Child and Family Services Reviews

Statewide Assessment Instrument

April 2014

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Introduction

The Child and Family Services Reviews (CFSRs), authorized by the 1994 Amendments to the Social Security Act (SSA), are administered by the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. The goals of the CFSR are to:

- Ensure substantial conformity with title IV-B and IV-E child welfare requirements using a framework focused on assessing seven safety, permanency, and well-being outcomes and seven systemic factors;

- Determine what is happening to children and families as they are engaged in child welfare services; and

- Assist states in helping children and families achieve positive outcomes.

The CFSR Process

The CFSR is a two-phase process, as described in 45 CFR 1355.33. The first phase is a statewide assessment conducted by staff of the state child welfare agency, representatives selected by the agency who were consulted in the development of the Child and Family Services Plan (CFSP), and other individuals deemed appropriate and agreed upon by the state child welfare agency and the Children's Bureau.

The second phase of the review process is an onsite review. The onsite review process includes case record reviews, case-related interviews for the purpose of determining outcome performance, and, as necessary, stakeholder interviews that further inform the assessment of systemic factors. The onsite review instrument and instructions are used to rate cases, and the stakeholder interview guide is used to conduct stakeholder interviews.

Information from both the statewide assessment and the onsite review is used to determine whether the state is in substantial conformity with the seven outcomes and seven systemic factors. States found to be out of substantial conformity are required to develop a Program Improvement Plan (PIP) to address the identified areas out of substantial conformity. States participate in subsequent reviews at intervals related to their achievement of substantial conformity. (For more information about the CFSRs, see the *Child and Family Services Reviews* at http://www.acf.hhs.gov/programs/cb.)

Integration of the CFSP/APSR and CFSR Statewide Assessment

The CFSR process is intended to be coordinated with other federal child welfare requirements, such as the planning and monitoring of the CFSP. We are encouraging states to consider the statewide assessment as an update to their performance assessment in the state's most recent CFSP and/or Annual Progress and Services Report (APSR) rather than a separate assessment process and reporting document. Most of the content for the statewide assessment overlaps with the CFSP/APSR and the same expectations for collaboration with external partners and stakeholders exist across all planning processes. States can use the statewide assessment process to re-engage these partners and stakeholders in preparation for the CFSR.

The Statewide Assessment Instrument

The statewide assessment instrument is a documentation tool for states to use in capturing the most recent assessment information before their scheduled CFSR. Each section, as outlined below, is designed to enable states to gather and document information that is critical to analyzing their capacity and performance during the statewide assessment phase of the CFSR process.

- Section I of the statewide assessment instrument requests general information about the state agency and requires a list of the stakeholders that were involved in developing the statewide assessment.

- Section II contains data profiles for the safety and permanency outcomes. These include the data indicators, which are used, in part, to determine substantial conformity. The data profiles are developed by the Children's Bureau based on the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS), or on an alternate source of safety data submitted by the state.

- Section III requires an assessment of the seven outcome areas based on the most current information on the state's performance in these areas. The state will include an analysis and explanation of the state's performance in meeting the national standards as presented in section II. States are encouraged to refer to their most recent CFSP or APSR in completing this section.

- Section IV requires an assessment for each of the seven systemic factors. States develop these responses by analyzing data, to the extent that the data are available to the state, and using external stakeholders' and partners' input. States are encouraged to refer to their most recent CFSP or APSR in completing this section.

We encourage the state to use this document "as is" to complete the assessment, but the state may use another format as long as the state provides all required content. The statewide assessment instrument is available electronically on the Children's Bureau website at http://www.acf.hhs.gov/programs/cb/resource/round3-cfsr-statewide-assessment.

Completing the Statewide Assessment

The statewide assessment must be completed in collaboration with state representatives who are not staff of the state child welfare agency (external partners or stakeholders), pursuant to 45 CFR 1355.33 (b). Those individuals should represent the sources of consultation required of the state in developing its title IV-B state plan and may include, for example, Tribal representatives; court personnel; youth; staff of other state and social service agencies serving children and families; and birth, foster, and adoptive parents or representatives of foster/adoptive parent associations. States must include a list of the names and affiliations of external representatives participating in the statewide assessment in section I of this instrument.

We encourage states to use the same team of people who participate in the development of the CFSP to respond to the statewide assessment. We also encourage states to use this same team of people in developing the PIP. Members of the team who have the skills should be considered to serve as case reviewers during the onsite review.

How the Statewide Assessment Is Used

Information about the state child welfare agency compiled and analyzed through the statewide assessment process may be used to support the CFSR process in a range of ways. The statewide assessment is used to:

- Provide an overview of the state child welfare agency's performance for the onsite review team;

- Facilitate identification of issues that need additional clarification before or during the onsite review;

- Serve as a key source of information for rating the CFSR systemic factors; and

- Enable states and their stakeholders to identify early in the CFSR process the areas potentially needing improvement and to begin developing their PIP approach.

Statewide Assessment Instrument

Section I: General Information

Name of State Agency: Department of Children and Families, Family Services Division

CFSR Review Period

CFSR Sample Period: April 1 2014-September 30, 2014

Period of AFCARS Data: 2011B – 2014A

Period of NCANDS Data: FY 2012 and 2013

(Or other approved source; please specify if alternative data source is used):

Insert other approved data source

Case Review Period Under Review (PUR): April 1, 2014-June 15, 2015

State Agency Contact Person for the Statewide Assessment

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Statewide Assessment Participants

Provide the names and affiliations of the individuals who participated in the statewide assessment process; please also note their roles in the process.

State Response:

Special thanks to the following for their contributions:

Wanda Audette, Project Family Co-Director, Lund
Ellie Breitmaier, Domestic Violence Coordinator, FSD
Margo Bryce, QA Administrator, FSD
Amanda Churchill, Youth Development Director, WCYSB
Dana Lawrence, Policy and Practice Specialist, FSD
Karen Shea, Child Protection and Field Operations Director, FSD
Cynthia K. Walcott, Deputy Commissioner, FSD
Sarah Ward, Project Director, UVM
Valerie Wood, QA Coordinator, FSD
Mark Johnson, VP Easter Seals VT
Heather McClain, Revenue and Enhancement Manager, FSD
Barbara Joyal, System of Care Manager, FSD
Jim Forbes, Residential Licensing and Special Investigations, Manager, FSD
Pamela Piper, Foster and Kin Care Manager, FSD

Section II: Safety and Permanency Data

State Data Profile

(CB-generated state data profile will be inserted here)

| Indicator | State's Risk-Standardized Performance, National Standards (NS), and Children's Bureau's potential PIP Determination | | | | | | | PIP Baselines, Goals, and Thresholds | | | |
| | | | | | | | | Primary Indicator | | Companion Indicator | |
	12-month period [a]	Data used [b]	RSP [c]	95% interval [d]	National Standard [e]	Performance relative to NS [f]	PIP	Baseline [g]	PIP Goal	Baseline [g]	Threshold [h]
Perm in 12 months (entries)	11b12a	11b - 14a	34.3%	30.8-37.9%	40.4%	Not met	Yes	36.5%	38.6%	15.9%	18.0%
Perm in 12 months (12-23 mos)	13b14a	13b - 14a	48.5%	42.6-54.6%	43.7%	No different	No				
Perm in 12 months (24 + mos)	13b14a	13b - 14a	32.6%	26.8-39.1%	30.3%	No different	No				
Re-entry to foster care in 12 mos	11b12a	11b - 14a	13.2%	9.7-17.8%	8.3%	Not met	Yes	15.9%	13.8%	36.5%	34.5%
Placement stability [i]	13b14a	13b - 14a	5.96	5.52-6.44	4.12	Not met	Yes	6.48	5.91	NA	NA
Maltreatment in foster care [J]	13ab, FY13	13ab, FY13	5.56	3.35-9.21	8.04	No different	No				
Recurrence of maltreatment	FY 12	FY12, FY13	10.4%	8.1-13.4%	9.0%	No different	No				

For descriptions of the indicators, including denominators, numerators, and exclusions, see the *CFSR 3 Data Dictionary* that accompanied this profile. For details about statistical terms and the Children's Bureau's approach to calculating the national standards, states' risk-standardized performance, and PIP baseline and goals, see the final Federal Register notice,

Statewide Data Indicators and National Standard for Child and Family Services Reviews (10/10/2014) and the *Child and Family Services Technical Bulletin #8* (10/10/2014).

[a] **12-month period:** The 12-month period specified in the denominator for this indicator. The FY periods (e.g., FY 12) refer to NCANDS data, which span the 12-month period Oct 1st – Sept 30th. All others refer to AFCARS data: 'A' refers to the 6-month period Oct 1st – March 31st. 'B' refers to the 6-month period April 1st – Sept 30th. The two-digit year refers to the calendar year in which the period ends (e.g., 13a refers to the 6-month period Oct 1st 2012 – March 31st 2013).

[b] **Data used**: Refers to the initial 12-month period and the period(s) of data needed to follow the children to observe their outcome.

[c] **RSP**: State's risk-standardized performance. The RSP is derived from a multi-level model and reflects the state's performance relative to states with similar children and takes into account the number of children the state served, the age distribution of these children, and, for some indicators, the state's entry rate.

[d] **95% interval**. The 95% interval estimate reflects the amount of uncertainty associated with the RSP. For example, the Children's Bureau is 95% confident that the true value of the RSP is between the lower and upper limit of the interval.

[e] **National Standard**. The observed performance for the nation as described in the final Federal Register notice, *Statewide Data Indicators and National Standard for CFSRs* (10/10/2014).

[f] **Performance relative to NS**. Indicates whether the state's 95% interval showed that the state met, did not meet, or was no different than the national standard (NS). "No Different" means the interval includes the NS. For indicators assessing permanency in 12 months, "Met" is used when the entire interval is above the NS and "Not Met" is used when the entire interval is below the NS. For the remaining indicators, "Met" is used when the entire interval is below the NS and "Not Met" is used when the entire interval is below the NS.

[g] **Baseline**. This is based on the state's observed performance for the indicator using the most recent 12-month period of available data (shown in the next two tables, *Observed performance on permanency indicators* and *Observed performance on safety indicators*). At the time a PIP is due these data will be updated with the most recent available and baselines may be adjusted.

[h] **Threshold (companion Indicator)**. If the state must include Permanency in 12 months (entries) in its PIP, the state must also not go above the threshold shown for Re-entry to foster care. If the state must include Re-entry to foster care in its PIP, the state must not go below the threshold shown for Permanency in 12 months (entries).

[i] Performance on **Placement stability** is expressed as the number of moves per 1,000 days in care.

[j] Performance on **Recurrence of maltreatment** is expressed as the number of victimizations per 100,000 days in care.

Observed performance on permanency indicators

	Denominator			Numerator			Percentage		
	09b10a	10b11a	11b12a	09b10a	10b11a	11b12a	09b10a	10b11a	11b12a
Permanency in 12 months (entries)	449	507	586	150	162	214	33.4%	32.0%	36.5%

	Denominator			Numerator			Percentage or Rate		
Age at entry									
0 – 3 mos	39	44	42	17	7	19	43.6%	15.9%	45.2%
4 – 11 mos	22	24	28	5	7	6	22.7%	29.2%	21.4%
1 – 5 yrs	104	118	151	41	36	65	39.4%	30.5%	43.0%
6 – 10 yrs	60	75	97	14	24	32	23.3%	32.0%	33.0%
11 – 16 yrs	205	228	244	68	82	88	33.2%	36.0%	36.1%
17 yrs	19	18	24	5	6	4	26.3%	33.3%	16.7%
Re-entry to care in 12 months	**138**	**148**	**201**	**16**	**18**	**32**	**11.6%**	**12.2%**	**15.9%**
Age at exit									
0 – 3 mos	5	1	7	0	0	3	0.0%	0.0%	42.9%
4 – 11 mos	6	3	7	0	0	2	0.0%	0.0%	28.6%
1 – 5 yrs	36	31	59	1	5	10	2.8%	16.1%	16.9%
6 – 10 yrs	18	24	32	6	2	6	33.3%	8.3%	18.8%
11 – 16 yrs	64	72	85	9	11	11	14.1%	15.3%	12.9%
17 yrs	9	17	11	0	0	0	0.0%	0.0%	0.0%

	11b12a	12b13a	13b14a	11b12a	12b13a	13b14a	11b12a	12b13a	13b14a
Permanency in 12 months (12-23 mos)	**215**	**252**	**258**	**83**	**134**	**116**	**38.6%**	**53.2%**	**45.0%**
Age on 1st day									
1 – 5 yrs	58	87	81	43	66	53	74.1%	75.9%	65.4%
6 – 10 yrs	38	37	49	17	23	22	44.7%	62.2%	44.9%
11 – 16 yrs	95	103	102	22	37	34	23.2%	35.9%	33.3%
17 yrs	24	25	26	1	8	7	4.2%	32.0%	26.9%
Permanency in 12 months (24+ mos)	**289**	**238**	**217**	**84**	**62**	**53**	**29.1%**	**26.1%**	**24.4%**
Age on 1st day									
2 – 5 yrs	19	14	21	12	9	15	63.2%	64.3%	71.4%
6 – 10 yrs	45	28	26	25	17	11	55.6%	60.7%	42.3%
11 – 16 yrs	150	132	107	39	29	22	26.0%	22.0%	20.6%
17 yrs	75	64	63	8	7	5	10.7%	10.9%	7.9%
Placement stability	**94,304**	**88,337**	**97,837**	**726**	**629**	**634**	**7.70**	**7.12**	**6.48**
Age at entry									

0 – 3 mos	5645	9097	9479	43	51	48	7.62	5.61	5.06
4 – 11 mos	4290	3811	3992	15	14	13	3.50	3.67	3.26
1 – 5 yrs	24653	18822	23772	124	78	82	5.03	4.14	3.45
6 – 10 yrs	15180	16604	17473	84	92	89	5.53	5.54	5.09
11 – 16 yrs	40955	35490	39343	419	339	369	10.23	9.55	9.38
17 yrs	3581	4513	3778	41	55	33	11.45	12.19	8.73

Observed performance on safety indicators

	Denominator			Numerator			Rate		
	FY 11	FY 12	FY 13	FY 11	FY 12	FY 13	FY 11	FY 12	FY 13
Maltreatment in care	**339,279**	**353,074**	**344,671**	**15**	**11**	**12**	**4.42**	**3.12**	**3.48**
0 – 3 mos	9,872	9,347	14,983	0	0	0	0.00	0.00	0.00
4 – 11 mos	11,526	14,843	13,377	2	0	0	17.35	0.00	0.00
1 – 5 yrs	66,549	76,583	73,735	4	1	1	6.01	1.31	1.36
6 – 10 yrs	54,779	56,221	58,703	0	3	2	0.00	5.34	3.41
11 – 16 yrs	166,097	165,676	150,302	7	7	9	4.21	4.23	5.99
17 yrs	30,456	30,404	33,571	2	0	0	6.57	0.00	0.00

	Denominator			Numerator			Percentage		
	FY 10	FY 11	FY 12	FY 10	FY 11	FY 12	FY 10	FY 11	FY 12
Recurrence of maltreatment	**623**	**699**	**658**	**22**	**44**	**52**	**3.5%**	**6.3%**	**7.9%**
Age at initial victimization									
0 – 3 mos	10	9	17	0	2	2	0.0%	22.2%	11.8%
4 – 11 mos	14	28	23	1	0	1	7.1%	0.0%	4.3%
1 – 5 yrs	125	198	166	3	12	13	2.4%	6.1%	7.8%
6 – 10 yrs	184	159	177	6	11	16	3.3%	6.9%	9.0%
11 – 16 yrs	252	273	249	11	19	20	4.4%	7.0%	8.0%
17 yrs	38	32	26	1	0	0	2.6%	0.0%	0.0%

Permanency context data

	Number					Percentage or Rate				
	09B10 A	10B11 A	11B12 A	12B13 A	13B14 A	09B10 A	10B11 A	11B12 A	12B13 A	13B14 A
Entries to Foster Care										
Entry rate per 1,000 in child population						3.49	3.98	4.65	4.57	4.89
Total number of children entering	441	513	588	566	600					
Age at entry										

	Number					Percentage or Rate				
	09B10 A	10B11 A	11B12 A	12B13 A	13B14 A	09B10 A	10B11 A	11B12 A	12B13 A	13B14 A
0-3 months	38	41	42	59	63	8.6%	8.0%	7.1%	10.4%	10.5%
4-11 months	23	26	29	23	27	5.2%	5.1%	4.9%	4.1%	4.5%
1-5 years	105	124	153	122	152	23.8%	24.2%	26.0%	21.6%	25.3%
6-10 years	60	79	97	107	104	13.6%	15.4%	16.5%	18.9%	17.3%
11-16 years	197	223	243	221	231	44.7%	43.5%	41.3%	39.0%	38.5%
17 years	18	20	24	34	23	4.1%	3.9%	4.1%	6.0%	3.8%
Placement setting at end of report period										
Pre-adoptive home	10	7	4	2	8	2.3%	1.4%	0.7%	0.4%	1.3%
Foster family home (relative)	53	98	111	176	189	12.0%	19.1%	18.9%	31.1%	31.5%
Foster family home (non-relative)	256	259	294	237	241	58.0%	50.5%	50.0%	41.9%	40.2%
Group home	58	79	84	83	79	13.2%	15.4%	14.3%	14.7%	13.2%
Institution	5	6	10	5	8	1.1%	1.2%	1.7%	0.9%	1.3%
Supervised Independent Living	3	0	2	2	3	0.7%	0.0%	0.3%	0.4%	0.5%
Runaway	3	2	0	0	0	0.7%	0.4%	0.0%	0.0%	0.0%
Trial Home Visit	53	62	83	61	72	12.0%	12.1%	14.1%	10.8%	12.0%

	Number					Percentage or Rate				
	09B10 A	10B11 A	11B12 A	12B13 A	13B14 A	09B10 A	10B11 A	11B12 A	12B13 A	13B14 A
Number of removals										
1	324	380	465	442	477	73.5%	74.1%	79.1%	78.1%	79.5%
2	88	103	94	92	102	20.0%	20.1%	16.0%	16.3%	17.0%
3	19	17	20	21	16	4.3%	3.3%	3.4%	3.7%	2.7%
4 or more	10	13	9	11	5	2.3%	2.5%	1.5%	1.9%	0.8%

Exits from Foster Care

Total number of children exiting	603	599	638	622	
Discharge reason					

	Number					Percentage or Rate				
	09B10 A	10B11 A	11B12 A	12B13 A	13B14 A	09B10 A	10B11 A	11B12 A	12B13 A	13B14 A
Reunification		292	288	301	287		48.4%	48.1%	47.2%	46.1%
Live with other relative(s)		45	58	43	54		7.5%	9.7%	6.7%	8.7%
Adoption		142	147	190	160		23.5%	24.5%	29.8%	25.7%
Emancipation		83	69	67	66		13.8%	11.5%	10.5%	10.6%
Guardianship		24	22	22	32		4.0%	3.7%	3.4%	5.1%
Transfer to Another Agency		9	6	11	17		1.5%	1.0%	1.7%	2.7%
Runaway		2	1	1	0		0.3%	0.2%	0.2%	0.0%
Death of Child		2	1	0	2		0.3%	0.2%	0.0%	0.3%
Not applicable		4	7	3	0		0.7%	1.2%	0.5%	0.0%
Length of stay in care										
Less than 8 days		81	81	67	87		13.4%	13.5%	10.5%	14.0%
8 days to 5 months		107	159	126	132		17.7%	26.5%	19.7%	21.2%
6 – 11 months		64	59	102	80		10.6%	9.8%	16.0%	12.9%
12 – 17 months		86	57	103	96		14.3%	9.5%	16.1%	15.4%
18 - 23 months		63	64	88	79		10.4%	10.7%	13.8%	12.7%

	Number					Percentage or Rate				
	09B10 A	10B11 A	11B12 A	12B13 A	13B14 A	09B10 A	10B11 A	11B12 A	12B13 A	13B14 A
24 - 29 months		64	46	51	45		10.6%	7.7%	8.0%	7.2%
30 – 35 months		29	33	28	40		4.8%	5.5%	4.4%	6.4%
36 - 41 months		32	29	21	9		5.3%	4.8%	3.3%	1.4%
42 months or longer		77	71	52	54		12.8%	11.9%	8.2%	8.7%
Children in Care 1st day of 12-month period										
Total number of children in care 1st day			912	947	917					
Length of stay in care (as of the 1st day)										
Less than 6 months			231	225	251			25.3%	23.8%	27.4%
6-11 months			177	232	191			19.4%	24.5%	20.8%
12-23 months			215	252	258			23.6%	26.6%	28.1%
24 months or longer			289	238	217			31.7%	25.1%	23.7%
Children in Care 1st day (12-23 mos)			215	252	258					
Age on 1st day										
1-5 years			58	87	81			27.0%	34.5%	31.4%

	Number					Percentage or Rate				
	09B10 A	10B11 A	11B12 A	12B13 A	13B14 A	09B10 A	10B11 A	11B12 A	12B13 A	13B14 A
6-10 years			38	37	49			17.7%	14.7%	19.0%
11-16 years			95	103	102			44.2%	40.9%	39.5%
17 years			24	25	26			11.2%	9.9%	10.1%
Placement setting at end of report period										
Pre-adoptive home			10	26	37			4.7%	10.3%	14.3%
Foster family home (relative)			36	50	78			16.7%	19.8%	30.2%
Foster family home (non-relative)			93	91	76			43.3%	36.1%	29.5%
Group home			23	33	22			10.7%	13.1%	8.5%
Institution			2	5	2			0.9%	2.0%	0.8%
Supervised Independent Living			7	0	2			3.3%	1.6%	0.8%
Runaway			1	4	2			0.5%	0.0%	0.8%
Trial Home Visit			43	43	39			20.0%	17.1%	15.1%
Number of removals										
1			159	184	196			74.0%	73.0%	76.0%
2			45	55	48			20.9%	21.8%	18.6%

