

Act 264
and the
DOE/AHS Interagency Agreement

Users Guide



*Prepared by the State Interagency Team and the
Interagency Agreement Support Committee*

April 2006

INTRODUCTION

Act 264, passed in 1988, requires that human services and public education work together, involve parents and coordinate services for better outcomes for children and families. While Act 264 was enacted on behalf of children and adolescents experiencing a severe emotional disturbance and their families, the 2005 Interagency Agreement between the Vermont Department of Education (DOE) and the Vermont Agency of Human Services (AHS) expands the target population beyond those eligible under Act 264 to include children and adolescents with disabilities who are eligible for both special education and disability-related services, including service coordination, provided by AHS. This document begins by providing a background to the enactment of the original Act 264 legislation in 1988 and a brief summary of the law. Following, there are several sections highlighting key components of the DOE/AHS Interagency Agreement as it relates to Act 264. Included are the purpose, mission and principles of the Agreement; a definition of who is eligible for coordination of services; and guidelines for how the Local Interagency Teams (LITS) and the State Interagency Team (SIT) can assure coordination of services and oversight of the Vermont System of Care. For specific reference to the DOE/AHS Interagency Agreement, visit the “Interagency Coordination” program page on the Vermont Department of Education Web site at http://www.state.vt.us/educ/new/html/pgm_interagency.html#agreement.

I. WHAT IS ACT 264?

Background

Since 1985, Vermont has been working to develop a comprehensive, integrated system of care for children and adolescents experiencing a serious emotional disturbance and their families. Prior to 1985, the three key departments serving children and their families (Mental Health, Child Welfare, and Education) often served the same families as separate providers. As a result, services were often experienced by both families and providers to be partial and fragmented.

In 1985, the National Institute of Mental Health’s Child and Adolescent Service System Program (CASSP) funded Vermont to begin developing strong interagency partnerships among mental health, child welfare and public education providers. The five-year CASSP effort involved an extensive planning process that included service providers, parents and advocates. They developed the first System of Care Plan consisting of an extensive list of community-based services that needed to be provided in a coordinated manner.

In 1988, the interagency collaboration and coordination culminated in the passage of Act 264. The law accomplishes the following:

- **Creates an interagency definition of severe emotional disturbance.** This unified definition allows a child or adolescent who is experiencing a severe emotional disturbance to be eligible for coordination of services and lessens the chance of “falling through the cracks” for not meeting a certain agency’s eligibility criteria for services.
- **Creates a coordinated services plan.** Children and adolescents experiencing a severe emotional disturbance who need services from multiple agencies are entitled to a coordinated services plan. The plan is a written addendum to each individual agency plan; it states a goal and outcomes that help measure progress toward the goal, as well as

the services and supports to achieve it. The legal entitlement is to coordination of the plan; any entitlement to particular services identified in the plan may come through laws governing each of the involved agencies and providers. Permission of the child's parent/guardian is a prerequisite for the development of a coordinated services plan.

- **Creates one Local Interagency Team in each of the State's twelve Agency of Human Services' districts.** The Local Interagency Teams (LITs) serve as a resource for interagency planning teams that are experiencing difficulty writing or implementing a child's coordinated service plan. The Local Interagency Teams are also a forum for understanding and addressing regional and statewide service system needs. These teams serve as a mechanism for feedback and advocacy within a complex human services and education network.
- **Creates a State Interagency Team.** The State Interagency Team (SIT) functions as a state level resource to the Local Interagency Teams. If a Local Interagency Team cannot help a child's treatment team to implement a coordinated services plan, the State Interagency Team works to resolve issues and overcome obstacles. The cases brought before the State Interagency Team alert state policy makers to problems in three broad areas: unmet service needs, policy difficulties, and funding issues.
- **Creates a governor appointed advisory board.** This nine-member board is composed of three parents, three advocates, and three professionals representing education, mental health and child welfare. One of their major statutory responsibilities is to advise Education and Agency of Human Services (AHS) on the annual priorities for developing the System of Care.
- **Maximizes parent involvement.** Act 264 requires the membership of a parent of a child or adolescent experiencing or having experienced a severe emotional disturbance on each Local Interagency Team and the State Interagency Team; three parents are required on the Governor-appointed advisory board. It is fundamental to this law that parents have substantive input into the mechanisms to improve the System of Care.
- **Requires the submission to the state legislature of an annual system of care plan.** This comprehensive plan, revised annually, gives guidance to policy makers in program development for children and adolescents experiencing a severe emotional disturbance. Through a collaborative planning process, program components are identified, defined and prioritized for Vermont's System of Care Plan. Three other important aspects of the report are: a yearly status report of programs that serve children and adolescents experiencing a severe emotional disturbance and their families; identifying values for the system of care; and articulating guiding principles for model programs.

