



Strategic Plan

2017-2020

(Board Approved May 22, 2017)

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PREAMBLE

Early in 2017, as Vashon Youth and Family Services (VYFS) embarked on its 40th year of providing critically needed human services to the residents of Vashon and Maury Island, its Board of Directors and staff met to create this three-year Strategic Plan. The 2017-2020 Strategic Plan builds on the prior three-year Strategic Plan and the agency's current strengths to chart future directions so that VYFS continues to meet Island needs, further increases quality and ensures its services have a positive impact on our clients and the community.

VYFS was founded by Islanders committed to the emotional health of our community: youth, adults and families. The agency began as a counseling and job placement program, called Intercept, that operated in a one-room building on the corner of Cemetery Road and Vashon Highway, where the lumber yard currently stands. Over the years, VYFS has grown and changed to respond to the needs of this rural and isolated community.

In 2017, the agency re-committed itself to Strategic Planning so that staff and Board have a map to continue to grow and change as Island requirements and opportunities shift, while holding fast to our mission and the values we share.

Three themes are seen repeatedly in the following pages:

1. Evaluation and continuous improvement. In direct service delivery, administration and fundraising, the agency is strengthening its ability to measure the impact of its efforts and redefine or renew plans as needed.
2. Communication and collaboration. Internally and externally, staff throughout the agency understand the need to coordinate care, collaborate among programs, and build stronger, more vibrant relationships with the community we serve and with our supporters. With this Strategic Plan, VYFS embarks on bold measures to refine our efforts and to achieve and communicate concomitant results.
3. Expertise and quality programming. Building on the work done during the previous Strategic Planning period, the agency as a whole and every program are dedicated to refining our professionalism. VYFS must continue to provide highest quality services so that Islanders with limited access know they will receive the best care. VYFS is particularly focused on increasing provision of trauma informed care, as an agency and as part of a thriving community.

Finally, the full engagement of staff and Board in developing the Strategic Plan is noteworthy. This six month endeavor has generated a context of internal understanding and "ownership" that is an enormous asset as VYFS, with the community and our partners, moves into the future.

BEHAVIORAL HEALTH

The Behavioral Health team works to provide mental health counseling case-management services to facilitate individual, family and community well-being.

- Number of clients in 2016: 277
- Number of children served in 2016: 89
- Demographics:
 - 1 African American
 - 4 Alaska Native
 - 232 Caucasian
 - 12 Latino/Latina
 - 17 Multi-Ethnic
 - 5 Native American
 - 3 Other
 - 2 Other Asian or Multi-Ethnic Asian
 - 3 Pacific Islander
 - 3 Unknown
- Team consists of a Clinical Director and 11 staff members, who provide case management, therapy, quality assurance, intakes, crisis stabilization and referral. We also contract with Navos to provide psychiatric support (on-site and at their campus in Seattle) such as psychiatric evaluations, medical prescribing and management, in-patient care and after-hours crisis support.
- Annual 2017 budget of \$588,954 represents 45% of total agency budget.
- Majority of funding comes from Medicaid payments (54%) through King County's Behavioral Health Organization (BHO). Additional sources include Granny's Attic, client and insurance payments, King County, and private foundations and individual donations.
- Primary program partners include Vashon Island School District (VISD), Neighborcare Health (Neighborcare), The DOVE Project (DOVE), Vashon HouseHold, Inter-Faith Council to Prevent Homelessness (IFCH), Solid Ground, Vashon Maury Community Food Bank, and Granny's Attic.

CORE ACTIVITY 1: TO SUPPORT BEHAVIORAL HEALTH TEAM EFFECTIVENESS AND STAFF RETENTION.

Results/Targets

By 2020, the Behavioral Health team will have developed internal systems of professional development, recognition and communication that increase staff morale, retention rates, and effectiveness of counseling interventions.

Indicators of Progress

- Training needs are identified, aligned with current and future regulatory and funding requirements, and resources are identified.
- Monthly Training Opportunities calendar is published to counseling staff and administrative/other staff as appropriate.
- In collaboration with Administration, agency-wide training policy supports Behavioral Health team needs.
- New policy enacted to clarify practice around higher needs cases (“3B”), case load requirements and direct service hours that reflects balance between client needs and capacity limitations.
- New program evaluation module in place by beginning of 2018 that continues client satisfaction survey and incorporates additional measures to track impact of our work on clients' lives.
- New hires are broadly recruited to secure minimum one bilingual/bicultural counselor.
- Behavioral Health is represented by one staff counselor/case manager on the Human Resources Committee, where salary, benefits and other elements of the retention plan are being determined.

Action Plan

1. By December 31, 2017, Behavioral Health team has maintained representation on Human Resources (HR) Committee, and this staff member has helped Committee to review and approve an updated training policy that reflects the needs of the Behavioral Health team. Goals for topics to be covered include: providing increased, more transparent opportunities for professional development, support for staff maintaining licensure, broadening the integration of trauma informed care, support of agency’s long-term growth goals, furthering effective clinical interventions and support for members of the community.
2. By June 1, 2017, and monthly thereafter, a monthly Training Opportunities calendar is compiled and circulated to staff at the All-Staff meeting. The Training Opportunities calendar will be coordinated by the PHP Administrative Assistant and reviewed by the Clinical Director. The Training Opportunities calendar should include information on free Relias online training, and highlight opportunities for training for Cultural Competency and Trauma Informed Care.
3. By July 1, 2017, as part of the annual performance review process, Clinical Director has reviewed with each staff member their job description and created annual 2017-18 performance objectives for each staff member, to be signed by staff and included in employee file. Goals may include professional development, administrative performance, productivity, or reflect other shared values to improve employee professionalism and retention.
4. By December 31, 2017, Clinical Director and Administrative Coordinator have designed and tested a program evaluation module to effectively track program impact on its

clients. The program evaluation module is ready for implementation beginning the first day of program operations in 2018. Annually thereafter, program results are published internally and made available to the public.

5. By December 31, 2017, Clinical Director defines case protocol for higher needs cases (3B) including identifying process for approval of 3B submission, plus case load and productivity requirements, including how those three elements impact each other and impact agency capacity needs.
6. By February 1, 2018, and annually thereafter, Clinical Director reviews with each staff member their job descriptions and annual goals. Job descriptions are updated as needed, and annual goals are reconfigured annually, signed and included in employee files as part of annual performance review.

Inputs

Continued Medicaid reimbursement levels; funding for trainings; updated training policy; increased and transparent pay and benefits structure; capacity of current staff to carry out tasks; new bilingual/bicultural staff.

CORE ACTIVITY 2: CREATE AND SUSTAIN CAPACITY TO PROVIDE BEHAVIORAL HEALTH SERVICES TO NON-ENGLISH SPEAKING, MINORITY AND OTHER MARGINALIZED ISLAND RESIDENTS.

Results/Targets

By 2018, we will have improved our accessible and respectful environment that reflects the agency's commitment to trauma informed care, restorative justice, supports minority and marginalized Islanders to participate across all of VYFS, particularly in the Behavioral Health Program. The improved environment includes outreach to minority and marginalized Islanders, so we can build effective, needed additional services. Behavioral Health will have sufficient bilingual and bicultural staff to meet the needs of all Islanders.

