

Welcome to the LIT Extravaganza!!!



Everyone is a genius. But if you judge a fish on its ability to climb a tree, it will live its whole life believing that it is stupid.

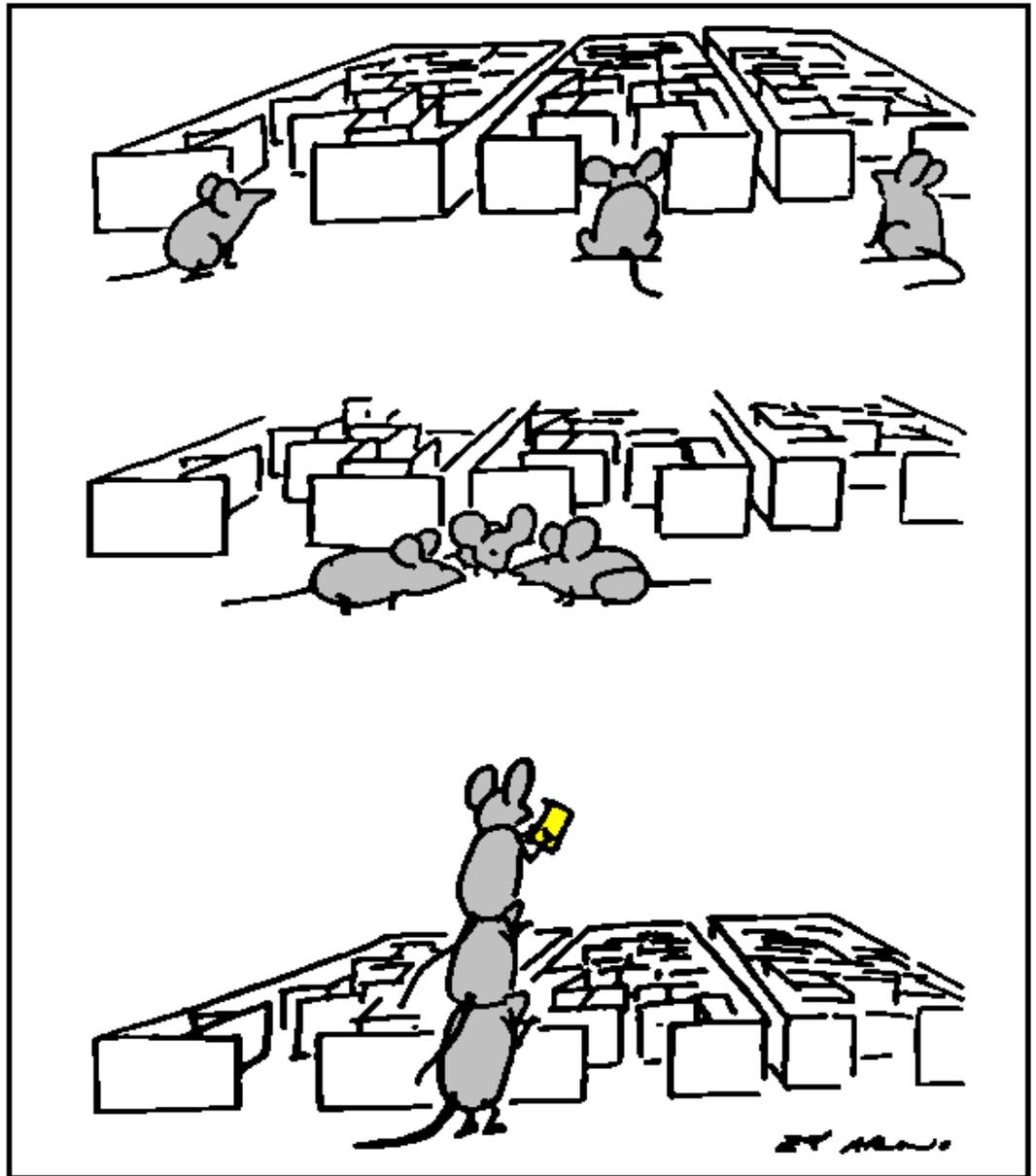
~Albert Einstein

Brought to you by the State Interagency Team

9:30-3:00

October 2, 2015

**Why
are
we
here
today?**





Agenda and Objectives for Today

- Collaboration
- Provide the opportunity for teams to work together in a low pressure environment
- Discuss how the foundation of Vermont's System of Care impacts our work
- Understand the process and protocols for LIT and SIT interaction
- Discuss ways to have effective family voice