As a result of the Vermont collaboration and the passage of Act 264, private, federal and state funds have supported new and expanded services, coordination and training. Several of the larger initiatives included the Robert Wood Johnson Grant, the Access/Families First grant, and the Children's Upstream Services (CUPS) grant. In addition, since 1988, the Vermont legislature fulfilled its commitment to continue the services beyond the end of the grants through increases in both state general funds and Medicaid appropriations to support the System of Care for children and adolescents experiencing a severe emotional disturbance and their families. Further accomplishments since 1988 include:

- Decision making and service delivery is coordinated and involves parents;
- Local and state interagency collaboration is far more common;
- System is more non-categorical and based on unique issues of families;
- Infrastructure has increased capacity for development of local governance;
- The Success Beyond Six program funding mechanism which provides incentive for Education and Mental health to collaborate has resulted in a significant expansion of services

II. WHAT IS THE DOE/AHS INTERAGENCY AGREEMENT?

(From Agreement) Purpose:

*This agreement promotes collaboration between the Agency of Human Services (AHS) and the Department of Education (DOE) in order to ensure that all **required** services are coordinated and provided to students with disabilities...The areas covered by this agreement include coordination of services, agency financial responsibility, conditions and terms of reimbursement, and resolution of interagency disputes.*

This interagency agreement outlines the provision of services to students who are eligible for both special education and services provided by AHS and its member departments and offices including Department of Health (VDH), Department for Children and Families (DCF), Department of Disabilities, Aging and Independent Living (DAIL), Department of Corrections (DOC), and Office of Vermont Health Access (OVHA). It is intended that the agreement will provide guidance to human services staff and school personnel in the coordination and provision of services for students with disabilities.

Mission/Guiding Principles:

The DOE, the local education agencies (LEA) and AHS work together to assure that children and youth with disabilities, ages 3-22, receive services for which they are eligible in a timely and coordinated manner. Ultimate responsibility to ensure a free and appropriate public education (FAPE) to students with disabilities lies with DOE and responsibility to provide a FAPE lies with the LEA. AHS is responsible for supporting students and their families toward successful outcomes in their broader functioning consistent with federal law including 34 CFR §300.142¹ as well as state law. These agencies will work together to assure the needs of eligible students with disabilities are met, services are coordinated and integrated, funds are efficiently used, and a dispute resolution process is in place to resolve interagency policy and funding disputes when a conflict occurs.

III. WHO IS SERVED BY ACT 264 AND THE DOE/AHS INTERAGENCY AGREEMENT?

Following is the Act 264 definition of Severe Emotional Disturbance. Children and adolescents who meet the criteria defined below are eligible to coordination of services as defined in this law. **It is important to note that these individuals may or may not be eligible for special education services.**

Act 264 Definition of Severe Emotional Disturbance:* - "Child or adolescent with a severe emotional disturbance" means a person who:

- A. exhibits a behavioral, emotional, or social impairment that disrupts his or her academic or developmental progress or family or interpersonal relationships
- B. has impaired functioning that has continued for at least one year or has an impairment of short duration and high severity;
- C. is under 18 years of age, or is under 22 years of age and eligible for special education under state or federal law; and
- D. falls into one or more of the following categories, whether or not he or she is diagnosed with other serious disorders such as mental retardation, severe neurological dysfunction or sensory impairments:
 - 1. Children and adolescents who exhibit seriously impaired contact with reality and severely impaired social, academic and self-care functioning whose thinking is frequently confused, whose behavior may be grossly inappropriate and bizarre and whose emotional reactions are frequently inappropriate to the situation.
 - 2. Children and adolescents who are classified as management or conduct disorder because they manifest long-term behavior problems including developmentally inappropriate inattention, hyperactivity, impulsiveness, aggressiveness, anti-social acts, refusal to accept limits, suicidal behavior or substance abuse.
 - 3. Children and adolescents who suffer serious discomfort from anxiety, depression, irrational fears and concerns whose symptoms may be exhibited as serious eating and sleeping disturbances, extreme sadness of suicidal proportion, maladaptive dependence on parents, persistent refusal to attend school or avoidance of non-familial social contact.

** As approved by the Vermont Legislature on June 17, 1988, with revisions stipulated in H.706 as passed by the House and Senate in April, 1990.*

Children Now Eligible for Coordination of Services According to the DOE/AHS Agreement:

All students who meet eligibility requirements under special education, who also are eligible to receive disability-related service delivery and coordination by at least one AHS department now are entitled to coordination of services. This includes students who receive special education services within the following disability categories:

- A. learning impairment;
- B. specific learning disability of a perceptual, conceptual, or coordinative nature;
- C. visual impairment;
- D. deafness or hard of hearing;
- E. speech or language impairment;
- F. orthopedic impairment (result of congenital anomaly, disease or other condition);
- G. other health impairment;

- H. emotional disturbance;
- I. autism;
- J. traumatic brain injury;
- K. deaf-blindness;
- L. multiple-disabilities;
- M. developmental delay (applies to children ages 3 to 5 years 11 months).

NOTE: Students with the above documented disabilities may or may not be eligible for special education services based on criteria established for special education. For more information about eligibility for special education, visit the DOE Web site and view the Vermont State Board special education rules (sections 2361 and 2362) at http://www.state.vt.us/educ/new/html/pgm_sped/laws.html#rules.

In summary, children and adolescents who are *now* eligible for coordination of services as defined under Act 264 *and* the DOE/AHS Interagency Agreement are those individuals:

- A. who meet the Act 264 definition of Severe Emotional Disturbance and who may or may not be eligible for special education services; and/or
- B. who are eligible for special education services and are eligible for disability-related services and service coordination provided by AHS and its member departments and agencies.

Within this target population, special attention must be made to assure that there is a focus on the particular needs of transition-age youth to support transition from school to adult life. Likewise, there must be a process for addressing the needs of children ages 3 to 6.

