

CIS Open Agenda Call Summary: March 18, 2009

Participants: CIS Representatives from the following regions: Bennington, Windham, Rutland, Addison, Springfield, Hartford, St Johnsbury, Washington, Lamoille, Chittenden, Franklin Grand Isle, Newport
Representatives from the CIS State Team: Sue Schmidt, Sue Shepard, Terri Edgerton, Danielle Howes, Sue Harding, KC Whiteley, Jane Ross-Allen
 Christina Strobridge facilitating.

Next Open Agenda Call:
 Weds, April 15, 2009 1-2 PM
Call in Number: 1-866-642-1665
 Participant code: 471230

<i>Topic</i>	<i>Discussion Points</i>																
<i>Updates</i>	<p>CIS Listserv: To increase expediency and efficiency, CIS communications will soon be coming through a listserv hosted by UVM Center for Disabilities and Community Inclusion. Christina Strobridge is the contact person and has currently gathered and tested all CIS emails from the state CIS liaisons who were sending messages to regional team members. If you or someone on your team is not getting CIS communications (like this summary), send the name and email address to Christina at christina.strobridge@ahs.state.vt.us</p> <p>CIS Brochure: Draft version was sent out for review last week. Sue Shepard is the contact person. Send comments to Sue at susan.shepard@ahs.state.vt.us by <u>March 27</u>. The preferred methods of response is one summary of everyone's comments as a regional team but if that is not possible separate comments are fine. Once revisions are made based on feedback, it will take about 6-8 weeks to have brochures printed. They will be distributed to each region asap.</p> <p>CIS Technical Assistance contacts from state team to regions: A reminder that if your team has specific questions or issues about CIS, your state CIS contact can help. Feel free to contact your TA person with any CIS issue as needed.</p> <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 25%;">Danielle Howes</td> <td style="width: 25%;">Terri Edgerton</td> <td style="width: 25%;">Christina Strobridge</td> <td style="width: 25%;">Sue Shepard</td> </tr> <tr> <td>Addison</td> <td>Bennington</td> <td>Franklin GI</td> <td>Newport</td> </tr> <tr> <td>Chittenden</td> <td>Rutland</td> <td>Springfield</td> <td>Caledonia</td> </tr> <tr> <td>Washington</td> <td>Windham</td> <td>Hartford</td> <td>Lamoille</td> </tr> </table> <p>Sue Schmidt Bio: In the last Open Agenda summary, the paragraph describing Sue's experience and background was inadvertently omitted. It should have been inserted as follows: <i>...Sue has worked for AHS for the past four years--the first three as the Field Director in Addison County and for the last year as the Children's Services Administrator in the Secretary's office in Waterbury. Prior to this Sue taught for Southern New Hampshire's Graduate Program in Community Mental Health as well as serving as the Assistant Academic Director for that program. She continues to teach on an adjunct basis. Sue's background is in Children's Mental Health and she has worked in this field for most of her career. She was the Director of Operations for the Department of Mental Health and worked at the community level as the Director of the First Call Children's Crisis Service. She is currently licensed as a clinical mental health counselor, a school guidance counselor, and continues to consult in both of these areas specific to children's mental health issues.</i></p>	Danielle Howes	Terri Edgerton	Christina Strobridge	Sue Shepard	Addison	Bennington	Franklin GI	Newport	Chittenden	Rutland	Springfield	Caledonia	Washington	Windham	Hartford	Lamoille
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Shared Intake and Referral Process and CIS Intake Coordinators

Question: What will shared intake and referral look like as of July 1?

(See attached CIS Referral intake diagram)

Goals:

- A holistic and comprehensive prenatal to age six early childhood system of care for Vermont's children and families
- Easy access to services for families
- Improved outcomes for children

Expectations: All referrals to the CIS Program and its array of services will go through a small, multi-disciplinary CIS intake team led by a CIS Intake Coordinator managing the functions of intake, data collection, and clinical coordination. The only exception would be for urgent or immediate care. This means all referrals to early intervention services (formerly Part C/FIT Program), all referrals to maternal child health services, family support services, health promotion and nursing services (formerly HBKF Program), and all referrals for ECFMH services (formerly the CUPS Program) will funnel through the CIS intake team regardless of which door a family came through to get the referral.