	Number					Percentage or Rate				
	09B10 A	10B11 A	11B12 A	12B13 A	13B14 A	09B10 A	10B11 A	11B12 A	12B13 A	13B14 A
3			8	8	9			3.7%	3.2%	3.5%
4 or more			3	5	5			1.4%	2.0%	1.9%
Case plan goal										
Reunify			125	122	113			58.1%	48.4%	43.8%
Live with other relative(s)			2	1	4			0.9%	0.4%	1.6%
Adoption			72	119	127			33.5%	47.2%	49.2%
Long-term foster care			9	3	7			4.2%	1.2%	2.7%
Emancipation			4	1	5			1.9%	0.4%	1.9%
Guardianship			0	0	0			0.0%	0.0%	0.0%
Children in Care 1st day (24 + mos)			289	238	217					
Age on 1st day										
2-5 years			19	14	21			6.6%	5.9%	9.7%
6-10 years			45	28	26			15.6%	11.8%	12.0%
11-16 years			150	132	107			51.9%	55.5%	49.3%
17 years			75	64	63			26.0%	26.9%	29.0%

	Number					Percentage or Rate				
	09B10 A	10B11 A	11B12 A	12B13 A	13B14 A	09B10 A	10B11 A	11B12 A	12B13 A	13B14 A
Placement setting at end of report period										
Pre-adoptive home			20	16	15			6.9%	6.7%	6.9%
Foster family home (relative)			34	32	37			11.8%	13.4%	17.1%
Foster family home (non-relative)			162	123	89			56.1%	51.7%	41.0%
Group home			38	35	39			13.1%	14.7%	18.0%
Institution			2	2	11			0.7%	0.8%	5.1%
Supervised Independent Living			3	5	3			1.0%	2.1%	1.4%
Runaway			2	1	0			0.7%	0.4%	0.0%
Trial Home Visit			28	24	23			9.7%	10.1%	10.6%
Number of removals										
1			222	179	161			76.8%	75.2%	74.2%
2			42	39	40			14.5%	16.4%	18.4%
3			17	15	9			5.9%	6.3%	4.1%
4 or more			8	5	7			2.8%	2.1%	3.2%
Case plan goal										
Reunify			101	97	94			34.9%	40.8%	43.3%

	Number					Percentage or Rate				
	09B10 A	10B11 A	11B12 A	12B13 A	13B14 A	09B10 A	10B11 A	11B12 A	12B13 A	13B14 A
Live with other relative(s)			3	2	2			1.0%	0.8%	0.9%
Adoption			125	102	93			43.3%	42.9%	42.9%
Long-term foster care			47	26	17			16.3%	10.9%	7.8%
Emancipation			9	8	7			3.1%	0.4%	3.2%
Guardianship			0	0	0			0.0%	0.0%	0.0%

Safety context data

	Number				Percentage or Rate			
	FY 10	FY 11	FY 12	FY 13	FY 10	FY 11	FY 12	FY 13
Referrals								
Received by CPS	14,278	13,884	14,614	15,769				
Screened-in	3,795	3,385	3,508	4,079	26.6%	24.4%	24.0%	25.9%
Screened-out	10,483	10,499	11,106	11,690	73.4%	75.6%	76.0%	74.1%
Children referred, screened-in/out (duplicate) [a]								
Referred to CPS	19,947	19,435	20,270	21,914				
Screened-in	4,834	4,325	4,608	5,289	24.2%	28.6%	29.4%	31.8%
Screened-out	15,113	15,110	15,662	16,625	75.8%	77.7%	77.3%	75.9%
Screened-in rate (unique) [b]								

Population of children 0-17	128,601	126,500	124,555	122,701				
Screened-in	4,111	3,711	3,867	4,385				
Screened-in rate (per 1,000 in child population)					32.0	29.3	31.0	35.7
Re-reported within 12 months (unique)	671	738	736	NA	17.8%	18.0%	18.5%	
Children screened in, by dispositions (unique) [c]								
Victims								
Substantiated + Indicated	658	629	649	745	16.0%	16.9%	16.8%	17.0%
Substantiated + Indicated + AR Victim	658	629	649	745	16.0%	16.9%	16.8%	17.0%
Substantiated	658	629	649	745	16.0%	16.9%	16.8%	17.0%
Indicated	SDNR	SDNR	SDNR	SDNR				
Alternative response – victim	SDNR	SDNR	SDNR	SDNR				
Non-Victims								
Alternative response – non victim	1,161	1,065	1,120	1,453	28.2%	28.7%	29.0%	33.1%
Unsubstantiated	2,273	1,998	2,079	2,175	55.3%	53.8%	53.8%	49.6%
Other	19	19	19	12	0.5%	0.5%	0.5%	0.3%
Victimization rate (unique) [b]								
Population of children 0 – 17	128,601	126,500	124,555	122,701				
Substantiated + Indicated	658	629	649	745				
Victimization rate (per 1,000 in child population)					5.12	4.97	5.21	6.07

Duplicate = A child is counted each time he or she was included in a referral during the 12-month period.

Unique = A child is counted only once regardless of the number of maltreatment allegations he or she had during the 12-month period. For children with more than one maltreatment allegation, the allegation with the most severe disposition is used for the count.

[a] Includes children age 18 and older. Includes children whom the state reported as unborn.

[b] Excludes children age 18 and older. Excludes children whom the state reported as unborn. This is because the rate uses Census population data which does not provide counts for children age 18 and older or considered unborn.

[c] Excludes children age 18 and older. Includes children whom the state reported as unborn.

SDNR = State Did Not Report

Section III: Assessment of Child and Family Outcomes and Performance on National Standards

Instructions

Refer to the section in the state's most recent Child and Family Services Plan (CFSP) or Annual Progress and Services Report (APSR) that provides assessment information on state performance on each of the seven child and family outcomes. Review the information with the statewide assessment team and determine if more recent data are available that can be used to provide an updated assessment of each outcome. If more recent data are not available, simply refer to the most recent CFSP or APSR document by indicating the document name/date and relevant page numbers where the information can be found for each outcome. Analyze and explain the state's performance on the national standards in the context of the outcomes.

A. Safety

Safety Outcomes 1 and 2

Safety outcomes include: (A) children are first and foremost, protected from abuse and neglect; and (B) children are safely maintained in their own homes whenever possible and appropriate.

- For each of the two safety outcomes, include the most recent available data demonstrating the state's performance. Data must include state performance on the two federal safety indicators, relevant case record review data, and key available data from the state information system (such as data on timeliness of investigation).

- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Safety Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the safety indicators.

State Response:

Chart 1.

Indicator	State's Risk-Standardized Performance, National Standards (NS), and Children's Bureau's potential PIP Determination						
	12-month period	Data used	RSP	95% interval	National Standard	Performance relative to NS	PIP
Maltreatment in foster care [j]	13ab, FY13	13ab, FY13	5.56	3.35-9.21	8.04	No different	No
Recurrence of maltreatment	FY 12	FY12, FY13	10.4%	8.1-13.4%	9.0%	No different	No

Family Services has historically had positive indicators around safety. Chart 1 above shows Family Services meeting the National Standard when it comes to maltreatment in foster care and reoccurrence of maltreatment. We continue to make appropriate policy updates around report acceptance and child safety intervention commencement to make sure we are providing clear guidance for social workers who are screening and assessing for safety. The details for acceptance and commencement can be found in Policy 51, Screening Reports of Child Abuse and Neglect and Policy 52, Child Safety Interventions (see Appendix 1).

As outlined in policy, social workers utilize the SDM tools when assessing immediate safety and danger and the risk assessment tools to inform the decision about opening a case for ongoing services. We continue to assess our need for more staff training around the SDM tools to make sure social workers are competent and appropriately utilizing the tools. We are in the planning phases with Casey and the CRC to review the SDM tools and coordinate future trainings over the next year.

In addition, Family Services staff and our Child and Family Support contract staff have been trained around the use of Family Safety Planning. This framework is frequently used during a child safety intervention to address immediate danger and safety concerns and involves the parent(s) and potentially relatives, friends, and services providers.

We have also discussed the need to improve our work around safety planning to make sure social workers are competent at creating effective safety plans that involve a network of people. We believe we have laid a strong foundation with the use of Family Safety Planning meetings and we are now ready to take it to the next level to strengthen this practice over the next year.

Family Services has also been focusing on our rate of entry since it's higher than the national average (4.6 per 1000 children in FY2012 vs. 3.3 per 1000 nationally). Chart 2 below shows children ages 1-5 years old and 11-16 years old make up the largest percentage of entrants into foster care, followed closely by the 6-10 year olds. It is important to note since Family Services also serves as the States juvenile justice system, we experience a higher percentage of older youth coming into custody compared to other states.

Chart 2.

	Number					Percentage or Rate				
	09B10A	10B11A	11B12A	12B13A	13B14A	09B10A	10B11A	11B12A	12B13A	13B14A
Entries to Foster Care										
Entry rate per 1,000 in child population						3.49	3.98	4.65	4.57	4.89
Total number of children entering	441	513	588	566	600					
Age at entry										
0-3 months	38	41	42	59	63	8.6%	8.0%	7.1%	10.4%	10.5%
4-11 months	23	26	29	23	27	5.2%	5.1%	4.9%	4.1%	4.5%
1-5 years	105	124	153	122	152	23.8%	24.2%	26.0%	21.6%	25.3%
6-10 years	60	79	97	107	104	13.6%	15.4%	16.5%	18.9%	17.3%
11-16 years	197	223	243	221	231	44.7%	43.5%	41.3%	39.0%	38.5%
17 years	18	20	24	34	23	4.1%	3.9%	4.1%	6.0%	3.8%

As one of Family Services seven key indicators and our ongoing CQI, we continue to track our timeliness for closure of our child services interventions. Although our statewide average is at 34.5%, we continue to track and strategies ways to improve these numbers. See Chart 3 below.

Chart 3.

Timeliness for closures: 10/1/13-9/30/14

Key Indicator	ADO	BDO	HDO	JDO	LDO	MDO	NDO	RDO	SDO	TDO	VDO	YDO	STATE
CSI Closure Timeliness **FFY15 Goal: 50%**	38.0%	42.6%	23.9%	26.8%	23.6%	23.8%	12.4%	19.3%	31.9%	61.2%	50.7%	65.6%	34.5%

(Cumulative to 12/29/14)													

As a result of two child fatalities over the last year, many questions have been raised in terms of how the child protection system could have prevented their deaths. Family Services has undergone a number of reviews to help answer these questions and assess our system. The Vermont Citizen Review Board (VCAB) completed a report in November 2014, which made systems recommendations based on a comprehensive review of the child fatality cases. Casey Family Programs (Casey) also completed a report in December 2014, which based its recommendations on national best practices, focus groups for FSD staff and stakeholders, a targeted case review of a sample of cases involving opiate use, and a review of FSD data trends as compared to national trends.

The reports raised many concerns which include how information flows internally as well as externally, increased social worker caseloads, the need for updated policies, and a stronger quality assurance system.

During the CFSR, Family Services is hoping to gain more insight on the following areas related to safety:

- How well are we assessing safety with parents using opiates?
- How well are we safety planning with families?
- Why Vermont has a higher rate of entry compared to other states?

B. Permanency

Permanency Outcomes 1 and 2

Permanency outcomes include: (A) children have permanency and stability in their living situations; and (B) the continuity of family relationships is preserved for children.

- For each of the two permanency outcomes, include the most recent available data demonstrating the state's performance. Data must include state performance on the four federal permanency indicators and relevant available case record review data.

- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Permanency Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the permanency indicators.

State Response:

Permanency Outcome 1: Children have permanency and stability in their living situations

Chart 1

Indicator	State's Risk-Standardized Performance, National Standards (NS), and Children's Bureau's potential PIP Determination							PIP Baselines, Goals, and Thresholds			
								Primary Indicator		Companion Indicator	
	12-month period	Data used	RSP	95% interval	National Standard	Performance relative to NS	PIP	Baseline	PIP Goal	Baseline	Threshold
Perm in 12 months (entries)	11b12a	11b - 14a	34.3%	30.8-37.9%	40.4%	Not met	Yes	36.5%	38.6%	15.9%	18.0%
Perm in 12 months (12-23 mos)	13b14a	13b - 14a	48.5%	42.6-54.6%	43.7%	No different	No				
Perm in 12 months (24 + mos)	13b14a	13b - 14a	32.6%	26.8-39.1%	30.3%	No different	No				
Re-entry to foster care in 12 mos	11b12a	11b - 14a	13.2%	9.7-17.8%	8.3%	Not met	Yes	15.9%	13.8%	36.5%	34.5%

Chart 2

Rate of Re-Entries (From fosteringcourtimprovement.org):

	Reentries to Foster Care		Reentries to Foster Care within 12 months of Previous Discharge	
District	Count	Percent	Count	Percent
Barre	31/86	36.0%	16/86	18.6%
Bennington	9/55	16.4%	8/55	14.5%
Brattleboro	12/86	14.0%	8/86	9.3%
Burlington	23/110	20.9%	10/110	9.1%
Hartford	14/67	20.9%	7/67	10.4%
Middlebury	4/48	8.3%	2/48	4.2%
Morrisville	4/36	11.1%	1/36	2.8%
Newport	3/21	14.3%	2/21	9.5%
Rutland	10/74	13.5%	4/74	5.4%
Springfield	11/67	16.4%	6/67	9.0%
St. Albans	25/104	24.0%	12/104	11.5%
St. Johnsbury	9/45	20.0%	5/45	11.1%
Unknown	1/5	20.0%	0/5	0.0%
Statewide	156/804	19.4%	81/804	10.1%

Family Services fosters a culture for social workers to be thinking about permanency from the beginning when we accepted a report for a child safety intervention. If a child is at risk of coming into custody, we try to identify potential relatives and fictive kin as a possible resource that will support reunification if appropriate or possibly be a long term permanent resource. As noted in Chart 1 above, Family Services is meeting the National Standard for achieving permanency within 12-23 months and within 24+ months from entry, however we are not meeting the National Standard for achieving permanency within 12 months from entry. Some factors that could be effecting this indicator are courts needing to schedule hearings further out, an increase in complexity of family situations, and an increase in staff turnover. Each district conducts regular permanency meetings which includes the district Lund permanency worker and our Family Services Adoption and Permanency Chief to discuss each child's permanency plan from the time they come into custody until permanency is achieved. These discussions are extremely helpful to social workers and supervisors and provides guidance with complicated situations and identifies clear next steps to help keep the case moving forward.

Family Services has also not met the National Standard for Re-entry within 12 months as noted in Chart 1. Some factors that could be attributing to this rate include reunification may have occurred prematurely, there wasn't a solid safety plan with a network for support to help prevent reentry, and the local support services may not be able to provide the level of support needed to prevent re-entry. Although our data around achieving permanency within 12 months doesn't suggest we are returning children too quickly, perhaps in many of these cases reunification should not have been the permanency goal. Family Services has received criticism over the last year as a result of the two child fatalities that we are inappropriately reunifying children and placing them in unsafe situations. In addition, many districts feel that they lack quality local services to support high risk families to prevent either entry into custody and/or re-entry into custody. Chart 2 shows the percentage of re-entries by district.

Placement Stability is another indicator where Family Services did not meet the National Standard as shown in Chart 3 and 4 below. Many children are experiencing 3 or more placements within 12 months from the date of entry. Likely contributing factors include not having a large enough pool of foster homes to pull from to make the best match, foster parents not able to meet the needs of the child (in some cases a lack of available child care if the foster parent works), lack of local resources to provide foster parents with the level of support needed, and a lack of placement options for child and youth with significant behavioral challenges. Social workers can utilizes their local Child and Family Support contract to help support foster parents but this is finite resource and often times there is not enough capacity to provide support in every situation. Social workers can also utilize their local mental health agency to provide an additional wrap to a foster home. Setting up these wraps frequently take a long time and in some cases several months. Social workers also have access to some therapeutic foster homes who can provide a higher level of support to a child and youth. Frequently there are not enough therapeutic foster home beds available and these placements seldom become permanent placements.

Chart 3.

Indicator	State's Risk-Standardized Performance, National Standards (NS), and Children's Bureau's potential PIP Determination						PIP Baselines, Goals, and Thresholds		
							Primary Indicator		
	12-month period	Data used	RSP	95% interval	National Standard	Performance relative to NS	PIP	Baseline	PIP Goal
Placement stability	13b14a	13b - 14a	5.96	5.52-6.44	4.12	Not met	Yes	6.48	5.91

Chart 4

Placement Stability	**Indicator:**	Percent of children who have no more than 2 placements within the first 12 months of out-of-home care.
	Measure:	Looks at children in placement on 6/30/14 & those who exited out-of-

		home care 7/1/14 - 9/30/14 to determine the number of placements in			
		first 12 months of out-of-home care (excl. runaway & home placements)			
	Natl'l Std:	At least **89%** have no more than 2 placements in first 12 months			
	VT This Qtr	74.9%	**Ntl Std Met?**		**No**

	Data	# Plc Grp		
	Number		Count of # Plc Grp	
DO	0-2	3+	0-2	3+
A	92	36	71.9%	28.1%
B	87	41	68.0%	32.0%
H	56	16	77.8%	22.2%
J	45	5	90.0%	10.0%
L	56	23	70.9%	29.1%
M	70	18	79.5%	20.5%
N	16	12	57.1%	42.9%
R	63	24	72.4%	27.6%
S	46	7	86.8%	13.2%
T	51	14	78.5%	21.5%
V	31	6	83.8%	16.2%
Y	38	16	70.4%	29.6%
State	651	218	74.9%	25.1%

Permanency Outcome 2: The continuity of family relationships is preserved for children

When children come into custody, social workers and resource coordinators work hard to keep siblings placed together. As highlighted in the Chart 1 below out of the 592 children in custody who also have a sibling in custody, 61.4% of those children are placed together with their sibling. At the 2012 Youth Conference held today at Johnson State College, former DCF Commissioner Dave Yacovone signed a *Sibling Bill of Rights* — formally recognizing the value of sibling relationships and reinforcing the department's commitment to preserving these important connections for children and youth in state care. The *Sibling Bill of Rights* was created jointly by the New England Association of Child Welfare Commissioners and Directors (NEACWCD) and the New England Youth Coalition (NEYC). The coalition serves as an advisory group to NEACWCD — identifying systemic issues that need to be improved from the perspective of foster youth.

The likely factors contributing to the separation of siblings include a lack of foster homes able to take sibling groups, in order to keep children in their same schools they may need to be placed in separate foster homes, if the children have different fathers they may be placed with different relatives, and one sibling may have significant behavioral challenges and needs a higher level of care.

Chart 1.

Children in Custody as of 4.2.2015	1247
# Children with no siblings	655
# Children with siblings	**592**

Sibling Group of:	Sibling Groups	Sibling Groups Together		Sibling Groups Not Together Due to Treatment		Sibling Groups Not Together Due to Unknown Reasons	
	(#)	(#)	(%)	(#)	(%)	(#)	(%)
2	162	110	67.9%	27	51.9%	25	48.1%
3	57	28	49.1%	7	24.1%	22	75.9%
4	15	6	40.0%	4	44.4%	5	55.6%
5	5	3	60.0%	0	0.0%	2	100.0%
6	2	1	50.0%	1	100.0%	0	0.0%
Totals	**241**	**148**	**61.4%**	**39**	**41.9%**	**54**	**58.1%**

In addition to keeping siblings together whenever possible, social workers also identify potential relatives who can be a placement resource or an additional connection and support. As indicated by Chart 2 below, Family Services has substantially increased the use of kinship care over the last several years.

Chart 2.

Key Indicator: Kinship Placement		Where to find: Y:\FSD\FSD All Share\FSD Reports\FSD Data & Reports\FSD Indicators				
	National Standard	**FFY2010**	**FFY2011**	**FFY2012**	**FFY2013**	**FFY2014**
Statewide	**N/A**	**12.9%**	**18.4%**	**19.8%**	**26.4%**	**35.6%**

When children can no longer remain safely with their parent(s) and come into custody, social workers are immediately creating a plan for 'family time' which outlines when a child and parent will have contact. In many cases, social workers also involve a Family Time coach to help support the interaction between the parent and child. In addition to family time, parents are also involved in 'shared parenting meetings' so information about their child is shared between the care provider and the parent(s). Shared parenting meetings is a venue to discuss upcoming doctor appointments, how the child is doing, and school updates for example. Whenever possible, parents are encourage to participate in all meetings and appointments relevant to the child. Policy 124, Family Time, outlines expectations around family time and shared parenting meetings (Appendix 1).

Family Services also utilizes the Child and Family Support contract to support and facilitate Family Safety Planning meetings and Family Group Conferencing. Family members participate and help support the goals of these meetings which generally focus around safety and permanency planning. In addition to these services, older youth are also referred to their local Youth Development Coordinator who also helps identify and support important connections for youth as they age into early adulthood.

Lastly, Family Services has had an increase in conditional custody cases over the last several years. In these situations, children/youth can be placed in the conditional custody of either their parent, relative, or fictive kin. Family Services did a targeted review in 2013 on 76 CCO cases where the child/youth was placed in the conditional custody of someone other than the parent. Some of the themes that emerged from that review included children/youth with higher needs were not as successful in their CCO placements, there were inconsistent practices throughout the state around the assessment of needs, and children/youth were kept connected with their friends and schools.

Chart 3.

Count of MIS	Relation to Child											
DO	Unknown	Adoptive Parent	Birth Parent	Grandparent	Not Related	Other	Other Relative	Paramour of Parent	Step-parent	Sibling	(blank)	Grand Total
A		3	36	19								58

B	10		128	32	3	1	15					189
H			23	13								36
J			17	3			2					22
L			30	3								33
M			64	14	1		3	2		1		85
N			22	6			2			1		31
R			21	1			2					24
S	1		95	7					1			104
T			27	11		3	2					43
V			25	12			1			1		39
Y			25	14			1		1			41
Z			2									2
(blank)			2				1					3
Grand Total	11	3	517	135	4	4	29	2	2	3		710

During the CFSR, Family Services is hoping to gain more insight on the following areas related to permanency:

- What are contributing factors for our lower rates of permanency within 12 months?
- What are contributing factors for our higher rates of re-entry?
- What are contributing factors to our lower rates of placement stability?
- What are factors that contribute to a successful CCO case where the child/youth remained successfully at home or permanency was achieved?
- What are factors that contribute to negative outcomes in CCO cases (placement change, child coming into custody, permanency wasn't achieved)?

C. Well-Being

Well-Being Outcomes 1, 2, and 3

Well-being outcomes include: (A) families have enhanced capacity to provide for their children's needs; (B) children receive appropriate services to meet their educational needs; and (C) children receive adequate services to meet their physical and mental health needs.

- For each of the three well-being outcomes, include the most recent available data demonstrating the state's performance. Data must include relevant available case record review data and relevant data from the state information system (such as information on caseworker visits with parents and children).

- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Well-Being Outcomes 1, 2, and 3.

State Response:

Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs

Social worker contact standards are outlined in Policy 70: Frequency and Quality of Social Worker Visits (see Appendix 1). Social workers strive to see each child in custody on a monthly and for older youth discuss progress of case plan goals. Chart 1 below shows the statewide averages of monthly face to face contacts from 2010-2014. Although Family Services has made improvements in this area, we are not meeting the National Standard of 95%.

Chart 1.

Key Indicator: Face to Face Contact		Where to find: Y:\FSD\FSD All Share\FSD Reports\FSD Data & Reports\FSD Indicators				
	National Standard	**FFY2010**	**FFY2011**	**FFY2012**	**FFY2013**	**FFY2014**
Statewide	**95%**	**63.9%**	**75.8%**	**91.2%**	**92.0%**	**90.2%**

Key Indicator	ADO	BDO	HDO	JDO	LDO	MDO	NDO	RDO	SDO	TDO	VDO	YDO	STATE
Face to Face Contacts **FFY15 Goal: 95%** **(Cumulative)**	92.2%	79.8%	98.6%	97.6%	78.5%	95.6%	92.5%	95.6%	79.1%	98.0%	95.7%	93.2%	90.2%

Social workers also strive to meet regularly with parents and work collaboratively in developing case plan goals. Chart 2 below highlights parent's and youth's opinions of whether they have been involved in the

case planning process. The data includes 743 case plan summaries that were completed between October 1, 2014 and March 31, 2015. Family Service has also chosen to have an 11 month administrative case plan review process in addition to the 6 month case plan review. The 11 month review occurs before the permanency hearing and is another way to engage parents and review case plan goals.

Chart 2.

Child/Youth/Family Engagement in Case Planning:

	October 1, 2014 -- March 31, 2015; Item #41b: The child/youth attended the case plan review						October 1, 2014 -- March 31, 2015; Item #41a: The child/youth participated in the case plan development					
	Yes		No or N/A		Total		Yes		No or N/A		Total	
St. Albans	26.9%	28	73.1%	76	100.0%	104	53.6%	15	46.4%	13	100.0%	28
Burlington	21.0%	25	79.0%	94	100.0%	119	52.0%	13	48.0%	12	100.0%	25
Hartford	23.5%	20	76.5%	65	100.0%	85	65.0%	13	35.0%	7	100.0%	20
St. Johnsbury	18.2%	10	81.8%	45	100.0%	55	90.0%	9	10.0%	1	100.0%	10
Barre	26.7%	12	73.3%	33	100.0%	45	91.7%	11	8.3%	1	100.0%	12
Newport	30.8%	8	69.2%	18	100.0%	26	62.5%	5	37.5%	3	100.0%	8
Springfield	12.7%	7	87.3%	48	100.0%	55	71.4%	5	28.6%	2	100.0%	7
Morrisville	18.9%	7	81.1%	30	100.0%	37	42.9%	3	57.1%	4	100.0%	7
Middlebury	25.5%	14	74.5%	41	100.0%	55	78.6%	11	21.4%	3	100.0%	14
Rutland	37.3%	22	62.7%	37	100.0%	59	68.2%	15	31.8%	7	100.0%	22
Brattleboro	21.3%	16	78.7%	59	100.0%	75	18.8%	3	81.3%	13	100.0%	16
Bennington	35.7%	10	64.3%	18	100.0%	28	90.0%	9	10.0%	1	100.0%	10
Grand Total	**24.1%**	**179**	**75.9%**	**564**	**100.0%**	**743**	**62.6%**	**112**	**37.4%**	**67**	**100.0%**	**179**

In addition to Policy 69 on Case Planning, Reassessment, Case Review, and Closure (see Appendix 1), Family Services also created practice guidance around case planning as another tool for social workers to refer to when thinking about all the areas to consider when case planning throughout the duration of a case (Appendix 2).

As mentioned in the Permanency Outcome 2 section, as part of our Child and Family Support contract, Family Services offers Family Time Coaching as a primary intervention model to facilitate reunification or other permanency planning. It provides parents with the opportunity to become more confident in recognizing and responding to their children's needs.

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs

All children in DCF custody must be enrolled in school. Family Services has outlined expectations for social workers around education in Policy 151: Educational Issues for Children in Custody (Appendix 1). To help improve our outcomes around educational stability, Family Services was part of a recent grant called Vermont Fostering Understanding to Reach Educational Success (VT-FUTURES). VT-FUTRES was a collaboration between the UVM's Center on Disability & Community Inclusion, Department of

Social Work, Vermont Department of Education, Justice for Children's Task Force of the Vermont Family Court, Vermont Department for Children and Families, and children and families involved with DCF. The grant began October 2012 and ended March 2015. The goal of the project was to improve educational outcomes for Vermont youth in custody. These youth often experience placement changes but are entitled to remain in the same school if it is in their best interest. School stability is an important predictor of school success. Family Services provided placement and school data for three school years: 2011-2012, 2012-2013, & 2013- 2014. Because many of the schools in the dataset were missing or inaccurate, VT-FUTRES staff manually reviewed the case files and revised the data. This data is still getting compiled however some basic findings include: approximately 2/3 of school age youth in custody stayed in 1 school for entire school year, there was a wide range between districts regarding youth staying within their school, and when youth needed to switch towns because of placement fewer were able to remain in their current school.

Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs

Family Services strives to meet the medical and mental health needs of all children in custody. Social workers partner with the Vermont Department of Health in gathering medical information, identifying a medical home if needed, and help relaying information about a child's health needs to the school nurse when needed. Social workers also support conversations through shared parenting meetings between the current care providers and the parents which address medical issues such as an upcoming child's doctor appointment, questions about medication the child was taking, etc.

Below are results from medical related questions asked during the 6 and 11 month case plan review process between October and March of this year. Family Services will be following up with this data to get a better understanding around why the results indicated some children's medical and dental needs are not being met.

	October 1, 2014 -- March 31, 2015; Item #24 Are the child's medical needs being met?					
	Yes		No		Total	
St. Albans	76.0%	79	24.0%	25	100.0%	104
Burlington	99.2%	118	0.8%	1	100.0%	119
Hartford	96.5%	82	3.5%	3	100.0%	85
St. Johnsbury	100.0%	55	0.0%	0	100.0%	55
Barre	97.8%	44	2.2%	1	100.0%	45
Newport	96.2%	25	3.8%	1	100.0%	26
Springfield	87.3%	48	12.7%	7	100.0%	55
Morrisville	97.3%	36	2.7%	1	100.0%	37
Middlebury	98.2%	54	1.8%	1	100.0%	55
Rutland	89.8%	53	10.2%	6	100.0%	59
Brattleboro	97.3%	73	2.7%	2	100.0%	75

Bennington	85.7%	24	14.3%	4	100.0%	28
Grand Total	**93.0%**	**691**	**7.0%**	**52**	**100.0%**	**743**

	October 1, 2014 -- March 31, 2015; Item #26 Is the child prescribed medication to treat an ongoing medical/MH condition?					
	Yes		No		Total	
St. Albans	41.3%	43	58.7%	61	100.0%	104
Burlington	22.7%	27	77.3%	92	100.0%	119
Hartford	23.5%	20	76.5%	65	100.0%	85
St. Johnsbury	20.0%	11	80.0%	44	100.0%	55
Barre	35.6%	16	64.4%	29	100.0%	45
Newport	42.3%	11	57.7%	15	100.0%	26
Springfield	14.5%	8	85.5%	47	100.0%	55
Morrisville	35.1%	13	64.9%	24	100.0%	37
Middlebury	41.8%	23	58.2%	32	100.0%	55
Rutland	37.3%	22	62.7%	37	100.0%	59
Brattleboro	24.0%	18	76.0%	57	100.0%	75
Bennington	25.0%	7	75.0%	21	100.0%	28
Grand Total	**29.5%**	**219**	**70.5%**	**524**	**100.0%**	**743**

	October 1, 2014 -- March 31, 2015; Item #27 Is the child prescribed an anti-psychotic medication?									
	Yes		No		N/A or Unknown		Non Anti-Psychotic		Total	
St. Albans	7.7%	8	0.0%	0	82.7%	86	9.6%	10	100.0%	104
Burlington	2.5%	3	0.0%	0	91.6%	109	5.9%	7	100.0%	119
Hartford	9.4%	8	1.2%	1	83.5%	71	5.9%	5	100.0%	85

St. Johnsbury	14.5%	8	0.0%	0	80.0%	44	5.5%	3	100.0%	55
Barre	15.6%	7	0.0%	0	71.1%	32	13.3%	6	100.0%	45
Newport	15.4%	4	0.0%	0	73.1%	19	11.5%	3	100.0%	26
Springfield	7.3%	4	0.0%	0	90.9%	50	1.8%	1	100.0%	55
Morrisville	2.7%	1	0.0%	0	89.2%	33	8.1%	3	100.0%	37
Middlebury	16.4%	9	0.0%	0	72.7%	40	10.9%	6	100.0%	55
Rutland	10.2%	6	0.0%	0	72.9%	43	16.9%	10	100.0%	59
Brattleboro	13.3%	10	0.0%	0	84.0%	63	2.7%	2	100.0%	75
Bennington	17.9%	5	0.0%	0	82.1%	23	0.0%		100.0%	28
Grand Total	**9.8%**	**73**	**0.1%**	**1**	**82.5%**	**613**	**7.5%**	**56**	**100.0%**	**743**

	October 1, 2014 -- March 31, 2015; Item #29 Is regular metabolic monitoring occurring?									
	Yes		No		N/A		Unknown		Total	
St. Albans	50.0%	4	0.0%		37.5%	3	12.5%	1	100.0%	8
Burlington	66.7%	2	33.3%	1	0.0%		0.0%	0	100.0%	3
Hartford	37.5%	3	0.0%		12.5%	1	50.0%	4	100.0%	8
St. Johnsbury	87.5%	7	0.0%		0.0%		12.5%	1	100.0%	8
Barre	14.3%	1	42.9%	3	0.0%		42.9%	3	100.0%	7
Newport	75.0%	3	0.0%		0.0%		25.0%	1	100.0%	4
Springfield	50.0%	2	25.0%	1	0.0%		25.0%	1	100.0%	4
Morrisville	0.0%		0.0%		0.0%		100.0%	1	100.0%	1
Middlebury	66.7%	6	0.0%		11.1%	1	22.2%	2	100.0%	9
Rutland	50.0%	3	0.0%		0.0%		50.0%	3	100.0%	6
Brattleboro	40.0%	4	30.0%	3	20.0%	2	10.0%	1	100.0%	10
Bennington	60.0%	3	0.0%		0.0%		40.0%	2	100.0%	5
Grand Total	**52.1%**	**38**	**11.0%**	**8**	**9.6%**	**7**	**27.4%**	**20**	**100.0%**	**73**

	October 1, 2014 -- March 31, 2015; Item #25 Are the child's dental needs up to date?						
	Yes		No		N/A or <2 years		Total	
St. Albans	66.3%	69	23.1%	24	10.6%	11	100.0%	104
Burlington	79.8%	95	7.6%	9	12.6%	15	100.0%	119
Hartford	60.0%	51	20.0%	17	20.0%	17	100.0%	85
St. Johnsbury	83.6%	46	3.6%	2	12.7%	7	100.0%	55
Barre	82.2%	37	2.2%	1	15.6%	7	100.0%	45
Newport	84.6%	22	3.8%	1	11.5%	3	100.0%	26
Springfield	49.1%	27	23.6%	13	27.3%	15	100.0%	55
Morrisville	91.9%	34	2.7%	1	5.4%	2	100.0%	37
Middlebury	83.6%	46	1.8%	1	14.5%	8	100.0%	55
Rutland	69.5%	41	13.6%	8	16.9%	10	100.0%	59
Brattleboro	88.0%	66	5.3%	4	6.7%	5	100.0%	75
Bennington	53.6%	15	10.7%	3	35.7%	10	100.0%	28
Grand Total	**73.9%**	**549**	**11.3%**	**84**	**14.8%**	**110**	**100.0%**	**743**

Lastly, in 2014 Vermont began participating in the VT-FACTS (VT- Family engaged, Adoption Competent, Trauma Informed Supports and services) initiative, which is a 5-year University of Vermont led project funded by the federal Department of Health and Human Services, Children's Bureau under the Administration for Children and Families. The following are objectives for the grant:

- Objective 1: Implement universal: (a) mental health screening and (b) well-being assessment for all youth in custody without a goal of reunification. •
- Objective 2: Implement a process of referral for standardized mental health assessments for all youth identified through screening.
- Objective 3: Implement family-engaged case planning for target populations, incorporating data from screening and assessment tools.
- Objective 4: Implement progress monitoring that: (a) informs case planning and (b) assists the CW system in understanding service efficacy and adjusting the service array to meet the needs of all children, youth, and families pre- and post-permanence.
- Objective 5: Improve access to evidence-informed services for child welfare involved children and caregivers that are trauma-informed, adoption-competent, and data-driven to match the needs of target populations.
- Objective 6: Support scale up of universal screening, well-being assessment, and data driven, family-engaged case planning by year 5.

During the CFSR, Family Services is hoping to gain more insight on the following areas related to well-being:

- What are the factors that result in a child/youth needing to change schools?
- What are the factors that result is a child's medical or mental health needs not being met?

Section IV: Assessment of Systemic Factors

Instructions

The statewide assessment information for systemic factors is used in determining ratings for substantial conformity. Therefore, it is imperative that the statewide assessment team ensures that information in this section speaks to how well each systemic factor requirement functions across the state. To complete the assessment for each systemic factor, state agencies should:

1. Review the *CFSR Procedures Manual* (available on the Children's Bureau Web site at http://www.acf.hhs.gov/programs/cb), which elaborates on key concepts and provides examples of data that are relevant to the assessment of systemic factor requirements.

2. Respond to each assessment question using the requested data and/or information for each systemic factor item. Relevant data can be qualitative and/or quantitative. Refer to the section in the state's most recent Child and Family Services Plan (CFSP) or Annual Progress and Services Report (APSR) that provides assessment information on state performance for each of the seven systemic factors. Review the information with the statewide assessment team and determine if more recent data is available that can be used to provide an updated assessment of each item. If more recent data are not available, refer to the most recent CFSP or APSR document by indicating the document name/date and relevant page numbers where the information can be found for each systemic factor item.

3. Emphasize how well the data and/or information characterizes the statewide functioning of the systemic factor requirement. In other words, describe the strengths and limitations in using the data and/or information to characterize how well the systemic factor item functions statewide (e.g., strengths/limitations of data quality and/or methods used to collect/analyze data).

4. Include the sources of data and/or information used to respond to each item-specific assessment question.

5. Indicate appropriate time frames to ground the systemic factor data and/or information. The systemic factor data and/or information should be current or the most recent (e.g., within the last year).

The systemic factor items begin with #19 instead of #1 because items #1 through 18 are outcome-related items covered in the onsite review instrument used during the onsite review. Items related to the systemic factors are items #19 through 36.

A. Statewide Information System

Item 19: Statewide Information System

How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

> Please provide relevant quantitative/qualitative data or information that show the statewide information system requirements are being met statewide.

State Response:

(1) Vermont's statewide information system is able to identify essential components as outlined above. Vermont's AFCARS, NCANDS and NYTD file submissions consistently meet data quality standards. The FSD-Information Systems Division, systems developer who generates our federal files, does follow up with our quality assurance administrator each time a federal file submission is due and there appears to be data quality issues to ensure that staff statewide are making necessary corrections.

File Name & Year	On Time?	Meets Data Quality Standards?	Comments
AFCARS 2013AB	Yes	Yes	See pages 4 & 5 for excerpt re: data quality
NCANDS 2013	Yes	Yes	See pages 4 & 5 for excerpt re: data quality
NYTD2014A	Yes	Yes	No penalty assessed
NYTD2014B	Yes	Yes	No penalty assessed

While our system is antiquated, it still possesses the capability to, at a minimum, identify the status, demographic characteristics, location and goals for the placement of every child who is in foster care. In the following tables, we include a data snapshot from our SSMIS system about these elements.

As of December 31, 2014, our management report data shows that the vast majority of data elements are complete. This data includes information about 1,168 children in custody as of that date.			
Element	% Complete	Data	
Gender	100%	647 Male	521 Female	
Date of Birth	100%	35.3% Ages 0-5	19.7% Ages 6-11	45.0% Ages 12+
Race	97.7% (Race)	C = 93.8%	AA = 3.3%	Hispanic = 94.8% No

	95.7% (Ethnicity)	A = .3% Bi-Racial = .3%	Unknown = 2.3%	.9% Yes 4.3% Unknown

As of March 26, 2015, there are 1,255 children in custody entered into the SSMIS system, the following about their status, location and goals:

Element	% Complete	Data	
Case Plan Goal	100%	832 Return Home 250 Adoption 118 Care & Protection	11 Independent Living 30 APPLA 12 Guardianship - Relative 2 Guardianship - Other
Living Arrangement	100%	57 Pre-Adoptive Home 492 Foster Home 72 Group Home 8 Independent Living 27 Institution	106 Intensive Residential 73 Parent 403 Kin/Fictive Kin 2 Runaway
Case Type (Status)	100%	1,008 Abuse/Neglect 112 Beyond Parental Control	130 Adjudicated Delinquent 5 Voluntary Care

(2) In addition to meeting federal data quality standards, we utilize several strategies to monitor data integrity. Our substitute care system relies on the accuracy of our statewide information system when generating payment/reimbursement to the entire network of substitute care providers, including residential treatment centers and foster parents. We have a half time position within our Business Office that is dedicated to ensuring accuracy when generating payments to our substitute care providers. Throughout each and every month, this employee receives notice of *every* placement entry/change that occurs for each child in custody. If there is any missing/incorrect data, this employee follows up with district staff regarding the entry. In addition, each and every month, a statewide "payroll certification" notification is generated and e-mailed to each district office for verification. Each district must review the information and certify that it is correct and/or make necessary changes prior to the payment generation process. Information that must be certified includes: placement location, reason and type, case plan goals, names, dates of birth, etc.

	Number
Total Placement Screen Entries/Changes	2,403
First Round Placement Screen Corrections (District)	19
Second Round Placement Screen Corrections (Central Office)	2

(3) In March, 2012, a statewide workgroup made up primarily of administrative assistants was formed to review data integrity throughout our data system. These individuals are the ones responsible in each district for the timely and accurate data entry. The workgroup, named the data integrity team, meets approximately 3 or 4 times each year for an entire day and reviews various data integrity issues, asks questions about data entry and problem solves around obtaining missing data from social work or supervisory staff. Each session has included an overview of a potential data issue, discussion amongst the staff about appropriate data entry, and an expectation to return to their office and if necessary, ensure any data corrections are made. Staff are also expected to share this learning to other staff who hold responsibilities for either providing the data or entering the data into our system. Also, on a minimum of a monthly basis, district administrative staff is expected to review data integrity reports and make any necessary corrections. In addition to the data integrity reports, we also have routine reporting that the district administrative assistants review including custody dates, permanency review dates, reasonable efforts dates, and placement dates. On a quarterly basis, management reports will also reveal a few (typically 20 to 25) data entry errors about placement exits that district administrative assistants review and correct.

AFCARS data quality

- These checks are used when estimating state performance against the national standards and calculating PIP baselines, targets, and companion measure thresholds.
- Shaded cells indicate that the percentage of problem cases exceeded the data quality limit. To determine if a data quality problem prevented estimating state performance against national standards, calculating PIP values, or both, see the first two tables of this data profile.
- MFC = Maltreatment in foster care, PS = Placement stability
- Perm = Permanency in 12 months for children entering care, Permanency in 12 months for children in care 12-23 months, Permanency in 12 months for children in care 24 months or more, and Re-entry to care in 12 months

Checks across AFCARS files	Should not be …	Indicator			Percentage								
		MFC	Perm	PS	09B-10A	10A-10B	10B-11A	11A-11B	11B-12A	12A-12B	12B-13A	13A-13B	13B-14A
Dropped cases	> 10%	✓	✓	✓	0.8%	1.5%	1.5%	1.2%	1.8%	1.1%	1.2%	1.1%	1.2%
AFCARS IDs do not match across two consecutive AFCARS files	> 40%	✓	✓	✓	23.6%	23.7%	26.9%	21.2%	22.7%	22.5%	23.1%	25.1%	23.6%

Checks within each AFCARS files	Should not be …	Indicator			Percentage									
		MFC	Perm	PS	09B	10A	10B	11A	11B	12A	12B	13A	13B	14A
Missing date of birth	> 5%	✓	✓	✓	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Missing date of latest removal	> 5%	✓	✓	✓	0.3%	0.5%	0.7%	0.6%	0.6%	0.1%	0.4%	0.1%	0.1%	0.0%
Missing # of placement settings	> 5%			✓	0.3%	0.5%	0.7%	0.6%	0.6%	0.1%	0.4%	0.1%	0.1%	0.0%
Date of birth after date of entry	> 5%	✓	✓	✓	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Date of birth after date of exit	> 5%	✓	✓	✓	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Age at entry greater than 21	> 5%	✓	✓	✓	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Age at discharge greater than 21	> 5%	✓	✓	✓	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
In care more than 21 years	> 5%	✓	✓	✓	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Enters and exits care the same day	> 5%	✓	✓	✓	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Exit date is prior to removal date	> 5%	✓	✓	✓	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

	Should not be …												
Missing discharge reason (exit date exists)	> 5%	✓		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%
Percent of children on 1st removal	> 95%	✓	✓	✓	77.1%	76.3%	76.2%	76.2%	77.6%	76.9%	76.5%	75.2%	76.8%	77.1%

NCANDS data quality

- These checks are used when estimating state performance against the national standards and calculating PIP baselines, targets, and companion measure thresholds.
- Shaded cells indicate that the percentage of problem cases exceeded the data quality limit. To determine if a data quality problem prevented estimating state performance against national standards, calculating PIP values, or both, see the first two tables of this data profile.
- MFC = Maltreatment in foster care, RM = Recurrence of maltreatment

Checks across NCANDS files	Should not be …	Indicator		Percentage		
		MFC	RM	FY 10-11	FY 11-12	FY 12-13
Child IDs match across two consecutive NCANDS files	< 1%		✓	1.6%	2.6%	2.4%
Child IDs match across two consecutive NCANDS files, but dates of birth and sex do not match	> 5%	✓	✓	0.0%	0.0%	3.0%

Checks across NCANDS and AFCARS files	Should not be …	Indicator				
		MFC	RM	FY 11	FY 12	FY 13
In NCANDS file, some victims with AFCARS IDs should match (using AFCARS ID) to a child record in AFCARS file for the same year	N		✓	Y	Y	Y

Checks within each NCANDS file	Should not be …	Indicator		Percentage			
		MFC	RM	FY 10	FY 11	FY 12	FY 13
In NCANDS file, some victims should have AFCARS IDs	< 1%	✓		23.0%	24.5%	28.1%	28.2%
Missing age	> 5%	✓	✓	0.0%	0.0%	0.0%	0.0%
Missing date of birth [a]	> 5%	✓	✓	0.0%	0.0%	0.0%	0.0%

[a] Date of birth is used to calculate age in months (used for risk-adjustment when calculating a state's risk-standardized performance).

