



DEPARTMENT FOR CHILDREN AND FAMILIES  
AGENCY OF HUMAN SERVICES

## **Family Services Division 2005 District Review Annual Report**

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## **I. Executive Summary**

The district review process is a results-based review system designed to assist the Family Services Division in improving outcomes for children and families who are involved in the State's child welfare and juvenile justice system. It was developed and implemented in 2003 and all twelve districts have completed the review process.

The district review process involves three major components: a district self-assessment which involves community feedback and input on local practice issues and outcome performance; an onsite review of ten cases, interviews and focus groups; and the development of a district plan to address areas identified in the review as needing improvement.

This report presents key findings from the twelve reviews completed between April 2003 and November 2005. It shows ratings for individual indicators and systemic factors and common challenges faced by districts in striving to achieve improved outcomes.

The review process evaluates performance on indicators in the outcome areas of safety, permanency, well-being and law abidance as well as systemic factors related to child welfare operations. While performance on individual ratings vary (and can be found in the report) performance on the general outcomes are as follows:

- 90% of the safety indicators were rated as a strength
- 81% of the permanency indicators were rated as a strength
- 81% of the well-being indicators were rated as a strength
- 64% of the law abidance indicators were rated as a strength

Systemic factors are aspects of the division operations that are relevant to achieving the desired outcomes for children and families. District performance on systemic factors is as follows.

- Information Systems: 10 of 11 districts (91%) received either a strength or adequate rating on indicators in this area.
- Investigations: 5 of 5 districts (100%) received either a strength or adequate rating on indicators in this area.
- Case Review: 6 of 12 districts (50%) received either a strength or adequate rating on indicators in this area.
- Quality Assurance: 11 of 12 districts (92%) received either a strength or adequate rating on indicators in this area.
- Staff development: 10 of 12 districts (83%) received either a strength or adequate rating on indicators in this area.
- Resource Development, Support and Retention: 11 of 12 districts (92%) received either a strength or adequate rating on indicators in this area.
- Collaboration on Service Array: 12 of 12 districts (100%) received either a strength or adequate rating on indicators in this area.

## **II. Introduction**

### **Child and Family Services Review Process**

In May 2001 the Administration for Children, Youth and Families (ACF) conducted Vermont's first Child and Families Services Review (CSFR). The CSFR process took place over about a nine-month period. The process includes a Statewide Assessment, a data analysis, an onsite case review, individual interviews and focus groups.

All the information gathered in the above steps is consolidated into a final report. Because the review process is intended to encourage states to improve their systems, the review and its standards are structured in such a way that all states reviewed were required to address results by developing a program improvement plan (PIP).

On July 3, 2001 we received the final and official report from the ACF. The final results were generally good and included strengths in child safety outcomes while confirming the need for improvement in permanency and well-being outcomes as well as two systemic factors, one of which was quality assurance. Goal 1 of Vermont's PIP supported the design and implementation of a Quality Assurance System by March 2003.

Our program improvement phase was from April 2002 to April 2004 and we successfully closed our PIP without penalties on July 13, 2004 during a visit from our regional representatives. A successful close out requires that all goals are met and all activities are completed. VT was the first state to experience a successful PIP close out.

### **Quality Assurance**

Vermont had not had a formal statewide quality assurance system since 1996 when the Case Review Unit was eliminated due to statewide mandatory position cuts. The Child and Family Services Review found that the districts were developing their own methods to monitor their quality of practices and services in their areas.

In addition, during the review stakeholders recognized the need to develop a uniform statewide quality assurance system that would include the review of a random sample of cases and would produce qualitative and quantitative data that could be used to assist the management decision-making process.

Involvement by a wide range of staff and stakeholders was needed in order to design an effective process that monitors performance and supports quality. The quality assurance coordinator formed a steering committee, the Quality Assurance Advisory Committee (QAAC) to guide the system design and develop the process for district reviews.

Various stakeholder and consumer groups provided input and/or reviewed the design. These groups include: Vermont Coalition of Residential Programs (VCORP), Vermont Foster/Adoptive Family Association (VFAFA), Statewide Consumer Advisory Board (ALLCAB), and youth at the 2002 Youth Conference.

The quality assurance system has several components but the focus of the first two years was on the district review process.

The district review process mirrors the Federal Child and Family Services Review conducted by the ACF. This process focuses on outcomes, involves stakeholders and requires districts to develop plans for continuous improvements in outcomes for children and families

### **III. District Review Process**

District reviews are an important tool that enable the Division to accomplish the following: (1) ensure conformity with Federal and State child welfare requirements; (2) determine what is actually happening to children and families as they are engaged in child welfare services; (3) identify strengths; and (4) assist districts and communities to enhance their capacity to help children and families achieve positive outcomes in the areas of safety, permanency and well-being.

Each district review is a two-stage process that consists of a district self-assessment and an onsite review of Division outcomes and systemic factors. The entire process takes 28-36 weeks. The district self-assessment provides districts with the opportunity to examine data relating to their practice and programs and to consider the data in light of the programmatic goals and outcomes for the children and families they serve. The self-assessment process leads to identification of areas where the district is performing well and those areas that need further examination through community discussion and the onsite review.

After the district self-assessment phase, a review team consisting of Family Services staff from other districts and community representatives conduct the onsite review. The onsite review is an examination of ten cases and interviews with key participants in each case. This portion of the review is primarily designed to gather qualitative information to evaluate services and outcome achievement. Eight focus groups are conducted during the on-site review with various community and stakeholders groups to gather additional qualitative information regarding services provided and systemic factors.

