

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 looking at how well we are doing. Is anyone better off because of our investment?

This shift is enabled by giving communities more flexibility with funding and decision-making so agencies can offer children, youth and families the right supports and services, at the right time.

Integrating Family Services

IFS transforms how Vermont provides supports and services to pregnant women, and to children and youth (birth up to age 22) and their families.

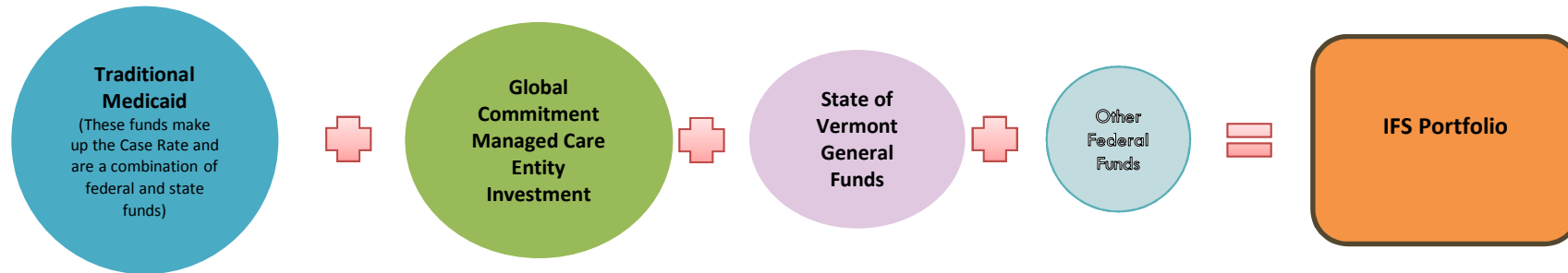


What happens with an Integrating Family Services Approach?



- 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.

Funding Streams Currently in the IFS Portfolio



- Dept. of Mental Health**
 - Children's Mental Health –Fee For Service
 - Access Program for Children's Emergency Services – Fee For Service
 - Children's Personal Care services (Medicaid)
 - Medical Assistance Program
 - Jump on Board for Success (employment)
- Disabilities Aging & Independent Living**
 - Dev. Services Waiver (Global Commitment)
 - Jump On Board for Success (employment)
 - Bridge Program/Bridges Program – case mgt.
- Dept. for Children & Families**
 - Individualized Services Budgets
 - Intensive Family-Based Services
 - Therapeutic child care
 - Vt. Coalition of Runaway and Homeless Youth Programs
 - Children's Integrated Services
- Dept. of Health/Division of Alcohol & Drug Abuse Programs**
 - Substance Abuse treatment for uninsured adolescents
 - Substance Abuse treatment for adolescents with Medicaid
 - Project Rocking Horse
- Dept. for Vt. Health Access**
 - Children's Personal Care Services

- DMH Respite Investment
- DMH Access for Children's Emergency Services – Investment
- DMH Children's Mental Health – Global Commitment Investment
- DMH Special Services
- DAIL Flexible Family Funding
- DDS services Children's Personal Care Services
- Children's Integrated Services

- DCF-CDD Learning Together, Child Care subsidies, Strengthening Families
- VDH – Teen Pregnancy

- DCF-Social services block grant
- DAIL-Voc Rehab Federal Funding
- DMH-Mental Health Block grant funding
- DCF-Title IV-E funding
- VDH-Substance Abuse Block Grant

How do providers receive payment under the case rate system?

- An IFS grantee's case rate is calculated by dividing the total traditional Medicaid funding allocation for the provider by the anticipated client caseload for the year – and that rate is then divided by twelve to arrive at a monthly case rate. Once per month, the provider can bill the established case rate per client.
- All funding formerly paid out through the Fee-For-Service (FFS) billing process for IFS-related services are no longer billed separately.

Stories That Tell How IFS is Working

Before IFS	After IFS	What does this mean for families?
<p>Medicaid funded services are only available to clients open to the agency</p>	<p>Can provide Medicaid eligible services to ANYONE</p>	<ul style="list-style-type: none"> • At the end of the 2014 school year, there was a bus that went off the road in Franklin County. The IFS grantee (Northwestern Counseling and Support Services) was able to deploy multiple staff to support the children who were involved. Due to this prevention work AND the ability to provide supports to children who were not open to the agency, only one child needed follow up support. • In Addison county, they were able to provide a Friday summer program to approximately 15 children in Shoreham since there were no other programs available in that community.
<p>Eligible only when circumstances became bad enough to qualify for services</p>	<p>Early intervention, treatment and support</p>	<p>Earlier this school year the superintendent's office in a Franklin County SU became alarmed about the results of the Youth Risk Behavior Survey which indicated a troubling increase in substance use among youth. With the increased flexibility provided through IFS, NCSS was able to hire a staff member to be in the school full-time to assist students and the school with providing support to youth and consultation to staff.</p>
<p>Children/youth with Developmental Disability on a waiver with specific number of hours/services</p>	<p>Services and supports tied to goals and needs of the youth (IFS regions do not use waivers)</p>	<p>A youth moved from a non-IFS region to an IFS region last year. The waiver (which prescribed \$60,000 worth of services) through which his services were provided was very prescriptive and the sending region was following it closely. Once this youth moved to the IFS region the team there looked at what the youth's goals were and developed supports and services accordingly. Less than a year later this youth is doing very well in his community and school and the service cost has been reduced to \$11,000.</p>

Where is IFS Headed?

Strategic Plan ~ FY2016-FY2020

FY2016- FY2017	<ol style="list-style-type: none">I. IFS' vision, goals and strategies are clearly communicated.II. Additional communities are supported in creating local governance agreements to prepare for IFS expansion.III. State and community partners utilize population indicators as a way to drive decision-making and identify gaps in services.IV. Integrating Family Services (IFS) grantees are held to common outcomes and performance measures.V. State and community partners, in collaboration with people who receive supports and services, work to create effective communications strategies and systems.VI. State and community partners develop a consistent and replicable financing model that connects health, human services and education systems.VII. State and community partners report increased administrative efficiencies and flexible and coordinated service delivery.
FY2018-2019	<ol style="list-style-type: none">I. State and community partners show improved outcomes for Vermont's children and families.II. Community partners work collaboratively and effectively to use funds flexibly to meet the identified needs of children, youth and families.III. Planning at the state and regional level is driven by a holistic and collaborative perspective of Vermont's children, youth and families service delivery system and community supports.IV. Policies cut across AHS department lines in ways that promote seamless service delivery to children, youth and families that build on strengths in each community.
FY2020	<ol style="list-style-type: none">I. All AHS regions have implemented the IFS approach.II. Families understand and can easily access supports and services they need regardless of geography, income or type of need.I. Policymakers and service providers use data to drive policy decisions and reallocate resources to most effectively meet the needs of Vermonters.

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://humanservices.vermont.gov/Integrating-Family-Services>