



Pam McCarthy, Vermont Family Network
Testimony on Governor's Recommended Budget
Senate and House Appropriations' Public Hearing, St. Albans City School, 2-25-19

Good evening. Thank you for holding these public hearings about the Governor's proposed FY20 Budget. My name is Pam McCarthy, and I am a resident of St. Albans Town, a parent of 4 and a grandparent of 5. My experience as a parent and community member brings me here tonight, as well as my professional role as the President and CEO of Vermont Family Network, a statewide organization that empowers and supports families of children with disabilities and special health care needs. I am also a member of the Vermont Coalition for Disability Rights and the Vermont Early Childhood Advocacy Alliance.

As one who has been involved in prevention and early intervention for over 30 years, I am very concerned about the continuing lack of resources to support some of our state's most vulnerable children. At a time when the needs of our youngest learners are increasing, often due to the impacts of poverty, substance abuse, trauma, and other Adverse Childhood Experiences (ACEs), I believe it is essential to bolster early childhood services and supports that can make a huge difference, particularly when we are also seeking to reduce the costs of special education in our schools.

Tonight, I ask that you reject the Governor's Recommended Budget's proposed cut of \$671,000 to Children's Integrated Services (CIS), ostensibly due to "underutilization." This is really about increased caseloads, provider shortages, inadequate reimbursement rates for providers and insufficient compensation that erodes the recruitment and retention of CIS professionals, *not* a decreasing need for CIS supports and services. Any available funding should be spent to meet our obligations to Vermont's young children and their families, many of whom are experiencing significant challenges that impact their very futures.

I am requesting increased funding for the significantly under-resourced CIS programs throughout the state. The Department for Children and Families' Child Development Division's Children's Integrated Services Director recently testified before the Senate Health and Welfare Committee and shared the attached data, strongly reinforcing advocates' concerns that early childhood development services need stronger support. CIS has been level-funded for over 10 years, and the strain on the system is evident. Caseloads are increasing, as is family complexity. Recruiting and retaining excellent early care, health, and education professionals is challenging. These factors are combining in ways that jeopardize good outcomes for some of Vermont's most vulnerable children and families. The opportunity to support young children's development early and well is a significant one, and the Administration and advocates agree that we need to shore up the early care, health, and education system to ensure bright futures for our youngest Vermonters.

I implore you to invest in Vermont's families by better resourcing Children's Integrated Services. Children who have, or are at risk of developmental delays are legally entitled to high quality, consistent services under Part C of the Individuals with Disabilities Education Act (IDEA). We are struggling mightily to find and keep many of the professionals we need to ensure services are provided appropriately across Vermont. Very young children, for whom time is of the essence, are too frequently waiting for services to which they are entitled timely by law under Children's Integrated Services in accordance with Part C of the Individuals with Disabilities Education Act (IDEA) and Early Periodic Screening, Diagnosis and Treatment (EPSDT) Medicaid.

Here are a few examples from my organization's recent experiences with CIS:

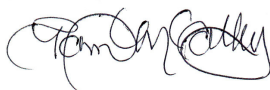
- CIS is uniquely positioned to provide home visits that prevent child abuse and neglect, but level funding means that we can't provide a therapeutic dose to all our clients. Between FY16 and FY17, Chittenden County provided CIS Family Support to 15% more clients, reducing the frequency with which Family Support Workers can visit their clients.
- Level funding for CIS has forced Chittenden County to cut two full-time Family Support positions and 30% of our capacity to deliver Evidence Based Home Visiting, a primary strategy for addressing Adverse Childhood Experiences and helping families prepare their children for success in kindergarten.
- For young children diagnosed with autism spectrum disorder (ASD), clinically and developmentally appropriate services are lacking---in Chittenden County alone, we currently have 9 young children diagnosed with ASD, and 12 who are suspected of having ASD. Some children have been waiting as long as 7 months for intensive services. Earlier intervention and support of the right kind, at the right time, in the right amount, for the right duration for children with this diagnosis has been shown to make an appreciable difference.

