



Healthy Youth Development

Placement Outside of Vermont Judicially and Non-Judicially

DCF DAIL DMH

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8/27/2021 PRESENTATION TO: JOINT LEGISLATIVE
CHILD PROTECTION OVERSIGHT COMMITTEE

DCF-Family Services Division

Judicial Pathways: Custody and Placement



ABUSE AND NEGLECT

CHILD IN NEED OF SUPERVISION (CHINS)



ADJUDICATED DELINQUENCY

CHILD IN CUSTODY

Characteristics

Notable characteristics presented by youth referred for residential placement:

- Conduct with aggression
- Conduct without aggression
- Self-harm
- The majority of children are in DCF custody
- 57% of the children admitted were first time admissions.
- Developmental delays are present in less than 10% of children in residential care.
- Long term treatment referrals accounted for 62% of admissions versus assessments at 32%.

Case Complexities

DCF-FSD



Supervision and
Custody

Case Work
Permanency
Juvenile Justice



Crisis Stabilization

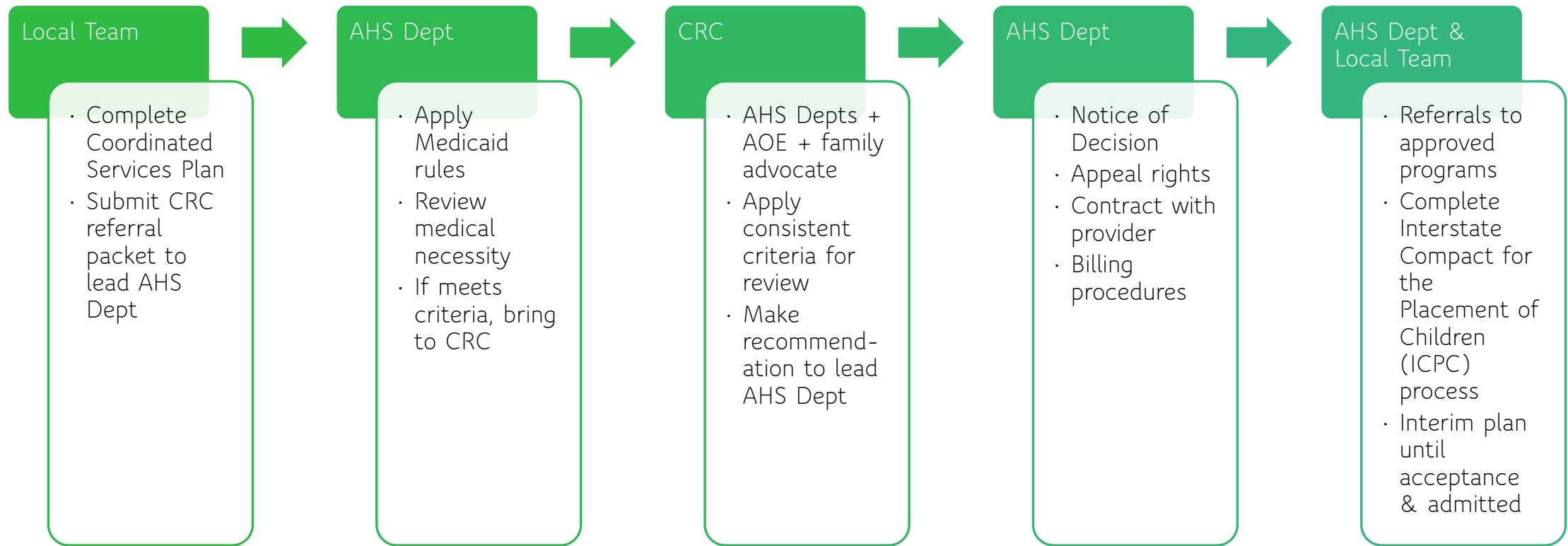
Social Work
Community Resources



Comprehensive
Assessment &
Treatment Services

Social Emotional Development
Complex Trauma
Behavioral Risk
Co-occurring Disorders

