

Vermont Department of
Social and Rehabilitation
Services

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Statewide Assessment

For Child and Family Services Review
2000-2001

February 2001

**Children's Bureau
Administration on Children, Youth and Families
Administration for Children and Families
Department of Health and Human Services**

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SECTION I – GENERAL INFORMATION

Name of State Agency: Vermont Department of Social and Rehabilitation Services

Period Under Review:

Federal Fiscal Year for On-Site Review Sample: FFY 1999

Period of AFCARS Data: FFY 1999

Period of NCANDS Data: Calendar 1999

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The Department of Social and Rehabilitation Services' *Social Services Division* is responsible for the following human services in Vermont:

- Child Protection – Investigation of child abuse and neglect, including the investigation of child sexual abuse by non-caretakers. Ongoing child protective services for families who cannot be served effectively by voluntary community agencies.
- Foster Care, Permanency Planning and Adoption Services for Children in Custody – The division is responsible for serving children in custody due to child abuse and neglect, delinquency, or because they are without and beyond parental control.
- Juvenile Justice – The division supervises youth on juvenile probation. These youth are not in custody. Delinquents in custody, who may also be on probation, also receive a wide range of services designed to rehabilitate the youth and restore the community.
- Residential Licensing – The Residential Licensing Unit licenses foster and kinship homes, group residential facilities and child placing agencies.

The department's *Child Care Services Division* provides a wide range of services designed to improve quality and access to child care in Vermont, including a child care subsidy program, family support child care and protective services child care.

The department's *Disability Determination Services* does eligibility determination for the Social Security Administration's Supplemental Security Income (SSI).

DEPARTMENT MISSION:

We are committed to protect children and strengthen families, in partnership with families and communities.

GUIDING PRINCIPLES:

- We will carry out our responsibility to serve the best interests of children who are abused, neglected, delinquent or beyond the control of their parents.
- Children deserve to be safe and secure.
- Children belong in families who are committed to them into adulthood.
- We will focus our services on the child in his or her family, culture and community.
- We will involve individuals we serve in the planning and evaluation of services.
- We will collaborate with communities to create public policy and services to support children and their families.
- We will deliver services within the available budgets.
- Our decisions, policies and internal organization will support and reflect our mission.

OUTCOMES AND INDICATORS:

Children served by the division are safe from abuse

- *Children living with their own families are safe from re-abuse.*
- *Children in custody, on adoption subsidy and/or living in settings regulated by the division are safe from abuse.*

Children served by the division have enduring relationships with healthy, nurturing families.

- *The division achieves permanence for children in custody within a reasonable amount of time.*
- *Children's placements are stable.*
- *Children discharged from SRS custody do not return to custody.*

Children served by the division are successful in family, school and community.

- *School-aged children in custody regularly attend an approved school program.*
- *Children in custody are healthy.*
- *Children in custody are free from substance abuse.*
- *Children in custody are free from pregnancy.*
- *Youth are employed, if appropriate.*

Youth adjudicated delinquent are free from criminal behavior.

- *Delinquent youth in custody and on probation abide by the conditions of their probation certificate.*
- *Delinquent youth in custody and on probation do not commit further delinquencies or adult crimes.*

SECTION II – SYSTEMIC FACTORS

A. STATEWIDE INFORMATION SYSTEM CAPACITY

- 1. Discuss how effectively the State is able to meet the State plan requirement that it operates a statewide information system that can determine the status, demographics, location and goals for all children in foster care in the State. In responding, consider the accessibility of this information to State managers, local staff, and the usefulness of the information in carrying out the agency's responsibilities.*

Since 1983, Vermont has operated a statewide information system that records the status, location, demographics, location and goals for all children in foster care. This is a single, integrated system that handles child protective, foster care, adoption and juvenile justice system, as well as payments to substitute care and other service providers. Vermont was one of the first states to submit AFCARS data, and voluntarily meets NCANDS requirements.

Vermont does not operate a SACWIS system; case records are not automated. All field staff have access to the statewide database for query and update purposes. The database is very helpful for social work staff who need access to historical information in order to assess current risks and needs. In general, the database is accurate and reasonably up-to-date. Data entry is still mostly done by clerical and supervisory staff, so there is some lag time in the updating of databases.

A wide variety of routine reports support management, supervisory and casework needs. At the present time, our Division of Planning and Evaluation must generate all ad hoc reports. Managers and supervisors routinely use these reports in their day-to-day work.

We hope to transition to a graphical interface to our database over the next few years, starting this year with an intake logging system. We also hope to transition to a "SACWIS-like" system if resources are available to do so.

We have had query access to public assistance databases for over five years and are currently working on an agreement with the Department of Corrections to access their client database and automated case records.

B. CASE REVIEW SYSTEM

1. *How effectively is the State able to meet the requirement that each child in foster care under the State's placement and care responsibility has a written case plan with all the required elements?*

The department uses a single case plan format for initial and ongoing plans for all children in custody for child protective, child welfare and juvenile justice issues. The format is specifically designed to meet federal requirements; it is a very comprehensive plan.

During focus groups, social workers, foster parents and consumers all identified issues with timeliness of initial case plans. Social work staff indicated that they are having difficulty meeting time frames for initial case plans for two reasons:

- Due to prolonged court time frames, the merits of a petition have often not been decided, making families reluctant to cooperate with case planning. At times, their attorneys direct them not to cooperate.
- The format for the initial plan is the same as for ongoing plans. This is a very comprehensive plan, not feasible to complete so early.

Our goal is that every child in custody will have an initial case plan within 60 days, as required by federal statute. We are in the early stages of designing a revised format for initial case plans that will focus on safety issues, and other initial case planning issues, such as the plan for family contact, and further issues to be assessed.

2. *How effectively is the State able to meet the case review system requirement that parents of children in foster care participate in developing the child's case plan? In responding, consider their participation in activities such as identifying strengths and needs, determining goals, requesting specific services and evaluating progress related to their children.*

Most children in custody have a treatment team that meets at least monthly to discuss and coordinate the child's case plan. Parents often participate in these teams. Input from staff and stakeholders during focus groups indicate that case planning is most often done in the context of treatment team meetings. Social work staff see the written case plan as evolving naturally from team meetings. We learned from parents, however, that they do not always see the connection. Unless the social worker contacts them, informs them that they are updating the plan, and asks for input, parents may not perceive that they have been involved. Foster parents, when asked about their involvement in case planning, gave a variety of responses. Most said that their social worker contacts them to get updated information for their plan. Some said that their recommendations for the plan were solicited; others said they were not.

It is especially important to parents to have the written case plan in advance of the case plan review meeting. Vermont has a system designed to ensure that case plans are mailed to the parent two weeks in advance of the review. Districts receive compliance reports regularly.

- 3. Citing any data available to the State, how effectively is the State meeting the requirement that the status of each child in foster care is reviewed periodically, i.e., at least every six months, by a court or by administrative review?*

The scheduling of reviews is automated and assures that each child has an administrative case review at the appropriate time. During focus groups, district administrative assistants reported that reviews are generally held on time. We received no complaints about timeliness of reviews from parents or foster parents.

Contracted case reviewers facilitate reviews. Expectations of these reviewers vary from district to district, depending upon contract specifications. Local managers are responsible for monitoring the contract and ensuring the quality of services delivered by case reviewers. Supervisors are not routinely present during case plan reviews. They read and sign the case plan before the review, and may attend reviews that are anticipated to be controversial.

During focus groups, staff, foster parents and parents indicated that some reviewers are better than others, but in general they were satisfied with reviewers. There seems to be two styles of handling reviews. Some reviewers do a walk-through of the plan; others focus on important issues for discussion. Social workers seem to prefer the second method. We will specifically focus on the case plan review process once we hire a Quality Assurance Coordinator (see page 7).

Parents and others are asked to sign the case plan at the end of the review. They may indicate that they agree or disagree. Parents who disagree with the case plan goal, visiting plan or the child's placement may ask for a review by the district director. If their concerns are not resolved at this level, they may ask for central office review.

