



**State of Vermont  
Agency of Human Services**

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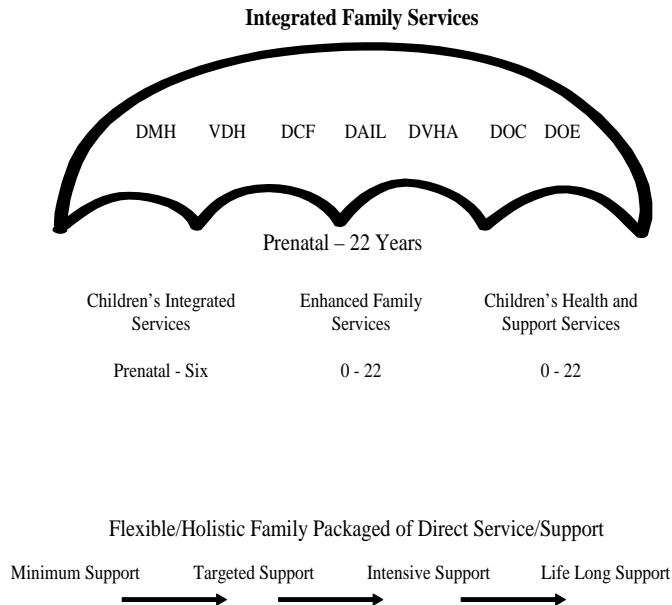
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**Integrated Family Services  
Progress Update July 2011  
Last update February 2011**

All updates can be found at:

<http://humanservices.vermont.gov/integrated-family-services>

The Agency of Human Services (AHS), in partnership with other state departments, the provider network and families, continues to move Integrated Family Services (IFS) from concept to concrete changes. IFS is the overarching structure for all AHS provided or contracted direct services to a child and family (see diagram below).



Secretary Racine, Deputy Secretary Flood and the AHS Commissioners are very committed to moving IFS forward. In order to do that they have agreed to create a Senior Management Team that will meet weekly. This Senior Management Team will consist of:

Chair(s) – Melissa Bailey, Suzanne Santarcangelo (AHS Secretary’s Office)

Members - Charlie Biss (Dept of Mental Health), Reeva Murphy (Child Development Division), Cindy Walcott (Family Services), Breena Holmes (Dept. of Health) and Camille George (Dept. of Disabilities, Aging and Independent Living)

Individuals from Dept. of VT Health Access, Dept. of Corrections, IT, Business and Alcohol and Drug Abuse Programs will participate based on agenda.

This weekly meeting will help assure an AHS System of Care is developed, all aspects of service delivery are considered and decisions are made. Additionally the Implementation Team that has been meeting will continue to help move decisions into action within their respective departments or divisions. Once a month the State Interagency Team (SIT) will meet consisting of Senior Management Team, family representation and the Dept. of Education as well as additional members from the Implementation Team will participate as needed.

The Case Review Committee (CRC) currently reviews cases for residential treatment but now will have additional responsibilities within the System of Care. They will take on the leadership of looking at the residential and other out-of-home treatment needs within VT and make recommendations to the Senior Management Team. They will also look at the broader System of Care and help determine the gaps and duplication of services as well as recommendations for quality reviews. The SIT will assign all High Risk Pool (HRP) requests to CRC and give them the authority to make funding decisions. HRP requests **MUST** still be submitted to Laurie Hurlburt at AHS Secretary's Office through the Local Interagency Team Coordinator and be submitted by the 4<sup>th</sup> Monday of the month. These requests will **ONLY** be reviewed once a month. If CRC is unable to resolve a HRP request or a case is referred without the need of HRP, SIT will review.

Additionally several AHS Central Office staff have been assigned to IFS:

- Richard Donahey, Associate CFO, will be the business office lead.
- Becky-Jo Cyr, IT Project Manager, will be the IT lead.
- Shawn Skaflestad, Quality Improvement Director, will be the AHS- wide quality oversight and improvement plan lead.

All these changes take "official" effect September 1, 2011 although as you can imagine we are beginning the changes now and will move forward with 100% dedication on September 1.

The IFS monthly stakeholder meeting will end. We thank all for their participation and most, if not all, members have a role in other IFS meetings.

### **Children's Health and Support Services (CHASS)**

Effective September 1, 2011, Children's Personal Care, children's Hi-tech Nursing and Children's Palliative Care services will be under the direction of Stephen Brooks, VDH Director of the Children with Special Health Needs program. This change will begin the integration of these children's services into a seamless continuum of services for families. The Hi-Tech nursing responsibilities will be assigned to an existing staff person at Children with Special Health Needs. The two personal care positions will remain at the Waterbury Complex housed within DAIL. Furthermore CHASS staff continues to develop the new Personal Care evaluation tool and hope to begin to train staff on its use in the Fall. In the meantime there continues to be a moratorium on re-evaluations unless a family requests one.

### **Children's Integrated Services (CIS)**

CIS continues to move forward with the three original pilots with a new addition, Brattleboro, which started on July 1, 2011. The remaining regions continue to provide services within the same structure

as the pilots but do not yet have a new funding structure. Regions submitted their second semi-annual data and narrative report on July 15, 2011. State team staff are reviewing the reports and preparing a summary that will identify the successes and challenges regions face in implementing CIS. The State team will also be analyzing data submitted on performance measures to look at differences among the pilot and non-pilot regions.

### **Enhanced Family Services (EFS)**

The workgroups are wrapping up the last details of their charge and we should have a full description of their work in the next few weeks. The main outcomes of the workgroups include:

- The AHS Procedural Guidelines for Prior Authorization and Management of Out-of-Home Treatment will take effect and supersedes all other guidance relative to how and when out-of-home treatment is approved and funded by the State. Oversight of the clinical system will be the responsibility of the CRC.
- A common set of documentation and a Coordinated Family Plan that is considered appropriate for the Global Commitment documentation requirements for all departments in the AHS.
- A clear description and role definition of lead services coordination and peer support
- New eligibility criteria for moderate to high-end EFS will take effect. Intake flow guidance offered for localized implementation.

The IFS web site remains housed with the Agency of Human Services but was removed from Challenges for Change. You can still find information at the following address.

<http://humanservices.vermont.gov/integrated-family-services>

### **Additional Information**

- The Act 264 Board and the IFS Advisory Panel began meeting together a few months ago in order to merge these two groups. The Act 264 Board will form the basis for all advisory work; all other ad hoc groups, standing committees, etc. will be incorporated into that board as opportunities arise.
- Dept. of Mental Health applied for a SAMSHA System of Care Planning grant on behalf of IFS. The application was written by Brenda Bean who has many successes under her belt. If we receive the planning grant it will allow for additional staff for IFS to continue the forward movement. It will also allow us to develop a more comprehensive workforce development and training component. If awarded, the grant would begin October 1, 2011 and would be managed through AHS Central office.
- Addison Co. has put forward a proposal to integrate all services pre-natal to age 22. The service entities in Addison Co. are working together to develop the local oversight for this proposal and are working closely with AHS to further define and develop the proposal.