B. Case Review System

Item 20: Written Case Plan

How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?

> Please provide relevant quantitative/qualitative data or information that shows each child has a written case plan as required that is developed jointly with the child's parent(s) that includes the required provisions.

State Response:

In accordance with FSD policy 122, each child in DCF custody has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions. Policy 122 also indicates that best practice dictates and Vermont state statute requires that social workers engage with families in a process of case planning. **33 V.S.A § 5121** states:

> "The department shall actively engage families, and solicit and integrate into the case plan the input of the child, the child's family, relatives and other persons with a significant relationship to the child. Whenever possible, parents, guardians and custodians shall participate in the development of the case plan."

This policy assumes the process described above has taken place during case planning (Refer to Case Planning Practice Guidance for more information).

Family Services practice includes holding periodic reviews where case plans are discussed amongst the team members in a semi-formal setting. Each of these case plan review meetings is facilitated by one of twelve statewide individuals contracted by us. As of 10/1/2014, FSD requires our case plan review facilitators to complete a case plan review summary for every case plan review held. One set of items within the case plan review summary includes family engagement in case planning and attendance at case plan reviews. The following tables represent the case plan reviewer's attempt to gauge family engagement both through participation and questioning within the case plan review meeting. The data includes 743 case plan summaries that were completed between October 1, 2014 and March 31, 2015.

Child/Youth/Family Engagement in Case Planning:

	October 1, 2014 -- March 31, 2015; Item #41b: The child/youth attended the case plan review					October 1, 2014 -- March 31, 2015; Item #41a: The child/youth participated in the case plan development					
	Yes		No or N/A		Total		Yes		No or N/A		Total	
St. Albans	26.9%	28	73.1%	76	100.0%	104	53.6%	15	46.4%	13	100.0%	28
Burlington	21.0%	25	79.0%	94	100.0%	119	52.0%	13	48.0%	12	100.0%	25
Hartford	23.5%	20	76.5%	65	100.0%	85	65.0%	13	35.0%	7	100.0%	20
St. Johnsbury	18.2%	10	81.8%	45	100.0%	55	90.0%	9	10.0%	1	100.0%	10
Barre	26.7%	12	73.3%	33	100.0%	45	91.7%	11	8.3%	1	100.0%	12

Newport	30.8%	8	69.2%	18	100.0%	26	62.5%	5	37.5%	3	100.0%	8
Springfield	12.7%	7	87.3%	48	100.0%	55	71.4%	5	28.6%	2	100.0%	7
Morrisville	18.9%	7	81.1%	30	100.0%	37	42.9%	3	57.1%	4	100.0%	7
Middlebury	25.5%	14	74.5%	41	100.0%	55	78.6%	11	21.4%	3	100.0%	14
Rutland	37.3%	22	62.7%	37	100.0%	59	68.2%	15	31.8%	7	100.0%	22
Brattleboro	21.3%	16	78.7%	59	100.0%	75	18.8%	3	81.3%	13	100.0%	16
Bennington	35.7%	10	64.3%	18	100.0%	28	90.0%	9	10.0%	1	100.0%	10
Grand Total	**24.1%**	**179**	**75.9%**	**564**	**100.0%**	**743**	**62.6%**	**112**	**37.4%**	**67**	**100.0%**	**179**

The previous table shows that child/youth attendance at case plan reviews is 24.1%. Out of those children/youth who attended the review, 62.6% indicated that they participated in the development of their case plan. The table below shows that 46.8% of mothers either attended the case plan review or had been TPR'd. Out of those mothers, there were 268 who attended the review and 67.5% indicated that they participated in the development of the case plan.

	October 1, 2014 -- March 31, 2015; Item #42b: The mother attended the case plan review						October 1, 2014 -- March 31, 2015; Item #42a: The mother participated in the case plan development					
	Yes or TPR		No		Total		Yes		No		Total	
St. Albans	49.0%	51	51.0%	53	100.0%	104	59.0%	23	41.0%	16	100.0%	39
Burlington	32.8%	39	67.2%	80	100.0%	119	79.4%	27	20.6%	7	100.0%	34
Hartford	51.8%	44	48.2%	41	100.0%	85	55.9%	19	44.1%	15	100.0%	34
St. Johnsbury	41.8%	23	58.2%	32	100.0%	55	90.0%	18	10.0%	2	100.0%	20
Barre	53.3%	24	46.7%	21	100.0%	45	76.9%	10	23.1%	3	100.0%	13
Newport	84.6%	22	15.4%	4	100.0%	26	64.7%	11	35.3%	6	100.0%	17
Springfield	36.4%	20	63.6%	35	100.0%	55	58.8%	10	41.2%	7	100.0%	17
Morrisville	45.9%	17	54.1%	20	100.0%	37	64.3%	9	35.7%	5	100.0%	14
Middlebury	58.2%	32	41.8%	23	100.0%	55	83.3%	20	16.7%	4	100.0%	24
Rutland	50.8%	30	49.2%	29	100.0%	59	80.0%	16	20.0%	4	100.0%	20
Brattleboro	34.7%	26	65.3%	49	100.0%	75	48.0%	12	52.0%	13	100.0%	25
Bennington	71.4%	20	28.6%	8	100.0%	28	54.5%	6	45.5%	5	100.0%	11
Grand Total	**46.8%**	**348**	**53.2%**	**395**	**100.0%**	**743**	**67.5%**	**181**	**32.5%**	**87**	**100.0%**	**268**

The table below indicates that fathers attended the case plan review 31.4% of the time or were TPR'd. Out of those fathers, 155 of them attended the case plan review. Fathers reported case plan development participation at 62.5%.

	October 1, 2014 -- March 31, 2015; Item #43b The father attended the case plan review						October 1, 2014 -- March 31, 2015; Item #43a The father participated in the case plan development					
	Yes or TPR		No		Total		Yes		No		Total	
St. Albans	34.6%	36	65.4%	68	100.0%	104	68.0%	17	32.0%	8	100.0%	25
Burlington	21.0%	25	79.0%	94	100.0%	119	80.0%	16	20.0%	4	100.0%	20
Hartford	32.9%	28	67.1%	57	100.0%	85	22.2%	4	77.8%	14	100.0%	18
St. Johnsbury	34.5%	19	65.5%	36	100.0%	55	94.1%	16	5.9%	1	100.0%	17
Barre	42.2%	19	57.8%	26	100.0%	45	57.1%	4	42.9%	3	100.0%	7
Newport	42.3%	11	57.7%	15	100.0%	26	71.4%	5	28.6%	2	100.0%	7
Springfield	23.6%	13	76.4%	42	100.0%	55	50.0%	5	50.0%	5	100.0%	10
Morrisville	29.7%	11	70.3%	26	100.0%	37	75.0%	6	25.0%	2	100.0%	8
Middlebury	45.5%	25	54.5%	30	100.0%	55	68.8%	11	31.3%	5	100.0%	16
Rutland	30.5%	18	69.5%	41	100.0%	59	90.0%	9	10.0%	1	100.0%	10
Brattleboro	13.3%	10	86.7%	65	100.0%	75	50.0%	4	50.0%	4	100.0%	8
Bennington	64.3%	18	35.7%	10	100.0%	28	44.4%	4	55.6%	5	100.0%	9
Grand Total	**31.4%**	**233**	**68.6%**	**510**	**100.0%**	**743**	**65.2%**	**101**	**34.8%**	**54**	**100.0%**	**155**

In late 2013, DCF Family Services launched an effort to develop and refine a new case planning format specifically tailored to the needs and developmental processes of adolescents in foster care as required by the Fostering Connections Act of 2008. The effort was informed by program development work in the Chafee Funded Youth Development Program, and NCIC workgroup efforts that resulted in the Youth Development Position Paper and the Case Planning Practice Guidance documents. In addition to these research efforts, the Over 14 Case Plan form itself was piloted by staff in the Bennington and Barre district offices. These pilots have provided important input to the form, content and the process of working with youth, families and others in developing case plans.

The effective implementation date for use of this form is January 1, 2015. Because of the pilot district process two districts have been using this new format already. The court system has been notified of this shift and case plan reviewer facilitators will be looking for this new format to be used at case plan review meetings and collecting data from the documents as part of their CQI work with Family Services.
The plan format is *a permanency review planning tool* and should be used for <u>all</u> ongoing case plan review meetings and permanency hearings for youth whose 15th birthdate falls prior to their next case plan review date. If the birthdate falls between the permanency review date and hearing date, it should ***be used as well.*** The new Over 14 Case Plan form is for *permanency reviews and hearings in ongoing cases only* and should not be used for initial or dispositional case plans.

The purpose of engaging with youth in the progression of planning activities called for in the new Over 14 Case Plan is to provide them with opportunities to develop adult decision making skills and a progression of activities to help them arrive at the transition to young adulthood with the relationships,

skills, and resources that will sustain them into and through adulthood. This final plan leading to legal adulthood is also required by the Fostering Connections Act of 2008. The federal guidance calls for child welfare agencies to prepare a plan <u>with</u> all foster youth that spells out the specific arrangements for how they will live their lives when they turn 18. The federal guidance calls for this plan to be the *culmination of a sequence of progressive plans and activities engaging youth at each step of the way.* The new Over 14 Case Plan format used during the youth's adolescence is designed to support and document this progression. The Transition to Young Adulthood Plan is the document which provides a detailed specific plan of what will be happening with and for the youth as they turn 18 and move into young adulthood.

Item 21: Periodic Reviews

How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

> Please provide relevant quantitative/qualitative data or information that show a periodic review occurs as required for each child no less frequently than once every 6 months, either by a court or by administrative review.

State Response:

In accordance with FSD policy 122, each child in DCF custody has a case plan review or hearing as outlined below:

Type of Review or Hearing	Deadline for Converging
First Case Plan Review	Six months from custody date
Second Case Plan Review	Eleven months from custody date
Permanency Hearing	Twelve months from custody date

Because we include an informal review of the permanency plan, the frequency of reviews are greater than many states.

Our statewide information system (SSMIS) captures the case plan review and permanency hearing dates for monitoring and oversight. Since the early 1990's, we have an automated case plan review scheduling system that is driven by the custody date, also tracked in SSMIS. This scheduling system prints out a schedule 60 days in advance and allows users to input information about individuals who should be invited to participate in the review including: child, parents, attorneys, guardian ad litem, caregiver, mental health providers, schools, and other individuals (see full list from Policy 122). Invitations and case plans are printed and mailed to the list of individuals.

As of 10/1/2014, FSD requires our case plan review facilitators to complete a case plan review summary for every case plan review held. Between October 1 and March 31, 2015, there were 743 case plan summaries completed by the case plan review facilitators according to our new process implemented on October 1, 2014. Out of the 743 completed, 658 had assigned "due dates" shown below. The remaining (85) were either beyond the 47 months or were missing data in order for us to include in analysis. As the table shows, we do pretty well with 6 and 11 month case plan review meetings.

Case Plan Review Type	Timely Review?			
	#	Yes	No	Grand Total
6 months	234	97.4%	2.6%	100.0%
11 Months	158	92.4%	7.6%	100.0%
18 months	95	88.4%	11.6%	100.0%
30 months	30	73.3%	26.7%	100.0%
23 months	88	92.0%	8.0%	100.0%
35 months	19	47.4%	52.6%	100.0%
42 months	23	78.3%	21.7%	100.0%
47 months	11	90.9%	9.1%	100.0%
Grand Total	**658**	**90.9%**	**9.1%**	**100.0%**

Item 22: Permanency Hearings

How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

> Please provide relevant quantitative/qualitative data or information that show a permanency hearing as required for each child in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

State Response:

In accordance with FSD policy 122, each child in DCF custody has a case plan review or hearing as outlined below:

Type of Review or Hearing	Deadline for Converging
First Case Plan Review	Six months from custody date
Second Case Plan Review	Eleven months from custody date
Permanency Hearing	Twelve months from custody date

In addition to setting clear policy expectations about holding periodic reviews for children and youth in custody, our statewide information system (SSMIS) captures the permanency hearing date for monitoring and oversight. In order to present data for this assessment, we generated a snapshot of permanency review data. The following table represents children who entered custody between 4/1/13 and 3/31/14 and also remained in custody for at least 12 months so should have had a permanency review. What we find is that out of these 395 children/youth, only 61.3% had a permanency review within 12 months. Further analysis shows that just over half (51%) of those permanency reviews that were late, were late within 30 days of their due date. When looking at the details of the data, there were many occasions when permanency review convening dates were within a day or two of their due date.

	Permanency Review within 12 Months?				If No, <30 Days Overdue?	
District	Yes		No		Yes	
A	25	48.1%	27	51.9%	17	63.0%
B	59	89.4%	7	10.6%	2	28.6%
H	14	43.8%	18	56.3%	11	61.1%
J	6	25.0%	18	75.0%	4	22.2%
L	5	16.1%	26	83.9%	15	57.7%
M	24	55.8%	19	44.2%	6	31.6%
N	9	64.3%	5	35.7%		0.0%
R	17	58.6%	12	41.4%	9	75.0%
S	17	73.9%	6	26.1%	5	83.3%
T	20	60.6%	13	39.4%	7	53.8%

V	17	100.0%	0	0.0%		
Y	29	93.5%	2	6.5%	2	100.0%
Grand Total	**242**	**61.3%**	**153**	**38.7%**	**78**	**51.0%**

Item 23: Termination of Parental Rights

How well is the case review system functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

> Please provide relevant quantitative/qualitative data or information showing that filing of TPR proceedings occurs in accordance with the law.

State Response:

FSD Policy 122 states that for children who have been out of home for 15 of the last 22 months, federal statute requires that, unless compelling reasons why this is not in the child's best interest are documented in the child's case plan, the state file a petition to terminate parental rights. Also, Policy 125 indicates that for children and youth who must be removed from their homes, federal and state statute requires that the division address permanence promptly. For children who have been in care for *fifteen out of the last twenty-two months*, the division must file a petition to terminate parental rights unless the case plan documents a compelling reason why such an action is not in the child's best interest. The following data taken from our quarterly management reports shows that 74% of the cases active as of 12/31/14, had a TPR filing, TPR completion , or there were compelling reasons documented. Unfortunately, this means that 26% or 104 children and youth did not. Exploring further, 97 out of 104 of those cases were children and youth who had a case plan goal of return home. More than half of these involved children and youth between the ages of 12 and 17. Approximately two-thirds of these children and youth are either in treatment, currently placed at home with their parent or are placed with relatives. A little more than a third of them are placed in foster homes.

Quarter 4: 10/01/14 - 12/31/14

C12   **TPR or Compelling Reason Action Taken on Cases Active on the Last Day of the Quarter that have been Open 15 Months or More**

KEY:	**<15 mo:**	A TPR petition was filed or compelling reasons were documented in under 15 months.
	>15 mo:	A TPR petition was filed or compelling reasons were documented at or over the 15th month mark.
	TPR Completed:	A TPR has been completed for the case.
	No TPR or CR:	A TPR petition has not been filed and/or compelling reasons have not been documented.

Age Range	**#**				**%**				Total #	Total %
	<15 mo	**>15 mo**	**TPR Completed**	**No TPR or CR**	**<15 mo**	**>15 mo**	**TPR Completed**	**No TPR or CR**		
0-5	20	3	45	20	22.7%	3.4%	51.1%	22.7%	88	100.0%
6-11	17	8	39	26	18.9%	8.9%	43.3%	28.9%	90	100.0%
12-17	51	47	66	58	23.0%	21.2%	29.7%	26.1%	222	100.0%
Grand Total	**88**	**58**	**150**	**104**	**22.0%**	**14.5%**	**37.5%**	**26.0%**	**400**	**100.0%**

For those children/youth with No TPR or Compelling Reasons with a case plan goal of Return Home, what is their current living arrangement?

	Goal = Return Home						
	Living Arrangement:						Total
Age Range	Foster Home	Group Home	Institution	Residential	Parent	Relative	
0-5	10	1			2	5	18
6-11	8	1		4	1	11	25
12-17	17	10	2	9	10	6	54
Grand Total	35	12	2	13	13	22	97

Through our Project Family partnership with the Lund Family Center, we have been conducting permanency meetings statewide for many years. These regular, on-going meetings, typically scheduled once per month, are used for the social worker and supervisor to meet with permanency experts to address issues that may be preventing timely permanency. As part of this work, our Adoptions Manager reviews a monthly "TPR list" which includes children who have had a TPR petition filed. Permanency staff review data that shows children who have been in custody at least 12 months so that they can discuss these cases and identify next steps to move forward whether it be TPR or reunification.

It is noteworthy that although we experience a 26% rate of no TPR or compelling reasons within 15 months, for several years we have ranked high in overall state performance for timeliness of adoptions, including fiscal year 2013 which had Vermont ranked as #1.

Permanency 2: Timeliness of Adoptions Overall State Performance FY 2013

State Score Permanency Composite 2 ---- Scaled	National Standard	State Ranking
156.7	≥ 106.4	1

Item 24: Notice of Hearings and Reviews to Caregivers

How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child?

> Please provide relevant quantitative/qualitative data or information that show foster parents, pre-adoptive parents, and relative caregivers of children in foster care (1) are receiving notification of any review or hearing held with respect to the child and (2) have a right to be heard in any review or hearing held with respect to the child.

State Response:

FSD Policy 122 requires a case plan review meeting be facilitated by an impartial party, who is not responsible for case management or delivery of services to the child or parents. The following persons must be invited to participate:

• Child;	• If IEP, School personnel, including special education administrator
• Child's attorney;	• **Substitute care provider;**
• Parent's attorney;	• Educational Surrogate;
• Guardian ad litem;	• Child care provider; and
• Mental health provider;	• Transitional Services Coordinator (for youth age sixteen and older)
• Social worker;	• Both parents (unless TPR), and/or legal guardians;

Vermont statutes (Title 33, Chapter 53, Section 5321) requires and policy 122 reaffirms that we must also provide notice of the hearing to a foster parent, pre-adoptive parent, or relative caregiver for the child/youth. The law states that the caregiver shall have an opportunity to be heard at any permanency hearing held with respect to the child/youth.

In 2014, the Barre district and the Washington County Court staff conducted a pilot project to improve permanency outcomes for transition-age youth with the specific goal of improving permanency hearings for that age group. A collaborative committee including mental health, GALs, attorneys, FSD staff, youth development program staff, and Judges met to develop this work. In an effort to improve attendance at permanency hearings – not only by the youth, but also by the kin/foster parent, the committee has developed a youth-friendly hearing notice as well as a "prep" sheet for kin/foster parents. The committee sought input from youth, kin, foster parents and community partners. These two documents have been well-received and were handed out at the time of the case plan review by the reviewer. Initially it was handed out only in cases where the youth was 14 and up. It was then decided due to the positive response, that the case plan reviewer would hand the prep sheet out to cases of kids of all ages. We also asked that social workers and case plan reviewers encourage attendance at permanency hearings by indicating that the input of the youth and/or the adult caregivers was important to the judge.
 In late January 2015, we pushed this work out statewide, so that at the 11 month case plan review, case plan review facilitators will: (a) provide the Kin/Foster Prep Sheet (FS 308) to all caregivers regardless of the child's age; and (b) provide the youth-friendly Notice of Permanency Hearing (FS 303a) to the youth who are age 14+. District administrative staff include copies of these forms with the case plan review packets for the case plan reviewers.
In addition to the pilot work described above, we have been collecting data as part of our case plan review summary. As of 10/1/2014, FSD requires our case plan review facilitators to complete a case plan review summary for every case plan review held. During the past 6 months, case plan review facilitators have indicated that caregivers attend case plan reviews 75.1% of the time.

October 1, 2014 -- March 31, 2015; Item #44 Caregiver Attended
Case Plan Review, if applicable

	Yes		No		Total	
St. Albans	70.1%	68	29.9%	29	100.0%	97
Burlington	100.0%	58	0.0%		100.0%	58
Hartford	81.3%	65	18.8%	15	100.0%	80
St. Johnsbury	80.4%	37	19.6%	9	100.0%	46
Barre	81.8%	27	18.2%	6	100.0%	33
Newport	81.8%	18	18.2%	4	100.0%	22
Springfield	41.3%	19	58.7%	27	100.0%	46
Morrisville	57.6%	19	42.4%	14	100.0%	33
Middlebury	70.0%	35	30.0%	15	100.0%	50
Rutland	71.2%	37	28.8%	15	100.0%	52
Brattleboro	79.5%	35	20.5%	9	100.0%	44
Bennington	90.5%	19	9.5%	2	100.0%	21
Grand Total	**75.1%**	**437**	**24.9%**	**145**	**100.0%**	**582**

October 1, 2014 -- March 31, 2015; Item #44 Out of those
Caretakers attending the case plan review, participated in the
development of the case plan

	Yes		No		Total	
St. Albans	76.5%	52	23.5%	16	100.0%	68
Burlington	100.0%	58	0.0%	0	100.0%	58
Hartford	80.0%	52	20.0%	13	100.0%	65
St. Johnsbury	100.0%	37	0.0%	0	100.0%	37
Barre	81.5%	22	18.5%	5	100.0%	27
Newport	66.7%	12	33.3%	6	100.0%	18
Springfield	57.9%	11	42.1%	8	100.0%	19
Morrisville	57.9%	11	42.1%	8	100.0%	19
Middlebury	88.6%	31	11.4%	4	100.0%	35
Rutland	94.6%	35	5.4%	2	100.0%	37
Brattleboro	37.1%	13	62.9%	22	100.0%	35
Bennington	94.7%	18	5.3%	1	100.0%	19
Grand Total	**80.5%**	**352**	**19.5%**	**85**	**100.0%**	**437**

We believe that caregiver participation in both attendance at the case plan reviews and case plan development is good and with the recent improvements to encourage caregivers to attend permanency hearings, we hope that this will improve.

