



**Residential and Non-residential
Services for Pre-natal to 22 Years Old**

**Report to:
House and Senate Committee on Appropriations
House Committee on Human Services
Senate Committee on Health and Welfare**

Agency of Human Services

Douglas Racine, Secretary

January 15, 2012

Introduction

This report is submitted in response to the following 2010-2011 legislative session request:

Sec. E.317 Department for children and families - family services

(a) The commissioner for children and families shall provide to the house and senate committees on appropriations, the house committee on human services, and the senate committee on health and welfare by January 15, 2012 a geographic inventory of the state-funded residential and nonresidential services that are available to serve youth between the ages of 12 through 22. The department shall also provide recommendations on how to evaluate this system.

The Department for Children and Families is not solely responsible for services to children 12-22, nor do they unilaterally oversee services separately from other departments in the Agency of Human Services. As such, the Agency of Human Services (AHS) engaged representatives from all of the AHS child-serving departments to respond to this legislative request. Additionally, it should be noted that there are virtually no state only funded services. Vermont has a long history of maximizing its partnerships with federal funders, consequently numbers expressed in the inventory are almost universally state/federal gross. Through a collaborative approach, the departments assembled an inventory of residential and all other non-residential services provided in the community, including school, home and clinic-based. Some services are not restricted to the 12-22 age range, thus in order to represent the full continuum of services for families and children, the inventory was expanded to include all services from pre-natal to 22 years of age.

Integrated Family Services

AHS is the process of redesigning how its departments work together to create and implement a family and child centered system of early intervention, treatment and support. The system will strive to intervene early, both in terms of age and onset of family and child challenges, and will provide services to the family, not just the child. The early intervention, treatment and support system will:

- retain content experts in early childhood, mental health, developmental disability, substance use, etc.,
- operate with standards for best practice, and
- develop unified AHS guidelines for effective treatment and family support.
- The early intervention, treatment and support system will be readily available to meet the child protection and guardianship responsibilities of the state.
- The early intervention, treatment and support system must be linked to and support those health and human services which are preventative in nature and which address the whole population and offer developmental, health and behavioral health benefits.
- The early intervention, treatment and support system will actively collaborate with DOE on efforts to unify services for families in a comprehensive manner.

Background and Current Focus

Currently, AHS children's services fall in all six Departments and multiple divisions of the agency. Divisions and departments historically developed separate and distinct Medicaid waivers and Medicaid procedures for managing sub-specialty populations within various departments, and maximizing revenue from other federal sources across the age spectrum. While the best approaches available at the time, the artifacts of this history are multiple and fragmented funding streams, policies, and guidelines about our work with children and families. With the inception of the Global Commitment waiver, these siloed Medicaid funding structures no longer exist. While Medicaid is not the only federal funding stream it provides support for a large majority of AHS children's programs.

The Integrated Family Services Initiative seeks to bring all agency children, youth and family services together in an integrated and consistent continuum of services for families. The premise is that giving families early support, education and interventions will produce more favorable outcomes at a lower cost than the current practice of *waiting until circumstances are bad enough* to access *high end* funding streams which often result in out of home or out of state placement.

Efforts across the agency over the past several years have moved in the direction that this initiative champions. For example, DCF- Family Service Division has instituted a Differential Response system which seeks to apply resources and intervention earlier to focus on mitigating risk and thus increasing child safety and family unity. VDH- Children with Special Health Needs, DCF- Child Development Division, DMH, and DVHA have joined in the integration of early childhood services, and DVHA and VDH have been creating an integrated approach to the development of the state's first children's palliative care program.

The basic elements of IFS will also be integrated with the Blueprint Community Health Teams and the expanded DVHA Chronic Care Initiative. The integrated family services effort will support and expand on wellness coaching and ensure a connection with the developing health information exchange network and modernized information technology efforts to maximize their applicability to the child and family services efforts. Additionally, proposals by DVHA and DMH to assure that the best clinical practices are utilized in the Medicaid program will be integral to this initiative relative to clinical practices in mental health, developmental disabilities, substance abuse, and medical, and medication management for children, youth and families.

Integrated Family Services includes all child and family focused services within AHS provided either directly by state employees or through contracted providers. The cross departmental groups that have come together to manage internal change under the direction of a Director of Integrated Family Services in the Secretary's Office include:

- A Senior Management team consisting of a Deputy Commissioner or Division Director from each Department, the AHS Director of Healthcare Operations, the AHS Director of Integrated Family Services and the AHS Central Office Business Manager

- An Implementation/Operations team consisting of a Director or Operations Manager from each Department, an AHS IT representative and the AHS Director of Integrated Family Services
- A leadership team consisting of the AHS Secretary, Deputy Secretary, Commissioners, AHS Director of Healthcare Operations, the AHS Director of Integrated Family Services and the AHS Central Office Business Manager
- A newly expanded Act 264 Advisory Board
- Various workgroups that include state employees, providers, the Department of Education, families and youth.

All departments within AHS participate in IFS and assure that their daily work is connected to the overall plan of integrating services and eliminating silos.

Development of Inventory

The inventory (Attachment A) shows the responsible department(s) and the regions in which the service is provided. While a wide variety of services are provided, we are aware that waitlists, quality and outcomes may vary from region to region.

