

Vermont Agency Of Human Services

Integrating Family Services (IFS)

Integrating Family Services Management Team

Susan Bartlett,
Special Projects

Cheryle Bilodeau,
IFS Director

Carol Maloney,
Systems Integration
Director



**If you want to go fast, go alone.
If you want to go far, go together.**
~African Proverb

Integrating Family Services



Vision

Vermonters work together to ensure all children, youth and families have the resources they need to reach their fullest potential.

Mission

Integrating Family Services brings state government and local communities together to ensure holistic and accountable planning, support and service delivery aimed at meeting the needs of Vermont's children, youth and families.

How we describe IFS when going up three floors in an elevator



Integrating Family Services creates a cultural shift in the way human services does business.

We are moving the focus from counting how much we are doing to tracking if anyone is better off.

This shift is created by making funding more flexible so agencies can offer children, youth and families the right services, at the right time, including early intervention and prevention.

Integrating Family Services

IFS is aimed at transforming how Vermont provides services and resources to support children and youth (prenatal to age 22) and their families, including:

- Maternal and child health, which focuses on health promotion, prevention and wellness;
- Early childhood development;
- Mental health and social emotional health;
- Developmental needs and disabilities;
- Substance use and abuse;
- Special health care needs;
- Strengthening families; and
- Integration and working partnerships with health care providers.



Why Integrate?



- ❖ The Agency of Human Services' six departments and community-based service providers operate within program and funding silos. The service gaps and inflexibility resulting from these silos make it difficult to effectively meet the needs of Vermont's children, youth and families.
- ❖ Integrating Family Services changes this by breaking down those silos and shifting strategic planning, practice, language, service delivery and other key aspects of Vermont's human services system so the resources available to children, youth and families better match their needs.

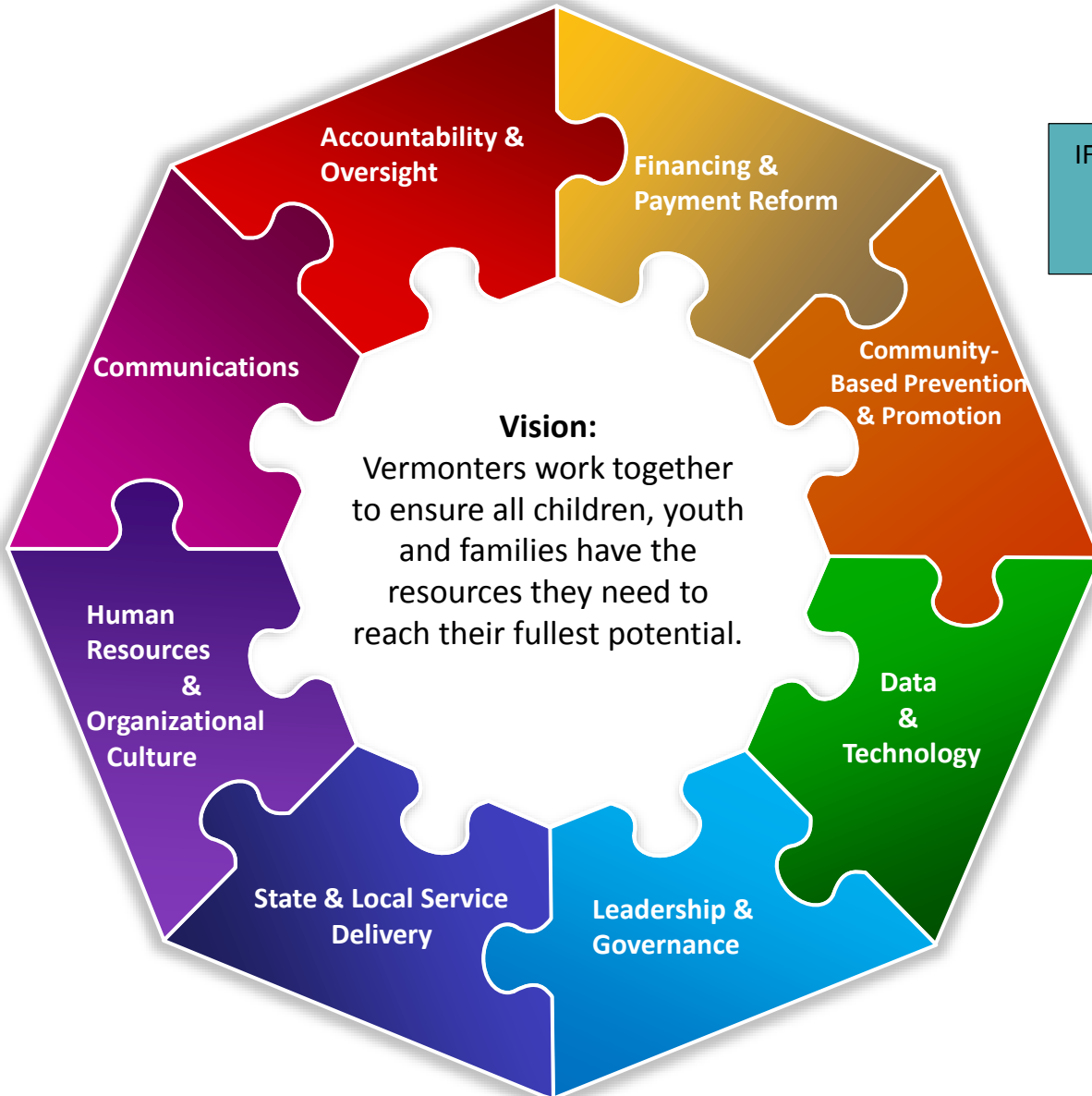
What happens with an Integrating Family Services Approach?