C. Quality Assurance System

Item 25: Quality Assurance System

How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

> Please provide relevant quantitative/qualitative data or information showing that the specified quality assurance requirements are occurring statewide.

State Response:

(1) **CQI Steering committee**- Vermont's child welfare quality assurance system functions at a statewide level, as well as at the district level, with 12 district offices operating with Central Office oversight. One component of the state's quality assurance system is quarterly CQI Steering Committee meetings. These meetings bring together approximately 29 Family Services staff members, with representation from each district office, central intake, Woodside (the state's only juvenile justice rehabilitation facility), and Central Office. Staff members from all levels of the organization are represented on the committee including social workers, supervisors, district directors, and operations managers. One aspect of the committee's work was to craft a vision statement, a mission statement, and operating agreements. The vision statement is provided below, and the mission statement and operating agreements can be found in Appendix 3:

> *AS A CQI COMMITTEE, we continuously strive to support and enhance a quality improvement system that utilizes data and input from staff, families, and communities to improve practice and outcomes resulting in stronger, safer, children and families.*

The CQI Steering Committee was first formed in January 2014, and the committee met 5 times during calendar year 2014. During those meetings, their work has included:

- identifying strengths and needs of the current QA/CQI system,
- creating a vision and mission statement to guide the work of the committee,
- and participating in training for the upcoming On Site Case Review that is part of the CFSR.

While the initial work of the Committee was driven by the need to assess Family Service's CQI processes in light of the requirements of the Children's Bureau Federal Information

Memorandum on Continuous Quality Improvement in Title IV-B and IV-E Programs (ACYF-CB-IM-12-07), the later work of the committee has become more self-directed, and in July 2014, the Committee members agreed to serve as case reviewers for the upcoming CFSR onsite review, and to meet more frequently (every 2 months, rather than every 3 months) in order to maximize training time with our federal partners.

Data Integrity Meetings- Another component of the state QA system is the quarterly Data Integrity meetings. Like the CQI Steering Committee, these meetings bring together staff from all 12 district offices, in this case the district administrative assistants who are responsible for entering data on children and families involved with family services. At these quarterly meetings, data integrity reports, which are on our internal report manager site, are highlighted, and staff are asked to review the reports in order to identify and correct missing or incorrect information in our database. Some of the reports that are available and covered during these meetings are (the following list is a sample):

- Custody – Missing Custody Dates
- Face Sheet – SSN-DOB corrections needed
- Incident – Child not marked as returned from run
- Incorrect Perpetrator Victim Relationship on the 590
- Missing Docket #s
- Placement – No initial entry date
- STF – closure date overlaps with following effective date
- What's Here – Report descriptions

After the quarterly Data Integrity meetings, District Directors are asked to review the information that was presented with the district administrative staff and put a plan in place to ensure that the required data corrections are made.

Case Plan Review Facilitator Form- A third component of the state QA system is the case plan review facilitator's form, which we use to collect and track data on a variety of factors on the administrative case reviews, including whether the child's parents have been located, extended family have been informed of their custody status, case plan goal, whether TPR's have been issued, whether children are up to date on their medical and dental visits, and who participated in the case plan review meeting.

Currently we have data available from Sept. 2014 through Jan. 2015, although from September to December, the case plan reviewers were asked to pilot the use of the review tool and provide feedback on its structure and ease of use. In mid-December, the QA Administrator brought together the case plan review facilitators to discuss the new case review tool and hear their feedback. As a result of that meeting, some minor but significant changes were made to the case review tool. The case review tool is included in Appendix 4. Some of the data we are tracking using this audit tool is provided below (please keep in mind these are the preliminary numbers from the pilot):

Statewide:	Percent of all cases	Number of Cases
Child Participated in Plan Development	46.8%	146
Child Attended Review	35.1%	130
Mother Participated in Plan Development	51.9%	177
Mother Attended Review	45.8%	178
Father Participated in Plan Development	31.7%	102
Father Attended Review	26.4%	96

Go-To-Meetings- A fourth component of the Vermont's child welfare QA system is our use of Go-To-Meetings to discuss district level performance on our 6 state data indicators. These 6 indicators were chosen after a 2 day workgroup convened in October of 2012 along with technical support from Larry Brown with the NRC. After extensive discussion, the state decided to monitor performance on:

- Timely Closure of Child Safety Investigations
- Monthly Face to Face Contact with Children in Custody
- Child Safety – Absence of Repeat Maltreatment
- Kinship Placement
- Placement Stability of Children in Custody
- Discharge to Permanence

Recently, a 7th data indicator was added to reflect the work being done with youths in our youth justice system:

- Length of Time on Probation

Approximately every 6 weeks, Central Office organizes a Go-To-Meeting presentation that highlights performance at the state and district levels on one of the indicators. During that presentation, research highlighting how that indicator has been shown to correlate with or directly impact positive outcomes for children and youth in custody is highlighted. In addition, internal, state, and federal policy relevant to the indicator are reviewed, and data on historical and current performance are examined. In preparation for the Go-To-Meeting, the Quality Assurance team meets with Policy Manager to discuss appropriate QA questions for district-level discussion. There is an expectation that, after viewing the Go-To-Meeting presentation, the District Director leads a staff discussion that addresses those questions. Those answers are then later shared in a "report portion" of a subsequent Go-To-Meeting. A recent Go-To-Meeting presentation is included in Appendix 5. In the attached Go-To-Meeting presentation, you will notice that the presentation begins with a review of district results on a Plan-Do-Study-Act cycle around placement stability. After checking in with districts on their PDSA, the presentation moves into data on our discharge to permanence indicator. The presentation of the data is accompanied by review of policy and legislation on permanence, and concludes with a series of QA questions for district discussion, as well as a review of ongoing CQI efforts. Note that this presentation took place on Sept. 23, 2014, and the district report out on the CQI questions that were posed took place on Dec. 15, 2014.

Case reviews- Vermont currently doesn't have a statewide case review process, but intends on using what it learns from the upcoming On-Site Review component of the CFSR to help inform the creation of its own qualitative case review process. Family Services has however collected data through different case reviews to help inform practice. For example, in March-April 2013, Central Office conducted a targeted case review of all Conditional Custody cases (CCO's; n = 76). A sample of the themes that emerged from this targeted case review were:

- The CCO resulted in the opportunity for families to establish permanent options for the target child. However, it appears that this was as much due to the social work practices of FSD as the CCO. Families were able to realize their limits in caring for the target child, which resulted in the family voluntarily terminating parental rights or in kin creating a legally permanent tie to the target child. In some instances, the CCO gave the parent time to stabilize their situation, while providing the child with a safe environment with a kinship resource. It also allowed youth to find a permanent situation with kin without entering the foster care system.
- Narratives indicate a lack of documented family team meetings. It was difficult to determine if they did not happen or were not documented. When meetings did occur, reviewers did not elaborate about the quality or effectiveness of the meeting.
- Narratives did indicate that problems still exist in dealing with both parents when one parent is absent from the family. This seems to be especially true when the absent parent is the father. Also some reviewers expressed concern about a lack of exploring extended family on the paternal side.
- The practice of the assessment of needs of the CCO home appeared inconsistent. In some instances, documentation indicated that services were in place for the child in the CCO home because the CCO home arranged for them.
- Narratives reflected that good work was done in keeping the child's significant connections in place, especially the school connection.
- Some comments indicated that the severity of the child's issues (running, mental health, delinquency) interfered with the effectiveness of the CCO intervention. In these instances, the outcomes were generally negative.
- Reviewers frequently commented that case plans didn't include timelines and youth voice was inconsistent.

As part of the targeted case review, these findings were shared at a District Leadership Team Meeting (DLT), and the results were used to inform the creation of policy 84: Conditional Custody Orders to Relatives or Fictive Kin. This policy is currently in draft form, and out for comment and review.

Additionally, Family Services also invited Casey Family Services to conduct a targeted case review after two child fatalities in 2014. In both cases, the child was known to family services, the child was under the age of 3, and parental substance abuse was a risk factor for the child's safety and wellbeing. As a result, Casey Family Services conducted:

- A review of Family Services internal policies relating to serious physical abuse cases.
- A review of legislative requirements relating to child welfare practice in the state of Vermont.
- A targeted case review of cases recent cases involving children under the age of 3 where parental opiate use was identified as a risk factor (recent was defined as a case that was

open within the last 24 months). A stratified random sample of 11 cases from 3 district offices was pulled for review by the Quality Assurance Coordinator.

- Focus groups with various stakeholder groups, including judges, attorneys, Family Services staff, foster parents, and families and youth involved with family services.

After completing their reviews and focus groups, Casey Family Services shared their findings in an 18-page document that laid out recommendations in the following areas:

- Workforce Recommendations
- Policy Recommendations
- Practice Recommendations
- Service Array Recommendations
- Organizational, Communications, and Community Relations Recommendations

As is required by state law, Family services also collaborated with the Vermont Citizen's Advisory Board (VCAB) which reviews all child fatalities and near-fatalities where abuse or neglect is indicated. After reviewing the two child fatalities, VCAB presented Family Services, and the general public, with 30-page summary of their findings, including 56 recommendations in the areas of:

- Training and Evaluation of Child Protection System Professionals
- Policy and Practice
- Communication and Information Sharing
- Courts and Statutes
- Staffing and Contracting Issues
- Child Safety and Ongoing Risk to Children

Also, last spring, the Vermont General Assembly passed time-limited legislation that allowed a specially-created Legislative Committee on Child Protection access to otherwise confidential information. The Committee asked two attorneys from the Office of Legislative Counsel to access that information on their behalf. Not only did the attorneys review intakes, but they also reviewed the case files of 44 children who had suffered serious physical abuse over the previous 5 years. These same cases were also reviewed the Investigative Unit of the Agency of Human Services. Neither the attorneys nor the Investigative Unit identified patterns of concern. However, observations were used by the legislative committee to craft legislation that is currently being considered, the goal of which is to strengthen Vermont's child protection system.

Currently, any individual can read the full text of the Casey Family Services review or the VCAB review on Family Service's public website. The recommendations put forth in both those reports have been put forth to the state legislative body and Vermont's Deputy Commissioner of Family Services is actively working with a state legislators to procure funding to enact a number of the recommendations, including the need for additional state government positions in family services, in particular, the expansion of the Quality Assurance Team, and the additional policy specialist positions, and the purchasing of the ROM (Results Oriented Management) reporting tool.

(2) To ensure the quality of services children and families are receiving, including those that protect their health and safety, the state child welfare QA system currently tracks whether

each child in state custody has: received necessary medical care (including routine physicals), dental care, whether they are on prescription medication, and if necessary, whether routine metabolic testing is occurring. This tracking is done through the case plan facilitator's form, which is a recent initiative begun in September 2014. Preliminary (ie. pilot) data from that form is provided here:

Statewide:	Percent of all cases	Number of Cases
Medical Needs Up to Date	**95.5%**	**469**
Dental Needs Up to Date	**77.7%1**	**369**
Prescribed Medication?	**32.9%**	**160**
If necessary, Metabolic Monitoring Occurring?	**63.0%**	**29**

The division has a longstanding collaboration with the Vermont Department of Health (VDH) focused on the health of children newly in state's custody. Each child that is expected to stay in custody for at least 30 days is referred to VDH, who assigns a nurse to collect health history, establish a medical home if necessary and to identify and address any immediate needs for health care, including immunizations. VDH nurses have log in access to case management system for the purpose of entering health-related data and information.

The Agency of Human Services is just finishing up a 3 year technical assistance project focused on ensuring appropriate use of anti-psychotic medications. Vermont was one of 7 states selected to participate in a project, which was funded by Annie E. Casey and coordinated by the Center for Health Care Strategies. The primary accomplishments were (1) establishing policy requiring informed consents for use of anti-psychotics with required renewal every 180 days and independent consultation under certain circumstances and (2) collection and monitoring of system wide data on use of anti-psychotic and other psychotropic medications.

The division has a formal Consumer Concern Tracking System (CSTS). This is a database in which concerns received from members of the public by phone, email, letter or other mechanism are recorded and the response tracked. This system has been in place for ## years, and allows the division to identify patterns of concern that may suggest the need for changes in policy, training, or supervision. An example of a policy change that was driven by consumer concerns occurred several years ago when we formalized a review of a history of child protection intakes as part of our intake screening process and began accepting reports based on a pattern of concerns, even if the individual report would not normally be screened in.

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[1] *The pilot version of the case plan review audit tool did not include the child's date of birth or age as a variable. Therefore, for the question "Are the child's/youth's dental needs up to date?" all cases are included in the calculated percentage, even those who are under 2 and for whom dental care is not required. The revised version of the audit tool includes date of birth, which will allow for more detailed data analysis by child's age.*

Vermont also has a formal critical incident review policy and protocol that is used to review cases in which a bad outcome occurred, including death. Through this process, the division evaluates what was done well and what needs to be improved, on the worker, unit, district and systems level. The reports produced are reviewed with all district directors and the central office management team, in order to ensure that all can benefit from "lessons learned".

The Vermont Citizen's Advisory Board also reviews all cases of death or serious physical injury and helps the division to evaluate its response to these events.

To ensure the safety of children in state custody, all foster parents go through mandatory foster parent training and their place of residence is inspected by the Central Office Residential Licensing & Special Investigations (RLSI) staff. More information will be provided on foster parent training under Item 28: Foster and Adoptive Parent Training and Item 34: Foster and Adoptive Parent Licensing, Recruitment, and Retention.

In addition, protective services childcare is available to children in custody. This provides them with a safe place to go during the day if their care provider works. The child care provider should be considered part of the child's team and should be involved with case planning.

Foster care licensing plays a fundamental role in ensuring the children in state's custody are living in safe situations. Unlike many states, all home settings for children in DCF custody, including kinship homes, are required to be licensed.

The State of Vermont also has an excellent track record on the federal measure of Safety from Repeat Maltreatment, and this is reflected in the State's Data Profile for the Round 3 CFSR:

Indicator	State's Risk-Standardized Performance, National Standards (NS), and Children's Bureau's potential PIP Determination						
	12-month period	Data used	RSP	95% interval	National Standard	Performance relative to NS	PIP
Maltreatment in foster care	13ab, FY13	13ab, FY13	5.56	3.35-9.21	8.04	**No different**	**No**
Recurrence of maltreatment	FY 12	FY12, FY13	10.4%	8.1-13.4%	9.0%	**No different**	**No**

(3) In order to assess the strengths and needs of our service delivery system, Central Office staff will follow up on information provided by field staff to better understand the strengths and challenges that are affecting case work in our communities. For example, in 2014, field staff reported that a large number of cases were opening on families of young children who were experiencing opiate addiction. As a result of that information, all 12 districts were asked to indicate whether their custody cases involving children ages 0 – 3, that had opened with the last 6 months, had opiate use as a risk factor in the family. The data was pulled from our Custody Kids Report on our internal reporting site, Report Manager, and was filtered by age of the child and case open date. Data was gathered on a total of 113 cases, and statewide, 65% or 73 out of the 113 cases, had a positive indication of opiate use as a risk factor.

Understanding the degree to which opiate use is a risk factor in Family Services cases was also a component of a review conducted by Casey Family Services in the fall of 2014. This

review is discussed in more detail below, however, it bears mentioning here that the Casey Family report indicated that "The percentage of all Vermont children in out-of-home care at year's end with parental substance abuse identified as a reason for removal from the home increased nearly 20 percentage points from FY2011 through FY2014." The increase they refer to is an increase from 24.1% (n = 158) of children entering care for reasons related to substance abuse in 2011 to 43.9% (n = 346) of children entering care for reasons related to substance abuse in 2014[2]. Note that Casey Family Services arrived at these numbers by accessing Vermont's NCANDS data for Federal Fiscal Year 2013.

Additionally, in 2011, Vermont Family Services requested technical assistance from the National Resource Center for Child Protective Services to conduct an evaluation of our centralized intake process, which was established in 2008 (prior to 2008, calls regarding child abuse and neglect were taken at the local district offices). Family Services and NRCCPS collaborated on the creation of a case review tool, and focus group questions, which would serve to answer questions in the following key areas:

- Decision Making
- Structure and Staffing
- Internal and External Customer Satisfaction

A total of 10 reviewers, 7 from Vermont FSD and 3 consultants from NRCCPS were trained on the case review tool, and reviewed a total of 117 accepted and 208 non accepted reports (Total N=325) that came in during the time period of July 1, 2011 through April 30, 2012. In addition, 21 non-accepted report reviews and 9 accepted report reviews were supplemented by the reviewer listening to the recorded call. The review occurred June 18 through June 20, 2012 on site in Burlington.

Data was gathered for these areas of evaluation through the administration of surveys through Survey Monkey for two user groups: one for mandated reporters and another for internal supervisors and staff. The mandated reporter survey resulted in 1,229 responses, and there were a total of 92 respondents to the internal FSD survey, including 64 workers, 24 supervisors and 4 managers.

After reviewing the data, the review team found that 94% of accepted report decisions were accurate, and 78% of non-accepted report decisions were accurate. When non-accepted report decisions were deemed inaccurate, it was most likely due to the fact that there was not sufficient information to make a decision (57% of the "inaccurate" non-accepted cases).

During the time period under review (July 1, 2011 through April 30, 2012), there were a total of 27,352 calls and 25,031 of those calls were answered, for an abandoned call rate of 8.5%. Furthermore, some themes that emerged from the focus group data from Centralized Intake staff were:

- Employees receive adequate training
- Supervision is readily available

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[2] *Casey Family Programs. (Dec. 2014). Assessment of Family Services Division Safety Decision Making: Final Report to the Vermont Department for Children and Families. Retrieved on March 5, 2015 from:*
http://dcf.vermont.gov/sites/dcf/files/pdf/DCF/CFP_Assessment_Report.pdf

- There are not sufficient opportunities to participate in activities that foster a sense of belonging and contributing to a larger organization
- Staff understand the implications of using an outdated information system

Regarding internal employee satisfaction, the survey results found that 75% of field staff and leadership who responded to the survey understood the rational and justifications for decisions made by Intake supervisors while 25% do not. 79% of field staff and leadership who responded to the survey felt that the centralization of the intake process was positive or very positive.

For the survey questions sent to mandated reports, of the 1,229 who responded, only data from 807 respondents is used in the following figures, as they represent those respondents who had made a call to centralized intake in the last 6 months.

- 96.9% of the respondents indicated that the amount of information they are asked to provide is reasonable.
- 90.8% of the respondents indicated that the amount of time they spend relaying information to centralized intake is "about right."
- 82% of respondents indicated that they had sufficient training on the role of mandated reports to understand what must be reported.
- 87% of respondents indicated that they thought the wait time when calling centralized intake was reasonable.

Furthermore, as part of this case review practice, Family Services leadership asked for a smaller, targeted review of some of the sample cases to answer the following question: Is intake decision making consistent with sound child safety practice? Of the original sample pulled, 32 cases were selected for a more in-depth examination around this question. In answering this question NRCCPS stated:

> "A general finding is that Intake decisions are clearly guided by statute related to types of maltreatment. Overall, decisions to accept reports for intervention are based on the ability to identify an injury, an incident or a specifically detailed parental/caregiver behavior that directly and clearly links to an inability to parent a child. As a result the report review found that most accepted reports meet criteria according to statute and regulation. This precision is important, since these decisions are the justification for the state intervention into the lives of families. However, the strength of the precision can also lead to not accepting reports that indicate safety concerns, or minimizing potentially serious family conditions that do not present with a specific injury or incident. When this is coupled with insufficient information collection on family circumstances and strengths the possibility of not accepting a report with serious safety threats is increased."

At the conclusion of their report, NRCCPS highlighted the fact that the State of Vermont executed a relatively smooth transition process when implementing centralized intake, something that is seldom easy to carry out. Based on the data collected, NRCCPS also made several recommendations to the State of Vermont, some of which have been acted on through the CARS project (Child Abuse Reporting System). The following are some the recommendations and follow up plan for implementation:

A. Recommendation: The focus on identifying an observable injury or event as the criteria for case acceptance is consistent with Vermont's child abuse and neglect statutes. However, children can be unsafe without such incident as a result of family conditions that create threats to child safety. This is well understood by the leadership in DCF and indeed some of these reports are currently accepted. This is not in any way a recommendation to begin accepting a large volume of risk situations, or situations of parent-child conflict for example. It is recommended however that clarifying and adjusting the case acceptance criteria to incorporate specific types of threats to child safety in more precise way will improve the likelihood of capturing these types of cases in a more predictable manner.

Implementation Efforts: The "CHINS B Assessment" is a category of acceptance applied when an allegation does not meet criteria for acceptance under our child abuse statutes but the child may be without proper care or subsistence. In response to the above recommendation, the director of CIES developed policy guidance for CHINS B acceptance. The guide incorporates risk factors, protective capacities and direction for obtaining further collateral information, with particular emphasis on caretaker substance abuse and young children.

The National Resource Center on Child Welfare and Substance Abuse reviewed the policy guidance document and provided recommendations for improvements. Currently the Operations Director is coordinating a work group to incorporate the document and corresponding recommendations into policy.

B. Recommendation: Consideration to expanding the role social worker to allow them to make some decisions is recommended. Experienced social workers could make decisions on accepted reports and the supervisors can review them after the fact. A process for evaluating this change would be needed as well.

Implementation Efforts: Through technological improvements in FSDNet, social workers will document their recommendation for intake acceptance. Their recommendation will be reviewed by the supervisor who will then make the final decision about acceptance. The technology is scheduled to be implemented in April 2015. An evaluation tool has been developed to determine whether the social workers' recommendations are consistent with policy.

C. Recommendation: There is less accuracy in decision making when non accepted reports are reviewed. More than half of the cases where the non-accept decision was questioned did not have sufficient information to determine the truly appropriate action. The evaluation findings on sufficient information collection specifically in areas of family circumstances and strengths, also suggests the need to improve in this area. Similarly, improved information collections will also serve to enhance safety decision making related to acceptance.

Implementation Efforts: The CIES director has developed a tool for evaluating the quality of intakes. Supervisors complete the tool as they review intakes for screening. The tool includes domains pertaining to gathering information on family circumstances, danger and risk, safety and protective capacities and other relevant contextual information related to the allegation. The evaluation tool will inform the unit's group supervision, individual supervision and ongoing training needs.

