

AGENCY OF HUMAN SERVICES INTEGRATING FAMILY SERVICES *Strategic Plan and Work Plan February 2015 through June 2016*

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The Agency of Human Services Outcomes

The following outcomes direct the work of the Agency and were enacted by the Vermont Legislature in 2014 through Act 168, an act relating to reporting on population-level outcomes and indicators and on program-level performance measures. (The full act can be found at: <http://www.leg.state.vt.us/DOCS/2014/ACTS/ACT186.PDF>). This act was passed for the General Assembly to obtain data-based information to know how well State government is working to achieve the population-level outcomes the General Assembly sets for Vermont's quality of life, and will assist the General Assembly in determining how best to invest taxpayer dollars.

1. Vermont has a prosperous economy.
2. Vermonters are healthy.
3. Vermont's environment is clean and sustainable.
4. Vermont's communities are safe and supportive.
5. Vermont's families are safe, nurturing, stable, and supported.
6. Vermont's children and young people achieve their potential, including:
 - a. Pregnant women and young people thrive.
 - b. Children are ready for school.
 - c. Children succeed in school.
 - d. Youths choose healthy behaviors.
 - e. Youths successfully transition to adulthood.
7. Vermont's elders and people with disabilities and people with mental conditions live with dignity and independence in settings they prefer.
8. Vermont has open, effective, and inclusive government at the State and local levels.

The highlighted outcomes were incorporated into how the IFS approach will be measured

IFS Outcomes: How the IFS Approach is Viewed and Measured at All Levels

IFS Vision	Vermonters work together to ensure all children, youth and families have what they need to reach their full potential.			
IFS Mission	Integrating Family Services brings state government and local communities together to ensure holistic and accountable planning, support and service delivery aimed at meeting the needs of Vermont’s children, youth and families.			
IFS Outcomes	1. Pregnant women and young children thrive/Children are ready for school	2. Families are safe, stable, nurturing and supported	3. Youth choose healthy behaviors/Youth successfully transition to adulthood	4. Communities are safe and supportive
Population Indicators	<ul style="list-style-type: none"> a. % of women who receive first trimester prenatal care b. [children meeting developmental milestones/screenings] c. [% of children ready for school] d. [% of children and youth with a medical home] 	<ul style="list-style-type: none"> a. Rate of child abuse and neglect b. [substance abuse measure?] c. [parents having skills they need to be successful parents] d. [parents having concrete supports in times of need] 	<ul style="list-style-type: none"> a. % of adolescents who feel valued by their community b. % of students with plans for education, vocational training, or employment following high school c. [youth engaging in healthy behaviors – physical activity and nutrition?] d. [a school-aged children indicator] e. [substance abuse measure?] 	<ul style="list-style-type: none"> a. % access to safe and supervised early childhood and out of school care b. [housing indicator] c. [% of families who have experienced homelessness in the past year] d. [% of families who are food insecure]
IFS Performance Measures	<ul style="list-style-type: none"> 1. [% of clients with a plan of care developed collaboratively with families, and that includes needs identified through standardized screenings, assessments, evaluations, and/or care information summary] 2. [% of families that have shown improvement on a standardized assessment tool] 3. [a measure that demonstrates level of satisfaction from family perspective] 4. [measure that demonstrates quality execution of plan of care (e.g., timeliness, appropriateness, evidence-informed)] 			

Introduction to Strategic and Work Plan

- These plans are intended to assure the IFS Management Team, IFS Senior Leadership Team, IFS Implementation Team and current and future IFS communities are pulling in the same direction.
- The strategic plan helps to operationalize the IFS theory of change (see the document entitled “Building Blocks for Change”), and it provides the big picture to inform the work plan.
- The work plan provides more detail specific to the eight elements of the IFS model. While each element has its own priorities, all eight elements are inter-related. Progress in one area will depend in part on progress in other areas.
- Both of these documents will be updated as needed to reflect current conditions, lessons learned and new thinking.
- If you have questions about these plans please contact any member of the IFS management team with your thoughts: Cheryle Bilodeau, IFS/AHS Director, Cheryle.Bilodeau@state.vt.us, 802-760-9171; Susan Bartlett, AHS Special Projects, Susan.Bartlett@state.vt.us, 802-917-4852; Carol Maloney, AHS Director of Systems Integration, Carol.Maloney@state.vt.us, 802-279-6677.



