

Vermont Mental Health Performance Indicator Project
Agency of Human Services, Department of Health, Division of Mental Health
108 Cherry Street, Burlington, Vermont 05401

TO: Vermont Mental Health Performance Indicator Project
Advisory Group and Interested Parties

FROM: John Pandiani and Joan Mongeon

DATE: April 14, 2006

RE: Young Children served by CMHC CUPS, FITP, and HBKF Programs

This week's brief report provides an overview of caseload overlap among three programs that provide comprehensive prevention and early intervention services for pregnant women and for children from birth to age 6 and their families. These three programs are in the process of integrating their home visiting and child care consultation services and their professional development efforts. The Children's Upstream Services (CUPS) program was designed to strengthen local interagency coordination and reduce the number of children who enter kindergarten without the emotional and social skills necessary to be active learners in school. The Family, Infant and Toddler Program (FITP) is a family-centered coordinated system of early intervention services for infants and toddlers with developmental delays and disabilities and their families. The Healthy Babies, Kids & Families (HBKF) program helps Medicaid-eligible pregnant women and families with young children connect with high quality health care and support services in their community. This analysis focuses on children in the birth to 6 age group who were served by these programs during CY2005.

The findings reported here are based on analysis of anonymous extracts from three databases. An extract from the DMH Monthly Service Report database provided basic information on all young people served by CUPS programs during the study period. An extract from the Vermont Medicaid database provided basic information on the caseload of the HBKF program. An extract from the FITP database provided basic information on that program. Each of these extracts included the date of birth, gender, and region of residence for all young people served during CY2005. Because the data sets used in this analysis do not share unique person identifiers, Probabilistic Population Estimation was used to determine caseload size and overlap (with 95% confidence intervals).

During 2005, the HBKF program had the largest caseload with more than 2,000 children aged 0-6 served during the year, followed by the FITP program (1,185 served) and the CUPS programs (650 served). Children on the CUPS caseload were more likely to be on the FITP program (16% overall) than on the HBKF caseload (12% overall). Children on the FITP caseload were more likely to be on the HBKF caseload (15% overall) than on the CUPS caseload (9% overall). Children on the HBKF caseload were more likely to be on the FITP caseload (9% overall) than on the CUPS caseload (4% overall).

The Caseload Segregation/Integration (C-SIR) statistic indicates that caseload sharing among these three programs represented about 10% of the mathematically possible caseload sharing. This can be compared to the levels of caseload sharing observed for Vermont's children's mental health, child protection, and special education caseloads. The statewide C-SIR for these three programs ranged from 21% in FY'93 to 37% in FY'05.

We look forward to your comments and your suggestions for further analyses of these data to pip@vdh.state.vt.us or 802.863.7249.

Caseload Overlap
Children's Upstream Services (CUPS), Healthy Babies, Kids and Families (HBKF)
and Family Infant and Toddler Programs (FITP)
AGES 0-6, CY2005

