



Regional Readiness Guidance Document

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Introduction

We are excited to see the growing momentum toward a new way of thinking about and delivering human services in Vermont. Countless individuals are currently contributing their skills, talents and knowledge to our processes to fortify the Integrating Family Services foundation, and to moving IFS forward. We thank you all for your commitment and contributions to this important work.

IFS is considered one of AHS' strategic priorities, and AHS leadership and key state partners believe IFS is important because it:

- Represents a more integrated way of supporting the healthy development of Vermont's children, youth and families. This approach gives communities more flexibility to meet the particular needs of its population while still ensuring consistency in philosophy and practice statewide.
- Offers the potential to shift the focus over time from the costly treatment of complex issues in people's lives to addressing small challenges so they don't become bigger ones.
- Gives us a more systematic way of measuring the impact of public dollars on the well-being of Vermont's children, youth and families.
- Creates a structure (and expectation) to engage communities in decision-making about how resources are used in a more meaningful way.

The accompanying IFS Regional Readiness Guidance Document is intended for use by regions that are anywhere along the IFS implementation continuum: exploring, assessing, debating, or ready to take the plunge! It was developed collaboratively by the IFS Management Team, the Senior Leadership Team and the Implementation Team, with input from the AHS Field Directors and the IFS early implementer partners.

Thank you for your interest in IFS. We encourage you to contact us with any feedback, questions and/or suggestions.

IFS Management Team

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General Overview

The Integrating Family Services (IFS) Management Team envisions regional implementation of the IFS model as a collaborative undertaking between the IFS staff and policy teams (IFS Management Team, IFS Senior Leadership Team, and IFS Implementation Team), and the regional IFS governing body in each region.

This document provides general guidance to regions regarding the key steps required at the regional level to pave the way for implementation of the IFS model. [This document](#) provides a way of tracking progress at the regional level when a region determines that it is ready to start planning for the IFS approach.

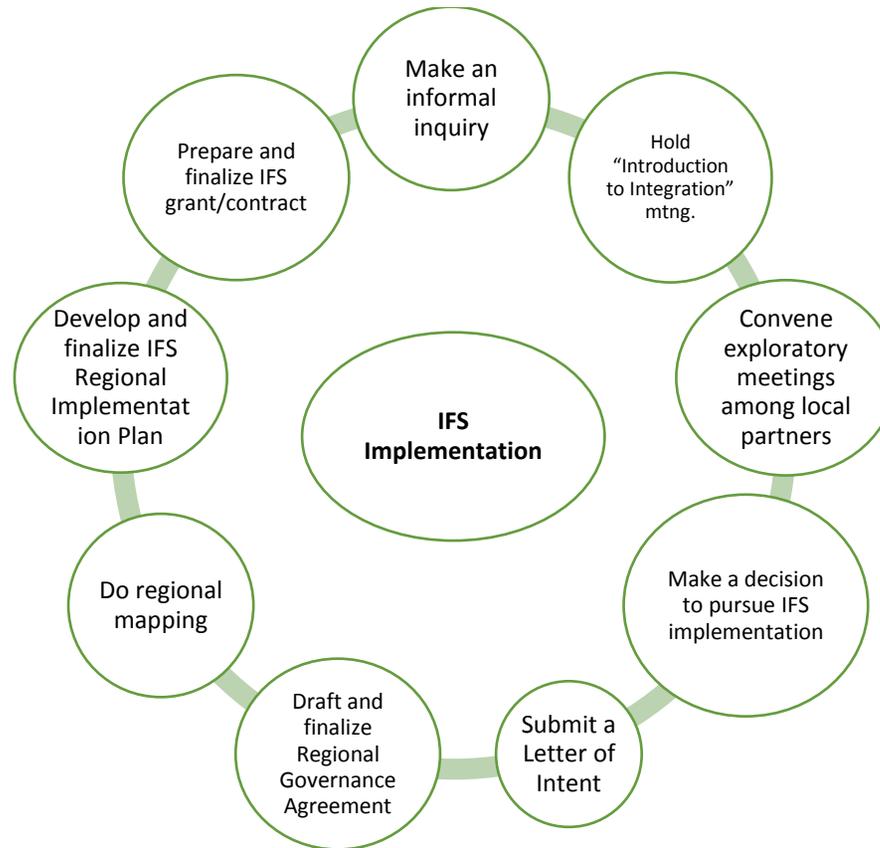
The [IFS Strategic & Work Plan](#) captures the details regarding the key steps required at the state level to pave the way for an incremental roll-out of the IFS model.

