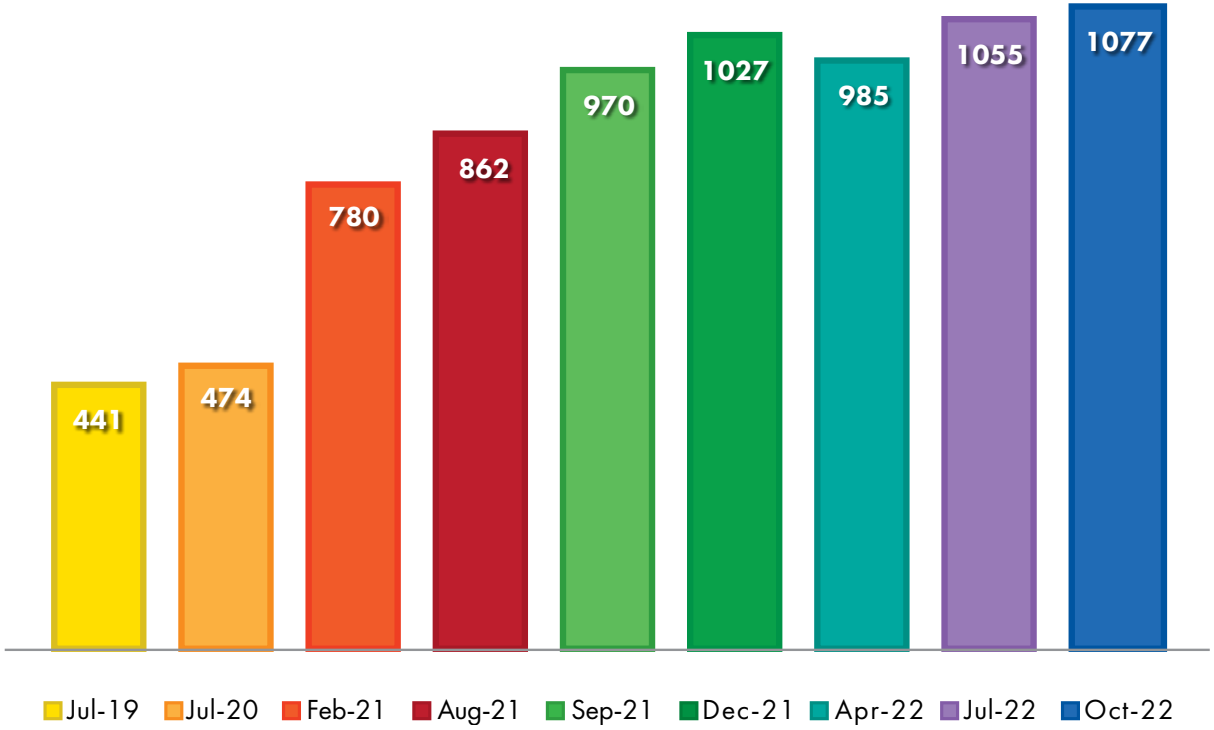


Figure 3. DA/SSA Turnover (Service)

FY22 Turnover by Services shown in Percentage Turnover: staff leaving positions within a period of time

Source: Vermont Care Partners

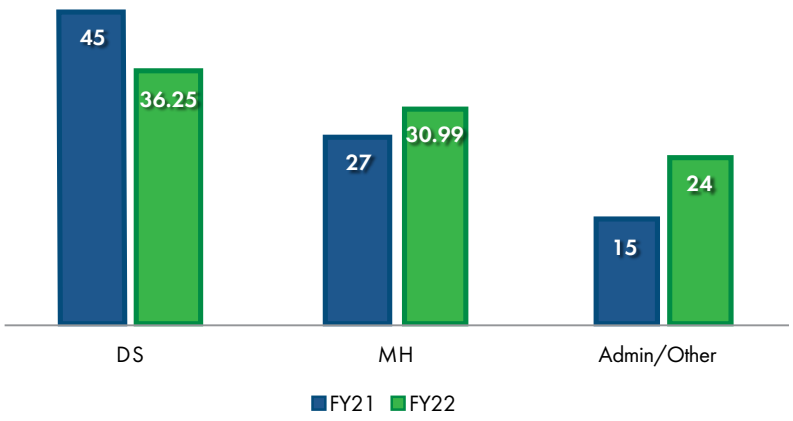


Figure 4. DA/SSA Turnover (Years of Service)

