Vermont Data Overview

July 2013

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Telling the Story:

CHILDREN IN CARE
POINT IN TIME

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Key Questions: Children currently in care

- What are the population demographics (age, race)
- Has the number in care been changing or stable over time?
- Is there a large group of older youth who have been in care a long period of time? What are the existing barriers to permanency for these youth?
- What affect does placement type and placement stability have on exits to permanency?
- What are children's case plan goals? Are there differences by region, age, race?

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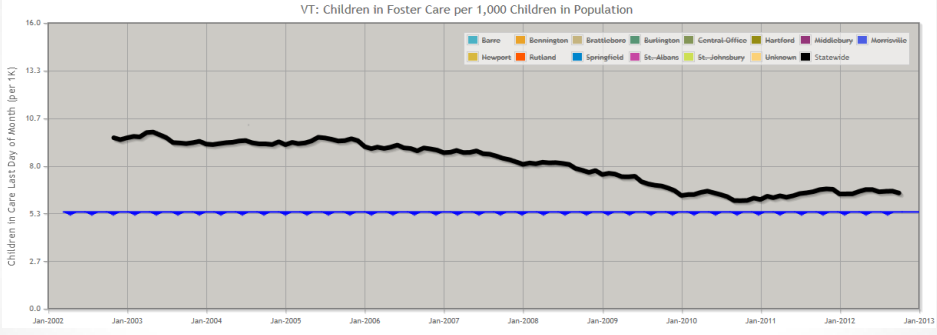
In VT, the in-care rate has declined and is now just above the national rate. For every 1,000 children living in VT, about 7 were in out of home care on 9/30/12.



Data source: AFCARS: from www.fosteringcourtimprovement.org

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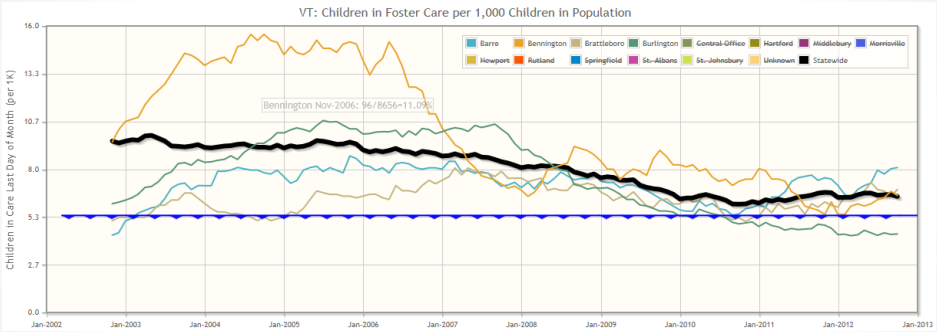
Where are children more likely to be in out of home care? The In care rate declined sharply in the Bennington office. Burlington is now lower than the national rate, and Barre is creeping up…



Data source: AFCARS: from www.fosteringcourtimprovement.org

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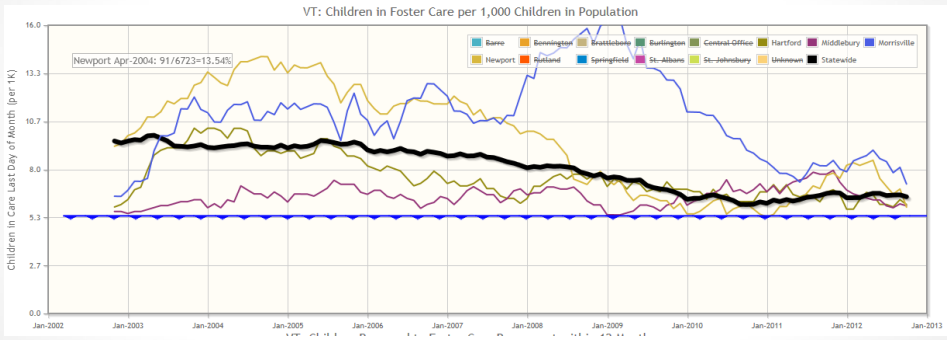
Where are children more likely to be in out of home care? What was going on in Morrisville in 2009?



