



# Department for Children and Families–Family Services Division

Child Welfare and Youth Justice

Karen Shea

DCF Family Services Interim Deputy Commissioner

# Family Services Division

## Primary Service Areas

- Child Abuse and Neglect Intake/Emergency Services
- Child Safety Interventions – Investigations and Assessments
- Family Support Services to High Risk Families
- Juvenile Probation
- Children in Custody
  - Abuse/neglect
  - Delinquency
  - Child Behavior

# **Our Primary Focus: Child Safety**



**Strong relationships are a tool to  
increase child safety.**

# Family Services Division

**Mission:** *We partner with families and the community to promote safety, permanence, well-being and law abidance.*

# Family Services Division

**We Achieve Our Mission By:**

**Safely stabilizing and preserving families;**

**and if that is not possible;**

**Safely caring for children/youth and reunifying;**

**and if that is not possible;**

**Safely supporting the development of permanency and  
lifelong connections for children/youth**

# Family Services Division



- 12 District Offices
- Central Office
  - Two direct service units – Centralized Intake and Emergency Services and Residential Licensing and Special Investigations
  - Provides support to the field, oversees policy and practice, manages budgets, grants and contracts, maintains communication with federal partners
- Woodside
  - In Feb 2011, enabling legislation was passed to allow the re-purposing of Woodside
  - Woodside is no longer a detention facility; treatment is provided to all residents from the first day

Interim Deputy Commissioner  
Karen Shea

Revenue Enhancement  
Heather McLain

Grants and Contracts

Nancy Williams  
Graham Dewyea  
Linda Moulton  
Gayle DiMasi

Revenue Team

Brianne Renadette  
Alma Green  
Sarah Boardman  
Brenda Hallock

CIES  
Dianne Jabar  
John Salter

Supervisors

Gyla Dziobek  
Matthew Rockwell  
Deb Brady  
Denise Laforce

RLSI  
Jim Forbes

Supervisors

Jennifer Benedict  
Stacey Edmunds

System of Care  
Barb Joyal

ICPC

Trissie Casanova

Foster Care Manager

Pam Piper

Post Permanence

Catherine Harris

Permanency Planning

Gillie Hopkins

Operations  
Brenda Gooley

District Operations

Ruth Houtte  
Sheila Duranleau  
Lily Sojourner

Safety Coordinator

Shannon Morton

Child Safety Manager

Susan Eisenstadt

Residential Care

MelanieD'Amico  
Janet Dunigan  
Marc Carr

Planning, Policy, Performance  
Suzanne Shibley

Quality Assurance

Margo Bryce  
Missy Burt  
Neysha Stuart  
KC Cushing  
Sally Hall

Policy

Lindsay Barron

Domestic Violence and Sexual Assault

Ellie Breitmaier  
Priscilla White

Juvenile Justice and Adolescent Services

Lindy Boudreau  
Dana Lawrence

# Central Office

## Operations

- Supervision of District Directors and statewide functions

## System of Care Unit

- Supports quality service delivery through the contracted system of care, including foster care, kinship care, adoption, residential care and community services
- Includes adoption unit: with approx. **2,150** children receiving adoption subsidy, and post-adoption supports through the Vermont Adoption Consortium and the Vermont Adoption Registry.

# Central Office

## **Revenue Enhancement Unit**

- Focus on revenues, expenditures, grants and contracts

## **Policy, Practice and Performance Unit (PPP)**

- Planning (state and federal)
- Policy development
- Practice supports
- Continuous quality improvement and assurance
- Child and Family Services Review

# Central Office Direct Services

## Residential Licensing & Special Investigations (RLSI)

### Licensing of foster homes and residential programs:

- Approx 1200 currently licensed foster homes
  - Approx 350 Child Specific Licenses
  - Approx 850 Standard Foster Care Licenses
- 40+ Residential Treatment Programs
- 12 Commissioner Designated Shelters
- 13 Child Placing Agencies (foster care and adoption)
- 150+ regulatory interventions

### Child abuse investigations in homes, facilities regulated by DCF, and schools:

- 200+ child safety interventions

# Central Office Direct Services

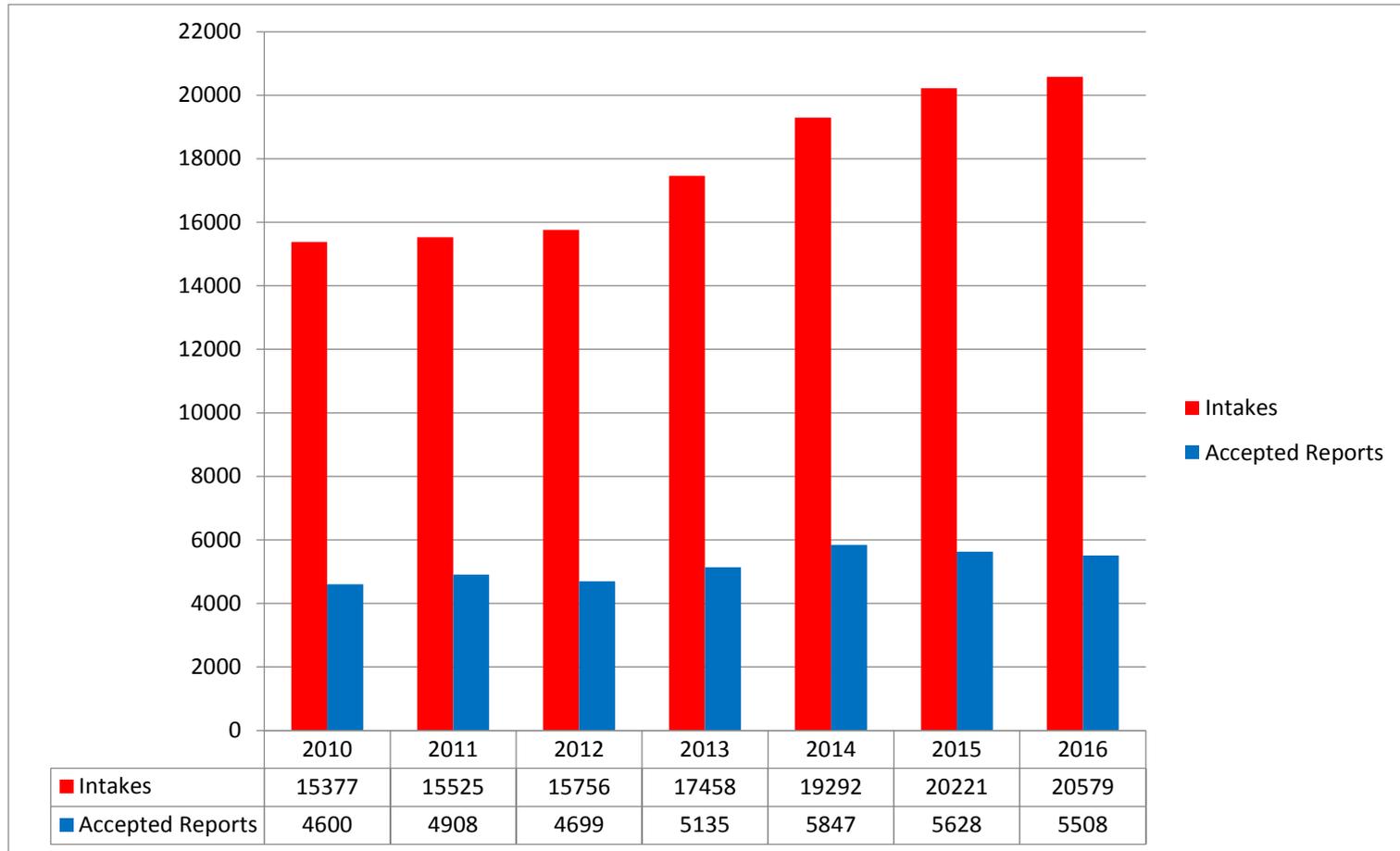
## Centralized Intake and Emergency Services Program (CIES)

- 24/7 call center handling Child Protection Intake
- After hours telephone response to emergencies concerning children in custody, child abuse, etc.; with responsibility to call out local staff when necessary.
- Child protection registry checks.



