

INTEGRATING FAMILY SERVICES

Newsletter

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A Word from the Integrating Family Services Management Team

Autumn has arrived and with that comes change—colder nights, cozy warm sweaters to replace t-shirts, and the end of Daylight Saving Time. Some of the changes are welcome (garden harvesting, putting away the lawn mower), some bring discomfort (darkness, increased heating bills, lugging in wood)—our experience of change depends on our perspective. There is a great quote that says, “*People don’t resist change, they resist loss.*” As we move beyond IFS as an abstract vision to a more developed and recognizable approach, the changes we’re experiencing in these processes require us to acknowledge what’s we’re losing, and what is important to preserve from the old ways of working.

The 8th Guiding Principle of IFS is: *Assure continuous quality improvement. Data informs decisions and drives change at the state and local level.* We are embracing this guiding principle on many levels by looking deeper at how we define performance measures, how we handle differences in our viewpoints, how we discuss the reality of what these changes mean....all while keeping squarely focused on the reason we are all willing to keep coming to the table and having sometimes difficult conversations—because we want improved supports and services for all children, youth and families in Vermont. We thank you for being partners with us on this adventure.

Best,

Susan, Carol and Cheryle

IFS Management Team

IFS Milestones

Finance and Payment Reform: Have you been wondering about the financial aspects of IFS? Well wonder no longer!! The IFS Management Team has created two documents to assist in a common understanding. One article, [Financing for IFS](#) covers the details about Vermont’s Global Commitment

Waiver, what funding makes up the IFS Portfolio and how a case rate works. The companion document, [*Payment Reform for Human Services: Looking at the Money Differently*](#), takes a broader look at the financial goal of Integrating Family Services which is to create a system for funding services that allows flexibility in the quantity of services that an individual or a family receives. Funding flexibility allows providers to address the individual as a whole person and that means including the family when appropriate. This flexibility also allows for preventative services to be delivered without the need to “open a case”. This shift is requiring a change in how our financial system looks at and tracks money.

Practice Highlights

In early October there was an exciting article in the St. Albans Messenger that spoke to what Integrating Family Services means for the children, youth and families in Franklin and Grand Isle counties. The full article is entitled “***Finding Success: Family Assistance Effort Aids Individuals, Families***” by Elodie Reed.

Tanya White said her son, James, has had anger issues since the age of three. For a long time he had episodes on a daily basis. “Furniture being thrown, anything he could get his hands on. Windows got smashed,” White stated in the article. Due to a cognitive delay, she added, “He was unable to communicate his frustrations as a young child.”

White said she and her family moved to Swanton about 18 months ago and began working with Northwestern Counseling & Support Services. James has made great strides, and the family points to the supports and services NCSS has made available to their family as key to his success. The shift at NCSS to an IFS approach helped make this all possible. [Click here for the full article.](#)

Special thanks to Todd Bauman, Alix Gibson, Jennifer Harris and Kristin Prior all of whom contributed to this article.

Update on "Turn the Curve" regarding Youth in Residential Settings

The August newsletter contained information about how AHS and IFS is using the Results Based Accountability “Turn the Curve” process to address the high number of children and youth in residential care. This effort is focused on increasing the number of children and youth in family settings. When that is not possible, the goal is increased family engagement for children/youth who are placed in a residential setting to work towards improving caregiver readiness for the child’s eventual return home.

Building our communities’ capacities to better meet the needs of children and their families is a long-term goal, and we have many steps to move us towards this vision. To that end, a smaller advisory committee made up of representatives from the AHS Secretary’s Office, Department of Mental Health, DCF Commissioner’s Office, Family Services Division and Integrating Family Services are meeting regularly. Their action plan includes: looking closely at data, holding focus groups to gather information from those closest to the realities of residential treatment, and meeting with our partners and

stakeholders. We will provide regular updates on the group's progress in future newsletters.

Local Interagency Team (LIT) Extravaganza

What was the LIT Extravaganza? On October 2, nearly 50 professionals and parents representing every region of the state sent delegates from their Local Interagency Team to a day-long session. The focus of the day was to:

- Learn from each other,
- Reinvigorate Vermont's system of care values, and
- Discuss how we can ensure family voice is well-represented in the system of care.