- Flexible funding allows service providers to meet family needs as they become known.
- IFS brings children's, youth and family services together in an integrated and seamless continuum.
- Families can access supports and services based on need rather than program eligibility criteria.
- State partners shift their focus from counting clients and service units to measuring the impact of those services.

The Eight Elements of Integrating Family Services

IFS moves us from talking about programs to talking about supports and services—getting families what they need when they need it rather than fitting their needs into a program based on its requirements.



IFS supports and promotes innovation.

Team is the theme!!!

Why do we need payment reform?

Our Current System Could Do Better

- As a state we contract out a large percent of our direct services to non-profit community partners. Their budgets are based on appropriations and they are capped. In addition they have statutory requirements to comply with and mandated populations to serve.
- Reimbursement rates, the majority of the time, do not cover the cost of providing the service.
- Program criteria has been created to manage access and resources therefore we all spend a lot of time trying to fit clients into programs. We want to provide more flexibility so services can be provided based on need rather than criteria.
- Program services have a hard time flexing to meet the varied needs of individuals and families. A program offers a fixed service, and once someone is determined eligible, the program's structure often precludes individualizing the service to meet the need. We individualize as much as possible and payment reform creates a higher level of flexibility.
- Medicaid requires a single person be identified as a client, however, we have recognized for a long time in order to achieve the best outcome we must support the entire family. Changing our payment system creates even more flexibility to do that.

Advantages of a Different Payment System

9



Funding using an IFS approach allows for:

- Increased flexibility so grantees can decide what to fund including early intervention and prevention
- Program redesign so children AND their families can be served.
- Less administrative burden, more time with children and families

Some examples of what IFS regions have been able to do with their funding flexibility:




- Staff in pediatric offices
- Summer programming for children
- Truancy and substance abuse work

Important Note: IFS grantees are still operating in a capped system which means they are still balancing where to invest funds and the need to balance wait lists, early intervention and prevention, families with high needs and services required by statute.

