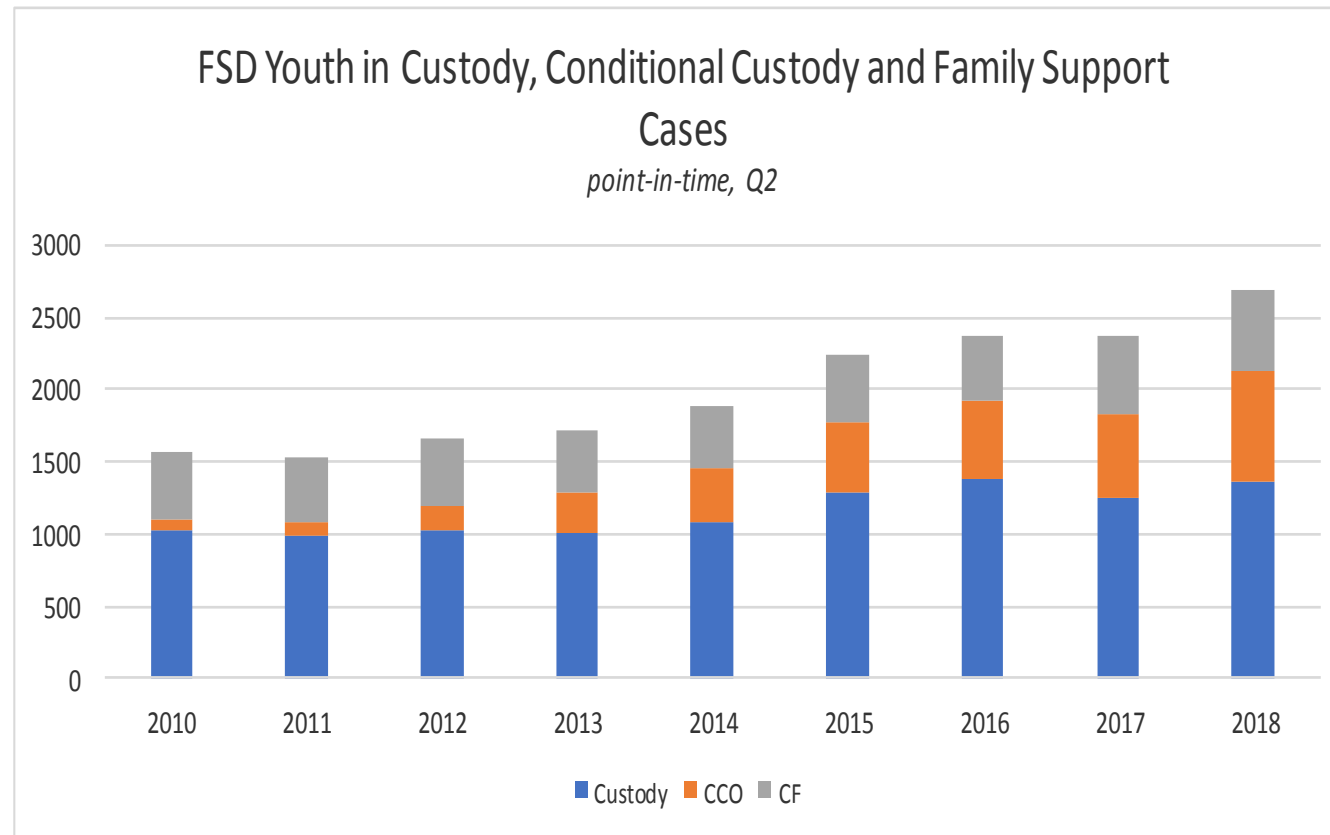




Joint Legislative Child Protection Oversight Committee

Karen Shea, DCF Family Services Deputy Commissioner
Courtney Farrell, LUND Director of Child and Family Services
Tuesday, October 16, 2016

Growing and Shifting Caseload



Data Source: FSD Quarterly Management Reports (2010-2017)-last day of Q2; FSD Report Catalog-Full Caseload & CCO Reports (2018)
Data note: 2018 is as of 7/2/2018.

