

CHILDREN'S INTEGRATED SERVICES (CIS)

TESTIMONY FOR SENATE HEALTH AND WELFARE COMMITTEE--FEBRUARY 7, 2019

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“The highest rate of return in early childhood development comes from investing as early as possible, from birth through age five, in disadvantaged families. Starting at age three or four is too little too late, as it fails to recognize that skills beget skills in a complementary and dynamic way. Efforts should focus on the first years for the greatest efficiency and effectiveness. The best investment is in quality early childhood development from birth to five for disadvantaged children and their families.”

—James J. Heckman, PhD, Nobel Prize Winner in Economics

CHILDREN'S INTEGRATED SERVICES

1. CIS Program Overview
2. Value and Purpose of CIS
3. Trends in Population Need
4. CIS Funding—Payment structures, methodology, and goals

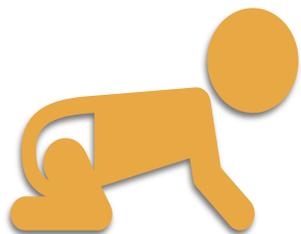
CIS OVERVIEW

- Research demonstrates investment in early childhood services improves short and long-term outcomes across multiple indicators and lowers the likelihood of more expensive, deeper-end system involvement
- CIS offers 4 core services to families of young children facing challenges—Early Intervention, Specialized Child Care, Early Childhood and Family Mental Health (ECFMH), and Home Visiting
- Professionals deliver services in the home or child care settings and emphasize building capacity of parents/caregivers to effectively support the child's health & development
- The model is family-centered and delivered by a multidisciplinary team, using an innovative payment model
- Population need for CIS services has increased significantly, while resources remain level
- Efforts are under way to examine and update the rate methodology to improve accuracy and equity

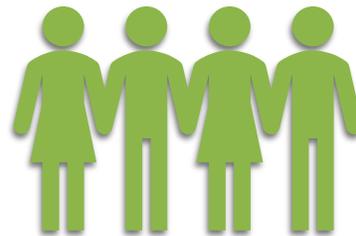
OVERVIEW OF CIS: SERVICE ARRAY



CIS OVERVIEW: POPULATION SERVED



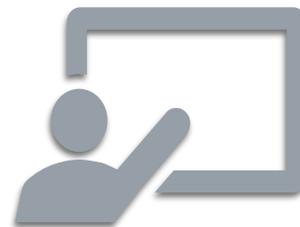
**Primary Population:
Prenatal to 6 years**



**5400 Referrals Rec'd
7500 Clients Served
(SFY18)**



**Estimated 85%
Medicaid
Recipients**



**~50% Receive
Early Intervention
Services**

CIS OVERVIEW:
SYSTEM
STRUCTURES

CIS State Team: Staff in Waterbury provide program oversight and support

Fiscal Agent Contractor: A single agency in each region holds the CIS contract

Regional CIS Admin Team: A coalition of providers and partners governs regional CIS system and ensures service delivery

Local CIS Coordinators: An individual in each region coordinates partners, reporting, etc.

Regional Intake & Referral Meetings: Weekly meetings triage referrals and collaborate

VALUE AND PURPOSE OF THE CIS MODEL

- The upstream services provided by the CIS system utilize a two-generation approach for maximum impact
- Research demonstrates that quality interventions and supports for children ages 0-5 have among the highest return on investment across human services- *13% ROI for high-quality birth-5 programs*
- CIS uses multiple evidence-based practices with proven effectiveness in impacting outcomes in health, child maltreatment prevention, education, and economic well-being
- Services help to mitigate ACES and intergenerational trauma

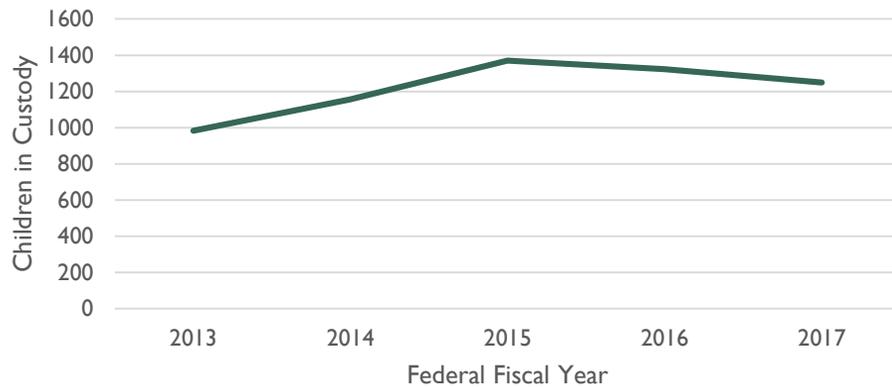
“We had a child that qualified for Early Intervention with global delays. When I started working with the family the child had zero words and was physically aggressive towards caregivers and unsafe with peers and unsupervised would climb up on the stove. Mom called him her “out of control monster.” Just last month he exited EI on his third birthday age appropriate in all areas. Mom was so thankful for for CIS services and said “he is totally a different kid now that he is using whole sentences, his aggression is way less.””

