



ANNUAL REPORT ON

Outcomes

for Vermonters

~ January 2019 ~



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Department for Children and Families

Mission

The Department for Children and Families fosters the healthy development, safety, well-being and self-sufficiency of Vermonters.

Vision

We envision Vermont as a place where:

- ➔ People prosper
- ➔ Children and families are safe and have strong, loving connections
- ➔ Individuals have the opportunity to fully develop their potential

Departmental Structure

DCF is structured around the Commissioner's Office, Business Office and six program divisions that administer the department's major programs:

1. Child Development Division
2. Economic Services Division
3. Family Services Division
4. Office of Child Support
5. Office of Disability Determination Services
6. Office of Economic Opportunity

Departmental Priorities

While each division has its own priorities and areas of focus, we are unified in our passion for:

- ➔ Reducing poverty and homelessness
- ➔ Eliminating hunger
- ➔ Improving the safety and well-being of children, youth and families
- ➔ Keeping children safe from abuse
- ➔ Providing timely and accurate financial supports for individuals and families
- ➔ Supporting Vermont's most vulnerable citizens (e.g., older Vermonters, people with disabilities, and families with children)

Departmental Highlights

Child Development Division (CDD):

We continue to see a steady increase in the capacity of child care providers participating in STARS (Vermont's quality recognition system for child care, preschool & afterschool programs).

- ➔ The capacity of programs participating in STARS at any level increased from 72% in December 2015 to 75% in December 2017.
- ➔ The capacity of programs participating at the top tiers of STARS (3, 4 or 5 stars) increased from 55% in December 2015 to 64% in December 2017 — an indicator of high quality.

Economic Services Division (ESD):

Since FFY 2015, caseloads for 3SquaresVT, Seasonal Fuel Assistance and Reach Up have been decreasing. Several factors, including an improved economy and low unemployment rate, have contributed to this decline.

Family Services Division (FSD):

The continued impact of the opioid crisis is reflected in the ever-increasing number of total cases requiring ongoing FSD worker involvement:

- ➔ 33% increase in total cases since 2013
- ➔ 42% increase in conditional custody cases this year alone

Office of Child Support (OCS):

OCS continues to rank as one of the top performing states in the country for current support paid and arrears collections. A promising practice helping OCS achieve this goal is Work4Kids — a program that helps parents find and keep good paying jobs so they can meet their child support obligations.

Office of Disability Determination (DDS):

DDS makes medical decisions on about 4,000 initial disability applications filed by Vermonters every year. Its high accuracy and allowance rates along with fast processing time help ensure Vermonters with disabilities and serious illness get the benefits they need in a timely fashion.

Office of Economic Opportunity (OEO):

In SFY 2018:

- ➔ The Family Supportive Housing program served 131 families, 72% of whom were stably housed. 90% of families successfully exited the program in SFY 2018.
- ➔ OEO supported the operations at 39 overnight emergency shelters across the state.
 - ⇒ The total number of people sheltered decreased slightly.
 - ⇒ At the same time, the average length of stay was at its highest level in more than 17 years. This was largely due to the barriers people face when trying to secure stable housing (e.g., lack of available rentals and high cost of apartments).

Child Development Division (CDD)

CDD improves the well-being of Vermont children by developing and administering a continuum of high-quality, comprehensive child development and family support services that promote health and well-being, school readiness and foundations for lifelong success.

Populations Served

The division focuses its efforts on four populations:

1. Pregnant and postpartum women
2. Children from birth to age six and their families
3. Children ages five to 12 participating in afterschool programs
4. Early childhood and afterschool programs and professionals

Outcome: Families are safe, nurturing, stable and supported

Performance Measure: Programs Visited by Licensing

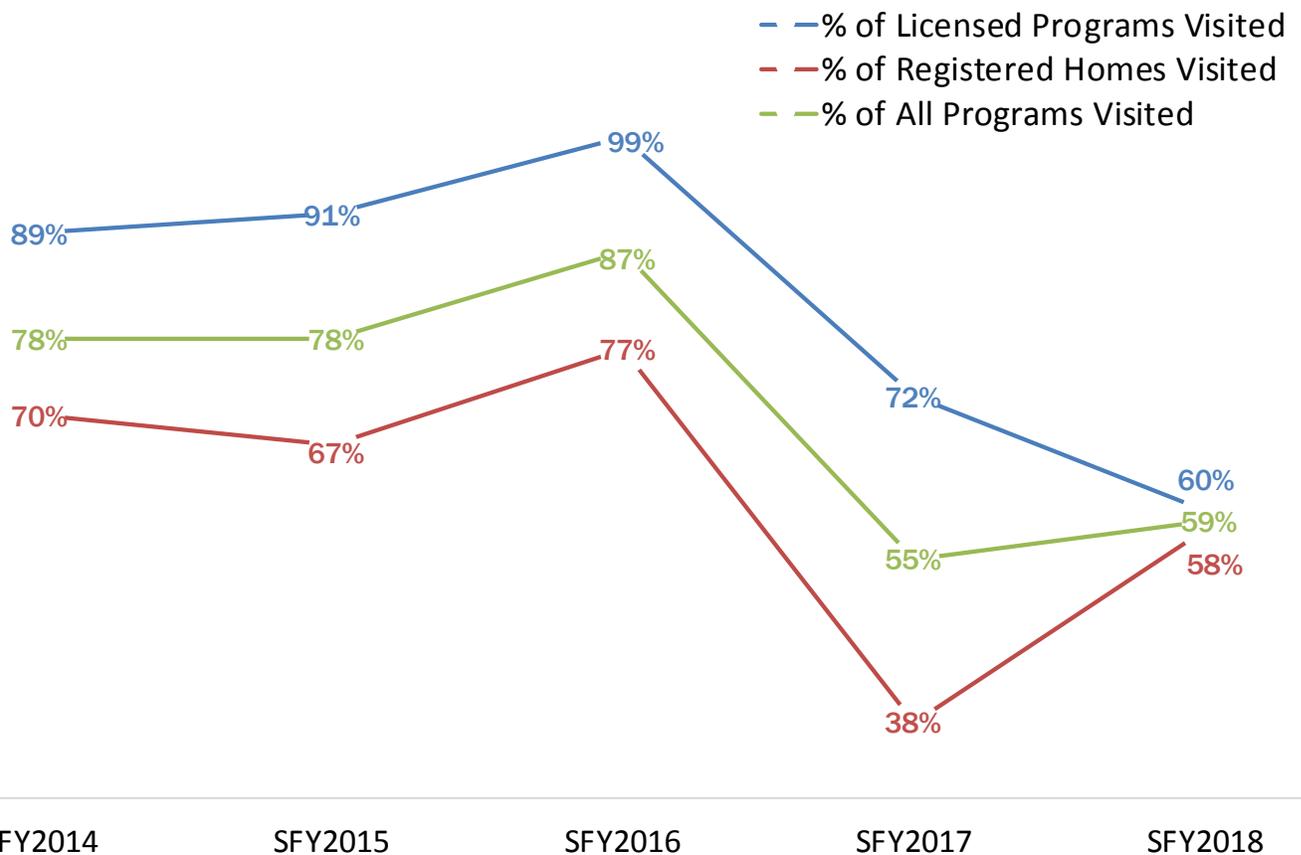
CDD regulates and monitors registered family child care homes and licensed child care programs to make sure they provide safe and healthy environments for children.

In SFY 2018, licensors visited:

- ➔ 59% of all programs
- ➔ 60% of licensed programs
- ➔ 58% of registered homes

Having a sufficient number of fully trained staff to handle the workload is critical to meeting our goal of visiting 100% of all programs once a year. Increased federal funding allowed us to hire three new licensor positions in late 2018. While this will help, it will take some time for the new staff to complete extensive training and become fully productive. We expect that visits will continue to be low through spring of 2019.

CHILD CARE PROGRAMS VISITED BY LICENSING



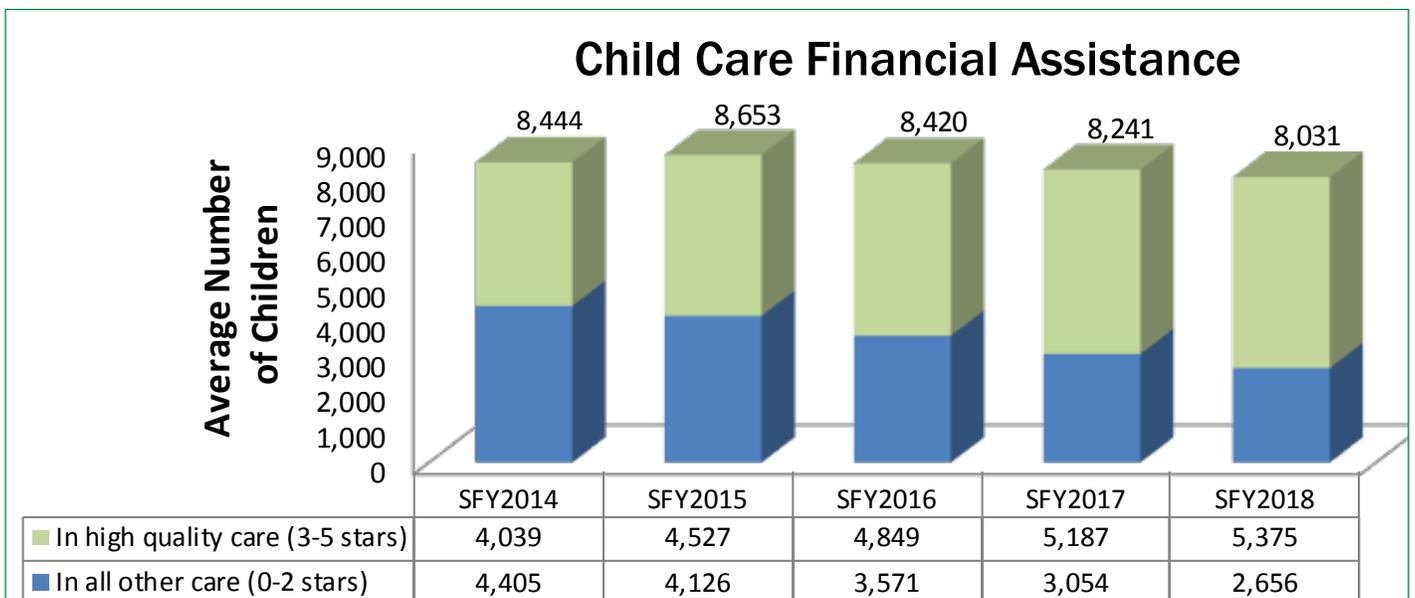
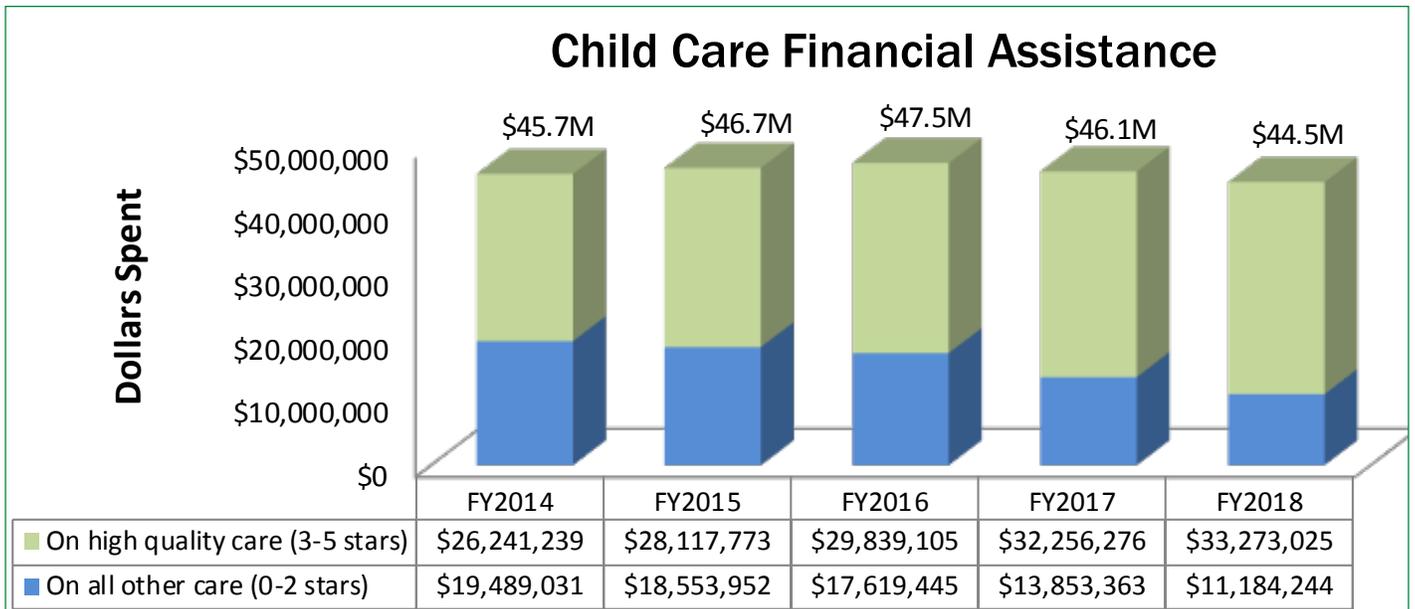
Outcome: Children are ready for school

Performance Measure: Financial Assistance for Children in High Quality Care

In SFY 2018, \$44.5 million in Child Care Financial Assistance helped 11,830 children (average of 8,031 each month) access early care and education and afterschool programs.

- ➔ 75% of the total budget was spent on high quality care (three or more stars)
- ➔ 67% of the children getting financial assistance were in high quality care

In spite of the high demand for subsidized child care, participation in the program went down. One of the reasons for this decrease may be that the reimbursement rate CDD pays providers has not kept up to rising market rates. This means higher co-pays that many working families cannot afford. CDD increased the rates paid for infants and toddlers starting in July 2018. We will see the impact of this in SFY 2019.



Outcome: Families are safe, nurturing, stable and supported

Performance Measure: Child Care Capacity by Age of Children

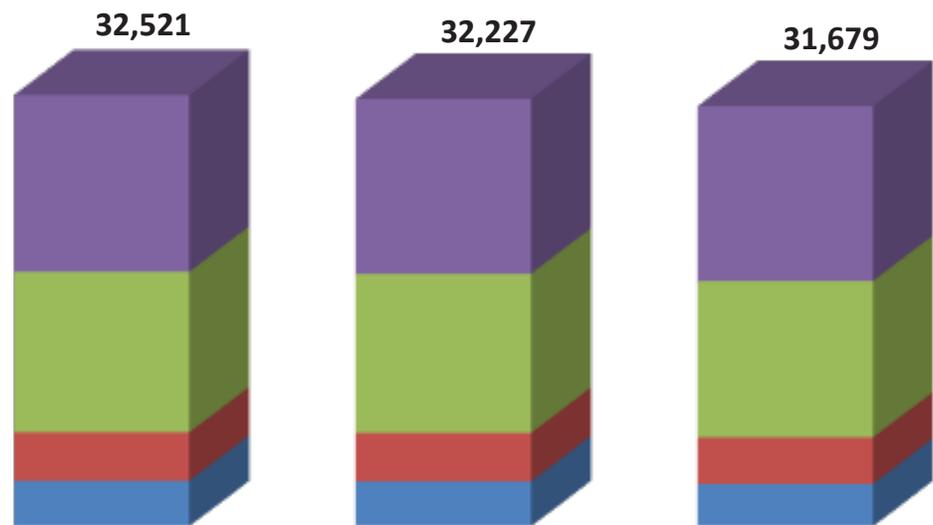
Vermont has experienced a reduction in the number of child care programs in the state. This has impacted the capacity available to families (*total number of child care spaces*) as reported by licensed programs and registered homes.

- ➔ The total capacity of child care in Vermont decreased by 548 child care spaces between December 2016 and December 2017.

Vermont families need safe, reliable and affordable child care. CDD is working, in partnership with Building Bright Futures, to support current regulated child care providers and encourage new ones to open. This includes:

1. Implementing a recruitment campaign
2. Developing business supports
3. Addressing barriers
4. Studying the demand for child care

Reported Child Care Capacity, by age of children



	Dec. 2015	Dec. 2016	Dec. 2017
School-Age Capacity	13,330	13,177	13,183
Preschool Capacity	12,105	12,009	11,796
Toddler Capacity	3,655	3,650	3,504
Infant Capacity	3,431	3,391	3,196

Outcome: Families are safe, nurturing, stable and supported

Performance Measure: Child Care Capacity by STARS Participation

While the total number of child care spaces reported by licensed programs and registered homes has decreased in Vermont, we have worked to increase the number of spaces in programs participating in the STep Ahead Recognition System (STARS). *Programs that participate in STARS go above and beyond state regulations to provide professional services that meet the needs of children and families.*

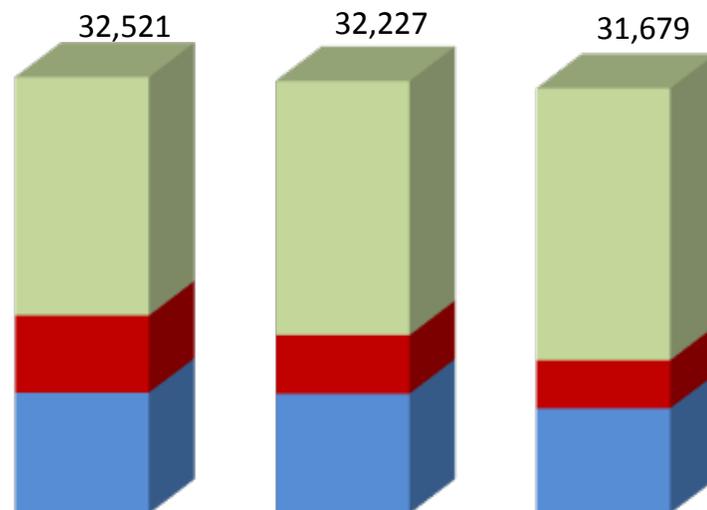
- ➔ The number of child care spaces in programs participating in STARS at any level increased from 72% in December 2015 to 75% in December 2017.
- ➔ The number of child care spaces in programs participating at the top tiers (3, 4 or 5 stars) of STARS increased from 55% in December 2015 to 64% in December 2017.

