



VERMONT

Department for Children and Families

# **Family Services Division Child and Family Services Plan**

July 1, 2010 - June 30, 2014

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## **FAMILY SERVICES MISSION STATEMENT**

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

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## **FAMILY SERVICES CORE PRACTICE PRINCIPLES**

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The Family Services Division (FSD) of the Department for Children and Families (DCF) 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.

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**TRANSFORMING SERVICES FOR FAMILIES**

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The Family Services Division published a strategic plan in January of 2008 entitled Transforming Family Services. The plan lays out an ambitious agenda for change that focuses on family engagement, front loading of services, and utilization of natural supports to increase family capacity to provide a safe environment for all of their members.

The plan is published on our public web site at:

[http://dcf.vermont.gov/sites/dcf/files/pdf/fsd/FSD\\_Transformation\\_Plan.pdf](http://dcf.vermont.gov/sites/dcf/files/pdf/fsd/FSD_Transformation_Plan.pdf)

An important part of our transformation plan has been an examination of the values that underpin our work with children and families. Following a dialog with field staff that occurred over a period of several months, the division has adopted the following values, which align with our core practice principles:

- ✦ All people are capable of growth and change. In our work, we are informed by knowledge of past behavior, but do not assume that it is a perfect predictor of their future.
- ✦ When circumstances require us to choose among competing interests, we will elevate the child's need for safety and permanency over the needs of involved adults.
- ✦ It is our responsibility to focus not only on immediate safety, but on the long term wellbeing of the children and families we serve. Lifelong connections are a key ingredient to wellbeing, both in childhood and into adulthood.
- ✦ To be effective over time, our social workers have regular contact with children and families, where they live. Respectful, engaged relationships with children and families hold the greatest promise for positive change.
- ✦ We are aware of the power entrusted to us, and use it responsibly.
- ✦ We believe that families have expertise about their own lives. We use a variety of ways to engage families and mobilize their resources to promote safety and wellbeing of their members.
- ✦ Risk is inherent in all of the work we do and the decisions we make, and cannot be entirely eliminated. Our job is to recognize risks and build safety around them, making full use of the protective factors families and communities have.
- ✦ We assume that separation of children from their families will be traumatic.
- ✦ When separation must occur, we will preserve the continuity of supportive relationships for the child.
- ✦ When children must be separated from their families, we do all we can to help families to safely reunify. This includes a plan for parent-child contact that is supportive and educational.
- ✦ In communicating with our staff and the public, we clearly articulate our values and practice model.
- ✦ We strive to build a workforce that works in alignment with our core values and our practice model – and to support them through open dialogue, clear policy, excellent training and supervision, formal and informal performance evaluation and appropriate resource allocation.
- ✦ We believe that no one social worker or supervisor should shoulder the burden of critical decisions related to the safety and wellbeing of children. Our practice incorporates teamwork and, whenever possible, shared responsibility and accountability for decision-making.
- ✦ When a tragedy happens, we will strive to find the learning in that experience, and apply that learning to our future practice.

The division has formed a Transformation Steering Committee to guide and integrate the work of a number of committees that are working on aspect of transformation plan

implementation. Overall, this committee is attending to change management within the division.

In addition, during the 2008 Legislative session, the Legislature passed two bills that together, completely changed the legal landscape of our work. In the midst of budget crisis, they passed a budget that left our budget largely intact. In fact, they left a surplus created by a reduction in the number of children in custody, with the instructions that we were to invest funds to promote the goals of the CFSR.

The two substantive bills passed by the legislature create a statutory framework that strongly reinforces our goals to transform our practice to a more family-engaged model, with much greater emphasis on front-end services that will keep families intact. The first bill comprehensively revised statutes in place since 1967 that guide dependency and delinquency proceedings. This statute was effective on 1/1/2009. The second created enabling legislation for the development of a differential response system, to be implemented no later than 7/1/09.

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## **GOALS OF FIVE-YEAR PLAN**

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The goals and objectives of this plan address the following areas:

- The well-being of children and families;
- The needs of children and families; and
- The nature, scope, and adequacy of existing child and family and related social services.

Principles of child and family services, as articulated in 45 CFR 1355.25 continue to guide us in developing, operating, and improving the continuum of child and family services.

- a. The safety and well-being of children and of all family members is paramount. When safety can be assured, strengthening and preserving families is seen as the best way to promote the healthy development of children. One important way to keep children safe is to stop violence in the family including violence against their mothers.
- b. Services are focused on the family as a whole; service providers work with families as partners in identifying and meeting individual and family needs; family strengths are identified, enhanced, respected, and mobilized to help families solve the problems which compromise their functioning and well-being.
- c. Services promote the healthy development of children and youth, promote permanency for all children and help prepare youth emancipating from the foster care system for self-sufficiency and independent living.

- d. Services may focus on prevention, protection or other short or long-term interventions to meet the needs of the family and the best interests and need of the individual(s) who may be placed in out-of-home care.
- e. Services are timely, flexible, coordinated, and accessible to families and individuals, principally delivered in the home or the community, and are delivered in a manner that is respectful of and builds on the strengths of the community and cultural groups.
- f. Services are organized as a continuum, designed to achieve measurable outcomes, and are linked to a wide variety of supports and services which can be crucial to meeting families' and children's needs, for example, housing, substance abuse treatment, mental health, health, education, job training, child care, and informal support networks.
- g. Most child and family services are community-based, involve community organizations, parents and residents in their design and delivery and are accountable to the community and the client's needs.
- h. Services are intensive enough and of sufficient duration to keep children safe and meet family needs. The actual level of intensity and length of time needed to ensure safety and assist the family may vary greatly between preventive (family support) and crisis intervention services (family preservation), based on the changing needs of children and families at various times in their lives. A family or an individual does not need to be in crisis in order to receive services.

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## ORGANIZATION AND FUNCTION OF THE TITLE IV-B AGENCY

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The Agency of Human Services (AHS) has the widest reach in state government and a critical mission: to improve the conditions and well-being of Vermonters and protect those who cannot protect themselves. The Department for Children and Families (DCF) is the largest department in AHS. DCF consists of the following:

The **Commissioner's Office** provides general policy direction for the department operating programs as well as a focus on legislative and political advocacy.

The **Economic Services Division** is responsible for overall policy, planning and regulatory services for economic and health benefits, including TANF, SNAP, Emergency Assistance, Fuel Assistance and Medicaid. In addition, the division oversees all welfare-to-work supports delivered through the district offices.

The **Child Development Division** oversees all early childhood services formerly scattered across various AHS departments.

This includes the child care financial assistance program, child care referral, child care licensing, child care workforce development, Head Start, Healthy Babies, Kids and Families; Family Infant and Toddler Program; Early Childhood Mental Health programs, etc.

**Disability Determination** handles eligibility determination for Vermont applicants for Supplemental Security Income (SSI).

The **Office for Child Support** oversees all aspects of child support, including the child support, medical support and child support enforcement.

The **Office of Economic Opportunity** through contracts with local Community Action Agencies provides supports to Vermonters to be financially independent. They also fund homeless shelters and low income weatherization services.

The **Business Office** assists in budget development, pays all bills, completes cost allocation, submits federal claims, manages space and telecommunications, etc. The various divisions' Business Offices may undergo some consolidation over the next year.

The **Information Services Division Agency** is responsible for managing the department's management information and office automation systems, and for producing data to support the department's functions.

The **Family Services Division** is the division responsible for the delivery of child protection, child welfare, adoption and permanency planning and youth justice services. Family Services is the division responsible for implementation of this plan.

Like most states, Vermont has suffered positions loss over the past 18 months, due to state budget concerns. In the Family Services Division, we have been fortunate that the administration recognized the critical nature of our work, and did not require us to cut social work staff. Required position cuts have been taken in our central office.

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## CONTINUUM OF SERVICES

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The Family Services Division delivers child protection, child welfare (including adoption and independent living) and youth justice services to Vermonters. These services are fully coordinated, delivered from the same sites, by the same staff, and administered by a single administrative structure.

Over the last fifteen years, the Vermont Agency of Human Services, with its partner the Vermont Department of Education (DOE), has devoted considerable time and energy to building partnerships to improve the coordination of services to children and their families. Linkages have been built not only among state departments, but also with community service providers, parents and consumers of services.

The primary objective of the AHS/DOE partnership has been to improve outcomes for all children and their families in Vermont by developing a system of community supports and services that:

- Help prepare all children for successful participation in school;
- Ensure education stability when children are in state's custody;
- Strengthen family capacities to contribute to and support their children's educational progress; and,
- Ensure the effective functioning and continued evaluation of the services and supports needed by children, families and schools to improve children's educational outcomes.

For the last several months, FSD has been collaborating with the Department of Mental Health to re-examine our models for crisis stabilization and intensive family preservation services, which have been in place for over 20 years. Providers of these services are also involved in this examination of what the evidence tells us works, and how we can provide integrated services aimed at preventing the need for state's custody. The goal is to issue new RFPs in early spring 2009.

Also, with DCF itself, we are engaged in a pilot to test approaches to provide more integrated services to families who receive case management services from more than one division – typically Family Services, Economic Services and the Child Development Division. The goal for the next year is examine the possibility of aligning around a common set of values, and a common, family-centered approach to the assessment, case planning and service delivery across divisions.

All of these efforts support and encourage service integration and coordination in Vermont and in our own department

## **Child Protective Services (CAPTA Services)**

### **Prevention**

The mission of DCF's Child Development Division (CDD) is to improve the well being of Vermont's children. They do this in partnership with families, communities, schools, providers and state and federal agencies to ensure access to high-quality, economically viable, child development services. Thus, CDD is responsible for the oversight of direct prevention and early intervention programs in the division. The core programs are:

- **Healthy Babies, Kids and Families Program** provides critical early support and health promotion for pregnant women and infants.

- **Family, Infant and Toddler Program (FITP)** provides early intervention services including evaluation and family services planning and coordination (IDEA Part C services).
- **Early Childhood Mental Health Services**, which serve young children who have diagnosed mental health problems, and their families.
- **Parent Child Centers** in 16 communities, provide comprehensive supports to families with young children including parent education, playgroups, home visiting, and early childhood services.
- **Head Start** in 7 communities provides services focused on health, mental health, nutrition, early education and parent education.
- **Child Care Financial Assistance** provides subsidized child care for low income families, including TANF recipients, as well as for at-risk and protective services families.

### **Children's Integrated Services**

For the past two years, CDD has been focused on combining and integrating several formerly freestanding early childhood programs, including FITP; Healthy Babies, Kids and Families; and Early Childhood Mental Health. This initiative, known as Children's Integrated Services (CIS) is focused on positive outcomes for pregnant and postpartum women, children birth through age 6 and their families. CIS uses a team approach and includes:

- Outreach
- Initial identification and referral
- Multidisciplinary assessment
- Individualized child and family planning
- Service delivery
- Transition

CIS has established regional teams that accept referrals for consultation and/or services from community providers. Child Development and Family Services have recently started exploring ways to collaborate on a local level to effectively utilize the knowledge and expertise in the early childhood development community.

### **IDEA Part C**

Currently, we have a well-established protocol for referring young substantiated victims of child abuse for Part C services, as required by the Keeping Children and Families Safe Act of 2003, a reauthorization of CAPTA. Children are referred by our social workers to the local host site for early intervention services within five days of the date of substantiation. This process continues to work very well across the State.

