

Vermont Agency Of Human Services

Integrating Family Services (IFS)

Integrating Family Services Management Team

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

Testimony for Senate Appropriations Committee ~ March 27, 2015

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 down 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.

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?



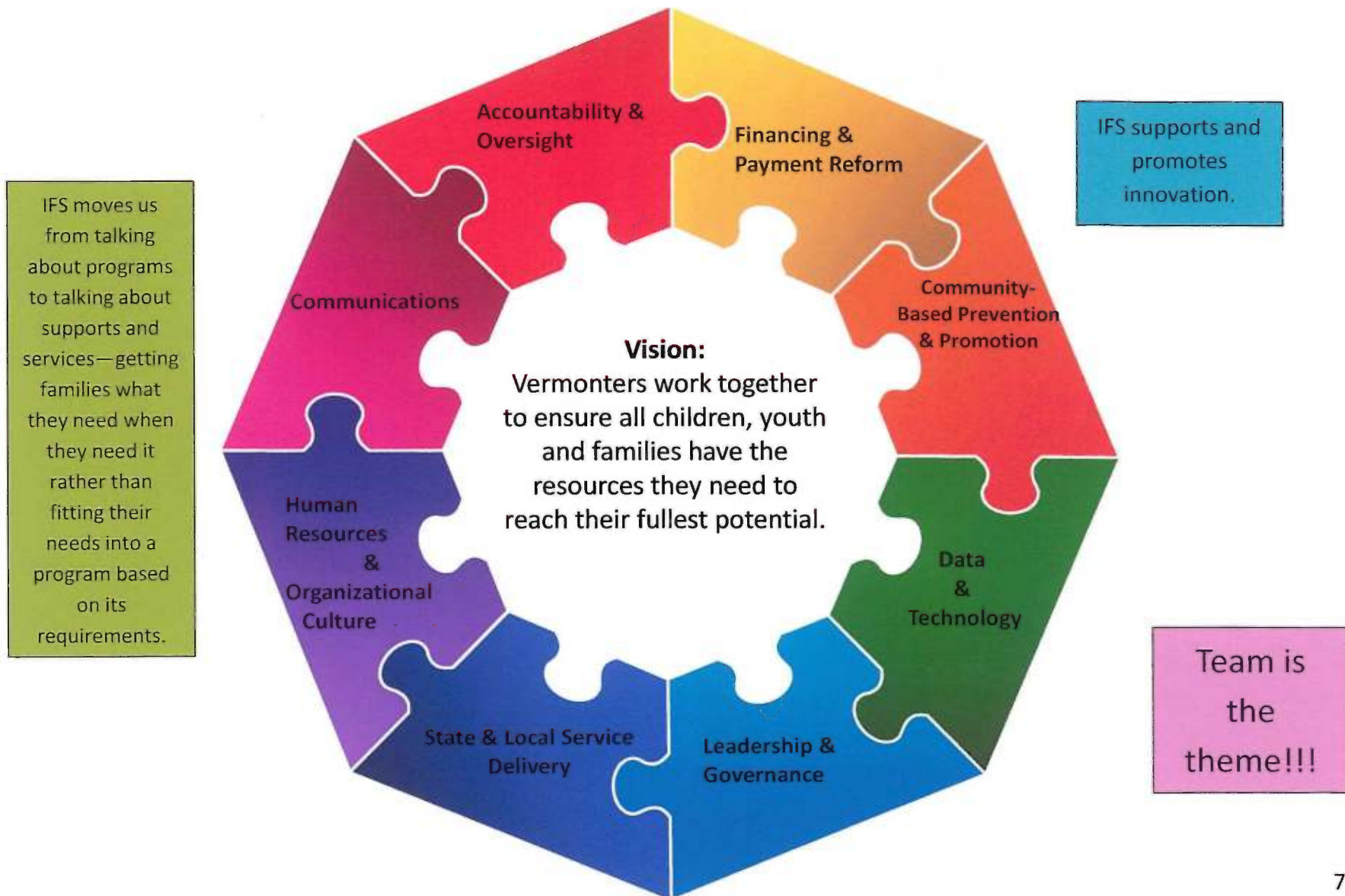
- ❖ The Agency of Human Services' six departments and community-based service providers operate within program and funding silos. The service gaps and inflexibility resulting from these silos make it difficult to effectively meet the needs of Vermont's children, youth and families.
- ❖ Integrating Family 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?