Indicators of Progress

- At least one Spanish speaking counselor on staff.
- Longer recruitment timeline to ensure appropriate steps are taken to replace exiting counselors, if any, with bilingual/bicultural staff.
- All clinicians know how to access phone-based translation services when needed, including technical training.
- Behavioral Health signage, website, and supporting materials are translated. Art and environment is welcoming to diverse clients, staff and visitors.

Action Plan

1. Beginning Spring, 2017, Clinical Director, works to improve networks to recruit fluent Spanish speaking clinical staff.
2. By Spring, 2018, if no Spanish speaking clinical staff have been recruited, agency will re-launch the VYFS Clinical Internship program, exclusively targeting intern recruitment to fluent bilingual candidates.
3. By June 1, 2017, Clinical Director will:
 - Define qualifications for interns to be recruited and types of work they will perform. New program must focus on client-centered services, avoid disruption of client-counselor relationship and honor the complex needs of minority and marginalized Islanders.
 - Publish information regarding internship program on VYFS website.
 - Communicate with internship supervisors from Western Washington accredited graduate schools to recruit Spanish speaking trainee clinicians.
4. By January 1, 2018, Clinical Director will have defined an intern recruitment plan for the Spring 2018 intern recruitment season.
5. By June 1, 2018, first bilingual intern will have been identified.
6. By October 1, 2017, Clinical Director will network with Consejo Counseling and Referral Service (Consejo) and other providers to understand Island bilingual need and seek assistance in recruiting new bilingual/bicultural clinicians.
7. By June 15, 2017, Administrative Coordinator and Clinical Director provide training to staff on accessing phone-based translation services, including technical training on phone usage.
8. As needed, Clinical Director will bring special populations consultants into staff consultation meetings.

CORE ACTIVITY 3: INCREASE CAPACITY TO COORDINATE CLIENT CARE SO THAT SERVICES ADDRESS COMPREHENSIVE NEEDS, AND COMMUNICATION PROTOCOLS RELIABLY PROTECT CONFIDENTIALITY.

Results/Targets

By June 2020, the Behavioral Health team, in collaboration with other program staff and leadership and service partners, will have established sustainable program measures to ensure greater care coordination for every client.

Indicators of Progress

- Utilize practice transformation support offered by King County through Navos, including implementation of Practice Transformation Plan.
- Internal information sharing protocol is in place that impacts care coordination for every client, and supports information sharing practices agency-wide between non-clinical

programs. Internal audits show 100% compliance with defined protocols and confidentiality regulations.

- External information sharing protocols are negotiated and signed between VYFS and the following key partners: VISD, Neighborcare, DOVE, Vashon Household, IFCH, St. Vincent de Paul, Seeds for Success, Consejo, VARSA and the Vashon Maury Community Food Bank.
- The VISD protocol includes specific, reliable instructions for school personnel to enlist VYFS support for crisis, urgent, and non-urgent student needs.
- Quarterly internal audits verify documentation of case coordination service activity logs are in place for all clients.

Action Plan

1. Beginning March, 2017 and thereafter, Behavioral Health staff engage in periodic Brown Bag Communication meetings to help develop internal protocols for information sharing.
2. By May 31, 2017, Behavioral Health staff in coordination with other agency staff have produced information sharing protocol(s) needed for increased coordination of clinical and non-clinical clients' needs.
3. By August 30, 2017, Clinical Director, Executive Director and other program managers have finalized protocols and published in Program Manager's Handbook. Protocols will be added to on-Boarding training process.
4. By Sept. 30, 2017, internal audit shows counselors have secured signed Release Of Information forms for Primary Care Providers and other relevant providers within 3 visits or documented reason why not, for 100% of clients.
5. By Sept. 30, 2017, internal audit shows collateral contact is documented for all current clients on service activity log form 149, or if not, why.
6. Beginning February 7, 2018, and every six months thereafter, Clinical Director issues a "Collaboration Report" at All-Staff meeting to share statistics with Behavioral Health and other program staff, solicit input on issues that have arisen and ideas for improvement.
7. By December 31, 2017, School Liaison, under Clinical Director's guidance, has reviewed and updated protocols for crisis intervention, clinical treatment, and case communication with island schools. Protocol is included in Memorandum of Understanding (MOU) with VISD and includes reliable methods for school staff to activate VYFS response for critical, urgent and non-urgent student needs. Protocol is captured as addendum to Manager's Handbook and is added to the clinical staff orientation requirements for Behavioral Health.
8. By December 31, 2017, Clinical Director and Executive Director have negotiated and completed MOUs to establish protocol for case communication and collaboration with at least VISD, Neighborcare, DOVE and IFCH.

9. By April 20, 2018, Clinical Director and Executive Director have negotiated and completed MOUs to establish protocol for case communication and collaboration with Vashon Household, Food Bank, faith communities and businesses.

Inputs

Cooperation of partners; continuing use of Service Activity Logs; capacity to implement protocols; support of administration staff, e.g. with Manager's Handbook.

CORE ACTIVITY 4: INCREASE CAPACITY TO PROVIDE FOCUSED, TIME-LIMITED CASE COORDINATION FOR ISLANDERS WITH CHRONIC, HIGH LEVEL, URGENT NEEDS.

Results/Targets

By June 2020, the Behavioral Health team will have established a sustainable new service team, with defined responsibilities and service parameters, which reliably responds to urgent needs of Islanders, clients and non-clients, with chronic high level needs that are not being met by the current service level. The team will provide focused case coordination aimed at higher levels of more appropriate support, on and off Island.

Indicators of Progress

- Internal "Critical Care Coordination Team" is providing short-term, focused case consultation and referral in situations where a client needs urgent, ongoing additional support. Critical Care Coordination Team leader is identified.
- Critical Care Coordination Team is available to support external partners, including VISD, Neighborcare, The DOVE Project, Vashon Household, IFCH, Food Bank, faith communities and businesses.

Action Plan

1. By December 31, 2017, Clinical Director and Executive Director have secured additional funding and are managing the 3A/3B benefit tiering workload to allow increased flexibility in current staff capacity as needed, identify one part-time team coordinator, and provide for sufficient administrative support.
2. By April 15, 2018, team coordinator has been identified among current staff or recruited, depending on funding availability.
3. By June 30, 2018, draft outline of Team parameters is complete, has been reviewed in Consult and approved by Clinical Director. Draft includes outline of when team engages, for how long, who sits on team, how team shares information, how team tracks and reports activity, how team exits engagement.
4. By February 1, 2019, Team leader and Clinical Director have outlined plan to offer team services to Island partners, including at least VISD, Neighborcare, The DOVE Project and IFCH.

5. By March 31, 2019, MOU between VYFS and interested partners is amended to include availability of Crisis Care Coordination Team.
6. By March 1, 2020, Critical Care Coordination Team is available to serve Island as broadly as possible. New MOUs have been enacted as needed.