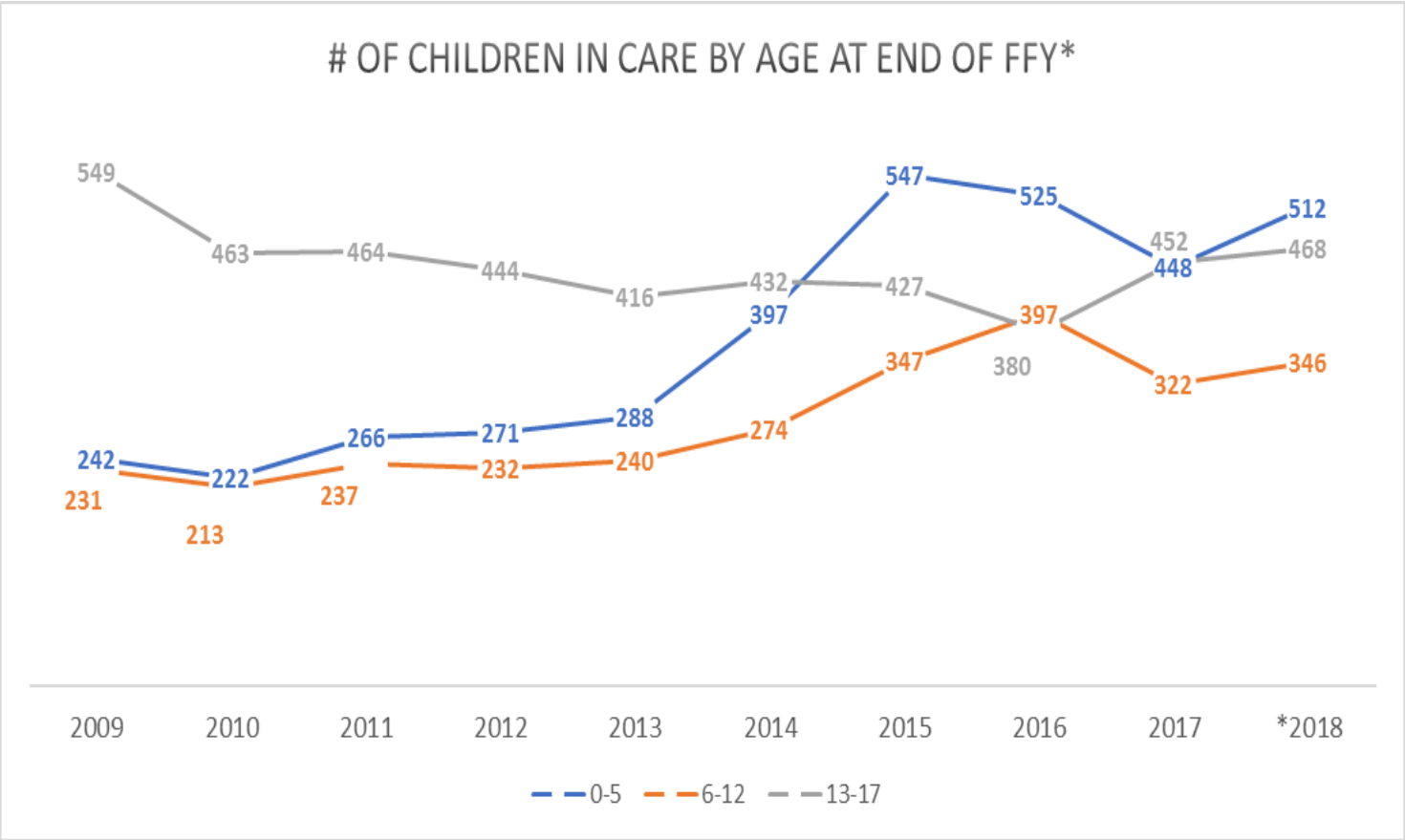
Court Data

FY18 JUVENILE CASES

I. JUVENILE CASES ADDED (multiple years)

	FY12	FY13	FY14	FY15	FY16	FY17	FY18
CHINS-Abused or Neglected	701	656	809	1,065	1,066	924	1,096
CHINS-Truant	117	135	123	112	137	166	180
CHINS-Unmanageable	93	91	93	84	85	65	76
Delinquency	894	816	668	703	735	704	883
Youthful Offender	79	72	54	42	43	33	33
Total	1,884	1,770	1,747	2,006	2,066	1,892	2,268

How Old Are The Children?



