

**NFI Testimony
to
House Health Care Committee
Respectfully submitted by
Chuck Myers, Ph.D.
Executive Director
3/28/24**

Thank you for the opportunity to provide additional information about NFI, the Vermont citizens we serve, our challenges and our accomplishments.

Mission: NFI's Mission is to embrace strengths and acknowledge struggles as we join with youth, families and communities to promote growth and healing.

NFI Trauma-Informed Statement

Core to our values and mission, NFI Vermont commits to being a trauma-informed, trauma-sensitive, and trauma responsive agency. We value a culture that works in relationship with all those who we encounter and promotes belonging and empowerment.

Trauma awareness permeates all that we do. We recognize that the people we serve, those we encounter, and our staff may have experienced adverse events and/or trauma in their lives. We embrace ways to reduce the chance of traumatizing or re-traumatizing individuals, to help clients and staff feel safe and respected. It is important for us to foster both a working and treatment environment of honesty, trust, calm, flexibility, accountability and support. Work and treatment relationships are centered in transparency, open communication and compassion. NFI VT integrates knowledge about trauma into policies, procedures, practices, trainings, and staff supervision. We invest in opportunities for hiring and growing trauma-informed staff, professional development, and both employee and client/family wellness.

We at NFI know it is imperative to acknowledge that racism affects all of us and for people of color the impact can be traumatizing. We commit to listening, acknowledging, and validating lived experience while working toward growth and healing.

Several overarching areas of concern about our state:

- 1. American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, Children's Hospital Association, and the U. S. Surgeon General declared in 2021 that the state of children's mental health in the US (and I submit Vermont) is in crisis. (Please see Attachment 1: Declaration by AAP, AACAP, CHA, 2021).**
- 2. The stress Vermont families are experiencing has never been so intense and many families have never been so hopeless.**
- 3. Many states are increasing funding for children's mental health. Even red states or those not known for funding mental health services. Some by significant amounts.**

4. While I am particularly interested in data and appreciate the Committee’s interest in data describing our services, the story behind the data is even more important in understanding the complete portrait of human services and the impact NFI has on the kids and families served by NFI and NFI’s contribution to Vermont’s system of care.

I. **Service Questions:** Persons served and services offered by NFI:

Children, Youth & Family Services(CAFU)

NFI is a Specialized Services Agency, contracting directly with DMH to

1. Provide services to children and youth (up to age 21).
2. NFI is not limited to one part of the state.
3. NFI partners with the Designated Agency (DA) in whatever part of the state our programs are in.

Contracts with AHS:

NFI services through the 4 primary contracts with AHS. 50% of total budget.

1. Enhanced Family Supports (EFS) contract funds 5 child/adolescent programs serving a total of 100 youth per year with varying lengths of stay.
 - a. 3 Community based services programs in
 - i. Franklin & Grand Isle Co.,
 - ii. Brattleboro (serving Windham and Windsor Co.), and
 - iii. Chittenden Co.
 - b. 2 Small (3 – 4 bed) community based residential programs in
 - i. Vernon (4 bed) and
 - ii. Burlington (3 bed).

Enhanced Family Supports Youth Served 2016 - 2023

	FY23	FY22	FY21	FY20	FY19	FY18	FY17	FY16	Total	Annual Average	Annual Average Overserved
Clients Served	90	108	124	127	115	122	120	123	929	116.1	16.1
Total Minimum Children to serve = 100 x 8 years =									800	(2016 - 2023)	
Total Children served =									929	(2016 - 2023)	
Total Number of Overserved Children									129	(2016 - 2023)	
Percent Overserved									16%	(2016 - 2023)	

2. Adolescent residential Crisis Stabilization Programs – Hospital Diversion Programs in
 - a. Brattleboro (4 bed) and
 - b. South Burlington (5 bed). (Please see Emergency Services below.)

3. PNMI (Private Non-Medical Institutions) funded – 2 small (6 – 7 bed) community based group homes in
 - a. Burlington (6)and
 - b. South Burlington (7).
4. Child and Family Supports (CFS) program (1000 youth) and post adoption services (106 youth) both supporting DCF District office in Franklin and Grand Isle – St. Albans.