These are just a few illustrations of the need for increased support for CIS, and why I support increased funding for CIS.

I urge you to increase funding for the Children's Integrated Services bundle in the 12 CIS regions. It is important to address the community-identified needs of our most vulnerable children and their families, and to meet our IDEA and EPSDT obligations as a state. If there is any ability to increase Vermont's investment in prevention and early intervention under CIS, it should be exercised, given our stated commitments to realizing the promise of *every* Vermont child.

Thank you for your time, and feel free to contact me if you need further information.

All my best,



Pam McCarthy
President/CEO
Vermont Family Network



CHILDREN'S INTEGRATED SERVICES (CIS)

TESTIMONY FOR SENATE HEALTH AND WELFARE COMMITTEE--FEBRUARY 7, 2019

Morgan Cole, MPP
Director, Children's Integrated Services
Department for Children and Families
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“The highest rate of return in early childhood development comes from investing as early as possible, from birth through age five, in disadvantaged families. Starting at age three or four is too little too late, as it fails to recognize that skills beget skills in a complementary and dynamic way. Efforts should focus on the first years for the greatest efficiency and effectiveness. The best investment is in quality early childhood development from birth to five for disadvantaged children and their families.”

—James J. Heckman, PhD, Nobel Prize Winner in Economics

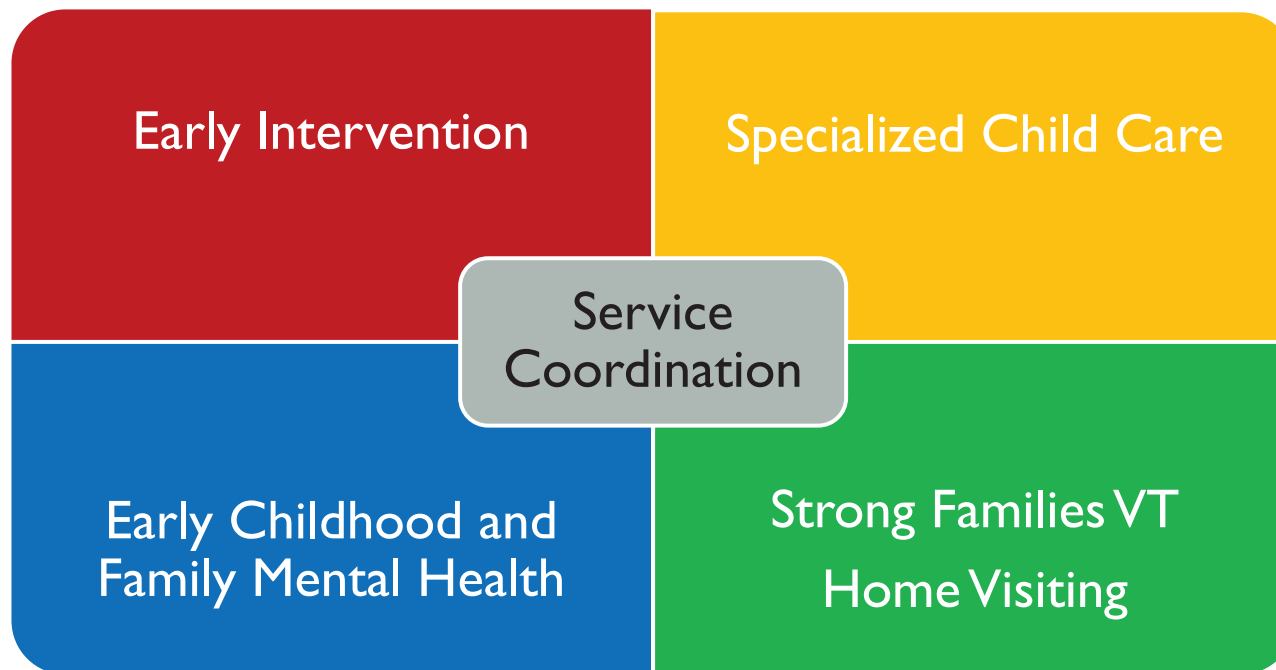
CHILDREN'S INTEGRATED SERVICES

1. CIS Program Overview
2. Value and Purpose of CIS
3. Trends in Population Need
4. CIS Funding—Payment structures, methodology, and goals

