

Vermont Department for Children and Families

Outcomes for Vermonters
(January 2017)



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Department for Children and Families

Mission & Vision

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

We envision Vermont as a place where people prosper; children and families are safe and have strong, loving connections; and individuals have the opportunity to fully develop their potential.

Departmental Structure

DCF is structured around the Commissioner's Office, three divisions that support work across the department (Business Office, Information Services and Operations) and six programmatic 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 within the department 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, including older Vermonters, people with disabilities, and families with children

Departmental Highlights

Child Development Division:

- In FY 2016, \$47.5 million in Child Care Financial Assistance helped 12,268 children (*average of 8,420 each month*) access early care and education and afterschool programs. (*page 9*)
- The average number of children in high quality care increased from 4,527 in FY 2015 to 4,849 in FY 2016 — a 7% increase. (*page 9*)

Economic Services Division:

- Since FY 2012, the average monthly caseload for families on Reach Up has decreased from 5,107 in 2012 to 3,534 in 2016, a 30% reduction. This trend is an indication of how the supports provided through the Reach Ahead Program and an improving economy are helping families transition from Reach Up and the Postsecondary Education Program to work. (*page 20*)

Family Services Division:

- Calls to the state's Child Protection Line continue to increase each year. Since FY 2013, the number of calls have increased by 29%. In FY 2016, Family Services received a record 21,142 reports of suspected child abuse or neglect and initiated 5,536 child safety interventions: 3,074 assessments and 2,462 investigations. (*page 24*)
- Opiate addiction continues to be a factor affecting children's safety in Vermont. One of the consequences is a substantial increase in the number of children in DCF custody, from 982 in FFY 2013 to 1,323 in FFY 2016. The increase has been most dramatic for children aged 0 to 5 — from 284 in FFY 2013 to 518 in FFY 2016. (*page 26*)

Office of Child Support:

- The Office of Child Supports ranks high in key federal performance measures: 2nd in the nation for the percentage of cases with collections on past due child support, 6th for the percentage of current child support paid, and 11th for the percentage of cases with child support orders established. (*page 33*)

Office of Disability Determination:

- The Office of Disability Determination Services processed claims for disability benefits 12 to 14 days faster than the national average while maintaining very high accuracy — ranking Vermont in the top six states in the nation. (*pages 37 & 38*)

Office of Economic Opportunity:

- The Office of Economic Opportunity supported operations at 29 overnight emergency shelters across the state. In FY 2016, 4,143 persons (3,263 adults and 880 children) were sheltered for a total of 173,840 shelter bed nights. The average length of stay was 39 days, an indicator of how difficult it is to find affordable housing. (*pages 44 & 45*)

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 licenses and monitors registered family child care homes and licensed programs to make sure they provide safe and healthy environments for children and contribute to their development.

The percentage of all programs visited increased from 78% in FY 2015 to 87% in FY 2016.

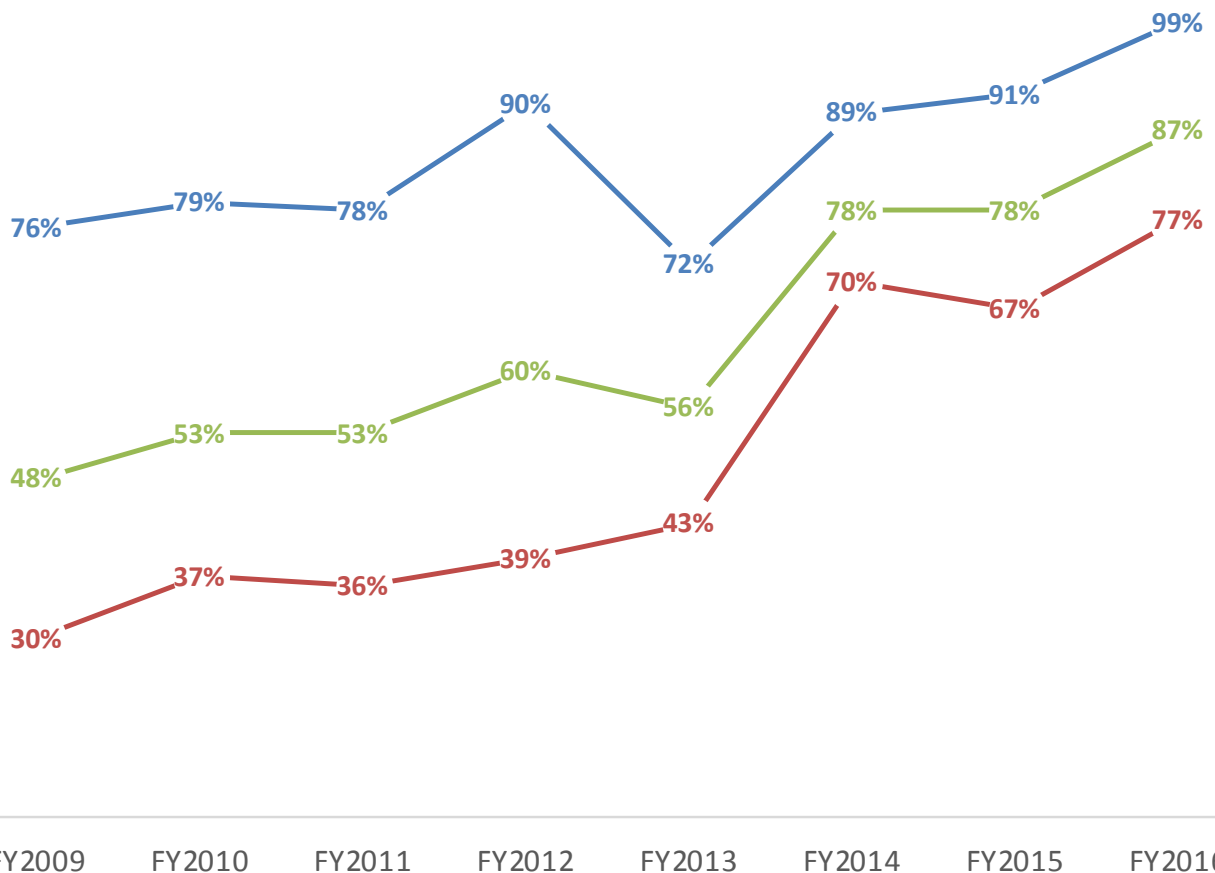
- ➔ 99% of licensed programs were visited in FY 2016
- ➔ 77% of registered homes were visited in FY 2016



CDD will continue working towards the goal of visiting 100% of all programs at least once a year.

Child Care Programs Visited by Licensing

— % of Licensed Programs Visited — % of Registered Homes Visited — % of All Programs Visited