- CIS Developmental Educator

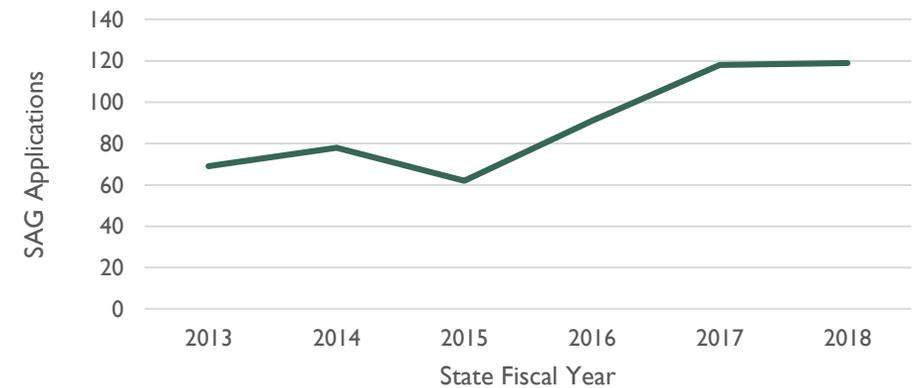
INCREASING CIS POPULATION NEED & CASE COMPLEXITY

Trends across multiple indicators demonstrate an increasing population need for CIS:

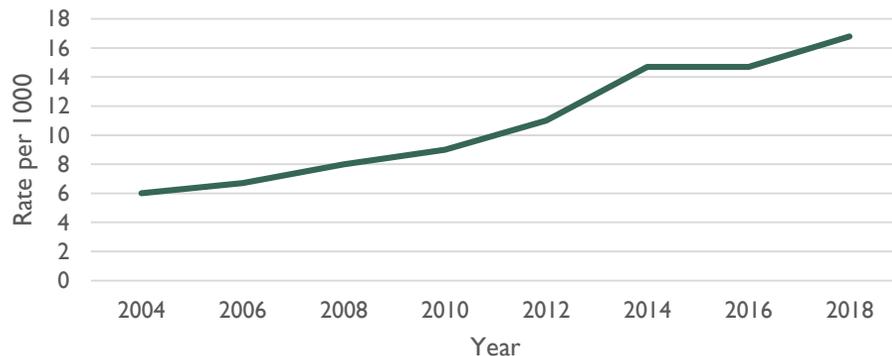
Children in DCF Custody



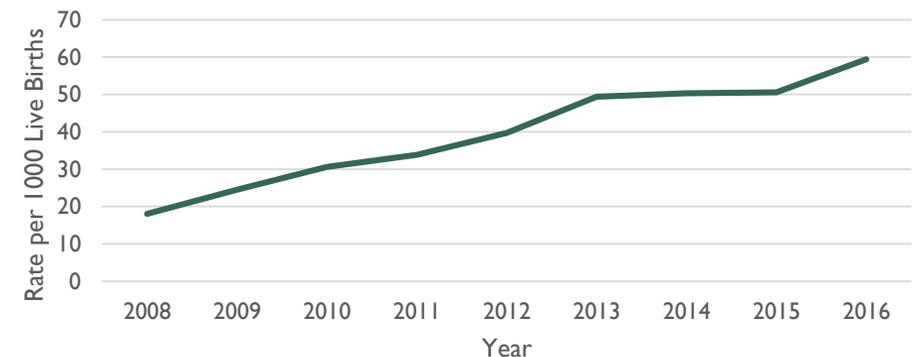
Special Accommodation Grants



Autism Prevalence (National)