IV. TO WHAT ARE ELIGIBLE CHILDREN, YOUTH AND FAMILIES ENTITLED?

Eligible children and youth are entitled to receive a coordinated services plan developed by a service coordination team including representatives of education, the appropriate departments of the Agency of Human Services, the parents or guardians, and natural supports connected to the family.

A coordinated services plan outlines how services will be coordinated between agencies. The following is a framework for planning for eligible children. While the beginning steps in the process may occur for anyone who needs multi-agency supports, the development of coordinated services plans and referrals to the local and state teams are for eligible children and youth.

Contacting an individual agency or school within the community

Families may attempt to access appropriate services to address their child or adolescent's needs through the educational system, the child welfare system (if they are involved through the custody of their child), the local community mental health center or other agencies within or in partnership with the Agency of Human Services.

Identifying a Case Manager

Planning to meet outcomes may require developing and/or brokering for services and supports. Parents may be case managers even though we don't usually call them that name. But, if they are involved in identifying needs and finding and coordinating resources, they are most definitely playing the role of case manager. Children involved with special education will have an assigned

case manager through special education. Children who are in the custody of the state will have an assigned social worker that is also in the role of case manager. Community Mental Health Centers and other AHS state and community agencies also have assigned case managers for their clients.

Creating an Interagency Planning Team

Generally a case manager helps to put together a (treatment or service coordination – interagency planning) team that includes the child, family, relevant professionals and community members and other natural supports. This team works together to develop a plan that is individualized, child-focused, family centered, and culturally competent. Teams are expected to create plans that build on the strengths and assets of the team, the family, and the community. Planning includes the selection of appropriate goals, development of high quality solutions to problems, and effective strategies for reaching desired outcomes. This interagency planning team approach is considered the most effective model for meeting complex, multi-agency needs of children and families. It is expected that teams will agree on a lead coordinator. This will likely be the assigned case manager. It is important to note that this lead coordinator is responsible for facilitating the planning process, not necessarily financially responsible for services defined in a plan.

Developing a Coordinated Services Plan

With written permission of the parent/guardian, the interagency planning team may develop a coordinated services plan, which is an entitlement to coordination of services for families. The plan ensures that the child and family needs are considered holistically.

(From Agreement) The coordinated services plan includes the Individual Education Plan (IEP) as well as human services treatment plans or individual plans of support, and is organized to assure that all components are working toward compatible goals, progress is monitored, and resources are being used effectively to achieve the desired result for the child and family. Funding for each element of the plan is identified.

While anyone can request the creation of a Coordinated Services Plan for an eligible child or youth, one agency has the responsibility for taking a lead role to ensure that existing services are coordinated. This agency assigns a lead service coordinator who assures that the plan is regularly reviewed and serves as the agreed upon contact person if the “coordinated services plan” needs to be adjusted. It should not be assumed however, that the agency with the lead role is also the agency responsible for the delivery or funding of services outlined in the coordinated services plan.

Act 264 legally defines lead agency as:

- Family Services – For all youth who are in state custody
- Education – For all youth not in state custody and who primarily have educational concerns
- Mental Health – For all youth who meet the Act 264 definition of severe emotional disturbance

With the expansion of the target population through the DOE/AHS Interagency Agreement, lead agency status may shift; a specific agency having the most expertise to understand the primary concerns of the child may take the lead in assuring that services are coordinated. Alternatively,

the case manager with the strongest relationship to the family may take the lead role. These lead agency arrangements will likely facilitate more positive outcomes for children and families. Until such time as the effects of the DOE/AHS Interagency Agreement are evaluated, and/or a change in Act 264 Law is requested, it is recommended that these agencies take the responsibility of lead coordination for particular children and families when the need arises.

Referral to a Local Interagency Team (LIT)

(From Agreement) If a team has not been formed or is not functioning, if a coordinated services plan is not satisfactory, if there is no lead service coordinator, or if a plan is not being implemented satisfactorily, the family or individual or another involved party may request a meeting of the Local Interagency Team to address the situation.

Each region has a Local Interagency Team (LIT) that meets regularly. The LIT is composed of representatives from the community mental health center (Children’s Coordinator), local school districts (Special Education Administrator/s designated by the region), DCF Family Services district office (District Director), and family members. According to the DOE/AHS Interagency Agreement, AHS Field Directors as well as local leaders from developmental services and substance abuse, and a VR representative will now be officially included as regular members. LITS must also work with the appropriate special education administrator when an issue involves a child within that school district. In addressing the specific needs of transition age youth, adult agency providers such as high-level leaders from adult mental health programs and the Department of Labor (DOL) are also included. Likewise, to assure an appropriate process to address the specific needs of children ages 3-6, special education administrators and/or essential early education coordinators as well as regional representatives of AHS and its partner agencies (members of regional early childhood resource teams) are included. Members of LIT must be those who are able to make programmatic, resource and/or funding decisions on behalf of their respective departments/agencies.

While not required by law or Agreement, it is recommended that regional representatives of the Vermont Adoption Consortium participate as active members of LITS when reviewing coordinated services plans for children who are in a pre or post adoptive process.