## **Improving Vermont's Sexual Abuse Response System**

Following the tragic death of twelve-year-old Brooke Bennett in July 2008, Vermont's Senate Judiciary Committee spearheaded an inquiry into the state's systems of prevention and intervention to sexual abuse. The Committee held a series of public hearings around the state and took testimony from scores of state and national experts on sex offender treatment, the legal system, victim services, and sexual violence prevention. They uncovered many opportunities for improving Vermont's response to sexual violence. The extensive policy changes contained in Act 1 of the 2009 legislative session are designed to create a more coordinated, comprehensive approach to preventing, investigating and prosecuting sexual violence and holding perpetrators accountable. The focus on prevention includes:

- Supports the work of The Vermont Approach, Vermont's strategic plan for comprehensive, collaborative sexual violence prevention, effective immediately;
- Directs several House and Senate Committees to work together to further the work of the Senate Judiciary Committee to enhance the comprehensive statewide approach to prevention of sexual violence; legislation to be prepared by January 5, 2010;
- Amends the state definition of "comprehensive health education" to include a new requirement to teach students how to recognize and prevent sexual abuse and sexual violence, effective July 1, 2011;
- Directs the Commissioners of Education and Department for Children and Families to work with the state's Sexual Violence Prevention Task Force (SVPTF) and others to develop technical assistance materials for schools to create and implement sexual violence prevention education; effective immediately;
- Requires the state to check the VT Child Protection Registry and Vulnerable Adult Abuse Registry before issuing licenses to professional educators, and prohibits anyone convicted of a registrable sex offense from receiving a license, effective Dec. 31, 2010;
- Requires school districts to check the state's Child Protection Registry and Vulnerable Adult Abuse Registry before hiring staff or contracting with people who will have unsupervised contact with children, and prohibits the employment of anyone convicted of a registrable sex offense, effective Dec. 31, 2010;
- Allows schools to recheck employees' backgrounds at a later date, effective Dec. 31, 2010;

- Requires a criminal record check and registry check by 12/31/2010 for all licensed educators who have not previously undergone a criminal record check and who are applying for license renewal, effective immediately;
- Directs the Commissioner of Education to propose mechanisms to ensure that registered sex offenders do not have unsupervised contact with students as volunteers, Commissioner must make recommendations by January 15, 2010;
- Prohibits a person on Vermont's internet sex offender registry from working as a work study student in schools, effective immediately;
- Creates a background check "subscription service" for schools to receive updated background check information from the VT Criminal Information Center, effective July 1, 2010;
- Requires school boards to provide information or instruction to all adults employed in schools about sexual abuse; also requires school boards to make the same kind of information available to parents, guardians, and other interested persons, effective July 1, 2010;
- Requires licensed child care facilities to train all employees about sexual abuse and mandatory reporting, based on materials provided by AHS and the Department of Education, effective July 1, 2009;
- Directs the Agency of Human Services to work with the SVPTF to raise community awareness about sexual abuse, and to create and implement a community outreach plan, effective immediately; and
- Formally establishes the Vermont Center for Prevention and Treatment of Sexual Abuse in the state statutes and outlines the Center's responsibilities for coordinating services for victims and offenders, effective immediately.

### **Prevention of Abusive Head Trauma**

For the past three years, the Vermont Department of Health, the Department of Aging and Independent Living and the DCF have collaboratively funded a project to prevent abusive head trauma. Prevent Child Abuse Vermont is the lead agency for this project. The project includes targeted public outreach and training of medical professionals who interact with new parents who may be stressed by crying and other challenges of parenting newborns. This project has been re-funded for another three year period.

This year, following the deaths of two infants caused by abusive head trauma, DCF entered into a partnership with the Vermont Chapter of the American Academy of Pediatricians.

Under the auspices of this collaboration, training is being delivered to newborn nursery nursing staff. Staff will provide specific information to parents of newborns about the effects of shaking an infant, and will ask them to sign a “pact” not to shake their baby. This approach has been used with some success in other states.

### **Child Abuse Reporting**

In September 2008, following extensive input from staff and stakeholders, we began the process of centralizing the child abuse intake function; the process was completed by mid-October. Where formerly intakes were handled by social work staff on rotation in each district office, now they are taken by six specialized and specially trained staff in Waterbury. The goals of centralized intakes are to:

- Improve responsiveness to mandated and other reporters;
- Increase quality of information recorded, to better guide decision-making and investigation planning; and
- To increase consistency of decision-making across the state.

The centralization of intake has freed time equivalent to approximately 6 FTE social workers to the district offices. In addition, it has taken the initial screening burden off of the district supervisors. Supervisors may still accept a report, if on second screening, they feel it meets criteria for acceptance.

The initial feedback from community members has been excellent. In the short-term, we appear to be achieving our goals. The impact on workload in the districts has been significant. Overall call volume is up by about 9% over the same period in 2007 and the number of investigations opened is up by about 40%.

### **Child Maltreatment Assessment**

In 2008, on the recommendation of DCF, the Vermont Legislature passed legislation that enabled the development of differential response. Since the fall of 2008, a work group comprised of staff from across FSD (including central office management, district directors, supervisors, senior social workers and social workers) has met twice monthly to plan for the 7/1/2009 implementation.

The group spent significant time reviewing materials, including draft regulation and policy. They also focused on the appropriate assessment instruments to be used. The group recommended that FSD continue the use of structured safety and risk tools adopted in 2002, but that the tools be adapted to incorporate the latest thinking, including the assessment of protective factors. FSD contracted with the Children’s Research Center (CRC) to review and update our Structured Decision Making (SDM) tools.

During the last two weeks in June, CRC delivered six 2-day training sessions around the state. All casework, supervisory and management staff attended a session in preparation for implementation.

Also, in April – June 2009, staff and community forums were held throughout the state to educate internal and external stakeholders about differential response, its connection to other changes at the front end of the system (in particular centralized intake) and our move toward basing case opening on risk level instead of substantiation. Community forums were well attended and were marked by significant dialogue that informed the planning process.

### **Child Protection Registry**

In 2002, the Vermont Legislature expanded the use of the state's Child Protection Registry. Formerly, use of the registry for employment purposes was prohibited. The legislature created the opportunity for employers to use the Registry to screen employees and volunteers who provide care or supervision for children or vulnerable adults. Employers may also access the Adult Abuse Registry and the Vermont Crime Information Center's system for criminal background checks.

In 2007, the Vermont Legislature re-examined the use of the Registry. In particular, they were concerned that persons who were placed on the Registry did not have access to due process that was commensurate with the possible employment implications. This resulted in the passage of legislation that required the department to establish an opportunity for an independent review of substantiations before the entry of a person's name into the Child Protection Registry. This was implemented on 9/1/2007.

In 2008, the Commissioner's Registry Review Unit received 450 requests and conducted 279 formal reviews of substantiations and 65 expungement petitions. Overall, about 76% of the Family Services substantiations were upheld, 20% were overturned and 4% resulted in a reopened investigation so that further information could be gathered.

In May of 2008, as part of the same bill that created differential response, the legislature passed a bill that directed the department to create a tiered Child Protection Registry by 7/1/2009. The intention was to balance the need to protect children and the potential employment consequences of a registry record. The names of substantiated perpetrators will be placed on the Child Protection Registry, on Level 1 or Level 2, based on of risk of future harm. Persons on Tier 2 may petition for expungement after 3 years; persons on Tier 1 must wait for 7 years.

### **Family Preservation and Support, and Family Reunification Services**

The division contracts with a variety of community agencies to provide services that supplement casework services.

These services comprise a statewide network of family support and preservation services; they are available in all districts. Vermont has always used this service system not only for family preservation and support, but also to support reunification.

Agencies are selected through a competitive bidding process that specifies best practice principles, targets outcomes related to child safety/well being, and maximizes fiscal resources. In cases where an individual or agency has specialized knowledge and/or skills not otherwise available in that community, they may be awarded the contract/grant based on being the “sole source” in the area without a competitive process.

- **Child and Family Support Contracts** provide support for our family engagement practice approach through facilitation and coordination of family centered meetings and case and coordination services that support specific needs of children and families.
- **Parent Educators** provide home-based support and parenting education, focusing on family support, family preservation and reunification.
- **Intensive Family Based Services** provide time-limited, intensive in-home therapeutic services, focusing on family preservation and reunification.
- Trained therapists authorized to provide treatment under a special SRS Medicaid program provide **Sexual Abuse Victim and Offender Treatment Services**.
- **Family Time Coaches** provide opportunities for family contact within a best practice model for children who are placed in out-of-home care.
- **Other district-specific services** purchased with IV-B, Subpart II and other funds, such as mentoring programs, after-school programs, and family-tailored individual services.

In addition, the Child Development Division provides important services that keep families with young children together, including:

- **Family Support Child Care** provides time-limited, free part-time child care for families who are experiencing stress that may place their child at risk.
- **Protective Services Child Care** provides child care by specially trained child care providers for children who have been abused or neglected. Services are provided to children living with their families and children in foster care who will be reunified with their families.

Vermont is particularly proud about the evolution of a comprehensive system of family support and preservation services designed to assist all families, not just families who come to the attention of the child welfare agency. Family support services in Vermont are primarily planned, funded and coordinated through a system of partnerships.

### **Health Care Services**

Vermont certified that legislation is necessary to comply with the requirement that states develop a plan for ongoing oversight and coordination of health care services for children in foster care. We have been granted a limited delay until July 2010.

FSD has a longstanding collaboration with the Vermont Department of Health around the health of children in foster care. This project, called Fostering Healthy Families, focuses on the assessment of the health needs of children entering custody, and the establishment of a medical home for those children. Public Health nurses have been assigned to FSD district offices to focus on these goals. During the past several months, position cuts in the Health Department have affected this collaboration.

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### **Baseline Data for Family Services Strategic Directions**

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The Family Services Division continues to focus on practice changes that enhance front end services and increases the meaningful involvement of families – including extended families – in planning for the safety and wellbeing of their children. Primary strategies are:

- Centralized Intake – implemented Fall 2008
- Differential Response – implemented July 1, 2009
- Family Safety Planning – an organized meeting that assists in (1) identify risk issue for the family, as well as factors that mitigate those risks and (2) planning for the safe care of children.
- Family Group Conferencing – a more comprehensive meeting involving extended family which includes private family time to confer on a plan to provide safe care for children.
- Family Time Coaching – an educational and supportive model for parent-child contact.

The focus on these strategies is to draw upon informal resources available to the family, resources that will be available to the family long after state intervention has ended.

The new Juvenile Judicial Proceedings Act, which went into effect on January 1, 2009, also focuses on family engagement in the juvenile court process.

The Act establishes a custodial preference hierarchy that places the department fifth in an order of preference. We anticipate that many more children will be placed with a non-custodial parent or a relative, as a result.

The following data represents current status in investigation and custody caseload, length of stay and relative placements. The data also establishes baseline for measuring progress during this 5 year plan. We expect to see significant changes in these measures as a result of the Transformation Plan, the change in statute and what we learned from the second round of the CFSR.