CDD is working on several initiatives aimed at:

- ➔ Encouraging new child care programs to open
- ➔ Increasing total capacity while maintaining the high quality of programs

These initiatives include implementing a recruitment campaign, developing business supports, addressing barriers and studying the demand for child care.

Reported Child Care Capacity, by participation in STARS



	Dec. 2015	Dec. 2016	Dec. 2017
Programs at 3, 4, 5 star level	17,762	18,939	20,260
Programs at 1 or 2 star level	5,747	4,352	3,586
Programs not participating in STARS	9,012	8,936	7,833

Outcome: Families are safe, nurturing, stable and supported

Performance Measure: : Reason Children Leave the CIS Program

CIS offers services that help ensure the healthy development and well-being of children, prenatal to age 5 with high needs. The goal of CIS is that families and children successfully meet all their goals or transition to other programs appropriate for their age and needs.

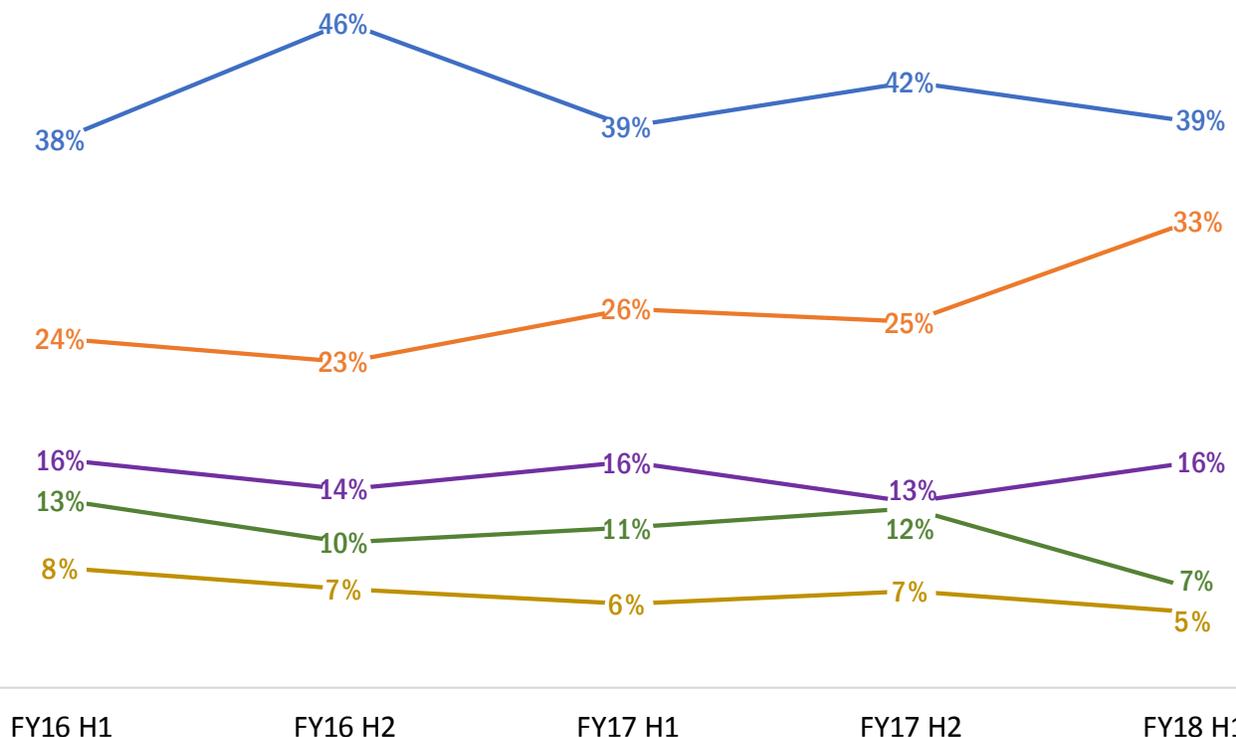
Families and children have left CIS for the following reasons:

- ➔ Goals met: they met the goals they set in partnership with CIS
- ➔ Aged out: they no longer meet the age requirements for CIS services
- ➔ Moved: they moved out of their region of service
- ➔ Withdrawn: they chose to withdraw from CIS and no longer receive services
- ➔ No longer responding to contacts: they failed to respond to multiple attempts to contact them and were exited from the program.

In SFY 2018, we saw continued positive trends demonstrated in the reasons for leaving the program, including a high rate of children and families achieving their goals and a low rate of those who withdraw or are no longer responding to contacts.

REASON CHILDREN & FAMILIES EXIT CIS SERVICES

— Goals Met — Aged Out — Withdrawn — Moved — No Longer Responding to Contacts



Economic Services Division (ESD)

ESD administers economic benefits such as 3SquaresVT, Emergency/General Assistance, Fuel Assistance and Reach Up.

These benefits provide a safety net for individuals and families who may be experiencing unemployment, underemployment, single parenthood, aging, disability, the death of a family member or other life-changing event.

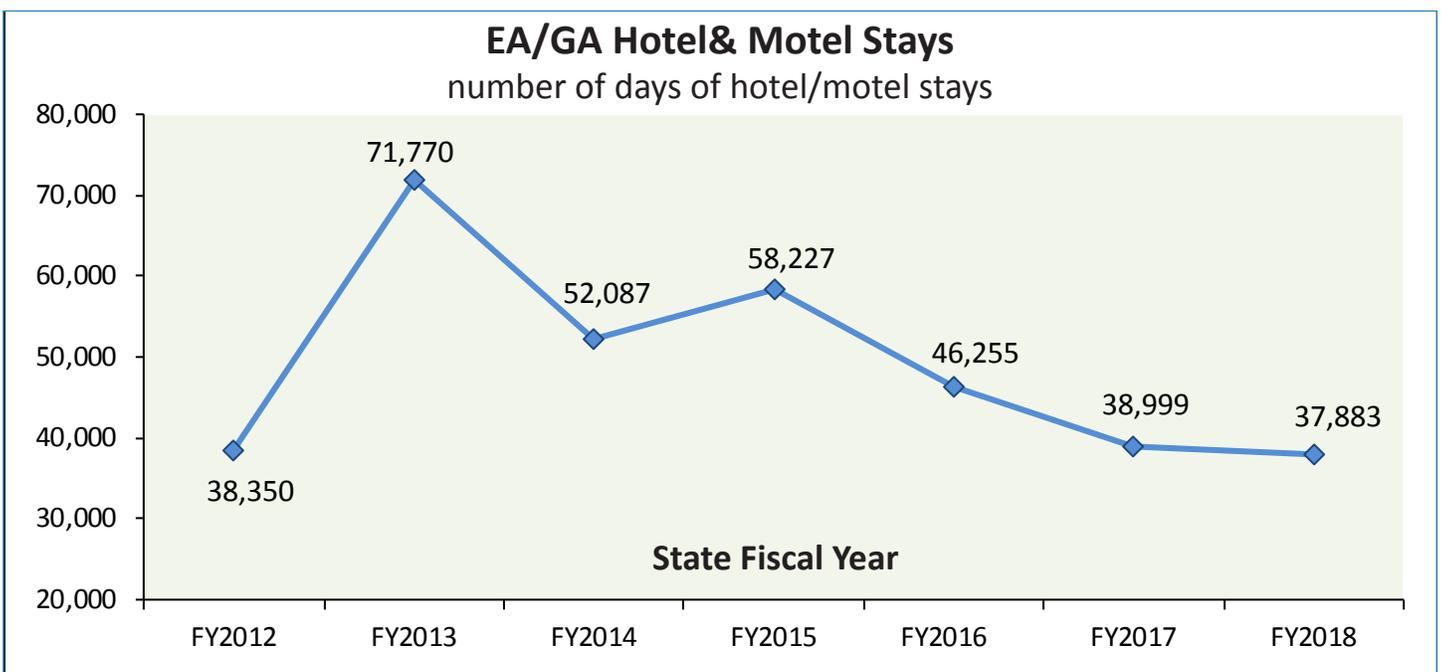
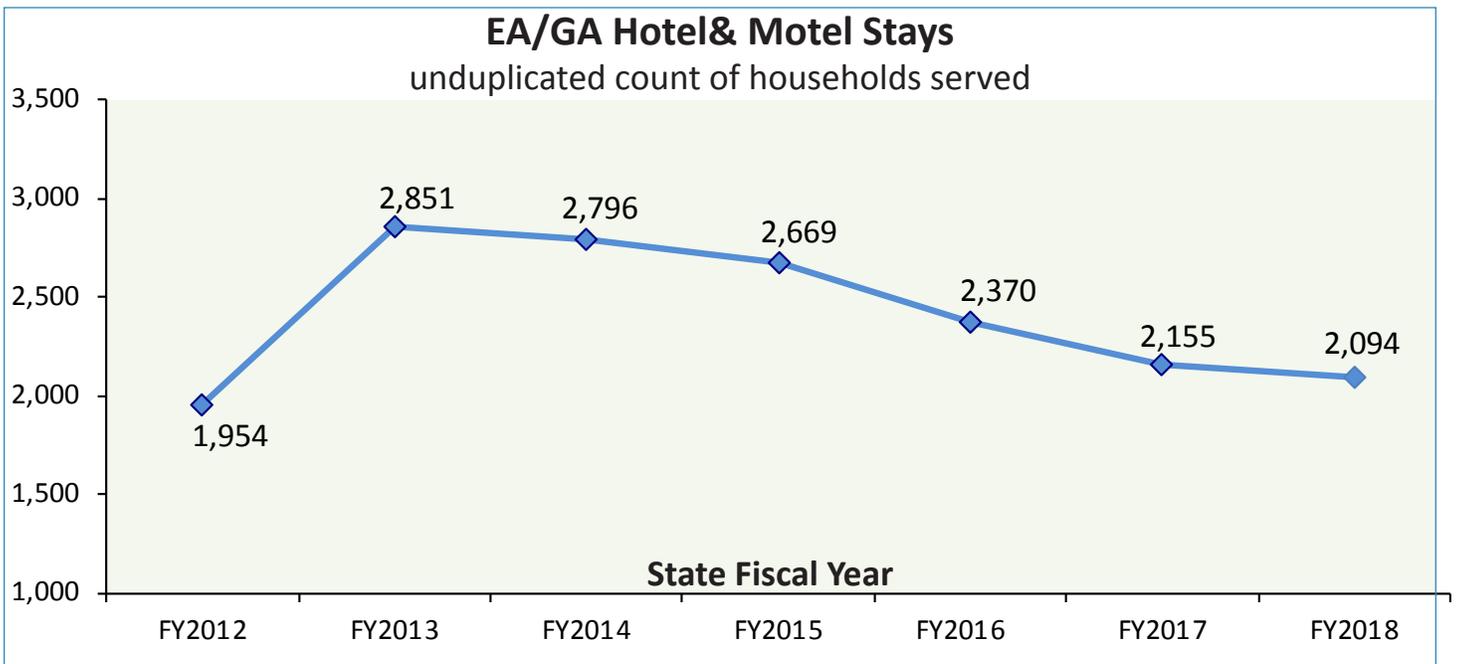
Populations Served

1. Families with children
2. Seniors
3. People with physical disabilities
4. Vermonters with low to moderate incomes

Outcome: Vermonters are healthy

Performance Measure: GA/EA Housing Assistance - Motel/Hotel Stays

- The number of unique households getting motel/hotel vouchers through GA/EA Housing Assistance decreased, from 2,155 in SFY 2017 to 2,094 in SFY 2018.
- The total number of days of hotel/motel stays provided decreased, from a total of 38,999 days in SFY 2017 down to 37,883 in SFY 2018.



Outcome: Vermonters are healthy

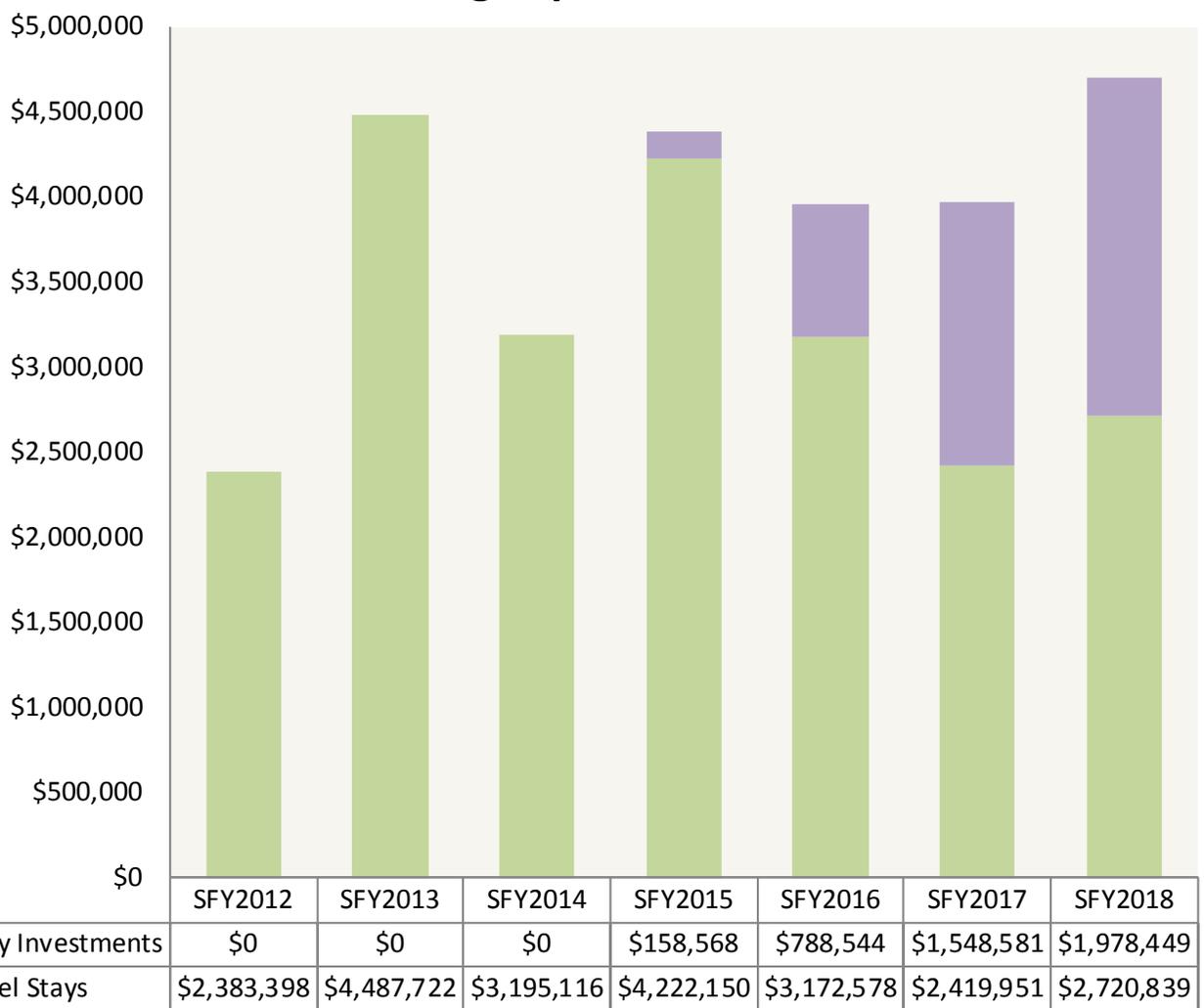
Performance Measure: GA/EA Housing Assistance - Expenditures & Investments

In the past few years, GA/EA housing expenditures on hotel/motel stays has decreased substantially. At the same time, DCF has been increasingly investing GA funds into community-based initiatives designed to lower reliance on hotel/motel stays to meet emergency housing needs. These investments support a range of projects including:

- Seasonal warming shelters
- Emergency apartments for families
- Expansion of shelter overflow and services at domestic violence shelters

Despite these investments, GA housing expenditures increased by about \$300,000 between SFY 2017 and SFY 18. Early data from the first quarter of SFY 2019 shows a 30% increase in the number of hotel/motels stays. This may be an indication that homelessness is on the rise.

GA Housing Expenditures & Investments



The above table does not include Harbor Place, which is a separate GA contract.

