Children's Integrated Services Performance Measure and Semi-Annual Report Guidance

Revision Date: December 2024

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This document informs completion of the https://dcf.vermont.gov/cdd/partners/cis/tools.

Definition of Common Terms used throughout this guidance:

- **CIS One Plan** refers to document used for planning, documenting, and reviewing service delivery across the sets of services within CIS. It includes One Plan equivalents such as an Individualized Plan of Care.
- **CIS One Plan Team** or **CIS Team** includes the family or client, CIS professionals, and anyone else the family or client chooses to add.
- **Active client** is one with a current, signed, CIS One Plan.

Performance Measure 5: The number of CIS referrals made directly to the CIS Coordinator from a primary referral source is at least 51% of the total CIS referrals received.

What does this performance measure tell us?

This measure tells us how well CIS is implementing the 'central' referral door.

Using Results Based Accountability (RBA) terminology, this measure tells us about "how much" CIS does i.e., how many referrals CIS receives and "how well" CIS works i.e., the degree to which CIS provides a regional, central contact point for referral sources while also maintaining the various options for making referrals established through relationships or history or convenience. It is an indication of outreach and engagement efforts as well as systems change toward integration.

Does this count as a referral?

All referrals received by CIS should be counted, regardless of their suitability for CIS. There will be a space on the tracking sheet for two numbers:

1. The total number of all referrals received by CIS
2. The total number of referrals received that were suitable for CIS

A referral does not have to be suitable for CIS, but should still be counted because it still

requires follow up and is part of documenting all CIS work. Some examples of referrals not suitable for CIS in a particular region:

- A referral received by CIS with the referring concern as eligibility for Child Care Financial Assistance (CCFAP). This would count as a referral and, with the family's consent, be redirected to the local CCFAP eligibility specialist.
- A referral received by one CIS region for an individual, family, or early childhood education or afterschool program located in another region. This would count as a referral and be redirected to the CIS Coordinator in the appropriate region. In this case, family/client consent would not be required because the referral is still being made to CIS.

When the referring concerns of the individual, family, or early childhood education or afterschool program are suitable for CIS and the potential client is not already engaged with CIS (even if they previously received CIS), this is considered a new CIS referral and should be counted.

To be complete and count as a referral or a CIS referral, the following minimal information* is required:

1. A checked consent box
2. Client Name
3. Date of Birth (unless the client is an early childhood education or afterschool program)
4. Contact information (phone number and mailing/physical address).
5. Reason for referral
6. Referral source
7. Referral source contact information (phone number)
8. Referral date
9. Name of person who received the referral

*In order to be complete and count as a referral, the information does not have to be verified.

Referral Date

The referral date is the date a CIS Coordinator or a CIS staff person/service provider received a complete CIS referral. The date must fall on or after the first date of the reporting period and on or before the last date of the reporting period. If the referral is incomplete upon receipt, then the referral date is the date the CIS Coordinator or a CIS staff person/service provider receives the minimal information listed above.

The referral date is not the date the CIS referral was brought to the Intake and Referral meeting, unless that is the date the complete CIS referral was received.

Please note:

- Any Protective Services Authorization (PSA) counts as a complete CIS referral.
- When clients change regions, they are considered an exit in the sending region and a

new CIS referral in the receiving region. The new referral date would be the date the receiving region is given a complete CIS referral.

- Referrals for Strong Families Vermont (including MECSH and PAT) are CIS referrals.
- Referrals for services contracted by CIS are CIS referrals.
- Referrals for Reimbursable Consultation and Education (Reimbursable C&E) count as CIS referrals. CIS Reimbursable C&E is not a separate service within CIS and is counted under the regulated program's Primary Service Coordinator's service: EI, ECFMH. SFVT HV, or SCC.

Internal Referrals

Referrals that are made from one set of services within CIS to another are internal CIS referrals. Internal CIS referrals are **not** counted as new referrals for the purpose of this Semi-Annual Report.

This is because from the perspective of the family, they are not receiving new services, they are adding to their existing plan.

Examples of external referral sources include:

- DCF-Family Services Division,
- Children with Special Health Needs (CSHN),
- Head Start and Early Head Start,
- VDH Family and Child Health (FCH),
- Women Infants and Children (WIC),
- Child Care Financial Assistance Program (CCFAP), etc.

