

**Act 264**  
*and the*  
**DOE/AHS Interagency Agreement**  
  
*Users Guide*



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Interagency Agreement Support Team*

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# ***Act 264 and the DOE/AHS Interagency Agreement Users Guide***

Act 264, passed in 1988, requires that human services and education work together, involve parents and coordinate services for better outcomes on behalf of children and adolescents experiencing 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 includes the following sections:

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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](http://www.state.vt.us/educ/new/html/pgm_interagency.html#agreement)

## I. What is Act 264?

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 state departments serving children with mental health needs and their families (mental health, child welfare, and education) often served the same families as separate providers. As a result, families and service providers often experienced fragmented services.

The National Institute of Mental Health's Child and Adolescent Service System Program (CASSP) awarded funds to Vermont in 1985 to develop 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. The first Vermont System of Care Plan was developed; this plan included an extensive list of community-based services that needed to be provided in a coordinated manner.

The interagency collaboration and coordination culminated in the passage of Act 264 in 1988. 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 that child “falling through the cracks” for not meeting a particular agency’s services eligibility criteria.
- **Creates a Coordinated Services Plan (CSP).** Children and adolescents experiencing a severe emotional disturbance who need services from multiple agencies are entitled to a Coordinated Services Plan (CSP). Permission of the child’s parent/guardian/educational surrogate parent is a prerequisite for the development of a CSP. The CSP represents a holistic view of the child and family; it outlines the hopes and goals, strengths and resources, as well as needs and challenges. Finally, the CSP defines the services and supports to achieve the hopes and goals. The legal entitlement is to coordination of services outlined in the CSP; entitlement to particular services identified in the CSP are reflected in the laws governing each of the involved state agencies.
- **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 CSP teams that are experiencing difficulty writing or implementing

a child's CSP. 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 the 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 CSP Team to develop or implement a CSP, 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 governor-appointed 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 the Department of Education and Agency of Human Services (AHS) on annual priorities for developing the System of Care.
- **Maximizes parent involvement.** It is fundamental to this law that parents have substantive input into the mechanisms to improve the System of Care. Act 264 requires the membership of a parent of a child who has or has had a severe emotional disturbance on each Local Interagency Team and the State Interagency Team. Three parents are also required members of the Governor-appointed Act 264 Advisory Board. And each CSP Team must include the parent, guardian or educational surrogate parent.
- **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.

As a result of collaboration within Vermont and the passage of Act 264, there are several accomplishments of note:

- Successful applications for private and federal grants;

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

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## II. What is the DOE/AHS Interagency Agreement (of 2005)?

### **DOE/AHS Interagency Agreement Stated Purpose:**

**(From Agreement)** *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:**

**(From Agreement)** *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*

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\* At the time of the Interagency Agreement VDH included the Division of Mental Health. Since 2006, the Vermont Department of Mental Health (DMH) was re-established and is considered part of this Interagency Agreement.

*successful outcomes in their broader functioning consistent with federal law including 34 CFR §300.142<sup>†</sup> 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.*

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### **III. Who is served by Act 264 and the DOE/AHS Interagency Agreement?**

Children and adolescents 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.

Following is the Act 264 definition of Severe Emotional Disturbance. **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:<sup>\*</sup>**

"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

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<sup>\*</sup> 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.

- 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.

**DOE/AHS Interagency Agreement Expansion of Eligibility:** Students who are eligible to receive disability-related service delivery and coordination by at least one AHS department and who are eligible for special education within the following categories are now eligible for coordination of services:

- 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 website – <http://www.education.state.vt.us> - special education, rules and regulations – Sections 2361 and 2362.

## **IV. To What are Eligible Children, Youth and Families Entitled?**

**(From Agreement)** *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.*

*The coordinated services plan includes the Individual Education Plan (IEP)... 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.*

A child or adolescent with complex needs and their family may benefit from a “team” approach to identifying services and supports if the needs extend beyond the resources of the family and/or of one single agency. A coordinated services plan provides the structure for the team to do its work. With written permission of the parent/guardian, a coordinated services plan can address the child and family needs holistically. The CSP process provides an entitlement to **coordination** of services for families.