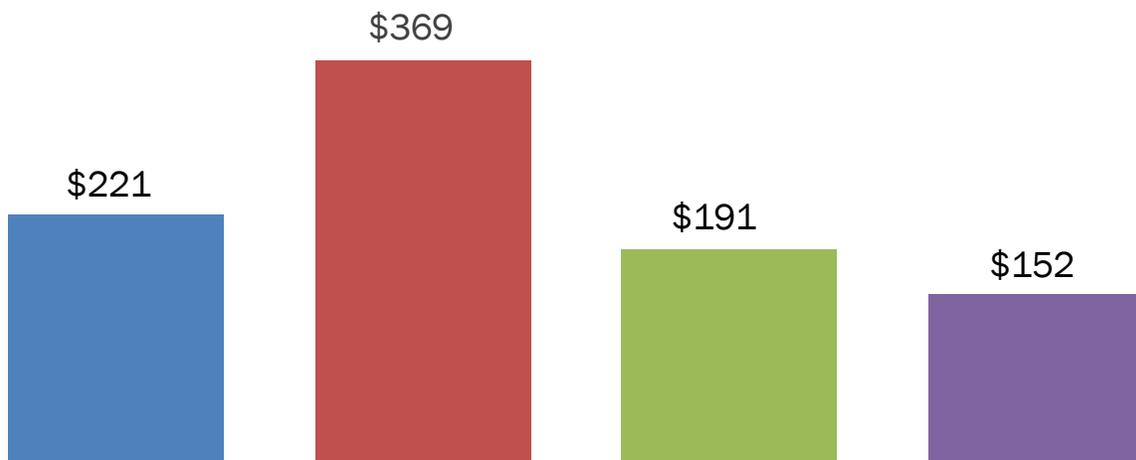
One-Month Snapshot of 3SquaresVT Participants

Data for the Month of September 2018

Total Recipients	70,988
- Recipients aged 0-17	23,109
- Recipients with a disability	20,524
- Recipients aged 60 or older	14,395
Total Participating Households	39,923
- Households with children aged 0-17	11,874
- Households with at least one person with a disability	19,312
- Households with at least one person aged 60+	13,213

Average 3SquaresVT Benefit as of September 20

- - All Households
- - Households with children aged 0-17
- - Households with at least one person with a disability
- - Households with at least one person aged 60+



Outcome: Vermonters are healthy

Performance Measure: Jobs for Independence (JFI) Pilot

In 2015, the USDA awarded Vermont a three-year, \$8.9 million dollar grant to develop a job readiness and training pilot program for people who:

- ➔ Received 3SquaresVT benefits AND
- ➔ Had serious barriers to employment (e.g., unstable housing, criminal histories and substance abuse/mental health issues).

Over 3,000 participants were randomly assigned to either a control group or a treatment group. The people in the treatment group received enhanced employment services aimed at helping them to find good paying jobs and get off public assistance.

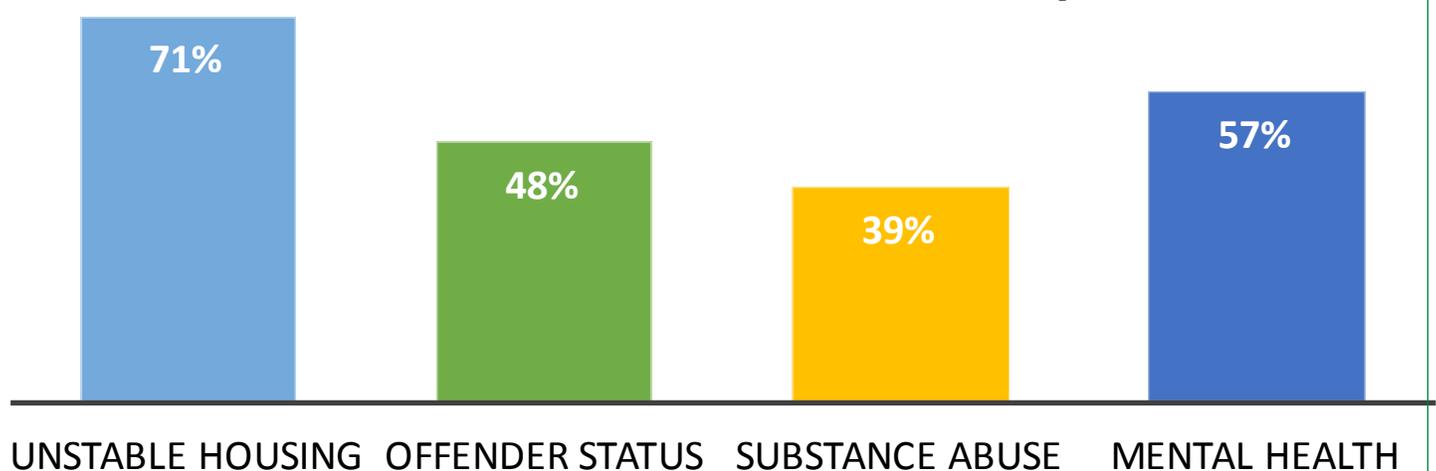
The chart below demonstrates the self-identified barriers faced by participants in the treatment group. *Most of them identified more than one barrier.*

ESD used lessons learned through JFI to create the Individual Career Advancement Network (ICAN). This new program:

- ➔ Is available to anyone who gets 3SquaresVT — except for those on Reach Up.
- ➔ Increases the employment services previously available to 3SquaresVT recipients through the SNAP Employment and Training Program program.

For more information about the program, go to <https://dcf.vermont.gov/benefits/ICAN>.

Barriers Faced by Participants in the JFI Treatment Group



Outcome: Families are safe, nurturing, stable and supported

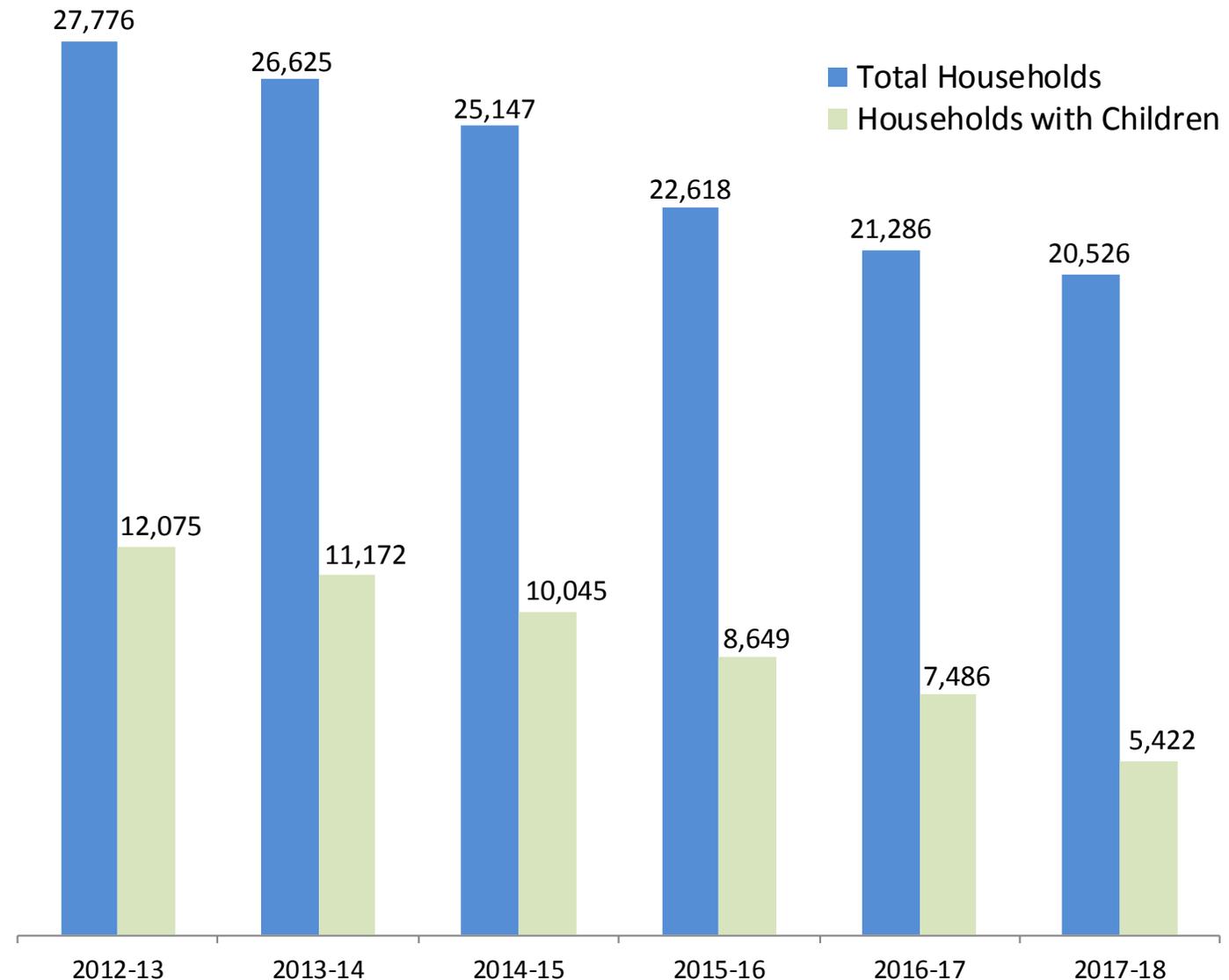
Performance Measure: Seasonal Fuel Assistance

Seasonal Fuel Assistance (also known as Home Heating Assistance) helps lower-income Vermonters to heat their homes by paying part of their home heating bills.

During the 2017-18 heating season (*November 1, 2017 to March 31, 2018*):

- ➔ 20,526 households received a full fuel benefit
- ➔ 5,422 of those households included children
- ➔ The average benefit paid per household was \$849

Households Receiving Fuel Assistance



Outcome: Families are safe, nurturing, stable and supported

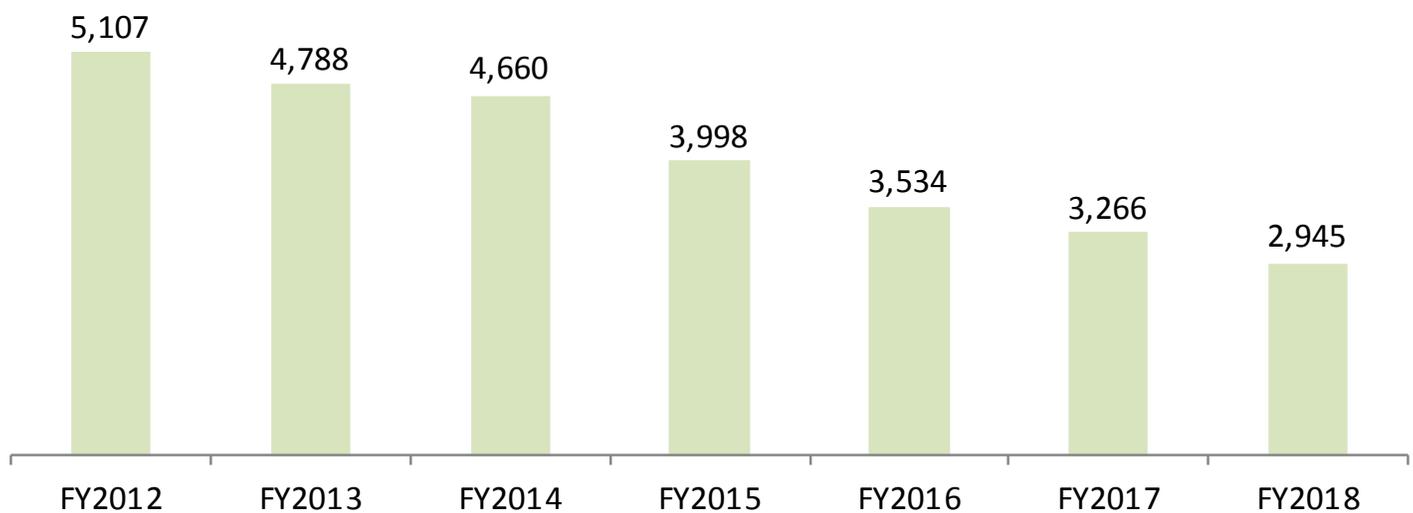
Performance Measure: Reach Up Grants

In SFY 2018, Reach Up:

- Helped 2,945 families each month (on average) to meet their basic needs and find employment.
- Provided 1,359 child-only grants each month (on average) to parents receiving SSI and adults caring for the minor, dependent children of relatives or family friends.

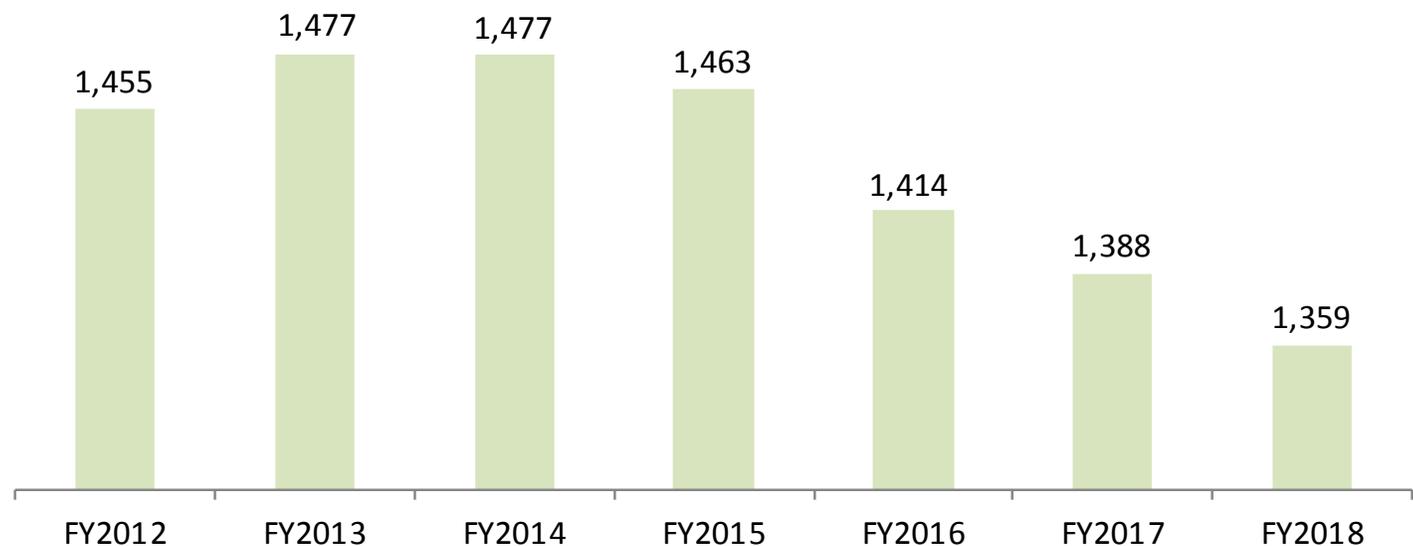
Families on Reach Up

Average Monthly Caseload



Total Child-Only Grants

Average Monthly Caseload



Outcome: Families are safe, nurturing, stable and supported

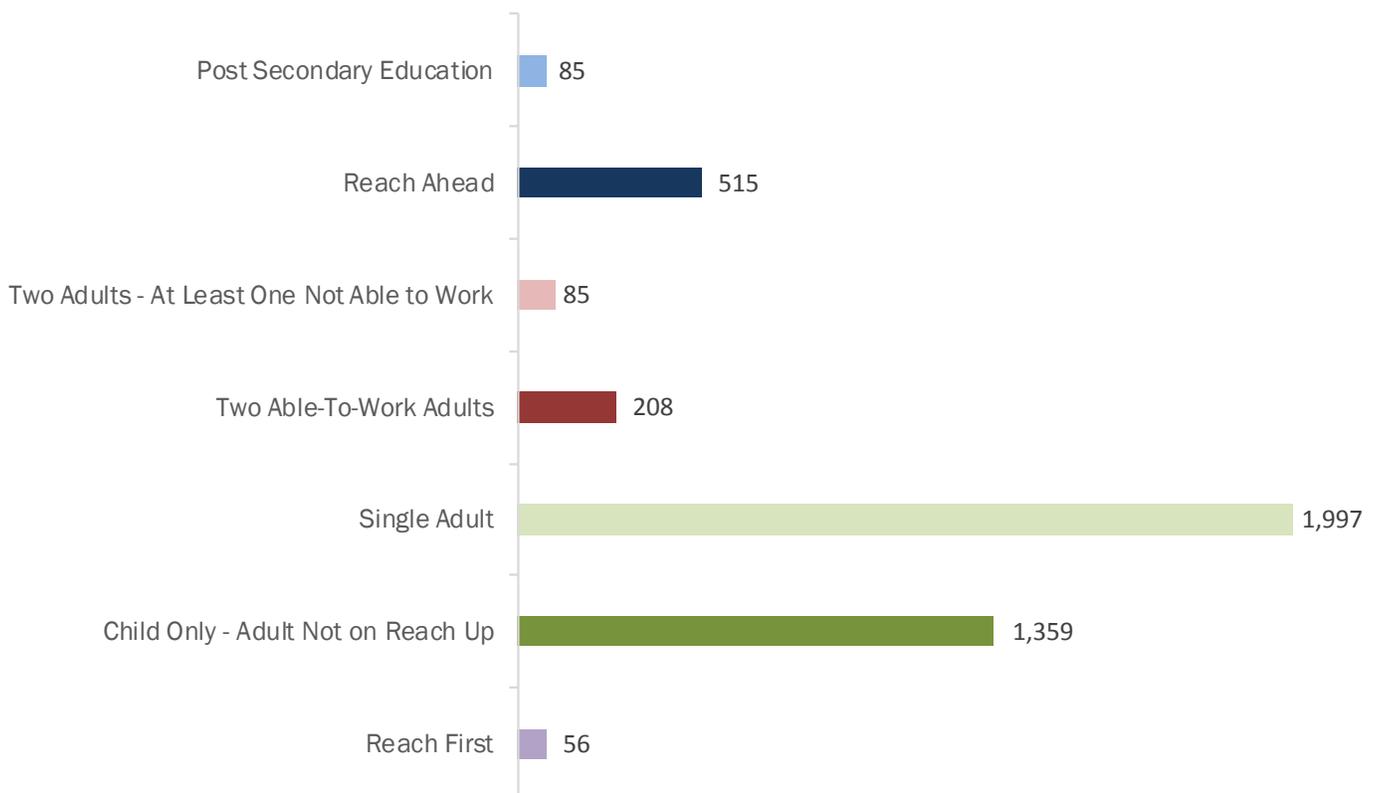
Performance Measure: Reach Up: Types of Families on the Caseload

The chart below describes the types of families on the Reach Up caseload in FFY 2018. In addition to regular Reach Up cases, we also had the following types of cases:

- ➔ *Child-Only Reach Up* provides cash assistance to help eligible adults care for the minor, dependent children of relatives or family friends
- ➔ *Reach First* helps families who meet the eligibility requirements for Reach Up but will likely be self-sufficient in 4 months or less
- ➔ *Reach Ahead* helps families transition from Reach Up and the Postsecondary Education program to work. Because of new legislation that came into effect on July 1, 2015, participants may now get the following benefits for up to 24 months:
 - ⇒ A child care subsidy
 - ⇒ Supports to help them keep a job (e.g., help paying for car repairs)
 - ⇒ A cash benefit to buy food

Types of Families in the Reach Up Caseload

Average Monthly Caseload FFY2018



Family Services Division (FSD)

FSD works in partnership with families, communities and others to make sure children and youth are safe from abuse, their basic needs (e.g., food, clothing, shelter and health care) are met and youth are free from delinquent behavior. They also ensure families are supported to achieve these goals.