Re-referrals

Referrals for clients who are currently receiving CIS (known as an 'active client') **are not** counted in the Semi-Annual Report.

Referrals for clients who have received CIS in the past, but are not currently open, **are** counted in the Semi-Annual Report. For this reason, one client may have two CIS referrals in the same Semi-Annual Report.

Performance Measure 1: 87% (or a clinically significant increase in percentage) of those receiving CIS have achieved one or more One Plan outcomes by either annual review or exit from ALL services within CIS.

What does this performance measure tell us?

This measure gives an indication of CIS' impact; whether or not clients are better off after receiving CIS.

"Outcomes" are also known and used interchangeably with "One Plan goals"' or "goals".

Regions track data by Primary Service Coordinator to reflect the CIS One Plan Team's joint success across plan goals. The team includes the family/client/early childhood education or afterschool program as well as CIS professionals There are two classification options:

1. **One or more outcomes met**: The team has identified one or more outcome(s) as having been achieved by annual review or exit from all services within CIS.

2. **No outcomes met:** The team has not identified any outcomes as having been achieved by annual review or exit from all services within CIS

Who is counted in this measure?

Clients who are active (defined as having a current signed One Plan) during the reporting period who:

1. Have their annual review due OR

2. Exited all services within CIS

Strong Families Vermont Sustained Home Visiting (MECSH/PAT) clients **are not** counted in this Performance Measure.

Does this count as an 'outcome'?

- The "We want", "So that" and the "How will we know if we are successful?" fields on the One Plan 'Your Outcomes' pages? **YES!** When the team, including the client/family, agrees this outcome has been demonstrated and is considered achieved, then this counts as 'outcome met.'

Your Outcomes*

*(*Complete an Outcome sheet for each outcome)*

To duplicate this page: using your mouse highlight the entire page, right click, select "Copy", click to set your cursor at the very top of the page, right click again, select "Paste".

Outcome #: ☐ Child ☐ Family ☐ Prenatal/Post-Partum Woman ☐ Child Care Provider

Date of Plan: - - ☐ Interim ☐ Initia ☐ Revie ☐ Annual ☐ Transitio

We Want: *(What would you like to happen?)*	So That: *(Why is this important?)*
Outcome: How will we know we are successful? *(Include criteria.)*	What resources do we have to help with this outcome?

Strategies and Activities:	**Who will help?**	**When & Where?**

- Strategies and Activities on the One Plan 'Your Outcomes' pages? **NO!** In order to count under "One or more outcomes met", an outcome from the One Plan must be met in its entirety. The strategies and activities beneath each outcome **are not** counted in this measure.

- Short-term services delivered in three (3) or fewer visits? **MAYBE!** If a CIS team creates a plan and the client/family completes at least one outcome in 3 or fewer visits, they **should** be counted in this cohort. Remember, they will need a service grid with signed consent, even though this documentation is not typically required for these clients.

Don't Duplicate your client count!

Clients who have had their annual review and then exited all CIS services during the same reporting period should be counted only one time. If this is the case, please use the outcome review completed at the Exit.

What are some detailed examples of outcomes for each service within CIS?

The state will not be prescriptive with outcomes, which are driven by individual client or family hopes, priorities, and circumstances. When developing outcomes, the CIS One Plan team draws upon all the information previously shared by CIS providers and the family or client, then focuses on what is SMARTIE*.

SMARTIE Goal
Specific- state exactly what you want to accomplish. Make your goal focused and identify tangible outcomes.
Measurable- indicate a clear definition of success. Also, use smaller min goals to measure progress.
Achievable- make your goal challenging but realistic and reasonable.
Relevant- set a goal that is related to your work and the goals stated.
Time Bound- determine a clear end-date, also establish achievable deadlines for checkpoints
Inclusive- Shares power and voice by reflecting and honoring the family/client's culture, customs, rituals, and routines. Goals are jargon-free, positive, strengths-based and provide definition.
Equitable- Addresses issues of fairness, justice, or systemic inequities that could contribute to challenges in achieving identified goals

CIS One Plan outcomes may be for any time frame within 12 months and are sometimes addressed by more than one service within CIS. **They may be simple and short-term.** For more support in writing SMARTIE goals, please check out the following resources:

- SMARTIE Goal Fundamentals in the Context of CIS
- Creating Goals and Objectives with Families
- The Family Partnership Process: Engaging and Goal Setting With Families
- Developing High-Quality, Functional IFSP Outcomes and IEP Goals Training Package from the Early Childhood Technical Assistance Center
- Racial Equity Tools Glossary

What if the services were delivered in three or fewer visits?