Strategic Plan ~ FY2016-FY2020

See the Building Blocks for Change for additional detail

IFS Vision: *Vermonters work together to ensure all children, youth and families have what they need to reach their full potential.*

IFS Mission: *Integrating Family Services brings state government and local communities together to ensure holistic and accountable planning, support and service delivery aimed at meeting the needs of Vermont’s children, youth and families.*

<p>FY2016-FY2017</p>	<ul style="list-style-type: none"> I. IFS’ vision, goals and strategies are clearly communicated. II. Additional communities are supported in creating local governance agreements to prepare for IFS expansion. III. State and community partners utilize population indicators as a way to drive decision-making and identify gaps in services. IV. Integrating Family Services (IFS) grantees are held to common outcomes and performance measures. V. State and community partners, in collaboration with people who receive supports and services, work to create effective communications strategies and systems. VI. State and community partners develop a consistent and replicable financing model that connects health, human services and education systems. VII. State and community partners report increased administrative efficiencies and flexible and coordinated service delivery.
<p>FY2018-2019</p>	<ul style="list-style-type: none"> I. State and community partners show improved outcomes for Vermont’s children and families. II. Community partners work collaboratively and effectively to use funds flexibly to meet the identified needs of children, youth and families. III. Planning at the state and regional level is driven by a holistic and collaborative perspective of Vermont’s children, youth and families service delivery system and community supports. IV. Policies cut across AHS department lines in ways that promote seamless service delivery to children, youth and families that build on strengths in each community.
<p>FY2020</p>	<ul style="list-style-type: none"> I. All AHS regions have implemented the IFS approach. II. Families understand and can easily access supports and services they need regardless of geography, income or type of need. III. Policymakers and service providers use data to drive policy decisions and reallocate resources to most effectively meet the needs of Vermonters.

**Integrating Family Services Work Plan
February 2015 through June 2016**

GOAL	ACTION STEPS	COMPLETION DATE	LEAD TEAM/WORK GROUP
ACCOUNTABILITY AND OVERSIGHT			
1. There is a system in place to measure performance	a. Population Indicators are established: <ul style="list-style-type: none"> i. Stakeholder meetings convened ii. SLT and I-Team review indicators iii. Indicators are confirmed b. Performance measures are established: <ul style="list-style-type: none"> i. Stakeholder meetings convened ii. SLT and I-Team review indicators iii. Indicators are confirmed 	June 2015	Accountability and Oversight Work Group
2. There is a system in place to monitor performance	a. Quality Case Reviews are conducted in active IFS regions: <ul style="list-style-type: none"> a. Case Review in Addison to be held on 1-29-15 b. Case Review in Franklin to be held on 2-18-15 b. Each active IFS region utilizes a client satisfaction survey that ensures there is room for additional regional input	Feedback on quality case reviews is provided to regions within 60 days of date of case review.	Accountability and Oversight Work Group
3. There are consistent practices and processes across IFS with the intent of improving performance	a. Consider how to use AHS strategies (RBA Turn the Curve, Agency Improvement Model (AIM) and Plan-Do-Study/Check-Act (PDSA/PDCA)) to improve performance—build on what we are already doing <ul style="list-style-type: none"> b. Technical Assistance is provided to IFS regions c. Clear, documented process for T/A and oversight to IFS regions is created which makes the oversight entity clear. 		Accountability and Oversight Work Group
4. There is a clear communication system in place that is used to share data, outcomes and performance measures	c. Team will review IFS manual and make necessary edits to ensure it reflects: <ul style="list-style-type: none"> i. outcomes and performance measures ii. alignment with CIS manual iii. whole population language iv. The continuum of community resources encompassed in the IFS model 		Accountability and Oversight Work Group
5. RBA concepts and practices are broadly understood and used at state and local levels	a. Trainings on RBA are coordinated and accessible to state and community partners		Accountability and Oversight Work Group