This geographical inventory represents all services* provided to children and families in the following categories:

- Routine health and maintenance
- Early intervention
- Prevention
- Population based supports
- Treatment both community based and out-of-home residential treatment
- Support services
- Financial supports

*this included Global Commitment (Medicaid state and federal funding) Federal grants and State general funds

The inventory gives a clear picture of all services that are provided or delivered through federal programs administered by AHS.

Attachment A, tab 2 provides a list of the licensed residential programs and out-of-state residential programs that are under contract with AHS or are enrolled providers in the Medicaid program. .

AHS's Case Review Committee (CRC) manages access to all residential programs, in order to match the child or youth and family with the right program and manage the resources appropriately. This state-wide perspective allows the committee to identify overlaps and gaps in the residential care system.

Further description of the services, the target population, the funding, or other service requirements is available upon request.

Recommendations on Evaluating the System of Care

The AHS has several legislatively required measurement systems, ranging from population based tracking undertaken in the Department of Health, to reporting for our federal partners in each department as well as a quarterly outcomes report to the Government Accountability Committee. Through Integrated Family Services, AHS will bring these existing measures together to evaluate services and the quality of the system of care for children, youth and families.

Using the legislative outcomes for AHS, the IFS Initiative has identified 12 indicators to be used to measure progress toward achieving the goals of:

- **Children Live in Stable and Supported Families;**
- **Pregnant Women and Young Children Thrive.**

For some of these indicators, we have baseline data. For others, we will spend the next year collecting baseline data. For all indicators, we will develop targets of where we want to be within a specific time frame. Monitoring our progress toward achieving our targets will be the central focus of the IFS system of care evaluation.

We will also look at process measures for evaluating the progress of IFS. These include:

Component	AHS Status
Outcome focused and performance-based contracts.	In process
Common and simplified documentation requirements	Several improvements implemented Oct. 2010 and again in Dec 2011.
Equitable distribution of funding in order to build capacity based on population.	Funding formula using population, poverty and density developed
An AHS-wide System of Care Plan	Under development with IFS Senior Management Team using feedback from consumers, providers and Act 264 Board
A quality oversight plan based on the Global Commitment oversight plan.	In the initial development stage. The loss of quality oversight staff during position reductions has created a delay in our ability to assess quality.
A centralized data system and IT support	In initial development, the rate of turnover in IT staff and loss of project management resources has delayed progress.
Better assess the needs of families and provide flexible and strength based services.	Several early childhood pilots and early adopters for enhanced services are helping guide and provide feedback to AHS teams.
Workforce development and ongoing technical assistance, to ensure the delivery of quality, integrated services.	Continues to be a gap with few resources available to meet this need.
Identify needed changes to some current legislation to align with IFS.	Beginning the process of legislation review and determining if changes are needed.
Continue role of Case Review Committee (CRC) in programmatic oversight of the residential programs.	Includes recent re-write of residential licensing regulations and beginning a review of the rate setting process to assure effective use of our resources.
Provide ongoing technical assistance with difficult and complicated situations and identify program improvements needs.	This is an on-going focus. Better alignment and pooling of Medicaid funds will help address and reduce these types of challenges.

IFS web site

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

ATTACHMENT A

Tab 1. Inventory – all services

Tab 2. Inventory residential in-state

Tab 3. Inventory residential out-of-state

ATTACHMENT B

IFS Diagram

Inventory of All State/Federal Funding Vermont Children and Families (FY12)

Prenatal to 22 year olds

Program or Service Title	Target Population	Total Cost	Who provides <small>(DA's, state staff, school, private agencies, individual contractor)</small>	Statewide or Specific Region? <small>If region please identify region(s)</small>	Lead Dept.
ROUTINE HEALTH MAINTENANCE and PREVENTION					
Early Periodic Screening Diagnosis and Treatment	All Medicaid or Medicaid eligible population (outreach and promotion via school nurses)	\$5,881,615	School staff, administered by VDH staff	Statewide	VDH
WIC Food Benefit (USDA)	0-5, pregnant women, women up to 6 months after end of pregnancy unless breastfeeding, breastfeeding women up to 12 months after birth of baby.	\$9,662,388	Competitively bid private food delivery contractors	Statewide	VDH
WIC Nutritional Counseling & Breastfeeding support	0-5, pregnant women, women up to six months after end of pregnancy unless breastfeeding, breastfeeding women up to 12 months after birth of baby.	\$3,484,952	State staff (VDH) & breastfeeding peer counselors employed through Dept of Labor training program	Statewide	VDH
Prevent Child Abuse VT	Parents/Professionals/other adults	\$250,000	Private Provider Earmark	Statewide	AHS
Office of Juvenile Justice and Delinquency Prevention	Children and youth at risk of becoming delinquent.	\$325,000	Supports other work grantees through RFP	Statewide	DCF
Children' Trust Fund (Primary Prevention - Population Based)(JJDP) (CTF Tax Checkoff)	Birth to 18 years	\$340,577	Community based and Statewide organizations - includes PCC, Child Care Programs, Arts Councils, Schools, Head Start, Youth Centers, Health Organizations	Statewide	DCF
Commnity Based Child Abuse Prevention	Families with children of all ages	\$305,111	PCCs, Prevent Child Abuse VT, Parent to Parent, VT Children's Trust Foundation ((US HHS - Children's Bureau, Office on Child Abuse and Neglect)	Statewide	DCF/CDD
Parent Child Center Grants	Pregnant and Parenting Teens and Families with children of all ages	\$1,112,145	PCC	Statewide	DCF/CDD
BBF Direct Service	Pregnant and Parenting Teens and Families with children 0 through 5	\$875,032	PCC (9 of 16); Supervisory Unions (2); Community-Based Non-Profits (3)	Statewide	DCF/CDD
Immunization	Birth to 18 years	\$8,000,000	Medical professionals	Statewide	VDH
Lead Screening	Focus on children< 6 but education to all ages. Does not include lead testing	\$390,000	VDH: Childhood Lead Poisoning Prevention Program staff and district office staff	Statewide	VDH