The client should be counted only if they have a One Plan that has the minimum requirements.

How is this measure reported when a client is served by multiple services within CIS?

Data should be reported in the row of the client's Primary Service Coordinator's service. For example, a client is served by both Early Intervention and Strong Families Vermont Responsive Family Support Home Visiting and met two outcomes but did not meet another. Because at least one goal was met, the Primary Service Coordinator, who in this situation is with Early Intervention, would mark one tally in the Early Intervention

row.

Performance Measure 2: 86% (or a clinically significant increase in percentage) of individuals served by CIS shall receive services as outlined in the CIS Timelines.

What does this performance measure tell us?

This measure assesses the quality of service delivery through CIS and answers the question, "How well does CIS work?"

When timelines are met or are missed only primarily due to family/client request or circumstance, then families and clients receive prompt communication and gain access to serve planning, delivery, and review when they need it.

General Guidance for Reporting Performance Measure 2

In which semi-annual reporting period should we report on a measure?

Report on the timeline during the semi-annual reporting period in which the timeline is **due,** even if the timeline was met early and in the previous reporting period or late and in the subsequent reporting period.

Which service should the tally be made in?

Timelines should be recorded under the Primary Service Coordinator's service at the time the activity was due to be performed.

Initial Contact is made within 5 Business Days of the Referral

How do you define 'Initial Contact'?

'Initial Contact' is defined as a 'two people talking to each other' via a voice-to-voice conversation. Specifically, during this conversation, a CIS professional:

- Asks questions and listens to the potential CIS family/client to determine the referring concern(s) and interest in CIS.
- Introduces the services within CIS and recommends a way to start.
- Records the family/client's decision about services within CIS.

There should be at least three diverse attempts to connect with a family/client within 5 business days of receiving a complete CIS referral. Diverse attempts may include phone calls, text messages. or email. The intent of emails and texts should be to set up the voice-to-voice conversation required for this performance measure.

Initial contact is not recorded for internal CIS referrals.

For Protective Service Child Care, when the DCF-Family Services Division (FSD) has custody, Initial Contact is with the DCF-FSD social worker.

Who reports on the timeline for Initial Contact?

Whoever makes the first voice to voice contact with the client/family should report on the Semi-Annual Report template. For example:

A referral for a child and family is made to the CIS Specialized Child Care Coordinator (SCCC). The SCCC reaches out to the family and discovers that the family and the child's early childhood educators are concerned about a developmental delay and specifically seek CIS Early Intervention. The SCCC shares the referral with the CIS Coordinator, brings it to the CIS Intake and Referral Team, and either they or the CIS Coordinator shares it with the regional CIS Early Intervention point person.

For the purpose of Semi-Annual Reporting, compliance around the initial contact timeline would be indicated on the 'Child Care Coordination' line because they were the first to speak with the family.

	Initial Contact (As soon as possible/no more than 5 calendar days):				
	Yes	**No**			**Total**
		No, due to provider	*No, due to family*	*Lost to follow-up*	
Early Childhood and Family Mental Health (ECFMH):					*0*
Early Intervention (EI):					*0*
SFVT Home Visiting (CIS Bundled Contract-funded)					
SFVT: Responsive Family Support HV					*0*
SFVT: Sustained Family Support HV (PAT)					*0*
SFVT: Responsive Nurse HV					*0*
SFVT: Sustained Nurse HV (MECSH)					*0*
Specialized Child Care Coordination:	1				*1*
CIS Coordinator					*0*
How much did we do?	1	0	0		1
How well did we do?	100.0%	0.0%	0.0%	0.0%	100.0%

Does texting and/or emailing with a family/client count as Initial Contact?

No. Times are changing, and technology is evolving. However, texting or emailing is not "a voice-voice conversation" characterized by active listening, an introduction to CIS, and

decision-making about a way to start with CIS as described above.

A contemporaneous, live conversation remains the most likely avenue for mutual understanding about the client's needs and offerings within CIS.

You may use text and/or email as a method to set up the initial contact conversation.