Services not contracted by AHS:

1. **Family Center - 303 clients annually** – mental health clinic and training center
 - a. Trauma responsive organization training
 - b. Provide trauma responsive, mental health evaluations, therapy, consultations and trainings from birth to adulthood.
2. **Crossroads Intensive Outpatient Programs (IOP) - 135 clients annually in 2 programs (1 adult and the Adolescent Programs)** Uses evidence – based practice – DBT – Dialectical Behavior Therapy:
 - a. The program was going to close until NFI took over 4 years ago.
 - b. Adult – 2 programs 20 consumers takes referrals from Emergency Dept., inpatient, individuals.
 - c. Adolescents 10 Consumers – collaborated with Washington Co. Mental Health
 - d. Transitional-aged Youth (TAY) 10 consumers (Please see attached recent VT Digger Article on Crossroads Transitional-aged Youth IOP Program.
3. **Child and Family Supports Program** in St. Albans DCF District (Franklin & Grand Isle Counties).

Clients Served by Calendar Year: Note that in years past we served roughly 1000 clients a year. Since the staffing crisis we are only able to serve 6-700.

2023: 668

2022: 638

2021: 988

2020: 1141

2019: 1093

NFI’s Children & Family Supports (CFS) program partners with Vermont’s Department of Children and Families St. Albans District Office serving Franklin and Grand Isle Counties. This is a DCF funded program designed to ensure that Vermont’s children live free from abuse, neglect and delinquency, and build resiliency in families that are supported and valued by their communities.

The children we serve have experienced a multitude of traumas, often impacted by the family’s experiences with poverty, homelessness, addiction, mental health, domestic violence, and generational trauma (just to name a few). When clients arrive to us, the

need is such that it has resulted in the children's removal from the home, being placed into state's custody.

Our services provide a trauma informed educational approach to healing families, mitigating the risk that led to DCF involvement and creating safe nurturing homes for the children to return to.

Staffing:

Our capacity to serve clients in need has been significantly impacted by our inability to adequately fund staffing retention. This not only impacts the number of clients we are able to serve, but also the level of care that we are able to provide.

- With staff longevity comes a higher level of skill and confidence in the work, equipping us to serve the more complex cases with a higher level of need.
- With adequate sized teams of skilled professionals, we can provide an adequate amount of direct care to each client, thus allowing for a larger impact and a decrease in the need for future intervention.

Key Services:

- Family Time Coaching: Provides a therapeutic/educational approach to parent child contact with an intentional focus on healing trauma wounds, mitigating the risk that led to DCF involvement.
 - Together Time: NFI facilitates 4 playgroups a week that accommodate several families coming together with their children for safe quality family time. This group was originally created to meet the needs of young moms with new babies, but has since shifted to serve the current need of school age children and their parents. NFI CFS program will continue to shift this service to adapt to the demographic most in need of our services.
 - In 2023 alone, NFI made just shy of 200 Together Time sessions available to our clients. (199)
 - Family Finding: NFI identifies and engages the larger family network in understanding trauma and creating child safety to prevent the need for future interventions.
 - Family Time Coordination: NFI responds to the onset of custody by wrapping the family in services and promptly creating a foundation for collaboration between family and department. By doing so, we optimize the chances of engagement in treatment and successful outcomes.
4. **4 Licensed Independent Schools. 184 students enrolled in 2023.** All schools are Trauma informed and trauma responsive. Supervisory Unions and Districts tuition students into our schools. We work closely with sending schools to return students as prepared learners asap when they are ready to return.
- a. **Turning Points School** – Morgan and the Greater Newport communities. 46 all grade students.
 - b. **Arlington School** – St. Johnsbury - 50 High school students.
 - c. **Corner Stone School** – St. Johnsbury - 50 K – 8th grade students.

- d. **East Meadow School** – Morrisville – 38 all grade students.

Emergency and Crisis Response Services 266 youth served in 2023.

NFI operates 2 adolescent residential crisis stabilization programs.

1. South Burlington – 5 bed
2. Brattleboro – 4 bed
3. Both programs are trauma responsive, mixed gender, staff secure, community based, home-like settings, that are very highly respected in the crisis response community:
 - a. Take referrals from Emergency Departments, DA's, Brattleboro Retreat.
 - b. Average length of stay = 7 – 10 days
 - c. 3% return rate.
 - d. 90% discharged to lower level of care.
 - e. Most Vermonters who know of NFI know us because they know someone who was served at one of our Hospital Diversion Programs.
 - f. Story of bravery and safety in Winooski in 2000.
 - g. Serve annually approximately

Challenges within each service area:

Since the adjustments made during the COVID pandemic, staffing challenges have been the most significant challenges by a great measure. Retaining staff and recruiting staff are daily struggles. In addition, training the early career employees, especially entry level positions, requires significantly more time and preparation for managers and directors. Early career staff have often difficult to match expectations of their employment experience and therefore often the employer, the nature of the work, and their role working with some of our consumers.

Performance measures and outcomes – NFI EFS (Enhanced Family Supports) Programs 2019 – 2023.