GOAL	ACTION STEPS	COMPLETION DATE	LEAD TEAM/WORK GROUP
FINANCING AND PAYMENT REFORM			
<p>6. A system is in place to ensure statewide consistency re: bundled payments, and the funding included in the bundle is coordinated with other non-bundled funding streams</p>	<ul style="list-style-type: none"> a. Finance WG creates a plan for review by SLT b. Explore options regarding expanding bundle c. Identify what are the Medicaid funding sources? (MMIS Special Projects Grant) d. Creation of a clear decision-making process for funding e. Make sure VT is following formal legal regulations and processes f. Make sure any changes are appropriately reviewed g. Explore Values Based Purchasing as an option for payment reform efforts h. Funding for developmental services is included in IFS bundles in a way that ensures services can respond to individual clients' needs 		<p>Financing and Payment Reform Work Group</p>
<p>7. IFS payment reform leverages health reform efforts</p>			<p>Financing and Payment Reform Work Group</p>
<p>8. Funding distribution across the state is articulated, regularly evaluated and based on an equitable funding formula</p>	<ul style="list-style-type: none"> a. Individual budgets in the regions are shifted to an outcome-based model. b. Inventory of funding-what is in and out 		<p>Financing and Payment Reform Work Group</p>

GOAL	ACTION STEPS	COMPLETION DATE	LEAD TEAM/WORK GROUP
COMMUNITY-BASED PREVENTION AND PROMOTION			
9. Family voice is integral to decision making and service and system design and delivery	a. Create a clear plan to assure family voice representation is systemic and meaningful		Comm-Based Prev and Prom Wrk Grp
10. Various practice frameworks focused on children, youth and families across multiple disciplines and departments are aligned	a. Collaborative meeting with the AHS youth/young adult services system council (which includes all AHS organizations working with youth in transition) b. Align AHS and AOE related to Multi-Tiered Systems of Support (MTSS) c. Align AHS and AOE related to Align Positive Behavior Interventions (PBIS) d. Align AHS and AOE related to Strengthening Families framework e. Align current home visiting services, standards and guidelines		Community-Based Prevention and Promotion Work Group
11. Transitions for children, youth and families are smooth and streamlined	a. Make sure we look at transition from child to adult services b. Agree on screening and assessment tools to be used in IFS regions i.e. trauma assessment c. Create a consistent and common assessment process (i.e. CANS /Child and Adolescent Needs and Strengths) across disciplines to determine children, youth and family needs for services and to track individual and aggregated progress		Community-Based Prevention and Promotion Work Group
12. Community efforts are supported to promote healthy child, youth and family development	a. Establish a way to assess and evaluate community needs for: i. Prenatal ii. Parent education across the lifespan iii. Early childhood b. Flexible funding is utilized to support community efforts		Community-Based Prevention and Promotion Work Group
13. Health care reform informs the development of supports and services	a. Increase collaboration/integration between primary care and IFS b. Ensure integration of IFS and Help Me Grow c. Collaboration with substance treatment community d. Expand autism services both within DA's and statewide with private providers. e. Linkages/connections between and among social, emotional and physical health are clearly identified		Community-Based Prevention and Promotion Work Group
14. All community providers use a single, coordinated plan that includes and coordinates all supports and services, both formal and informal			Community-Based Prevention and Promotion WG