Data source: AFCARS: from www.fosteringcourtimprovement.org

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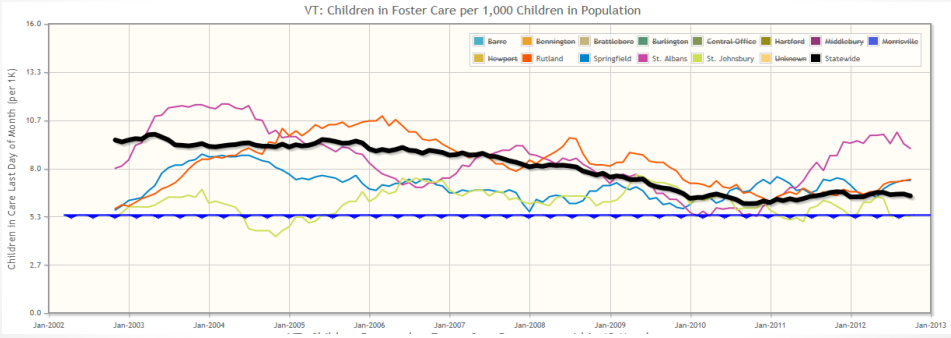
Where are children more likely to be in out of home care? The in-care rate has been increasing in St. Albans – has this continued in 2013?



Data source: AFCARS: from www.fosteringcourtimprovement.org

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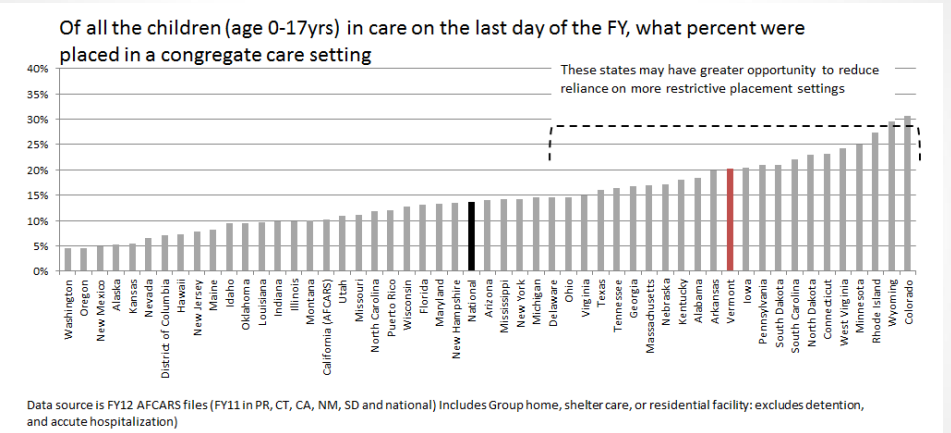
When compared to other states, VT appears to use more congregate care…Is this due to the inclusion of Juvenile Justice youth?



Data source is FY12 AFCARS files (FY11 in PR, CT, CA, NM, SD and national) Includes Group home, shelter care, or residential facility: excludes detention, and accute hospitalization)

Data source: AFCARS state submitted files

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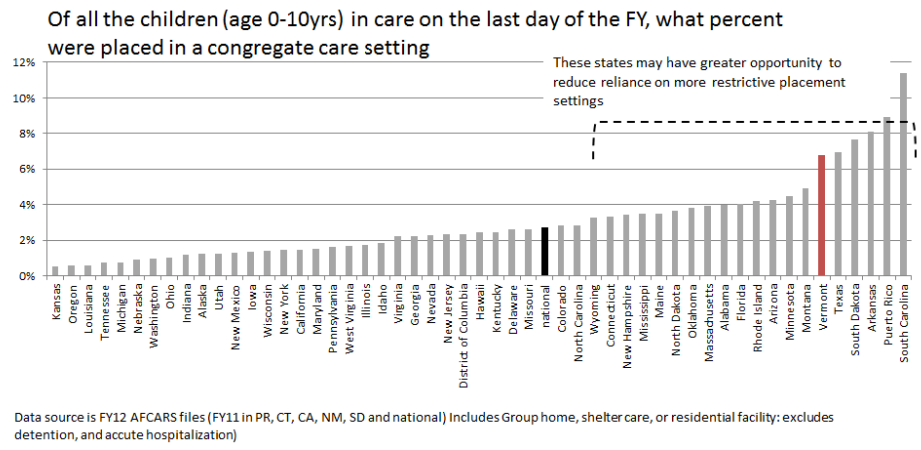
Even among younger children (ages 0-10) VT tends to have a larger proportion in congregate care settings