Program or Service Title	Target Population	Total Cost	Who provides (DA's, state staff, school, private agencies, individual contractor)	Statewide or Specific Region? If region please identify region(s)	Lead Dept.
ROUTINE HEALTH MAINTENANCE and PREVENTION TOTAL		\$30,626,820			
HOME and COMMUNITY BASED INTERVENTION and SUPPORT					
DVHA Medicaid/Medical Services	Prenatal to age 22	\$142,577,311	Medicaid Providers	Statewide	DVHA
AHS High Risk Pool	Children and youth up to age 22	\$700,000	Accessed via LITs.	Statewide	AHS
Balanced and Restorative Justice (BARJ)	Adolescents, many but not all adjudicated as delinquents	\$900,000	private providers	Statewide	DCF
CSHN Respite (MCHB BG)	Birth to 21 years	\$295,000	Administered by VDH staff	Statewide	VDH
CSHN Financial Aid (MCHB BG)	Birth to 21 years	\$1,444,794	Health care providers, admin by VDH staff	Statewide	VDH
CSHN Medical Services (specialty clinics, care coordination, family supports [non-respite])	B-21 (+ adult CF)	\$2,122,855	VDH staff and contractors, administered by VDH staff	Statewide	VDH
ADAP Adolesc Tx (Block grant)	Age 6-21	\$1,556,189	Private agencies	Statewide (through Preferred Providers)	VDH
ADAP - SAP (tobacco)	Students K-12	\$830,500	School staff, administered by VDH staff	Statewide	VDH
ADAP -Pregnant wm (block Grant	Women pregnant at admission	\$155,619	Private Agencies	Statewide (through Preferred Providers)	VDH
Intensive Family Based Services	Families at risk for kids coming into custody; youth returning from higher levels of care to the community and then home	\$1,896,000	DA's and Private Providers	available Statewide (not in Lamoille Co. a different service is provided)	DCF/FSD
Parent Education	Children/youth in custody and families at risk for children coming into custody	\$600,000	DA's and Private Providers	Statewide	DCF/FSD
Child/Family Support	Children/youth in custody and families at risk for children coming into custody	\$5,343,915	DA's and Private Providers	Statewide	DCF/FSD
CASE-T	Youth identified with sex offending behavior and youth victims of sex abuse	\$134,778	Private Providers	Statewide	DCF/FSD
Intensive MH services for individuals children purchased by DCF	Youth requiring significant wraparound services and hospital diversion type services.	\$5,666,058	These are gc funds transferred to DMH to support youth in community care via DA/SSA	Statewide	DCF/FSD
Developmental services purchased by DCF	Children/youth in custody who have a developmental disability & need significant wraparound services, may or may not meet DS funding priority	\$3,800,000	These are gc funds transferred to DAIL to support youth in community care (DA's provide)	Statewide, also provided by SSAs	DCF/FSD

Program or Service Title	Target Population	Total Cost	Who provides (DA's, state staff, school, private agencies, individual contractor)	Statewide or Specific Region? If region please identify region(s)	Lead Dept.
Vermont Coliation of Runaway and Homeless Youth Programs	Youth 16 + Runaways/homeless/crisis and family counseling and stabilizations	\$2,136,343	Youth Service Bureaus/DA's	Statewide	DCF/FSD AND CDD
Post-adopt supports	Families who have adopted special needs children from DCF foster care.	\$500,000	Private providers medically necessary services typically provided out of state by provider not eligible for VT medicaid	Statewide	DCF/FSD
Specialized Child Care	Families with Children Birth to 13 years (16 years if child with disability)	\$670,803	Community Child Care Resource and Referral Agencies, PCCs	Statewide	DCF/CDD
Child Care Special Accomodations	Families with Children Birth through 12 years enrolled in a regulated child care program	\$260,000	Regulated child care providers	Statewide	DCF/CDD
Child Care Subsidy Eligibility - Specialized Child Care (IV-E) (US HHS - Child Care Bureau, CCDF)	Families with Children Birth to 13 years (16 years if child with disability)	\$670,803	Community Child Care Resource and Referral Agencies	Statewide	DCF/CDD
Child Care Special Accomodations	Families with Children Birth through 12 years enrolled in a regulated child care program	\$0		Statewide	DCF/CDD
CIS- Maternal and Child Health and Family Support (formerly HBKF)	Prenatal, Postpartum, Chidlren Birth to Six and their Families	\$2,644,689	CIS Regional Teams and Home Health Agencies and PCCs	Statewide	DCF/CDD
CIS - Early Intervention, Part C	Children Birth to Six and their Families	\$4,156,556	CIS Regional Teams and Early Intervention Host Agencies and Specialized Provider Agencies and Individuals	Statewide	DCF/CDD
Lund Center	Pregnant or Parenting Women with substance abuse issues	\$374,400	Private Non Profit		DCF/FSD
CIS - Early Childhood and Family Mental Health	Prenatal, Postpartum, Chidlren Birth to Six and their Families	\$2,563,631	CIS Regional Teams and PCCs and DA-Mental Halth Agencies	Statewide	DCF/CDD
Supervised Visitation Services	Young children and their parents/ families where DV is an issue	\$750,000	Private Providers	Statewide	DCF/FSD
Family Preservation	Families, including adoptive parents, with children or youth at risk of entering DCF custody.	\$350,000		Statewide	DCF/FSD
JOBS	16 - 22 with SED	\$1,222,739	DAs except in Lamoille, private non-rpofit	Statewide except Lamoille	DAIL/VR
Bridges	Children 0-22 with developmental disabilities	\$791,967	DS Designated Agencies	Statewide	DAIL/DS
Flex Family Funding	Families of children with DD living at home	\$1,103,749	DS Designated Agencies	Statewide	DAIL/DS