The LIT assists interagency planning teams to identify ways to implement a child’s coordinated services plan when they need extra support. The LIT may review a plan and make recommendations on the content of the plan; suggest possible additional resources of support to implement the plan; recommend that an agency waive or modify a policy; or, if necessary, refer the situation to the State Interagency Team for further consideration.

Each LIT has a designated LIT Coordinator who accepts the referrals to LIT and assures that the correct forms are completed and that the request for guidance from LIT is clearly articulated. Typically, the LIT Coordinator has been the Children’s Director of the Community Mental Health Center. With the expansion of LIT membership and the expansion of the target population, regions may consider redirecting some responsibilities of the LIT Coordinator to other LIT members as appropriate.

A LIT may also make a referral to the Case Review Committee (CRC) to determine the clinical appropriateness of a residential placement or high-end wrap-around plan. See below - **Referral to the CRC** - for detail on CRC referrals.

At any time in the planning process, LIT members may seek consultation from their state-level agency counterparts to discuss possible resolutions to coordinated services plan issues that arise at the local level. LIT members will always consult with their specific state-level counterparts when considering a residential placement or high cost individualized wraparound plan, and a referral to the CRC. (See below - **Referral to the CRC.**)

Referral to the State Interagency Team (SIT)

The State Interagency Team (SIT) is an interagency forum designed to assist in problem solving at the state level. If a LIT is unable to resolve the problems or resource needs outlined in a coordinated services plan, the State Interagency Team attempts to provide assistance. This may include reviewing a plan and making recommendations on content; suggesting possible additional resources to help implement the plan; and/or recommending that an agency waive or modify a policy.

Members of the State Interagency Team include a high level manager from the following departments and divisions within state government: DOE, Division of Mental Health (DMH), Division of Disability and Aging Services (DDAS), Division of Family Services (DFS), Division of Alcohol and Drug Abuse Programs (ADAP), Division of Vocational Rehabilitation (VR), AHS Field Services and other units as determined by the Secretary of AHS. A family consumer representative will also be a core member of the SIT.

All referrals from LITS to the SIT are facilitated by the LIT Coordinator at the request of any LIT member. The LIT Coordinator assures that the correct forms are completed and that the request for guidance from SIT is clearly articulated. Referrals are sent to the State Interagency Team Coordinator who then reviews the referral with designated representatives of SIT prior to presenting the referral at SIT. The State Interagency Team Coordinator assures that the LIT receives recommendations from SIT.

Referral to the Case Review Committee (CRC)

When interagency planning teams or LITS are recommending residential care or high-end wrap-around plans a referral must be made to the Case Review Committee (CRC). (High-end wraparound plans include 24 hour, awake overnight staffing, and individualized residential programming. If not for this level of service, the child would be in a residential setting **but** can't function in a group setting).

The CRC is a committee of SIT, and includes representatives of the Family Services Division, DMH, DDAS, DOE, and a parent representative. Other units of AHS are included as appropriate. They meet regularly to review the recommendations of interagency planning teams to determine if a child's needs require the proposed level of service.

Before a child is reviewed at CRC for residential placement or a high-end wrap-around plan, there must be consensus at a local level about the proposed level of care. Referrals to CRC will only be accepted from local interagency planning teams if they have first developed a CSP. Coordinated services plans recommending residential placement may also be reviewed by LIT prior to referral to CRC. The referral package will include the Individualized Education Plan (IEP) along with a cover letter describing the needs of the child. The referral to CRC should go through the appropriate CRC member depending on the child's "lead agency" status. If a child is in custody, Family Services is always the lead in bringing the referral to CRC. Alternatively, if the child is receiving services through the mental health agency, the referral will be presented to

CRC by the Division of Mental Health CRC member. Other agencies may present referrals to the CRC depending on the presenting issues. Details about referrals to the Case Review Committee can be found in the Case Review Committee Policies and Procedures document (04/06) located on the Division of Mental Health Web site – <http://www.healthyvermonters.info/ddmhs>.

CRC members are knowledgeable about different residential programs and can provide consultation to local planning teams and/or LITS upon consideration of a referral to CRC. The designated CRC representatives can also be helpful in determining what other options are available.

If the CRC has agreed that the clinical needs of a child warrant an intensive, individual wrap-around plan or residential placement and dollars have not been identified to fund the placement, the CRC will refer to the SIT for review.

Appeals Process

(From Agreement) If the State Interagency Team is unable to resolve a dispute concerning coordination among the various agencies, it shall inform all participating parties of the right to an appeal process.

The Secretary of AHS and Commissioner of DOE may resolve the issues and render a written decision or may arrange for a hearing pursuant to Chapter 25 of Title 3.

If a hearing is held, it shall be conducted by a hearing officer appointed by the Secretary of the AHS and the Commissioner of Education. The Secretary and the Commissioner may affirm, reverse, or modify the proposals of the hearing officer.

Nothing in the DOE/AHS Interagency agreement shall be construed to limit any existing substantive or procedural protections of state or federal law or regulation.

The Table on the following page summarizes the process for addressing the coordination needs of children and youth eligible under both Act 264 and the DOE/AHS Interagency Agreement.

