

REPORT TO THE

**House Committee on Human Services
and the
Senate Committee on Health and Welfare**

H.449

AN ACT RELATING TO FOSTER CARE SERVICES AND SUPPORTS

Sec. 4. STUDY ON TRANSITIONAL SERVICES FOR YOUTH

Submitted by:

**Michael K. Smith, Secretary
Agency of Administration**

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REPORT TO THE GENERAL ASSEMBLY

H.449

AN ACT RELATING TO FOSTER CARE SERVICES AND SUPPORTS

Sec. 4. STUDY ON TRANSITIONAL SERVICES FOR YOUTH

The secretary of administration, in consultation with the secretary of human services, the commissioner of labor, the commissioner of disabilities, aging, and independent living, the commissioner of corrections, the commissioner for children and families, and the commissioner of education, shall study the costs and benefits of providing necessary transitional services up to age 22 for a youth who has a functional developmental disability and has been receiving state-funded services or services under an individualized education program (IEP) on or before the youth's 18th birthday; or has been receiving state-funded services for severe emotional disturbance on or before his or her 18th birthday; in order to assist the youth in becoming a self-sufficient adult. The secretary of administration shall solicit and summarize in his or her final report input from consumers, providers, and representatives of disability organizations, including the Vermont federation of families for mental health, the Vermont coalition of disability rights, the Vermont council of developmental and mental health services, and the Vermont developmental disabilities council. The secretary of administration shall report the results of this study to the house committee on human services and the senate committee on health and welfare not later than November 30, 2007.

INTRODUCTION

This document is intended to serve as the Secretary of Administration's response to the requirements set forth in H.449 An Act Relating to Foster Care Services and Supports, Sec. 4. Study on Transitional Services for Youth enacted by the General Assembly of the State of Vermont in May, 2007.

The 2006 and 2007 legislative session addressed a variety of issues specifically related to youth aging out of the foster care system, youth with disabilities, and health care coverage for all youth. H.449, Section 4 looks specifically at youth transitioning to adulthood who experience developmental disabilities or a severe emotional disturbance.

Governor Douglas has identified youth in transition as a focal point. The Governor is concerned that the demographics in Vermont indicate there will not be an adequate work force in the state within the next decade to fill necessary jobs. He is concerned that many of our young people leave Vermont to attend college and then do not return. He has also been concerned that many young people are ending up under Corrections supervision.

Another area of interest to the Governor are those youth aging out of foster care. The Governor convened a meeting of foster youth in December, 2005 to learn directly from those youth about how best to support their ongoing success. The Governor's FY'08 budget recommended funding to expand services to youth aging out of foster care up to the age of 22 to include transition planning, case management and supportive living arrangements; ultimately, \$668,000.00 was appropriated.

For several years he has hosted the Governor's Summit on the Employment of People with Disabilities to highlight the opportunities to engage young people with disabilities as productive members of the workforce. In an effort to begin to respond to these issues, the Governor, in January 2006, proposed three tangible steps: the Vermont Promise Scholarships, funding for expanded mentoring, and the creation of planning groups around youth aging out of foster care.

About a year ago, Governor Douglas created the Governor's Interagency Workforce Development Committee, chaired by the Commissioners of Labor and Economic Development, and including the Deputy Secretary of AHS, Commissioners of DCF and Corrections, and the VR Director. One focus of the committee is to make Job Corps a resource for more Vermont youth who need vocational training.

Recently, Governor Douglas met with his Committee on the Employment of People with Disabilities and supported one of the group's top priorities, to create additional opportunities for youth to have real work experiences in state government and the private sector, including internships and summer employment.

The Governor has also prioritized transitional funding to support young adults with developmental disabilities leaving school as they enter the workforce, seek additional education or develop connections in their local communities to volunteer and make other contributions.

Vermont has made great strides in establishing important and positive supports for youth transitioning to adulthood. We also know that gaps continue to exist and that many of our social indicators are not positive for these youth, ranging from rates of school dropout to substance abuse, homelessness and incarceration. Closing these gaps could provide benefits to youth in transition, however not without significant cost.

