



VERMONT

Department for Children and Families
Family Services Division

Child and Family Service Review

Statewide Assessment

February 2007

U.S. Department of Health and Human Services
Administration for Children and Families
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SECTION I – GENERAL INFORMATION

Name of State Agency:

Vermont Department for Children and Families

Period of AFCARS Data: FFY 2005

Period of NCANDS Data: FFY 2005

In-home Case Sample: April 2006-November 2006

Foster Care Case Sample: April 2006-September 2006

Period Under Review: April 2006-April 2007

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Within the Department for Children and Families, the Family Services Division is responsible for the delivery of child protection, child welfare, permanency planning and youth justice services.

- **Child Protection:** The Division is responsible for the investigation of child abuse and neglect, including the investigation of child sexual abuse by non-caretakers and ongoing child protective services for families who cannot be served effectively by voluntary community agencies.
- **Foster Care, Permanency Planning and Adoption Services:** The Division is responsible for serving children in custody due to child abuse and neglect, delinquency, or because they are without or 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.

- **Post Permanency Planning:** The division is responsible for establishing and maintaining adoption assistance, contracting with community agencies to provide post-adoption support and administering the Vermont Adoption Registry.

Agency of Human Services Re-organization

The Department for Children and Families (DCF) was formed on July 1, 2004, as part of a re-organization of the Agency of Human Services (AHS). The AHS re-organization was guided by a desire to provide more integrated, consumer-friendly services to Vermonters. In addition to child welfare and youth justice services, the new DCF administers TANF, Medicaid and other economic benefit programs, child support, early childhood programs, disability determination and other anti-poverty programs.

The last 24 months have been challenging as we have experienced changes in leadership at the agency and the department level. Nevertheless, we are making progress in our “transformation”. Staff around the agency have attended a one-day training entitled Beyond the Boxes, which helps them to apply the four key practices of the transformation to their work. These are:

- ▶ Holistic services
- ▶ Strengths-orientation
- ▶ Results orientation and
- ▶ Customer service.

Over the past year the Department used an inclusive process to develop new mission and vision statements, outcomes and guiding principles which incorporate the above four key practices. This work is in the final stages and will be released to staff, partners and clients soon.

Detailed information about the re-organization is available at:
<https://www.ahsnet.ahs.state.vt.us/council/>

Family Services Core Practice Principles

The Family Services Division of the Department for Children and Families partners with families and the community to promote safety, permanency, well-being and law abidance for children. Our work is guided by these core practice principles.

SAFETY: CHILDREN ARE SAFE FROM ABUSE

- Keeping children safe is our primary concern and we address it in every intervention, every plan and every contact. Child safety is a collaborative effort; we engage families and community members to find safe solutions for children.
- We ensure ongoing safety through frequent meaningful contact with children and their caregivers.

PERMANENCY: CHILDREN HAVE ENDURING RELATIONSHIPS WITH HEALTHY NURTURING FAMILIES

- Permanency planning for children is considered at every stage of decision making.
- When children can not live safely with their families, the first consideration for placement will be with kinship connections capable of providing a safe and nurturing home.
- Life-long connections are critical for children. We will strive to promote and preserve family, kinship, sibling and community connections for each child.
- Permanency is best achieved through a legal relationship such as reunification with parents, adoption or guardianship.

WELL-BEING: CHILDREN ARE SUCCESSFUL IN FAMILY, SCHOOL AND COMMUNITY

- We recognize that all families have strengths and deserve a voice in decisions regarding their children. We serve families from diverse backgrounds in a responsive manner.
- We recognize that families and individuals have the capacity to make positive changes in their lives.

- Family members and state and community partners are engaged to inform case planning and service delivery to maximize the opportunities for success.
- Casework practice is informed by strengths based assessments and research findings pertinent to critical questions and situations addressed each day in deciding what the best intervention is for a children and families.

LAW ABIDANCE: YOUTH ARE FREE FROM CRIMINAL BEHAVIOR

- Youth on probation receive professional and consistent services based on best practice; customer service; holistic and collaborative family-based approaches; principles of strength-based assessment; balanced and restorative justice and progressive responses.
- We are committed to work in partnership with communities and families to improve community safety by decreasing risk; to provide supervision levels that are commensurate with risk; and to match placement and services to meet the needs of families and youth.

STAFF SUPPORT AND DEVELOPMENT: STAFF ARE SUPPORTED, VALUED AND RECEIVE ONGOING TRAINING

- We are responsible for creating and maintaining a supportive working and learning environment with open communication and accountability at all levels.
- Our staff is our most important asset. Children and families deserve trained skillful staff to engage and assist them. Our training focuses on building specific skills for engaging, assessing, planning, monitoring plans and creating permanency.

SECTION II– NARRATIVE ASSESSMENT OF CHILD AND FAMILY OUTCOMES

A. Safety

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.

Item 1: Timeliness of initiation of investigation of reports of child maltreatment. How effective is the agency in responding to incoming reports of child maltreatment in a timely manner?

Policy No. 51 Accepting Reports of Child Abuse and Neglect, guides supervisory practice for timely review of intake allegations of child abuse and neglect and outlines acceptance criteria as set forth in state statute.

Policy No. 52 Investigating Reports of Child Abuse and Neglect directs practice when allegations of abuse and neglect are accepted for investigation. Response priority guides how quickly the investigation must be initiated by the assigned social worker. Further, guidance around joint investigations with law enforcement is provided to social workers under this policy. The policy requirement is that the child must be interviewed or observed within 72 hours of report acceptance, unless a waiver of the requirement is granted for the district director for specific reasons discussed below.

In the last CFSR, timeliness of initiating investigations of reports of child maltreatment was found to be an area needing improvement. In 86% of the cases reviewed, the agency responded to reports of abuse and neglect within the 72-hour timeframe. The challenges identified were in the documentation of commencement and investigation activity and staff understanding agency timeframes.

PIP activity included the automation of intake and investigation tools in 2003 with the implementation of Structured Decision Making (SDM) tools to track all investigation activity including commencement. On-going training and supervision in regard to commencement timeframes was delivered in all 12 districts as well.

In the fall of 2006, the Family Services Division rolled out new on-line reports (hereafter referred to as SDM1 reports) that allow us to aggregate information from our on-line intake and investigation documentation system. Data is available going back to April 2003. These new reports allow us to accurately report time to initiation of reports, defined in Vermont as time to first contact with the alleged child victim. The following data, from SDM1 reports, is for investigations disposed in Calendar 2005 and 2006; this data is our measure of effectiveness.

Timeliness of Response	Cal 2005	Cal 2006
Within 72 hours	78%	77%
72 hour requirement waived by district director	22%	23%
Total	100%	100%

Policy No. 52 (mentioned above) *Investigating Reports of Child Abuse and Neglect* allows for the waiving of the 72-hour commencement requirement only under specific circumstances, as follows:

“The District Director, Child Protection Director or Child Safety Assessment Manager may waive the requirement to interview or see the child within seventy-two hours only when, in his or her judgment:

- it would be harmful to the child (one example is when there is danger to the worker; or,
- the victim cannot be located. “

We do no aggregate data on reasons for waivers. Anecdotally, the most common reason for a waiver is that “it would be harmful to the child”. This is in part a result of our responsibility to investigate sexual abuse by out of home perpetrators. In these investigations, we almost always coordinate investigative activities with local law enforcement. When commencing the investigation within 72 hours would result in repeated interviews to the child when the child is not at imminent risk and the alleged perpetrator will not have unsupervised access to the child, a waiver is routinely granted. We believe that this is consistent with good practice.

Vermont’s data profile reports the following data regarding commencement of investigations:

Item	FFY 2004	FFY2005
XIII. Median time to investigation	More than 24 hours, but less than 48	More than 24 hours, but less than 48
IX. Mean time to investigation	81.4 hours	82.1 hours

This data is consistent with the Vermont data. It reflects that Vermont most commonly commences investigations within 24-48 hours, but the fact that 22% of investigations have waivers granted results in a longer mean time to commencement.

Lastly, data gathered during Vermont’s first round of district reviews is consistent with both of these data sources; 75% of investigations reviewed were commenced within 72 hours.

(Source: Vermont Department for Children and Families. Family Services Division. *Family Services Division 2005 District Review Annual Report*. January 2006)

We do not believe that data quality issues are affecting reporting of accurate data. Time of commencement is reported by the social worker as part of the on-line documentation of investigation activities.

Item 2: Repeat Maltreatment. How effective is the agency in reducing the recurrence of maltreatment to children?

Policy No. 56 Substantiating Child Abuse and Neglect guides practice in the area of case determination during investigations. Further, case disposition based on the completion of a Family Risk Assessment of Abuse/Neglect in all cases of substantiated abuse and/or neglect is outlined. Substantiated cases of abuse and neglect determined to be high or very high risk are opened for on-going service.

Policy No. 62 Promoting Child Safety in High Risk Families outlines practice in investigations that will not be substantiated but where a Family Risk Assessment of Abuse/Neglect has assessed the family to be at high or very high risk for abuse or neglect.

In the last CFSR, the State's rate of repeat maltreatment was 6.58%; the national standard was 5%. As such, this was an area found to be in need of improvement. The national standard was revised in June of 2001 to 6.1%.

Vermont's Program Improvement Plan Final Report, dated May of 2004, indicates that the state met or exceeded the established goal for safety for six of the eight quarters during the program improvement period and that the goal had been successfully completed. In 2005, Vermont met the national standard of 6.1% in all four quarters, with an average of 3.55%.

Included in our Program Improvement Plan was a goal to evaluate a sample of repeat maltreatment/risk of harm cases to identify specific risks that contributed to substantiations. Risk of harm means a significant danger that a child will suffer serious harm other than by accidental means, which harm would be likely to cause physical injury, neglect, emotional maltreatment or sexual abuse.

A 2004 data analysis of 13 cases with repeat risk of harm indicated that the most common denominator in all of the cases was substance abuse by the perpetrator. A second analysis of repeated risk of harm completed in 2005 indicated substance abuse by the caretaker continued to be an issue in repeat maltreatment cases, however, to a lesser degree.

In April of 2005, the agency convened a practice forum to discuss systemic issues that may be impacting on our performance in this domain. This group reviewed the data from 2004 and 2005 and concurred with the themes illustrated in the findings. Specifically, issues of substance abuse and the challenges inherent in these cases were discussed.

In response, greater emphasis on worker training in the area of substance abuse identification and treatment has occurred.

An on-line training offered by the National Center for Substance Abuse and Child Welfare entitled Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Child Welfare Professionals has been added to our New Employee Service Training. Training specific to opiate dependence and treatment was conducted for all intake and investigation supervisors as part of their quarterly supervisory meeting.

The CFSR data profile provides the following data:

	FFY 2004	FFY 2005
VI. Absence of Maltreatment (Standard = 94.6%)	95.5%	96.0%

Vermont's performance, as measured by quarterly Outcome reports (our measure of effectiveness), consistently exceeds the national standard in spite of the fact that we open relatively few cases for ongoing services after substantiation. Case opening is guided by formalized risk assessment at the end of an investigation. Only very high and high risk cases are recommended for case opening. However, in all cases, service planning, including referrals to appropriate community services is required. We believe that a strong community response is key to our continued success in this area.

In April 2006, the division adopted new policy for unsubstantiated, high risk cases requiring (1) formal risk assessment for unsubstantiated cases; (2) written communication with the family about risk factors and services to address them and (3) sharing information about concerns with other service providers involved with the family. These strategies are designed to prevent future maltreatment, even when none has been substantiated.

Vermont investigates non-caretaker sexual abuse; all other investigations are confined to caretaker abuse/neglect. The impact on the outcome is not clear. On the one hand, these investigations would make the denominator for the outcome measure larger. On the other hand, we do find that children experience some repeat maltreatment at the hand of non-caretakers. From a practice perspective, our social workers must be able to address safety planning and risk assessment in this practice area.

There are no known data quality issues for this measure. See item #4 for discussion of Safety Profile element VI on Maltreatment of Children by Parents While in Foster Care.

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

Item 3: Services to families to protect child(ren) in the home and prevent removal or re-entry into foster care. How effective is the agency in providing services, when appropriate, to prevent removal of children from their homes?

Policy No. 55 Risk of Harm outlines the agency's response to cases where a child may be at risk of abuse or neglect but where no abuse or neglect has occurred. The inclusion of this category of cases allows for the identification of families in need of prevention level services and assist the agency in targeting resources and referral to prevent removal.

Policy No. 56 Substantiating Child Abuse and Neglect provides practice guidance in regard to case opening when child abuse and neglect has been substantiated. The agency opens cases according to assigned risk level in an effort to target resources to those families where evidence would suggest greater risk for future maltreatment.

Policy No. 60 Chapter 55 Assessments provides an avenue for family assessment when concerns arise that do not meet criteria for acceptance under the state's child abuse and neglect statute. Policy directs assessments to include an analysis of current services availability and utilization and directs referral to necessary resources.

Policy No. 62 Promoting Child Safety in High Risk Families outlines practice in investigations that will not be substantiated but where a Family Risk Assessment of Abuse/Neglect has assessed the family to be at high or very high risk for abuse or neglect. Dispositional options for these investigations are outlined including referral to community based resources and expectations for coordination/communication by the agency prior to investigation closure.

Policy No. 56 Substantiating Child Abuse and Neglect guides practice in the area of case determination during investigations. Further, case disposition based on the completion of a Family Risk Assessment of Abuse/Neglect in all cases of substantiated abuse and/or neglect is outlined. Substantiated cases of abuse and neglect determined to be high or very high risk are opened for on-going service.

Policy No. 71 Initial Assessment and Planning guides our practice for appropriate, effective, and successful interventions. The case plan must assure protection of the child and focus on reducing risk.

Policy No. 72 Plan Review for Non-Custody Cases sets forth the expectation that all cases, including non-custody cases, will be case plan focused and that this focus will include the input of the family.

In the last CFSR, in 67% of the cases reviewed, families received services to protect children prior to removal. The agency was found to have a strong level of community collaboration that was having a positive impact on the services to families. At all three review sites, staff and other stakeholders (note: stakeholders were not defined in the May 2001 CFSR Final Report) noted that community involvement was an integral part of the child protection system and it is less likely for FS to open a case for CPS service unless out-of-home placement is needed.

As part of our previous PIP, safety and risk assessments were developed and implemented. The Safety Assessment is conducted in all investigations. The purpose of the safety assessment is to:

- Help assess whether any children are currently in *immediate* danger of serious physical harm which may require a protecting intervention; and
- To determine what interventions should be maintained or initiated to provide appropriate protection.

This tool guides decisions about the removal and return of a child(ren) to their family. It also guides decisions on whether or not the child(ren) can safely remain in the home, the need for interventions to eliminate the threat of immediate harm, or if protective custody and out-of-home placement of the children should be sought.

The Family Risk Assessment of Abuse/Neglect is also completed during all investigations. If the case is substantiated and assessed as high or very high risk, the case is opened for on-going service. In a review of repeat maltreatment incidents in 2005, policy was followed in regard to opening cases for on-going service when they were found to be high or very high risk in 94% of the cases. In 2005, 938 cases were substantiated; 290 (31%) cases were opened for service based on the determination.

In August of 2006 we released Policy No. 62 Promoting Child Safety in High Risk Families to ensure that safety and risk issues are affirmatively addressed with and for all families who are classified high risk following a child abuse investigation that is unsubstantiated. At the conclusion of every child abuse/neglect investigation, the social worker completes a risk assessment. If the alleged child abuse or neglect is unsubstantiated, but the risk assessment classifies the family as high or very high risk for future child protection involvement, the social worker will engage the family in a discussion about safety issues identified during the investigation and communicate concerns to new and/or existing service providers to enlist their assistance in ongoing monitoring of safety and risk.

While the number of CPS open family cases has varied in Vermont it has always remained a relatively low percentage of total cases.

Point-in-Time	Number of Cases	Percentage of Open Cases
12/31/01	88	5%
12/31/02	84	4%
12/31/03	95	5%
12/31/04	155	8%
12/31/05	82	4%
12/31/06	90	5%

On June 25, 2003, the U.S. Congress passed the Keeping Children and Families Safe Act of 2003, a reauthorization of CAPTA. This legislation requires states to establish provisions and procedures for referral of a child under the age of 3 who is involved in a substantiated case of child abuse or neglect to early intervention services. Many of these children have not been removed from their homes but are at risk of entering DCF custody.

Staff from Family Services, Child Development Division and the regional Family and Infant Toddler programs developed a system for referrals. After 10 months of implementation, those partners evaluated the CAPTA Part C process to determine if any changes were needed. As a result, we have strengthened our screening process. This evaluation only looked at the internal referral process and included Family Services central office and field staff, Child Development Division central office and field staff and several regional Family Infant and Toddler staff who provide the direct service to families.

7/1/2005 – 4/18/2006	Number	Percent
Children Referred for Screening	137	100%
Screened children referred for full assessment	32	23%
Assessments resulting in eligibility for ongoing FITP services	13	1%

In September of 2005, we automated initial case plans along with child and family assessment tools which were developed as part of our PIP. With the automation of the case plan and the assessments we have placed an emphasis on engaging families in case plan development for in-home cases as well as out- of-home cases.

We have two measures of effectiveness for this item: Re-entry Outcome Reports and Referrals to CAPTA Part C.

Item 4: Risk assessment and safety management. How effective is the agency in reducing risk of harm to children, including those in foster care and those who receive services in their own home?

Policy No. 55 Risk of Harm outlines the agency's response to cases where a child may be at risk of abuse or neglect but where no abuse or neglect has occurred. The inclusion of this category of cases allows for the identification of families in need of prevention level services and assists the agency in targeting resources and referral to prevent removal.

Policy No. 54 Investigating Reports of Child Abuse or Neglect in Regulated Facilities guides practice in regard to investigations in licensed and/or regulated facilities, including foster homes.

Policy No. 56 Substantiating Child Abuse and Neglect provides practice guidance in regard to case opening when child abuse and neglect has been substantiated. The agency opens cases according to assigned risk level in an effort to target resources to those families where evidence would suggest greater risk for future maltreatment.

Safety and risk assessments are completed for all substantiated cases of child abuse and/or neglect. Referrals to appropriate services are routinely made. Our performance in the area of repeat maltreatment, previously discussed, indicates our practice is resulting in a high rate of safety for children in their own homes.

Results from Vermont's first round of district quality assurance reviews are presented here, and confirm good practice in risk assessment and safety management. (Source: Vermont Department for Children and Families. Family Services Division. *Family Services Division 2005 District Review Annual Report*. January 2006)

Safety Ratings for All Applicable Cases				
Indicator		Strength	Needs Improvement	Total
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.	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%
Appropriate referrals were made for all cases.	Number	54	4	58
	Percent	93%	7%	100%

Vermont's performance for maltreatment by foster care providers exceeded the national standard in the first CFSR and no program improvement was necessary. Practice remains the same and this continues to be a strength for Vermont. We have experienced success in keeping children safe from abuse by foster and residential care providers, with sustained performance near or exceeding the national standard. In FFY 2005, the standard was exceeded.

	FFY 2004	FFY 2005
VII. Absence of Child Abuse and/or Neglect in Foster Care (Standard = 99.68% or more)	99.27%	99.86%
XIII. Incidence of Child Abuse and/or Neglect in Foster care (Standard = .57% or less)	.44%	.10%

. We believe that some of the following factors promote success:

- Each district has a resource coordinator whose job includes direct support to foster parents. Most offices, in addition, have a foster parent working part time to provide foster parent support.
- Each district has contracted services that provide case management and behavior consultation supports for children in foster care. Foster parents directly benefit from these services, which are tailored to the individual child.
- Respite care is available for all foster families, up to two days per quarter.
- All case plans directly address supports needed by foster parents.
- Most districts have local foster parent associations that meet at least monthly for support and training activities.

The new data profiles also provide information about children maltreated by their parents while the children are in foster care.

	FFY 2004	FFY 2005
XI. Children Maltreated by Parents While in Foster Care	.73%	.88%

Data regarding children maltreated by parents while in foster care is difficult to analyze without the case specifics.