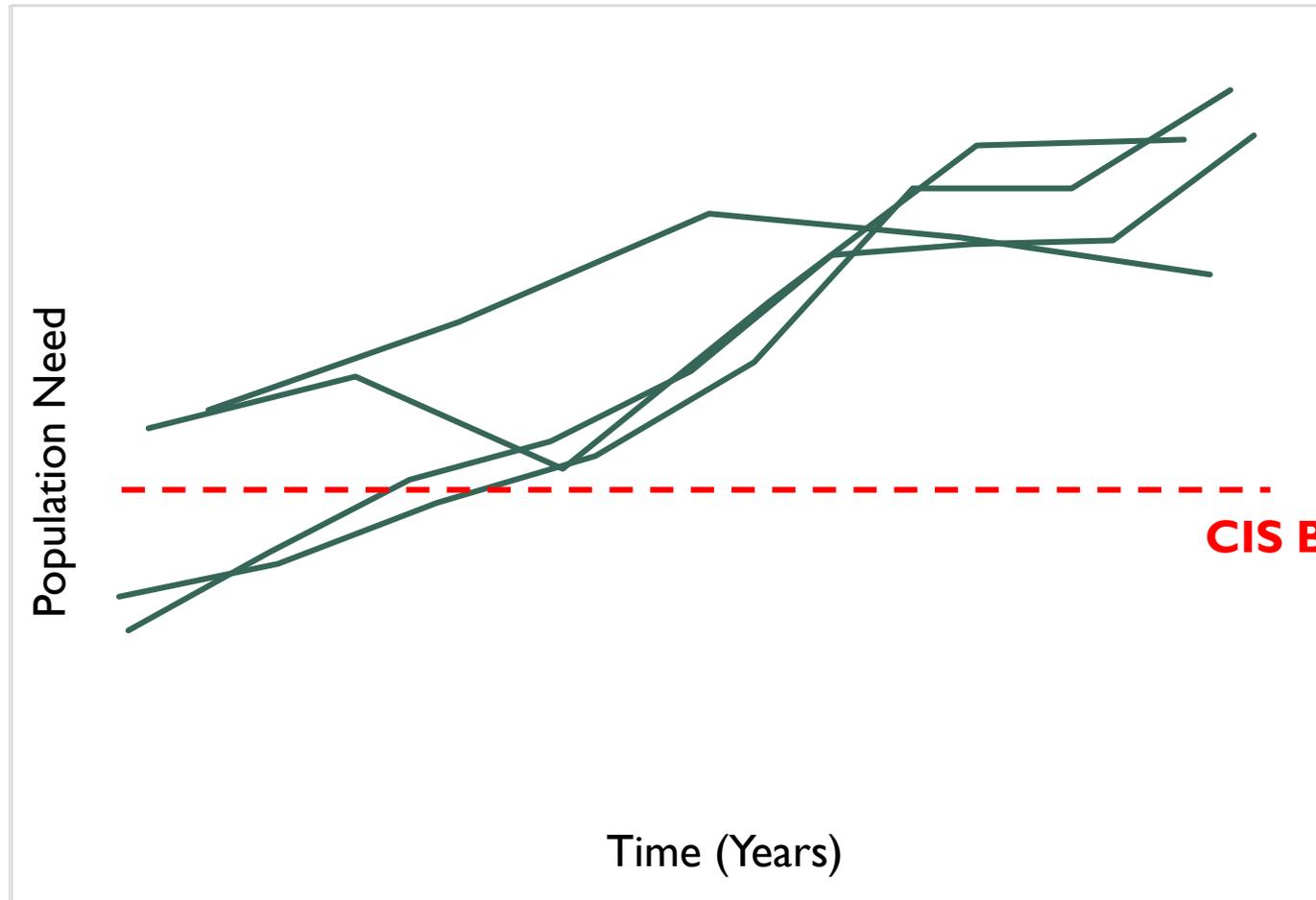


Infants Exposed to Opioids (VT)



CIS FUNDING: POPULATION NEED + BUDGET OVER TIME

Please note this visual is intended to demonstrate overall trend of increasing need and level funding, rather than exact figures



CIS Bundled Services Funding

CIS FUNDING: RESULTS OF RESOURCE CHALLENGES



Delayed Services: Timeliness indicators suffering, impacting federal compliance



Inadequate Capacity: Resources cannot keep up with increasing population need



Staffing Shortages: Significant challenges in staff recruitment and retention, low wages cited
64% of CIS staff have been with CIS for 5 years or less, up from 50% in 2016



Crisis-Driven: Reactive by necessity at a system level

SUCCESS DESPITE RESOURCE CHALLENGES



Families Achieving Goals

In SFY2018, more than 80% of CIS children and families achieved one or more goal before exit or annual review



Identifying EI Needs Sooner

The average age for initial referral to EI services has dropped steadily from 26 months in 2014 to 14 months in 2017