**20,579 Reports in 2016**

# Centralized Intake and Emergency Services



# Decision Point: Is this a valid allegation?

- Allegation validity is a decision made by Centralized Intake or a District Supervisor using existing statute (Title 33, Chapter 49), rule and policy. A report is considered valid when information suggests that:
  - A person responsible for the child's welfare has harmed a child by
    - a. physical injury;
    - b. neglect;
    - c. medical neglect;
    - d. emotional maltreatment; and/or.
    - e. abandonment of the child.
  - The person responsible for the child's welfare has, by acts or omissions, placed the child at significant risk of serious physical harm
  - Any person who, by acts or omissions, placed the child at significant risk of sexual abuse
  - Any person has sexually abused a child.

# Governing Statutes

- Title 33, Chapter 49
  - Child Abuse and Neglect Definitions
  - Child Abuse Investigation and Assessment Requirements
  - Administrative Appeal Processes
  - Disclosure of Information
- Title 33, Chapter 51, 52, and 53
  - Judicial Procedures Related to Children in Need of Care and Supervision (CHINs)
- 15a VSA on Adoption Proceedings

# Child Abuse and Neglect: Investigations & Assessments

Specialized staff conduct child abuse investigations and assessments (often referred to as child safety interventions), with primary focus on the immediate safety of children.

- Districts conduct most child safety interventions
- DCF Residential Licensing and Special Investigation Unit focuses on regulated facilities and schools.



5,508 in 2016

# Decision Point: Track Assignment

- Title 33, Chapter 49 Investigation
  - Required for “substantial child maltreatment, defined as:
    - Sexual abuse by an adult;
    - Abandonment;
    - Child fatality;
    - Malicious punishment; or
    - Serious physical injury
- Chapter 49 acceptance requires that an incident of abuse / neglect / omission of care creating risk has **ALREADY** occurred

# Decision Point: Track Assignment

- Title 33, Chapter 49 Assessment – All other valid allegations. The decision to conduct an assessment shall include consideration of the following factors:
  - the nature of the conduct and the extent of the child's injury, if any;
  - the accused person's prior history of child abuse or neglect, or lack thereof; and
  - the accused person's willingness or lack thereof to accept responsibility for the conduct and cooperate in remediation.
- Chapter 49 acceptance requires that an incident of abuse / neglect / omission of care creating risk has ALREADY occurred

# Decision Point: Track Assignment

- Title 33, Chapter 51 sets forth Powers and Duties of the Commissioner that include:
  - (1) To undertake assessments and make reports and recommendations to the Court as authorized by the juvenile judicial proceedings chapters
  - (2) To investigate complaints and allegations that a child is in need of care or supervision for the purpose of considering the commencement of proceedings under the juvenile judicial proceedings chapters

# Decision Point: Track Assignment

- "Child in need of care or supervision (CHINS)" means a child who:
  - (A) has been abandoned or abused by the child's parent, guardian, or custodian.
  - (B) is without proper parental care or subsistence, education, medical, or other care necessary for his or her well-being;
  - (C) is without or beyond the control of his or her parent, guardian, or custodian; or
  - (D) is habitually and without justification truant from compulsory school attendance.

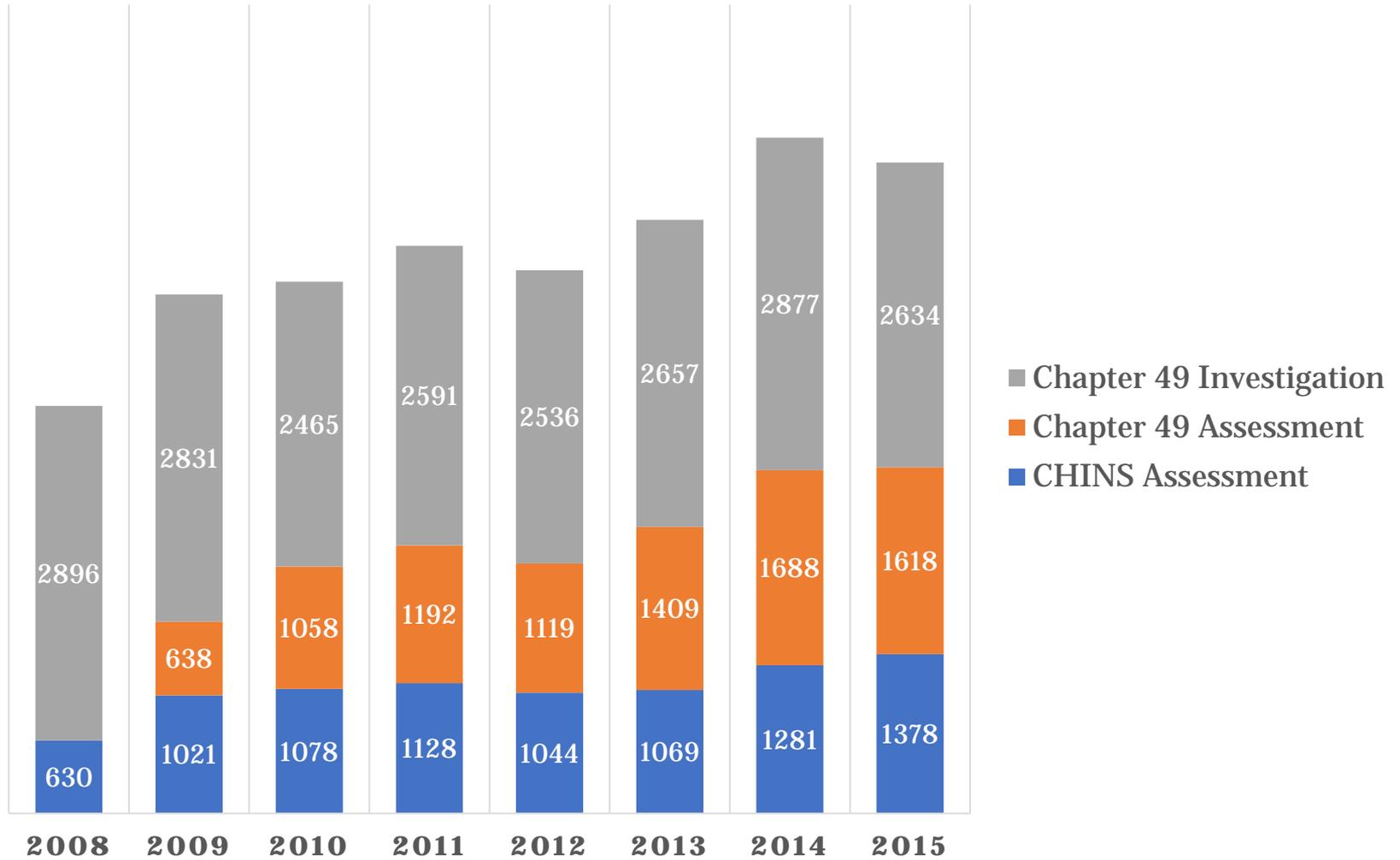
# Examples of CHINS B Family Assessments

- A pattern of concerns or a single incident does not meet criteria for acceptance under 33 VSA Chapter 49, but the child may be without proper parental care or subsistence, medical, or other care necessary for his or her well-being.
- A newborn has a positive toxicology screen for illegal substances or prescription medication not prescribed to the patient or administered by a physician.
- A newborn has been deemed by a medical professional to have Neonatal Abstinence Syndrome through NAS scoring as the result of maternal use of illegal substances or non-prescribed prescription medication.