### **The planning process works as follows:**

#### ***Accessing support from 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, the local community mental health center, a developmental services agency or other community agencies.

Meeting the needs of children/adolescents and their families often requires extensive exploration or brokering for services and supports. Children involved with special education have an assigned case manager through special education. Children who are in the custody of the state have an assigned caseworker that is also in the role of case manager. Community Mental Health Centers, Developmental Services and other AHS state and community agencies also have assigned case managers for their clients. Any of the involved professionals can work with the family to start the coordinated services planning process.

***Starting the Coordinated Services Planning process:***

While anyone can request the creation of a Coordinated Services Plan for an eligible child or youth, one agency takes the lead role to ensure that planning and delivery of services and supports are coordinated. The person with the lead role, or, “lead agency” representative, assures that the planning process is facilitated and that team members follow through on agreed upon actions. It should not be assumed, however, that the agency with the lead role is also the agency responsible for the delivery of or funding the services outlined in the coordinated services plan.

Act 264 legally defines lead agency as:

- *Family Services (Department for Children & Families)* - for all youth who are in state custody
- *Education* - for all youth not in state custody and about whom concerns are primarily educational
- *Mental Health* – for all youth who meet the Act 264 definition of severe emotional disturbance but are not in state custody and whose concerns are not primarily educational.

Under the DOE/AHS Interagency Agreement, the determination of lead agency is more flexible. The lead agency may be the one with the most expertise in understanding the primary concerns of the child. Alternatively, the case manager with the strongest relationship to the family may take the lead agency role.

While the team as a whole, is responsible for developing and implementing the coordinated services plan, the lead agency ensures that the plan is regularly reviewed and serves as the agreed upon contact person if the coordinated services plan needs to be adjusted.

***Conducting the Coordinated Services Plan Meeting:***

Team members identified by the family and service providers come together at a time and location agreed upon by all. The team uses the Coordinated Services Plan forms to provide structure to the meeting and document the plan. At the beginning of the meeting, a facilitator is identified, norms are created and principles are reviewed.

NOTE: Electronic versions of the CSP forms can be completed on your computer or printed and filled out by hand. They are available at the Vermont Coordinated Services Planning website: <http://vtcsp.blogspot.com>

***Referral to a Local Interagency Team:***

**(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. Members of LIT include those required by law to participate, as well as representatives from other key local agencies. Those members who are mandated by Act 264 or by the 2005 Interagency Agreement include those who are able to make programmatic, resource and/or funding decisions on behalf of their respective departments/agencies.

Specific individuals include:

- Community Mental Health Center Children's Directors (or their designee)
- Department for Children and Families (DCF) Division of Family Services
- District Directors (or their designee)
- Special Education Administrators (a minimum of one designee per LIT)
- Agency of Human Services Field Directors
- Parent Representatives (appointed by LIT)
- Vocational Rehabilitation Transition Counselors
- Developmental Services Specialists
- Substance Abuse Treatment Providers
- Post-Adoption agency Providers

LITs must also invite the appropriate special education administrator when an issue involves a child within that school district. In addressing the specific needs of transition age youth, leaders from adult mental health programs and the Department of Labor (DOL) can also be 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 are included. 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 helps identify ways to implement a child's coordinated services plan when Coordinated Services Planning Teams need extra support. The LIT may review a plan to help with problem solving; make recommendations on the content

of the plan; suggest possible additional supports to implement the plan; recommend that an agency waive or modify a policy; or, if necessary, refer the situation to the State Interagency Team or the Case Review Committee (CRC) for further consideration or guidance.