Work Group Achievements

| Work Group | Accomplishments |
|--|---|
| <p>Accountability and Oversight Ensure the various aspects of effective IFS accountability and oversight are being implemented consistently and broadly using a Result-Based Accountability Framework</p> | <ul style="list-style-type: none"> • Finalized IFS population indicators • AHS Scorecard will be available annually to IFS regions with population indicators • Will have finalized Performance Measures by July 2016 • Created and piloted an integrated quality case review in IFS regions (Feb. 2015) |
| <p>Community-Based Prevention and Promotion Identify and align whole-population and systems-wide frameworks, policies and practices that inform service delivery with an eye towards consistency and seamlessness</p> | <ul style="list-style-type: none"> • Using the Strengthening Families protective factors to offer suggestions and principles about how to embed these protective factors in the IFS regions and how to support them at the state level. <p><i>Strengthening Families™ is a research-informed approach to increase family strengths, enhance child development and reduce the likelihood of child abuse and neglect. The approach is based on engaging families, programs and communities in building five protective factors: parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, social and emotional competence of children.</i></p> |
| <p>State and Local Service Delivery Determine community-based responses that reflect specific needs highlighted by community-level data and the key components of the IFS model.</p> | <ul style="list-style-type: none"> • Created a service delivery framework that speaks to how supports and services in a region using the IFS approach look like • Creating (to be finalized summer 2016) an accountability tool that looks at services delivered, best practice and outcome data to be used in each region by community teams. |
| <p>Leadership and Governance Ensure the primary constituencies needed for successful implementation are actively engaged and clear on their roles and responsibilities</p> | <ul style="list-style-type: none"> • Created a model that clarifies roles, responsibilities and accountability of IFS grantees, regional partnerships, state entities and community partners. • Beginning the work of creating a formal way for family voice at the representation. |

IFS Population Indicators

| Act 186 Outcomes | 1. Pregnant women and young children thrive/Children are ready for school | 2. Families are safe, stable, nurturing and supported | 3. Youth choose healthy behaviors/Youth successfully transition to adulthood | 4. Communities are safe and supportive |
|-----------------------|--|---|--|--|
| Population Indicators | <p>a. % of children who are ready for kindergarten in all five domains of healthy development</p>  | <p>a. Rate of child abuse and neglect</p> <p>b. Number of Vermont families with one or more children who are experiencing homelessness</p>  | <p>a. % of high school seniors who have a plan following high school</p> <p>b. % of adolescents in grades 9-12 who drank alcohol before age 13</p> <p>c. Number of youth (12-21) who have adolescent well-care visits with a PCP or Ob/Gyn</p> | <p>a. Rate of children living below the 200% poverty rate</p> <p>b. Access to quality child care</p>  |

What are the Data Telling Us?

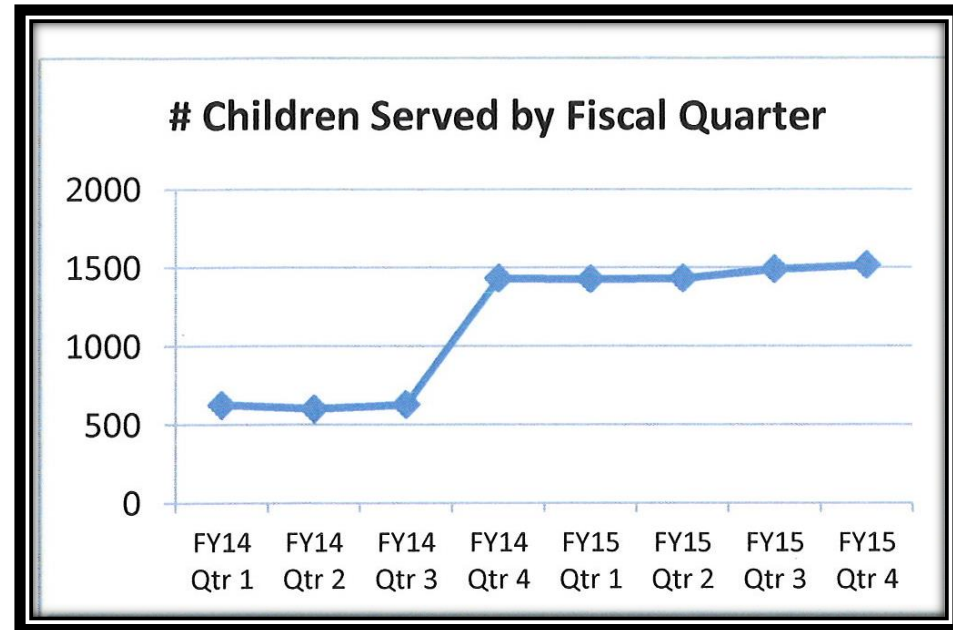
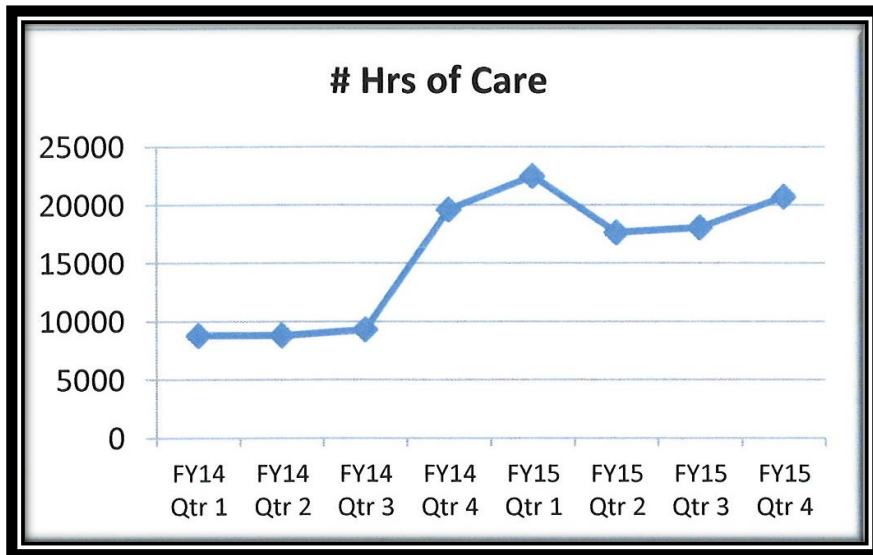