Turnover Based on Years of Service shown in Percentage

Source: Vermont Care Partners

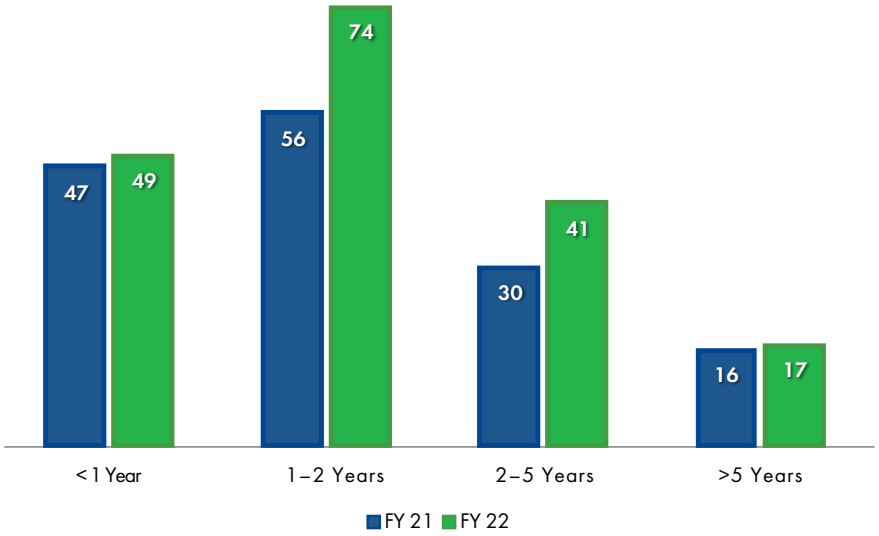
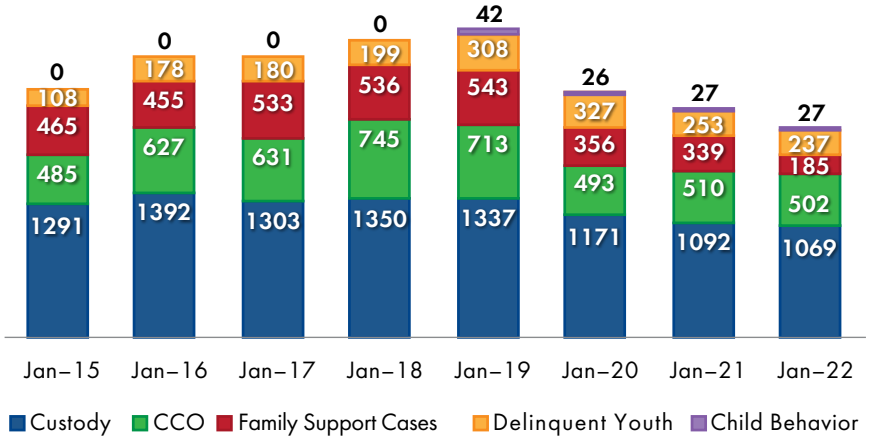


Figure 5: Family Services Caseload Trends

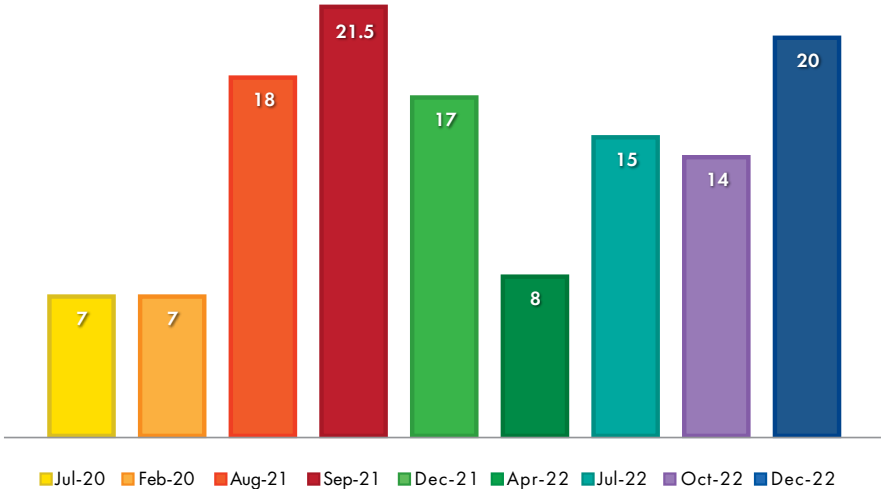
Source: AHS Report Catalog All Open Cases Summary (Family Support Cases), All Open Cases with Case Detail (Children in Custody, Delinquent No Custody & Child Behavior No Custody), Conditional Custody Order Cases Open (Total CCO by Relationship).