Communication and Setting the Tone for the Day

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____
- 12. _____



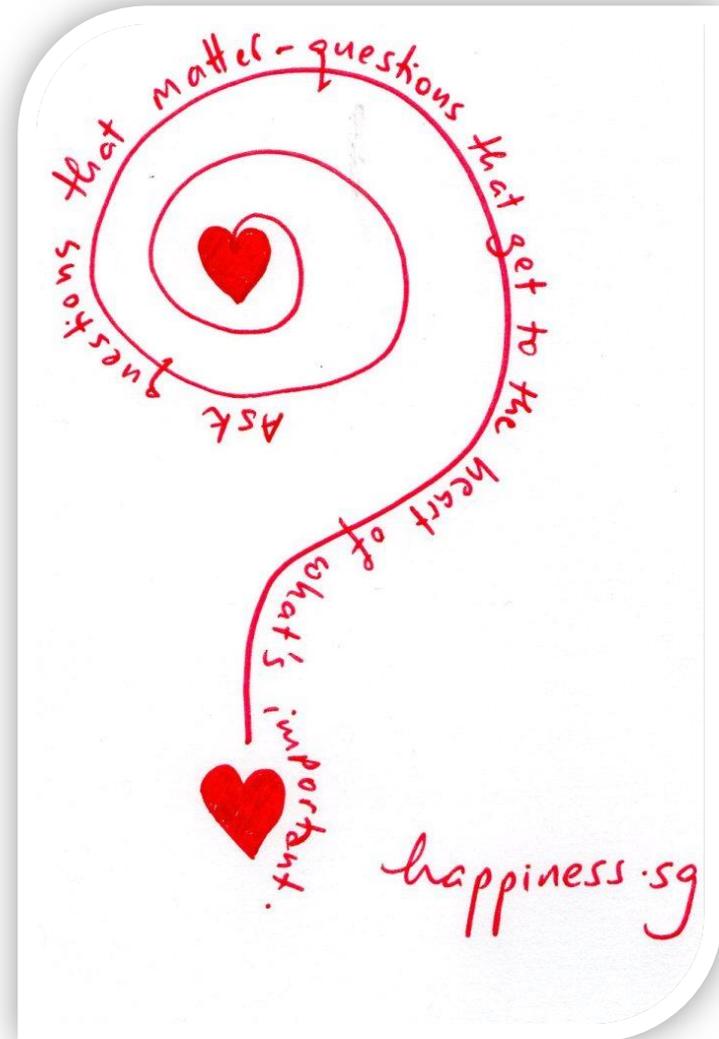
Values for Vermont's System of Care

- **Child-Centered, Family-Focused**
- **Collaboration Between and Among Families, Agencies and Community**
- **Individualized**
- **Family-Driven**
- **Strength-Based**
- **Culturally Competent**
- **Community-Based**



What does all of this **REALLY** mean?

1. What do these values look like in practice for your LIT?
2. What are areas of strengths for your team?
3. Where do you see room for growth?



Overview of Act 264





Why Act 264?

Response to unmet need and growing frustrations

- Children with Severe Emotional Disturbance (SED) falling through the cracks in 1970's and 1980's.
- Parents were unable to find supports and services and were not perceived as part of the solution.
- Service agencies could not provide a continuum of services.
- Different state departments and agencies rarely coordinated service planning or delivery work among themselves.
- Alarm over an increasing number of youth being placed out of their homes and out of state in order to receive help.
- Evidence of duplication of services

What is Act 264?

