



# One Agency Strategic Plan

January 2016 – January 2019

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## I. Message from Secretary Hal Cohen

The Agency of Human Services is focused on a singular mission – to improve the health and well-being of Vermonters today and tomorrow, and to protect those among us who are unable to protect themselves. Moving that mission forward requires a dynamic organization with a comprehensive strategic plan that helps the Agency – and its six Departments – focus on the issues facing our state in an integrated, cohesive manner that maximizes the impact the Agency has on the lives of Vermonters.



The goals and strategies detailed on the pages that follow are the result of a careful, collaborative planning process. Agency leadership assessed where the Agency is today, examined the various challenges facing Vermonters, and identified five goals that address key issues that will further our mission and most benefit our state. The goals, which will be explained in detail further on, are:

- 1) Increase access to substance use disorder services
- 2) Strengthen and support families with complex needs
- 3) Increase housing stability
- 4) Decrease the number of people who recidivate to prison
- 5) Reinforce accountability

Admittedly, Vermont families face additional challenges, so why these goals? The first four represent critical areas of concern for our state. These goals are especially important because they are interrelated and co-occur in many Vermont families. The Agency – and our community partners – cannot successfully accomplish one of these goals unless we take a purposeful, coordinated approach to address all of them. We are one Agency. We are one community. We must work as one if we are to make a difference.

We must also know that our efforts achieve their desired results. Are we making an impact? Are we seeing results? Are we improving people’s lives? It is essential that we are able to know the answers to those questions, which is why the fifth goal, focused on performance and accountability, is an integral part of this plan.

I am confident that our 2016-2019 Strategic Plan will help the Agency become more integrated, and better leverage a “One Agency” approach that will improve outcomes and, most importantly, help the Agency of Human Services make a significant contribution to the well-being, the safety, and the lives of our fellow Vermonters.

A handwritten signature in blue ink, appearing to read 'Hal Cohen', with a long, sweeping underline.

Hal Cohen  
Secretary, Agency of Human Services

## II. Mission and Overview of the Agency of Human Services

**AHS strives to improve the health and well-being of Vermonters today and tomorrow and to protect those among us who are unable to protect themselves.**

The Agency of Human Services (AHS) was created by the Vermont Legislature in 1969 to serve as the umbrella organization for all human service activities within state government. AHS is currently led by Secretary Hal Cohen, appointed by the Governor in January 2015. The Secretary's Office strategically leads the Agency and its Departments in establishing and implementing Agency-wide and government-wide policies and practices.

The scope of AHS is profound. Through six member Departments and a network of community partners and providers, it implements and delivers all human service programs within the state. Each Department has a distinct area of focus and responsibility that contributes to the creation and sustenance of an entire system of human service supports. As a single entity, AHS builds a continuum of care that protects and supports vulnerable Vermonters; addresses individual, family and regional crises as they arise; develops and promotes whole population approaches to physical and behavioral health; works to build economic self-sufficiency; and keeps communities safe. The Agency's six member Departments include the:

- **Department for Children and Families (DCF):** 1,078 staff positions; an operating budget of approximately \$389 million dollars, directly serving 185,000 Vermonters
- **Department of Corrections (DOC):** 1,055 staff positions; an operating budget of approximately \$157 million dollars; directly serving 8,335 clients in community and 1,755 inmates in facilities
- **Department for Disabilities, Aging and Independent Living (DAIL):** 286 staff positions; an operating budget of approximately \$453 million; directly serving 89,574 Vermonters
- **Department of Mental Health (DMH):** 267 staff positions; operating budget of approximately \$217 million; directly serving 34,074 Vermonters
- **Department of Vermont Health Access (DVHA):** 208 staff positions; operating budget of approximately \$1.2 billion dollars; directly serving 230,602 Vermonters
- **Vermont Department of Health (VDH):** 530 staff positions at VDH; an operating budget of approximately \$153 million; serving all Vermonters

AHS services are delivered throughout Vermont by dedicated state staff, an extensive network of community partners, and private, non-profit agencies. DMH, DAIL, and DVHA operate almost exclusively within a community partner framework, relying on private entities for service delivery to their constituent populations. Conversely, although they may intersect with the private provider system, DCF, VDH, and DOC are primarily responsible for the delivery of services. DCF, VDH, DOC, and DAIL maintain a presence in all twelve AHS district offices.

### III. Population Outcomes of Well-being

#### Agency of Human Services Results

In 2012, AHS established four “results” to characterize how our mission and work contributes to improving conditions of well-being for Vermonters.