# Examples of CHINS B Assessments

- Information that a parent may have a substance use disorder and/or be experiencing significant mental health issues where there is no info that the child's care has been compromised – age of the child, observation of use and/or impairment, chronic condition where impact on caretaking is likely

# Accepted Reports Detail



# Decision Point: Is the Child Safe?

The first priority of the social worker is to answer the question

**Is the child safe now?**

- If not, what needs to be done to promote safety?
- Is out of home placement necessary?
- If the child must leave home, is a familiar person available to provide short-term care?
- Is DCF custody a necessary element to promote safety?

Structured Decision Making  
Assessment of Danger and Safety  
Is The Child Safe?

# Decision Point: Offering Ongoing Services

The *Family Risk Assessment Tool* estimates the probability of future maltreatment in the household. The higher the risk, the more important it is to engage the family in identifying supports and services to prevent harm.

Structured Decision Making  
Risk Assessment  
What Is The Risk of Future Maltreatment?

# Family Support Cases

- A Family Support Case is opened if:
  - The family is at high or very high risk as indicated by the final risk level on the Family Risk Assessment; or
  - The family has a danger issue that could not be resolved during the child safety intervention, **regardless of risk level**; or
  - The family requires FSD involvement to ensure engagement with services or other support or monitoring.
- District social workers provide services to families who are at high risk for child abuse and neglect. This support is targeted at the reduction of risk and the promotion of protective capacities.

523 families point in time in December 2016

# Working With The Court

- In any type of case, a child can come into DCF custody due to concern for their safety – ***AT ANY TIME***. This may happen during the Child Safety Intervention or may occur during an Family Support Case
- Only a police officer may take a child into physical custody.
- The officer must take the child home, or to a designated shelter, or to the court.
- Only a judge may transfer custody to DCF.
- During work hours, DCF usually initiates a court hearing. After hours, the police usually recommends custody; the hearing is usually held by phone.

# Youth Justice

Unlike child protection agencies in most other states, FSD also serves as the state's youth justice agency.

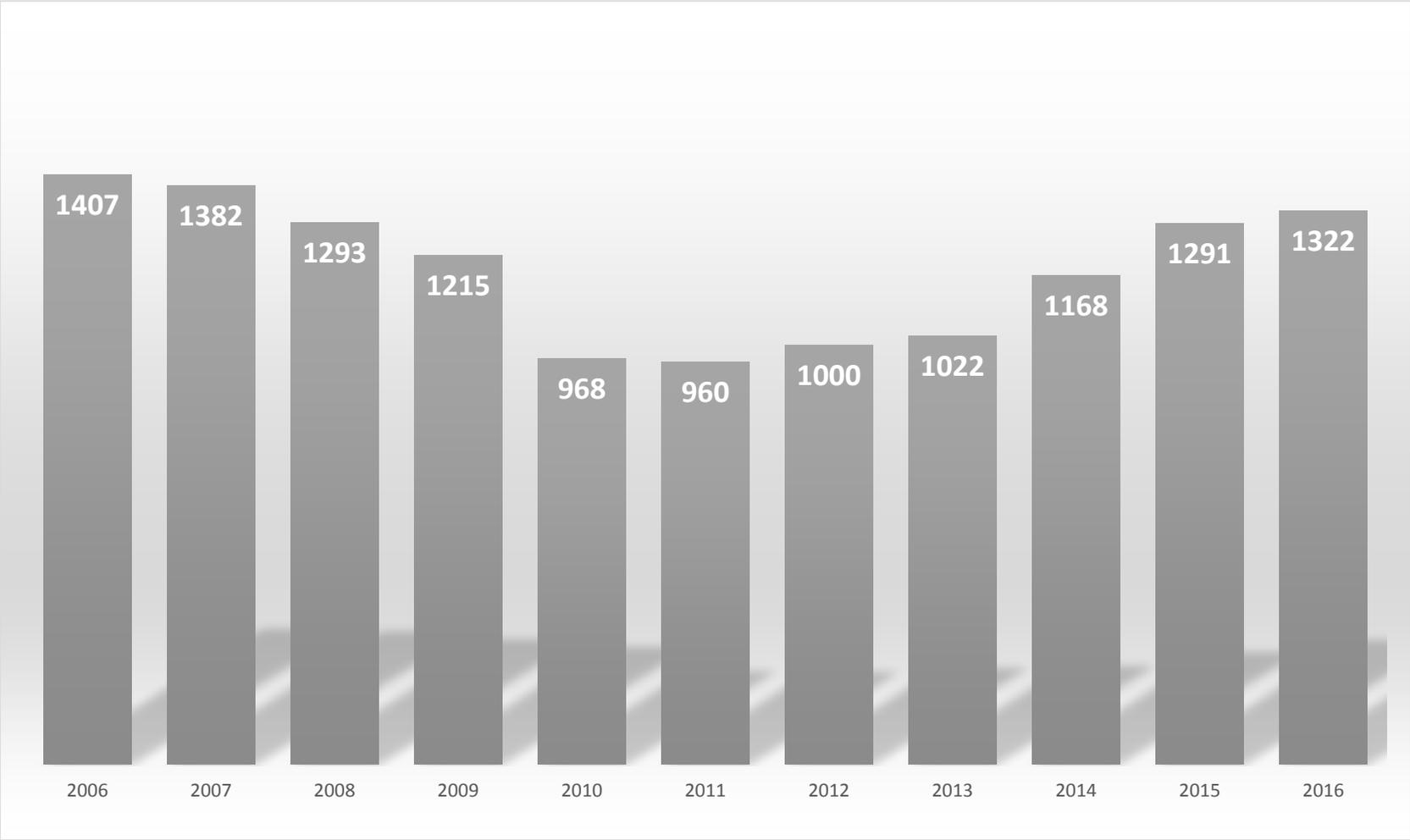
In this role, we:

- Work with youth whose own behaviors put them at risk;
- Supervise youth who are on probation for committing delinquent acts;
- Assess youth to determine their challenges and strengths;
- Place youth in temporary out-of-home care when necessary;
- Work with the youth and parents towards their safe return home; and
- Find permanent homes for youth who cannot safely return home, preferably with extended family members or known connections.