Districts report anecdotally that these reports are often about abuse that occurred before removal that is reported by the child after her or she is safe in foster care. Since the incidence of this type of maltreatment is less than 1% in Vermont, we are not devoting time to this analysis.

We will use data collected from our next round of District Reviews as our measure of effectiveness to help us determine if we are effective in reducing risk of harm to children, including those in foster care and those who receive services in their own home

B. Permanency

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

Item 5: Foster care re-entries. How effective is the agency in preventing multiple entries of children into foster care?

Policy No. 71 Initial Assessment and Planning, guides our practice for appropriate, effective, and successful interventions. The case plan must assure protection of the child and focus on reducing risk.

Policy No. 122 Case Plans and Plan Review, guides our practice in monitoring progress in accomplishing case plan goals for family/child progress towards safety and permanence.

In 100% of the cases reviewed in our last CFSR, this factor was identified as strength, with no areas identified as needing improvement. At the time of the CFSR, Vermont met the national standard for re-entry. We have continued to track re-entry performance.

Division quarterly outcomes reports show that the re-entry data is very encouraging; we continue to see a decrease in the numbers of children and youth who re-enter foster care in less than 12 months and remain below the first CFSR national standard set for this outcome which is 14.7%. This data, which is tracked by our quarterly outcome reports, is our measure of effectiveness.

Re-entries in less than 12 months

FY 2004	FY 2005	2006
14.3%	13.0%	12.2 %

Vermont’s Data Profile also shows improvement in performance for the CFSR measure associated with this issue.

Measure	FY 2004	FY 2005
Re-entries to foster care in less than 12 months. (No standard; FY 04 national median is 15.0%)	19.1%	15.8%

Vermont's population includes children who are in custody due to child abuse and neglect, delinquency, and because they are beyond the control of their parents. These different populations give Vermont one of the highest median ages of children in out of home care of all states reporting AFCARS data.

The figures below (Source: four quarters of Outcomes-at-a Glance reports generated by the division) do not exactly match the percentage given for FFY 2005 re-entries. However, they are close enough to facilitate more detailed analysis.

	Re-entry	Not a Re-entry	Total Custody Entrants (4 quarters)	% Re-entry
0-5	20	212	232	9%
6-11	13	124	137	9%
12-17	86	396	482	18%
Total	119	732	851	14%

The previous national standard for re-entries was that no more than 8.6% of children re-enter out-of-home placement within 12 months. For children under 12, Vermont was very close to meeting that standard in 2005. Adolescents re-enter at a much higher rate. Here is the detail on the adolescents re-entering:

Age 12-17	Reason for Re-Entry		
	Abuse/Neglect	Beyond Parental Control	Delinquent
Abuse/Neglect	15	1	2
Beyond Parental Control	1	11	8
Delinquent	1	3	43
Voluntary		1	
Total	17	16	53

Clearly, the reality of being a child welfare and juvenile justice agency¹ heavily influences our re-entry numbers. Of the 86 children who re-entered, 53 of them (61.6%) were delinquent youth in the first or second episode. Clearly, to further improve our re-entry rates, we will have to focus on delinquent youth. The division is currently in the early stages of implementing the Youth Assessment and Screening Inventory (YASI), a validated screening, assessment and case planning tool designed specifically to improve the quality of services for delinquent youth and their families.

¹ Vermont is one of 13 state child welfare systems that also serves juvenile justice clients. However, unlike many states, Vermont has only 28 secure beds for juvenile justice youth. Otherwise, these children are in the same foster and residential settings as are the child welfare children. The median age of children in care in Vermont was 13.8 in 2003; this was the fourth highest median age among state child welfare agencies, according to the Child Welfare League's National Data Analysis System.

Training on the YASI will include training in the use of motivational interviewing techniques. We expect to implement between July and September 2007.

In addition, the Division contracts with a variety of community agencies to provide services that supplement casework services delivered by social workers. These services comprise part of a statewide network of family support and preservation services and are available in all districts. We use these services for family preservation and reunification efforts. This strong network of community services contribute to the reduction in re-entries.

Best-practice interventions such as Family Group Conferencing, MAPS and Family Finding are used to assist families/caretakers in accessing long-term formal and informal supports that may prevent further re-entries. Treatment teams often help to develop post custody plans to support families with challenges that are likely to occur once custody is discharged.

Item 6: Stability of foster care placement. How effective is the agency in providing placement stability for children in foster care?

Policy No. 94, Placing Children and Youth, outlines practice expectations that social workers provide information, support, and continuity of services to a child and a resource family, including safety planning and necessary information updates.

Policy No. 96, Permanency Foster Homes, provides guidance on when and what considerations should be made in making a decision to place a child or youth into a permanent home.

In the last CFSR in 73% of cases reviewed this area were identified as a strength. In 27% of cases, this was an area that was identified as needing improvement, with a need for more comprehensive and timely assessments, additional support to foster parents, particularly those with older youth, and a need to increase engagement between the social worker, foster parents and the youth in their home. Vermont did not meet the national standard for placement stability, and the state engaged in program improvement.

In spite of substantial progress made during the PIP, children in DCF custody still move too much. We've implemented a comprehensive screening process to help inform placement decisions, identify appropriate services for children and families and identify any additional evaluations/assessments children and families may need.

While the intent of the screening process was to integrate the information gathered from the screening tools into the case plan, staff feedback indicates we are not fully utilizing the assessment information in case planning.

Our Child Welfare Training Partnership has designed a practice strategy training to help with this issue.

Vermont data reflects that we are significantly below the national standard set for the first round of CFSR at 89%. This data, which is tracked by our quarterly outcome reports, is our measure of effectiveness.

Placement Stability (first 12 months of care)		
FY 2004	FY 2005	2006 to date
71.7%	70.3%	70.9%

Vermont's Data Profile also shows that we experience considerable challenges in this area; we do not come close to the national median in the measures below.

Measure	FY 2004	FY 2005
Measure C4 - 1) Two or fewer placement settings for children in care for less than 12 months. [No Standard; FY 04 national median 83.3%]	65.0%	63.3%
Measure C4 - 2) Two or fewer placement settings for children in care for 12 to 24 months. [No Standard; FY 04 national median = 59.9%]	36.9%	39.7%
Measure C4 - 3) Two or fewer placement settings for children in care for 24+ months. [No Standard; FY 04 national median = 33.9%]	24.4%	19.8%

Because this issue is so pressing, and has such negative consequences for children, we prioritized this issue for stakeholder input. Input from multiple written surveys, the Resource Coordinator's focus group, the Supervisors meeting and Vermont Children's Forum Dialogue on the Child Welfare System reflects that there are four major reasons perceived for multiple moves:

- Challenges to appropriately matching children with available resources.
- Lack of support and focused training for foster parents who foster youth with challenging behaviors.
- The lack of skills and/or willingness on the part of all parties to work through challenging issues.

A closer analysis, based on children in placement on 12/31/06 (and excluding children with length of stays of less than 8 days) shows the relationship between length of stay and placement stability. (Source: Division Quarterly Management Reports)

Length of Stay	Data	# Placements				total
		1-2	3	4	5+	
0-12 mos.	number	386	96	43	38	563
	percent	69%	17%	8%	7%	100%
12-24 mos.	number	179	70	42	94	385
	percent	46%	18%	11%	24%	100%
24+ mos.	number	119	61	69	293	542
	percent	22%	11%	13%	54%	100%
Total number		684	227	154	425	1490
Total percent		46%	15%	10%	29%	100%

The table above indicates that we could have achieved one less placement for children in custody on 12/31/06; we would have exceeded or been very close to the national median, as seen below. This is encouraging, as we move into program improvement.

Length of Stay in Foster Care	National median	Vermont children with 3 or fewer placements
0-12 months	83.3%	86%
12-24 months	59.9%	65%
Over 24 months	33.9%	33%

Clearly, our demographics affect our success in this area. The following table shows placement stability by age group, for children who were in custody on 12/31/06.

Age and Length of Stay	% with two or fewer placements	National Median (for all ages)
Age 0-5		
0-12 months	86.22%	83.3%
12-24 months	70.87%	59.9%
Over 24 months	53.33%	33.9%
Age 6-11		
0-12 months	76.36%	83.3%
12-24 months	53.03%	59.9%
Over 24 months	21.50%	33.9%
Age 12-17		
0-12 months	51.75%	83.3%
12-24 months	28.13%	59.9%
Over 24 months	13.04%	33.9%

Older youth simply stay longer, decreasing the likelihood of placement stability.

Age	Data	LOS	LOS	LOS	Total
		0-12 mos.	12-24 mos.	24+ mos.	
0-5	Number	196	127	75	398
	Percent	49.25%	31.91%	18.84%	100.00%
6-11	Number	110	66	214	390
	Percent	28.21%	16.92%	54.87%	100.00%
12-17	Number	257	192	253	702
	Percent	36.61%	27.35%	36.04%	100.00%
Total Number		563	385	542	1490
Total Percent		37.79%	25.84%	36.38%	100.00%

Vermont's CFSR data profile provides data on all children in custody, and date on a first time entry cohort for FFY 2005, which again indicates that children who have been in care for a shorter time experience greater placement stability

Number of Placements	All Children (Point-in-time)	Entry Cohort
One	18.8%	29.0%
Two	22.3%	36.3%
Three	14.4%	17.2%
Four	10.4%	8.0%
Five	7.7%	3.8%
Six or More	26.4%	5.7%

We believe that we have some small amount of data quality issues related to counting of short-term hospitalizations in our placement count.

Placement stability is a critical permanency measure for our children. It does not operate separately from the permanency issues. During 2006, we initiated a Permanency for Youth initiative. We held two permanency convenings. We had training for managers, supervisors and social workers on family finding techniques. We are beginning to re-vitalize family group conferencing and other affirmative strategies to engage the extended family. We required districts to submit a plan to increase permanency for older and long-staying youth. We believe that this focus will have a positive impact on placement stability. In addition, we are in the process of evaluating how best to spend our contract dollars to support placement stability.

The Vermont Foster and Adoptive Parent Association, the Vermont Coalition of Residential Providers and the Child Welfare Training Partnership are important partners for us in this endeavor.

Item 7: Permanency goal for child. How effective is the agency in determining the appropriate permanency goals for children on a timely basis when they enter foster care?

Policy No. 122, Planning with Children and Families, outlines initial case planning, due within six weeks of entry to custody, and case plan reviews and permanency hearings, held at least every six months.

Policy No. 125, Permanency Planning for Children in Custody, outlines permanency planning options, reasonable efforts and consultation resources for making timely permanency decisions.

In the last CFSR in 49% of cases reviewed the permanency goal for the child/youth was rated as strength. In 51% of the cases this was rated as an area needing improvement, with a need for a more thorough assessment process, re-assessment of goals in a timely manner and the inappropriate use of Long Term Foster Care as a goal.

An analysis of VT permanency goals and exits to permanency shows that exits are consistent with case plan goals (Source: Family Services Division Quarterly Management Reports)

FFY 2005	Permanency Goals for Children in Care	Exits to Permanency FFY 2005
Reunification	65%	61.3%
Adoption	20%	21.8%

The following table compares of Vermont’s CFSR Data Profile point-in-time data on permanency goals for children in care with goals for the first time entry cohort.

Permanency Goal (FFY 2005)	All Children (Point-in-time)	Entry Cohort	US Goals (from AFCARS report for FFY 05)
Reunification	73.0%	76.1%	51%
Live with Other Relatives	0%	.3%	4%
Adoption	14.7%	4.8%	20%
Long Term Foster Care	7.9%	1.6%	7%
Emancipation	1.6%	.6%	6%
Guardianship	.1%	0%	3%
Not established	2.6%	16.6%	8%

Vermont’s permanency goals vary from the nation. Reunification is more commonly a goal, while adoption is less frequently. We are less likely to establish emancipation as a goal, even though we have so many older youth in custody. We believe this variation from national patterns reflects the demographics of children in our care. The following table, from Division Quarterly Management Reports, shows that on 12/31/06, permanency goals for children in custody varied substantially by age group:

Age		Adoption	Care and Protection	Guard. to Other	Guard. to Relative	Legal Indep.	Other Perm. Plcemnt	Return Home
0-5	Number	112	28		1		9	255
	Percent	27.65%	6.91%	0.00%	0.25%	0.00%	2.22%	62.96%
6-11	Number	109	14	1			34	236
	Percent	27.66%	3.55%	0.25%	0.00%	0.00%	8.63%	59.90%
12-17	Number	14	60	1	1	17	45	578
	Percent	1.96%	8.38%	0.14%	0.14%	2.37%	6.28%	80.73%
All Ages	Number	235	102	2	2	17	88	1069
All Ages	Percent	15.51%	6.73%	0.13%	0.13%	1.12%	5.81%	70.56%

(Note: Vermont does not actually have a goal of “long term foster care”. Rather, “other planned permanent living arrangement” is mapped to the AFCARS goal of long term foster care. The goal “care and protection” is in place only before the 60-day case plan is written.)

The lack of a subsidized guardianship program in Vermont makes the use of this permanency option infrequent.

Results of the first round of district quality reviews (Source: Vermont Department for Children and Families. Family Services Division. *Family Services Division 2005 District Review Annual Report*. January 2006) showed the following:

Indicator		Strength	Area Needing Improvement	Total
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%

We will continue to collect data on the above indicators related to permanency goals in our second round of District Reviews. This will be our measure of effectiveness.

In the discussion of Item 6 Placement Stability, we discussed our recently established permanency initiative. We will hold a third Permanency Convening in May 2007 to review progress and, we hope, continue to inspire staff and partners about the importance of permanency and permanent connections for all children, no matter their age.

We are not aware of any data quality issues affecting this item or these measures.

Item 8: Reunification, guardianship, or permanent placement with relatives.
 How effective is the agency in helping children in foster care return safely to their families when appropriate?

Policy 91 Kinship Care, the Department's philosophy on the value of kinship care and guidelines for assessing kin placements.

Policy No. 125, Permanency Planning for Children in Custody, guides practice on assessing placement options and decision-making for safe reunification, guardianship or relative placement plans.

The first step in permanency planning is to determine if the child can safely return home to one or both parents. One of our core beliefs is that most people have the capacity to make significant changes in their life when tragic events take place such as the abuse of a child. This is what makes reunification possible for many children and youth.

The Vermont Data Profile shows that Vermont does not reach the national standard or the median in these measures.

Measure	FY 2004	FY 2005
Measure C1 - 1: Exits to reunification in less than 12 months: [No Standard; FY 04 national median = 69.9%]	67.1%	65.9%
Measure C1 - 2: Exits to reunification, median stay: [No Standard; FY 04 national median = 6.5 months]	Median 6.1 months	Median 7.8 months
Measure C1 - 3: Entry cohort reunification in < 12 months: [No Standard; national median = 39.4%]	42.1%	35.2%

An examination of our data to determine if time to reunification varies by age group or adjudication type shows that children who enter custody before the age of five are most likely to achieve early reunification. This is the same pattern identified in our last Statewide Assessment.

In 1999, delinquent youth in custody were least likely to achieve early reunification. We have made significant improvements with this population, as seen in the table below (Source: Division Outcome Reports)

Age at Entry	Reunifications within 12 months	Reunifications within 12 months
	Cal 1999	Cal 2005
0-5	61%	77%
6-11	52%	71%
12-17 abuse/neglect	57%	66%
12-17 delinquent	44%	70%
12-17 beyond parental control	60%	69%
Total	54%	65%

Input from the Statewide Youth Justice Workgroup and the Family Services Management Team indicate that Balanced and Restorative Justice (BARJ) programming may be a contributing factor to the improvement in reunification time for delinquent youth in custody. Originally funded with Juvenile Accountability Block Grant federal dollars in 1998, Vermont's BARJ programs became funded by general fund dollars in October 2005. There are 12 programs throughout the state, housed within Diversion programs and other non-profit organizations. BARJ programs serve youth who have been adjudicated delinquent, who are on probation and/or in custody. BARJ programs include intensive supervision services (street checkers), restorative panels, restitution collection and competency classes.

BARJ programs provide vital services to youth, families, victims and communities by ensuring compliance with conditions of probation, addressing the needs of victims, and inclusion of the community as a partner to address the harm that was caused by delinquent behaviors.

Generally speaking, Vermont does not frequently use kinship care; nor is there a subsidized guardianship program. As a result, permanency through guardianship or placement with relatives is not frequent.

Comparing Vermont's use of kinship care to the nation, we find that in FFY 2005, 8.6% of children were placed in relative foster care (source: CFSR data profile) compared to 24% for the nation (source: AFCARS report, preliminary estimates for FFY '05. We have made gains in this area. As of 9/30/06, 11.35% of children were placed with kin, including 21.09% of children age 0-5. Increased use of kinship care has been a focus of district permanency plans.

The 2005 district reviews looked at appropriate use of kinship care, with the following findings:

Indicator		Strength	Area Needing Improvement	Total
Children are placed with kin, when appropriate	Number	28	18	46
	Percent	61%	39%	100%

We will use quarterly management reports to track relative placements and we will continue to collect data on the above indicators related to relative placements in our second round of District Reviews. These will be our measures of effectiveness.

Item 9: Adoption. How effective is the agency in achieving timely adoption when it is appropriate for the child?

Policy No. 96, Permanency Foster Homes, guides practice in collaborative decision making for placing a child or youth in a potentially permanent family.

Policy 191, Pre-placement Evaluation for Adoption, provides guidance and outlines responsibilities for families interested in adopting children and youth freed for adoption.

Policy No. 192, Adoption Services, Casework and Finalization services, guides practice for achieving timely adoption for children and youth.

This was an area identified as needing improvement in 40% of cases during the last CFSR. Specific areas included a need to address the delays in Family Court proceedings, a lack of statewide recruitment activities, staff reluctance to place cross-jurisdictionally, and a lack of commitment and timely completion of paperwork by adoptive parents.

Vermont exceeds the standard scaled score for Permanency Composite 2: Timeless of Adoptions at 106.7. The chart below shows our performance in the related measures.

Measure	FY2004	FY 2005
Measure C2 - 1: Exits to adoption in less than 24 months: [No Standard; FY 04 national median = 26.8%]	30.8%	35.5%
Measure C2 - 2: Exits to adoption, median length of stay: [No Standard; FY04 national median = 32.4 months]	Median 28.8 months	Median 28.4 months
Measure C2 - 3: Children in care 17+ months, adopted by the end of the year: [No Standard; FY04 national median = 20.2%]	23.3%	19.8%
Measure C2 - 4: Children in care 17+ months achieving legal freedom within 6 months: [No Standard; FY 04 national median = 8.8%]	10.3%	8.4%
Measure C2 - 5: Legally free children adopted in less than 12 months: [No Standard; FY 04 national median = 45.8%]	58.0%	58.7%

Vermont's own data compiled from quarterly outcome reports (our measure of effectiveness) shows that performance in this area has remained fairly consistent for the past few years with steady improvement in 2006 which is well above the last CFSR national standard of 32%. Vermont finalized 170 adoptions in 2006.

2006	% of Adoptions Finalized within 24 Months
January-March	16.67%
April-June	38.6%
July-September	47.8%
October-December	45.7%

In 2005 we began discussions about decentralization of our adoption unit. At that time, once parental rights were terminated, cases were transferred to one of several adoption social workers across the state. These workers carried the cases until finalization.

Discussions about decentralizations lasted for several months, during which time, many workers were anxious about anticipated changes and the uncertainty of what the future would bring.

In March of 2006, we made the final decision to decentralize supervision of adoptions and assigned the adoption social workers to the field to reduce caseloads. We believe the uncertainty of the change in the adoption unit may have contributed to the January-March dip in performance.

As a result of decentralization, the child's ongoing social worker is responsible to support children and pre-adoptive families until the adoption is finalized. The tasks related to actual legalization, including the voluminous paperwork required by Vermont statute, is the responsibility of contracted workers working for private adoption agencies. This division of responsibility is working effectively, and resulting in very timely adoptions.