Program or Service Title	Target Population	Total Cost	Who provides (DA's, state staff, school, private agencies, individual contractor)	Statewide or Specific Region? If region please identify region(s)	Lead Dept.
Developmental services home and community based services	Individuals with Developmental Disabilities 0-22	\$13,822,333	DS Designated Agencies & Specialized Services Agencies & self-directed	Statewide	DAIL/DS

Program or Service Title	Target Population	Total Cost	Who provides (DA's, state staff, school, private agencies, individual contractor)	Statewide or Specific Region? If region please identify region(s)	Lead Dept.
Developmental Services- clinic	Individuals with DD	\$0	DS Desinated Agencies	Statewide	DAIL/DS
Developmental Services - Therapeutic Case Management	Individuals with DD	\$0	DS Designated Agencies	Statewide	DAIL/DS
Children's Personal Care Services	Children with disabilities who need personal care assistance	\$20,570,833	Mostly self-directed, a few DS and home health agencies	Statewide	VDH
Hi Tech Nursing	Individuals who are technology dependent	\$2,203,856	Nursing Agencies, a few self-directed	Statewide	VDH
Traumatic Brain Injury	Individuals with TBI age 16 +	\$329,814	Nursing Agencies, private TBI agencies, MH agencies, DS agencies	Statewide	DAIL
Child/Family MH/XIX	All children and youth with a MH diagnosis served by DA/SSA	\$21,675,865	DA's and SSA	Statewide	DMH
Special Services/Investments	All children and youth served by DA/SSA	\$42,000	All listed above and any other provider or service identified as beneficial to child/adolescent's MH	Statewide	DMH
Support for pregnant and parenting teens (Learning Together Program)	Pregnant and/or parenting teens up to young adult (age 24)	\$934,481	PCCs	Statewide	DCF/CDD
School Based MH (Success Beyond Six)	School-aged children & youth with social/emotional/behavioral needs	\$38,850,289	Schools purchase behavioral and MH services from DA's	Available Statewide through DA system, not all schools purchase available services. No Behavior Intervention Program services purchased in Bennington County	DMH
HOME and COMMUNITY BASED INTERVENTION and SUPPORT TOTAL		\$284,648,170			

Program or Service Title	Target Population	Total Cost	Who provides (DA's, state staff, school, private agencies, individual contractor)	Statewide or Specific Region? If region please identify region(s)	Lead Dept.
OUT OF HOME TREATMENT OR FOSTER CARE					
DCF Residential Treatment	Children and youth in DCF custody	\$14,387,072	4.5 million includes some (?) MCO investment for out of state residential who are NOT VT Medicaid providers in and out of state residential providers	Statewide (see tab of residential programs and out of state)	DCF/FSD
Foster Parent support including: Respite/,mileage/expense reimbursement/training etc	Foster adoptive parents and the children in their homes	\$550,000	Private Providers	Statewide	DCF/FSD
Foster Care	Children and youth in DCF custody	\$5,000,000	Foster Parents	Statewide	DCF/FSD
Intensive community based and out of home treatment including residential	Children meeting intensive service criteria from 6-22	\$5,485,682	PNMI: private agency Wraps:DA's/SSA and occassionally they will subcontract to other provider	PNMI: Statewide, DMH uses specific residential treatment programs. Wraps: Statewide	DMH
NFI Hospital Diversion Program	Children ages 6-17		NFI	Statewide	DMH
Inpatient Hospitalization	Children & youth ages 5-18	\$33,617,329	Brattleboro Retreat	Statewide	DVHA
OUT OF HOME TREATMENT OR FOSTER CARE TOTAL		\$59,040,083			
ADOPTION SUBSIDY					
Post adopt consortium	Families who have adopted special needs children from DCF foster care.	\$225,000	Private Providers	organizing the agencies that provider services Statewide	DCF/FSD
Adoption subsidy	Families who have adopted special needs children from DCF foster care.	\$14,500,000	Adoptive Parents	Statewide	DCF/FSD
ADOPTION SUBSIDY TOTAL		\$14,725,000			

