IFS is working to create a cultural shift in the way human services does business. –For years we all have been good at talking about how much we do but we have failed to ask the important question—is anyone benefiting from these services?—And for decades we have tried to re-organize the service system to better integrate and improve outcomes. At no other time did we say we need to shift how the money goes out to communities to achieve true integration. While it's a messy and complex process, —It is clear from the data and stories from the our two IFS pilots (Addison and Franklin/Grand Isle) that we are onto a winning process. This can work. The current status is focused around Children's Mental Health, but the goal is to have all services working in an IFS model.

As dollars remain limited and demands for services continue to grow in volume and complexity, it is important that the statewe learn how to work with its our community partners in a newdifferent way. -I And it is important that our community partners providers have the flexibility they need to deliver services to Vermonters at the right time and in the right amount. -When a family comes through the door, we should be able to respond to what is it that they need to become a successful family — and not be restricted by eligibility requirements that were designed to limit the number of people able to receive needed services and supports.— With no increase in funding, through IFS' flexibility, community providers are achieving these goals. IFS is achieving these goals.

As we realized how difficult making these changes is, we decided that we needed to go back to the drawing board and reboot the effort. These changes, while underway for five years, have only recently been given the internal resources needed to move the needle across the board. Over —Tthis past year has been spent. AHS staff have worked with a significant number of community and internal stakeholders to develop—developing—an IFS tool kit that will helps regions do the ground work that is required to get to a new way of delivering services. This is being accomplished through five 5 work groups that are made up of state and local workers and community partners. Among the important foci of those work groups is established new regional governance frameworks, and creating new state-regional decision making pathways — pathways built on shared responsibility and mutual accountability. —Five regions of the state are in various stages of preparing for There are 3 regions that are actively developing towards IFS implementation. Another 2 regions are beginning the process.

Just as the world of health care has learned, one of the most complex parts of this shift is payment reform. Over the years our dollars have become so siloed that figuring out how to bundle them into -a more simplere flow of dollars is easier said than done. -But we are continuing to work through this process.

The real value of IFS to Vermont is to finally be successful in developing a model that delivers the right services to <u>children</u>, <u>youth and families</u>, <u>folks</u> at the right time and in the right amount. <u>And Wwe</u> have

found that with flexibility comes the ability to deliver the right amount of supports and more services to more families with the same amount of money. That is creating a win/win.