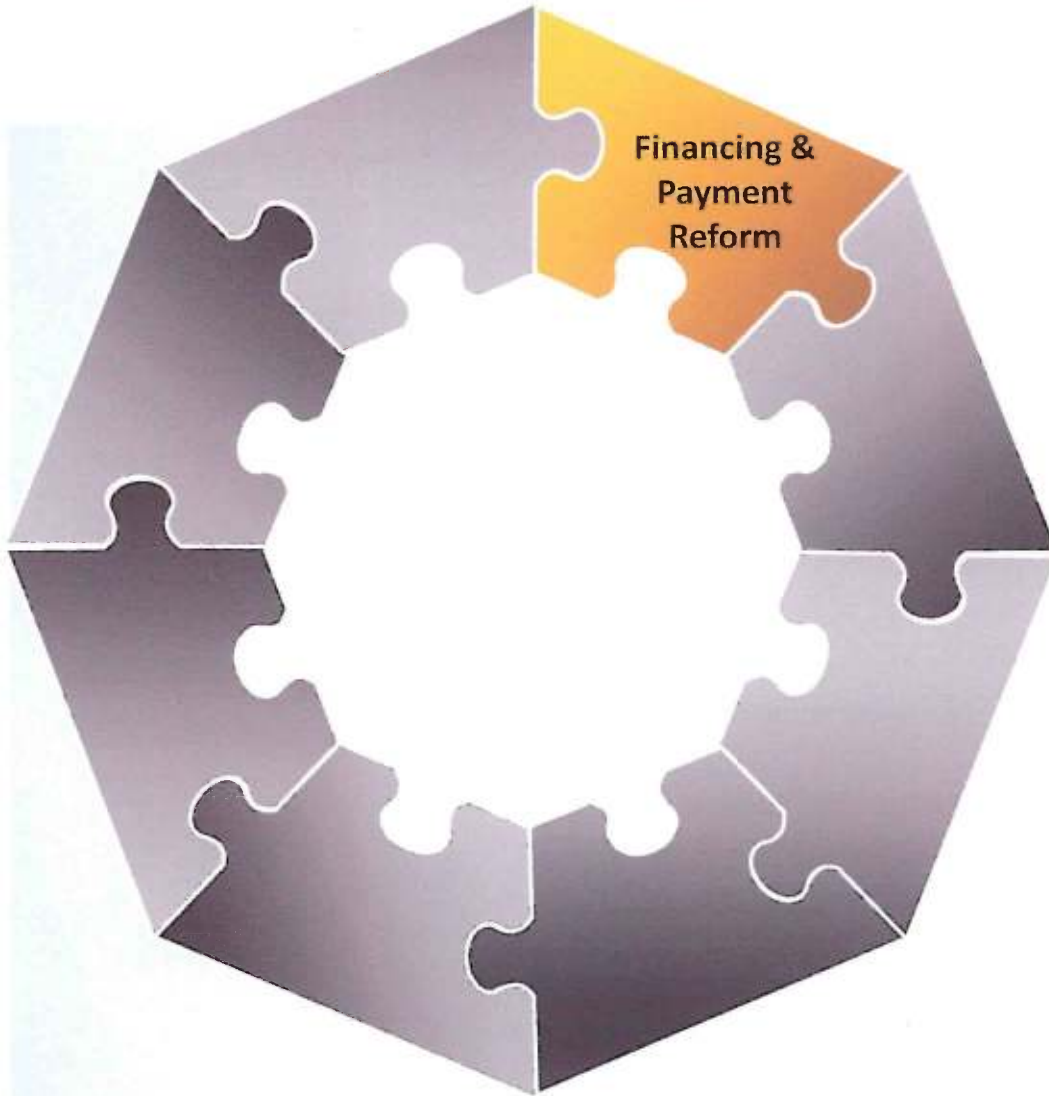


- Flexible funding allows service providers to meet family needs as they become known.
- IFS brings children's, youth and family services together in an integrated and seamless continuum.
- Families can access supports and services based on need rather than program eligibility criteria.
- State partners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

The Eight Elements of Integrating Family Services



Key Components of Financing & Payment Reform



- Statewide consistency regarding what is included in bundled payments
- Formula-based allocation of funds to grantees
- Alignment of IFS financing efforts with health care reform efforts
- Reinvestment of savings in promotion and prevention
- Incentivized payments to reduce high end care
- Clear process to incorporate new funding and/or plan for reduced funding

Why do we need payment reform?