In addition, in July 2006 central office developed a Permanency Unit to help the Division establish an integrated permanency framework. This framework is built upon our Core Practice Principles that guide policies, programs, practice, trainings and services. The permanency team offers support:

- Developing and conducting permanency related trainings,
- Facilitating specific case staffings and individual case consultations,
- Developing and revising policy, and
- Supporting district efforts in family finding and family group conferencing.

The 2005 Vermont Juvenile Court Reassessment² reflects that the average length time to adoption in FY 2004 was the *shortest* in a six year period, with the highest number of children being adopted. The 2.7 years to adoption in FY04 was a year shorter than in FY00 and FY01.

In addition, the reassessment found that a combination of DCF and court activities has contributed to other improvements in this area well:

- The overall court time from case filing to decision on appeal is 4 months shorter.
- The percent of TPRs decided within 18 months of custody increased from 28% in CY00 to 54% in CY04.
- The average time from TPR filing to decision decreased by 1.5 months.

² The Vermont Juvenile Court Reassessment, June 2005, conducted by the Court Administrators Office to maintain eligibility for federal funding.

Item 10: Other planned permanent living arrangement. How effective is the agency in establishing planned permanent living arrangements for children in foster care, who do not have the goal of reunification, adoption, guardianship, or permanent placement with relatives and providing services consistent with this goal?

Policy No. 125, Permanency Planning for Children in Custody, provides guidance for permanency options for youth for whom assisted living or independent living may be the most appropriate option.

This was an area cited as strength in 77% of the cases reviewed in the last CFSR. In 23% of cases there was an identified need to engage in more careful exploration of other permanency options, particularly for older youth.

Analysis of VT data compiled from quarterly management reports (our measure of effectiveness) reveals that the percentage of children in custody with other planned permanent arrangement as a case plan goal has decreased from 15.9% in 1999 to 5.95% on 9/30/06.

Age on 9/30/06	% of Children with APPLA Goal	
0-5	Number	
	Percent	0.00%
6-11	Number	1
	Percent	0.38%
12-17	Number	75
	Percent	8.99%
18+	Number	10
	Percent	26.32%
Total Number		86
Total Percent		5.95%

The only national data that is available is from the AFCARS preliminary report for FFY '05, which indicates that 7% of children have a goal of long term foster care.

The Statewide Inventory of Juvenile Court Practices³ conducted in 2006 indicates that the Courts frequently focus on making sure youth's needs are met and that services are consistent with the goal of other planned permanent arrangement.

Indicator	Rating
When reasonable efforts hearings are held for children in long-term foster care, how frequently does the court also monitor whether the child's physical, emotional and educational needs are being met?	4.0

Rating scale of 1 to 5 (1=rarely and 5=almost always)

³ Information collected from all Vermont Juvenile Courts during the summer and fall of 2006.

VT Data Profile Measures: November 2006

FY 2004 FY 2005

XI. Permanency Composite 3

Measure C3 - 1: Exits to permanency prior to 18th birthday for children in care for 24 + months [No Standard; FY 04 national median 25.0%]	26.6%	25.9%
Measure C3 - 2: Exits to permanency for children with TPR: [No Standard FY04 national median 96.8%]	92.1%	95.2%
Measure C3 - 3: Children Emancipated Who Were in Foster Care for 3 Years or More [No Standard; FY 04 national median 47.8%]	61.4%	47.2%

On 9/30/2006, 17 children, or 1.18% of all children, had a goal of legal independence. Thirteen were ages 12-17, and 4 were over the age of 18. National data available is from the AFCARS preliminary report for FFY '05, which indicates that 6% of children have a goal of emancipation. We continue to reinforce that legal independence is not a preferred goal for children in custody, as it is not permanency status.

The Statewide Inventory of Juvenile Court Practices⁴ conducted in 2006 indicates that the Courts frequently focus ensuring youth are receiving appropriate service to support their transition to independence:

Indicator	Rating
When reasonable efforts hearings are held for foster children age 16 or older, how often is the plan reviewed in court to ensure the child is receiving appropriate services for independent living?	3.9

Rating scale of 1 to 5 (1=rarely and 5=almost always)

Youth who responded to the CFSR Youth Survey⁵ indicate that while we have a very helpful Youth Development Program (Chafee Transitional Services), we have much work to do. Half of the youth surveyed feel that DCF *is* helping them get ready to live on their own. According to respondents preparation for the transition should include:

- Money and money management skills
- Employment training
- Safe places to live
- Supportive people

In his budget address delivered 1/23/2007, Governor Jim Douglas announced his Transition-Aged Youth Initiative. If funded by the legislature, the initiative will fund, among other things;

- Continued foster care past high school graduation;
- Housing supports in the form of deposits, etc;
- Funds to help youth in foster care obtain a driver's license before age 18.

⁴ Information collected from all Vermont Juvenile Courts during the summer and fall of 2006.

⁵ Family Services survey developed to collect information for this CFSR Statewide Assessment.

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

Item 11: Proximity of foster placement. How effective is the agency in placing foster children close to their birth parents or their own communities?

Policy No. 125, Choosing an Appropriate Placement Setting, guides our practice in choosing placements that, whenever possible, are close to the child or youth's family and school setting.

This area was rated as strength in 100% of cases reviewed during the last CFSR, with no areas identified as needing improvement.

VT does not collect data reflecting proximity of foster placement but stakeholder input collected for this assessment indicates that people understand that placing children in their own communities is best practice and they agree that social workers try to accomplish this unless, for some reason, it is in the child's best interest to be moved to another community.

While we don't have qualitative or quantitative data on proximity we do have data from the 12 district reviews⁶ that indicates family connectedness:

- In 92% of the cases reviewed siblings were placed together when appropriate.
- In 84% of the cases reviewed families were visiting.

Commissioners from DCF and the Department of Education are working on a Memorandum of Understanding regarding educational stability. Once adopted, there will be a mechanism to improve educational continuity and school stability for children and youth in out-of-home care.

In addition, one of our district offices (Barre) is participating in a Breakthrough Series project to identify, develop, test, implement and spread promising strategies for improving practice in Vermont's education and child welfare systems.

Development of indicators for our second round of District reviews will include discussions on the inclusion of an indicator related to proximity of foster placement. This will be our measure of effectiveness.

Item 12: Placement with siblings. How effective is the agency in keeping brothers and sisters together in foster care?

⁶ (Source: Vermont Department for Children and Families. Family Services Division. *Family Services Division 2005 District Review Annual Report*. January 2006)

Policy No. 125, Choosing an Appropriate Placement Setting, guides our practice in choosing placements, whenever possible, that keep siblings together.

This area was cited as strength in 84% of cases reviewed during the last CF SR. A few cases where siblings were not placed together lacked documentation on efforts to do so.

Results of Vermont's 12 district reviews compiled in 2005 reflect that in 92% of the cases reviewed, children were placed with siblings when appropriate. Factors identified as contributing to sibling placements were:

- Teamwork between resource coordinators and social workers.
- Even when siblings entered custody at different times there were successful efforts to place them together.

We will continue to measure placement with siblings in our second round of District Reviews. This will be our measure of effectiveness.

Item 13: Visiting with parents and siblings in foster care. How effective is the agency in planning and facilitating visitation between children in foster care and their parents and siblings placed separately in foster care?

Policy No. 124, Family Visiting, provides practice guidance on decision-making and plan development for appropriate family/sibling visitation.

Policy No. 125, Contact with Family, guides practice by clearly identifying that early and appropriate contact with family is critical to a reunification plan

This area was identified as a strength in 86% of cases reviewed in the first CF SR. Results of Vermont's 12 district reviews (Source: Vermont Department for Children and Families. Family Services Division. *Family Services Division 2005 District Review Annual Report*. January 2006) reflect that in 84% of the cases reviewed, appropriate connections with children and their families were maintained. Factors identified as contributing to sibling visits were:

- Case plans contained visitation plans that were driven by the needs of children and adjusted as necessary
- Transition plans were developed and implemented when reunification was the goal
- Foster families are an important resource in organizing, transporting and supervising visits.

We will continue to measure visiting with parents and siblings in our second round of District Reviews, this will be our measure of effectiveness.

Item 14: Preserving connections. How effective is the agency in preserving important connections for children in foster care, such as to neighborhoods, community, faith, family, tribe, school and friends?

Policy No. 71, Casework Considerations, guides our practice in developing case plans that identify and support connections for children and youth in care, including kin.

Policy No. 125, Choosing an Appropriate Placement Setting, guides our practice of preserving and seeking out a spectrum of important connections.

In 89% of cases reviewed in the last CFSR, we were found to be preserving connections for children and youth. Concern was noted that there were some youth aging out of care with no identified home and no connections.

Almost 50% of the youth who responded to the CFSR Youth Survey said that they are staying connected to their families and communities. However, many of them said it is their foster parents, not their social workers, who understand the importance of connections and facilitate them. Forty one percent said no one helps them remain connected.

Vermont has been concerned that some youth who age out of the foster care system are doing so without meaningful connections. Each day, DCF serves as the custodian for nearly 1450 children and youth.

Each year approximately 150 youth leave the state's custody at age 18 or upon completing high school. Approximately 50 return home and another 100 "age out" of the system without reliable permanent connections.

A targeted effort has been made to raise awareness and communicate expectations that social workers will focus on creating permanent connections for youth in care who are in danger of aging out without connections.

Key to this work is helping youth make permanent connections with family members and others who have been significant to them. With focused attention and support, many youth can make long-term connections with key adults in their lives and avoid "aging out" of the system. Others can build on those connections to make the successful transition to "independence".

Vermont's current policy is to cease formal services at age 18 or at high school graduation, if a youth is in school. Some informal supportive services are available to youth through the Youth Development Program until the 22nd birthday. Currently, approximately 300 youth are enrolled in that program following discharge from formal services.

Currently, Vermont does not have adequate information on the long-term outcomes for youth aging out of the system. However, two of our district offices (Newport and Burlington) are participating in a longitudinal study of outcomes for Vermont's foster care alumni.

We know anecdotally, as well as from national research, that youth aging out of care are more likely to become homeless, have low high school graduation rates, are more likely to be unemployed, and more likely to be incarcerated. They are more likely to be parents at an early age and are more likely to have substance abuse or mental health issues.

In late 2005, Governor James Douglas announced the Governor's Youth Initiative. This grew from a sincere concern for the disenfranchised youth of our state, as well as from an analysis of demographic trends showing clearly that within a few short years, Vermont will not have nearly enough young workers to fill its jobs. An essential part of this initiative has been a focus on youth aging out of the foster care system.

The Governor started by convening a Youth Summit at the Vermont State House in December 2005. Approximately 100 teens in foster care attended. The bulk of the day was spent in small groups, providing opportunities for youth to talk with policy makers about issues of concern.

Recommendations from several task forces created after the Summit fall into the following categories:

- Personal and Community Engagement
- Ongoing Support for Living Arrangements Beyond Age 18
- Improved Case Work Practice and permanency Options
- Higher Education
- Employment and Vocational Training
- Housing
- Health Care

The Governor's Budget Address, delivered on January 23, 2006 included \$750,000 to support transition aged youth. We anticipate the Legislature will consider acting on the recommendations during this legislative session.

Development of indicators for our second round of District Reviews will include discussions on the inclusion of an indicator related to preserving connections. This will be our measure of effectiveness.

Item 15: Relative placement. How effective is the agency in identifying relatives who could care for children entering foster care and using them as placement resources when appropriate?

Policy No. 91, Kinship Care, guides practice and emphasizes the importance of identifying relatives or fictive kin as placement resources, whenever appropriate.

This area was cited as strength in 95% of the cases reviewed for the last CFSR, with no areas needing improvement.

We have focused our work this past year to help staff gain the knowledge and skills necessary to engage families in a meaningful way as placement options, natural supports and as permanent connections for youth when placement is not an option.

In March 2006, Family Services managers, staff and community partners received an orientation to new family finding techniques that will enhance permanency options for adolescents. Central office has devoted a full time position to supporting social workers in family finding and family group conferencing efforts. As well as conducting family finding on several cases this person is building knowledge and capacity in the district offices with the goal of changing practice.

Our Child Benefits Unit also assists in the family finding efforts by locating absent parents as well as other relatives who may be able to provide some type of support to children in custody.

In 2006 we held a two day Permanency Convening, which was designed to inspire Family Services staff, judges and community partners to focus affirmatively on the permanency needs of adolescents.

Following the Convening districts submitted permanency plans which identify strategies they will employ to improve four identified outcomes, one of which is increased use of appropriate kinship care.

Data from our quarterly management reports, our measure of effectiveness, reflects continued improvement in this area.

Date	Kinship Placements
12/31/03	10.83%
12/31/04	8.10%
12/31/05	9.35%
12/31/06	11.16%

Fifty two percent of the youth responding to the CFSR Youth Survey said that no efforts were made to find family members however some of them added that, even if relatives were found, it probably was not in their best interest to live with them.

Discussion in staff focus groups indicates a fair level of skepticism and fear around family finding and placing children with relatives.

We have a day long Kinship Forum scheduled for February 8, 2007 to discuss the successes and challenges we are encountering as we increase the focus on engaging families and relatives in our work.

Item 16: Relationship of child in care with parents. How effective is the agency in promoting or helping to maintain the parent-child relationship for children in foster care, when it is appropriate to do so?

Policy No. 121, Notification of Changes for Children in Custody, provides guidance on the requirement to notify parents of placement or plan changes.

Policy No. 122, Case Planning, guides practice on including children, youth and parents in developing and reviewing the case plan.

Policy No. 124, Family Visiting, provides practice guidance on decision-making and plan development for appropriate family/sibling visitation.

In the first CFSR this area was cited as an area needing improvement. In 81% of the cases reviewed we were found to be promoting parent-child relationships. However, in a few cases, reviewers felt that we may not have been successfully promoting necessary relationships. No further information was provided in the report and this was not addressed in the PIP.

As previously stated, targeted efforts have been taken to provide assistance to social work staff in re-defining or furthering understanding the term “relationship”, which can have many meanings and take many forms. Age of the child/youth, family history, safety considerations and many other factors can be taken into consideration when staff makes decisions on what form the relationship should take.

We are in the process of planning division trainings for 2008 with our UVM Partnership and will be focusing on social worker contact, content and purpose of such contact with parents and children and documentation of contact. Promoting and maintaining parent-child relationships is part if these issues.

As stated previously, development of indicators for our second round of District Reviews will include discussions on the best indicators to measure the issue of family and community connectedness. These will be our measures of effectiveness.

B. Child and Family Well-Being

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

Item 17: Needs and Services of child, parents, and foster parents. How effective is the agency in assessing the needs of children, parents and foster parents and in providing needed services to children in foster care, to their parents and to children and families receiving in-home services?

Policy No. 71, Initial Assessment and Planning, provides guidance for comprehensively assessing child and family needs, and documenting in the case plan how those needs will be addressed.

Policy No. 91, Placing Children in Kinship Care emphasizes the importance of identifying families and individuals related to children including non-custodial parents.

This area was identified as one needing improvement in 24% of the cases reviewed during the last CFSR with issues that included a tendency to focus primarily on the child's needs, a lack of services to address identified issues, and a need for initial comprehensive evaluations that guide case planning.

Results of our first round of 12 District Reviews indicates that:

- Mental health needs were appropriately addressed in 94% of the cases reviewed;
- Educational needs were appropriately addressed in 90% of the cases reviewed;
- Medical needs were appropriately addressed in 90% of the cases reviewed; Substance abuse needs were appropriately addressed in 63% of the cases reviewed; and
- Children were engaged in positive activities in 93% of the cases reviewed.

We will consider these indicators our measure of effectiveness as we continue to measure them in the next round of District Reviews.

Our case planning policy (#71) remains silent on the actual tools used for screening and assessment purposes as tools tend to change over the years. Instead, it provides a general overview of our philosophy and desired approach to assessment:

- Family engagement
- Strengths based
- Collaborative process
- Holistic

PIP activity included development of Structured Decision Making assessment tools that guide our decisions in the ongoing casework arena. Like the investigation tools, which were implemented in 2003, these tools promote the use of professional judgment, but provide a structure for decision-making. When used correctly these tools inform case planning, placement decisions and service delivery.

In addition to the SDM tools we have developed an initial screening process that is conducted on all children who are likely to remain in custody for 30 days or more. For these children, a contracted screener begins the process of meeting with key players and completing specific screens including:

- Parenting Stress Index;
- Genogram and Eco-map;
- Child Behavior Checklist;
- Trauma Symptom Checklist;
- Gathering existing education records and assessments;
- Connections Survey;
- Ages and Stages;
- Ansell-Casey Life Skills Assessment, and
- Comprehensive medical and dental information.

The goal is to complete the screening packet within 30 days so the social worker and the team have vital information to inform the SDM assessments, the initial case plan, and service and placement decisions.

Our Child Benefits Unit assists investigators and ongoing caseworkers in locating absent parents. It is our goal to identify them as soon as possible to determine if they are available as natural supports and/or placement.

Staff feedback indicates that the current screening and assessment tools provide them with more information than they have had in the past but there are challenges as well. Technical difficulties with automation frustrate workers and many workers have not been successful in integrating the information into case planning and decision making.

Several activities are occurring to assist in these areas:

- IT is working on automation improvements.
- Our Child Welfare Training Partnership staff developed a training that focuses on translating many different types of information into practice.
- Staff from the program management unit continues to meet with workers to assist them in these efforts as well.

As reported earlier in this document, one of the major factors related to multiple moves involves challenges to appropriately matching children with available resources. While this can be a complicated issue we believe our new screening and assessment tools provide an important piece to this equation as we have better ways to assess child and family needs. The piece that continues to be a challenge is an ample system of care that can accommodate the needs of the children and families with whom we work.

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 are primarily planned and funded and coordinated through a system of partnerships.

- Success by Six is a cluster of family support programs in VT.
- Subsidized Child Care, Family Support Child Care and Protective Services Child Care provide child care options for almost any circumstance a family might find themselves in.
- Runaway Programs provide some Vermont counties with crisis response, emergency shelter, counseling and other services.
- Community Mental Health Centers provide services to adults and children with mental illness, emotional disturbance or developmental disabilities.
- Children's Upstream Services expands community based mental health services to enhance the well-being of children and adolescents experiencing severe emotional disturbance and their families.
- Success Beyond Six is a flexible model for providing a variety of mental health services in schools.
- Parent child centers provide assistance and education to families with young children at no cost.
- Vermont 211 is a free information and referral help line that links callers to government programs, community-based organizations, support groups and other resources.
- Healthy Babies system of care is an enhanced, comprehensive, family-centered approach to improving the health and well-being of pregnant woman and their infants who receive Medicaid.
- Family Infant and Toddler Project of a family-cantered coordinated system of early intervention service for children ages 0-3 who have a delay in their development or a health condition that may lead to a delay.
- Essential Early Education services are special education and related services provided by local school districts to children ages 3-5 who have a significant developmental delay or a medical condition that may lead to a delay.
- Head Start/Early Head Start are federal programs that offer comprehensive services to low-income families with children ages 0-5
- Coordinated services planning mandated by Vermont's Act 264 entitles youth with disabilities to a coordinated services plan developed by an interagency treatment team.

Item 18: Child and family involvement in case planning. How effective is the agency in involving parents and children in the case planning process?

Policy No. 71, Initial Assessment and Planning, provides guidance for involving parents and children in the case planning process.

Policy No. 122, Case Planning, outlines the guidelines for involving parents and children in subsequent plan reviews.

In 85% of cases reviewed during the last CFSR, this was cited as strength. In 15% of the cases concerns included case plans that were negotiated in court, delayed merits that interfered with parent engagement and in some cases limited participation by families.

Thirty percent of the CFSR Case Planning Survey⁷ respondents said they were *always* involved in case planning (Only adults responded to this survey. Youth answered this question in a separate survey, results are presented later in this section); 64% said they are *sometimes* involved; and 6% said they are *never* involved in case planning.