**Social workers are NOT probation officers—rather they are social workers who are tasked by Vermont statute with overseeing probation conditions as set by the court.**

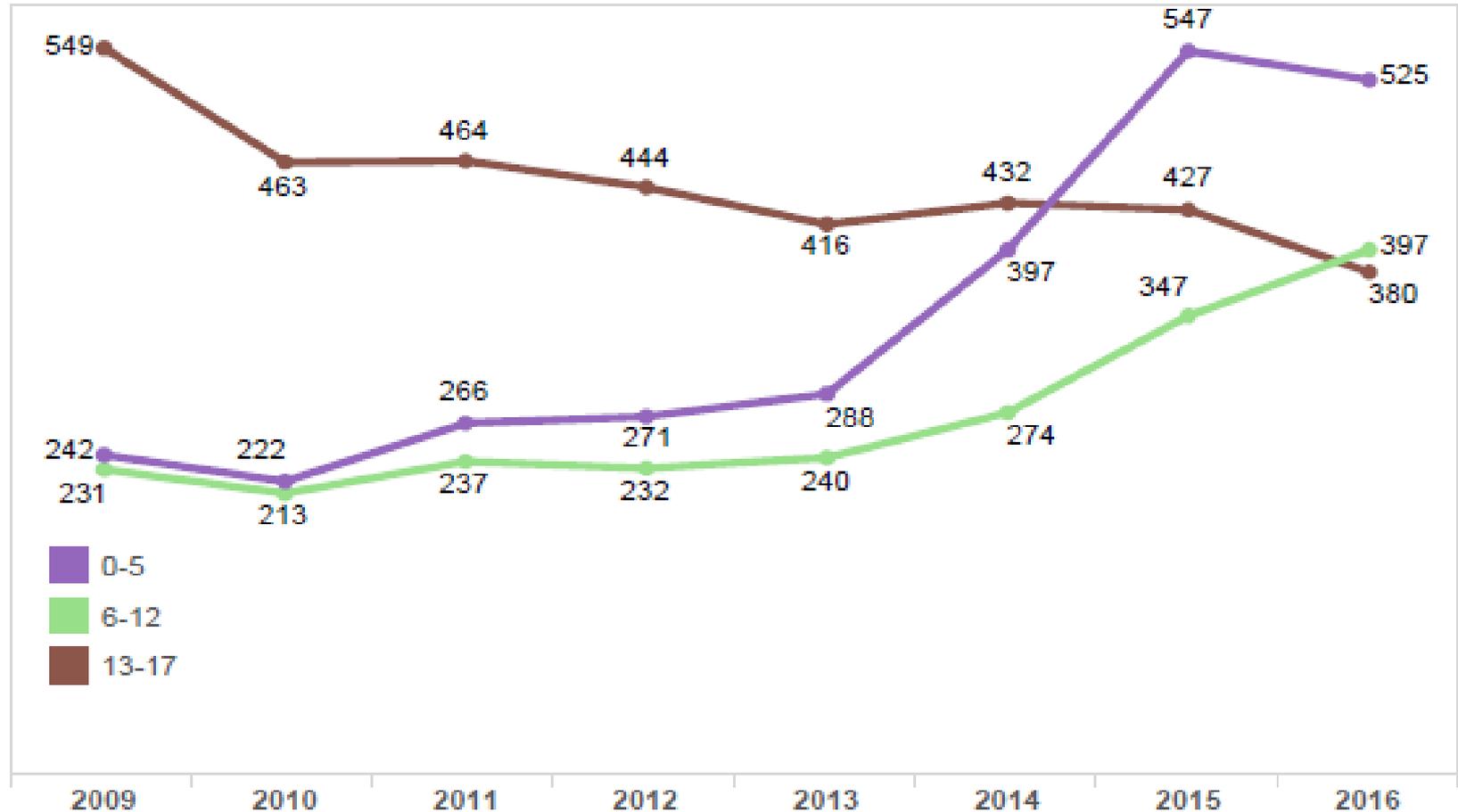
Social workers supervised 137 youth in December 2016

# DCF Custody Trend Over Time



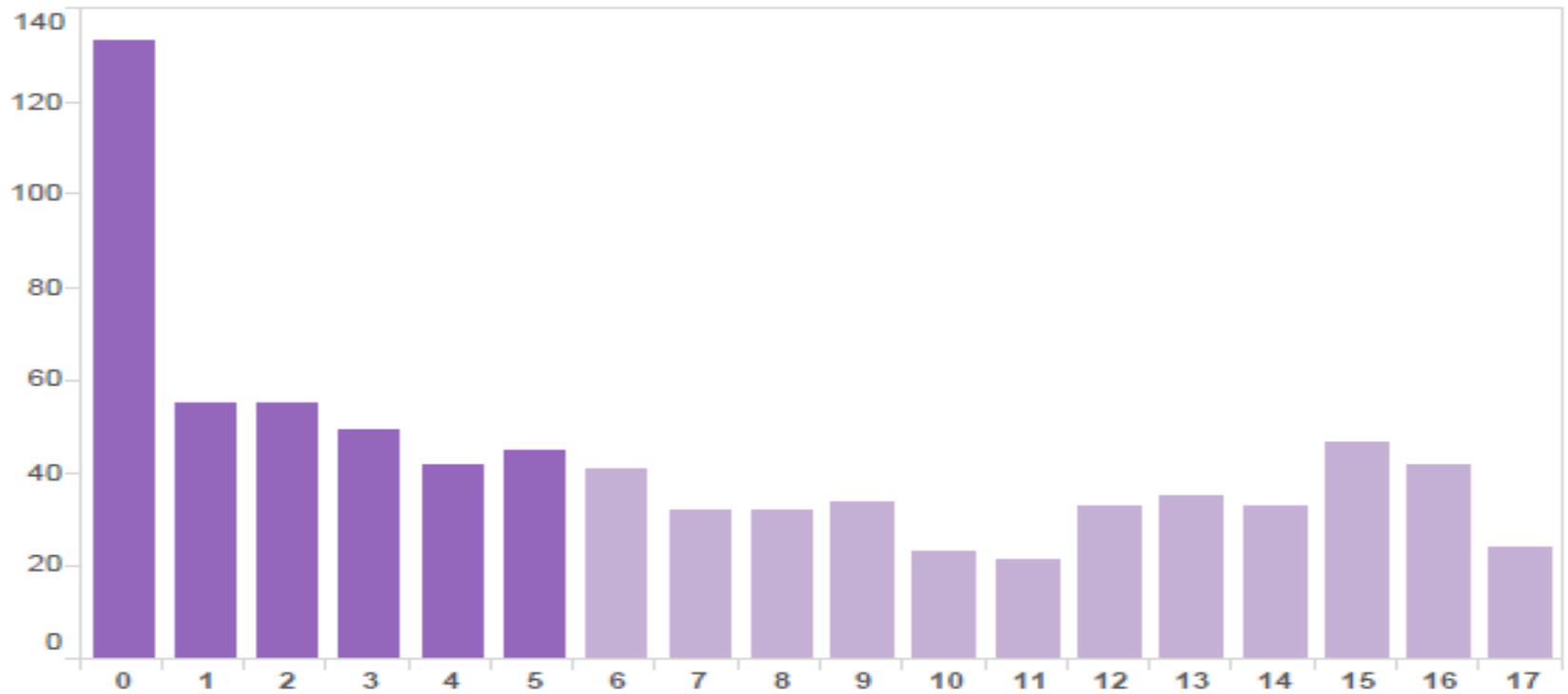
# Children in Care

# of children in care by age at FFY end



# Children in Care

# of children entering care by age at entry (FFY2016)



# Children In Care 0-5

## 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
0	59	59.00%	55	66.27%
1	67	58.77%	58	58.00%
2	59	67.82%	54	64.29%
3	59	66.29%	70	73.68%
4	53	66.25%	53	71.62%
5	48	69.57%	39	60.94%
<b>Total</b>	<b>345</b>	<b>64.01%</b>	<b>329</b>	<b>65.80%</b>

# Children in Care Ages 0-5

## 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
0	51	51.00%	46	55.42%
1	54	47.37%	44	44.00%
2	49	56.32%	45	53.57%
3	43	48.31%	53	55.79%
4	41	51.25%	46	62.16%
5	38	55.07%	32	50.00%
<b>Total</b>	<b>276</b>	<b>51.21%</b>	<b>266</b>	<b>53.20%</b>