Special thanks to the two IFS regions, Franklin/Grand Isle and Addison, for collecting and aggregating this data

Increase in number/hours of supports and services

13

Aggregate Data for Franklin/Grand Isle and Addison, FY14 and FY15



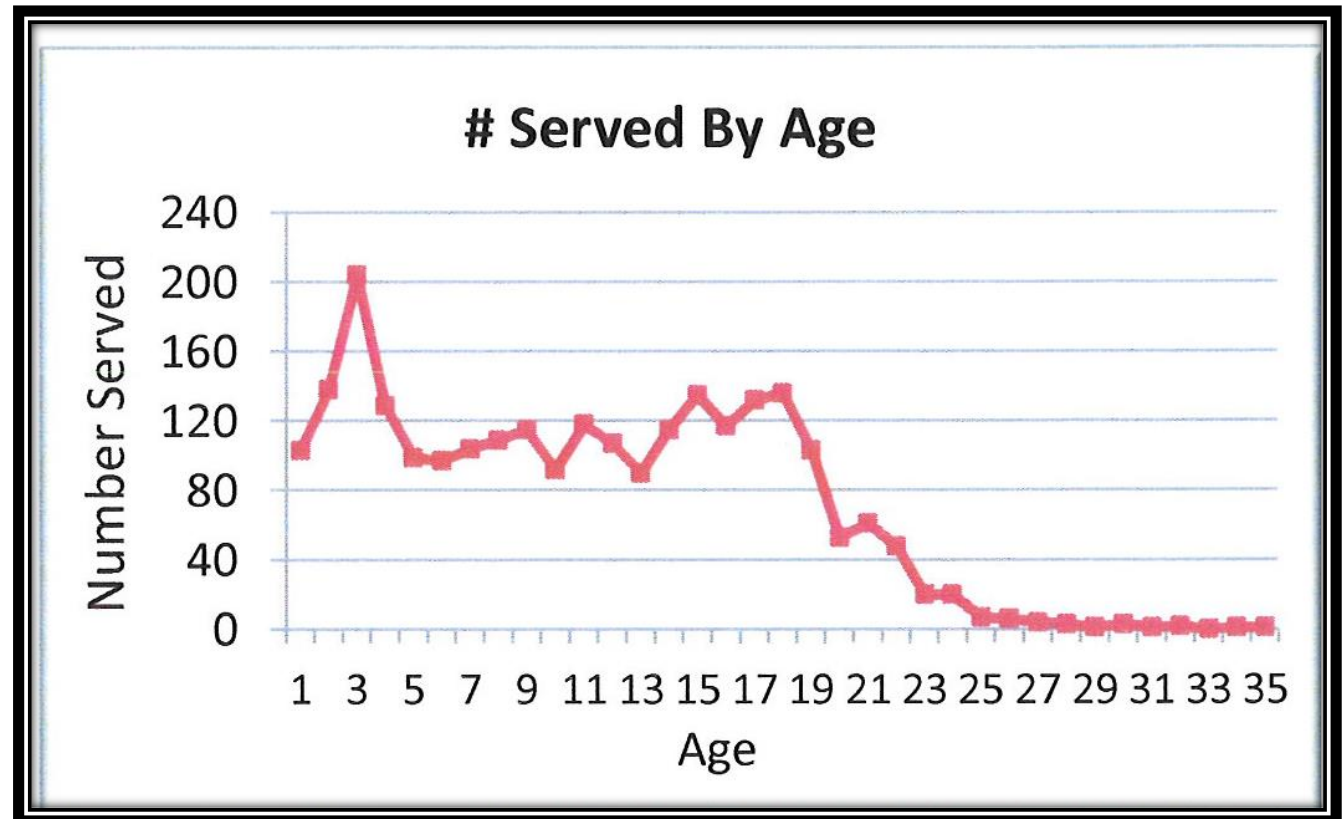
Note: There was an increase in the number of children served and the number of hours provided to children in both IFS regions; they are still operating in a capped system which means these increases plateau over time.

