

**Vermont Department for Children and Families/Family Services Division  
Program Improvement Plan: 2016-2018**

**I. PIP General Information**

**CB Region: I State: Vermont**

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**State PIP Team Members**

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Stakeholders Workgroup	
CQI Steering Committee	
Rich DiMatteo	IT Manager
Family Services Management Team	

<b>Goal 1:</b> Design and implement a Continuous Quality Improvement Process to support improving outcomes for children, youth and families that will monitor the implementation of strategies intended to have a positive impact on outcomes.
<b>Strategy 1A:</b> <i>Refine the vision, mission, and structure of the CQI Steering committee to enhance CQI activity within the agency to better inform practice improvements.</i>
<b>Action Steps</b>
1. Operations will require districts to update their CQI plans every year, including analysis of selected key indicators and PIP-related items. After districts participate in PIP case reviews, the QA team will provide districts with their data which will inform their district CQI plan.
2. The District Office Staff will participate in bi-annual meeting with the Operations Manager, QA staff, and the CWTP to support the development and implementation of CQI/Implementation plans. These meetings will utilize district data and analysis of that data to inform development and adjustment of these plans.
3. The QA team will support the district ongoing with data requests and analysis of their data
4. The QA team will seek Technical Assistance to build capacity in analyzing qualitative and quantitative data.
5. The QA Team will be involved in reconciling data from various data streams.
6. The QA team will be involved in the integration of various data streams to make data accessible to both internal and external stakeholders that provides a comprehensive view of practice.
<b>Strategy 1B:</b> <i>Develop and implement a Qualitative Case Review System to collect and analyze quantitative and qualitative data on current performance and monitor the implementation of performance improvement strategies.</i>
<b>Action Steps</b>
1. See QCR outline. Solicit input from districts about the PIP case reviews to inform our plan for ongoing QCRs post-PIP.
2. Analyze data from the CFSR and the QCR to determine strengths and gaps practice.
3. Conduct manager, supervisor, and social worker focus groups to gather qualitative data to improve practice outcomes.
4. QA team will develop fidelity questions to include in upcoming QCRs to measure the success of implementation and to identify further support needs to improve the quality of practice changes.
<b>Strategy 1C:</b> <i>Design and implement training systems to support ongoing efforts in improving outcomes for children, youth, and families.</i>
<b>Action Steps</b>
1. Work with CWTP to identify and implement a method to track employees training records, including unmet requirements. Interim tracking will be by academy staff and supervisors on paper. In process of developing an online data base that will assist with tracking completed trainings attended and unmet training requirements.
2. Implement a new structure for initial staff training to ensure staff complete Foundations training before cases are assigned (pre-caseload). This training will include a pre and post test, 18 days of classes, online course work, and shadowing.
3. In partnership with the CWTP, continue identifying ways to embed strategies to train for specific competencies and ways to measures the effectiveness.
4. Support implementation of new practices by providing training, coaching, and identifying ongoing support needs to successfully implement the change in practice.
<b>Goal 2:</b> Ensure the safety for children and youth served by DCF.
<b>Strategy 2A:</b> <i>Utilize an evidenced based approach supported through coaching to assess risk and safety in our child safety interventions and our family support and conditional custody cases.</i>