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. For a list of the LIT Coordinators by region, visit the Vermont Coordinated Services Planning website: <http://vtcsp.blogspot.com>

At any time in the planning process, LIT members may seek consultation from their designated state-level agency counterparts to discuss possible resolutions to coordinated services plan issues that arise at the local level. LIT members must always consult with their designated 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:***

The State Interagency Team (SIT) is an interagency forum designed to assist in problem solving. 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 management staff from the following departments and divisions within state government: Department of Education (DOE), Department of Mental Health (DMH), Division of Disability and Aging Services (DDAS), Division of Family Services (DFS), Child Development Division (CDD), 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 representative is also a core member of the SIT. The Vermont Adoption Consortium is also represented on SIT.

Any LIT member wishing to make a referral to SIT must do so through the LIT Coordinator and only with written parent/guardian permission. The LIT Coordinator assures that the correct forms are completed and that the request for

guidance from SIT is clearly articulated. The State Interagency Team Coordinator assures that the LIT receives recommendations from SIT.

***Referral to the Case Review Committee (CRC):***

When Coordinated Services 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 an intensive residential setting).

The CRC is a sub-committee of SIT, and includes representatives of the Family Services Division of DCF, the Division of Mental Health at DMH, Division of Disability and Aging Services at DAIL, the Department of Education, and a parent representative. Other units of AHS are included as appropriate. They meet regularly to review the recommendations of coordinated services 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 if a CSP is in place. Coordinated services plans recommending residential placement may also be reviewed by LIT prior to referral to CRC. Details about referrals to the Case Review Committee can be found in the *Case Review Committee Policies and Procedures* document located on the Department of Mental Health web site at: <http://mentalhealth.vermont.gov/> (follow the link for *Policy & Regulation*).

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:***

**A. Act 264 Appeal Process Regarding Coordination of Services**

A local agency, a service provider or a parent on the team may request an appeal concerning coordination among the agencies under Act 264 and related provisions of the Interagency Agreement. An appeal is available if the State Interagency Team is unable to resolve the dispute. The SIT shall inform the local agency,

service provider(s) and parent(s) of their right to an appeal and provide the name and address for submitting the appeal.

The appeal process shall consist of a hearing pursuant to Chapter 25 of Title 33. The hearing shall be conducted by a hearing officer appointed by the Secretary of the Agency of Human Services and the Commissioner of Education. Based on evidence presented at the hearing, the hearing officer shall issue written findings and proposals for decision to the Secretary and the Commissioner. The Secretary and the Commissioner may affirm, reverse, or modify the proposals for decision. All parties shall receive a written final decision of the Secretary and the Commissioner.

#### **B. Appeal Process Regarding Issues of Payment and Reimbursement between Agencies**

When a non-education agency fails to provide or pay for services for which they are responsible and which are also considered special education and related services, the school district (or state agency responsible for developing the child's Individualized Education Plan [IEP]) shall provide or pay for these services to the child in a timely manner. The school district (or state agency responsible as the education agency) may then claim reimbursement for the services from the non-education agency that was responsible and failed to provide or pay for these services. The procedures outlined in the Interagency Agreement of June 2005 shall be used for reimbursement claims between agencies.

#### **C. Other Grievance Procedures Available to Parents.**

In addition to the opportunity to file an appeal regarding coordination of services under Act 264, the parent has the right to other grievance procedures depending on the nature of the service and complaint. Those grievance procedures may include but are not limited to:

- 1) Parent's complaints regarding the provision of a free appropriate public education and other rights under the Individuals with Disabilities in Education Act: contact the Department of Education at (802) 828-3136.
- 2) Managed Care Organization grievance related to Medicaid Coverage: contact the Office of Vermont Health Access at 879-5900.
- 3) Grievances related to Medicaid Eligibility: contact the Department for Children and Families, Economic Services Division at 241-2800.
- 4) Complaints or grievances regarding staff performance or quality of programs: contact the supervising provider responsible for service delivery.

