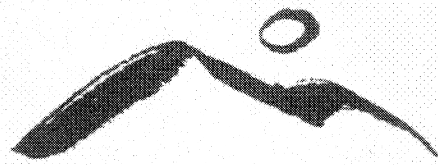

VERMONT

Department for Children and Families

Family Services Division

Annual Progress and Services Report

July 1, 2012 - June 30, 2013

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Organization and Function of the Title IV-B Agency

The Agency of Human Services (AHS) has the widest reach in state government and a critical mission: to improve the conditions and well-being of Vermonters and protect those who cannot protect themselves. The Department for Children and Families (DCF) is the largest department in AHS. DCF consists of the following:

The **Commissioner's Office** provides general policy direction for the department's operating programs as well as legislative and political advocacy.

The **Economic Services Division** is responsible for overall policy, planning and regulatory services for economic and health benefits, including TANF, SNAP, Emergency Assistance, Fuel Assistance and Medicaid.

The Child Development Division oversees all early childhood services formerly spread across various AHS departments.

This division includes the child care financial assistance program, child care referral, child care licensing, child care workforce development, Head Start, Healthy Babies, Kids and Families; Family Infant and Toddler Program; Early Childhood Mental Health programs, etc. Several of these programs now comprise Children's Integrated Services.

Disability Determination handles eligibility determination for Vermont applicants for Supplemental Security Income (SSI).

The **Office of Child Support** oversees all aspects of child support, including child support, medical support and child support enforcement.

The **Office of Economic Opportunity,** through contracts with local Community Action Agencies, provides supports to Vermonters to be financially independent. They also fund homeless shelters and low income weatherization services. The OEO Director also supervises the ReachUp Director, who in turn oversees all welfare-to-work supports delivered through the Economic Services district offices.

The **Business Office** assists in budget development, pays all bills, completes cost allocation, submits federal claims, manages space and telecommunications, etc.

The **Information Services Division** is responsible for developing and managing the department's management information systems, and for producing data to support the department's functions.

The **Family Services Division (FSD)** is responsible for the delivery of child protection, child welfare, adoption and permanency planning and youth justice services. Family Services is the division responsible for implementation of this plan.

Current Initiatives to Strengthen Services and Coordination

Practice Model Implementation

In March of 2010, the division finalized its practice model. The practice model is published on the division's web page at:

http://dcf.vermont.gov/sites/dcf/files/pdf/fsd/FSD_Practice_Model.pdf

In early 2010, FSD applied for support for an implementation project, to be federally funded through the Northeast and Caribbean Implementation Center (NCIC) at the University of Southern Maine. In July 2010, we were informed that our application was funded. We signed an MOA with the University of Southern Maine in October 2010.

Our project focuses on the implementation of our practice model. Project funds have supported additional contracted employees to assist us with full implementation. Currently we have two full time staff. One employee is focused on quality improvement efforts and the other is focused half-time on policy and practice and half-time on the evaluation of the project. We are currently recruiting for an IT developer who will assist us with development of a data warehouse.

We believe that successful implementation of our practice model requires:

- **True engagement** of partners and stakeholders in decision making;
- Development of supportive policy and **practice guidance;**
- Integration and **strengthening core strategies** to work with families;
- **Data** made available to inform planning and decision-making; and
- Modification and enhancement of our **quality improvement process**.

To support and organize our work, we have formed a project steering committee that meets monthly. Several work groups have been formed to oversee the ongoing work of the project:

  - Evaluation
  - Data and Quality Assurance
  - Children, Youth and Family Engagement
  - External Stakeholder Engagement
  - Practice Guidance

CFSR and PIP

Vermont is not currently subject to a Program Improvement Plan related to CFSR. We successfully completed our last PIP.

Children's Integrated Services

DCF's Child Development Division has moved forward on their strategic goal of fully integrating early childhood services. (This initiative was described in detail in previous plans.) Children's Integrated Services (CIS) is a prevention and early intervention resource for pregnant and postpartum women and families with children birth to six. Services include:

- **Early Intervention:** services mandated under Part C of IDEA, for children birth to age 3 with developmental delays;
- **Nursing and Family Support:** prevention services and family support to pregnant women and young children;
- **Early Childhood and Family Mental Health:** behavioral health consultation, education and limited treatment for families with young children and behavioral health training and consultation for the early childhood system of care; and
- **Specialized Child Care:** referral and coordination of child care services for families receiving Family Support financial assistance, children in DCF protective custody, and children with special health needs.

Until 2010, CIS services were provided through 32 grants with 29 different grantees, leading to a fragmented and complicated system of services for families. In November, 2010, CIS piloted a change in the current financing and service delivery system, with a goal of improved efficiency at the state level, reduced administrative burden at the local level, improved ability to provide client-centric services, and better service integration. Three regions – Lamoille, Franklin/Grand Isle, and Rutland – selected one organization within their region to be the fiscal agent for all regional CIS funding. The fiscal agent is responsible for ensuring the delivery of all CIS services, either through sub-contracts or direct service provision, and meeting the performance measures outlined in their contract with the state.

As of July 1, 2012, six additional regions – Brattleboro, Bennington, Newport, St. Johnsbury, Hartford, and Springfield - will be fully integrated through the single fiscal agent model. While it is too early to draw any substantial conclusions, it is clear that communication among service providers in the fully integrated regions has increased significantly. Providers are looking at the array of services available to families and how they are delivered through a new lens. Semi-annual data reports submitted by the regions will allow for qualitative analysis to determine system improvement.

The Family Services Division's district offices are key partners in CIS. The role of CIS in addressing the health needs of young children served by the child welfare system is discussed later in this plan.

Integrated Family Services

The Agency of Human Services (AHS) is in the process of re-designing a constellation of services that provide treatment and support to families with children with emotional, cognitive and/or physical disabilities. This includes children who are currently served by the Family Services Division, either in our care or not. It also includes children being served by the children's mental health and developmental services systems.

This initiative, called Integrated Family Services (IFS) has a goal of providing a single, multi-disciplinary family intake process that takes into account family functioning and risk factors, resilience factors and child functioning. This single intake will lead to a comprehensive assessment that will support the creation of an integrated family plan which includes all available supports for a holistic and supportive approach.

The IFS program will provide:

- Earlier intervention to build skills and maximize families' strengths, keep families together and reduce use of out of home placements regardless of disability type;
- Knowledgeable and skilled responses to parents regarding child mental health and substance abuse issues, trauma, post adoption, impact of significant disabilities on families, positive behavior support strategies; the promotion of wellness in the family system will be a focal point of this service package; and
- Flexible family support and treatment services based on family functioning and needs.

Once a child or youth leaves home, it is often very difficult to get him or her back home. In addition, skills gained in the out-of-home setting are more difficult to generalize in a home and community setting. For these reasons, IFS will shift funds currently committed to out-of-home supports and treatment towards earlier intervention in-home supports. The proposal is not to eliminate out-of-home supports but rather target those supports to specific populations and use out-of-home care in a more purposeful and directive manner. We also propose to increase the types of short term out-of-home supports (i.e. respite, crisis response, shared parenting) that many **families** (providers????) say are necessary to support the family's engagement in treatment.

This year, we have made the following progress:

- Programs focused on children with special health needs formerly delivered by two different departments were consolidated in the Vermont Department of Health.
- Documentation requirements have been streamlined for a wide variety of programs under the IFS umbrella.
- Substantial work has been done on the design and implementation of an IFS pilot in Addison County. We anticipate that a grant will be in place for 7/1/2012 to consolidate services delivered by the local parent-child center and the local children's mental health agency.

- AHS is working on a proposal that will result in an IFS "entity" within one department in the agency, to allow for comprehensive planning, policy development, program oversight and budgeting.

Focus on Permanency

Vermont has seen a dramatic decline in the number of children in DCF custody over the last few years. Even with this decline, there are a number of children and youth who are in custody that are at risk of exiting care without relational or legal permanence.

For this reason, we asked Casey Family Programs to assist us in implementing Permanency Roundtables (PRTs). Permanency Roundtables have been done in a number of other states and have been shown to have very positive results in achieving permanency for children and youth. They are focused planning meetings intended to assist workers and supervisors in developing permanent plans for a child / youth that can be realistically implemented over a period of six months. The meetings are designed to:

- stimulate thinking and learning about pathways to permanency for these and other children;
- identify and address barriers to permanency through professional development, policy change, resource development, and the engagement of system partners.

During the fall of 2012, we conducted PRTs for 96 children in our custody. This represents about 10% of the children in care. Most social workers had a chance to present a case that they found challenging. Staff was enthusiastic about the results. Currently, we are tracking the outcomes of the PRTs. In a significant number of cases, children and youth have already had improved permanency ratings.

Following several discussions with field staff, we have decided to commit resources over the longer term to PRTs. Beginning in July 2012 we will conduct PRTs on a regional basis. Each month, one district in the region will host and staff a PRT day for other districts in their region. Community partners will continue to be engaged with us in these discussions.

Child Welfare Waiver Demonstrations

Vermont does not have any waiver demonstrations at this time and does not plan to submit an application in the immediate future.

Service Descriptions for IV-B Services

Title IV-B, Subpart 1

In Vermont, Title IV-B, Part 1 funds child care for families needing extra support, in two categories:

- **Family Support Child Care** is a prevention and early intervention service designed to reduce stress for families and their children and promote positive child development.

  This is time-limited, part-time child care for families who are experiencing stress that may place their child at risk. Average monthly enrollment during SFY '12 was 460.

- **Protective Services Child Care** is personalized child care that includes a planned child development intervention strategy authorized by the Family Services social worker and must be part of the family plan as a safety strategy. The child care providers are specially trained to care for children who have been abused or neglected and they are active participants on the Family Services child and family support team. Services are provided to children living with their families and children in foster care, including those recently reunified with their families. Average monthly enrollment during SFY '12 was 559.

Title IV-B, Subpart 2

The division contracts with a variety of community agencies to provide services that supplement FSD casework services. These services comprise a statewide network of family support and preservation services; they are available in all districts. Although not primarily funded with Title IV-B, Subpart 2, these services are the backbone of our family preservation and support array.

- **Child and Family Support Contracts** provide support for our family engagement practice approach through facilitation and coordination of family centered meetings and case coordination services that support specific needs of children and families. All districts have capacity for facilitation of Family Safety Planning meetings, coordination and facilitation of Family Group Conferences, and for Family Time Coaching, our model for supported parent-child contact. Currently a workgroup consisting of FSD staff and providers is reviewing this program to determine what adjustments can be made to maximize outcomes.

- **Parent Educators** provide home-based support and parenting education, focusing on family support, family preservation and reunification. The program model has not been reviewed for many years. As part of the workgroup mentioned above, we are evaluating whether these services, as currently structured, continue to meet the needs of our clients as we shift our practice.

- **Intensive Family Based Services** provide time-limited, intensive in-home therapeutic services, focusing on family preservation and reunification. Intensive Family Based Services are considered part of the IFS constellation described on page 8. As IFS is fully implemented, Intensive Family Based Services is expected to evolve to one component in a flexible set of services designed to meet the needs of children with behavioral challenges and their families.

- Trained therapists are authorized to provide treatment under a special SRS Medicaid program called **CASE-T**. CASE-T therapists provide therapeutic services to victims of sexual abuse and youth with sexually harmful behavior. **Sexual Abuse Victim and Offender Treatment Services program** was reviewed and refined this year.

Title IV-B, Subpart 2 funds are primarily used to fund:

- **District-specific services** such as mentoring programs, after-school programs, and family-tailored individual supports and services.

- **Post-adoption supports and services** provided through the member agencies of the Vermont Adoption Consortium.

There are no changes in this area.

Service Description for Chafee Services

Vermont Chafee Foster Care Independence Program

FFY 12 has brought significant positive changes to Vermont's Chafee Foster Care Independence Program (CFCIP), the Youth Development Program. Historically, DCF Family Services Division has administered the Youth Development Program through a statewide network of agencies contracting directly with the state. While providing continuity over time, limited administrative capacity in the state agency has restricted our ability to aggressively pursue the implementation of best practice initiatives in youth development and fully benefit from collaboration with other youth related initiatives in the state.

In the mid-1990's DCF (then SRS) initiated a grant to the FSYB funded network of runaway and homeless youth service providers. The network, called the Vermont Coalition of Runaway and Homeless Youth Programs (VCRHYP), provides training and technical assistance to network agencies, assisting them to meet their goals to support families of youth in crisis, meet their needs and avoid the necessity of the youth coming into custody.

These services were effective in achieving desired outcomes. Network agencies have made important practice improvements. This was acknowledged in 2005 when through a collaboration with DCF, our Agency of Human Services and our state Medicaid agency, and agreement was made to fund the services through Vermont's Global Commitment to Health Medicaid waiver. This agreement provided further impetus for the refinement of best practice and expanded statewide resources for at risk youth and their families.

Since that time, the network and their parent organization have collaborated on series of projects including a comprehensive data system which tracks access to healthcare, housing, employment and education outcomes for served youth and a practice approach which tracks the acquisition of developmental assets as a measure of youth resiliency. To provide training to support these initiatives, they have established an annual youth workers training conference which conducts a collaborative planning process including state and private providers serving youth.

VCRHYP and its member agencies have become important partners in collaborative efforts to serve youth. They are central players in the Creative Workforce Solutions Youth Work pilots (see last year's APSR), and our FYSB-funded collaboration project called Support Systems for Runaway and Homeless Youth (Youth Factor NEK), focused in our Newport region. These experiences have illustrated the benefit from to coordinating services, measuring outcomes, and refining practice across youth serving agencies.

As a result, we have decided contract with VCRHYP to provide the same kind of coordination services for our Youth Development Program. The Chafee funded Youth Development Program will continue to be provided through current local agencies as in the past. It will be administered separately but in coordinator with other VCRHYP programs. The Youth Development Program will have its own state director, but operate in an agency with a proven track record of quality administration, oversight, outcomes, training and practice evolution. This change will take place on 7/1/2012.

Youth Development Component of Practice Model

Our practice model, as supported by our NCIC project, includes a focus on youth development and the Youth Development Program. Currently, a Youth Development Position Paper has been drafted by a group led by an experienced Youth Development Program administrator, the DCF administrator responsible for Chafee, youth representatives, and Youth Development Coordinators. The position paper is designed to identify research based principles for the Youth Development practice, and how these connect to t the DCF Family Services Practice Model and reflect its practice principles. This position paper and others are designed to provide the foundation for policy, procedures, and practice guidance creation in specific areas of the work.

Also, three sub-groups have been meeting over the last six months to prepare procedures for 1) a program description of the Youth Development Program 2) procedures for the Vermont's Extended Care Program 3) procedures for the completion and submission of NYTD data. All of these products have been completed in draft form and are going through revision through input from constituent groups.