Inputs

Additional funding to support staff flexibility; increased use of appropriate Medicaid service levels and associated funding, to allow maximum staff flexibility. Staff capacity to develop and maintain new work involved in coordination of critical care. Partner engagement.

CORE ACTIVITY 5: CREATE THE CAPACITY TO OPERATE A SUSTAINABLE SUBSTANCE USE DISORDER PROGRAM.

Results

By Spring of 2020, VYFS has restarted a Substance Use Disorder (SUD) program that responds to the demonstrated needs of Island youth and adults and operates with a balance budget.

Action Plan

1. By September 15, 2017, Clinical Director has provided a phased SUD program implementation plan to Executive Director for review. Plan includes:
 - description of program and staff licensing requirements for each phase.
 - description of established need, projected client count, revenue projection
 - additional sources of funding, if known.
 - staffing and space requirements, cost of these, and possible locations.
 - administrative and record-keeping requirements and costs for each phase.
2. By November 1, 2017, Executive Director will use this plan to make recommendations to Board for implementation, including funding implications and prospects.
3. By February 1, 2018, implementation of initial selected phase(s) begins.
4. Program expands as established need/revenue allows.

Inputs

Medicaid reimbursement that is adequate to cover the cost of providing the clinical and administrative structure of the program at every phase; additional support and funding where needed (e.g., Mental Illness and Drug Dependency initiative [MIDD]); clinical and administrative capacity (time and background) to research licensing and regulatory requirements.

Behavioral Health Assumptions

King County Behavioral Health Organization continues to operate in a manner similar to current. Changes in Affordable Care Act are minimal or otherwise protected from serious negative impact in Washington. Permanent full-time Clinical Director. Island continues to have high levels of critical mental health needs.

FAMILY EDUCATION AND SUPPORT SERVICES

VYFS Family Education and Support Services (FESS) ensures island children birth to six thrive by providing education and support networks for the parents and caregivers who are raising them.

- Number of families participating in 2016: 146
- Number of children participating in 2016: 164
- Demographics have been difficult to collect and maintain, due to changing staff and leadership.
- Team is comprised of a FESS Manager, administration staff and childcare workers (potentially as many as 8 staff, all part-time).
- Primary funding sources include private foundations (59%), individual donors and memberships.
- Primary program partners include Vashon Island School District; Chautauqua Elementary School (CES) staff; Neighborcare; Women, Infants, and Children program (WIC); Public Health King County.
- Budget of \$117,970 represents 9% of total agency budget and is deficit financed by the agency.

CORE ACTIVITY 1: BUILD COLLABORATIVE AND DIVERSE RELATIONSHIPS WITH PRESCHOOLS AND OTHER AGENCIES THAT SERVE FAMILIES TO ASSESS ISLAND NEEDS, BUILD NETWORKS, AND ENSURE QUALITY PROGRAMMING FOR YOUNG ISLAND CHILDREN.

Results/Targets

By 2020, FESS will have multiple thriving collaborations with organizations such as health care providers, the school district, and childcare providers that can strengthen parent support and spread awareness of our mission to the parenting community.

Indicators of Progress

- By June 30, 2017, define benchmark for measuring change in number of and impact of referral sources.
- By June 30, 2017, define benchmark for kindergarten readiness and current percentage rate meeting readiness goal, as determined by CES.
- By January 2018, referrals from preschools will increase from virtually none to an estimated 1-3 families per month.

Action Plan

1. By July 1st, 2017, 80% of preschools and childcare providers, and at least 5 nannies are members of Vashon Early Learning Coalition (VELC).

2. By September 2017, we have established connections with island health care providers including Neighborcare, WIC, the local public health nurse, the community services officer (CSO) for Washington Department of Social and Health Services, Vashon Natural Medicine, and other providers.
3. By September 2017, we will have established a system to collect information from program participants and members, which includes referral sources.
4. By October 31, 2017, strengthen relationship with CES to better prepare all island children for kindergarten.
5. By June 2018, we will administer a stakeholder survey to parents, VYFS Board, collaborating organizations, Parent Advisory Committee, and VELC members to assess success of collaborations, plan next steps, and improve programming.
6. By May 2018 sponsor Health Fair.

Inputs

Equivalent or greater office space as compared to current; new computer; increase staffing as needed to implement funded BSK programs.

CORE ACTIVITY 2: DEVELOP OUTREACH AND MARKETING PROGRAM TO CONNECT WITH ALL ISLAND FAMILIES WITH CHILDREN BIRTH TO SIX.

Results/Targets

By 2020, VYFS FESS will improve outreach to the birth to 6 community, with survey data that shows Island residents know FESS and what it does to benefit children and their families.

Indicators of Progress

- By September 2017, Playspace will have new name, logo and marketing messages.
- By December 31, 2017, program evaluation module is selected, tested and implemented for 2018.
- By June of 2018, 50% of families with children birth to six on the island know about program and its offerings.
- By June of 2019, 75% of families with children birth to six on the island know about program and its offerings.
- By June of 2019, 50% of all islanders surveyed know about program.
- By September of 2018, the percentage of Spanish-speaking members/program participants has risen to 10% of our total members/participants.

Action Plan

1. By September 30, 2017, marketing and informational materials have been translated into Spanish, printed, and made available. Also, programs, classes, and/or groups are being offered in Spanish.
2. By December 31, 2017, secure funding for a home visiting program, including bilingual/bicultural capacity.
3. By December 31, 2017, Program Manager and Administrative Coordinator have designed and tested a program evaluation module to effectively track program impact on its participants. The program evaluation module is ready for implementation beginning the first day of program operations in 2018. Annually thereafter, program results are published internally and made available to the public.
4. By November 15, 2017, start contributing newspaper articles to Beachcomber periodically. Arrange Voice of Vashon (VOV) radio interviews.
5. By January 31, 2018, launch participation by FESS staff in all Island community events, including Hispanic, school-based, and similar events.
6. By March 30, 2018, begin hosting regular community events at the program site, such as First Friday or open house to bring people into new space.

Inputs

VYFS administration and Board, Parent Advisory Committee and volunteers help with rebranding; space; new marketing materials.

CORE ACTIVITY 3: ESTABLISH A SUSTAINABLE, GROWTH-ORIENTED FUNDING MODEL THAT SUPPORTS THE DELIVERY OF SERVICES TO THE CHILDREN OF VASHON ISLAND.

Results/Targets

By 2020 FESS is operating in the black, with appropriate revenue sources to maintain services and staffing at a level that meets Island needs.

Indicators of Progress

- By December 2017, budget and program planning have been adjusted to reflect available funding.
- By December 2017, a three-year business plan outlines targets for funding levels in the area of public funding, foundation funding, community contributions, and fee for service. The plan outlines the cost of doing business, funding sources, projections of participation numbers, and categories of participants (e.g., scholarship, level of engagement).
- By December 2018, implementation of business plan and achievement of financial goals results in program operating in the black.
- By February 1, 2018, and annually thereafter, FESS program manager will meet with each staff to define annual work objectives.

