I. SUBJECT

Integrated Services Framework for High Risk Families/Individuals

II. POLICY STATEMENT

The Mission of the Department of Health and Human Services is to provide integrated health and human services to the people of Maine, to assist individuals in meeting their needs while respecting the rights and preferences of the individual and family within available resources.

III. RATIONALE

The Department recognizes that there are significant numbers of adults, adolescents and families with multiple, complex needs who want the Department’s assistance in addressing those needs. Such complex needs are associated with poorer outcomes and higher costs when the service system is not organized to assess, respond and provide service in an integrated way. Integrated screening, response and service delivery within a well developed service continuum constitute current recognized best practice, and failure to offer such integrated services may place people at risk. Such a system can be developed through a process of continuous performance improvement and quality control measures that are aligned with the goals of the Department.

IV. PROCEDURE STATEMENT

1. It is likely that people who come to the Department and its affiliated providers for help will have complex, multiple needs. This reality must be reflected in every aspect of system planning, program design, procedure and staff competency. It is critical that all access points into the service system convey a welcoming, no wrong door approach, regardless of the needs presented. It is critical that the response be coherent, individualized and integrated rather than fragmented and disjointed.

2. The success of service delivery in any setting lies in the availability of an integrated and coordinated continuum offering multiple levels of response. It also lies in developing professional relationships that support integrated and coordinated services. For individuals, with complex needs, there should be continuity in planning among all service providers. There also needs to be continuity of planning when there are repeated or multiple service episodes.
3. Within the context of any service relationship, the response must be based on the client’s strengths, impairment or disability, needs and goals.

4. When the person’s service needs include multiple factors and conditions, each should be considered equally important, and an integrated approach to behavioral and environmental support promoted. Integrated approaches must be matched to needs and strengths as well as to levels of motivation for change. Appropriately matched, integrated interventions should be available at all levels of service.

5. There is no one correct way of integrating services. For each individual or family, the integration of appropriate service must be matched according to need, diagnosis, disability, strengths/supports, problems/contingencies, motivation for change, and standardized assessment of need.

6. The measurement of outcomes must also be individualized, including such factors as reduction in risk, enhanced motivation for change, individual empowerment and recovery, improved health and well-being, lowered barriers to employment, income and housing stability and improved treatment adherence. In keeping with the mission of the Department, integrated services will lead to the increased capacity of the people of Maine to enjoy safe, healthy and productive lives in whatever way is optimal for each individual or family.

V. Statement of Intent:

In keeping with its mission, the Department requires, in all of its provider and managed care contracts, in all licensing and MaineCare regulation, and in all of its direct work with consumers, that complex conditions be anticipated and responded to in a welcoming manner, building toward an integrated system of access, assessment, payment and care.

This policy applies to all direct and contracted providers of the Department of Health and Human Services, including its managed care vendor, its providers who address homelessness, poverty, and behavioral health, and its welfare and healthcare workers. All providers are expected to develop comprehensive, integrated, collaborative and continuous strategies of service delivery within the scope of each program’s mission, design, licensure and resources. The desired outcome of this framework is a system that eliminates fragmentation and enhances the coherence, coordination and ease of access to services.

This framework also reflects an expectation of how all DHHS employees, whether administrative, supportive or direct service providers, approach their work.

VI. Definitions

**Complex Conditions:** People with complex needs or conditions may have any combination of functional, protective, or concrete service needs as well as any behavioral or medical healthcare need. Conditions that may co-occur include physical health problems, trauma, mental health diagnoses, brain injury, developmental disabilities, substance abuse disorders, financial, vocational or housing need, family and child support needs, crisis support needs, acute or chronic psychiatric conditions and need for protection from risk of harm.
**Integrated Services**: Any of a broad range of appropriately matched and integrated services may be combined to address multiple needs. Services are designed to assist individuals or families with multiple problems and to make progress toward identified goals and objectives in all domains where priority needs have been identified. The service response is coordinated, comprehensive, collaborative and continuous. Rather than the person needing to navigate a complex system, the system organizes itself around the person's complex array of needs.

**Welcoming**: Welcoming is a core principle that emphasizes that all people, and particularly those with complex needs, are a priority for access and engagement in the service system, and therefore should be specifically welcomed in every program and by every provider. Welcoming emphasizes that there is “no wrong door” in the service system, that no program refuses service based on the presence of multiple conditions alone, that all individuals are proactively assisted at any door to get connected to the services that best meet their needs. All programs have the capability to address the needs of individuals with complex conditions by providing integrated services within the scope of the program’s mission, design, licensure, and resources. Those that they cannot provide directly, they assist in finding the appropriate sources of services.

**VII. DISTRIBUTION**

All Staff via e-mail and hard copy postings on designated bulletin boards. DHHS policies can also be found on the website.

May 22, 2007

Effective Date

Brenda M. Harvey
Commissioner