- 4. Citing any data available to the State, discuss how the State meets the requirement that permanency hearings for children in foster care occur within prescribed time frames. Discuss the effectiveness of these hearings in promoting the timely and appropriate achievement of permanency goals for children.*

Administrative case reviews are held at the six and eleven month mark, with the expectation that the permanency review will take place at the twelve-month mark. The district offices are responsible for contacting family courts to schedule permanency reviews. Administrative assistants reported during focus groups that in most districts, this process takes place smoothly and results in timely reviews. Assistants are concerned that some hearings are not timely in Windsor and Franklin County courts.

Prolonged court time frames have been a significant concern in the state for a number of years. SRS staff feels that it is in the best interest of children and families to have an early and definite resolution of court-related issues. This kind of resolution lays the groundwork for effective case planning and permanency planning, and is especially critical with the ASFA time lines. However, family court judges do not share that view. It has become common practice to hold multiple status conferences in an attempt to facilitate the parties coming to agreement about stipulated findings of fact. At times, this results in permanency planning hearings occurring before the family court resolves disposition. The family courts are severely understaffed, which is at the core of this problem. Also, appointed attorneys for parents are inadequately compensated, causing high turnover. SRS consumers do not feel adequately represented by their attorneys, whom they often meet for the first time just a few minutes before a court hearing.

We have been unable to make an impact on the issue of prolonged time frames via our Court Improvement Project, called the Permanency Planning Implementation Project. Although the previous Project Coordinator (who left for other employment in April 2000) was focused on timeliness, the family court judges do not seem to share SRS's concerns that prolonged time frames negatively impact children. Recently, a new Project Coordinator has been hired.

In summary, permanency hearings are generally held on time, and do focus on the central permanency issues. For the majority of cases, they work to facilitate movement towards permanency. However, in a significant minority of cases, the purpose is unevenly met due to lack of resolution about earlier issues. In addition, recently there is a trend among family court judges to not hold a Permanency Review unless there is disagreement about the case plan goal. We are very concerned about this, as we feel that it is contrary to the intent of ASFA and does not facilitate the kind of discussion about permanency that needs to occur at that juncture.

It would be helpful to SRS if reviewers would look specifically at court time frames and their impact on children, particularly on permanency planning. Are court time frames contributing significantly to delays in achieving permanency for children in custody?

- 5. Citing any data available to the State, discuss how the State meets the requirement to provide foster parents, pre-adoptive parents, and relative caregivers of children in foster care with notice of and an opportunity to be heard in any review or hearing held with respect to the child in their care.*

Invitations to foster, pre-adoptive and relative caretakers are handled by a centralized scheduling and invitation system. These parties, as well as other required attendees routinely receive invitations. The district offices, following the eleven-month review, send invitations to permanency hearings. Foster parents quite routinely attend case plan reviews. Court practice regarding the involvement of foster parents in permanency hearings varies.

C. QUALITY ASSURANCE SYSTEM

1. *Discuss how the State has complied with the requirement at section 471 (a)(22) to develop and implement standards to ensure that children in foster care placements are provided quality services that protect their health and safety, and any effects of implementing the standards to date.*

The licensing of foster and kinship homes are governed by comprehensive licensing regulations. In addition, division policy governs a wide range of issues related to the placement and supervision of children in foster care. Examples of topics covered in policy are:

- Service Levels and Contact Standards for Social Worker Contact
- Kinship Foster Care – Placement and Supervision
- Family Foster Care: Training and Referral to Licensing
- Family Foster Care – Placement and Supervision
- Permanency Foster Homes – Placement and Supervision
- Family Visiting for Children in Foster Care
- Permanency Planning for Children in Custody

In addition, case plans for children placed out of their own homes are comprehensive, addressing health and safety issues, as well as services needed by foster parents to support their provision of quality care. An action plan describes the responsibilities of each party, including the agency and other services providers. Supports provided to foster parents through the case plan contribute to the state's low rate of child maltreatment by foster parents.

SRS has a policy for contact with children and families that requires a level of contact consistent with the level of risk. Policy # 35 defines these contact standards. In 1995, the policy was revised to recognize that workers with high workload, as measured by the department's workload system, cannot meet contact standards. Standards *for face-to-face contact* are as follows:

Level of Risk	140 points or less	141-156 points	157-171 points	172-196 points	197-211 points	212 points or more
A = Administrative (Child placed out of state.	1 per six months	1 per year	1 per year	1 per year	1 per year	1 per year
4 = Low risk in-home /child is residential or therapeutic foster care	1 per two months	1 per three months	1 per three months	1 per three months	1 per three months	1 per three months
3 = Medium risk in-home/child is in residential or therapeutic foster care	1 per month	1 per month	1 per two months	1 per two months	1 per two months	1 per two months
2 = Med high risk in home/child in stable foster care	2 per month	2 per month	2 per month	1 per month	1 per month	1 per month
1 = High risk in-home case	4 per month	4 per month	4 per month	4 per month	1 per 2 months	1 per 2 months
1 = Child is unstable in placement or TPR petition filed	4 per month	4 per month	4 per month	4 per month	4 per month	1 per 2 months

The workload system is based on the assumption that a full time social worker has 126 out of 140 working hours per month available to provide service to clients. Other time is taken up by training, supervision and administrative activities. Translated to workload points, a full time workload is considered to be 126 workload points. In January 2001, the average workload per social worker statewide was 179 points. That is, it would take 179 hours to meet contact standards. From the district to district, workload per worker varied as follows:

District	Average Workload per Social Worker
St. Albans	213
Burlington	186
Hartford	132
St. Johnsbury	196
Brattleboro	166
Barre	149
Newport	144
Rutland	209
Springfield	209
Bennington	169
Morrisville	186
Middlebury	153

As we have not been able to add staff to the agency, we have increasingly contracted with community agencies to provide case management and other support systems for

children in out-of-home care. These case managers deliver services formerly provided directly by SRS. In many cases, these contracts are our only assurance that children and families are seen regularly. Most districts contract for case management services in order to assure an adequate level of services for the most challenging children (see also page **Error! Bookmark not defined.** for more discussion of the issue of social worker contact).

- 2. Discuss the effectiveness of the agency's quality assurance system in helping to assure safety, permanency and well-being for children served by the agency and their families in all jurisdictions of the State. In responding, discuss the jurisdictions in the State covered by the quality assurance procedures, the capacity of the system to evaluate the adequacy and quality of the State's child and family services system, and its capacity to produce information leading to program improvements.*

SRS has not had a formal quality assurance function since 1996 when the Case Review Unit was eliminated. Case Reviewers not only facilitated case plan reviews, but also audited case records primarily for compliance with federal requirements.

Between 1995 and 1997, all departments in state government were subject to mandatory position cuts. SRS was required to cut 24 positions. To avoid cutting more social work staff than necessary, SRS cut positions in the central office, including all five positions in the Case Review Unit. Since that time, we have relied on a multi-pronged approach to quality assurance that includes:

- Regular supervision of casework staff;
- Contracted Case Reviewers who facilitate case plan reviews, and conduct some case record audits focused on compliance issues.
- Increased reliance on automated ticklers and management reports focusing on such issues as upcoming ASFA time frames, Reasonable Efforts findings and other IV-E issues.
- A three-level appeal system for substantiation decisions and case planning issues such as family contact, case plan goal and placement changes.
- A comprehensive training program, including as-needed training on changes in state and federal statute, regulation and policy.
- Regular meetings of staff who perform similar functions (e.g. supervisors, investigative social workers, resource coordinators, juvenile justice workers and managers). These meetings support and encourage the development of similar practices around the state.

The department has recognized that a more coordinated approach to quality assurance is desirable. We have been able to obtain a state position to hire a Quality Assurance Coordinator. That position is currently being classified in the state system; we expect to start the hiring process in the spring of 2001.

D. STAFF AND PROVIDER TRAINING

1. *Citing any data available to the State on the numbers and timeframes of staff trained, discuss the effectiveness of the State's initial and on-going training for all child welfare staff employed by the agency, that includes the basic skills and knowledge required for their positions.*

During federal FY 2000, nineteen social workers were hired in Vermont. Of these, seventeen completed the 60 hours Early Service Training (NEST) within the required six months of hire. The following core training is required for social work staff during their first eighteen months of employment. Staff may take the courses as a refresher at any time. Numbers of employees who completed each training session during FFY 2000 follow the course name, with numbers of community providers completing each course also included.