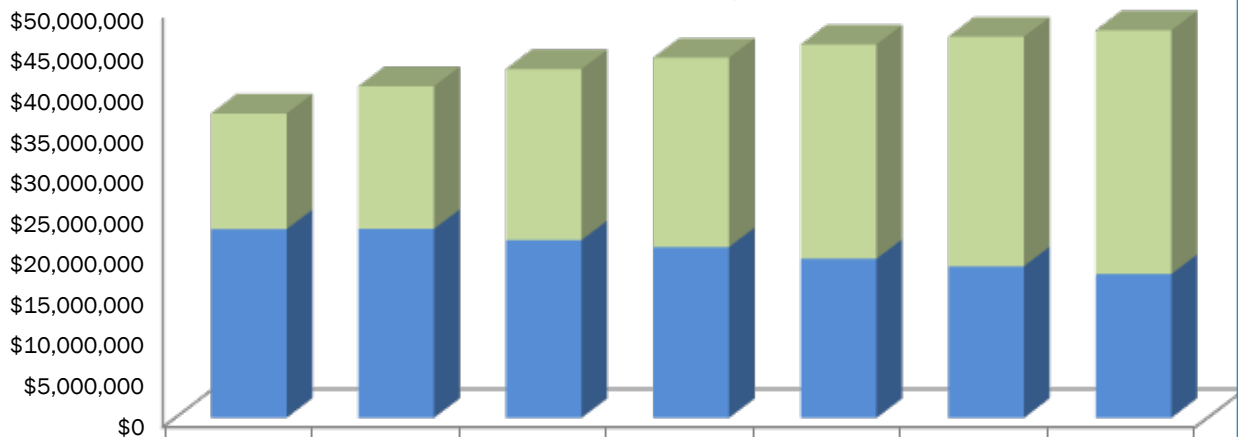
Outcome: Children are ready for school

Performance Measure: Financial Assistance for Children in High Quality Care

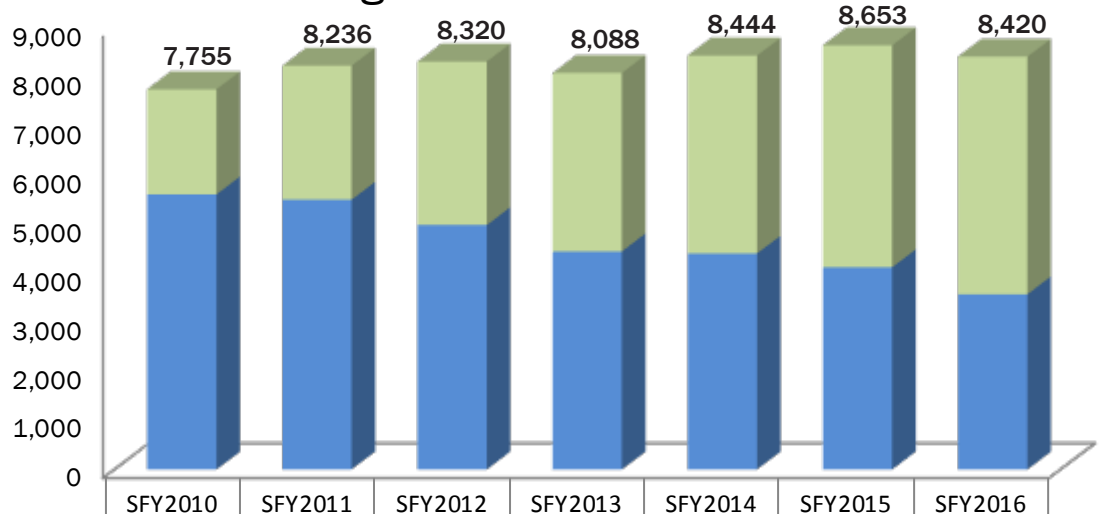
In FY 2016, \$47.5 million in Child Care Financial Assistance helped 12,268 children (average of 8,420 each month) access early care and education and afterschool programs.

- ➔ 62.9% of the total budget was spent on high quality care (*three or more stars*)
- ➔ 57.6% of the children getting financial assistance were in high quality care

Child Care Financial Assistance, Dollars spent



Child Care Financial Assistance, Average number of children



Outcome: Children are ready for school

Performance Measure: Licensed Child Care Providers¹ Participating in STARS

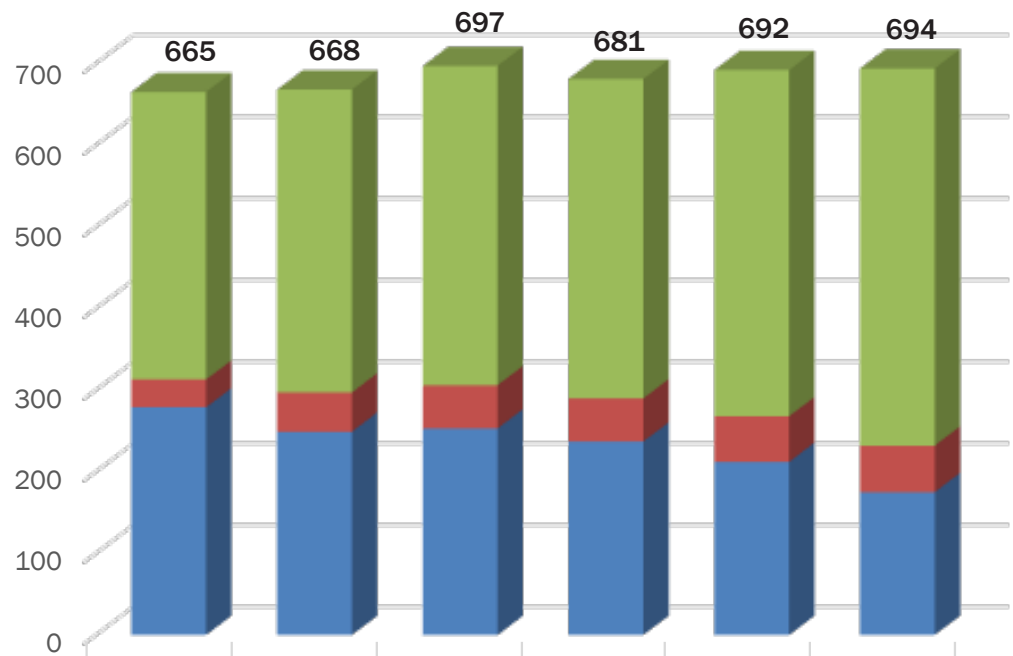
CDD supports the continuous improvement of early childhood and afterschool programs through the STep Ahead Recognition System (STARS). Programs that participate in STARS are going above and beyond state regulations to provide professional services that meet the needs of children and families.

Research shows that high quality early care and education has a demonstrable, positive impact on children's development, well-being and school readiness.

- ➔ The percentage of providers participating in STARS at any level increased from 69% in FY 2015 to 75% in FY 2016
- ➔ The percentage of providers that achieved 3, 4 or 5 out of 5 possible stars (an indicator of high quality) increased from 61% in FY 2015 to 67% in FY 2016

¹ Child care services that are typically provided outside of a home. This includes part-day and full-day programs, preschools, school-age care programs, public preschool, ski resort child care, Head Start and Early Head Start. The program must meet the appropriate Vermont child care regulations, which include both health and safety criteria.