Is Initial Contact tracked for internal CIS referrals?

Initial Contact is not recorded for internal CIS referrals. If a One Plan team adds a service within CIS or transfers from one service to another within CIS, this is a change to the existing One Plan, not a follow-up on a new CIS referral.

What if a referral is for CIS, but the family/client declines involvement?

The results of the timeline for the initial contact conversation still would be recorded. The intent is to ensure that families/clients have an opportunity to engage with CIS in a timely manner, regardless of whether they choose to follow through or not.

How are Family circumstances distinguished from Provider circumstance?

- 'Family circumstance' is when the delay is at no fault of the provider.
    - 'Lost to Follow Up' falls under 'Family circumstance'. For this reporting period, we are not collecting this information at the State level. Regions are free to continue to track this at their local level.
- 'Provider circumstance' is when the delay is at no fault of the family. For example, if a provider was out sick or on vacation and no backup system was in place.

What if there were 3 attempts to set up the initial contact within 5 business days but the CIS provider(s) did not have a voice-to-voice conversation with the family/client?

This is considered 'family circumstance' because the missed timeline was at no fault of the provider(s) who made the required effort to establish initial contact within 5 business days.

If initial contact is late due to Family Circumstance, this sometimes delays the Screening/Assessment/Evaluation and/or Initial One Plan timelines. How do we record the outcome of those timelines?

CIS providers must make good faith efforts to meet these timelines despite the delay in the initial

contact. If they are not able to do so, they may also record the outcome for Screening/Assessment/Evaluation and /or Initial One Plan as “No, due to Family Circumstance.”

How do we record an initial contact that crosses reporting time periods?

Report on the timeline during the semi-annual reporting period in which the timeline is **due,** even if the timeline was met early and in the previous reporting period or late and in the subsequent reporting period.

For example, if a referral was received on December 27, 2024, the Initial Contact would be due January 3, 2025. If the actual Initial Contact took place on December 30, 2024, this would be counted as ‘on time’ in the reporting period that the review was **due** (CY2025H1). Any days the responsible agency is closed are not counted as business days.

Screening/Assessment/Evaluation Are Completed Within 45 Calendar Days of the Initial Referral Date

Who is counted in this measure?

All new referrals or re-referrals suitable for CIS and received from external sources whose Screening/Assessment/Evaluation was due during the reporting period.

How is this measure counted when a client is served by multiple services within CIS?

The intent of this measure is to ensure that the client/family receives timely service delivery within the CIS process, so whoever the primary service coordinator is at the time the activity is due should record this under their service.

For the purposes of Semi Annual Reporting, this data should only be reported at the time of the initial one plan. If a child adds or changes another CIS service to their existing One Plan, then the screening/assessment/evaluation data specific to the new service should not be recorded on the Semi Annual Report.

How are Family circumstances distinguished from Provider circumstance?

- ‘Family circumstance’ is when the delay is at no fault of the provider.
    - ‘Lost to Follow Up’ falls under ‘Family circumstance’. For this reporting period, we are not collecting this information at the State level. Regions are free to continue to track this at their local level.

- 'Provider circumstance' is when the delay is at no fault of the family. For example, if a provider was out sick or on vacation and no backup system was in place.

Does this count as an initial Screening/ Assessment/ Evaluation?

- Early Childhood and Family Mental Health) may use the CIS One Plan Information Gathering and Summary (through page 6) or an equivalent. Information gathering optimally includes observations, screening/assessment/evaluation tools (e.g., Child and Adolescent Needs and Strengths (CANS), Devereux Early Childhood Assessment (DECA), Parenting Stress Index™- Fourth Edition (PSI™-4)), and/or family conversations.

- Strong Families Vermont Responsive Home Visiting (Nursing and Family Support may use the CIS One Plan Information Gathering and Summary (through page 6) or an equivalent. Information gathering may include observations, screening/assessment/evaluation tools (e.g., Ages & Stages Questionnaires®, Third Edition (ASQ®-3), Ages & Stages Questionnaires®: Social-Emotional, Second Edition (ASQ®:SE-2), Edinburgh Postnatal Depression Scale (EPDS)) and/or family conversations.

- Early Intervention uses the CIS One Plan Information Gathering and Summary (through page 6). Approved evaluation tools are listed on the CIS Website.