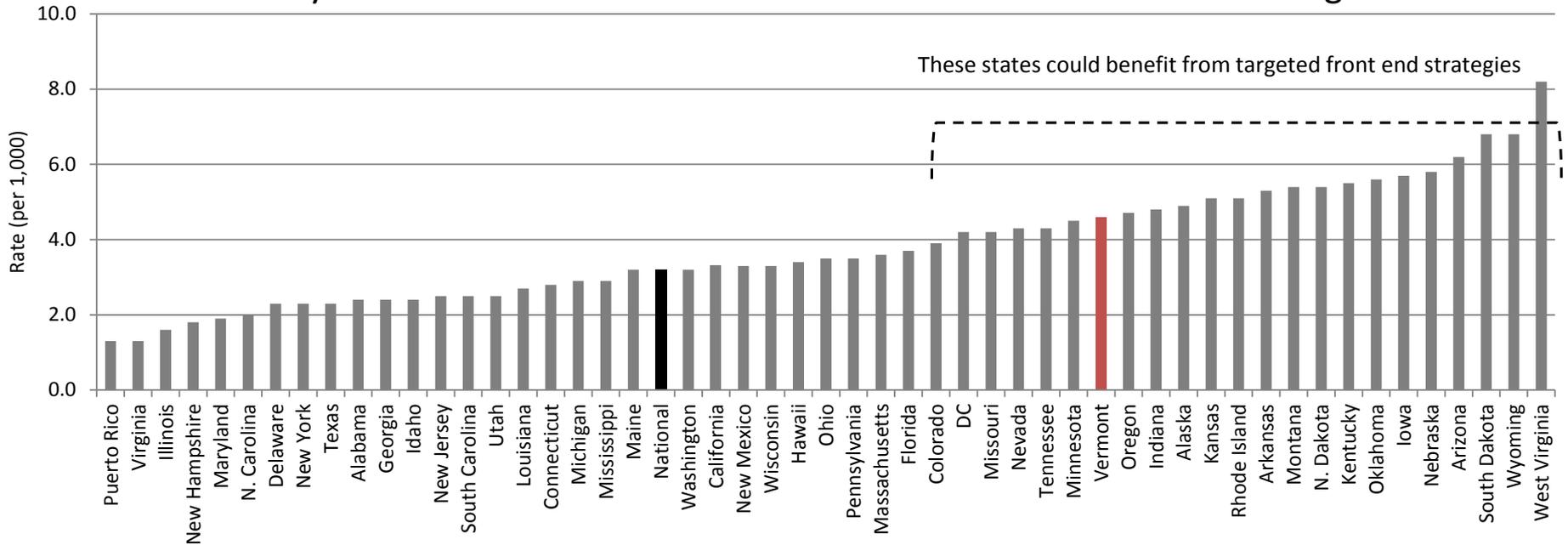
# Children in DCF Foster Care

- **Reasons for foster care:**
  - Abuse/Neglect
  - Child Behavior (but not just for treatment)
  - Delinquency
- **Numbers were declining although still higher than the national rate of entry**
  - From 1,453 in 2006 to 1,087 as of 6/30/2014.
  - 1,196 children/youth in custody as of 1/2015.
  - 1,322 children/youth in custody as of 12/2016

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).

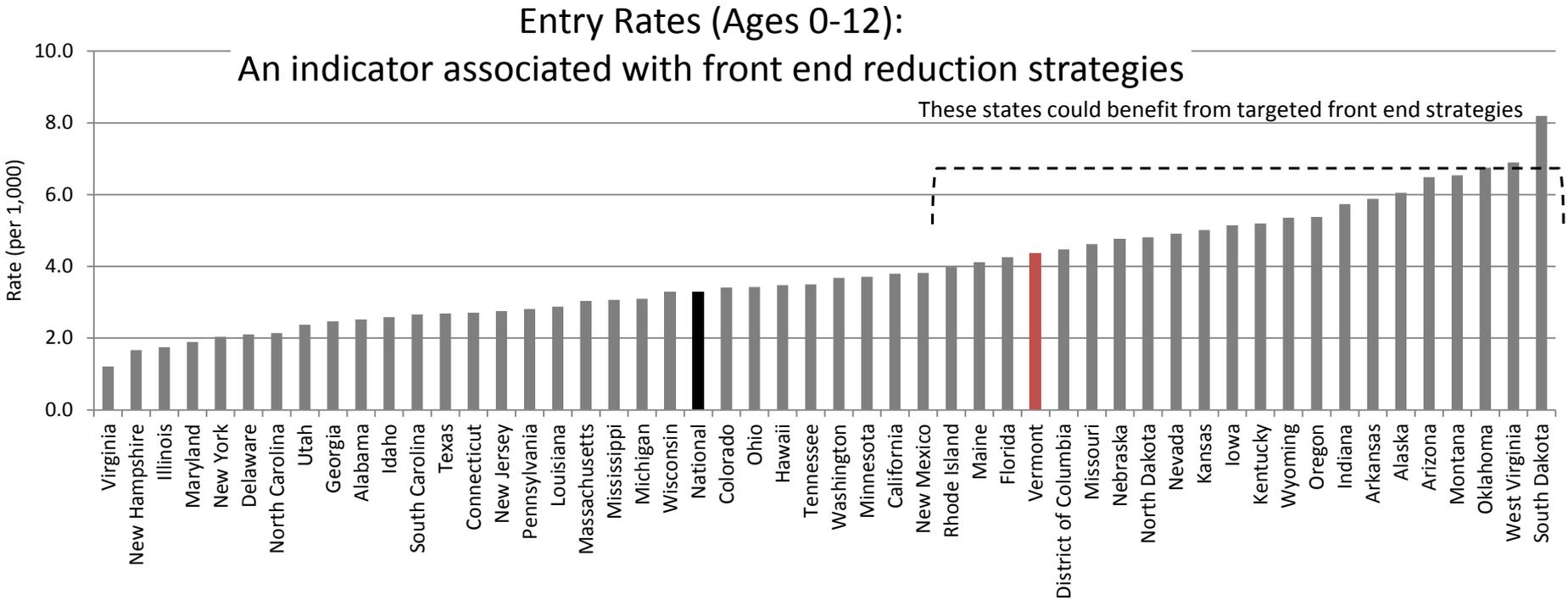
However...not all states include Juvenile Justice entries...