- By March 15, 2018, CPR training for all staff implemented if financially feasible.

Action Plan

1. By June 30, 2017, Program Manager and Finance Manager analyze current financial reports to determine proper distribution of revenue sources and a realistic adjusted budget for 2017.
2. By August 30, 2017, Program Manager and Finance Manager adjust program budget to reflect available funding.
3. By September 30, 2017, Program Manager and Finance Manager create a plan to achieve sustainable program funding, which will inform 2018 budget planning cycle. Plan will include three-year balanced budget projections.
4. By February 1, 2018, and annually thereafter, Program Manager will review each staff member's job description. The FESS Manager will also work with each staff member to define annual objectives. Annual objectives are reviewed at mid-year employee performance evaluations and renewed before February 1st each year.
5. Program Manager administers anonymous annual job satisfaction surveys each year in June.
6. By July 1, 2017, one quarterly staff meeting has occurred and dates are set for future quarterly staff meetings.

Inputs

Support from Finance and HR team for planning described above; trainings for FESS Manager; sufficient staff time to attend training and meetings.

FESS Assumptions

That efforts detailed above will be successful in generating revenue that supports needed services, whether they are existing or newly developed; that Vashon families continue to need and benefit from parent education and support activities; that there is a facility out of which to operate and resources for itinerant services (e.g. home visiting, classes, lectures).

VASHON KIDS

Vashon Kids will offer a nurturing environment that supports social/emotional skills as the foundation for ensuring that participating children are thriving academically and socially in family, school and community environments.

- Number of children participating in 2016: 151
- Demographics are not available at this time.
- Team is comprised of a Program Director and 9 staff members, who provide out-of-school care for students, primarily from CES. School-year care is available before and after the start of each school day, as well as during extended hours on late-start and teacher training days. During the summer, Vashon Kids staff provide full day care, 6:30 a.m. to 6:30 p.m. Vashon Kids is licensed by the Department of Early Learning to accommodate up to 45 students in currently available space.
- The program operates at the Multi-Purpose Room at CES.
- Annual 2017 budget of \$952,662 represents 23% of total agency budget.
- Majority of funding comes from tuition paid by families. Vashon Kids is dependent upon donors to provide support for scholarships so that lower-income families can afford this enriched experience for their children while they work. Experience shows fewer scholarships results in less diversity.
- Primary program partners include VISD, Vashon Island Growers Association, King County Metro and Library, and Vashon Island Historical Society.

CORE ACTIVITY 1: DEVELOP FINANCIAL SUSTAINABILITY AND A QUALITY PROGRAM FOR VASHON KIDS.

Results/Targets

Vashon Kids program staff and management has developed a sustainable financial plan that results in greater support for scholarships for low-income, marginalized or minority families, and allows for recruitment and retention of Spanish-speaking staff. Program administrative tasks are more efficient and less time consuming so that staff can focus on direct service.

Indicators of Progress

- By January 2018, have sufficient funds to offer 4 additional 60% discounted scholarships and at least 4 additional 80% discounted scholarships. These increased scholarships allow for at least four new children from low-income, minority or marginalized homes.
- School-year program enrollment increased by 50% in the next three years, which would bring Vashon Kids from 24 children to 36. Staff administrative time is less because of improved software.
- One additional bilingual Spanish-speaking staff is hired.

Action Plan

1. Engage a parent advisory committee to help stabilize funding, support the annual letter writing campaign, identify new fundraising sources (grants with companies, parties, speaking, other to be identified by the group); first meeting by end of June 2017, and quarterly thereafter.
2. Program Director continues conversations with CES Principal about availability of classrooms as potential program growth becomes possible.
3. Translate all registration forms into Spanish by Fall 2017, enrollment.
4. Staff Operations Manual created by Lead Staff and provided to Administration Team for incorporation into agency Operations Manual, draft by December 31, 2017; final by June 15, 2018.

Inputs

A minimum of \$3,500 in 2018 budget and continuing for professional training opportunities for staff. Funding of \$50,000 from Best Starts for Kids or another annual funding source. 10:1 ratio of children to staff. Have increased classroom space as needed. Research and purchase better software to reduce administrative burden.

CORE ACTIVITY 2: DEVELOP AN ENGAGING CURRICULUM MODEL THAT IS CREATED WITH YOUTH INPUT, FOCUSED ON DEVELOPMENTALLY APPROPRIATE ACTIVITIES, FINANCIAL SUSTAINABILITY AND QUALITY PROGRAMING.

Results/Targets

Vashon Kids staff will have capacity to support children with varying needs, including greater care coordination with Behavioral Health. An engaging curriculum model developed with youth input drives higher levels of retention of older grade students and new enrollment at all ages.

Indicators of Progress

- Youth participate in development of new program areas and curriculum.
- Youth Program Quality Improvement (YPQI) done one time a year, by external reviewer and internally by staff.
- School and Parent Surveys resulting in positive feedback.
- Increased enrollment per Core Activity 1.
- Staff is trained and utilizing trauma informed and restorative justice skills.
- VYFS has an intra-agency whole child perspective and philosophy.

Action Plan

1. By fall of 2017, Vashon Kids participants and staff have created "Hub" style programming where K-3 grade, 4-5 grade, and potentially 6 grade students are offered age appropriate curriculum activities. Curriculum changes are reviewed by staff and

participants at end of 2017-2018 school year. Changes are implemented at beginning of 2018-19 school year, and review/improvement cycle is repeated annually.

2. Before November, 2017, Vashon Kids Program Director reviews and selects the best tool or set of tools to assess, plan program changes and improve social and emotional wellness of Vashon Kids participants.
3. By end of November, 2017, staff administers first instance of “Assess/Plan/Improve” assessments. Vashon Kids staff will develop responsive Action Plan as a team, completed by March 15, 2018.
4. February 1, 2018, additional classroom space at CES is identified to accommodate program growth. New space is licensed by Department of Early Learning.
5. As soon as funding is available, hire a full time educator who develops curriculum that aligns with CES core standards.
6. Beginning June, 2017, Vashon Kids as part of whole-agency effort, will assist VISD to implement trauma informed and restorative justice environment in the schools.
7. Implement a quarterly meeting with Vashon Kids staff and CES counselor and other appropriate staff to ensure coordinated care.
8. Attend bi-weekly staff brown bags to build internal VYFS networks to create intra-agency support structure. Work with VYFS leadership to schedule all collaborative meetings at a time that accommodates full day and summer care.

Inputs

New and existing classroom spaces at CES. Successful grant applications and funding to recruit and retain a full time educator. Participant input into new programming decisions. Ongoing responsible program budget management to ensure sustainability of model. Increased intra-agency coordination of care provides for availability of Behavioral Health staff to assist children in need of extra attention.

CORE ACTIVITY 3: INCREASE ENROLLMENT AND COMMUNITY SUPPORT FOR THE SCHOOL AGE PROGRAM THROUGH MARKETING AND OUTREACH.

Results/Targets

Vashon Kids achieves a reputation as a high quality program throughout the community. Social media marketing informs the Vashon community of issues relating to and services available for 5- to 12-year olds.