Populations Served

1. At-risk children, youth and families
2. Children and youth in the care and custody of the state
3. Youth on juvenile probation
4. Foster, respite and adoptive parents

Outcome: Families are safe, nurturing, stable and supported

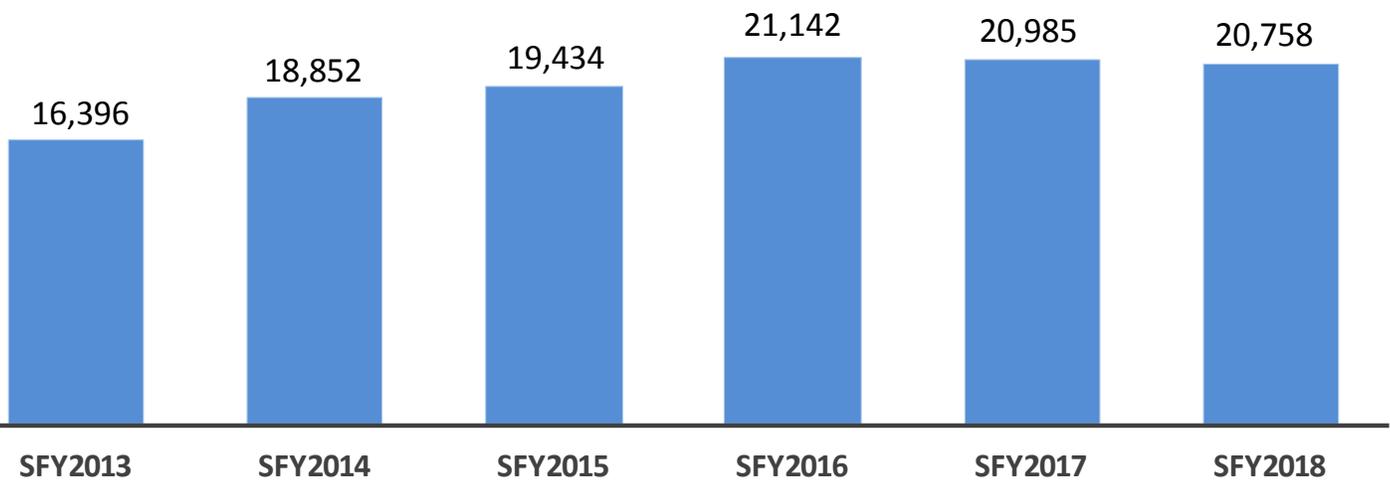
Performance Measure: Child Safety Intakes & Interventions

In SFY 2018, FSD received 20,758 calls (*intakes*) about suspected child abuse or neglect.

As a result of those calls, FSD initiated 5,385 child safety interventions:

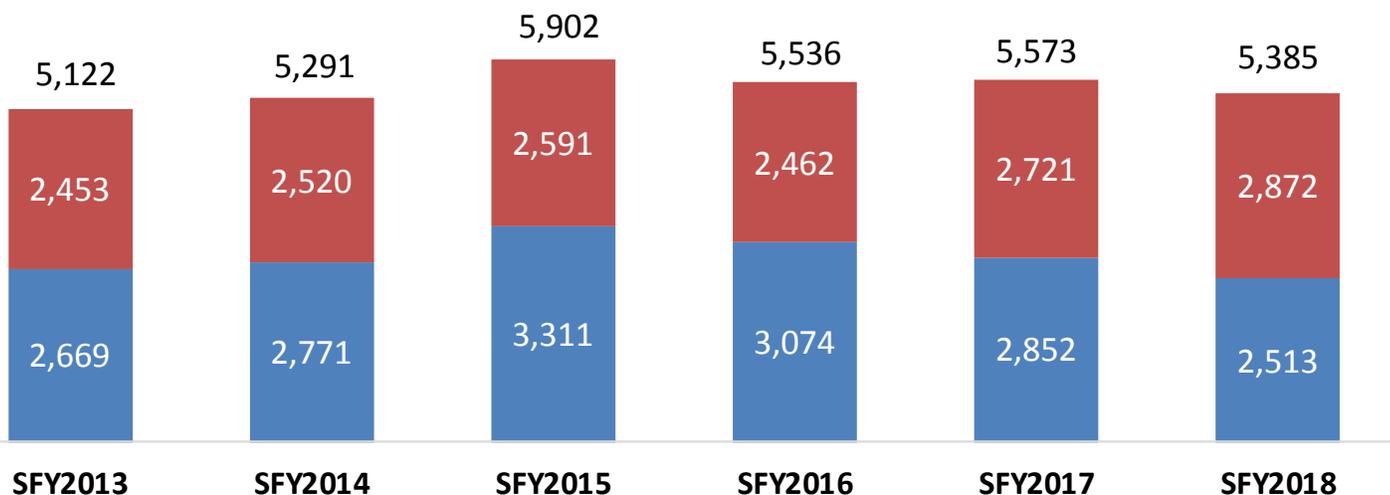
- ➔ 2,872 investigations
- ➔ 2,513 assessments

Total Child Abuse/Neglect Intakes



Child Safety Interventions by Type

Assessments Investigations



Outcome: Families are safe, nurturing, stable and supported

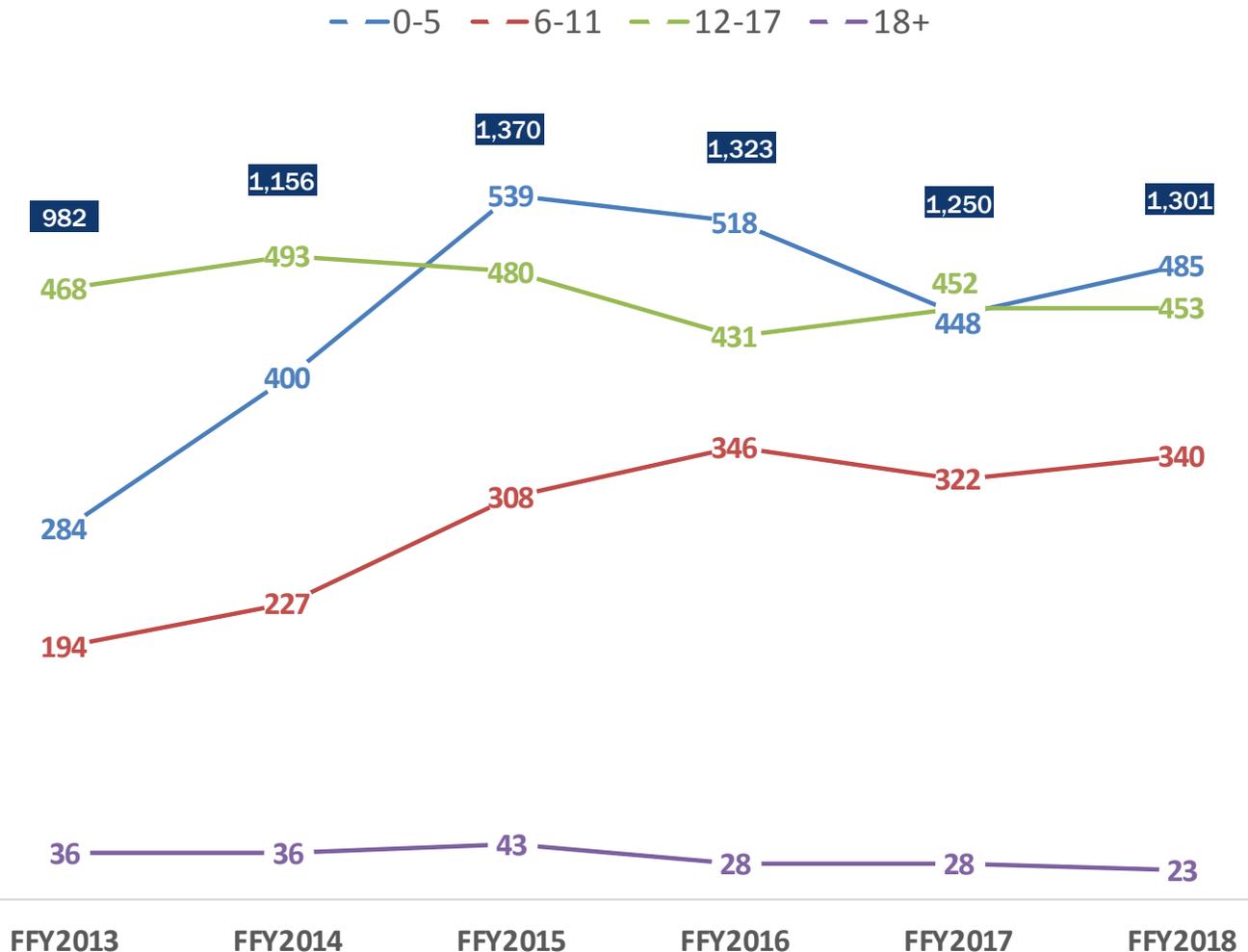
Performance Measure: Children & Youth in DCF Custody

A judge may order a child be taken into DCF custody if the child:

- ➔ Has been abused or neglected
- ➔ Is beyond or without parental control
- ➔ Has been adjudicated delinquent

The number of children aged 0 to 5 in DCF custody increased considerably in 2014 and then again in 2015. Based on data collected from FSD staff, about 50% of the children came into custody because of opioid abuse in their families. Parents using opiates are unable to provide the safety and care their children need; this is especially true for very young children.

CHILDREN IN CUSTODY BY AGE RANGE AS OF SEPT 30TH



Outcome: Families are safe, nurturing, stable and supported

Performance Measure: Caseload Count by Type of DCF Involvement

Our ongoing caseload includes the following types of cases:

➤ Children in DCF Custody:

When a judge places a child in the temporary custody of the Department for Children and Families because of concerns about the child’s safety and well-being.

➤ Children in the Conditional Custody of a Parent or Relative:

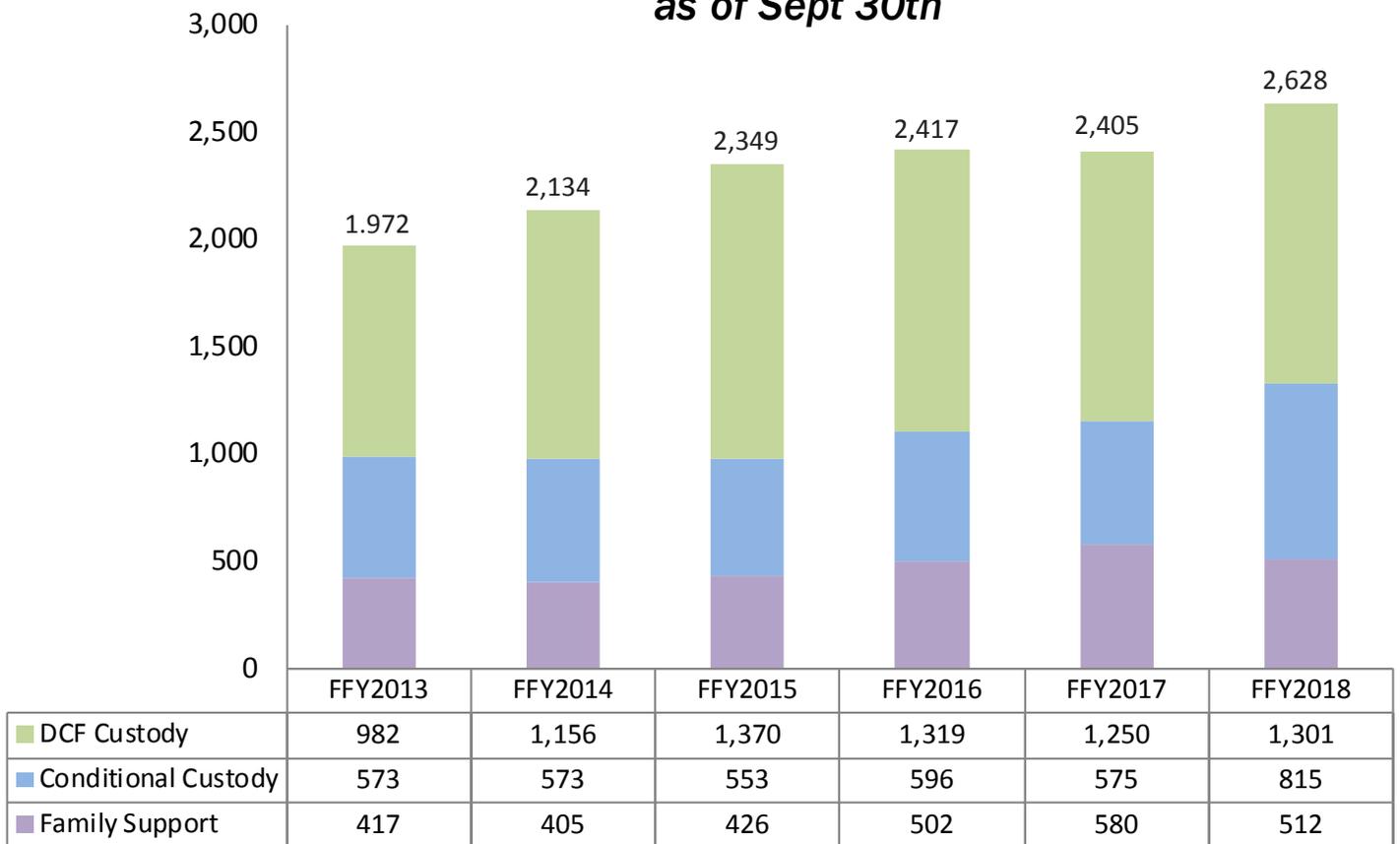
When a judge places a child in the conditional custody of someone other than DCF, but orders DCF to remain involved — to supervise, provide services and ensure the child’s safety.

➤ Families getting ongoing support:

Non-custody cases opened for ongoing services after an investigation or assessment determines there’s a high to very high-risk of future maltreatment. This allows FSD to provide supports that help parents build their capacity to safely parent their children.

The continued impact of the opioid crisis is reflected in the high number of cases, which all require social worker involvement.

Caseload Count by Type of Agency Involvement as of Sept 30th



Outcome: Families are safe, nurturing, stable and supported

Performance Measure: Social Worker Contact with Children in DCF Custody

Research shows that regular social worker contact with children and families leads to more positive outcomes for children in state custody.

