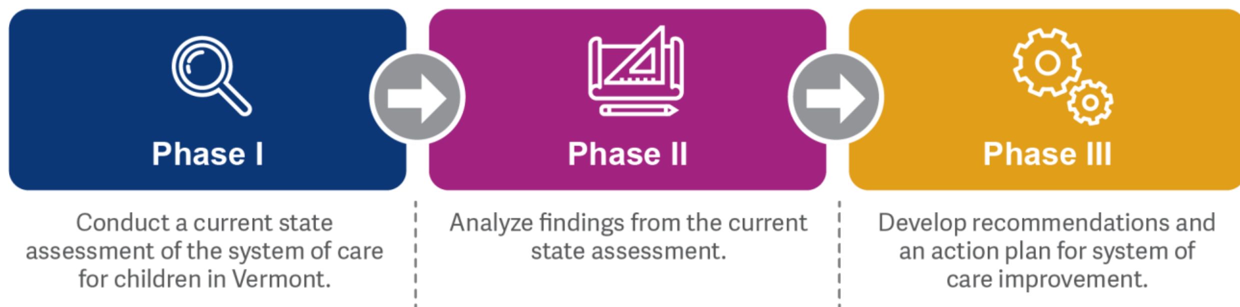
VERMONT AGENCY OF HUMAN SERVICES: ANALYSIS OF CHILDREN'S RESIDENTIAL SYSTEM OF CARE

EXECUTIVE SUMMARY

The Vermont Agency of Human Services (AHS) contracted with Public Consulting Group, Inc. (PCG) to conduct an analysis of the children's residential system of care in Vermont in order to identify the incremental steps Vermont can take beginning in fiscal year 2021 to:

- increase community-based supports and services;
- increase the ability of families to care for their children while they receive the necessary therapeutic treatment;
- provide necessary treatment within family like settings, thus decreasing the need to receive that treatment within a residential setting; and
- assure youth only reside within residential settings when treatment provided is necessary and prescribed and only for the duration of that need.

The AHS Analysis of the Residential System of Care consisted of three main phases:



PCG conducted an assessment of the current system of care through qualitative data collected from document reviews and extensive interviews with state personnel from six different departments, regional service providers, and regional family organizations, as well as an analysis of de-identified quantitative data sets received from the State Interagency Team (SIT) Case Review Committee (CRC). Throughout this engagement, PCG regularly met with the analysis leadership team, the AHS Steering Committee, to plan next steps. PCG also met with a core group of stakeholders to review findings and recommendations, including the AHS Commissioners, Family Services Management Team, and SIT.

After analyzing findings from the current state assessment, PCG developed key findings and corresponding recommendations in six areas[1]:

Table 1: Summary of PCG's Major Findings & Recommendations

[1] Note that throughout the report, all tables are labeled above, and figures are labeled below.

A. The Continuum of Care

Summary of Finding A

Care often comes too late. The current child and family continuum of care and service array is not structured to operate as an integrated system of care, but rather as separate systems with their own rules, regulations, funding requirements, and service types. Different department missions and their associated funding limitations and restrictions can make it difficult for children and youth to access the right service at the right time.

Summary of Recommendation A

- Explore the creation of a "Single Point of Access" through a lead agency or department or through regional hubs to oversee, manage, and accept financial risk and Continuous Quality Improvement (CQI) for residential treatment, crisis services, and a continuum of community-based services and supports for children, youth, and families.

B. Funding

Summary of Finding B

Funding for services is limited and siloed, and payment structures are problematic.

Summary of Recommendation B

- Conduct a comprehensive analysis of existing funding mechanisms and service rates to learn about pain points in the system before proceeding with payment reforms
  - Examine the rate methodology for residential placements to allow for more flexible funding to stabilize the provider pool
  - Align the rates for residential care to the Qualified Residential Treatment Program (QRTP) requirements and other requirements for specialized settings under the Family First Preservation Services Act
  - Examine the payment structures in place for children's services
  - Create budgetary flexibility to reinvest savings into preventative services

C. Data Collection

Summary of Finding C

The system lacks a single data system with common client identifier and integrated data warehousing between agencies to create a holistic view of the children, youth, and families served, which results in difficultly tracking youth across departments and regions.

