

Children's Integrated Services
Intake Coordinator Orientation #1
September 2, 2009

Attending Conference Call: Mary Ellen Otis, Jen Messier, Barb Aisen, Julie Scott, Ann Dillenbeck, Linda Dean, Robin Stromgren, Carol Simon, Mary Lou Bolt, Sue Harding, Donna Bailey, Toki Eley, Ann Dillenbeck, Ann Marie Darsney, Elaine Guenet, Anne Maule, Valerie Valcour, Dave Connor, Dawn Powers, Jona Lee Farwell, Julie Scott, Gladys Collins, Tricia Rogati, Heather Simkins, Kathy Emerson, Chloe Leary, Kathleen Paterson, Sue Shepard, Suzanne Santarcangelo

Facilitator: Kathleen Paterson

Please note: 1) This call was recorded. To listen to the conversation: call 1-888-203-1112, passcode is 68560386. It will be available till October 2, 2009.
2) There will be a survey Monkey questionnaire sent out to gather feedback and questions about this call, see CDD-CIS webpage.

Welcome and introductions: The group brings a many years of experiences, expertise and perspectives about early childhood to this Coordinator role.

AHS Reorganization and CIS:

Suzanne Santarcangelo, Director of Health Care Operations, AHS Secretary's Office

Suzanne has worked in many areas of AHS, including Global Commitment waivers, long term care, internal operations, policy development, mental health, corrections, children's services, autism, developmental disabilities and juvenile justice.

Working with Patrick Floyd, Suzanne has been a key player in leading and facilitating Children's Integrated Services for 0-22 year olds. The system of care for prenatal to six has been on-going for many years.

2006: AHS departments were tasked to change internal operations to decrease the fragmentation of services for families with young children. Legal Aid challenged the Agency to provide increased access to needed EPSDT services for children with disabilities. DAIL began to develop a more flexible personal care model.

2008: VT Legislative session earmarked \$2 million in the OVHA budget for provision of disability services for children age 0-22, including case management and other therapies. AHS Key Practices were developed. AHS leadership looking more closely at the CIS prenatal to six service delivery mode, including a single plan of care; determining what supports were needed; how to increase interagency collaboration and streamline operations; and how CIS prenatal to six lessons could be applied to 0-22 services.

CIS Prenatal to Six services are the corner stone for the larger population along the continuum of prevention, early intervention and treatment services. The Agency will continue to support the infrastructure, implementation and on-going development of CIS.

CIS Flowchart: Kathleen reviewed the CIS flowchart, highlighting the elements of the TAG on the right hand side, the significance of the call out sections¹, and the authorization/consent process on the left hand side of the document.

CIS Team Actions:

- 1) Unable to engage family -> services declined
- 2) Gathering information -> resource and referral information shared with family
- 3) Identification of family needs -> development of service plan
- 4) Utilization of one plan, primary service provider model, delivery and evaluation of services
- 5) Consultation with early childhood team (multidisciplinary)

The Early Childhood Consultation Team is available to the Intake Team and/or the family/primary service provider team to provide resources, specialists, consultation to early childhood settings, etc.

CIS Intake Teams are working on a unified Outreach Plan

Regional questions were asked about: the level of family engagement with CIS; challenges experienced when piloting the CIS one plan document; need for CIS Coordinator contact information; no wrong door for referrals however, team members need to bring all referrals through the intake door; tracking elements; feedback loop to primary referring provider; need for additional guidance on the authorization form and make it more family friendly; and the role of the multidisciplinary team.

The next Intake Coordinator Call will be September 16th, 1-2 p.m.
(The CIS Open Agenda call has been moved to September 23rd.)

Call-in information:

1-866-642-1665

Participant passcode: 471230

¹ For: 1) urgent care; 2) timeliness of CIS response regarding developmental concerns; and 3) authorization to share information with the primary referral source(s)