Indicators of Progress

- Vashon Kids is at its capacity of 45 unduplicated students with a waiting list.
- The positive relationship between VISD staff and Vashon Kids is effective and continuing.

Action Plan

By October 1, 2017, Vashon Kids support and program staff have met to define a year-long communication plan for the program, including launching Facebook and Instagram pages. By January 2018, first posts made on social media. Plan process of capturing success stories to share with community.

Inputs

License for 45 students. Access to social media applications. Existing capacity among staff to add social media duties.

Vashon Kids Assumptions

- CES continues to offer space at no cost.
- CES will remain on the same school schedule.
- There still will be a need for childcare for children Kindergarten to 6th grade.
- VYFS will be able to create a compensations and retention plan that stabilizes workforce.

ADMINISTRATION

The Administrative staff strives to provide welcoming, knowledgeable, and professional interactions with all clients and foster a healthy, internal environment to support delivery of services to the community. The Administrative professionals steward VYFS facilities and human and financial resources so that VYFS can collaborate effectively and consistently deliver the highest level of services.

- The Administrative Team consists of the Executive Director, a Finance and HR Manager, an Administrative Coordinator and 6 staff members, some of whom are part-time administration staff and may work with other programs as well, and some who are full-time.
- Annual 2017 budget of \$214,574 represents 17% of total agency budget.
- Most of the administration budget is derived from allocations from program budgets, some operating funds provided by government grants, and a small but critical group of private foundations that support general operating needs, like the Medina Foundation. VYFS, like all human service agencies, struggles to find adequate funding for necessary and efficient administrative costs.

CORE ACTIVITY 1: THE ADMINISTRATIVE TEAM WILL CREATE A PROGRAM MANAGERS' HANDBOOK THAT WILL CONTAIN AND ORGANIZE POLICIES AND PROCEDURES THAT APPLY TO ONE OR MORE PROGRAMS, INCLUDING HIRING DIVERSE STAFF, ORIENTATION AND DEPARTURE EXPECTATIONS, EVALUATION PROCEDURES, DISCIPLINARY PROCEDURES, AGENCY COMMITMENT TO PROGRAM EVALUATION, KEY-STAFF TRANSITION PLANS, AND OTHER MATERIAL.

Results/Targets

By September 1, 2018, administrative staff have created a Program Managers' Handbook, which has been introduced to staff and published in binders located in the Executive Director's office and front office.

Indicators of Progress

- Agency managers have contributed to and reviewed an outline of the types of policies that are to be included in this volume. Existing material such as policies and procedures is consolidated online into a folder and printed in a draft edition of the handbook.
- The Handbook is complete, reviewed by managers and a final version assembled and discussed with program staff.

Action Plan

1. By September 1, 2017, Executive Director confers with Managers to develop outline of contents.
2. By October 15, 2017, Executive Director will identify content creators and assign tasks.
3. By April 15, 2018, content will be consolidated into a draft volume.

4. By September 1, 2018, the final version of volume will be complete. It will be reviewed with staff at September 5, 2018 staff meeting, and published as part of the agency operating manuals.

Inputs

It is not anticipated that this will require additional staff members or technology resources. Existing staff will need to allocate sufficient time to create and review policies that need to be included. Time at Managers Meeting and during other necessary periods. Shared drive and binders.

CORE ACTIVITY 2: DEFINE AND IMPLEMENT COMPREHENSIVE, CONSISTENT PROCESSES FOR NEW EMPLOYEE ORIENTATION AND EMPLOYEE DEPARTURE.

Results/Targets

Administrative staff have developed, implemented and evaluated a system for providing comprehensive, thorough orientation that trains new employees in essential skills and gives them the information needed to thrive in their job. VYFS will also have a thorough departure process that guides HR and IT staff in the steps needed to end an employee relationship.

Indicators of Progress

- A detailed orientation checklist for each program will be revised and reviewed by the HR committee.
- The Program Managers' Handbook will include a copy of the orientation and departure processes for each program.
- A two-stage orientation evaluation will be designed and implemented to survey the effectiveness of the orientation process.
- Employee performance evaluation processes are updated to include internal audit of orientation and departure processes resulting in 85% or higher compliance.

Action Plan

1. HR staff led by HR Manager will review existing orientation information to understand what work has already been done. HR staff led by HR Manager will interview each program manager to outline common and job-specific orientation needs. HR staff will produce an orientation process checklist that includes common and job-specific orientation needs. This process will be reviewed by the HR Task Force by July 30, 2017. The job-specific orientation checklist will be implemented by program managers and HR staff will implement the common orientation process.
2. Departure process will be defined by Admin Coordinator in collaboration with HR Manager.
3. VYFS Program Managers' Handbook will be updated to reflect orientation and departure processes.

4. As improvements are made, they are introduced into the ongoing orientation process and tested. By September 30, 2017, 100% of new hires have undergone general and job-specific orientations. By this date, VYFS will have completed the departure process for 100% of departing employees.
5. HR staff led by HR Manager, in consultation with Admin coordinator, will develop two orientation surveys, one given immediately after the general orientation meeting, and another survey administered four months post hire, to evaluate effectiveness of job-specific and general orientation processes. By January 31, 2018, 100% of new staff will have completed a full orientation process evaluation and 85% will have reported to be satisfied or very satisfied with the orientation process.

Inputs

Work described should be manageable and sustainable at current levels of capacity. Access to evaluation tools (e.g., Survey Monkey). Access to HR training, research and best practices information to create effective program.

CORE ACTIVITY 3: THE HR TASK FORCE WILL CREATE A CONSISTENT AGENCY WORKFORCE RETENTION PLAN COMPRISED OF A SALARY SCHEDULE, BENEFITS PACKAGE, AND PROFESSIONAL DEVELOPMENT/TRAINING POLICY. THE PLAN WILL INCLUDE AN IMPLEMENTATION STRATEGY THAT MOVES FROM CURRENT CONDITIONS TO THE NEW PLAN, AND BALANCES BUDGETARY CONSTRAINTS WITH THE OBJECTIVE OF INCREASING STAFF RETENTION.

Results/Targets

By January 1, 2018, the agency has created a system to measure changes in employee retention rate. The Board has approved a budget that includes increased salaries and benefits, moving staff toward a defined optimal salary scale consistent with budget constraints. The agency has moved to transparency in staff expectations around salary, and budget constraints, and has added benefits designed to assist in recruiting and retaining committed, exceptional staff.

Indicators of Progress

- HR staff have measured current turnover rate and begun to periodically monitor change.
- HR Task Force has created a schedule of “non-salary” benefits designed to help promote quality of life of staff, possibly including items like twice-yearly massage therapist on-site, yoga and walking groups, and similar activities. Schedule specifies targets for implementation and outlines measures that will help determine what staff values most and what can be offered on an on-going basis.
- The agency fiscal year has been changed to run from July 1 to June 30 annually, giving a more accurate fiscal projection to annual budget planning.
- Program managers throughout the agency annually review with staff, each person’s job description and define annual objectives.