Data Source: FSD Quarterly Management Reports (2009-2017)-last day of Q3; FSD Report Catalog-All Open Custody Cases with Case Detail (2018)
Data note: 2018 is point-in-time as of 8/21/2018.

Impact of Substance Use Disorders on Child Welfare Caseload

Table 2: Number and Percent of Kids Ages 0-5 in Custody due to Substance Abuse Issues

Child's Age	Nov-15	total % of 0-5 Custody Population	Nov-16	total % of 0-5 Custody Population	Nov-17	total % of 0-5 Custody Population
0	59	59.00%	55	66.27%	42	59.15%
1	67	58.77%	58	58.00%	54	64.29%
2	59	67.82%	54	64.29%	62	62.00%
3	59	66.29%	70	73.68%	37	54.41%
4	53	66.25%	53	71.62%	64	68.09%
5	48	69.57%	39	60.94%	37	67.27%
Total	345	64.01%	329	65.80%	296	62.71%

Impact of Opioid Use on Child Welfare Caseload

Table 3: Number and Percent of Kids Ages 0-5 in Custody due to Opiate Abuse Issues

Child's Age	Nov-15	total % of 0-5 Custody Population	Nov-16	total % of 0-5 Custody Population	Nov-17	total % of 0-5 Custody Population
0	51	51.00%	46	55.42%	29	40.85%
1	54	47.37%	44	44.00%	43	51.19%
2	49	56.32%	45	53.57%	50	50.00%
3	43	48.31%	53	55.79%	31	45.59%
4	41	51.25%	46	62.16%	50	53.19%
5	38	55.07%	32	50.00%	32	58.18%
Total	276	51.21%	266	53.20%	235	49.79%

Regional Partnership Program Overview

- The Regional Partnership Program (RPP) is a collaboration between the Dept for Children and Families (DCF) Family services and Lund.
- RPP is designed to improve the well-being and permanency outcomes for children affected by parental substance use by increasing access and engagement of parents in treatment.
- RPP staff work in partnership with Family Services on the front end of a child welfare case
 - Screening for problematic substance use,
 - Linking parents to indicated treatment services and
 - Addressing barriers to successful engagement.

Regional Partnership Program

- Started in Burlington
- FSD and ADAP expanded to St. Albans in 2013
- Expansion to Rutland, Springfield, Hartford and Barre in 2014
- Expansion to the remaining districts in FY17

Regional Partnership Program

The RPP Case Manager's provide the following services:

1. Screening for substance use/abuse; makes referrals to assessment as indicated.
2. Addresses barriers to treatment engagement and/or services for each caregiver.
3. Makes necessary referrals and supports linkage to treatment. Works in collaboration with the DCF investigator to establish and communicate treatment recommendations.
4. Provides consultation and information necessary to DCF in assessing child safety.
5. Provides general consultation and education to social workers regarding addiction and treatment.
6. Documents services provided to families and tracks timeliness of treatment for eligible families.

Regional Partnership Program Staffing

- There are 8 full time case managers, each serving a district office.
- Middlebury, Morrisville, Springfield and Hartford each have a part-time RPP case manager in their office due to the size of their caseload and program capacity.
- The Rutland and Middlebury RPP Case Manager positions are currently vacant.
- There are two Regional Partnership Coordinators who oversee the North and South RPP Case Manager's and Districts.

Regional Partnership Program Lessons Learned

- Transportation, available childcare, and stable housing are significant barriers for Vermont families in each District.
- Timely access to assessments/ treatment improves treatment engagement outcomes.
- Some districts are experiencing longer wait times for these services.
- Effective communication between Child Welfare and Substance Use Disorder programs is vital to improving outcomes for families. Communication between these systems is often hindered by misunderstanding and mistrust. The capacity for RPP staff to attend to the development of effective partnerships between child welfare and treatment has lead to better communication and coordination of services for parents.