### Changes in Intake and Investigations

Over the past 12 months, most districts experienced significantly increased workload in the investigative arena. Drivers for this change include a heightened awareness about risk of sexual abuse following the Brooke Bennett murder, and the centralization of intake. Districts have shifted workers to investigative units to respond to the pressure. Fortunately, the shifting of the burden of intake to our central unit and the continued decline in ongoing caseloads has freed some time.

District	2007	2008	Net Change	Percent Change
St. Albans	361	354	-7	-2%
Burlington	691	766	75	11%
Hartford	185	229	44	24%
St. Johnsbury	207	175	-32	-15%
Brattleboro	100	189	89	89%
Barre	310	399	89	29%
Newport	109	180	71	65%
Rutland	273	392	119	44%
Springfield	191	277	86	45%
Bennington	193	233	40	21%
Morrisville	179	227	48	27%
Middlebury	183	181	-2	-1%
Specialized Intake Unit	177	155	-22	-12%
State	5166	5765	599	12%

## Changes in Caseload

In the 2004-2009 CFSP we reported that social worker caseload had remained remarkably stable over several years, with an average of 18 cases per social worker.

Overall caseload is a statistic that we pay close attention to and we do shift vacant positions from one location to another in order to accommodate changes in caseload. In the last year, we have shifted 2.5 positions out of 130 FTE to help with the equitable distribution of workload among districts.

The following table shows average caseload per worker, by district, before and after these shifts occurred, based on cases open on 12/31/2009. For investigations, cases are only counted if they have been open 60 days or less.

District	Before	After
St. Albans	17.4	17.4
Burlington	14.4	14.4
Hartford	16.2	16.2
St. Johnsbury	16.2	16.2
Brattleboro	17.5	17.5
Barre	17.3	17.3
Newport	15.0	15.0
Rutland	18.4	17.7
Springfield	18.5	18.5
Bennington	12.8	13.4
Morrisville	21.3	18.6
Middlebury	15.5	15.5

Our current system of counting cases is rudimentary at best. Workload is driven by the number of entries, the length of stay of each entry – and the intensity of each case. We do not currently have a workload measurement system that weighs cases according to intensity.

## Changes in Custody

The following tables represent point in time information for caseload as reported in our 2004-2009 CFSP and the present. As a result of our transformation efforts we hope to see a continued decline in the number of custody cases, a decrease in length of stay when children do enter custody and an increase in relative placement.

<b>Custody Type</b>		<b>3/31/2004</b>	<b>3/31/2009</b>	<b>Net Change</b>
Abuse/Neglect	Number	911	728	-183
	Percent	60.20%	61%	
Delinquent	Number	363	279	-84
	Percent	24%	24%	
Child Behavior	Number	238	155	-83
	Percent	15.70%	13%	
Voluntary Care	Number	1	20	19
	Percent	0.01%	2%	
<b>Total Number</b>		<b>1513</b>	<b>1182</b>	<b>-331</b>

### Changes in Length of Stay in Years

The average length of stay has decreased for all age groups. This decrease is most noticeable for children age 12-17 in custody due to abuse or neglect.

<b>Age Group</b>	<b>12/31/2004</b>	<b>3/31/2009</b>	<b>Net Change</b>
Age 0-5	1	0.7	-5
Age 6-11	1.65	1.6	-0.5
Age 12-17 Abuse/Neglect	2.96	1.61	-1.35
Age 12-17 Delinquent	1.68	1.28	-4
Age 12-17 Child Behavior	1.73	1.3	-4.3

### Relative Placement

Point in time data reflects that relative placement is on the rise and we expect it to continue to move in this direction as a result of the new Juvenile Proceedings Act, our new family engagement strategies and the activities of our contracted partners.

<b>Year</b>	<b>Percent</b>
2005	8.81%
2006	8.90%
2007	12.18%
2008	12.47%

## **Outcomes**

We are now measuring outcomes in accordance with federal requirements to use of composite data measures and working with our Information Services Division to develop composite reports to track progress.

### **Safety**

We have continued to be within the national standards for safety. In the quarter October-December 2008, 98.65% children were safe from repeat maltreatment. The corresponding figure for January-March 2008 was 96.95%.

### **Placement Stability**

During the period October-December 2008, 74.4% children in care for twelve or less had two or fewer placements. The corresponding figure for January-March 2008 was 76.72%. The national median is 83.3% for this population.

### **Reunification within 12 months**

During the period October-December 2008, 62.6% children exiting to reunification exited within 12 months. The corresponding figure for January-March 2008 was 72.5%. The national median is 69.9% for this population.

This measure is affected in Vermont by the fact that we serve both child welfare and youth justice clients in the same division. Children can exit child welfare, and re-enter as a youth justice client. In other states, those “re-entries” would not be counted, as the re-entrance would be to a different state department.

### **Re-entries within 12 months**

During the period October-December 2008, 8.4% children entering care had exited from care within the previous 12 months. The corresponding figure for January-March 2008 was 13.6%. The national median is 15% for this population.

### **Adoptions within 24 months**

During the period October-December 2008, 48.3% children who exited to adoption exited within 24 months. The corresponding figure for January-March 2008 was also 48.3%. The national median is 26.8% for this population.

## Caseworker Visits

Federal Child and Family Services Reviews have found that meaningful and regular contact between child welfare worker and the children they serve is the most influential factor in ensuring positive outcomes for those children. The Family Services Division has focused on increasing the frequency of contact workers have, and in fact has demonstrated some improvement.

Increasing contact requires increased time available for contact. The division has employed a multi-pronged approach that addresses caseload as well as efficiency and effectiveness of our interventions:

- All social workers are equipped with Motorola Q phones (with telephone, e-mail, scheduling and wireless modem capacity), and laptop computers. This combination enables them to access division computer applications from remote locations, including from client homes.
- The centralization of the intake function returned the equivalent of between 5.5 and 6.5 social worker FTEs to the casework function.
- The division continues to explore teaming and group supervision models, to increase the number of social workers who have a relationship with a family, and can assist in times of intense service need.
- Use of family engagement strategies mentioned above is avoiding the need for out of home placement or decreasing the length of stay for children who do enter DCF custody.

## Caseworker Visit Data and Annual Targets

	2007	2008	2009	2010	2011
Children in foster care	1758				
Children visited every calendar month they were in foster care by caseworker handling the case of the child.	213				
<b>Goal</b>	<b>11%</b>	<b>22%</b>	<b>44%</b>	<b>67%</b>	<b>90%</b>
<b>VT Performance</b>		<b>20.49%</b>			
Total number of visit months for children visited every month in foster care.	980				
Total number of visit months in which children were seen in child's placement setting by caseworker handling the case of the child.	283				
<b>Percent</b>	<b>29%</b>	<b>57.65%</b>			<b>51+%</b>

Caseworker visit data submitted in November 2008 showed that, while we made improvements, we did not reach our goal of 22%; however we did significantly increase worker contact in placement settings.

We have increased focus and discussions on worker visits in district supervision and at Division wide meetings. We believe that once workers get comfortable with the new technology which will enable caseworkers to complete work while in the field and once more districts implement Teaming we will reach our caseworker visit goals.

As instructed by ACYF-CB-PI-08-03 we will submit revised baseline data for caseworker visits that include children who have run away. This report will be submitted by the due date in December 2009.

## **Youth Justice Services**

In addition to child protection and child welfare services, the department delivers youth justice services. Youth in custody as delinquents are placed in the Commissioner's custody. In addition, youth on juvenile probation are supervised by DCF social workers. Child protection, child welfare and youth justice services are consolidated and integrated in the state. In general, the same staff, the same service providers and the same placement resources serve all of our populations.

As part of Family Services central office, the Youth Justice Unit provides policy, training, and casework practice focus within the Division. The unit manages community-based Balanced and Restorative Justice programs that serve DCF youth who have been adjudicated delinquent. The Youth Justice Director oversees Woodside Juvenile Rehabilitation Center, the State's 28-bed secure juvenile center.

Unit staff is responsible for staffing the governor-appointed State Advisory Group required by the Juvenile Justice and Delinquency Prevention Act.

We are currently engaged in several enhancements to our probation practices, our secure facility, as well as alternatives to detention including:

- Review of program models at the Woodside Juvenile Rehabilitation Center;
- Use of the Youth Assessment and Screening Instrument (YASI) on all probation cases and possibly all cases in which the intervention is based on child behavior;
- Family Group Conferencing, a restorative model for intervention;
- The identification, implementation and evaluation of community evidence-based interventions targeted for the juvenile justice population;
- Further development of restorative justice interventions in the community;
- Continued development of new policy and practice guidelines for the supervision of probation; and
- Quality assurance and programming at the secure juvenile center.

We have several additional projects that are in the planning stages including,

- Business process analysis to develop a documentation case management system for Woodside;

- Training curriculum development for Woodside staff; and
- Enhancements to Balanced and Restorative Justice (BARJ) services provided by our BARJ community-based provider system.

### **Transfers to the Youth Justice System**

In Vermont, Family Services is both the child protection system and the juvenile justice system, so no children or youth are transferred from one system to the other.

If, due to the commission of a delinquent act, a case type changes from custody for abuse and/or neglect to custody for delinquency, the child is likely, in most districts, to continue to have the same caseworker and will have the same case plan with delinquency related factors added. The Youth Justice system's philosophy of rehabilitation, family work, balanced and restorative justice and, for those in custody, permanency is not separable from the philosophy of the child welfare system.

During this reporting period 35 children who were in DCF custody for either child abuse/neglect or because they were beyond the control of their parents were adjudicated delinquent.

### **Indian Child Welfare Act**

Vermont does not have a federally recognized Indian Tribe within its borders. The department promulgated policy regarding compliance with the Indian Child Welfare Act in September 1998.

Vermont's new Juvenile Proceedings Act, effective January 1, 2009, requires social workers to provide information required by the Indian Child Welfare Act at the Temporary Care Hearing which is held within 72 hours of custody. Vermont's adoption statute also supports compliance with the Indian Child Welfare Act. Adoptive parents must disclose a child's membership in a tribe when they file a petition to adopt.

In partnership with the University of Vermont, Family Services developed a child welfare project with the Abenaki tribe, a non-federally recognized tribe based in northwestern Vermont. Project staff works closely with the Abenaki nation to increase the cultural competence of our social workers and foster parents and other service providers who work with tribal members. In particular, the project strives to ensure that Abenaki children in state's custody retain their ties to their tribe and native traditions.

In addition, the project seeks to increase the number of Abenaki families available to foster children of the tribe. Through the project communication and collaboration has increased through a variety of vehicles, including training.

## Timely Interstate Home Studies

Homestudies Exceeding 75 days		
2007	2008	Reasons for Extension
4	7	<ul style="list-style-type: none"><li>• Adoption cases where child is already placed in VT in approved relative foster care on ICPC so the incentive to complete the study and required checks is decreased for the family.</li><li>• Adoption subsidy negotiation with other states.</li></ul>

Most of these circumstances are driven by families who are dealing with the numerous logistical and emotional transitions that occur when family constellations change. While we provide reminders of requirements, we must be mindful of the human aspect of this process as well.

To date, no actions have been taken by the federal government to resolve the need for extended compliance periods in Vermont.

## Adoption Finalizations

Year	Finalizations
2004	218
2005	151
2006	165
2007	213
2008	180

## Adoption Incentive Payment

In the event we qualify for an adoption incentive payment we will use it for adoption promotion and support.