- The Retention Plan is complete, including an implementation strategy that moves staff salary and benefits from current conditions to optimal over the shortest timeline possible. This Retention Plan is updated annually and used to guide creation of the 2018, and subsequent, annual operating budgets.

Action Plan

1. By March 31, 2017, HR Manager to determine health insurance cost per employee and begin using this new benefit expense in grant applications.
2. By April 21, 2017, HR Manager or bookkeeper to complete Archbright Salary Survey and submit to Archbright.
3. By June 30, 2017, HR staff and HR Task Force to create a comprehensive list of titles with basic job responsibilities and a schedule of “non-salary” benefits.
4. By July 31, 2017, HR staff and HR Task Force to determine salary range for each title.
5. By September 30, 2017, HR Manager and Executive Director will specify salary steps between low-end and high-end of salary range for each title and provide to HR Task Force to review.
6. By September 30, 2017 HR Manager and Executive Director to create an optimal salary scale and benefits plan, and begin using these as financial data when applying for grants and as guide for 2018 annual budget.
7. By September 30, 2017 professional development policies are written and costs determined for 2018 budget process.
8. By September 30, 2017 use all above tools to create an agency Retention Plan to assist in 2018 budget creation and future financial projections and budgets.
9. Retention Plan is circulated to staff and discussed at October staff meeting.
10. By February 1, 2018, and annually thereafter, Program Managers in each program will review their staff members’ job descriptions and work with each staff member to define annual objectives.
11. By June 30, 2018, and annually thereafter, annual objectives are reviewed at mid-year employee performance evaluations.
12. Program Managers administers anonymous annual job satisfaction surveys each year in June.
13. By December 31, 2018, a plan exists to switch the fiscal year to July 1 to June 30 annually. The plan includes communication with funding partners, and an estimate of the cost of additional audits.

Inputs

Increasing, sustainable and predictable funding to support salary and benefit increases. Sufficient planning information to assist with creating accurate projections. Additional funding to cover two audits in one calendar year. Access to Archbright Survey. Inclusion of Vashon data in Archbright Survey.

CORE ACTIVITY 4: CREATE INTERNAL MANAGEMENT CAPACITY TO MANAGE CHANGE SO THAT CHANGES IN OPERATING CONTEXT ARE NOT DESTABILIZING TO THE AGENCY, PROGRAMS OR INDIVIDUAL STAFF.

Results/Targets

Within each program and at the administrative level, there is increased capacity to manage change. The managers have received change management training and have an increased understanding of where to turn for help in managing staff concerns.

Indicators of Progress

- All managers will be trained to understand the best practices in change management.
- VYFS staff meetings include discussion of changes in operating context that are likely to impact agency systems.

Action Plan

1. By July 5, 2017, staff meetings will become mandatory for managers and identified staff to ensure appropriate opportunity to discuss trends and process concerns.
2. By June 15, 2017, HR manager and Executive Director will select appropriate change management protocol.
3. Throughout the Fall/Winter of 2017, Executive Director will lead management staff in change management exercises at managers' meetings.
4. In the first quarter of 2018, staff and Board are introduced to change management protocol.
5. Beginning no later than March, 2018 staff meeting, Executive Director will introduce periodic conversations regarding changes in operating context to VYFS staff.

Inputs

Information and training material to help manage change. Sufficient staff capacity to provide coverage for mandatory staff meeting attendance among select staff. Board commitment to use meeting time to engage in change management training.

CORE ACTIVITY 5: CREATE STRUCTURE AROUND AGENCY CAPITAL, TECHNOLOGICAL AND PHYSICAL INFRASTRUCTURE NEEDS.

Results/Targets

The agency has an on-going and projected schedule of capital projects, with associated cost projections, reviewed and prioritized based on urgency and likely availability of funds. The clarity provided by the schedule allows VYFS to begin applying for capital funds, or include some needs in the 2018 operations budget.

Indicators of Progress

- The deferred maintenance backlog is eliminated no later than the middle of 2019.
- By June 30, 2020, the top five prioritized capital projects are completed.

Action Plan

1. By June 30, 2017, the Administration Coordinator has completed a schedule of necessary capital projects. The schedule includes estimated costs. Estimates can be based on available research and internal knowledge or cost estimates provided by potential contractors. The schedule is reviewed by the Executive Director and in consultation with the Administration Coordinator prioritized based on urgency and likelihood of funding.
2. The Capital Needs Schedule is presented to the Finance Committee at the Q3 2017 meeting.
3. By July 31, 2017, the Administration Coordinator, in collaboration with grant team members, has completed a draft grant plan that includes potential funding sources, deadlines and criteria for each grant.
4. The Administration Coordinator and Executive Director have begun to group projects to provide consistent and compelling case statements, in accordance with grant funding prospects' criteria.
5. By July 31, 2018, grant staff (to be identified based on capacity) in collaboration with Administration Coordinator, have written applications to all funding sources. Applications are submitted in order based on an assessment of factors that include deadlines set by grantors, urgency of project they will fund, and capacity of grant writing staff to take on a non-operations grant project.

Inputs

- Capital funding sources. Staff capacity to produce applications.
- Administration Team assumptions: Increased, equitable salary scale and benefits will promote employee retention. Past changes have led to lower morale in some cases and can be improved. Change management practices can improve communication and acceptance of inevitable changes. In the current business environment, change is a constant and staff will benefit from being aware of systemic changes that might impact future operations.

FUNDRAISING AND COMMUNICATIONS

The Fundraising and Communications (F&C) team solicits sufficient funding to support the activities of Vashon Youth & Family Services as a whole, and assists individual programs in pursuing and achieving fundraising and communication goals. The team ensures that all outgoing communication is conducted consistently, professionally and successfully.

- The F&C team is comprised broadly of all VYFS staff and Board, with leadership from the Executive Director, the Events Coordinator, members of the Board of Directors, the Board Fundraising Committee, community volunteers, a grant writing consultant, and two to three administration staff trained in grant writing.
- VYFS works with Island business to solicit sponsorships and promote the agency, utilizes Island and online media to promote positive messages about agency programs, partners with other Island nonprofits when appropriate for shared fundraising and communications, solicits foundations and corporations for grant support, and depends on the work of the Board of Directors and financial support from the community.
- Fundraising goals are listed in every program category of the budget, including goals for grant writing, individual donations and special events totaling \$315,000, or 25% of the total budget revenue goals. The fundraising program budget is comprised of unrestricted fundraising and special events. At \$56,010, it represents 4% of the total agency budget.

CORE ACTIVITY 1: THE F&C TEAM WILL LEAD AN AGENCY-WIDE REBRANDING PROCESS THAT WILL INCLUDE CONSIDERATION OF THE NAME, LOGO, MISSION STATEMENT AND ALL OTHER BRAND ELEMENTS THAT FLOW FROM UPDATING THESE.

Results/Targets

By June, 2020, VYFS will have redefined its image and messaging to improve brand identity. The agency will reach more Islanders, who will have an easier time understanding the agency's activities and impact on the wellbeing of Vashon. VYFS will assess the rebranding to ensure the effort leads to broader impact, as measured by increased referrals, participation, fundraising and community communication.