Data source is FY12 AFCARS files (FY11 in PR, CT, CA, NM, SD and national) Includes Group home, shelter care, or residential facility: excludes detention, and accute hospitalization)

Data source: AFCARS state submitted files

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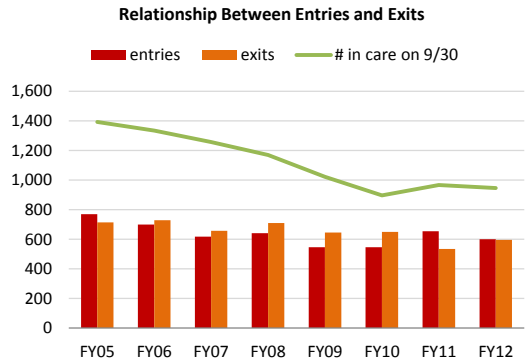
The number of children in care at any point in time is a function of entries and exits (the number in care declines when exits are higher than entries)



Data source: AFCARS state submitted files

Telling the Story

CHILDREN ENTERING CARE

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Key Questions: Prevention and In Home Services

- For children that come to the attention of your agency – what proportion receive in-home and community-based services? (Compare to the proportion that enter care)
- Describe trends in service provision – how long are cases open? What services are provided? At what cost?
- Are there differences by region? Age? Race?
- Do children enter care during or after services?
- Do children experience repeat allegations or repeat maltreatment?

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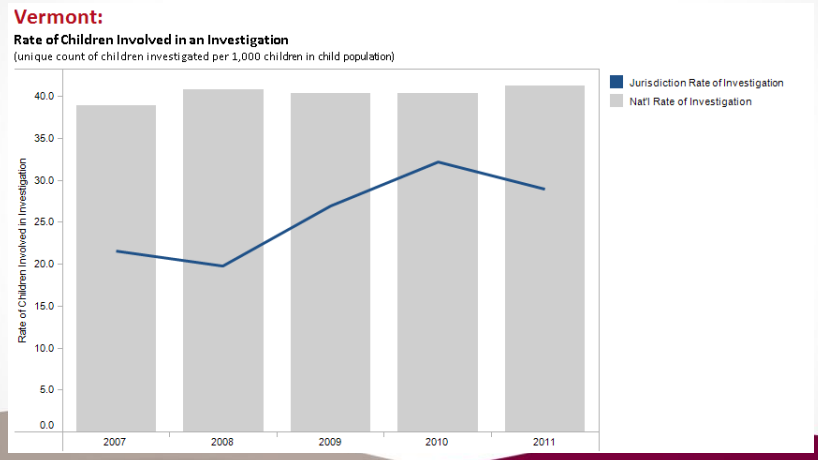
Who comes to the attention of child welfare?

Between 2008 and 2011, the likelihood of a child being involved in an investigation increased in VT, while it stayed about the same nationally.



Data source: NCANDS

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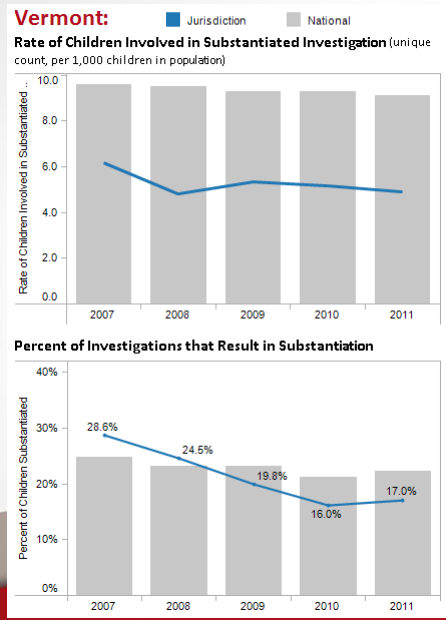
Which children are involved in a substantiated report?