Data Note: All data is point-in-time as of the day the report is run.

Figure 6: Family Services Worker Vacancies

Source: FSD Org charts (Vacancies and FSW with less than 6 months experience).

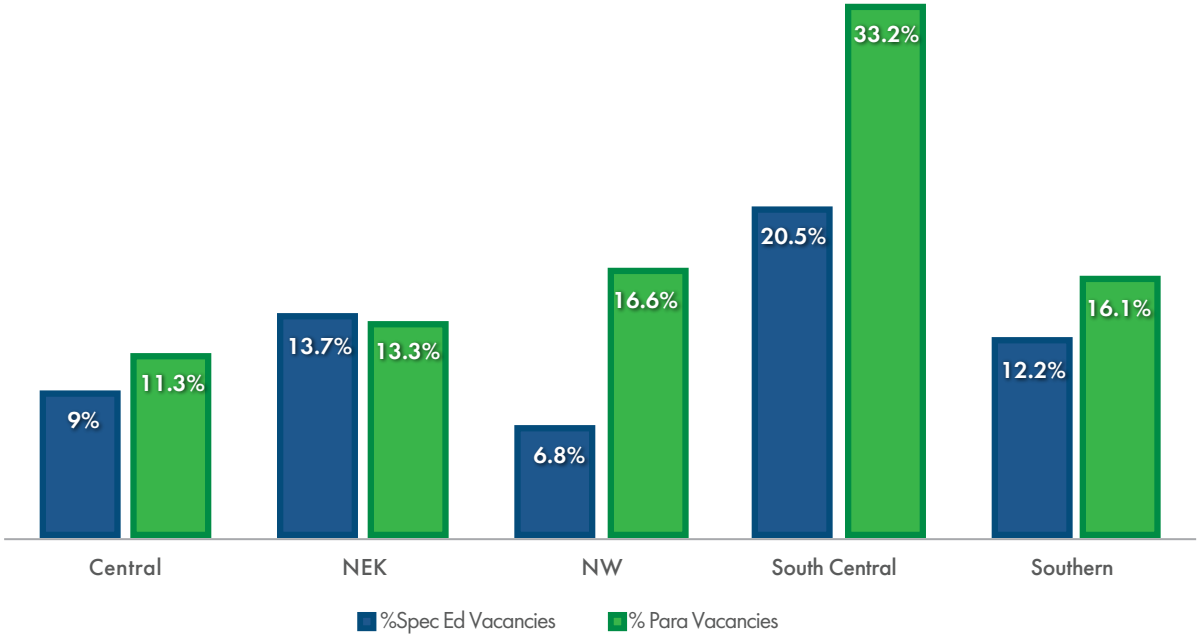


Data Note: data is point-in-time as of the time in which the report is compiled.

Figure 7: Educational Vacancies Statewide

Source: Agency of Education

Vermont School Districts and Supervisory Unions have reported an unprecedented number of staffing vacancies throughout the state. During the 2021-2022 school year, VT Special Education Directors were surveyed to request current special education staffing vacancies. The data below is the result of this survey.



In addition to the special educator and paraeducator staffing shortages, there are also shortages with speech pathologists, occupational and physical therapists. Echoing the similar patterns from AHS, the Special Education Directors cited the lack of housing, rural locations, long commutes, pay and caseload size as reasons for the staffing shortages.

Most recently, the Agency of Education's licensing office reported the current number of provisional or emergency licenses statewide (keeping in mind that not all of these licensed individuals are currently working in VT schools). As of 1/13/2023, VT reports approximately 1300 emergency or provisional licenses with almost another 150 currently being processed by AOE staff.

Recommendation 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.

