

National Standards Measurement Plan and Quarterly Status Report												
State:	Vermont											
Type of Report:	PIP Quarterly	Qtr:										
Date Submitted:												
Permanency 1:	Timeliness and Permanency of Reunification											
National Standard					122.6							
Performance as Measured in Final Report					107.7							
Performance as Measured at Baseline/Source					105.5							
Negotiated Improvement					108.6							
Re-negotiated Improvement												
Status:	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Permanency 4:	Placement Stability											
National Standard					101.5							
Performance as Measured in Final Report					64							
Performance as Measured at Baseline/Source					71.6							
Negotiated Improvement					73.7							
Re-negotiated Improvement												
Status:	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12

**Vermont Department for Children and Families/Family Services Division
Program Improvement Plan
2008 - 2010**

I. PIP General Information

CB Region: I State: Vermont

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State Agency Name: Department for Children and Families/Family Services Division	Address: 103 S. Main Street, Osgood 3 Waterbury, VT 05671
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Lead State Agency PIP Contact Person: Sheila Duranleau, Policy and Operations Manager	Telephone Number: 802-241-2669 Email Address: Sheila.duranleau@ahs.state.vt.us
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Lead State Agency Data Contact Person: Rich DiMatteo, IT Manager	Telephone Number: 802-241-2107 Email Address: Rich.Dimatteo@ahs.state.vt.us
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State PIP Team Members

Sheila Duranleau	DCF/Family Services
Lynda Schoenbeck	DCF/Family Services
Shari Young	Court Administrator's Office
Renee Silver	Child Welfare Training Partnership
Katherine Boise	Youth Development Specialist
Joannie Litch	Parent
Jared Litch	Youth
Hilda Green	CBCAP
Don Mandelkorn	AHS Field Director
Rich DiMatteo	IT Manager

II. PIP Narrative

A. Vermont's Efforts to Transform Services for Families

Vermont is experiencing an extraordinary time in the history of child welfare and juvenile justice as the Vermont Legislature passed three bills that together, completely change the legal landscape of our work.

The three substantive bills passed create a statutory framework that strongly reinforces our goals to transform child welfare practice to a more family-engaged model, with much greater emphasis on front-end services that will keep families intact. In the midst of budget crisis, the legislature passed a budget that left the child welfare program budget largely intact. In fact, a budget surplus was created by a reduction in the number of children in custody, with the instructions that funds be invested to promote the goals of the CFSR. While state government is in the middle of a two-year down-sizing, no direct services positions have been cut in the Family Services Division. The agency of administration committed, in writing, to leave child welfare positions intact during the next fiscal year.

Changes in the child abuse statute give VT the authority and responsibility to develop and implement a differential response system no later than July 2009. Comprehensive revision of the Juvenile Proceedings Act, governing dependency and delinquency proceedings, places much greater emphasis on finding and engaging non-custodial parents and relatives early, as resources for children. The statute has built in a routine 60-day court hearing to review progress towards case plan goals. Many other changes in the statute are congruent with our emerging practice model included in the PIP. The new statute will take effect on January 1, 2009.

The Family Services Division also published a Transformation Plan in January of this year. This plan lays out an ambitious agenda for change that goes far beyond the scope of the CFSR and the PIP. Vermont's PIP is a component of the Department's efforts to improve services for children and families. Vermont recognizes that transforming services for families is a true systems change that can not be accomplished within the two-year PIP period. It's a change that will require intentional and unwavering attention over time.

B. PIP Goals and Strategies

Vermont appreciates that ACF recognizes that the kinds of systemic and practice changes necessary to bring about improvement in particular outcome areas often are time consuming to implement and that change is likely to be incremental rather than dramatic. Vermont's PIP committee worked with Federal and Regional staff to identify specific activities that would result in the most significant systems change.

Vermont's PIP includes goals and strategies that address key findings from the CFSR final report such as: timeliness of investigations; safety and risk assessments; caseworker contact; family engagement; and the supervisor's role in quality services.

The PIP matrix provides an outline of the multiple activities and benchmarks that will be undertaken over the two-year PIP period. The narrative within this section provides contextual background and additional information.

1. Improve Front End Services

In January of 2008, the department decided to move toward centralization of intake. It is expected that centralized intake will be implemented in September of 2008. The change is intended to address concerns expressed during the CFSR that the department does not intervene soon enough to keep children safe and that the department is inconsistent in its application of policy and statute around the state.