Act 264 was established in 1988 and did the following:

1. Created an interagency definition of severe emotional disturbance.
2. Created a coordinated services plan.
3. Created one Local Interagency Team (LIT) in each of the State's twelve Agency of Human Services' districts.
4. Created a State Interagency Team (SIT).
5. Created a governor appointed advisory board.
6. Maximizes parent involvement.



Progress made since Act 264 went into effect

- Decision making and service delivery is more coordinated and involves parent voice at all levels
- Increased federal, state, and foundation funds for services, coordination, and training
- More children, youth and families have been identified and served
- Greater variety and flexibility of supports and services available
- Increased interagency collaboration within System of Care at local and state levels
- **Created ability to think and act like a system: common purpose, reasons to act together as allies; develop strategies for continuous quality improvement**



System of Care

Act 264 mandates that the departments for mental health, education, and child welfare work together on behalf of children & adolescents experiencing a severe emotional disturbance through individual plans for youth in need, as well as interagency planning, budgeting and service development.



System of Care in the Real World

- Even though we seek to function as a singular system of care for children, youth & families, each entity has its own mandates, rules & regulations that have to be followed; and that is often where the challenges arise
- Agency strengths, limitations & mandates

Act 264 Advisory Board

This nine-member, Governor appointed advisory board is composed of:

- three parents
- three advocates and
- three professionals representing education, mental health and child welfare.

A major statutory responsibility is to advise the Agency of Education (AOE) and Agency of Human Services (AHS) on the annual priorities for developing the System of Care.



Act 264 Advisory Board

Position Type	Current Member
Provider	Karen Woolsey
Advocate	Cynthia Smith
Parent	Gillian Eaton
Provider	Doug Norford
Advocate	Kathy Holsopple
Parent	Kristin Holsman-Francoeur
Advocate	Matt Wolf
Provider	Tiffany Hubbard





What is the Interagency Agreement?

(June 2005)

- Collaboration between AHS and AOE
- Ensures all required services are coordinated and provided to students with disabilities, in accordance with applicable state and federal laws and policies
- Delineates the provision and funding of services required by federal or state law or assigned by state policy
- Agreement covers coordination of services, agency financial responsibility, conditions and terms of reimbursement, and resolution of interagency disputes

What is the Interagency Agreement ~ (continued) (June 2005)

- Students who are eligible for both special education and services provided by AHS or its contracted providers are eligible for coordination of services.
- It is intended that the agreement will provide guidance to human services staff and school personnel in the coordination and provision of services for students with disabilities.





Examples of Team Meetings

Please note this list is NOT exhaustive

- Coordinated Services Plan (264) Meetings
- Family Safety Planning
- Family Group Conferencing
- IEP, 504, EST meetings
- Treatment Team Meetings
- Transition Team Meetings
- Discharge Planning
- DCF Case Plan Reviews
- Care Conferences
- Permanency Round Tables
- Child Protection Team (aka Multi-Disciplinary Team)
- Shared Parenting Meeting



What is a Coordinated Services Plan (CSP)?

1. The purpose of the coordinated services plan is to have one plan represent a holistic view of the child and family.
2. A CSP is considered an addendum to an existing treatment/ support/ educational plan.



Who is Entitled to a Coordinated Services Plan?

Children and adolescents who:

1. meet the definition of SED in Act 264 (may or may not be eligible for special education); and/or
2. are eligible for special education and are eligible to receive disability-related service covered by at least one AHS Dept.



Accessing a CSP

- With parent/guardian permission, anyone can request a Coordinated Services Plan
 - A parent may request a CSP at any time
- The Act 264 legal entitlement is for *coordination of services* under the plan
- Entitlements to specific services are determined by other laws and mandates



What is needed to develop a Coordinated Services Plan?

1. Child is eligible for a Coordinated Services Plan (see above slide)
2. Identified need for coordination
3. Parent/guardian permission (signed release of information, CSP page 2)
4. Review of “factors to consider in developing a coordinated services plan”
5. Coordinated Services Plan form, 2009 Version

<http://education.vermont.gov/interagency-coordination>

http://mentalhealth.vermont.gov/Forms_CRC (current location--all of this information will be moved soon to the IFS webpage)

Who is the CSP Team?