Successfully Transitioning to Adulthood: What the Data Says

Successfully transitioning to adulthood requires that adolescents develop physically, emotionally and intellectually while experiencing changes in social roles, relationships and expectations. In *A Conceptual Framework for Adolescent Healthy Development*, May 2005, The Association of Maternal and Child Health Programs and the National Network of State Adolescent Health Coordinators indicate that:

“The development of healthy adolescents is a complex and evolving process that requires supportive and caring families, peers and communities; access to high quality services (health, education, social and other community services); and opportunities to engage and succeed in the developmental tasks of adolescence. These supportive factors must be available to adolescents generally, but must also be available on an individualized basis to effectively serve adolescents, including those with disabilities and other specialized needs.

Healthy adolescents are characterized by the ability to:

- Form caring, supportive relationships with family, other adults and peers.
- Engage, in a positive way, in the life of their communities.
- Engage in behaviors that optimize wellness and contribute to a healthy lifestyle.
- Demonstrate physical, cognitive, emotional, social and moral competencies.
- Demonstrate resiliency when confronted with life stressors.
- Demonstrate increasingly responsible and independent decision-making.
- Experience a sense of self-confidence, hopefulness and well-being.”

For Vermont to fully understand the potential costs and benefits of providing transitional services up to age 22, it is important to understand what the data says about youth with a developmental disability or a severe emotional disturbance and to understand the gaps between our most at-risk youth and those youth who transition to adulthood successfully. It says:

- ✓ **Estimated Vermont population, ages 18 through 21, as of July 1, 2005: 25,321** (Source: VT Dept. of Health, Population Estimates)
- ✓ **Estimated youth with disabilities ages 18 through 21 in VT: 15% or 3,750** (2004 American Community Survey, US Census Bureau)
 - **Of these youth, over 2,500 or approximately 66% receive special education services** (VT Dept. of Education, Annual Performance Report: 2005)
- ✓ **Between 6% and 12% of Vermont youth... could be expected to have a serious emotional disturbance.** (Federal Register, July 17, 1998)
- ✓ **92% of all VT high school seniors graduate** (VT Dept. of Education 2006)
 - **76% of VT high school seniors receiving special education services graduate**
- ✓ **Nationally, 14% of youth with disabilities enter college compared to 63% of the general youth population** (*Guideposts for Success*, National Collaborative on Workforce and Disability – Youth).
- ✓ **Average daily population of youth age 18 through 21 incarcerated in adult facilities: 219** (VT Dept. of Corrections, Facts and Figures, 2007. Not published)
 - **90% of youth incarcerated in VT have no high school diploma**
 - **50% of those youth were eligible for special education services while they were in high school.**

- ✓ **Based on 2000 Census Bureau data, 56% of 16-19 year olds were in the labor force and approximately 86% were actually employed. As one would assume, these percentages increased for 20-21 year olds. Approximately 69% were in the labor force and 88% were actually employed. The numbers were slightly higher for females compared to males.**

The data indicates clear correlations between disability and rates of high school graduation, incarceration and access to higher education opportunities. Although Vermont is doing good work for many of our at-risk youth, there may be opportunities in an expanded and more comprehensive system to realize a direct benefit to youth and a potential diversion from more costly, downstream services. However, the potential costs of an expanded system and the impact of those costs on our current systems of care are a significant factor which must also be addressed as we weigh the issue of cost and benefit.

The Population Size and Cost Associated with Expanding Services to Transition Age Youth with a Developmental Disability or a Severe Emotional Disturbance

Youth with functional developmental disabilities, including autism.

The Department of Disabilities, Aging and Independent Living (DAIL) is currently providing comprehensive support services for 3,300 clients with developmental disabilities of all ages, including those aged 18 to 21, at a total cost of \$127 million. The Children's Personal Care Program expects to serve approximately 1,700 children and youth from birth to age 21 at a cost of approximately \$24 million in FY'08.

Children and youth served in the Children's Personal Care Program currently meet a more functional definition of disability or significant health issue – similar to the federal definition of developmental disability. Children and youth served through the developmental disabilities appropriation, however, fall under our current state definition for a developmental disability, which is limited to individuals with mental retardation or pervasive developmental disorders such as autism. If Vermont expanded our population served to meet the federal definition for a functional developmental disability, including autism, there should be no additional *health care* cost for the clients we are currently serving, as the majority of these individuals are already eligible for Medicaid as Supplemental Security Income (SSI) recipients. However, there would be significant program and support services costs associated with covering an expanded population under the federal definition of “youth with a functional developmental disability.” A conservative estimate of the number of additional children and youth (ages birth to 21) who might be eligible for services under an expanded definition range between 1,500 and 3,000 – depending on the number of currently eligible, but as yet unserved, who might access services. The total number of children and youth under age 21 estimated to meet the federal definition of developmental disability is 5,000. This compares to an estimated 3,500 children and youth who meet the state definition of developmental disability. It should also be noted that a developmental disability is life-long. A change to the more functional federal definition would not only impact youth aged 18-21, but also younger children and adults from age 21 until death. And since services are generally life-long, substantial additional cost would be incurred.