Summary of Recommendation C

- Invest in a centralized system for data collection to allow for a comprehensive view of children and families and for cross-agency case planning and coordination, with departments entering all data into one database
- Explore procuring services to build a live data dashboard
- Consider holding a Children's System of Care Data Summit
- Collect data on how state and federal funding is being spent at the program and individual level
- Collect data on race and ethnicity for children and families receiving services, including CRC
- Standardize geographic service regions to allow for consistent comparative analysis between departments and across services

D. Family Empowerment and Support

Summary of Finding D

Insufficient supports at home and in the community leaves caretakers without needed care and skills. Additionally, the system does not adequately integrate family partnership in service planning and delivery.

Summary of Recommendation D

- Prioritize investment in family empowerment by augmenting current efforts
- Focus on support and engagement of adoptive parents
- Review foster care rates, ensuring that tiers for children who need more support and supervision are adequate, and revise as needed
- Expand natural/informal and community/peer support networks, to empower families and communities to care for children
- Consider creating a system for community volunteers to build community capacity and provide support services
- Include family voices in the service planning process consistently and measure family satisfaction at regular intervals

E. Service Quality

Summary of Finding E

Service provision and quality vary across the system by agency, placement type, and provider. The system lacks a robust, state-level continuous quality improvement (CQI) process for residential programs to complement and strengthen ongoing quality assurance (QA) efforts.

Summary of Recommendation E

- Bolster early intervention, emergency support, crisis care, and crisis management capacity
- Align residential models to QRTP requirements, revise contracts, and monitor contract performance and improve transition planning efforts at residential programs
- Encourage transition planning to begin earlier which will help secure appropriate placement options in the community as needed for children after they exit residential care
- Conduct an inventory of where and to what degree evidence-based practices are in use and consider scaling them in regions that need them most
- Take inventory of DMH-funded Intensive Service Coordinator positions in the state, examine best practices, and consider adding the position to regions where needed
- Expand quality assurance oversight efforts in DAs and DCF-FSD Residential Licensing and Special Investigations Unit to include continuous quality improvement (CQI), where needed
- Inventory expected inputs, processes, outputs, and outcomes to align performance standards to the results-based accountability framework in Vermont's Act 186.
- Implement performance-based contracting for all service providers, using uniform outcome metrics for reporting and/or standard scorecards to assess efficacy of programs
- Amend policy to require and fund transportation for residential visits for all departments and families to children in placement every 30 days
- Consider requiring increased communications between Local Education Agencies (LEA) and children placed in residential programs

F. Workforce

Summary of Finding F

Workforce shortages and turnover affect nearly all aspects of the current system and impact the capacity, quality, and accessibility of services.

Summary of Recommendation F

- Continue to work towards implementing an integrated system of care
- Conduct turnover analysis within AHS departments that focus on the children's system of care (DCF-FSD, DMH, DAIL-DDSD) and implement strategies to reduce staff turnover
- Continue to cultivate and expand partnerships with local universities and high schools to develop academic pipelines into the human services workforce

Other findings from PCG's Quantitative Data Analysis

- There has been an overall decrease of **19%** in the number of **admissions** in residential care from 2016–2019.

- The largest age group is **14 to 17 years of age**, but there is still a large population of children **(43%)** in residential that are **ages 13 and under** and trending upward.

- There are **more cisgender males** than cisgender females consistently, and the gender gap is **widening.**

- A majority of children exhibit conduct **with aggression (77%)** and conduct **without aggression (77%).** Of those children who reported conduct with aggression, **74% were male,** and of those who reported conduct without aggression, **72% were male.**

- Self-harm, suicidal ideation, suicide attempt, and substance use have all been **increasing** in 2020.

- Autism spectrum disorder and intellectual disability continue to **increase** yearly, while borderline functional impairment and borderline intellectual disability have **decreased.**

- The majority of the cases in residential are **referred from DCF (68%).**

- There are **in-state options** available for just over half of all children **(54%)** and **67%** of the children had **no prior residential placement.**

- A child utilizes the system on average **1.17 times,** with **28%** utilizing the system **2–4 times.**

- **Five of the twelve** DO regions had children stay in residential care **longer** than the overall average of **204 days.**

- From 2016–2019, **5%** of total children in residential had both **above average LOS of 204 days** and utilization of **2–4 times** for 2016–2019.