<b>Action Steps</b>
<b>Continue work with Children's Research Center (CRC)</b> and internal workgroup (which began early spring 2015) to review and refine our practice around assessment of safety and risk, including the use of structured decision-making tools.
<b>Complete a risk calibration study to assist in determining appropriate tool:</b> CRC will conduct a Risk Calibration Study on approximately 4500 risk assessments provided to them in Nov 2015. This study will determine if items are properly weighted, and current "cut point" for risk levels are accurate.
With assistance from CRC and internal work group, analyze results of Risk Calibration study and qualitative data from the CFSR as it relates to safety to inform decisions about modifying the current tool, or adopt a different version.
Conduct mini field test.
Discuss feedback from the field test with CRC, and SDM workgroup, FSMT
<b>Manual:</b> Finalize Structured Decision-making (SDM) procedures manual, which will provide guidance to staff.
<b>Policy Revisions:</b> Review current policy for potential revisions.
<b>Implementation:</b> CRC and the Child Welfare Training Partnership (CWTP) will provide a two-day Coaching Institute to Coaching Cohort 2.
CRC and CWTP will provide a one-day Coaching Institute refresher to cohort 1
CRC will provide a three-day training on safety practice, including use of SDM tools, family safety planning throughout the life of a case to cohort 1.
CRC will provide a three-day training on safety practice, including use of SDM tools, family safety planning throughout the life of a case to cohort 2.
Case reading #1: the CRC will be on-site for 2 days to review cases and assessments and provide feedback in coaching sessions for cohort 1.
Case reading #2: the CRC will be on-site for 2 days to review cases and assessments and provide feedback in coaching sessions for cohort 2.
Monthly TA coaching calls with CRC which are designed to provide ongoing support for practice improvements for cohorts 1 and 2.
Ensure CSIs are being commenced timely as part of the ongoing safety practices
Ensure language capturing safety & risk will be part of new case plan revisions
Require DO to develop an implementation plan (See Goal 1 Strategy 1A, Step 4)
<b>Goal 3:</b> Strengthen our engagement with children, youth, and families to help achieve safety, permanency, and well-being.
<b>Strategy 3A:</b> <i>Engage Children Youth and families in case planning</i>
<b>Action Steps</b>
1. Utilize the data gathered from Goal 1 Strategy 1B Action Steps 2 & 3 about practices around case planning and engaging children, youth, and parents in case plans to revise current practice guidelines on case planning that reflect Agency best practices and fill identified gaps.

2. Draft policy to provide clear expectations specific to engaging children/youth and parents in the case planning process. This includes outlining what is needed to ensure contacts are high quality and documentation contains pertinent information. Policy will outline expectations related to 1) ongoing assessment of needs and services of children/youth and parents needed to achieve case plan goals, and 2) the identification and efforts to maintain connections for children/youth in out-of-home placements including contact with other siblings in out-of-home placement.
3. Continued focus on the implementation of policy 250: <i>Staff Safety</i> , the new staff safety training curriculum, and the role of new central office Staff Safety Coordinator position. The goal is to provide staff with guidance and support around what to do when a threat has been made and how to handle ongoing engagement that doesn't compromise worker safety.
4. Revise current case plans to create a user-friendly format for families and staff. The goal is to create one case plan for all case types, and provide addendums for specific case types to capture additional case information.
5. Solicit feedback from staff and stakeholders on revised case plan format
6. Train staff on new practice guidelines for Case Planning practice and the use of the new case plan format.
7. Have District offices create quality case planning practice implementation strategies (See Goal 1 Strategy 1A, Step 4)
8. Adjustments to implementation will be made based on an analysis of the fidelity information gathered by the QCRs
<b>Strategy 3B:</b> <i>Strengthen home visit practices for children/youth/parents in order to increase effectiveness of informal needs assessment and safety/risk assessment.</i>
<b>Action Steps</b>
1. Utilize the data gathered from Goal 1 Strategy 1B Action Steps 2 & 3 about home visiting practices to revise current practice guidelines on quality home visits that include the informal assessment of needs, and safety and risk, and that reflect Agency best practices and fill identified gaps.
2. Ensure language capturing home visit practices will be part of new case plan revisions (See Goal 3, Strategy 3A-Step 4)
3. Train staff and implement new case planning practices (See Goal 1 Strategy 1C Step 4)
4. Train staff on new practice guidelines for Case Planning practice and the use of the new case plan format.
5. Adjustments to implementation will be made based on an analysis of the fidelity information gathered by the QCRs
<b>Strategy 3C:</b> <i>Provide consistent quality practice for Conditional Custody cases.</i>
<b>Action Steps</b>
<b>Proposed change to statute:</b> Provide testimony as requested during the 2016 legislative session on proposed changes to statute governing Conditional Custody Orders (CCO) practice.
<b>Collaboration with court:</b> Meet with court partners, including Court Improvement Project, to clarify expectations of DCF and the courts in conditional custody order cases
<b>Policy for CCO with kin/fictive kin:</b> Reconvene the CCO workgroup to review and finalize draft of policy related to CCOs with kin/fictive-kin.
Solicit feedback from staff and partners on draft policy.