Topic	Number of SRS Employees Attending	Number Community Providers Attending
Accepting, Investigating and Substantiating Reports:	22	3
Assessment of the Healthy Development of Adolescents	18	23
Assessment of the Healthy Development of Children:	17	14
Core Substance Abuse	6	4
Court & Legal/Witnessing	15	1
Domestic Violence	30	26
HIV/Aids Plus	15	1
Investigation Skills	10	1
Juvenile Delinquency & Probation	10	7
Mental Health Issues in Families	10	15
Sexual Harassment	12	3
Staff Safety	21	12
Working With Sexually Offending Youth	11	3

The following specialized training is not required. Staff may take it at any time it is offered. Numbers of employees completing each course during FFY 2000 follow the course name, with numbers of community providers who completed the course also included.

	Number of SRS	Number Community

Topic	Employees Attending	Providers Attending
Advanced Seminar in Accepting & Substantiating Reports	39	0
Allegations of Risk of Child Sexual Abuse	9	6
Behavior Management for ADD/ADHD Children	4	31
Concurrent Permanency Planning for Children & Youth	48	4
Grief, Loss and Separation	18	20
Developing a Healthy Relationship with Food	2	4
Domestic Violence II	5	7
Performance Management	8	7
Interviewing with Aggressive Adolescents	4	22
Improving Response & Care to Teens in Abusive Relationships	10	10
Kinship Care	8	1
Medicaid 101	33	0
Permanency for Adolescents	34	5
Responding to Adolescent Sexuality	4	10
Risk of Harm	92	2
Substance Abuse Certificate Program	9	16

SRS employees received 2,240 hours of core training and 2,543 hours of advanced training during FFY 2000. SRS provided 785 hours of core training and 1,887 hours of advanced training to community services providers during the same period. In addition, we provide funding for staff to attend conferences and trainings sponsored by outside organizations.

During focus groups, staff at all levels was asked to evaluate the effectiveness of the training program. In general, staff gave our training program high marks. New staff find the NEST training very thorough and informative. Some concerns were expressed about timing of NEST, although no clear opinion emerged about appropriate timing. Staff uniformly find in-service training of high quality, and also appreciate the opportunity to attend conferences and other outside training. A number of social workers have had opportunities to attend training on new information available on post-traumatic stress syndrome, early brain development and attachment issues. They found these sessions very helpful to their work with children.

Staff do feel pressure from workload when it comes to prioritizing training. At the same time, the pressure does not seem to be coming from supervisory and/or management staff. Social workers report that they are encouraged to attend training, and that other staff cover for them in their absence.

Offering appropriate training opportunities for classes of employees with small numbers is a challenge for us, such as managers, supervisors, licensing social workers, resource coordinators (who oversee foster care placements) and adoption social workers. For managers and supervisors, we rely on training programs run by the State Personnel Department's Training Center. We have instituted regular regional clinical supervision groups for supervisors, with an outside clinical consultant.

Each employee has an Individualized Learning Plan due in February of each year. Our Human Resource Development Unit aggregates these training plans in order to determine what new trainings need to be offered over the next year or two.

In 1993, the Department of Social Work at the University of Vermont (UVM) and the Vermont Department of Social and Rehabilitation Services (SRS) formed a partnership to provide social work education and training to SRS employees. Funding for this partnership is provided through Title IV-E, with state matching funds provided by UVM. The primary focus of this program is to provide an opportunity for current SRS staff and other students interested in a career in public sector child welfare to acquire a professional social work degree. Students who accept a Child Welfare Traineeship must agree to work for SRS for two years following graduation. Each year since the program began in 1993, up to five traineeships have been provided for current SRS staff, and an additional five for potential staff. Each traineeship includes full in-state tuition, fees, book reimbursement and a cost of living stipend. SRS provides educational leave with full pay to a limited number of employees in lieu of a stipend. The major accomplishments of the partnership are:

- Since 1993, 36 trainees have received Master of Social Work degrees and entered state service.
- Of these 36 trainees, 27 remain with SRS (75%), although 60% (16) of the 27 employees have completed their contractual obligation to the department.
- Over a quarter (26%) of the Title IV-E graduates have been promoted during the past four years.
- Currently, 21.6% of SRS professional staff has a Master of Social Work degree, up from just under 7% prior to the IV-E program's inception in 1993.
- The UVM/SRS partnership also provides training and graduate level social work education for employees who are not pursuing an MSW degree.
- Up to 16 employees take graduate level courses in the Department of Social work at UVM annually.
- UVM social work faculty teach workshops for SRS staff on child welfare related topics.
- A three quarter time UVM employee designs and implements Title IV-E related training for SRS staff as part of their regular training program.
- Student research has supported major department initiatives over the past four years.

2. *Citing any data available to the State, discuss the effectiveness of the State's training of current and prospective foster and adoptive families and the staff of*

State-licensed or approved child care institutions that care for children in the State's care or responsibility that addresses the skills and knowledge base needed to carry out their duties.

All newly licensed foster parents are required to attend an eight-session training curriculum that has been in place for approximately fifteen years. Any waiver of this requirement must be approved in the Central Office. The original training was the package developed by Nova University; the state updated the curriculum once. A variety of in-service trainings are delivered by local districts and by the Vermont Foster and Adoptive Parents Association at their annual spring and fall conferences.

Foster parents and others preparing to adopt attend a three session Adoptive Parent Preparation that focuses on the transition from foster care to adoption, and on lifelong adoption issues.

SRS is in the second year of a partnership with the University of Vermont (UVM) Social Work Department that focuses on foster and adoptive parent training. Partnership staff has just completed a comprehensive evaluation of our foster parent training program, with an emphasis on the content and delivery of foundation training. Both SRS staff and foster parents were consulted about their opinions on contents and delivery methods for foster parent training. As a result of this evaluation, Vermont is purchasing the Foster PRIDE curriculum developed by the Child Welfare League of America. A Training of Trainers was held in February 2001. UVM has hired six regional foster parent trainers who will coordinate and deliver local core and in-service training for foster and adoptive parents, in collaboration with district office staff. This will begin in Spring 2001.

Staff of state-licensed or approved child care institutions received copies of the SRS annual staff development calendar and many attend trainings (see previous section on staff training). At focus groups, staff of residential facilities rated SRS training as valuable to their work. Most facilities also have training funds incorporated into their state contracts.

E. SERVICE ARRAY AND RESOURCE DEVELOPMENT

1. *Discuss how effective the State has been in meeting the title IV-B State plan requirement to provide services designed to help children, where safe and appropriate, return to families from which they have been removed.*

The division contracts with a variety of community agencies to provide services that supplement casework services delivered by SRS social workers. These services comprise part of a statewide network of family support and preservation services; they are available in all districts. Vermont has always used this service system not only for family preservation and support, but also reunification.

- **Parent Educators** provide home-based support and parenting education, focusing on family support, family preservation and reunification. There is at least one full-time parent educator under contract in each district.
- **Intensive Family Based Services (IFBS)** provide time-limited, intensive in-home therapeutic services, focusing on family preservation and reunification. Services are funded primarily by Medicaid under a rehabilitation option. Each district contracts with a local agency to provide these services
- Trained therapists authorized to provide treatment under a special SRS Medicaid program provide **Sexual Abuse Victim and Offender and Treatment Services**.
- **Post-adoption Services** are available through a statewide consortium of post-adoption services, funding through Title IV-B, Subpart 2 and an Adoption Opportunities Grant in its last year of funding.
- **Other district-specific services** purchased with IV-B, Subpart II and other funds, such as case management, supervised visits, mentoring programs, after-school programs, and family-tailored individual services.

SRS conducts outcomes-based evaluations of Parent Educator and IFBS programs by examining such issues as rates of re-abuse and/or entry to custody following service. In addition, separate standard assessment and other paperwork used by the two programs allow us to collect "pre and post" data. We are in the process of adopting the North Carolina Family Assessment Scales for the IFBS program.