- As a state we contract out a large percent of our direct services to non-profit community partners. We set their budgets, so they function in a capitated system. In addition they often have statutory requirements they have to comply with.
- We don't ask community partners what it costs to provide the services; we give them a set amount and they struggle to provide the services.
- Our state staff and community partners spend a great deal of time trying to fit clients into program eligibility requirements. Providers don't have the flexibility to structure a plan based on the needs of the individual. They try to fit the person's needs into program criteria.
- Medicaid requires a single person be identified as a client and current payment systems pay for services for an individual. To support long-term change for a child or youth, work has to take place at the family level. Medicaid funding does not support working with a family system.
- 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 precludes individualizing the service to meet the need. In this system, if the need is greater than what the program is designed for, the person has to go elsewhere or go without. The person who needs less, gets the full package anyway.

Programs Funded in the IFS Grants

DMH

- Exh B Investment
- Exh B FFS
- Exh C: Respite Investment
- Exh C: Access Investment
- Exh B: Access FFS
- Waiver (Global Commitment/FFS)
- Waiver R&B (Global Commitment/Invest)
- Non-Categorical (Medicaid)
- Medical Assistance Program
- DCF ISB (Intensive Services budget)
- DCF Waiver (Global Commitment)

DAIL

- DS Waiver (Global Commitment)
- JOBS
- Bridge Program/Bridges TCM Program
- HRP (high-risk pool)
- Flexible Family Funding
- Non-categorical Investment

DCF

- Waiver (Global Commitment)
- ISB (intensive services budget)
- IFBS (intensive family-based services)
- TCC (therapeutic child care)
- VCRHYP (VT Coalition of Runaway and Homeless Youth Programs)
- CIS (Children's Integrated Services)
- Learning Together (teen parenting program)

VDH/ADAP

- SA OP/IOP/CM treatment for uninsured adolescents
- SA OP/IOP/CM treatment for adolescents with Medicaid
- Project Rocking Horse

DVHA

- Non-Categorical (Global Commitment: fee for service)

Key Components of Accountability & Oversight



Coordinate efforts among partners to include activities related to:

1. Measuring performance
2. Monitoring performance
3. Improving performance

Accountability:

- Quality Assessment
- Improvement plans
- Strategic and Work plans

Oversight:

- Quality review
- Performance Measures

The Agency of Human Services Outcomes

The following outcomes direct the work of the Agency and were enacted by the Vermont Legislature in 2014 through Act 168.

1. Vermont has a prosperous economy.
2. Vermonters are healthy.
3. Vermont's environment is clean and sustainable.
4. **Vermont's communities are safe and supportive.**
5. **Vermont's families are safe, nurturing, stable, and supported.**
6. **Vermont's children and young people achieve their potential, including:**
 - **Pregnant women and young people thrive.**
 - **Children are ready for school.**
 - **Children succeed in school.**
 - **Youths choose healthy behaviors.**
 - **Youths successfully transition to adulthood.**
7. Vermont's elders and people with disabilities and people with mental conditions live with dignity and independence in settings they prefer.
8. Vermont has open, effective, and inclusive government at the State and local levels.

The bolded outcomes were incorporated into how the IFS Approach will be measured.

IFS Outcomes and Population Indicators

1. Pregnant women and young children thrive/Children are ready for school

- a. % of women who receive first trimester prenatal care
- b. [children meeting developmental milestones/screenings]
- c. [% of children ready for school]
- d. [% of children and youth with a medical home]

2. Families are safe, stable, nurturing and supported

- a. Rate of child abuse and neglect
- b. [substance abuse measure?]
- c. [parents having skills they need to be successful parents]
- d. [parents having concrete supports in times of need]

3. Youth choose healthy behaviors/Youth successfully transition to adulthood

- a. % of adolescents who feel valued by their community
- b. % of students with plans for education, vocational training, or employment following high school
- c. [youth engaging in healthy behaviors – physical activity and nutrition?]
- d. [a school-aged children indicator]
- e. [substance abuse measure?]

4. Communities are safe and supportive

- a. % access to safe and supervised early childhood and out of school care
- b. [housing indicator]
- c. [% of families who have experienced homelessness in the past year]
- d. [% of families who are food insecure]



Where is Integrating Family Services Currently Happening?

Two regions have implemented the IFS Approach:

- ✓ Addison County
July 1, 2011
- ✓ Franklin/Grand Isle
April 1, 2014



What are the Data Telling Us?