Financial Self-Sufficiency

The guidance contained in the draft of the Youth Development Program description identifies the Ansell-Casey Life-Skills Assessment as a recommended tool to assess financial self-sufficiency, but our research suggests that other tools are effective and may be used. We plan to revisit the curriculum question soon. We will incorporate the credit status check planning into that work. Training and technical assistance on this and other practice areas will be expanded under the new partnership with VCRHYP.

Creative Workforce Solutions (CWS)

Creative Work Force Solutions has continued its Youth Work pilots in the two original sites. Implementation of the protocol is being monitored through data collection and monthly conference calls to support fidelity. Outcome data is being collected in the AHS CWS database as well as in the VCRHYP data base through the SSRHY pilot collaboration (to correlate it with other indicators like housing, healthcare and asset acquisition (see previous section.) See last year's APSR for description of the CWS overall initiative.

Educational Achievement

Since last year's APSR, DCF reached an agreement with our state Department of Education to create a confidential, unique identifier for foster youth in their database that will allow us to report out all of the data in the that system including attendance, school stability, special education status, achievement, academic credits for graduation, and graduation rates. These data components are run on all students in October of each year and we are pleased that for the first time we will be able to see how youth in our foster care system are doing. We will report these results in subsequent APSRs and incorporate them into our short and long-term planning.

Extended Care to Age 22

Act 74, Vermont's Youth in Transition Law, provides continued funds for youth between the ages of 18 and 22 who were in foster care when they reached the age of 18, or had previously been in foster care for at least 5 years when they were over the age of 12. Support is available in three areas, as follows:

Type of Support	# Youth Served
Extended foster care to support high school completion	58
Adult living partners	67
Short term financial supports to assist youth in establishing or maintaining an independent residence and/or for education or work related incidental expenses.	385

Data from the extended care program will be used to identify patterns of practice and assist in targeting training and technical assistance to youth development and other staff.

All youth receiving Extended Care are served by Youth Development Coordinators.

Justice for Children's Task Force and Educational Stability

The 2011 APSR identified work being undertaken by the Justice for Children's Task Force to improve outcomes for children and youth in foster care. Since the report, members of the Task Force from the state Department of Education, DCF Family Services and the Judiciary attended the 2011 ACYF-sponsored conference in Washington DC focused on

the improving educational results for foster youth. Our state's group left the conference with a strategic plan outlining steps to improve educational stability and achievement through a collaborative approach at state and local levels. These efforts have been woven into the outcomes for our federal court improvement project grant.

To further support this effort, this group has applied for a federal implementation grant to assist us in creating a statewide educational stability initiative modeled on a Casey Breakthrough project developed successfully in one of our regions in 2005

If funds are awarded we will partner with Casey Family Programs to deliver Casey Family Services ***A Road Map to Learning, Improving Educational Outcomes in Foster Care*** and ***Endless Dreams*** to teachers, foster child welfare staff, and foster parents. In March 2012, a team including staff from DCF Family Services and DOE presented training on the Breakthrough educational stability model at the annual foster parent conference. The grant will provide resources to implement training, coaching and technical support to roll out this effort statewide and measure its effect.

Education and Training Vouchers

Vermont continues to administer Chafee ETV in partnership with the Vermont Student Assistance Corporation (VSAC) through a sub-recipient grant to VSAC. The partnership assists youth in accessing maximum amounts of financial aid for post-secondary education and training through the Chafee ETV program, but also ensures receipt of other needs-based funds and funds targeted at former foster youth.

Eligibility for services and supports is confirmed by a data MOU between VSAC and DCF which compares youth indicating a "state ward" status on the FASFA our data. VSAC follows up with individual youth flagged by the process to ensure that no eligible youth misses out.

VSAC and DCF Family Services meet quarterly to review data on recruitment, retention, and completion rates for eligible youth receiving ETV support for post-secondary education and training. A portion of this review also examines financial aid packages for youth to track costs and loan indebtedness.

VSAC continues to target outreach to foster youth for participation in their TRIO Gear Up and Talent Search programs, to provide early encouragement to younger foster youth to consider college and to support them throughout the process of applying, enrolling and completing.

An additional initiative with the Community College of Vermont is anticipated to begin in Fall 2012. It will focus on preparation, affordability and retention of foster youth to post-secondary education.

The following table provides historical data about the disbursement of Chafee ETV funds through VSAC.

CHAFEE SCHOLARSHIP	FFY2005 10/01/04-09/30/05 (ACTUAL)	FFY2006 10/01/05-09/30/06 (ACTUAL)	FFY2007 10/01/06-09/30/07 (ACTUAL)	FFY2008 10/01/07-09/30/08 (ACTUAL)	FFY2009 10/01/08-09/30/09 (ACTUAL)	FFY2010 10/01/09-09/30/10 (ACTUAL)
# **new** Chafee recipients disbursed (received for the first year)	34	36	17	27	34	30
# **on-going** Chafee recipients disbursed (received in a previous year)	0	18	20	27	30	26
Total # Chafee recipients disbursed	34	54	37	54	64	56
Total $ Chafee funds disbursed	$118,187	$77,778	$101,624	$94,111	$118,836	$108,467

Annual Reporting of State Education and Training Vouchers Awarded

The following is the data required to be reported this year:

CHAFEE SCHOLARSHIP	FFY2011 10/01/10-09/30/11 (ACTUAL)	FFY2012 10/01/11-09/30/12 (PROJECTED)
# **new** Chafee recipients disbursed (received for the first year)	21	35
# **on-going** Chafee recipients disbursed (received in a previous year)	19	34
Total # Chafee recipients disbursed	40	69
Total $ Chafee funds disbursed	$114,841	$116,546

STEPS Program

The College of St. Joseph in Rutland, VT has been providing the STEPS program for 4 years. STEPS is specifically targeting former foster youth and providing year round housing, social and educational supports to maximize the likelihood of retention and successful college completion.

While we have struggled some with retention at the STEPS program, the pattern of retention has been about 50%. Although less than ideal, this compares well to national norms for the population.

In a continuing effort to do better, the St. Joseph's administration meets with DCF several times a year and communicates regularly to see how we can better prepare and support

youth enrolled in STEPS. DCF is providing financial support for some of the supplemental costs associated with the year round room and board aspects.

We are very excited about this program (as are the youth who attend it) and are working with the school on recruitment and long term viability.

Positive Connections with Adults

This section will address the components specifically related to CFCIP programming. DCF Family Services has developed a draft for a new case plan format for older youth to support compliance with the requirements of the Fostering Connections Act. The plan format is being designed to be individual to each youth. The plan is youth-driven, and includes specific options for housing, health insurance, healthcare, education, career development, progressive employment supports, employment, and a network of caring peer and adult relationships. DCF social workers and youth development coordinators will work with youth to identify caring adults in the youth's life to support them in their passage to adulthood.

Input to the draft plan and practice guidance from state and local youth governance groups, DCF Family Services Staff, and Youth Development Coordinators has occurred and the plan will be vetted by the NCIC steering committee in July 2012. Finalization is anticipated by September 2012.

Health Care

DCF Family Services and the larger network of youth serving agencies have made progress on the issue of healthcare in the past year. In addition to continued collection of data on healthcare access for youth we have negotiated an agreement with the Agency of Human Services and the administrator of our Global Commitment to Health and Blueprint for Health to expand eligibility for all former foster youth and at-risk youth from 18-21(inclusive) as "children" under our EPSDT plan without regard for income. There are some final administrative steps to complete but we expect this to be in place by September 2012. Our newly forged partnership across youth serving agencies will help us with issues that arise in the implementation phase.

Eligibility is only one side of the challenge and we are working on education and access to healthcare as part of our planning process for supporting youth to access healthcare under the age of 18 and maintaining that participation into adulthood. Strategies included so far our partnerships with health center primary care partnerships, healthcare orientation as part of life skills classes, and "well youth" checkups as part of program intake. These steps have also been incorporated into the new adolescent case plan work and are being tracked in outcome data across programs.

Experience of Homelessness

DCF Family Services and VCRHYP have made significant progress in their collaboration on the FYSB funded Support Systems for Rural Homeless Youth. Recently, collaboration between the local housing trusts, a local landlord, HUD funded community action program and TANF Reach Up program has resulted in a set of apartments, which will provide a progressive housing opportunity for youth in a mixed housing environment linked to their

employment work in the CWS YouthWork pilot. The goal is to link the skills to access and maintain housing first in a supported environment and later in unsubsidized community housing to sustainable employment at a living wage. Case management in the CFCIP Youth Development Program and FYSB Transition Living Program will provide life skills training and support to youth for all coordinated aspects of the housing and related programming.

Consistent with our Positive Youth Development approach, the case planning process is youth driven and the project guided by a local board of youth.

Personal and Emotional Support for Youth

A cornerstone of the state Youth Development Program is the importance of assisting youth not only with the concrete challenges of learning to live on their own, but the emotional challenges presented by that experience and the trauma that often preceded it. This support is provided to youth in every district in the state including youth who left foster care for kinship placement or adoption from age 16 on. The importance of supporting youth directly and through helping them build and reinforce relationships with other caring adults into the future is part of our initial training and ongoing supervision of program staff.

Youth Governance

Our State Youth Development Committee of current and former foster youth meets monthly and has been doing so for several years. The group, facilitated by our State Youth Development Coordinator with the support from an AmeriCorps member, has had several major successes this year:

- Planning for and implementation of the annual statewide youth conference (they do it all);
- Support for a New England Commissioner's Sibling Bill of Rights, with the signing occurring at the youth conference;
- Quarterly meetings with the DCF commissioner, and DCF Family Services deputy commissioner to discuss policy, practice and issues affecting youth in care;
- Participation in conferences, trainings, and as members of advisory groups to ensure youth voice;
- Participation in the creation of the Youth Development Position Paper;
- Participation in the Children Youth and Families work group for our NCIC project.

The success of the statewide committee has led us to expand our efforts into local areas with the twin goals of helping more youth access the opportunity to learn new skills and have a genuine voice in their collective lives.

We are now near to completing our first year of supporting our youth governance and policy creation work with the support A*VISTA positions. We have appointed our second Foster Club All Star, who is our very dynamic former Youth Development Committee president. Our A* VISTA members have provided a real breath of fresh air and energy. They have connected us more effectively with our youth committee members. We will continue to work with them and our youth on our healthcare and policy implementation

efforts along with our new All Star. We are in active recruitment for two new A*VISTA members for next year.

National Youth in Transition Database (NYTD)

DCF Family Services has submitted its second NYTD served youth and cohort youth survey data and has made significant progress on timeliness, accuracy and completeness. We have and will continue the process to make it more effective and less labor intensive. Our latest report provides data on 451 served youth.

Serving Populations at Greatest Risk

Vermont's 2010 Report on Child Protection in Vermont[1] contains data about the age of children who were substantiated victims of child abuse or neglect that year, as follows:

Age Group	% of All Victims
0-2	15.2%
3-5	16.4%
6-10	29.0%
11-14	22.8%
15-17	16.6%

Of these, 58.3% were girls and 41.7% were boys.

Types of maltreatment were as follows:

Maltreatment	% of All Maltreatment
Physical	19.8%
Sexual	45.0%
Risk of Sexual	11.8%
Risk of Physical	19.2%
Neglect or Emotional Maltreatment	4.2%
Total	100.0%

It is important to note that Vermont investigates sexual abuse by any person, not just by parents or caretakers. This results in the appearance of a very high rate of sexual abuse in the state. Of the 340 substantiated reports of child sexual abuse, 57 or 16.7% of the perpetrators were caretakers.

Data about race and ethnicity of maltreatment victim, taken from Child Maltreatment 2010[2], do not indicate any concerns about disproportionality:

[1] 2010 Report on Child Protection, Vermont Department for Children and Families. http://dcf.vermont.gov/sites/dcf/files/pdf/fsd/2010_Child_Protection_Report.pdf (retrieved June 2012)

	2007	2008	2009	2010
Alaska Native / American Indian	0.1	0.3	0.3	0
Asian	0.1	0	0.3	0.3
Black	0.9	1.9	0.7	1.8
Native Hawaiian / Other Pacific Islander	0	0	0	0
Hispanic (of any race)	0.7	1.2	0.4	0.7
White	91.5	94.7	96.1	94.3
Two or more races	1.7	0.3	0.7	0.3
Missing data	4.9	1.6	1.7	2.6

Preliminary data from 2011 does indicate geographic differences in child maltreatment, from district to districts. In the following table, districts with high rates of reports of child maltreatment in relationship to the child population in the district are bolded.

District	% of Vermont's Child Population	# 2011 Child Safety Responses	% of VT Child Safety Responses
St. Albans	**10%**	**556**	**12%**
Burlington	24%	808	17%
Hartford	8%	284	6%
St. Johnsbury	6%	254	5%
Brattleboro	5%	252	5%
Barre	**10%**	**599**	**12%**
Newport	5%	282	6%
Rutland	**9%**	**525**	**11%**
Springfield	**5%**	**438**	**9%**
Bennington	6%	299	6%
Morrisville	5%	269	6%
Middlebury	6%	249	5%
Total		4815	

The department has concluded from this data that there is a need for further investments in child abuse prevention in the four districts noted above. In the upcoming state fiscal year, the department will pilot projects based on the Center for the Study of Social Policy's Strengthening Families Framework[3] in the Barre, Rutland and St. Albans districts. (The Springfield district will not be included at this time, due to a transition in leadership in that district.) This project is a collaborative project between the Family Services Division and the Child Development Division and is supported in part from OJJDP funding that comes to the state through a formula grant.

[2] Child Maltreatment 2010, U. S. Department of Health and Human Services (http://www.acf.hhs.gov/programs/cb/pubs/cm10/), retrieved June 2012.
[3] Center for the Study of Social Policy. Strengthening Families Framework (http://www.cssp.org/reform/strengthening-families), retrieved June 2012

Collaboration and Coordination with Partners and Constituents

Child and Family Service Delivery System

Vermont has many, many collaborative structures in place to ensure that services are coordinated and that the voices of stakeholders are heard – not only within the Family Services Division, but across the Agency of Human Services, the Department of Education, and other partner agencies.