Licensed Child Care Programs by STARS Participation



■ Programs at 3, 4, 5 star level

■ Programs at 1 or 2 star level

■ Programs not participating in STARS

Outcome: Children are ready for school

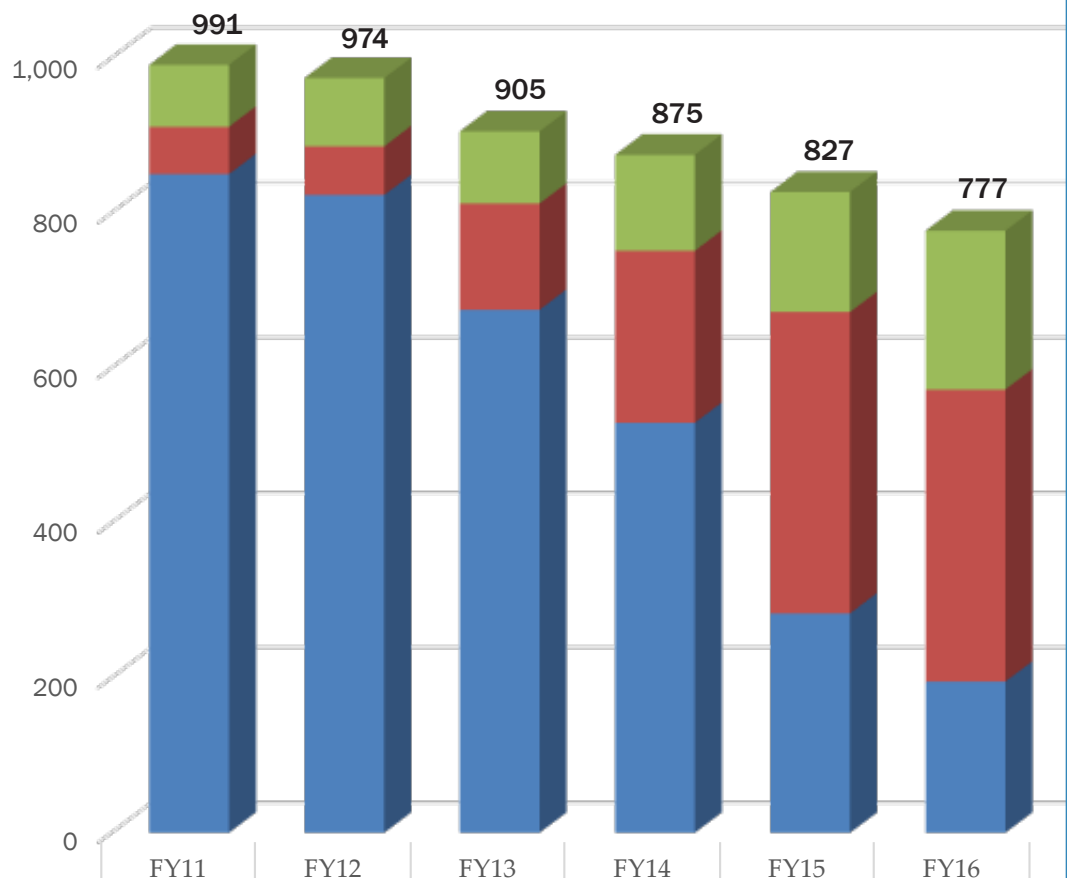
Performance Measure: Registered Child Care Providers¹ Participating in STARS

Registered providers generally enter STARS at a one- or two-star level, and they progress over time to higher levels. Their participation at any level is a step in the right direction towards high quality care for all children in Vermont

- ➡ The percentage of all registered providers participating in STARS increased from 66% in FY 2015 to 75% in FY2016
- ➡ The percentage of all registered providers that achieved 3, 4 or 5 out of 5 possible stars (an indicator of high quality) increased from 19% in FY15 to 26% in FY16

1 Child care provided in the provider's home. The person that is registered is responsible for providing the majority of the care to the children enrolled in the program. The program must meet Vermont's Registered Day Care Home regulations, which include health and safety criteria.

Registered Providers by STARS Participation



| | | | | | | |
|-------------------------------------|-----|-----|-----|-----|-----|-----|
| Programs at 3, 4, 5 star level | 80 | 88 | 93 | 124 | 155 | 205 |
| Programs at 1 or 2 star level | 61 | 63 | 137 | 222 | 389 | 377 |
| Programs not participating in STARS | 850 | 823 | 675 | 529 | 283 | 195 |

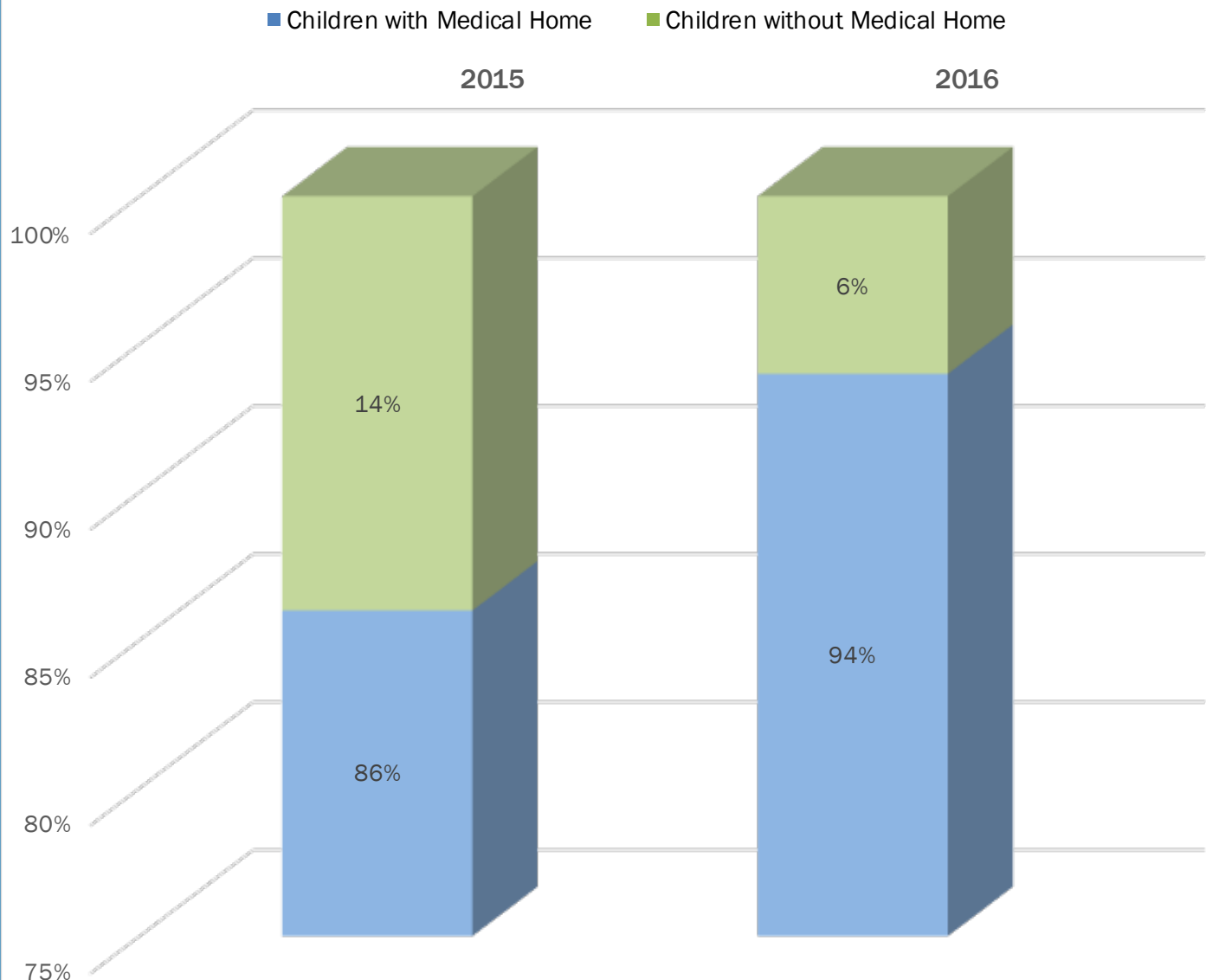
Outcome: Families are safe, nurturing, stable and supported

Performance Measure: Strengthening Families Child Care Grants

CDD provides grants to help high-quality child care programs (4 or 5 stars) incorporate principles from the nationally-recognized, evidence-based *Strengthening Families Framework* into their program policies and practices.

Thirty (30) grantees representing 40 regulated child care programs across the state received grants in 2016. Grantees ensured that the vast majority of enrolled children had access to primary care providers (*medical homes*) and increased the number with medical homes by 8% in 2016.

Children with Access to Medical Homes



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.