Act 264 and DOE/AHS Agreement Process

	Act 264	AHS/DOE Agreement
Target population – <i>Children and adolescents who are eligible for coordination of services.</i>	Children and adolescents who meet the Act 264 definition of severe emotional disturbance. May or may not be eligible for special education.	Same as Act 264 plus those who are eligible for special education services and who are eligible to receive AHS disability-related services and service coordination.
Planning process for children and adolescents	An identified case manager forms a team to plan and coordinate services and supports. This team stays in tact throughout the CSP and problem-resolution process.	An identified case manager forms a team to plan and coordinate services and supports. This team stays in tact throughout the CSP and problem-resolution process.
Developing a coordinated services plan (CSP) – <i>addendum to an existing txt/service plan or IEP.</i>	With parent/guardian permission for eligible youth, anyone can request a CSP. Legal entitlement is to coordination, not to services.	With parent/guardian permission for eligible youth, anyone can request a CSP. Legal entitlement is to coordination, not to services.
Lead agency – <i>An assigned service coordinator who assures that the plan is regularly reviewed and serves as the agreed upon contact person if the coordinated services plan needs to be adjusted.</i>	<ul style="list-style-type: none"> • Family Services for youth who are in state custody. • Education for youth not in custody and who primarily have educational concerns. • Mental Health for all other youth who meet the Act 264 definition of SED. 	Lead agency status should be assumed by the agency having the most expertise to understand the child’s primary concerns (eg., VR for vocational transition issues of adolescents with eligible disability) or, the agency with the case manager that has the best relationship with the child/family.
Referral to the Local Interagency Team (LIT) - <i>If a team has not been formed or is not functioning, if a coordinated services plan is not satisfactory, if there is no lead service coordinator, or if a plan is not being implemented satisfactorily, the family or individual or another involved party may request a meeting of the LIT to address the situation.</i>	Membership on the LIT has, by law, included: <ul style="list-style-type: none"> • Family Services district director; • a special education administrator within the region; • the children’s director of the region’s community mental health center; and • a parent of a child with an emotional disability. • Other community members as deemed appropriate locally. 	Same as Act 264 plus AHS Field Directors, local leaders from developmental services, substance abuse, and VR. Others, as needed, include: <ul style="list-style-type: none"> • A special education administrator from the school of a student being referred. • Adult agency providers from adult mental health programs and the Department of Labor. • Representative of the Child Development Division Regional Services Resources Integration Team; • Adoption Consortium regional representative, for children in a pre or post adoptive process.
Referral to State Interagency Team (SIT) - <i>If LIT is unable to resolve the problems outlined in a CSP, SIT attempts to provide assistance which may include making recommendations on content; suggesting possible additional resources to help implement the plan; and/or recommending an agency waive/modify a policy</i>	Members have included high- level managers from the following departments or divisions within state government: DOE, Division of Mental Health (DMH), Division of Family Services. A family member of a child with an emotional disability is also a core member.	Members will now include a high level manager from the following departments and divisions within state government: Department of Education (DOE), Division of Mental Health (DMH), Division of Disability and Aging Services (DDAS), Division of Family Services (DFS), Child Development Division (CDD), Children with Special Health Needs (CSHN); Division of Alcohol and Drug Abuse Programs (ADAP), Division of Vocational Rehabilitation (VR) and AHS Field Services as well as other units as determined by the Secretary of AHS. A family consumer representative is also a core member of the SIT.
Referral to Case Review Committee (CRC) – <i>If a local team is considering a referral for residential placement, has completed a CSP and there is consensus about placement, a referral is made to the CRC.</i>	The CRC, a committee of SIT, includes staff of the Family Services Division, DMH, DDAS, DOE, and a parent representative. Other units of AHS are included as appropriate. The referral to CRC should go through the appropriate CRC member depending on the child’s “lead agency” status.	Same as under Act 264. Additional agency representatives may be asked to participate at the local planning team level and/or on CRC as needed.

V. WHAT IS THE ROLE OF LIT IN OVERSEEING THE SYSTEM OF CARE?

LITs support the creation of local systems of care and assure that staff are trained and supported in creating coordinated services plans. LITS also play a role in dispute resolution as outlined in the above section **“To What are Children and Families Entitled?”**

Another important role of LITS is to identify the annual priorities for the System of Care. This includes participating in an evaluation of the effectiveness and availability of services and supports and to assess the dispute resolution process to meet the needs of eligible children and youth and their families.

Certain LIT members are expected to play key roles in providing oversight and coordination of LITS. These include:

- **AHS Field Director** – The Field Director role on the Local Interagency Team is to coordinate with a designated DOE staff person to assure that the region has a highly functional team. Additionally, the Field Director works closely with the Team to solve funding issues. Each region is expected to define the management structure for LIT that best meets their local needs and ensures access and coordination for children and families. If local issues rise to a level requiring a state-wide perspective for problem-solving, Field Directors are expected to be directly involved in the process and request for resolution.
- **Designated LIT Special Education Administrator** – Each LIT has a designated Special Education Administrator who volunteers to work with the AHS Field Director to assure that the region has a highly functional team. Responsibilities of the designated LIT Special Education Administrator are to:
 - Assure attendance of a special education administrator at LIT meetings;
 - Provide consultation to LIT regarding special education regulations that pertain to CSP or LIT issues;
 - Act as liaison between LIT and DOE to assure Education oversight of LIT and participation in the evaluation of Act 264 and the DOE/AHS Interagency Agreement;
 - Plan with the Field Director, training for local stakeholders.
- **LIT Coordinator** – The LIT Coordinator accepts the referrals to LIT, assuring that the coordinated services plan is complete and that the request for guidance from the interagency planning team is clear. The LIT coordinator also coordinates the referrals from the LIT to the SIT, assuring the completion of the needed information and consulting the State Interagency Team Coordinator prior to review at SIT.