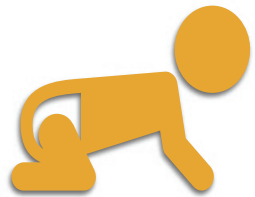
CIS OVERVIEW

- Research demonstrates investment in early childhood services improves short and long-term outcomes across multiple indicators and lowers the likelihood of more expensive, deeper-end system involvement
- CIS offers 4 core services to families of young children facing challenges—Early Intervention, Specialized Child Care, Early Childhood and Family Mental Health (ECFMH), and Home Visiting
- Professionals deliver services in the home or child care settings and emphasize building capacity of parents/caregivers to effectively support the child’s health & development
- The model is family-centered and delivered by a multidisciplinary team, using an innovative payment model
- Population need for CIS services has increased significantly, while resources remain level
- Efforts are under way to examine and update the rate methodology to improve accuracy and equity ⁴

OVERVIEW OF CIS: SERVICE ARRAY



CIS OVERVIEW: POPULATION SERVED



**Primary Population:
Prenatal to 6 years**



**5400 Referrals Rec'd
7500 Clients Served
(SFY18)**



**Estimated 85%
Medicaid
Recipients**



**~50% Receive
Early Intervention
Services**

CIS OVERVIEW:
SYSTEM
STRUCTURES

CIS State Team: Staff in Waterbury provide program oversight and support

Fiscal Agent Contractor: A single agency in each region holds the CIS contract


Regional CIS Admin Team: A coalition of providers and partners governs regional CIS system and ensures service delivery

Local CIS Coordinators: An individual in each region coordinates partners, reporting, etc.

Regional Intake & Referral Meetings: Weekly meetings triage referrals and collaborate

VALUE AND PURPOSE OF THE CIS MODEL

- The upstream services provided by the CIS system utilize a two-generation approach for maximum impact
- Research demonstrates that quality interventions and supports for children ages 0-5 have among the highest return on investment across human services- *13% ROI for high-quality birth-5 programs*
- CIS uses multiple evidence-based practices with proven effectiveness in impacting outcomes in health, child maltreatment prevention, education, and economic well-being
- Services help to mitigate ACES and intergenerational trauma



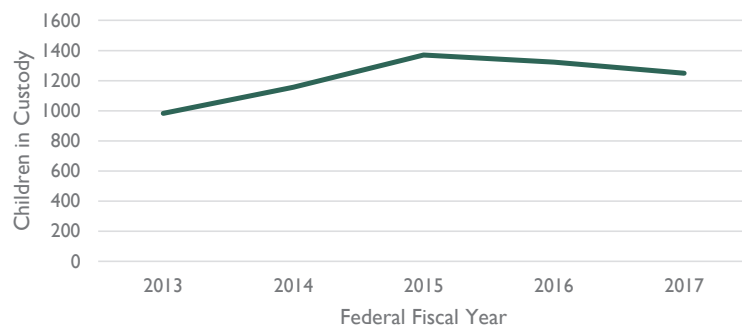
“We had a child that qualified for Early Intervention with global delays. When I started working with the family the child had zero words and was physically aggressive towards caregivers and unsafe with peers and unsupervised would climb up on the stove. Mom called him her “out of control monster.” Just last month he exited EI on his third birthday age appropriate in all areas. Mom was so thankful for for CIS services and said “he is totally a different kid now that he is using whole sentences, his aggression is way less.””

