

# INTEGRATING FAMILY SERVICES

Newsletter

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## **A Word from the Integrating Family Services Management Team**

If you google the word integrating you will find the following:

Verb: **Integrating**

1. to bring together or incorporate (parts) into a whole.
2. to unite or combine.

Every day there are multiple opportunities to move forward the work of integrating--to bring together the departments of the Agency of Human Services and community partners. This sounds so nice and simple...bring together the parts into a whole (definition #1 above). In reality, though, this is complicated and messy. We have to be willing to think outside the box, challenge each other on the way we've always done this work and often stretch beyond our comfort zone (to get to definition #2 of combining). This means having difficult conversations about how we share our budgets and our resources to be more encompassing of how we define "team" as a state. We have been so impressed by the committed professionals who have and continue to come to the table to figure out how we provide services and supports to children, youth and families in the most cohesive and thoughtful way possible. Thank you for joining us in this journey!

***Susan, Carol and Cheryle***

## **Practice Highlights from the Field**

**How Addison County is INTEGRATING their Efforts", by Dana Anderson, Addison County Building Bright Futures Coordinator. [Click here to read](#)**

## **How do we visually think about the IFS Approach?**

Integrating Family Services is a VERB, not a noun. To see how this looks visually [click here](#).

## IFS Milestones

### Regional Readiness Document

On June 1<sup>st</sup> the Regional Readiness Document was finalized and distributed widely. It is a guide for regions, wherever they are 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. [Click here](#) to view the entire document and to see the accompanying tracking document for regions to monitor their progress.

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### Work Groups have LAUNCHED!

In May, the work groups launched to move forward the work goals from the [Strategic/Plan Work](#). The groups have over 75 individuals involved from across the state. The groups, their purpose and the goals for the next year (through June 2015) are as follows:

- I. **Accountability and Oversight:** *Ensure the various aspects of effective IFS accountability and oversight are being implemented consistently and broadly. Chaired by Keith Grier (Counseling Services of Addison County), Sarah Merrill (DMH) & Cheryle Bilodeau*

#### **Goals:**

1. There is a system in place to measure performance
2. There is a clear communication system in place that is used to share data, outcomes and performance measures
3. RBA concepts and practices are broadly understood and used at state and local levels
4. There is a system in place to monitor performance
5. There are consistent practices and processes across IFS with the intent of improving performance

- II. **Community-Based Prevention and Promotion:** *Identify and align whole-population and systems-wide frameworks, policies and practices that inform service delivery with an eye towards consistency and seamlessness. Chaired by Charlie Biss (DMH) & Carol Maloney*

#### **Goals:**

1. Prevention frameworks focused on all children, youth and families are aligned at the state and local level
2. 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
3. Communities are supported in their efforts to promote the health and wellbeing of children, youth and families.
4. Lifelong health and wellbeing framework focused on all children, youth and families are aligned

at the state and local levels.

- III. **Leadership and Governance:** *Ensure the primary constituencies needed for successful implementation are actively engaged and clear on their roles and responsibilities. Chaired by Terri Edgerton (CIS), Mary Moulton (Washington County Mental Health) & Carol Maloney*

**Goals:**

1. Youth and family voice are integral to decision-making and service and system design and delivery
2. Decision-making processes and authority are clear
3. AHS and AOE staff are able to articulate their role in moving IFS forward
4. IFS' Toolkit for Channeling Change is operationalized throughout all aspects of IFS implementation.
5. State and local partners understand what is required to implement IFS
6. AHS demonstrates its commitment to IFS

- IV. **State and Local Service Delivery:** *Determine community-based responses that reflect specific needs highlighted by community-level data and the key components of the IFS model. Chaired by Jill Evans (DOC), Belinda Bessette (Northwestern Counseling and Support Services) & Cheryle Bilodeau*

**Goals:**

1. A core set of high-quality, evidence-informed, outcome-based services provided in every IFS region is identified.
2. Transitions for children, youth and families within and among the health care, human services and education system are smooth and streamlined
3. 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.
4. Appropriate mechanisms are identified and implemented to address grievances, appeals and fair hearings from clients

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**Links to Articles of Interest:**

**The Future Of Child Welfare Services – What The Thoughtleaders Think**

Child welfare and behavioral health organizations need to “integrate” – Many organizations (but not all) need to realize that they can no longer “go it alone,” and efforts at some form of collaboration and integration services are a much needed component in tomorrow’s strategic plan. To continue meeting the challenges of a market driven by health care reform, collaborations are occurring in many forms. The

discussion of models included funding integration; shared policy and program decision making; consolidation of services and/or staff; sharing administrative functions like training; co-location of primary health with behavioral health care; and mergers and acquisitions to consolidate organizational structures. To read this article in its entirety [click here](#).

**The Importance of Change Management in State Government:**

When Hurricane Katrina engulfed New Orleans in the summer of 2005, the deaths, injuries, and damage to property that resulted were stark reminders of the cost to all of us when government at any level—federal, state, or local—does not perform as well as it should. The year before, the 9/11 Commission found that government’s failures to anticipate and respond to the terrorist attacks on that date were “symptoms of the government’s broader inability to adapt how it manages problems to the new challenges of the twenty-first century.” Although many public servants performed heroically, these horrific events and their aftermaths dramatize the need for high performance from government agencies both in dealing with life-and-death situations and in preventing crises from ever reaching that point. To read this entire article [click here](#).

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**For general questions about IFS, contact any of the IFS Management Team members:**

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