Results of Vermont's 12 district reviews⁸ compiled in 2005 reflect that in 68% of the cases children, families and caretakers were involved in case planning. Some of the common reasons for the lack of case planning involvement were:

- Workers complete plans in isolation to manage required timeframes
- Lack of use of treatment teams
- Inability to engage families due to family resistance or lack of social work engagement skills

We will continue to measure involvement in case planning the next round of District Reviews. This will be our measure of effectiveness.

Analysis of focus group feedback from the Vermont district reviews indicates that there is disconnect between perception and reality in case planning. Many social workers report using treatment teams as vehicles to gather input for case planning. However, parents and caretakers do not perceive this as involvement in the case planning process.

The CFSR Court Survey⁹ found that 12% of the respondents said that they *always* and 78% of the respondents said that they *sometimes* feel that disputed cases result in the inability to engage parents in early case planning.

⁷ Family Services survey developed to collect information for this CFSR Statewide Assessment.

⁸ Vermont Department for Children and Families. Family Services Division. *Family Services Division 2005 District Review Annual Report*. January 2006)

However, many respondents report noticing improved court timelines and improved relationships between all parties in districts where collaborative case consultations are happening, even when parents disagree.

Only 20% of the youth who responded to the CFSR Youth Survey said they are involved in case planning; 70% report no involvement at all. These youth are all involved in the Youth Development Program and are all old enough to be involved in case planning.

Item 19: Caseworker visits with child. How effective are agency workers in conducting face-to-face visits as often as needed with children in foster care and those who receive services in their own homes?

Item 20: Worker visits with parents. How effective are agency workers in conducting face-to-face visits as often as needed with parents of children in foster care and parents of children receiving in-home services?

Policy No. 35, Service Level and Contact Standards clarifies service levels and contact standards

Worker visits with child was identified as an area identified as needing improvement in 29% of cases reviewed during the last CFSR. Noted were a lack of direct contact between workers and children, and an over-reliance on providers for contact and monitoring. It was recognized that high caseloads impede the ability to increasing contact.

Worker visits with parents was also identified as an area needing improvement in 24% of cases reviewed during the CFSR. Improvement areas were similar to those identified above for worker/child contact.

The current policy that guides social worker contact is based on a workload system that hasn't been used in quite some time. PIP activity included the development of new social worker guidelines which have not yet been adopted.

Results of Vermont's 12 District Reviews compiled in 2005 reflect that in 47% of the cases reviewed social worker contact was happening at least monthly (Source: Vermont Department for Children and Families. Family Services Division. *Family Services Division 2005 District Review Annual Report*. January 2006). The indicator for social worker contact included child and parent contact together so it is impossible to discern if contact was better or worse for a particular group. This is a topic for discussion when developing indicators for our second round of district reviews.

⁹ Family Services survey developed to collect information for this CFSR Statewide Assessment, see Section IV.5 for details.

Twenty percent of the 30 youth who responded to the CFSR Youth Survey, said they see their workers once a month or more. Other responses ranged from every 2-3 months to hardly ever.

Staff attending focus groups indicated that they agree that monthly face-to-face contact is appropriate, however, there was universal agreement that it is almost impossible to achieve due to:

- Workload
- Travel distance
- Court
- Paperwork
- Casework crisis
- Intake responsibility
- Various meetings

Family Services Management Team has a retreat planned in February 2007 at which time we will be discussion IT priorities. In light of the new reporting requirements for social worker contact we will be discussing the development of a report that accurately reflects such contact. This will be our measure of effectiveness.

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

Item 21: Educational needs of the child. How effective is the agency in addressing the educational needs of children in foster care and those receiving in-home services?

Policy No. 151, Educational Issues, outlines the requirements for meeting the educational needs of children involved with Family Services.

In the last CFSR only 2.1% of cases were identified as needing improvement in this area, with information that some schools negatively label foster children, and there was a need for foster parents to be assertive to access services for the children in their home.

Our new case plan format addresses educational issues in case plans for all children with whom we work. VT statute requires that each child receiving special education services be assigned an educational surrogate to advocate for appropriate educational services.

Results of Vermont's 12 District Reviews compiled in 2005 reflect that in 90% of the cases reviewed the educational needs of children were appropriately met (Source: Vermont Department for Children and Families,

Family Services Division. *Family Services Division 2005 District Review Annual Report*. January 2006).

In Hope for the Future: A Plan to Support Vermont's Youth Aging out of Foster Care the taskforce finds that:

The norms within the foster care system have not promoted a focus on the long view of higher education for youth in custody. Most foster youth have not been raised from an early age to see higher education as a tangible option. Some youth have been very successful in pursuing higher education despite an overall lack of support and encouragement, but many have struggled to remain in school, in part because of a lack of a support network, including a place to go during college breaks. Higher education may not be the right fit for everyone, but we must help all foster youth see higher education as a viable possibility.

Recommendations from the report include:

- Train foster parents, lawyers, and social workers around strategies to help children and youth from an early age to see higher education as an option.
- Create a formal connection between Vermont Student Assistance Corporation (VSAC) and DCF to identify youth in custody and coordinate their career and education planning through VSAC outreach programs.
- Coordinate through VSAC the packaging of student financial assistance for children in state custody who seek postsecondary education or training to ensure that these students have access to all the financial aid for which they are eligible.
- Through VSAC, work with state colleges to create support structures for these youth to give them the best opportunity for a successful outcome, including options for residential support during vacations.

We will continue to measure our performance in meeting the educational needs of children in our second round of District Reviews; this will be our measure of effectiveness.

Wellbeing Outcome 3: Children receive adequate services to meet their physical and mental health needs.

Item 22: Physical health of the child. How does the State ensure that the physical health and medical needs of children are identified in assessments and case planning activities and that those needs are addressed through services?

Item 23: Mental/behavioral health of the child. How does the State ensure that the mental/behavioral health needs of children are identified in assessments and case planning activities and that those needs are addressed through services?

Policy No 71, Initial Assessment and Planning outlines the considerations on assessing children and families who will receive ongoing services for the Division.

The Department has a long-standing Memorandum of Agreement with the Vermont Department of Health (VDH) to provide EPSTD services. This program, called Fostering Healthy Families refers new custody entrants to the VDH for assistance with initial evaluation of children’s health needs.

In the context of this agreement all districts have established partnerships with VDH nurses to assist with the initial assessment of children’s medical needs. Nurses work as part of a team to collect data to complete the Health Intake Questionnaire (HIQ) which identifies information about the health status and needs of children and youth entering custody.

The main goals of the HIQ are to ensure that serious health issues are identified as soon as possible and that every child has a medical home. Educational, health and mental health needs and services are addressed in the child’s cse plan and discussed frequently at treatment teams.

DCF has a collaboration with the Department of Developmental and Mental Health Services, dating back to the 1980’s, when state and local interagency teams were formed to address service coordination and joint funding for individual children with severe emotional disturbance, many of whom were also being served by our Division. In 2005, a new Agreement expanded the eligibility of services beyond the original population who were eligible for this coordinated services planning mandated by Vermont’s Act 264.

As mentioned earlier in this document, our Structured Decision Making assessment tools and the initial screening process allow social workers to individualize services to meet unique needs of children and families.

An analysis of 1,101 child assessments completed from September 2005 to April 2006 indicate that 94% were rated as having positive or adequate physical health and 42% received the same ratings for emotional/behavioral health.

	Positive	Adequate	Concern	Severe
Physical Health	59%	35%	4%	2%
Family Relationships	21%	22%	39%	18%
Emotional/Behavioral	8%	34%	43%	15%
Substance Abuse	61%	19%	15%	5%
Education	10%	42%	32%	16%
Social/Community	31%	33%	30%	6%

Results of Vermont's 12 District Reviews compiled in 2005 reflect that in 94% of the cases reviewed the mental health needs of children were appropriately addressed (Source: Vermont Department for Children and Families, Family Services Division. *Family Services Division 2005 District Review Annual Report*. January 2006). Reviewers found that:

- There was good, clear documentation in case plans and files regarding evaluations and treatment.
- When treatment teams existed they were essential in identifying needs and securing services.
- There was good collaborations and coordination of services with community partners to meet mental health needs.

This same report reflects that in 90% of the cases reviewed medical needs of children were appropriately met. Our district review process is our measure of effectiveness for these two items.

We will continue to measure our performance in meeting the physical health and mental health needs of children in our second round of District Reviews; this will be our measure of effectiveness.

In spite of positive movement in this area we still face challenges in assuring that children in custody receive quality mental health services. Some districts report low wages at local mental health agencies, staff turnover and long waiting lists as contributing factors for failing local mental health systems. As evidenced above many of our children need substance abuse treatment, either residential or outpatient, and these services are not consistently available across the state.

SECTION III – SYSTEMIC FACTORS

A. Statewide Information System.

Item 24: Statewide Information System. Is the State operating a statewide information system that, at a minimum, can readily identify the status, demographic characteristic, location and goals for the placement of every child who is in foster care?

Vermont does not operate a certified SACWIS system. At the time of the last CFSR, when this was rated as an area of strength, our databases consisted primarily of a statewide information system that tracked demographics, cases, placements, etc. Most data entry was done by clerical and supervisory staff. The system – called SSMIS -- was and remains fully compliant with AFCARS and NCANDS requirements. In general, the database is accurate. The database readily identifies the status, demographic characteristic, location and goals for the placement of every child who is in foster care,

including those children in relative care, voluntary placements and unpaid placements. We do not have Title IV-E agreements with other agencies.

While the database allows us to locate all children receiving our services we have identified challenges in the timeliness of entering placement changes. We have discovered that for some cases there is an unacceptable lag time.

In the last five years, we have rolled out several components of a web-based case management system. Social work and supervisory staff are the primary users, and enter all information. The web-based applications include:

- Intake and investigation tools;
- Case notes (which provide the basis for reports on social worker contact);
- Assessment tools to support case planning;
- Initial Case Plans.

There is no comprehensive policy that guides our statewide information system. A database manual provides guidance on definitions of data screens and field. This was reviewed by the ACF AFCARS team as part of our AFCARS review in 2002. Recommended modifications were made as part of our AFCARS improvement plan.

Requirements for completing on-line case notes, updating children's placement information, and completing assessment tools are embedded in appropriate casework policies. Both SSMIS and the web-based applications are statewide, and accessible to all employees. Web-based applications are available to staff in their own home applications through a secure server, if they have internet service. Private sector organizations do not access our databases.

A wide variety of reports are generated from the system, including case lists, tickler lists for important events such as case plan reviews, due dates for reasonable efforts findings, etc. In addition, we generate management and outcome reports on a quarterly basis. These reports are Excel pivot tables that allow drill-down to the case level and are accessible on our intranet site.

Management reports provide staff with demographic information on our custody and non-custody cases, investigations and foster homes. Outcome reports report on five of the six federal outcome measures from the first CFSR (not including maltreatment in foster care, which has a very low incidence in Vermont). We provide annual training that teaches the mechanics of the reports and helps staff to understand the connections between data and practice.

Outcome and management reports, and the discussion they have generated, have played an important role in our quality improvement efforts.

We believe these new tools *and* an increase in the use and understanding of these reports helped to “shine the light” on outcome performance and in turn contribute to improved performance.

In December 2006, we rolled out the first of a series of web-based reports that are generated on-the-fly and are thus always current. The first group of reports concern intake and investigation. They count workload, and track timeliness of investigation activities.

We are in the process of developing new web-based reports to reflect the current CFSR indicators, composites, components and measures, both on the district and statewide level.

Use of the statewide information system was assessed as part of our 2005 District Reviews and rated as follows (Source: Vermont Department for Children and Families. Family Services Division. *Family Services Division 2005 District Review Annual Report*. January 2006):

Systemic Factor	Required Elements	Districts Rated Strength or Adequate	Districts Rated Strength or Adequate
Information Systems	District uses data and information effectively.	10 of 11	91%
	District uses automated systems to increase efficiency.	7 of 7	100%

This assessment process has helped us to identify several challenges with our automated system that need attention. Our Management Team is holding a Retreat in February 2007 and will discuss IT priorities. Some of the topics for discussion are:

- Technical issues that lead to considerable frustration among users trying to complete assessment and caseplanning tools after the intake and investigation phase;
- Improvements to the automated intake and investigation tools;
- Changes to the case worker contact report;
- Changes in the automated case notes system;
- Review of current management and outcome reports functions and appropriateness in light of new CFSR data requirements.

B. Case Review System

Item 25: Written Case Plan. Does the State provide a process that ensures that each child has a written case plan , to be developed jointly with the child, when appropriate and the child’s parent(s), that includes the required provisions?

Policy 122, Planning With Children & Families, guides our work in the timely engagement of families with children in custody in case planning. Case plans are required within sixty days and six months and eleven months of entry to custody.

Policy 72, Working With Families, guides our case planning activity for non-custody cases. A written case plan review is required for open family cases, protective supervision cases and probation cases six months after the initial case plan and every six months thereafter.

Policy No. 122 Case Plans and Plan Reviews outlines requirements for reviewing case plans for children in custody.

While this item was rated a strength in our first CFSR and not addressed in the PIP it was identified in the final report that staff was having difficulty meeting the timeframe for initial case plans.

Case planning policies provide a general overview of our philosophy and desired approach to assessment:

- Family engagement
- Strengths based
- Collaborative process
- Holistic

Currently policy does not require parental signature on case plans as they are developed, however they must sign after the administrative case plan review to signify approval or disapproval of the case plan.

In September 2005 we automated a shorter version of our regular case plan format for the initial case plan along with child and family assessment tools. These tools inform the planning and service delivery process and are meant to be completed with youth and families.

In October 2006 we ran an initial case plan completion report. The results show that staff is still struggling with completing these plans. In the first quarter of 2006 completion rate was 65% but in the second quarter it dropped to 27%. During their focus groups staff identified technical/software issues as the primary reason for not completing the automated form. Many staff report reverting to the paper process, thus invalidating automated completion rates.

Current discussions about the revision of Vermont's Juvenile Code have included plans to revise our case plan and disposition formats. A committee will be convened to develop a constellation of case plans that meet federal requirements as well as the needs all parties: families, workers and the courts.

Results of our 12 District Reviews indicate that in 68% of the cases reviewed children, families and caregivers were involved in case planning (Source: Vermont Department for Children and Families, Family Services Division. *Family Services Division 2005 District Review Annual Report*. January 2006). This is another indicator that requires revision for the second round of district reviews as it is impossible to discern if engagement with one group is better or worse than another. See item 18 for previously presented data on involvement in case planning.

We will continue to measure our performance in engaging children, families and caretakers in case planning in our second round of District Reviews; this will be our measure of effectiveness. In addition when we address IT priorities at our Management Retreat (discussed previously) we will discuss revisions to the current initial case plan completion report.

The 2005 Vermont Juvenile Court Reassessment reflects that 79% of the inventory respondents said that DCF has a written case plan for every child in custody within 60 days of the child being placed in custody.

Item 26: Periodic Reviews. Does the State provide a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review?

Policy 122, Planning with Children & Families, outlines our requirements for the periodic review of the status of each child every 6 months, either by a court or by administrative review.

The first CFSR found that administrative case reviews, facilitated by contracted case reviewers, are being held on a timely basis. Staff, foster parents and parents indicated that they were generally satisfied with the reviews but the content and quality of the reviews vary.

VT has an automated system designed to ensure that case reviews are scheduled at every 6th month and 11th month intervals each year with the expectation that the permanency review will be held at the 12 month mark. District offices are responsible for working with the courts to schedule permanency meetings.

The automated system also ensures that case plans are mailed to the parent two weeks in advance of the case plan review; districts receive compliance reports quarterly. If districts do not send case plans to central office to be mailed, they mail them from the district office.

Staff participating in the focus groups are in general agreement that administrative case plan reviews are helpful and keep things on track but there was some concern about standardization, training and oversight. They believe the contracted case review facilitators should be centrally supervised.

We believe the current system is quite effective. Automated scheduling ensures timely reviews, relieves the districts of the work burden and reduces opportunity for human error. However, we do not have a mechanism to track levels of participation in case plan reviews.

In addition, contracting locally for case review facilitators has also been beneficial and effective. Most facilitators have remained in their positions for several years, offering stability and consistency to children and families as well as the district offices. Many are mental health professionals who pride themselves in creating a safe and supportive environment for all participants.

However, there are some challenges from the case review facilitator's perspective. In April 2004 we gathered case review facilitators for a networking meeting. People who attended were grateful for the opportunity to meet with colleagues and discuss relevant topics. At that time they identified the following challenges:

- Lack of supervision/support in some districts
- Feeling of isolation and disconnect
- Contract issues/low wages

As we move forward with the CFSR process we are mindful that some of these issues have not been addressed.

Item 27: Permanency Hearings. Does the State provide a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date that the child entered foster care and no less frequently than every 12 months thereafter?

Policy 122, Planning with Children & Families, outlines our requirements for the periodic review of the status of each child every 6 months including permanency hearings.

This area was rated a strength in the last CFSR; it was found that permanency hearings are generally held on time and for the majority of cases these hearings facilitate movement towards permanency.

However, it was identified that for some cases permanency hearings were occurring *before* disposition.

Summary of findings from the 2005 Vermont Juvenile Court Reassessment found that 63% percent of the initial permanency hearings were held in 12 months for children who were abused and neglected and the average length of time from case filing to the first permanency hearing has been decreasing over the last five years.

Timely disposition is important because the disposition order sets forth a court approved plan for services and disposition goal¹⁰. The CF SR Court Survey found that 78% of the respondents feel that *sometimes* disputed cases result in the inability to engage parents in case planning and services until the legal issues are resolved. DCF staff feels that it is in the best interest of children and families to have an early and definite resolution of court related issues.

The 2005 Vermont Juvenile Court Reassessment did not find significant improvements in the time to disposition however; it also did not uncover concerns about permanency hearings happening before disposition.

Vermont statute allows family courts to have an “administrative body” conduct Permanency Hearings¹¹. According to the 2005 Vermont Juvenile Court Reassessment, Chittenden Family Court has used this practice for more than eight years. Windsor and Orange Family Courts have in the past designated a member of the court staff to conduct uncontested Permanency Hearings. The rationale is that this allows judges to devote time to findings and other matters. DCF is concerned about this practice as we do not feel it facilitates the kind of discussion about permanency that needs to occur.

Youth participation in meaningful permanency hearings has been the topic of discussion between the Courts, DCF and the broader community. Vermont’s third Permanency Convening to be held in May 2007 will include workshops on this topic. We have asked the National Child Welfare Resource Center on Legal and Judicial Issues for assistance in finding a presenter for the Convening.

In summary, permanency hearings are generally held on time and do focus on the central permanency issues. District offices are responsible for working with the courts to schedule permanency meetings. When asked, the majority of administrative assistants said they don’t have any problems scheduling permanency hearings and that the majority of hearings are timely. One district cited a back log challenge created mostly due to the scheduled court day. Family court is scheduled on Monday’s in this district and several holidays fell on Mondays in 2006 especially around the end of the year.

Item 28: Termination of Parental Rights. Does the State provide a process for Termination of Parental Rights (TPR) proceedings in accordance with the provisions of the Adoption and Safe Families Act (ASFA)?

¹⁰ 33 V.S.A. § 5528

¹¹ 33 V.S.A. § 5531.

Policy No. 125 Permanency Planning for Children in Custody provides guidance on the federal requirements to file a petition to terminate parental rights.

Policy indicates that it is very important that social workers inform parents of children in care of the possibility of termination of parental rights from the very beginning, while at the same time, working diligently towards reunification where there is a possibility that it can be safely achieved within a reasonable period of time.

Vermont statute, division policy and practice, and court practice all allow for and support termination of parental rights (TPR). The division generates a report that identifies any child in care approaching 15 months who does not have a compelling reason identified. However, the issues of whether to proceed with TPR typically occurs and the administrative case plan review held eleven months after the custody date.

In conjunction with this review, if the goal will not be adoption, a compelling reason not to proceed with TPR is discussed and documented. If the plan will be adoption, a petition is filed at the time of the 12-month permanency hearing. In either case, the permanency goals, and the division's efforts to achieve permanency, are reviewed at the permanency hearing.