Eleven district reviews were conducted in the manner described above. However, because the Burlington District Office (BDO) is the largest district office in the state, the review process was adjusted to allow for the review of an increased number of cases. The case review focus was directed towards the four federal outcome domains of safety, re-entry, placement stability, and timely permanence. The BDO review did not use the same set of indicators and systemic factors used for the other eleven districts, and did not include individual interviews or focus groups. (see attachment B)

Following the on-site review, each district is required to develop a district plan addressing areas identified as needing improvement as well as other issues. This plan is in effect for two years until the next district review. District Directors submit reports on a quarterly basis.

## District Review Schedule

| District      | Onsite Review Dates   |
|---------------|-----------------------|
| Springfield   | May 5-8, 2003         |
| Newport       | August 11-14, 2003    |
| Hartford      | September 15-18, 2003 |
| Morrisville   | November 3-6, 2003    |
| Barre         | January 26-29, 2004   |
| Brattleboro   | March 15-18, 2004     |
| St. Albans    | May 17-20, 2004       |
| Burlington    | Summer 2004           |
| Middlebury    | January 24-27, 2005   |
| St. Johnsbury | May 16-19, 2005       |
| Rutland       | September 19-22, 2005 |
| Bennington    | November 7-10, 2005   |

## District Review Indicators and Systemic Factors

The onsite review component of the district review process includes the examination of a sample of cases for outcome achievement and interviews with key participants in the cases to evaluate services delivered. Focus groups are conducted to gather feedback on services and systemic factors. The onsite review is designed primarily to gather qualitative information.

The indicators evaluated and rated in district reviews are related to safety, permanency, well-being and law abidance (see attachment A.). After the first seven reviews, a committee reviewed the indicators and systemic factors and made recommendations for changes. These changes were adopted in the fall of 2004 and were used for the last four reviews. (see attachment C)

- Safety indicators help to evaluate timeliness of investigations, actions taken by the DCF to keep children safe and safety from repeat maltreatment.
- Permanency indicators help us to understand placement decisions, family contact, and timely permanency issues.
- Well being indicators are a reflection of the services provided to children and families to help them achieve the case plan goals as well as involvement in case planning and community collaboration.
- Law abidance indicators relate to delinquency cases and help us understand what helps youth to remain free from further delinquencies and adult crimes.

Systemic factors include information systems, investigations, the case review process, quality assurance, staff development, resource development, support and retention, and collaboration on service array.

**Number of Cases Reviewed** (\*Does not include BDO)

|  |            |
|--|------------|
| Child Abuse/Neglect Out-of-Home Custody Cases (CC) | 68         |
| Probation in Custody (DC)                          | 25         |
| CHINS C Custody Cases (UC)                         | 10         |
| In-Home Non-Custody Cases (CF)                     | 5          |
| Probation no Custody (DP) <sup>1</sup>             | 2          |
| <b>Total</b>                                       | <b>110</b> |

#### **IV. District Review Results**

**Safety Indicators:**

Safety indicators help to evaluate issues related to intake and the investigation of cases. During the first eight on-site district reviews, five safety indicators were used to look at substantiated investigations that took place during the period under review for the 10 selected cases. However, during the YDO district review, we found no substantiated investigations in the 10 selected cases. Therefore, all of YDO's safety indicators were rated not applicable.

Due to the lack of investigations during the YDO review, we determined that the district review process did not allow for an in-depth analysis of intakes and investigations. Therefore, we revised the method of reviewing this area of our work. The new process involves rating nine safety indicators on 10 reports that were not accepted and 10 reports that were accepted for investigation.

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<sup>1</sup> After the first review in Springfield we excluded non-custody probation cases from the sample.

| <b>Safety Ratings for All Applicable Cases</b>                   |                |                 |                                 |              |
|--|----------------|-----------------|---------------------------------|--------------|
| <b>Indicator</b>   |                | <b>Strength</b> | <b>Area Needing Improvement</b> | <b>Total</b> |
| Safety Assessment completed.                                     | Number         | 42              | 0                               | 42           |
|  | Percent        | 100%            |                                 | 100%         |
| Risk Assessment completed.                                       | Number         | 25              | 0                               | 25           |
|  | Percent        | 100%            |                                 | 100%         |
| Services identified in plans were delivered.                     | Number         | 5               | 0                               | 5            |
|  | Percent        | 100%            |                                 |              |
| Plans address safety issues identified in the Safety Assessment. | Number         | 5               | 0                               | 5            |
|  | Percent        | 100%            |                                 | 100%         |
| Safe from repeat maltreatment.                                   | Number         | 59              | 2                               | 61           |
|  | Percent        | 97%             | 3%                              | 100%         |
| Appropriate safety action taken.                                 | Number         | 34              | 1                               | 35           |
|  | Percent        | 97%             | 3%                              | 100%         |
| Risk assessment informs decisions                                | Number         | 28              | 1                               | 29           |
|  | Percent        | 97%             | 3%                              | 100%         |
| Investigations accepted appropriately.                           | Number         | 69              | 3                               | 72           |
|  | Percent        | 96%             | 4%                              | 100%         |
| Appropriate referrals were made for all cases.                   | Number         | 54              | 4                               | 58           |
|  | Percent        | 93%             | 7%                              | 100%         |
| Intakes reviewed in a timely manner.                             | Number         | 65              | 7                               | 72           |
|  | Percent        | 90%             | 10%                             | 100%         |
| Substantiation decision was appropriate.                         | Number         | 35              | 7                               | 42           |
|  | Percent        | 83%             | 17%                             | 100%         |
| Delivery of services was documented in case notes.               | Number         | 4               | 1                               | 5            |
|  | Percent        | 80%             | 20%                             | 100%         |
| Investigations commenced in 72 hrs                               | Number         | 49              | 16                              | 65           |
|  | Percent        | 75%             | 25%                             | 100%         |
| Investigations commenced within response criteria.               | Number         | 30              | 12                              | 42           |
|  | Percent        | 71%             | 29%                             | 100%         |
| Investigations completed in 30 days                              | Number         | 16              | 7                               | 23           |
|  | Percent        | 70%             | 30%                             | 100%         |
| <b>Total Number</b>  | <b>Number</b>  | <b>520</b>      | <b>61</b>                       | <b>581</b>   |
| <b>Total Percent</b>   | <b>Percent</b> | <b>90%</b>      | <b>10%</b>                      | <b>100%</b>  |