LITS may seek technical support and consultation from each member’s state level counterpart. In particular, the DOE Interagency Team Coordinator, the designated DOE staff person to address interagency issues, can provide technical support regarding individual student team issues as necessary. The State Interagency Team Coordinator, the individual responsible for accepting referrals to SIT, can provide technical support around individual referrals to SIT. For consultation about implementation of the

DOE/AHS Interagency Agreement and to schedule a regional training, the Interagency Agreement Support Coordinator should be contacted.

LIT Focus on Transition Age Youth

Specific transition planning must begin at the age required by federal and state law. While the LEA is responsible for identifying each child or youth in need of a transition plan and arranging for appropriate team meetings, LITS will assure that there is a structure to focus on both the individual and systemic needs of transition-age youth. The document, *Transition Guidelines for Inter-Agency Partners: Improving Transition Services for Youth with Disabilities*, outlines the roles of the Vermont Department of Education and the Agency of Human Services partners in providing services and addressing issues that may stand in the way of successful transitions for youth with disabilities. Two Transition-age initiatives, listed below, will help LITS address both individualized and systems issues:

- **Graduate Needs Survey** – The LEAs collaborate with AHS on the DDAS Graduate Needs Survey. This survey now takes place three times per year in October, January and May for the purpose of identifying all Vermont high school juniors and seniors with developmental disabilities and anticipating their future support needs. The survey is administered and maintained by DDAS, but is facilitated by the intake coordinators at Vermont’s Designated Agencies. The school districts supply the bulk of the information with participation/assistance from the Division of Vocational Rehabilitation Counselors.
- **Core Transition Teams** – LITS will coordinate with Core Transition Teams to assure a smooth transition from education to adult life for students with disabilities. Core Transition teams, composed of both education staff and adult agency/community representatives, work at the local level to develop, provide and manage an effective transition process for students. This includes working with school staff to identify students with disabilities who are age 14 or older who may need “transition services” that involve inter-agency partners (VR, DS, etc.); identifying available resources and supports pertaining to individual students needs and desires for life after high school; and attempting to resolve individual and systems issues that prevent effective transitions. Core Transition Teams are also a link to other transition initiatives. Local Interagency Teams will collaborate with core Transition Teams in identifying systems issues that impact effective transitions for students. Additionally, Core Transition Teams may make referrals to Local Interagency Teams for dispute resolution when obstacles for providing services for a specific student cannot be overcome.

LIT Focus on Early Childhood

LITS will give special consideration to the needs of young children ages 3-6. Planning for the transition to kindergarten for children receiving special education services is the responsibility of the LEA. This process specifically involves the Essential Early Education coordinator for the school district. The regional Child Development Division Services Integration Resource Team provides service coordination and early intervention and treatment services to many of these young children. A representative from this Team will be available to bring the knowledge of early childhood health and development and related family support issues to LIT. Additionally, there are several regional committees or councils that may bring systemic issues to the LIT. These include:

- Early Childhood Councils

- Success by Six Advisory Committees
- Family, Infant, Toddler Program Regional Host Agencies
- Regional Healthy Child Care Vermont Health & Safety Teams
- Regional Children’s Upstream Services (CUPS) Committees
- Regional Maternal Child Health Coalitions
- Regional Community Child Care Support Advisory Groups
- Regional Child Development Early Intervention Committees (inclusive of CUPS, FITP and HBKF – under development.)

VI. WHAT IS THE ROLE OF SIT IN OVERSEEING THE SYSTEM OF CARE?

DOE and AHS commit to the existence and support of a system of Local Interagency Teams (LIT) in each of the 12 AHS regions in Vermont through the oversight of the State Interagency Team (SIT). This includes assuring the consistent development of CSPs. SIT oversees the development and maintenance of the System to address the needs of children with eligible disabilities through reviewing the trends of regional and statewide issues, as well as determining priorities and recommending changes in state-level policies, procedures or practices. SIT is also an essential part of the dispute resolution process.

SIT may refer issues relating to policies, procedures or practices in the delivery of human services that are ineffective or an inefficient use of state resources to the New Agency Team (NAT) to consider if policies, procedures or practices need to be changed.

Role of State Interagency Team Coordinator – LIT referrals to SIT are sent to the State Interagency Team Coordinator. Consultation and support is also available to LITS around individual child and family issues. See Appendix I, **Key Contacts**.

Role of the Interagency Agreement Support Coordinator – The System of Care Support Coordinator is responsible for overseeing the implementation of the DOE/AHS Interagency Agreement through providing training, technical assistance and consultation to regions. Requests for support are based in the specific needs of individual regions. See Appendix I, **Key Contacts**.

VII. WHAT IS THE ROLE OF CRC IN OVERSEEING THE SYSTEM OF CARE?

The CRC serves both as a control to assure the appropriateness of high cost placements in the least restrictive environment, and also as a consulting body for local teams, helping identify appropriate services and approaches for eligible children and youth with the highest level of need. CRC is also responsible for state-wide triage of intensive, individualized wraparound plans, technical assistance to local teams, and consultation with rate setting. It also functions as a mechanism to perform utilization reviews for residential/high end placements.