Although there have been improvements, there continue to be some lag times in the court scheduling hearings and issuing decisions about TPR petitions. The juvenile court re-assessment conducted in 2005 found:

- The overall court time from case filing to decision on appeal is 4 months shorter.
- The percent of TPRs decided within 18 months of custody increased from 28% in CY00 to 54% in CY04.
- The average time from TPR filing to decision decreased by 1.5 months.

The template for the statewide assessment directs the state to evaluate the following measures in conjunction with this item

Measure	FFY 2004	FFY 2005
Measure C2 - 3: Children in care 17+ months, adopted by the end of the year: [No Standard; FY04 national median = 20.2%]	23.3%	19.8%
Measure C2 - 4: Children in care 17+ months achieving legal freedom within 6 months: [No Standard; FY 04 national median = 8.8%]	10.3%	8.4%

These measures are difficult to evaluate, as they seem to look at all children in care at 17 months, without regard to compelling reasons. Given that Vermont meets the national standard for timely adoptions, even if our numbers declined between FFY 2004 and FFY 2005, we would appear to be doing fine, especially in light of recent excellent performance in timely adoptions.

The central office permanency unit offers social workers support in developing initial case plans when concurrent planning is appropriate. The Permanency Planning Consultant is available to help workers build a solid foundation for both goals: reunification and adoption. This ensures that whatever goal is achieved, it is achieved in a timely manner.

Item 29: Notice of Hearings and Reviews to Caregivers. Does the State provide a process for foster parents, pre-adoptive parents and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child?

Policy No. 122, Case Planning, outlines the notification requirements for reviews and permanency hearings.

This area was identified as a strength during the last CFSR, with no areas identified as needing improvement. All parties reported they had the opportunity to be heard at hearings and reviews, although this varied slightly where foster parents were concerned. We do not have a policy for consistently notifying people who do not have party status of hearings.

Policy states that all those invited to the case plan review meeting held prior to the permanency hearing and any party to the original disposition hearing must be invited to the permanency hearing, except for any parents whose rights have been terminated.

Since the courts do not always know where the child is living, our district offices notify caregivers of permanency hearings. On each Notice of Hearing for Permanency Planning Hearings a reminder is automatically printed which states: DCF shall provide any foster or pre-adoptive parent(s) or relative(s) providing care for the child with a copy of this Notice of Hearing, so the caregiver may have the opportunity to attend and be heard at the hearing. Title 33 sec. 5531 (b).

The 2005 Vermont Juvenile Court Reassessment found that foster parents routinely attend administrative case review meetings; however their practice regarding involvement in court hearings varies.

A survey conducted for the 2005 Vermont Juvenile Court reassessment found that one-third of the attorney, caseworker and GAL survey respondents said that judges *often* or *usually* address foster parents during court hearings and one-third said judges *occasionally* address foster parents during hearings.

We are currently working with the Court Administrator's Office and our Regional Office to clarify requirements in the revision to 42 U.S.C 675 regarding foster parents and other caregivers receiving notice of hearing and the extent of their right to be heard.

C. Quality Assurance System

Item 30: Standards Ensuring Quality Services. Has the State developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of children?

This was an area found needing improvement in the last CF SR, with a need for developing clear practice standards, a need for standards for reviewing contracted providers, and an over reliance on contractors to monitor the safety and health of children in care.

Currently, the Division has standards in place to guide program evaluation in a number of arenas. The Residential Licensing Unit evaluates compliance with the following standards:

- Foster Care Licensing standards
- Residential Care licensing standards
- Child Placing Agencies licensing standards
- Runway Shelter approval standards
- Practice and Procedures for the following contract services: Intensive Family-Based Services, Parent Educator Services, Foster Care Support Services and Post-Adoption Services.

Providers and contractors are reviewed at least annually for compliance with licensing and other standards. If problems are identified between reviews, the Residential Licensing Unit will conduct a special review. If child abuse or neglect is alleged, our centralized Special Investigations Unit will conduct an investigation.

Contracts written by the Division articulate outcomes to be achieved; contractors are required to submit regular reports about service provision and outcome achievement.

Our Program Management Unit has developed a two year strategic plan that will include strengthening the review of contracted services with associated outcomes based on target data with district office management teams.

The Family Services Policy Manual provides guidance to social work staff around all areas of practice. That manual can be viewed at:
<http://www.dcf.state.vt.us/fsd/policy/index.html>

Over the last year, the division has been working on a set of Core Practice Principles, which were released in December 2006. These principles are duplicated on page 5 of this assessment. The core practice principles will guide policy, practice, training, planning and service contracting. Staff and partners will work together to design standards which will reflect these new principles.

Over the last several years, we have strengthened our partnership with the Vermont Department of Health (VDH).

Currently, all districts have partnerships with VDH nurses to assist with the initial assessment of children's medical needs. Nurses work as part of a team (which includes the child's social worker) to complete the Health Intake Questionnaire (HIQ) which identifies information about the health status and needs of children and youth entering custody. This project went statewide in 2006.

Item 31: Quality Assurance System. Is the State operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the Child and Family Services Plan are provided, that evaluates the quality of services, identifies the strengths and needs of the service delivery system, provides relevant reports and evaluates program improvement measures implemented?

In the first CFSR this was an area needing improvement, with observations on the need to develop a statewide quality assurance system and the development of more useful and adequate outcome data.

In 2003, the Division developed a quality assurance framework that helps to evaluate the quality of services, identifies the strengths and needs of the service delivery system, provides relevant reports and evaluates program improvement measures.

The main component of the QA framework is a District Review Process that mirrors the federal review process. Comprehensive state and district level data reports are developed on a quarterly basis and posted on the Division's intranet. These reports are used to inform the district self-assessment process.

After a comprehensive district self assessment and onsite review, districts develop individual two year district review plans and submit eight quarterly progress reports. On site meetings are held every six months for FS state level managers, district managers, staff and other stakeholders to engage in a dialogue on progress and challenges of these plans. Technical assistance is provided for districts who wish to access it.

We have used the results of all 12 district reviews for planning purposes, to inform the 2006 APSR as well as to support the analysis of several components of this assessment. We will begin our second round of District Reviews after the CFSR process. We will continue to use the results of this process as our measure of effectiveness for outcome performance and service delivery.

Findings from Vermont's 12 district reviews indicate that districts are developing mechanisms to facilitate continuous quality improvements

(Source: Vermont Department for Children and Families, Family Services Division. *Family Services Division 2005 District Review Annual Report*. January 2006):

- Community involvement in District Self-Assessment – 83%
- Outcome reports are used to evaluate services and practice – 100%
- Effective systems are in place to monitor Title IV-E eligibility and required documentation- 100%
- Effective systems are in place to address complaints, requests for Level I reviews and positive feedback – 100%
- Effective systems are in place to solicit feedback from staff, community and consumers-83%

Staff feedback on the district review process reflects mixed support. Some feel the process is necessary and liked the opportunity to participate. Others expressed a desire to see their district directors more focused on district review outcomes and systemic factors and still others feel the process is too much work.

Some stakeholders (foster parents, staff, and residential providers) report a lack of activity after the review; they indicated that they haven't seen any changes in interactions with staff, service delivery or outcomes following district reviews.

D. Staff and Provider Training

Item 32: Initial Staff Training: Is the State operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who deliver these services?

Policy No. 203, Staff Training, on the Division's training program, which meets the goals and objectives described in Item 32.

In 1993, the Department of Social Work at the University of Vermont (UVM) and the DCF (formerly SRS) formed a partnership to provide social work education and training to employees and foster and adoptive parents.

Over the past two years, the Child Welfare Training Project (CWTP) has partnered with representatives from all levels of Family Services to redesign the professional development program to address some of the issues identified in the first CFSR. All professional development activities are guided by the FSD core practice principles.

New Employee Service Training (NEST), a 12 day course, is offered twice annually, with two classroom training days each month. New employees spend two days in classroom training once a month for six months, separated by time spent on the job training. This new format allows new employees to begin their orientation training in the month they begin work.

We are working on a Supervisors' Orientation Manual which outlines a structured program of reading, shadowing exercises, interviewing activities, self reflective activities and a review of policy and statutes. It will provide a structured on the job training program that will link to NEST and the core training program.

There is one more session left to the first cycle of this new training format and while supervisors said it's too soon to tell if the new format prepares workers any better than the old format, they did have positive feedback:

- Some report liking the new format as workers don't have to wait so long to receive instruction.
- Breaking it up gives workers a good mix of experience and instruction.
- All supervisors agreed that 2 days a month out of the office is easier to cover than 2 weeks.

Child Welfare Training Partnership New Employee Service Training 2006				
Course	FSD	Attendee Status		Total
		DCF (other)	Community Partners	
NEST: Overview, Intake & Investigation	34		3	37
NEST: Child Abuse & Neglect	33		4	37
NEST: Facilitating Placements	30		1	31
NEST: Medical Aspects of CA/N/SA	24	3	1	28
NEST: Collaboration & Teamwork	29		1	30
NEST: Case Planning with Families	27		1	28
NEST: Sexual Abuse	29	1	1	31
NEST: Working with Youth & Families	8		1	9
NEST: Juvenile Delinquency & Probation	29	1	1	31

Item 33: Ongoing Staff training: Does the State provide for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services

Policy No. 203, Staff Training, provides information on the orientation and ongoing training requirements for staff, as appropriate for their level of experience and individual needs.

This area was cited as strength during the last CFSR, but the impact of high caseloads, need for enhanced supervisory training and additional training regarding managing children/youth with complex needs were identified as areas for improvement.

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

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

After completing a Training System Self-Assessment based on the Maine "Training System Assessment Guide for Child Welfare Agencies" (Kanak, Maciolek, O'Brien 2005), the partnership set a goal to develop a comprehensive professional development program which:

- integrates divisional mission, policy, quality assurance and program improvement processes;
- meets departmental needs for regional training available throughout the year;
- provides opportunities for teams to be trained with their supervisors in best and emerging practices, so that supervisors can support workers to implement skills and knowledge in their practice;
- utilizes various delivery methods, including videos, interactive internet-based, interactive television, formal mentoring relationships and workshops;
- focuses on building specific skills for engaging, assessing, planning, implementing, monitoring and closure with clients;
- builds system capacity through mentoring and leadership development; and
- progresses from basic orientation through core skills/knowledge to advanced practice in child welfare and youth justice.

Results from Vermont's first round of District Reviews (Source: Vermont Department for Children and Families, Family Services Division. *Family Services Division 2005 District Review Annual Report*. January 2006) indicates that it is oftentimes challenging for staff to attend trainings even when they are interested in learning more about the topic. Only 42% of staff had completed the required core training and only 50% had completed the 30 hours of training required annually.

In light of the above findings we have been working with the CWTP to restructure the delivery of staff training to provide targeted, skills- based training and consultation for teams in districts.

This model is both popular and effective in enhancing the professional development of FSD staff, supporting efforts at systems change, and spreading knowledge and practice skills based on evidence. In 2008 the CWTP will formalize a professional development planning process with each district to ensure that goals are met and that resources are provided fairly throughout the state.

In FY 2006 the CWTP conducted 40 Family Services trainings which were attended by (Source: Child Welfare Training Partnership Final Report (University of Vermont, Child Welfare Training Partnership, June 2006):

- 784 Family Services staff
- 79 other DCF staff
- 231 community partners/providers

In addition, we also support staff to attend several annual conferences:

- Kinship Conference
- Annual New England Sexual Abuse Conference
- Vermont Coalition of Residential Providers Annual Conference
- Vermont Foster/Adopt Family Association Conference
- Annual Collaboration Conference

As stated earlier, we are in the process of planning division trainings for 2008 with our UVM Partnership. During this process it has become clear that we have not addressed some training needs that were identified in the first CFSR. They will be included in our planning.

We will continue to utilize the CWTP Annual Report to measure effectiveness with regard to initial and ongoing staff training.

Item 34: Foster and Adoptive Training: Does the State provide for training current or prospective foster parents, adoptive parents and staff of State-licensed or State-approved facilities that care for children receiving foster care or adoption assistance under Title IV-E? Does the training address the skills and knowledge that they need to carry out their duties with regard to foster and adopted children?

Policy No. 93, Resource Family Training, outlines the Division's requirements for all resource, caregiver training.

This was identified as an area of strength in the last CFSR; but several areas for improvement were identified, such as a need for pre-service training completion prior to child placement, suggestions for improvement of the State's PRIDE training, and advanced training on children with special needs.

Most of the staff trainings are also available to foster parents, adoptive parents, workers in residential programs, case managers, state employees in other departments, and other community practitioners providing services to children in custody. The training calendar is mailed annually to programs and practitioners who provide services to abused and neglected children around the state, and is available on the Department's public website.

Throughout 2005-2006 CWTP caregiver training coordinators developed and implemented a new delivery model for caregiver training. Instructors and co-trainers were hired for each district and trained to deliver existing curricula.

The PRIDE trainer's manual was revised to assist the new instructors. Detailed task charts were developed to assist resource coordinators, instructors and co-trainers to adjust to the new model.

Training coordinators met with the training team in each district before and after each course to ensure a smooth transition and maintenance of high quality training.

In general, caregivers and resource coordinators report considerable satisfaction with the new model which is consistent with the Division's new Core Practice Principles displayed earlier in this document.

CWTP staff also conducted a pilot study of the utility of online Foster Parent College courses. CWTP purchased a block of courses, and enlisted the help of resource coordinators to identify foster parents willing to take a course and complete an evaluation. They learned that many caregivers have access to necessary technology, enjoy interactive e-learning in their own home, and want more focused training in specific areas which are available online.

Of the 77 courses completed in the Foster College pilot 53% of them were on topics related to managing youth with challenging behaviors, something that was identified as a gap in the first CFSR.

Course Topic	Number of Courses Completed
Eating Disorders	2
Self-harm	5
Anger Outbursts	10
Sexualized Behaviors	7
Lying	9
Stealing	2
Run Away	3
ADHD/ADD/OD	3

CWTP offered 24 PRIDE courses in FY2006, training a total of 355 new kin and foster parents. Kinship Care training was offered twice, with a total attendance of 21. Ninety five new adoptive parents attended 10 Preparation for Adoption courses around the state.

We will continue to utilize the CWTP Annual Report to measure effectiveness with regard to foster and adoptive parent training.

E. Service Array and Resource Development

Item 35: Array of Services. Does the State have in place an array of services that assess the strengths and needs of children and families, that determines other service needs, that address the needs of families in addition to individual children to create a safe home environment, that enable children to remain safely with their parents when reasonable and that help children in foster and adoptive placements achieve permanency?

This area was identified as a strength in the last CFSR however gaps were most frequently identified for mental health services, substance abuse treatment and sex offender treatment.

Progress has been made in the areas of substance abuse treatment and mental health services since the first CFSR.

In 2004 a new residential substance abuse treatment facility opened in the southern part of the state. Valley Vista is a 90 day residential program for youth and adults. DCF contracts for 15 beds and we have placed 15 youth, 11 of whom graduated with an average length of stay at 45 days.

In addition, in 2006 the Vermont Department of Health (VDH) was awarded a 3 year grant from the Center for Substance Abuse Treatment (CSAT). They will establish six Centers of Excellency that will focus on:

- Improving access to substance abuse treatment
- Expanding treatment options
- Increasing best practices in Motivational Enhancement Therapy (MET) and Cognitive Behavioral Therapy (CBT).

The progress in the mental health arena has roots back to 1985 when Vermont became involved in the continuous process of developing a comprehensive, integrated system of care for children and adolescents experiencing a serious emotional disturbance (SED) and their families.

Prior to 1985, the three departments serving children and their families (Mental Health, Child Welfare, and Education) often served the same families as separate service providers. As a result, services were often experienced by both families and providers to be incomplete and fragmented.

In 1988, the interagency collaboration and coordination culminated in the passage of ACT 264 which essentially guaranteed children with SED and their families a coordinated planning process. ACT 264 made Vermont a leader in the nation in the coordination of planning and integrated service delivery for children with SED and their families.

The ACT 264 law accomplished the following, it:

- Created an interagency definition of severe emotional disturbance
- Created a coordinated services planning process and a written plan
- Created one Local Interagency Team in each of the state's twelve Agency of Human Services' districts.
- Created a State Interagency Team
- Created a Governor appointed Advisory Board
- Maximized parental involvement in the process
- Required the submission to the state legislature an annual system of care plan.

In 2005, a new and expanded Interagency Agreement was signed between the Agency of Human Services and the Department of Education. This new agreement expanded the eligibility for services beyond the original ACT 264 definition of adolescents experiencing severe emotional disturbance to include a target population of children and adolescents with disabilities who are eligible for both special education and disability-related services, including service coordination provided by AHS.

The Interagency Agreement was signed in June of 2005 and reads:

*This agreement promotes collaboration between the Agency of Human Services (AHS) and the Department of Education (DOE) in order to ensure that all required services are coordinated and provided to students with disabilities... .
...The areas covered by this agreement include coordination of services, agency financial responsibility, conditions and terms of reimbursement, and resolution of interagency disputes.*

This interagency agreement outlines the provision of services to students who are eligible for both special education and services provided by AHS and its member departments and offices including Department of health (VDH), Department for Children and Families (DCF) Department of Disabilities, Aging, and Independent Living (DAIL), Department of Corrections (DOC), and Office of Vermont Health Access (OVHA).

It is intended that the agreement will provide guidance to human services staff and school personnel in the coordination and provision of services for students with disabilities.

The Division contracts with a variety of community agencies to provide services that supplement casework services delivered by FS social workers once a case is opened. These services comprise part of a statewide network of family support and preservation services and are available in all districts. We use these services for family preservation and reunification efforts.

- Parent Educators provide home-based support and parenting education, focusing on family support, preservation and reunification.
- Intensive Family Based Services provide time-limited, intensive in-home therapeutic services focusing on family preservation and reunification.
- Sexual Abuse Victim and Offender Treatment Services are offered by trained therapists who are authorized to provide treatment under a special DCF Medicaid program.
- Supervised Visiting Programs are operated locally. In most instances, districts hire one or more professionals to supervise visits for children in foster care with their families.
- District Specific Services purchased with IV-B, Subpart II and other funds, include case management, mentoring programs, after school programs and family-tailored individual services.

The Program Management Unit is beginning to work with district directors to evaluate specific programs to provide better supports to our emerging practice framework.

Stakeholders (parents, youth, resource coordinators, staff) overwhelmingly agree that if families could receive the same types of support the State provides to foster parents, the numbers of children in DCF custody would decrease significantly. Providing these support services to families early yields many benefits:

- Families learn how to deal with challenges and are likely to apply that learning in the future.
- Children learn by example.
- Families remain intact.
- Communities grow stronger.

Item 36: Service Accessibility. Are the services in item 35 accessible to families and children in all political jurisdictions covered in the State's CFSP?

This area was cited as a strength in the last CFSR. Some regional gaps as well as a lack of transportation in several regions were identified.

As stated above in Item 35, our contracted services are available to all jurisdictions covered in the CFSP.

While 60% of the CFSR Service Array¹² survey respondents feel that some progress has been made in closing the gaps in the above services it was still noted that in some parts of the State gaps remain.

When asked what interferes with access to available services, stakeholder input reflects the following:

- Lack of transportation
- Waiting lists

Item 37: Individualizing Services. Can the services in item 35 be individualized to meet the unique needs of children and families served by the agency?

This area was cited as a strength in the last CFSR, with no areas for improvement identified.

As mentioned earlier in this document, our Structured Decision Making assessment tools and the initial screening process allow social workers to individualize services to meet unique needs of children and families.

As of April 2006 we had completed 1101 child assessments with the following results

	Positive	Adequate	Concern	Severe
Physical Health	59%	35%	4%	2%
Family Relationships	21%	22%	39%	18%
Emotional/Behavioral	8%	34%	43%	15%
Substance Abuse	61%	19%	15%	5%
Education	10%	42%	32%	16%
Social/Community	31%	33%	30%	6%

This information was shared with district directors and supervisors this summer (2006) and they were encouraged to use it as a framework for internal and community planning. This is another measure of effectiveness report that will be discussed in relation to IT priorities at the February 2007 Retreat.