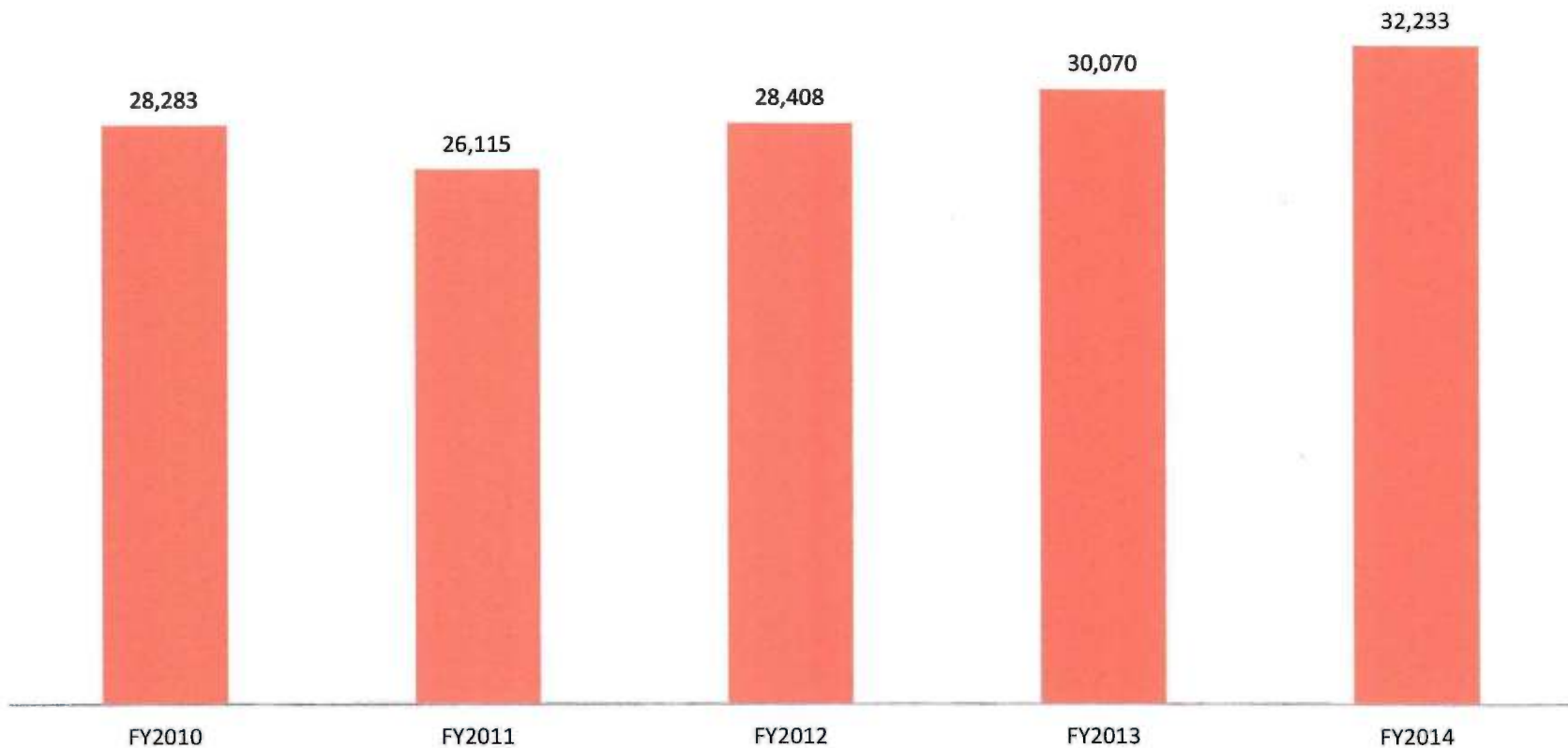
Early Indicators of Success



How Much?