The implementation process has included significant emphasis on stakeholder input. Community information forums have been held in all twelve districts and have focused on mandated reporters and community members at large, 248 people attended consultation groups around the state.

In the summer of 2007 our Child Welfare Training Partnership completed a legislative study which strongly recommended legislation related to differential response be adopted. In May of 2008, Act 168 was passed and included language sanctioning the development of rules related to differential response. Differential Response allows for range of assessment protocols without compromising child safety, it allows child welfare agencies to put greater operational focus on the front-end services and to tailor their response proportional to the situation instead of one-size fits all forensic investigation.

Vermont is participating in the New England Breakthrough Series Collaborative (BSC) on Safety and Risk Assessment. This BSC project will bring together and support diverse jurisdictions with a common goal of improving decision making and outcomes around safety and risk assessment. Jurisdictions will work together with BSC staff and other teams to share challenges, successes and strategies. Participation in the project will result in implementing an approach to child safety and risk reduction that will address the areas needing improvement in the CFSR findings such as specific assessment tools, integrated assessment, worker decision making, supervision, training, protocols and policies.

2. Increase Caseworker Contact and Improve Family Engagement

Vermont understands that caseworker visits are a critical element in assessing and maintaining child safety and well-being and has been working on a caseworker contact policy for some time now. This policy has received much attention and discussion since the last CFSR and is ready for release.

These guidelines reflect the importance of the relationship between social workers, children on their caseloads and their families in attaining permanency. The contact is organized by risk level, case type and placement of child and includes guidelines for contact by social workers and service providers.

The policy emphasizes home visits as the preferable form of face-to-face contact, for both children and families. Visiting families in their own homes enables social workers to better assess safety and other factors that determine progress towards the case plan goal. Visiting children in their own homes not only results in greater comfort for children, but also allows the worker to see the interaction between children and other family members.

Implementing the Effective Casework Model (ECM) as the casework practice framework for all cases is a major component of our PIP. ECM is a structured practice model for providing targeted case management services based on an assessment of risk and needs. This approach utilizes motivational interviewing which is a true family engagement strategy.

Vermont will use the system change map to engage staff at all levels in implementing the effective casework model. This approach includes working together to develop shared values statements; guiding principles; program services implications and evaluation decisions. Once this ground work is completed the next stage involves developing structural and procedural implications, skills, staffing and financial implications and implementation and evaluation strategies.

The Department for Children and Families has made a significant investment in technology which will enable caseworkers to complete work while in the field. All of our caseworkers will be equipped with Q phones and laptops so they can make phone calls, check email, and complete assessments and case plans with clients in settings other than the district office. We believe this will have a significant impact on caseworker contact and family engagement in case planning.

3. Strengthen Child Welfare Supervision

Research on social work practice over the past decade clearly highlights the critical role that supervisors play in the quality of services provided to children and families, as well as the satisfaction, productivity and retention of front line workers. This is particularly true in situations where agencies are working to implement new practice models as we are Vermont.

Those states who were most successful in the first round of the CFSR focused on the enhancing the quality of supervision in their states. Vermont's PIP calls for significant changes in the role and focus of the supervisor and in the structure and purpose of supervision. The role of the supervisor will be critically important to the success of the plan. New skills, particularly in the area of teambuilding and group supervision, will be needed.

Vermont has had two conference calls with Regional staff and the National Resource Center for Organizational Improvement and the National Resource Center for Family Centered Practice and Permanency Planning. We have another one planned for August 21st. Together we will develop a technical assistance plan that will integrate all aspects of the PIP but will focus on the effective casework model and the supervisors role redesign.

4. Permanency and Well-being

Several national studies have shown in no uncertain terms that children who do not achieve permanency in the child welfare system have poor outcomes as adults. Findings of the CF SR highlights challenges in a number of areas related to permanency – timely establishing of permanency goals, concurrent planning, identification of relative resources and timely completion of case plans.

Vermont believes that it is through partnering with families that we develop and implement service plans that are effective in maximizing opportunity for timely permanency and wellbeing.

There are multiple strategies within the program improvement plan designed to enhance the agency's ability to work with families.

Through the Effective Casework Model, Vermont will establish a practice framework that will incorporate motivational interviewing, initial and ongoing assessments to identify service needs, family centered meetings, family time coaching and identification of relatives as resources and supports. These components address many challenges identified in the CF SR.