2. *Discuss how effective the State has been in meeting the title IV-B State plan requirement to provide pre-placement preventive services designed to help children at risk of foster care placement remain safely with their families*

The services described in the previous section are available to prevent the necessity of separating a family. In addition, Vermont has developed a comprehensive system of family support and preservation services designed to assist all families, not just families who come to the attention of the child welfare agency. Family support services in

Vermont are primarily planned, funded and coordinated through a system of partnerships. These partnerships are supported and coordinated by the efforts of a State Children of Children, Families and Individuals, with representatives of SRS, the Department of Developmental and Mental Health Services, the Department of Education and other state departments.

- **Success by Six** is a successful cluster of family support programs in Vermont. The cluster in each county is designed to be specifically responsive to the needs of children and families in that county. Efforts are focused on collaboration among people who share their knowledge about the strengths and needs of their community. They work to help their community by supporting and encouraging all parents as their children's first teachers, by connecting families to community resources that promote children's learning and family success, and by supporting communities, schools, and organizations in offering accessible, affordable, and family friendly services and activities. There are sixteen Success by Six programs in Vermont. All of the programs provide "Welcome Baby" visits and packets, as well as a variety of other outreach activities to families with young children.
- **Child Care.** *Subsidized Child Care* provided to income-eligible parents who are working or in education or job-training programs; *Family Support Child Care* provides time-limited, free part-time child care for families who are experiencing stress that may place their child at risk; *Protective Services Child Care* provides child care by specially trained child care providers for children who have been abused or neglected.
- **Families First/Access Vermont Initiative** has as its central goal to reduce the number and rate of children unnecessarily entering state custody, especially on emergency detention orders. The goal is being accomplished through implementation of community-developed regional plans in each of the twelve districts of the Agency of Human Services. Services generally include increased capacity for crisis outreach, intensive family-based services, shelter and other forms of temporary respite, short-term follow-up and flexible funding to help meet the diverse needs of children and families in crisis. Plans are funded through the Department of Developmental and Mental Health Services, SRS and Medicaid.
- **Runaway Programs.** Eight runaway youth programs provide nine Vermont counties with crisis response, emergency shelter, counseling, and other services for runaway and homeless youth. Programs place particular emphasis on prevention and early intervention. In almost half of the referrals received by Coalition programs, the youth is still in the home.
- **Community Mental Health Centers.** Ten community mental health centers provide services to adults and children with mental illness, emotional disturbance or developmental disabilities. Center staff provide a variety of services and support for children with severe emotional disturbance and their families, including respite care; skills training; case management; treatment planning; clinical assessment; medication services; home-and-school-based services; crisis and hospital admission services.

- **Children's Upstream Services (CUPS)** is funded by a five-year, \$5.7 million grant from the Center for Mental Health Services to the Vermont Department of Developmental and Mental Health Services. The grant is expanding community-based mental health services to enhance the well-being of children and adolescents experiencing severe emotional disturbance and their families. CUPS provides behavioral health treatment and consultation for the early childhood system of care and for families with young children under age six. Grant support is strengthening local interagency coordination and case review across the systems of care for early childhood and school-aged children, and have expanded needed services statewide and/or locally.
- **School-Linked Mental Health and Other Human Services ("Success Beyond Six")** is a flexible model for providing a variety of mental health services (e.g., case management; individual, group, and family psychotherapy or counseling; and specialized rehabilitation services) in the schools. Participating schools and mental health centers jointly hire clinicians, social workers or home-school coordinators for children and youth with emotional or behavioral problems.
- **Parent Child Centers.** Sixteen Parent Child Centers provide assistance and education to families with young children at low or no cost. The Parent Child Center Network's goal is to help all young Vermonters to get off to a healthy start, and to prevent such problems as illiteracy, poor health, school failure, child abuse and neglect and delinquency. All Parent Child Centers offer eight core services: home visiting, early childhood programs, parent education, parent support, on-site services, playgroups, information and referral and community development.
- **Parents Assistance Line (PAL)** is a statewide, toll-free telephone line provided by the Agency of Human Services to provide specialized listening and emotional support, creating conditions that facilitate parents' efforts to draw on the unique strengths of themselves and their families as they work to nurture growth. All callers also get access to information and help with assessing and resolving family concerns. PAL serves as a clearinghouse of resource information and referral for children, individuals and family services. Free packets of information are available on family concerns. PAL counselors also respond to the Healthy Babies Pregnancy Help assisting parents-to-be.
- **Healthy Babies System of Care**, administered by the Department of Health, is an enhanced, comprehensive, family-centered approach to improving the health and well-being of pregnant women and their infants aged newborn to one year who receive Medicaid. Service coordination (case management) includes health education, risk reduction intervention, home-based care, and other supportive services. The Healthy Babies "package" is tailored to meet the health needs of each pregnant woman or family with an infant.
- **Family, Infant and Toddler Project of Vermont** is a family-centered, coordinated system of early intervention services for infants and toddlers who have a delay in their development or a health condition that may lead to a delay

in development and their families. The project brings together families and service providers so that families receive help obtaining and coordinating community services and supports, such as assistive technology, special instruction, a trained home visitor, transportation assistance, health services to help a child, medical diagnosis or evaluation, hearing and vision services, nursing, nutrition, physical and occupational therapy, communication, counseling, and social work.

- The Vermont Legislature established the **Early Education Initiative** in 1987 to fund community-based programs providing early childhood services for young children at risk of school failure and their families who are not eligible for other services. There are 42 community EEI programs serving a total of 1,143 children in 156 towns. These programs are required to provide a developmentally appropriate curriculum, including early literacy; to provide real opportunities for parent involvement; and demonstrate interagency collaboration.
- **Essential Early Education (EEE)** services are special education and related services provided by local school districts to children ages three through five who have a significant developmental delay or a medical condition that may result in significant delays by the time the child enrolls in elementary school. School districts are required to make the service available to all eligible children.
- **Even Start** is a federally funded, comprehensive family literacy program with the goals to break the cycle of poverty and illiteracy by improving the educational opportunities of low income families through the integration of early childhood education, adult literacy, and parenting education into a unified family centered program. Currently, there are three Even Start projects in Vermont.
- **Starting Points** is a four-year initiative funded by the Carnegie Corporation to improve the well-being of young children in Vermont. Its lead partners are the Vermont Community Foundation, the Agency of Human Services, the Department of Education, and the Early Childhood Steering Committee. It is focused on access to health care for all children; providing information about child development services to all families and ensuring access to high quality child care and development services.
- **Head Start - State Collaboration Project** is designed to help build more integrated and comprehensive service delivery systems and improve access for all low-income children and to encourage widespread local collaboration between Head Start and other programs
- **Coordinated Services Planning** mandated by Vermont's Act 264, passed in 1988. Act 264 entitles youth with severe emotional disturbance to a coordinated services plan, usually developed with by an Interagency Treatment Team consisting of family members and service providers. SRS employees are active members of these teams. The efforts of local teams are supported centrally by the State Interagency Team, whose members are division directors from the state departments that collaborate to deliver services to these children and their