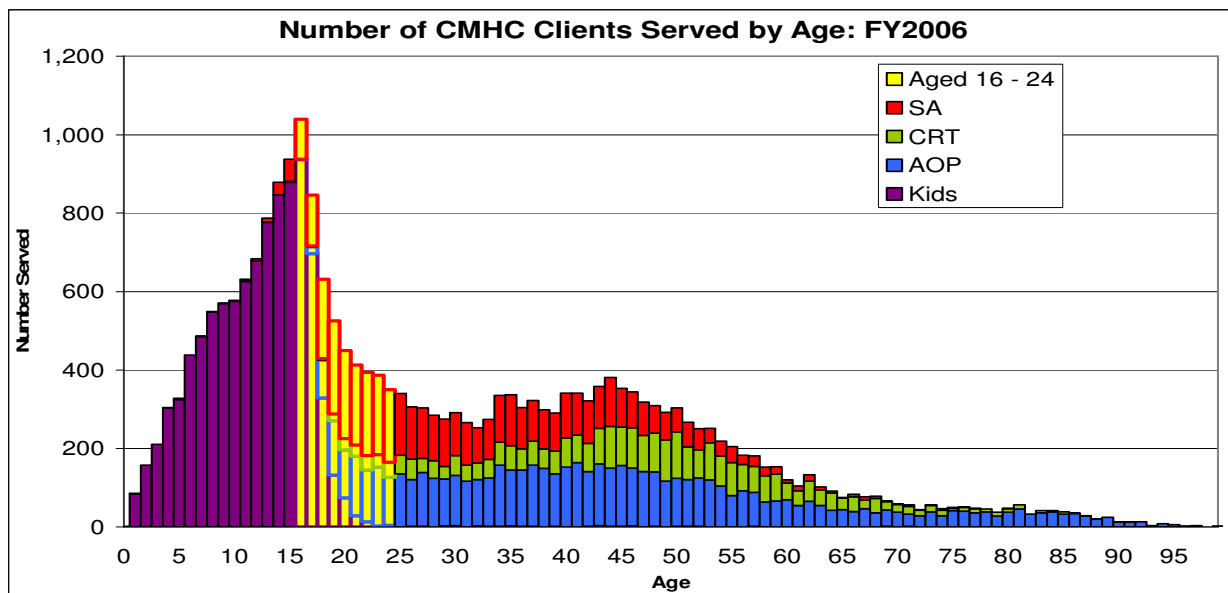
On average, the Agency of Human Services currently expends \$8,800 for each individual, and \$31,883 for each child’s personal care services and more comprehensive developmental disability waiver services. For the types of transition and other community-based services that would be needed under an expanded developmental disability definition, those children receiving primarily personal care services would need to receive an expanded package of services that includes supported employment and/or community support services as well as case management and potentially other clinical services.

AHS currently serves an estimated 57% of children and youth meeting the State’s Developmental Disability definition. If that same penetration rate were applied to the number of children and youth meeting the federal definition, an additional \$60 million in gross dollars (federal and state) would be required. If the maximum penetration rate (100%) is applied, the dollars required grow to \$128 million in gross dollars (federal and state).

Youth with a severe emotional disturbance.

THE TRANSITION CLIFF Community Mental Health Centers Age of Clients Served FY2006. In 1988 Act 264 was passed and required the development of an Interagency Agreement that created a system of coordinated service planning for children and youth with a severe emotional disturbance (SED) and their families. Young people have been served well by this system but are most often not eligible for the same level of services as they enter the adult system. This creates a reduction in the level of services that is depicted below.

In FY’06 there were 631 youth at age 18 and 394 at age 22 being served by Designated Agencies (DA’s). This point in time snapshot indicates that 237 fewer youths received services from the DA after age 18. Using the federal definition for SED, we would estimate that 156 of those 237 youth have a SED and are not continuing services at age 22.