- Reduce the impacts of poverty in our state and the creation of pathways out of poverty
- Promote the health, well-being and safety in our communities
- Assure high quality health care for all Vermonters
- Enhance focus on accountability and effectiveness in achieving our goals

AHS continues to refer to these results as they align with conditions of well-being established by the Governor and Vermont Legislature, described in more detail below.

#### Governor Shumlin’s Outcomes

Population outcomes are conditions of well-being for a whole population – such as all Vermonters, or all Vermont families – that groups of stakeholders agree are most important to accomplish. Established outcomes of well-being stated in plain language help programs, organizations, and service systems align their work with a set of common desired ends.

Governor Shumlin identified population-level outcomes that his administration would work to achieve. AHS primarily contributes to the outcomes checked below.

- ✓ **The Economy:** Vermonters have a bright economic future and improved quality of life.
- ✓ **Affordable Health Care:** All Vermonters’ have access to affordable quality health care.
- ✓ **Strong Families, Safe Communities:** Vermont’s children live in stable and supported families, and safe communities.

**High Quality and Affordable Education:** Learners of all ages have the opportunity for success in education.

**Environmental Conservation and Renewable Energy:** Environmental conservation, renewable energy and adapting to climate change enhance economic security.

**Working Landscape:** Vermont’s working landscape is healthy and resilient.

**Vermont’s Physical Infrastructures:** Vermont’s infrastructures ensure Vermont’s long-term economic and environmental sustainability.

- ✓ **State Government and Employees:** Vermont’s State workforce is supported, motivated, healthy, and accountable.

#### Legislative Outcomes (Act 186)

In 2014, the Vermont Legislature and Governor Shumlin passed *Act 186: An act relating to reporting on population outcomes and indicators*. Act 186 established a set of outcomes in statute, designed to build a results-oriented approach into Vermont state government, and was supported by a partnership of nonprofits, legislators, and the executive branch.

AHS primarily contributes to the Act 186 Outcomes of Well-Being checked below.

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

Achievement toward outcomes is measured by indicators, population trends that indicate whether conditions are improving over time. Act 186 identified a set of indicators that the executive branch reports annually. The population indicators reported by AHS can be found on the Agency's [Act 186 Scorecard](#). The entire Act 186 Report can be found on the [Agency of Administration's website](#).

#### IV. Strategic Planning Framework and Process

In consultation with the Agency of Administration, AHS embraced a framework for strategic planning for the time period January 2016 – January 2019 to identify critical goals and resourced strategies to be monitored toward successful client outcomes over a three-year period. Informed by Results-Based Accountability, agencies and departments were asked to link their strategic plans to population outcomes and indicators established by the Governor and Legislature in Act 186.

In pursuit of his commitment to act as “One Agency,” Secretary Cohen promoted the idea of a One Agency Strategic Plan that would drive accountability for successful cross-agency strategies and illuminate opportunities for lasting systems integration. With *one* strategic plan, the Agency can better coordinate strategies, leverage limited resources, and maximize progress toward improved outcomes in critical risk areas affecting Vermonters.

The One Agency Strategic Plan elevates five goals that reflect interrelated challenges faced by Vermont families, individuals, and communities. Selected by AHS leadership using a set of criteria established by the AHS Performance Accountability Committee, goals were narrowed to those that promote integration to meet the needs of families and individuals.

The strategies identified to accomplish the five goals reflect a recognition that working in partnership with communities is essential to improve outcomes and strengthen our service delivery

system. Outlined in the Strategic Plan are strategies to increase flexibility for providers to respond to the needs of individuals and families; increase the availability of – and access to – key services and care; and ensure that our programs are working well and in partnership with communities to fulfill our mission.

## V. Goals and Strategies

### **GOAL 1: Increase access to substance use disorder services.**

Increase access to effective substance use disorder services for families and individuals to mitigate the impact of substance use disorders in Vermont communities.

#### **Strategies:**

1. AHS will ensure that AHS direct service staff are trained to provide screening for substance use disorders using the Substance Abuse Treatment Coordination (SATC) protocol.
2. AHS will increase access to Medication Assisted Treatment (MAT) for opioid addiction by adding additional Hub services and increasing the number of Spoke providers.
3. AHS will increase the percentage of individuals leaving treatment with more supports than when they started through adding additional recovery support and improving the linkages between treatment providers and recovery centers.

### **GOAL 2: Strengthen and support families with complex needs.**

Increase the number of children raised in safe and nurturing homes by integrating systems and collaborating with community partners to strengthen and support families with complex needs.