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

Solutions:

1. There is a significant need for funding to support prevention and promotion efforts to ensure mental wellness. Currently most funding is only available when a child has a mental health diagnosis (Medicaid) or meets criteria for a Severe Emotional Disturbance (Mental Health Block Grant requirement).
2. 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 2022, additional funds were allocated to continue supporting the Rutland Mobile Response and Stabilization Services pilot and expand to other regions.
3. Increase social and emotional supports and alternative educational programming for children.
4. Continue to invest in affordable housing across the state.
5. Increase supports, including food assistance, for families facing or experiencing homelessness and food insecurity.
6. Fund and support early care and learning sites and assist families with the cost of childcare.
7. Continue to create and provide evidence-based, best practice training, support and consultation on trauma responsive and resilience building care.
8. Continue advancing eating disorder treatment options in Vermont which needs to include various levels (e.g., outpatient, inpatient, residential).
9. Recruit and support more respite providers.
10. Increase specialized childcare capacity.
11. Continue conversation around the shift in the practice to primary prevention as laid out in the DCF FSD Prevention Plan, which allows for Title IV-E dollars to be drawn down for prevention services.

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

940
Coordinated Services Plan meetings were held in FY22.

1,050
Children in DCF custody[19]

VERMONT
DEPARTMENT FOR CHILDREN AND FAMILIES

Children living in hotels continues to grow significantly[15]:

December 2020: **394** children

December 2021: **493** children

December 2022: **580** children

1,908
Children utilized Specialized Child Care in FY22

10,971
Total children were served by mental health agencies[16]

In 2020, **13,610**, or approximately **12%** of Vermont children under age 18, lived in households that were food insecure.[20]

2,305
Children received crisis assessment, supports and referrals[17]

The maximum wait time for children to access an outpatient therapy provider in August 2021 was **150 days**; in October 2022 that had more than doubled to a wait time of **315** days[21]

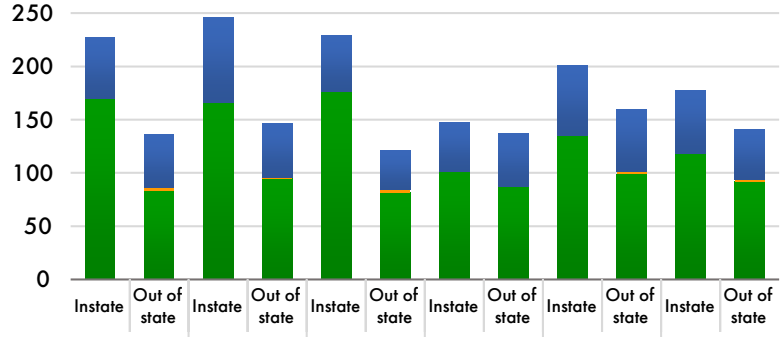
375
Children received emergency/crisis bed services[18]

Vermont ranks highest compared with all other states for identifying students (K+) with emotional disturbance for an individualized education program, identifying **30.6%** per **1,000** students; the national average is **7.2%**[22]

15 Agency of Human Services, DCF Data, 2022
16 Fiscal Year 2022 Data
17 Fiscal Year 2022 Data
18 Fiscal Year 2022 Data
19 Family services data, https://embed.clearimpact.com/Scorecard/Embed/15258
20 https://map.feedingamerica.org/county/2020/child/vermont
21 Vermont Care Partners, October 2022
22 Mental Health America's access data from 2020:8 Mental Health America. (2020). https://www.mhanational.org/issues/2023/mental-health-america-access-care-data#six

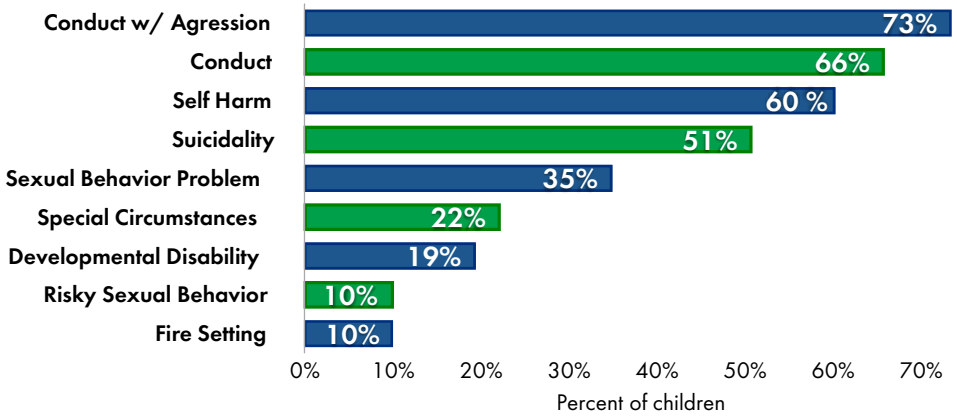
What Is the Data Telling Us about child and family stress AND the need for supports and services at all levels?