- 5) Grievances and appeals related to mental health specific services please review the DMH Grievances and Appeals publication which describes the process to file a grievance or appeal as well as FAQ.  
[http://mentalhealth.vermont.gov/sites/dmh/files/publications/DMH-DA\\_Grievance\\_Manual.pdf](http://mentalhealth.vermont.gov/sites/dmh/files/publications/DMH-DA_Grievance_Manual.pdf)

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 Interagency Agreement Process

	Act 264	AHS/DOE Agreement
<b>Target population –</b> <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 <u>plus</u> those who are eligible for special education services in any of the 14 disability areas, <u>and</u> who are eligible to receive AHS disability-related services and service coordination.
<b>Developing a coordinated services plan for children and adolescents</b> ( <i>addendum to an existing treatment/service plan/ IEP</i> ).	<p>Parents can request a coordinated services plan. With parent/guardian permission anyone can request a CSP for an eligible youth. Generally a case manager from an involved agency serving the family initiates the process. Legal entitlement is to coordination, not to specific services.</p> <p>An identified lead agency representative determines initial eligibility, and gathers a team to plan and coordinate services and supports. This team stays in tact throughout the CSP and problem-resolution process.</p>	
<b>Lead agency –</b> <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>	<p><b>Family Services</b> for youth who are in state custody.</p> <p><b>Education</b> for youth not in custody and who primarily have educational concerns.</p> <p><b>Mental Health</b> for all other youth who meet the Act 264 definition of SED.</p>	Lead agency status should be assumed by the agency having the most expertise to understand the child's primary concerns (e.g., 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.
<b>Referral to the Local Interagency Team (LIT) –</b> <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>	<p>Membership on LIT includes directors or their designees representing:</p> <ul style="list-style-type: none"> <li>• Family Services;</li> <li>• a special education administrator within the region;</li> <li>• the region's community mental health center;</li> <li>• a parent of a child with an emotional disability;</li> <li>• AHS Field Director;</li> <li>• developmental (disability) services of a regional designated agency;</li> <li>• a substance abuse treatment agency</li> <li>• vocational rehabilitation</li> <li>• Adoption Consortium regional provider agency for children in a pre or post adoptive process;</li> <li>• Other community members as deemed appropriate.</li> </ul>	
<b>Referral to State Interagency Team (SIT) –</b> <i>If LIT is unable to resolve the problems outlined by a CSP Team, 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>	<p>Membership on SIT includes a family member of a child with a disability as well as high level managers (or their designees) from the following departments or divisions within state government and partner agencies:</p> <ul style="list-style-type: none"> <li>• Department of Education (DOE);</li> <li>• Department of Mental Health (DMH);</li> <li>• Division of Family Services (DFS);</li> <li>• Division of Disability and Aging Services (DDAS);</li> <li>• Child Development Division (CDD);</li> <li>• Children with Special Health Needs (CSHN);</li> <li>• Division of Alcohol and Drug Abuse Programs (ADAP); and</li> <li>• Division of Vocational Rehabilitation (VR)</li> <li>• AHS Field Services as well as other units as determined by the Secretary of AHS.</li> <li>• Vermont Adoption Consortium</li> </ul>	
<b>Referral to Case Review Committee (CRC) –</b> <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>	<p>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. Additional agency representatives may be asked to participate at the local planning team level and/or on CRC as needed.</p>	

## **V. What is the Role of LIT in Overseeing the System of Care?**

Local Interagency Teams (LITs) support the local system of care and assure that staff are trained and supported in effective coordinated services planning. LITs also play a role in problem solving as outlined in Section IV. Another important role of the LIT is to identify the region's annual System of Care priorities. This involves evaluating the effectiveness and availability of services, coordination of services, and problem solving process.

Each region defines its own management structure for LIT that best meets their local needs in supporting children and families. Specific LIT members play the following key leadership roles:

**LIT Coordinator** – The LIT Coordinator works with the Field Director and designated LIT Special Education Administrator to ensure that CSP referrals and the problem resolution process are effective and efficient. Typically, the LIT Coordinator facilitates LIT meetings and acts as a central switchboard for LIT.