## **Adoption Subsidy**

The adoption subsidy is administered centrally and at the time of this report serves approximately 1,702 children. This program continues to grow, both in numbers served as well as the average cost per subsidy.

Adoption subsidies are available for children in custody who have a special need that make it unlikely that any family would adopt the child without the subsidy. Also, children who are SSI eligible are eligible for adoption subsidy. While most children in custody qualify for an adoption subsidy, not all families will necessarily receive a monthly maintenance payment. The needs of the child and the ability of the adoptive family to meet those needs are taken into consideration.

## **Adoption Permanency Supports**

For a number of years, we have used IV-B Subpart II and Medicaid funds to provide post-adoption services, contracting with agencies around the state. Currently we have contracts with eight agencies.

Consistent with the Intercountry Adoption Act of 2000, post-adoption services are available to any family needing them, not just children adopted through DCF. Post-adoption services for children formerly in custody are funded primarily by Medicaid under the Rehabilitation Option.

Family Services have also benefited from an Adoption Opportunities grant. With funds awarded starting in 1998, DCF and Casey Family Services formed a post-adoption consortium. The consortium continues its work after the conclusion of the grant. The Vermont Post-Adoption Consortium comprised of agencies and groups from around the state that have joined together for a common purpose: to support Vermont's adoptive families.

The Consortium's goals are to:

- Help families further their knowledge of topics related to adoption.
- Build the capacity of professionals, including educators, social workers, case managers, and therapists to address adoption-related issues.
- Provide adoptive families with access to quality adoption support services.
- Post adoption services are listed in the Casey Family Newsletters and on the DCF website. Services available to adoptive families in Vermont can include:
  - Information and referral
  - Advocacy and assistance with school and community issues
  - Support and discussion groups
  - Reading and other educational materials

- Respite services
- Counseling
- Intensive supports

The unique value of the Consortium is that it brings together agencies and individuals from around the state who have experience and expertise working with adoptive families. This enables families to make informed decisions regarding services and supports. The Consortium was able to secure state general funds this year to continue their work. There are no changes in this area.

### **Intercountry Adoptions**

Vermont had no children who were adopted from other countries enter State custody in FFY 08.

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## **DISASTER PLANNING**

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The Agency of Human Services Emergency Response Planning Team has been meeting for three years in order to assess, organize and plan the Agency's divisional responses in the event of an emergency event, health crises or other significant incident. The Family Services Division has one representative assigned to the Human Services Emergency Response Planning Team.

The Family Service liaison is responsible for assuring that the division develops, trains for and drills to an emergency response plan that focuses on sustaining the critical functions of the division.

The FSD representative sits on a department-wide committee that is developing a Continuity of Operations Plan (COOP) for the department that in turn will be integrated into an agency COOP. This too will be trained for and drilled to.

Currently this committee is honing down the list of this year's activities/goal after our initial efforts to develop COOPs. Top on the list is the second phase of COOP development that involves linking the critical functions with the capabilities of IT along with firming up the alternate sites. One other priority goal is to plan the training and drill schedule for next year.

In April we had a good chance to practice some COOP activation when all of AHS had a very serious computer virus. Our COOP was updated to reflect some of our fall back processes developed during the incident.

Recently, activity has focused on the H1N1 virus and the division's capacity to respond to an anticipated threat this fall. This will be an ongoing exercise this summer.

Both the work on the COOP and the development of the Emergency Response Plan entails a commitment on the part of the department that Family Services staff will be familiar with and understand the expectations and processes around the critical functions outlined in the divisional COOP and Emergency Response Plan. There are plans in place to educate foster families, residential providers and child care providers about the Emergency Response protocols and to outline their responsibilities for children in care in an emergency. The DCF/AHS COOP will be finalized in July 2009 and the next steps of dissemination, training and drilling will be developed over the next several months.

The COOP planning has been moved to the district level with two of our districts taking the lead as pilots. Our Family Services liaison will review the products.

We are part of a New England committee that is sharing individual state plans. We have copies of a few neighboring states to help enhance our planning. In December 2008 we participated in a New England conference call with other planners and committed to continue to do this. Here are the topics we discussed:

- Temporary placements in foster homes or residential facilities out-of-state.
- Best method for obtaining prescriptions for foster children when placed out-of-state.
- Identifying key child welfare administrators/staff for communications at the time of a disaster.
- Providing help with child visits in their foster home or residential facility.
- Exploring the idea that another state could be a backup for Bridges, New Hampshire's SACWIS.
- Reviewing information about how child welfare agencies in Louisiana, Texas and California have responded to their disasters.
- Sharing continuity plans and developing table top exercises in the New England States so we might integrate and benefit from all of our planning work.

The attached COOP lays the groundwork for the State Disaster Plan. Critical functions have been identified and address the requirements of Section 422(b)(16).

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### **VERMONT CHAFEE FOSTER CARE INDEPENDENCE PROGRAM (CFCIP)**

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Vermont administers the Chafee Foster Care Independence Program (CFCIP), called the Youth Development Program, through the Family Services Division. Our most recent summary of activities conducted under the 2004-2009 plan contains the foundation for efforts moving forward in the current plan. The current administrative structure for the program will continue. The focus of this plan will be on evolutions in service activities to target specific outcomes, and measures to track application of service activities and youth outcomes.

These efforts are already underway and are coordinated to address the requirements of the Chafee National Youth in Transition Database (NYTD) Final Rule, the Fostering Connections to Success and Increasing Adoptions Act of 2008, and the Vermont Youth in Transition Law (Act 74).

## **Outcome Areas of Focus and Services**

### **Financial Self-Sufficiency**

- Delivery of a best practice, competency based financial literacy curriculum component in Youth Development Program life skills classes;
- Establishment of a matching funds savings program for adolescent foster youth;
- Tracking of former foster youth workforce experience through state Department of Labor statistics on employment participation and wages;
- Breaking out current Youth Development Program participant's employment participation in order to identify patterns and make program adjustments to improve outcomes.

### **Educational Attainment**

- Track High School completion rates to identify patterns and correlate to associated department efforts to achieve educational stability
- Act 74, the Youth in Transition Law, provides continued funds for youth who have not graduated from high school but would benefit from remaining in their current living situation and associated supports to do so.
- Explore application of Casey Family Services "A Road Map to Learning, Improving Educational Outcomes in Foster Care" in coordination with the Vermont Foster and Adoptive Family Association and Vermont Surrogate Parent Program.
- Expand recruitment and participation in post-secondary education through targeted participation of middle and high school foster youth in Trio-funded career exploration and development programs administered through the Vermont Student Assistance Corporation and participating schools
- Track post-secondary education and training enrollment and completion rates for former foster youth
- Identify barriers to successful completion and promising practices that support retention and graduation through existing education support group (includes VSAC, state colleges, youth development committee, College of St. Josephs STEP program for former foster youth, Northlands Jobs Corps, state network of student support services professionals)

## **Education and Training Vouchers**

Vermont continues to administer Chafee ETV in partnership with the Vermont Student Assistance Corporation through a sub-recipient grant. This partnership assists youth in accessing financial aid for post-secondary education and training through this funding but also ensures receipt of other needs-based funds and funds targeted at former foster youth. Youth also receive considerable support in the complex process of financial planning for college from VSAC outreach counselors. This partnership has resulted in a substantial increase in the number of eligible youth attending college and training, while highlighting the limitations of the funds. The challenge for this partnership going forward is to find ways to address loan indebtedness as a barrier to what has been an increasingly successful recruitment effort.

## **Positive Connections with Adults**

Positive connections with caring adults are an emphasis across the department's work with children and families, but for some older youth in the foster care system, it presents a particular challenge. In order to address this challenge, the department is exploring changes to the case planning process for foster youth at or approaching their 16<sup>th</sup> birthday. As a part of that planning process, the youth would participate in an assessment using eco-mapping and genograms that would identify the network of caring adults in the youth's life. Youth who have few unpaid adults in their world, would be provided family finding services and other resources to help them find adults to assist them. This important effort will be linked to subsequent plan reviews and culminate in the transition plan.

Vermont's Act 74 provides financial support for youth ages 18-21 to remain in or enter the home of a caring adult to help them transition successfully. This support is provided to youth aging out of care or who were in care 5 or more years.

## **Health Care**

DCF Family Services has been and will be working on several fronts to address healthcare needs of youth exiting foster care. Act 74 established a Youth in Transition Leadership Team (described in previous APSRs). This group has identified access to healthcare as a critical need for at-risk youth in transition and is participating in a combined effort to identify "youth friendly" medical homes, expand Medicaid coverage to this population to ensure coverage, and to identify methods to encourage youth to participate in an adolescent "well child" visit to establish a medical baseline and a provider relationship. Accessing healthcare, regardless of Medicaid eligibility, is very low.

For youth in foster care, participation in the "well child" process and connection with a medical home, will become a part of the preparation for the transition plan for emancipating youth and will be linked to plan reviews on the same schedule as the connections work described above.

## **Experience of Homelessness**

Affordable housing for youth is a great challenge; it is also affected by regional variations in the supply of affordable housing. Places where the cost of housing is lower tend to have less employment. Former foster youth experience barriers to both employment and housing.

Family Services has both a contractual and collaborative relationship with the statewide coalition of runaway and homeless youth programs. Both the division and the state Youth in Transition Leadership Team works the coalition on this issue. These groups are working with the state housing authority and the private sector to look for promising efforts in other areas of the country with similar characteristics.

## **National Youth in Transition Database (NYTD)**

DCF Family Services has been working on the requirements for the NYTD initial survey and cohort outcome studies. We have had regular contact with our federal partners and have received technical assistance. The federal consultants have indicated we are on schedule with required tasks and are receiving necessary support from our state IT staff. We are continuing these efforts by attending the federal NYTD conference in Washington. We anticipate being fully prepared to provide this data.

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## **STAFF DEVELOPMENT AND TRAINING PLAN**

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The Division's Leadership Team 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 the University of Vermont (UVM) Department of Social Work through our Child Welfare Training Partnership (CWTP). Additional training for agency staff is developed and provided through the Agency of Human Services, the Department for Children and Families new Human Resources Division, and through the Vermont Department of Human Resources Summit Learning Center.

### **Long-term Training**

Our Child Welfare Training Partnership with UVM supports up to five current child welfare workers/supervisors and up to five potential employees to obtain a Master (MSW) or Bachelor of Social Work (BSW) degree at UVM each year.

Employees are selected based on experience in public child welfare, job performance and commitment to children and families. They contract to work for the Department for 2-4 years following graduation, depending on the level of support provided. In the past several years, employees outside of the division have been allowed to apply for traineeships, with the understanding that upon their return to DCF employment, they will be performing duties that meet the definition of child welfare work.

One graduate from the Child Development Division has returned to work with programs that support high risk families with young children, including Part C of IDEA. This year, an Economic Services employee graduated, and has returned to take up a caseload of families jointly served by Family Services and Economic Services.

Potential employees are selected from a pool of applicants accepted into the MSW/BSW programs based on their work experience and suitability for and commitment to public child welfare work.

### **Bachelor of Social Work Program**

Trainees must complete the first two years of their Bachelor's degree to be eligible for participation. This includes most of the General Education courses required by UVM.