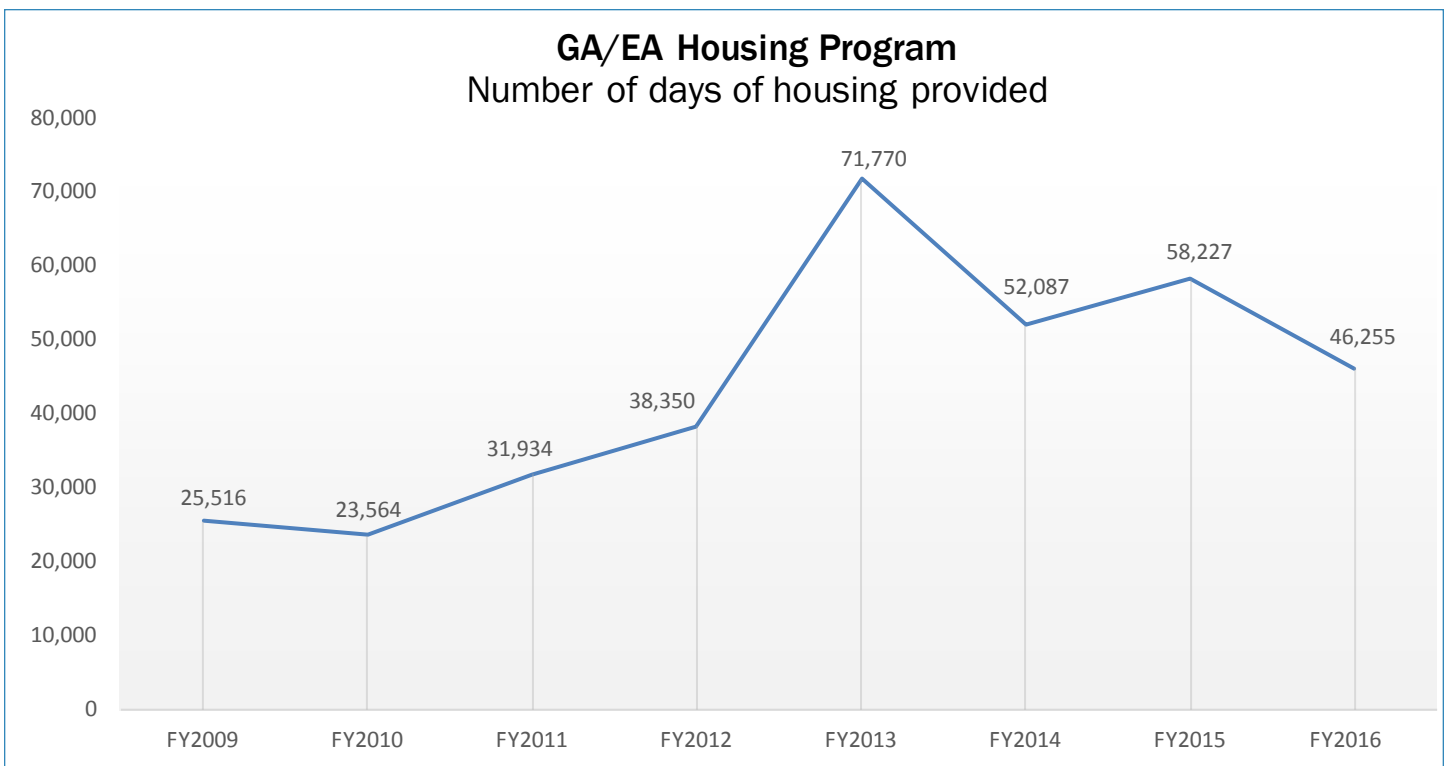
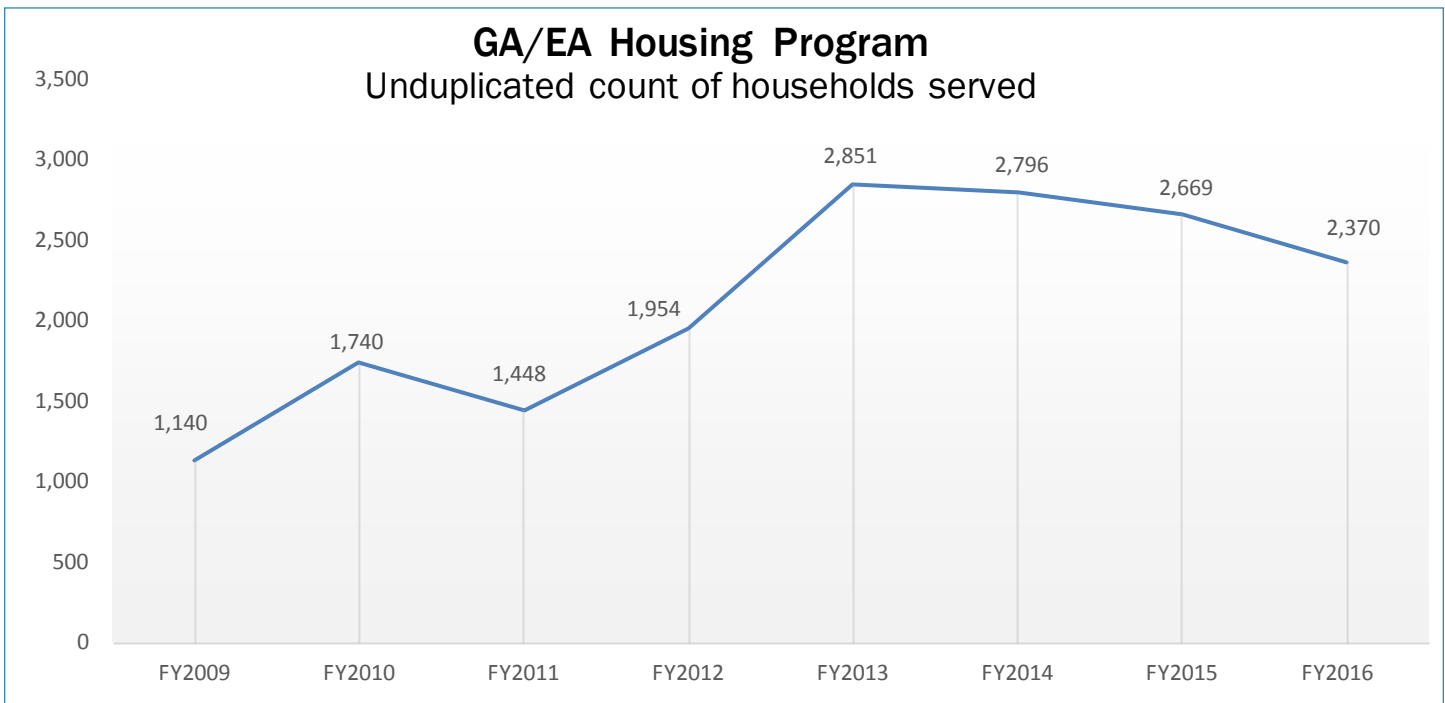
Populations Served

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

Outcome: Vermonters are healthy

Performance Measure: GA/EA Housing Assistance - Households

- ➡ The number of unique households getting GA/EA Housing Assistance decreased, from 2,669 in FY2015 to 2,370 in 2016
- ➡ The total number of days of housing provided decreased substantially, from a total of 58,227 days in FY 2015 down to 46,255 in 2016