PIP strategy 2B is to ensure alignment of contracted resources with the new practice model. A workgroup will evaluate current purchase of service contracts to identify gaps in the service array across the State.

Once this work is completed Vermont will engage community partners in discussions regarding necessary changes to address the service array issues identified in the CF SR. In addition, Vermont will conduct an analysis of the "out-of-home" system of care to inform changes necessary to ensure adequate placements for children and youth

A major component of the supervisor's role redesign will be continuous quality improvement. Supervisors will provide systematic, frequent case review and direction aimed at achieving safety, permanency and well-being.

5. Continuous Quality Improvement

After Vermont's first CF SR a district review process that mirrored the federal review process was designed and implemented. The process required districts to conduct a district self assessment and to submit a district plan to address issues identified in the review. All 12 districts were reviewed and they each completed their two year district plan process.

Upon evaluation, it was determined that this approach did not promote ownership of the process or outcomes at the district level. PIP strategy 3C will address this issue. Vermont will incorporate what was learned from this first round of district reviews and develop an enhanced case review process that utilizes the knowledge and expertise from all levels of the division, with a focus on the role of the supervisor.

It is through this new CQI process that Vermont will establish baselines and continuous performance tracking capability for CF SR items requiring improvement that are not measured in the composite reports. Vermont will establish baselines for these items by the end of the second PIP quarter, March 2009. In collaboration with Regional Representatives, Vermont will determine the required level of improvement for each item.

State:	Vermont				
Type of Report:	X PIP Quarterly	Quarter:			
Date Submitted:					
Goal 1:	We provide high quality, consistent front-end services that ensure safety and well-being for the children and families we serve.				
Strategy 1A: Develop and Implement a Centralized Intake Process					
Action Steps	Person Responsible	Evidence of Completion	Qtr Due	Qtr Compl.	Quarterly Update
Continue stepped roll out of Centralized Intake	Centralized Intake Manager	Written verification of implementation submitted with PIP report	1		
Continue to evaluate initial processes and make necessary adjustments	Centralized Intake Manager	Submit details of the roll out in PIP report	1-2		
Continue media outreach to mandated reporters about change from decentralized intake process	Centralized Intake Manager	Copy of media plan and any materials developed for mandated reporters to alert them to the change	1-2		
Draft related policies, post for comment, analyze feedback and finalize policies	Centralized Intake Manager	Copy of finalized policies submitted with PIP report	1-3		
Track new acceptance rates and the impact on districts	Centralized Intake Manager	Copy of acceptance rate report submitted with PIP report	2-8		
Full implementation completed	Centralized Intake Manager	Written verification of implementation submitted with PIP report	1		
Develop CQI process to ensure excellence	Centralized Intake		3-4		
Work with districts that realize an increase in investigations to address workload issues	Operations Managers	Submit details of work with PIP reports	2-5		

State:	Vermont				
Type of Report:	<input checked="" type="checkbox"/> PIP				
Date Submitted:	Quarterly	Quarter:			
Goal 2:	Families receive family-centered services and supports at the earliest opportunity to reduce risk of maltreatment and need for custody.				
Strategy 2A:	Design and implement multiple approaches to reports of child abuse and neglect & juvenile justice				
Action Steps	Person Responsible	Evidence of Completion	Qtr Due	Qtr Compl.	Quarterly Update
Obtain TA for assistance with developing multiple approaches and guidelines and training on working with intact families	Centralized Intake Manager / Policy and Operations Manager	Confirmation of commitment of T/A from NRCOI	1		
Participate in the New England Breakthrough Series Collaborative on Safety and Risk Assessments	Family Services Management Team	Documentation of participation submitted in PIP report	1-8		
Convene workgroup to work with TA consultants on developing multiple approaches, guidelines and training on working with intact families	Centralized Intake Manager / Policy and Operations Manager	Submit names of workgroup members and minutes with PIP report.	1-3		
Division Management Team and supervisors review workgroup recommendations	Centralized Intake Manager / Policy and Operations Manager	Submit DMT/Supervisors meeting minutes with PIP report	3		
Develop and/or change policy related to differential assessment strategies for child protection services (with or without legislative sanction to develop formal differential response system)	Centralized Intake Manager / Policy and Operations Manager	Submit updated and new policies	4		
Develop training for staff related to changes in policy (and possibly statute) related to differential assessment strategies	Centralized Intake Manager	Submit copy of PowerPoint presentation, training agenda, and attendance list	3-4		
Implement differential assessment strategies for child protection services through staggered district implementation beginning with three districts	Centralized Intake Manager	Submit copy of implementation plan including identification of districts where implementation will begin	4		
Develop differential assessment strategies for juvenile justice services.	JJ Director	Submit updated and new policies	5-8		
Consult with State's Attorneys, judges and other stakeholders on utilizing YASI to implement differential response in juvenile justice services.	JJ Unit	Submit schedule of consultations	1-4		