- CIS Developmental Educator

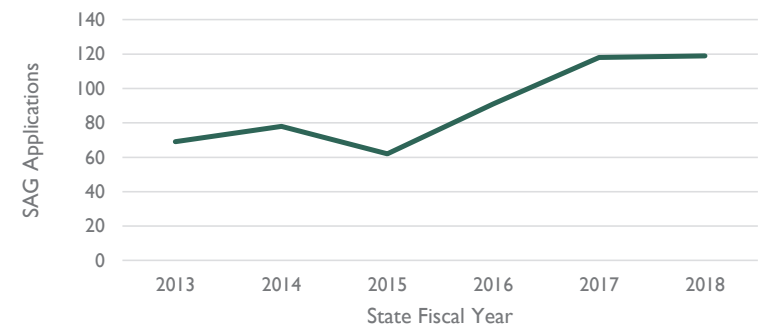
INCREASING CIS POPULATION NEED & CASE COMPLEXITY

Trends across multiple indicators demonstrate an increasing population need for CIS:

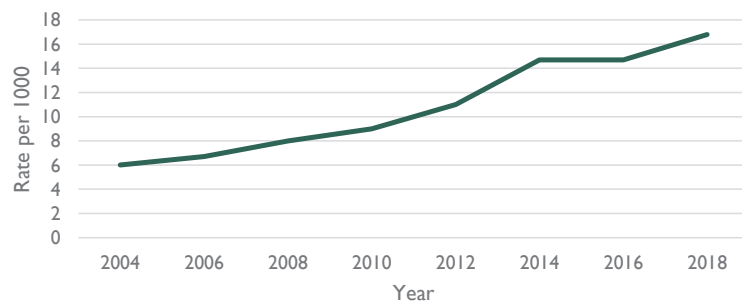
Children in DCF Custody



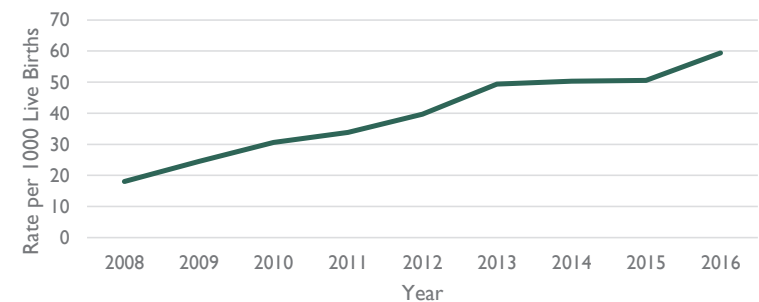
Special Accommodation Grants



Autism Prevalence (National)