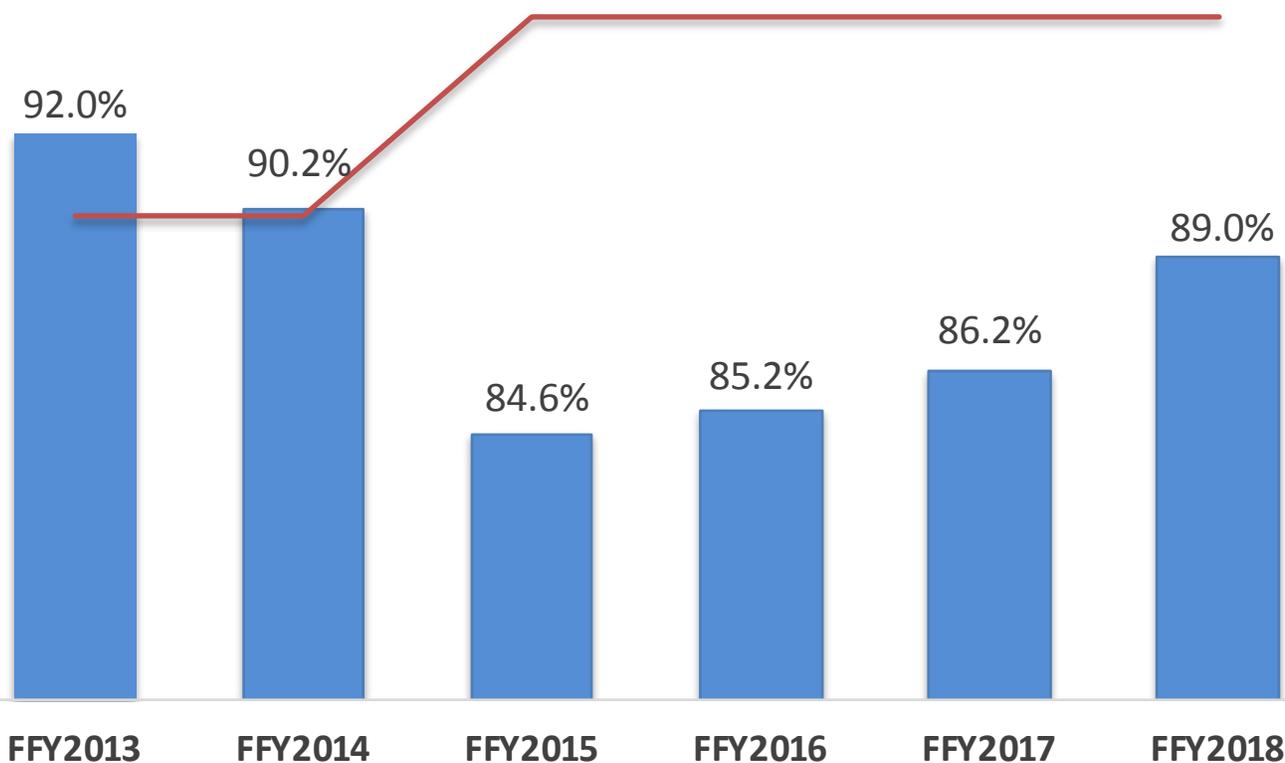
- ➔ In FFY 2013 & 2014, the federal standard for face-to-face contact between social workers and children in custody was that 90% of children would be seen every month of the year.
- ➔ Starting in FFY 2015, the federal standard was increased to 95%.

We have struggled to meet the new, higher standard since it was first implemented. This is due to the ever-increasing number of total cases requiring ongoing FSD worker involvement.

In response to DCF's growing caseload, a CHINS (Children in Need of Care and Supervision) Reform Workgroup has issued a series of recommendations that may help reduce our caseload. <https://dcf.vermont.gov/sites/dcf/files/DCF/reports/CHINS.pdf>

Face-to-Face Contact Between Social Workers & Children in Custody

■ Total Number — Federal Measure



Outcome: Families are safe, nurturing, stable and supported

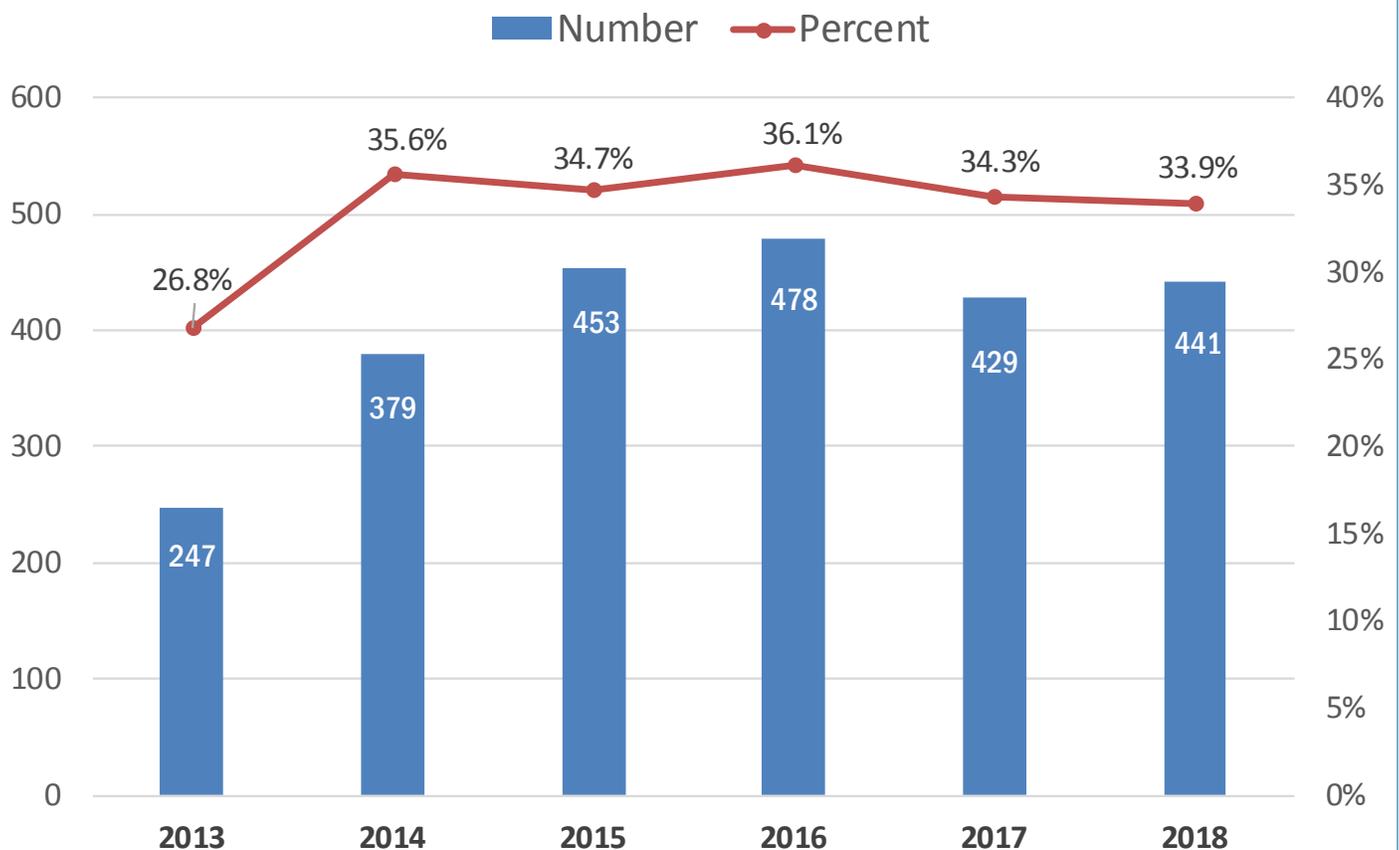
Performance Measure: Children Placed in Licensed Kinship Foster Homes

Children in DCF custody are placed with relatives or other known connections (known as *kinship foster homes*) whenever possible. To become licensed, kin must go through the same licensing process as other foster parents. This includes passing background checks and attending specialized training.

Research shows that compared to being placed in non-related foster homes, children placed in kinship foster homes typically experience:

- ➔ Better behavioral development
- ➔ Better mental health functioning
- ➔ Better placement stability
- ➔ Closer ties with their birth parents and siblings
- ➔ Similar reunification rates

Children in DCF Custody Placed with Relatives & Other Known Connections as of Sept 30th



Outcome: Youth successfully transition to adulthood

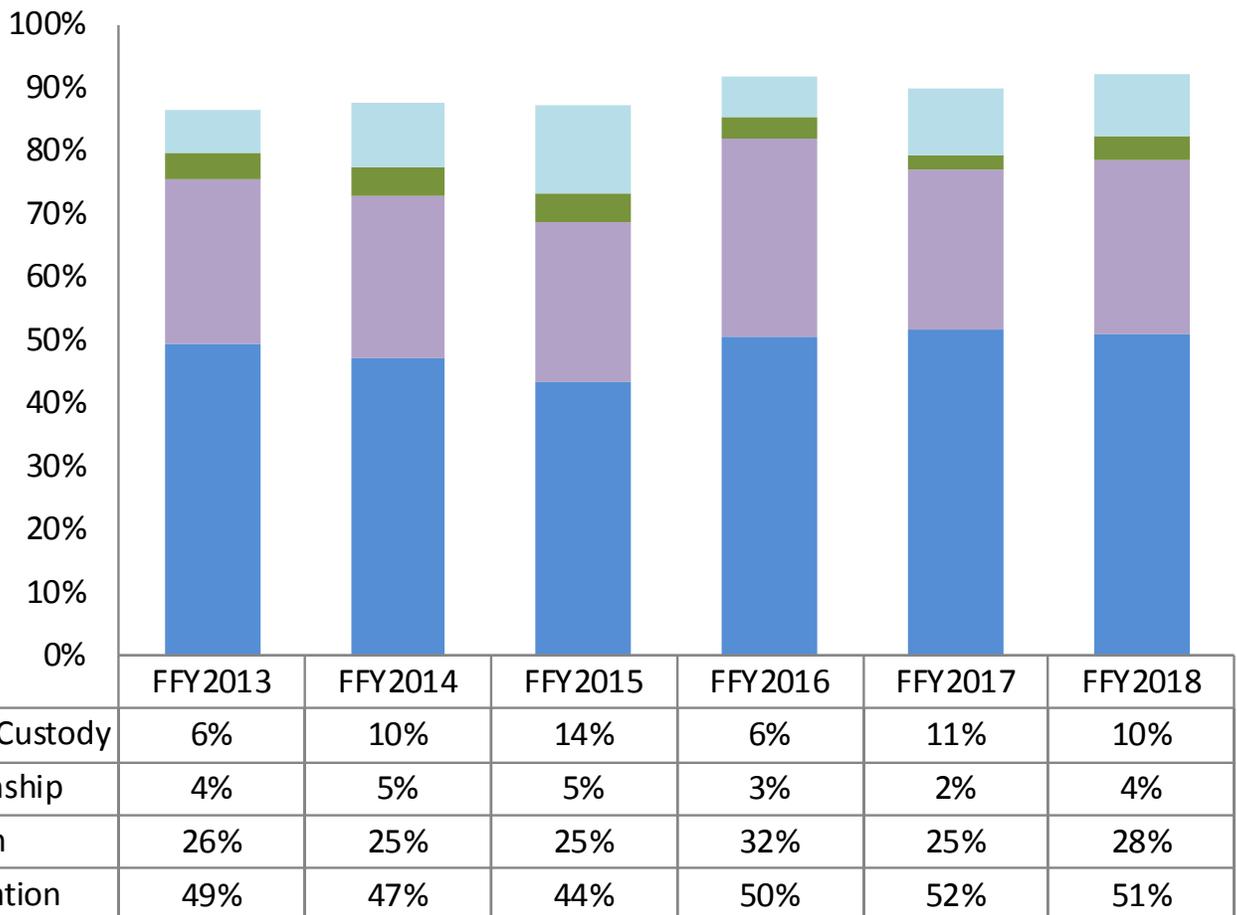
Performance Measure: Children Who Exited DCF Custody To Permanent Placements

The ultimate goal of state care is to provide children and youth with safe, permanent homes — ideally with their parents. From their first day in state care, social workers typically work towards two goals at the same time (*concurrent planning*):

1. To return children home to their parents
2. To help children secure other permanent placements — preferably with extended family members or known connections — if they cannot safely return home

This helps FSD to achieve timely outcomes that respect children’s need for stability. Living in uncertainty and moving between different living situations can be extremely disruptive to children’s development and educational success.

Children in DCF Custody Who Exited to Permanent Placements
e.g., return home, permanent guardianship, adoption



Outcome: Youth successfully transition to adulthood

Performance Measure: Transitional Services Provided to Youth in DCF Custody

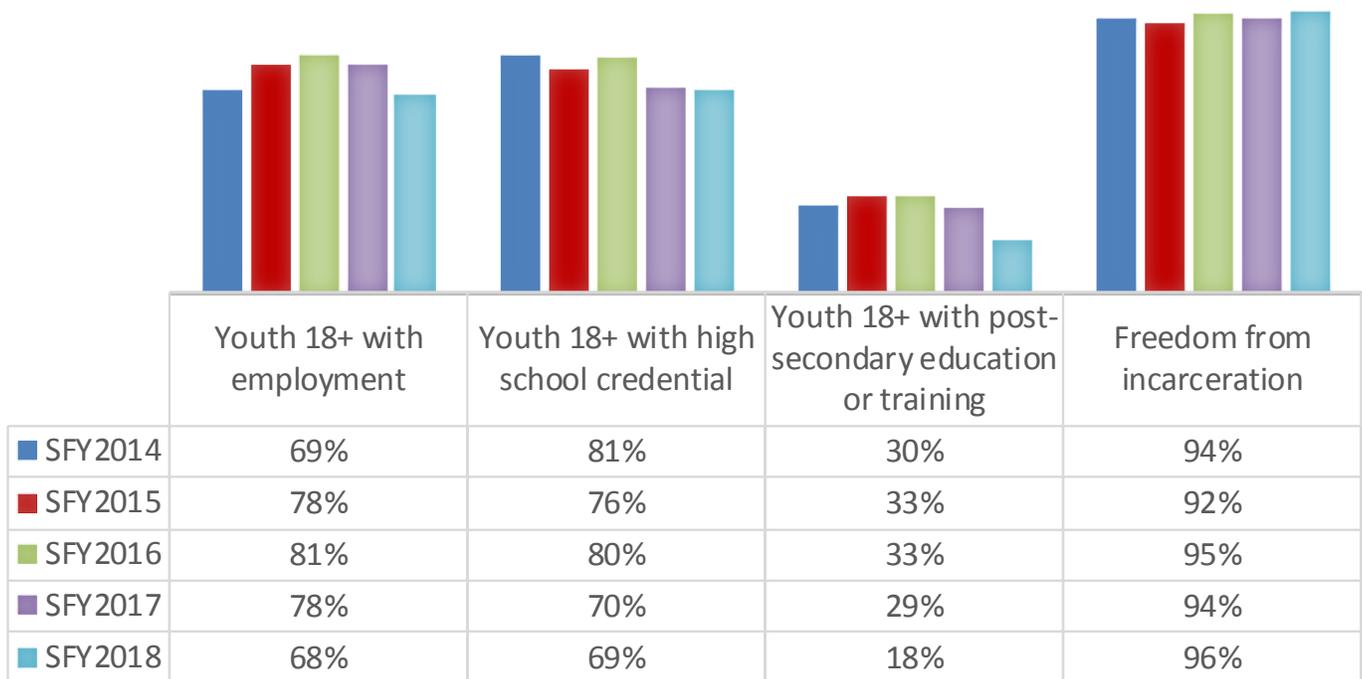
The Youth in Transition Act (Act 74), passed in 2007, helps youth leaving foster care successfully transition into adulthood. The Act has created opportunities for youth to stay in supportive living situations while they complete high school; pursue training and higher education; and establish safe, independent housing.

Youth Development Program (YDP) services are delivered statewide through the Washington County Youth Service Bureau. Services include case management, extended care funding, help applying to post-secondary education and training, help finding a job/housing, life skills assessment and instruction and referral to community services.

Outcomes in SFY 2018 include:

- ➔ 524 DCF youth voluntarily engaged in YDP case management services
- ➔ 1,003 plans of care were developed, detailing the youth's life goals
- ➔ 97% of youth had a connection to a safe, caring adult
- ➔ 41% of youth over 16 years of age earned their drivers' license
- ➔ 87% of youth had stable housing all year
- ➔ Only 10% of youth have children, considerably lower than the national average for youth formerly in foster care

YOUTH DEVELOPMENT PROGRAM OUTCOMES



*Starting in SFY 2018, the 18+ data captures youth who turned 18 within the reporting period. Previous reports only included those who were at least 18 at the start of the reporting period.

Office of Child Support (OCS)

OCS improves children's economic security by:

1. Establishing, enforcing and modifying child support orders for children who don't live with both parents.
2. Establishing and enforcing medical insurance provisions in court orders.
3. Collecting, recording and distributing child support payments through the OCS Registry.
4. Establishing parentage when children are born outside of marriage.

