

AGENCY OF HUMAN SERVICES

INTEGRATING FAMILY SERVICES

Strategic Plan and Work Plan
February 2015 through June 2016

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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.
- The steps that the state IFS teams must take to be ready to roll out IFS in additional regions are embedded throughout this work plan.
- 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.



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 bold, italicized outcomes were incorporated into how the IFS approach will be measured

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

The items in brackets need further clarification which will occur in the Accountability and Oversight Work Group

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	a. Pregnant women and young children thrive/Children are ready for school	b. Families are safe, stable, nurturing and supported	c. Youth choose healthy behaviors/Youth successfully transition to adulthood	d. Communities are safe and supportive
Population Indicators	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]	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]	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?]	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	<ol style="list-style-type: none"> [% 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] [% of families that have shown improvement on a standardized assessment tool] [a measure that demonstrates level of satisfaction from family perspective] [measure that demonstrates quality execution of plan of care (e.g., timeliness, appropriateness, evidence-informed)] 			

Strategic Plan ~ FY2016-FY2020

See the Building Blocks for Change document 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.

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, Sarah Merrill and Keith Grier
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 and align whole-population and systems-wide frameworks, policies and practices that inform service delivery with an eye towards consistency and seamlessness</i>	Work Group	Carol Maloney and Charlie Biss
State and Local Service Delivery <i>Determine community-based responses that reflect specific needs highlighted by community-level data and the key components of the IFS model</i>	Work Group	Cheryle Bilodeau, Jill Evans and Belinda Bessette
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, Mary Moulton and Terri Edgerton
Data and Technology	Ad hoc groups are occurring as needed, convened by the IFS Management Team	
Human Resources and Organizational Structure	IFS Management Team is responsible for with support and assistance from partners	
Communications	Embedded across all work groups	

To see the list of work group members please go to <http://humanservices.vermont.gov/Integrating-Family>

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

GOAL	POSSIBLE ACTION STEPS	TEAM OR GROUP RESPONSIBLE	COMPLETION DATE
ACCOUNTABILITY AND OVERSIGHT			
<p>1. There is a system in place to measure performance</p>	<p>a. Population Indicators are established:</p> <ul style="list-style-type: none"> i. Stakeholder meetings convened ii. SLT and I-Team review indicators iii. Indicators are confirmed <p>b. IFS systems-level Performance Measures are established:</p> <ul style="list-style-type: none"> i. Use IFS guiding principles to inform whatever assessment or survey is used to measure our progress in building strong relationships inclusive of the state, regions, and local agencies under IFS ii. Stakeholder meetings convened iii. SLT and I-Team review indicators iv. Indicators are confirmed 	<p>Accountability and Oversight Work Group</p>	
<p>2. There is a clear communication system in place that is used to share data, outcomes and performance measures</p>	<p>a. Create common data profiles for each IFS region (coordinate with Vermont Insights)</p>	<p>Accountability and Oversight Work Group</p>	
<p>3. RBA concepts and practices are broadly understood and used at state and local levels</p>	<p>a. Trainings on RBA are coordinated and accessible to state and community partners</p> <p>b. Utilize RBA data to find solutions to high pressure systems issues (e.g. for the residential bed shortage in VT and New England)</p>	<p>Accountability and Oversight Work Group</p>	
<p>4. There is a system in place to monitor performance</p>	<p>a. Quality Case Reviews are conducted in active IFS regions:</p> <ul style="list-style-type: none"> i. Case Review in Addison to be held on 1-29-15 ii. Case Review in Franklin to be held on 2-18-15 <p>b. Each active IFS region utilizes a client satisfaction survey that ensures there is room for additional regional input</p>	<p>Quality Case Review Work Group</p>	<p>Feedback on quality case reviews is provided to regions within 60 days of date of case review.</p>

GOAL	POSSIBLE ACTION STEPS	TEAM OR GROUP RESPONSIBLE	COMPLETION DATE
<p>5. There are consistent practices and processes across IFS with the intent of improving performance</p>	<ul style="list-style-type: none"> 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 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. d. IFS population indicators and performance measures are in all relevant documents (e.g. grant/contract Manual, guidance documents?) 	<p>Implementation Team</p>	
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 i. IFS Manual clearly states what is in the bundle 	<p>Financing and Payment Reform Work Group</p>	
<p>7. IFS payment reform leverages health reform efforts</p>	<p>To be determined by work group</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 c. Ensure alignment between Addison and FGI in terms of what services are in the bundle 	<p>Financing and Payment Reform Work Group</p>	
<p>9. A decision is made regarding whether or not to disperse funding through grants or contracts and if a single fiscal agent is the best model</p>	<p>TBD</p>	<p>Financing and Payment Reform Work Group</p>	