While the investigation rate increased, (slide 13) victimization rates stayed about the same between 2008 and 2011

This seems to be because the proportion of all investigations that are substantiated has declined.

Data source: NCANDS

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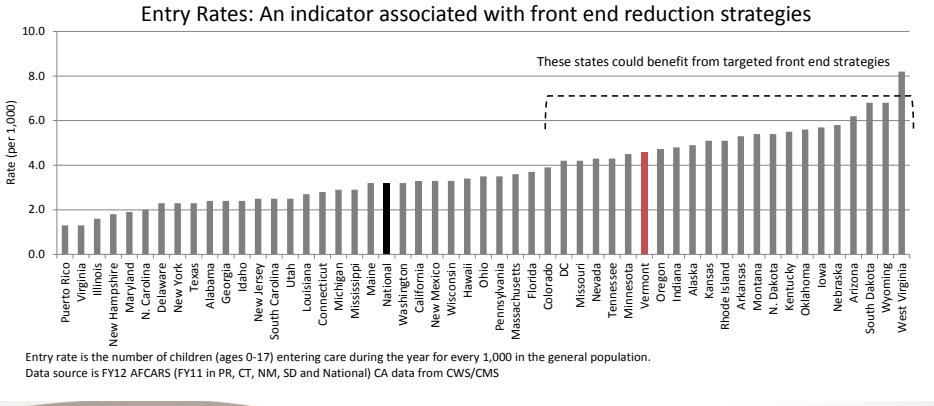
The entry rate in VT(4.6 per 1,000 in FY12) is higher than the national rate (3.2 per 1,000 in FY11). However…not all states include Juvenile Justice entries…



Entry rate is the number of children (ages 0-17) entering care during the year for every 1,000 in the general population.
Data source is FY12 AFCARS (FY11 in PR, CT, NM, SD and National) CA data from CWS/CMS

Data source: AFCARS state submitted files; Claritas population estimates

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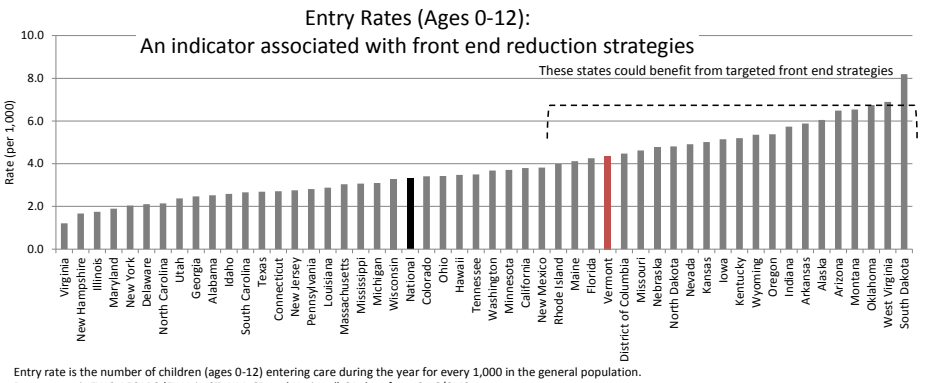
When looking only at younger children (ages 0-12), VT still has an entry rate that is higher than the national rate.



Entry rate is the number of children (ages 0-12) entering care during the year for every 1,000 in the general population.
Data source is FY12 AFCARS (FY11 in CT, NM, SD and National) CA data from CWS/CMS

Data source: AFCARS state submitted files

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Questions to Consider: Entries (removals)

- Who are the children who are coming into care? (Demographic and case characteristics) Use rates per population, or per referrals received to make comparisons
- Why are they entering care? (removal reasons, prior svc history)
- What strategies might impact different populations?
- Review trends and local geographic variation – would the program(s) have equal impact in all regions?
- What jurisdictions have lower entry rates? How do the populations differ? Have similar states been successful in reducing entries?