Indicators of Progress

- Funding sources are identified and solicited, and sufficient funding is secured to move forward with rebranding process by end of 2017.
- Prior to 2018 Board/staff retreat, a rebranding timeline and scope of work is defined with consultant.
- 2018 Board/staff retreat produces consensus on significant rebranding direction. Consensus may look like: positive or negative decision to change name; positive or negative decision to write new mission statement and value statements.

- F&C team works with consultant to meet benchmarks established in rebranding plan, with an emphasis on periodically gaining buy-in from Board and staff.
- Rebranding, if pursued, is launched successfully, as outlined in the Results/Targets statement above.

Action Plan

1. September 2017 – March 2018: Executive Director will create a grant writing plan including local island resources (Waite Family, Little Family, and other identified Island family foundations) for a special appeal to provide support for this activity. Social Venture Partners (SVP) Seattle will be solicited. All but SVP will be solicited by end of September. SVP solicitation is ready by deadline in November.
2. Consultant is selected by Executive Director, in collaboration with Board fundraising committee.
3. Consultant and Executive Director present rebranding plan to the fundraising committee by July 1, 2018 and to the full Board by the September Board meeting.
4. Plan is completed by December 31 2018, with brand roll out to begin in 2019.

Inputs

Existing staff capacity to perform needed work; improved capacity (staff or volunteer hours) to perform increased communication work; Board engagement in process; new funding sufficient to provide for rebranding work, including consultant fee and development of new materials, graphic work, writing, publicity and outreach.

CORE ACTIVITY 2: FUNDRAISING AND COMMUNICATIONS TEAM LEADS AGENCY-WIDE AND PROGRAM-SPECIFIC EVENTS THAT PRODUCE ADEQUATE FUNDS AND VISIBILITY WITH A REASONABLE INVESTMENT IN STAFF TIME AND VOLUNTEER EFFORT.

Results/Targets

VYFS will improve our capacity to raise funds through outside individuals and groups, with limited investment of internal agency resources, and through sponsorships. By the end of 2018, VYFS will have raised a minimum of \$3,000 through external events and an additional \$5,000 over 2017 numbers in sponsorships.

Indicators of Progress

- A process is in place and material is available to help independent parties understand how to fundraise for VYFS (with logo information, ideas, offers for speakers, etc.). Islanders assisting us this way report they feel appreciated.
- Sponsorship material is updated by October 1 every year and updated as needed.
- Sponsor solicitation letters are sent out, with follow up planned by key staff and Board, by November 1 every year.

Action Plan

1. By April 1, 2017, sponsorship material is updated to reflect current year, by Executive Director and Fundraising Administrative staff.
2. By October 1, 2017, material is created for following year, by Executive Director and Administrative staff, with fundraising committee approval. Process is repeated every year on the same schedule.
3. By April 1, 2018, fundraising administrative assistant develops web page and process to help third party event holders engage with VYFS.

Inputs

Existing staff capacity to perform needed work; Board fundraising committee engagement in process; improved capacity for work.

CORE ACTIVITY 3: INCREASE UNDERSTANDING OF FUNDRAISING AND COMMUNICATION TO GIVE BOARD AND STAFF CLEARER, EVIDENCE-BASED GUIDANCE OF WHAT TO EXPECT FROM FUNDRAISING EFFORT AND WHERE BEST TO INVEST EFFORTS AND CAPACITY FOR MAXIMUM RETURN.

Results/Targets

Financial stewardship strengthened through responsible and effective use of agency fundraising capacity. VYFS will conduct a study that examines what is raised by Island nonprofits and by nonprofits of similar size/mission to VYFS in other communities. This information will inform future budget and planning cycles, ensuring ambitious and realistic fundraising goals. VYFS will review past fundraising efforts and compare financial results, increased community presence, and community feedback.

Indicators of Progress

- By August 1, 2017, Fundraising Study Task Force is formed and volunteers have planned process for the fundraising study.
- By April 1, 2018, final Fundraising Study report is produced.
- Report findings serve as basis for development of fundraising plan in preparation for 2019 budget.

Action Plan

1. By June 1, 2017, Executive Director engages 3-5 volunteers from Board and fundraising committee to become the Fundraising Study Task Force.
2. By August 1, 2017, Task Force and Executive Director develop agreed scope of work and questionnaire for study subjects.
3. By January 31, 2018, Task Force completes review.

4. By April, 2018 Board meeting, Task Force issues report to Board as a whole. If 2018 budget includes mid-year adjustment, Task Force findings are incorporated.
5. 2019 budget incorporates Task Force findings in developing fundraising plan and goals.

Inputs

Board volunteers willing to spend approximately 2-3 additional hours per month helping to move this process forward.

CORE ACTIVITY 4: OPTIMIZE COMMUNITY OUTREACH AND COMMUNICATION SO THAT ALL ISLANDERS UNDERSTAND THE SERVICES PROVIDED AND THE COMMUNITY SUPPORT NEEDED TO MEET LOCAL NEEDS.

Results/Targets

The Vashon community will have a greater understanding of VYFS' mission and activities. VYFS develops a baseline understanding of the Island's opinion regarding the agency and what it does. The agency outlines goals for improvement, implements a plan for outreach, and measures results.

Indicators of Progress

- Community attitudes survey defines current Island opinions and understanding regarding VYFS, our programs and impact.
- Updated brochure is available broadly throughout the community.
- New branding brochure is distributed throughout the community.
- New resources, capacity and processes are developed to help VYFS tell its story to the community.
- Annual report published to the community.
- Continued staff and Board participation in various community events (e.g., Vashon Social Services Network, Sheep Dog Trials, Strawberry Festival, school information fairs) with improved ways to tell our story.

Action Plan

1. By June 1, 2017, at least quarterly, letters to the editor and positive articles are included in the Beachcomber. Through the end of 2017, focus on the 40th Anniversary and the legacy of help VYFS has provided through the decades to Islanders of all ages.
2. By August 15, 2017, annual report is designed and published on website. Island-wide mailing, Mailchimp email, media release, highway signage and appearance on VOV to promote awareness and direct people to VYFS website.
3. By September 15, 2017, develop and disseminate a community attitudes survey via Survey Monkey to assess baseline understanding of agency, its mission and services.
4. Update brochure with new branding when that becomes available.

5. By January 1, 2018, four Board members are recruited to offer quarterly no-fundraising, small group house parties, where key supporters, influential community members and partners are invited to share collegial conversation about VYFS and our work.
6. By January 15, 2018, contact information for Island community organizations (e.g., Rotary, Eagles, schools, churches) is updated, and organizations are contacted with offers of speakers for the year. A year-long schedule of speaking opportunities is created. Board, staff are regularly recruited to speak.
7. Staff and Board are trained in messaging and speaking (Clinical Director, Events Coordinator, other staff and Board) by January 15, 2018.
8. Small house party informational events, Beachcomber articles, speaking opportunities continue through 2018.
9. By September 15, 2018, re-assess community understanding of agency, its mission, services and impact. Assess results and adjust communication strategy as indicated.