Program or Service Title	Target Population	Total Cost	Who provides (DA's, state staff, school, private agencies, individual contractor)	Statewide or Specific Region? If region please identify region(s)	Lead Dept.
FINANCIAL SUPPORT					
Child Care Financial Assistance 0 through 5 years	Families with Children Birth through 5 years	\$26,674,222	Regulated Child Care Programs	Statewide	DCF/CDD
Child Care Financial Assistance 6 through 12 years	Families with Children 6 through 12 years	\$12,000,000	Regulated Child Care Programs	Statewide	DCF/CDD
Child Care Financial Assistance 6 through 12 years	Families with Children 6 through 12 years	\$38,223,619	Regulated Child Care Programs	Statewide	DCF/CDD
FINANCIAL SUPPORT TOTAL		\$76,897,841			
PROFESSIONAL DEVELOPMENT					
Training Partnership	FS staff/foster parents/community providers/MSW students	\$1,800,000	Provides Training	Statewide	DCF/FSD
PROFESSIONAL DEVELOPMENT TOTAL		\$1,800,000			
INCARCERATION/SECURE TREATMENT					
DOC 16-22		\$0		Statewide	DOC
Woodside 14-18		\$4,113,242		Statewide	DCF/FSD
INCARCERATION/SECURE TREATMENT TOTAL		\$4,113,242			
TREATMENT PROGRAMS FOR FAMILIES INVOLVED WITH DOC					
Kids-A-Part Parenting Program (LUND Family Center)	Incarcerated mothers, their children and their caregivers	\$ 109,500	Private Provider (VT Children's Aid Society (Now LUND)	Women's Facility	DOC
Nurturing Fathers and Circle of Support Parenting Support Circles	Incarcerated mothers and fathers	\$ 60,000	Private Provider - Prevent Child Abuse Vermont (PCAV)	NSCF,NERCF,CRCR, NWSCF, MVRCF, NWSCF and SESCOF	DOC
TREATMENT PROGRAMS FOR FAMILIES INVOLVED WITH DOC TOTAL		\$169,500			
GRAND Total		\$472,020,656			

EDUCATION	
The Department of Education provides several programs that are coordinated with services provided by AHS.	
Program	Description
Early Essential Education (3-6 yo)	Preschool special education w/ id developmental delays and/or disabilities. Fed.I & state funds distributed to school districts and Supevisory Unions
Ealry Education Initiative	Prepares at-risk preschool children for success in kindergarten and beyond. EEI serves children in school based and community-based programs who are ineligible for or inadequately served by existing early childhood education programs. Continuation grants of \$30,000; no new funds.
Even Start	Integrates adult, parenting and early childhood education into a comprehensive family literacy program to break the intergenerational cycle of poverty and low literacy. Even Start programs offer educational services primarily children from birth - age 7 and their parents. Fed. funds through competitive grants.
Early Head Start	Comprehensive family support, child development and health services for eligible pregnant women and children from birth to age three and their families, making 3 of the 7 Head Start programs prenatal to school age services
Head Start	Comprehensive health and early education services for eligible families. Services include health, mental health, nutrition, early education, and parent education, 7 programs cover the state.
Special Ed Part B (school age)	Medicaid Reimbursed SPED services
Post Secondary Case Management - Kids in Custody	DCF Youth who choose to continue FC after 18th birthday
EDUCATION TOTAL	\$74,996,350

STATE PROVIDED SERVICES	
In addition to the services AHS funds via contracts and grants there are several state positions that support children, youth and families in their home and community	
PROGRAM	Description
Child Abuse Intake	Child Abuse hotline is available 24/7 to speak to mandateed and non-mandated reporters who wish to report suspected child abuse or neglect. Supervisors screen intakes, and if indicated, assign to DCF-FSD district offices for investigation or assessment.
Child Safety Interventions	See above. DCF-FSD social workers conduct investigations or assessments based on reports of allegations that a child is being abused or neglected, or is in need of care and supervision.
Child Protective Services	Following a child safety intervention, DCF-FSD social workers provide ongoing social work services to families assessed as high or very high risk, based on reducing risk and augmenting protective factors.
Services to Children in DCF Custody	Social workers provide social work services to children in DCF care and their families, with a focus on safety, permanency and wellbeing.
Supervision of Youth on Juvenile Probation	DCF-FSD social workers supervise youth on probation, focusing on successful completion of the terms of juvenile probation and on reducing risk factors.
CSHN social workers and nurses	Case management and nurse support for children with special health needs
Maternal & Child Health Coord.	MCH population health assessment, assurance and policy development in their communities. They provide direct service to high risk pregnant women assure availability and delivery of key pregnancy and postpartum education and support
Blueprint Health Teams	Healthcare services in the community and connected to primary providers
Community Health Teams	Healthcare management for chronic diseases
GRANTS	
The Agency of Human Services has several grants to support children and families. List of grants can be provide upon request.	