- Specialized Child Care the CIS-02 Intake Form serves as initial screening for families seeking CIS Child Care Financial Assistance. Information gathering may include observations, screening tools, and/or family conversations.
  If the family is experiencing short term, significant stress and seeks Family Support Child Care Financial Assistance, then the region must complete the Family Support Supplemental Form (CIS-02 FS) and the multidisciplinary review, scoring and eligibility determination process.

- Reimbursable Consultation & Education conducts a pre-assessment with either an evidence-based or evidence informed program quality assessment tool . Providers from any set of services within CIS may conduct pre-assessments and record the timeline for them on their service row.

How do we record Screening/ Evaluation/ Assessment that crosses reporting time periods?

Report on the timeline during the semi-annual reporting period in which the timeline is **due,** even if the timeline was met early and in the previous reporting period or late and in the subsequent reporting period.

Initial One Plan Meeting is within 45 Days of the

Referral

The intent of this measure is to ensure the Initial One Plan is developed in an efficient manner to document eligibility (as needed) and maximize the time during which services are centered around family/client goals.

Who is counted in this measure?

All new referrals or re-referrals received from external sources who's Initial One Plan was due during the reporting period.

This measure typically is only reported once for a client in a reporting period. To have data on more than one initial One Plan in a Semi-Annual Report, a client would have to develop a One Plan with a team, exit all services within CIS, consent to re-referral and develop another One Plan, consenting a second time to initiate services within CIS before the end of the reporting period.

How are Family circumstances distinguished from Provider circumstance?

- 'Family circumstance' is when the delay is at no fault of the provider.
    - 'Lost to Follow Up' falls under 'Family circumstance'. For this reporting period, we are not collecting this information at the State level. Regions are free to continue to track this at their local level.
- 'Provider circumstance' is when the delay is at no fault of the family. For example, if a provider was out sick or on vacation and no backup system was in place.

Does this count as an Initial One Plan?

CIS One Plans are comprised of at minimum:

- CIS 01 Referral Form
- CIS 02 Intake Form
- CIS 02 - Family Support Supplemental Form (when applicable)
- CIS 03 Authorization Form
- Consent to Bill Public or Private Insurance Form
- At least one outcome/SMARTIE* goal
- A service grid that identifies the planned services with CIS
- Signed consent for the planned services within CIS

SMARTIE Goal

Specific- state exactly what you want to accomplish. Make your goal focused and identify tangible outcomes.
Measurable- indicate a clear definition of success. Also, use smaller min goals to measure progress.
Achievable- make your goal challenging but realistic and reasonable.
Relevant- set a goal that is related to your work and the goals stated.
Time Bound- determine a clear end-date, also establish achievable deadlines for checkpoints
Inclusive- Shares power and voice by reflecting and honoring the family/client's culture, customs, rituals, and routines. Goals are jargon-free, positive, strengths-based and provide definition.
Equitable- Addresses issues of fairness, justice, or systemic inequities that could contribute to challenges in achieving identified goals

CIS One Plan outcomes may be for any time frame within 12 months and are sometimes addressed by more than one service within CIS. **They may be simple and short-term.** For more support in writing SMARTIE goals, please check out the following resources:

- SMARTIE Goal Fundamentals in the Context of CIS
- Creating Goals and Objectives with Families
- The Family Partnership Process: Engaging and Goal Setting With Families
- Developing High-Quality, Functional IFSP Outcomes and IEP Goals Training Package from the Early Childhood Technical Assistance Center
- Racial Equity Tools Glossary

All New One Plan Services Start within 30 Days of Signed One Plan Consent (Start of Service)

Starting services in a timely manner ensures that every client has the best opportunity to maximize their growth and development while accessing CIS. Every service on the One Plan service grid should **begin within 30 calendar days of the date that the client/family gives their consent** for that service. Any time there is an addition, there must be a corresponding dated and signed consent.

There may be multiple signed consents during the reporting period.

Who is counted in this measure?

All clients who are active and have had any new CIS services (with the exception of Early Intervention specialty therapies) added during the reporting period.

For example, if ECFMH is added to the client's One Plan on June 20, 2025 the start of service is due on July 19, 2025. If the service began on June 30, 2025, this would be counted as 'on time' in the reporting period that the start of service was **due** (CY2025H2).