We utilize new and existing structures to meet federal requirements for consultation and coordination with stakeholders in developing and implementing provisions of the CFSP, CFSR and APSR. We seek stakeholder and partner input in many ways, on a regular basis. Here are some of the mechanisms we use:

- The Youth Advisory Board meets monthly. The DCF commissioner and Family Services deputy commissioner meet with the board at least four times a year.
- The Vermont Foster and Adoptive Family Association (VFAFA) holds monthly board meetings, which division staff attend. They hold networking meetings quarterly, which the commissioner and deputy commissioner attend. At VFAFA's annual conference, an open forum is traditionally held, as a mechanism for attendees to have direct access to the commissioner and deputy commissioner.
- The deputy commissioner meets regularly with Vermont Kin as Parents to discuss issues of mutual concern.
- The Vermont Coalition of Residential Programs meets monthly, with division representatives attending. The commissioner and deputy commissioner meet with VCORP at least four times a year.
- The commissioner meets weekly with other AHS commissioners to ensure cross-departmental planning and trouble-shooting.
- Our NCIC project has a major focus on partner and constituent involvement and input, with two workgroups dedicated to ensuring meaningful engagement. These are very active work groups that meet monthly. They have provided invaluable feedback as we are fully implementing our practice model.
- The Integrated Family Services and Children's Integrated Service initiatives are major cross-systems initiatives, both of which incorporate parent and stakeholder voice. In addition, division staff meet weekly with partners from across AHS for planning and evaluation purposed.
- Vermont has a well established Coordinated Service Planning mechanism, with local teams meeting across the state, and a state-level team that meets monthly.
- The Children and Family Council for Prevention Programs (CFCPP) is the governor appointed advisory body that guides us in prevention and juvenile justice issues. They develop the Primary Prevention Plan for the Agency of Human Services and the required three year plan for the federal government. The CFCPP is required to include youth in their membership.

This past year, as part of the implementation of our practice model, we have focused on improving our strategies to ensure regular, meaningful input from our stakeholders, so that we can evaluate the effectiveness of our services. In addition to convening both a community partners group and a children, youth and families group that are meeting on a regular basis, we are also using a variety of surveys and evaluation mechanisms including:

- Family Worker Collaboration Survey
- Contract Provider Survey
- Foster Parent Survey
- Evaluations from Family Safety Planning and Family Group Conferencing Meetings
- Survey of Employee Engagement (SEE)
- Focus Groups

In June 2012, with technical assistance from the National Resource Center on Child Protective Services, we evaluated our Child Abuse Reporting System, with a focus on consistency and quality of the intake and report acceptance process. This evaluation included satisfaction surveys sent to mandated reporters as well as to internal stakeholders. The results of that evaluation are not yet available.

Court and Legal System

The DCF commissioner and Family Services deputy commissioner are members of the Justice for Children Task Force, which meets quarterly and has standing committees to work on systems improvements. Vermont's Court Improvement Coordinator is a regular member of work groups formed to improve outcomes for children in care, such as our current permanency task force. The Chief Administrative Judge and the FSD deputy co-chair the Best Practice Subcommittee. This year, a major focus was on a cross-system conference held in September 2011, focused on improving the educational outcomes of children in foster care, and other children involved in the court system.

The deputy commissioner was a close collaborator in the development of the state's Court Improvement Project's plan and funding application, which has been approved.

Child Welfare and Youth Justice Workforce

Direct Service Work Force

Vermont provides child welfare and youth justice services in an integrated system. Professionals are in one of three job titles:

- o Social Workers and Social Worker Trainees – Social Workers typically specialized in one of four areas of focus:
    - Centralized intake and emergency (after hours) services;
    - Front-end investigation and assessment work;

- Ongoing work with families in child protection, child welfare and/or youth justice. This may include child protective services cases, children in foster care, and/or supervision of youth on juvenile probation.
- Foster and residential licensing and special investigations.

- Senior Social Workers – Senior Social Workers also perform in one of the four areas of specialty listed above. They also supervise 1-3 social workers as part of their duties.

Recruitment and Selection of Direct Service Work Force

Social workers are recruited through Vermont's state human resources (HR) department through their standard processes. Job openings are posted on the HR website. If FSD determines that advertising is necessary, the division is responsible for placing ads in appropriate newspapers and with on-line recruitment services.

All applicants must complete an on-line application, which contains screening questions. Applications, cover letters and resumes for applicants who meet screening criteria are sent electronically to the hiring manager. The hiring manager then selects applicants to interview, using criteria applied across the applicant pool.

Typically, candidates are interviewed by a panel that includes both internal interview, community partners, and stakeholders, which may include youth or parents.

Vermont also has a Title IV-E trainee program through the University of Vermont. Graduates from the program are prioritized for interviews for open positions. Some years, the division holds vacancies starting in late winter, in order to ensure successful hiring of graduates.

As part of our NCIC Implementation project, we are in the process of reviewing how we recruit and hire staff that we feel will be successful in carrying out their duties in alignment with our practice model. We would like to develop a realistic job preview video for our state.

Qualifications for Child Welfare and Youth Justice Staff

The minimum qualifications for Social Worker Trainees are:

- Bachelor's degree with no experience; or
- High school graduation or GED with 4 years in human services at or above a paraprofessional or technician level.

The minimum qualifications for Social Workers are:

- Master's degree in social work with no experience: or
- Bachelor's degree with 18 months of human services casework, including at least six months with a child or youth services caseload.

The minimum qualifications for supervisors are as follows:

- Master's Degree in social worker with one year of casework experience with a child protective or juvenile services caseload; or
- Bachelor's degree with three years of casework experience with a child protective or juvenile services caseload; or
- Bachelor's degree with two years of casework experience with a child protective or juvenile services caseload PLUS one year of supervisory experience; or
- Completion of a Social Worker Traineeship in Children and Families and 3 years of casework experience with a child protective or juvenile services caseload.

All social worker and social worker trainees complete the Foundations training which is described in our Annual Progress and Services Report, regardless of what kind of job duties they will perform.

Turnover is very low among Family Services Supervisors. Typically, when there is turnover, a supervisor is hired from within the ranks of social workers.

Demographics of Current Staff and Recent Hires

Demographic data about current employees and new hires is not collected routinely by the state, the department or the division. This year, for the second year, the department and the division utilized the Survey of Employee Engagement (SEE) as a way to assess the way employees see the work and the workplace. For FSD, use of the SEE specifically helped us to assess how fully division employees are embracing our practice model.

The SEE had over a 70% response rate. Demographic data was collected. Overall, the division's demographics are as follows, with 258 employees in all job classes responding. If the number responding was less than 5, no data was reported.

Age	Number	Percent
16-29	28	10.85%
30-39	65	25.19%
40-49	70	27.13%
50-59	58	22.58%
60+	33	12.79%

80% of employees are female. 92% of employees identified themselves as Anglo-American/White. Numbers of employees in other racial/ethnic groups is not available, as there were less than five in any one group.

For all employees reporting, educational attainment was as follows:

Highest Education	Number	Percent
Less than High School	Less than 5	not available
High School Education	16	6.20%
Some College	18	6.98%
Associates Degree	12	4.65%
Bachelor's Degree	99	38.37%
Master's Degree	107	41.47%
Doctoral Degree	Less than 5	not available

For all employees reporting, longevity with this organization was as follows:

Years of Service with This Organization	Number	Percent
Less than 1	24	9.30%
1-2	26	10.08%
3-5	29	11.24%
6-10	27	10.47%
11-15	28	10.85%
16+	48	18.60%

Employees reports annual salaries, before taxes, as follows:

Annual Income Before Taxes	Number	Percent
Less than $15K	Less than 5	Not available
$15K-$25K	Less than 5	Not available
$25K-$35K	27	10.40%
$35K-$45K	84	30.67%
$45K-$50K	47	19.94%
$50K-$60K	50	17.64%
$60K-$75K	32	10.28%
More than $75K	7	3.53%

The following demographic information is specific to social workers. This information pertains to the 107 social workers who responded to the Survey of Employee Engagement. We have a high percentage of social workers who have earned Maser's Degrees.

Highest Education	Number	Percent
Bachelor's Degree	56	51.38%
Master's Degree	50	45.87%
Other	1	

About 79% of social workers are female. 95% are Anglo American/White.

Social worker salaries are self-reported as follows:

Annual Income Before Taxes	Number	Percent
Less than $35K	Less than 5	13.95%
$35K-$45K	53	48.62%
$45K-$50K	28	25.69%
$50K-$60K	17	15.60%
$60K-$75K	Less than 5	10.28%
More than $75K	Less than 5	3.53%

Social workers report that they are the following ages:

Age	Number	Percent
16-29	23	21.1%
30-39	38	34.86%
40-49	28	25.69%
50-59	9	8.26%
60+	9	8.26%

Social workers reported years of service in this organization were reported as follows:

Years of Service with This Organization	Number	Percent
Less than 1	16	14.68%
1-2	13	11.93%
3-5	19	17.43%
6-10	12	11.01%
11-15	12	11.01%
16+	10	9.17%

Training Provided to New and Experienced Child Welfare Workers

Training for new and ongoing child welfare workers is provided in collaboration with our Child Welfare Training Partnership. This is fully described in a separate section of this plan update, starting on page 28.

Training Provided to Supervisors and Managers

All employees who are new to the divisions, including supervisors and managers, complete the same Foundations and Core training as social workers. New managers and supervisors are paired with a formal mentor in another office. In addition, other opportunities are available, but not required. These include:

- AHS 3-day training for new supervisors;
- Supervisory Training Program (STAR) provided by the Vermont Human Resources Department;
- Vermont Public Manager Program;
- AHS Leadership Development Program

Recently, our staff have participated in the Leadership Academy for Middle Managers and the Leadership Academy for Supervisors. Four of our 12 district directors are graduates of the LAMM. They found it valuable and inspiring. Five more will attend this summer. In addition, we have several managers who have attended other programs listed above. We regularly seek opportunities for professional development for our managers and supervisors.

In September 2012, we anticipate that 15 of our 25 supervisors will graduate from the Leadership Academy for Supervisors (LAS). We are evaluating how we can incorporate the LAS curriculum into our in-house training package, once federal support ends.

Measurement of Skill Development

The development of skills is measured over time, through the performance appraisal process. New employees serve a probationary period of six months, which can be extended if necessary. Employees who cannot adequately perform the duties of the job can be let go during the probationary period. Evaluations are due at the end of the probationary period, the end of the first year, and annually thereafter.

Caseload Size

Caseload is measured in different ways, depending up the duties of the social worker. Social workers who conduct child safety interventions (investigations and assessment) are expected to be able to conduct 100 interventions per year. Over the last several yeas, we have shifted considerable positions to this function, in order to keep to this standard. Most workers are very close to this.

The caseloads of ongoing social workers are measured by the number of families per worker, regardless of the type of case. Our goal in adding 8 additional social work positions this spring was to bring all districts to an average ongoing caseload of between 15 and 16 families per social worker. As of June 2, 2012, the average number of families being served by ongoing social work staff was 16.1. However, we have not yet achieved equity across all districts.

District	Families Per Social Worker
Barre	18.2
Bennington	13.1
Brattleboro	15.0
Burlington	14.3
Hartford	14.0
Middlebury	16.3
Morrisville	9.7
Newport	20.2
Rutland	14.6
Springfield	16.6
St. Albans	23.4
St. Johnsbury	16.5
State Average	16.1

When vacancies occur, caseloads are reviewed. When a district has a sustained increase or decrease in caseload, vacant positions may be shifted to other districts. Our state employees' contract does allow us to transfer staff to other locations within 35 miles, but we rarely do.

Turnover and Vacancy Rates

During SFY '12, FSD hired two district directors. There are 12 district directors total. One vacancy resulted from an internal transfer; the other from a promotion. Both new hires were from outside of the agency.

During SFY '12, FSD hired three supervisors, two following retirements, and one following a promotion. The three new supervisors hired were experienced social workers from within the office.

During SFY '12, FSD added eight social worker positions approved by the legislature. In addition, we filled or in the process of filling 31 social worker positions. There was some movement caused by disciplinary actions, which we are not reporting in this plan update. This is due to the fact that with the very small number, this information could be potentially identifying. Those numbers are included in the resignation category.

Social Worker vacancies that occurred during the fiscal year were as follows:

Social Worker Turnover	Number
Total Number of FTEs	144
Resignations	18
Retirements	3
Lateral to Another District	7
Promotion	3
Total Movement	32

The number of resignations was unusually high this year. Six occurred in one district.

Supervisor to Worker Ratios

Our goal is to have no more than 6 social workers per supervisor. For the most part, we achieve this goal.

Supervisor to Social Worker	Number of Supervisors
7 to 1	1
6 to 1	10
5 to 1	10
4 to 1	4

Staff Development and Training Plan

The Department's Human Resources Development Unit (HRD) is responsible for the development and delivery of comprehensive education and training programs for agency staff and foster/kin/adoptive parents. This is accomplished in collaboration with the University of Vermont (UVM) Department of Social Work through our Child Welfare Training Partnership (CWTP).

Additional training for agency staff is developed and provided through the Agency of Human Services Department for Children and Families new Human Resources Division and through the State of Vermont Department of Human Resources Summit Learning Center.

Long-term Training

Our Child Welfare Training Partnership with UVM supports up to five current child welfare workers/supervisors and up to five potential employees to obtain a Masters or Bachelors degree in Social Work at UVM each year.

Employees are selected based on experience in public child welfare, job performance and commitment to children and families. They contract to work for the Department for 2-4 years following graduation, depending on the level of support provided. Potential employees are selected from a pool of applicants accepted into the MSW/BSW

programs based on their work experience and suitability for and commitment to public child welfare work. They contract to work for the Department for three years following graduation. There are no changes to the MSW/BSW training opportunities.

Short-Term Training

The short-term training program includes classroom and on-the-job training for new employees, core training required within 18 months of hire, district team-based training focused on best practice, and supervisor training. All short-term training is carefully designed to support the Family Services Division mission, core principles, practice model and system outcome priorities. The staff training program is reviewed and updated regularly. The University of Vermont's Child Welfare Training Partnership (CWTP) staff participates in various policy and planning groups to ensure that training accurately reflects the policy and priorities of the Family Services Division.

Court Related Short Term Training

The Fostering Connections to Success and Increasing Adoptions Act of 2008 permits states to claim Title IV-E training reimbursement for certain short-term training of current and prospective relative guardians and for court and related personnel who handle child abuse and neglect cases. We have amended Vermont's Public Assistance Cost Allocation Plan (PACAP) as required. There are no court related trainings in the training plan for July 2012-September 2013.

New Employee Training

New employees complete Foundations for Family Centered Practice (FFCP) during their first six months on the job. FFCP is a three week program, with 2-3 weeks in the field between each week. It is offered twice annually. Working with case scenarios in the classroom, participants learn and practice skills and knowledge necessary for entry level child welfare and youth justice practice. On-the-job training in the field during this period is guided by the Field Practice Manual. This manual outlines a structured program of reading, shadowing exercises, interviewing activities, self reflective activities, and reviews policy and statutes. It provides a structured on-the-job training program which connects with the Foundations for Family Centered Practice programs.