Instate and Out-of-State Residential Count Through FY22



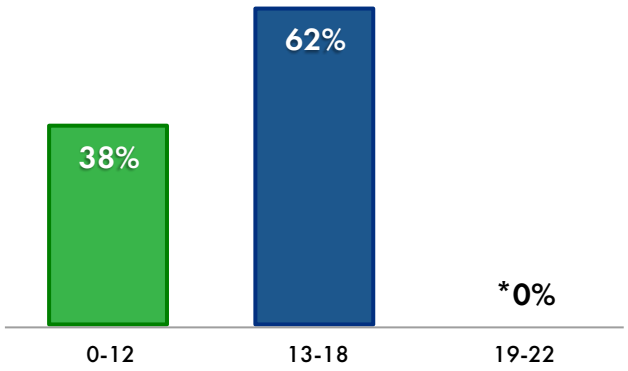
	FY2017 Instate	FY2017 Out of state	FY2018 Instate	FY2018 Out of state	FY2019 Instate	FY2019 Out of state	FY2020 Instate	FY2020 Out of state	FY2021 Instate	FY2021 Out of state	FY2022 Instate	FY2022 Out of state
DMH	57	50	80	50	53	37	46	50	66	59	59	47
DAIL	<11	<11	<11	<11	<11	<11	<11	<11	<11	<11	<11	<11
DCF	170	83	166	95	176	82	101	87	135	99	118	92

Presenting Needs Among Children in Residential Programs FY22



- Sexual Behavior Problems are youth who exhibit either sexually reactive behaviors or behaviors that are sexually harmful to others.
- Risky Sexual Behaviors are youth who may have been or are at risk of being sexually exploited or a victim of human trafficking.
- Special Circumstances could include any of the following: a youth who is LGBTQ, struggling with an eating disorder, have medical challenges, substance use and/or are homeless.

Percentage by Age Groups in Residential Programs FY22



*There may be youth age 19-22 in residential treatment, but they were placed prior to turning 18, which is what the graph represents (age at time of placement).

APPENDIX

Act 264 Statutory Language

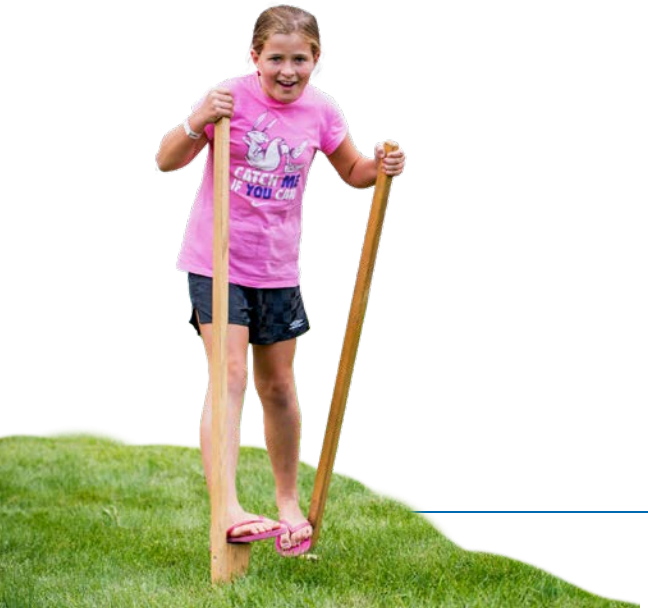
Per 33 VSA § 4302: The State Interagency Team shall have the following powers and duties:

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/data-and-reporting/school-reports/special-education-reports
- DAIL System of Care Plan for DS Services FY18-20 (Extended to 2022): https://ddsd.vermont.gov/sites/ddsd/files/documents/Vermont_DS_State_System_of_Care_Plan.pdf
- DCF-Family Services Performance Measures Dashboard: https://embed.clearimpact.com/Scorecard/Embed/15258
- DCF-Family Services, 2021 Report on Child Protection in Vermont: https://outside.vermont.gov/dept/DCF/Shared%20Documents/FSD/Reports/2021-CP-Report.pdf