Trainees receive in-state tuition and fees while they take the child and family series of courses in the second two years of the BSW program, as well as a small reimbursement for books and a living stipend. The BSW Social Work curriculum prepares students for generalist social work practice. Social work theory, knowledge, values and skills are taught through classroom and community field experiences.

The field experience occurs under the supervision of an MSW level child welfare professional in the department. Field instructors receive training and support from UVM staff as well as compensation for their time and efforts.

All BSW trainees are required to enroll in the course SWSS 200 Practice: Child Protection, Family and Youth Services during the fall semester of their junior or senior year. BSW trainees are required to complete a minimum of nine credits (3 of which must be SWSS 224: Child Abuse and Neglect), which will enhance the trainee's understanding of child welfare related issues.

Some examples of approved courses include courses focused on youth and delinquency (SOC 214), child psychology (PSYC 265, EDEC 63), crime (SOC 115, SOC 118, SOC 217) and chemical dependency (PSYC 259).

Every trainee in the BSW program is required to satisfactorily complete 12 credits in field education, which are tailored toward professional practice in child welfare. Child welfare trainees without prior DCF experience complete their senior year field practicum in a DCF district office under the supervision of a practicing MSW child welfare professional. BSW students who are DCF employees will embark on the BSW student field readiness assessment which determines whether these employee trainees will do their senior field practicum in a DCF district office or in another community based child and family centered agency.

### **Master of Social Work Program**

MSW Trainees follow the typical course enrollment for the MSW program.

They are required to take specific electives and engage in field work relevant to working with children and families. MSW Child Welfare Trainees are required to enroll in the course SWSS 224: Child Abuse and Neglect as their first year elective. Advanced standing MSW trainees must take Child Abuse and Neglect in the fall semester prior to the spring in which they begin the MSW program full time.

All MSW students select a practice concentration at the end of the foundation year. Trainees are required to select the Social Work with Children and Families practice concentration with course and fieldwork geared toward working with children and families in a child welfare setting. Selection of this practice concentration does not preclude a student from enrolling in health and mental health-related course work.

MSW trainees must enroll in advanced elective courses that are approved by the faculty advisor and related to child welfare work. Students and faculty advisors collaborate to select appropriate advanced year electives during the spring semester of the foundation year. Often students choose to complete these electives in the summer session. Trainees are provided with tuition, fees and book reimbursement to take up to six credits of approved summer session courses.

MSW trainees must complete the analytical paper/portfolio requirement. For those students who choose to complete an analytical paper, an extra copy of the paper must be submitted to the Project Coordinator at the Department of Social Work. These copies are shared with the Human Resource Development Unit at DCF. In previous years, DCF management and staff have found the papers to be helpful to their work. Students who select the portfolio option are not required to share a copy of their work with the project.

Every trainee in the MSW program is required to satisfactorily complete 12 credits in field education, which are tailored toward professional practice in child welfare. Child Welfare Trainees without prior DCF experience complete their concentration year field practicum in a DCF district office under the supervision of a practicing MSW child welfare professional.

MSW students who are DCF employees complete their foundation field education at other agencies, which provide services to children and families. Concentration year placements take into consideration a student's strengths and interests in working with children and families.

Students must be in field practicum 225-300 hours per semester in order to receive a grade. Exact hours required per week are negotiated with the Field Instructor. Students placed at DCF typically complete 20 hours per week in the field.

## **Short Term Training for Employees**

The short-term training program includes classroom and on-the-job training for new employees, core training required within 18 months of hire, district team based training focused on best practice, and supervisor training. All short-term training is carefully designed to support the Family Services Division mission, core principles, values and system outcome priorities.

The staff training program will be updated this year to reflect the evolving training needs arising as a result of the FSD Transformation Plan implementation. In June 2009, a group of stakeholders met for a day to identify the skills, knowledge and values needed to successfully implement differential response and continue the shift towards more family centered and strength based child welfare and youth justice practice already underway in Vermont. Participants in this visioning day were asked to answer the question: “What knowledge, skills and attitudes do Division staff need to be successful in their work?” Their answers fell into nine categories, not all of which are usually associated with training. Those which typically fall under the purview of training include:

- Basic Skills and Knowledge (e.g. sexual abuse, family systems, domestic violence);
- Case Planning (safety plan vs. case plan, services don't equal safety, measurable and behavioral goals, concurrent planning, etc)
- Cross-Cutting Skills & Strategies (evidence-based practice, motivational interviewing, engagement skills, family safety planning, etc)

Other categories focused on our systems and our values and beliefs, which training can help impact when combined with organizational attention. These were:

- Ethics (awareness of power dynamics, quality assurance)
- Values (valuing permanency, kin, respect, family expertise, transparency, etc)
- Health and Well-Being (learning culture, self-reflection, good self-care, etc)
- Continuous Learning Environment (organizational culture, reward and recognition, leadership, open communication, group supervision/teaming, etc)
- Training System (training motivates and excites, protected time for learning, celebrate effective practice, etc).

## **Court Related Short Term Training**

The Fostering Connections to Success and Increasing Adoptions Act of 2008 permits states to claim Title IV-E training reimbursement for certain short-term training of current and prospective relative guardians and for court and related personnel who handle child abuse and neglect cases. We have added these trainings to our training matrix and have amended Vermont's Public Assistance Cost Allocation Plan (PACAP) as required.

In June 2008, the Office of the Defender General conducted a three-day Criminal Defense Institute with workshops for court and related personnel who handle child abuse and neglect cases on June 3-5, 2009. They will request the allowable Title IV-E reimbursement once a Memorandum of Understanding has been developed with the DCF business office. Please see Attachment A for this training agenda.

### **New Employee Training**

New employees complete the NEET (New and Existing Employee Training) 101 Program during their first six months on the job. NEET 101 will include 2 weeks of training offered twice a year. It will focus on Basic Skills and Knowledge, Policy and Procedure, Case Planning, Ethics, Values and Cross-Cutting Skills and Strategies. Working with case scenarios through the two weeks, participants will learn and practice skills and knowledge necessary for entry level child welfare and youth justice practice.

New employees will complete NEET 201 within one year of hire. NEET 201 will be offered one week a year. It builds on the skills and knowledge acquired in NEET 101 and in on the job training.

NEET 201 will explore the impact of macro issues, such as substance abuse, domestic violence, and poverty, on parenting, and deepen participant's confidence with Cross-Cutting Skills and Strategies.

### **Field Practice Manual**

The Field Practice Manual outlines a structured program of reading, shadowing exercises, interviewing activities, self reflective activities, and review of policy and statutes. It provides a structured on-the-job training program which links with the NEET programs. Supervisors will receive additional training in the effective use of the manual in 2009, as well as an orientation to the new NEET programs.

A member of the CWTP training team meets with each new employee and their supervisor within the first month of hire to review the manual, develop an individual professional development plan, and ensure the new employee is registered for the next NEET series.

All NEET courses are offered by CWTP staff in collaboration with FSD staff and community partners, and hired subject experts. The following charts illustrate topics which will be covered in training, but will be woven throughout the two week curriculum using a case scenario framework. For that reason, they cannot be seen as stand alone courses but rather as part of a comprehensive experience.

### New and Existing Employee Training 101 (NEET)

Topic	Syllabus	IV-E Functions Addressed	Duration	Est. Cost	Allocation
<b>Setting the Context</b>	Setting child welfare and youth justice within its historical context, Overview of law, policy, mission, practice principles. Exploration of ethics and values. How to access necessary information.	Placement of the child; Development of case plan for children in foster care/ at risk of foster care; Permanency planning; Case management and supervision; Referral to service, social work practice, family-centered practice.	5 hours		100% IV-E
<b>Child Abuse &amp; Neglect</b>	Identify risk and protective factors and review the research on child abuse and neglect. Learn to build solutions with mandated clients. Explore safety plans for children and youth to avoid the need for foster care. Overview of procedures to initiate emergency custody for a child who is unsafe.	Preparation for judicial determinations; placement of the child; development of case plan for children at risk of foster care; case management and supervision, social work practice, family-centered practice.	5 hours		50% IV-E 50% CAPTA
<b>Sexual Abuse of Children and Adolescents</b>	Understand a range of emotional and behavioral outcomes of sexual abuse. Explore dynamics and characteristics of incestuous families. Identify characteristics and behavioral changes of children and youth who have been sexually abused. Learn healthy and helpful ways to work with children and youth who have a history of being sexual abuse victims.	Preparation for judicial determinations; Placement of the child; Development of case plan for children in foster care and at risk of foster care; Case management and supervision; Referral to service, social work practice.	5 hours		100% IV-E
<b>Engagement Skills</b>	Practice reflective listening, solution focused practice, motivational interviewing. Working with voluntary clients and open family cases. Learn to develop plans which focus on strengths and exceptions, leading the client to identify hidden resources and past successes. Practice the language of open-ended solution focused questions and develop a plan for ways to engage families with these tools.	Development of case plan for children in foster care and at risk of foster care; Case management and supervision; Referral to service, social work practice, family-centered practice.	5 hours		100% IV-E

Topic	Syllabus	IV-E Functions addressed	Duration	Est. Cost	Allocation
<b>Assessment Skills</b>	Understand the difference between assessing danger, safety and risk. Practice interviewing using motivational interviewing, solution focused casework. Understand and practice using SDM and YASI tools as they inform case planning.	Development of case plan; case management and supervision; permanency planning; referral to service, social work practice, family-centered practice.	5 hours	\$300	50% CAPTA 50% IV-E
<b>Motivational Case Planning</b>	Learn to apply change theory in case planning. Explore Family Safety Planning and Family Group Conferencing to effectively engage families in planning. Write behavioral, achievable targeted case plans. Explore differences and similarities in case planning for different types of cases.	Development of case plan; case management and supervision; permanency planning; referral to service, social work practice, family-centered practice.	5 hours	\$300	100% IV-E
<b>Working with Youth and Families</b>	Develop strategies for working with youth and their families. Understand how family centered and child/youth focused practice supports permanency for children/adolescents. Understand the value of lifelong connections for youth. Understand the outcomes for youth who age out of custody without safe, stable, loving and lasting relationships. Learn and practice using tools for youth led/youth driven lifelong connections work to eliminate the possibility of youth aging out of custody with no identified permanent, nurturing lifelong relationship.	Preparation for judicial determinations; Placement of the child for children in foster care; Development of case plan; Case management and supervision; Permanency Planning; Referral to service; social work practice, family-centered practice.	7.5 hours	\$320	100% IV-E
<b>Family Connections</b>	Understand the importance of stability; secure attachments and the impact of separation/ loss on child/adolescent development. Understand the importance of family connections, and how to support kinship placements. Identify strategies for concurrent permanency planning for/ with children/adolescents. Identify stages of grief/ separation trauma for children/youth and parents adjusting to placements.	Placement of child; preparation for judicial determinations; permanency planning; case management and supervision; social work practice, family-centered practice.	5 hours	\$395	100% IV-E