The following entities need to be represented at the CSP meeting:

- a. Child/youth (when developmentally appropriate)
- b. Family/guardian and natural supports
- c. Designated Agency (Mental Health or Developmental Services)
- d. Local Education Agency (LEA)
- e. Department for Children and Families, Family Services *if*
 - i. the child is in custody, and/or
 - ii. there are safety issues that Family Services could be helpful with, *and*
 - iii. the family agrees
- f. Other identified providers (e.g. post-permanency worker)

THIS COULD BE AN ALREADY EXISTING TEAM SUPPORTING THIS CHILD/YOUTH AND FAMILY

Who Is Responsible For Leading Collaboration?

When determining who should lead the collaboration consider the following:

- the specific agency having the most expertise to understand the primary concerns of the child **and/or**
- the case manager with the strongest relationship to the family
- the individual the family prefers

These lead agency arrangements will likely facilitate more positive outcomes for children and families.





What are the Lead Agency's Responsibilities

- Uphold the System of Care values
- Schedules & facilitates CSP meeting(s)
- Assists CSP team to identify roles & responsibilities
- Assures CSP documentation is completed & shared with team
- Assures that the plan is regularly reviewed
- Serves as the agreed upon contact person if the CSP needs to be adjusted
- The lead agency is not automatically responsible for providing or funding the services identified in the CSP.

Coordinated Services Planning Across the Continuum of Care

- Coordinated planning should happen for children and families when more than one service is provided.
- Early coordinated planning helps families to access the supports they need and may prevent the need for more intensive services.
- Coordinated service planning is also used to access higher levels of care.





Coordinated Services Plan Documents

There are three separate sections in the CSP.

- Most CSP teams will only need to complete Section One, the Coordinated Services Plan.
- For referrals to the Local Interagency Team or the State Interagency Team, sections One and Two are required.
- For referrals to the Case Review Committee, all 3 sections (One, Two, and Three) are required



Local Interagency Team



Local Interagency Team (LIT) Responsibilities

- ✓ Coordinating and implementing Coordinated Services Plans
- ✓ A forum for addressing service system needs at the local level
- ✓ Dispute resolution of local cases (e.g. if a coordinated services plan is not satisfactory)
- ✓ Identify & report the annual priorities for the System of Care to the ACT 264 Board
- ✓ Assure that staff are trained and supported in creating coordinated services plans



What is needed to make a referral to the Local Interagency Team?

- Clear reason for referral - problem related to policy, plan or resources
- Coordinated Services Plan (sections 1 & 2)
- Release of information from parent/guardian - LIT parent representative should be made available to parent prior to meeting
- Interagency Referral Checklist (CSP p. 20)
- Is referral in accordance with local protocol?

LIT Membership

- Parent representative
- Local Special Education Administrator
- Local community Mental Health Children's Director
- DCF Family Services District Director
- AHS Field Director
- Developmental Disability services representative
- Substance abuse specialist
- Vocational Rehabilitation representative
- Others, as determined locally, may include representatives from:
 - Adult agency providers (Mental Health, Substance Abuse, Disabilities Services)
 - Department of Labor
 - Department of Corrections
 - Child Development Division
 - Adoption Consortium



What is SIT?

Mission: Identify systems issues and how to break down silos so supports can be provided as flexibly as possible.