## Safety Analysis

Family Services Policy and VT Statute guide our practice in the safety area. While there have been some successes, there is also room for improvement in this area. The analysis below addresses the two strongest and two weakest performance indicators of those indicators that were rated on forty or more cases.

The two indicators rating the completion of risk and safety assessments were not considered in this analysis because our automated Structured Decision Making (SDM) system ensures that these assessments are completed for all cases. Also, the indicators of safety from repeat maltreatment and the commencement of investigations were not considered in this analysis because they were rated as indicators in the first seven reviews and as systemic factors for the last five reviews. When viewed as systemic factors, the ratings were based on four quarters of global data rather than the being based on the limited number of cases reviewed during the on-site review. Since the systemic factor rating is based on more cases, it supercedes the indicator rating and will be addressed in the systemic factor section of this report.

**Two Strongest Safety Performance Indicators:**

- In 69 of 72 cases (96%), investigations were accepted appropriately.

| Actions That Supported Appropriate Acceptance Decisions   |
|---|
| <ul style="list-style-type: none"> <li>• Routinely sought out additional information when necessary to support acceptance decision</li> <li>• Department of Corrections database was routinely checked as part of the intake screening process</li> </ul> |

- In 54 of 58 cases (93%), appropriate referrals were made.

| Actions That Supported Appropriate Referrals   |
|--|
| <ul style="list-style-type: none"> <li>• Referrals were clearly documented</li> <li>• Referrals were substantive in that specific services or resources were provided to the family</li> </ul> |

**Two Weakest Safety Performance Indicators:**

- 12 of 42 (29%) were not commenced within the SDM response criteria.

| Reasons Investigations Were Not Commenced Within Response Criteria  |
|---|
| <ul style="list-style-type: none"> <li>• Family cancelled interview</li> <li>• Worker confusion about when timeline begins</li> </ul> |

- 7 of 42 (17%) of substantiation decisions were not appropriate.

| Reasons Why Substantiation Decisions Were Not Appropriate  |
|--|
| <ul style="list-style-type: none"> <li>• Insufficient information collected to make an informed decision</li> <li>• Investigation was incomplete when it was closed</li> <li>• Integrity of the interview with the alleged victim was compromised</li> </ul> |

### Permanency Indicators:

Permanency indicators help us to understand placement decisions, family contact, and timely permanency issues.

| Permanency Ratings for All Applicable Cases                                |                |            |                          |             |
|--|----------------|------------|--------------------------|-------------|
| Indicator  |                | Strength   | Area Needing Improvement | Total       |
| Cross-jurisdictional placements  | Number         | 3          | 0                        | 3           |
|  | Percent        | 100%       | 0%                       | 100%        |
| Case reviews occur according to policy                                     | Number         | 56         | 1                        | 57          |
|  | Percent        | 98%        | 2%                       | 100%        |
| Siblings are placed together when appropriate                              | Number         | 44         | 4                        | 48          |
|  |                | 92%        | 8%                       | 100%        |
| Family visiting is occurring   | Number         | 88         | 17                       | 105         |
|  | Percent        | 84%        | 16%                      | 100%        |
| Placement is appropriate to meet the child's needs.                        | Number         | 52         | 10                       | 62          |
|  | Percent        | 84%        | 16%                      | 100%        |
| Appropriate services in place for children & families                      | Number         | 180        | 40                       | 220         |
|  | Percent        | 82%        | 18%                      | 100%        |
| The permanency goal is appropriate to the child's needs and circumstances. | Number         | 39         | 9                        | 48          |
|  | Percent        | 81%        | 19%                      | 100%        |
| Timely permanency planning   | Number         | 84         | 31                       | 115         |
|  | Percent        | 73%        | 27%                      | 100%        |
| Children are placed with kin, when appropriate                             | Number         | 28         | 18                       | 46          |
|  | Percent        | 61%        | 39%                      | 100%        |
| Appropriate services are put into place and utilized at discharge.         | Number         | 2          | 2                        | 4           |
|  | Percent        | 50%        | 50%                      | 100%        |
| The rationale for discharge was in the child's best interest.              | Number         | 1          | 5                        | 6           |
|  | Percent        | 17%        | 83%                      | 100%        |
| <b>Total Number</b>  | <b>Number</b>  | <b>577</b> | <b>137</b>               | <b>714</b>  |
| <b>Total Percent</b>   | <b>Percent</b> | <b>81%</b> | <b>19%</b>               | <b>100%</b> |

### Permanency Analysis

The Federal Adoption and Safe Families Act (ASFA) and Family Services Policy guide our practice in the Permanency area. While there have been some successes, there is also room for improvement in this area. The analysis below addresses the three<sup>2</sup> strongest and three weakest performance indicators of the indicators that were rated on forty or more cases. The indicator rating the occurrence of case plan reviews according to policy was not considered because the scheduling of case plan reviews is automated.