Based on analysis of Monthly Service Report (MSR) data sets provided to DMH by designated community agencies.

In FY 2006, 507 youth age 18 up to age 22 with Severe Emotional Disturbance (SED) were served in some capacity by Children or Adult Mental Health Services through the DAs. Therefore, if we add the 507 youth currently being served within the existing DA system with the 156 youth that are

dropping out of care, we estimate that 663 youth would need more comprehensive transitional services.

AHS would need to expand current services to serve all youth with a SED transitioning to adulthood. The Jump On Board for Success (JOBS) program could serve as the foundational program and using the annual JOBS cost of \$5000 per client the expansion for additional JOBS participants would cost approximately \$2 million in gross dollars (federal and state). If the Community Rehabilitation and Treatment (CRT) annual client cost of \$17,400 was used as the financial mechanism to build an expanded and more comprehensive JOBS system of care to all 663 youth with SED, whether or not they are Medicaid eligible, it is estimated to cost \$10.2 million in gross dollars (federal and state) annually, after subtracting current JOBS participants. It is important to note that not all youth who qualify in the children's system as "SED" need or want a more comprehensive, expanded level of care as they age.

Other Considerations for Expanding the System

Implications for Adult Service Systems

As noted above, particularly in the area of developmental disabilities, the issues that children and youth have are most often experienced throughout the child's lifetime. If services were expanded for children and youth to include those eligible under the broader federal definition, another unintended cliff could be created. This would happen if eligibility for children and youth were changed and access to adult services remained the same as the current state definition. The same would also be true even if the expanded eligibility definition only affected transition aged youth from ages 16-21. To eliminate the unintended cliff in Developmental Disabilities, the additional cost for access to adult services under a broader federal definition could range from \$197 million to \$473 million, depending on the penetration rate. We could also expect an unintended cliff to occur in the mental health system if services were expanded but ended at age 22.

Efforts Already Underway at the Agency of Human Services

The Agency of Human Services Youth in Transition Leadership Team is designing a comprehensive one agency approach to integrate all AHS efforts to meet the needs of youth in transition that are currently served by the Agency. To focus our work we believe the following eight areas are critical factors in young people successfully transitioning to adulthood:

- **Employment, Training and Post-Secondary Education:** Youth are competitively employed, enrolled in college or other post-secondary options, or have received a college degree
- **Health Care:** Youth have health insurance and access to care
- **High School Completion:** Youth earn a high school diploma or complete a training program
- **Safe and Stable Housing:** Youth have safe, stable & adequate housing
- **Free from Incarceration:** Youth have adequate preparation and the necessary supports to be productively engaged in the community.
- **Caring Relationships:** Youth are meaningfully engaged in supportive and permanent relationships
- **Future Planning:** Youth are engaged in planning for their future.

- **Skilled Workforce:** Youth are engaged by adults that have the knowledge, skills and abilities to support positive youth development.

Our attention to these areas of focus was the result of the collective work of several national resources including: the National Governors Association Center for Best Practices, the National Child Welfare Resource Center on Youth Development and the Jim Casey Youth Opportunities Initiative. We used these eight common areas of focus at a facilitated session with the State Team for Children Families and Individuals in December 2006 to develop priorities that would help promote positive outcomes.

Conclusion

Many of our interventions and investments in young people are made with the knowledge and firm belief that intervening early mitigates and often restores many youth and families to higher levels of functioning. The Agency and its community partners already provide a variety of services and supports for youth in transition such as Jump On Board for Success (JOBS), Vermont Coalition for Runaway Youth Programs, mentoring, adult learning, personal care services, expanded services to youth aging out of foster care, transitional housing, and out-patient mental health. In recognition of the fact that expanding services comes with an enormous price tag, the Agency of Human Services is currently designing a comprehensive one agency approach to integrate all AHS efforts to meet the needs of youth in transition that are currently served by the Agency. This is the recommended approach, rather than expanding the current system.

Attached to this report is the verbatim public input required in H.449. Not only did the Agency of Human Services solicit input from those entities identified in statute (*consumers, providers, and representatives of disability organizations, including the Vermont federation of families for mental health, the Vermont coalition of disability rights, the Vermont council of developmental and mental health services, and the Vermont developmental disabilities council*), but the Agency also reached out to other partners as well.