In addition, the CIES director has developed a document for that provides guidance for supervisors in making collateral contacts and in obtaining further information with the goal of improving decision making.

(4) To addressing reporting needs and requirements, all FSD staff has access to two data reporting tools. The first is our internal reporting site, Report Manager. Through this site, staff can run a variety of reports. Among other things, staff can
- find out how many cases are assigned to each district, and drill down to the supervisor and social worker level,
- obtain a list of all children currently in custody and examine characteristics of those children, such as age, placement type, case type, and case plan goal,
- view all cases that were opened within a specified period of time,
- view all cases that have closed within a specified period of time,
- and view all cases that are part of our youth justice system.

The second tool that staff has available to them is our quarterly management reports and quarterly outcomes at a glance reports. These reports are available on our secure server, and they highlight how each district is doing on a safety, permanency, and well-being factors, as well as our internally defined 7 key indicators. Districts can drill down to their specific district level in order to look at their performance and compare it to the statewide level. They are also able to break the reports down by age, case type, and gender.

Family Services also just entered into a contract with Kansas University to implement ROM (Results Oriented Management) over the next year. This web-based system uses data already captured in our electronic data systems to provide useful performance information to mangers in an easy to use and flexible format. We will also be preparing to training staff over the upcoming months in preparation for ROM.

In addition to these routine reporting tools, Family Services has also gathered information through a variety of case reviews to ensure the evaluation of program improvement initiatives, the state QA system has been utilizing their district CQI Strategic Planning initiative. As part of this process, the two Central Office Quality Assurance staff conduct joint CQI-Operations district visits (each QA staff provides support to 6 districts), and reviews the district's performance on the 7 key indicators with a team gathered together by the district director. Together, the QA staff, Operations, and the district's Child Welfare Training Partner (from University of Vermont), discuss strategies for improving or maintaining performance on each indicator. After these meetings, district directors assemble a CQI Strategic Plan team, who work together to draft the

district CQI Strategic Plan. The CQI plans are then reviewed by the Central Office Family Services Management Team, and feedback is provided to each district director. The CQI SP is meant to be a roadmap for strategies and initiatives the district will undertake or continue for the next 6 months. After those 6 months, a follow up joint CQI-Operations meeting will occur to review whether the strategies were successfully in moving their performance on the 7 key indicators. An example of the "District Data Overview" document shared with each district is provided in Appendix 6.

As mentioned earlier in this section, the state is also planning on using what it learns from the upcoming On-Site Review component of the CFSR to help inform the creation of its own qualitative case review process. After the state receives the results of its CFSR, the Quality Assurance Team, in partnership with Operations, will debrief the CFSR process and results with the CQI Steering Committee, and discuss how our experience with that process should inform our internal qualitative case review process.

D. Staff and Provider Training

Item 26: Initial Staff Training

How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP that includes the basic skills and knowledge required for their positions?

Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Please provide relevant quantitative/qualitative data or information that show:

- staff receive training pursuant to the established curriculum and time frames for the provision of initial training; and
- how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties.

State Response:

Vermont does not contract out case management services generally, so initial staff training is mandated for division staff only. The exception is that youth formerly in foster receive case management services through private non-profits around the state through the local Youth Development Programs. The Washington County Youth Services Bureau provides coordination, professional development and quality assurance for this part of the system of care. Youth Development Coordinators receive training monthly network meetings and are also supported to attend the Working with Youth Conference, VT Foster & Adoptive Families Conference, the Pathways to Adulthood Conference, and others by request. YDCs also receive training through their agencies.

All new Family Services Division staff members initially receive a general orientation at their work site within the first two weeks of employment, coordinated by their supervisor. Additionally, training for both new and ongoing Family Service Division employees is designed, facilitated, and presented through a collaborative partnership between Family Services and the Child Welfare Training Partnership, housed in the University of Vermont's School of Social Work. In FY 2014, the CWTP offered 91 days of classroom training to FSD contracted and non-contracted staff (the same number of training days as FY 2013, and up from 72 days in 2012). Of those 91 days of training, 23 were designed to support Family Service Division contracted staff (Child and Family Safety or CFS contractors) in family safety planning, family group conferencing, and family time coaching.

All new Family Service Division employees are required to attend two division level trainings (there are other mandatory trainings at the Department for Children and Family level and Agency of Human Services levels, both of which focus on HR & Personnel matters). The first mandatory training is the New Employee Orientation. This orientation was first launched in May 2014 and is a two day course providing introductory information relevant to being an FSD employee. The course is offered every other month, in order to provide the information in a timely manner to all new employees.

At the New Employee Orientation, participants are provided a new employee training manual, review mandatory new employee training requirements, learn about the roles and responsibility of all staff positions in Family Services, receive an overview of Vermont's court system and Juvenile Court processes, relate their personal values and learning styles to the work of Family Services, complete a mock centralized intake process and review decision criteria, and practice navigating several Family Service database and data reporting systems. In September 2014, 32 participants attended the New Employee Orientation, and in an evaluation survey, 50% felt it met or exceeded the course objectives. In November 2014, 14 participants attended the New Employee Orientation, and 71% reported that it met or exceeded the course objectives. Some of the barriers that were mentioned in the evaluations in September included 1)Space: space-not large enough, 2) Data Base training: not having a data base training that was hands on, need more time with data base training, making a connection between the data base systems, having a copy of the codes with the data base training, 3) Central Intake/Emergency Services/Mandated Reporting Training: having a more practical application/exercise with the Central Intake information to understand better what is accepted what is not, 4) Timing of New Employee Orientation Training: having the New Employee Orientation training more often as by the time some participants received the training they felt they were well past "an Orientation"
training, 5) Training in general: having objectives be clearer, information was out
of order, have the training be more interactive, 6) The court process: a better explanation of the social worker role, need a clearer presentation-need a better explanation of processes.
Here is what was done to address the barriers: 1) Space: Space was not an issue in November-the number of participants matched the available spaces for us, 2) Data base training: Codes were given in handout, a practical application exercise was done, a planned explanation of how the different systems interwove was done as well as handout on it and in the January training, the training was done in a computer lab. The CWTP is also in the process of developing an online training for this information as well, 3) Central Intake/Emergency Services/Mandated Reporting Training: a small group exercise where participants were given reports and had to decide what would be accepted or not accepted and why, 4) Timing of New Employee Orientation Training: the training is being offered every few weeks and given that this is new-we are now catching up with the timing of when people are being hired, 5) Training in general and The court process : Objectives were clearly stated for each section of the training, the order of the individual speakers was disrupted in September due to unexpected scheduling conflict of the trainers-this was not an issue in November. There were more interactive exercises in November. All trainers worked with the CWTP trainers to have more interactive pieces in their presentations. The trainers were also asked to watch the film ReMoved that was shown the first day and use illustrations from that in their presentations.

Secondly, all new Family Service Division social workers and supervisors are required to attend a three-week course titled "Foundations for Family Centered Practice" (FFCP) during their first six months of hire. New staff members filling other roles, such as a resource coordinator role, are encouraged to attend some or the entire FFCP course depending on their level of previous experience in a child welfare organization. At a minimum, all new Family Service Division (non-social worker) employees are required to attend 25 class hours of FFCP. Those staff members work with their supervisor to choose those class hours that are most relevant to their daily work. The course provides the foundational knowledge needed for a new child welfare/youth justice social worker.

In 2013 – 2014, FFCP was offered over a three month period from December 2013 – February 2014, and from September – November 2014. The course objectives are intended to provide new socials

workers with the basic day-to-day information they need to perform their job and which their supervisor will provide formal feedback in workers annual performance evaluations. Topics covered in FFCP include:

- FSD Practice Model
- FSD System Structure and Case Flow
- Physical Abuse and Sexual Abuse
- Developmental Trauma
- Working with Courts
- Working with Adolescents and Probationers
- Permanency Planning
- Working with Kin
- Working with Children and Youth in Residential Care
- Licensing Foster Parents & Placement of Foster Youth
- Family Time Coaching
- Monitoring, Risk Reassessment, & Case Closure
- Domestic Violence
- Substance Abuse
- Ethics, Power, Supervision, and Self-Care

After completing the Physical and Sexual Abuse component of FFCP, one participant provided the following feedback: "I gained a better understanding about accidental vs. non-accidental injury appearances." For the Dec. 2013 – Feb. 2014 FFCP course, each class averaged 15 participants and 98% of participants rated the training as meeting or exceeding their expectations. Additionally, 94.6% of participants agreed that the training achieved stated objectives. The September – November 2014 FFCP class was unusually large, as this training cohort represented 27 new positions granted to Family Services in the summer of 2014. The average class size was 39, and 88% of participants reported that the course met or exceeded the course objectives.

The CWTP also works closely with each district office and can provide additional training and support to new and seasoned workers when requested.

In addition to the New Employee Orientation and the Foundations for Family Centered Practice course, all new staff members are required to complete the Agency of Human Service's on-line Domestic Violence Training course within 12 months of hire. New District Directors, Social Workers, and Resource Coordinators are required to complete the following stand-alone online courses within 12 months of hire:

- Substance Abuse for Child Welfare Professionals
- Case Documentation
- Cultural Competence
- Child and Adolescent Development
- Foundations of Motivational Interviewing
- Collaboration and Teamwork Skills
- Self-Care and Secondary Traumatic Stress
- HIPAA
- Mandated Reporter

Within 24 months of hire, new District Directors, Social Workers, and Resource Coordinators are required to complete 10 out of 15 Advanced Practice classroom courses and all of the Advanced Practice distance learning. Information on Advanced trainings is discussed in the next item, Ongoing Staff Training.

All other Family Services staff (such as Administrative support staff and Central Office staff), are required to complete the following stand-alone online courses within 12 months of hire (in addition to those already mentioned above):

- Cultural Competence
- Collaboration and Teamwork Skills
- Self-Care and Traumatic Stress

In December 2014 and January 2015, FSD and CWTP partnered to provide a new 2 day District Director's training. This training covered topics including personnel and HR issues, the budget and contracts, fostering a learning culture and moving practice, building strong community partnerships, and collaborating with Central Office. FSD and CWTP are also currently working on a New Supervisor's training to be launched in the near future.

Item 27: Ongoing Staff Training

How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP?

Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Staff, for purposes of assessing this item, also include direct supervisors of all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Please provide relevant quantitative/qualitative data or information that show:

- that staff receive training pursuant to the established annual/bi-annual hour/continuing education requirement and time frames for the provision of ongoing training; and
- how well the ongoing training addresses skills and knowledge needed by staff to carry out their duties with regard to the services included in the CFSP.

State Response:

According to Policy 203: Training for Division Staff, all District Directors, Supervisors, Social Workers, and Resource Coordinators must complete a minimum of 50 hours of continuing education from the Advanced Practice Course list for every 5 years of employment (for an average of 10 hours of continuing education credit per year) (see Appendix 1). Training attendance by worker is tracked online by the CWTP. One limitation to the current tracking system is it doesn't effectively capture conferences and other trainings that aren't organized through the CWTP. Workers receive feedback regarding their required training requirements through their yearly evaluation. Some of the Advanced Training Topics covered in 2013 - 2014 and their participation rates are provided below:

Name	Number of Participants	% Indicating Course Met or Exceeded Objectives
Assessment & Analysis of Risk & Protection in Domestic Violence in Child Welfare	13	95%
Kin Networks	18	95%
Trauma & Attachment (2013 course)	15	95%
Supervising Youth with Sexually Harmful Behaviors	14	95%

Working with Families Affected by Sexual Abuse	9	95%
Witnessing (2 days)	14	95%
Working with Families Affected by Mental Health Issues	13	95%
Working with Families Affected by Substance Abuse	12	95%
Introduction to YASI	24	95%
Restorative Practice Circles	15	100%
Permanency Values Training	35	95%
Understanding Substance Use Disorders, Treatment, & Family Recovery	28	No Evaluation
Trauma & Attachment (2014 course)	23	98%

After completing the course, "Working with Families Affected by Substance Abuse," one participant shared that "I learned about reducing risk with drug addicted parents."

In addition to the Advanced Training courses, CWTP also provided specialized training sessions for Family Services staff. In 2013 – 2014, the Child Welfare Training Partnership offered 40 days of specialized training to family services staff. According to the CWTP 2013 – 2014 Final Report: "Specialized training is designed to build the skills and knowledge in particular areas of practice, or to deepen understanding of aspects of the FSD practice model and implications for practice." Some of the specialized training courses that were offered in 2013 – 2014 include:

Course Name	Number of Participants	% Indicating Course Met or Exceeded Objectives
Motivational Interviewing Coaching for Supervisors	6	No Evaluation
Introduction to Reflective Practice in Professional Supervision	34	90%
Supporting Safe Practice Preventing Professional Dangerousness	95	100%
Responding to Trauma & Promoting Well-Being in Children and Adolescents	10	No Evaluation
Engaging Fathers	55	98%

Forensic Interviewing	10	No Evaluation
Advanced Forensic Interviewing	11	No Evaluation
YASI: Effective Casework	23	90%
Engaging Families with Motivational Interviewing (MI)	15	100%
Engaging Children & Youth with Words and Pictures and 3 Houses	12	89%
Responding to Trauma and Promoting Well-Being in Children and Adolescents	10	100%

A participant, after completing the "Engaging Fathers" course, wrote on their evaluation that "I learned that even incarcerated fathers can have an impact on their children's lives."

The Child Welfare Training Partnership also provides training to facilitators of Family Safety Planning, Family Group Conferencing, Restorative Family Group Conferencing, and Family Time Coaching Training. In some districts this training may be directed at Family Services staff who utilize these tools and processes. In other districts, this training is directed at FSD contracted staff, such as our Easter Seals partners. In 2013, CWTP offered the following courses in the above mentioned areas:

Course Name	Number of Participants	% Indicating Course Met or Exceeded Objectives
Introduction to Family Safety Planning	22	100%
Advanced Family Safety Planning	22	100%
Introduction to Family Group Conferencing	24	100%
Introduction to Restorative Family Group Conferencing	11	100%
Advanced Family Group Conferencing	12	100%
Introduction to Family Time Coaching (FTC)	39	100%
FTC: Child Safety Skill Set	9	100%
FTC: Clinical Skill Set	13	100%
FTC: Child Development Play Lab	12	100%
FTC: Partnering Skill Set	37	100%

FTC: Coaching Skill Set	27	100%

To make trainings more accessible to social workers, the CWTP is moving toward creating more online trainings. This will make it easier for social workers to receive the required training and balance the challenges of being out of the office all day.

Each year, the division also plans targeted training to address emerging needs. For instance, in 2014, we experienced an upsurge in the number of very young children entering care. For this reason we held a mandatory 2-day training in March focused on the vulnerability and needs of young children. We also invited judge, attorneys, guardians ad litem and community partners to attend.

Lastly, in 2014 the Domestice Violence Unit in partnership with the Child Welfare Training Partnership, provided 3 half day trainings for child protection staff and local advocates on the "Safe and Together Model" from Mandel and Associates (one in Lamoille county , one in Washington County and one in Orleans County). This training reviewed the critical components of the model, and provided an overview on how through identifying the batterer's pattern of coercive control and harm this causes to the child, CPS will be better equipped to hold offenders accountable, create safety plans that focus on his behaviors and risks rather than what the non-offending parent does or fails to do.

Item 28: Foster and Adoptive Parent Training

How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

> Please provide relevant quantitative/qualitative data or information with respect to the above-referenced current and prospective caregivers and staff of state licensed or approved facilities, that care for children receiving foster care or adoption assistance under title IV-E, that show:

- that they receive training pursuant to the established annual/bi-annual hourly/continuing education requirement and time frames for the provision of initial and ongoing training.
- how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

State Response:

Policy 93: Kin and Foster Parent Training, outlines the division training requirements for all kind and foster parents caring for children and youth in state custody (see Appendix 1). This training is offered through the Child Welfare Training Partnership (CWTP), through a cooperative agreement between Family Services Division and the University of Vermont, School of Social Work. According to Policy 93:

"All licensed foster parents caring for an unrelated child must complete foundations training before the end of the first year of licensure. Kinship caregivers are required to attend foundation training unless the Residential Licensing Special Investigation Unit (RLSI) grants an exemption due to unusual circumstances or approves an alternative training."

The foundations training for Kin, Foster, and Adoptive Families, consists of several components. There is a "First Steps" course (with two separate curriculums for Kinship and Foster Families) that is offered via teleconference and in regional classrooms several times a month. This course is offered frequently in order to provide essential information to Kin and Foster caregivers as soon as they apply or accept a child into their home. After the teleconference portion, foster parents participate in a 6 hour course, and then complete an additional 18 hours of classroom instruction in their local district. Kin caregivers participate in a 7.5 hour course, and then join the foster parents in their local district classes.

The classroom portion of Foundations for Kin, Foster, and Adoptive Families was offered at least twice in each district in 2013. The course consists of 6 three-hour sessions focused on:

- Family connections & identity
- Parenting adolescents & discipline for all ages
- Understanding and supporting attachment
- Helping children cope with loss

- Understanding sexual abuse and trauma
- Resilience and self-care

Below are the foster parent statewide responses for fall 2013 Foundations trainings:

	Sum of Strongly Disagree	Sum of Disagree	Sum of Neutral	Sum of Agree	Sum of Strongly Agree
1) The training achieved its stated objectives.	1		1	45	59
2) The topics presented were helpful to me.		1	3	35	68
3) The information presented was easy to understand.			9	32	66
4) The information provided will assist me in my role as a caregiver.		1	3	32	71
5) The materials (book, handout, videos, flip charts) helped me learn.		1	3	41	65
6) There was enough opportunity to get involved in learning tasks and discussions.				39	68
7) Any questions that were asked got answered.			4	31	72
8) I felt comfortable sharing ideas, opinions, experiences and feelings.		1	3	41	62
9) The training room was comfortable (location, seating, lighting, heat/air and privacy) for learning.		2	5	42	56
10) The instructional team worked well together.			3	22	82
11) The instructional team was well-prepared and organized.		1	3	24	79
12) I found the personal resource notebook helpful. (You received this booklet with your First Steps Materials.)			5	38	52

Policy 93 also requires that all kin and foster parents requesting to move from level 1 reimbursement to level 2 reimbursement attend 40 hours of training within 2 years. Foster parents at level 2 and 3 of reimbursement must do 10 hours of training per year to maintain their current level of reimbursement. Once a foster or kinship caregiver has 4 years of experience and 80 hours of training, they must continue

to complete 10 hours of training a year to maintain their current level of reimbursement. To help kin, foster, and adoptive parents meet this training requirement, CWTP offered 10 advanced trainings for kin, foster, and adoptive caregivers in 2013, which reached a total of 125 individuals (7 kin caregivers, 61 foster caregivers, 32 adoptive parents, and 41 "other," which were primarily community partners). In their evaluation survey, 99% of participants said the advanced training they attended met or exceeded their expectations. Some of the topics covered in advanced training courses include:

- Developmental Trauma
- Developmental Strategies 101
- Understanding the Impact of Substance Abuse on Families
- Understanding and Responding to the Sexual Behavior of Children & Adolescents
- Drumming for Success

There are additional training requirements (spelled out in Policy 93) for pre-adoptive caregivers. Specifically, pre-adoptive caregivers who have signed an Intent to Adopt, must complete the mandatory Fostering to Forever Training before their adoption can be finalized. All participants are issued a certificate of completion that must accompany their application for adoption assistance. The Fostering to Forever Training was created in 2013, as a result of the collaboration of a group of stakeholders, including FSD staff, adoptive and foster parents, and representatives of agencies servicing adoptive parents, who had identified the need to targeted training and support for parents contemplating permanency. Although the classroom experience is a 3-hour course, the training includes additional follow-up services designed to support families from point of adoption inquiry through the finalization of the adoption or permanent guardianship. Individuals who participate in the course receive support from Lund permanency workers, and access to online training from the Foster Parent College and Adoption Learning Partners. In 2013, this course was offered in 11 times (in 11 of our 12 districts), and in 2014 it was offered 20 times. The following table summarizes the training sessions that were offered to Kin, Foster, and Adoptive Families:

Courses	FY 2012		FY 2013		FY 2014	
	# of Courses	# of Graduates	# of Courses	# of Graduates	# of Courses	# of Graduates
Foundations for Kin and Foster Care						
First Steps Kinship	26	159	8	44	11	71
First Steps Foster	36	292	23	144	20	156
Classroom	22	284	23	287	23	260
Adoptions: Maps & Tools	1	9				
Fostering to Forever			11	120	20	167

Lastly, regarding residential facilities, there is expectation that employees receive training appropriate to duty and context as outline in the licensing regulations. The agencies are required to provide their employees with trainings.

E. Service Array and Resource Development

Item 29: Array of Services

How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP?

- Services that assess the strengths and needs of children and families and determine other service needs;
- Services that address the needs of families in addition to individual children in order to create a safe home environment;
- Services that enable children to remain safely with their parents when reasonable; and
- Services that help children in foster and adoptive placements achieve permanency.

    Please provide relevant quantitative/qualitative data or information that show:

    - The state has all the above-referenced services in each political jurisdiction covered by the CFSP;
    - Any gaps in the above-referenced array of services in terms of accessibility of such services across all political jurisdictions covered by the CFSP.

State Response:

In order to ensure statewide access to core support services, Family Services has a variety of contracts with different providers around the state.

Service needs are assessed by analyzing the number of children and families we serve by different case types and age range, as well as the issues that are bringing these families to the attention of Family Services. We also pay close attention to new evidence based practices that are emerging to determine whether or not we should adjust our current contracts or reallocate existing resources to create new contracts.

We continue to improve how we analyze the effectiveness of each contracts by measuring specific results and outcomes. Each contract has clear goals and outcomes that are measured throughout the year and the providers are expected to complete quarterly reports specific to those goals and outcomes. If there are concerns about a particular provider and their ability to deliver the services outlined in their contract, the District Director and a member of the Central Office contract unit will meet with the contractor and outline a plan for improvement. If the provider is unable to make the necessary improvements, the contract unit will draft an RFP and put the contract out to bid. Contracts are renewed on either an annual or a biannual basis.

