

Reducing Duplication of Services -

Agency of Human Services Report

Progress on Integration and Service Reform

Health is not merely the absence of disease or infirmity, but a state of complete physical, mental and social well-being.

World Health Organization
- 1946

*It is the intent of the general assembly that the agency of human services be structured so that services are provided in a **holistic, comprehensive, and coherent** way, and public resources are allocated **efficiently** and produce the best possible outcomes. Direct services provided by the agency and its community partners shall be centered on individuals and families, easy to access, and sufficiently flexible to respond to unique situations.*

AHS Structure

- 2004 legislation

- Case Management and Care Coordination
- Mental Health Therapy
- Medication Management
- Diagnostic Assessments and Evaluations
- Treatment Plans

Areas of Potential Duplication

- January 15, 2016 Duplication of Services Report

- Funding Silos
- Data Systems
- Documentation and Reporting, Monitoring and Oversight
- Organizational Culture and Development

Factors that may Cause Duplication

- January 15, 2016 Duplication of Services Report

Continued development
of:

- Payment and Delivery
System Reform
- Integrated Services and
Teams
- Oversight and
Monitoring
- Information Systems

Recommendations

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Payment Reform is a catalyst to reduce duplication and promote integration and connection across the Agency to achieve its “triple aim

Recommendation - Payment and Delivery System Reform

- Blueprint Payment and Delivery System Reform
- Integrated Family Services
- Children's Integrated Services
- Medicaid Next Generation ACO
- Department of Mental Health and Department of Vermont Health Access Integration Project

Progress - AHS Payment and Delivery System Reform

AHS should continue to encourage an internal organizational structure and process that supports integrated or interdisciplinary community case or care management teams

Recommendation - Integrated Services and Teams

- *integrated services and teams help reduce service duplication and service gaps*

- Vermont Health Care Innovation Project (VHCIP) Practice Transformation Work Group
- The Regional Partnership Program
- AHS and AOE Coordination
- Co-Occurring Competency E-Learning Community Pilot
- Children's Integrated Services (CIS)
- The Substance Use Treatment Coordination Initiative (SATC)
- Reach Up Substance Use and Mental Health Program
- Community Health Team (CHT)
- Support and Services at Home (SASH) leadership

Progress - AHS
Integrated
Services and
teams

AHS needs to expand and improve the consistent use of performance measures and performance improvement activities across AHS

Recommendation - Oversight and Monitoring

- Department of Vermont Health Access (DVHA) and Agency of Education (AOE) Partnership Primary Care in Education
- AHS Performance Measurement and Common Measures
- Results-Based Accountability in All Grants

Progress - Oversight and Monitoring

Information systems can provide tools to support payment and service reform and integrated care. AHS should increase the development and use of integrated information technology to coordinate care management activities

Recommendation - Information Systems Development

- Health Information Exchange/Vermont Information Technology Leaders (VITL)
- Medicaid Management Information System (MMIS) – Care Management
- Vermont Prescription Monitoring System (VPMS)
- Universal Review Process

Progress - Information Systems Development

- PIVOT (Program to Improve Vermont Outcomes Together)
- Universal Consent
- Integrated Eligibility
- Aligning Performance Measures Across Grants (and programs) Toward Common Outcomes for Clients
- Community Profiles
- Collective Impact

Next Steps