#### **Strategies:**

1. Select AHS regions of the state will begin piloting a teaming initiative that brings together each of the agencies involved with families who have complex needs so families have access to coordinated services and plans.
2. AHS will ensure that caregivers who are involved with child welfare have access to timely treatment for substance use disorders by prioritizing the need to address barriers that limit accessibility.
3. AHS will reduce the number of children and youth in residential treatment settings through increasing community and family supports in local regions so more children and youth are placed in family settings in their community.

### **GOAL 3: Increase housing stability.**

Reduce the rate of homelessness among families and ensure that no Vermont child remains unsheltered by advancing the “Family Connection” framework.<sup>1</sup>

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<sup>1</sup> Vermont has adopted the US Interagency Council on Homelessness [“Family Connection” framework](#), as part of the [End Family Homelessness by 2020 Initiative](#), which will ensure that communities have a coordinated system for accessing families’ housing needs and connecting them to appropriate benefits, employment, and evidence-based intervention.



**Strategies:**

1. AHS will identify any barriers to homeless families accessing essential benefits, early learning and development programs, and employment supports needed to sustain housing; and will ensure that interventions and assistance offered are tailored to the needs of families experiencing homelessness.
2. AHS, in partnership with the Homeless Continuum of Care, will implement Coordinated Entry and Assessment in all regions through targeted training, technical assistance, and resources so Vermonters experiencing homelessness are rapidly screened, assessed for housing barriers, and connected to resources and housing, as appropriate, in each community.
3. AHS and its partners will ensure that all regions have base-level capacity to provide: community-based emergency or transitional shelter beds; Supportive Housing for homeless families at greatest need; and Rapid-Rehousing.

**GOAL 4: Decrease the number of people who recidivate to prison.**

Achieve a reduction in the statewide recidivism rate through cross-system initiatives that address, with fidelity, the risks and criminogenic needs<sup>2</sup> of those involved in the criminal justice system.

**Strategies:**

1. AHS will establish a system to build staff capacity within DOC, AHS and community partners that promotes learning and supporting the use of correctional best practices and the implementation and delivery of evidence based interventions that address criminogenic need and offender risk to reoffend.
2. AHS will establish a collaborative and integrated case management process informed by increased data sharing that supports offenders with a moderate to high risk of committing a new crime to successfully reenter their community.

**GOAL 5: Reinforce accountability.**

Reinforce accountability throughout our organization by implementing key components of the AHS Performance Framework to become more efficient and effective in pursuit of our goals.

**Strategies:**

1. AHS will reinforce Agency-wide accountability by developing a set of performance management competencies to be implemented and assessed across the Agency.
2. Each Department will reinforce Agency-wide accountability by developing a Performance Accountability Plan to implement AHS performance management competencies in a sustainable way in each Department.
3. Each Department will reinforce Agency-wide accountability by demonstrating performance management competencies in an identified area of the organization.

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<sup>2</sup> "[Criminogenic needs](#)" are crime producing factors that are strongly correlated with risk of recidivism. Examples of criminogenic needs are history of antisocial behavior, antisocial cognition, school or work problems, substance abuse, etc.



## How the Strategic Plan contributes to Population Outcomes and Indicators

**Outcome:** Vermonters are healthy.

**Indicators:**

- % of people who need and do not receive alcohol treatment
- % of people who need and do not receive treatment for illicit drug use

**Outcome:** Vermont families are safe, stable, nurturing, and supported.

**Indicators:**

- Rate per 1,000 children of child abuse and neglect
- Rate per 1,000 children living in out-of-home care
- #of homeless persons (adults and children)

**Outcome:** Vermont communities are safe and supportive.

**Indicators:**

- Recidivism Rate

**Outcome:** Vermont has open, effective, and inclusive government at State and local levels.

Access the [AHS Results Scorecard](#) online to see in which direction the trends are moving.

## VI. Action Plan and Monitoring Process

The Action Plan (see Appendix) outlines the performance measures and targets associated with each strategy in the Strategic Plan, and helps track implementation and performance measures over time. The Action Plan is flexible, and can be updated as is needed to support each strategy.

AHS has developed a process for monitoring Strategic Plan implementation and assessing the effectiveness and impact of strategies over the three-year cycle. The monitoring process consists of a quarterly Implementation Review meeting and an annual Outcomes Review meeting.

The purpose of the Implementation Review meeting is for AHS to evaluate implementation - ensuring that key actions are being implemented, milestones being met, and that performance measures are improving in relation to One Agency Strategic Plan strategies. The purpose of the Outcome Review meeting is for AHS leadership to use performance measure and outcome data to make decisions about course corrections and priorities in the One Agency Strategic Plan.

