

Department for Children and Families Family Services Division

Karen Shea, MSW Deputy Commissioner

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
 - oAbuse/neglect
 - Delinquency
 - Child Behavior



Primary Focus: Child Safety

Strong relationships are a tool to increase child safety.

Our Mission

We work with families and communities to make sure children and youth are safe from abuse, their basic needs are met, they abide by the law and their families are supported to achieve their goals.

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

- 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 repurposing of Woodside
 - Woodside is no longer a detention facility; treatment is provided to all residents from the first day



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. 2,400 children receiving adoption subsidy, and postadoption 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 & Performance Unit

- 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:

	6/2010-6/2011	6/2017-6/2018
Reports screened	807	1127
Report accepted	197	174
Regulatory interventions	124	159
License applications	472	772
Licenses granted	249	476
License renewals	57	123



Central Office Direct Services

Centralized Intake and Emergency Services Program

- 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



20,770 Reports in 2018

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) including delinquency and truancy
- 15a VSA on Adoption Proceedings

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.

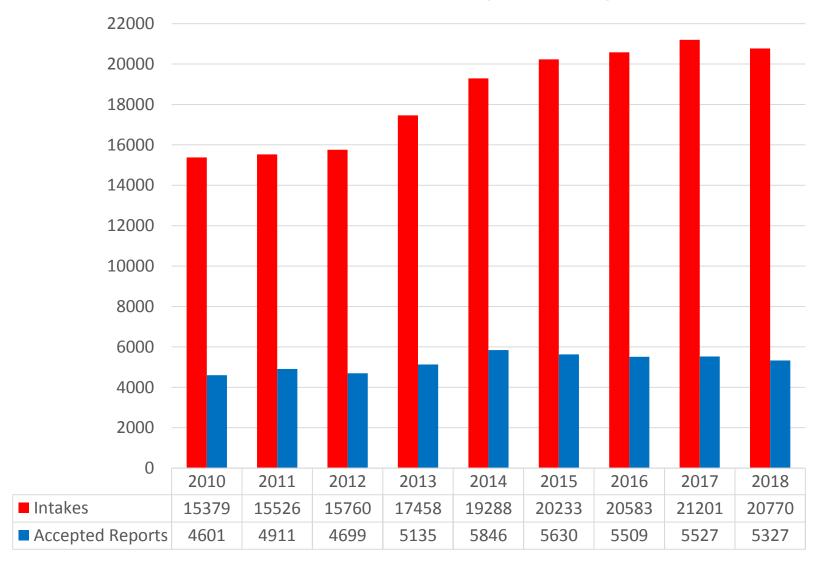
Child Abuse and Neglect: Investigations & Assessments

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.

5,327 in 2018

Trends - Intakes & Accepted Reports



Powers and Duties of the Commission

- 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

CHINS Definition

- "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

Lack of Parental Capacity

A pattern of concerns, a single incident, history of violent behavior, or concerns about parental capacity that do not meet criteria for acceptance under 33 V.S.A. Chapter 49, but suggest that the child may be without proper parental care or subsistence, medical, or other care necessary for their well-being. This may include, but is not limited to:

- Situations where the division becomes aware of prior child welfare court history, including previous relinquishment or termination of parental rights of another child; or
- Situations where there is a previous substantiation for serious physical injury and the perpetrator is unknown or still in the home, and there is a pregnancy or new child.

Substance Exposed Newborn

- A newborn has a positive toxicology screen for illegal substances or prescription medication not prescribed to the patient or administered by a physician; OR
- 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; OR
- A newborn has been deemed by a medical professional to have Fetal Alcohol Spectrum Disorder.

Substance Abuse by Pregnant Women

 A physician certifies or the mother admits to use of illegal substances, use of nonprescribed prescription medication, or misuse of prescription medication during the last trimester of her pregnancy.

Caretaker's Behaviors Suggesting a Child May Be Without Proper Parental Care

Behaviors must be:

- · Chronic over time or in situation
- Be developmentally inappropriate or misdirected; or
- Be well beyond community norms of acceptable parenting; or
- Indicate the child is significantly compromised in a major life domain (mental health, health, social, etc.)