Agency of Human Services Referral Process for Residential Treatment

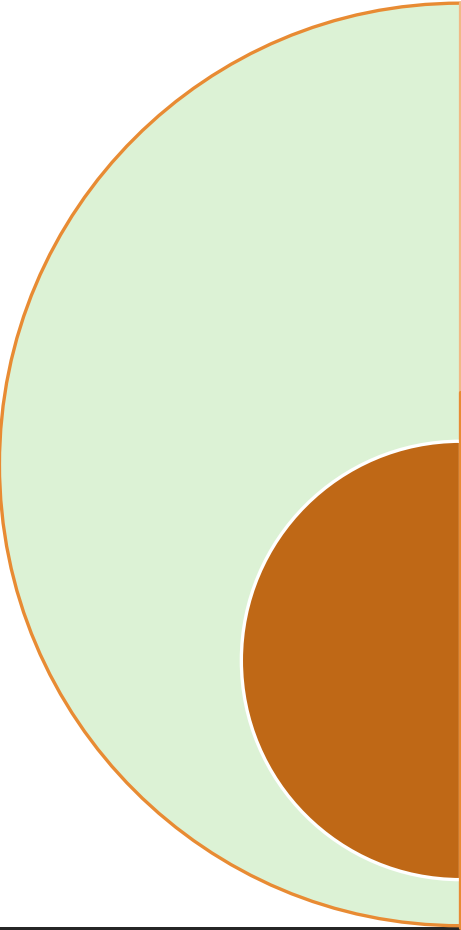


Regulation of Out-of- Vermont Placement

- **The Interstate Compact on the Placement of Children (ICPC)** regulates the placement of *all* child welfare-involved and domestic private adoption placements of children across state lines. *33 V.S.A. 5901 to 5927.*
- The ICPC applies to all *judicial and non-judicial placements* of youth for out-of-state residential care, with the exemption of hospitals and psychiatric facilities.
- The ICPC applies to **DCF, DAIL, DMH, AOE**, and for parents/guardians who are not involved with any system.

DCF-FSD

Out of Vermont Placement Judicially and Non-Judicially



Youth in custody who have an *adjudicated delinquency* case type require the court to order the out-of-state placement.

In these cases, youth *do not* have the choice to waive their hearing.

Youth in custody as a Child in Need of Supervision (CHINS) *do* have the choice to waive their right to a hearing for out-of-state placement when:

the youth is over the age of 10

and

the youth's attorney and guardian

ad litem agree to the out-of-state placement.

- When a child/youth, child's attorney, or guardian ad litem **object** to the residential care placement out-of-state, a hearing is required, and *the judge must order the placement*.
- The right of this hearing is to the child/youth, the parent only has a right to notice (see Supreme Court Ruling in re A.K. No. 88-441 Jan. 12, 1990).

Interstate Compact for Juveniles

The Interstate Compact for Juveniles (ICJ) is the law that regulates the interstate movement of juveniles who:

- ❖ are on probation, parole, or other supervision
- ❖ have run away from home and left their state of residence
- ❖ have been accused of an offense in another state

6 out-of-state youth through *Interstate Compact for Juveniles* have been placed at Sununu in New Hampshire since Woodside closed.

One Vermont youth in DCF custody, adjudicated delinquency, has been placed at Sununu for secure residential treatment services.

DCF-Family Services Division Youth Currently Placed In Residential Care

Location	Child In Need of Supervision (Non-Delinquent)	Child in Custody- (Adjudicated Delinquent)	Total # of Youth
In-State	50	5	55
Out-of-State	50	14	64
Total	100	19	119

DAIL

Children Placed by Families through DAIL

The Children's Services Specialist from the Developmental Disabilities Services Division represents the Department on the Case Review Committee, which meets weekly to discuss youth referred to AHS Departments for residential placement.

Very limited numbers of youth are placed by their families through DAIL. Numbers are not reported due to numbers much less than 11 (guidance regarding suppression of small numbers of individuals).