GOAL	ACTION STEPS	COMPLETION DATE	LEAD TEAM/WORK GROUP
DATA AND TECHNOLOGY			
15. A system is in place that minimizes reporting and maximizes data sharing	<ul style="list-style-type: none"> a. Common tools and processes including eligibility IT system b. A single plan of care is accessible so services for families can be coordinated 		Data and Technology Work Group
16. Core data elements are consistently used to show improved outcomes	<ul style="list-style-type: none"> a. Produce semi-annual reports provide state and local data to drive decision-making 		Data and Technology Work Group
LEADERSHIP AND GOVERNANCE			
17. AHS demonstrates its commitment to IFS			Leadership and Governance WG
18. State and local partners understand what is required to implement IFS	<ul style="list-style-type: none"> a. Finalize Integrated Governance Agreement with input from stakeholders 		Leadership and Governance WG
19. Decision-making processes and authority are clear	<ul style="list-style-type: none"> a. Formalize which decisions are made at state level and which can be left to regions to make (re. money, service delivery, governance, etc.) 		Leadership and Governance WG
20. AHS and AOE staff are able to articulate their role in moving IFS forward	<ul style="list-style-type: none"> a. Clarify role of AHS Dept.-level and AOE staff in moving IFS forward 		Leadership and Governance WG
21. Roles and responsibilities are clear for teams and boards operating within IFS	<ul style="list-style-type: none"> a. Improve consistency statewide by clarifying scope, goals, roles and responsibilities including but not limited to State Interagency Team (SIT) and Local Interagency Teams (LIT) [keep legislatively-mandated requirements re. participation and scope in mind] b. Decide upon need for, and role/responsibility for, an IFS Advisory Board c. Consider any new teams at the state and/or local level that may be needed to ensure integration along the continuum of services d. Improve functioning of trauma-focused teams at the local and state levels e. Clarify the relationship between IFS, Designated Agencies and Specialized Services Agencies 		Leadership and Governance WG

GOAL	ACTION STEPS	COMPLETION DATE	LEAD TEAM/WORK GROUP
<p>22. State-level IFS teams function effectively</p>	<ul style="list-style-type: none"> a. Clarify and agree on Mgt. Team’s, Sr. Leadership Team’s and Implementation Team’s roles and responsibilities b. Clarify and agree on Mgt. Team’s, Sr. Leadership Team’s and Implementation Team’s roles and responsibilities c. Clarify what the Management Team and SLT need from each other in order to function well as a team (Habits of the Heart/group norms) d. Consistent meetings with senior managers based on agreed-upon schedule 		<p>Leadership and Governance WG</p>
<p>23. A family-centered approach is used throughout IFS supported services, including the Strengthening Families framework</p>	<ul style="list-style-type: none"> a. Involve Vermont Family Network and the Vermont Federation of Families for Children’s Mental Health to move this work forward 		<p>Leadership and Governance WG</p>
<p>24. There is an agreed-upon approach that invites creative thinking and promotes positive changes in practice and behavior</p>	<ul style="list-style-type: none"> a. Review Diana Whitney’s Appreciative Inquiry approach 		<p>Leadership and Governance WG</p>

GOAL	ACTION STEPS	COMPLETION DATE	LEAD TEAM/WORK GROUP
STATE AND LOCAL SERVICE DELIVERY STRUCTURE			
25. Appropriate mechanisms are identified and implemented to address grievances, appeals and fair hearings			State and Local Service Delivery Structure WG
26. There is consistency (with the flexibility needed in local regions) among IFS regions with respect to service delivery	<ul style="list-style-type: none"> a. Develop an evidence and trauma informed intercept model with identified services and supports across the service and age continua b. Align service delivery in two early implementer regions c. Integration opportunities are identified for each dept./division, language is consistent and common understanding 		State and Local Service Delivery Structure WG
27. High-quality, evidence-informed, outcome based services are offered	<ul style="list-style-type: none"> a. Stay up-to-date with/knowledgeable about other system reform efforts/initiatives and their connections to IFS, including Early Learning Challenge (ELC) grant, health care reform (Health and Human Services Enterprise, Blueprint and Accountable Care Organizations), Placement Stability Project and DCF/Family Services Division’s efforts to improve the child safety system b. Explore ways to connect or integrate various current frameworks and approaches, including but not limited to: <ul style="list-style-type: none"> i. MTSS and Strengthening Families Framework can help in this area ii. Trauma-informed frameworks e.g. Adverse Childhood/Family Experiences iii. Gender-informed practices iv. Vt Family-Based Approach (Dr. Hudziak) v. Placement Stability Project 		State and Local Service Delivery Structure WG
28. Regions provide data that state IFS team(s) need for preparation of annual reports, planning purposes	<ul style="list-style-type: none"> a. Streamline and align (and clarify) regional reporting requirements 		State and Local Service Delivery Structure WG
29. Local and state community partners (e.g. school, health agencies, Designated Agencies, probation and parole, housing, Parent Child Centers) are integrated into service delivery structure			State and Local Service Delivery Structure WG