Purpose:

- Develop and coordinate the provision of services to children and adolescents with disabilities who are eligible for both special education and disability-related services, including service coordination, provided by AHS;
- Make recommendations to the Local Interagency Team for resolution of any situation they refer to SIT
- Recommend to the Secretary of the Agency of Human Services, the Secretary of Education and to the commissioners of the Departments of Mental Health and Family Services any fiscal policy, or programmatic change at the local, regional, or state level necessary to enhance the state system of care for children and adolescents and their families.
- If LIT is unable to resolve the problems outlined in a CSP, SIT attempts to provide assistance which may include making recommendations on content; suggesting possible additional resources to help implement the plan; and/or recommending an agency waive/modify a policy.
- Meets monthly

STATE INTERAGENCY TEAM

Coordinator: Cheryle Bilodeau,
Integrating Family Services

Charlie Biss, Dept. of Mental
Health

Amy Danielson, Alcohol and Drug
Abuse Programs

Diane Bugbee, Dept. of
Disabilities, Aging and
Independent Living

Alicia Hanrahan, Agency of
Education

Kathy Holsopple, VT Federation
of Families for Children's Mental
Health

Barb Joyal, DCF-Family Services

Pam McCarthy, VT Family
Network

Monica Ogelby, Dept. of Health

Laurel Omland, Dept. of Mental
Health

Marion Paris, DCF-Family Services

Deb Quackenbush, Agency of
Education

Cindy Tabor, VT Federation of
Families for Children's Mental
Health





What is the Case Review Committee?

- A subcommittee of the State Interagency Team
- CRC membership consists of representatives of
 - Agency of Education
 - Department of Mental Health
 - DCF – Family Services Division
 - DAIL – Developmental Disabilities Services Div.
 - Vermont Federation of Families for Children’s Mental Health
- Meets weekly



Case Review Committee

Role:

- Provide assistance to local teams as they identify, access and/or develop less restrictive resources
- When less restrictive alternatives are not appropriate, assure the best possible match between child and residential treatment facility
- Triage statewide requests for placement

Process:

- Local team completes Coordinated Services Plan sections 1, 2 & 3 (version 4/9/2009), IEP/504, and other documentation as required for CRC referral
- CRC referrals should be made to the State member representing the referring agency (DCF, DMH, DAIL)

Case Review Committee

Chairs: Laurel and Marion
Alicia Hanrahan, Agency of
Education

Janet Dunigan, Family
Services

Marion Paris, Family Services

Tracey Mongeon, Dept of
Mental Health

Laurel Omland, Dept. of
Mental Health

Melanie D'Amico, Family
Services

Dana Robson, Dept. of
Mental Health

Diane Bugbee,
Developmental Disabilities

Cindy Tabor, Vermont
Federation for Families



Family: Why We are Here



shutterstock - 106509389

Families have a primary decision making role in the care of their own children as well as the policies and procedures governing care for all children in their community, state, tribe, territory and nation. Families are at advisory and decision making tables as equal partners.

- The family is at the table
- The Parent Representative is at the table as “a parent voice” bringing the parent perspective to discussions
- Parents are equally represented on the Act 264 Advisory Board
- The whole team supports the parent to make informed decisions



**FAMILY
VOICE**

Parent Representative is:

- A person with lived experience raising a child with a disability
- Prepares & supports the family to actively participate in meetings and make informed decisions
- Receives a stipend for participation

Family Representative from a family run, family support organization is an active member of the system of care at SIT and CRC

Vermont Federation of Families for Children's Mental Health (VFFCMH)

Vermont Family Network (VFN)