Entry Rates: An indicator associated with front end reduction strategies



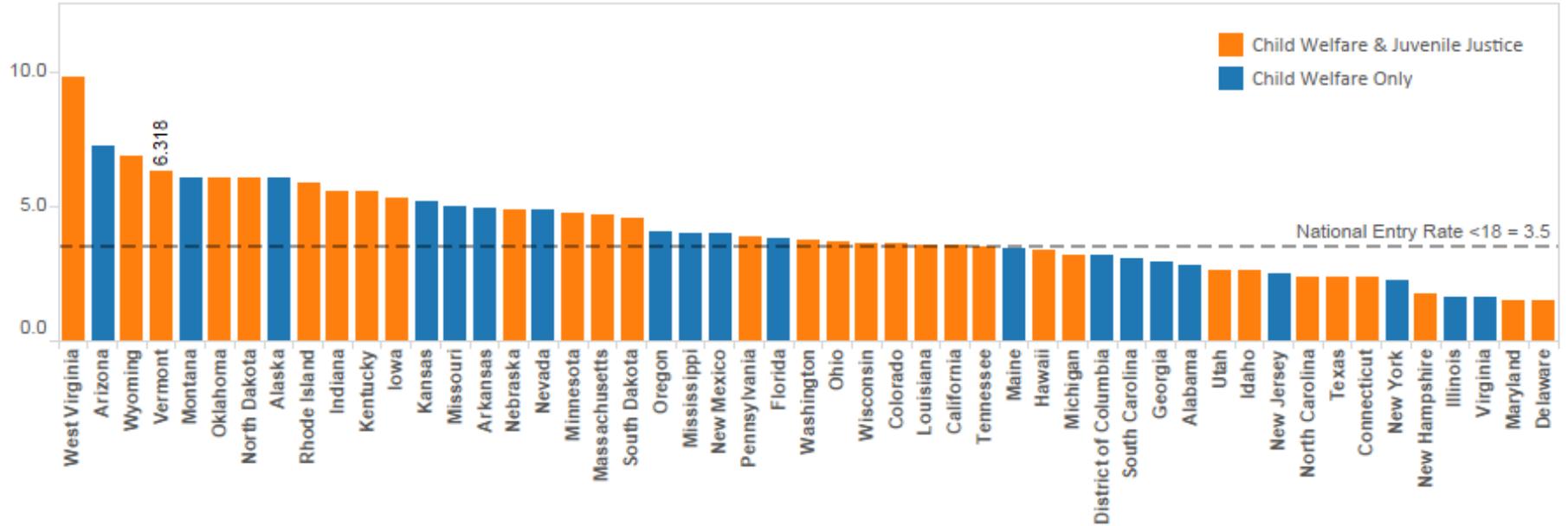
Entry rate is the number of children (ages 0-17) entering care during the year for every 1,000 in the general population.  
 Data source is FY12 AFCARS (FY11 in PR, CT, NM, SD and National) CA data from CWS/CMS

Even for just younger children (ages 0-12), VT 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

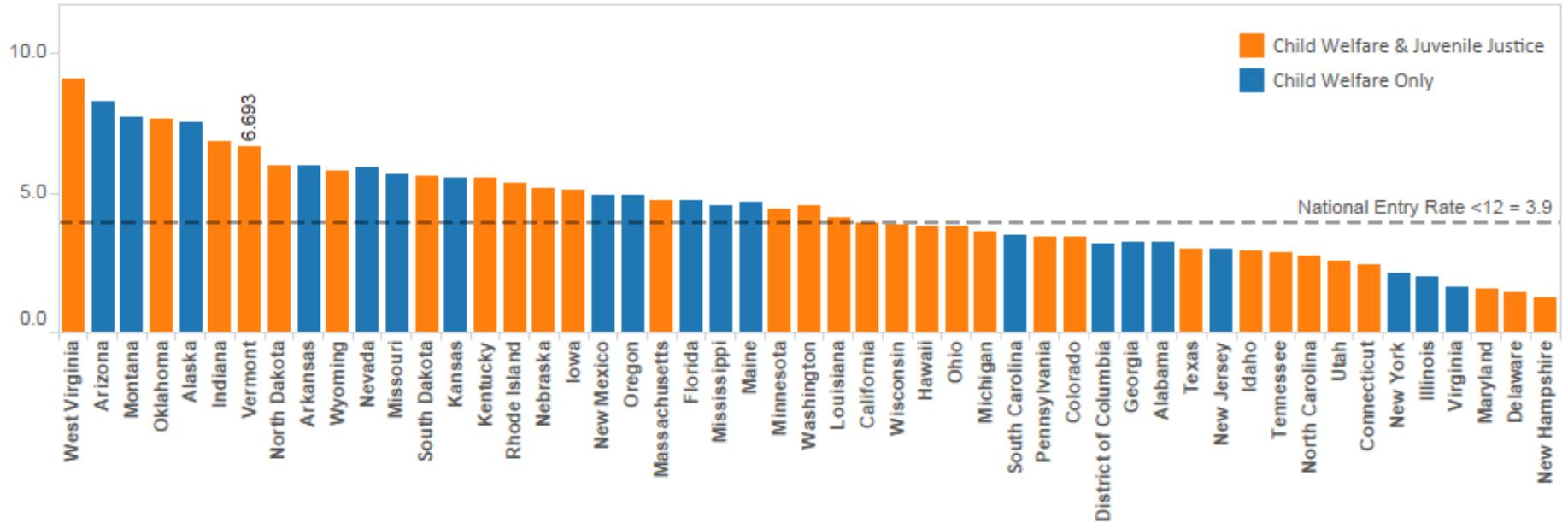
### Entry rate per 1,000 (children <18), FY2014



Data source: national AFCARS files from NDACAN, Claritas population estimates  
 Produced by Data Advocacy, Casey Family Programs



## Entry rate per 1,000 (children <12), FY2014



Data source: national AFCARS files from NDACAN, Claritas population estimates  
 Produced by Data Advocacy, Casey Family Programs

# Living Situations for Children in DCF Custody

Foster care (including pre-adoptive homes) – 660 (49.8%)

Kinship foster care – 408 (30.8%)

Parents – 70 (5%)

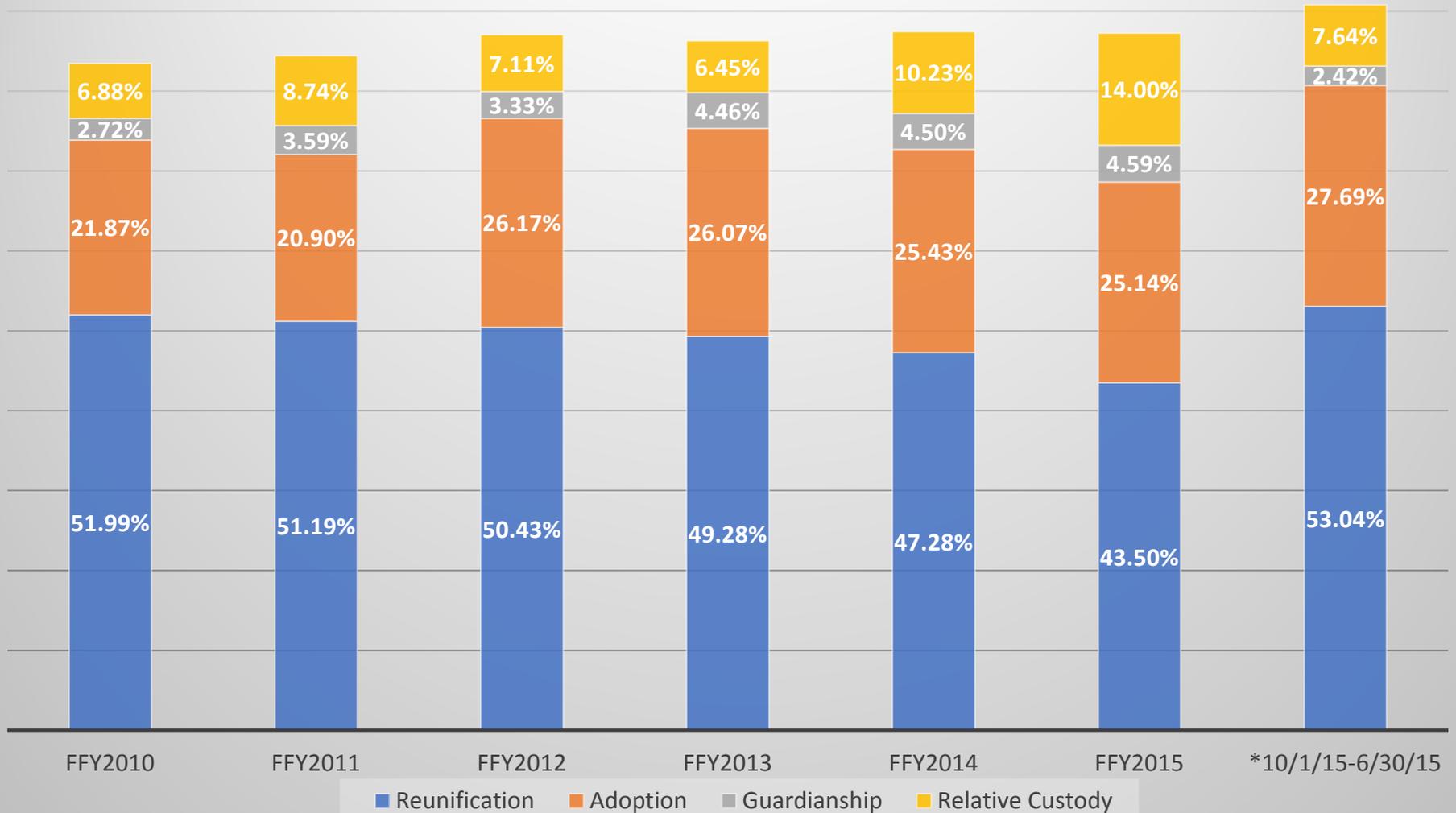
Residential Care – 146 (11%)