GOAL	POSSIBLE ACTION STEPS	TEAM OR GROUP RESPONSIBLE	COMPLETION DATE
COMMUNITY-BASED PREVENTION AND PROMOTION			
<p>10. Prevention frameworks focused on all children, youth and families are aligned at the state and local level</p>	<p>a. Collaborative meeting with the AHS youth/young adult services system council (which includes all AHS organizations working with youth in transition)</p> <p>b. Align AHS and AOE related to Multi-Tiered Systems of Support (MTSS)</p> <p>c. Align AHS and AOE related to Positive Behavior Interventions (PBIS)</p> <p>d. Align AHS and AOE related to Strengthening Families framework</p> <p>e. Align current home visiting services, standards and guidelines</p> <p>f. IFS Manual includes minimum standards related to practice frameworks</p>	<p>Community-Based Prevention and Promotion Work Group</p>	
<p>11. Health care reform and Integrating Family Services intersect in the development of community based promotion and prevention activities for Vermont’s children youth and families</p>	<p>a. Increase collaboration/integration between primary care and IFS</p> <p>b. Ensure integration of IFS and other AHS efforts including, but not limited to Let’s Grow Kids, Help Me Grow, Hub and Spoke, and Blueprint.</p>	<p>Community-Based Prevention and Promotion Work Group</p>	
<p>12. Communities are supported in their efforts to promote the health and wellbeing of children, youth and families.</p>	<p>TBD</p>	<p>Community-Based Prevention and Promotion Work Group</p>	
<p>13. Lifelong health and wellbeing framework focused on all children, youth and families are aligned at the state and local levels.</p>	<p>TBD</p>	<p>Community-Based Prevention and Promotion Work Group</p>	
STATE AND LOCAL SERVICE DELIVERY			
<p>14. A core set of high-quality, evidence-informed, outcome-based services provided in every IFS region is identified.</p>	<p>a. Continue to refine the service delivery matrix with identified services and supports with particular attention to:</p> <ul style="list-style-type: none"> i. Child welfare and youth justice ii. Transitions for children and youth iii. MTSS 	<p>State and Local Service Delivery WG</p>	

GOAL	POSSIBLE ACTION STEPS	TEAM OR GROUP RESPONSIBLE	COMPLETION DATE
	<ul style="list-style-type: none"> iv. Strengthening Families Framework v. Trauma-informed frameworks e.g. Adverse Childhood/Family Experiences vi. Gender-informed practices vii. VT Family-Based Approach (Dr. Hudziak) viii. Placement Stability Project <p>b. Align service delivery in two early implementer regions</p>		
<p>15. Transitions for children, youth and families within and among the health care, human services and education system are smooth and streamlined</p>	<ul style="list-style-type: none"> 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 	<p>State and Local Service Delivery WG</p>	
<p>16. Local and state community partners (e.g. school, health agencies, Designated Agencies, probation and parole, housing, Parent Child Centers) are integrated into the service delivery structure.</p>	<ul style="list-style-type: none"> a. Develop a template for a regional plan that integrates and consolidates the planning efforts of the Building Bright Futures Councils, the regional planning commissions, etc. 	<p>State and Local Service Delivery WG</p>	
<p>17. Appropriate mechanisms are identified and implemented to address grievances, appeals and fair hearings from clients</p>	<p>To be determined</p>	<p>Implementation Team</p>	
DATA AND TECHNOLOGY			
<p>18. A system is in place that minimizes reporting and maximizes data sharing</p>	<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 		
<p>19. Core data elements are consistently used to show improved outcomes</p>	<ul style="list-style-type: none"> a. Produce semi-annual reports provide state and local data to drive decision-making b. CANS aggregate data is consistently used to monitor progress. 		

GOAL	POSSIBLE ACTION STEPS	TEAM OR GROUP RESPONSIBLE	COMPLETION DATE
LEADERSHIP AND GOVERNANCE			
20. Youth and family voice are integral to decision-making and service and system design and delivery	a. Create a clear plan to assure youth and family voice representation is systemic and meaningful	Leadership and Governance WG	
21. Decision-making processes and authority are clear	a. Formalize which decisions are made at state level and which can be left to regions to make (re. money, service delivery, governance) b. Finalize Regional Governance Template (working from a draft template) c. Clarify roles and responsibilities for teams and boards operating within IFS <ul style="list-style-type: none"> i. Decide upon need for, and role/responsibility for, an IFS Advisory Board ii. Improve functioning of trauma-focused teams at the local and state levels iii. Clarify scope, goals, roles and responsibilities of teams, groups and boards related to IFS [keeping legislatively-mandated requirements re. participation and scope in mind] (Note: to be completed following AHS leadership process re: consolidating mandated local and regional groups) 	Leadership and Governance WG	
22. AHS and AOE staff are able to articulate their role in moving IFS forward	a. Clarify role of AHS Dept.-level and AOE staff in moving IFS forward	Leadership and Governance WG	
23. IFS' Toolkit for Channeling Change is operationalized throughout all aspects of IFS implementation.	TBD by work group	Leadership and Governance WG	
24. State and local partners understand what is required to implement IFS	a. Finalize documents related to readiness	IFS Management Team and Senior Leadership Team	
25. AHS demonstrates its commitment to IFS	a. Completion of Roles and Responsibilities Document specific to Secretary's Office b. Develop a leadership and governance framework	IFS Management Team and Senior Leadership Team	
HUMAN RESOURCES AND ORGANIZATIONAL CULTURE			
26. State and local partners are using best practices regarding teaming, performance accountability, and	a. Identify a clear framework related to change management	IFS Management Team	

GOAL	POSSIBLE ACTION STEPS	TEAM OR GROUP RESPONSIBLE	COMPLETION DATE
family engagement			
27. 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 (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	
28. A learning community is established	<ul style="list-style-type: none"> a. Provide regular opportunities for IFS stakeholders to learn together 	IFS Management Team	March April May
29. There is support for cross-disciplinary professional development	TBD	IFS Management Team	
30. There is an agreed-upon approach(es) that promotes creative thinking and helps individuals and teams channel change effectively.		IFS Management Team	
COMMUNICATIONS			
31. 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 Mail chimp 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	

GOAL	POSSIBLE ACTION STEPS	TEAM OR GROUP RESPONSIBLE	COMPLETION DATE
32. IFS is marketed to a broad audience	a. Clear materials that describe IFS to multiple audiences: <ul style="list-style-type: none"> i. Logo ii. Letterhead iii. Website 		
33. Information on IFS is easily accessible to stakeholders	a. IFS manual is up to date	Cheryle, Carolynn, Laurel and Kim	June 2015