Name of Facility	Location	Licensed Capacity	Gender	Age Range	DCF Contract	Accred./ License
Bennington School	Bennington	75	M & F	9 up to 22	45	CARF
Bennington School (Vail House)	Bennington	4	Female	13 up to 18	4	CARF
Brattleboro Retreat ATP (Osgood)	Brattleboro	14	M & F	13 up to 18	8	JCAHO
Brattleboro Retreat ATP (Linden)	Brattleboro	5	M & F	13 up to 18	4	JCAHO
Brattleboro Retreat (Abigail Rockwell)	Brattleboro	8	M & F	6 up to 14	4	JCAHO
Brookhaven Home for Boys	Chelsea	8	Male	6 up to 14	8	
Camp E-Wen-Akee	Benson	20	Male	12 up to 18	20	COA
Community House	Brattleboro	8	M & F	6 up to 13	7	
Eagle Eye Farm (Job's Mountain Academy)	West Burke	3	M & F	13 up to 22	0	DAIL
Easter Seals "Step Up"	Rutland	8	Female	15 up to 22	0	
The Fold, Inc.	Lyndonville	25	M & F	13 up to 18	None	
HowardCenter, CYFS	Burlington	18	M & F	6 up to 14	11	CARF
HowardCenter, CYFS aka Park Street	Rutland	10	Male	12 up to 18	10	CARF
Lund Family Center	So. Burlington	24 & babies	Female	no limit	3	
New England Kurn Hattin Homes	Westminster	107	M & F	6 up to 15	0	
N.F.I. (Allenbrook Homes for Youth)	So. Burlington	8	M & F	12 up to 18	8	
N.F.I. (Group Home)	Burlington	6	M & F	13 up to 18	5	
N.F.I. (Hospital Diversion Program)	So. Burlington	6	M & F	10 up to 18	0	
N.F.I. (Shelburne House) "staffed" foster home	Williston	3	Male	13 up to 18	0	
Onion River Crossroads	Montpelier	8	Female	12 up to 20	8	
Seall, Inc. "204 Depot Street" (204 and 210)	Bennington	8	Male	13 up to 18	8	
Spectrum "CoOp"	Burlington	6	Male	16 up to 19	6	
True North Wilderness	Waitsfield	24	M & F	14 up to 22	None	NATS
Valley Vista (Adolescent Program)	Bradford	15	M & F	13 up to 18	0	ADAP
VCDHH (Austine School)	Brattleboro	50	M & F	3 up to 22	0	
VCDHH (William Center - Behavioral Program)	Brattleboro	12	M & F	8 up to 22	1	
VCDHH (William Center - Autism Program)	Brattleboro	8	M & F	8 up to 22	0	
WCYS-Mountainside House	Ludlow	9	Male	13 up to 22	6	
WCYS-House at Twenty Mile Stream	Proctorsville	7	Female	13 up to 22	6	
Woodside Rehabilitation Center	Colchester	30	M & F	10 up to 18	30	CARF

CONTRACTOR	ADDRESS	CONTRACT #
A New Leaf, Inc.	868 East University Drive Mesa, Arizona 85203-8033	20163
Youth Opportunites Upheld (Cottage Hill Academy)	81 Plantation Street Worcester, Massachusetts 01604	18936
Devereux Foundation (CT) (Glenholme School)	81 Sabbaday Lane Washington, Conneticut 06793-1318	19200
Devereux Foundation (MA)	60 Miles Road - PO Box 219 Rutland, Massachusetts 01543	17384
Devereux Foundation (FL)	5850 T. G. Lee Blvd - Suite 400 Orlando, Florida 32822	15366
Eagleton School	446 Monterey Road Great Barrington, Massachusetts 01230	15776
Eckerd Youth Alternatives (Camp E-Toh-Anee) *No Renewal*	100 North Starcrest Drive Clearwater, Florida 33758	14028
Fall River Deaconess Home	PO Box 2118 Fall River, Massachusetts 02722	18642
Hannah House	PO Box 591 Lebanon, New Hampshire 03766	18184

Hillcrest Educational Center, Inc.	PO Box 4669 Pittsfield, Massachusetts 01202	17257
NFI North (Davenport School) *RENEWAL?*		
Pike School (Becket)	PO Box 101 Haverhill, New Hampshire 03765	17954
Pine Haven Boys Center	133 Riger Road - PO Box 162 Suncock, New Hampshire 03275	19440
Stetson School	455 South Street Barre, Massachusetts 01005	17505
Stevens Children's Home	24 Main Street Swansea, Massachusetts 01777	17311
The Pines Treatment Center	825 Crawford Parkway Portsmouth, Virginia 23704	18317
Whitney Academy	PO Box 619 Freetown, Massachusetts 02717	17312

EXPIRATION DATE	CONTRACT CAP	DAILY RATE	CURRENT CAPACITY	GENDER SERVED	AGE(S) SERVED
6/30/2012	\$127,880.64	\$354.24	1	M	12-17
12/31/2011	\$251,191.80	\$231.30	3	F	12-18
6/30/2012	\$97,400.16	\$201.24	1	M/F	9-18
6/30/2012	\$487,372.32	\$222.24	3	M/F	
6/30/2012	\$472,691.04	\$237.24	2	M/F	4-17
9/30/2011	\$560,085.20	\$192.50	4	M	
10/31/2011	\$329,825.00	\$158.98	2		11-18
12/31/2011	\$219,065.70		3	F	
9/30/2011	\$148,496.60	\$203.42	2	F	

6/30/2012	\$1,671,579.78	Brookside: \$408.70 High Point: \$254.72	Brookside: 4 High Point: 3	M	
9/30/2012	\$1,146,052.50	\$186.65	10	M/F	
6/30/2012	\$66,286.26	\$181.11	1	M	6-14
10/31/2011	\$348,909.92	Regular: \$226.52 Enhanced: \$241.76	Regular: 4 Enhanced: 1	M	
6/30/2012	\$76,463.75	\$228.25	1	M	12-17
6/30/2012	\$257,776.31	\$397.19	1		
6/30/2012	\$463,342.28	\$319.54	2	M	10-12