New employees complete eight days of more intensive training on selected topics during their first 18 months of hire. Each of these core trainings are offered annually and occur in a classroom setting. They build on the skills and knowledge acquired in FFCP and in on-the-job training. Experienced employees are encouraged to take core training as needed.

All Foundations for Family Centered Practice courses and Core training are offered by CWTP staff in collaboration with FSD staff and community partners, and hired subject experts, except for Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Child Welfare Professionals which is completed online while the employee is in the Foundations for Family Centered Practice program.

The following charts illustrate topics which will be covered in training, but will be woven throughout the three week curriculum using a case scenario framework. For that reason, they cannot be seen as stand alone courses but rather as part of a comprehensive experience.

The costs included here indicate fees training space and for outside trainers and honoraria for parents and youth who are part of panel presentations for training sessions.

Foundations for Family Centered Practice

Topic	Syllabus	IV-E Functions	Hrs	Provider	Est Cost/ Cost Allocation
Introduction to Family Services	Overview of FFCP, review FSD Practice Model, values, core practice principles, tools for engagement. Understand case flow from intake to closure.	Social work practice, such as family centered practice and social work methods including interviewing and assessment; general overview of child abuse and neglect investigations, cultural competency; development of case plan.	5.5	CWTP	$100/ 100% IV-E
Introduction to Intake, Assessment and Investigation	Mandated reporting law, intake process, policy on conducting assessments and investigations, interviewing children and adults.	Assessment and screening, impact of trauma on child development and well-being.	5.5	FSD staff and CWTP	$100/ 100% CAPTA
Family Assessment and Engagement	Solution-focused skills and strategies, family centered practice. Understanding risk and protective factors; understanding range of assessment tools.	Social work practice, such as family centered practice & social work methods including interviewing and assessment; general overview of child abuse and neglect investigations, risk and protective factors.	5	CWTP	$100/ 100% IV-E
Child Development	Normal child development, impact of abuse and neglect, parental strategies.	Child development, child social and emotional development, impact of trauma, social work practice including, assessment, development of case plan, cultural competency related to children and families, development of case plan.	3	Hired subject expert and CWTP	$100/ 100% IV-E

Topic	Syllabus	IV-E Functions	Hrs	Provider	Est Cost/ Cost Allocation
Physical Abuse	Develop ability to assess injuries for physical abuse, understand basic medical terminology, impact of physical abuse on children and families.	Impact of trauma on child development and wellbeing.	3	Hired subject expert and CWTP	$100/ 100% CAPTA
Sexual Abuse	Understand the scope of behaviors and outcomes associated with child sexual abuse. Understand impact on victims. Learn skills for working with children and families impacted by sexual abuse.	Child abuse and neglect issues, such as the impact on a child's development and well-being, impact of trauma; resilience, social work methods including interviewing and assessment; preparation for judicial determinations; placement of a child; case supervision & management; development of case plan.	5.5	Hired subject experts & CWTP	$600/ 100% IV-E
Chronic Neglect	Forms of neglect, impact on brain development, complex trauma, attachment, related research, causes, how to assess and address.	Child abuse and neglect issues, such as the impact on a child's development and wellbeing, impact of trauma, resilience; social work methods including interviewing & assessment; developing case plans; case supervision & management.	2.5	Hired subject expert & CWTP	$300/ 100% IV-E
Family Safety Planning	Identify the practice principles of family safety planning as a case planning methodology throughout the life of a case. Demonstrate the ability to distinguish between danger, risk and complicating factors in case planning. Understand the components of safety and explore case examples.	Social work practice, such as family centered practice and social work methods including interviewing and assessment; risk and protective factors, assessments to determine whether a situation requires a child's removal from the home; activities designed to preserve and reunify families communication skills required to work with children and families; placement of the child; development of case plan for children in foster care/ at risk of foster care; permanency planning; case management and supervision; referral to services.	2.5	CWTP	$100/ 100% IV-E

Topic	Syllabus	IV-E Functions	Hrs	Provider	Est Cost/ Cost Allocation
Case Planning and Permanency	Solution focused decision making through life of a case, developing clear case goals; concurrent planning, safety planning, values of permanency. FSD permanency position paper and related policies.	Development of case plan; permanency planning; case management & supervision; referral to service; placement of child.	5.5	CWTP	$100/ 100% IV-E
Working with Adolescents; Motivational Interviewing	Adolescent development/brain development, understand research based interventions for working with youth; learn about the Youth Assessment Screening Instrument (YASI) and motivational interviewing; case planning with youth	Screening and assessment, risk, and protective factors, social work practice, such as social work methods including interviewing and assessment; development of case plan; case management and supervision; permanency planning; referral to service.	8.5	CWTP	$100/ 100% IV-E
Working with the Court	Understand role of social worker in court. Learn about state and national statutes. Understand how cases flow through court system.	Preparation for judicial determinations; placement of child; permanency planning; case management and supervision	5.5	FSD Staff & CWTP	$100/ 100% IV-E
Permanency and Family Group Conferencing	Understand the FGC model, and how it relates to engagement, permanency and decision making through life of case.	Social work practice, such as family centered practice and social work methods including interviewing and assessment; assessments to determine whether a situation requires a child's removal from the home; activities designed to preserve and reunify families communication skills required to work with children and families; placement of the child; development of case plan for children in foster care/ at risk of foster care; permanency planning; case management and supervision; referral to services.	2.5	CWTP	$100/ 100% IV-E

Topic	Syllabus	IV-E Functions	Hrs	Provider	Est Cost/ Cost Allocation
Substance Abuse	Explore substance abuse as it impacts parenting and families. Understand prevalent drug use in Vermont. Understand recommended strategies for assessment, case planning and engagement of families.	General substance abuse issues related to children and families in the child welfare system; social work practice, such as family centered practice and social work methods including interviewing and assessment. This training is not related to how to conduct an investigation of child abuse and neglect.	3	Hired subject matter expert	$100 100% IV-E
Family Time Coaching	Explore policy, principles and philosophy of Family Time Coaching (FTC) and Shared Parenting meetings, learn how to convene and facilitate a Shared Parenting meeting.	Case planning, permanency planning, assessment, impact of trauma on child development and well-being, effects of separation, grief and loss, child development, and visitation.	3.5	CWTP	$100/ 100% IV-E
Domestic Violence	Increase your understanding of the connection between child abuse and domestic violence. Understand the practice issues prevalent in cases involving domestic violence when working with child welfare cases. Learn strategies for effective response to DV in the child welfare context.	General domestic violence, and mental health issues related to children and families in the child welfare system (not related to providing treatment or services), development of case plan for children in foster care/ at risk of placement in foster care; permanency planning; case management and supervision; referral to service, impact of trauma on child development and wellbeing.	2.5	FSD staff and CWTP	$100/ 100% IV-E

Topic	Syllabus	IV-E Functions	Hrs	Provider	Est Cost/ Cost Allocation
Facilitating Successful Placements	Understand practice of selecting and facilitating successful placements to promote successful permanency outcomes. Review placement options for children and youth. Understand ICPC, residential licensing, kinship placements.	Placement, case planning, permanency planning, child development, impact of trauma, working with foster parents and kin.	5.5	FSD staff and CWTP	$100/ 100% IV-E
Ethics, Power, Supervision, Teaming and Self-Care	Understand the ethics of social work practice in public child welfare, and apply the NASW Code of Ethics to ethical dilemmas. Name specific strategies for self-care in the field. Discuss the ethics of closure with children, youth and families. Examine teaming in the child welfare context.	Ethics related to public child welfare practice, development of case plan; placement of the child; permanency planning; case management and supervision; referral to service, cultural competence.	5.5	CWTP	$100/ 100% IV-E

Core Training

Subsequent to Foundations for Family Centered Practice, but while in trainee status during their first 18 months of hire, new employees complete the following short-term classroom training. All are coordinated by the CWTP. Subject experts are hired for some, and experts within the Department provide others in collaboration with CWTP trainers. Each is offered one time annually.

Topic	Syllabus	IV-E Functions Addressed	Hrs	Provider	Est. cost/ Cost allocation
Substance abuse and Mental Illness: Dual Diagnosis	Explore impact of the use and abuse of various substances on parenting and on development of young people. Explore treatment resources available, to inform appropriate referral and case planning. Practice motivational interviewing. Working with drug treatment providers.	Social work practice, such as family centered practice and social work methods including interviewing and assessment; general substance abuse issues related to children and families in the child welfare system; preparation for judicial determinations; placement of the child; development of case plan; permanency planning; case management and supervision; referral to services; impact of trauma on child development wellbeing	5.5	Hired subject expert and CWTP	$100/ 100% IV-E
Domestic Violence in Child Welfare	Increase understanding of the connection between child abuse and domestic violence; Understand the practice issues prevalent in cases involving domestic violence; Learn strategies for effective response to domestic violence in the context of child welfare.	General domestic violence, and mental health issues related to children and families in the child welfare system; social work practice, such as family centered practice and social work methods including interviewing and assessment; development of case plan for children in foster care/ at risk of foster care; permanency planning case management and supervision; referral to services; impact of trauma on child development and well-being.	5.5	FSD staff and CWTP	$100/ 100% IV-E
Working with Kin	This day takes a deeper look at how working with kin impacts safety planning, the tensions that may exist in engaging kin, assessing for risk and identifying strengths and protective factors. Explore strategies to support successful kin placements and permanence with kin.	Permanency planning including using kinship care as a resource for children involved with the child welfare system; recruitment and licensing of foster homes; activities designed to preserve and reunify families development of case plan for children in foster care/ at risk of foster care; permanency planning case management and supervision; referral to services	5.5	CWTP and paid kin providers VKAP Director and panel of Kin providers	$100/ 100% IV-E

Topic	Syllabus	IV-E Functions Addressed	Hrs	Provider	Est. cost/ Cost allocation
Working with Families Affected by Trauma and Attachment Issues	Learn what the latest research is reporting about the neuro-developmental impact on trauma on the brain; and what comprises best practice. Examine the impact of complex trauma on attachment and the implications of traumatized parents. Evaluate how to make decisions about the needs of families based on a trauma-informed lens. Learn about vicarious trauma for workers and define ways to organize for effective self care.	Social work practice, such as family centered practice and social work methods including interviewing and assessment; development of case plan for children in foster care/ at risk of foster care; Permanency planning Case management and supervision; Referral to service; impact of trauma on child development and wellbeing, resilience, attachment	5.5	Hired subject expert & CWTP	$750/ 100% IV-E
Supervising Youth with Sexually Offending Behaviors	Understand the behaviors, emotional indicators and dynamics of youth with sexually offending behaviors. Know how to work with adolescents, family members, victims and the community in case planning to prevent relapse.	Child abuse and neglect issues, such as the impact of child abuse and neglect on a child; assessments to determine whether a situation requires a child's removal from the home; referral to service, placement of child, development of case plan for children in foster care and at risk of foster care, case management and supervision, impact of trauma on child development and wellbeing.	5.5	Hired subject experts & CWTP	$100/ 100% IV-E

Topic	Syllabus	IV-E Functions Addressed	Hrs	Provider	Est. cost/ Cost allocation
Working with Families Affected by Sexual Abuse	Identify key areas of assessment in safety planning when sexual abuse is a factor in the home environment. Develop engagement strategies for inviting parents to participate in planning for their children when these issues are complicating the relationship between the family and the professionals. Evaluate risk and protective factors as they relate to the context of prevention of placement and reunification. Unpack our values that are surfaced when considering the long term. Generate thoughtful case plans utilizing assessment skills and collaborative planning.	Child abuse and neglect issues, such as the impact of child abuse and neglect on a child; assessments to determine whether a situation requires a child's removal from the home; development of case plan for children in foster care/ at risk of foster care; permanency planning; case management and supervision; referral to services, impact of trauma, relational competence. This training is not related to how to conduct an investigation of child abuse and neglect.	5.5	Hired subject expert & CWTP	$600/ 100% IV-E
Introduction to Child Safety Interventions	Learn skills for engaging families and communities right from the start. Understand our policy and legal mandates. Understand differential response, family assessment, and forensic interview techniques. Practice interviewing children and adults.	Social work practice, such as family centered practice and social work methods including interviewing and assessment; assessments to determine whether a situation requires a child's removal from the home; activities designed to preserve, strengthen, and reunify the family; preparation/ participation in judicial determinations, development of case plan, case management and supervision.	5.5	FSD staff & CWTP	$100/ 50% CAPTA 50% IV-E

Topic	Syllabus	IV-E Functions Addressed	Hrs	Provider	Est. cost/ Cost allocation
Safety Planning with Families	Explore safety planning in more depth. Deepen your skills in articulating clear risk statements and working with families to formulate individualized safety plans.	Social work practice, such as family centered practice and social work methods including interviewing and assessment; risk and protective factors, assessments to determine whether a situation requires a child's removal from the home; activities designed to preserve and reunify families communication skills required to work with children and families; placement of the child; development of case plan for children in foster care/ at risk of foster care; permanency planning; case management and supervision; referral to services.	5.5	CWTP	$100/ 100% IV-E

Specialized Training

Specialized training is offered once annually, except for the following which are offered twice a year: Introductions and Advanced courses in Family Safety Planning, Family Group Conferencing, Restorative Family Group Conferencing, and YASI. Staff choose to take specialized training most closely related to their work responsibilities and interests. Some of it is provided in collaboration with other groups, especially where it is in the form of a one or two day conference with a variety of workshops. This is all short-term training delivered in a formal classroom setting. All the workshops below are designed for child welfare social workers, supervisors and managers and contracted meeting facilitators.