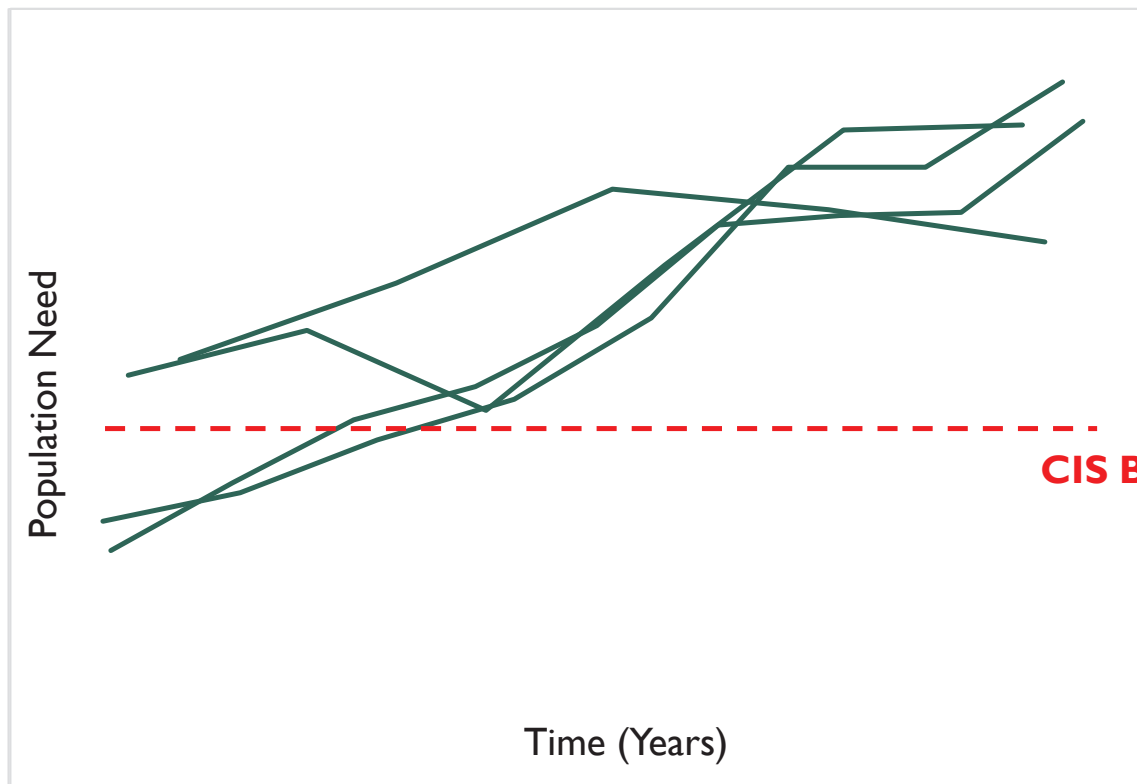
Infants Exposed to Opioids (VT)



Sources: SOV SAG Grant Tracking, VT Dept of Health, VT DCF FSD, Centers for Disease Control

CIS FUNDING: POPULATION NEED + BUDGET OVER TIME

Please note this visual is intended to demonstrate overall trend of increasing need and level funding, rather than exact figures



CIS FUNDING: RESULTS OF RESOURCE CHALLENGES



Delayed Services: Timeliness indicators suffering, impacting federal compliance



Inadequate Capacity: Resources cannot keep up with increasing population need



Staffing Shortages: Significant challenges in staff recruitment and retention, low wages cited
64% of CIS staff have been with CIS for 5 years or less, up from 50% in 2016



Crisis-Driven: Reactive by necessity at a system level

SUCCESS DESPITE RESOURCE CHALLENGES



Families Achieving Goals

In SFY2018, more than 80% of CIS children and families achieved one or more goal before exit or annual review



Identifying EI Needs Sooner

The average age for initial referral to EI services has dropped steadily from 26 months in 2014 to 14 months in 2017