In addition to the information that follows, here are general expectations of regions that decide to implement the IFS model:

1. All IFS regions will adhere to IFS' [guiding principles](#).
2. Any region pursuing implementation of the IFS model must ensure that regional/local service delivery and fiscal relationships align with Children's Integrated Services. This includes alignment of a region's CIS governance agreement and its IFS governance agreement.
3. Each region's service delivery priorities will be determined by the IFS Service Delivery Framework and Matrix (see the Manual for details).

Steps to Readiness:

1. The expectations listed under each step below are numbered only for ease of reference; they do not signal any priority.
2. There is no pre-determined timeframe that regions must follow in exploring and/or pursuing IFS implementation.
3. The IFS Management Team recognizes that some regions may not want to follow these steps in the order in which they are listed below. In that case, the interested group in those regions must discuss an alternative path with the IFS Management Team before moving ahead.
4. All templates referenced below, which can be found in the IFS Manual on the IFS website, may be adapted as appropriate to fit each region’s needs.



REGIONAL STEPS TO READINESS	SPECIFIC EXPECTATIONS
1. Make an informal inquiry	Any organization/agency in a region may reach out to the IFS Management Team for more information. However, it does so with the explicit understanding that it is acting on its own behalf, not formally representing a regional group of potential partners.
2. Hold “Introduction to Integration” and “getting to know you” meeting(s) with the IFS Management Team	<p>A. This introductory meeting may be initiated by either the IFS Management Team or any regionally-based interested organization or agency, with the support of the local AHS Field Director.</p> <p>B. Regardless of who initiates the meeting, it is expected that the host organization(s)/agency(cies) will, at a minimum, invite the required regional partners listed below. The host organization(s) are strongly encouraged to cast the net as widely as possible.</p> <p>C. This is intended to be open meeting; all interested individuals or representatives from regional/local organizations/agencies may attend.</p> <p>D. The IFS Management Team will provide an overview of IFS and an information packet that includes key documents (e.g. IFS model, IFS Theory of Change and IFS Strategic Work Plan) to assist regions in making a decision as to whether to pursue discussions regarding possible IFS implementation.</p> <p>E. This meeting is a chance for interested individuals and organizations/agencies to reflect on what IFS might look like in their community and what the opportunity includes and does not include. It is assumed that these conversations will continue into step #3.</p> <p>F. Convening this meeting is <u>not</u> contingent on having made a decision regarding IFS implementation at this point; it is simply informational in nature.</p>