Course	Syllabus	IV-E Functions addressed	Provider	Hrs	Est Cost /allocation methodology
Introduction to Family Safety Planning Meetings	Review the FSP framework used in Vermont. Examine the practice principles and elements of Signs of Safety and research which support FSP meetings. Practice facilitation and solution focused practice.	Social work practice, such as family centered practice and social work methods including interviewing and assessment; risk and protective factors, assessments to determine whether a situation requires a child's removal from the home; activities designed to preserve and reunify families communication skills required to work with children and families; placement of the child; development of case plan for children in foster care/at risk of foster care; permanency planning; case management and supervision; referral to services.	CWTP trainers and subject matter experts	11	$100/ 100% IVE
Introduction to Family Group Conferencing	Review the Vt. FGC practice guidance. Examine the values and practice principles underlying FGC. Review the research on impact and outcomes of FGC. Practice skills needed for preparing for and facilitating an FGC.	Social work practice, such as family centered practice and social work methods including interviewing and assessment; assessments to determine whether a situation requires a child's removal from the home; activities designed to preserve and reunify families communication skills required to work with children and families; placement of the child; development of case plan for children in foster care/ at risk of foster care; permanency planning; case management and supervision; referral to services.	CWTP trainers and subject matter experts	11 hours	$100/ 100% IVE

Course	Syllabus	IV-E Functions addressed	Provider	Hrs	Est Cost /allocation methodology
Youth Assessment Screening Instrument	Using YASI, understand the research, philosophy and practice of engaging with and assessing risk and protective factors for youth. Practice motivational interviewing skills. Understand case planning with youth and their families that focuses specifically on risk and needs.	Social work practice, such as family centered practice and social work methods including interviewing and assessment; assessments to determine whether a situation requires a child's removal from the home; development of case plan for children in foster care/ at risk of foster care; permanency planning; case management and supervision; referral to services, risk and protective factors.	Subject expert, CWTP and FSD staff	11 hours	$100/ 50% JABG 50% IV-E
Motivational Interviewing in Child Welfare and Youth Justice	Review the basic philosophy and skills of motivational interviewing in the child welfare and youth justice contexts. Understand the Trans-theoretical model of change, and how it applies to your assessment, case planning and case management with children, youth and families. Practice skills of motivational interviewing.	Social work practice, such as family centered practice and social work methods including interviewing and assessment.; placement of child, development of case plan, case management and supervision, permanency.	Hired subject experts and CWTP trainers	5.5 hours	$100/ 100% IVE
Restorative Family Group Conferencing	Understand the research, philosophy and practice associated with using the FGC model in the context of youth justice. Focus on what is needed to use FGCs to enable youth who have harmed another to make reparations, and those who have been harmed to participate in a restorative conference. Understand the use of family group conferencing as a key case planning methodology.	Social work practice, such as family centered practice and social work methods including interviewing and assessment; communication skills required to work with children and families; activities designed to preserve and reunify families activities designed to preserve, strengthen, and reunify the family development of case plan, case management and supervision, placement of the child, permanency planning.	CWTP trainers and subject matter experts	5.5 hours	$100/ 5% JABG 50% IV-E
Advanced Family Safety Planning	Extend your knowledge and skill with facilitating and participating in FSP meetings with families. Content varies, but can focus on developing clear risk statements, ensuring safety when DV is present, and other specialized topics.	Social work practice, such as family centered practice and social work methods including interviewing and assessment; risk and protective factors, assessments to determine whether a situation requires a child's removal from the home; activities designed to preserve and reunify	CWTP trainers and subject matter experts	5.5 hours	$100/ 100% IV-E

Course	Syllabus	IV-E Functions addressed	Provider	Hrs	Est Cost /allocation methodology
		families communication skills required to work with children and families; placement of the child; development of case plan for children in foster care/at risk of foster care; permanency planning; case management and supervision; referral to services.			
Advanced Family Group Conferencing	Extend your knowledge and skill with facilitating and participating in FGCs. Content varies, but may include ensuring safety when DV is present, engaging children and youth in the process, coping with family conflict, and other specialized topics.	Social work practice, such as family centered practice and social work methods including interviewing and assessment; assessments to determine whether a situation requires a child's removal from the home; activities designed to preserve and reunify families communication skills required to work with children and families; placement of the child; development of case plan for children in foster care/ at risk of foster care; permanency planning; case management and supervision; referral to services.	CWTP trainers and subject matter experts	5.5 hours	$100/ 100% IVE
Engaging Fathers and Paternal Families	Explore the research on the importance of males in the development of children. Understand the impact of your own experience with fathers in your practice. Learn skills to engage fathers and paternal families of children in foster care.	Social work practice, such as family centered practice and social work methods including interviewing and assessment; communication skills required to work with families; cultural competency related to children and families; activities designed to preserve and reunify families; placement of child, development of case plan for children in foster care and at risk of foster care, case management and supervision, referral to services	Hired subject experts and CWTP	5.5 hours	$100/ 100% IV-E

Course	Syllabus	IV-E Functions addressed	Provider	Hrs	Est Cost /allocation methodology
Engaging DV Offenders	Understand how to safely engage DV offenders in the lives of their children and how to appropriately assess, develop case plans, and provide case management services to these offenders. Review relevant research. Discuss case examples and practice.	General substance abuse, domestic violence, and mental health issues related to children and families in the child welfare system, communication skills required to work with children and families; assessments to determine whether a situation requires a child's removal from the home, placement of child, development of case plan, case management and supervision, permanency	Subject matter experts	5.5 hours (offered in 4 regions)	$100/ 100% IV-E
Teaming	Deepen understanding and skills related to collaborative approaches within social work units to the assessment of safety and risk, case planning, child placement, permanency planning and case management.	Case management and supervision, development of case plan, permanency planning, placement of child, referral to services.	Subject matter experts	15 hours	$10,230 100% IV-E
Engaging and Assessing Children and Youth	Explore and practice use of the Three Houses, Wizard/Fairy and Words and Pictures tools to engage children and young people in case planning.	Social work practice, such as family centered practice and social work methods including interviewing and assessment; communication skills required to work with children and families; placement of child, development of case plan for children in foster care and at risk of foster care, case management and supervision, impact of trauma on child development and wellbeing.	Subject matter experts	5.5 hours	$100/ 100% IV-E
Transformative Supervision	Designed to assist supervisors to explore and practice skills for supporting caseworkers to develop capacity for solution focused and family centered child welfare practice.	Social work practice, such as family centered practice and social work methods including interviewing and assessment, communication skills required to work with children and families	Subject matter experts	11 hours	$3,130 100% IV-E

Course	Syllabus	IV-E Functions addressed	Provider	Hrs	Est Cost /allocation methodology
Trauma Informed Child Welfare and Youth Justice	Understand impact of trauma on human development and behavior. Learn how to ensure that your practice with children, youth and families is based on the latest trauma research and best practice.	Impact of trauma on child development and wellbeing.	Hired subject experts and CWTP	11 hours	$5000 est. 100%IV-E
Permanency Round Table Values and Skills	Understand the values and principles supporting Permanency Round Tables as a tool to timely permanence for children and youth. Understand the roles played by participants in Round Tables, and practice skills to ensure they work well.	Permanency planning, case planning.	FSD staff and CWTP	5.5 hours	$100/ 100% IV-E
Working with Youth Conference	The annual conference focused on youth in care – what works, what they perceive as important, how best to engage with youth to achieve safety, wellbeing and permanency.	Social work practice, such as family centered practice and social work methods including interviewing and assessment; communication skills required to work with children and families; placement of child, development of case plan for children in foster care and at risk of foster care, case management and supervision	Youth, hired subject experts, partners	.5 hours	$1500 100% IV-E
Vermont Foster and Adoptive Families Association Conference	Support participation of foster parents, adoptive parents, social workers and other staff in the annual conference of the Vermont Foster and Adoptive Families Association, which offers a wide variety of workshops related to children and youth in care.	Recruitment of foster parents, kinship care as a resource, placement of child, development of case plan, case management and supervision, permanency planning, referral to services.	Hired subject experts, CWTP trainers, community partners	12 hours	$54,000 100% IV-E
Vermont Kin as Parents Conference	Support participation of kin caregivers, social workers and other staff in the annual conference of Vermont Kin as Parents, which offers a wide variety of workshops related to children and youth in care.	Recruitment of foster parents, kinship care as a resource, placement of child, development of case plan, case management and supervision, permanency planning, referral to services.	Hired subject experts, CWTP trainers, community partners	5.5 hours	$25,000 100% IV-E

District-Based Training for Staff

The Child Welfare Training Partnership (CWTP) provides additional skills- based training in districts that is tied to foundations and core training. This model has proven both popular and effective in facilitating transfer of learning, thereby enhancing the professional development of FSD staff and spreading knowledge and improving practice skills.

Delivery of training is mutually agreed upon by CWTP, the FSD Operations manager, and each district's individualized plan for development of practice, in the context of the Family Services Practice Model. Community partners and other DCF department staff are invited and welcome at the discretion of the district.

The cost of CWTP time is allocated to the benefitting programs, depending upon subject matter.

Supervisor Training

Vermont Department of Personnel offers a Supervisor Development Program that is available to FSD supervisors (and to supervisors throughout state government.) It consists of four seminars (2 consecutive days each, except seminar 4 which is three days), over a four-month period of time. Topics include Enhancing Productivity, Effective Communication, Interviewing and Hiring, Managing Your Time, The Universe of Labor Relations, and Situational Leadership. This generic supervisory training is not charged to the IV-E program.

Vermont supervisors complete the Leadership Academy for Supervisors on-line as a cohort. Learning Networks are provided by the CWTP to bolster learning and leadership throughout the program. These costs are charged to the IV-E program.

Training for IV-E System of Care Service Providers

Most of the above trainings are also available to foster parents, kin caregivers, adoptive parents, workers in residential programs, case managers, state employees in other departments, and other community practitioners providing services to children in custody. Our training calendar is available on the web.

Cost Allocation Methodology for Staff Training

The specific cost allocation for each course is specified in the previous pages.

The Title IV-E eligibility statistics are compiled quarterly from Family Services MIS, using data on all children in custody, including their custody category, and then indicating their Title IV-E eligibility status, also by custody and category. The number of Title IV-E eligible children is divided by the total number of children in custody to determine the Title IV-E eligibility rate (penetration rate).

The same information is provided for the children on adoption subsidy, which are categorized as Title IV-E eligible children. The number of Title IV-E eligible children is divided by the total number of children on adoption subsidies to determine the

Title IV-E eligibility rate.

Caregiver Training

The CWTP provides training for Vermont caregivers, as follows:

Foundations for Kin, Foster and Adoptive Families is required for all families providing care for children and youth in custody. It is divided into two sections. First Steps for Kin (7.5 hours) and First Steps for Foster/Adoptive families (6 hours) is offered via teleconference and classroom multiple times per month year round. This allows families to access basic information immediately upon application. An additional 18 hours of classroom training is provided 2-3 times annually in each district, allowing families to connect with others in their community and with their local resources. All of these courses are provided by trainers hired, trained and supported by the CWTP. CWTP additionally provides a 5-hour training focused on the transition to permanence for those families who are moving from temporary to permanence status.

The **Vermont Caregiver Training Collaborative** includes Family Services staff, CWTP staff, and staff from agencies around Vermont who provide ongoing training to caregivers. A statewide training calendar for the collaborative is currently being built. This will allow caregivers to access training opportunities around the state while sharing limited resources for training available through public, private and non-profit agencies supporting kin, foster and adoptive families

Cost Allocation Methodology for Caregiver Training

The Family Services Division has a single system for application, homestudy and approval of foster parents, kinship care providers, and adoptive parents. Caregivers who participate in caregiver training have often indicated their interest in both short term care, and adoption. Even if they have not, caregivers who start off indicating interest in short term care end up adopting or becoming guardians. Over 90% of adoptions are by foster parents. All guardianship assistance families are relatives who are licensed foster parents. For these reasons, through our caregiver training, we prepare caregivers for all kinds of care, including permanent care through adoption or guardianship

For the purposes of determining the penetration rate to be applied to the UVM contract and foster parent training, the raw data for children in custody and on adoption subsidies, the combined number of Title IV-E eligible children in custody, and the number of Title IV-E eligible children on adoption subsidies is divided by the total population of custody children and total children on adoption subsidies, to determine the combined custody and adoptions Title IV-E eligibility rate (penetration rate).
The penetration rate is then multiplied by the applicable rate: training (75%) and administration (50%).

Technical Assistance and Program Support

Training and Technical Assistance to Local Offices

A training coordinator from the University of Vermont's Child Welfare Training Partnership is assigned to each district office to support transfer of learning and practice improvement. In addition, a Policy and Operations Manager is assigned to each district, and is available regularly to consult on casework, personnel, budget and contract concerns.

Also, priorities for training are identified through dialogue with district offices. For both the previous and upcoming year, priorities have been set in the context of our practice model implementation. Each district has its own plan, and is focusing on a sub-set of our "tools for engagement". We have provided training and technical assistance to support their progress, and will continue to do so during FY '13.

Requested Technical Assistance from Children's Bureau Network

We are requesting continued support as follows:

- NCIC support to finish our implementation project. As part of that project, we are also receiving TA from the NRC on Organizational Improvement.
- NRD on Child Protective Services to conclude our Child Abuse Reporting Evaluation and to provide TA to address any deficiencies that becomes apparent.

Anticipated Research, Evaluation, MIS and/or QA Systems to be Updated

We do not anticipate conducting any research during the upcoming year. We are actively engaged in the evaluation of the implementation of our practice model, which is primarily focused on family engagement strategies. More information about that evaluation, which has not yet concluded, is available through the NCIC.

As previously mentioned, we anticipate receiving a report on our evaluation of our Child Abuse Reporting System in late summer 2012.

Our NCIC project is supporting the development of a data warehouse and reporting system, which we hope will be functional during FY '13.

Lastly, we are participating in discussions about the opportunity to leverage 90/10 funding currently available through Medicaid for IT improvements.

Coordination and Consultation with Tribes

Vermont does not have a federally recognized Indian Tribe within its borders. The department promulgated policy regarding compliance with the Indian Child Welfare Act in September 1998.

Vermont's Juvenile Proceedings Act requires social workers to provide information required by the Indian Child Welfare Act at the Temporary Care Hearing, held within 72 hours of custody. Our initial case plan format is also designed to identify and address Indian Child Welfare issues.

Vermont's adoption statute also supports compliance with the Indian Child Welfare Act. Adoptive parents must disclose a child's membership in a tribe when they file a petition to adopt.

The University of Vermont's Social Work Department has developed a cultural competency curriculum available for use by FSD district offices, which supports development of practice with the Abenaki and other indigenous communities.

Services and Supports for Children under Five who are in Foster Care

Data Regarding Children Under Five in Foster Care

On 3/31/2012, out of the 1037 children in foster care, 219 were under the age of 6. This equates to 22.5% of children in care.

The length of stay in out of home care was as follows:

	Length of Stay in Foster Care, in Years				
Age	<1	1-2	2-3	3+	Total
<1	42				42
2	22	29			51
3	34	10	3		47
4	23	14	2		39
5	25	12	2	1	40
Total	**146**	**65**	**7**	**1**	**219**

Of these children, 52 were free for adoption, with active movement towards finalization. Those not free for adoption were as follows:

Length of Stay in Foster Care, in Years			
Age	<1	1-2	2-3
<1	38		
2	19	16	
3	31	5	1
4	21	6	
5	22	8	
Total	**131**	**35**	

For the one child in care for three or more years, the mother has voluntarily surrendered her parental rights. Issues related to correct identity of the father are being addressed.

For children who were not free for adoption, case plan goals were as follows:

Case Plan Goal	Number
Care & Protection (under 60 days in care)	32
Reunification	128
Adoption	7

On 7/1/2012, there were 192 children in foster care who were under the age of five. Only 14 had been in care for over two years. Of that group, all but two have been subsequently adopted. The two who have not been adopted are currently placed with kin.