Examples:

- Rejecting the child by actively refusing to respond to their needs (e.g., refusing to touch a child, denying the needs of a child, ridiculing a child);
- Confining or isolating the child for long periods of time or limiting the child's freedom of movement;
- Verbally assaulting behavior which involves the constant belittling, berating, shaming, ridiculing, or threatening the child; or
- Terrorizing the child through threats and bullying which creates a climate of fear for the child in the home. Terrorizing can include placing the child or the child's loved one (such as a sibling, pet, or toy) in a dangerous or chaotic situation, or placing rigid, unrealistic, or developmentally inappropriate expectations on the child with threats of harm if they are not met.

Educational Neglect

It is alleged that a parent or person responsible for a child's care knowingly fails to enroll a child in school or to provide education in accordance with 16 V.S.A. § 1121. Through the parent or caretaker's action or inaction, the child regularly fails to attend school.

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: 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.

512 families point-in-time end of September 2018



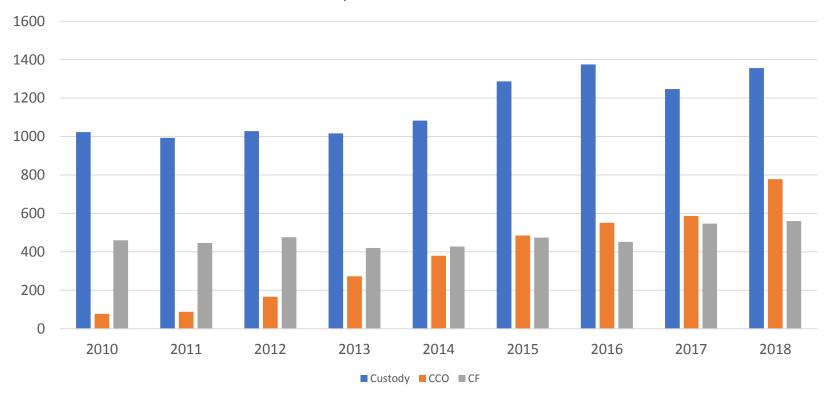
Working With The Court

- 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.

Caseload Trends

FSD Youth in Custody, Conditional Custody and Family Support Cases point-in-time, Q2



Data Source: FSD Quarterly Management Reports (2010-2018)-last day of Q2 for custody cases; FSD Report Catalog-Full Caseload & CCO Report for Conditional Custody and Family Support case types.

Data note: Conditional Custody and Family Support cases may not reflect the last day of Q2.

Children in DCF Custody

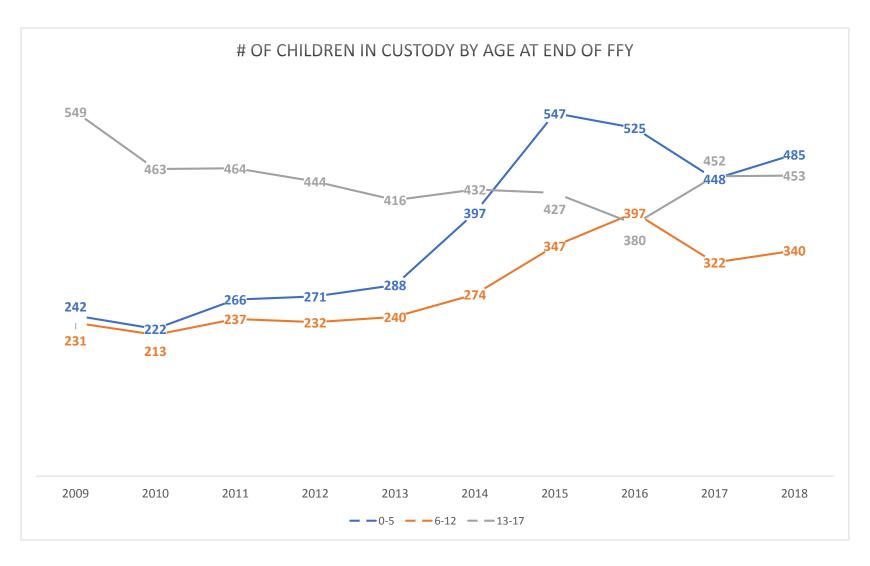


Table 2: Number and Percent of Kids Ages 0-5 in Custody due to Substance Abuse Issues								
Child's Age	Nov-15	total % of 0-5 Custody Population	Nov-16	total % of 0-5 Custody Population	Nov-17	total % of 0-5 Custody Population	Nov-18	total % of 0-5 Custody Population
0	59	59.00%	55	66.27%	42	59.15%	32	48.48%
1	67	58.77%	58	58.00%	54	64.29%	54	54.55%
2	59	67.82%	54	64.29%	62	62.00%	61	62.89%
3	59	66.29%	70	73.68%	37	54.41%	52	56.52%
4	53	66.25%	53	71.62%	64	68.09%	38	55.07%
5	48	69.57%	39	60.94%	37	67.27%	54	58.06%
Total	345	64.01%	329	65.80%	296	62.71%	291	56.40%