The CRC role in the oversight of the System of Care is to identify gaps in services for children with intensive needs in relation to residential placements, placements for assessment, high-end wrap-around plans and the services available as children step out of those placements. CRC communicates with SIT and LITS about the gaps that are identified and makes recommendations about how to address those gaps. CRC also works closely with the residential programs to assure the programs are meeting the needs of the system of care.

VIII. HOW IS FINANCIAL RESPONSIBILITY DETERMINED?

As required by the Individuals with Disabilities Education Act (IDEA), the DOE/AHS Interagency Agreement delineates the provision and funding of services required by federal or state law or assigned by state policy. Essentially, the DOE/AHS Interagency Agreement enumerates the financial responsibilities of several departments within AHS and of the DOE for services that are also considered special education and related services.

(From Agreement) While LEAs are expected to provide and pay for IEP services in a timely manner, the DOE/AHS Interagency Agreement outlines certain services that the LEA may claim reimbursement for from the non-educational agency that was responsible for the provision of services and failed to provide or pay for these services.

The DOE/AHS Interagency Agreement outlines DOE and AHS financial responsibilities for state-placed students within residential facilities and within their own homes and communities. Further funding obligations and conditions and terms of reimbursement are also specified in the DOE/AHS Interagency Agreement.

IX. HOW WILL WE KNOW WHETHER ACT 264 AND THE DOE/AHS INTERAGENCY AGREEMENT IS EFFECTIVE?

(From Agreement)

The Commissioner of DOE and the Secretary of AHS or their designees will meet at least quarterly to review existing data and evaluate the implementation of this agreement in order to improve the results for eligible children with disabilities and the operations of local and regional teams of educators and human services providers. Local and/or state teams may be asked to assist state agencies through the provision of data on coordinated services plans and financial resources. The input of parents and other stakeholders may be solicited and considered. DOE and AHS will develop a plan for coordinated data sharing. This evaluation will be used to improve policies, procedures and planning and development activities.

The SIT, in conjunction with LITS and other interested stakeholders, will create an evaluation of both the effectiveness of the dispute resolution process and the effectiveness and availability of services and supports to meet the needs of eligible children and youth and their families. Once there is consensus on the components of the evaluation, LITS will provide the needed data. Data will then be summarized and reported to both the SIT and to each LIT to assist in refining the Agreement, in changing practices, policies and procedures and in determining priorities for an Annual System of Care Plan.

GLOSSARY

Act 264 – Vermont legislation passed in 1988 that entitles children and adolescents with a serious emotional disturbance and their families right to coordinated services. This legislation also creates a Vermont System of Care Plan, a Governor appointed advisory board, a dispute resolution process, and local and state interagency teams.

ADAP – The Division of Alcohol and Drug Abuse Programs of the Vermont Department of Health helps Vermonters prevent and eliminate the problems caused by alcohol and other drug use. ADAP plans, supports and evaluates a comprehensive system that provides education; prevention; intervention; treatment; recovery; and research services.

AHS – Agency of Human Services is the state agency that works to improve the conditions of and well-being of Vermonters. Within AHS there are five departments – Department for children and Families; Department of Health; Department of Disabilities, Aging and Independent Living; Department of Corrections; and the Office of Vermont Health Access.

CRC – Case Review Committee, a committee of the State Interagency Teams that reviews referrals for residential treatment or high-end wraparound plans. The CRC meets regularly to review the recommendations of interagency planning teams to determine if a child’s needs require the proposed level of service.

CDD – Child Development Division of the Department for Children and Families. The Child Development Division is the state agency charged with improving the well being of Vermont’s children by ensuring safe, accessible and quality services are available for every child.

CSPs – Coordinated Services Plans are addendums to treatment/service plans or Individualized Education Plans. They are organized to assure that all components are working toward compatible goals, progress is monitored, and resources are being used effectively to achieve the desired result for the child and family. Funding for each element of the plan is identified.

Core Transition Teams – Composed of both education staff and adult agency/community representatives, Core Transition Teams work at the local level to develop, provide and manage an effective transition process for students with disabilities who are age 14 or older who may need “transition services” that involve inter-agency partners (VR, DS, etc.). These teams identify available resources and supports pertaining to individual students needs and desires for life after high school; and attempt to resolve individual and systems issues that prevent effective transitions.

CSHN – Children with Special Health Needs is a part of the Vermont Department of Health that provides a large selection of services to children who have complex health conditions and to their families. They work to provide information, medical services, care coordination and resources to help families support their children’s well being, growth and development.

CUPS – Children’s Upstream Services program works 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.

DAIL – Department of Disabilities, Aging and Independent Living assists older persons, children and adults with disabilities to live as independently as possible. Services include the Assistive Technology Project; Blind and Visually Impaired Services; Developmental Services; Guardianship; Licensing and Protection; Traumatic Brain Injury Program; and Vocational Rehabilitation.

DCF – Department for Children and Families promotes the social, emotional, physical and economic well being and the safety of Vermont's children and families. This is done through the provision of protective, developmental, therapeutic, probation, economic, and other support services for children and families in partnership with schools, businesses, community leaders, service providers, families, and youths statewide. Services include the Child Development Division; the Office of Child Support; Family Services; Economic Services; and the Office of Economic Opportunity.