Reducing the Length of Time in Foster Care

For the first three quarters, discharges for children under the age of six were as follows:

	Reunification	Adoption	Discharge to Relative	Guardianship to Non-Relative	Death
9/30/11	23	23	4	1	
12/31/11	26	26	10		1
3/31/2012	21	21	8		
Total	70	70	22	1	1

Analyses of the data in the sections above confirm that in Vermont we are affirmatively pursuing permanence for children under the age of five. One example of this strong

belief in permanence for all children is that this year we finalized an adoption for a child with severe disabilities which were the result of abusive head trauma. We anticipate we will achieve timely permanency for each child in this age group during FY 2012 or 2013. Permanency Roundtables are available to assist any social worker who needs to address barriers to permanency.

We will continue to track data on a quarterly basis for children in this group quarterly in order to identify any concerning trends.

Addressing Developmental Needs of Children under Five

Our approaches for specialized services for children under five are primarily collaborative approaches with DCF's Child Development Division, and with the Vermont Department of Health.

Children's Integrated Services, which encompasses services under Part C of the IDEA, were previously described on page 7. Protective Service Child Care was described on page 10. WIC services are described on page 51. The Fostering Healthy Families project is described on page 49. This project, in part, focuses on establishing a medical home for all children entering foster care.

As this plan was being written, we were informed about the new assessment tool development by the Zero to Three Policy Center. During the next several months, we will use this tool to assess and prioritize areas for action.

All children who newly enter foster care, and are expected to stay at least 30 days will receive a trauma screening (Trauma Symptom Checklist for Child).

We have made a considerable investment in training staff about the impact of trauma on early brain development (see content beginning on page 28). We believe that we have further work to do to make the direct connection from that training to practice in the field. We will continue to work on this during the upcoming fiscal year.

Training and Supervision for Caseworkers, Foster Parents and Service Providers Working With Children under Five

New social workers receive training on child development as part of early service training (see content beginning on page 28).

Health Care Services Coordination and Oversight

Fostering Healthy Families Collaborative with VT Department of Health

The Department for Children and Families (DCF) and the Vermont Department of Health (VDH) have a longstanding collaboration called Fostering Healthy Families. This collaboration is focused in particular on the early identification of health issues for children newly entering custody and the establishment of a medical home for the child.

VDH has committed medical and non- medical professional staff to assist DCF social workers to perform initial and follow up screenings, develop health services plans and to make contact with medical homes to determine appropriate medical treatment for children. However, the DCF social worker is responsible for assuring appropriate health care for children in custody.

The Health Information Questionnaire (HIQ) is an automated tool designed to assist in the screening and monitoring of health issues and health needs. When a child enters DCF custody and is expected to stay at least 30 days, the social worker will refer the child to VDH by completing as much information as possible on the HIQ and submitting it electronically to VDH. All children are automatically electronically referred to VDH on the 7th day in custody, but an earlier referral is preferred.

The VDH public health nurse works with the child's primary care physician to complete the health screen which includes the following information:

- Provider name and last visit
- Allergies
- Prescriptions
- Nutrition
- Sexuality
- Immunizations
- Assistive devices
- Significant health history
- Active health needs

All of this information is used to develop a Health Services Plan and a screening plan of care which is then sent to the social worker and the medical home (primary care provider) for use in ongoing monitoring and treatment.

Health related components included in all case plan formats are to be completed within 60 days of custody and every 6 months thereafter. This is the time when the social worker and the child and family support team updates and monitors health care information and activity.

Collaboration with Children's Integrated Services

Children's Integrated Services (CIS) was previously described on page 7 of this plan. CIS has incorporated services funded by Part C of the IDEA. As such, all children who are substantiated victims of child abuse under the age of three are referred to CIS for screening. In July 2009, when FSD implemented differential response, we began to also refer all children whose families are assessed as being at high or very high risk for future maltreatment.

CIS teams assist FSD social workers in planning and providing for comprehensive services to address the needs of young children assessed to have significant health or

development needs. Services are delivered through communities partners who have expertise in early childhood.

Periodicity Recommendations for Children in Foster Care

The Vermont Department of Health has created a toolkit for providers of pediatric care. The Provider's Toolkit is designed to help providers implement the recommendations contained in Vermont's Periodicity Schedule and the EPSDT program. The materials focus primarily on pediatric health supervision and prevention. It is available on-line at

http://healthvermont.gov/family/toolkit/AboutTheToolkit.aspx#userguide

The toolkit incorporates the American Academy of Pediatrician's Statement on Children in Foster Care. The Toolkit site emphasized that:

"Children in State custody often face special challenges that can affect their health adversely. These challenges may include high levels of stress, frequent moves, lapses in preventive health visits and/or a lack of continuity in health care services. The period of custody, even if relatively short, offers an opportunity to address unmet health needs, and health care providers can play a key role in assuring that high quality and well integrated services are provided to this vulnerable population".

WIC Program

The Federal Special Supplemental Nutrition Program for Women, Infants and Children (WIC Program) is available to children in foster care. The WIC program provides healthy foods to children in foster care, in addition to nutrition counseling and health education to their foster parents.

Vermont's Blueprint for Health

Vermont's Blueprint for Health is a highly coordinated, systemic approach to health wellness, disease prevention and care coordination. The Blueprint is a program for integrating a system of health care for patients, improving the health of the overall population, and improving control over health care costs by promoting health maintenance, prevention, and care coordination and management.

The Blueprint is seen as a cutting edge health reform program and public-private partnership. All major insurers must participate in this model as it is expanded statewide. While first conceived as an approach to maximize adult health, the project has now incorporated pediatric practices. This benefits children in foster care, who are known to have a higher incidence of chronic health issues than children in the general population.

In 2010, a legislative act mandated statewide expansion of Blueprint Integrated Health Services, a model that includes Advanced Primary Care Practices with recognition as patient-centered medical homes and community health teams, supported by multi-

insurer payment reforms. This model is in the process of extension to pediatric practices and patients of all ages throughout the state.

Two pediatric practice facilitators employed by the Vermont Child Health Improvement Program at the University of Vermont work with pediatric practices and family medicine groups which serve a significant number of children. During 2011, work has been focused on a dozen pediatric and family practices. In 2012, the goal is to expand to an additional 45 pediatric, family medicine and primary care internal medicine practices.

The model includes Community Health Teams (CHTs) that support guideline based care, population reporting, and coordination of care and services through health information exchange are integrating with state and community based public health and human service programs.

Currently, CHTs include members such as nurse coordinators, social workers, and behavioral health counselors who provide support and work closely with clinicians and patients at the local level. Services include individual care coordination, outreach and population management, counseling and close integration with other social and economic support services in the community. The oversight of psychotropic medicines will occur in the CHT. These teams will form a bridge between AHS clients' Patient Centered Medical Homes and the Agency of Human Services' programs.

Several links are being implemented to help integrate specific sub populations and programs such as those associated with the Department of Health, Department of Mental Health, Department for Children and Families, and the Office of Vermont Health Access.

Health Care Transition for Youth Aging Out of Foster Care

The DCF Family Services case plan format for youth in custody ages 14 and over was revised in the November, 2011 to include healthcare transition planning requirements contained in the Fostering Connections Act of 2008.

Appropriate Use and Monitoring of Psychotropic Medications for Children in Foster Care

As part of H.792 of the 2010 Legislative Session, the Vermont Department of Health Access (DVHA) and the Vermont Department of Mental Health (DMH) were asked to submit a report to the general assembly concerning the monitoring the prescription and use of multiple psychiatric drugs for adults and psychotropic drugs for children. Although this project was not specific to children in DCF care, the results will apply directly to that population. The report is available on-line:

http://www.leg.state.vt.us/reports/2011ExternalReports/265767.pdf

The two departments convened a workgroup of community subject matter experts on children's psychotropic medication management. The primary purpose of the group was to identify evidence-based clinical practice guidelines for the departments to adopt

regarding the prescription of psychotropic medications for children. FSD was included the group of subject matter experts, along with other government and consumer partners.

The workgroup concluded that the guidelines published by the American Academy of Child and Adolescent Psychiatry (AACAP) were most suited for adoption in Vermont. Widely accepted and used in community settings, they promote a family-centered approach and focus broadly on improving quality, safety, and communication between families and health care professionals.

The group reviewed data concerning use of prescription medications. The majority of prescribers are pediatric physicians, primary care, and psychiatrists. Overall use of psychotropic medications in pediatrics was relatively small and stable over a three year time period, with an exception of a slight upward trend in the percentage of patients with three concomitant ADHD and antidepressant medications. The numbers in the last category were very small.

Based on these findings, the following actions have been taken:

- The AACAP guideline *Practice Parameter on the Use of Psychotropic Medication in Children and Adolescents* has been adopted, to promote the appropriate and safe use of psychotropic medications in children with psychiatric disorders.
- The AACAP guideline Practice Parameter for the Assessment and Treatment of Children and Adolescents with Attention□Deficit/Hyperactivity Disorder has been adopted, since attention deficit/hyperactivity disorder (ADHD) is one of the most prevalent childhood psychiatric conditions.
- DVHA and DMH routinely monitors the use of psychiatric medications with children and adults in accordance with the recommended guidelines. If the departments identify variances from best practice, the University of Vermont's academic detailing program has committed to work with the departments and the DVHA DUR and perform outreach and education to prescribers, as needed.

The workgroup recently expanded to include representation from every department within the Agency of Human Services, except corrections, in order to build upon the work and recommendations of the initial groups. The Child Psychiatric Medications Trend Monitoring Workgroup reviewed Medicaid claims data for children in foster care vs. all children on Medicaid.

This data confirmed the use of atypical anti-psychotics for children in foster care is at a higher rate than the general Medicaid child population and trending upward while the general Medicaid child population's use of anti-psychotic drugs is decreasing. Specifically, the data for the last three fiscal years (SFY 2009-2011) indicates that the rate of use of atypical anti-psychotics is three times as high for children in foster care age 6-12, as compared to the general Medicaid population. For the same years the populations of 13-17 in foster care were at least four times as likely to be on atypical anti-psychotics as the general children's Medicaid population of the same age. When

the departments looked at gender the same story appeared; Vermont children in foster care are placed on atypical anti-psychotics more often than the general Medicaid population. The workgroup cautioned that using the aggregate numbers should only be used to assess the prevalence not to judge the practice patterns of the individual community prescribers.

AHS has charged the workgroup to make recommendations on how to best address deficient's/gaps in the following areas:

- social workers knowledge and understanding of medications and their impact on children;
- availability in some areas of the state of other services needed to address the behavioral, developmental or mental health concerns that medication may be addressing instead;
- a well developed monitoring system;
- best practices in medication usage;
- subject matter consultation.

We applied for, were offered and accepted a three year Technical Assistance Project through the Center for Health Care Strategies, Inc. Five other states have also been funded. We have begun our TA activities, and will attend an on-site meeting in July 2012. The state will also send a team to the HHS sponsored Summit in August 2012.

At this point, our strategy to define and monitor appropriate use of psychotropic medications for children in foster care is still under development. We are very pleased with the commitment of many individuals, both inside and outside state government, to address this concerning issue.

Monitoring and Treating Emotional Trauma Associated with Child Maltreatment and Removal

FSD contracts for a package of screening for every child newly in foster care who is expected to stay for at least 30 days. These include:

- Child Behavior Checklist
- Trauma Symptom Checklist for Children
- Ages and Stages Questionnaires
- Deveraux Early Childhood Assessment

The Vermont Department of Mental Health is in the final year of a five-year SAMSHA-funded grant that has focused on workforce development in the community mental health agencies. Specifically, they have trained clinicians in an evidence-based treatment of trauma, called Attachment, Regulation and Competency (ARC). The overall goal for the ARC Project is that implementation of the ARC framework will increase the community mental health providers' clinical skills to assess, treat, and achieve positive outcomes for children and their families when they have experienced trauma.

As a result of the ARC project, trauma-informed care is available at every community health center.

The state has applied for an HHS-funded grant to assist us in developing a trauma-informed child welfare workforce.

Disaster Planning

On August 28, 2012, Tropical Storm Irene hit Vermont, and left a path of devastation in its wake, primarily caused by flooding. The state is still recovering. Although we did use our disaster plan to guide us, it became clear that each disaster has its own realities. States must be prepared to adapt. The flooding did not impact our district offices' physical sites. However, our central offices were flooded and are still closed. Our computer servers were nearly flooded. Fortunately, dedicated IT staff was able to remove over 100 servers safely. All of the Agency of Human Services was without computers for about 10 days. We quickly set up alternate communication strategies, using cell phones and home email. FSD managers were in touch will all staff on a regular basis, and arranged for units to meet together to plan and de-brief.

All of state government was closed for just one day, August 29. However, our division must maintain core services whether state government is open, or not. Fortunately, we had some warning that Irene was likely to hit us, so we made alternate plans for our Emergency Services Program to operate off site. There was no interruption in service.

On Monday, August 29, our district offices were closed. On that day, we operated our centralized intake system out of the home of a staff person, with two staff on site. We activated district staff to begin checking on children in our care living in foster homes and residential facilities. We began to refine our emergency plans for an alternate site for our Woodside facility, as the facility is near a river, and there was concern they would be flooded. Fortunately, that did not occur.

By Tuesday, August 30, we had found space for essential staff working days, nights and weekends, in a conference room in our Burlington office. They operated in a rudimentary fashion, as we had one incoming phone line and limited access to computers. We experienced no interruption in service. This unit was the first to be re-located to longer term space.

The FSD management team worked continuously throughout the next six weeks, to ensure continuity of operations, and support to staff. It was not until November, that all staff were re-located in vacant space in the IBM facility about 35 miles north of our Waterbury offices. During the fall of 2011, we had to focus primarily on essential functions. We are grateful for the regional office's support during this time.

In March 2012, we were informed that we would be in our temporary location for at least three more years. Although the plan is for us to return to Waterbury, our own building will be demolished. This has been difficult news for our staff, many of whom are travelling very long distances to get to work.

We are very saddened that during the storm, a child in our custody went missing, and has not been located, in spite of concerted efforts to find him. The child recently had his 18th birthday.

Diligent Recruitment of Foster and Adoptive Homes

Vermont continues its path of dual recruitment, training and licensure for families willing to provide foster care and adoption services for children in care. In addition, Vermont has expanded its efforts to seek kinship families and engage them in stepping forward for a child.

Project Family is in its twelfth year and continues to provide permanency placement counselors to FSD district offices. The permanency placement counselors help each district to establish a permanent living arrangement with kinship, foster or adoptive families.

Project Family placement counselors mine each child's foster care records identifying any and all past family connections, provide follow up with those families and for in-state families, complete home studies at no cost to the family when a match is made. For out of state families, Project Family pays for private agencies to complete a home study as many other state's waiting time for ICPC response was too slow.

