

How are the children?

Children's Integrated Services

CIS SERVICES AVAILABLE

As part of Integrated Family Services, Vermont has created a unique model for integrating early childhood health, mental health, early intervention and specialized child care services for pregnant and postpartum women and children birth to age six. The model is designed to improve child and family outcomes by providing client-centric holistic services, effective service coordination, flexible funding to address gaps in services, prevention, early intervention, health promotion, and accountability.

EARLY INTERVENTION

Services for children from birth to age 3 with a developmental delay or medical condition that may lead to developmental delay.

NURSING AND FAMILY SUPPORT

Services for pregnant and postpartum women and young children who have concerns about conditions or risk situations that impact healthy family development.

EARLY CHILDHOOD AND FAMILY MENTAL HEALTH

Services for children and their families from birth to age 6 with behavioral health concerns.

SPECIALIZED CHILD CARE

Services to help children with high needs experience success in high quality childcare settings.

CHILDREN'S INTEGRATED SERVICES

SERVICE DELIVERY REFORM

- A **multi-disciplinary team** review of all referred families and children
- A **primary service coordinator** as a single point of contact for families working with multiple service providers
- A **One Plan** with information on family goals and services provided to facilitate collaboration among providers

PAYMENT REFORM

- Payment based on meeting **performance measures** instead of units of service provided
- A **bundled rate** for each client served each month, regardless of type or frequency of services
- Claims submitted and reimbursed **once per month** for each client served instead of one per unit of service

FINANCING REFORM

- Regional allocations based on a **formula** instead of past history
- **One fiscal agent** responsible for ensuring delivery of all servicesFlexibility to re-allocate funds **based on community service needs**

MOVING CIS FORWARD

Legislation enacted in 2010 enabled the Child Development Division (CDD) to move forward with Children's Integrated Services (CIS). The CIS model of multi-disciplinary intake and referral followed by multi-disciplinary teaming and care coordination has been rolled out to all AHS regions.

CIS partner agencies report very positive benefits of these wrap around services to the children and families served. Partner agencies are also teaming up to provide cross agency training and cross agency community outreach.

Together, our partner CIS agencies provide coordinated Nursing and Family support, Early Intervention, Children's Mental Health and Specialized Child Care services to 4% of the Vermont pre-natal to 6 year old population. Of those served in 2013 and 2014, 50% successfully exited CIS with no further services required, 15% had dropped out of CIS services, and 35% aged out of CIS with related services required. Each family served develops a care plan with family goals identified and 80% of families achieve one or more of their goals each year!

How is Children's Integrated Services Doing?

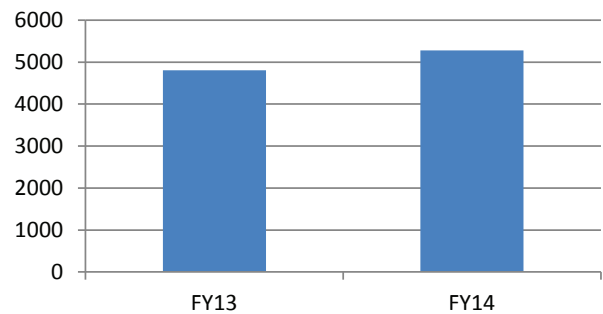
CIS Goal:

All families or child care programs referred to CIS will be contacted within 5 calendar days from the date of referral.

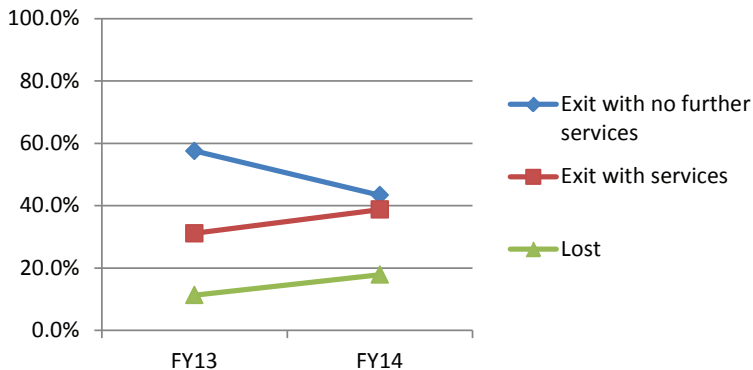
How we are doing:

The number of contacts is gradually increasing indicating the CIS outreach initiatives are paying off.

Families or Child Care Programs Contacted Following a Referral to CIS



Exiting CIS with no further services



CIS Goal:

Families and child care programs serviced by CIS no longer need related supports after exiting CIS.

How we are doing:

There is a decrease in the number exiting with no further services and an increase in the number exiting with services. Based on feedback from regional teams this may be the result of the increase in complex needs of families and families under stress or in crisis.

CIS Goal:

Families or children served by CIS achieve one or more One Plan goals by the annual review or exiting the program, whichever is earliest.

How we are doing:

The percentage of children or families achieving one or more goals at annual review time is relatively flat at 80%.

Clients Who Achieve Goals