CCO workgroup reviews feedback and propose final draft to Family Services Management Team.
Finalize and implement policy, utilizing Go to Meeting format to ensure consistency of training.
<b>Policy for CCO with parents.</b> CCO workgroup to develop draft policy related to CCOs with the removal parent/legal guardian and the non-removal parent.
Solicit feedback from staff and partners on draft policy.
CCO workgroup reviews feedback and propose final draft to Family Services Management Team.
Finalize and implement policy, utilizing Go to Meeting format to ensure consistency of training.
Develop Case Plan addendum to ensure focus on CCO policy/practices (See Goal 3 Strategy 3A Step 3)
Train staff and implement new CCO policy/practices (See Goal 1 Strategy 1C Step 4)
Adjustments to implementation will be made based on an analysis of the fidelity information gathered by the QCRs
<b>Strategy 3D:</b> <i>Provide consistent quality practice for transitioning youth</i>
<b>Action Steps</b>
Review statewide and district level Youth Development data on a quarterly basis to ensure referrals are being made to local Youth Development Coordinators for all youth over 15.
<b>Goal 4:</b> Provide children and youth in custody with safety and ultimately timely permanency
<b>Strategy 4A:</b> <i>Utilize an evidence based approach supported through coaching to enhance decision-making related to reunification.</i>
<b>Action Steps</b>
<b>Collaboration with CRC:</b> CRC to facilitate a one-day workgroup meeting to determine appropriate tool to support the assessment of safety and risk to inform reunification decision-making and practice. The tool will include a domain which measures frequency and quality of visitation between parent and child.
With CRC, determine what validation study and/or changes to tool is indicated (if any).
Work with CRC to make edits to existing tool. Review and approve recommended changes.
Finalize assessment
Manual: revise SDM manual to include guidance on use of Reunification Tool.
Conduct mini field test of new reunification assessment.
Discuss feedback from field test
Review and revise policy to incorporate the use of the reunification tool.
Incorporate policy feedback and have FSMT review final draft.
Train staff and implement new reunification practices (See Goal 1 Strategy 1C Step 4)
<b>Training/Support:</b> During early implementation, hold monthly TA/ coaching calls to ask to clarify and assist with implementation issues.