<sup>2</sup> Three indicators analyzed because two strengths were tied at 84%.

**Three Strongest Permanency Performance Indicators:**

- In 44 of 48 cases (92%), children were placed with siblings when appropriate.

| Ways in Which Children Were Placed with Siblings, When Appropriate  |
|---|
| <ul style="list-style-type: none"><li>• Teamwork between resource coordinator and social worker</li><li>• Siblings entering custody at different times were placed in the same home</li></ul> |

- In 88 of 105 cases (84%), appropriate connections were maintained between children in foster care and their families.

| Ways in Which Appropriate Connections Were Maintained  |
|--|
| <ul style="list-style-type: none"><li>• Case plans contained visitation plans that were driven by the needs of the children and adjusted as necessary</li><li>• Transition plans were developed and implemented when reunification was the goal</li><li>• Foster families were an important resource in organizing, transporting, and supervising visits</li></ul> |

- In 52 of 62 cases (84%), the placement was appropriate to meet the child’s needs.

| Strengths Regarding Appropriate Placements  |
|---|
| <ul style="list-style-type: none"><li>• Some foster families were familiar with the child before s/he came into their care</li><li>• Assessment of needs upon entry to custody leads to more informed and appropriate placement decisions</li><li>• Residential placements ensured that assessments were completed in a timely manner &amp; resulted in informed case planning.</li></ul> |

**Three Weakest Permanency Performance Indicators:**

- In 9 of 48 cases (19%), the permanency goal was not appropriate to the child’s needs and circumstances.

| Concerns Regarding Appropriateness of Permanency Goals   |
|--|
| <ul style="list-style-type: none"><li>• Abrupt changes in permanency goals</li><li>• Lack of plans for youth past age 18</li><li>• The use of long term foster care for young children</li><li>• Permanency goals other than independent living may not be thoroughly explored for older youth</li></ul> |

- In 31 of 115 cases (27%), permanency planning was not timely.

| Concerns Regarding Timeliness of Permanency Goals   |
|---|
| <ul style="list-style-type: none"> <li>• Goal of reunification maintained for too long</li> <li>• Termination of Parental Rights not filed in a timely manner</li> <li>• Court intervention delayed attainment of permanency goals</li> </ul> |

- In 18 of 46 cases (39%), children were not placed with kin, when appropriate.

| Common Concerns Regarding Kinship Placements  |
|---|
| <ul style="list-style-type: none"> <li>• Staff resistance to fully researching and engaging kin</li> <li>• Staff not fully exploring both maternal and paternal kin as potential placements</li> <li>• Lack of documentation of kinship searches</li> </ul> |

**Well-being Indicators:**

Well being indicators are a reflection of the services provided to children and families to help them achieve the case plan goals as well as involvement in case planning and community collaboration.

| Well-being Ratings for All Applicable Cases              |                |            |                          |             |
|--|----------------|------------|--------------------------|-------------|
| Indicator  |                | Strength   | Area Needing Improvement | Total       |
| Mental health needs appropriately addressed              | Number         | 102        | 7                        | 109         |
|  | Percent        | 94%        | 6%                       | 100%        |
| Children are engaged in positive activities              | Number         | 99         | 8                        | 107         |
|  | Percent        | 93%        | 7%                       | 100%        |
| Educational needs appropriately addressed                | Number         | 102        | 11                       | 113         |
|  | Percent        | 90%        | 10%                      | 100%        |
| Medical needs appropriately addressed                    | Number         | 103        | 12                       | 115         |
|  | Percent        | 90%        | 10%                      | 100%        |
| Youth are employed                                       | Number         | 18         | 3                        | 21          |
|  | Percent        | 86%        | 14%                      | 100%        |
| Collaboration with family and community                  | Number         | 59         | 11                       | 70          |
|  | Percent        | 84%        | 16%                      | 100%        |
| Children, families, caregivers involved in case planning | Number         | 174        | 83                       | 257         |
|  | Percent        | 68%        | 32%                      | 100%        |
| Substance abuse needs appropriately addressed            | Number         | 26         | 15                       | 41          |
|  | Percent        | 63%        | 37%                      | 100%        |
| Treatment teams are formed and utilized.                 | Number         | 11         | 8                        | 19          |
|  | Percent        | 58%        | 42%                      | 100%        |
| SW contact consistent with contact guidelines            | Number         | 9          | 10                       | 19          |
|  | Percent        | 47%        | 53%                      | 100%        |
| <b>Total Number</b>                                      | <b>Number</b>  | <b>703</b> | <b>168</b>               | <b>871</b>  |
| <b>Total Percent</b>                                     | <b>Percent</b> | <b>81%</b> | <b>19%</b>               | <b>100%</b> |

## Well-being Analysis

Family Services Policy and best practice guide our work in determining how best to promote the well being of children and families. While there is always more work to do, the results show that staff and communities are working collaboratively to meet the needs of our clients. The analysis below includes the two strongest and two weakest rated performance indicators on those indicators rated on forty cases or more.