How are Family circumstances distinguished from Provider circumstance?

- 'Family circumstance' is when the delay is at no fault of the provider.
    - 'Lost to Follow Up' falls under 'Family circumstance'. For this reporting period, we are not collecting this information at the State level. Regions are free to continue to track this at their local level.
- 'Provider circumstance' is when the delay is at no fault of the family. For example, if a provider was out sick or on vacation and no backup system was in place.

How is this counted when a client is served by multiple services within CIS?

The intent of this measure is to look at the timeliness of each individual service. Any time a service is added, no matter by whom, it should begin within 30 days.

For example, a client is served by both Early Intervention and Specialized Child Care, and their Primary Service Coordinator is their Developmental Educator from EI.

- Early Intervention starts Developmental Education 10 days from the date of signed consent.
- Specialized Child Care is added to the service grid and the Specialized Child Care Coordinator begins work with the family 32 days after the signed consent to find a placement because the family was sick and hard to engage with. In this scenario:
    - Early Intervention would have one tally the "Yes" column for Developmental Education and
    - Specialized Child Care would have one tally in the "No, due to family" column.

	Start of services (30 days from completed One			
	Yes	**No**		
		No, due to provider	*No, due to family*	*Lost to follow-up*
Early Childhood and Family Mental Health (ECFMH):				
Early Intervention (EI):	1			
SFVT Home Visiting (CIS Bundled Contract-funded)				
SFVT: Responsive Family Support HV				
SFVT: Sustained Family Support HV (PAT)				
SFVT: Responsive Nurse HV				
SFVT: Sustained Nurse HV (MECSH)				
Specialized Child Care Coordination:			1	
How much did we do?	1	0	1	
How well did we do?	50.0%	0.0%	50.0%	0.0%

ts across

reporting time periods?

Report on the timeline during the semi-annual reporting period in which the timeline is **due,** even if the timeline was met early and in the previous reporting period or late and in the subsequent reporting period.

For example, if a family signed the consent to add ECFMH to the client's One Plan on June 20, 2025, the Start of CIS One Plan Service would be due on July 19, 2025. If the service began on June 30, 2025, this would be counted as 'on time' in the reporting period that the Start of CIS One Plan Service was due (CY2025H2).

6-Month Review

A complete One Plan review should occur 4 to 6 months from the initial One Plan date. A 6-month review may take place up to 2 months early, but never late. Use the initial One Plan date to calculate any subsequent 6-month reviews (e.g., at 18 months, 30 months, etc.).

This guidance applies to Initial One Plans created **on or after January 1, 2025**. While regions may choose to follow this new guidance for One Plans created prior to January 1, 2025, they are not required to do so.

Who is counted in this measure?

Active clients whose 6-month review is due during the reporting period.

How are family circumstances distinguished from provider circumstance?

- 'Family circumstance' is when the delay is at no fault of the provider.
    - 'Lost to follow-up' falls under 'Family circumstance'. For this reporting period, we are not collecting this information at the State level. Regions are free to continue to track this at their local level. 'Lost to follow-up' is defined as a minimum of no contact after three diverse attempts by phone, mail, or in person. The region should use their discretion to determine how long they attempt to re-engage before they decide to officially record them as exited.
- 'Provider circumstance' is when the delay is at no fault of the family. For example, if a provider was out sick or on vacation and no backup system was in place.

How is this measure counted when a client is served by multiple services within CIS?

The objective of this measure is to look at the whole plan, so whoever the primary service coordinator is at the time the review is due should record this under their service. The intent of this measure is to view from the client's perspective. Even though internally there

may be a shift in primary service coordination based on the needs of the client, from their perspective they are still receiving continuous services, so the review should be based on when they first began receiving CIS.

If a client begins in one set of services in CIS, but changes to or adds another CIS service during the time period, whoever is the primary service coordinator should record that the 6-month review was completed, but the date the review is due still pivots off of the initial one plan with the first set of services.

For example, Early Childhood and Family Mental Health first serves a CIS client. In this reporting period, Early Intervention is added, and the Developmental Educator becomes the Primary Service Coordinator. The 6-month review timeline is based on the initial One Plan date when the child and family exclusively received Early Childhood Family Mental Health, but it is reported on Early Intervention row.