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	Nov-18	total % of 0-5 Custody Population
0	51	51.00%	46	55.42%	29	40.85%	21	31.82%
1	54	47.37%	44	44.00%	43	51.19%	42	42.42%
2	49	56.32%	45	53.57%	50	50.00%	47	48.45%
3	43	48.31%	53	55.79%	31	45.59%	36	39.13%
4	41	51.25%	46	62.16%	50	53.19%	25	36.23%
5	38	55.07%	32	50.00%	32	58.18%	42	45.16%
Total	276	51.21%	266	53.20%	235	49.79%	213	41.28%

Data Source: FSD Full Caseload Report- Report Manager; Children in custody ages 0-5.

Data Note: Confirmation of custody due to opiate abuse is a point-in-time annual survey at the beginning of November each year.

Youth Justice

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

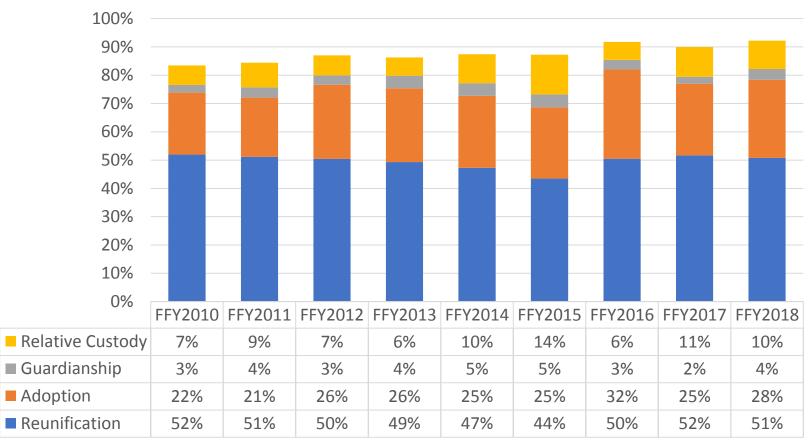
In this role, we:

- 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 136 youth and were involved with 94 youth who are charged with a crime or delinquency but not yet adjudicated in September 2018

Children in DCF Custody Who Exited to Permanent Placements

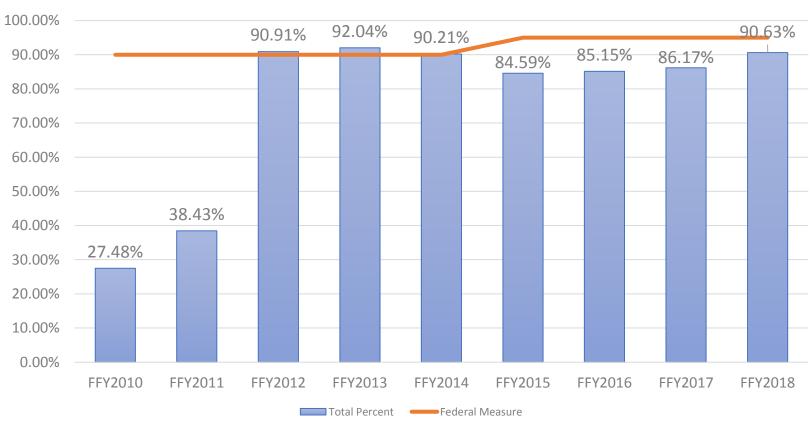


Data Source: FSD Quarterly Management Reports (C8 tab) including Adopt, Parent, OT Parent, GU Non-Rel, GU Rel.

Data Note: Percentages displayed are an average of all four quarters of each FFY combined. Data displayed includes all children who exited custody.

Totals in table will not equal 100.

Monthly Face-to-Face Contact Between Family Services Worker and Youth in Custody



Data Source: FSDnet-Social Worker Contact.

Where do Children in Custody Live?

as of December 31, 2018

Foster Care ~ 626
Pre-Adoptive Home ~ 52
Kin Care ~ 381
Residential Care ~ 174
At Home ~ 60
Independent Living ~ 5

^{**}Of the 1059 children in family based care, 36% are in kinship care



Questions??? karen.shea@vermont.gov