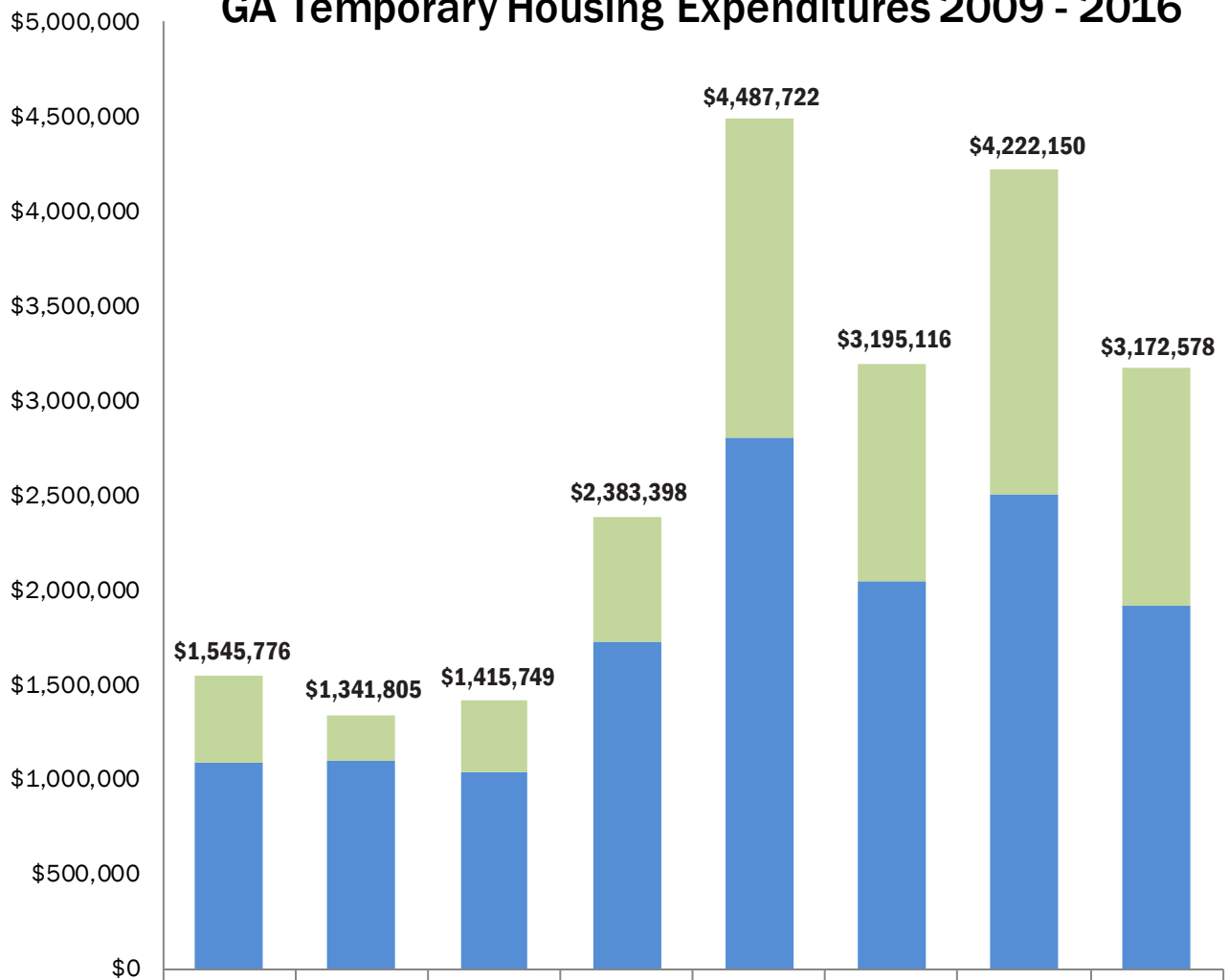
Outcome: Vermonters are healthy

Performance Measure: GA/EA Housing Assistance - Expenditures

GA/EA housing expenditures decreased from \$4.2 million in FY 2015 to \$3.2 million in FY 2016.

- ➔ The average assistance provided per household went down, from \$1,451 in FY 2015 to \$1,339 in FY 2016
- ➔ The average number of days assistance was provided went down, from 22 in FY 2015 to 20 in FY 2016
- ➔ The average cost per night for a motel stay went up, from \$66.50 in FY 2015 to \$68 in FY 2016

GA Temporary Housing Expenditures 2009 - 2016



Outcome: Vermonters are healthy

Performance Measure: Vermont Rental Subsidy Program (VRSP)

VRSP began in December of 2011. It provides state-funded rental assistance to homeless families and individuals who don't earn enough income to afford rent in their communities. Subsidies provide support for up to one year while households work to increase their incomes or secure other long-term affordable housing. Participants pay 30% of their incomes towards rent, and the State pays the difference to the landlords.

Since the program started, 363 households have moved off VRSP because they secured long-term vouchers, increased their earnings or found alternative housing options.

The average cost to the State (*as of September 2016*) is \$713 per household, per month.

VERMONT RENTAL SUBSIDY PROGRAM – Year to Year Comparison

| Household Composition of VRSP Recipients | Sept.2013 | Sept. 2014 | Sept. 2015 | Sept. 2016 |
|--|-----------|------------|------------|------------|
| Single-parent families with children | 34 | 47 | 68 | 102 |
| Two-parent families with children | 24 | 18 | 39 | 25 |
| Individuals | 3 | 11 | 6 | 6 |
| Couples without children | 0 | 3 | 5 | 0 |
| Total Households | 61 | 79 | 118 | 133 |
| - Households receiving Reach Up | 51 | 41 | 70 | 107 |
| - Households receiving SSI | 3 | 14 | 18 | 8 |
| - Households receiving both Reach Up and SSI | 3 | 3 | 7 | 2 |
| - Other households under 125% of FPL | 4 | 21 | 23 | 16 |

| Program Performance | Sept.2013 | Sept. 2014 | Sept. 2015 | Sept. 2016 |
|--|-----------|------------|------------|------------|
| Households approved and leased up | 61 | 79 | 118 | 133 |
| Households tentatively granted and seeking housing | 1 | 61 | 30 | 36 |
| Total number of households on the waiting list | 48 | 13 | 73 | 79 |

| Program Cost Analysis | Sept.2013 | Sept. 2014 | Sept. 2015 | Sept. 2016 |
|--|-----------|------------|------------|------------|
| Average monthly rent paid by tenant | \$295 | \$268 | \$308 | \$280 |
| Average monthly rent paid by DCF | \$662 | \$553 | \$626 | \$713 |
| Average cost per household for full year of VRSP | \$7,944 | \$6,636 | \$7,512 | \$8,556 |
| Average time housed by VRSP (in months) | 10 | 12 | 10 | 9 |

Outcome: Vermont has open, effective and inclusive government

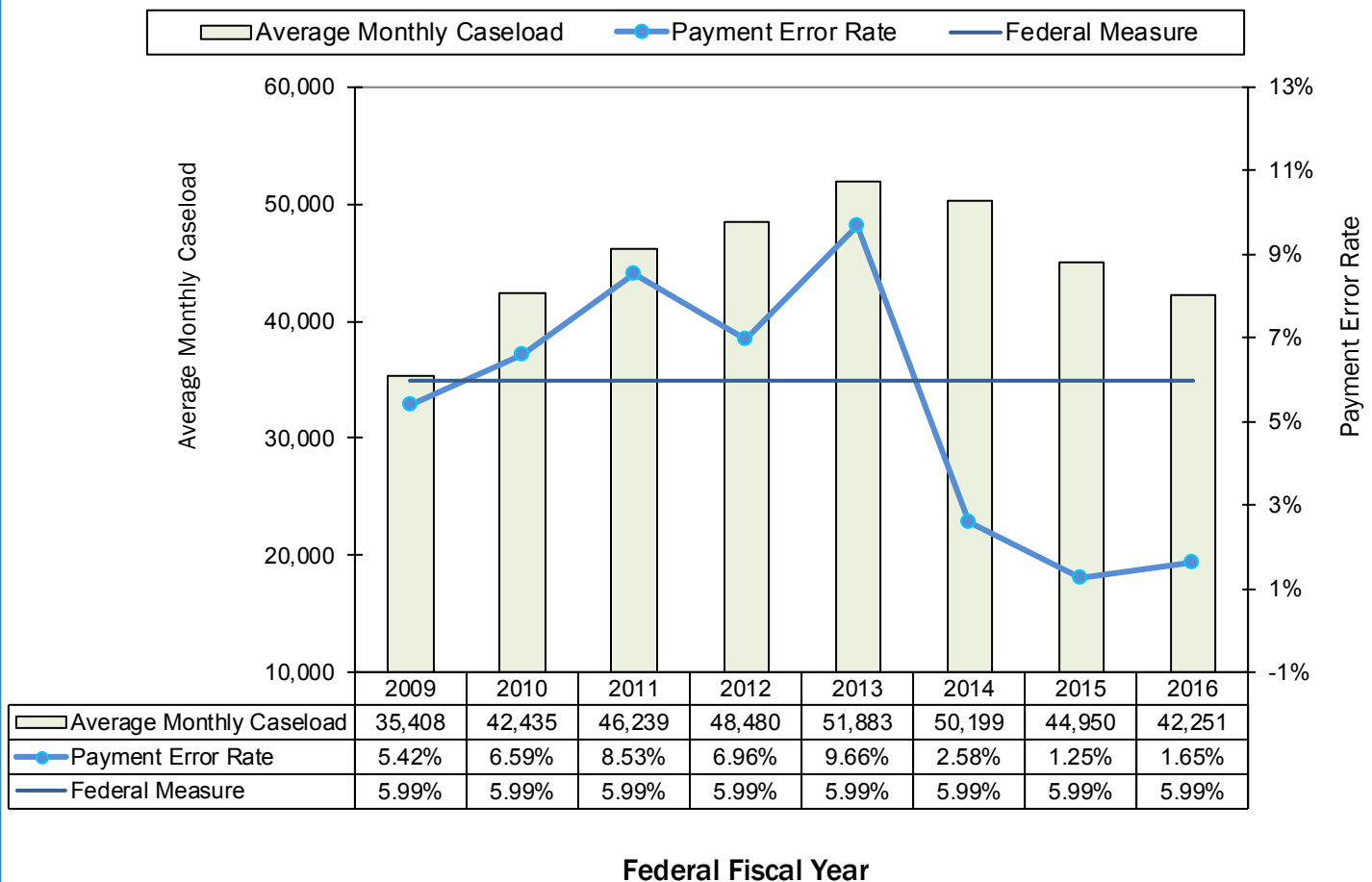
Performance Measure: 3SquaresVT Caseload and Payment Error Rate