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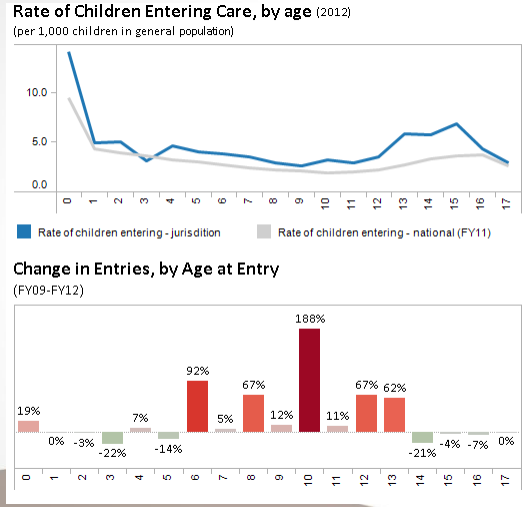
Changes in Entries Statewide: VT



Statewide, entry rates are above the national rate for infants and teens.

Over the past three years, entries among infants and among children ages 6 to 13 have increased while other age groups remained the same or declined.

What community level factors may result in an increase in removals of elementary school aged children?

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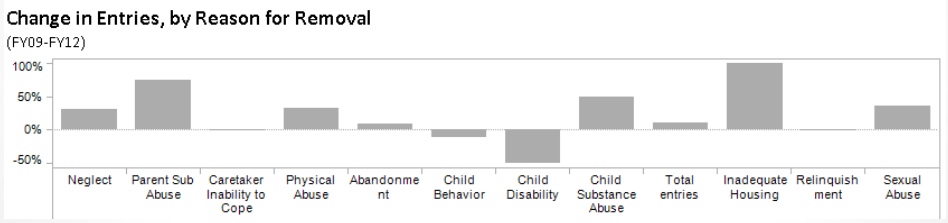
Changes in Entries Statewide: VT

Entries with removal reasons related to substance abuse (parent and child) and inadequate housing seem to be increasing, while removals associated with a child's disability and/or behavior problems have declined.



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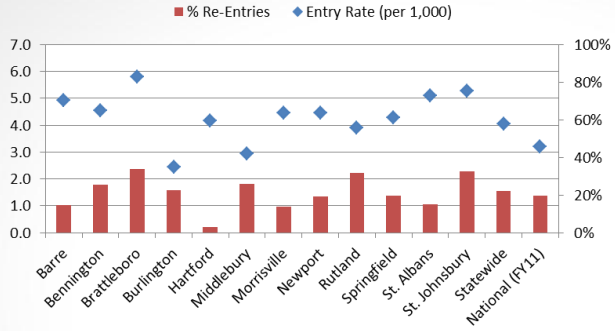
Entries (Removals) by District



Children living in Brattleboro are twice as likely to enter care as children living in Burlington or Middlebury. About a third of the children entering care in Brattleboro, Rutland, and St. Johnsbury have been in care at least one prior time.

Telling the Story

OUTCOMES: EXITS AND LENGTH OF STAY

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Key Questions: Permanency

- How long do children stay in care after removal (longitudinal analysis)
- What proportion of children entering care will eventually reunify?
- What proportion of reunified children will re-enter care?
- How does this differ by age, race, risk factors, placement type, case type, geography?
- Has this been changing or stable over time?
- What interventions are currently in place to promote permanency? Are they achieving the desired results?