NFI was the first DA/SSA to enter into a contract with DMH and DCF, combined that is performance based, at financial risk, based on specific outcome measures (see below).

1. NFI over served our contract every year until the pandemic and the staffing crisis hit.
2. Our services are trauma informed and clinically rigorous and high quality.
3. We agreed by contract to meet the outcome measures below. Several of them are required to receive full payment.

Utilization Review meetings are held monthly with DMH and DCF staff to review each youth receiving NFI EFS services. Referrals are prioritized, treatment progress monitored, discharge planning reviewed and program updates are provided.

NFI Enhanced Family Supports Outcomes 2019 - 2023

School-based Services and Success Beyond Six:

NFI is not permitted to use Success Beyond Six funding. NFI operates 4 Licensed Independent Schools.

1. **Turning Points School** – Morgan and Newport - 46 all grade students.
2. **Arlington School** – St. Johnsbury - 50 High school students.
3. **Corner Stone School** – St. Johnsbury - 50 K – 8th grade students.
4. **East Meadow School** – Morrisville – 38 all grade students.

Collaboration with community mental health partners:

With DA’s like in Chittenden Co. Howard Center started providing a similar service to our home based wrap around service in the 2000’s. NFI had been providing those services for 10 years before that, since around 1994 – 1995, when Dr. John Bourchard from the UVM Psychology Dept. used NFI kids as part of the early research on Therapeutic Wrap Around.

NFI and Howard agreed in 1999 to collaborate about a clinical case manager who would provide several services:

	FY19	FY20	FY21	FY22	FY23
Target Caseload	100	100	100	100	100
Total Served	115	127	124	108	90
% in Home	59%	62%	67%	70%	81%
<10% Unanticipated Discharge	0%	0%	6%	5%	7%
<10% Leave VT	0%	3%	6%	13%	5%
Med LOS Out of Home <380days	373	234	256	262	175
Med LOS w/ NFI has Main Provider <480 days	364	272	317	258	257
>75% of clients accomplish 50% or more of their Treatment goals	86%	91%	84%	95%	90%
Average Length of Stay in Hospital <11 days	18	10	12	13	12
Average Length of Stay in NFI Hospital Diversion <14 days	11	9	8	9	6

1. The person in this position is Jessica Coleman, MA.
2. The position funded by DMH.
3. Co-hired by both agencies and co-supervised by both agencies.
4. Manages the referral of cases in need of intensive level of services to the appropriate agency (NFI or Howard).
5. Provides Utilization Review of cases of all intensive services users funded by DMH from Chittenden Co.
6. Provided training on Act 264 process to children's treatment teams.
 - a. We studied this 20 years ago and found and continue to find that children's treatment teams are not functioning very effectively, often don't understand the system of care (focus on community based options before residential services are considered).

Partnering with community physical healthcare organizations:

NFI collaborates with consumers' Primary Health Providers. Often our communications are focused on problem-solving about needed services, but can range from advocating for services the consumer identifies as desired, and/or concerns the PCP may want support from our team.

In addition, NFI has provided consultation and training to physical healthcare providers to help them move toward developing a trauma responsive organizational culture.

Partnering with educational partners:

NFI also provides training and consultation to over 100 educational organizations in Vermont to help them become trauma responsive organizations. These trainings and consultations utilize the developing knowledge base about trauma and chronic stress, including relational stress related to institutional gender biases, institutional racism, and other forms of bias.

Undergraduate and graduate level coursework, as well as in service trainings and intensive ongoing consultations are utilized depending on the organization's interests.

Operational Questions

1. Percent of costs that are administrative (approved by DMH) = 14%
2. Rates for services are in Attachment 1 below.
3. Staffing
 - a. Staff vacancy rate =
 - b. Most vacant positions – Residential Counselors, Community Skills Workers, Clinicians, Program Directors
 - c. Highest turn over positions – Residential Counselors
4. Most effective recruitment strategy: Word of mouth & WCAX television ads.
5. EHR is Evolv CS by Netsmart
6. Payers for NFI services:
 - a. Medicaid
 - b. Medicare Part B (Only for Outpatient behavioral Health)

- c. BCBS of VT
- d. Cigna
- e. MVP
- f. United Healthcare

Attachment 1
Rates for NFI Services

EFS Residential	\$112	Day
EFS Community Based	\$1856	Week
CFS (DCF)	\$390 - 946	Month
Hospital Diversion	\$1110	Day
Crossroads	\$450	Day
Individual Therapy	\$125	Hour
Family Therapy	\$125	Hour
Group Therapy	\$60	Hour
Schools	\$104 – 331	Day