Develop, train, and implement district level action steps for YASI implementation.	JJ Unit and Juvenile Justice Work Group	Submit copies of district action plans	3-5		
Orbis Partners conduct YASI Data Collection for validation purposes	JJ Director	Submit copy of contract outlining data collection and validation process	5-6		
Orbis Partners present YASI data review	JJ Director	Submit data review materials, analysis and next steps	7		
Division Management Team reviews data report from Orbis	JJ Director	Submit Management's conclusions drawn from Orbis presentation	8		
Work with T/A consultants to develop a plan for integration of policy changes within overall practice changes.	Centralized Intake Manager / Policy and Operations Manager	Submit plan in PIP report	3-4		
Policies revised and released	Policy and Operations Manager	Submit copy of final policies	3-4		

Strategy 2B: Ensure alignment of contracted resources with practice model.				
Convene internal workgroup to evaluate POS current contracts to identify gaps in the service array available and determine if changes are necessary	System of Care Manager	Submit minutes of workgroup with PIP report	1	
Engage community partners(System of Care workgroup, State Interagency Team, community based providers) in discussion regarding changes to POS, if necessary	System of Care Manager	Submit results of discussion on this matter with PIP report	1-2	
Amend contracts as necessary and issue RFP's for newly identified service needs	System of Care Manager	Submit description of new services being offered resulting from RFP's and/or amended contracts	3-8	
Form workgroup with membership comprised of Senior level staff from DCF/Family Services, DMH and DOH/ADAP for the purpose of determining <i>Best Mental Health, Substance Abuse and Child Welfare Practice for Family Preservation and Re-unification.</i>	System of Care Manager	Submit roster of workgroup members	1	
The DCF/DMH/DOH workgroup shall research best practice, recommend practice models, and identify implementation strategies.	System of Care Manager	Written plan developed and submitted with PIP report	2-4	
Conduct analysis of "out of home" system of care to include both the residential system as well as the foster care system. Such analysis will include state and private provider representation including foster parents.	System of Care Manager	Results of analysis and recommendations submitted with PIP report	1-2	
Above analysis will inform changes made to the "types" of residential capacity contracted for, and the array of "foster care supports" available in each district.	System of Care Manager	Submit results of discussion on this matter with PIP report, including description of services to be contracted.	2-4	
Convene internal workgroup to explore ways in which existing or new contracts could be restructured such that it results in reduced caseload for state social workers.	System of Care Manager	Submit results of discussion on this matter with PIP report	1-2	

Expand workgroup (above) to include Department of Mental Health, Developmental Services and community based providers to come to agreement on services to contract for resulting in desired caseload for state social workers	System of Care Manager	Submit results of discussion on this matter with PIP report, including description of services to be contracted.	1-4		
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State:	Vermont				
Type of Report:	X PIP Quarterly	Quarter:			
Date Submitted:					
Goal 3:	Families and Children Receive Comprehensive, Strengths-Based Services that Provide Them With Successful Long-Term Safety, Permanency and Well-Being.				
Strategy 3A:	Design and implement the Effective Case Work Model for all case types				
Action Steps	Person Responsible	Evidence of Completion	Qtr Due	Qtr Compl.	Quarterly Update
Identify assessments that determine level of risk for each case type	FSMT	Document analysis in PIP report	1		
Develop standards for implementing the Effective Casework Model for all case types	Policy and Operations Manager	Submit standards in PIP report	2-3		
Continue to train the Effective Casework Model for staff who carry JJ cases.	JJ Manager	Training attendance sheets submitted with PIP report	1		
Expand Effective Casework Model training to all staff who carry custody and open family cases	CWTP	Submit training plan with PIP report	2-3		
Develop and implement Effective Casework Model training in New and Existing Employee Training (NEET)	JJ Manager	Submit training curricula and attendance sheet with PIP report	1		
Utilize existing forums to continuously reinforce the Effective Casework Model approach	FSMT	Minutes from supervisors meetings, JJ workgroup meetings, JJ annual training day, DMT and Fall conference	1-8		
Redesign case plan format	Policy and Operations Manager	Submit draft formats with PIP report	2-3		
Post new case plan formats FS intranet for 30 days to solicit staff feedback	Policy and Operations Manager	Screen shot of request for feedback submitted with PIP report	3		
Collect /analyze feedback and make necessary changes	Policy and Operations Manager	Submit final case plan formats with PIP report	3		
Automate assessments and case plan formats	IT Manager	Screen shot of case plans submitted with PIP report	4-5		
Develop practice guidance for family centered meetings	Policy and Operations Manager	Submit Guidance with PIP report	1-2		
Post Guidance in FS intranet for 30 days to solicit staff feedback	IT Manager	Screen shot of request for feedback submitted with PIP report	1-2		
Collect /analyze feedback and make necessary changes	Policy and Operations Manager	Final Practice Guidance submitted with PIP report	1-2		
Develop and conduct family centered meeting trainings	CWTP	Attendance sheets with PIP report	3-4		