Institutions (includes hospitals and Woodside) – 23 (1.7%)

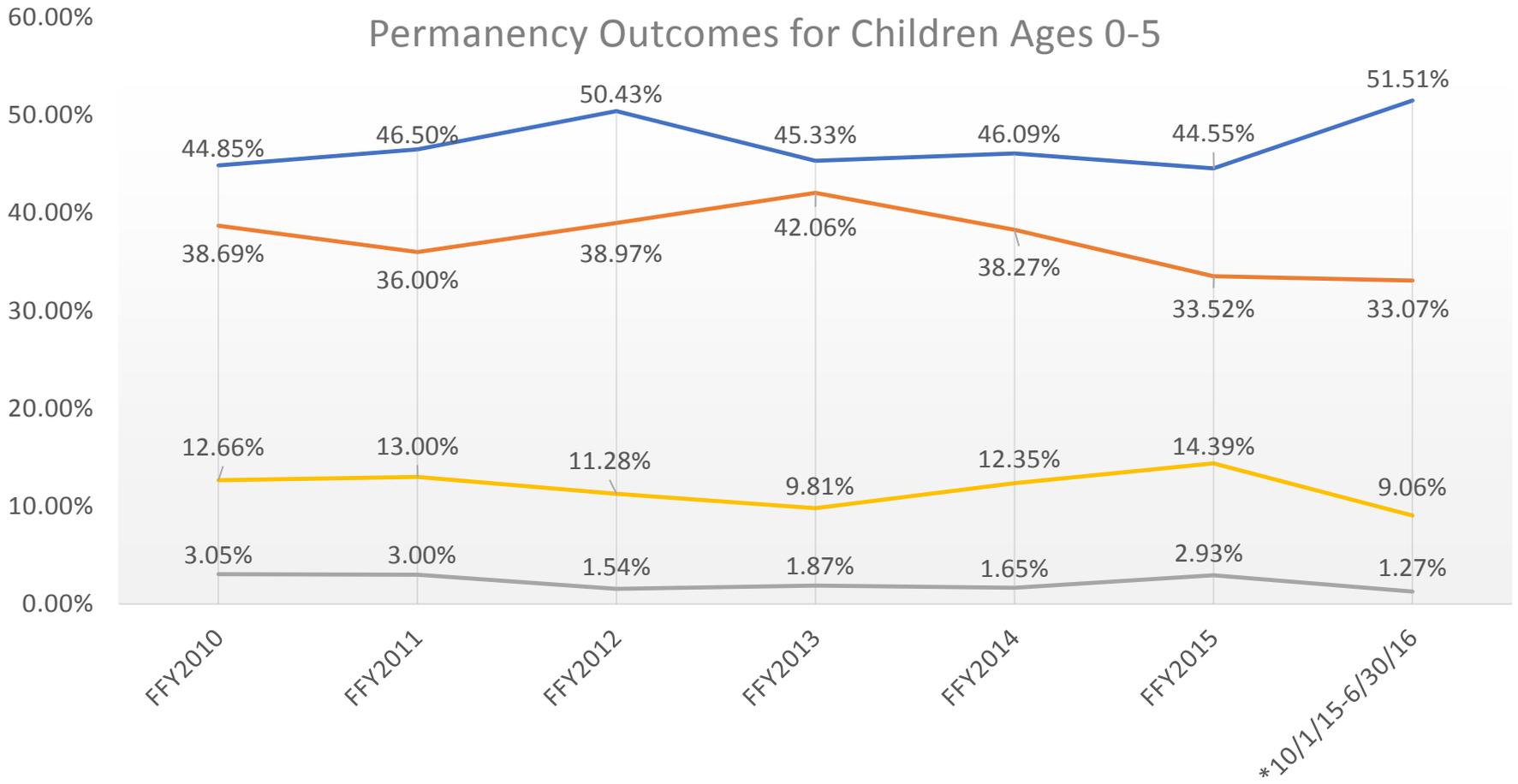
Independent living – 10 (.7%)

Runaway – 1 (.07%)

# Children in DCF Custody Who Exited to Permanent Placements



# Permanency Outcomes for Children Ages 0-5



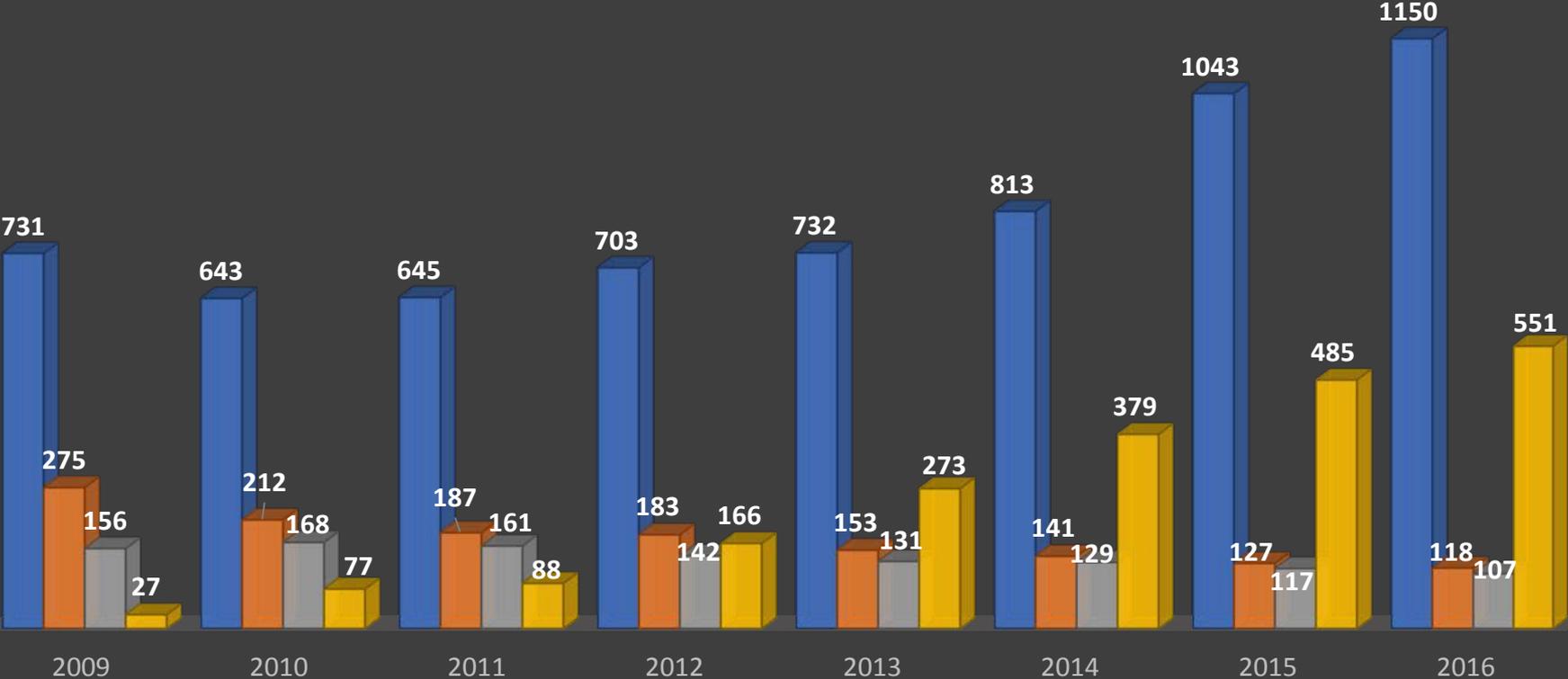
— Reunification — Adoption — Guardianship — Relative Custody