Early Intervention is required to report on other federal metrics, but for the purpose of the Semi-Annual Report, this guidance applies***.***

What counts as a 6-Month Review?

A 6-month review is completed during the specified time period when a family/client reviews their CIS One Plan with their Primary Service Coordinator and with input from all other One Plan team members. The review typically includes:

- Discussion of family/client concerns, hopes, and priorities;
- An assessment of family/client progress, the status of each goal, and the services in place; and
- Any recommended or requested changes to the One Plan.

The time needed for the review, the depth of the discussion, and the team members present depend upon the nature of ongoing discussions during regular visits. It is the responsibility of the Primary Service Coordinator to schedule the review, invite all One Plan team members, gather the input of those who cannot attend, document the content, and facilitate needed follow-up.

How do we record a 6-month review that crosses reporting time periods?

The intent of this measure is to capture the results of the 6-month review that are due, not when they actually occur. You can always complete the review early, but you cannot complete the review late. If the actual date is due in one reporting period, but the review is done early in the previous reporting period, you would record the tally for this in the reporting period it was due.

For example, an Initial One Plan is created on February 1, 2025 and the 6-month review is due August 1, 2025. If the actual 6-month review took place on June 15 2025, this would be counted as ‘on time’ in the reporting period that the review was **due** CY2025H2.

Annual Review

A complete One Plan review should occur 10 to 12 months from the initial One Plan date. An Annual Review may take place up to 2 months early, but never late. Use the initial One Plan date to calculate any subsequent Annual Reviews (e.g., at 24 months, 36 months, etc.).

This guidance applies to Initial One Plans created **on or after January 1, 2025**. While regions may choose to follow this new guidance for One Plans created prior to January 1, 2025, they are not required to do so.

In some situations, more than 6 months may pass between One Plan reviews. We expect this to be the exception rather than the rule, with the guidance resulting in regular, periodic reviews.

Who is counted in this measure?

Active clients whose Annual Review is **due** during the reporting period.

How are Family circumstances distinguished from Provider circumstance?

- 'Family circumstance' is when the delay is at no fault of the provider.
    - 'Lost to Follow Up' falls under 'Family circumstance'. For this reporting period, we are not collecting this information at the State level. Regions are free to continue to track this at their local level. 'Lost to follow-up' is defined as a minimum of no contact after three diverse attempts by phone, mail, or in person. The region should use their discretion to determine how long they attempt to re-engage before they decide to officially record them as exited.
- 'Provider circumstance' is when the delay is at no fault of the family. For example, if a provider was out sick or on vacation and no backup system was in place.

How is this measure counted when a client is served by multiple services within CIS?

The objective of this measure is to look at the whole plan, so whoever the primary service coordinator is at the time the review is due should record this under their service. The intent of this measure is to view from the client's perspective. Even though internally there may be a shift in primary service coordination based on the needs of the client, from their perspective they are still receiving continuous services, so the review should be based on when they first began receiving CIS.

If a client begins in one set of services in CIS, but changes to or adds another CIS service during the time period, whoever is the primary service coordinator should record that the Annual review was completed, but the date the plan is due still pivots off of the initial one plan with the first set of services.

For example, a client is first served by Family Support Home Visiting. In this reporting period, Early Intervention is added and the Developmental Educator becomes the primary service coordinator. The Annual review is due based on the initial One Plan date when they were exclusively receiving Family Support Home Visiting, but it is tallied under Early Intervention.

Early Intervention is required to report on other federal metrics, but for the purpose of the Semi Annual Report, this guidance applies.

What counts as an Annual Review?

An annual review is completed during the specified time period when a family/client reviews their CIS One Plan with their Primary Service Coordinator and with input from all other One Plan team members. The review typically includes:

- Discussion of family/client's current concerns, hopes, and priorities;
- An assessment of family/client progress, the status of each goal, and the services in place; and
- Any recommended or requested changes to the One Plan.

The time needed for the review, the depth of the discussion, and the team members present depend upon the nature of ongoing discussions during regular visits. It is the responsibility of the Primary Service Coordinator to schedule the review, invite all One Plan team members, gather the input of those who cannot attend, document the content, and facilitate needed follow-up.

How do we record an Annual Review that crosses reporting time periods?

Report on the timeline during the semi-annual reporting period in which the timeline is **due,** even if the timeline was met early and in the previous reporting period or late and in the subsequent reporting period.