3. Convene exploratory meetings among local partners	<p>A. Any regional organization, agency, team or AHS representative (e.g. AHS Field Director) may initiate an exploratory meeting.</p>
	<p>B. Required regional partners to invite to this meeting include:</p> <ol style="list-style-type: none"> 1) Parent Child Center Executive Director 2) Regional Children’s Integrated Services Coordinator 3) Designated mental health services agency serving children and adults (CEO and/or a manager of children’s services) 4) Designated developmental services agency serving children and adults (CEO and/or a manager of children’s services) 5) Specialized services agency Executive Director 6) Executive Director of the regional Children’s Integrated Services fiscal agent or grantee 7) AHS Field Services Director 8) Local Family Services Division District Director (DCF) 9) Economic Services Division Regional Director (DCF) 10) Department of Corrections representative (e.g. local Case Work Supervisor or Probation Officer) 11) Department of Health District Director 12) Executive Director of Vermont Coalition of Homeless and Runaway Youth (VCHRYP) provider (if not represented elsewhere on this list) 13) Alcohol and Drug Abuse Program (ADAP) regional prevention consultant 14) Preferred Provider for substance abuse treatment 15) Housing continuum representative (if not represented elsewhere on this list) 16) Voc Rehab Regional Manager or delegate 17) Building Bright Futures Council Regional Director 18) Blueprint Community Health Project Manager 19) Parent and one staff member from an organization(s) in which families play a key decision-making role 20) Representation from a Supervisory Union 21) Local Interagency Team Coordinator <p><u>Notes</u></p> <p>22) <i>The rationale for inclusion of the above organizations/agencies includes: a) local/regional entities that mirror membership on the IFS Senior Leadership and Implementation Teams; b) local/regional providers of services for children, youth and families that will be included in the IFS grant/contract; and c) members that fit one of AHS’ stated strategic priorities. Depending on the region, the IFS Management Team recognizes that some individuals may fill multiple roles.</i></p>
	<p>C. Additional regional partners to be considered to fill needed service gaps not addressed above include:</p> <ol style="list-style-type: none"> 1) Representative from law enforcement 2) Health care provider from the private sector

	<ul style="list-style-type: none"> 3) Regional planning commission 4) Community child care support agency (Executive Director if different from required partners) 5) Children with Special Health Needs Care Coordinator 6) Local/regional youth services organization(s) <p><i>Note: The rationale for inclusion of the above organizations/agencies includes service providers that manage staff resources and/ or other services that are deemed by the convening group to be critical to bending the curve on the IFS population indicators and performance measures.</i></p> <p>D. Any region convening an exploratory meeting is expected to work collaboratively with a member of the IFS Management Team to develop the meeting agenda.</p> <p>E. Technical assistance, provided by the AHS Field Director and/or state IFS teams, is available from this point on. Technical assistance includes but is not limited to meeting agenda development, facilitation, strategic planning, outcome measurement, team-building, and conflict resolution.</p>
<p>4. Make a decision to pursue IFS implementation</p>	<p>A. A core set of required partners from the list in #3 above (determined in conjunction with the IFS Management Team) and any other interested partners convene a meeting to:</p> <ul style="list-style-type: none"> 1. Discuss findings from the exploratory meeting(s) 2. Identify any unanswered questions that may remain before the group is ready to make a decision about pursuing IFS implementation 3. Address any concerns that have surfaced. If a decision about whether or not to proceed to step #5 can be made at this meeting, a follow-up meeting may not be necessary. <p>B. If a second meeting is deemed necessary, those in attendance (required partners and any other interested partners) will consider additional information and make a decision about whether to proceed to step #5.</p>
<p>5. Submit a Letter of Intent & do any necessary follow-up</p>	<p>A. The core set of required partners (outlined in step #4A) uses the template (see IFS Manual) to submit a Letter of Intent to the Agency of Human Services. This will signal a commitment on the part of interested regional partners to implement the IFS model in a manner that is consistent with the expectations set forth by the IFS Management Team and Senior Leadership Team.</p> <p>B. Regional partners follow up on any recommendations from the IFS Management Team.</p> <p>C. The IFS Management Team will consider the region to be an “active” IFS region when those recommendations sufficiently addressed. At that point, it will assign a member of the IFS Management Team or Senior Leadership Team to the region to provide technical assistance and serve as the point of contact for regional partners.</p>