### Two Strongest Well-Being Performance Indicators:

- In 102 of 109 cases (94%) of the cases, the mental health needs of children were appropriately addressed.

| Ways in Which the Mental Health Needs of Children Were Addressed   |
|--|
| <ul style="list-style-type: none"><li>• Good, clear documentation in case plans and files regarding evaluations and treatment</li><li>• When treatment teams existed, they were essential in identifying needs and securing services</li><li>• Good collaboration and coordination of services with community partners to meet the needs of children</li></ul> |

- In 99 of 117 cases (93%), children and youth were involved in positive activities.

| Positive Activities for Youth   |
|---|
| <ul style="list-style-type: none"><li>• Case plans showed teams identifying strengths and interests and encouraging participation in a wide variety of activities</li><li>• Foster parents played an important role in supporting children to participate in positive activities.</li></ul> |

### Two Weakest Well-Being Performance Indicators:

- In 83 of 257 cases (32%), children, families and caregivers were not involved in case planning.

| Common Reasons Why Children, Families and Caregivers Were Not Involved in Case Planning   |
|---|
| <ul style="list-style-type: none"><li>• Workers complete plans in isolation</li><li>• Lack of treatment teams</li><li>• Lack of case planning when treatment teams are conducted</li><li>• Inability to engage families</li><li>• Non-custodial and/or out-of-state parents not contacted or invited to participate in the planning process</li></ul> |

- In 15 of 41 cases (37%), the substance abuse needs of children were not being appropriately addressed.

| Common Reasons Why Substance Abuse Needs Were Not Met  |
|--|
| <ul style="list-style-type: none"> <li>• Inability to mandate substance abuse services</li> <li>• Lack of early identification of need</li> <li>• Lack of attention to substance use until a crisis arises</li> <li>• Waiting lists</li> <li>• Lack of inpatient treatment options</li> <li>• Lack of intensive outpatient treatment options</li> <li>• Lack of aftercare programs; return to environment in which the substance abuse occurred</li> </ul> |

### Law Abidance Indicators:

Law abidance indicators relate to delinquency cases and help us understand what helps youth to remain free from further delinquencies and adult crimes.

| Law Abidance Ratings for All Applicable Cases                           |                |            |                          |             |
|---|----------------|------------|--------------------------|-------------|
| Indicator   |                | Strength   | Area Needing Improvement | Total       |
| Appropriate action is taken if probation is violated                    | Number         | 13         | 4                        | 17          |
|   | Percent        | 76%        | 24%                      | 100%        |
| Youth on probation are free from further delinquencies or adult crimes. | Number         | 16         | 12                       | 28          |
|   | Percent        | 57%        | 43%                      | 100%        |
| <b>Total Number</b>   | <b>Number</b>  | <b>29</b>  | <b>16</b>                | <b>220</b>  |
| <b>Total Percent</b>  | <b>Percent</b> | <b>64%</b> | <b>36%</b>               | <b>100%</b> |

### Law Abidance Analysis

Vermont Statute and Family Services Policy guide our work in determining how best to respond to youth adjudicated delinquent.

- In 13 of 17 cases (76%), when the youth did violate the probation certificate appropriate action was taken.

| Appropriate Actions Taken When Probation Certificates Were Violated:  |
|---|
| <ul style="list-style-type: none"> <li>• Supervision was intensified</li> <li>• Additional treatment was required</li> <li>• New probation certificates were issued with additional conditions</li> <li>• Youth was sent to Woodside</li> <li>• In a blended sentence case, custody was transferred to DOC</li> </ul> |

- In 16 of 28 cases (57%), the youth on probation remained crime free.

| Common Reasons Why Youth Did Not Remain Crime Free  |
|---|
| <ul style="list-style-type: none"> <li>• Lack of serious consequences for minor delinquencies</li> <li>• Juvenile programs are not as effective as they could be due to high staff turnover and lack of funding</li> <li>• Lack of residential placement options</li> <li>• Lack of step down and after care options</li> <li>• Court delays</li> </ul> |

**Top four strongest and weakest performance indicators on all indicators rated on forty cases or more and not excluded from the analysis for any other reason:**

| Strongest Indicators   | Weakest Indicators   |
|--|--|
| Investigations were accepted appropriately. 69 of 72 (96%)                     | Children were not placed with kin, when appropriate. 18 of 46 (39%)                    |
| Mental health needs of children were appropriately addressed. 102 of 109 (94%) | Substance abuse needs of children were not appropriately addressed. 15 of 41 (37%)     |
| Children were engaged in positive activities. 99 of 107 (93%)                  | Children, families, and caregivers were not involved in case planning. 83 of 257 (32%) |
| Appropriate referrals were made. 54 of 58 (93%)                                | Permanency planning was not timely. 31 of 115 (19%)                                    |