Utilize existing forums to continuously reinforce the use of Family Centered Meetings approach	FSMT	Minutes from supervisors meetings, JJ workgroup meetings, JJ annual training day, DMT and Fall conference	3-8		
Utilize continuous quality improvement process to track use of family centered meetings	Supervisors	Submit CQI reports as part of PIP reports			

Strategy 3B: Re-design role, tasks and performance expectations for supervisory staff statewide					
Action Steps	Person Responsible	Evidence of Completion	Qtr Due	Qtr Compl.	Quarterly Update
Complete a supervisory workload study to inform planning for revisions in supervisory expectations and priorities	QA Coordinator	Copy of workload study submitted with PIP report	1		
Obtain T/A for assistance with supervisor role re-design and plan for integration	QA Coordinator	T/A agreement submitted with PIP report	1		
Present workload study analysis at statewide supervisor's meeting, FSMT and DMT	QA Coordinator	Copy of meeting notes submitted with PIP report	1		
Convene workgroup to work with T/A consultants to develop recommendations on role re-design	QA Coordinator	Minutes from workgroup submitted with PIP report	1-2		
Post role re-design to FS intranet for 20 days to solicit staff feedback	IT Manager	Snapshot of information on intranet for feedback submitted in PIP report	3-4		
Collect /analyze feedback and make necessary changes	QA Coordinator	Final product submitted in PIP report	3-4		
Workgroup uses supervisor's meetings to solicit input in supervisory professional development, training and support needs for successful implementation of Transformation practice improvement strategies	QA Coordinator	Copy of supervisory survey response sheets and meeting notes submitted with PIP reports	1-3		
Use supervisor's meetings to deliver professional development training and support	CWTP/FSMT	Documentation of trainings delivered at supervisor's meetings submitted with PIP report	4-8		
Revise supervisory policy and performance appraisal document to be consistent with changes in role, task and training expectations.	Policy and Operations Manager	Revised policy submitted with PIP report	3-4		
Develop and deliver supervisory level mini-training modules based on identified needs and consistent with new practice model	CWTP	Training modules submitted with PIP report	4-8		

Strategy 3C: Develop and implement a continuous quality improvement process					
Action Steps	Person Responsible	Evidence of Completion	Qtr Due	Qtr Compl.	Quarterly Update
Convene a workgroup to develop an enhanced quality improvement process that utilizes knowledge and expertise from all levels of the division	QA Coordinator	Workgroup minutes submitted with PIP report	1		
Workgroup reviews supervisory Q/A processes and tools used in other states and makes recommendations to FSMT, DMT and Supervisors	QA Coordinator	Workgroup minutes submitted with PIP report	1		
Post quality improvement process to FS intranet for 20 days to solicit staff feedback	IT Manager	Snapshot of intranet site for feedback	1-2		
Collect /analyze feedback and make necessary changes	QA Coordinator	Final continuous quality improvement process submitted in PIP report	1-2		
Develop practice guidance and policy for new quality improvement process	QA Coordinator	New policy and practice guidelines submitted with PIP report	1-2		
Develop and deliver quality improvement process training	QA Coordinator	Training schedule submitted with PIP report	1-2		
Implement first round of case review process to establish baseline for PIP.	QA Coordinator	Results of case review and baseline submitted with PIP report	2		
Make revisions to case review process if necessary	QA Coordinator	Revisions submitted with PIP report	3-4		
Survey Judges and foster parents to determine if notice and opportunity process already implemented is working	Court VFAPA Policy and Ops Manager	Results of survey submitted in PIP report	2		