Populations Served

- ➔ Parents entitled to medical and child support
- ➔ Parents obligated to pay medical and child support
- ➔ Guardians entitled to medical and child support
- ➔ Parents who live in other states seeking assistance in Vermont courts

Outcome: Families are safe, nurturing, stable and supported

Performance Measure: Child Support Cases & Collections

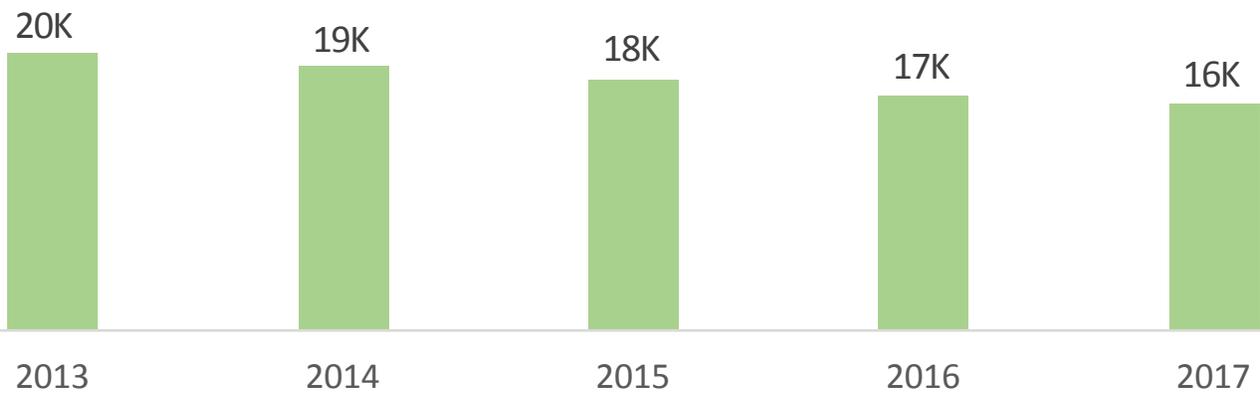
In FFY 2017, the Office of Child Support (OCS):

- Had 16,443 child support cases
- Collected \$42,563,121 in child support payments

Child support is a key economic support for children. Parents who support their children financially are more likely to also support them in other ways.

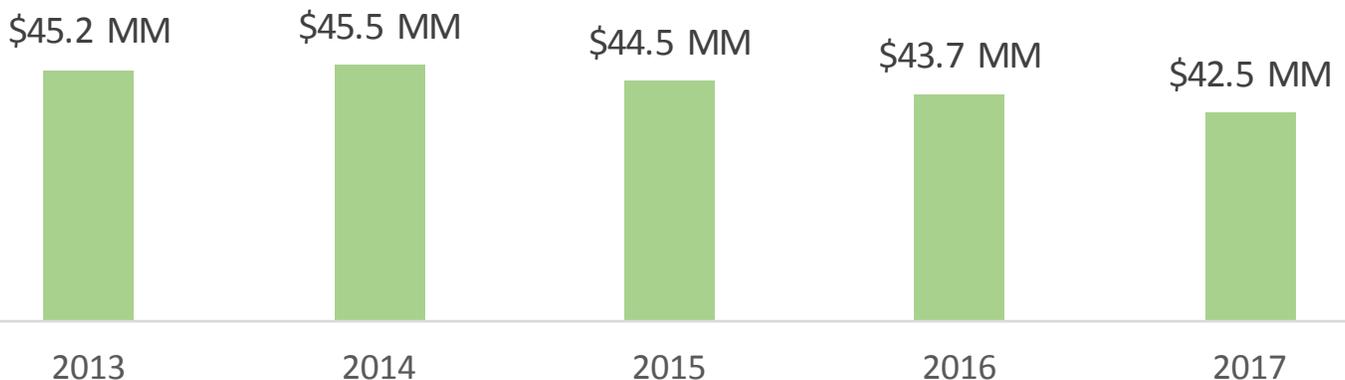
Child Support Cases, by Federal Fiscal Year

K = thousand



Child Support Collections, by Federal Fiscal Year

MM = million



Outcome: Families are safe, nurturing, stable and supported

Performance Measure: Percent of Child Support Obligations With Payments

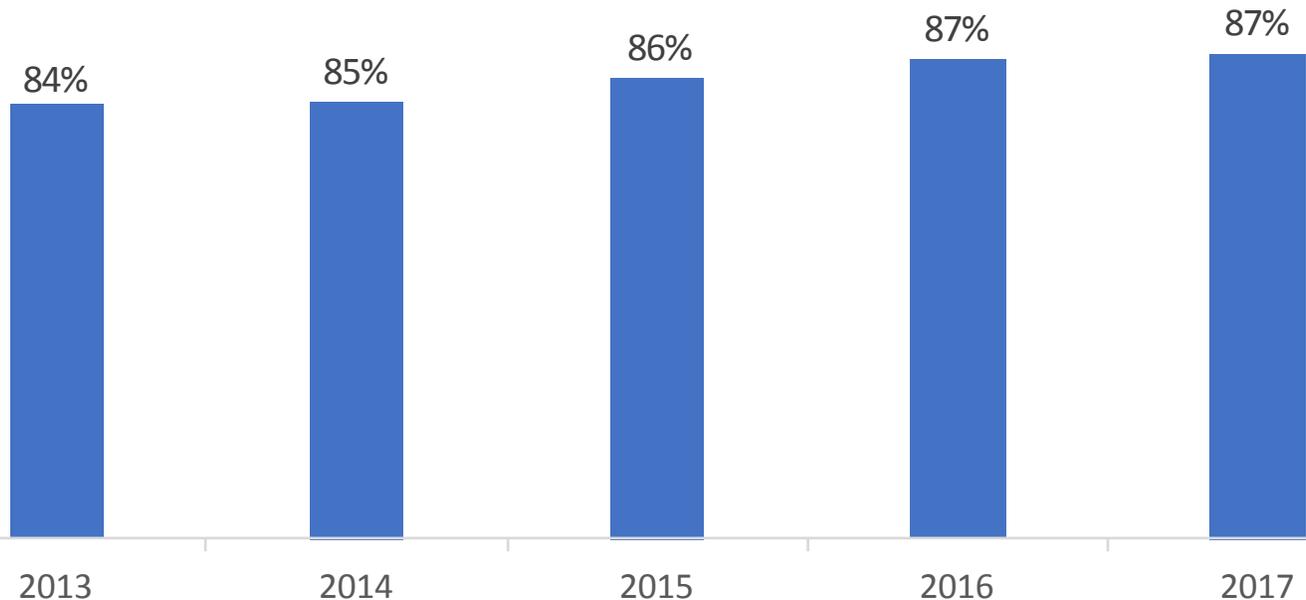
Vermont's child support caseload has been decreasing over the last few years — a trend also taking place at the national level. The decline in Vermont is partially due to a concerted effort to clean up old cases.

At the same time, the percentage of cases with an obligation to pay child support that received a payment at the end of the FFY has increased steadily since 2013.

OCS has made strategic decisions to focus on working with all parents informally and impartially, striving to reach agreements that work for everyone. While collections continue to remain a primary performance measure, our renewed focus enables staff to:

- ➔ Educate families about parentage and how to establish, enforce and modify child support orders
- ➔ Help families calculate support guidelines, determine and collect money owed and compose court filings
- ➔ Review families changes in circumstances, striving for realistic orders and consistent payments
- ➔ Refer family members to community and State programs, including employment and life skills services

Cases With A Child Support Obligation That Received A Payment



Outcome: Families are safe, nurturing, stable and supported

Performance Measure: Work4Kids

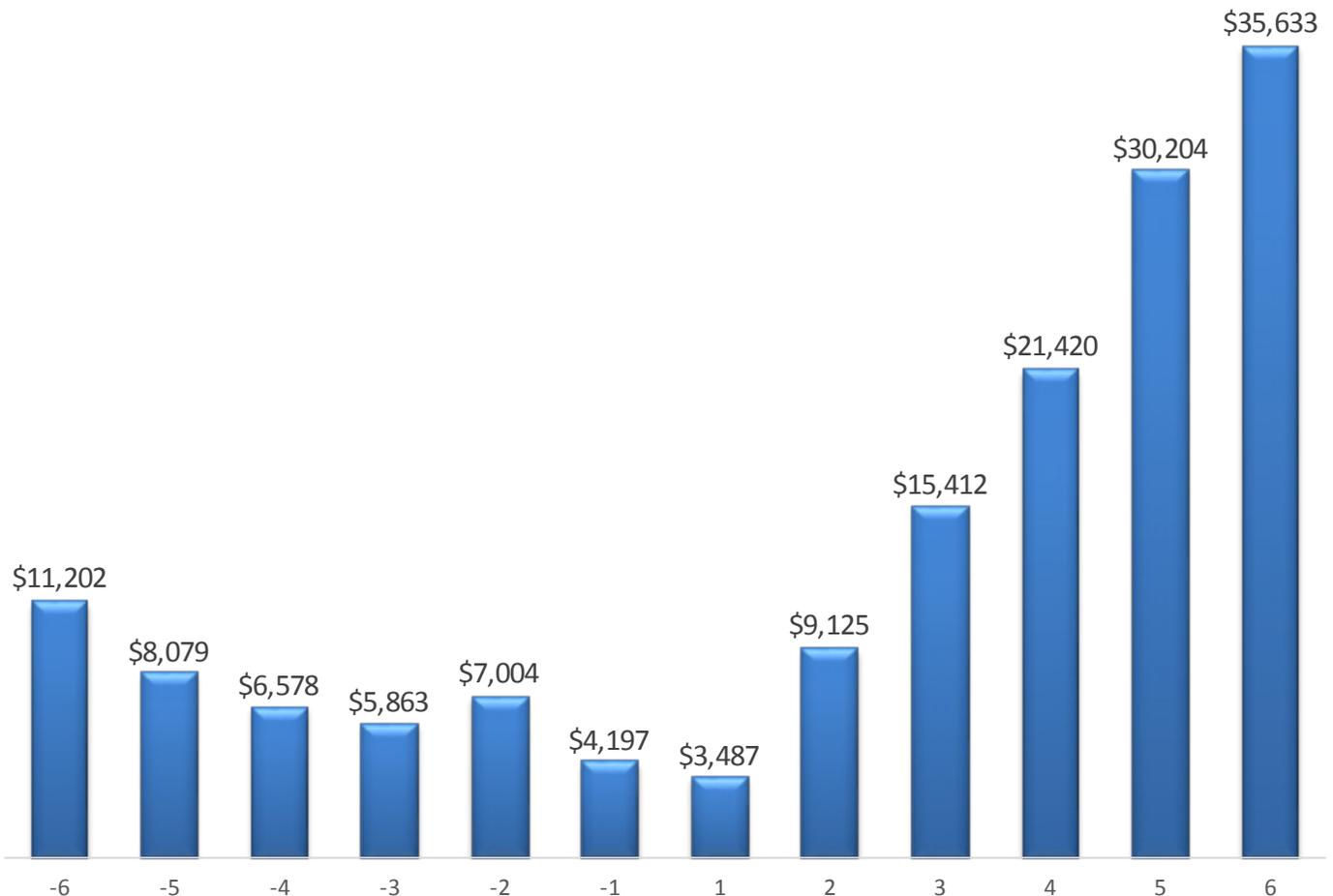
Work4Kids is a joint program between OCS, Voc Rehab, the Vermont Judiciary and other partners. It helps parents to find and keep good paying jobs so they can meet their child support obligations.

- ➔ Since the program started in August 2012, almost 900 people have participated.
- ➔ From August 2012 to November 2018, payments received from employers six months after people joined the program have been cumulatively three times higher than payments received six months before.

While some participants with challenging barriers to employment did not find employment, they may have still received:

- ➔ A better understanding of their barriers and disabilities
- ➔ Strategies for coping with their barriers/disabilities
- ➔ Help applying for Social Security benefits (*when appropriate*)

Employer Payments 6 months +/- Referral Date



Outcome: Vermont has open, effective, and inclusive government

Performance Measure: Key Federal Performance Indicators

The indicators in the chart below are preliminary for FFY 2017. These federal performance metrics are based on IV-D cases only. They enable OCS to track outcomes over time and in comparison to child support programs across the country.

➔ % of Cases with Child Support Orders Established

The Child Support Order is a court document that spells out who must pay support, who receives support for the children covered by the order, the amount to be paid and how often payments are made.

➔ % of Ordered Child Support Paid

A key indicator of financial security for children entitled to child support is the percent of child support actually paid for children who are minors compared to the aggregate amount that should be paid in a year pursuant to court orders.

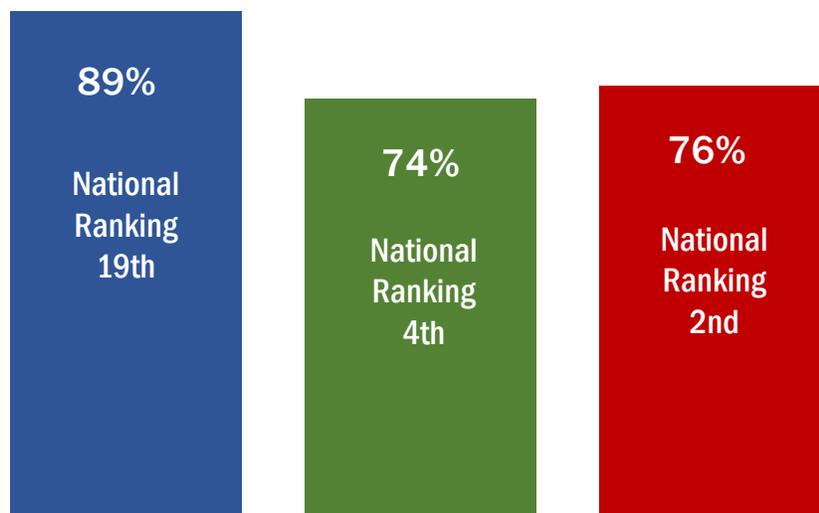
➔ % of Cases with Collections on Past Due Support

When current support is not paid on time, the unpaid amounts, plus surcharges and penalties, become arrears still owed to the children. These unpaid balances may still be recovered for the custodial parent after the children turn 18.

Key Performance Measures

FFY 2017

■ Establishment of Orders ■ Current Support Paid ■ Arrears Collections



Office of Disability Determination Services (DDS)

DDS provides applicants with accurate medical eligibility decisions as quickly as possible, as governed by Social Security federal statutes, regulations and policy, with full and fair consideration of each applicant's situation and respect and concern for the individual's well-being and legal rights.

Populations Served

People who have applied for disability benefits under:

1. Social Security Disability Insurance (SSDI)
2. Supplemental Security Income (SSI)
3. People who must be found disabled to qualify for Medicaid through the State of Vermont

Approximately 97% of the DDS workload is SSDI/SSI with all direct and indirect costs fully funded by the Social Security Administration (SSA). Non-SSA Medicaid cases are about 3% of the workload.

Program Integrity

DDS also regularly performs Continuing Disability Reviews of people receiving disability benefits to determine whether they continue to meet the medical requirements.

Outcome: Vermonters with disabilities live with dignity & independence

Performance Measure: Accuracy Rate on Initial Cases

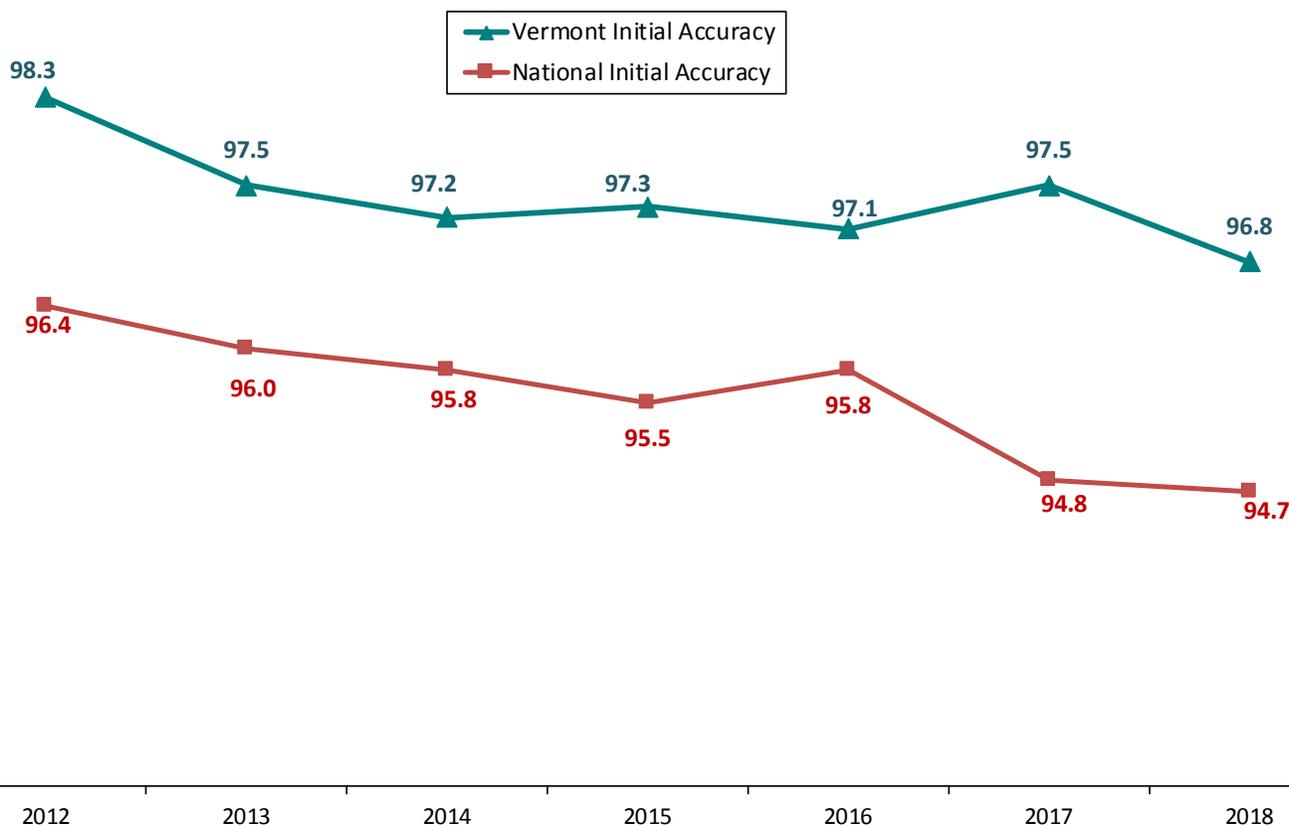
Disability benefits are vital to thousands of Vermonters with severe disabilities and serious illnesses. They are a lifeline for many recipients who would live in poverty without them. DDS makes the medical decision on approximately 4,000 initial disability applications filed by Vermont residents every year.