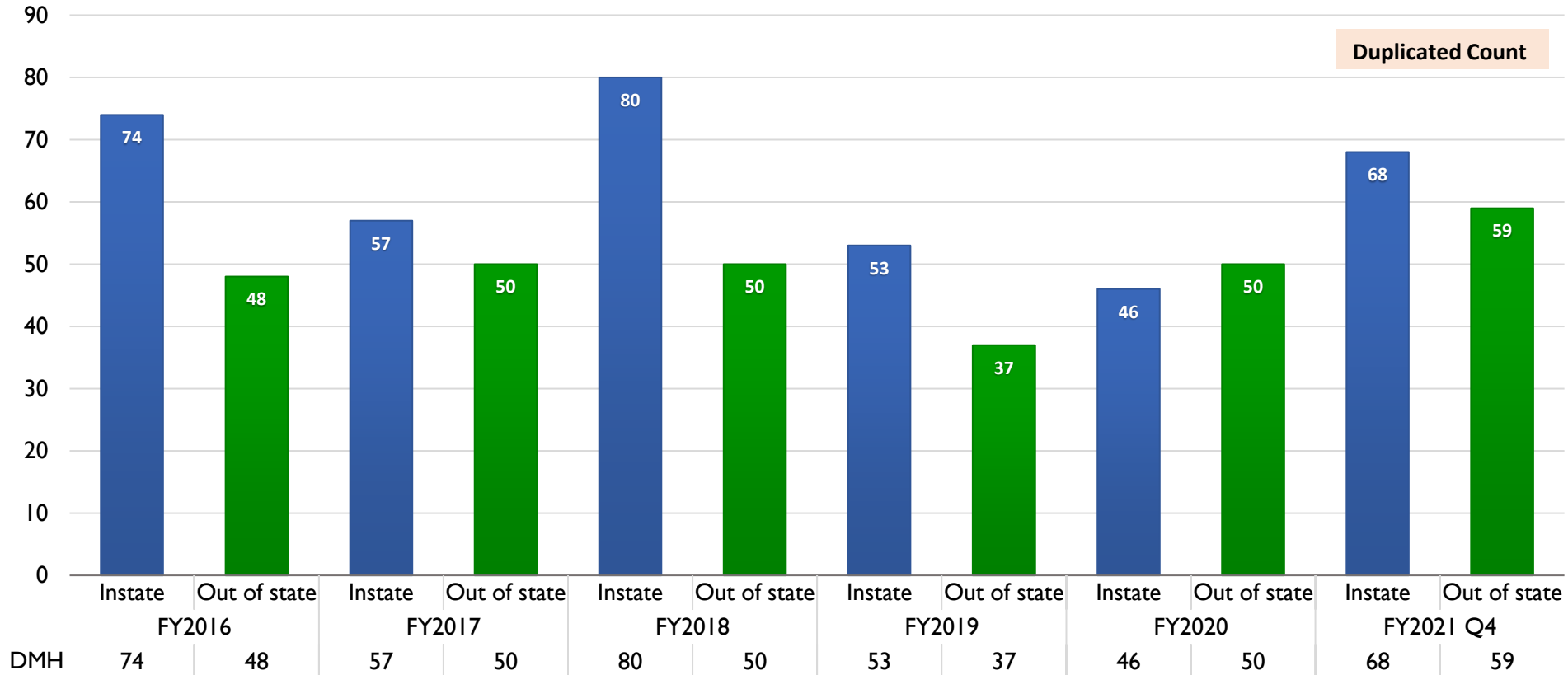
When youth are placed by their families through DAIL, in addition to their intellectual/developmental disabilities, other presenting challenges include significant behavioral issues, co-occurring mental health needs, and/or safety issues.

The current total annual payments for residential placement through DAIL is \$526,754, inclusive of treatment and Room and Board.