Other vehicles for assessing need and providing services to children and families include:

- A strong network of post adopt services through the Vermont Adoption Consortium that strategize ways to meet the needs of adoptive families who were experiencing difficulties accessing services.

¹² Family Services survey developed to collect information for this CFSR Statewide Assessment.

- Coordinated services planning mandated by Vermont's Act 264 entitles youth with disabilities to a coordinated services plan developed by an interagency treatment team.

E. Agency Responsiveness to the Community

Item 38: State Engagement in Consultation with Stakeholders. In implementing the provisions of the CFSP, does the State engage in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the juvenile court and other public and private child and family serving agencies and include the major concerns of these representatives in the goals and objectives in the CFSP?

This area was identified as a strength in the last CFSR, with no areas identified as needing improvement. The State engages in "a strong system of collaboration" with a variety of stakeholders (note: stakeholders were not identified in the May 2001 CFSR Final Report), both at the state and district level. Representation from a variety of partners, consumers and other stakeholders is sought for a variety of committees and teams. Districts involved them in their quality assurance planning and improvement process, as well as using teams to plan for the needs and permanency of children in the State's care.

The system of collaboration continues to grow and strengthen in Vermont. We utilize new and existing structures to meet federal requirements for consultation and coordination with stakeholders in developing and implementing provisions of the CFSP.

New structures for gaining input to the CFSP include:

- Our district review process yields valuable information on casework practice, service delivery and outcome performance. It's compiled into an annual report and used for planning purposes.
- We have a strong partnership with Vermont Kin as Parents a non-profit organization that is committed to supporting people who are raising relative children.
- Our Youth Development Coordinators and State Youth Advisory Council are receiving technical assistance from the National Resource Center for Youth Development on the Child & Family Services Review as well as structure and support to the newly developing Council. While the Council is in its beginning stages we have relied on them to provide input to the CFSR and this assessment process.
- The Justice for Children's Taskforce was developed to target specific issues determined by the VT Supreme Court. Underlying the philosophy of

the Task Force is the Court's position that it is only through the collaboration of the Court, the Department for Children and Families, State's Attorneys, the Defender General and the Attorney General's Office that children's rights to safety, permanency, and well-being are met in a timely and complete manner. The DCF Commissioner and the Family Services Deputy Commissioner participate on the Task Force.

- The Governor's Youth Summit, held at Vermont's State House in December 2005, provided opportunities for youth to talk with policy makers about issues related to transitions from foster care.
- Vermont Juvenile Court Reassessment, conducted in June 2005.
- The Inventory of Juvenile Court Practices developed from information gathered during visits to every Court during the fall of 2006.
- Report on the Dialogue on the Child Welfare System convened by The Vermont Children's Aid Forum in October 2006.

Item 39: Agency Annual Reports Pursuant to the CFSP. Does the agency develop, in consultation with these representatives, annual reports of progress and services delivered pursuant to the CFSP?

This was identified as an area of strength in the last CFSR, with the agency collaborating extensively in developing progress and service reports. No areas for improvement were identified.

Vermont uses the same system of collaboration identified in Item 38 to fulfill annual reporting requirements.

Item 40: Coordination of CFSP with Other Federal Programs. Are the States services under the CFSP coordinated with the services or benefits of other federal or federally assisted programs serving the same population?

This was identified as an area of strength in the last CFSR. Vermont has no policy requirements or monitoring system regarding this item.

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 does not have agreements with public or private agencies to perform IV-E or IV-B functions. FS does contract for case management services, but the agency retains all core IV-E and IV-B responsibilities.

F. Foster and Adoptive Home Licensing, Approval and Recruitment

Item 41: Standards for Foster Homes and Institutions. Has the State implemented standards for foster family homes and child care institutions that are reasonable in accord with recommended national standards?

Policy No. 221, Residential Licensing, outlines the procedures the State uses for licensing family foster homes.

Policy No. 231, Residential Licensing, outlines the procedures the State uses for licensing child placing agencies.

Policy No. 241, Residential Licensing, outlines the procedures the State uses for licensing residential childcare facilities.

In the last CFSR this area was identified as a strength. Vermont has three separate sets of regulations that govern the activities of family foster homes, child placing agencies and residential child care facilities.

In 2005 the Residential Licensing Unit (RLU) issued 390 foster home licenses, while denying only 3; they issued 127 child specific licenses. Our team of licensors is quite experienced; they have a total of 95 years between the 7 of them. Their longevity creates consistency for district offices and within the system of care.

They feel that the current licensing process is thorough and effective. Issues requiring corrective action upon re-licensing are rare and often include structural issues like windows not meeting the required egress dimensions or putting doors on bedrooms. They may identify gaps in knowledge or training when they are working with families and will make recommendations and/or referrals on an individual basis.

Vermont Licensing regulations were revised in 2000 by committees that represented community consumers and professionals. Regulations from other states and the CWLA standards were used to inform the process.

Regulations can be found at <http://www.dcf.state.vt.us/fsd/pubs&reports>

- Licensing Regulations for Foster Care
- Licensing Regulations for Child Placing Agencies
- Licensing Regulations for Commissioner-Designated Shelter Programs

Item 42: Standards Applied Equally. Are the standards applied to all licensed or approved foster family homes or child care institutions receiving Title IV-E or IV-B funds?

This was identified as a strength in the last CF SR, with no areas for improvement noted.

All kinship care providers must be licensed as foster parents. The same licensing standards are applied to all foster homes, including kinship care. Foster homes approved by private licensed child placing agencies are also required to meet all of the Vermont foster family care regulations as their minimum standard. Approval standards used by child placing agencies are reviewed by the residential licensing unit as part of their annual licensing reviews.

Vermont passed its last secondary IV-E review; no problems were identified with consistency in application of standards. The Division's foster care payroll is programmed to eliminate any claims for federal funds if the placement has not yet met all licensing requirements.

Item 43: Requirements for Criminal Background Checks. Does the State comply with federal requirements for criminal background clearances related to licensing or approving foster care and adoptive placements, and does the State have in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

Policy No. 222, Residential Licensing, outlines the requirements for criminal background checks for foster, adoptive and kinship care providers.

Policy No. 225, Second Exits, provides guidance to staff in the application of fire safety in provider homes.

Policy No. 94, Placing children & Youth, provides guidance on safety planning with providers when a child may pose risk.

This was identified as a strength in the last CF SR, with no areas for improvement noted.

The Residential Care Licensing Unit routinely obtains the background checks during the licensing or approval process. These checks include: Vermont Crime Information Center; Child Abuse Registry; Department of Motor Vehicles; Relief from Abuse; Vermont Adult Abuse Registry; Department of Corrections; and Vermont Courts. For children under the age of sixteen we only check the Child Abuse Registry.

No data is collected on compliance with this requirement. We are 100% compliant; licensing cannot proceed without documentation of these checks. In addition, pursuant to our adoption statute, the adoption assistants obtain the same checks for adopting parents prior to finalization if it has been more than one year since they were last obtained.

We are awaiting clarification on the Adam Walsh Child Protection and Safety Act of 2006 to design a process to meet necessary requirements. Meanwhile legislation has been introduced that will allow us to comply.

Item 44: Diligent Recruitment of Foster and Adoptive Homes. Does the State have in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children for whom foster and adoptive homes are needed in the State?

This was an area identified as needing improvement in the last CFSR. State-level planning and a need for additional in-district recruitment resources (staff) were seen as ways the state could improve.

In 2000, DCF joined forces with the Lund Family Center (our state's oldest and largest private adoption agency) to address the permanency needs of legally-freed children with no identified permanent resources. With the help of a three-year federal grant, we created Project Family -- an innovative, collaborative approach to finding and supporting adoptive families. The project focused on creative strategies for finding families for long-waiting children. Now that the federal grant is over, we have secured state funding for this project.

In 2003, we received another federal grant to develop a recruitment campaign. The first step involved conducting extensive market research interviewing our current foster and adoptive families as well as Vermonters who have never been involved with the foster care system. The market research, which was conducted in the summer of 2004, included four focus groups and a written survey and provided us with some new and important insights including:

- Foster parents do not feel as valued or rewarded as adoptive parents on a cultural or community level.
- There is a perceived lack of support once a child is adopted versus remaining in the foster care system.
- The education and income levels of our foster and adoptive parents are above average for Vermont.
- 25% of our current foster and adoptive households are non-traditional households (e.g. civil union, life partner, or single).
- There is a surprising lack of knowledge about the need for more foster and adoptive parents among both the general public and those involved in the foster care system.

The resulting recruitment model, also called Project Family, was launched in 2006. Materials can be viewed at: <http://projectfamilyvt.org/>

The central message is: You can help a Vermont Child, from a day to a lifetime. As such, the campaign focuses on foster care, adoption of older children, respite care and mentoring. Pictures on the website and print materials are of real Vermont children who were adopted. They reflect our demographics in that the children are older, shown in sibling groups, etc. Twenty children, with photos and descriptions, are currently featured on our site.

In the last two years, we have increased our focus on early identification, and when appropriate, placement with families or individuals who are known to the child, who may or may not be relatives. District supervisors have requested that we add a code that would allow us to identify these non-relative families as fictive kin in our placement database, so that we can track this issue. (Note: they could be reported to AFCARS as non-relative foster homes.) Our new initial case plan format, adopted in 2005, more squarely focused on identifying people who are important to the child.

Foster home data, compiled from our quarterly management reports (our measure of effectiveness) reflects an increase in both the number of foster homes with active licenses and the licensed capacity since this effort began.

Year	Number of Licensed Homes	Licensed Capacity
2002	1247	2150
2006	1439	2439
Increase	192	289

Recruiting foster families willing to take adolescents is an ongoing challenge, and requires constant time and attention.

Item 45: State use of Cross-Jurisdictional Resources for Permanent Placements. Does the State have in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children?

Policy No. 92, Placing Children & Youth, provides guidance to districts when it is necessary to seek a resource family cross-jurisdictionally.

This was identified in the last CFSSR as an area needing improvement. A strong community-based approach, staff reluctance to make inter-jurisdictional placements, and turf issues were identified as limiting the State's effectiveness in making improvements.

Over the past two years, the following steps have been taken to support the appropriate use of cross jurisdictional adoptive placements:

- Training for Court Improvement Project participants in March 2002.

- Distribution to all district offices of *Placing Children across Geographic Boundaries* written by the National Adoption Center Adoption Exchange Association.
- Routine solicitation of home studies from families living out-of-state as part of the Project Family initiative.
- Training for supervisors on the ICPC on 2/90/04.
- Policy clarifications were issued in January and May 2004 on use of cross jurisdictional resources, and on teaming around permanency issues, including with Project Family staff. (See policies 92 and 125 at: <http://www.state.vt.us/srs/manual/casework/castoc.htm>)
- Participation in the AdoptUSKids website.
- Enhanced use of our web page for recruitment (see <http://www.state.vt.us/srs/adoption/index.html>).
- Individual consultation by Project Family staff with district social workers, on a child-specific basis. This last strategy is perhaps the most important, as the key to change in this area is convincing individual social workers that they can safely consider placements far away, and in doing so, will achieve the best outcome for a child about whom they are concerned.

Policy No. 125 Permanency Planning for Children in Custody provides guidance on permanency planning for children who are free for adoption. All children in custody free for adoption should receive services centered on achieving a timely adoption. One of the strategies mentioned in this policy is the use of the AdoptUS Kids website.

Evaluation of this issue reflects that the use of the AdoptUSKids is very low compared to most states site. As of November 30, 2006 we had only 4 children photo listed.

We plan to explore the Training & Technical Assistance offered by AdoptUSKids to help us feature more of Vermont's children to the site and increase their chances of finding adoptive families.

Since 2003, all relative home studies requests received through ICPC are completed by our Residential Licensing Unit rather than our district office staff. This allows for better turnaround times on home studies. In 2002, our overall turn around time was an average of 87 days compared to an average of 57 days in 2005.

In 2005, Vermont placed 29 children out-of-state with relatives, foster parents or adoptive parents. In that same year, Vermont supervised 19 children who were placed from other states. Vermont initiated 41 requests for these same types of placements out-of-state in 2005. Twenty-four of these were approved, 10 were denied and 7 were still pending at the end of the calendar year, 2005.

During this same time period, Vermont received 38 requests for placement with relatives, foster parents or adoptive parents. Twenty-six of those were approved, 8 denied and 4 were still pending at the end of the calendar year.

We will continue to track the above data to determine our measure of effectiveness.

We anticipate our focus on family finding and permanency for older youth will increase the number of requests for home studies in other states.

SECTION IV – STATE ASSESSMENT OF STRENGTHS AND NEEDS

On the basis of an examination of the data in Section II and the narrative responses in Section III, the Statewide Assessment Team should respond to the following questions.

1. Determine and document which of the seven outcomes and systemic factors examined during the Statewide Assessment are primarily strengths.

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.

- **Item 1: Timeless of initiating investigations.** Vermont Outcome Reports and the Vermont Data Profile both indicate that the Division responds to incoming reports of child maltreatment in a timely manner (page 7).
- **Item 2: Safe from Repeat Maltreatment.** Vermont consistently exceeds the standard (94.4%) for safety from repeat maltreatment as reflected in the Vermont Outcome Reports and the Vermont Data Profile (page 9).

Wellbeing Outcome 3: Children receive adequate services to meet their physical and mental health needs.

- **Item 22: Physical health of the child.** Results of Vermont's 12 District Reviews compiled in 2005 reflect that in 90% of the cases reviewed medical needs of children were appropriately met (page 42).
- **Item 23: Mental health of the child.** Results of Vermont's 12 District Reviews compiled in 2005 reflect that in 94% of the cases reviewed the mental health needs of children were appropriately addressed (page 43).

Quality Assurance System

- **Item 30: Standards for Ensuring Quality.** Currently, the Division has standards in place to guide program evaluation in a number of arenas. The Residential Licensing Unit evaluates compliance with the following standards:

- Foster Care Licensing standards
 - Residential Care licensing standards
 - Child Placing Agencies licensing standards
 - Runaway Shelter approval standards
 - Practice and Procedures for the following contracted services: Intensive Family-Based Services, Parent Educator Services, Foster Care Support Services and Post-Adoption Services.
- **Item 31: Quality Assurance System.** Vermont is operating an identifiable quality assurance system that is in place in all 12 districts. This system, implemented after the first CFSR, mirrors the CFSR process as it evaluates the quality of services, identifies the strengths and needs of the service delivery system, and provides relevant reports to evaluate program improvement measures.
 - **Item 32: Initial Staff training, Item 33: Ongoing Staff training, Item 34: Foster and Adoptive Parent training.** The Child Welfare Training Project has partnered with representatives from Family Services and community partners to redesign our professional development programs to address some of the issues identified in the first CFSR. The initial and ongoing staff training as well as the foster and adoptive parent training have been restructured to create learning environments that we believe will result in quality trainings for all participants.

2. Determine and document which of the seven outcomes and systemic factors examined during the Statewide Assessment are primarily areas needing improvement.

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

While some of the items included in this outcome are strengths two of the major items are areas needing improvement. As mentioned earlier in this report, Vermont is one in only a handful of states serving a broad population of children that includes youth adjudicated delinquent and youth found to be beyond the control of their parents. These different populations give Vermont one of the highest median ages of children in out of home care of all states reporting AFCARS data and have an effect on our performance.

- **Item 5: Foster Care Re-entries.** While we are showing improvement in this area Vermont's Data Profile also shows we are just above the national median (15.0%) in this measure at 15.6%. As discussed on page 17, the reality of being a child welfare and juvenile justice agency heavily influences our re-entry numbers.

- **Item 6: Placement Stability.** Vermont's Data Profile shows that we experience considerable challenges in this area; we do not come close to the national median in the relevant measures (page 20).

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

Item 18: Involvement in case planning. Results of Vermont's 12 district reviews¹³ compiled in 2005 reflect that in only 68% of the cases children, families and caretakers were involved in case planning.

Items 19 and 20 Worker visits. Results of Vermont's 12 District Reviews compiled in 2005 reflect that in only 47% of the cases reviewed social worker contact was happening at least monthly. Staff attending focus groups indicated that they agree that monthly face-to-face contact is appropriate, however, there was universal agreement that it is almost impossible to achieve

3. Additional Sites for the Onsite Review

Morrisville is a small office (6.5 FTE social workers) whose case load has been slowly declining for the last year and a half when they gained an additional social worker. The Statewide average caseload is 16.85, the highest caseload is 20.33 and Morrisville's average caseload is 16.31.

Two years ago this office had a high percentage of the statewide community and family consumer concerns however; the number has significantly decreased overtime. Around the same time the office made a significant commitment to increase their capacity for family centered child welfare practice.

The shift in practice focused on utilizing:

- Evidence based practice
- Internal case consultations and reflective group supervision
- Family Group Decision Making
- Professional development and skill building

In addition to a decrease in consumer concerns Morrisville has improved in the following areas:

Outcome	2005 Performance	2006 Performance
Timely Reunification	70.2%	88%
Placement Stability	66.7%	77.4%
Re-entry	15.2%	13.2%

¹³ Vermont Department for Children and Families. Family Services Division. *Family Services Division 2005 District Review Annual Report.* January 2006)

We would like the CFSR process to help us determine if the intentional shift in practice has contributed to the decrease in consumer concerns and the improvement in outcome performance.

Springfield District Office

Springfield is a medium sized office with 9 FTE social workers whose caseload has been rather steady for the last 2 years, currently the average caseload is at it's lowest at 15.89.

The following economic and social challenges may have an impact on the community's ability to move child welfare outcomes in the desired direction.

Year	Indicator	VT Rate	Springfield Rate
2003	Percent of children (0-4) in families receiving financial assistance.	9.3%	17%
2003	Percent of families at risk (first births to unmarried woman younger than 20 with less than 12 years education.	5%	12.3%
2004	Percent of babies born with low birth weight (under 5.5lbs.).	7%	9.5%
2004	Child abuse and neglect (substantiated victims per 1,000).	76.7%	126.6%
2004	Percent of children (5-17) in families receiving financial assistance.	4.7%	8.6%
2004	Custody rate for children who are beyond the control of their parents (per 1,000 aged 10-17).	31.4%	77.6%
2004	Custody rate for children adjudicated delinquent (per 1,000 aged 10-17).	52%	90.6%
2005	Estimated percent completing high school.	88%	83%
2005	Percent of students on special education plans.	13.1%	21.1%

- Springfield has the highest rate of children in custody 12-17 years of age for 3 or more years.
- Timely reunification has dropped from 56.9% in 2005 to 36.9%.
- Placement stability has dropped from 67.8% in 2005 to 56.2%.

We would like the CFSR process to help us identify ways to improve outcomes for children and families in an economically and socially challenged area.

4. Vermont's Experience with the Statewide Assessment Process

The statewide assessment process gave us an opportunity to get input from a wide variety of staff and stakeholders in issues important to us. We used the opportunity to determine progress made since the first CFSR, to further our work in family engagement and permanency for youth and to begin planning for program improvement.

In many ways the data analysis was most helpful. It enabled us to focus on the data and determine the underlying story it tells about our strengths and challenges. We feel we are positioned well to use the statewide assessment and the results of the onsite review to develop strategies to improve outcomes for children and families.

5. Names and Affiliations of Individuals who participated in the Statewide Assessment Process.

We used several different mechanisms to solicit input for the Statewide Assessment:

- The CFSR Advisory Committee;
- Focus groups;
- On-line surveys; and
- Existing reports and documents completed recently.