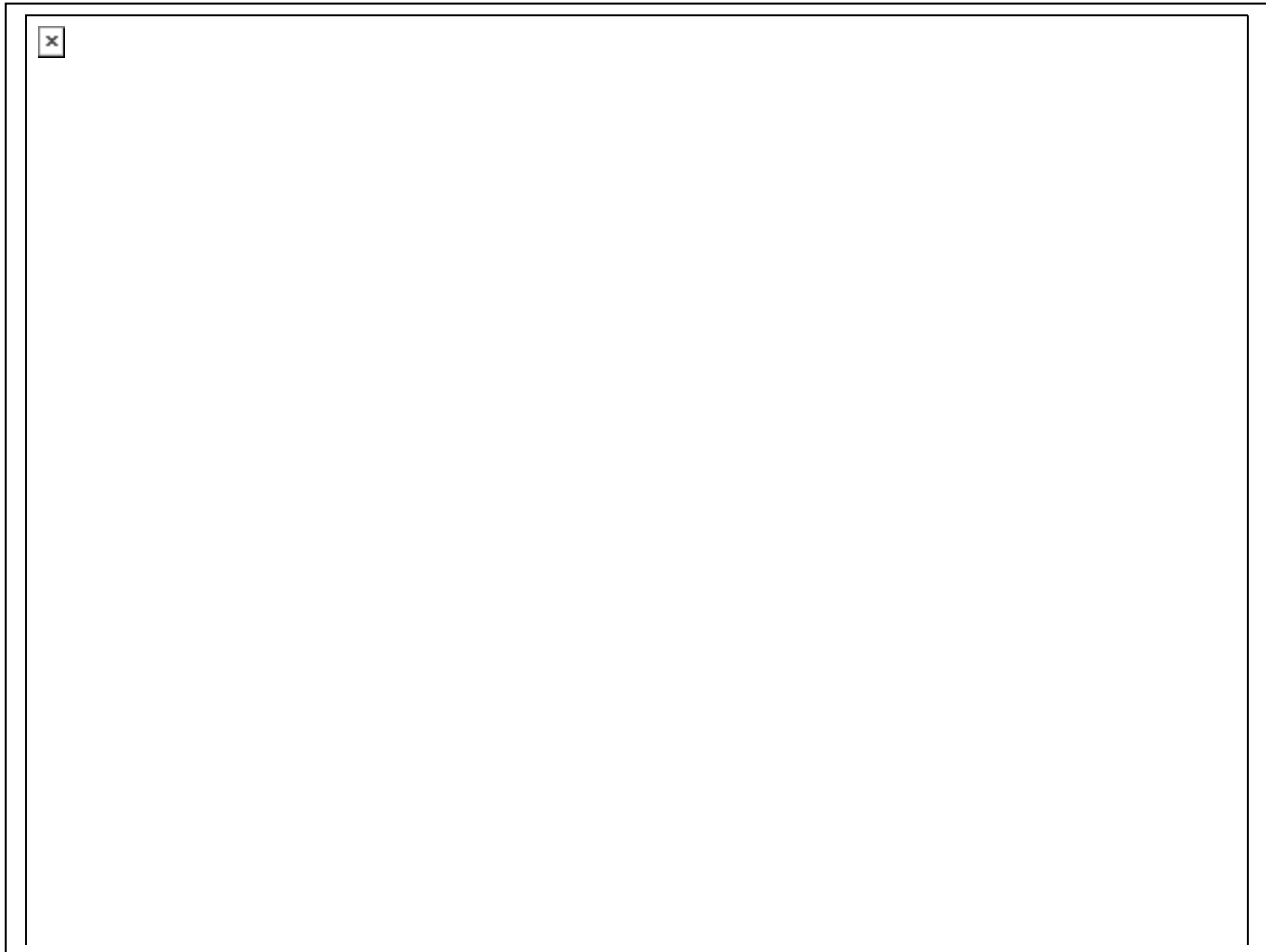
families: SRS, the Department of Developmental and Mental Health Services, the Department of Education and others.

Many of these programs have evaluation components that assist in determining their effectiveness. In addition, the Agency of Human Services, through its planning division, conducts periodic needs assessments and engages in other evaluation activities. The State Team on Children, Families and Individuals regularly focuses on progress towards achieving defined outcomes, as follows:

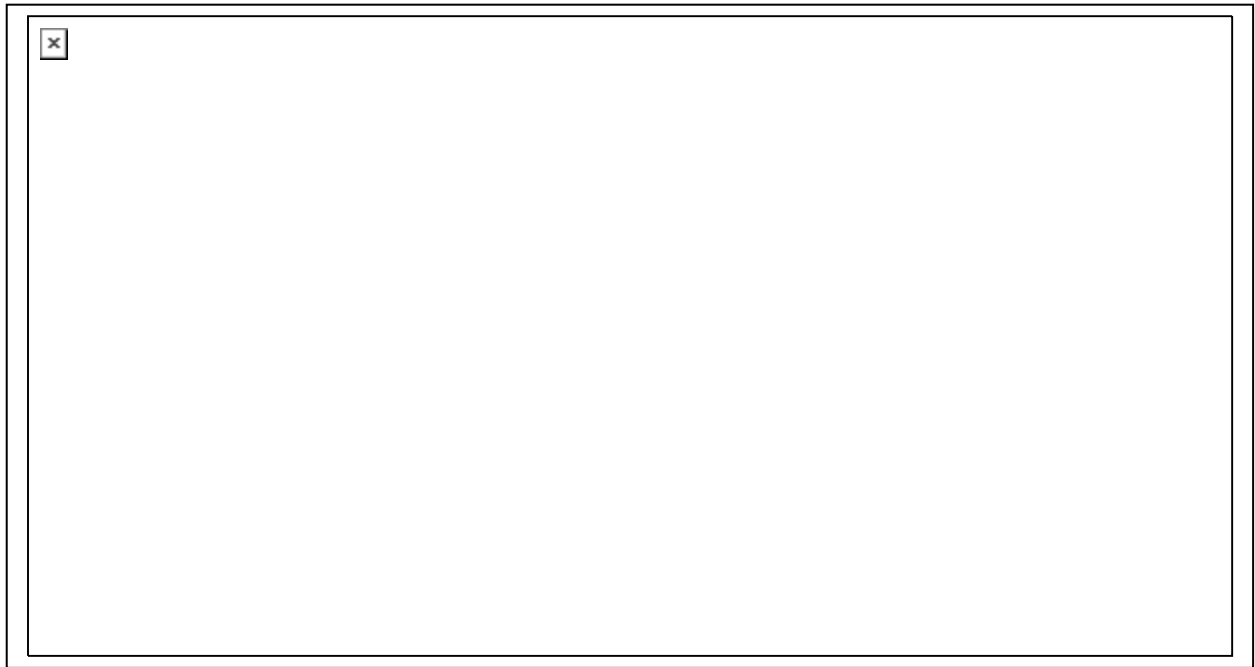
- Families, youth and individuals are engaged in their community's decisions and activities.
- Pregnant women and young children thrive.
- Children are ready for school.
- Children succeed in school.
- Children live in stable, supported families.
- Youth choose healthy behaviors.
- Youth successfully transition to adulthood.
- Elders and people with disabilities live with dignity and independence in the settings they prefer.
- Families and individuals lived in safe and supported communities.

3. *Discuss how effective the State has been in meeting the title IV-B State plan requirement to provide services designed to help children be placed for adoption, with a legal guardian, or if adoption or legal guardianship are determined not to be appropriated for a child, in some other planned, permanent living arrangement.*

Vermont has a special challenge in the area of permanency planning since so many children in custody enter custody during their adolescence. The permanency options chosen for children in custody vary greatly by age group. The following chart, depicting case plan goals for children in custody on 12/31/99, not only shows variations in case plan goals, but also how many more adolescents are in out-of-home placement.



Most children enter the substitute care after age twelve. Those children are more likely to have a goal of return home. On the other hand, over half of children who entered care before the age of twelve have a goal of adoption. The following chart shows the permanency outcomes for children discharged in 1999. Preschool children are more likely to be discharged to adoption than they are to be reunified. This trend reverses for children who enter between the age of six and eleven.



As Vermont has implemented ASFA provisions, we have focused on the issue of permanency for adolescents. The following chart shows children who have been in and out of home care for fifteen of the last twenty-two months. Over half of children age 12-17 have compelling reasons documented why TPR is not the most appropriate plan:

	Age 0-5		Age 6-11		Age 12-17		Total	
	#	%	#	%	#	%	#	%
Free for Adoption	131	51.8%	79	30.4%	25	11.2%	235	31.9%
TPR Petition Filed	35	13.8%	12	4.6%	1	0.4%	48	6.5%
Compelling Reason	87	34.4%	169	65.0%	197	88.3%	453	61.5%
Total	253		260		223		736	

SRS does not track the specific compelling reason that is documented in the case plan in its automated systems. For young children, anecdotal information indicates that the compelling reason is usually related to the imminence of reunification. For adolescents, the reason is usually related to other case plan goals being more supportive of the youth's best interest.

The issue of permanency for adolescents has been discussed in a variety of forums. In 1998, the department convened a Permanency Planning Task Force to re-examine the issue of permanency planning in light of the new provisions of ASFA. The National Center for Permanency Planning provided two training sessions on this issue in the

spring of 2000. Staff trainers are now qualified to deliver this training. In February 2001, two more days of training on Permanency for Adolescents was provided.