## Systemic Factors

| <b>Systemic Factor</b>                             | <b>Required Elements</b>  | <b># of Districts Rated Strength or Adequate</b> | <b>% of Districts Rated Strength or Adequate</b> |
|--|---|--|--|
| <b>Information Systems</b>                         | District uses data and information effectively.   | 10 of 11   | 91%  |
|  | District uses automated systems to increase efficiency.   | 7 of 7   | 100%   |
| <b>Investigation</b>                               | Investigations are commenced within 72 hours, or a waiver is obtained.  | 1 of 4   | 25%  |
|  | Investigations are completed within 30 days, except in exceptional circumstances as allowed by policy.                                | 0 of 5   | 0%   |
|  | Children are safe from repeat maltreatment  | 5 of 5   | 100%   |
| <b>Case Review</b>                                 | Initial case plans are completed within 60 days of custody.   | 3 of 12  | 25%  |
|  | All parties receive a case review invitation and a case plan at least two weeks before the case review meeting.                       | 6 of 12  | 50%  |
|  | TPR's are filed as required by Federal Statute.   | 7 of 12  | 58%  |
| <b>Quality Assurance</b>                           | Community involvement in district self-assessment.  | 10 of 12   | 83%  |
|  | Outcome reports are used to evaluate services and practice.   | 10 of 12   | 83%  |
|  | Effective system to monitor Title IV-E eligibility and required documentation.  | 12 of 12   | 100%   |
|  | Effective process to address complaints, requests for reviews and positive feedback.  | 7 of 7   | 100%   |
|  | Mechanisms to solicit feedback from staff, community and consumers.   | 10 of 12   | 83%  |
| <b>Staff Development</b>                           | Staff complete core training  | 5 of 12  | 42%  |
|  | Staff complete 30 hours of training annually  | 6 of 12  | 50%  |
|  | System in place to reward and recognize staff accomplishments.  | 10 of 12   | 83%  |
|  | Staff receives performance evaluations annually   | 0 of 4   | 0%   |
| <b>Resource Development, Support and Retention</b> | Develop, support and retain adequate number of families to place children according to needs and ethnicity.                           | 11 of 12   | 92%  |
|  | Resource families complete core training.   | 9 of 12  | 75%  |
|  | Process in place to enhance skills/knowledge/growth of resource families.   | 10 of 12   | 83%  |
| <b>Service Array</b>                               | District collaborates with community to develop services to keep families safe and to increase stability and permanency for children. | 12 of 12   | 100%   |

## **Systemic Factor Analysis**

Systemic factors assessed through the district review process address aspects of the division's operations that are relevant to achieving the desired outcomes for children and families.

### **Information Systems:**

Ten of the districts reviewed have developed ways to use data and automated systems inform their day-to-day work. In most offices, support staff have been vital in developing tracking systems to monitor medical appointments, workload, court deadlines and paperwork deadlines. Management teams meet regularly to discuss reports generated from the main office and every district reported that they receive a significant volume of information from the main office and it is an effort to sort through it all to determine what is useful and what isn't.

### **Investigations:**

Only 1 of 4 districts reviewed was satisfactorily commencing 100% of investigations within 72 hours or obtaining a waiver. Common reasons investigations were not commenced according to policy include: information was called in, documented in file, but not investigated; the disclosure was about of prior abuse; children were in safe settings with no possible interactions with the alleged offenders; and staff misunderstandings regarding the 72 hour timeframe.

None of the five districts reviewed were satisfactorily completing 100% of investigations within 30 days. Common reasons investigations were not completed according to policy include: child sexual abuse cases requiring joint investigations with law enforcement; investigations were completed but paperwork and data entry not done; and that the alleged offender was out-of-state.

Vermont has done an excellent job of keeping children safe; in 5 of 5(100%) districts reviewed, children were kept safe from repeat maltreatment.

### **Case Review:**

Nine districts need to improve the timeliness of initial case plans and six districts need to improve on the task of mailing of case plans to clients at least two weeks before the case review meeting. These two issues are important to engaging families in the case planning in order to maximize goal achievement and ensure timely permanence for children.

Five districts have challenges in filing termination of parental rights according to the provisions of The Adoptions and Safe Families Act (ASFA). Some common challenges reported are: permanency hearings are not held in a timely manner; DCF maintains the goal of reunification too long; and some judges are reluctant to terminate parental rights because an adoptive family has not been identified.

**Quality Assurance:**

Districts performed well in this area. Directors were creative in developing ways in which to involve the community in completing the district self-assessment. Many held community focus groups, used surveys, and engaged partners during regularly scheduled meetings. Complaints are handled the same way in each of the districts. Clients are encouraged to speak to the person closest to the issue and if not satisfied work their way up the chain of command. DCF has policy to support requests for reviews. Many districts have informal ways to elicit feedback from staff and community partners. Directors participate in many community initiatives and sit on teams that process systemic issues regularly. However, many stakeholders said they would like to see a more formal process to address this issue and clients need to be included as well.

**Staff Development:**

Staff training is an area needing improvement in most districts. Only 5 districts were rated as a strength/adequate in completing core training in the required timeframe and 6 districts were rated as a strength/adequate for completing 30 hours of training annually. Staff participating in focus groups identified the following as barriers to attending training: heavy caseloads; casework emergencies; travel; lack of supervisory support; and lack of funding to pay for additional trainings of interest.

Ten districts have systems in place to reward and recognize staff accomplishments. Many districts understand that reward and recognition is important to morale. Examples include annual retreat/training days for the entire office, birthday celebrations, recognition at weekly staff meetings, letters of commendation and nomination for Commissioner's awards, closest parking space to the door, and merit bonuses. Districts need to improve on completing annual performance evaluations.

