

## **Case Review Committee**

### **Policies and Procedures For Children and Adolescents**

#### **Purpose**

The State Interagency Team (SIT) is comprised of

- the Department of Education,
- the Agency of Human Services,
- the Department for Children and Families (DCF) – Division of Family Services
- the Department of Mental Health,
- the Department of Disabilities, Aging and Independent Living (DAIL) – Division of Disability and Aging Services (DDAS), and
- A Parent representative (Currently the Vermont Federation of Families for Children's Mental Health).
- Representatives from other groups such as the Department of Health's Division of Alcohol and Drug Abuse Prevention, Vocational Rehabilitation, and the Department of Corrections participate as appropriate.

The Case Review Committee (CRC) was created by SIT with the purpose of working with local teams to develop appropriate Coordinated Service Plans for children. The Case Review Committee is committed to serving children and adolescents with severe emotional disturbances and disabilities as defined in the DOE/AHS Interagency Agreement in the least restrictive setting appropriate to their needs. The SIT and the CRC believe that, if possible, children should be served within their own communities. Intensive residential treatment should be used when absolutely necessary to meet the individual needs of children.

The Case Review Committee has been established as a subcommittee of the State Interagency Team to achieve two objectives:

1. To provide assistance to local teams as they identify, access and/or develop less restrictive resources.
2. When less restrictive alternatives are not appropriate, to assure the best possible match between child and residential treatment facility.

#### **Policy**

The Case Review Committee reviews all requests for intensive residential placements and intensive wrap around services that provide 24 hour, 7 days a week awake overnight staff for children or adolescents with severe emotional disturbance. While the representatives from the departments review the proposed placements in these programs together, funding decisions are made on a child specific basis.

The current list of proposed program placements reviewed by the Case Review Committee includes:

HowardCenter Assessment and Residential Program  
Park Street  
Bennington School  
Brattleboro Retreat – Residential Units  
Brattleboro Retreat – Rockwell Center  
Brookhaven  
Camp E-Wen-Akee (Eckard Youth Alternatives)  
Community House  
204 Depot Street  
NFI Group Home  
Francis Foundation  
Woodside Juvenile Rehabilitation Center (Residential Wing)  
Shelburne House  
All out of state residential placements

A referral to the Case Review Committee for intensive residential treatment may be made by the following:

- the District Office of the Department for Children and Family (DCF)- Family Services,
- the Department of Mental Health,
- a community mental health center,
- the Department of Education,
- a Local Education Agency,
- the Division of Disability and Aging Services,
- or any combination of the above.

In keeping with the intent of Act 264, the plan for each child referred to the Case Review Committee will reflect a local interagency collaborative effort. To this end, each agency must adhere to its own rules and regulations surrounding intensive residential treatment placements. Referrals from local education agencies will go to the Department of Education as required by state law. That department's Residential Review Team will then forward cases involving Emotional Disability or other disabilities as defined by the DOE/AHS Interagency Agreement to the Case Review Committee for consultation and technical assistance. Close scrutiny will be given to cases referred through a unilateral agency plan. Single agency referrals may be returned to the referring agency with the request to create a multi-agency collaborative plan as called for in Act 264.

### **Case Review Committee Members**

The Case Review Committee is comprised of several members representing the Department of Education, the Department of Mental Health, the Department for Children and Families, Division of Disability and Aging Services, and the Vermont Federation for Children's Mental Health. All referrals should be made to the member representing the referring agency. The referring agency is considered the agency in which case management

responsibilities reside (as outlined in the child's Coordinated Services Plan). These representatives currently are:

Vermont Federation of Families for Children's Mental Health  
Parent Representative  
Cindy Marshall – 244-1955: [cmarshall@vffcmh.org](mailto:cmarshall@vffcmh.org)

Department of Education  
Residential Consultant  
John Spinney – 828-5127: [John.Spinney@state.vt.us](mailto:John.Spinney@state.vt.us)

Department for Children and Families  
Residential Services Manager  
Marion Paris – 241-2154: [Marion.Paris@ahs.state.vt.us](mailto:Marion.Paris@ahs.state.vt.us)

Department for Children and Families  
Client Placement Specialist  
Melanie D'Amico – 241-1016: [Melanie.D'Amico@ahs.state.vt.us](mailto:Melanie.D'Amico@ahs.state.vt.us)

Department of Mental Health  
Clinical Care Coordinator  
James Seivwright – 652-2038: [James.Seivwright@ahs.state.vt.us](mailto:James.Seivwright@ahs.state.vt.us)

Department of Mental Health  
Clinical Care Coordinator  
Laurel Omland – 652-2037: [Laurel.Omland@ahs.state.vt.us](mailto:Laurel.Omland@ahs.state.vt.us)

Department of Mental Health  
Clinical Care Coordinator  
Dana Robson – 652-2040: [Dana.Robson@ahs.state.vt.us](mailto:Dana.Robson@ahs.state.vt.us)

Division of Disability and Aging Services  
Children's Services Specialist  
Amy Roth - 241-2675: [Amy.Roth@ahs.state.vt.us](mailto:Amy.Roth@ahs.state.vt.us)

### **Procedures**

The following are the steps for referral to intensive residential treatment placement(s) for children and adolescents with severe emotional disturbances or disabilities as defined by the DOE/AHS Interagency Agreement:

1. Case manager networks with other local service providers to craft a comprehensive plan designed to meet the needs of the child and family within their local community.
2. Case manager at local level may consult with his/her Case Review Committee's department representative (*e.g.*, identification of treatment

needs and/or need for intensive residential treatment, availability of placement openings, *etc*).

3. When it is determined that a child or adolescent cannot be served in a less restrictive community based setting, the child's plan will specify the intensive residential treatment program or intensive wraparound to which the local team requests placement.

Note: If interagency agreement on the proposed Coordinated Services Plan or its funding cannot be achieved, a referral to the Local Interagency Team (LIT) should be made.

4. Case manager submits a complete referral package, including clinical and special education documentation, along with a cover letter to Case Review Committee department representative.

Note: Referrals from education are submitted to the Department of Education's Residential Review Team, which will process the referral through the Case Review Committee.

5. The Case Review Committee's department representative will review the referral package and may contact the case manager with questions in regards to the referral.
6. The Case Review Committee's department representative will present the case to full Case Review Committee at the regularly scheduled weekly meeting. (The case paperwork should be submitted 5 days prior to scheduled meeting. Faxes are not accepted.)
7. The recommendations of the Case Review Committee regarding the appropriateness of referral for intensive residential treatment placement(s) will be communicated in writing to the case manager. Monthly reports of Case Review Committee decisions are made to the State Interagency Team (SIT).

The following decisions may be made by the Case Review Committee:

- a. Approval to proceed with placement application to specifically named residential placement(s)
  - b. Recommendation for alternative plan
  - c. Request for additional information
8. The case manager is responsible for making a formal application to the intensive residential treatment programs as indicated by the Case Review Committee.
  9. For disapproved cases, the case manager through interagency collaboration will develop and finalize an alternative plan. The Case

Review Committee representatives can provide technical assistance to the local team in the development of alternative plans. If the local team and the LIT are not satisfied with the alternative plan they may refer the case to SIT.