**APPENDIX A:**  
**One Agency Strategic Plan – Action Plan**

**Goal: Increase access to substance use disorder services.**

Strategy		Owner	Performance Measures	Target and Deadline
1.1	AHS will ensure that AHS direct service staff are trained to provide screening for substance use disorders using the Substance Abuse Treatment Coordination (SATC) protocol.	SATC	% of AHS direct service staff who have completed all SATC screening training modules	100%
				July 1 of each year
1.2	AHS will increase access to Medication Assisted Treatment (MAT) for opioid addiction through adding additional Hub services and increasing the number of Spoke providers.	ADAP, DVHA	# of individuals receiving MAT per 10,000 Vermonters age 18-64	10% increase
				2017
1.3	AHS will increase the percentage of individuals leaving treatment with more supports than when they started through adding additional recovery support and improving the linkages between treatment providers and recovery centers.	Tx Providers, ADAP, Recovery Network	% of treatment individuals who have more social supports on discharge than on admission (excluding residential detox and detox Tx)	25% increase
				2019

**Goal: Strengthen and Support Families.**

Strategy		Owner	Performance Measures	Target and Deadline
2.1	Select AHS regions of the state will begin piloting a teaming initiative that brings together each of the agencies involved with families who have complex needs so families have access to coordinated services and plans.	IFS, Teaming Initiative Work Group	TBD	TBD
				2016
2.2	AHS will ensure that caregivers who are involved with child welfare have access to timely treatment for substance abuse disorders by prioritizing the need to address barriers that limit accessibility.	IFS, ADAP, DVHA	% of caregivers with access to timely substance abuse treatment	Increase
				2018
2.3	AHS will reduce the number of children/youth in residential treatment settings through increasing community and family supports in local regions so more children and youth are placed in family settings in their community.	Turn the Curve Advisory Committee	Rate of children/youth in residential settings	Decrease
				2016

Goal: Increase Housing Stability.				
	Strategy	Owner	Performance Measures	Target and Deadline
3.1	AHS will identify any barriers to homeless families accessing essential benefits, early learning and development programs, and employment supports needed to sustain housing; and will ensure that interventions and assistance offered are tailored to the needs of families experiencing homelessness.	AHS Ending Family Homelessness by 2020 Advisory Group	% of continuums that complete a CoC self-assessment	Increases
			% of continuums receiving targeted training or technical assistance to address barriers or provide best practice interventions.	2016
3.2	AHS, in partnership with the Homeless Continuum of Care, will implement Coordinated Entry and Assessment in all regions through targeted training, technical assistance, and resources so Vermonters experiencing homelessness are rapidly screened, assessed for housing barriers, and connected to resources and housing, as appropriate, in each community.	OEO Chief Administrator	% of local Continuum of Care that implement Coordinated Entry & Assessment	Increase
				1-Oct-16
3.3	AHS and its partners will ensure that all regions have base level capacity to provide: community-based crisis beds; Supportive Housing for homeless families at greatest need; and Rapid-Rehousing.	AHS CO, DCF Commissioner's Office, Other	% of AHS districts with community-based shelter bed capacity	Increase
			% of AHS districts with Supportive Housing Option for families	
			% of AHS districts with Rapid Rehousing option	31-Dec-18

Goal: Decrease the number of people who recidivate to prison.				
	Strategy	Owner	Performance Measures	Target and Deadline
4.1	AHS will establish a system to build staff capacity within DOC, AHS and community partners that promotes learning and supporting the use of correctional best practices and the implementation and delivery of evidence based interventions that address criminogenic need and offender risk to reoffend.	SRR Advisory Group	TBD	TBD
				31-Dec-18

4.2	AHS will establish a collaborative and integrated case management process; informed by increased data sharing; that supports offenders with a moderate to high risk of committing a new crime to successfully reenter their community.	SRR Advisory Group	TBD	TBD
				31-Dec-18
<b>Goal: Reinforce Accountability.</b>				
	<b>Strategy</b>	<b>Owner</b>	<b>Performance Measures</b>	<b>Target and Deadline</b>
5.1	AHS will reinforce Agency-wide accountability by developing a set of performance management competencies to be implemented and assessed across the Agency.	PAC	% of staff reporting knowledge of performance management competencies	TBD
				31-Dec-16
5.2	Each Department will reinforce Agency-wide accountability by developing a Performance Accountability Plan to implement AHS performance management competencies in a sustainable way in each Department.	Each Dept., PAC	% of staff reporting awareness of the Performance Accountability Plan	TBD
				31-Dec-17
5.3	Each Department will reinforce Agency-wide accountability by demonstrating performance management competencies in an identified area of the organization.	Each Dept., PAC	% of Department practices that demonstrate AHS performance management competencies	TBD
				31-Dec-18