**Resource Development, Support and Retention:**

While district review participants report a statewide shortage of foster homes, particularly homes for adolescents, juvenile offenders, children with special needs and large sibling groups most districts have developed creative processes to recruitment. Activities include: local newspaper articles; community events; and radio talk shows. Participation in the Breakthrough Series Collaborative had generated new enthusiasm in many districts with promising results. Most resource families have completed the core PRIDE training and many districts offer additional training and workshop opportunities to enhance the skills and growth of resource families.

**Service Array:**

While the review process found that some communities are lacking key services for parents and children it also found that districts and communities are partnering to explore many options for increasing services. There are fewer services in rural areas and transportation to access services is an issue in many communities.

**Top Five Strongest and Weakest Systemic Factors:**

| <b>Strongest Systemic Factors</b>  | <b>Weakest Systemic Factors</b>                                       |
|--|---|
| Collaborated with community to develop services.<br>12 of 12 (100%)                                | Investigations completed within 30 days.<br>0 of 5 (0%)               |
| Effective Systems to monitor Title IV-E.<br>12 of 12 (100%)  | Staff received annual performance evaluations.<br>0 of 4 (0%)         |
| Effective process to address complaints, requests for reviews and positive feedback. 7 of 7 (100%) | Initial case plans completed within 60 days of custody. 3 of 12 (25%) |
| District uses automated systems to increase efficiency. 7 of 7 (100%)                              | Investigations commenced within 72 hours.<br>1 of 4 (25%)             |
| Children safe from repeat maltreatment.<br>5 of 5 (100%)   | Staff completed core training.<br>5 of 12 (42%)                       |

**V. Next Steps**

In October, stakeholders came together in a statewide meeting to evaluate the district review process. Peter Watson, the Director of National Resource Center for Organizational Improvement (NRCOI) joined us to lend his expertise and national perspective on quality assurance reviews. JoAnn Vizziello, our Region One ACF representative also attended.

The agenda focused on what’s worked and what hasn’t in the first round of reviews. We discussed how to refine the process to bring greater energy and focus to the process of developing and implementing district plans and the difficulty in maintaining the focus on continuous quality assurance.

The feedback received during the statewide meeting, coupled with this Annual Report will guide us in developing a plan for the second round of district reviews scheduled to start in the late spring of 2006. The plan will be presented to the Family Services Management Team and the Division Management Team for feedback before implementation.

**VI. Conclusion**

This district review process has provided district directors and central office staff comprehensive information for planning purposes. The DCF Five Year State Plan is based on many findings identified during the review process.

In addition, this process has strengthened community partnerships across the state as community members volunteer to be review team members, participate in district self assessments, focus groups and development of district plans.

However, most importantly, this process forces DCF to take a look at how others experience our services and make thoughtful changes based on those experiences and perceptions to improve outcomes for children and families.

## **VII. Attachments**

- Attachment A: Indicator List for the First Seven District Reviews
- Attachment B: Indicator List for the Burlington District Review
- Attachment C: Indicator List for the Last Four District Reviews

**Attachment A:**

**Indicator and Systemic Factor List for the First Seven District Reviews**

**PERFORMANCE INDICATORS:**

**SAFETY**

1. Immediate action of social worker reflects consideration of child safety.
2. A service plan is put in place to reduce the likelihood of future harm.
3. Services are provided to families to protect children and prevent removal.

**PERMANENCY**

4. Children in custody are in placements that correspond with the Level of Care Assessment.
5. Children are placed with kin, when appropriate.
6. There is evidence of efforts to place siblings together, when appropriate.
7. Appropriate connections are maintained between children in foster care and their families.
8. The permanency goal is appropriate to the child's needs and circumstances.
9. Casework activities are directed towards timely permanency. (a) Reunification (b) Adoption (c) Other Planned Permanent Arrangement
10. Appropriate services are in place to promote stability. (a) Children (b) Parents (c) Caregivers

**CHILD WELL BEING**

11. Social workers have face-to-face contact consistent with contact guidelines established by policy and/or modified in supervision. (a) Children (b) Parents (c) Caregivers
12. Involvement in case planning. (a) Children (b) Parents (c) Caregivers
13. The educational needs of children are appropriately addressed.
14. The medical needs of children are appropriately addressed.
15. The substance abuse needs of children are appropriately addressed.
16. The mental health needs of children are appropriately addressed.
17. Children/Youth are engaged in positive activities.

**LAW ABIDANCE**

18. Youth on probation are free from further delinquencies or adult crimes.
19. There is evidence of appropriate action taken if youth does not abide by probation certificate.

## **SYSTEMIC FACTORS**

### **INVESTIGATIONS**

- 1A. Investigations are commenced within 72 hours, or a waiver is obtained.
- 1B. Investigations are completed in 30 days except in exceptional circumstances as allowed by Policy.
- 1C. Children are safe from repeat maltreatment.

### **CASE REVIEW**

- 2A. Initial case plans are completed within 60 days.
- 2B. All parties received the case plan at least two weeks before the case review meeting.
- 2C. TPR's are filed as required by Federal Statute and policy.

### **QUALITY ASSURANCE**

- 3A. Demonstrated community involvement in District Self- Assessment.
- 3B. Data are used to evaluate services and inform planning.
- 3C. There is an effective system to ensure that Title IV-E requirements are met. Monitor Title IV-E eligibility and required documentation.
- 3D. District solicits feedback from staff, community and consumers regarding services and planning.