3SquaresVT, which is 100% federally funded, helps reduce hunger in Vermont and stimulates the state's economy (generating \$1.84 in financial benefits for every \$1 spent).

The Food & Nutrition Service of the US Department of Agriculture, which oversees the program nationally, requires states to achieve a minimum accuracy rate of 94% when issuing benefits – or face penalties. This means that the percentage of total recipients who were either under or over paid, calculated as a *Payment Error Rate*, must be below 6% to be in compliance.

Vermont has exceeded this standard for the third year in a row — standing at 1.65% for the first nine months of FFY 2016.

3SquaresVT Caseload and Payment Error Rate



* data thru 05/2016

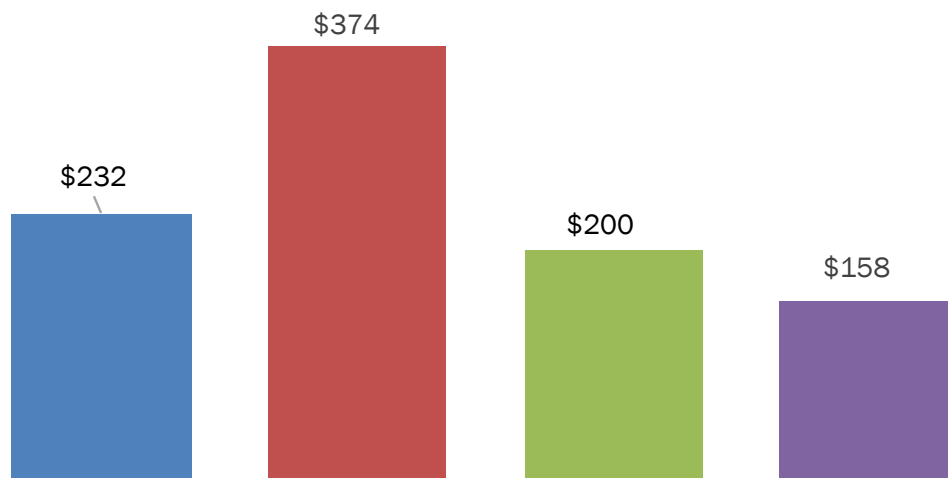
One-Month Snapshot of 3SquaresVT Participants

Data for the Month of September 2016

| | |
|---|---------------|
| Total Recipients | 78,034 |
| - Recipients aged 0-17 | 26,528 (34%) |
| - Recipients with a disability | 20,628 (26%) |
| - Recipients aged 60 or older | 13,840 (18%) |
| Total Participating Households | 42,390 |
| - Households with children aged 0-17 | 13,797 (33%) |
| - Households with at least one person with a disability | 19,303 (46%) |
| - Households with at least one person aged 60+ | 10,493 (25%) |

Average 3SquaresVT Benefit as of September 2016

- - 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: Families are safe, nurturing, stable and supported

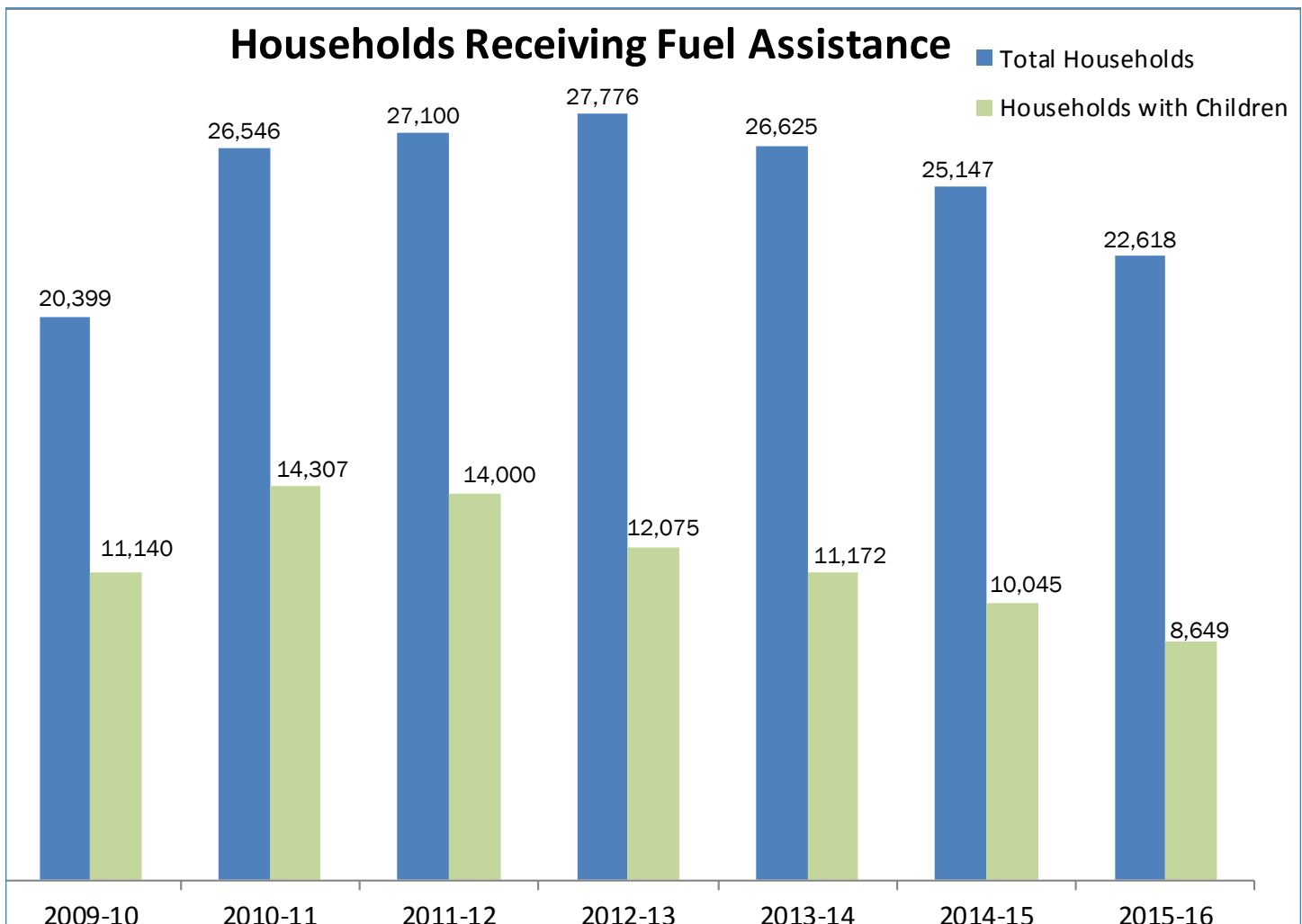
Performance Measure: Seasonal Fuel Assistance