Addison - Total Hours of Service Provided

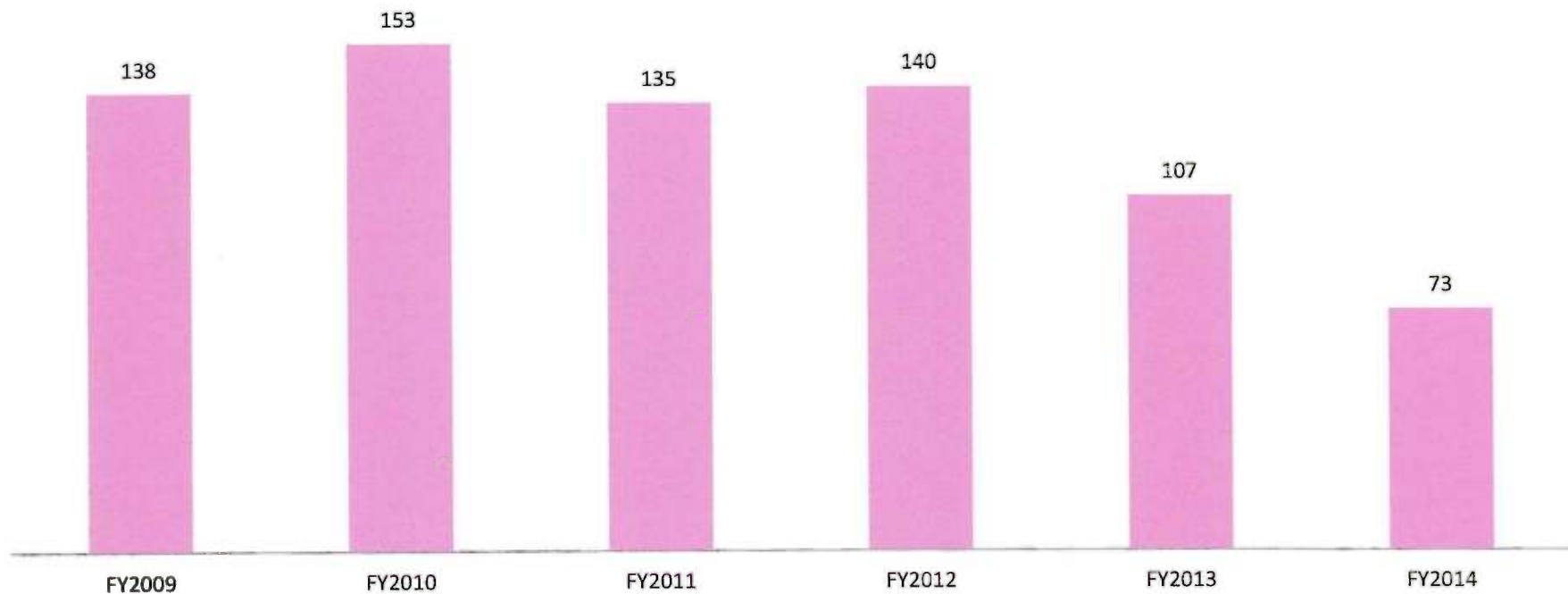
The first year of IFS in Addison was FY12. With the same level of funding they have been able to steadily increase the number of service hours they are providing.



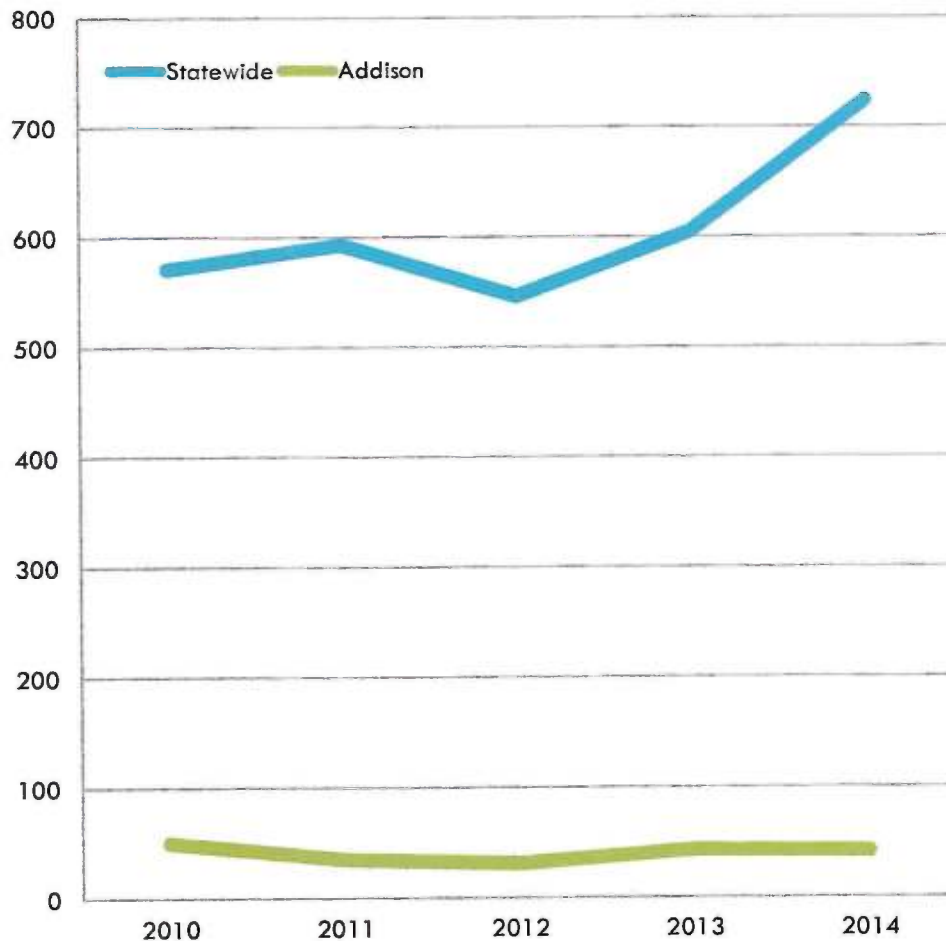
Is Anyone Better Off?