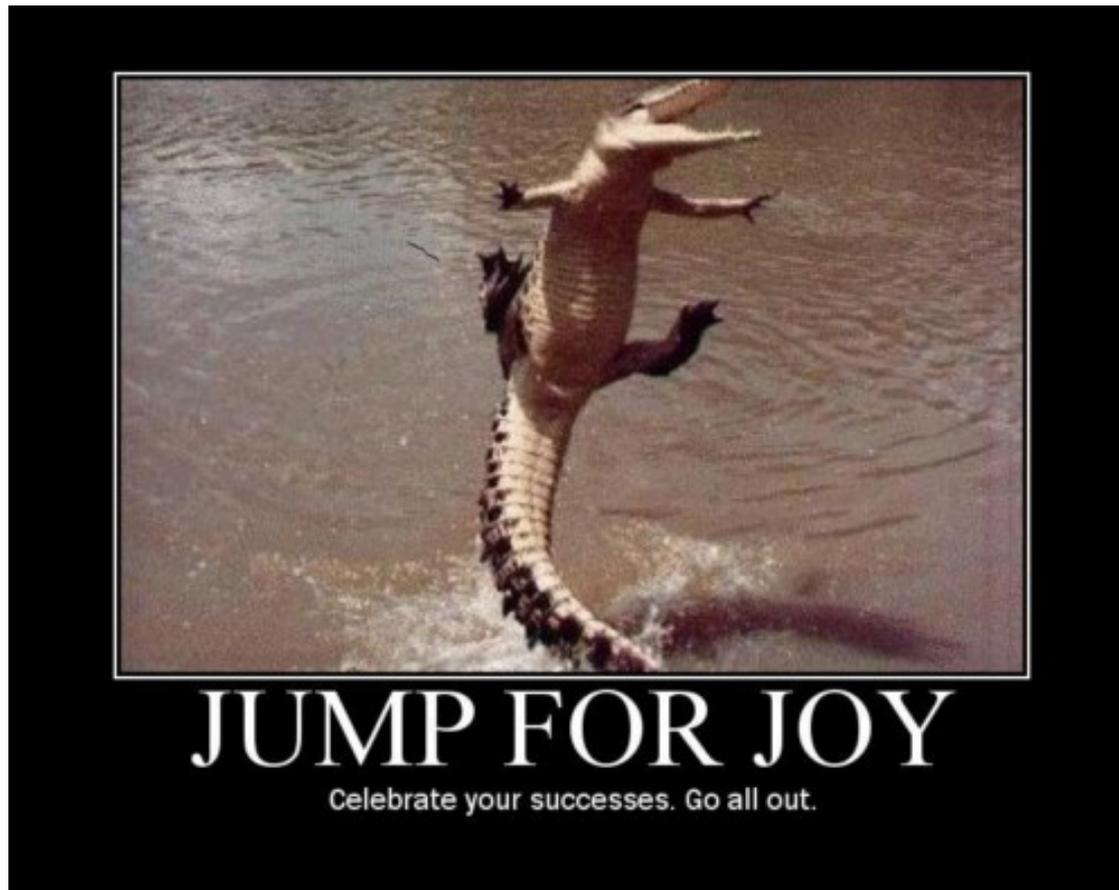
FAMILY VOICE

Important Information to Give Families

- Parent Rep Brochure
- Vermont Federation of Families for Children's Mental Health Brochure
- Consent Form that is in the CSP document
- Vermont Family Network Rack Card



shutterstock · 131940689



Every LIT spend **five minutes** and come up with **THREE** things that are working well on your team.
Be prepared to share with the large group.