DDAS – Division of Disability and Aging Services is a division of the Department of Disabilities, Aging and Independent Living responsible for all community-based long term care services for older Vermonters, individuals with developmental disabilities, traumatic brain injuries, and physical disabilities)

DOL – Department of Labor helps support efforts to make Vermont a more competitive place to do business and create good jobs. DOL consists primarily of three divisions: the Division of Workers' Compensation and Safety, the Division of Workforce Development, and the Division of Unemployment Insurance and Wages.

DMH – The Division of Mental Health within the Department of Health helps children and adults who have a severe and persistent mental illness, and/or a severe emotional disturbance. Mental Health Services is made up of Adult Mental Health; Child, Adolescent and Family Mental Health; Vermont State Hospital; and The Vermont Mental Health Futures Initiative.

DOC – Department of Corrections supports safe communities by providing leadership in crime prevention, repairing the harm done, addressing the needs of crime victims, ensuring offender accountability for criminal acts, and managing the risk posed by offenders.

DOE/AHS Interagency Agreement – Outlines the provision of services to students who are eligible for both special education and services provided by AHS and its member departments. The areas covered by this agreement include coordination of services, agency financial responsibility, conditions and terms of reimbursement, and resolution of interagency disputes.

Field Director – Field Directors are positioned within each AHS district and are charged with oversight of AHS district offices and mobilization of the local community to design and implement a human services system which contributes to the health and well-being of all Vermonters.

FITP – Family Infant and Toddler Program is a family-centered coordinated system of early intervention services for infants and toddlers with developmental delays and disabilities and their families.

Healthy Babies, Kids and Families (HBKF) – HBKF program helps Medicaid-eligible pregnant women and families with young children connect with high quality health care and support services in their community.

High-End Wraparound – A Plan of Care that is reviewed by the CRC and includes 24 hour, awake overnight staffing, and individualized residential programming. If not for this level of service, the child would be in a residential setting **but** can't function in a group setting.

High Risk Fund - A fixed sum of general funds set aside to assist clinically complex children and adolescents and their families to address extraordinary needs that transcend the responsibility of any one department/division of the Agency of Human Services.

IDEA – Individuals with Disabilities Education Act, is a federal law governing child find, evaluation, program development and educational placement of students that meet the criteria established for special education eligibility throughout the United States and US territories.

IEP – Individualized Education Plan created after a student has been found eligible for special education services through a comprehensive special education evaluation.

LEA – Local Education Agency (local school district) that is responsible for child find, evaluation, IEP development and placement implementing the educational program which addresses the student with disabilities' educational needs.

LIT – Local Interagency Team is an interagency forum made up of high level human services and education leaders, designed to assist in problem solving at the regional level regarding resource needs outlined in a coordinated services plan. The LIT tries to provide assistance in addressing the needs defined in the coordinated services plan.

OVHA - Office of Vermont Health Access is the state office responsible for the management of Medicaid, the State Children's Health Insurance Program, and other publicly funded health insurance programs in Vermont.

SEA – State Education Agency (Vermont Department of Education)

SIT – State Interagency Team is an interagency forum designed to assist in problem solving at the state level. If a LIT is unable to resolve the problems or resource needs outlined in a coordinated services plan, the State Interagency Team attempts to provide assistance. This may include reviewing a plan and making recommendations on content; suggesting possible additional resources to help implement the plan; and/or recommending that an agency waive or modify a policy.

State-Placed Students - Minor students who are placed outside of their home school district by a state agency or a licensed child placement agency, or students 18 and over whose residential costs are paid for by a state agency or child placement agency and who reside in a school district other than the district of the parents residence, or who are residing in a program for pregnant and parenting women are considered “state-placed”.

VDH – Vermont Department of Health is within the Agency of Human Services and is comprised of six divisions - Alcohol and Drug Abuse Programs; Board of Medical Practice; Community Public Health; Health Improvement; Health Protection; Health Surveillance; Mental Health; plus the Board of Medical Practice:

VR – Vocational Rehabilitation (a division within the Department of Disabilities, Aging and Independent Living) assists Vermonters with disabilities to find and maintain meaningful employment in their communities.

Woodside – Vermont’s juvenile rehabilitation center.

APPENDIX 1

Key Contacts

(As of 4/06)

State Interagency Team Administrator

Accepts referrals from LITS to SIT; provides consultation to LITS about individual child and family issues. Communicates results of SIT decisions with LITS.

Melissa Bailey – (802) 652-2000; mbailey@vdh.state.vt.us

DOE Interagency Team Coordinator

Provides technical assistance to educators seeking support around individual child and family issues.

Deborah Quackenbush – (802) 828-5877; debquackenbush@education.state.vt.us

Interagency Agreement Support Coordinator

Coordinates regional training on Act 264, the DOE/AHS Interagency Agreement. Provides consultation to LITS regarding systems issues.

Sherry Schoenberg – (802) 656-9656; sherscho@sover.net

Field Services Director

Supports Field Services Directors in overseeing Local Systems of Care, including LIT. Provides consultation regarding complex funding for individuals.

Monica Caserta Hutt – (802) 241-3350; monica.hutt@dcf.state.vt.us