GOAL	ACTION STEPS	COMPLETION DATE	LEAD TEAM/WORK GROUP
HUMAN RESOURCES AND ORGANIZATIONAL CULTURE			
30. State and local partners are using best practices regarding teaming, performance accountability, and family engagement			IFS Management Team
31. The organizational elements of integration are in place for effective teaming	<ul style="list-style-type: none"> a. Clarify what the Management Team and SLT need from each other in order to function well as a team (Habits of the Heart/group norms) b. Equip IFS teams with skills related to team building, conflict resolution, groups’ approach to problem-solving, interpersonal communication, etc. c. Promote use of common language consistent with AHS d. Inaugurate new Waterbury space in a formal way e. Recognize and celebrate success on an ongoing basis f. Consider changes in job descriptions to reflect decisions being made 		IFS Management Team
32. A learning community is established	<ul style="list-style-type: none"> a. Provide regular opportunities for IFS stakeholders to gather as a community 		Carol Maloney
COMMUNICATIONS			
33. Broad stakeholders are kept informed of IFS’ activities and progress	<ul style="list-style-type: none"> a. A bi-monthly newsletter is disseminated <ul style="list-style-type: none"> i. Management team, Kim and Carolynn work together to put together inaugural newsletter ii. Carolynn collects e-mail addresses and puts newsletter into Mailchimp for dissemination b. Regular and easily understandable reports on IFS progress c. Use social media (electronic communication) e.g. weekly field memo d. Have diverse communication tools and strategies to appeal to different audiences e. Consider an IFS blog (questions that come in are triaged as needed and answered) 		After inaugural newsletter Cheryle and Carolynn will be the lead with support from Mgt Team
34. IFS is marketed to a broad audience	<ul style="list-style-type: none"> a. Clear materials that describe IFS to multiple audiences: <ul style="list-style-type: none"> i. Logo ii. Letterhead iii. Website 		
35. Information on IFS is easily accessible to stakeholders	<ul style="list-style-type: none"> a. IFS manual is up to date 	June 2015	Cheryle Bilodeau, Carolynn Hatin, Laurel Omland and Kim Friedman

Implementation of Work Plan

Element	Modality	Chair(s)
Accountability and Oversight <i>Ensure the various aspects of effective IFS accountability and oversight are being implemented consistently and broadly</i>	Work Group	Cheryle Bilodeau and Sarah Merrill
Financing and Payment Reform <i>Articulate and implement specific strategies that permit flexible and innovative use of funds</i>	Work Group	Susan Bartlett
Community-Based Prevention and Promotion <i>Identify systems-wide frameworks, policies and practices to drive service delivery with an eye towards consistency and seamlessness</i>	Work Group	Carol Maloney and Co-Chair (TBD)
Leadership and Governance <i>Ensure the primary constituencies needed for successful implementation are actively engaged and clear on their roles and responsibilities</i>	Work Group	Carol Maloney and Co-Chair (TBD)
State and Local Service Delivery Structure <i>Ensure all the key components of the IFS model are reflected in service delivery</i>	Work Group	Cheryle Bilodeau and Co-Chair (TBD)
Human Resources and Organizational Structure	IFS Management Team is responsible for with support and assistance from partners	
Communications	Embedded across all work groups	
Data and Technology	Ad hoc groups are occurring as needed	