Room for Growth

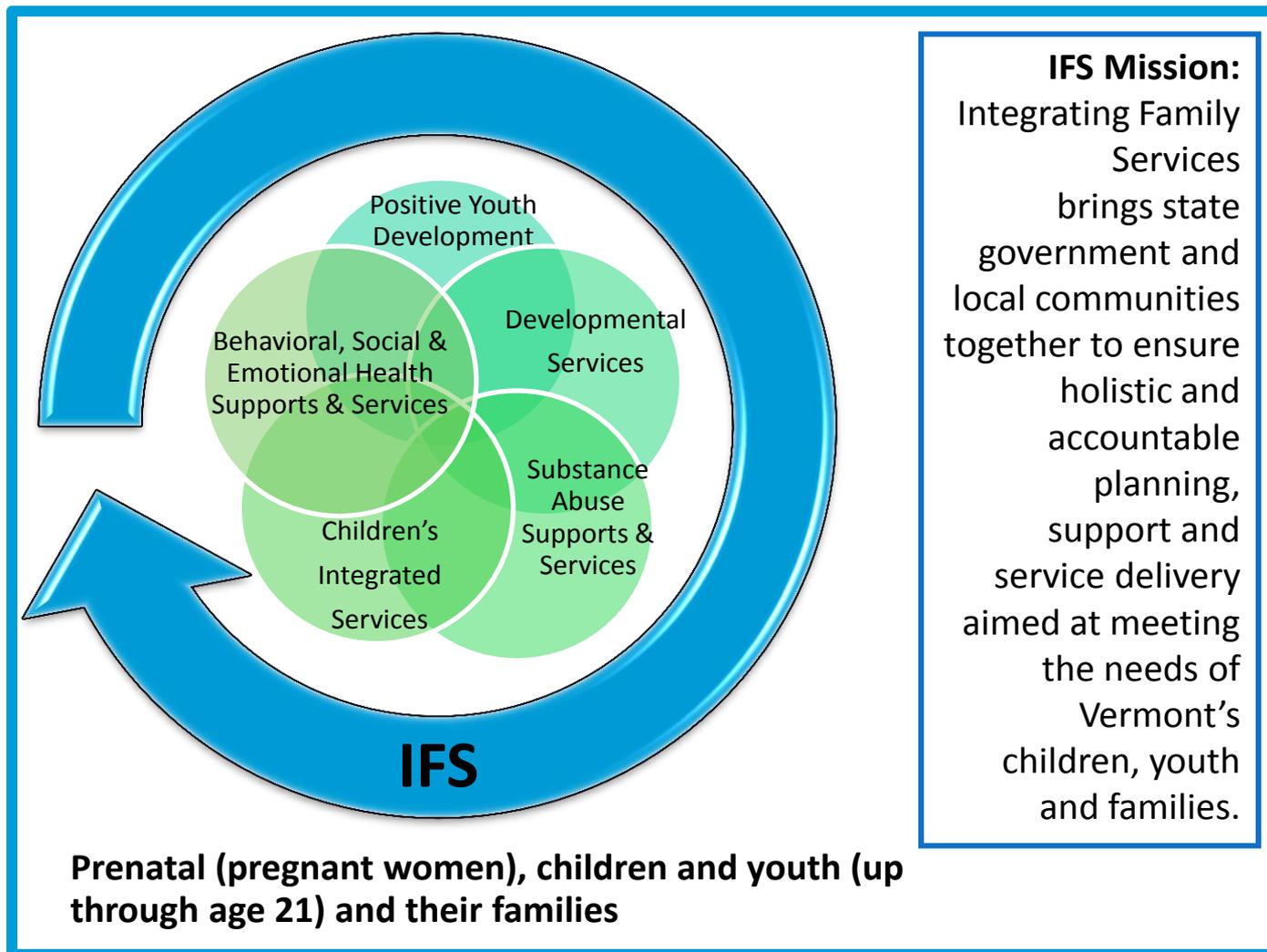


Where are we not fully integrated?
Let's talk about where we have rubs around different philosophies, missions, rules, mandates, etc.



Integrating Family Services

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



IFS 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.

Next Steps

What specific trainings do you think you need?

What do you do in your region for training?



Resources

- Link to Act 264: <http://mentalhealth.vermont.gov/cafu/act264>
- Link to Interagency Agreement, <http://education.vermont.gov/interagency-coordination>
- CSP Document: http://mentalhealth.vermont.gov/Forms_CRC
- Interagency Matters Blog: <http://vtcsp.blogspot.com/>
- IFS Website: <http://humanservices.vermont.gov/Integrating-Family-Services>
- FAQ (VFFCMH/VFN)
- CRC Guidelines: http://mentalhealth.vermont.gov/sites/dmh/files/policies/CAFU/CRC_Guidelines_and_Procedures_Residential_Oct2015.pdf

Mental Health

Department	Mission	Resources
<p>Vermont Department of Mental Health (DMH)</p> <p>Child Adolescent and Family Unit (CAFU)</p>	<p>To assure timely delivery of effective prevention, early intervention and behavioral health treatment and supports through a family-centered system of care for all children and families in Vermont, especially those children with, or at risk for, severe emotional disturbance.</p>	<ul style="list-style-type: none"><li data-bbox="1277 511 1669 554">■ Fee for Service<li data-bbox="1277 586 1547 629">■ Medicaid<li data-bbox="1277 662 1808 705">■ Grants and Contracts

Department for Children and Families- Family Services Division

Department	Mission	Resources
Department for Children and Families Division of Family Services	In partnership with families and communities, the Division of Family Services promotes safety, permanency, well-being, and law abidance for children.	Federal and state funds for children in state custody.