It has been a challenge for staff to think through how they can provide meaningful permanency options for adolescents, either through adoption, or by some other means that results in the adolescent receiving concrete and emotional support as he or she moves into early adulthood. Given that adoption is not a realistic or desired option for many of the young people we have in custody, social workers have had to develop a new awareness of the need to help them to strengthen the relationships they have with their own families. This is a "work in progress" for the agency, and an important one for the many adolescents in our care and custody.

In the 1999-2000 session, the legislature created a permanent guardianship option, to be used only in cases in which adoption has been determined not to be appropriate. No funds were attached to this bill, so there is no subsidized guardianship option. SRS is currently in the process of facilitating the first of these permanent guardianships. In the same session, the legislature budgeted funds to assure that young adults who turn eighteen while in state's custody will continue to receive financial support from SRS while they complete their high school education.

Six regional adoption social workers and six adoption assistants deliver adoption services locally. Casework supervision has been provided in the "home" district of the adoption worker. However, supervision is currently being centralized.

Adoption workers finalize adoptions of children in custody. They work closely with district office staff to assure that children needing permanent placements find appropriate families. SRS contracts with several private adoption agencies to provide finalization services for children who cannot be served in a timely manner by our adoption social workers, due to workload issues. SRS does not provide general adoption services, nor are social workers involved in independent adoptions in any way.

SRS has always relied on a very successful foster parent adoption program to assure permanency for foster children. There is a very low rate of dissolution with these adoptions. Timeliness of adoption is always a challenge (see Data Analysis on page **Error! Reference source not found.****Error! Bookmark not defined.**) with many variables affecting how successful we are.

The number of children needing adoptive families has grown over the last several years. Currently, about 100 children need families. To address this concern, SRS collaborated with the Lund Family Center to apply for an Adoption Opportunities grant, under the category *Innovative Approaches to Expediting Permanence and Implementing the Adoption and Safe Families Act (ASFA)* to focus on the needs of freed children. HHS awarded a three-year \$900,000 grant, effective 10/1/00.

The project's main goal is to establish permanency for 90 - 150 waiting children over the next three years. The project will create a statewide system to recruit, train and maintain a constant pool of families who are ready, able and willing to adopt older children in

foster care. Six people will carry out these goals: four social workers, an administrative assistant and an Adoptive Home Recruiter. Funds will also be used to implement marketing strategies to recruit potential adoptive families; train and prepare families to adopt children with special needs; and conduct home studies for families as required by Vermont adoption law.

It is important to note that our overall timeliness for adoptions of children in custody will decrease as we locate adoptive homes and finalize adoptions for these children who have been in custody for a number of years.

4. Describe the extent to which all the services in items 1-3 above are accessible to families and children on a statewide basis.

Unless otherwise noted above, all services are available and accessible to families statewide. A state-administered human services system facilitates the development and maintenance of a statewide system of care. In addition, the departments of the Agency of Human Services as well as the community partnerships are linked by a focus on a single set of ten outcomes. SRS outcomes – safety, permanency, well-being and law abidance – are consistent with AHS outcomes.

Many of these service are home and/or school-based services, increasing the accessibility of services to rural families. These include:

- Parent Educator
- Intensive Family Based Services
- Healthy Babies
- Family, Infant and Toddler Project
- Headstart

During focus groups, staff in general indicated that the services in their communities are generally of high quality. However, they indicate that there are not enough of them. Waiting lists are a statewide reality for out-patient therapy, for example. There is a lack of qualified therapists who will take Medicaid everywhere. Substance abuse services are a concern as well; workers state that there are not enough available for any population. SRS has been working closely with the Office of Drug and Alcohol programs to address this need. Most recently, the two departments issued an RFP for a residential substance abuse treatment program for adolescent boys. An apparently successful bidder has been selected and contract negotiations are underway.

The issue of substance abuse has received publicity lately in Vermont, following the death of a young woman in custody in New York City. This young woman and others were recruited to the city as part of a drug and prostitution ring. The tragedy has heightened awareness of the rise in heroin use in the state; the governor has recently announced that new resources will be available for substance abuse treatment and law enforcement.

F. AGENCY RESPONSIVENESS TO COMMUNITY

1. *Discuss how effective the State has been in meeting the requirement to consult and coordinate with external community stakeholders in the development of the State's CFSP. In responding, discuss how the concerns of stakeholders are addressed in the agency's planning and operations and their involvement in evaluating and reporting progress on the agency's goals.*

Federal requirements for consultation and coordination with stakeholders in the development of the state's CFSP came at a time when Vermont's system of collaborative planning was already well developed. The State Interagency Team, with participants across the Agency of Human Services, as well as local community collaboratives, was already in place. The previous year, in January of 1994, the State Team for Children, Families and Individuals issued an *Invitation to Communities* to local collaboratives to conduct a local needs assessment and a plan for accessing substantial funds awarded by the National Institute of Mental Health to support family preservation efforts.

SRS met the new IV-B planning requirement by utilizing the collaborative planning structure already in place. This vehicle has continued to serve us well. Since that time, we have added two more vehicles for gaining input into our CFSP:

- Our Citizen Advisory Board, required by CAPTA, is in its third year. It has representatives of a wide range of public and private agencies. That board has formally reviewed our plan for the last two years. They also participated in this assessment.
 - We have four consumer advisory boards, consisting primarily of parents of children in custody, with two more in the early start-up stage. These boards have been very helpful in providing input on a variety of efforts, including the CFSP and this assessment.
2. *Discuss how effective the State has been in meeting the State plan requirement to coordinate its services with the services and benefits of other public and private agencies serving the same general populations of children and families.*

As discussed previously in this document, Vermont has the infrastructure to assure coordination of services and benefits. The Agency of Human Services is an umbrella agency, with its departments providing a wide variety of human services. The Agency and the Department of Education regularly collaborate. The State Team on Children, Families and Individuals, focused on the achievement of positive outcomes for children, families and individuals in the state, has representation from both state and private agencies. The State Interagency Team provides high level coordination of services.

In addition, the department has entered into a number of inter-department agreements that facilitate coordination, such as:

- Fostering Healthy Families agreement with the Vermont Department of Health -- This agreement provides for routine referrals of new children in custody to EPSDT services focused on assuring that foster parents have the information they need to meet the health needs of the child. That agreement is currently expiring and under review.
- Agreement with the Public Assistance Agency (PATH) for collaboration on services to minor parents. Under the agreement, SRS homes are available to foster teen parents and their babies needing supervised care, and job readiness services are available to parenting teens in custody.
- Memorandum of Agreement with the Department of Corrections -- This agreement stresses communication and collaboration between the two departments when both are serving families with at-risk children. It also enables the sharing of automated systems.

On the case level, the predominant vehicle for coordination of service delivery for children and families served by SRS is treatment teams. Partners from other state departments and private agencies are routinely invited to participate, when they are also serving the same family. Also, there is a statewide network of Child Protection Teams. These teams meet regularly, primarily to discuss coordination of services to families who are at-risk, but not being served by SRS. SRS staff regularly participate, often playing a leadership role.

3. *Does the agency have any agreements in place with other public or private agencies or contractors, such as juvenile justice or managed care agencies, to perform title IV-E or IV-B functions? If so, how are services provided under the agreements or contracts monitored for compliance with State plan or program requirements and accurate eligibility determinations, where applicable?*

The agency does not have agreements with public or private agencies to perform IV-E or IV-B functions. SRS does contract for case management services, but the agency retains all core IV-E and IV-B responsibilities, such as court responsibilities, case planning and coordination, permanency planning and eligibility determination.

4. *Citing any data available, discuss how effective the State has been in meeting State plan requirements for determining whether children are American Indian and assuring compliance with the Indian Child Welfare Act.*

Vermont does not have any federally-recognized American Indian tribes within its borders. We do have policy governing use of the Indian Child Welfare Act for affected children. Our Assistant Attorneys General assist casework staff with compliance issues as needed.