COMMITTEE

Child and Family Advisory Committee This committee was responsible for developing the strategy for stakeholder involvement, gathering stakeholder input, reviewing data, reviewing drafts of the statewide assessment and volunteering to participate as review team members. Sheila Duranleau, Policy and Planning Chief; Lynda Schoenbeck, Quality Assurance Coordinator; Deb Quackenbush, Department of Education Interagency Workgroup Coordinator; Diane Janukitus, Department of Education Educational Surrogate Parent Program; Hilda Green, Vermont CBCAP; Mellissa Bailey, Department of Health, Division of Mental Health; Shari Young, Juvenile Court Improvement Manager; Joannie Litch, Parent; Jared Litch, Youth, Katherine Boise, Youth Development Coordinator; Danielle Lindley; University of Vermont MSW Intern, Renee Silver, Child Welfare Training Partnership; Rich Dimatteo, IT Manager.

FOCUS GROUPS

Central Office Department Managers assisted with data development, report content and with the identification of strengths and areas needing improvement: Cindy Walcott, Deputy Commissioner; Fred Ober, Operations Manager/Child Safety Director ; Shaun Donahue, Operations Manager/System of Care; Lucy Abair, RLU Chief; Karen Shea, Child Safety and Assessment Manager; Bob Becker, Youth Justice Manager.

Division Management Team participated in various discussions in their October, November, December 2006 and January 2007 meetings regarding outcome performance and contributing factors and reviewed drafts of new data profile reports. Sandra Clougher, Barre; Bunny Thompson, Bennington; Lisa Keller, Brattleboro; Larry Martineau, Burlington; Pat Wheatley, Hartford;

Brenda Gooley, Middlebury; Trisha Tyo, Morrisville; Tom Pristow, Newport; Steve Coulman, Rutland; Dan Conder, St. Albans; Ruth Houtte, St. Johnsbury; Guy Wood, Springfield; Steve Antell, Woodside, Tom Burke, Emergency Services Program, Bob Becker, Youth Justice Manager, Brenda Hallock, Community Resource Specialist; Cindy Walcott, Deputy Commissioner; Dana Lawrence, Program Management Unit, Fred Over, Operations Manager/Child Safety Director; Karen Shea, Child Safety Assessment Manager; Lucy Abair, RLU Chief; Rich DiMatteo, IT Manager; Sheila Duranleau, Policy and Planning Chief; Lynda Scheonbeck, Quality Assurance Coordinator; Marion Paris, Residential Services Manager

Regional focus groups were held around the state in Springfield, Rutland, Waterbury, Burlington and St. Johnsbury from November 2006-January 2007. Social work staff met in the morning and managers and supervisors in the afternoon. Kath Bergeron, Social Worker; Robert Ranahan, Resource Coordinator; Emily Carrier, Social Worker; Ruth Houtte, Director; Deb Richards, Resource Coordinator; Patrick Ryan, Social Worker; Sandra Clougher, Director; Karen LaMorder, Resource Coordinator; Lisa Bruce, Social Worker, Lynn Winchester, Supervisor; Elysian Graham, Social Worker; Donna Monroe, Supervisor; Rebecca Spaulding, Supervisor; Pat McEvoy, Social Worker; Sue Lohutko, Social Worker; Robbie Wierzbicki, Resource Coordinator; John Reardon, Social Worker; Sarah Malick, Social Worker, Guy Wood, Director, Alysia McRae, Administrative Assistant; Laurie Bland, Social Worker; Sandra Crossman, Social Worker; Laura Knowles, Social Worker; Michelle West, Social Worker; Charlie Tatro, Social Worker; Deb Malette, Resource Coordinator; Dave Stanley, Social Worker; Jackie Pells, Supervisor; Jo Bania, Supervisor; Steve Coulman, Director; Beth Saulsville, Supervisor; Melissa Gardner, social worker; Marion Paris, Residential Services Manager; Brenda Dawson, Licensor; Dana Lawrence, Program Management Unit, Margo Bryce, ICPC Administrator; Christine Dunn, Domestic Violence Specialist; Janine Beaudry, Permanency Consultant; Diane Dexter, Adoptions Chief; Shaun Donahue, Director of Operations/System of Care.

Resource Coordinators participated in a focus group in January 2007, in Bethel, VT: Debbie Richards, Newport; Bob Ranahan, St. Johnsbury; Amy Anderson, Morrisville; Mary Buffum, Burlington; Karen LaMorder, Brattleboro; Bonnie Diagneault, Middlebury; Deb Malette, Rutland; Joan Rock, Barre, Brenda Hallock, Central Office.

Statewide Supervisors provided input to the assessment at their monthly meetings in November and December 2006 and via email: Neysha Stuart, Barre; Bunny Thompson, Bennington; Kathy Hemenway, Hartford; Suzanne Berry, St. Albans; Susan Eisenstadt, Middlebury; Mike Korczkowski, Rutland; Ray Kellett, Brattleboro; Donna Monroe, Springfield; Gyla Dziobek, Newport, Melony Mallery, Morrisville; Karen Shea, Child Safety Unit; Jim Forbes, Special Investigations;

Lynda Schoenbeck, Quality Assurance; Deb Brady, Emergency Services Program; Jude Melen, Burlington; Barbara Zelman, Burlington; Jackie Pells, Rutland; Beth Saulsville, Bennington; Kate Derosier, Springfield; Lynn Winchester, Brattleboro; Kim Revior, Barre.

Juvenile Justice Workgroup participated in a focus group in November 2006 and offered input via email: Helen Nienaltowski, Supervisor in Barre, Ivy Harris, Social worker in Barre; Stacy Jolles, Youth Justice Specialist; Bob Becker, Youth Justice Manager; Patrick Ryan, Social Worker in Newport and Gail Swift, Social Worker in Rutland.

Parents and Youth parents, youth, siblings of youth in custody and youth formerly in custody provided input at 3 different focus groups. They were held in Bennington and Morrisville in December 2006 and in Middlebury in January 2007. In the interest of confidentiality, they are not identified by name.

Vermont Coalition of Residential Programs participated in a focus group held in November 2006, in Randolph VT: Kim Coe, Lund Family Services; Sarah Jacoby, Eckerd; Debbie Smith, Community House; John Sheerer, Community House; Shelly McGinnis, Park St. Baird; Michael Curtis, Washington County Mental Health; Mark Redmond, Spectrum; David LaFrances, Frances Foundation; Catherine Simonson, Baird, Steve Antell, Woodside.

University of Vermont Child Welfare Training Partnership participated in a focus group held in December 2006 in Burlington, VT: Gale Burford, Director; Sarah Gallagher, Coordinator ; Renee Silver, Staff Training Coordinator; Sarah Ward, Staff Training Coordinator; Connie Ingals-O'Keefe, Foster/Adopt training Coordinator; Jan Roy, Foster/Adopt Training Coordinator; Debbie Mintz, Foster/Adopt Training Coordinator.

Vermont Foster and Adoptive Parents Association provided input during a Board meeting in January: Melinda L.; Susan T.; Jodie C.; Doug S.; Nancy T.; Martin B.; Jane S.; Maryellen C.; Mary B.; Kim C.; Wanda A.; Kathy M.; Marjorie R.; Mary A.; Jim B.; Kristey A.; Pat R.; Cindy S.

Agency of Human Services Field Directors participated in a focus group in December 2006 held in Waterbury, VT: Monica Hutt, Senior Field Services Manager; Scott Johnson, Deputy Commissioner of Field Services; Richard Giddings, Rutland; Greg McDonald, St. Johnsbury; Pam McCarthy, St. Albans; Jane Helmstetter, Burlington; Mark Schroeder, Burlington; Revor Kennedy, Newport; Dave Yacovone, Morrisville; Lynn Boyle, Springfield; Don Mandelkorn, Barre, Sara Kobylenski, Hartford.

SURVEYS

Family Services Division CFSR Surveys were designed to ensure a broader range of input. Surveys were topic specific and, with the exception of the youth survey, no longer than 6 questions. Respondents were asked to complete as many of the surveys as they wanted to. We developed a survey just for youth so they could respond to all of our questions in one place. The youth survey included 18 questions which were taken from the other individual surveys. Topic specific surveys were: court and legal, service array, case planning, permanency, education and youth. We received 309 responses which helped us to gain important knowledge about our services. The CFSR still has a web presence as it is one of the strategies in our communications plan.

The survey link was sent to the youth development coordinators, guardian ad litem, the State's Attorney's Department, the Defender General's office, judges, court staff, mental health directors, Statewide Department of Education Principals Association, Department of Education December Newsletter, Family Services staff.

EXISTING REPORTS

Vermont Juvenile Court Reassessment (Vermont Court Improvement Program, June 2005). Several times throughout this assessment we incorporated information from this source. Committee members for this document included: Honorable Kathleen Manley; Honorable George Belcher; John Bisbee, GAL; Cindy Walcott, Family Services Deputy Commissioner; Sheila Duranleau, Family Services Policy and Planning Chief; Sara Kobylenski, AHS Field Services Director; Bob Sheil, Juvenile Defender; Therese Tanguay, Deputy Court Manager; Shari Young, Vermont Court Improvement Manager

Hope for the Future: A Plan to Support Vermont's Youth Aging out of Foster Care (Department for Children and Families, September 2006): Several times throughout this assessment we incorporated information from this source. This report was created as a result of the Governor's Youth Summit held in December 2005. Two Task Forces (54 people) contributed to this document: Task Force on Youth Aging Out of Foster Care and Task Force on Higher Education for Youth in Foster Care.

Child Welfare Training Partnership Final Report (University of Vermont, Child Welfare Training Partnership, June 2006). Several times throughout this assessment we incorporated information from this annual report which includes activity funded by Title IV-E.

Vermont Children’s Forum: Dialogue on the Child Welfare System (Vermont’s Children’s Forum (VCF), December 2006). Several times throughout this assessment we incorporated information from VCF’s Child Welfare Project Executive Summary. In 2006, the Vermont Children’s Forum was awarded a two-year strategic grant to create a comprehensive child welfare advocacy network. The purpose is to help improve the well-being of children and youth in the child welfare system through research and analysis and policy and budget advocacy. The first step was the research phase which they accomplished through data collection (including an online survey) and meetings with a cross-section of people. The Executive Summary is a compilation of information gathered from 187 survey results and a focus group held in Montpelier on October 27, 2006.

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CHILD SAFETY PROFILE	Fiscal Year 2003						Fiscal Year 2004						Fiscal Year 2005					
	Reports	%	Duplic. Childn. ²	%	Unique Childn. ²	%	Reports	%	Duplic. Childn. ²	%	Unique Childn. ²	%	Reports	%	Duplic. Childn. ²	%	Unique Childn. ²	%
I. Total CA/N Reports Disposed¹	2,936		3,632		3,091		2,690		3,361		2,927		2,504		3,099		2,710	
II. Disposition of CA/N Reports³																		
Substantiated & Indicated	1,012	34.5	1,233	33.9	1,132	36.6	903	33.6	1,138	33.9	1,045	35.7	860	34.3	1,080	34.8	995	36.7
Unsubstantiated	1,893	64.5	2,350	64.7	1,920	62.1	1,783	66.3	2,218	66.0	1,878	64.2	1,639	65.5	2,011	64.9	1,710	63.1
Other	31	1.1	49.0	1.3	39.0	1.3	4	0.1	5.0	0.1	4.0	0.1	5	0.2	8.0	0.3	5.0	0.2
III. Child Cases Opened for Services⁴			645	52.3	565	49.9			602	52.9	533	51.0			497	46	436	43.8
IV. Children Entering Care Based on CA/N Report⁵			187	15.2	166	14.7			232	20.4	202	19.3			203	18.8	177	17.8
V. Child Fatalities⁶					1	0.1					0	0					0	0
STATEWIDE AGGREGATE DATA USED TO DETERMINE SUBSTANTIAL CONFORMITY																		
VI. Absence of Maltreatment Recurrence⁷ [Standard: 94.6% or more]											525 of 550	95.5					479 of 499	96.0
VII. Absence of Child Abuse and/or Neglect in Foster Care⁸ (12 months) [standard 99.68% or more]											2,190 of 2,206	99.27					2,167 of 2,170	99.86

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Additional Safety Measures For Information Only (no standards are associated with these):

	Fiscal Year 2003			Fiscal Year 2004			Fiscal Year 2005		
	Hours	Unique Childn. ²	%	Hours	Unique Childn. ²	%	Hours	Unique Childn. ²	%
VIII. Median Time to Investigation in Hours (Child File) ⁹			More than 24, but less than 48 ^A			More than 24, but less than 48 ^A			
IX. Mean Time to Investigation in Hours (Child File) ¹⁰			81.4 ^B			82.1 ^B			
X. Mean Time to Investigation in Hours (Agency File) ¹¹			32			67			
XI. Children Maltreated by Parents While in Foster Care. ¹²					16 of 2,206	0.73		19 of 2,170	0.88

CFSR Round One Safety Measures to Determine Substantial Conformity (Used primarily by States completing Round One Program Improvement Plans, but States may also review them to compare to prior performance)

	Fiscal Year 2003				Fiscal Year 2004				Fiscal Year 2005			
	Reports	%	Unique Childn. ²	%	Reports	%	Unique Childn. ²	%	Reports	%	Unique Childn. ²	%
			<i>Duplic.</i>	<i>Childn.²</i>			<i>Duplic.</i>	<i>Childn.²</i>			<i>Duplic.</i>	<i>Childn.²</i>
XII. Recurrence of Maltreatment ¹³ [Standard: 6.1% or less)			31 of 563	5.5			25 of 550	4.5			20 of 499	4.0
XIII. Incidence of Child Abuse and/or Neglect in Foster			1 of	0.05			9	0.44			2 of	0.10

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Care¹⁴ (9
months)
[standard
0.57% or less]

1,985

2,032

1,985

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NCANDS data completeness information for the CFSR

Description of Data Tests	Fiscal Year 2003	Fiscal Year 2004	Fiscal Year 2005
Percent of duplicate victims in the submission [At least 1% of victims should be associated with multiple reports (same CHID). If not, the State would appear to have frequently entered different IDs for the same victim. This affects maltreatment recurrence]	7.16	7.08	7.44
Percent of victims with perpetrator reported [File must have at least 75% to reasonably calculate maltreatment in foster care]	98.38	99.3	99.5
Percent of perpetrators with relationship to victim reported [File must have at least 75% to reasonably calculate maltreatment in foster care]	97.28	96.37	93.9
Percent of records with investigation start date reported [Needed to compute mean and median time to investigation]	100	100	100
Average time to investigation in the Agency file [PART measure]	Not reported	Median reported	Reported
Percent of records with AFCARS ID reported in the Child File [Needed to calculate maltreatment in foster care by the parents; also, all Child File records should now have an AFCARS ID to allow ACF to link the NCANDS data with AFCARS. This is now an all-purpose unique child identifier and a child does not have to be in foster care to have this ID]	22.2 (reported only for children reported to AFCARS)	23.3 (reported only for children reported to AFCARS)	22.4 (reported only for children reported to AFCARS)

FOOTNOTES TO DATA ELEMENTS IN CHILD SAFETY PROFILE

Each maltreatment allegation reported to NCANDS is associated with a disposition or finding that is used to derive the counts provided in this safety profile. The safety profile uses three categories. The various terms that are used in NCANDS reporting have been collapsed into these three groups.

Disposition Category	Safety Profile Disposition	NCANDS Maltreatment Level Codes Included
A	Substantiated or Indicated (Maltreatment Victim)	“Substantiated,” “Indicated,” and “Alternative Response Disposition Victim”
B	Unsubstantiated	“Unsubstantiated” and “Unsubstantiated Due to Intentionally False Reporting”
C	Other	“Closed-No Finding,” “Alternative Response Disposition – Not a Victim,” “Other,” “No Alleged Maltreatment,” and “Unknown or Missing”

Alternative Response was added starting with the 2000 data year. The two categories of Unsubstantiated were added starting with the 2000 data year. In earlier years there was only the category of Unsubstantiated. The disposition of “No alleged maltreatment” was added for FYY 2003. It primarily refers to children who receive an investigation or assessment because there is an allegation concerning a sibling or other child in the

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household, but not themselves, AND whom are not found to be a victim of maltreatment. It applies as a Maltreatment Disposition Level but not as a Report Disposition code because the Report Disposition cannot have this value (there must have been a child who was found to be one of the other values.)

Starting with FFY 2003, the data year is the fiscal year.

Starting with FFY2004, the maltreatment levels for each child are used consistently to categorize children. While report dispositions are based on the field of report disposition in NCANDS, the dispositions for duplicate children and unique children are based on the maltreatment levels associated with each child. A child victim has at least one maltreatment level that is coded “substantiated,” “indicated,” or “alternative response victim.” A child classified as unsubstantiated has no maltreatment levels that are considered to be victim levels and at least one maltreatment level that is coded “unsubstantiated” or “unsubstantiated due to intentionally false reporting.” A child classified as “other” has no maltreatment levels that are considered to be victim levels and none that are considered to be unsubstantiated levels. If a child has no maltreatments in the record, and report has a victim disposition, the child is assigned to “other” disposition. If a child has no maltreatments in the record and the report has either an unsubstantiated disposition or an “other” disposition, the child is counted as having the same disposition as the report disposition.

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- 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. The unique count of children counts a child only once during the reporting period, regardless of how many times the child was reported.*
- 3. For the column labeled "Reports," 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 a report investigated two children, and one child is found to be neglected and the other child found not to be maltreated, the report disposition will be substantiated (Group A). The disposition for each child is based on the specific finding related to the maltreatment(s). In other words, of the two children above, one is a victim and is counted under "substantiated" (Group A) and the other is not a victim and is counted under "unsubstantiated" (Group B). 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 (Group A), but not a victim in a second report (Group B), the unique count of children includes the child only as a victim (Group A). The category of "other" (Group C) 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, alternative response victim, or unsubstantiated.*
- 4. The data element, "Child Cases Opened for Services," is based on the number of victims (Group A) during the reporting period under review. "Opened for Services" refers to post-investigative services. The duplicated number counts each time a victim's report is linked to on-going services; the unique number counts a victim only once regardless of the number of times services are linked to reports of substantiated maltreatment.*
- 5. The data element, "Children Entering Care Based on CA/N Report," is based on the number of victims (Group A) during the reporting period under review. The duplicated number counts each time a victim's report is linked to a foster care removal date. The unique number counts a victim only once regardless of the number of removals that may be reported.*

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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 “Absence of Recurrence of Maltreatment” is defined as follows: Of all children who were victims of substantiated or indicated maltreatment allegation during the first 6 months of the reporting period, what percent were not victims of another substantiated or indicated maltreatment allegation within a 6-month period. This data element is used to determine the State’s substantial conformity with Safety Outcome #1.*
8. The data element “Absence of Child Abuse/or Neglect in Foster Care” is defined as follows: Of all children in foster care during the reporting period, what percent were not victims of substantiated or indicated maltreatment by foster parent or facility staff member. This data element is used to determine the State’s substantial conformity with Safety Outcome #2. A child is counted as not having been maltreated in foster care if the perpetrator of the maltreatment was not identified as a foster parent or residential facility staff. Counts of children not maltreated in foster care are derived by subtracting NCANDS count of children maltreated by foster care providers from AFCARS count of children placed in foster care. The observation period for this measure is 12 months. The number of children not found to be maltreated in foster care and the percentage of all children in foster care are provided
9. Median Time to Investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmddyyyy format). The result is converted to hours by multiplying by 24.
10. Mean Time to investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmddyyyy format). The result is converted to hours by multiplying by 24. Zero days difference (both dates are on the same day) is reported as “under 24 hours”, one day difference (investigation date is the next day after report date) is reported as “at least 24 hours, but less than 48 hours”, two days difference is reported as “at least 48 hours, but less than 72 hours”, etc.
11. Average response time in hours between maltreatment report and investigation is available through State NCANDS Agency or SDC File aggregate data. "Response time" is defined as the time from the receipt of a report to the time of the initial investigation or assessment. Note that many States calculate the initial investigation date as the first date of contact with the alleged victim, when this is appropriate, or with another person who can provide information essential to the disposition of the investigation or assessment.
12. The data element, “Children Maltreated by Parents while in Foster Care” is defined as follows: Of all children placed in foster care during the reporting period, what percent were victims of substantiated or indicated maltreatment by parent. This data element requires matching NCANDS

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and AFCARS records by AFCARS IDs. Only unique NCANDS children with substantiated or indicated maltreatments and perpetrator relationship "Parent" are selected for this match. NCANDS report date must fall within the removal period found in the matching AFCARS record.