Appendix

H.449
September 27, 2007
Public Forum Comments

Discussion Regarding a Change in the State Definition of Developmental Disability:

- Strongly support the transitional services and the adoption of the federal definition for developmental disabilities
- Son lost services at age 18; had some continuing Children's Personal Care (CPC) supports but they were not adequate to meet his needs; over this period of time, there were multiple reports of self-harm, police interventions and instances of running away; strongly support the federal definition vs. the state definition; as a state we need to look at the rehabilitation costs vs. the potential costs of incarceration; additionally, for kids on the Spectrum, age 21 or 22 is not a great developmental point in time to break off services, the loss of routine is significant for these kids and current research indicates that age 30 might be a better age to assume a level of self-sufficiency
- The biggest benefit of adoption of the federal definition is not seeing so many kids in homeless shelters or on the streets
- Another significant benefit would be fewer kids incarcerated and more kids accessing secondary education options
- Chronological age is not an appropriate measure of needs or abilities; it is not appropriate for kids to spend so much time in school on transition activities that take them away from their regular classes and classmates; by stretching the graduation date until 21 or 22, we take kids away from a regular education and break the model of inclusion we've tried to create
- A functional definition is more logical than DS eligibility by label or diagnosis; the DD Council functions on the federal definition and the silos of eligibility disconnect our work with the premise of reorganization; we need to focus on access to a range of transitional services and creating a bridge between DOE and AHS; we don't want to silo kids into service areas like Education, DS waiver and personal Care Services
- Would like to see more case management for kids which would help to make connections to truly take advantage of the available supports through agencies
- There is a significant need for supportive housing which includes job and case management supports
- There is not much support available in communities for job supports for individuals with needs; there ought to be a consolidated platform for employment coming from the state level
- Supports through Voc Rehab supports tend to be time limited; intensive on the job supports and communication help to keep jobs is not available
- Need to be cautious about talking about transitional services with no new \$ in the system; we also need to be careful about creating a drop off at age 22 if we focus only on them, need to talk about a whole system
- If there are not real financial resources associated with potential change the study will go nowhere; I believe there is data that will tell us what the un-served population costs the state now...could we look at making a 10% change in those costs to justify any upfront expenditures?
- Need to wrap all the kids (both SED and DD) into one conversation and look at potential changes
- Need to give the legislature a reason to expand the definition by seeing the potential for financial savings

- Difficult to separate the populations in this thinking...if we used the federal definition of DD wouldn't we be covering most of the SED kids?
- If that hypothesis was accurate, the prevalence rate for SED kids would probably go up to approximately 12%
- There is a gap in the DS data as it pertains to specific numbers on the transition population and the population of kids only receiving personal care hours
- DD transition from 18 into adulthood is a nightmare; kids move from services in school into potentially nothing, there needs to be more preparation work beginning at age 16 to let kids and families know what it's like; would be curious to know how many kids are falling through the cracks of ineligibility

Discussion Regarding a Change in the State Definition of Severe Emotional Disturbance:

- If we could get rid of the silos and create adequate services, there is research that indicates that earlier intervention is more effective and could save the system financially
- Would like to see a distinct and separate funding source to bridge the gap between kids and adult services; the expertise is in CRT but the programming and the funding stream needs to be different
- Global Commitment might provide an opportunity as a vehicle to get rid of the silo funding stream and allow us to act preventively
- It's important to bear in mind the specific problems potential kids in this arena have; they are a very distinct population from the current CRT population and would not be clinically well served by mixing them
- The cost benefits to this type of arrangement are very similar to those that emerged through our discussion about DD; there is information out there about a children's initiative to create more crisis and pre-crisis services to shift usage (and funding) away from the Brattleboro retreat and other institutional options; this type of funding arrangement must hold true is the transitional population as well...is there a way to apply that kind of thinking?
- The Legislative report needs to include more of a definition of CRT and the current criteria which is very restrictive
- It is useful to talk about the incarceration rates and the foster care rates as we try to ascertain current system costs for this population; it is even more important, although harder to quantify, to talk about losing people as resources and as productive community members
- There does have to be a recognition that the transitional population has needs that are different from the CRT population; they need outreach case management and housing services, more of a carryover from kids services and they way they do business than similar to current adult services
- There must be data within the DCF system to prove that case management saves money and prevents residential care needs; legislators would support the expansion but need support from the administration in order to look at funding it
- Wondering about the number of returning veterans who are under the age of 22 and will need some level of services? If they come back with significant issues and needs, it is striking to realize that not even the expanded federal definition will include them as none of their issues will have occurred prior to age 18
- It seems hard for service providers to talk to each other and to plan effectively together; systems navigation is particularly difficult