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. It can help whether they:

- ➔ Own their home or rent
- ➔ Pay for heat directly or as part of rent
- ➔ Rent a room in someone's home
- ➔ Live in public, subsidized, or Section 8 housing AND rent includes the cost of heat

During the 2015-16 heating season (*November 1, 2015 to March 31, 2016*):

- ➔ 22,618 households received a full fuel benefit
- ➔ 8,649 of those households included children
- ➔ The average benefit paid to certified fuel dealers for all households was \$699

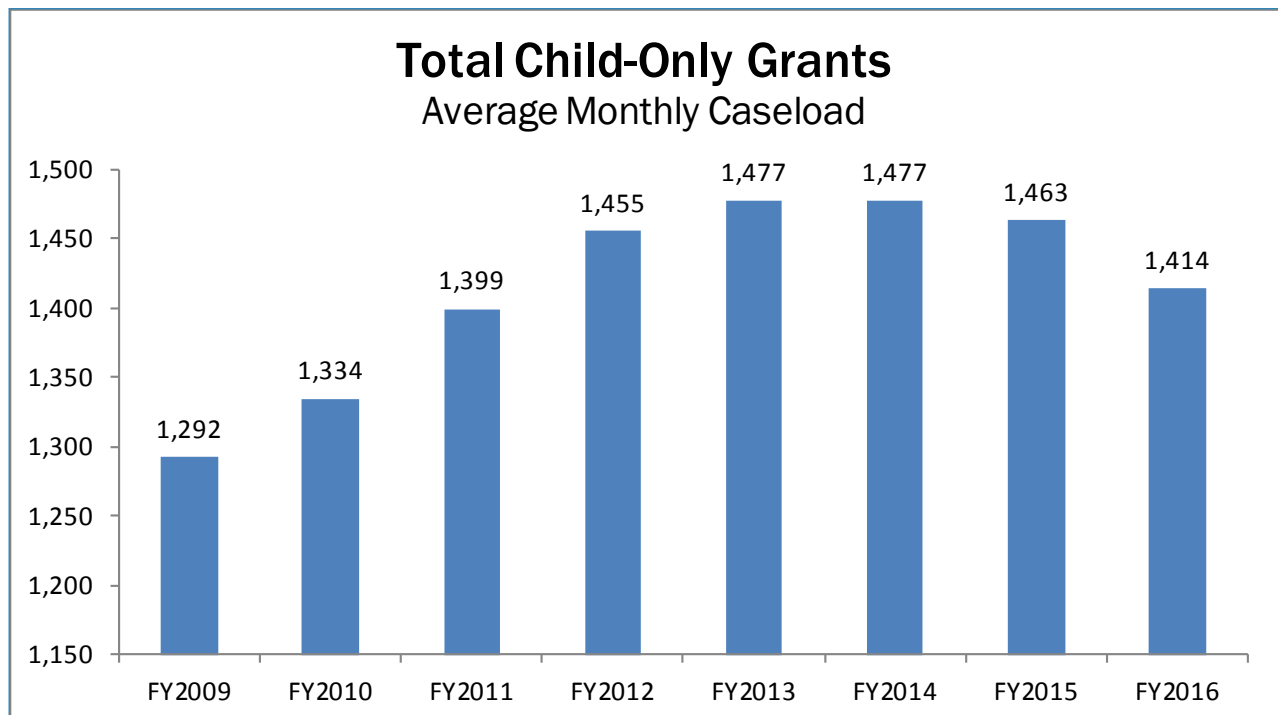
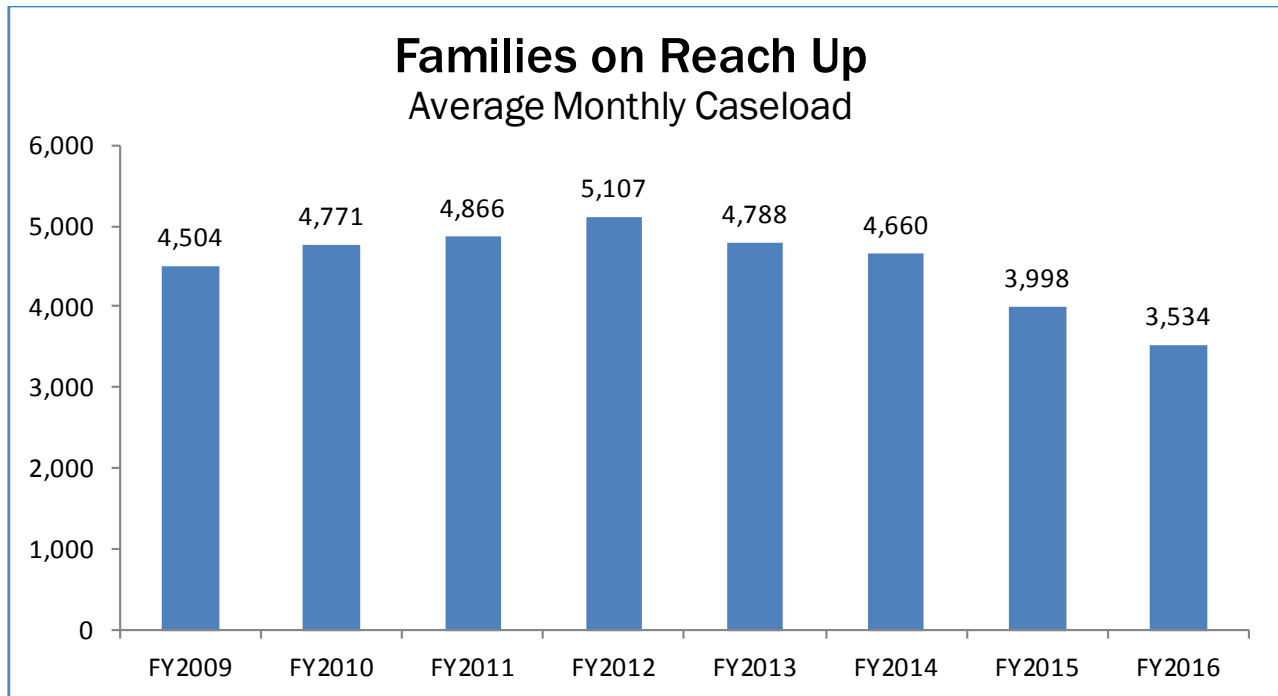


Outcome: Families are safe, nurturing, stable and supported

Performance Measure: Reach Up Grants

In FY 2016, Reach Up:

- ➔ Helped 3,534 families each month (on average) to meet their basic needs and find employment
- ➔ Provided 1,414 child-only grants each month (on average) to parents receiving SSI and adults caring for the minor, dependent children of relatives or family friends