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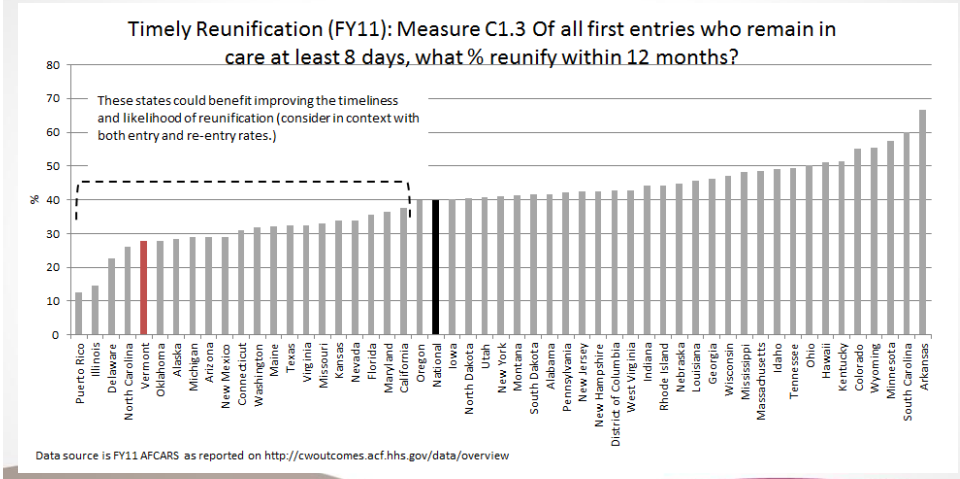
Timely Reunification – Compared to many other states, children in VT are less likely to reunify within 12 months. [Entry Cohort]



Data source: http://cwoutcomes.acf.hhs.gov/data/overview

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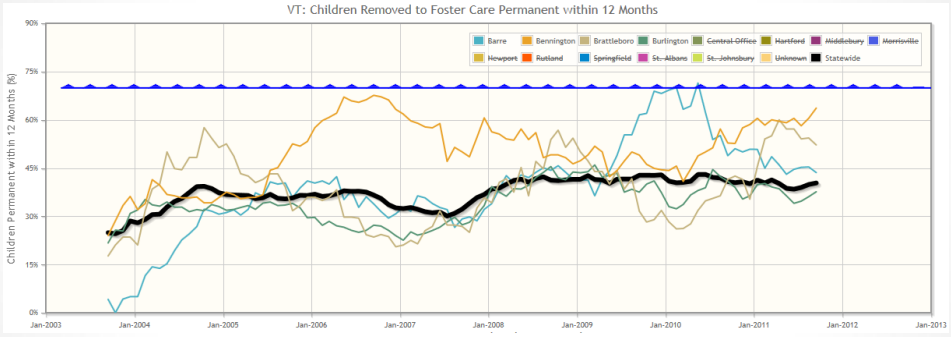
How does timely permanency vary by district?



Data source: AFCARS: from www.fosteringcourtimprovement.org

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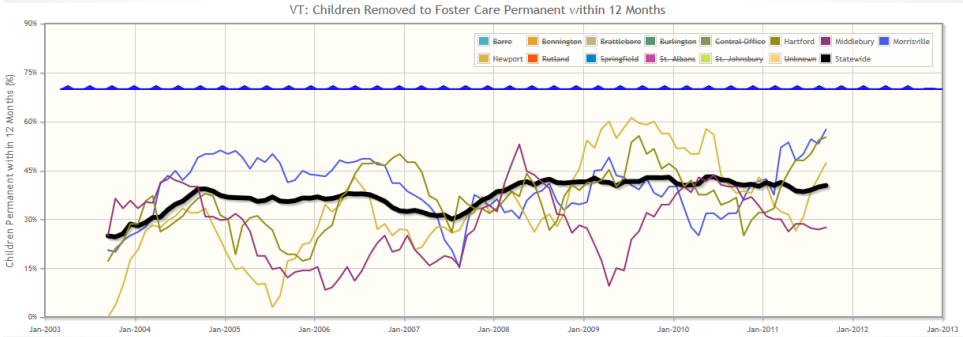
How does timely permanency vary by district?



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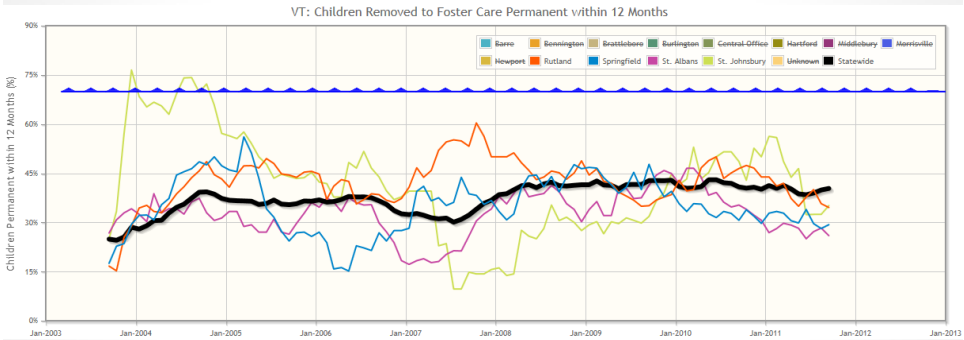
How does timely permanency vary by district?