Inputs

Additional staff capacity to create and implement communication practices; financial and consultant support to create and maintain communication material; cooperative community partners willing and able to assist in promoting agency communication agenda.

Fundraising and Communications Assumptions

The agency and Board will identify and secure resources necessary to build staff administrative capacity to implement new communication strategies. VYFS will continue to have a dynamic and compelling story to tell.

BOARD OF DIRECTORS

The Board of Directors enables VYFS to serve as the premier provider of behavioral health and human services for children, youth, families and adults on Vashon Island.

- The Board of Directors is comprised of up to 15 people, recruited broadly from the community.
- The Executive Director sits as a non-voting member.
- The Executive Director and Executive Committee work together to recruit members on an on-going basis, seeking to include capacity in key areas including management, law, accounting, behavioral health, child development and communication.
- There are currently four standing sub-committees: Executive, Finance, Fundraising, and Strategic Planning.

CORE ACTIVITY 1: THE BOARD WILL OVERSEE FISCAL MANAGEMENT PLANS THAT EMPHASIZE BALANCED PROGRAM AND AGENCY BUDGETS, SUSTAINABLE FUNDING SOURCES, APPROPRIATE COMPENSATION FOR PROFESSIONAL AND SUPPORT STAFF.

Results/Targets

By June 2020, the agency will have successfully implemented salary and benefit improvements that promote retention of highly qualified staff. The agency budget will reflect increased sustainable revenue sources, leading to stable, balanced budgets. The Board will have increased its overall capacity to understand and monitor financial activity.

Indicators

- By December 31, 2017, Board reviews and approves a balanced 2018 operations budget and financial plan.
- By December 31, 2018, the Board has reviewed and approved a targeted compensation plan.
- By June 30, 2020, professional and support staff are at least 40% of King County Salary Survey results, on average.

Action Plan

1. Beginning October 1, 2017, and annually thereafter, HR Task Force proposes salary scale to Finance Committee for review. The salary scale reflects the objectives outlined in the agency Retention Plan, see Administrative Team, Core Activity 3.
2. Every year during the budget planning and approval cycle, Finance Committee determines a feasible salary scale consistent with a balanced budget.

3. By 2018 budget planning cycle and thereafter, Board approves balanced operating budget and financial plan.
4. By June 2018, Board has developed and held its first Annual Board Orientation, including basic financial training.

Inputs

Increased sustainable funding sources; funding for capacity-building (e.g., program, systems, staff development); Finance team ability to fulfill the action plan; Board volunteer leadership; Board and staff financial and other relevant training.

CORE ACTIVITY 2: DEVELOP INCREMENTAL STEPS TO IMPROVE LOCAL COMMUNITY AWARENESS OF VYFS PROGRAMS AND THEIR VALUE FOR VASHON CHILDREN AND ADULTS.

Results/Targets

Members of the general Vashon community and local care providers show increased knowledge of VYFS' role as the major provider of behavioral health on Vashon. VYFS collaborates with other social service organizations on an ongoing basis. VYFS addresses the community directly with Board and staff involvement.

Indicators of Progress

- Board assesses baseline understanding and comfort level among Board and staff in promoting VYFS in the community.
- Board and communication team develop tools and strategies to help increase knowledge of agency activities and comfort in promoting VYFS messages.

Action Plan

1. By June 30, 2017, Board develops and begins implementation of a communication plan that includes resources for staff and Board to share the VYFS story.
2. Communication plan includes an "urgent communication response plan" with methods and Board members identified to implement as needed.

Inputs

Board allocation of time to coordinate fundraising and communication objectives; small amount of funding may be needed for incidental expenses.

CORE ACTIVITY 3: REVIEW AND UPDATE AGENCY BYLAWS.

Results/Targets

By July 2018, bylaws have been updated and approved by Board of Directors.

Indicators of Progress

- Executive Committee develops schedule to update and approve bylaws.
- Updated bylaws are approved by the Board no later than second quarter of 2018.

Action Plan

1. By July 31, 2017, Executive Committee selects lead Board Member to review and update bylaws.
2. By September 30, 2017, schedule is set for full review of bylaws.
3. By January 31, 2018, draft revised bylaws are presented to Executive Committee for review.
4. Proposed revised draft approved by Board at March, 2018 Board meeting.

Inputs

Board volunteer to lead effort; Board members engaged in process.

CORE ACTIVITY 4: ORGANIZE AN ONGOING VOLUNTEER CORPS THAT SUPPORTS AGENCY EFFORTS.

Results/Targets

By June, 2020, Board efforts have resulted in an identified pool of engaged volunteers who are connected to the mission and contribute their time and talent in ways that benefit the organization.

Indicators of Progress

- Volunteers understand the agency and its needs.
- Volunteers are available to meet ongoing and emergent organizational needs.
- The agency has improved engagement with Board alumni.
- Volunteers feel welcome, needed and appreciated.

Action Plan

1. By January, 2018, identify Board Member to act as lead.
2. By June, 2018, in collaboration with VYFS staff, identify and expand current volunteer prospect lists; where possible, identify existing special skills.
3. Verify Board alumni list; where possible, identify existing special skills.
4. By September, 2018, in collaboration with Board fundraising and executive committees and agency staff, develop list of volunteer opportunities with job descriptions.
5. By October, 2018, in collaboration with staff, Volunteer Opportunities are published on website and available as a handout.
6. In collaboration with staff, recruit volunteers as needed.
7. By January, 2019, in collaboration with fundraising committee, plan volunteer recognition techniques.

Inputs

Some staff time to coordinate effort with Board volunteer; Board volunteer willing and able to organize effort; some financial expenditures (up to \$500) to cover miscellaneous costs, which may be included in 2018 budget; willing volunteers.

Board of Directors Assumptions

Continued ability to recruit and engage qualified Board volunteers. Volunteers from the broader community can be recruited. Community continues to need human services provided by agency.

Acronyms

BHO	BEHAVIORAL HEALTH ORGANIZATION
CES	CHAUTAUQUA ELEMENTARY SCHOOL
CSO	COMMUNITY SERVICE OFFICER
F&C	FUNDRAISING AND COMMUNICATIONS
FESS	FAMILY EDUCATION AND SUPPORT SERVICES
HR	HUMAN RESOURCES
IFCH	INTERFAITH COUNCIL TO PREVENT HOMELESSNESS
MIDD	MENTAL ILLNESS AND DRUG DEPENDENCY INITIATIVE
MOU	MEMORANDUM OF UNDERSTANDING
SUD	SUBSTANCE USE DISORDER
SVP	SOCIAL VENTURE PARTNERS
VELC	VASHON EARLY LEARNING COALITION
VISD	VASHON ISLAND SCHOOL DISTRICT
VOV	VOICE OF VASHON
VSSN	VASHON SOCIAL SERVICES NETWORK
WIC	WOMEN, INFANTS, AND CHILDREN PROGRAM
YPQI	YOUTH PROGRAM QUALITY IMPROVEMENT

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