We are currently working with the University of Vermont Social Work Department and the Abenaki Nation (not a federally-recognized tribe) to develop more Abenaki foster

homes and to better serve Abenaki children, preferably within their own community and culture.

G. FOSTER AND ADOPTIVE HOME LICENSING, APPROVAL, AND RECRUITMENT

1. *Discuss how effective the State has been in meeting the requirement to establish and maintain standards for foster family homes, adoptive homes, and child care institutions in which children served by the agency are placed reflect the standards of national organizations.*

Vermont has three separate sets of regulations that govern the activities of family foster homes, child placing agencies and residential child care facilities. When these regulations were most recently revised, committees were formed that represented community consumers and professionals in the individual field of care. Regulations from other states and the CWLA standards were used as resources.

2. *Citing any data available to the State, discuss how effective the State has been in meeting the State plan requirement to assure that the State's licensure standards are applied to all foster and adoptive homes and child care institutions that serve children in the State's care or custody?*

In 2000, in response to new ASFA regulations, the Residential Licensing Unit (RLU) designed a new licensing process. Formerly, Vermont had an alternative approval process for kinship care providers. Now, all family homes are licensed by the state agency according to Vermont's family foster care regulations, using the same standards. Foster homes approved by private licensed child placing agencies are also required to meet all the Vermont family foster care regulations as their minimum standards.

The new licensing process focuses on decreasing the time it takes to issue a license, while continuing a focus on safety. The process has enabled us to decrease the time to licensure from 4-6 months to a matter of a week to ten days. Prior to instituting this process, SRS had many children living in provisionally approved homes. These homes had been screened by the district, but had not had a full licensing evaluation. Some of these families were known to the child; others were simply families in the licensing process, but not yet licensed.

When a child needs to be placed immediately in an unlicensed family, the new process moves many licensing activities out to field offices. Social workers visit the foster homes and fill out a licensing checklist. They obtain permission to conduct criminal record and other background checks. Child abuse registry checks are completed in the district office. The application and checklist are faxed to the Residential Licensing Unit for immediate initiation of background checks. Licensing social workers make home visits only when the district's home visits and/or background checks raise questions. This essentially prioritizes licensing time on

families needed more scrutiny, and on the re-licensure process. Initial licenses are issued for one year. Licensing staff visit the foster family within the first six months for quality assurance. Subsequent licenses are for three years.

Vermont statute specifies that a license will remain in effect if the foster parent submits an application for re-licensure and agency action is pending. Nevertheless, we have also addressed a backlog in re-licensing in the last six months. Overdue re-licenses are significantly reduced. We are now re-doing all the background checks at the time of the one and three year re-applications. Background checks have been completed for all families overdue for re-licensure.

Child care institutions and the private child placing agencies that run foster and adoptive programs are reviewed annually by staff of RLU. A license is issued annually to show compliance with regulations.

- 3. Citing any licensure or safety data available to the State, discuss how effective the State has been in meeting the State plan requirements to conduct criminal background clearances on prospective foster and adoptive families, including those being licensed or approved by private agencies in the State. How does the State address safety considerations with respect to the staff of child care institutions and foster and adoptive families (if the agency has opted not to conduct criminal background clearances on foster care and adoption families)?*

The RLU conducts the following background checks on all foster parent applicants:

- Vermont Child Abuse Registry
- Vermont Criminal Information Center (VCIC)
- Department of Child Support
- Department of Motor Vehicles
- Department of Corrections
- Relief of Abuse Order Database

Adoptive applicants also have these checks. In addition, fingerprints for an FBI (national) criminal check are required for adoption, no matter who conducts the approval.

The RLU has direct access to VCIC databases. In state FY 1999, the RLU ran a total of 4703 names through VCIC. Only 284 individuals (6%) came back with some kind of criminal record. For the 646 adoptive applicants who also had the national background check, only 44 individuals (6.8%) had criminal records. Of those 44 individuals, only 7 (1.08%) had histories from outside the state of Vermont, revealed by the national records check.

The RLU also completes Vermont Criminal Information Center and Vermont Child Abuse Registry checks on staff of licensed facilities. Many licensed programs opt to require Motor Vehicle checks themselves, if staff will be transporting children.

4. *Citing any data available to the State, discuss how effective the State has been in meeting the State plan requirement to recruit and retain foster and adoptive families that represent the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed, including the effectiveness of the State's official recruitment plan.*

Section 422(b)(9) of Title IV-B requires that the Child and Family Services plan provide for the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed.

Because there are so few families of racial and/or ethnic minorities living in the state, and as a result so few children in care from those families, the division does not make special efforts to recruit minority families. The population statistics in the following chart are from the 1990 census.

Race/Ethnicity	Number	% of Total Population	Number Under Age 18	% of Total Under 18 Population	Number in Custody	% of Total Custody Population
Black	1951	.34%	866	.15%	28	1.77%
American Indian, Eskimo or Aleut	1696	.30%	700	.12%	4	.25%
Asian or Pacific Islander	3212	.57%	958	.17%	5	.32%
White with Hispanic Origin	2904	.51%	Not available	Not available	8	.51%

Of the racial and ethnic groups represented in this chart, only black children are represented in higher numbers in the 1999 custody population than was true of the general population in 1990 (1.77% of the custody population versus .15% of the general population).

Vermont residents are very gradually becoming more racially and ethnically diverse. The results of the 2000 census will be helpful to us in determining what other strategies we might need to employ to assure that children in custody have their needs for cultural continuity met.

The division has reviewed its strategy for recruitment of foster and adoptive parents. During the last two years, new recruitment materials were produced, including a web page at: <http://www.state.vt.us/srs/> under the heading Foster Parenting. The new materials emphasize our need for foster homes for older children and youth. Still, a pervasive issue raised during focus groups with staff was "not enough foster homes", especially not enough foster homes in which one parent is in the home full-time. The children placed in foster care face many challenges, making it necessary for foster parents to be available to be called to school frequently, attend team meetings, transport the child to therapy and other needed services, etc.

This year, the department has entered into a new partnership with the University of Vermont Department of Social Work that will focus on developing resources within the Abenaki community for Abenaki children. We have not identified any other sub-populations for whom specialized recruitment seems indicated.

As we have implemented ASFA provisions, we have seen a significant rise in the number of children waiting for adoptive families. Efforts over the last year have focused on the recruitment of adoptive homes for waiting children (see next section.)

5. *Citing any data available to the State, discuss how effective the State has been in meeting the State plan requirement to recruit and use adoptive families for waiting children across State or other jurisdictional boundaries. In responding, consider relevant agency policies, time frames for initiating recruitment activities, and specific methods.*

During the last year, we have increased our efforts to place children for adoption, both in-state and cross-jurisdictionally:

- We have collected home studies from out-of-state families who are interested in adopting older children.
- We have distributed profiles of those families to all staff and when requested send the entire home study.
- Children have been listed on the national and New England adoption exchange.
- Children have been featured in the newsletter of the Vermont Foster and Adoptive Parent Association.
- Children were featured at the Vermont Adoption Conference.

We plan to develop a web page where all information on how to adopt a waiting child will be available. Waiting children will be profiled. The web page will also feature the Vermont Adoption handbook, developed by a coalition of Vermont Adoption Agencies.

These efforts have not resulted in permanency for a significant number of waiting children. Therefore, the department applied for and received the Adoption Opportunities grant previously described on page 21 so that we focus specific efforts on the needs of these children.

SECTION III – SAFETY AND PERMANENCY DATA

The next several pages contain data tables received by the state from HHS, based on AFCARS and NCANDS data submitted over the last three years. The table have been re-formatted and in some cases re-labeled to fit with Vermont needs and terminology.

The analysis of data begins following six pages of data profiles. In the data analysis section, the relevant data tables have been copied into the narrative, for ease of understanding. All of the data tables are included. Thus, the reader need not read this section unless he or she desires.