- Oftentimes available services don't work well for different populations within the community; parents have learned a lot about what works well and should be utilized in any planning
- When all the routines and structures of school age are gone kids are particularly vulnerable, it is important to consider having life and job coaches available
- We were told our son had to fail to get the right services for him; our child had to try and fail in all available services; this is not right
- The drop in the number of kids moving into adult mental health services could be seen as a good thing; it could be interpreted that the system is working well and helping kids to succeed and move past the impact of mental illness
- I would disagree with that assessment, to me it looks like a cliff and kids are simply dropping out of the system
- The legislature is ready to hear this issue; members of the committee are well aware of the cliff and committed to using their process to make a change within the limits of their influence; funding and money will present a significant issue as the message last year was that no new dollars could be spent
- There is a SAMSA grant application coming up to provide transitional services to kids; the grant would provide about \$1 million per year for up to 6 years; it will be important to target this grant beyond a homogenous group of kids and important that there is support to locate adequate general fund match to make the application
- It would have been great if H.449 included all these kids in the funding portion of the bill; as it is, glad to see that it's still on the table and being discussed
- Is the DOE addressing the need transitional services for kids in school as part of this study?
- DOE can provide a sense of the current costs for kids with learning disabilities which would include the population we are talking about here
- The major part of the bill talks about kids coming from foster care and needing transitional supports, are the estimates offered here today on the probable expansion overstated because some of those kids in foster care are already counted in the numbers presented by DS and Mental Health?
- Data indicates that ¾ of the kids in foster care have one of these diagnoses
- These kids are eligible for special education and they need a case manager to work with them to help them find their voice and exercise their educational rights; access to services is an issue for these kids, a lack of a transition plan is a significant issue and without an advocate or an ability to self-advocate, they can't take advantage of the educational transitional services or hook into the provider system
- Former youth in foster care are eligible for Youth Development programs throughout the community
- Children with hidden disabilities have an even more difficult time accessing the system and communicating their specific needs
- The language of the actual bill doesn't address those youth who are aging out of more specialized supports, residential care etc; although there is language around transitional services, the implementation of the bill is more limited in its scope than what the language or intent was
- We need to identify the safety nets available in our communities outside of the state services and how we integrate those into a more comprehensive look for this study
- In terms of planning to address this need, we need to commit to more meetings with a group like this one and adequate time to plan and advocate for this kids
- As professionals, we need to ensure that we are structuring our professional interventions to develop unpaid relationships for kids that will continue on regardless of finances or program; if we are not doing that then we are not doing a good job

- The stories out there are tragic, kids that look good for a while and then begin to fall apart; it will take more time than just today to get a handle on these kids
- When kids turn 18 they become their own guardians; typically even if there is a need for a private guardian, families who have had a traumatic history don't want to step up; there is a public guardianship system but the eligibility for that don't address this group
- Kids need housing and case management targeted specifically at their unique needs
- It's about the right programming and offering relationships; kids need services and activities that draw them in and a peer group to help them get through the difficult times
- Kids lack meaningful relationships to help them access services as they need them
- We need to structure our professional interventions to developing relationships that are unpaid and don't go away
- It is all about relationships; our son won't access services from providers with whom he is uncomfortable, for now that means his sisters are his counselors
- We need to offer support for caregivers and resources to support them and guide their interactions with these kids; there needs to be an increased level of sophistication in our system of care
- Co-occurring disabilities complicate things immensely; substance abuse is another significant issue for this age group; any program needs to have this component of treatment available; simply creating proximity (in VDH) between SA and MH hasn't solved this issue
- Agree that SA is a major issue for kids, it points to the need for a long-term planning group to address a systems change planning process
- We need to remember to include youth themselves in any planning process we create
- A significant player in the move to bring SA and MH together is Paul Dragon, he can be reached at pdragon@ahs.state.vt.us
- We need to consider plugging Unified Sports into all schools as a way of creating healthy peer networks for kids with disabilities

For additional comments, please communicate with Scott Johnson, AHS Deputy Commissioner of Field Services at: scott.johnson@ahs.state.vt.us

H.449
September 27, 2007
Public Forum Attendance

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