For example, an Initial One Plan is created on July 1, 2024 and the Annual review is due July 1, 2025. If the actual Annual review took place on June 15 2025, this would be counted as 'on time' in the reporting period that the review was **due** CY2025H2.

Performance Measure 3: Decrease from

7% (or a clinically significant decrease in percentage) of those served by CIS who exit the program due to lost to follow-up; and

Performance Measure 4: Increase from 70% (or a clinically significant increase in percentage) of those served by CIS who exit the program because they met all outcomes.

What does this Performance Measure tell us?

Performance measure 3 informs us about how well CIS is working; specifically, how well CIS providers are engaging CIS families or clients. While family/client engagement does not tell the whole story behind the “lost to follow-up" data; it is a significant element.

Performance measure 4 tells us about the impact of CIS, about the difference the services and the system made to families and clients.

Both track the reason that a client exited all services within CIS during the reporting period.

Who is counted in this measure?

CIS clients who have a One Plan open during the reporting period who stop all services within CIS.

Clients are typically reported one time under one of the 5 exit reasons, unless they exit, are re-referred, develop a CIS One Plan, and exit again in the same reporting period. The 5 exit reasons are:

1. All Goals Met: Clients who exit from CIS with notice and having met all One Plan goals
2. Aged Out: Clients who exit CIS due to age and have not met all One Plan Goals.
    - If a client has met all One Plan goals at the same time as reaching an age limit, please classify them as ‘All Goals Met.’

3. Withdrawn: Clients who exit CIS before they meet the age limit, with notice and without all goals met
4. Moved: Clients who have relocated out of region with notice prior to reaching the age limit, without all goals met
5. Lost to follow-up**:** Clients who exit CIS by disengaging, moving, or otherwise discontinuing services without notice. 'Lost to follow-up' is defined as a minimum of no contact after three diverse attempts by phone, mail, or in person. The region should use their discretion to determine how long they attempt to re-engage before they decide to officially record them as exited.

Optional: This exit reason will be added: Transitioned to Other Community Service: Clients exit from CIS and into other community supports that are better suited to fit their needs. This will be included in future templates. If you choose to complete this, please indicate in the 'Notes' Tab

What client age ranges are included in each set of services within CIS?

- Early Childhood and Family Mental Health: Birth up to age 6
- Early Intervention: Birth up to age 3
- Strong Families Vermont Responsive Family Support Home Visiting: Prebirth up to age 6
- Strong Families Vermont Responsive Nurse Home Visiting: Prebirth up to age 6
- Specialized Child Care: Children and families with children aged 6 weeks up to 13 who are receiving a Specialized Child Care benefit; early childhood educators may be served for as long as needed.

Does this count as an Exit?

- A child exits Early Intervention but is still receiving other services within CIS. **NO!** For the Semi-Annual Data Report, they are not an exit, but for EI reporting they are!
- A post-partum client 'ages out' but their child is still a client of CIS. **YES!** The post- partum client is counted as an exit, but the child is not.
- A client leaves CIS early because they need more intensive mental health services**. YES!** If there was a signed One Plan then they do count as an exit.

How is this measure counted when a client is served by multiple services within CIS?

The exit should be counted under whoever the Primary Service Coordinator is at the time of their exit. Remember, they must be exiting from all CIS services. If they age out of one program but continue in another, this is not an exit.

For example, a client is served by both Specialized Child Care and Strong Families Vermont Responsive Nurse Home Visiting, with the nurse as the Primary Service Coordinator. The client exits all services within CIS because they moved to Massachusetts with notification. This would be reported under the 'Moved' column, in the Strong Families Vermont Responsive Nurse Home Visiting row.

	All goals met	Aged out **	Withdrawn	Moved with notification	Lost to Follow Up	Deceased	Total
Early Childhood and Family Mental Health (ECFMH):							0
Early Intervention (EI)*							0
SFVT Home Visiting (CIS Bundled Contract funded)							
SFVT: Responsive Family Support HV							0
SFVT: Sustained Family Support HV (FAST)							
SFVT: Responsive Nurse HV				1			1
SFVT: Sustained Nurse HV (MECSH)							
Specialized Child Care Coordination.							0
How much did we do?	0	0	0	1	0	0	1
Is anyone better off?	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%

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