I. CHILD SAFETY PROFILE	Calendar Year 1999 Data Source: 1999 DCDC						Calendar Year 1998 Data Source: 1998 DCDC						Calendar Year 1997 Data Source: 1997 DCDC						
	State of Vermont	Reports	%	Duplic. Chn. ²	%	Uniq Chn. ²	%	Reports	%	DuplicChn. ²	%	Uniq Chn. ²	%	Reports	%	Duplic Chn. ²	%	Uniq Chn. ²	%
I. Total CA/N Reports Disposed¹	2,287		2,906		2,480		2,040		2,408		2,107		2,282		2,674		2,368		
II. Disposition of CA/N Reports³																			
Substantiated & Indicated	932	40.8	1,179	40.6	1,060	42.7	890	43.6	1,059	44.0	955	45.3	1,035	45.4	1,184	44.3	1,084	45.8	
Unsubstantiated	1,337	58.5	1,701	58.5	1,396	56.3	1,129	55.3	1,322	54.9	1,131	53.7	1,231	53.9	1,473	55.1	1,271	53.7	
Other	18	0.8	26	0.9	24	1.0	21	1.0	27	1.1	21	1.0	16	0.7	17	0.6	13	0.5	
III. Child Cases Opened for Services⁴			561	47.6	471	44.4			490	46.3	424	44.4			536	45.3	470	43.4	
IV. Children Entering Care Based on CA/N Report⁵			343	29.1	284	26.8			299	28.2	259	27.1			274	23.1	247	22.8	
V. Child Fatalities⁶					4	0.4					0	0					3	0.3	
STATEWIDE AGGREGATE DATA USED TO DETERMINE SUBSTANTIAL CONFORMITY																			
VI. Recurrence of Maltreatment⁷					36 of 547	6.58					30 of 495	6.06					49 of 635	7.72	
VII. Incidence of Child Abuse and/or Neglect in Foster Care⁸ (for Jan-September)					3 of 1,998	0.15					0 of 1,808	0					2 of 1,785	0.11	

FOOTNOTES TO DATA ELEMENTS IN CHILD SAFETY PROFILE

1. The data element, "Total CA/N Reports Disposed," is based on the reports received in the State that received a disposition in the reporting period under review. The number shown may include reports received during a previous year that received a disposition in the reporting year. Counts based on "reports," "duplicated counts of children," and "unique counts of children" are provided.
2. The duplicated count of children (report-child pairs) counts a child each time that (s)he was reported and received a disposition. The unique count of children counts a child only once during the reporting period, regardless of how many times the child was reported.
3. The data element, "Disposition of CA/N Reports," is based on upon the highest disposition of any child who was the subject of an investigation in a particular report. For example, if alleged maltreatment was investigated for two children, and the State counts the investigation as one report, and one child is found to be neglected and the other child found not to be maltreated, the report disposition will be substantiated. The disposition for each child is based on the specific finding related to the maltreatment. In other words, of the two children above, one is a victim and is counted under "substantiated," and the other is not a victim and is counted under "unsubstantiated." In determining the unique counts of children, the highest finding is given priority. If a child is found to be a victim in one report, but not a victim in a second report, the unique count of children includes the child only as a victim. A child is counted as a victim if an alleged maltreatment was either substantiated or indicated. In a number of States "indicated" is used if a child is at risk of maltreatment. With the agreement of the States, NCANDS has included these children as "victims of maltreatment." The category of "other" includes children whose report may have been "closed without a finding," children for whom the allegation disposition is "unknown," and other dispositions that a State is unable to code as substantiated, indicated, or unsubstantiated.
4. The data element, "Child Cases Opened for Services," is based on the number of children with a substantiated or indicated finding of maltreatment during the reporting period under review. (The current NCANDS DCDC does not collect service data on unsubstantiated reports. Starting in 2001, States will be submitting data on service responses related to unsubstantiated reports.) "Opened for services" refers to post-investigative services. The duplicated number counts each time a child's report is linked to on-going services; the unique number counts a child only once regardless of the number of times services are linked to reports of maltreatment.
5. The data element, "Children Entering Care Based on CA/N Report," is based on substantiated and indicated reports disposed during the reporting period under review. (See above note on service data.) The duplicated number counts each time a child's report is linked to a foster care removal date. The unique number counts a child only once regardless of the number of removals that may be reported.

6. The data element "Child Fatalities" counts the number of children reported to NCANDS as having died as a result of child abuse and/or neglect. Depending upon State practice, this number may count only those children for whom a case record has been opened either prior to or after the death, or may include a number of children whose deaths have been investigated as possibly related to child maltreatment. For example, some States include neglected-related deaths such as those caused by motor vehicle or boating accidents, house fires or access to firearms, under certain circumstances. The percentage is based on a count of unique victims of maltreatment for the reporting period.
7. The data element, "Recurrence of Maltreatment," is defined as follows: Of all children who were victims of substantiated or indicated child abuse and/or neglect during the first six months of the reporting period, what percentage had another substantiated or indicated report within a 6-month period. The number of children with a recurrence and percentage of all children are provided. This data element is used to determine, in part, the State's substantial conformity with Safety Outcome #1.
8. The data element, "Incidence of Child Abuse and/or Neglect in Foster Care," is defined as follows: Of all children who were served in foster care during the reporting period, what percentage was the subject of substantiated or indicated maltreatment by a foster parent or facility staff?. The number of children maltreated in foster care and the percentage of all children are provided. This data element is used to determine, in part, the State's substantial conformity with Safety Outcome #2.

II. POINT-IN-TIME PERMANENCY PROFILE State of Vermont	Federal FY 1999		Federal FY 1998		Federal FY 1997	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
I. Foster Care Population Flow						
Children in foster care on first day of year ¹	1,417		1,188		1,208	
Admissions during year	750		783		729	
Discharges during year	722		655		630	
Children in care on last day of year	1,445		1,313		1,303	
Net change during year	+28		+125		+95	
II. Placement Types for Children in Care						
Pre-Adoptive Homes	108	7.5	45	3.4	42	3.2
Foster Family Homes (Relative)	127	8.8	126	9.6	113	8.6
Foster Family Homes (Non-Relative)	784	54.3	761	57.8	732	56.0
Group Homes	228	15.8	181	13.8	205	15.7
Institutions	35	2.4	43	3.3	35	2.7
Supervised Independent Living	37	2.6	35	2.7	46	3.5
Runaway	12	0.8	0	0	0	0
Trial Home Visit	114	7.9	118	9.0	118	9.0
Missing Placement Information	0	0	0	0	0	0
Not Applicable (Placement in subsequent year)	0	0	7	0.5	16	1.2
III. Permanency Goals for Children in Care						
Reunification	723	50.0	699	53.1	295	22.6
Live with Other Relatives	21	1.5	27	2.1	20	1.5
Adoption	287	19.9	153	11.6	183	14.0
Long-Term Foster Care	230	15.9	218	16.6	214	16.4
Emancipation	157	10.9	123	9.3	94	7.2
Guardianship	2	0.1	7	0.5	11	0.8

Case Plan Goal Not Established	25	1.7	89	6.8	490	37.5
Missing Goal Information	0	0	0	0	0	0
IV. Number of Placement Settings in Current Placement						
One	266	18.4	231	17.6	225	17.2
Two	304	21.0	263	20.0	279	21.3
Three	208	14.4	217	16.5	199	15.2
Four	154	10.7	142	10.8	139	10.6
Five	119	8.2	123	9.3	114	8.7
Six or more	394	27.3	340	25.8	351	26.9
Missing placement settings	0	0	0	0		
V. Number of Removal Episodes						
One	1,143	79.1	951	72.3	934	71.5
Two	198	13.7	232	17.6	240	18.4
Three	61	4.2	65	4.9	72	5.5
Four	12	0.8	30	2.3	26	2.0
Five	10	0.7	13	1.0	9	0.7
Six or more	21	1.5	25	1.9	26	2.0
Missing removal episodes	0	0	0	0	0	0
VI. Number of children in care 17 of the most recent 22 months² (percent based on only those cases with adequate information)						
	475	50.7	447	48.3	465	50.5
VII. Median Length of Stay in Foster Care						
	Number of Months		Number of Months		Number of Months	
	19.88		17.54		19.09	
	# of Children Discharged	Median Months to Discharge	# of Children Discharged	Median Months to Discharge	# of Children Discharged	Median Months to Discharge
VIII. Length of Time to Achieve Perm. Goal						