Data source: AFCARS: from www.fosteringcourtimprovement.org

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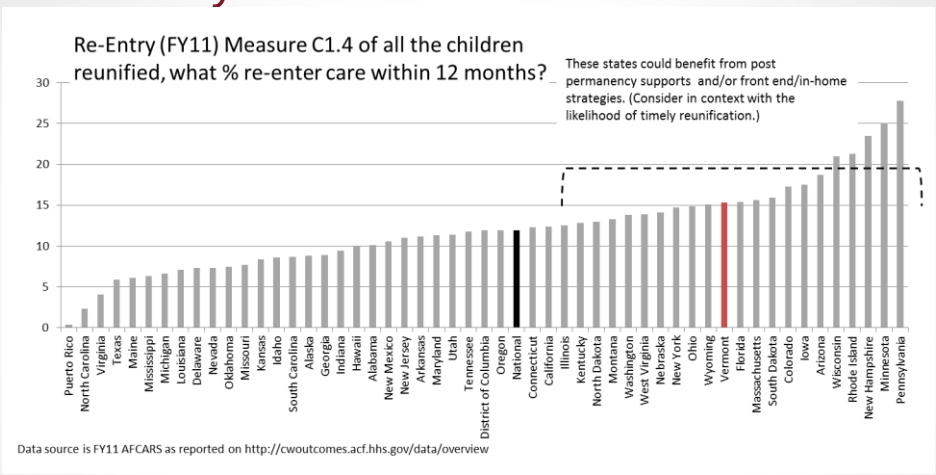
Re-Entry within 12 Months



Data source is FY11 AFCARS as reported on http://cwoutcomes.acf.hhs.gov/data/overview

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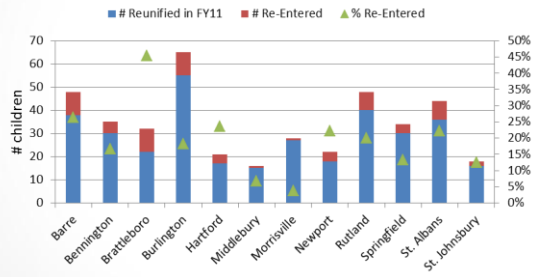
Re-Entry within 12 months of exit

Of the 355 children reunified statewide in FY11, 68 (19%) re-entered care within 12 months. The numbers are fairly small, but there is considerable variation across districts.



Data source: AFCARS: from www.fosteringcourtimprovement.org

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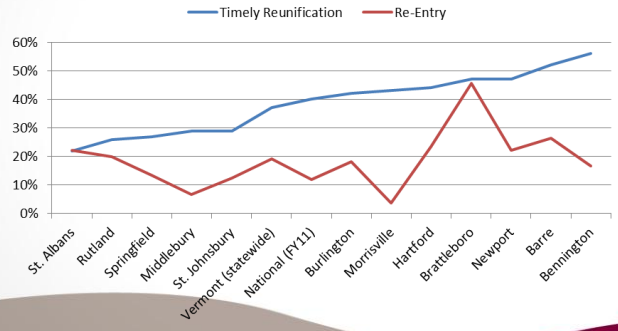
Re-Entry within 12 months of exit

There doesn't appear to be a relationship between the likelihood of timely reunification and the likelihood of re-entering care. Nearly 60% of the children who entered care in FY11 in Bennington were reunified within 12 months. 17% of those that were reunified in Bennington re-entered care within the following 12 months.



Data source: AFCARS: from www.fosteringcourtimprovement.org

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Permanency for Longer Stayers: Young children who have been in care two years or longer are much more likely to exit to permanency within the following year (primarily to adoption).