Average Age Served

14

Note: The average age of children served (aggregated) is 3 year-olds. This matches statewide data about the increase in young children coming into DCF custody.

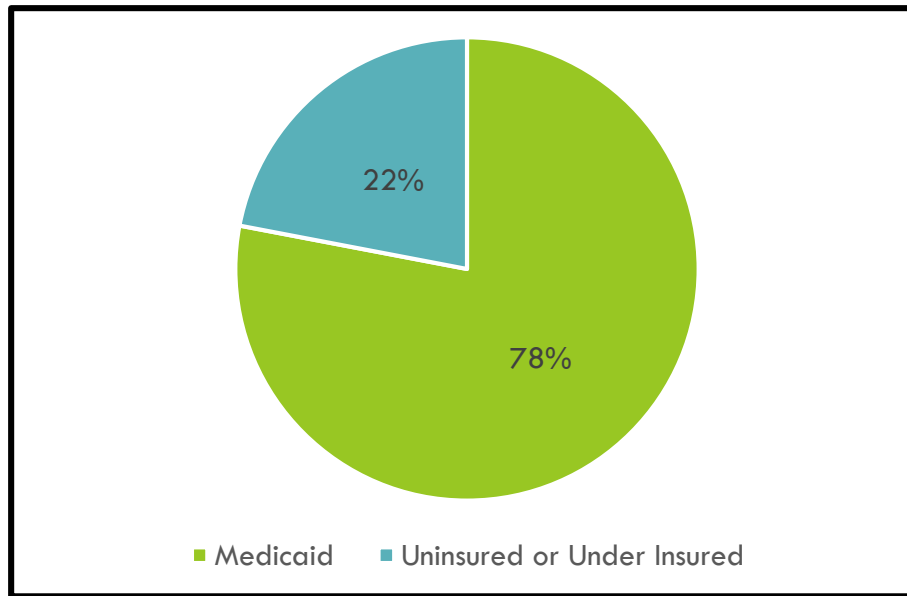
Aggregate Data for Franklin/Grand Isle and Addison, FY15



Insurance Coverage for Children Served

15

Aggregate Data for Franklin/Grand
Isle and Addison, FY15



Note:

For IFS grantees, they are receiving below market reimbursement (Medicaid vs. what private insurers pay) or for children without Medicaid the grantee may not be reimbursed at all

For More Information Please Contact a Member of the IFS Management Team

Susan Bartlett, Special Projects

Susan.Bartlett@Vermont.gov

802-917-4852

Carol Maloney, Director of Systems Integration

Carol.Maloney@Vermont.gov

802-279-6677

Cheryle Bilodeau, IFS Director

Cheryle.Bilodeau@Vermont.gov

802-760-9171

IFS Website: <http://ifs.Vermont.gov/>