13. The data element, "Recurrence of Maltreatment," is defined as follows: Of all children associated with a "substantiated" or "indicated" finding of maltreatment during the first six months of the reporting period, what percentage had another "substantiated" or "indicated" finding of maltreatment within a 6-month period. The number of victims during the first six-month period and the number of these victims who were recurrent victims within six months are provided. This data element was used to determine the State's substantial conformity with Safety Outcome #1 for CFSR Round One.
14. 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 were found to be victims of "substantiated" or "indicated" maltreatment. A child is counted as having been maltreated in foster care if the perpetrator of the maltreatment was identified as a foster parent or residential facility staff. Counts of children maltreated in foster care are derived from NCANDS, while counts of children placed in foster care are derived from AFCARS. The observation period for these measures is January-September because this is the reporting period that was jointly addressed by both NCANDS and AFCARS at the time when NCANDS reporting period was a calendar year. The number of children found to be maltreated in foster care and the percentage of all children in foster care are provided. This data element was used to determine the State's substantial conformity with Safety Outcome #2 for CFSR Round One.

ADDITIONAL FOOTNOTES

- A. Median time to investigation computed from the Child file was one day for both FFY2004 and FFY2005.
- B. Mean time to investigation computed from the Child file is 3.39 days for FFY2004 and 3.42 days for FFY2005.

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POINT-IN-TIME PERMANENCY PROFILE	Federal FY 2003 AB		Federal FY 2004 AB		Federal FY 2005 AB	
	# 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	1,471		1,370		1,399	
Admissions during year	723		836		771	
Discharges during year	761		749		703	
Children discharging from FC in 7 days or less	85		74		67	
Children in care on last day of year	1,435		1,457		1,472	
Net change during year	-36		87		73	
II. PLACEMENT TYPES FOR CHILDREN IN CARE						
Pre-Adoptive Homes	112	7.8	48	3.3	55	3.7
Foster Family Homes (Relative)	140	9.8	127	8.7	126	8.6
Foster Family Homes (Non-Relative)	746	52.0	785	53.9	792	53.8
Group Homes	224	15.6	266	18.3	262	17.8
Institutions	29	2.0	36	2.5	33	2.2
Supervised Independent Living	20	1.4	21	1.4	26	1.8
RUNAWAY	12	0.8	6	0.4	16	1.1
TRIAL HOME VISIT	152	10.6	168	11.5	162	11.0
MISSING PLACEMENT INFORMATION	0	0.0	0	0.0	0	0.0
NOT APPLICABLE (PLACEMENT IN SUBSEQUENT YEAR)	0	0.0	0	0.0	0	0.0
III. PERMANENCY GOALS FOR CHILDREN IN CARE						
Reunification	957	66.7	1,070	73.4	1,075	73.0
Live with Other Relatives	4	0.3	4	0.3	0	0.0
Adoption	328	22.9	221	15.2	217	14.7
Long Term Foster Care	104	7.2	80	5.5	117	7.9
Emancipation	26	1.8	26	1.8	23	1.6
Guardianship	1	0.1	1	0.1	2	0.1
CASE PLAN GOAL NOT ESTABLISHED	15	1.0	55	3.8	38	2.6
MISSING GOAL INFORMATION	0	0.0	0	0.0	0	0.0

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POINT-IN-TIME PERMANENCY PROFILE	Federal FY 2003 AB		Federal FY 2004 AB		Federal FY 2005 AB	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
IV. Number of Placement Settings in Current Episode						
One	277	19.3	299	20.5	277	18.8
Two	285	19.9	321	22.0	328	22.3
Three	237	16.5	215	14.8	212	14.4
Four	131	9.1	136	9.3	153	10.4
Five	108	7.5	97	6.7	114	7.7
Six or more	397	27.7	389	26.7	388	26.4
Missing placement settings	0	0.0	0	0.0	0	0.0
V. NUMBER OF REMOVAL EPISODES						
One	1,137	79.2	1,108	76.0	1,138	77.3
Two	237	16.5	272	18.7	261	17.7
Three	41	2.9	58	4.0	60	4.1
Four	8	0.6	11	0.8	6	0.4
Five	4	0.3	3	0.2	3	0.2
Six or more	8	0.6	5	0.3	4	0.3
Missing removal episodes	0	0.0	0	0.0	0	0.0
VI. Number of children in care 17 of the most recent 22 months² (percent based on cases with sufficient information for computation)						
	404	44.3	427	40.8	447	42.0
VII. MEDIAN LENGTH OF STAY IN FOSTER CARE (of children in care on last day of FY)						
	17.8		15.7		16.3	
VIII. Length of Time to Achieve Perm. Goal						
	# of Children Discharged	Median Months to Discharge	# of Children Discharged	Median Months to Discharge	# of Children Discharged	Median Months to Discharge
Reunification		467	6.6	415	6.0	430
Adoption	155	34.2	211	28.8	156	28.3
Guardianship	8	5.9	8	1.9	5	21.8
Other	129	37.6	113	40.2	106	40.1
Missing Discharge Reason (footnote 3, page 16)	0	--	2	50.8	1	15.6

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Total discharges (excluding those w/ problematic dates)	759	13.8	749	19.9	698	14.7
Dates are problematic (footnote 4, page 16)	2	N/A	0	N/A	5	N/A

Statewide Aggregate Data Used in Determining Substantial Conformity: Composites 1 through 4			
	Federal FY 2003 AB	Federal FY 2004 AB	Federal FY 2005 AB
IX. Permanency Composite 1: Timeliness and Permanency of Reunification [standard: 122.6 or higher]. Scaled Scores for this composite incorporate two components	NA (Not Applicable)	State Score = 110.8	State Score = 107.7
Component A: Timeliness of Reunification The timeliness component is composed of three timeliness individual measures.			
Measure C1 - 1: Exits to reunification in less than 12 months: Of all children discharged from foster care to reunification in the year shown, who had been in foster care for 8 days or longer, what percent was reunified in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [No Standard; FY 04 national median = 69.9%]	NA	67.1%	65.9%
Measure C1 - 2: Exits to reunification, median stay: Of all children discharged from foster care (FC) to reunification in the year shown, who had been in FC for 8 days or longer, what was the median length of stay (in months) from the date of the latest removal from home until the date of discharge to reunification? (This includes trial home visit adjustment) [No Standard; FY 04 national median = 6.5 months]	NA	Median= 6.1 months	Median= 7.8 months
Measure C1 - 3: Entry cohort reunification in < 12 months: Of all children entering foster care (FC) for the first time in the 6 month period just prior to the year shown, and who remained in FC for 8 days or longer, what percent was discharged from FC to reunification in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment)[No Standard; national median = 39.4%]	NA	42.1%	35.2%
Component B: Permanency of Reunification The permanency component has one measure.			
Measure C1 - 4: Re-entries to foster care in less than 12 months: Of all children discharged from foster care (FC) to reunification in the 12-month period prior to the one shown, what percent re-entered FC in less than 12 months from the date of discharge? [No Standard; FY 04 national median = 15.0 %]	NA	19.1%	15.8%

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	Federal FY 2003 AB	Federal FY 2004 AB	<i>Federal FY 2005 AB</i>
X. Permanency Composite 2: Timeliness of Adoptions [standard: 106.4 or higher]. Scaled Scores for this composite incorporate three components.	NA	State Score = 110.5	State Score= 106.7
Component A: Timeliness of Adoptions of Children Discharged From Foster Care. There are two individual measures of this component. See below.			
Measure C2 - 1: Exits to adoption in less than 24 months: Of all children who were discharged from foster care to a finalized adoption in the year shown, what percent was discharged in less than 24 months from the date of the latest removal from home? [No Standard; FY 04 national median = 26.8%]	NA	30.8%	35.5%
Measure C2 - 2: Exits to adoption, median length of stay: Of all children who were discharged from foster care (FC) to a finalized adoption in the year shown, what was the median length of stay in FC (in months) from the date of latest removal from home to the date of discharge to adoption? [No Standard; FY04 national median = 32.4 months]	NA	Median= 28.8 months	Median= 28.4 months
Component B: Progress Toward Adoption for Children in Foster Care for 17 Months or Longer. There are two individual measures. See below.			
Measure C2 - 3: Children in care 17+ months, adopted by the end of the year: Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer (and who, by the last day of the year shown, were not discharged from FC with a discharge reason of live with relative, reunify, or guardianship), what percent was discharged from FC to a finalized adoption by the last day of the year shown? [No Standard; FY04 national median = 20.2%]	NA	23.3%	19.8%

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<p>Measure C2 - 4: Children in care 17+ months achieving legal freedom within 6 months: Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer, and were not legally free for adoption prior to that day, what percent became legally free for adoption during the first 6 months of the year shown? Legally free means that there was a parental rights termination date reported to AFCARS for both mother and father. This calculation excludes children who, by the end of the first 6 months of the year shown had discharged from FC to "reunification," "live with relative," or "guardianship." [No Standard; FY 04 national median = 8.8%]</p>	NA	10.3%
<p>Component C: Progress Toward Adoption of Children Who Are Legally Free for Adoption. There is one measure for this component. See below.</p>		
<p>Measure C2 - 5: Legally free children adopted in less than 12 months: Of all children who became legally free for adoption in the 12-month period prior to the year shown (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged from foster care to a finalized adoption in less than 12 months of becoming legally free? [No Standard; FY 04 national median = 45.8%]</p>	NA	58.0% 58.7%

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	Federal FY 2003 AB	Federal FY 2004 AB	<i>Federal FY</i> <i>2005 AB</i>
XI. Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time [standard: 121.7 or higher]. Scaled Scores for this composite incorporate two components	NA	State Score = 103.0	State Score = 114.5
Component A: Achieving permanency for Children in Foster Care for Long Periods of Time. This component has two measures.			
Measure C3 - 1: Exits to permanency prior to 18th birthday for children in care for 24 + months. Of all children in foster care for 24 months or longer on the first day of the year shown, what percent was discharged to a permanent home prior to their 18th birthday and by the end of the fiscal year? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative). [No Standard; FY 04 national median 25.0%]	NA	26.6%	25.9%
Measure C3 - 2: Exits to permanency for children with TPR: Of all children who were discharged from foster care in the year shown, and who were legally free for adoption at the time of discharge (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged to a permanent home prior to their 18th birthday? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative) [No Standard; FY04 national median 96.8%]	NA	92.1%	95.2%
Component B: Growing up in foster care. This component has one measure.			
Measure C3 - 3: Children Emancipated Who Were in Foster Care for 3 Years or More. What percent of children were in care for 3 years or longer who either: 1) exited foster care in the year shown with a discharge reason of emancipation or 2) reached their 18th birthday while in foster care but had not discharged? [No Standard; FY 04 national median 47.8%]	NA	61.4%	47.2%

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	Federal FY 2003 AB	Federal FY 2004 AB	<i>Federal FY 2005 AB</i>
XII. Permanency Composite 4: Placement Stability [national standard: 101.5 or higher]. Scaled score for this composite incorporates no components but three individual measures (below)	NA	State Score = 66.4	State Score = 64.0
Measure C4 - 1) Two or fewer placement settings for children in care for less than 12 months. Of all children served in foster care (FC) during the year shown who were in FC for at least 8 days but less than 12 months, what percent had two or fewer placement settings? [No Standard; FY 04 national median = 83.3%]	NA	65.0%	63.3%
Measure C4 - 2) Two or fewer placement settings for children in care for 12 to 24 months. Of all children served in foster care (FC) during the year shown who were in FC for at least 12 months but less than 24 months, what percent had two or fewer placement settings? [No Standard; FY 04 national median = 59.9%]	NA	36.9%	39.7%
Measure C4 - 3) Two or fewer placement settings for children in care for 24+ months. Of all children served in foster care (FC) during the year shown who were in FC for at least 24 months, what percent had two or fewer placement settings? [No Standard; FY 04 national median = 33.9%]	NA	24.4%	19.8%

Special Footnotes for Composite Measures:

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PERMANENCY PROFILE FIRST-TIME ENTRY COHORT GROUP	Federal FY 2003 AB		Federal FY 2004 AB		Federal FY 2005 AB	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
I. Number of children entering care for the first time in cohort group (% = 1 st time entry of all entering within first 6 months)	292	81.3	343	80.1	314	81.6
II. MOST RECENT PLACEMENT TYPES						
Pre-Adoptive Homes	13	4.5	1	0.3	4	1.3
Foster Family Homes (Relative)	24	8.2	23	6.7	30	9.6
Foster Family Homes (Non-Relative)	144	49.3	178	51.9	151	48.1
Group Homes	32	11.0	48	14.0	40	12.7
Institutions	6	2.1	5	1.5	3	1.0
Supervised Independent Living	1	0.3	0	0.0	1	0.3
RUNAWAY	1	0.3	1	0.3	3	1.0
TRIAL HOME VISIT	71	24.3	87	25.4	82	26.1
MISSING PLACEMENT INFORMATION	0	0.0	0	0.0	0	0.0
NOT APPLICABLE (PLACEMENT IN SUBSEQUENT YR)	0	0.0	0	0.0	0	0.0
III. MOST RECENT PERMANENCY GOAL						
Reunification	206	70.5	246	71.7	239	76.1
Live with Other Relatives	0	0.0	0	0.0	1	0.3
Adoption	21	7.2	20	5.8	15	4.8
Long-Term Foster Care	1	0.3	3	0.9	5	1.6
Emancipation	0	0.0	0	0.0	2	0.6
Guardianship	0	0.0	0	0.0	0	0.0
CASE PLAN GOAL NOT ESTABLISHED	64	21.9	74	21.6	52	16.6
MISSING GOAL INFORMATION	0	0.0	0	0.0	0	0.0
IV. Number of Placement Settings in Current Episode						
One	95	32.5	94	27.4	91	29.0
Two	72	24.7	115	33.5	114	36.3
Three	60	20.5	64	18.7	54	17.2
Four	26	8.9	28	8.2	25	8.0
Five	14	4.8	19	5.5	12	3.8

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Six or more	25	8.6	23	6.7	18	5.7
PERMANENCY PROFILE	Federal FY 2003 AB		Federal FY 2004 AB		Federal FY 2005 AB	
FIRST-TIME ENTRY COHORT GROUP (continued)	<i># of Children</i>	<i>% of Children</i>	<i># of Children</i>	<i>% of Children</i>	<i># of Children</i>	<i>% of Children</i>
V. REASON FOR DISCHARGE						
Reunification/Relative Placement	108	93.9	110	97.3	99	93.4
Adoption	2	1.7	3	2.7	1	0.9
Guardianship	3	2.6	0	0.0	0	0.0
Other	2	1.7	0	0.0	6	5.7
Unknown (missing discharge reason or N/A)	0	0.0	0	0.0	0	0.0
	Number of Months		Number of Months		Number of Months	
VI. MEDIAN LENGTH OF STAY IN FOSTER CARE	17.3		19.0		not yet determinable	
Missing placement settings	0	0.0	0	0.0	0	0.0

ACFARS Data Completeness and Quality Information (2% or more is a warning sign):

	Federal FY 2003 AB		Federal FY 2004 AB		Federal FY 2005 AB	
	N	As a % of Exits Reported	N	As a % of Exits Reported	N	As a % of Exits Reported
File contains children who appear to have been in care less than 24 hours	0	0.0 %	0	0.0 %	0	0.0 %
File contains children who appear to have exited before they entered	0	0.0 %	0	0.0 %	0	0.0 %
Missing dates of latest removal	2	0.3 %	0	0.0 %	5	0.7 %
File contains "Dropped Cases" between report periods with no indication as to discharge	34	4.5 %	23	3.1 %	24	3.4 %
Missing discharge reasons	0	0.0 %	2	0.3 %	1	0.1 %
	N	As a % of adoption exits	N	As a % of adoption exits	N	As a % of adoption exits
File submitted lacks data on Termination of Parental Rights for finalized adoptions	1	0.1 %	1	0.1 %	1	0.1 %
Foster Care file has different count than Adoption File of (public agency) adoptions (N= adoption count disparity).	2	1.3% fewer cases in the adoption file	1	0.5% fewer cases in the foster care file	8	4.9% fewer in the foster care file

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	N	Percent of cases having missing data	N	As a Percent of cases having missing data	N	As a Percent of cases having missing data
File submitted lacks count of number of placement settings in episode for each child	0	0.0 %	0	0.0 %	0	0.0 %

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Note: These are CFSR Round One permanency measures. They are intended to be used primarily by States completing Round One Program Improvement Plans, but could also be useful to States in CFSR Round Two in comparing their current performance to that of prior years:

	Federal FY 2003 AB		Federal FY 2004 AB		<i>Federal FY 2005 AB</i>	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
IX. Of all children who were reunified with their parents or caretakers at the time of discharge from foster care, what percentage was reunified in less than 12 months from the time of the latest removal from home? (4.1) [Standard: 76.2% or more]	330	70.4	276	66.5	275	63.5
X. Of all children who exited care to a finalized adoption, what percentage exited care in less than 24 months from the time of the latest removal from home? (5.1) [Standard: 32.0% or more]	32	20.6	65	30.8	56	35.9
XI. Of all children served who have been in foster care less than 12 months from the time of the latest removal from home, what percentage have had no more than two placement settings? (6.1) [Standard: 86.7% or more]	532	63.1	623	68.5	591	66.6
XII. Of all children who entered care during the year, what percentage re-entered foster care within 12 months of a prior foster care episode? (4.2) [Standard: 8.6% or less]	70	9.7 (81.2% new entry)	97	11.6 (78.3% new entry)	78	10.1 (79.6% new entry)

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FOOTNOTES TO DATA ELEMENTS IN THE PERMANENCY PROFILE

¹The FY03, FY04, and FY05 counts of children in care at the start of the year exclude 15 , 25 , and 9 children, respectively. They were excluded to avoid counting them twice. That is, although they were actually in care on the first day, they also qualify as new entries because they left and re-entered again at some point during the same reporting period. To avoid counting them as both "in care on the first day" and "entries," the Children's Bureau selects only the most recent record. That means they get counted as "entries," not "in care on the first day."

²We designated the indicator, *17 of the most recent 22 months*, rather than the statutory time frame for initiating termination of parental rights proceedings at *15 of the most 22 months*, since the AFCARS system cannot determine the *date the child is considered to have entered foster care* as defined in the regulation. We used the outside date for determining the *date the child is considered to have entered foster care*, which is 60 days from the actual removal date.

³This count only includes case records missing a discharge reason, but which have calculable lengths of stay. Records missing a discharge reason and with non-calculable lengths of stay are included in the cell "Dates are Problematic".

⁴The dates of removal and exit needed to calculate length of stay are problematic. Such problems include: 1) missing data, 2) faulty data (chronologically impossible), 3) a child was in care less than 1 day (length of stay = 0) so the child should not have been reported in foster care file, or 4) child's length of stay would equal 21 years or more. These cases are marked N/A = Not Applicable because no length of stay can legitimately be calculated.

⁵This First-Time Entry Cohort median length of stay was 17.3 in FY03. This includes 0 children who entered and exited on the same day (who had a zero length of stay). Therefore, the median length of stay was unaffected by any 'same day' children.

⁶This First-Time Entry Cohort median length of stay was 19.0 in FY04. This includes 0 children who entered and exited on the same day (who had a zero length of stay). Therefore, the median length of stay was unaffected by any 'same day' children.

⁷This First-Time Entry Cohort median length of stay is Not Yet Determinable for FY05. This includes 0 children who entered and exited on the same day (they had a zero length of stay). Therefore, the median length of stay would still be Not Yet Determinable, but would be unaffected by any 'same day' children. The designation, Not Yet Determinable occurs when a true length of stay for the cohort cannot be calculated because fewer than 50% of the children have exited.