PROGRAM SUMMARY	CONTACT PERSON	PHONE
Level 1 residential treatment to address sexual acting out behaviors as well as the negative core belief systems and other associated symptomatic behaviors that result from these dysfunctional beliefs.	Beth Noble	480-477-4039
Several residential services and care levels that are designed to meet the individual needs of their clients which includes behavioral, academic, clinical, psychiatric and medical services.	Paula Aiello	508-849-5600
Specialized boarding school that provides a therapeutic program and exceptional learning environment to address varying levels of academic, social and emotional development.	Julie Smallwood	860-868-7377
Quality treatment for special emotional and behavioral needs by offering children, adolescents and their families, highly individualized, strength-base treatment within a supportive, multi-disciplinary continuum of care.	Judith Reynolds	610-542-3079
Services for children/adolescents with various diagnosis such as affective disorders, psychosis, history of abuse and neglect, emotional and psychiatric difficulties. Designed for children who have been unsuccessful in a less restrictive residential setting.	Steven Murphy	407-362-9210
Psycho-educational treatment center - treats males with difficult behavioral/emotional problems, emotional disturbances, sexual abuse issues and learning disabilities.	Lori Ann Kueblbeck	413-528-4385
Abused, neglected, CHINS or delinquent youth who have failed to complete programs in less restrictive community settings, have experienced family conflict and have special academic needs such as learning disabilities.	Patsy Stills	727-461-2990
Unique treatment facility serving adolescent girls who were treated with success using traditional modalities. Provides firm, consistent behavioral approach combined with social services, special education, individual tutoring, testing, a work experience program and individual, group and family counseling.	Caroline Reed	508-674-4847
Serves teenage mothers of infants and toddlers who are in need of training in parenthood. Supports and educates the teens through pregnancy and provides residential, vocational and educational services for mothers and up to 2 children through age 2.	Randy Walker	603-448-5339

<p><u>Brookside</u>: Behavioral, psychiatric and emotional disorders. Repeat offenders and have been involved in illegal activities, drug abuse violence or other self-destructive behaviors.</p> <p><u>High Point</u>: Applies latest research and offense specific expertise in providing current and effective treatment to male sex abusers. Program goal is to increase self-monitoring of sexual impulse, reject sexually offending behaviors and build social skills and mastery experiences in moral arenas of life.</p>	Mark Placido	413-499-7924
Serves interpersonal violent offenders including sexual offenses, adjudicated delinquent - learning disabled, emotionally disturbed, fire setters, abused/neglected and CHINS.	Jay Wolter	603-359-9044
Serves educationally handicapped, fire setters, emotionally disturbed and/or attention deficit disorder.	Penny Cheshire	603-485-7141
Provides treatment for sex offenders/sexualized behaviors. Youth placed at Stetson School will learn to understand the cycle of his offending behavior.	Kathleen Lovenbury	978-355-4541
Serves difficult to place males in need of highly specialized, staff-secure, therapeutic residential treatment and education. Youth with fire-setter behaviors, sexual abusing behaviors, other behavioral disorders and emotional disturbances.	Thomas Drooger	508-679-0183
Provides focused intermediate and long-term care to children manifesting psychiatric and behavioral health disorders with a significant impairment of social, interpersonal, educational or vocational functioning.	Linda Monahan	757-391-5969
A unique year round residential school dedicated to meeting the needs of dually diagnosed young boys with borderline/mild cognitive delays and psychiatric disorders and sexual offending behaviors.	Elizabeth Okeefe	508-763-3737