<p>6. Draft and finalize your Regional Governance Agreement</p>	<p>A. Upon receipt of acknowledgement from the IFS Management Team of the region’s letter of intent, interested required partners (see step #3) use the IFS Regional Governance Guidance document (see IFS Manual) to prepare a draft regional governance agreement.</p>
	<p>B. The group pursuing IFS implementation discusses the draft governance agreement with the IFS Management Team and makes any necessary revisions.</p>
	<p>C. This group, in collaboration with the IFS Management Team, finalizes the agreement. Required signatories will be determined in collaboration with the IFS Management Team. Signing and submitting the final governance agreement to the IFS Management Team signifies intent to proceed with implementation of the IFS model.</p>
	<p>D. The group must include its Children’s Integrated Services (CIS) governance agreement with submission of its IFS governance agreement.</p>
<p>7. Identify your region’s strengths, opportunities, gaps and barriers</p>	<p>A. The IFS governing body uses the IFS regional mapping template (see IFS Manual) to identify the region’s strengths/assets, opportunities that would be presented by IFS implementation, gaps in services, resources, etc., and factors that may complicate or impede IFS implementation. This mapping process is <u>not</u> intended to require conducting a new community needs assessment; rather, it relies on participating partners to mine data already available through the Agency of Human Services, Building Bright Futures, and other sources. The AHS Field Director and state IFS teams are available to help with completion of the regional mapping template.</p>
	<p>B. Additional considerations:</p> <ol style="list-style-type: none"> 1. Reviewing the IFS manual at this step is expected, as the manual will help to identify any gaps that will need to be addressed in the Regional IFS Implementation Plan. 2. This mapping process should include an assessment of how the region is doing vis-à-vis the IFS population indicators. 3. Regions should be prepared to address any complicating factors in their Implementation Plan.
	<p>C. The IFS Management Team foresees this process as a way to inform and engage the broader community about IFS and the region’s activities related to pursuit of IFS implementation.</p>
	<p>D. This step represents an important opportunity to identify the community’s questions regarding IFS and get answers to those questions from one of the state IFS teams.</p>

8. Develop and finalize your IFS Regional Implementation Plan	A. The IFS Regional Governance Team agrees on the promotion, prevention and intervention strategies (see the IFS Service Delivery Matrix in the IFS manual) that the region will pursue. These strategies, related the action steps, timelines, and desired outcomes will be included in your IFS Regional Implementation Plan (see IFS Manual).
	B. The plan must also: <ol style="list-style-type: none"> 1. Demonstrate how the IFS Regional Governance Team will know if and how IFS is making a positive difference in the lives of children, youth and families in your region. 2. Include strategies for addressing the complicating factors identified in step #6. 3. Include the established IFS population indicators and IFS performance measures. However, this does not preclude a region from establishing its own additional performance measures that are shared across all programs in the region. 4. Include a description of the infrastructure that will be developed or is already in place for measuring, monitoring & improving performance in place. This includes sharing of data (who holds it, how it is collected and reported and by whom). 5. Coordinate with and be mindful of other existing regional plans (e.g., Building Bright Futures, Housing Continua of Care Plan , Community Health Teams)
	C. Plan development must include training of IFS governing group members in Results-Based Accountability (RBA). Individuals who have already received RBA training will not be required to do any training that is duplicative of what he/she has already received. The training may be provided by a qualified member of the region’s IFS governing body, an employee at a community-based organization that is not necessarily affiliated with IFS or an AHS employee. (A list of available trainers is available from the IFS Management Team and the AHS Field Directors. Some may provide this training at no cost to the region.)
	D. Technical assistance is available from the AHS Field Director and state IFS teams to assist regions in developing their IFS Implementation Plan.
9. Prepare and finalize your IFS grant/contract	A. The IFS governing body works with the IFS Management Team to prepare the grant/contract based on the template provided by the IFS Management Team.
	B. While the fiscal agent or grantee identified in the IFS Regional Governance Agreement will play the primary role in this process, the fiscal agent or grantee is expected to provide ample opportunity for members of the governing body to provide input.
10. Begin IFS implementation	A. Lead organization(s) convene a kick-off meeting with same stakeholders invited who participated in exploratory meeting(s). The meeting is an opportunity to explain how IFS will change practice and desired outcomes and acknowledge a transition from old ways to new ways of thinking and working.
	B. Regions will use the IFS Manual, their IFS contract/grant and other documents to guide implementation.