Lastly, Vermont has been working to fully implement Integrating Family Services (IFS) to mobilize our collective resources to secure the best possible future for our children, youth, families and communities. The Agency of Human Services' six departments and the community-based service providers with which AHS partners, operate in silos which make it difficult to meet the needs of Vermont's children, youth and families in a way that is compassionate, efficient and financially responsible. Integrated Family Services changes this by breaking down those silos and shifting strategic planning, practice, language, service

delivery and other key aspects of Vermont's human services system so the resources available to children, youth and families better match their needs and are deployed more efficiently. IFS has been implemented in 2 of the 12 districts.

1. **Services that assess the strengths and needs of children and families and determine other service needs**

As of March 2015, Family Services is currently serving 2028 families through an ongoing case (non-court and court involved) and 1658 children and youth who are either in DCF custody, conditional custody of a parent or relative, or on juvenile probation. The following contracts and services are accessible to children, youth and families in all 12 districts. A brief summary is provided for each of the agencies we contract with that provide services that assess the strengths and needs of the children and families which informs what other services would benefit the family, safety planning, and ongoing case planning.

Child and Family Support (CFS) contract is the largest district contract and supports critical family engagement work in a variety of approaches. In many of the districts, the CFS workers are co-located which enhances communication and collaboration between social workers, CFS workers, families, and other community partners. This contract provides services to children and youth for all ages and can be accessed at various points during Family Services intervention including the investigation/assessment phase, a non-custody open family case, custody, and with conditional custody cases. Some of the specific services include:

- screening: involves meeting with the parents multiple times, collecting background family information, creating an eco-map/genogram, helps identify other appropriate referrals
- family time coaching: is a primary intervention model for family time to facilitate reunification or other permanency planning. It provides parents with the opportunity to become more confident in recognizing and responding to their children's needs.
- family safety planning meetings: CFS workers facilitate family safety planning meetings to help assess children/youth's safety, better understand and identify child/youth's needs, hear the thoughts of family members, identify families strengths and natural supports, hear thoughts and concerns of service providers, and develop a plan to address safety concerns
- care coordination: involves working in the homes with families to help assess specific needs and struggles whether it be to keep families intact or to help support placement stability for children/youth in foster care.
- family group conferencing: coordinating families coming together to help address a specific issue to help a child or youth build family connections and ideally achieve or support their permanency plan.
- parent education: CFS contract workers provide developmentally age appropriate resources and tools to parents to assist them to better understand and provide for their child's needs.

Below is data indicating the number of referrals made statewide for each of these services during 2013.

Type of Referral:	Statewide in 2013
Screening	289
Family Safety Planning (FSP)	777
Family Group Conferencing	71

(FGC)	
Care Coordination	223
Family Time Coaching (FTC)	367
Parent Education (PE)	146
Social Skills Development	9
Grand Total:	1882

Intensive Family Based Services (IFBS) contract provides family-focused, community based crisis intervention services designed to maintain children safely in their homes. Services are provided based on a thorough assessment of the needs of the family, their capacity to change, and current level of risk assessment of their children. The program is intended to be short-term and to address immediate problems with our high risk intact families. This intervention can be utilized for non-custody cases, conditional custody cases, and custody cases.

Below is the minimum number of families that each district is required to serve on a yearly basis:

Hartford	Springfield	Burlington	St. Johnsbury	Newport	St. Albans	Rutland	Bennington	Barre	Brattleboro
11	62	62	30	12	32	13	15	15	12

Balanced and Restorative Justice Services (BARJ) contracts provide services to youth who are charged with a delinquency, have been adjudicated delinquent, or are at-risk for involvement in the juvenile justice system. The youth receiving this service could be on probation-not in custody, on probation-in custody, or on probation- in the conditional custody of their parent or another care provider. The services are tailored to address the youth individual needs with the goal of reducing or eliminating further involvement in the juvenile justice system. Some of these services include:

- restorative panels provides victims and community members an opportunity to interact with youth to discuss the harm caused by the delinquent act and the action needed to repair the damage
- restitution services coordinates with the Restitution Unit of the Vermont Center for Crime Victim Services to collect Restitution payments
- streetcheckers provide supervision, individually and in groups, for probationers and at-risk youth, assuring their whereabouts and activities are consistent with their conditions of probation and/or case plan.
- screening and restorative services provide Youth Assessment and Screening Instrument (YASI) pre-screening to determine risk and coordinate protocols for referring youth to services based on risk and needs.

- restorative classes and skills development convenes skill building groups and/or activities for youth that cover the following areas: conflict resolution, social skill development, community service/leadership skills, victim issues, and effective communication

Below is Family Services 2014 Q4 data related to BARJ:

Open cases at the start of quarter	191
New a risk youth referrals	34
New adjudicated youth referrals	37
New truancy referrals	364
Cases transferred	58
Cases closed successfully	41
Cases closed unsuccessfully	227
Caseload total	
Restorative panels convened	30
hours of community service performed	422
hours of service learning projects completed	7
amounts of restitution collected	221
numbers of victims involved	25
hours of case management	1925
hours of restorative classes/skill development	389
# of YASI prescreens	74
# of youth who have successfully completed restorative panel process	12
# of community service hours completed	166
# of restitution ordered	41
# of participating victims	7
# of youth who school attendance increased	24
# youth with no new criminal charge while participating in program	30
# of youth with increase in protective factors as outlined by YASI	0

Consultation, Assessment, Screening, and Treatment (CAST) contracts have been established with evaluators throughout the state to provide services to clients who have been victims of sexual abuse or who have engaged in sexually harmful behaviors. The goal is to ensure the appropriate screening and assessment tools are used to guide planning, clients receive timely treatment, and the treatment is trauma informed. Currently Family Services has 15 CAST contracts throughout the state and can be accessed for custody, non-custody, and conditional custody cases.

Family Services also contracts with other evaluators throughout the state to provide trauma assessments, comprehensive psychiatric and psychological evaluations, and psycho-educational evaluations for example.

Youth Development Service contracts assist at risk youth in custody statewide so they can be successful and supported by healthy and safe connections as they age into early adulthood. Please refer to Item 32 for more information on the Youth Development Program.

   2. **Services that address the needs of families in addition to individual children in order to create a safe home environment**
                                   and

   3. **Services that enable children to remain safely with their parents when reasonable;**

As described in #1 of item 29, Family Services has several contracts with different agencies throughout the state that not only provide services that assess needs of families but also provide concrete services to address those needs to strengthen families and keep kids safe in their homes whenever possible. In addition to the in-home services provided through the CFS, IFBS, and BARJ contract, Family Services also provides services through these additional contracts:

Vermont Family's Support and Stabilization Initiative (S&S)- Family Services has a contract with Becket Family Services to provide intensive short-term wraps to up to12 families at any given time statewide. The wrap-around team is made up of experienced faculty that is familiar with Vermont and the special needs of its youth and families, as well as resources available to support them. The S&S wrap-around teams consist of three personnel and are provided in four regions of the state (providing access to all 12 districts) to best meet the needs of youth and families in their specific region. These teams consist of the Director of Permanency, a Permanency Specialist (Master's Level/Licensed Therapist), and a Permanency Coach. The goals of the S&S program include:

- provide a home and community based alternative to long term residential placement;
- provide an improved mechanism for young men and women in residential placement to "step back" to their home community; or
- in the case of older adolescents and young adults in placement or at home, to provide a mechanism to "step out" and more successfully begin the transition to adulthood.
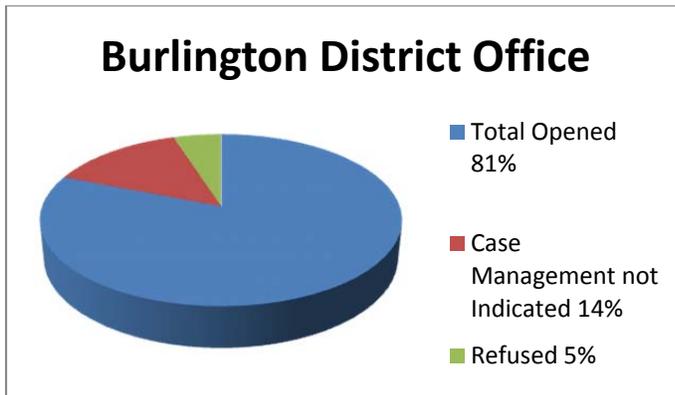
Below is VT S&S Admission/Discharge Data from 6/1/2012 to 3/3/2015:

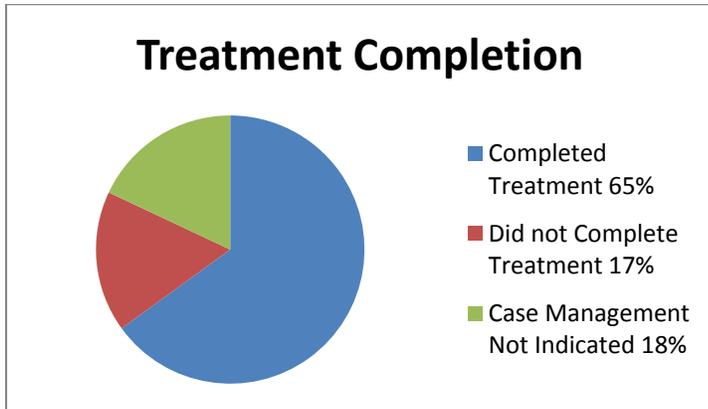| Data Item	Totals	Percentages

Number of youth admitted to the VT S&S Program (since 6/1/2012)	47	
Number of youth who successfully stabilized in the current setting	39	39/47 = 83%
Number of youth who required a higher level of care	8	6/47 = 17%

Substance Abuse Screeners- In response to the increase in opiod abuse cases and our out of home care placements related to substance abuse and recommendations from the recent VCAB and Casey report, Family Services has expanded their contract with LUND to provide substance abuse screeners not only in the Burlington and St. Albans district to now include Rutland, Hartford, Barre, and Springfield. Family Services reviewed data between 1/1/14 – 6/30/14 regarding custody entrants due to opiates to determine which districts would be allocated this additional resource along with knowledge about the local service array in those particular districts. These screeners are co-located and work closely with the front end workers to screen for substance abuse, address barriers to treatment and/or services, and make referrals as appropriate. The goal is to eventually offer this service to all 12 districts. Data is available for both St. Albans and Burlington; the other four districts were recently allocated this resource so there is currently no available data.

Below is data from the Burlington office between July-December 2014 to provide a sense of the number of referrals and the outcome of the screenings. In the Burlington District Office, 98 participants were served by the co-located case manager. Out of the total number, 5% participants refused case management services after being screened to be appropriate for services and 14% participants were screened and did not have any indication of substance use therefore did not need case management.

Out of the 78 cases that were closed, 51 completed treatment, which is defined by meeting the treatment recommendations indicated by substance use treatment providers. Clients that did not complete treatment were not willing to engage in the recommendations of treatment providers.

Treatment Completion

- Completed Treatment 65%
- Did not Complete Treatment 17%
- Case Management Not Indicated 18%

Post- Permanency Services- Family Services provides contracts for each district to help support the current 1,956 children and youth who have been adopted through Family Services or assumed guardianship. There are three levels of services, 1) resource and referral information, 2) monthly home visits and connecting with collateral contacts, and 3) more intensive case management when there is a higher level of needs. In the month of February 2015, a total of 231 families were served through the post permanency contracts statewide.

4. Services that help children in foster and adoptive placements achieve permanency

Family Services contracts with LUND for services provided through the Project Family contract. Project Family is in its fifteenth year and continues to provide permanency placement counselors to all 12 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. Project family staff prepares each child for permanency. They complete life books, do mobility maps, develop unique individual recruitment plans for each child.

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. Partner with PPSP workers to have a seamless transition from foster care to adoption.

Currently Project Family has 78 children they are working with in Project family. They have an additional 69 children they are finalizing the adoptions for who are already in their identified placement.

Below is adoption data for 2014:

	age at custody		age at adoption	
	#	%	#	%
0 to 5	114	65%	88	50%
6 to 12	54	31%	64	36%
13 to 18	8	5%	24	14%

Each district also has support services through their local designated mental health agencies (DAs) that can provide ongoing services and case management to children and families who have been reunified. District offices work closely with their DAs to make sure they have the information needed to provide ongoing supports once Family Services has closed the case. If issues arise within the family after the case has been closed, Family Services is often involved in coordinated service plan meetings to help support the family and prevent re-entry.

Item 30: Individualizing Services

How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency?

> Please provide relevant quantitative/qualitative data or information that show whether the services in item 29 are individualized to meet the unique needs of children and families served by the agency.
>
> - Services that are developmentally and/or culturally appropriate (including linguistically competent), responsive to disability and special needs, or accessed through flexible funding are examples of how the unique needs of children and families are met by the agency.

State Response:

As highlighted above in question #1 of item 29, the contracts Family Services has established to assess risk and individual needs as well as provide services that translate into skill building to promote safety, can be tailored to meet the individual and family needs. With respect to the CFS, IFBS, and BARJ contracts a family may receive one service or several services depending on the need. For example, a social worker may make a referral to utilize the CFS contract for family time coaching and make also a referral for a family safety planning meeting as well as care coordination.

The S&S contract is also very flexible. Depending on the needs of the youth and family, the social worker can choose from the following levels of services or ask to develop a more tailored support wrap:

- Intensive FSS: Provides between 8 – 12 hours of support to youth and families weekly, as determined during the treatment planning process
- Intensive FSS with Therapy: Same as above but with bi-weekly therapy (individual or family).
- Intermediate FSS: Provides between 6 – 8 hours of support to youth and families weekly, as determined during the treatment planning process.
- Intermediate FSS with Therapy: Same as above but with bi-weekly therapy (individual or family).

Social Workers can also request an Individual Services Budget (ISB) through their local mental health designated agency or other agencies. ISBs provide a wraparound service to children and youth with higher needs placed in foster and kin homes. Social workers identify what should be included in the ISB to provide the necessary support so the child and youth can remain safely in their placement. Some of the services can include therapeutic foster care, respite, crisis management, individual therapy, family therapy, and mentoring.

Generally, if a social worker is looking for an individualized service for achild, they speak directly to the agency providing the service to work out the details. If there are any challenges especially around funding, the social worker will need to involve Central Office. If a solution can be found, this process generally doesn't take long, but each situation is different.

Family Services contract with the Child Welfare Training partnership who can also provide additional district support to facilitate local trainings. If there is a specific need in the district, the CWTP is able to come and provide trainings to a group of local foster families who need support around a specific issue.

In addition to contracts that are offered statewide, a district may have a onetime service need that the contracting unit can approve. If the service need is going to be ongoing, the district will need to create a contract with that provider and will work with the contracting unit to put that in place.

F. Agency Responsiveness to the Community

Item 31: State Engagement and Consultation With Stakeholders Pursuant to CFSP and APSR

How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

> Please provide relevant quantitative/qualitative data or information that show that in implementing the provisions of the CFSP and related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP.

State Response:

Family Services engages on a routine basis with various stakeholder groups to inform the strengths and weaknesses of our child protection system. FSD is committed to strengthening our partnerships with our stakeholders and improve ways we can collaborate which will result in a stronger and more effective system of care. Regular meeting provide avenues for stakeholders to provide feedback and to have discussions about ways we can improve service delivery and outcomes for children and families we serve. Some of these groups include:

- The Vermont Foster and Adoptive Family Association (VFAFA) hold monthly board meetings, which division staff attend. They hold quarterly networking meetings, 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 Youth Advisory Board meets monthly. The DCF commissioner and Family Services deputy commissioner meet with the board at least four times a year.
- Vermont Kin as Parents (VKAP) is a state wide non-profit organization serving grandparents and relatives who are raising a family member's child when the parents are unable. With the increase of kin foster care, Family Services and VKAP continue to work together discuss how to better support family members who are currently raising relatives. Both Family Services Post Permanency Manager and Foster and Kin Care Manager are on the board.
- The Vermont Coalition of Residential Programs (VCORP) meets monthly, with division representatives attending. The commissioner and deputy commissioner meet with VCORP regularly along with others from FSD Management Team.
- Justice for Children Task Force- This Task Force is a collaborative, interdisciplinary effort bringing together those who are in charge of decisions impacting outcomes for children who are not in the custody or guardianship of a parent. Family Services commissioner and deputy

commissioner participate on this task force and collaborates with the Court Improvement Project to improve outcomes for children and families. Other Task Force members include lawmakers, juveniles attorney, Department of Health, states attorney, mental health, court administrator, Agency of Education, and an assistant attorney general.

- External Stakeholders Workgroup- Family Services coordinates monthly meetings involving various stakeholders to discuss issues related to the child protection system. Family Services also uses this venue to get feedback on draft policies, practice guidance, and brochures for example. The monthly meeting invitation goes out to individuals from the following fields: court, mental health, corrections, education, treatment providers, law enforcement, placement providers, and various advocacy groups.

- Tribal partnerships- Vermont is home to members and descendants of the Abenaki tribe (not federally recognized). The St. Albans district interfaces the most with this tribe and has worked over the years to build a better working partnership. One practice St. Albans implemented was adding to their intake checklist a question verifying whether or not the family identifies with the Abenaki tribe. If it is determined the family has connections, the social worker will work with the family to see who they have connections with or who we can outreach to within the Abenaki tribe.

- Vermont Network Against Domestic Violence- DCF Family Services receives funding from the Department of Justice, Office of Violence Against Women , Rural Domestic Violence and Child Victimization grant. This grant funds 2.5 FTE Domestic Violence Specialists to provide case consultation and expertise to four regional FSD offices, as well as direct service and appropriate referrals to community service providers. In addition, formal Memorandum of Understanding are in place and revisited on an annual basis between the local district office and the community domestic and sexual violence program to improve collaboration and referrals. An example of one of the goals-

  o Goal #1: Improve systems' responses to child, youth and adult victims of domestic or sexual violence, including identification, assessment and intervention, in rural Vermont by encouraging collaboration among domestic violence and sexual violence service providers and special child abuse/domestic violence investigation units to enhance practices in identification, assessment and intervention.

  Over the last year, members of the Domestic and Sexual Violence Unit also provided 3 regional half day trainings to new Guardian Ad Litems around the state, as well provided a half day training for members of the Strengthening Families project.

-

In addition to the above groups, Family Service held a *Community Conversation* the spring of 2014 in Montpelier to discuss with community partners Vermont's entry rate which is above the national average. Each district invited up to 15 community partners to attend to hear Casey Family Programs present on data from Vermont. In the afternoon, each district worked in small groups and discussed with their local partners what they wanted to do as next steps in their community to strengthen their local system of care which many focused on early identification and prevention services. Some of the most common themes and ideas were bringing these discussions back to district Local interagency Teams (LIT), creating a local resource list, and holding local community forums. Some of the barriers raised by many groups included a lack of local capacity to meet the needs. A follow up discussion was held 6 months later at a Division Leadership Team where each district did a report out. No further follow up has been planned statewide.

In addition and as already noted, Vermont had two child fatalities which resulted in two thorough reviews over the last year. The first review was done by the Vermont Citizen Advisory Board (VCAB) which was

completed in November 2014. VCAB reviewed all documentation and information related to the two child fatalities and provided a thorough list of recommendations most pertaining directly to Family Services based on their findings which was broken down into the following categories:

- Training and evaluation of the child protection system professionals
- Policies and practices of child protection system professionals
- Communications and information sharing between professionals throughout the child protection system
- Courts and statues
- Staffing and contracting
- Child safety and ongoing risk to children

The second review was conducted by Casey Family Programs. They completed their *Report on Vermont Safety Practice* in December 2014 which evaluated the safety decision making within the Vermont child welfare system and to made recommendations to improve outcomes. As part of their review Casey held focus groups with FSD supervisors, the legal system professionals, kin and foster parents, and other stakeholders. Some of the themes that came out of these discussions were concerns around decision making around child safety most frequently around intake and screening as well as child removal/placement decisions. Others concerns were related to Family Services leadership in terms of being disconnected from the front-line work, not soliciting input from community providers, and being slow to adapt to emerging issues such as substance abuse. To see the complete summary of qualitative findings please refer to Appendix 7.

There were many overlapping themes throughout both reports specifically around the need for social workers to know how to complete a thorough assessment and "go beyond the tools". Other themes included the need for Family Services to created clear standards for assessments and for more training around the safety and risk tools.

Family Services has identified priority recommendations that can realistically be implemented which included various policy updates, review and revision of our safety decision making tools, the consideration of other safety instruments, and create a training plan around these tools. Other recommendations cannot be addressed with current resources including 1) high social worker caseload, 2) expanding our services array to better address the current needs of families, 3) increasing the number of required home visits, and 4) providing districts access to expert consultation around substance abuse, mental health, and domestic violence so concrete and practical recommendations can be applied during the child safety intervention.

Lastly, during the current legislative session, bill S.9 was introduced title 'An act relating to improving Vermont's system for protecting children from abuse and neglect'. This bill has received a lot of public attention and interested individuals and stakeholders have provided input to the Legislature. Some of the recommendations that came out the VCAB and Casey report would require statutory changes which is being considered in S.9 including 1) changing the confidentiality statue to allow for a more rapid and

sensible flow of information between professionals responsible for child protection, 2) revise language so it directs the court to carefully assess if reunification is genuinely in the best interest of the child and if any household member has any history of significant abuse or criminal charges, 3) revising the hierarchy regarding our of home placements, 4) all FSD sufficient time to vet any prospective caregiver before a child is placed and 5) clarify the role of courts and FSD social workers in CCO cases.

Item 32: Coordination of CFSP Services With Other Federal Programs

How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

> Please provide relevant quantitative/qualitative data or information that show the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

State Response:

Youth Development Services- Since the late 1990's, DCF Family Services has collaborated with its partners in youth services in Vermont (Vermont Coalition of Runaway and Homeless Youth Programs-VCRHYP) to build a network of supports and services across the state for at-risk youth both within and outside of the foster care system.

DCF's Youth Development Program (YDP) is the primary vehicle through which these supports to foster youth are delivered. The YDP program stresses the importance of permanence for adolescents, partnering with youth using the strength-based approach of positive youth development, and creating pathways to safety, well-being and law abidance. These strategies are being accomplished through education, affordable housing, job training and access to healthcare.

DCF delivers YDP through a grant to the Washington County Youth Service Bureau (WCYSB). The Washington County Youth Service Bureau sub-contracts with ten provider agencies in all twelve DCF districts. Through the capacity and expertise of WCYSB, these outcomes are being targeted with best practice approaches supported by training and technical assistance, and measured for effectiveness with a database that tracks the application of quality practices and outcomes for youth. The number of youth served by the program has increased from 352 in SFY 13 to 440 this year and efforts to expand this further are on-going and are incorporated into performance expectations in local sub-contracts with WCYSB.

