VERMONT

AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING
DEPARTMENT OF MENTAL HEALTH

Memorandum

TO: Directors of Developmental Services and Children's Mental Health Services Designated and Specialized Service Agencies

FR: Camille George, Director, Developmental Disabilities Services Division (DDSD)/DAIL
Diane Bugbee, Children's Services Specialist, DDSD/ DAIL
Charlie Biss, Director Child, Adolescent & Family Unit, DMH
Laurel Omland, Operations Chief, Child, Adolescent & Family Unit, DMH

CC: Bill Kelly, DAIL; Jim Euber, DAIL; Heidi Hall, DMH; Susan Onderwyzer, DMH

DT: August 5, 2014

RE: Shared Funding for Children with Complex MH and DD needs

This memo updates and replaces the current process for local developmental and mental health providers to serve children **up to age 18** with co-occurring mental health and developmental disabilities. This memo applies only to those regions where IFS pilots have not yet been implemented. Integrated Family Services is continually evolving with the goal to simplify funding mechanisms for children's services across the Agency of Human Services; however, full statewide roll-out isn't anticipated in the next fiscal year. Until full IFS implementation, DMH and DAIL/DDSD children's services are revising the approach to serve children who have complex needs related to their mental health and developmental disability diagnoses. This is being done in an effort to reduce the administrative burden of shared MH/DS waivers and to allow local programs to continue to work towards integrated services. Our DAs and SSAs are working hard to meet the complex needs of children and families and we want our guidelines to support this collaboration.

As an interim step, DMH and DDSD have agreed to suspend the process of shared waivers for children 0-18. This change will go into effect retroactively July 1, 2014 and supersedes

the shared DS/MH waiver memo dated November 1, 2011. We view a suspension in shared waivers as a temporary situation, while DDSD and DMH examine ways to better integrate and align our respective practices. **Any current shared waivers will be "grandfathered in" to continue through FY15.**

The ultimate goal is for a child to receive the appropriate array of developmental and mental health services & supports. Therefore, the local team should work together with the expertise across MH & DS programs to put together the plan of care for a child presenting with complex needs related to his/her mental health and developmental disability. The local team, in collaboration with the family, will determine who is lead on the plan. Some questions to help guide the process may include:

- What is the presenting need?
- What is package of services to meet the need?
- Where within your agency is that service package best provided?
- How can services be best integrated to meet the need?

The local team should consider whether available funding, including non-categorical funds, can support implementation of the plan. If the plan warrants a higher level of intervention than can be provided through other mechanisms, DS Home and Community Based Services or MH Enhanced Family Treatment (aka waiver) can be considered.

If DS is identified as lead, the team will follow the existing DS System of Care plan (SOCP). This includes determining whether a child is clinically and financially eligible and whether or not the child meets one of the SOCP funding priorities. If there are mental health services included in the budget proposal which are approved through the process outlined in the SOCP, these will be funded by DAIL, along with other approved services.

If MH is lead, the team will follow the MH procedure to determine clinical eligibility and submit the Enhanced Family Treatment (EFT) application to DMH. If there are

developmental disability services included in the plan and budget proposal which are approved through the process outlined in the EFT manual, these will be funded by DMH, along with other approved services.

The provision of services, whether through DS Home and Community Based Services or MH EFT, should be blended across the local mental health and developmental services programs as appropriate to the individualized needs of the child. Some regions have already made the shift in their service delivery to be more integrated and the lack of shift in the funding mechanisms has been a barrier to this integration. By ending the process of having to sort out which department pays for which services in a shared waiver approach, this will allow the focus to be on the plan itself and the support it offers to children and families.

Local DS and MH program staff are encouraged and welcome to seek technical assistance from their respective children's contacts at DDSD or DMH at any time during this process.