Addison-Crisis Interventions

Since IFS implementation, there has been a nearly 50% decrease in crisis interventions needed for children because the community now has the flexibility to provide supports and services earlier than they were able to under the traditional fee-for-service model.



Is Anyone Better Off?



What the data are telling us about NEW entries of children and youth coming into state custody:

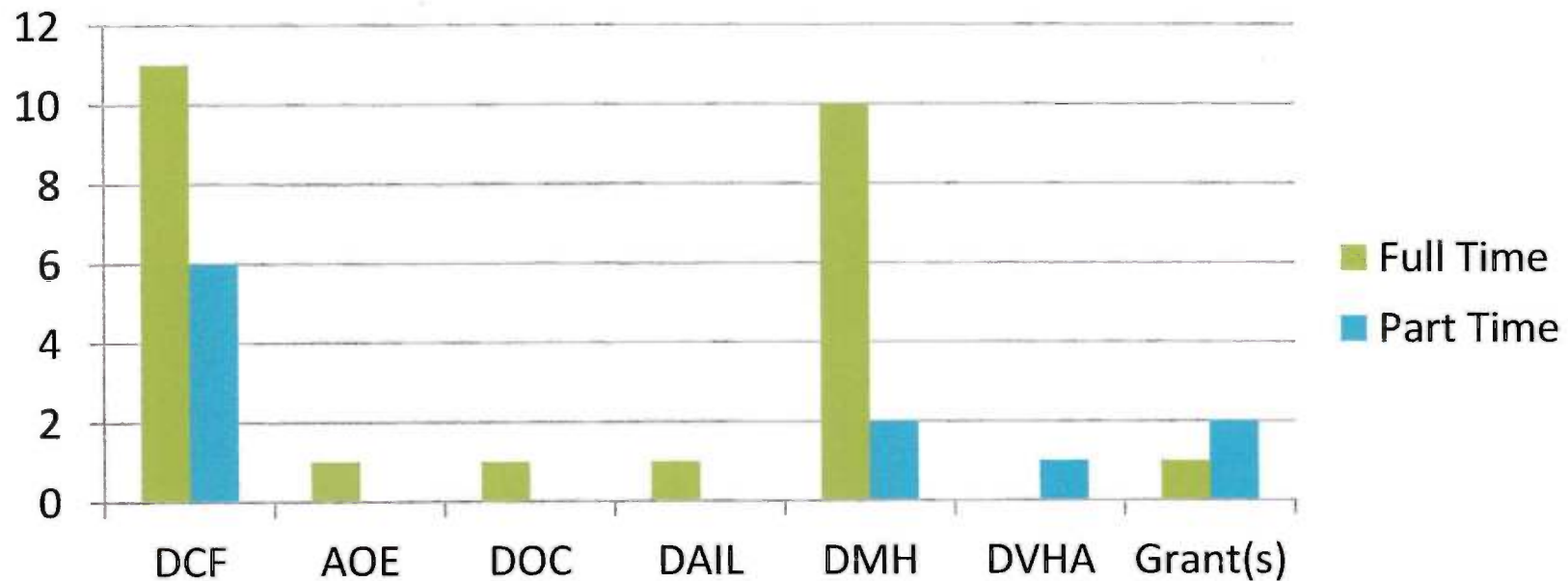
When compared to the other 11 AHS districts, Addison has a much lower rate of children and youth coming into state custody

Integrating Family Services

Staffing Support

- IFS has 36 AHS employees working together in a centralized location representing all six departments across the Agency.
- Of the current 36 staff, 25 are at IFS full-time and 11 are part-time. Three of these staff are federally funded under the SIM Grant and the Early Learning Challenge Grant.

Staffing Breakdown by Department



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

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