Agency of Education

Department	Mission	Resources
Agency of Education Local Education Agencies (LEAs)	The State Board of Education and Agency of Education provide leadership, support, and oversight to ensure that the Vermont public education system enables all students to be successful.	Regular public school resources and special education and related services to support learning (federal, state and local funds).

Family Support and Advocacy

Agencies	Mission	Resources
<p>Vermont Family Network</p> <p>The Vermont Federation of Families for Children’s Mental Health</p> <p>Parent Child Centers</p>	<p>VFN, VFF, and the Parent-Child Centers provide families with needed emotional and information support, advocate WITH families and children to CREATE needed supports and services and the full array of easily accessible high quality, family-centered services needed on a state and local level.</p> <p>VFN: To empower and support all VT families of children with special needs. Staff have lived experience as parents of children and youth with special needs and provide family to family support, information, and training.</p> <p>VFFCMH: Supports families and children where a child or youth, age 0-22, is experiencing or at risk to experience emotional, behavioral, or mental health challenges. The Federation is committed to: Providing families with peer support and information in order to make informed decisions. Empowering families, youth and young adults to navigate service and support systems, Advocating for accessible, flexible and quality family centered and driven services on a local, state and national level. We collaborate with schools, communities, governmental, and private agencies, and other advocacy organizations to achieve these ends.</p>	<ul style="list-style-type: none"> ■ Federal and State Grants ■ State Department contracts ■ Volunteers and donations ■ Respite and other flexible family funding

Developmental Disabilities

Department	Mission	Resources
<p>Department of Disabilities, Aging and Independent Living (DAIL)</p> <p>Developmental Disabilities Services Division (DDSD)</p>	<p>To make Vermont the best state in which to grow old or to live with a disability - with dignity, respect and independence.</p>	<ul style="list-style-type: none">• Flexible Family Funding (State general fund)• Bridge Case Management• Family Managed Respite• Home and Community Based Services (aka DS Waiver)

Vocational Rehabilitation

Department	Mission	Resources
<p>Department of Disability, Aging and Independent Living (DAIL)</p> <p>Division of Vocational Rehabilitation (Voc Rehab)</p>	<p>The mission of Voc Rehab Vermont is to help Vermonters with disabilities prepare for, obtain and maintain meaningful employment in their communities.</p>	<ul style="list-style-type: none"><li data-bbox="1277 511 1818 554">■ Transition Counselors<li data-bbox="1277 586 1649 629">■ JOBS program<li data-bbox="1277 662 1663 762">■ Youth Benefits Counselors<li data-bbox="1277 795 1779 838">■ Career Start Project

Early Childhood

Department	Mission	Resources
<p>Department for Children and Families (DCF)</p> <p>Child Development Division (CDD)</p> <p>Children's Integrated Services</p>	<p>Improve well being of Vermont's children through partnering with families, communities, schools, providers and state and federal agencies to ensure access to high-quality, economically viable, child development services.</p>	<ul style="list-style-type: none">• Federal funds including Child Care Development Fund (CCDF), Part C, Title IV-E, Head Start Collaboration Project – Head Start Bureau• State General Funds

Field Services

Department	Mission	Resources
<p>Agency of Human Services</p> <p>Division of Field Services</p>	<p>The Field Services Division assures that our human services system is effective and contributes to the health and well being of all Vermonters.</p> <p>Field Directors assure optimal functioning of the district-wide human services system.</p>	<ul style="list-style-type: none"><li data-bbox="1277 482 1798 525">■ Service coordination<li data-bbox="1277 558 1798 601">■ Direct service dollars