### **STAFF DEVELOPMENT**

- 4A. Staff completes core training as required by policy.
- 4B. Staff completes in 30 hours of training annually as required by policy.
- 4C. Staff are rewarded and recognized for accomplishments.
- 4D. Staff receives performance evaluations annually.

### **RESOURCE DEVELOPMENT, SUPPORT AND RETENTION**

- 5A. Resource families have completed required training as required by policy.
- 5B. District uses a team approach to develop, support and retain an adequate number of resources to place children according to their needs.
- 5C. District has process in place to enhance the skills/knowledge/growth of resource families.

### **SERVICE ARRAY**

- 6A. District collaborates with community to develop and support services to keep families together and safe and to increase stability and permanency for children.

**Attachment B:**

**Indicator and Systemic Factor List for the Burlington District Review**

**OUTCOME PERFORMANCE INDICATORS:**

**Outcome 1:** Percent of children with substantiated abuse/neglect safe from abuse/neglect for next 6-month period.

**Outcome 2:** Percent of children entering out-of-home care who were discharged from out-of-home care within the last 12 months.

**Outcome 3:** Percent of children who have no more than 2 placements within the first 12 months of out-of-home care.

**Outcome 4:** Percent of reunified children who are reunified within 12 months of entering out-of-home care.

**SYSTEMIC FACTORS:**

**Systemic Factor 1:** Case Reviews

**Systemic Factor 2:** Quality Assurance

**Systemic Factor 3:** Investigations

**Systemic Factor 4:** Staff Development

**Systemic Factor 5:** Resource Development, Support, and Retention

**Systemic Factor 6:** Service Array

## **Attachment C:**

### **Indicator and Systemic Factor List for the Last Four District Reviews**

#### **PERFORMANCE INDICATORS:**

##### **SAFETY**

- SA:** Accepted/unaccepted reports were reviewed in a timely fashion.
- SB:** Decision to accept/not accept was appropriate
- SC:** Investigation commenced within response criteria
- SD:** Investigation commenced within 72 hours
- SE:** Safety Assessment was completed
- SF:** Risk Assessment was completed
- SG:** Substantiation decision was appropriate
- SH:** Case Disposition was based on risk
- SI:** For unaccepted cases, appropriate referrals were made

##### **PERMANENCY**

- P4:** Children in custody are in placements that are appropriate to meet the child's needs.
- P5:** Children are placed with kin, when appropriate.
- P6:** There is evidence of efforts to place siblings together, when appropriate.
- P7:** Appropriate connections are maintained between children in foster care and their families.
- P8:** The permanency goal is appropriate to the child's needs and circumstances.
- P9:** Casework activities are directed towards timely permanency. (a) Reunification (b) Adoption (c) Other Planned Permanent Arrangement.
- P10:** Appropriate services are in place to meet identified needs and to promote stability for the (a) Child (b) Mother (c) Father (d) Caregiver(s).

##### **CHILD WELL BEING**

- W11:** Social workers have face-to-face contact consistent with contact guidelines established by policy and/or modified in supervision. (a) Child (b) Mother (c) Father (d) Caregiver(s).
- W12:** The (a) Child (b) Mother (c) Father (d) Caregivers had active involvement in case planning activities relevant to the current case plan.
- W13:** The educational needs of children are appropriately addressed.
- W14:** The medical needs of children are appropriately addressed.
- W15:** The substance use and/or abuse needs of children are appropriately addressed.
- W16:** The mental health needs of children are appropriately addressed.
- W17:** Children/Youth are engaged in positive activities.

##### **LAW ABIDANCE**

- L18:** Youth on probation are free from further delinquencies or adult crimes.
- L19:** There is evidence of appropriate action taken if youth does not abide by probation certificate

## **SYSTEMIC FACTORS:**

### **INVESTIGATIONS**

- 1A:** Investigations are commenced within 72 hours, or a waiver is obtained.
- 1B:** Investigations are completed in 30 days except in exceptional circumstances as allowed by Policy.
- 1C:** Children are safe from repeat maltreatment.

### **CASE REVIEW**

- 2A:** Initial case plans are completed within 60 days.
- 2B:** All parties received the case plan at least two weeks before the case review meeting.
- 2C:** TPR's are filed as required by Federal Statute and policy.

### **QUALITY ASSURANCE**

- 3A:** Demonstrated community involvement in District Self- Assessment.
- 3B:** Data is used to evaluate services and inform planning.
- 3C:** There is an effective system to ensure that Title IV-E requirements are met. Monitor Title IV-E eligibility and required documentation.
- 3D:** District solicits feedback from staff, community and consumers regarding services and planning.

### **STAFF DEVELOPMENT**

- 4A:** Staff completes core training as required by policy.
- 4B:** Staff completes 30 hours of training annually as required by policy.
- 4C:** Staff are rewarded and recognized for accomplishments.
- 4D:** Staff receives performance evaluations annually.

### **RESOURCE DEVELOPMENT, SUPPORT AND RETENTION**

- 5A:** Resource families have completed required training as required by policy.
- 5B:** District uses a team approach to develop, support and retain an adequate number of resources to place children according to their needs.
- 5C:** District has process in place to enhance the skills/knowledge/growth of resource families.

### **SERVICE ARRAY**

- 6A:** District collaborates with community to develop and support services to keep families together and safe and to increase stability and permanency for children.