DMH

Residential In-State & Out-of-State across FYs 2016-2021

DMH Residential Count Through FY21

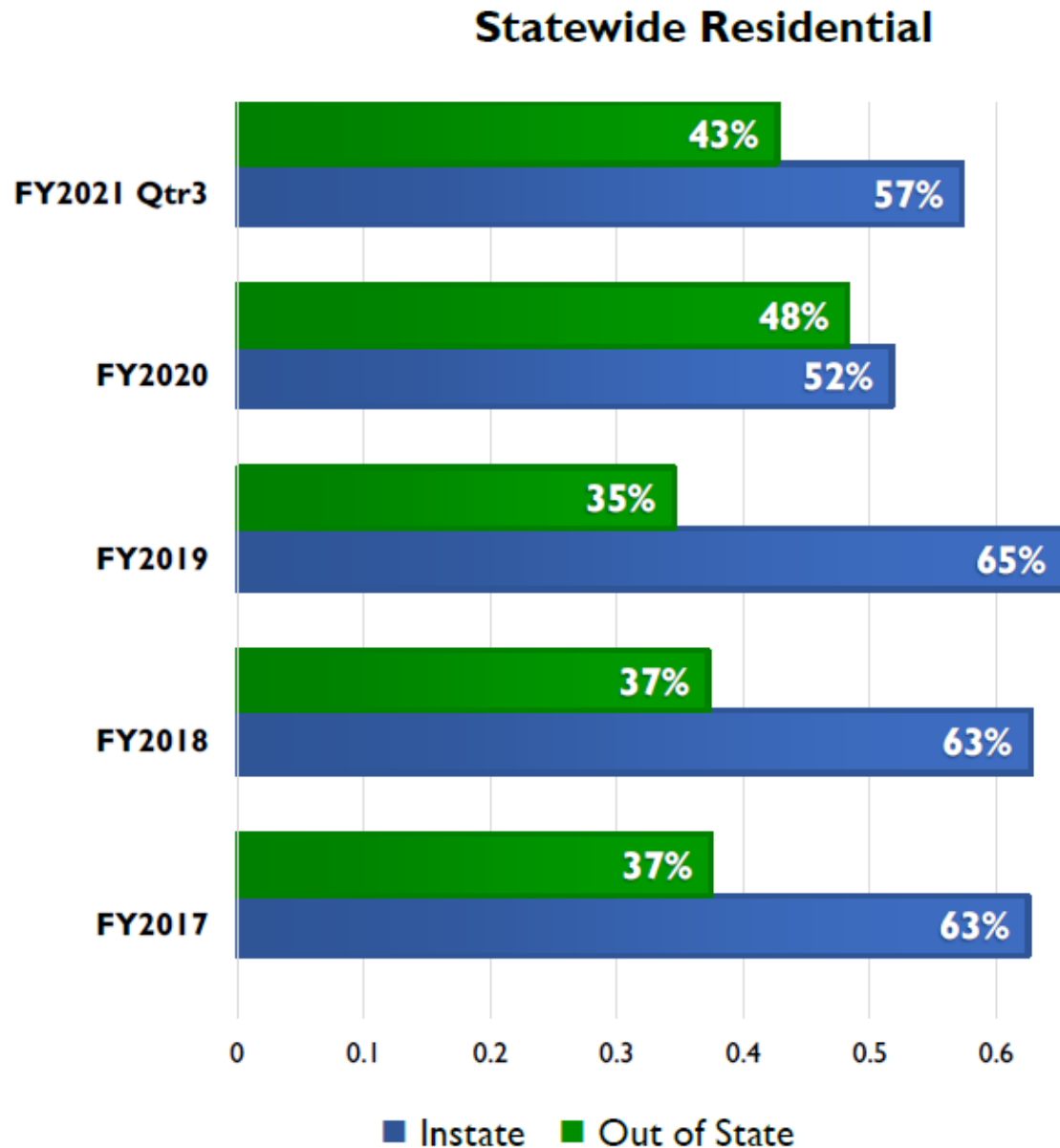


Children who were placed in more than one facility in a fiscal year are duplicated in the count.

Total unduplicated # children in residential for DMH FY21 is 121

Agency of Human Services

In-State & Out-of-State Placements (FY2017 – FY2021 Q3)



Statewide

This chart represents the breakdown of in-state placements compared to out-of-state placements by fiscal year. If a child/youth was placed in more than one program in a fiscal year, they are represented more than once.

Youth Placed in Residential Treatment under VT's Medicaid Benefit

Medicaid benefit for residential treatment is delegated by DVHA to other AHS departments: DCF-FSD, DMH, DAIL-DDSD

EPSDT (Medicaid) requires states to provide medically necessary services

Residential program costs & fund sources:

- Treatment -> Medicaid
- Room & Board -> state general fund
- Education -> AOE

When AHS funds residential treatment, Agency of Education considers those youth to be “state placed” and funds the educational costs of the residential program

Why out of state?

Value is to serve close to home and community

EPSDT (Medicaid) requires states to provide medically necessary services

Complexity of needs for more targeted treatment that in-state providers are unable to meet, or no openings for many months

No in-state PRTFs

Sometimes a program in bordering state is closer to child/family home

If can access specialized targeted treatment, length of stay may be shorter

During placement

DMH Children's Care Manager

- follows throughout placement, participates in most treatment team meetings
- ensures DA and LEA remain highly involved to track progress and prepare for discharge planning
- conducts regular utilization reviews to ensure continues to meet criteria for that level of care
- reviews and supports discharge planning process
- responds to issues as arise
- reviews Medicaid billing; processes R&B payments (with business office)

Current Challenges

Limited openings/movement in programs, creates pressures in other parts of our system (inpatient, EDs, intensive community-based services)

- Staffing vacancies, COVID exposures, acuity of kids within program

Many states still restricting time at home due to COVID precautions, impacts discharge planning and family readiness

Discharge plans are challenged by limited access to community-based services & supports due to workforce gaps, increased demands for MH services, and some challenges with access to alternative school programs

Opportunities to Strengthen Community System of Care

Mobile Response & Stabilization Services (MRSS)

In-state programming for children w/ DD and MH needs, including crisis services

Workforce stabilization

Integrated care (early care & learning, schools, primary care, etc)

2020 Assessment of Children's Residential System of Care

External contractor worked w/ AHS to assess the children's residential system of care (May-Oct 2020)

Public Consulting Group was successful bidder. Conducted review of data, processes, focus groups w/ AHS dept leaders, providers, families, youth, advocates

Recommendations in final report ([Analysis of Children's Residential](#))

- Continuum of care
- Flexible funding
- Data collection
- Family empowerment & support
- Service quality
- Workforce

Child Welfare: Change in Motion

Families First Prevention Services Act

- Community Resources and Access to Evidence Based Services
- Funding Reform with a mission to shift resources to community and prevention-based services
- Promotes Integrative System of Care for AHS Agencies
- Lays the groundwork for intra-agency coordination, integration, and effective service delivery.