This day was organized and sponsored by the State Interagency Team. If you would like to see the entire presentation used that day please [click here](#). If you would like a version of this to use for local presentations feel free to email Cheryle.Bilodeau@vermont.gov (SIT Coordinator). On the IFS website, you will also find an updated list of LIT Coordinators, SIT members and additional information about [Act 264](#) (the enabling legislation for SIT and LIT). The day was an invaluable learning and networking extravaganza. Thank you to everyone who participated.

Work Group Updates

I. **Leadership and Governance**, *Tri-Chaired by Terri Edgerton, Mary Moulton and Carol Maloney*

This group has been focused on discussions with leadership at the Agency of Human Services about how to continue moving the vision of IFS forward in local regions. Two joint meetings of AHS leaders and the work group have taken place with solid progress being made toward aligning vision and practice, and building relationships that will assure successful expansion of IFS. Over the next three months this work group will focus on a draft regional governance template. In 2016, the group will turn its attention to a core IFS goal of ensuring that youth and families' voices inform processes, plans and policies.

II. **State and Local Service Delivery**, *Co-Chaired by Belinda Bessette and Cheryle Bilodeau*

Please read the article below titled, "[Thinking about Supports and Services in IFS Regions](#)". This work group is focused on informing IFS' service delivery matrix described in that article specific to intervention and ongoing supports. This work group will have recommendations about the matrix ready for consideration by the IFS Senior Leadership Team by the end of December, 2015.

III. **Community Based Prevention and Promotion**, *Co-Chaired by Carol Maloney and Charlie Biss*

This work group is focusing on the aspect of the IFS service delivery matrix related to prevention

and health promotion supports and services in IFS regions. This group has been engaged in learning opportunities about [Strengthening Families](#) and [Bright Futures](#) (provides a common framework for comprehensive well child care) to ensure alignment with current best practice in early intervention work. The group will spend the next five months diving into each of the five Strengthening Families protective factors. The result of that work will be a set of recommendations that define the core capacities an IFS region needs to work toward.

IV. **Finance and Payment Reform**, Co-Chaired by Heather McLain and Susan Bartlett

Our attempt to describe IFS in language that everyone can understand is below.

*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.*

This work group focuses on creating more clarity around funding, which is an essential tool to assist in the shift that permits regions to more flexibly provide supports and services to families. The group will be:

- Looking at how prevention work gets measured;
- Working with a consultant through the Vermont Department of Health Access (DVHA) to look at case rates (versus fee-for-service); and
- Ensuring we have clarity around financing as more regions adopt and implement the IFS approach.

***IFS Payment Reform is on the Cutting Edge of
Health and Human Services Innovation***

The State of Vermont received a grant from the Centers for Medicare and Medicaid Services (CMS) to explore innovative payment models for a variety of acute care and community-based services. The State Innovation Model, or SIM Team as it is called, has hired Burns & Associates to provide technical assistance in creating these innovative models. The B&A Lead, Mark Podrazik, has been working with DVHA since 2006 on a variety of rate setting projects. These include designing and implementing payments for inpatient and outpatient hospital services, physician services, home health, clinics, transportation, lab, medical equipment and supplies. Mark has helped the SIM Team with the implementation of its Accountable Care Organization model of shared savings. He is also providing technical assistance in developing other innovative episodes of care payments that are being considered.

In his 19 years working with Medicaid agencies and other social service agencies, Mark has also worked on setting rates for a number of home- and community-based services, particularly for persons with developmental disabilities. His firm is working with eight states in this area now. They are also working

with Maine's Medicaid program to set rates for community-based behavioral health services.

V. **Accountability and Oversight**, Co-Chaired by Cheryle Bilodeau and Keith Grier

If you talk to anyone in this work group, they will tell you they have been knee-deep in thinking about what population indicators are best suited to inform IFS regions about how they might prioritize and target resources, supports and services in their area. The next focus will be determining performance measures for IFS grantees. To learn more about this group's thinking on population indicators, [click here](#).

Relevant Research and Articles of Interest

Many people attended the Collective Impact conference on October 21st at Lake Morey Resort. Here are a few links to learn more:

- <http://www.collectiveimpact.com/about.php>
- http://ssir.org/articles/entry/channeling_change_making_collective_impact_work

Margaret Wheatley continues to inspire and inform us in important ways. The at the link below is about leadership in a complex world and is worth reading. If you're familiar with her groundbreaking and important work you'll want to [click here](#) to look at this.

For general questions about IFS, contact any of the IFS Management Team members:

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OR

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