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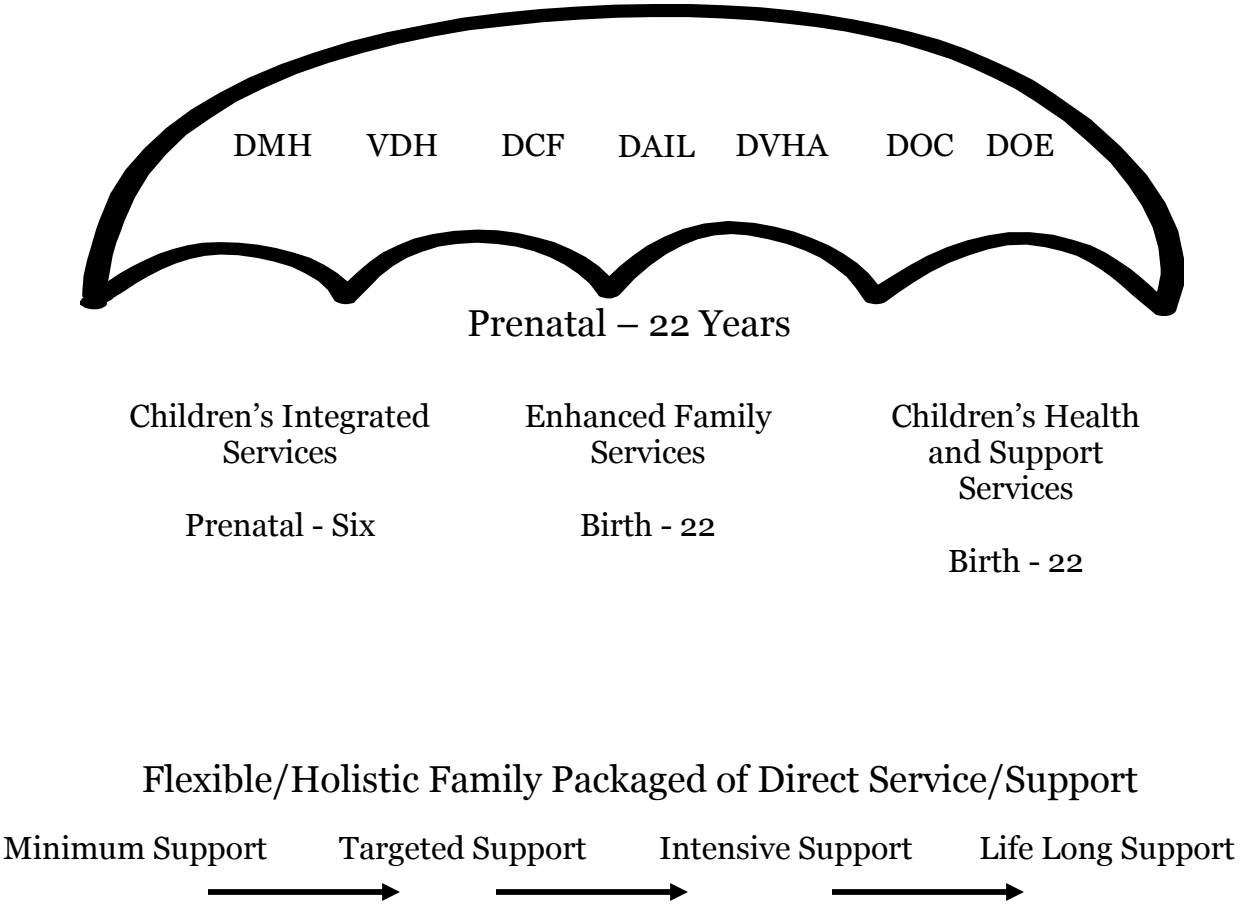
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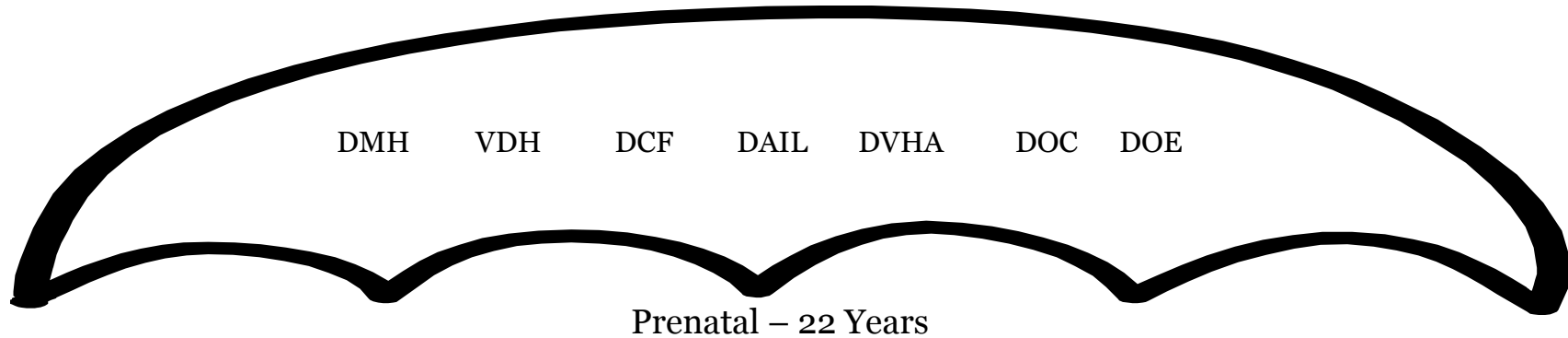
Integrated Family Services

Core Principles

- Family Systems, Strength Based & Informed Decision Making for Families
- Intervene Earlier
- Functional Needs
- Common and Consistent Family Screening Intakes and Multi-disciplinary Team
- Unified AHS guidelines, criteria and common documentation
- One Integrated Family Plan
- Lead service coordinator
- Unified and Simplified Reimbursement and Oversight
- Outcome Based Contracts
- Modern IT Structures



Integrated Family Services



Children’s Integrated Services

Prenatal – Six

Appropriations

VDH – MCH
 DCF – CDD
 DMH
 DVHA

Design Team

All of the above
 DAIL
 VDH – ADAP
 DOE – EEE
 Headstart
 UVM

Enhanced Family Services

Appropriations

DCF – FSD
 DMH - CMH
 DAIL – DS Children’s

Design Team

All of the above
 VDH – ADAP
 CIS Team
 DOC
 DVHA
 DOE
 UVM

Children’s Health and Support Services

Appropriations

VDH – MCH
 DAIL – DS Bridge Program
 - Hi-Tech
 - CPCS
 - Autism

Design Team

All of the above
 DVHA
 DMH
 UVM

I.F.S. – Funds not currently targeted in a specific re-design effort

- VCRHYP
- LUND
- Mental Health Fee-for-Service
- Sex Offender Outpatient Treatment
- Success Beyond 6
- Parent Ed
- TBI
- Sexual Abuse Treatment
- Various Flexible Funding

Integrated Family Services

\$145 Million Across All Divisions

DMH VDH DCF DAIL DVHA DOC DOE

Prenatal – 22 Years

Children's Integrated Services

\$12 Million

Enhanced Family Services

\$40 Million*

Children's Health and Support Services

\$24 Million

Not Currently Targeted for Re-design

\$69 Million

* \$5 Million DCF Child/Family Support Contracts not directly in EFS but connected