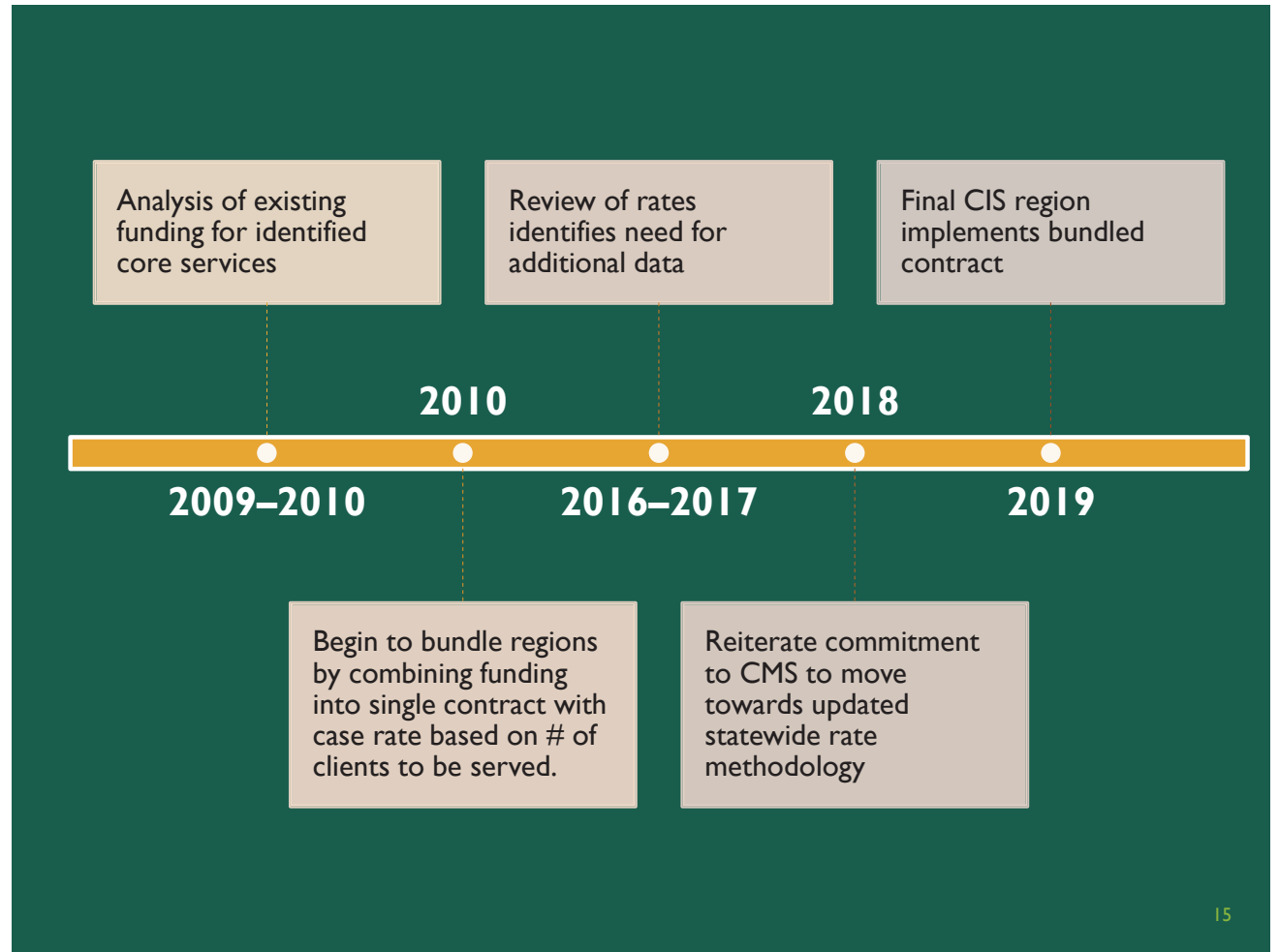
Strengthening Family Engagement

The number of families lost to follow up has consistently declined over the past 2 years

CIS FUNDING: SERVICE DELIVERY REIMBURSEMENT

Funding Mechanism	Annual Spending (approx.)	Funding Source
Bundled Contracts	\$9.2 million	~85% Medicaid, 15% General Fund
Non-bundled Services	\$3 million	Part C Grant, then GF (POLR)
SCC Transportation	\$800-900k	Temporary Assistance for Needy Families (TANF)

CIS FUNDING: TIMELINE OF RATE DEVELOPMENT, IMPLEMENTATION, & REVIEW



CIS FUNDING: BUNDLED RATE METHODOLOGY

- Each regional contract total is based on historical spending among services prior to bundle implementation
- Regional case rates were determined by contract total and a set monthly client count
 - Current monthly case rates range from \$498 to \$854, with a mean of \$676
- CIS Admin Teams allocate funding between services based on locally-determined methodology, community need, and provider capacity
- Contracted Fiscal Agent in each region bills for monthly case rate for children served by any CIS service, then reimburse service providers based upon local approach and subcontract agreements
- Reimbursement for bundled services from the State may not exceed contract total

CIS FUNDING:
PAYMENT
REFORM GOALS

Goals of CIS Payment Reform 2019-2020

1. Develop updated payment methodology to reflect current cost of service delivery and population need
2. Utilize methodology to implement statewide base rate with appropriate regional variation