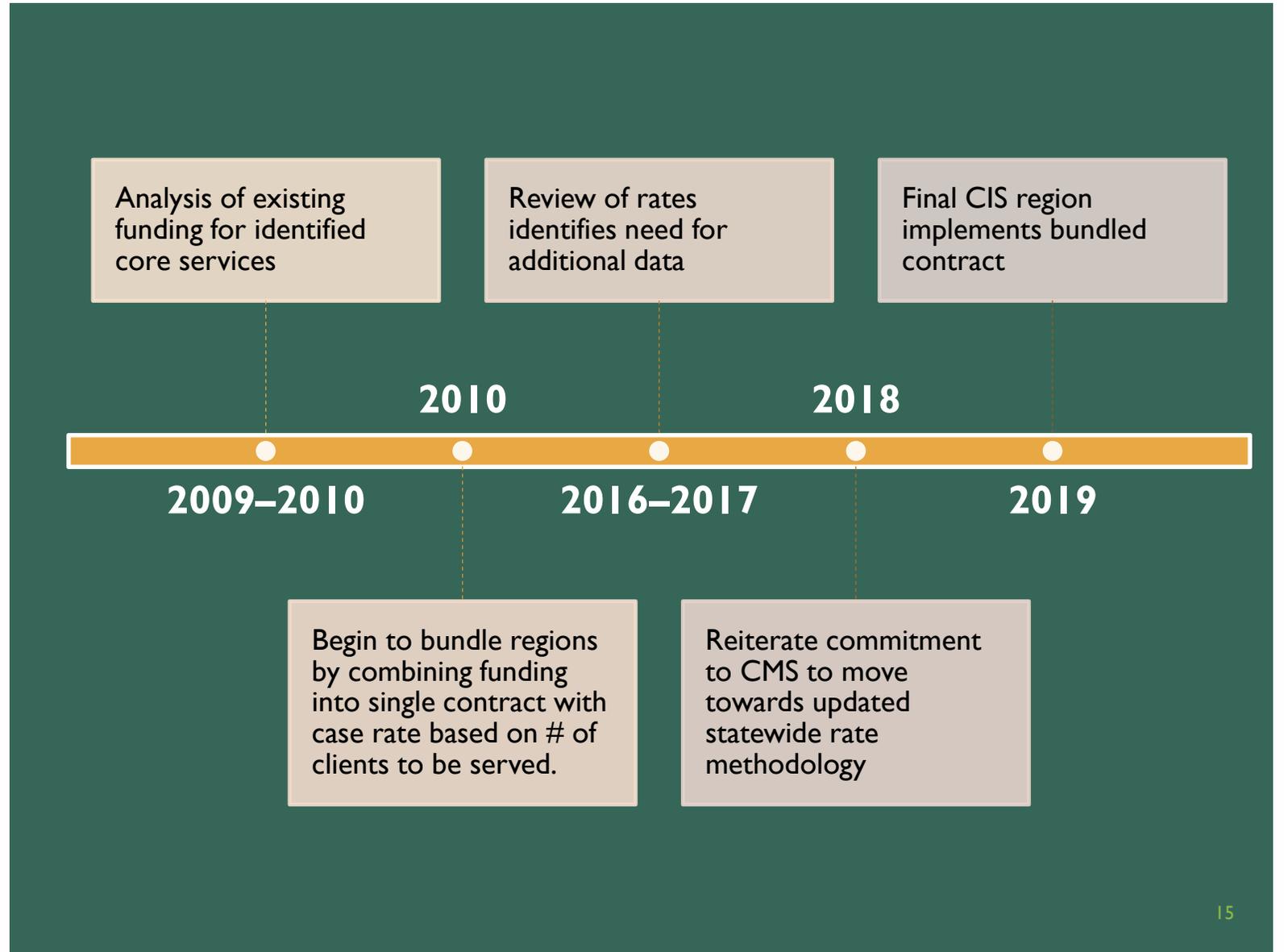
Strengthening Family Engagement

The number of families lost to follow up has consistently declined over the past 2 years

CIS FUNDING: SERVICE DELIVERY REIMBURSEMENT

Funding Mechanism	Annual Spending (approx.)	Funding Source
Bundled Contracts	\$9.2 million	~85% Medicaid, 15% General Fund
Non-bundled Services	\$3 million	Part C Grant, then GF (POLR)
SCC Transportation	\$800-900k	Temporary Assistance for Needy Families (TANF)

CIS FUNDING: TIMELINE OF RATE DEVELOPMENT, IMPLEMENTATION, & REVIEW



CIS FUNDING: BUNDLED RATE METHODOLOGY

- Each regional contract total is based on historical spending among services prior to bundle implementation
- Regional case rates were determined by contract total and a set monthly client count
 - Current monthly case rates range from \$498 to \$854, with a mean of \$676
- CIS Admin Teams allocate funding between services based on locally-determined methodology, community need, and provider capacity
- Contracted Fiscal Agent in each region bills for monthly case rate for children served by any CIS service, then reimburse service providers based upon local approach and subcontract agreements
- Reimbursement for bundled services from the State may not exceed contract total

CIS FUNDING: PAYMENT REFORM GOALS

Goals of CIS Payment Reform 2019-2020

1. Develop updated payment methodology to reflect current cost of service delivery and population need
2. Utilize methodology to implement statewide base rate with appropriate regional variation