Case reading #1: the CRC will be on-site for 2 days to review cases and assessments and provide feedback in coaching sessions.
CO and districts will support and monitor implementation through coaching, training, district CQI plans, results of case reviews
<b>Strategy 4B:</b> <i>Decrease length of time from TPR filing to TPR hearing</i>
<b>Action Steps</b>
Collaborate with court around implementation of a new regional venue for TPRs which will likely involve 3-4 courts. Cases will be referred to the regional venue in situations where the current court is unable to schedule a date for TPR.
<b>Goal 5:</b> Ensure children and youth in care experience stability in their placements and thoughtful intentional moves when a change in placement is in their best interest
<b>Strategy 5A:</b> <i>Identify and review relevant and accessible data that will inform policy and practice related to placement decision making.</i>
<b>Action Steps</b>
As the Placement Stability Project (PSP) continues to rollout throughout the districts, review data as it becomes available on a biannual basis to help inform practice around assessing needs and services for children/youth entering care as well as services and supports for foster parents to meet the child's needs.
Review available Kinship placement data in relation to placement stability on a biannual basis (example: Are earlier placements more stable? Do younger children have better placement stability?)
Utilize data from the case reviews, PSP, kinship and CCO analysis to have practice discussions on a biannual basis. These discussions will help us determine if we are on target with our strategies to improve placement stability with our children and youth.
<b>Strategy 5B:</b> <i>Ensure children and youth in custody are in placement settings that best support their safety, permanency, and well-being.</i>
<b>Action Steps</b>
<b>Statewide Caregiver Assessment:</b> Review various tools now in use for assessing kin; make recommendations for a single assessment tool to be used consistently statewide to assess all care providers (not just kin).
Solicit input from staff and stakeholders on draft caregiver assessment tool; incorporate feedback into final recommendation to FSMT.
Incorporate stakeholder feedback and proposed final draft to FSMT. Issue final policy.
Review current written practice guidance to identify needed revisions to reflect new expectations regarding caregiver assessment tool.
Review <i>Placement Checklist</i> form and associated policies and make recommendations to 1) ensure SWs provide caregivers with pertinent information about a child/youth and their needs prior to placement, and 2) identify what the foster parent needs in order to support a child's placement.
Train staff and implement new caregiver assessment practices (See Goal 1 Strategy 1C Step 4)
<b>FH Recruitment and Retention Plan:</b> The Vermont Certified Public Managers (VCPM) will research foster care recruitment and retention strategies in other states and provide a report on effective strategies to inform the development of a statewide recruitment plan

<p>Work with VCPM group to design and conduct focus groups with the Vermont Foster and Adoptive Parent Association and the local foster care association in Barre to solicit their input on the current structure and operation of the foster care system, including areas needing improvement. Feedback will be incorporated in their final report.</p>
<p>Work with VCPM to design and implement a survey with resource coordinators soliciting their input on areas including: how their time is used, what community partners they work with, feedback on current strengths and challenges of our foster care system, etc. Feedback will be incorporated in final report.</p>
<p>Compile an inventory of current district strategies and recruitment events to develop a statewide annual recruitment calendar which will be incorporated into the statewide recruitment portion of the plan.</p>
<p>Review current data related to the ethnicity of our foster child population and foster parent population to help inform recruitment strategies.</p>
<p>Evaluate existing resources (within division and contract providers) and identify possibilities ways we can build more capacity for statewide recruitment and strategies to promote retention.</p>
<p>Convene workgroup to review the VCPM report, the inventory of current recruitment strategies, data related to the ethnicity of our foster child population and foster parents, and assessment of existing resources which will also include potential retention efforts. Based on this information, draft a statewide foster home recruitment and retention plan.</p>
<p>FSMT to review draft recruitment plan and provide feedback and identify next steps for implementation.</p>
<p><b>District and CO CQI processes on foster home recruitment and retention:</b> To ensure the finalized recruitment and retention plan is being implemented into district and central office operations, the format of CQI plans will be revised to capture the strategies and monitor progress. See strategy 1A for more details about the district CQI plans.</p>
<p><b>Strategy 5C:</b> <i>Develop a comprehensive System of Care that supports the reduction of children in residential treatment.</i></p>
<p><b>Action Steps</b></p>
<p><b>System of Care:</b> An advisory group was created with members from the Family Services Division and other departments (Mental Health, Integrated Family Services, Commissioner's Office) with the support of Casey Family Programs to decrease use of residential care. This includes a focus on a set of comprehensive services to support children, youth and their families in their own communities.</p>
<p>The advisory group will conduct a focus group with social workers and one with Department of Mental Health care managers to collect input on what they believe are the drivers for the high rates of residential care and the services needed to support children/youth and families in their community.</p>
<p>The advisory group meets monthly with VCORP to engage them in conversations around residential treatment reform.</p>
<p>The advisory group will review data in addition to the information collected by stakeholders to create recommendations, identify and refine next steps to address gaps in our System of Care.</p>