Item Specific and Quantitative Measurement Plan

State:	Vermont											
Type of Report:	PIP Quarterly	Qtr:										

Date Submitted:												
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Safety 1 Timeliness of Investigations, Item 1

National Standard	N/A											
Performance as Measured in Final Report	Percent of cases responded to within division time frames											
Performance as Measured at Baseline/Source												
Negotiated Improvement	Year 1:			Year 2:								
Method for Measuring Improvement	Quality Assurance case reviews and automated reports											
Status:	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12

Safety 2 Services to Prevent Removal, Item 3

National Standard	N/A											
Performance as Measured in Final Report	Percent of cases with demonstrated diligent efforts to prevent placement											
Performance as Measured at Baseline/Source												
Negotiated Improvement	Year 1:			Year 2:								
Method for Measuring Improvement	Quality Assurance case reviews											
Status:	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12

Safety 2 Risk of Harm, Item 4

National Standard	N/A											
Performance as Measured in Final Report	Percent of cases with concerted efforts to assess/re-assess safety and risk											
Performance as Measured at Baseline/Source												
Negotiated Improvement	Year 1:			Year 2:								
Method for Measuring Improvement	Quality Assurance case reviews, SDM tracking reports											
Status:	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12

Permanency 1 - Permanency Goals Item 7												
National Standard												
Performance as Measured in Final Report		In % of cases reviewed the Division established appropriate permanency goals										
Performance as Measured at Baseline/Source Data Period		To be negotiated										
Negotiated Improvement Goal		Year 1 = Year 2 =										
Method for Measuring Improvement		Quality Assurance case reviews										
Status	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Permanency 2 - Relative Placements Item 15												
National Standard												
Performance as Measured in Final Report		In % of cases reviewed, the Division made concerted efforts to place child with relatives when appropriate										
Performance as Measured at Baseline/Source Data Period		To be negotiated										
Negotiated Improvement Goal		Year 1 = Year 2 =										
Method for Measuring Improvement		Quality Assurance case reviews, quarterly management data reports										
Status	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12

Well-being 1 - Needs/services of Child, Parents, Foster Parents Item 17

National Standard												
Performance as Measured in Final Report	In % of cases reviewed, the Division made concerted efforts to assess needs and identify and provide services											
Performance as Measured at Baseline/Source Data Period	To be negotiated											
Negotiated Improvement Goal	Year 1 = Year 2 =											
Method for Measuring Improvement	Quality Assurance case reviews											
Status	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12

Well-being 1 - Worker Visits With Child Item 19

National Standard												
Performance as Measured in Final Report	In of cases reviewed, the Division's frequency and quality of visits was sufficient to assure safety, permanency and well-being											
Performance as Measured at Baseline/Source Data Period	To be negotiated											
Negotiated Improvement Goal	Year 1 = Year 2 =											
Method for Measuring Improvement	SDM tracking reports											
Status	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12

Attachment C

Strategy Summary and TA Plan

State: Vermont

Date Submitted: March 6, 2008

Primary Strategies	Key Concerns	TA Resources Requested
Develop and implement a centralized intake process	Division inconsistent in meeting statutory commence times or requesting/documenting waivers when necessary	We have discussed T/A needs with our Federal and Regional reps and will develop a plan to integrate PIP components once the PIP is approved. We have talked with NRCOI and NRCFCPPP
Developing multiple approaches and guidelines on working with intact families	Division was inconsistent in providing adequate initial and ongoing assessments to determine safety and service needs for children remaining in their homes that could prevent custody.	We have discussed T/A needs with our Federal and Regional reps and will develop a plan to integrate PIP components once the PIP is approved. We have talked with NRCOI and NRCFCPPP
	Caseworker face to face visits with children and parents were below acceptable levels.	
	Division's efforts to involve children and family in case planning was inadequate	
	Documentation in case files/case notes was inadequate	
Re-design role, tasks and performance expectations for supervisory staff statewide	Training addressing the unique needs of supervisory staff is not available	We have discussed T/A needs with our Federal and Regional reps and will develop a plan to integrate PIP components once the PIP is approved. We have talked with NRCOI and NRCFCPPP
	Division practice standards are inconsistently adhered to and applied.	