Regional Partnership Program Lessons Learned

- The support of RPP case managers has shown a positive impact on rates of treatment engagement. Community treatment providers report a decrease in no-show rates and an increase in engagement rates among clients with an RPP case manager.
- The teaming between the RPP Case Manager and Family Service Workers has led to a better understanding of current alcohol and drug trends in Vermont. When child welfare has accurate information about the risk factors and treatment needs, they are better prepared to develop interventions to effectively support parents and address child safety.
- While Medication Assisted Treatment (MAT) for opiate addiction is an important treatment option and continues to be in significant need across the State, we are seeing an increase in parents who are using other substances while engaged in MAT programs that present child safety concerns.

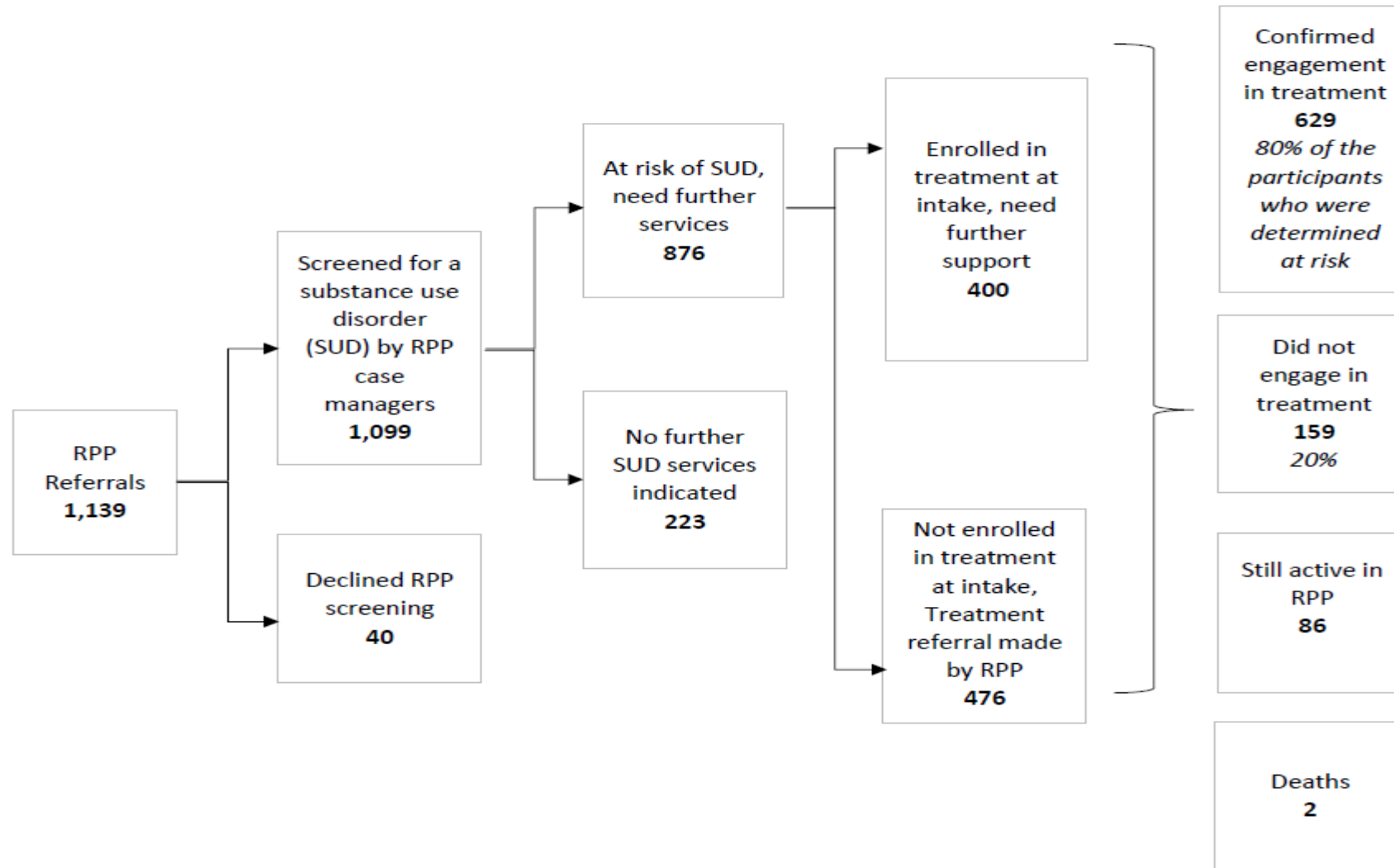
Regional Partnership Program Outcomes

- While the RPP program is voluntary, it has a low client refusal rate: 3.6% in FY18
- Parents engaged in RPP services demonstrate high rates of Substance Use Disorder (SUD) assessment completion: 82%
- Parents engaged in RPP services demonstrate a high rate of involvement in treatment at the end of RPP services: 80%
- A significant percentage of parents engaged with RPP services report a decrease in use by the closing of their RPP case: 86%

Regional Partnership Program Outcomes

- FSD staff report feeling more supported, educated, and aware of the needs of parents with SUD, and that they have effective interventions when working with this population.
- Lund and FSD have been working over the past year to develop a data system that allows analysis of longitudinal permanency outcomes for children whose parents accessed RPP services. We hope to have some initial findings this year.

Regional Partnership Program Data FY18



Vermont Family Recovery Project (VFRP) Overview

- The VFRP is a five-year federally funded Regional Partnership Grant. This is the 4th round of Regional Partnership Grants administered by the Children's Bureau. Lund is the lead agency for the project; DCF Family services is the primary partner agency.
- The Children's Bureau has contracted with Child and Family Futures to provide technical assistance to grantees; and has contracted with Mathematica to conduct the cross-site evaluation. Locally, Vermont's project evaluation is led by the Crime Research Group (CRG).