<b>Topic</b>	<b>Syllabus</b>	<b>IV-E Functions Addressed</b>	<b>Duration</b>	<b>Est. Cost</b>	<b>Allocation</b>
<b>Child &amp; Adolescent Development and Attachment</b>	Increase knowledge of the latest research and understanding of child development from infancy through adolescence. Understand how the concepts of risk and resiliency affect the healthy development of children and youth. Discover concrete tools that you can use to support children, youth and families struggling with attachment issues. Learn the impact of trauma on the development of children and youth.	Preparation for judicial determinations; Placement of the child; Development of case plan for children in foster care/ at risk of foster care; Permanency planning; Case management and supervision; Referral to service	5 hours	\$285	100% IV-E
<b>Safety Planning</b>	Learn to build short and long term safety plans around specific risks to children and young people that will avoid the need for placement, or support reunification.	Development of case plan, permanency planning, case management and supervision, referral to service; social work practice, family-centered practice.	5 hours	\$210	100% IV-E
<b>Working with the Courts</b>	Understanding when the authority and oversight of the court is needed to avoid the need for placement or to achieve placement. Review the legal process for child protection and youth justice cases. Practice court testimony with a focus on permanency. Learn the principles of Balanced and Restorative Justice. Develop strategies for supervising youth on probation. Practice targeting intervention for greatest likelihood of success.	Preparation for judicial determinations; Referral to services; Development of the case plan for children in foster care or at risk of foster care; Case management and supervision	5 hours	\$210	80% IV-E 20% JABG
<b>Permanency, Connections and Adoption</b>	Understand the different permanency options including reunification, adoption, guardianship and permanent guardianship. Learn the value and the process of finding family and fictive kin for children and youth in the child welfare system. Learn the basics of family group decision making and family group conferencing as a tool to support safety, permanency, well-being and law abidance for youth.	Preparation for judicial determinations; Placement of the child; Development of case plan for children in foster care/ at risk of foster care; Permanency planning Case management and supervision; Referral to service; social work practice, family-centered practice.	5 hours	\$210	100% IV-E

## NEET 201

Subsequent to NEET 101, but while in trainee status during their first year of hire, new employees complete the following short term classroom training. All are coordinated by the CWTP. Subject experts are hired for some, and experts with the Department provide others in collaboration with CWTP trainers. Each is offered once annually, except that *Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Child Welfare Professionals* is completed online while the employee is in the NEET program.

Topic	Syllabus	IV-E Functions Addressed	Duration	Est. Cost	Allocation
<b>Impact of poverty on parenting</b>	Understand the impact of generational poverty on parenting and on children in the child welfare system. Explore class values and attitudes, and practice cultural competence with class differences.	Preparation for judicial determinations; Placement of the child; Development of case plan for children in foster care/ at risk of foster care; Permanency planning Case management and supervision; Referral to service; social work practice, family-centered practice.	5 hours	\$210	100% IV-E
<b>Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Child Welfare Professionals</b>	This tutorial will provide a primer on alcohol and drug addiction, substance abuse treatment and recovery, enhancing treatment readiness and treatment effectiveness, as well as discuss cross-system communication and collaboration, as well as provide contact information for other national resources. Provided online by NCSACW: <a href="http://www.ncsacw.samhsa.gov/tutorials/index.asp">http://www.ncsacw.samhsa.gov/tutorials/index.asp</a>	Referral to service; placement of the child; preparation for judicial determination; development of the case plan for children in foster care and children at risk of foster care; case management and supervision; permanency planning; social work practice.	National Center on Substance Abuse and Child Welfare  10 hours	Free	Not applicable
<b>Substance abuse and parenting</b>	Explore impact of the use and abuse of various substances on parenting and on development of young people. Explore treatment resources available. Practice motivational interviewing. Working with drug treatment courts.	Preparation for judicial determinations; Placement of the child; Development of case plan; Permanency planning Case management and supervision; social work practice, family-centered practice	5 hours	\$1200	100% IV-E

Topic	Syllabus	IV-E Functions Addressed	Duration	Est. Cost	Allocation
<b>Advanced engagement and assessment Skills</b>	Practice solution focused and motivational interview skills. Review videotapes of self and others interviewing to deepen skills and understanding.	Development of case plan; case management and supervision; permanency planning, referral to Service; social work practice, family-centered practice.	5 hours	\$1200	100% IV-E

### SPECIALIZED TRAINING

Specialized training is offered once annually. Staff choose to take specialized training most closely related to their work responsibilities and interests. Some of it is provided in collaboration with other groups, especially where it is in the form of a one or two day conference with multiple simultaneous workshops. This is all short-term training delivered in a formal classroom setting. All the workshops below are designed for child welfare social workers, supervisors and managers. Family Time Coaching will be delivered regionally and required for all staff, since this is a new model being implemented around the state.

Course	Syllabus	IV-E Functions addressed	Provider	Duration	Est. Cost	Allocation
<b>Casework/ Reflective Supervision Training Groups</b>	Monthly groups, designed to facilitate professional growth through collaborative discussions regarding prevention of foster care, case planning, facilitated case consultations, family group conferencing, permanency, case management and the work of Child, Youth & Family workers.	Referral to service, placement of child, development of case plan, case management and supervision; social work practice, family-centered practice.	CWTP trainers	2 hours each month	free	100% IV-E
<b>Vermont Foster and Adoptive Families Association Annual Conference</b>	This conference allows Family Services staff and foster/kin/adoptive families to learn together about the wide range of issues effecting children and youth in foster care, and promising approaches to improve outcomes for these children and youth.	Referral to service, placement of child, development of case plan, case management and supervision	Hired subject expert and CWTP trainers	12 hours	16,650	Child welfare supervisors: 100% IV-E Others have own funding sources.

Course	Syllabus	IV-E Functions addressed	Provider	Duration	Est. Cost	Allocation
<b>Vermont Coalition of Residential Programs Conference</b>	This annual conference invites Family Services staff to join staff from Vermont's residential programs to learn about a range of issues related to youth in group homes, including building and maintaining family connections, permanency and after care planning.	Referral to service, placement of child, development of case plan, case management and supervision	DCF staff, CWTP trainers and hired subject experts	5 hours	\$1500	100 % IV-E
<b>Forensic Interviewing</b>	Practice forensic interviewing for assessment social workers and supervisors	Preparation for Judicial determinations, placement of child, referral for services, development of case plan, case management and supervision	DCF staff, CWTP, hired subject experts	5 hours		50% CAPTA 50% IV-E
<b>Juvenile Services Day</b>	Understand the CRC process; probation management and VOPs; probation detention; Woodside 8 day hearings; juvenile restorative probation programs and the ICJ/ICPC; family-centered work with delinquents in custody and on probation.	Referral to service, placement of child, development of case plan for children in foster care and at risk of foster care, case management and supervision; social work practice, family-centered practice.	DCF staff and CWTP	5 hours	\$500	50% IV-E 50% JABG
<b>Child Protective Services Day</b>	This one day conference will offer several workshops designed to advance experienced workers skills in various aspects of case planning and working with families to prevent placement, safely reunify or achieve other permanency. Specific topics will be developed with a group of experienced CPS workers.	Referral to service, placement of child, development of case plan for children in foster care and at risk of foster care, case management and supervision; social work practice, family-centered practice.	DCF staff, CWTP and hired subject experts	5 hours	\$500	100% IV-E
<b>Supervising Youth with Sexually Offending Behaviors in Community</b>	Understand the behaviors, emotional indicators and dynamics of youth with sexually offending behaviors. Know how to work with adolescents, family members, victims and the community in case planning to prevent relapse.	Referral to service, placement of child, development of case plan for children in foster care and at risk of foster care, case management and supervision	Hired subject expert and CWTP	5 hours	\$1200	50% IV-E 50% CAPTA
<b>Teaming Symposium</b>	Districts practicing Teaming will be invited to share their experiences with each other, learn from each other, and participate in related workshops	Case management and supervision, development of case plan, placement of child, referral to services, social work practice	DCF staff, CWTP	5 hours	\$300	100% IV-E

Course	Syllabus	IV-E Functions addressed	Provider	Duration	Est. Cost	Allocation
Supporting Parents with Disabilities	Identifying laws that relate to parents with disabilities; Identifying potential accommodations; local resources; parent support strategies; indicators of progress; and developing a coordinated plan for integrated services.	Referral to service, development of case plan, case management and supervision, social work practice	Hired subject expert	1 training in each of the 12 districts	\$1,350 per training	100% IV-E

### COURT RELATED SHORT TERM TRAINING

Course	Syllabus	IV-E Functions addressed	Provider	Duration	Est. Cost	Allocation
Child Abuse and Neglect	Unknown at this time but expected to cover the IV-E topics below.	Preparation for judicial determination; placement of the child; development of case plans for children at risk of foster care or in foster care; case management and supervision; and communication skills required to work with children and families.	Hired subject expert	6 hours	\$2,000	55% IV-E 45% Defender General
Three Day Annual Juvenile Training	In planning stages but will cover IV-E functions	Preparation for judicial determinations, placement of the child; development of case plans for children at risk of foster care or in foster care; case management and supervision; and communication skills required to work with children and families, including cross-cultural communication.	Hired subject experts	21 hours	\$14,387	60% IV-E 40% Defender General
Judicial Branch GAL Training	Overview of Vermont Judicial system, juvenile law and policy and child welfare practice; role of GAL in court CHINS case; understanding children and families; cultural competency; conflict resolution and principles of collaboration; ethics and professionalism	Cultural competency; child abuse and neglect; Permanency planning General substance abuse; domestic violence, and mental health issues related to children and families in the child welfare system,		32 hours X 3 events per fiscal year	\$10,000	60% IV-E

## **Advanced Seminars**

CWTP and Family Services staff offer advanced seminars each year, and experienced staff are encouraged to attend at least three annually. Some of these seminars are regional, as in small group practice forums focused on family centered practices, while others are statewide. Advanced seminars will be developed in response to assessed need, but are likely to include Motivational Interviewing, Solution Focused skills, and Safety Planning with special populations. They will be classroom training, offered by DCF and CWTP staff and hired subject experts.

## **District Team-based Training**

The Child Welfare Training Partnership (CWTP) increasingly provides targeted, skills-based training and consultation for teams in districts. This model has proven 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.

Each district has an assigned CWTP training coordinator, who works with staff in the district regularly. Topics covered depend upon the needs of the district staff, but may include:

- Team training and team building; strategic planning
- Family Safety Planning and Family Group Conferencing program development and case consultation
- Enhancing Parent-Child Family Time
- Time management

Delivery of training and consultation services is mutually agreed upon by CWTP, the FSD Operations manager, and each district. Community partners and other DCF department staff are invited and welcome at the discretion of the district. For some topics, we may decide it more effective to deliver training for a half day every three months, to allow staff to learn and then practice new skills, in a developmental progression.

## **Supervisor Development Program**

The Supervisor Role Design Workgroup is in the process of analyzing the changing role of supervisors in the current child welfare/youth justice system. They will be recommending training for supervisors during the coming year. CWTP staff will work with this group and the Transformation Steering Committee to meet identified training needs.

Additionally, CWTP will provide training to supervisors about the content of NEET and the role of supervisors in providing on the job training for employees

## **Training for IV-E System of Care Service Providers**

Most of the above 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. Our 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 web.