**AHS Field Director** - The AHS Field Director role on the Local Interagency Team is to coordinate with a designated Special Education Administrator and the LIT Coordinator to assure that the region has a highly functional team. Additionally, the AHS Field Director works closely with the Team to solve funding issues.

**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 educational oversight of LIT and participation in the evaluation of Act 264 and the DOE/AHS Interagency Agreement.

### **LIT Focus on Transition Age Youth:**

For youth transitioning into adulthood, specific transition planning must begin at the age required by federal and state law. While the LEA is responsible for identifying each youth in need of a transition plan and arranging for appropriate team meetings, LITs assure that there is a structure to focus on both the individual and systemic needs of transition-age youth.

**LIT Focus on Early Childhood:**

LITs are expected to assure an appropriate process to address the needs of children ages 3 to 6. Such a process must include collaboration with the regional Children's Integrated Services Team that is responsible for referrals, services and supports to families with young children.

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**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 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 regional and statewide trends as well as determining System of Care priorities and recommending changes in state-level policies, procedures or practices. SIT is also an essential part of the problem solving process.

The SIT Coordinator is the point person for setting the agenda for SIT. A primary role of this position is to identify key trends, issues and policy matters that have a significant impact on the System of Care.

**Role of the Interagency Agreement Support Team (IAST)** – IAST is responsible for overseeing the implementation of the DOE/AHS Interagency Agreement through providing training, technical assistance, and evaluation support to regions. Support is provided by request of individual regions.

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**VII. What is the Role of CRC in Overseeing the System of Care?**

The CRC is a sub-committee of the SIT, and serves both as a control to assure the appropriateness of high cost placements in the least restrictive environment and to triage those placements. It is a consulting body for local teams, helping identify appropriate services and approaches for eligible children and youth with the highest level of need.

CRC communicates with SIT and LITs about the gaps in services for children with intensive needs in relation to residential placements, placements for assessment, high end wrap-around plans and services available as children step out of those placements. CRC also works closely with 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 by state policy. Essentially, the DOE/AHS Interagency Agreement outlines the financial responsibilities of several departments within AHS and of the DOE for services that are also considered special education and related 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.

***(From agreement)** If a non-educational agency fails to provide or pay for services for which they are responsible and which are also considered special education and related services, the LEA (or state agency responsible for developing the child's IEP) shall provide or pay for these services to the child in a timely manner. The LEA or state agency may then claim reimbursement for the services from the non-educational agency that was responsible for the provision of the services and failed to provide or pay for these services and that agency shall reimburse the LEA or state agency in accordance with the terms of this agreement.*

Pursuant to this provision, the AHS and DOE developed joint procedures for reimbursement that can be found in Appendix II.

## **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.*

SIT developed an evaluation to gather meaningful feedback about how the CSP and problem solving processes are working for children, families, teams, agencies, and local and state agencies, and to make recommendations for improvement in our System of Care. The evaluation questions are:

1. Who are the children, youth and families participating in CSP?
2. Is the CSP process effective and efficient? and
3. Are children, youth and families better off when participating in the CSP process?

Data used to inform the evaluation include

- Existing information provided by DOE and AHS data systems such as Child Count eligibility data;
- Questionnaires completed by CSP team members;
- An inventory of community supports completed by LITs, SIT and CRC; and
- Act 264 Advisory Board annual survey completed by LITs and SIT.

Data summaries are reported to both the SIT and to each LIT to help in decision making about the DOE/AHS Interagency Agreement, and about current practices, policies and procedures. Reports are also available on the Vermont Coordinated Services Planning website: <http://vtcsp.blogspot.com>

## APPENDIX I

### 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 and two offices – Department for Children and Families; Department of Health; Department of Mental Health Department of Disabilities, Aging and Independent Living; Department of Corrections; Office of the Secretary; and the Office of Vermont Health Access.

**CIS** – Children’s Integrated Services. CIS is a resource for pregnant or postpartum women and families with children from birth to age six. CIS can help: Pregnant or Postpartum Women - If you have questions or concerns about a condition or risk situation that impacts your or your baby's health or safety; Families - If you have questions or concerns about providing a stable, healthy environment for your children; if you are the parent of a child age 6 or younger, and you have questions or concerns about a suspected developmental delay or condition.