One of the most important measures of performance is initial case accuracy. DDS must meet federal regulatory requirements and mistakes may subject applicants to undue hardship. Erroneous determinations may also jeopardize program integrity and the proper use of public funds.

- In FFY 2018, Vermont's initial case accuracy rate was the fourth highest in the nation, with a rate of 96.8%. This is 2.1 percentage points better than the national average.

Maintaining high accuracy requires regular training, professional development and mentoring of adjudicators and medical consultants. It also requires a robust quality assurance program that monitors key decision points in the case process.

DDS Performance Accuracy (Initial Cases)
PERCENTAGE



Outcome: Vermonters with disabilities live with dignity & independence

Performance Measure: Average Processing Time for Initial Cases

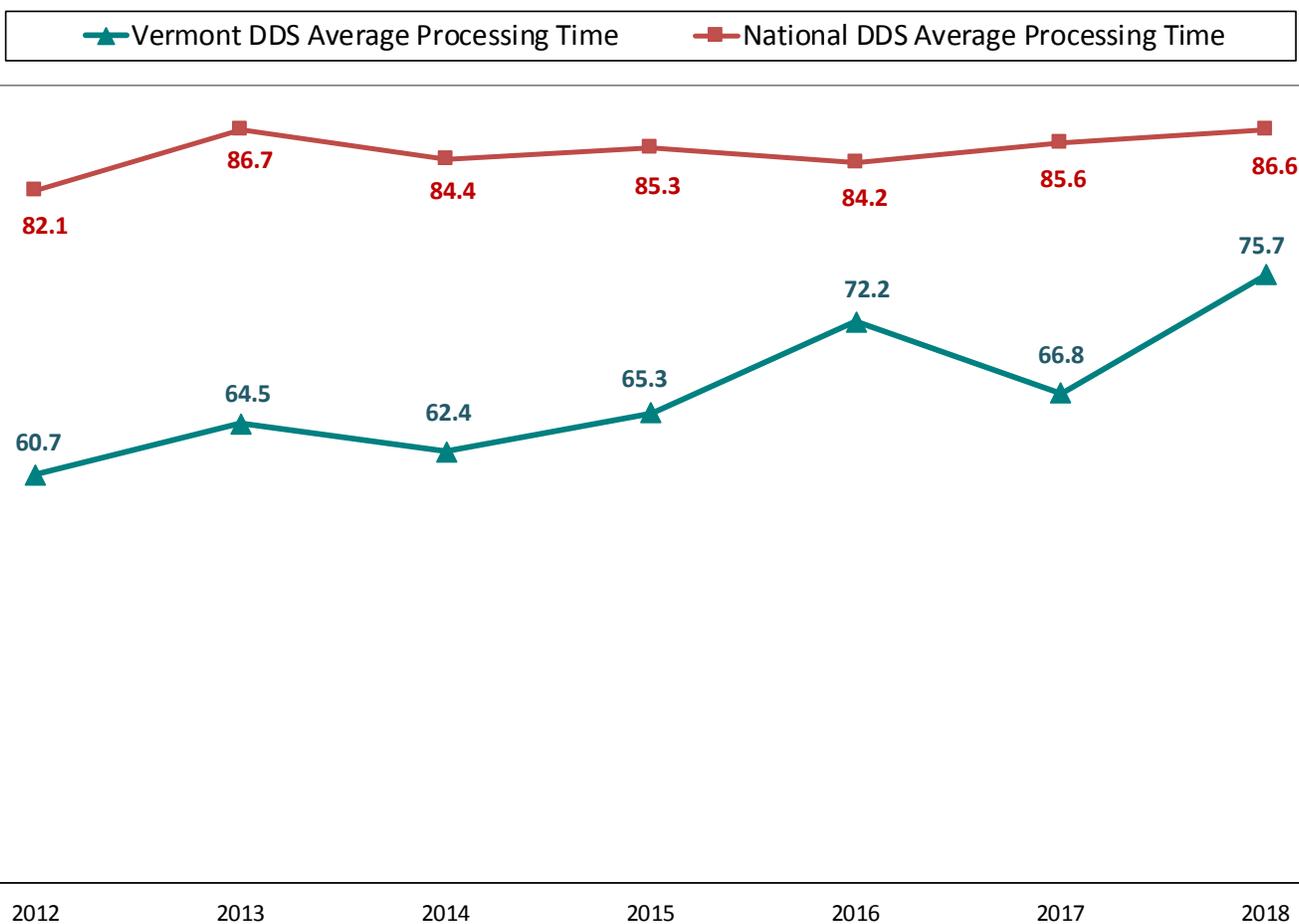
Another important performance measure is the time it takes DDS to make an initial case decision. A long wait time can be a significant hardship for people with disabilities.

- In FFY 2018, DDS's case processing speed ranked in the top nine in the country, 10 days faster than the national average. This helped disabled Vermonters to get the benefits they are entitled to — faster.

DDS continually works to achieve optimal casework timeliness by implementing process improvements and assessing staffing needs and workload trends. Having a sufficient number of fully trained staff to handle the workload is critical to achieving good processing times.

Longer processing times generally reflect periods when federal funding for replacement hiring is not forthcoming or state hiring approval is delayed. Once DDS hires, it takes two years for new adjudicative staff to complete training and become fully productive. Longer processing times can also occur during the learning curve for significant program or process changes.

DDS Average Processing Time for Initial Cases (Days)



Outcome: Vermonters with disabilities live with dignity & independence

Performance Measure: Allowance Rates

The medical requirements for the Social Security and SSI programs are very stringent, requiring essentially complete, permanent (or long term) inability to perform any substantial work in the national economy.

⇒ In FFY 2018, Vermont's initial case allowance rate (the percentage of determinations with a finding of disabled) was 44.4%. This was 9.4 percentage points higher than the national rate.

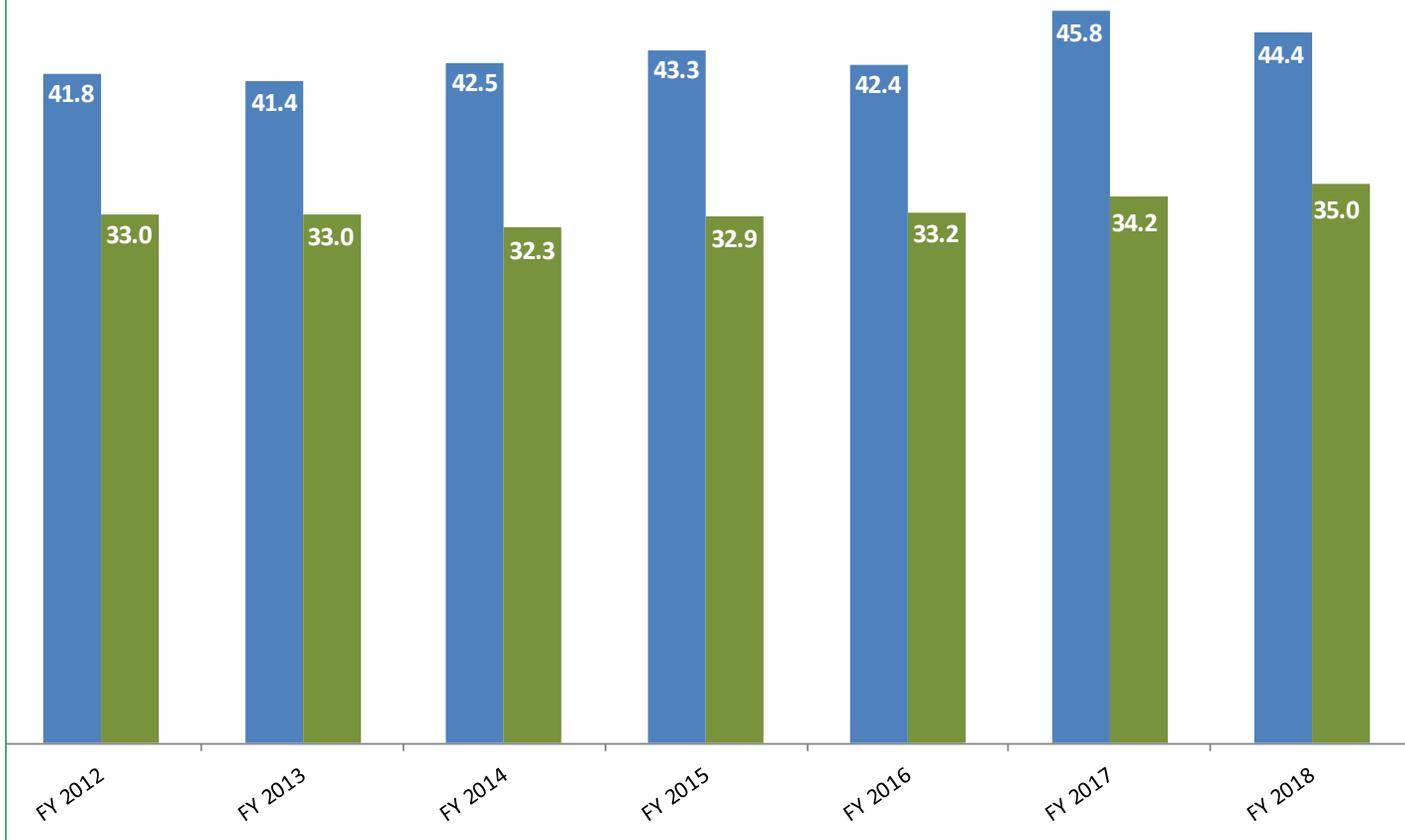
Demographic, economic and other factors may affect allowance rates. DDS strives for decision accuracy rather than any specific number of allowances. However, when coupled with high accuracy, a high allowance rate is an indicator of high quality services provided to Vermonters with disabilities:

- ⇒ Giving full, fair consideration to each applicant's unique medical situation
- ⇒ Getting benefits quickly to those who clearly meet the requirements
- ⇒ Avoiding a lengthy appeals process whenever possible

DDS Allowance Rates

PERCENTAGE

■ Vermont - Initial Cases ■ National - Initial Cases



Outcome: Vermonters with disabilities live with dignity & independence

Performance Measure: Continuing Disability Reviews (CDR's)

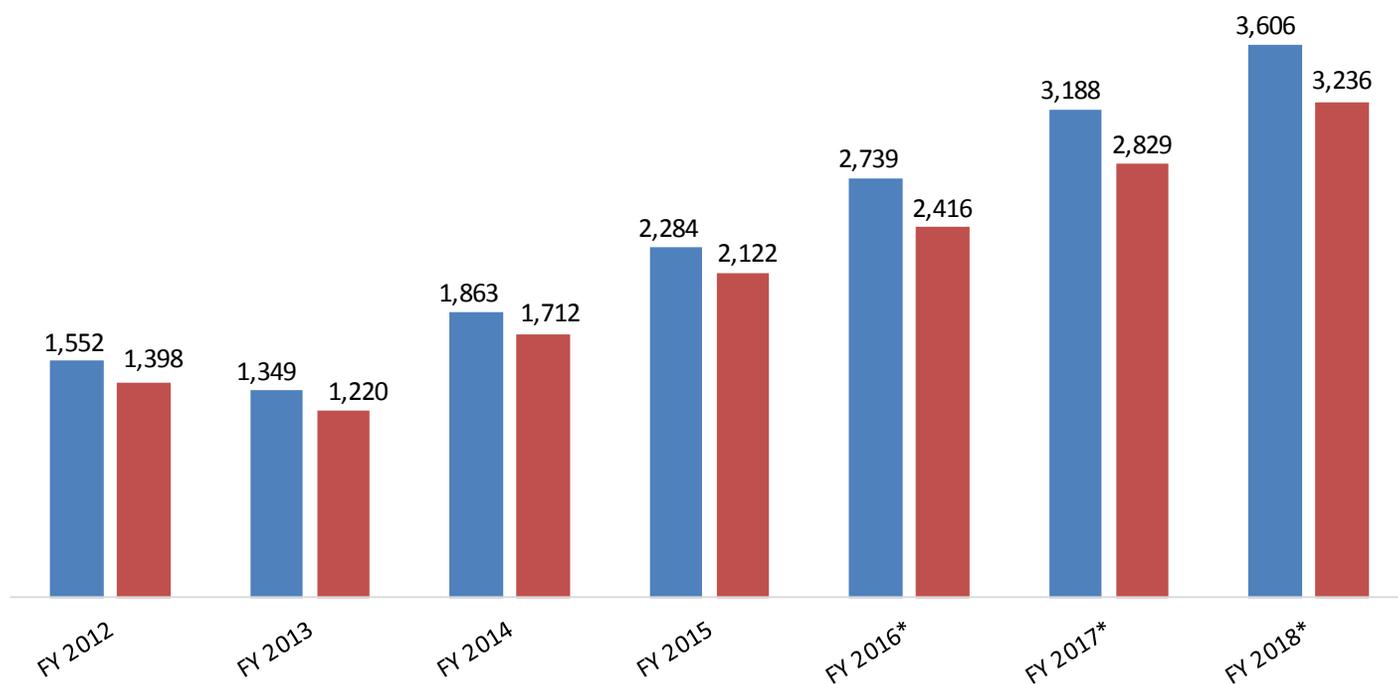
Each year, Social Security assigns Vermont a number of CDR's to process so they can ensure benefits continue or end appropriately. The number assigned, which depends on budget and workload expectations, has been increasing in recent years.

The primary medical reason that benefits stop is that a person's condition has significantly improved to the point that he/she can perform substantial work activity. Most people with serious, long-term illnesses and impairments that initially qualified them for disability benefits will continue to be eligible.

Although only a small percentage of people stop receiving benefits in this process, CDR's are critical for program integrity. The program savings are significant – for every administrative dollar spent nationally on CDR, Social Security historically estimates a program savings of nine dollars.

Number of Continuing Disability Reviews Performed

■ Total Reviews ■ Total Continuances after All DDS Appeal Steps*



* Initial Continuances, Cessations, and Total Reviews in FFY 2016-2018 include CDRs that VT did for other states. Since VT does not process appeals of other states' cases, the Total Continuances for these years do not reflect initial cessations that might have been reversed on appeal.

Office of Economic Opportunity (OEO)

OEO administers federal and state funds that support the work of organizations that provide direct services to low-income Vermonters. These services include asset building and financial capability, emergency food shelves, emergency homeless shelters, rapid re-housing, homelessness prevention, supportive housing, job readiness training, micro business development, weatherization assistance and more.

Populations Served

Most OEO programs target Vermonters with incomes at or below 125% of the federal poverty guidelines, though some programs range up to 200% of poverty or 80% of area median income.

Outcome: Families are safe, nurturing, stable and supported

Performance Measure: Family Supportive Housing (FSH)

Family Supportive Housing (FSH) was developed by the Agency of Human Services to reduce the incidence and duration of child homelessness in Vermont. Priority is given to families who have had multiple episodes of homelessness, have open cases for services with Family Services, and/or have at least one child under the age of six.

- ➔ In SFY 2018, FSH had providers in seven communities: Barre, Bennington, Brattleboro, Burlington, Rutland, St. Johnsbury and White River Junction/Hartford.
 - ⇒ The providers formed partnerships with local affordable housing programs and private landlords to help participating families access stable housing.
 - ⇒ The service coordinators worked with Family Services, Reach Up, mental health and substance abuse treatment and recovery providers and others to coordinate services to meet the families' needs.
- ➔ In SFY 2018, FSH served:
 - ⇒ 462 individuals. Of these, 225 were children under the age of 6.
 - ⇒ 187 families. Of these:
 - * 57 (30%) had an open case with FSD
 - * 97 (52%) were on Reach Up at the time of enrollment
- ➔ As of June 30, 2018:
 - ⇒ 131 families were still enrolled
 - ⇒ 94 families were stably housed
 - ⇒ 19 families had exited the program successfully AND were stably housed

"I worked with a client who had bed bugs twice and incurred a big debt to the housing authority. This client had a significant distrust of banks. I encouraged her to enroll in the Family Savings Account (FSA) program and had to accompany her to the bank a few times. Once she enrolled, she began making regular contributions. I worked with her on a specific goal and she began paying off the debt to the housing authority which allowed her to get placed on the Section 8 waitlist."

- FSH Service Coordinator in Burlington

To learn more about FSH, read the Family Supportive Housing Annual Report for SFY 2017 at <http://dcf.vermont.gov/oeo/reports>.