Additionally, CWTP offers a Facilitator Training Series for community partners contracted as neutral facilitators of Family Safety Planning meetings and Family Group Conferences. These contractors are required to become certified facilitators. CWTP offers two day foundation training in Family Safety Planning and Family Group Conferencing twice annually (or as needed.) Additionally, practitioners are mentored by CWTP staff for a minimum of five meeting facilitation in each practice. When they are sufficiently skilled in each practice, they are certified by CWTP. To maintain their certification, they must attend advanced training annually. This is offered monthly by CWTP. The Facilitator Training Series is a combination of classroom and on the job training.

## **UVM Contract and Foster Parent Training Cost Allocation**

For the purposes of determining the penetration rate to be applied to the UVM contract and foster parent training, the raw data for children in custody and on adoption subsidies, the combined number of Title IV-E eligible children in custody, and the number of Title IV-E eligible children on adoption subsidies is divided by the total population of custody children and total children on adoption subsidies, to determine the combined custody and adoptions Title IV-E eligibility rate (penetration rate). The penetration rate is then multiplied by the applicable rate: training (75%) and administration (50%).

## **Technical Assistance**

In May we attended the Northeast and Caribbean Child Welfare Implementation Center's (NCIC) Regional Forum. The Administration for Children and Families (ACF) has expanded its Training and Technical Assistance Network by creating five new Child Welfare Implementation Centers designated to provide States with information, training, technical assistance, and research and consultation that supports efforts to improve child welfare systems and achieve sustainable change to improve outcomes for children and families.

The purpose of the forum was two fold:

- To learn about new opportunities provided by the NCIC for technical assistance and support to States in implementing and sustaining change; and

- To bring together child welfare leaders to provide opportunities to learn about proven strategies and tools for implementing and sustaining positive change and leadership. In addition we will learn.

Our plan is to work with the National Child Welfare Resource Centers on designing and implementing strategies to accomplish our goals and then to apply to the NCIC for assistance to sustain the systems change.

Primary Strategies	Technical Assistance
Developing and sustaining multiple approaches and guidelines on working with intact families	Initially, we are working with the National Child Welfare Resource Center on Organizational Improvement and The National Resource Center for Family Centered Practice and Permanency Planning.  Northeast and Caribbean Child Welfare Implementation Center
Re-design role, tasks and performance expectations for supervisory staff statewide	National Child Welfare Resource Center on Organizational Improvement and the National Resource Center for Child Welfare Data and Technology.
Recruitment and Retention	An initial request for technical assistance has been made to the National Resource Center for Recruitment and Retention
Federal database assistance	National Resource Center for Youth Development
Youth leadership development	National Foster Club All Star for Youth Development Committee

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## QUALITY ASSURANCE

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During the first round of the CF SR in 2001, Vermont was not found to be in substantial conformity with the quality assurance systemic factor. Our Program Improvement Plan focused on developing a district review process that mirrored the CF SR. We completed a full round of reviews for each of our 12 districts, including the development and implementation of program improvement plans.

The 2007 CF SR found that concerns over the lack of a formal statewide quality assurance system had been resolved. However, as part of our PIP, we are re-designing our quality assurance system to promote district ownership of the process and the outcomes at the district level. Our plan is to take what we learned from this first round of reviews and develop an enhanced process that utilizes the knowledge and expertise from all levels of the division. We plan to incorporate a CQI case review process into the supervisor's role as we define the responsibilities of supervisor's, also a PIP goal.

Current data and activities used to ensure quality are:

- Management reports are produced quarterly, allowing analysis of both case level and aggregate data.
- Training on the use of these reports to improve practice and outcomes is provided to managers and supervisors.
- We have developed a case review process that is used to inform practice on a local level and the performance data is aggregated statewide and used for PIP reporting. We are establishing our baseline date in July 2009/
- We are working with a national resource center to develop necessary systems to collect data as required by the new National Youth in Transition Database.
- In partnership with the University of Vermont, we are conducting an evaluation of client satisfaction with family centered meetings.
- We have centralized Title IV-E eligibility determination and review, and have successfully worked with the courts to substantially improve compliance with the required findings. We passed another primary review for IV-E in spring 2008.
- A contractual checklist was added to the licensing review of residential service providers to ensure compliance with all of the contract requirements.
- Our Voiceover IP call center technology support supervisory listening and coaching during intake calls. In addition, all calls are recorded.
- We hold monthly meetings/conference calls to address issues of quality in our centralized intake function.
- We have begun to incorporate 360 degree input into performance evaluations.

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## COLLABORATION AND COORDINATION

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The system of collaboration is very strong 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, CFSR and APSR.

There has been significant staff, community and stakeholder input into the development of our new organizational structures and practice approaches. This coordination and collaboration was accomplished through existing teams and committees, through the Juvenile Proceedings Act revisions, the CFSR process, through a Legislative summer study completed in 2007, through community forums and through the rule making process which culminated in May 2009.

The statewide assessment and PIP development 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.

The CFSR data analysis was most helpful as 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 as we implement our PIP to improve outcomes for children and families.

We used several different mechanisms to solicit input for the Child and Family Services Review:

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

Throughout 2008 we held over 35 staff and community forums on centralized intake, differential response, the administrative review process and the child protection registry to create awareness, provide education and to solicit public input for the rule making process and to inform the APSR and this CFSP.

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## AVAILABILITY OF PLAN TO PUBLIC

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This plan will be made available to any member of the public on request and will be posted on our public web page at: <http://www.dcf.state.vt.us/>.

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## CAPTA PROGRAM EMPHASIS

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We have selected the following areas of emphasis for our CAPTA program.

### **Section 106 (a) (1) - Improving the intake, assessment, screening, and investigation of reports of abuse and neglect**

#### **Intake**

Centralizing our intake function has increased focus on the quality of the information gathered and documented and the screening decisions based on this information. Overall, call volume has increased by about 11%. While there is no clear explanation for this increase, it is possible that this is related to an increased awareness of abuse and neglect and mandatory reporting responsibility and process connected to the public awareness campaign for Centralized Intake implementation. The larger change has been in the acceptance rate, which has increased by 45% over the same period of time during the prior year.

Implementation of a system change of this magnitude has required careful consideration of on-going quality monitoring. Each month, all staff is invited to participate in a meeting / conference call to discuss changes that are identified or challenges that are experienced.

#### **Assessment, Screening and Investigation**

As previously discussed, Vermont will implement differential response on 7/1/2009. Over the next year, we will continue to focus on supporting and improving our practice in this area.

### **Section 106 (a) (5) - Developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange**

In preparation for both Centralized Intake and Differential Response implementation, significant work was done to improve systems of technology to support best practice. While implementing Centralized Intake, the state adopted call center software and updated technology to support quality phone interactions with callers. In addition, the software allows for the recording of intake calls that has been useful in on-going quality assurance endeavors.

Improvements to the web-based computer application used to record intakes occurred prior to Centralized Intake implementation. These improvements have allowed for centralized recording and screening of intake and has supported the quick transfer of information to the local district that will provide the safety intervention.

We have created new codes in our legacy data system to delineate assessments from investigations and made other adjustments to ensure accurate NCANDS reporting in the new differential response environment.

**Section 106 (a) (6) (A) - Developing, strengthening and facilitating training including training regarding research-based strategies to promote collaboration with the families**

As previously described, the division contracted with the Children's Research Center to provide 12 days of training for staff in June 2009. This training incorporated elements of research-based assessment as well as family engagement strategies. These trainings are intended to integrate the elements of consistency and accuracy that comes with actuarial assessment instruments with family engagement structures we have been promoting in the state for the past several years. Our contract with them allows for additional sessions to be held in Fall 2009. We are planning for how we will incorporate the training into our regular training for new and existing employees.

FSD continues to devote significant investment of time and resources to training on safety mapping as well as concepts related to motivational interviewing and the trans-theoretical model of change. These trainings are critical to growing our knowledge base related to what engagement looks like on the ground level and equipping workers with the skills necessary to overcome initial fear and resistance when encountered with child protective services.

**Section 106 (a) (9) - Developing and facilitating research-based strategies for training individuals mandated to report child abuse or neglect**

During the past legislative session, much attention and focus was given to the area of child sexual abuse prevention and intervention. As part of the enacted legislation, the list of mandatory reporters was expanded to include all Agency of Human Services staff and contractors.

In order to equip these new reporters with the knowledge necessary to be informed reporters, the state is currently working to develop an e-training option for mandatory reporters that would allow them to access training immediately. We are currently exploring how to expand the audience for this training beyond AHS staff and contractors and is developing training that can be used by all mandatory reporters.

**Identify the activities that the State intends to implement with its CAPTA State grant funds and any changes in activities for FY 2010**

In FY 2009, the state used CAPTA grant funds to implement centralized intake and for the Commissioner's Registry Review Unit. The Registry Review Unit is responsible for providing independent due process to those who are being substantiated for child abuse and neglect prior to the person being entered into the Child Protection Registry. Also, we used funds to support a program to prevent abusive head trauma.

In June of 2009, CAPTA grant funds were used to train all staff on Structured Decision Making safety and risk assessment.

In the coming fiscal year, the state intends to focus use CAPTA grant funds in the following manner:

1. Training staff on Structured Decision Making safety and risk assessment.
2. Training staff on the concepts of safety mapping as a way of addressing identified danger.
3. Training staff (in collaboration with law enforcement and other external stakeholders) on Forensic Interview Skills and child sexual abuse investigations.
4. Continued funding of the Commissioner's Registry Review Unit in compliance with the statute requiring due process for alleged child abuse perpetrators prior to entry into the Child Protection Registry.
5. Continue to support prevention of abusive head trauma.

**Describe any updates to the services and training to be provided under the CAPTA State grant as required by Section 106 (b) (2) (C)**

The state implemented Centralized Intake for reporting concerns of child abuse and neglect. From April of 2008 to present, stakeholder groups were trained about centralized intake and this change as it relates to mandatory reporting. Over 1,000 people were trained through the state.

Centralized Intake staff were trained on how to take intakes in July of 2008 and new employees in the Centralized Intake Unit have been trained as they have come into the unit. Most notably, in December of 2008, several temporary workers were hired into the unit and another group training on statute, policy and procedure occurred.

See previous sections for further information

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**CHANGES IN STATE STATUTE RELATED TO CAPTA**

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In May of 2008, Act 168 was signed into law. This Act resulted in the implementation of differential response, and a tiered Child Protection Registry, both on 7/1/2009.

In addition, in March of 2009, Act 1 was passed. This law is focused on strengthening prevention and investigation of child sexual abuse. Embedded in this legislation was a provision that brought Vermont into compliance with the CAPTA's requirement that the

state have legislation that allows for the sharing of information in near fatality situations in addition to fatalities.

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## GOALS ~ OBJECTIVES~ BENCHMARKS

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The following pages summarize our goals and objectives for our five-year plan. Progress towards goals will be evaluated annually in the APSR.