**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/array 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.*

**DAIL** – *Department of Disabilities, Aging and Independent Living provides assistance to 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 Disability Services; Children’s Personal Care 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.*

**DMH** – *The Department of Mental Health helps children and adults who have a severe and persistent mental illness, and/or a severe emotional disturbance. Department of Mental Health 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.*

**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.*

**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 charged with oversight of AHS district offices and mobilization of the local community to design and implement a human services system that 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; FITP is integral to Children's Integrated Services (CIS).*

**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; HBKF is integral to Children's Integrated Services (CIS).*

**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 Pool** - *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; 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.*

## **APPENDIX II**

### **Interagency Agreement: LEA Procedure for Requesting Reimbursement from a Non-Education Agency**

#### Section II, number 3: Conditions and Terms of Reimbursement

##### Joint Procedures

1. If a non-educational agency fails to provide or pay for services for which they are responsible and which are also considered special education or related services and included on the student's IEP, the local education agency (LEA), or state agency responsible for developing the child's IEP, shall provide or pay for these services to the child in a timely manner.
2. The LEA shall send a letter to the non-educational agency requesting reimbursement for the services from the responsible non-educational agency that failed to provide or pay for these services. The letter requesting reimbursement shall include:
  - (a.) A reference to 34 C.F.R. 300.154 (formerly 34 C.F.R. 142) as included in the Mission/Guiding Principles as well as any other relevant provisions(s) of the Part B Interagency Agreement (IAA) that pertain to the non-educational agency's financial responsibility.
  - (b.) Any documentation, specific to the particular case that supports the LEA's claim relating to the non-educational agency's financial responsibility and failure to provide or pay for services. At a minimum, the documentation must include: the student's name, actual itemized costs of services provided, the name of the provider, a brief description of the services provided, and dates of service.
3. The non-educational agency may within 90 days either:
  - (a.) Pay the cost of the services or reimburse the LEA for the cost ;  
or
  - (b.) Refuse to pay for services and send a written basis for its lack of financial responsibility under the IAA.
4. If the non-educational agency refuses to pay, the LEA may either:
  - (a.) Agree to the non-educational agency's refusal and withdraw the request; or

- (b.) Forward the LEA's request for reimbursement and the non-educational agency's refusal to the LIT Coordinator of the Local Interagency Team (LIT).
5. The LIT, that includes the Department of Education (DOE) representative(s) and the AHS Field Director, will review the LEA's reimbursement request and the non-educational agency's explanation for refusal of payment. If the LIT reaches consensus on a resolution within the parameters and spending authority of the local system, it will notify the parties of their decision.
  6. If the LIT does not reach consensus, the AHS Field Director, LIT Coordinator and the DOE representative will immediately submit the LEA and the non-educational agency's documentation to the State Interagency Team Coordinator for review by the State Interagency Team (SIT).
  7. The State Interagency Team (SIT) will review the documents and notify the parties of its determination within 20 business days of receipt. If the SIT is unable to resolve the dispute, the SIT will refer the matter to the Secretary of the Agency of Human Services and the Commissioner of Education for resolution. If the SIT reaches a determination but one of the parties is dissatisfied with the determination, it may appeal the decision to the Secretary and the Commissioner.
  8. The Secretary and the Commissioner may resolve the dispute 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 and the Commissioner. The Secretary and Commissioner may affirm, reverse, or modify the proposed resolution of the hearing officer.

11/28/07  
*Final Version*

## APPENDIX III

### Key Contacts

#### State Interagency Team Administrator

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

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Laurie Hurlburt – Administrative Assistant for SIT

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#### Vermont Department of Education

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

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#### Interagency Agreement Support Team

Coordinate regional training on Act 264 and the DOE/AHS Interagency Agreement. Provides consultation to LITs regarding systems issues.

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