CIS Referral and Intake form: (See attached form for review). CIS core services (Early Intervention, ECFMH, MCH nursing, Family Support) will be expected to use the CIS Referral and Intake form. This is the revised version of pages 2 and 3 from the One Plan and the only part of the One Plan that will be used at this stage. The revisions are based on the feedback from regions received this winter. The form may have further revisions before July 1.

CIS Intake Coordinator role: (See attached CIS Coordinator Role and Responsibilities). CIS is a priority for AHS. Finding a way to get CIS intake coordination money to communities has been a challenge, even more so with the recent economic downturn. The State has now identified funding to communities for CIS intake coordination. The funds are part of federal stimulus dollars coming to AHS. Money will be available within the next few months, definitely by July 1, and will only be available for 2 years at the most. The Federal Stimulus dollars come with enormous parameters for how the money is to be used. It cannot be used for direct services. This is seed/bridge money which will give AHS and community partners time to look for efficiencies within a CIS program budget and to re-work the current system of financing to leverage money to support the CIS intake coordinator function long-term.

- The State is not creating new state positions for this role
- There will not be an FTE for every AHS district. FTE's were figured by looking at the number of children served in each region through the combined programs for the past 3 years fiscal years (2006,2007, 2008). The numbers and associated FTE's will be shared with each region soon through your CIS TA person.
- It will be the community's decision as to who they hire into the CIS Intake Coordinator role. In some regions, the BBF coordinator may be the best fit. Other regions may have a different vision for the role. Communities will fill the role in the way that best meets the needs of their region, including details of the role, where that person sits, where families and referral partners call. The state will provide job description and qualifications.
- This is not a case management position. This is not a direct service position. The Intake Coordinator acts as the point person to assure the outcomes of the CIS referral and intake process, to make sure families get the needed services in an effective and efficient manner. The role is both

	<p>administrative and clinical.</p> <p>CIS Intake team: The CIS intake coordinator is supported by a small multidisciplinary intake team (MCH Coordinator, ECFMH worker, Developmental educator). There is a regular process and structure for this team to review and assign a primary service provider and individualized child and family team as needed. If there are more intensive needs, referral to a multidisciplinary CIS clinical consultation team can be made as well.</p> <p>Q: Family support pilot sites had the number of families that could be served held at a certain level. Will there be adjustments in the data behind the FTE's for that? Yes. That is the purpose of the dialogue about the numbers with your TA person. There can be adjustments where the regions can show how the numbers are different.</p> <p>Q: Was Cups data included in the 3 year averages? Yes. CUPS, HBKF, and FITP numbers.</p> <p>Q: Was VNA data included? Yes.</p> <p>Q: What is <u>not</u> included? Mental health treatment services and skilled nursing/medical high risk services. Any urgent/immediate care needs go straight to provider.</p> <p>Q: In our region, we have an early childhood mental health system already in place and it does not distinguish between CUPS kids and other MH program kids. As long as the CIS outcomes are met, each community can and will organize differently to serve young children. The data used is from the three funding streams. What DMH is billing to their FFS Exhibit B outside of the cups grants is not included. And referrals for those children would go through the intake coordinator/ team.</p> <p>Q: How can this work with consent and the stricter confidentiality requirements for mental health services? Think of the CIS Program with ECFMH (formerly CUPS) services as (an offering) part of the menu of CIS services. A signed CIS Consent for referral to the program means consent to bring the referral to the intake coordinator and team. If the referral goes on to ECFMH for services, then the more stringent consents from the mental health provider for specifics like assessment and treatment would need to be obtained (come into play). There will be more detailed information on consent coming from the state team in the next few months.</p> <p>Q: How will we get our FTE amount and review the numbers behind the determination number? Over the next month, the CIS TA staff will arrange to meet with Regional teams, or representatives of that team, whichever is preferred by a region.</p>
<p><i>Next Open Agenda Call</i></p>	<p>Next call is scheduled for Weds April 15, 2009 from 1-2 PM. Open Agenda calls occur on the third Wednesday of each month from 1-2 PM. Agenda items may be requested at the start of the call or sent ahead of the call to Christina Strobridge Call in Number: 1-866-642-1665 Participant code: 471230 Reminders are sent out a few days ahead of each call. Summary notes are sent to CIS teams statewide via listserv.</p>