# Caseload Trends

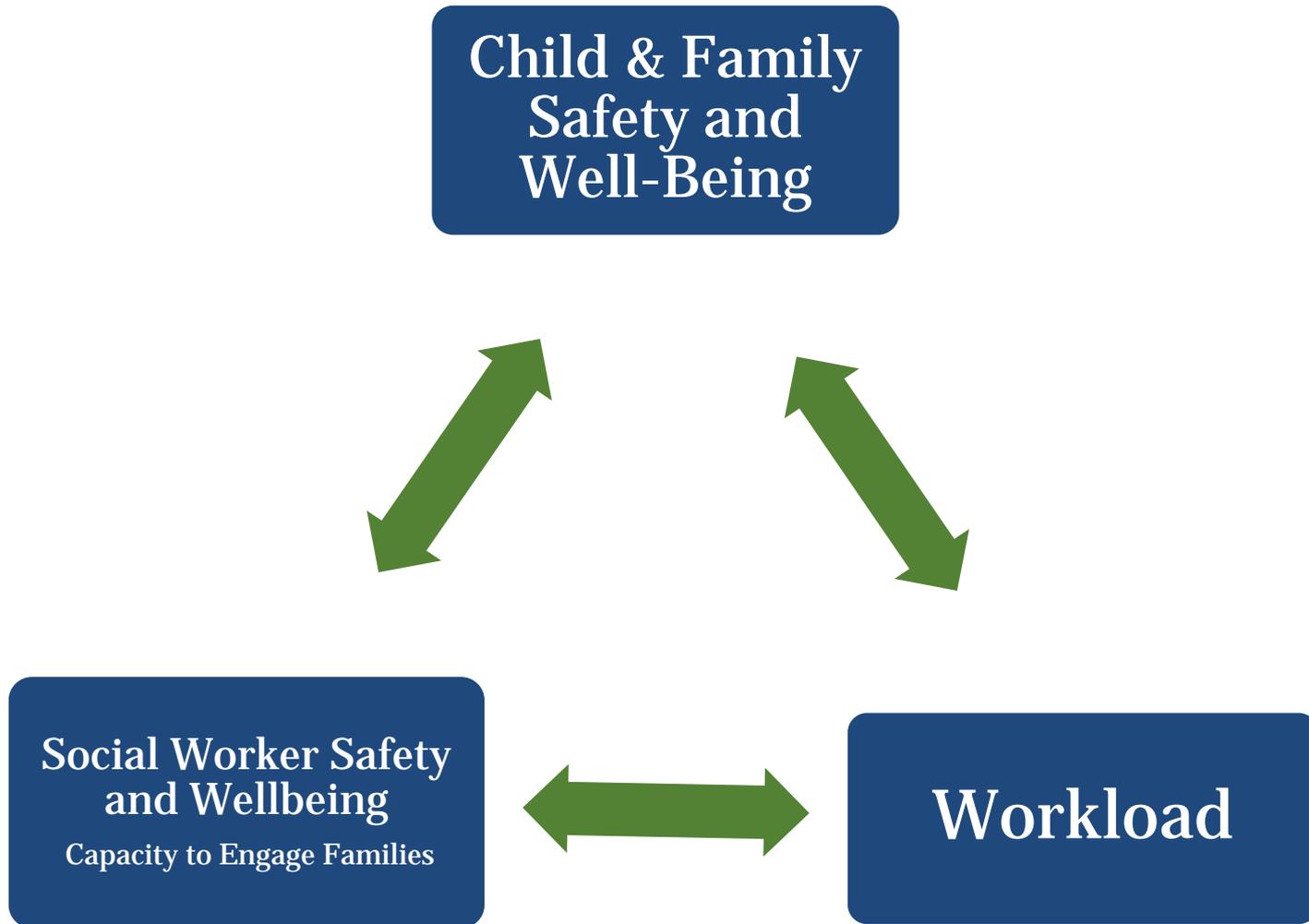
Point in Time Comparison on last day of calendar year quarter 2

## FSD YOUTH IN CUSTODY AND CONDITIONAL CUSTODY

■ CC ■ DC ■ UC ■ CCO



# “Triple Constraint”



District	Ongoing Social Worker FTEs	# Vacant Positions	# Less Staff (count @ .5 reduction)	Total FTE Capacity Reduction	Adjusted Ongoing Worker Count	FAMILY Caseload Avg Per Auth SW	CHILD/ FAMILY Avg Per Auth SW	Adjusted Family Caseload Average	Worker Capacity
ADO-St Albans	18	0.0	6.0	3.0	15	14.8	21.0	17.8	84.27%
BDO-Burlington	22	0.0	3.0	1.5	20.5	16.4	21.0	17.6	85.18%
HDO-Hartford	9	0.0	1.0	0.5	8.5	13.6	16.8	14.4	104.51%
JDO-St Johnsbury	6	0.0	3.0	1.5	4.5	12.8	17.7	17.1	87.66%
LDO-Brattleboro	9	0.0	4.0	2.0	7	23.0	29.4	29.6	50.72%
MDO-Barre	12	0.0	5.0	2.5	9.5	16.8	22.3	21.2	70.90%
NDO-Newport	6	1.0	1.0	1.5	4.5	14.3	18.7	19.1	78.49%
RDO-Rutland	12.5	0.0	2.0	1.0	11.5	17.1	22.4	18.6	80.61%
SDO-Springfield	8	1.0	0.0	1.0	7	13.5	16.8	15.4	97.22%
TDO-Bennington	8	0.0	0.0	0.0	8	18.6	24.1	18.6	80.54%
V-Morrisville	5.5	0.0	2.0	1.0	4.5	11.5	17.3	14.0	107.14%
YDO-Middlebury	9	1.0	1.0	1.5	7.5	14.4	18.9	17.3	86.54%
<b>Total</b>	<b>125</b>	<b>3.0</b>	<b>28.0</b>	<b>17.0</b>	<b>108</b>	<b>15.9</b>	<b>21.0</b>	<b>18.4</b>	<b>81.61%</b>

Capacity Equation: # of on-going social workers FTEs (-) vacant positions (-) 0.5 FTE for social workers with less than 6 months exp.  
Divided by the family caseload  
Calculated variance with a 15:1 social worker to family ratio