### **SAFETY: FAMILIES RECEIVE FAMILY-CENTERED SERVICES AND SUPPORTS AT THE EARLIEST OPPORTUNITY TO REDUCE RISK OF MALTREATMENT AND NEED FOR CUSTODY.**

#### **S1: Design and implement multiple approaches to reports of child abuse and neglect.**

<b>Action Step</b>	<b>Benchmark Date</b>	<b>Completion Date</b>	<b>Measure</b>
Participate in the New England Breakthrough Series Collaborative on Safety and Risk Assessments		September 2010	Meetings attended and progress reported in PIP
Workgroup continue to consult with NRCCFCPP and NRCOI to develop differential assessment strategies, guidelines and training for child protection services.		September 2009	Workgroup meets and progress reported in PIP
Division Leadership Team reviews recommendations produced by workgroup.		July 2009	Product reviewed by DLT
Develop training for staff related to changes in practice and policy related to differential assessment strategies.	July 2009	September 2009	Trainings developed
Work with IT to develop initial and ongoing technology to support differential assessment strategies.	July 2009	July 2010	Technology developed
Staggered implementation of differential assessment strategies.	July 2009	December 2009	Implementation reported in PIP
Submit application to the NCWIC for assistance in sustaining differential assessment strategies.		NCWIC 2 <sup>nd</sup> RFA	Application submitted
Develop qualitative and quantitative CQI process of differential assessment strategies.	January 2010	September 2010	Process developed and reported in PIP

**S2: Design and implement multiple approaches to reports of child abuse and neglect.**

Action Step	Benchmark	Complete	Measures
Analysis of data/information compiled in initial CQI process.	April 2011	December 2011	Analysis completed and reported in PIP
Reconvene original workgroup to review CQI information and recommend practice/policy changes if necessary.	January 2012	July 2012	Workgroup recommendations reported in PIP
Continue CQI process to inform practice, policy and service delivery. Modify as appropriate.	January 2012	June 2014	CQI reports available

**PERMANENCY AND WELL-BEING: FAMILIES AND CHILDREN RECEIVE COMPREHENSIVE, STRENGTHS BASED SERVICES THAT PROVIDE THEM WITH SUCCESSFUL LONG-TERM SAFETY, PERMANENCY, WELL BEING AND LAW ABIDANCE**

**P1: Design and implement the Effective Casework Model for all case types**

Action Step	Benchmark	Complete	Measures
Continue to work with NCROI to develop the Effective Casework Model	July 2009	December 2009	Workgroup progress reported in PIP
Utilize existing forums to review, process and adopt Effective Casework Practice	Summer/Fall 2009	December 2009	Minutes of reviews reported in PIP
Develop practice guidance	Jan 2010	Sept 2010	Guidance developed
Revise policy to reflect Effective Casework Model		Jan 2010	Policies revised and posted to website
Revise Field Practice Guide to reflect Effective Casework Model	October 2010	June 2011	Field Guide revised
Develop hiring protocol to ensure new hires are aligned with ECM	Oct 2010	April 2011	Hiring protocol developed and utilized in hiring

<b>P2: Re-design role, tasks and performance expectations for supervisory staff statewide</b>			
<b>Action Step</b>	<b>Benchmark</b>	<b>Complete</b>	<b>Measure</b>
Continue to work with NRCOI and NRC-CWDT to design the role, tasks and expectations for child welfare/juvenile justice supervision	July 2009	December 2009	Workgroup progress reported in PIP
Utilize existing forums to review progress and gather input	Summer/Fall 2009	December 2009	Minutes of reviews reported in PIP
Revise supervisory policy to reflect new role and expectations.		Jan 2010	Policies revised and posted to website
Develop initial and ongoing training and support necessary to support quality supervision.	Jan 2010	June 2010	Training/support developed
Implement training and support necessary to support quality supervision.	June 2010	Ongoing	Ongoing training and support reported in PIP
Revise performance evaluation to support quality supervision.	July 2010	Dec 2010	Evaluation revised

### **P3: Develop and implement continuous quality improvement process**

<b>Action Step</b>	<b>Benchmark</b>	<b>Complete</b>	<b>Measures</b>
Continue to conduct PIP case reviews as needed for PIP reporting		After each PIP quarter	Case review results submitted with PIP report
Restructure CQI process to ensure quality services for children and families	Oct 2009	June 2010	CQI process defined
Integrate PIP reporting case review into CQI process.		June 2010	Case review becomes part of CQI process
Integrate CQI process for the implementation of risk and needs assessment in the youth justice population.		June 2010	YASI becomes part of CQI process
Integrate the CQI process for differential assessment strategies.		June 2010	Becomes part of the CQI process
Develop and additional data components that assess performance and inform strategic planning	July 2010	Dec 2010	CQI data is complete
Implement performance based contracting	Jan 2010	Sept 2010	Contracting partners report on outcomes
Review consumer concerns to identify themes	Dec 2009	March 2010	Report submitted with PIP report
Design process to review critical incidents to support learning	Dec 2009	March 2010	New policy drafted

**P4: Increase in financial self sufficiency for youth exiting foster care**

Action Step	Benchmark	Complete	Measures
Identify a best practice, competency based financial literacy curriculum for youth	Jan 2010.		Curriculum reviewed and selected
Implement curriculum into Youth Development Program life skills classes in all twelve districts	July 2010		All 12 districts delivering to youth
Establishing a matching funds savings program for adolescent foster youth	July 2011		Regulatory framework established, funds secured
Establish living wage data for youth exiting foster care	July 2010		MOU and IT support for information sharing with state DOL data on employment and income
Target Youth Development Program services to improve employment and earnings outcomes for youth in care	July 2011		Data from previous section indicates improved outcomes for youth

**P5: Increase the number of youth with positive connections with a network of caring adults**

Action Step	Benchmark	Complete	Measures
Develop casework policy to assess youth at or about their 16 <sup>th</sup> birthday for positive connections to caring adults (unpaid). Results to be reported out as a part of the case plan review process.	Commenced by 9/30/09	Jan 2010	Finalized policy in place
Family Finding and Family Group Conferencing resources targeted at youth who's assessed need for connections is greatest	Commenced 9/30/09	On-going	Increase in numbers of youth connections at 90 day transition case plan reviews

**P6: Youth are eligible for and receive preventative healthcare**

<b>Action Step</b>	<b>Benchmark</b>	<b>Complete</b>	<b>Measures</b>
Expand Medicaid eligibility for youth exiting foster care	Application by 10/ 28/09	Jan 2010	Approval of eligibility for at-risk youth up to age 21 (incl.)
Policy development for identification of a medical home for each foster youth and a completed adolescent well-child visit prior to the 90 day transition case plan review	Commence by 09/ 30/09	Jan 2010	Finalization of policy
Establishment of data tracking to measure application of the previous strategy.	Commence planning 9/30/09	01/01/10	Collection of data with quarterly reports

**P7: Increase the high school and post-secondary participation and completion of foster youth**

<b>Action Step</b>	<b>Benchmark</b>	<b>Complete</b>	<b>Measures</b>
Track high school completion rates and correlate to DCF/FS efforts at educational stability	July 2010		Reliable Data collected annually and shared with stakeholder groups
Tracking of youth receiving supports for school completion and related school outcomes	July 2010		Reliable Data in place for comparison
Explore implementation of Casey Family Services “Road Map to Learning, Improving Educational Outcomes in Foster Care”	Jan 2010		Planning meetings held, trainings scheduled
Expanded recruitment and participation in post-secondary education through Trio programs	Nov 2010		Quarterly planning and data review schedule established
Increase post-secondary enrollment and completion rates for foster youth	June 2010		Annual data review and strategic planning
Maximize opportunities for post-secondary financial support to youth through Chafee ETV and other funding	Aug 2009		On-going analysis of financial aid packages and impact on participation

**LAW ABIDANCE: YOUTH ARE FREE FROM CRIMINAL BEHAVIOR**

**YJ1: Develop continuous quality improvement plans for risk and needs assessment to ensure quality and efficacy in assessment and reassessment of youth in the juvenile justice system.**

<b>Action Step</b>	<b>Benchmark</b>	<b>Complete</b>	<b>Measures</b>
Develop Statewide umbrella continuous quality improvement plan for the implementation of risk and needs assessment in the youth justice population.		June 2010	Plan is written and shared across Family Services
All 12 Districts develop continuous quality improvement plans for the implementation of risk and needs assessment in the youth justice population.		June 2010	Plans are written and shared with Youth Justice Unit, FSMT, and operations managers

**YJ2: Enhance restorative justice practices in the community with the implementation and evaluation of evidence-based restorative community-based interventions.**

<b>Action Step</b>	<b>Benchmark</b>	<b>Complete</b>	<b>Measures</b>
Implement Restorative Family Group Conferencing in 4 districts		June 2010	At least one Restorative Family Group Conference started in each of the 4 districts.
Explore other restorative justice family-based interventions for youth justice.		June 2010	Evidence-based intervention is identified. RFP for service is developed.

**YJ3: Enhance family engagement, supports, and interventions for youth in the Woodside Juvenile Rehabilitation Center.**

Action Step	Benchmark	Complete	Measures
Implement Family Safety Planning into Case Staffing structure in Treatment Program		June 2010	Case staffings utilize internal Family Safety Planning structure.
Explore other restorative justice family-based interventions for youth housed in the Woodside Juvenile Rehabilitation Center.		June 2010	Interventions have been identified; staff have been trained or introduced to model;

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**ATTACHMENTS**

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**A. Defender General’s Training Agenda**

**B. Vermont’s Family Service Continuity of Operations Plan (COOP)**

**OFFICE OF THE DEFENDER GENERAL  
2009 GREEN MOUNTAIN JUVENILE AND  
CRIMINAL DEFENSE INSTITUTE**

Co-Sponsored by the Vermont Bar Association, and the  
Vermont Association of Criminal Defense Lawyers

**Wednesday, June 3, 2009**

**9:15-10:30 1.25 CLE**

The Interstate Compact on the Placement of Children- Out of State- Out of Luck?

**10:45-12:00 1.25 CLE**

Improving the Representation of Parents in Juvenile Cases

**1:15-3:00 1.75 CLE**

The New Law- How's it Working?

**3:15-4:30 1.25 CLE**

Woodside: The Inside Story

MINI-TRIAL SCHOOL-All Day (by invitation only) 5.5 CLE

**Thursday, June 4, 2009**

**9:00-10:30 1.5 CLE**

*TRACK A:* New Sex Laws: Yipes (S13)

- Legislative Summaries S125

*TRACK B:* Youthful Offenders: The New Law

**10:45-12:00 1.25 CLE**

*TRACK A:* Excluding Evidence from Car Stops under the 4TH Amendment and Article 11

*TRACK B:* The New Family Group Conferencing

*TRACK C:* REDRUM 101

**1:15-2:45 1.5 CLE**

*TRACK A:* Challenging the Questioning of Children and Adolescents in Sex Abuse Cases

*TRACK B:* Making Kinship Placements Work

*TRACK C:* SORNA, the Federal Sex Offender Registration Requirement; What You Need to Know and Won't Believe

*TRACK A:* Professionalism for Criminal and Juvenile Practitioners

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*TRACK B:* Bail: Strategy and the Law

*TRACK C:* Specialty Courts: The Pros and Cons- Do They  
Help Our Clients?

**Friday, June 5, 2009**

**9:15-10:30 1.25 CLE**

Appellate Review of the U.S. Supreme  
Court and Vermont Supreme Court cases of 2008-2009

**10:45-12:00 TWO CHOICES 1.25 CLE**

*TRACK A:* What Everyone Must Know About Credit and  
Good Time

*TRACK B:* Challenging Coerced Confessions and The Reid School of Interrogation,

**1:15-3:30 2.25 CLE**

Ethics All Star Review, Rules of Professional Conduct