Outcome: Vermonters are healthy

Performance Measure: Housing Opportunity Grant Homeless Shelters

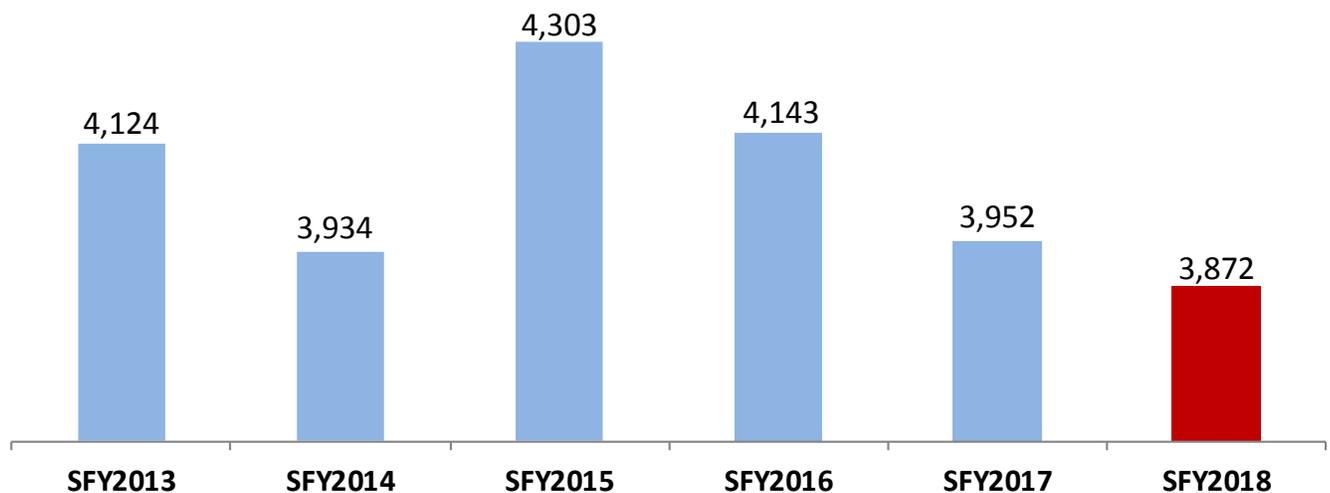
The Housing Opportunity Grant Program supports basic operations and essential services at 39 overnight emergency shelters in Vermont.

- ➔ While the number of persons sheltered decreased slightly in SFY 2018, the number of children sheltered continued to increase. Some of this is due to an expanded capacity to shelter families with children.

For more information, read the *Housing Opportunity Grant Program Annual Report for SFY 2018* at <http://dcf.vermont.gov/oeo/reports>.

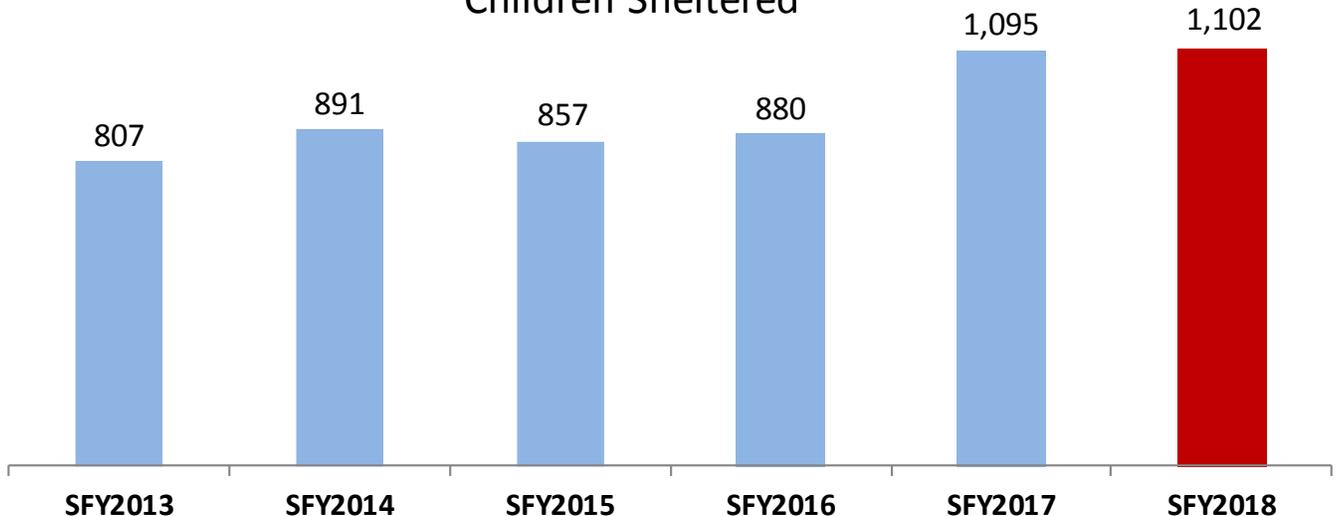
Publicly-Funded Homeless Shelters

Persons Sheltered



Publicly-Funded Homeless Shelters

Children Sheltered



Outcome: Vermonters are healthy

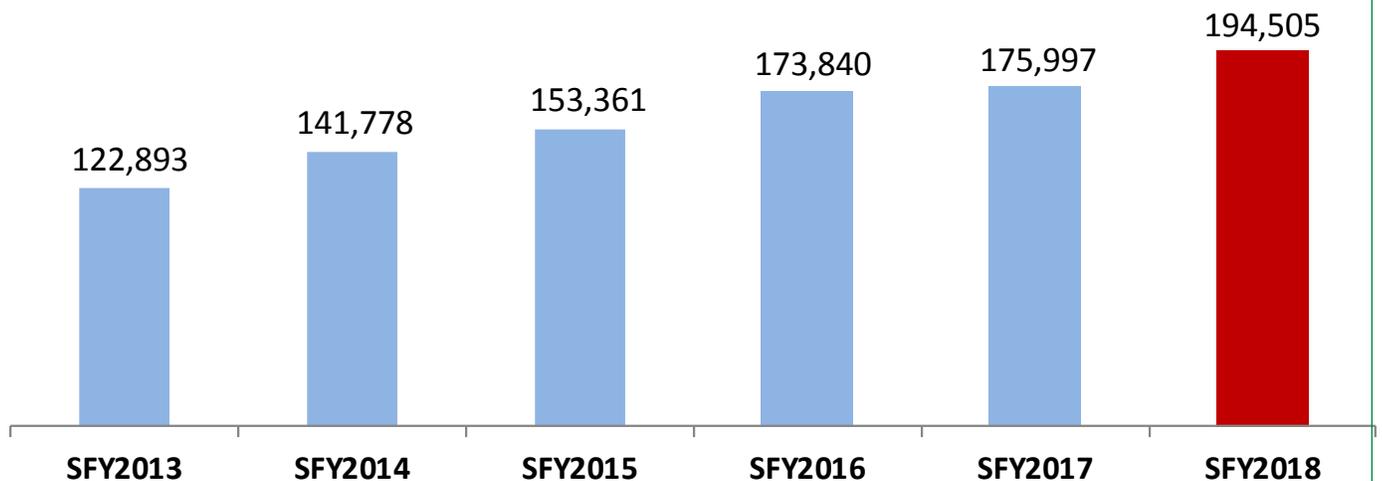
Performance Measure: Housing Opportunity Grant Homeless Shelters

While the total number of persons sheltered decreased, the:

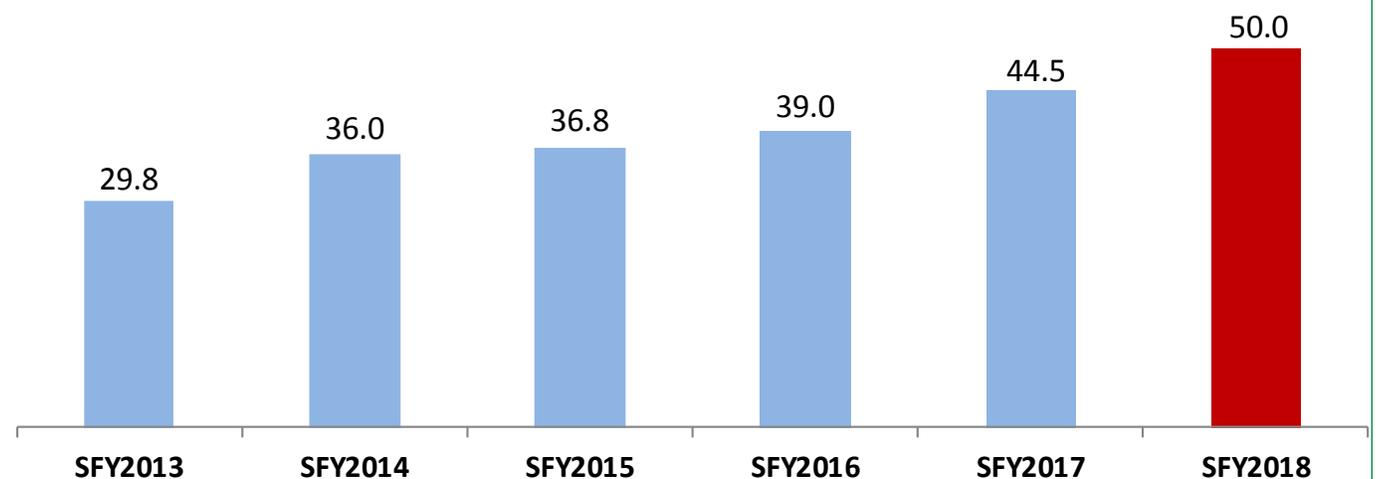
- ➔ Total number of bednights increased
- ➔ Average length of stay rose to its highest level in more than 17 years

This is largely due to the significant barriers people face when trying to secure stable housing. This includes a lack of available rentals, the high cost of rent, and the tenant history and low incomes of people exiting shelter.

Publicly-Funded Homeless Shelters Shelter Bednights



Publicly-Funded Homeless Shelter Average Length of Stay



Outcome: Families are safe, nurturing, stable and supported

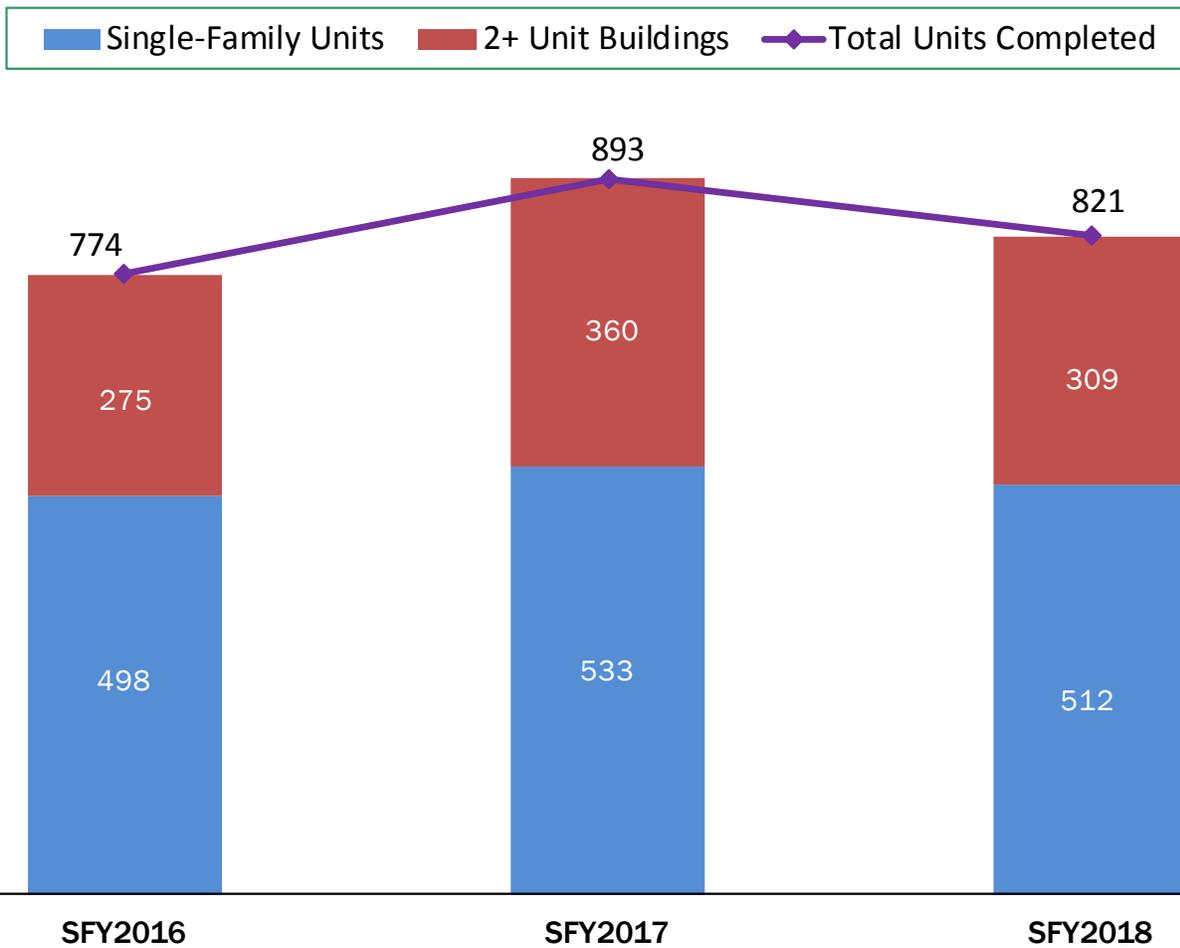
Performance Measure: Low-Income Homes Weatherized

The Weatherization Assistance Program helps lower-income residents save fuel and money by improving the energy efficiency and health and safety of their homes. This leaves them with more money to pay for food, housing, health care, child care and other necessities. Priority is given to older Vermonters, people with disabilities, families with children, households getting Fuel Assistance and households with higher energy bills.

In SFY 2018:

- ➔ 821 homes were weatherized:
 - ⇒ 512 single-family homes
 - ⇒ 309 buildings with 2 or more units
- ➔ The average investment per home was \$9,194
- ➔ The average energy savings was 29%

Low-Income Weatherization Program



Outcome: Families are safe, nurturing, stable and supported

Performance Measure: Vermont Matched Savings Program

OEO provides funds to the five Community Action Agencies in Vermont for the Vermont Matched Savings Program. The program is a matched savings and financial education program for low-income Vermonters. Participants can save up to \$1,000 of earned income, which is matched by federal and state funds, to help them invest in their first homes, a business, or post-secondary education. SFY 2017 was the last year of federal funding for this program.

In SFY 2018

- ➔ 71 people increased their savings
- ➔ 27 participants withdrew a total of \$68,150 to invest in small businesses
- ➔ 15 participants withdrew a total of \$27,005 to buy their first homes
- ➔ 18 participants withdrew a total of \$34,397 to pursue education/job training

Lack of income means you don't get by. Lack of assets means you don't get ahead.

SINCE 2001:

1,039 LOW-INCOME VERMONTERS

SAVED AN AVERAGE OF

\$882 EACH OVER 2 YEARS

SAVINGS WERE MATCHED 2:1 TO HELP THEM

INVEST \$2,745,097

IN THEIR OWN FUTURES



Home
204



Business
583



Education
252

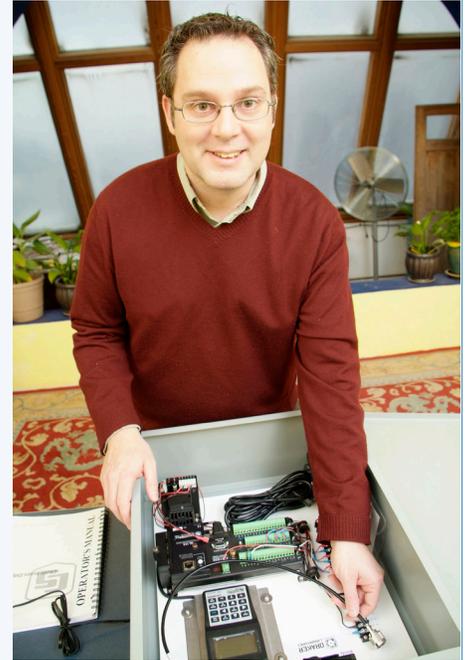
Outcome: Vermont has a prosperous economy

Performance Measure: Micro Business Development Program (MBDP)

MBDP provides training and assistance to help low-income Vermonters start and grow businesses. Assistance includes one-to-one business counseling, business training, networking opportunities, business plan development and financial management training.

In SFY 2018:

- ➔ 668 low-income Vermonters participated:
 - ⇒ 29 unemployed participants created jobs for themselves
 - ⇒ 66 participants started new businesses
 - ⇒ 45 participants expanded their businesses
- ➔ 82 FTE jobs were created for participants and others
- ➔ \$1,439,256 in capital was leveraged



Business ownership is a proven pathway out of poverty, helping to increase income, create wealth, and move people off public assistance.

SINCE 2010:

7,715 LOW-INCOME VERMONTERS

PARTICIPATED IN MBDP

623 NEW BUSINESSES WERE STARTED

447 BUSINESSES WERE EXPANDED

795.2 JOBS (FTE) WERE CREATED AT AN

\$9,943,646

IN CAPITAL WAS LEVERAGED



Department for Children and Families

Fostering the healthy development,
safety, well-being and
self-sufficiency of Vermonters

<http://dcf.vermont.gov>