Most district offices hold permanency meetings with Project Family staff on a monthly basis. These permanency meetings address the placement needs of children as they enter foster care, in addition to the ongoing need of children in foster care for long periods of time or who experience placement disruption.

Recruitment, as we have defined it historically, is changing in Vermont. The number of children in custody is declining, and the number of children living in foster homes, with adults unknown to them, is declining as well. Currently about 548 children are living in licensed foster care, and we have about 1000 licensed foster families. We are experiencing a mismatch between the children we have in care, and the preferences of foster families.

Because our goal is to place children with relatives, or with someone known to the child, there has been an increased effort in "family finding", the early identification of relatives who may be able to care for a child.

Resource Coordinators in each district have increased their efforts to visit schools and develop relationships with school personnel. In the event that we need a placement for a child who attends school in a particular district, the resource coordinator already has a relationship with the school, and is increasingly successful at finding a placement within

the child's school district. We have applied for a Children's Bureau grant to expand this practice.

With that as a back drop, we continue to need additional foster parents, in most cases for adolescents and for sibling groups. A more targeted approach was developed. To recruit for particular types of families, we designed posters for each district, with information that is specific to the district, outlining the specific need, and inviting community members to call and explore fostering children from their community.

In the spring of 2011, Vermont documentary filmmaker Bess O'Brien finished her film about Vermont children and youth in foster care. The film, ***Ask Us Who We Are***, features the stories of youth who experienced foster care, kinship care and adoption through foster care as well as the stories of their caregivers. The first tour of the state was completed in Spring 2011, with viewings in 17 communities around the state. Participants in the film were available for panel discussions following the showings. Many local newspapers also featured stories about foster care, stimulated by the tour. This has served as an impetus to discussions occurring about the needs of children and youth in foster care. FSD purchased a copy of the film for every public library in Vermont. In late summer 2012, Ms. O'Brien produced a curriculum guide to support viewing and discussion of the film in schools. FSD was a key player in this effort. Ms. O'Brien toured more communities in the Fall of 2011, and also showed the film at a variety of national conferences and events. More information is available at:

http://www.kingdomcounty.org/our_films/ask_us_who_we_are.php

Criminal Background Checks

The Residential Care Licensing Unit obtains the background checks during the licensing or approval process. In addition the adoption assistants obtain the same checks for adopting parents prior to finalization if it has been more than one year since they were last obtained.

These checks include: Vermont Crime Information Center (VCIC); Child Abuse Registry; Department of Motor Vehicles; Relief from Abuse orders; Vermont Adult Abuse Registry; Vermont Department of Corrections; Vermont Court Information System. For children under the age of sixteen we only check the Child Abuse Registry.

This activity is directed by Family Services Policy #222 and can be found on our public website at http://www.dcf.state.vt.us/fsd/policy/222.html.

All components of the Adam Walsh Bill were in place for a July 1, 2007 implementation date, including fingerprint based criminal record checks of the National Crime Information Database (NCID) for prospective foster and adoptive parents.

We have formal agreements with the sheriffs' departments and the Vermont Crime Information Center to expedite checks of foster parent applications. In addition, we have incorporated the child abuse and neglect registry check for foster and adoptive

parents and any other adults living in the home if they lived outside of VT in the past 5 years.

During Tropical Storm Irene, the VCIC facility was flooded. We were unable to process VCIC checks for over a month, which interfered with our ability to draw down IV-E claims. We were able to complete other checks.

Caseworker Visits

The Family Services Division has focused on increasing the frequency of contact workers have, and in fact has demonstrated some improvement over the four year reporting period that ended in 2011.

Workload has been a significant contributor to our failure to meet established goals. During the period 2009-2010, we experienced a steep rise in the number of screened-in reports of child abuse and neglect – from 2500 to 4500 annually. This necessitated shifting social workers to this function. The consequence was that too few social workers were assigned to do ongoing work, including work with children in DCF care and their families. In April 2010, this reality led to approval to hire 18 new social workers, about a 9% increase in the district social worker workforce. The last of these social workers were hired during spring 2011. This year, again due to increased workload, the legislature approved adding an additional 9 positions, 8 of which were social workers.

In April 2011, in a continuing effort to address this issue, we instituted a weekly report that provides information to managers and supervisors about children who have not yet been visited in the current calendar month. Unlike our previous report, which focused on past performance, the new report focuses on upcoming deadlines.

Districts are finding this helpful, and already we are seeing improved performance. During the fiscal year that is just closing, due to close scrutiny and support by central office and district managers, we have made significant progress in achieving monthly contact with children in foster care.

As instructed, we will submit data using the revised measure by the due date in December 2011.

Monthly Caseworker Visit Funds

IV-B funds to support caseworker visits have been used to contribute to the cost of the deployment of smart phones for social workers. Smart phones allow social workers to return phone calls and emails when in the field, schedule appointments, and connect their laptops to the internet to complete casework documentation. This year, we

upgraded our phone to IPhones, which are much more user friendly than the phones we previously used.

Adoption Incentive Funds

Vermont did not receive adoption incentive funds in FY '12 nor do we anticipate receiving funds in FY '13.

Quality Assurance

Our NCIC project has had a specific focus on revamping (1) how and what data we make available to staff, stakeholders and the public and (2) the system we have in place to monitor quality of services and to engage in continuous quality improvement.

During our PIP period, which ended in September 2011, we designed and implemented a case review system that paired districts to review cases, using an instrument. Currently, we are not conducting case reviews. However, as part of the evaluation component of our NCIC Project, we are employed other means to gather input from staff and stakeholders about the quality of our services, including:

- Family Worker Collaboration Survey
- Contract Provider Survey
- Foster Parent Survey
- Evaluations from Family Safety Planning and Family Group Conferencing Meetings
- Survey of Employee Engagement (SEE)
- Focus Groups of clients and partners.
- Child Abuse Reporting System Evaluation

A work group has been meeting to re-design our case review system, with the goal of implementing the new system in 2013. We anticipate that our plan will be informed by the guidance anticipated from the Children's Bureau within the next several months.

In this upcoming fiscal year, we also will work with our management and supervisory staff on the use of the data as part of our quality assurance efforts.

Title IV-E Foster Care Review

In June 2011, Vermont had a primary audit for the Title IV-E foster care program. We are currently in a program improvement period.

Family Services Data

The following data represents our current status in investigation and custody caseload, length of stay and relative placements.

Intake, Investigations and Assessments

In 2008, we centralized our intake function. Since that time, our overall number of intakes have continued to rise. In the first two years, the number of accepted reports rose dramatically, causing significant workload pressures in district offices. We continue to experience increases in both intakes and accepted reports.

The accepted reports numbers below represent all of our child safety interventions: child abuse and neglect investigations and assessments conducted under the authority of our child abuse statute, and family assessment completed under the authority of our juvenile statute. The latter assessments focus on determining whether a child is in need of care and supervision.

Year	Intakes	Accepted Reports	% Accepted
2007	12,829	2,938	23%
2008	13,434	3,526	26%
2009	14,488	4,490	31%
2010	15,379	4,601	30%
2011	15,526	4,911	31%

Following the 7/1/2009 implementation of differential response, supervisors in the Centralized Intake Unit also make an initial assignment to a response track. In 2011, child safety interventions were as follows:

2011	Accepted Reports	%
Child Abuse and Neglect Investigations	2,591	53%
Child Abuse and Neglect Assessment	1,192	24%
Family Assessment	1,128	23%

Child Protective Services

Concurrent with the implementation of differential response on 7/1/2009, Vermont changed its policy criteria for providing ongoing child protective services to a family following a child abuse investigation or assessment. Formerly, the provision of ongoing services was contingent upon a substantiation of child maltreatment. Now, any family identified as high or very high risk, using a validated risk assessment tool, is opened for

ongoing services. This has resulted in another dramatic shift in caseload, which has now leveled off.

Date	# Cases Open
1/1/2008	85
1/1/2009	80
1/1/2010	399
1/1/2011	451
1/1/2012	436

Children in Custody

The following tables represent point in time information for caseload as reported in our 2004-2009 CFSP and present. Working on a variety of fronts – safe alternatives to out of home care, as well as permanency – we continued to see a reduced number of children in our care until recently when we have seen an increase in the number of children in care due to child abuse and neglect.

Custody Type	3/31/04	3/31/09	3/31/10	3/31/2011	3/31/2012
Abuse/Neglect	911	728	661	609	685
Delinquent	363	79	220	190	187
Child Behavior	238	155	155	158	143
Voluntary Care	1	20	5	5	1
Total	**1513**	**1182**	**1041**	**962**	**1016**

Length of Stay

Overall, we are seeing fewer children in care for two or more years. In the past year, we are seeing slight increases in the number of children in care for child behavior that have been in care for two or more years. Given that there are only 128 children in care for this reason, this may or may not be significant. However, it does merit watching.

Age Range	Length of Stay	12/31/04	12/31/09	3/31/2011	3/31/2012
Age 0-5	Under 2 years	87.2%	91%	89%	93%
	2+ Years	12.8%	8%	11%	7%
Age 6-11	Under 2 years	63%	71%	67%	76%
	2+ Years	37%	29%	33%	24%
Age 12-17 Abuse or Neglect	Under 2 years	54%	46%	44%	56%
	2+ Years	46%	54%	56%	44%
Age 12-17 Delinquent	Under 2 years	57%	58%	66%	79%
	2+ Years	43%	42%	34%	21%
Age 12-17 Child Behavior	Under 2 years	50%	64%	73%	61%
	2+ Years	50%	36%	27%	39%

Relative Placement

The percent of children in care who are living with relatives continues to rise. We feel this is due to the 2009 changes our juvenile statute, our family engagement strategies and the activities of our contracted partners who facilitate family meetings and family time coaching. The overall focus on relatives has also resulted in an increased use for the children who do enter custody and are placed in out of home care.

Year	Percent
12/31/2005	8.81%
12/31/2006	8.90%
12/31/2007	12.18%
12/31/2008	12.47%
12/31/2009	13.01%
12/31/2010	14.97%
12/31/2011	16.63%

Use of kinship varies by age group. For children ages 0-5, 30% of children are placed with kin. For children 6-11, 36% are placed with kin. For youth 12-17, that figure drops to 8%.

Effective July 1, 2010 Vermont implemented a Guardianship Assistance Program. The caseload is currently small, but growing.

Outcome Performance

Children are Safe

We continue to have very high safety outcomes:

- July - September 2005 96%
- July – September 2007 96%
- July – September 2009 98%
- January – March 2011 99%
- January – March 2012 99%

Placement Stability Remains a Concern

More children have only 1-2 placements in the first 12 months of out of home placement, but for any child, three or more placements in the first year is concerning.

- July – September 2005 68%
- July – September 2007 71%
- July – September 2009 75%
- January – March 2011 83%
- January – March 2012 72%

Timely Reunification is Improving

More children are reunified within 12 months:

- July – September 2005 70%
- July – September 2007 67%
- July – September 2009 81%
- January – March 2011 63%
- January – March 2012 74%

The recent focus on permanence seems to be paying off, as three out of the recent four quarters were above 70%.

Children are Remaining Safe at Home

Fewer children are reentering out of home care:

- July – September 2005 16%
- July – September 2007 6%
- July – September 2009 11%
- January – March 2011 11%
- January – March 2012 9%

All re-entry figures in Vermont need to be interpreted understanding that some children exit one part of our system – the dependency system – and may re-enter in another – the delinquency system.

Adoptions are Very Timely

More adoptions occur within 24 months than occurs nationally:

- July – September 2005 42%
- July – September 2007 43%
- April – June 2009 45%
- January – March 2011 89%
- January – March 2012 62%

To provide some perspective on the 89%, the average over the last five quarters was 63%. The January-March 2011 quarter was an unusual quarter. The most recent data is more normative.

Transfers to the Youth Justice System

In addition to child protection and child welfare services, the department delivers youth justice services. Youth in custody as delinquents are placed in the DCF commissioner's custody. In addition, youth on juvenile probation are supervised by DCF social workers. Child protection, child welfare and youth justice services are consolidated and integrated in our state. In general, the same staff, the same service providers and the same placement resources serve all of our populations.

If, due to the commission of a delinquent act, a case type changes from custody for abuse and/or neglect to custody for delinquency, the child is likely, in most districts, to continue to have the same social worker and will have the same case plan with delinquency related factors added.

The Youth Justice system's philosophy of rehabilitation, family work, balanced and restorative justice and, for those in custody, permanency is not separable from the philosophy of the child welfare system.

During this reporting period 20 youth who were in DCF custody for either child abuse/neglect or because they were beyond the control of their parents were adjudicated delinquent.

Transfers to the Youth Justice System	
2006	58
2007	44
2008	35
2009	22
2010	25
2011	20

Adoption Finalizations

Year	Finalizations
2005	151
2006	165
2007	213
2008	180
2009	153
2010	142
2011	154

As the number of children in DCF care has declined since 2007, so has the number of children who are being adopted. Fortunately, timeliness of finalizations remains very favorable.

Adoption Subsidy

The adoption subsidy administered centrally and currently serves approximately 1,800 children. This program continues to grow, both in numbers served as well as the average cost per subsidy.

Except for the increase in adoption subsidies, there are no changes in this area.

Inter-country Adoptions

The following children entered DCF custody during the reporting period, who had been adopted internationally.

<table>
<tr><th>Child</th><th>Agency</th><th>Plan for child</th><th>Reason for disruption</th></tr>
<tr><td>12 year old female</td><td>Agency unknown, child from China</td><td>TPR and Adoption</td><td rowspan="3">Sibling group came into foster care due to abuse and neglect of two of the children.</td></tr>
<tr><td>14 year old female</td><td>Agency unknown, child from Russia</td><td>TPR and Adoption</td></tr>
<tr><td>16 year old female</td><td>Agency unknown, child from Russia</td><td>TPR and Adoption</td></tr>
<tr><td>Female, age 10 or 11 – exact age unknown</td><td>Agency unknown, child from Guatemala</td><td>Adoption</td><td>Child's challenging behaviors coupled with inadequate preparation of parents to handle these behaviors.</td></tr>
<tr><td>12 year old female</td><td>Agency unknown, child from Kazakhstan</td><td>Reunification with parents</td><td>Child behavior, violence, mental health issues and inappropriate parenting response (in spite of services engaged.)</td></tr>
</table>

CAPTA Reporting

See separate CAPTA report.

Availability of Plan to Public

This plan will be made available to any member of the public on request and will be posted on our public web page at: http://www.dcf.state.vt.us/

Goals ~ Objectives ~ Benchmarks

The following pages summarize our goals and objectives in the CFSP.