- The two districts targeted for delivery of project services are Burlington and Newport. Like the first Vermont RPG, the project includes co-location of Lund treatment providers in the two DCF offices.

Vermont Family Recovery Project Overview

VFRP GOALS:

GOAL 1: Improve child safety, permanency and well-being.

GOAL 2: Improve stability in recovery.

GOAL 3: Improve communication and collaboration.

- Lund's Vermont Family Recovery Project (VTFRP) will use multigenerational, family-centered, trauma-informed, and strengths-based approaches to support families referred by the Department for Children and Families - Family Services Division (DCF-FSD).
- Two VFRP teams composed of a clinician and a family engagement specialist will provide family-centered, home-based services including intensive case management; connection and support for substance use disorder (SUD) treatment and recovery services; family therapy; McGill Action Planning (MAPS); and Attachment, Regulation, and Competency (ARC) clinical care to support families and increase stability and well-being for all family members.
- The VFRP will establish a regional partnership to strengthen systems of care in the project regions; support families where substance use places children at risk for out-of-home placement; and disseminate insights learned from VFRP to stakeholders statewide.

Vermont Family Recovery Project Update

- During our first year of the project our focus was on implementation, hiring and evaluation plan development.
- Implementation has included development of an oversight and partnership structure, informational meetings and project mapping, and dissemination of information to local providers about the project.
- A site visit was conducted by the Children's Bureau, Child and Family Futures, and Mathematica in July to establish a baseline on the collaborative capacity of child welfare and Substance Use Disorder treatment in Vermont and the two project regions.

Vermont Family Recovery Project Update

- Hiring has presented a significant barrier to project implementation, and to date, the project is not fully hired.
- Hiring for the Project Coordinator took longer than anticipated. This resulted in a four month implementation delay.
- In both districts, one of the two positions is hired and has begun working with families. We continue to actively recruit for the two remaining positions.
- Project leadership and the Crime Research Group continue to work with Mathematica and the Children's Bureau to finalize the local and cross-site evaluation plans.