Through its collaborations with the Vermont Coalition of Runaway and Homeless Youth Programs (VCRHYP), the Department of Labor, Vocational Rehabilitation and its JOBS Program, and the Support Systems for Runaway and Homeless Youth (SSRHY) grant, the Youth Development Program is increasing its emphasis on assisting youth in accessing long term employment through research based progressive employment practices.

Outcome Category for youth receiving incidental living grants for 2014	# of youth	% of total youth per outcome
Youth 18+ with employment	144	69.23%
Youth 18+ with high school credential	148	80.77%
Youth 18+ with post-secondary education or	55	30.22%

training		
Youth 15-22 employed or enrolled	384	86.88%
Youth Medicaid insured	427	96.61%
Youth with children	63	14.25%
Youth experiencing homelessness at some point this year	39	8.82%
Youth incarcerated at some point this year	25	5.66%

Extended Care FY14 – **Financial Support Provided**	**Individual Youth**
Housing	67
Extended Foster Care services	36
Incidental living grants	204
Education funds	69
Employment funds	31
Basic needs funds	58
Enrichment, normalcy, relationships funds	40
Transportation costs	50
Drivers' education + licensing	59

For the last five years, DCF Family Services in partnership with VCRHYP, WCYSB, Northeast Community Action Youth Services (NEKCA/YS) has been implementing a federally funded pilot project to support the successful transition of youth across runaway and homeless (VCRHYP) and child welfare (YDP) youth populations in the region. The cornerstone of the project has been focused on the development of progressive employment skills for youth. The concept for this

component was developed in collaboration with the Department of Vocational Rehabilitation and its Creative Workforce Solutions (CWS) project, local and statewide VABIR management and staff, Casey Family Programs and its "It's My Life" Employment progressive employment training program and local YDP staff.

The core principles of the project, based on research in the fields of employment and child welfare are that a career of sustainable employment at a living wage in adulthood is the result of a series of developmental opportunities for children and youth that give them the chance to develop social connections, identify their strengths and interests, and develop the knowledge and skills to become real participants in the workforce of the future. Ideally, this work should begin in elementary school and continue up into young adulthood and invoice schools, parents and caregivers, and any other professional or supportive adult working with them. It is not about becoming a vocational counselor it is about learning what kids need and doing what we can personally to make that happen.

The results from this programming have been very promising, particularly in the ability to achieve full time, stable employment at a livable wage. In its final year, the grant will be promoting the sustainability of the project in Newport and training across networks of direct service staff serving adolescents beginning at the Working with Youth Conference at Killington on May 14-15, 2015.

Economic Services- Family Services is continuing to strengthen their partnership with Economic Services, especially those being served through their Reach-Up Program (TANF). Reach-Up helps families with children by providing cash assistance for basic needs and services that support work and self-sufficiency.

Effective on 2/1/2013, Economic Services promulgated a rule that allows families to continue to receive their Reach-Up benefits up to 180 days if their child who was a beneficiary came into custody in situations where the child would likely be reunified within that timeframe. The desired goal was to support families in maintaining their housing so they could focus on addressing the issues that resulted in the child coming into custody. In 2014, a total of 78 families were impacted by the 180 day rule. Of those 78 families, 65% (2/3) of the children were not reunified and 35% (1/3) were reunified with an average length of absence of 83 days.

In addition to the 180 day rule, social workers have been made aware of the following expectations regarding shared families between FSD and ESD. It has been reinforced that client information can be shared between the divisions and the initial flow of communication should be from FSD to ESD. In addition staff are expected to:

- actively work to identify which cases are open to both FSD and ESD, especially with regard to which families are on Reach-Up.
- know which Reach-Up families are in jeopardy of closing their Reach-Up case, as this could have a critical impact on our case plan goals.
- not close a case that they know Reach-Up is involved in without the Reach-Up case manager knowledge.

In addition, Central Office is coming together to examine practice regarding substance using families involved in multiple divisions, and plan to make recommendations regarding how we can collaborate most effectively. For example, Economic Services now has a substance use/mental health case manager

in every district. This is a great asset for vulnerable families, and another area Family Services wants to build stronger partnerships.

ADAP-Family Services is also working closely with ADAP (Alcohol and Drug Abuse Programs). As mentioned in Item 29, Family Service has allocated resources to fund screeners in 6 of the 12 districts. ADAP has shared the cost of the two initial screeners in Burlington and St. Albans district. Family Services continues to work closely with ADAP especially with the increase of substance abuse related child protection cases (refer to Item 29 for additional information under question 1, substance abuse screeners).

In addition, ADAP and the Child Welfare Training partnership have been providing training to Family Services staff as a result of new AHS policy to ensure that we identify AHS clients at risk of substance abuse in order to intervene early and coordinate services within AHS. This training is focused on substance abuse treatment and coordination and will required district directors to be actively coordinating with key stakeholders in their communities.

Child Development Division- Family Services is also working toward a stronger partnership with the Child Development Division (CDD). At the recent statewide *0-6 Conference* for Family Services staff and community partners, FSD and CDD did a joint presentation and discussed the need for stronger collaboration between the two divisions. The discussion highlighted how the divisions are working together to address the issue of child care and how that can often be the reason why a child needs to change placements because of the lack of available child care providers.

Family Services also continues to work strongly with Children's Integrated Services (CIS) which is under CDD which is a resource for pregnant or postpartum women and families with children from birth to age six. These services are provided to families statewide and FSD staff are required to make a CIS referral by policy to for all children under the age of 3 years who are victims of substantiated child abuse or neglect for an initial screening to determine if further assessment for early intervention services is necessary.

Headstart- Family Services continues to collaborate with Head Start/Early Head Start and continues to promote the MOU which was created in 2011. This MOU also includes Economic Services Reach Up and the Child Development Division and is designed to reinforce the commitment between the agencies to improve access and provide high quality services to children and families throughout Vermont.

Agency of Education- Family Services continues to focus on educational stability for children and youth in foster care. We continue to work closely with AOE under the 2009 MOU which allows children and youth to stay in their schools throughout the year in most situations. The VT-FUTRES 2 year Educational Stability Grant team which ended fall of 2014 has resulted in improvement of educational stability for all children and youth in custody. It has raised statewide awareness around educational stability and the overall issue of education for foster children and youth. Vermont will continue to address these issues in the coming year with the support of the Justice for Children's Task Force and the Agency of Education.

Vermont Health Department- Family Services district offices work closely with the Health Department partners in many capacities including connecting mothers to the WIC program, providing consultation when there are medical issues, reinforcing safe sleep with shared clients, collecting health information

and identifying the medical home for each child entering custody, and assisting new mothers obtaining breast pumps.

Vermont State Housing Authority- VSHA offers a Family Unification program which promotes family reunification by providing rental assistance to families that lack adequate housing is a primary factor in the separation, or threat of imminent separation, of children from their families. Family Services and Economic Services refer families to VSHA.

Human Trafficking- This is an area that continues to gain more attention statewide and within Family Services and other AHS Divisions. Currently there are a couple venues which this issue is being addressed:

1) State Level, Multidisciplinary Human Trafficking Steering Committee- This is co-chaired by the US Attorney's Office and the Attorney General's office. There are several subcommittees which include: Victim's Subcommittee, Education/Training Subcommittee, and the Law Enforcement subcommittee. Family Services has representation on each of these committees.

2) Internal DCF Family Services Human Trafficking Workgroup- this workgroup discusses the need for policy updates and training needs.

G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards Applied Equally

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds?

> Please provide relevant quantitative/qualitative data or information that show the state's standards are applied equally to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds.

State Response:

Family Services Residential and Special Investigations (RLSI) unit is comprised of 11 socials workers who are responsible for overseeing and licensing the following on an annual basis:

- 1000+ currently licensed foster homes
- 500+ foster home applications resulting in 250+ new licenses
- 40+ Residential Treatment Programs
- 12 Commissioner Designated Shelters
- 13 Child Placing Agencies (foster care and adoption)
- 1000+ screened ZDO intakes
- 200+ child safety interventions
- 150+ regulatory interventions

Unlike some states, Family Services will place children on an emergency basis in unlicensed relative homes with the expectation that the relative will become licensed. The local resource coordinator or primary social worker will meet with relatives initially so they can complete an application and sign releases for background checks prior to the child being placed. The local District Director signs off on these licensing requests prior to sending it off to RSLI unit. There are currently more than 200 children placed in unlicensed relative homes. Family Services does not claim IV-E for these placements however in the recent IV-E audit it showed there were errors where Family Services claimed IV-E for administrative costs. As part of the PIP, we plan to develop an internal protocol and document the review process annually to ensure that the rates in place are accurate.

Once an application is received by the RLSI unit, it is assigned to a licensing worker who will set up a time to go visit the home. Licensing supervisors review all application materials and will follow up with the workers if there are any questions or concerns to ensure that licensing standards are being applied equally throughout the state.

During 2014, 172 homes licensed and the average length of time to license a home was 147 of days. There are currently 221 licenses still pending with an average of 229 days from the application date. In addition, during 2014 6 licenses were denied and 2 licenses were revoke (our current database does not

track reasons for denials or revocations). Each foster home license is good for 3 years before needing to be renewed.

Below is a chart highlighting the number of years foster homes have been licensed for on the last day of the quarter of 2014.

Quarter 4: 10/01/14 -12/31/14

F5 **Years of Service of Foster Homes Active on the Last Day of the Quarter**

	Data	Years Open										Total Number	Total Percent
	Number					**Percent**							
DO	**<1**	**1-2**	**2-3**	**3-5**	**5+**	**<1**	**1-2**	**2-3**	**3-5**	**5+**			
A	36	39	35	25	32	22%	23%	21%	15%	19%		167	100%
B	42	31	22	15	32	30%	22%	15%	11%	23%		142	100%
H	23	19	15	9	15	28%	23%	19%	11%	19%		81	100%
J	18	17	11	13	19	23%	22%	14%	17%	24%		78	100%
L	15	7	20	10	20	21%	10%	28%	14%	28%		72	100%
M	26	25	13	22	48	19%	19%	10%	16%	36%		134	100%
N	12	8	13	10	23	18%	12%	20%	15%	35%		66	100%
R	20	22	20	19	44	16%	18%	16%	15%	35%		125	100%
S	5	21	18	14	21	6%	27%	23%	18%	27%		79	100%
T	21	11	7	8	23	30%	16%	10%	11%	33%		70	100%
V	7	10	7	4	24	13%	19%	13%	8%	46%		52	100%
Y	13	18	11	15	25	16%	22%	13%	18%	30%		82	100%
Grand Total	**238**	**228**	**192**	**164**	**326**	**21%**	**20%**	**17%**	**14%**	**28%**		**1148**	**100%**

Item 34: Requirements for Criminal Background Checks

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

> Please provide relevant quantitative/qualitative data or information that show the state is complying with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

State Response:

RLSI provides a comprehensive background check function that searches the following databases for information that may compromise a child's safety in a care setting: Vermont Crime Information Center, Family Services Master Index, Department of Motor Vehicles, Child Support, Adult Abuse Registry, Department of Corrections, Vermont Court Access System, and Child Development Division Bright Futures. They also complete various annual checks which include approximately: 400-500 foster care applications, 100-200 respite care applications, 125 child placing agency foster care applications, 1000 RCCF, CPA and Shelter Program staff checks, and 300 checks of prospective adoptive parents for licensed child placing/adoption agencies.

Each district has a resource coordinator who is the point person for any inquiries about becoming a foster home. The resource coordinator follows up and meets with the individual and provides them with an application. Once the completed application is given to the RLSI unit, they send a 'print packet' to the foster applicants instructing them where to get fingerprinted. Family Services contracts with Finger Printing Centers throughout the state (most of them are local sheriff offices), most of which have the electronic fingerprinting equipment.

As mentioned in Item 33, Family Services allows children to be placed in unlicensed relative homes with the expectation that they need to become fully licensed. Therefore relatives are required to get finger printed in order to become licensed. Unfortunately many relatives are reluctant to get fingerprinted which leave the licensing worker and local resource coordinator in a position to be following up until they eventually get fingerprinted. To address this issue, Family Service is currently drafting policy which will require the relative to get finger printed within 90 days of the child being placed in their home otherwise the child will get removed. In March 2015, the RLSI unit mailed out over 60 letters to relative homes with placements pending licensure due to lack of finger print directing them to get finger printed within 30 days or the child will be removed.

As outlined in Policy 222 (see Appendix 1), if any history of problematic behavior are revealed by these checks, they will be evaluated with regard to its impact on: the physical safety of children; the emotional

well-being of children; and appropriate role modeling. Among the factors considered are: the nature of the offense; how recent the offense; number or frequency of offenses; age of the offender at the time; attitude of the offender and the applicant or licensee towards the offense; and evidence of rehabilitation.

Non safety regulations most commonly waived including bedroom and space requirements, general housing conditions, chronic health conditions, number of children cared for generally to accommodate sibling groups, and we may support finding 'creative' ways to access trainings. Family Services is more likely to waive any of those regulations with a relative care provider verses a regular foster home. Our data base does not track these types of waivers.

Safety related regulations that must be upheld in all situations include significant criminal history, significant child abuse/neglect history, active/non-remission substance abuse, and fire and firearm safety.

Lastly, the Domestic and Sexual Violence Unit provides ongoing case consultation to members of the RLSI team on new and renewed foster parent license applications when there is a history or concern of domestic violence , documented Abuse Protection orders or when there are accepted reports for new child safety interventions in foster home, where the allegation is specific to domestic violence.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

> Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide.

State Response:

Over the last several years Family Services recruitment efforts have become more intentional statewide to ensure children and youth are being placed in the most appropriate setting if they aren't able to remain in the care of their parents/caregivers.

Identifying Kinship Placements: When a child/youth comes into custody social workers attempt to identify appropriate relatives or fictive kin who are willing to become licensed to provide care. We accomplish this is a variety of ways:
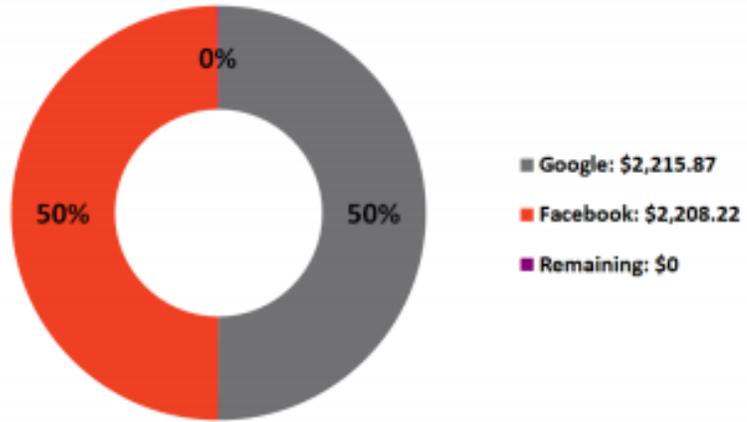- Identifying and involving kin during the investigation/assessment phase
- Identifying kin when the child/youth comes into custody
- Asking the child/youth about possible placements and exploring those names
- Utilizing our Child and Family Support workers to identify potential relatives (Family Finding)
- Contacting the child's school to inquire about possible placements
- Family Group Conferences

Below is Family Services kinship data from 2010 to 2014 that highlights our increased use of kinship homes:
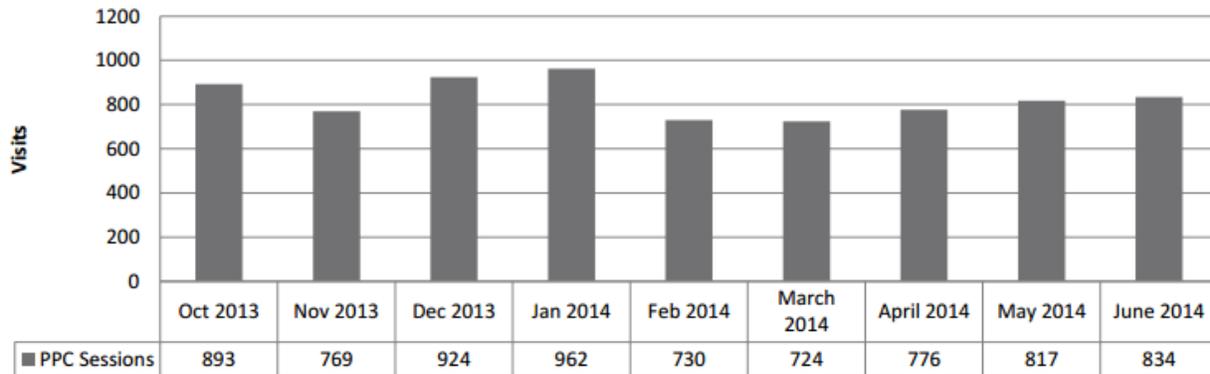
	FFY2010	FFY2011	FFY2012	FFY2013	FFY2014
Statewide	**12.9%**	**18.4%**	**19.8%**	**26.4%**	**35.6%**

Recruiting Foster Parents: In addition to kinship homes, Vermont's system of care relies heavily on individuals who are willing and able to become foster parents. District Resource Coordinators are responsible for leading district recruitment efforts. The Resources Coordinators meet for monthly recruitment meeting to discuss and share local and statewide recruitment strategies. Some of the reoccurring themes from these meetings has included identifying ways to utilize our brochures to assist with recruitment, utilizing newly training foster parents as ambassadors, creating PSAs for local radio and news stations, and sharing ideas on local recruitment events. Another strategy has included a social media campaign where resources were invested to increase public awareness about our need for foster care. Below is a chart outline the funds utilized to support this effort as well as a chart outlining the number of hits between October 2013 and June 2014.

2014 AHS Foster Care PPC Budget

0%

50%   50%

■ Google: $2,215.87
■ Facebook: $2,208.22
■ Remaining: $0

PPC Foster Care PPC Visits

	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Feb 2014	March 2014	April 2014	May 2014	June 2014
■ PPC Sessions	893	769	924	962	730	724	776	817	834

Throughout the campaign PPC visitors spent an average of almost 2 minutes on the Department of Children and Families website. **Google PPC visitors consistently spent the most amount of time on site spending almost 4 minutes;** this is greater than the site average of 3 minutes. **When on the DCF site the google visitors were engaged and visited 5-6 pages;** this is again greater than the site average of 2-3 pages. PPC has helped attract new visitors to the DCF website, 61% of all PPC visitors (4,622 of the 7,576 visitors) were new visitors.

Demographics: Children and youth should ideally be placed with caregivers of the same ethnic and racial background. As noted above, Family Services does intentional work around placing child/youth with relatives and fictive kin whenever possible verses stranger foster care. If we aren't able to identifying anyone who the child/youth has a connection with, then we need to explore our available foster homes and decide who is the best match. The two graphs below shows the demographics for children in custody as of December 31, 2014 and our licensed foster parents as of March 31, 2015.

As of December 31, 2014, our management report data shows that the vast majority of data elements are complete. This data includes information about 1,168 children in custody as of that date.

Element	% Complete	Data		
Gender	100%	647 Male	521 Female	
Date of Birth	100%	35.3% Ages 0-5	19.7% Ages 6-11	45.0% Ages 12+
Race	97.7% (Race) 95.7% (Ethnicity)	C = 93.8% A = .3% Bi-Racial = .3%	AA = 3.3% Unknown = 2.3%	Hispanic = 94.8% No .9% Yes 4.3% Unknown

Licensed foster parents by race & ethnicity

As of March 31, 2015

Licensed Homes = **1,068**

Licensed Foster Parents = **1,871**

	Hispanic?		
	Yes	**No**	**Unknown**
Caucasian	0.3%	71.5%	26.7%
African-American	0.0%	0.3%	0.0%
Asian	0.0%	0.3%	0.0%
Native American	0.0%	0.7%	0.0%
Pacific Islander	0.0%	0.0%	0.0%
Other	0.0%	0.1%	0.0%
Undetermined	0.0%	0.1%	0.0%

Child Profiles- In order to be more proactive for children who are waiting for a home, Family Services has also created protocols on how to write profiles for children and youth waiting for a foster or adoptive home. These guidelines outline things to consider when writing a profile so that the reader can get a good sense about the child and youth personality and unique interests and ideas of where to advertise the profiles (see Appendix 8). Family Services also uses the following online services to do child specific recruitment: The Heart Gallery, Adopt US kids, and Wendy's Wonderful Kids.

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

> Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide.

> Please include quantitative data that specify what percentage of all home studies received from another state to facilitate a permanent foster or adoptive care placement is completed within 60 days.

State Response:

Family Services strives to keep children and youth in their how communities so they can maintain important connections to the family, friends, and school. There are times however when we need to look are our placement resources outside the child's current jurisdiction into order to promote timely adoption or permanent placements. Family Services outline this in Policy 92 (see Appendix 1), Sharing Resource Families Cross-Jurisdictionally and states:

> The following procedures are in place for placements with licensed resource families across district lines:
> • The child's social worker or resource coordinator obtains permission from the host district's resource coordinator, supervisor or director before contacting the resource family.
> • The child's social worker sends a completed placement checklist, and a plan for crisis response to the host district's resource coordinator. If the placement was made in an emergency, the documents should be forwarded on the next business day.
> • The child's social worker or resource coordinator notifies the host district's resource coordinator when the child's placement ends.

Family Finding: Through the use of the Child and Family Support contract, we can utilize resources to assist with Family Finding efforts to locate possible relatives to assess if they are potential placement and permanent recourses for child in care.

Recruitment for Adoptive homes: Lund also recruits adoptive homes statewide and helps facilitate finding permanent homes for children in custody. They work with interested families by providing them with education materials about adoption to make sure they are fully informed, provide them with an application and conduct an initial interview, complete the home study process, once the home study and family profile is complete they are added to the 'waiting family' list. During 2014, Lund completed 11 home studies, placed 9 children into home studied families, and completed 6 adoptions for children that were in custody in home studied families.

ICPCs: In 2014 Family Services received over 40 requests for home study for either a parent, relative, relative foster care, foster care, and adoption. Of the total number of requests, 40 decisions were issued, one is still pending, and a few requests were withdrawn. The average time it took for Family Services to complete a home study was 3.75 months.

Likewise, Family Services submitted 68 requests for home studies during 2014. We received 57 decisions and the average length of time was 2.7 months. However 11 are still pending so if those were factored in the average length of time would currently be 3.22 months.