SAFETY: FAMILIES RECEIVE FAMILY-CENTERED SERVICES AND SUPPORTS AT THE EARLIEST OPPORTUNITY TO REDUCE RISK OF MALTREATMENT AND NEED FOR CUSTODY.

S1: Design and implement multiple approaches to reports of child abuse and neglect.

Action Step	Benchmark Date	Completion Date	Measure/Completed?
Participate in the New England Breakthrough Series Collaborative (BSC) on Safety and Risk Assessments		Sept 2010	Meetings attended and progress reported in PIP **Completed April 2010**
Workgroup continue to consult with NRCCFCPP and NRCOI to develop differential assessment strategies, guidelines and training for child protection services.		Sept 2009	Workgroup meets and progress reported in PIP **Completed July 2009**
Division Leadership Team reviews recommendations produced by workgroup.		July 2009	Product reviewed by DLT **Completed 2009**
Develop training for staff related to changes in practice and policy related to differential assessment strategies.	July 2009	Sept 2009	Trainings developed **Completed July 2009**
Work with IT to develop initial and ongoing technology to support differential assessment strategies.	July 2009	July 2010 **July 2013**	Technology developed **Initial changes completed. Ongoing changes date revised, due to 40% vacancy rate in DCF Information Services Division.**
Staggered implementation of differential assessment strategies.	July 2009	Dec 2009	Implementation reported in PIP **Completed 2009**
Submit application to the NCIC for assistance in sustaining differential assessment strategies.		NCWIC 2nd RFA	Application submitted **Completed 2010**

S1: Design and implement multiple approaches to reports of child abuse and neglect.

Action Step	Benchmark Date	Completion Date	Measure/Completed?
Develop qualitative and quantitative CQI process of differential assessment strategies.	Jan 2010	Sept 2010 **Dec 2012**	**We are using a case review process as required for PIP reporting to evaluate our casework practice throughout the life of a case which includes investigations and assessments and case opening based on risk.** **We will be working on reviewing and revising QA system as part of our NCIC project. Completion date revised.**

S2: Design and implement multiple approaches to reports of child abuse and neglect.

Action Step	Benchmark	Complete	Measures
Analysis of data/information compiled in initial CQI process.	April 2011 **Dec 2011**	**Dec 2011** July 2012	Analysis completed **Dates revised based on NCIC project timeline.**
Reconvene original workgroup to review CQI information and recommend practice/policy changes if necessary.	Jan 2012	July 2012	Workgroup completed and recommendations reviewed by NCIC Steering Committee.
Continue CQI process to inform practice, policy and service delivery.	Jan 2012	June 2014	CQI reports available

PERMANENCY AND WELL-BEING: FAMILIES AND CHILDREN RECEIVE COMPREHENSIVE, STRENGTHS BASED SERVICES THAT PROVIDE THEM WITH SUCCESSFUL LONG-TERM SAFETY, PERMANENCY, WELL- BEING AND LAW ABIDANCE

P1: Design and implement the Effective Casework Model for all case types

Action Step	Benchmark	Complete	Measures
Continue to work with NRCOI to develop the Effective Casework Model	July 2009	Dec 2009	Workgroup progress reported in PIP. **Completed March 2010**
Utilize existing forums to review, process and adopt Effective Casework Practice	Summer/Fall 2009	Dec 2009	Minutes of reviews reported in PIP **Completed March 2010**
Develop practice guidance	Jan 2010 **Jan 2011**	Sept 2010 **July 2012**	Guidance developed This is work we will do in our NCIC project. Dates revised. **We are currently working on 4 practice guidance areas: Working with Youth with Sexually Harmful Behaviors, Working with High Risk Families; Engaging Fathers; Assessing Risk of Harm Sexual. Also, we are working on several position papers. We will be reviewing all policies for alignment with our practice model. This work is ongoing.**
Revise policy to reflect Effective Casework Model	 **July 2011**	Jan 2010 **July 2013**	Policies revised and posted to website. **This is work we will do in our NCIC project. Dates revised.**
Revise Field Practice Guide to reflect Effective Casework Model	Oct 2010 **July 2012**	June 2011 **July 2013**	Field Guide revised **This has been subsumed into our NCIC project.**
Develop hiring protocol to ensure new hires are aligned with ECM	Oct 2010	**July 2013**	Hiring protocol developed and utilized in hiring. **Part of NCIC Project. We have several work groups actively working on hiring, interviewing, training, supervision and retention issues. Date revised.**

P2: Re-design role, tasks and performance expectations for supervisory staff statewide

Action Step	Benchmark	Complete	Measure
Continue to work with NRCOI and NRC-CWDT to design the role, tasks and expectations for child welfare/juvenile justice supervision	July 2009	Dec 2009	Workgroup progress reported in PIP **Completed March 2010**
Utilize existing forums to review progress and gather input	Summer/Fall 2009	Dec 2009	Minutes of reviews reported in PIP **Completed March 2010**
Revise supervisory policy to reflect new role and expectations.		Jan 2010 **July 2013**	Policies revised and posted to website. **This is being done in a supervisor's workgroup in collaboration with the NCIC project. Date revised.**
Develop initial and ongoing training and support necessary to support quality supervision.	Jan 2010	June 2010 **May 2012**	Training/support developed **Training designed and delivered June 2012**
Implement training and support necessary to support quality supervision.	June 2010	Ongoing	Ongoing training and support We have designed 2 new supervisory practice forum opportunities. This work is ongoing. **One or more supervisors from each district are participating in the Leadership Academy for Supervisors. Fifteen supervisors will graduate in September 2012. We are developing the internal capacity to deliver the LAS through the Child Welfare Training Partnership.**
Revise performance evaluation to support quality supervision.	July 2010	Dec 2010 **July 2013**	Evaluation revised. **This is part of our NCIC project. Date revised.**

P3: Develop and implement continuous quality improvement process

Action Step	Benchmark	Complete	Measures
Continue to conduct PIP case reviews as needed for PIP reporting		After each PIP quarter	Case review results submitted with PIP report Final review will take place Summer 2011. **Completed final PIP case review in March 2011.**
Restructure CQI process to ensure quality services for children and families	Oct 2009 **April 2011**	June 2010 **January 2013**	CQI process defined This is part of the NCIC project and we already have a commitment from NRCOI to provide T/TA. Dates revised. **The NCIC Quality Improvement Coordinator was hired in January 2011 and is working with several workgroups and Resource Centers on the CQI process to finalize a recommendation for an ongoing and sustainable CQI system.** **In June 2012, we conducted a targeted review of our child abuse reporting system.**
Integrate PIP reporting case review into CQI process.	**April 2011**	June 2010 **Sept 2011**	Case review becomes part of CQI process. **Completed**
Integrate CQI process for the implementation of risk and needs assessment in the youth justice population.	**April 2011**	June 2010 **Sept 2011**	YASI becomes part of CQI process **Completed**
Integrate the CQI process for differential assessment strategies.	**April 2011**	June 2010 **Sept 2011**	Becomes part of the CQI process. **Completed**

P3: Develop and implement continuous quality improvement process

Action Step	Benchmark	Complete	Measures
Implement performance based contracting	Jan 2010 **Jan 2011**	Sept 2010 **June 2012**	Contracting partners report on outcomes. There is a state government wide initiative underway. Dates revised. **Completed**
Review consumer concerns to identify themes	Dec 2009	March 2010	**Completed**
Design process to review critical incidents to support learning	Dec 2009 **Dec 2010**	March 2010 **May 2011**	New policy drafted **Completed May 2011**

P4: Increase in financial self sufficiency for youth exiting foster care

Action Step	Benchmark	Complete	Measures
Identify a best practice, competency based financial literacy curriculum for youth	Jan 2010.	July 2011	Curriculum reviewed and selected Curriculum reviewed but not selected yet. Date revised. **Ansell-Casey Life Skills Curriculum was selected. Training and integration of assessment practices for independent living, including financial literacy, will be reinforced in Fall 2012 as follow up to review in 2011.**
Implement curriculum into Youth Development Program life skills classes in all twelve districts	July 2010	Feb 2011 **Feb 2012**	All 12 districts delivering to youth. **Technical assistance site visit record reviews conducted in late Fall 2011 and 2012 indicated implementation.**
Establishing a matching funds savings program for adolescent foster youth	July 2011	July 2012	Regulatory framework established funds red. **Effort integrated into the Creative Workforce Solutions (CWS).**

P4: Increase in financial self sufficiency for youth exiting foster care			
Action Step	**Benchmark**	**Complete**	**Measures**
Establish living wage data for youth exiting foster care	July 2010	Dec. 2010 **July 2012**	**MOU and IT support for information sharing with state DOL data on employment and income has not been completed, Some progress has been made with youth at two CWS pilot sites. Data from those two sites and all other Chafee YDP programs are reporting existing employment data through NYTD. Further data must wait for increased capacity across agencies. It is unclear when this might be available.**
Target Youth Dev. Program services to improve employment & earnings for youth in care	July 2011	July 2012	**Data from previous section indicates improved outcomes for youth. Training from two pilot sites to be provided to all Youth Development Coordinators in fall 2012.**

P5: Increase the number of youth with positive connections with a network of caring adults			
Action Step	**Benchmark**	**Complete**	**Measures**
Develop casework policy to assess youth at or about their 16th birthday for positive connections to caring adults (unpaid). Results to be reported out as a part of the case plan review process.	Sept 2009 **July 2011**	Jan 2010 **Dec 2012**	Finalized policy in place. **Policy not developed but case plan format requires discussion of this issue. Casework policy will be developed as part of the NCIC project. Dates revised.**
Family Finding and Family Group Conferencing resources targeted at youth who's assessed need for connections is greatest	Sept 2009	On-going	Increase in numbers of youth connections at 90 day transition case plan reviews. We identified and trained one person in each district to use the family finding software and these youth are discussed at monthly permanency meetings. **We held Permanency Roundtables in the Fall of 2012, for 96 children. We are presently monitoring action plans that were formulated. Starting in July 2012, we will implement a regional approach to ongoing Permanency Roundtables.** **We are evaluating Lexis Nexus as a more desirable alternative to our current subscription people-finding service.**

P6: Youth are eligible for and receive preventative healthcare

Action Step	Benchmark	Complete	Measures
Expand Medicaid eligibility for youth exiting foster care	Oct 2009 **Oct 2010**	Jan 2010 **June 2012**	Approval of eligibility for at-risk youth up to age 21 inclusive. **Approval for full implementation of this eligibility has recently been granted and final administrative details should be worked through by September, 2012.**
Policy for identification of a medical home and a completed adolescent well-child visit prior to the 90 day transition case plan review.	Sept 2009 **Oct 2010**	Jan 2010 **June 2013**	Finalization of policy **Our work in this area continues as part of the larger comprehensive plan involving all stakeholders called for in Fostering Connections Act and should be completed by the benchmark now set.**
Establishment of data tracking to measure application of the previous strategy.	Sept 2009 **Jan 2011**	Jan 2010 **June 2013**	**Effective measurement of this strategy will realistically require full implementation to support the design of the measure and will happen as part of the plan.**

P7: Increase the high school and post-secondary participation and completion of foster youth

Action Step	Benchmark	Complete	Measures
Track high school completion rates and correlate to DCF/FS efforts at educational stability	July 2010	Feb 2011 **June, 2012**	Reliable Data collected annually and shared with stakeholder groups. **DOE/DCF agreement on data sharing completed June, 2012**
Tracking of youth receiving supports for school completion and related school outcomes	July 2010	Feb 2011	
Explore implementation of Casey Family Services "Road Map to Learning, Improving Educational Outcomes in Foster Care"	Jan 2010	July 2010 **June 2012**	Planning meetings held, trainings scheduled. **DCF in coordination with DOE, the Justice for Children's Task Force, and UVM have submitted a grant application for support of a statewide school stability initiative based on a previous Casey Breakthrough project. If successful our project will also include support from Casey Family Programs to provide broad based training the strategies in their Road Map for learning to educators, social workers and contracted agency staff to target improvements in educational stability and graduation rates while lowering truancy and the achievement gap for youth in foster care.**

LAW ABIDANCE: YOUTH ARE FREE FROM CRIMINAL BEHAVIOR

YJ1: Develop continuous quality improvement plans for risk and needs assessment to ensure quality and efficacy in assessment and reassessment of youth in the juvenile justice system.

Action Step	Benchmark	Complete	Measures
Develop Statewide umbrella continuous quality improvement plan for the implementation of risk and needs assessment in the youth justice population.		June 2010	Plan is written and shared across Family Services. We published a Youth Risk Assessment Policy to set standards for implementation of risk and needs assessment in the youth justice population. **We decided not to develop individual plans but rather incorporate YASI CQI into the NCIC CQI work.**
All 12 Districts develop continuous quality improvement plans for the implementation of risk and needs assessment for youth justice population.		June 2010 **Dec. 2012**	Initially we were moving forward with having several FSD staff and two members of the Child Welfare Training Partnership become certified trainers. We needed to shift our strategy in the fall of 2011 due to the fact that 2/3 of the staff pursuing training changed positions. We are now focused on building capacity with one supervisor in each of the 12 district offices to be competent in the use of YASI to ensure QA. We held a supervisor training in January 2012 and a 2-day intro in YASI for social workers. Created a statewide coaching/support plan for YASI so districts can rely on each other for support and consistency in practice. Another 2 day intro will be offered in the fall 2012 as well as another supervisor coaching session. **Revised timeline. We have a plan for implementing our statewide QA and training system that will be fully achieved by the end of CY 2012.**

YJ2: Enhance restorative justice practices in the community with the implementation and evaluation of evidence-based restorative community-based interventions.

Action Step	Benchmark	Complete	Measures
Implement Restorative Family Group Conferencing in four districts.		June 2010	At least one Restorative Family Group Conference started in each of the four districts. **Completed.**
Explore other restorative justice family-based interventions for youth justice.		June 2010	Evidence-based intervention is identified. RFP for service is developed. **Restorative Family Group Conferencing has been implemented. Completed.**

YJ3: Enhance family engagement, supports, and interventions for youth in the Woodside Juvenile Rehabilitation Center.

Action Step	Benchmark	Complete	Measures
Implement Family Safety Planning into Case Staffing structure in Treatment Program		June 2010	Case staffings utilize internal Family Safety Planning structure. **Completed.**
Explore other restorative justice family-based interventions for youth housed in the Woodside Juvenile Rehabilitation Center.		June 2010	Interventions have been identified; staff have been trained or introduced to model. One staff from the short-term program and one from the long-term program have been trained in Motivational Interviewing techniques. Positive Incentive-based program is under development and will be implemented in August 2010. **Woodside has been repurposed into a psychiatric residential treatment facility. As part of this process, staff are receiving training in MI, CBT and trauma work. The positive incentive based program has been implemented. Completed**