Outcome: Families are safe, nurturing, stable and supported

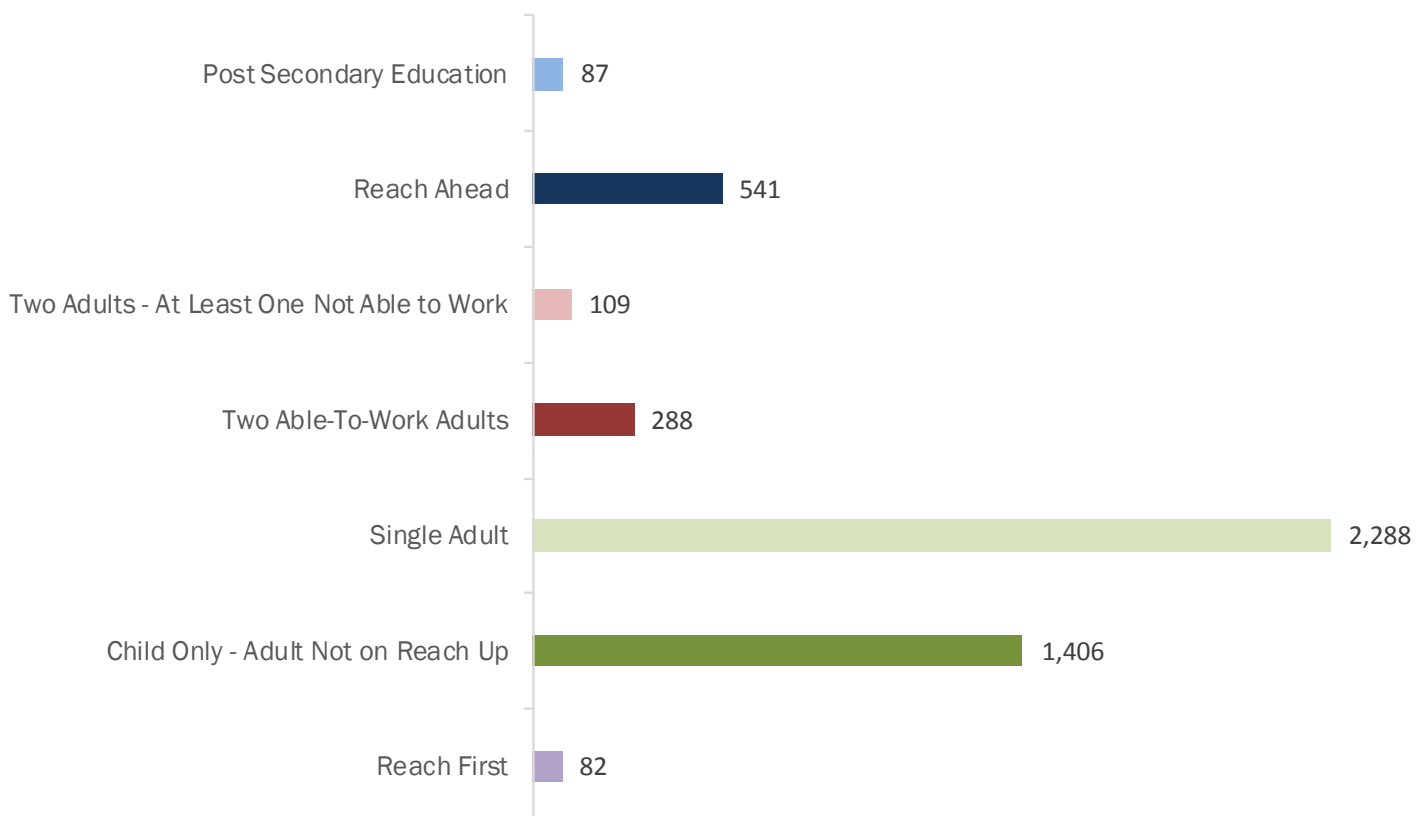
Performance Measure: Reach Up: Types of Families on the Caseload

The chart below describes the types of families on the Reach Up caseload in FFY 2016. 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 FFY2016

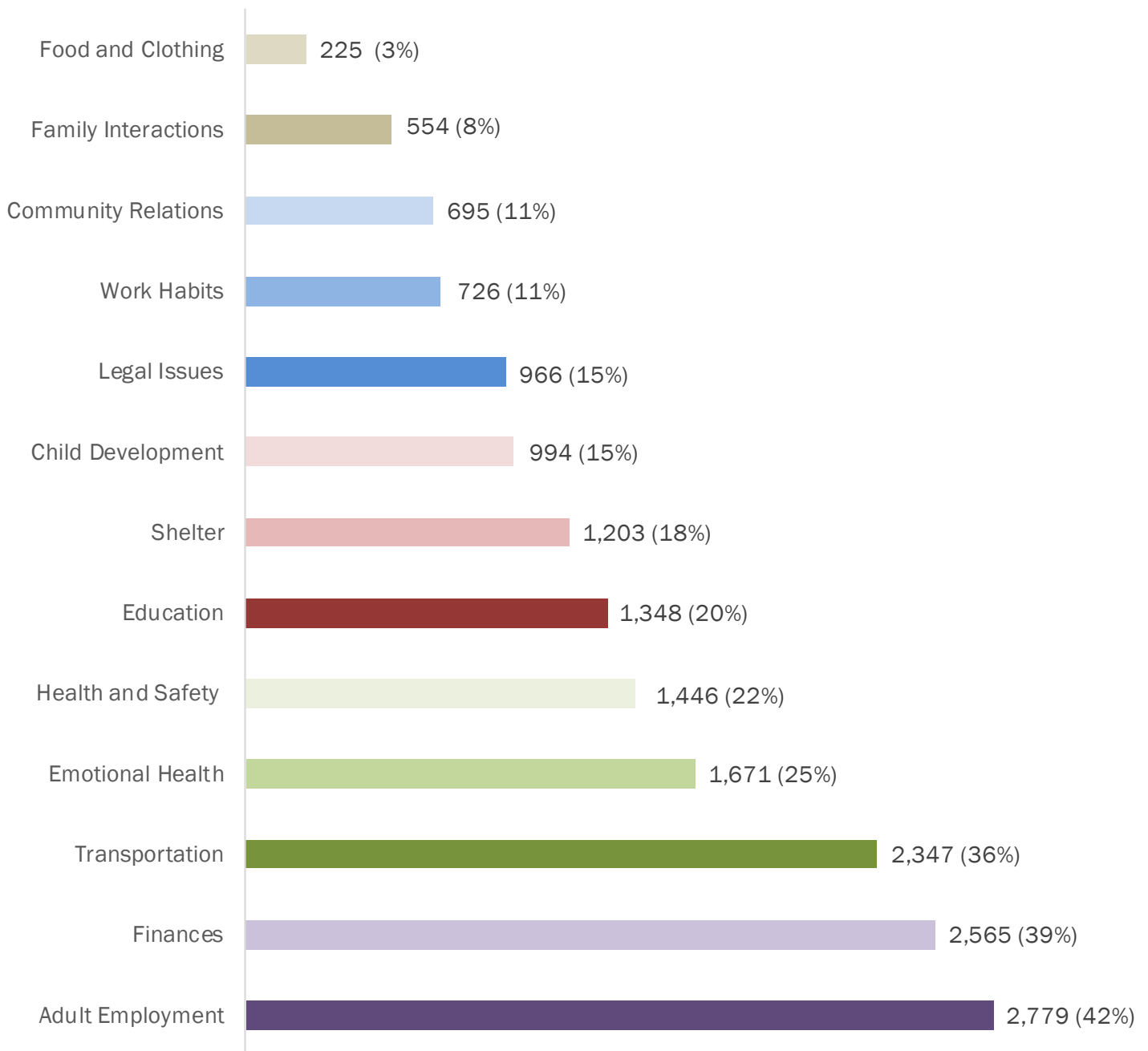


Outcome: Families are safe, nurturing, stable and supported

Performance Measure: Reach Up Participants With Barriers

The chart below shows the types of barriers that families receiving Reach Up grants face as they try to become financially independent.

Reach Up Participants With Barriers, FFY 2016



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

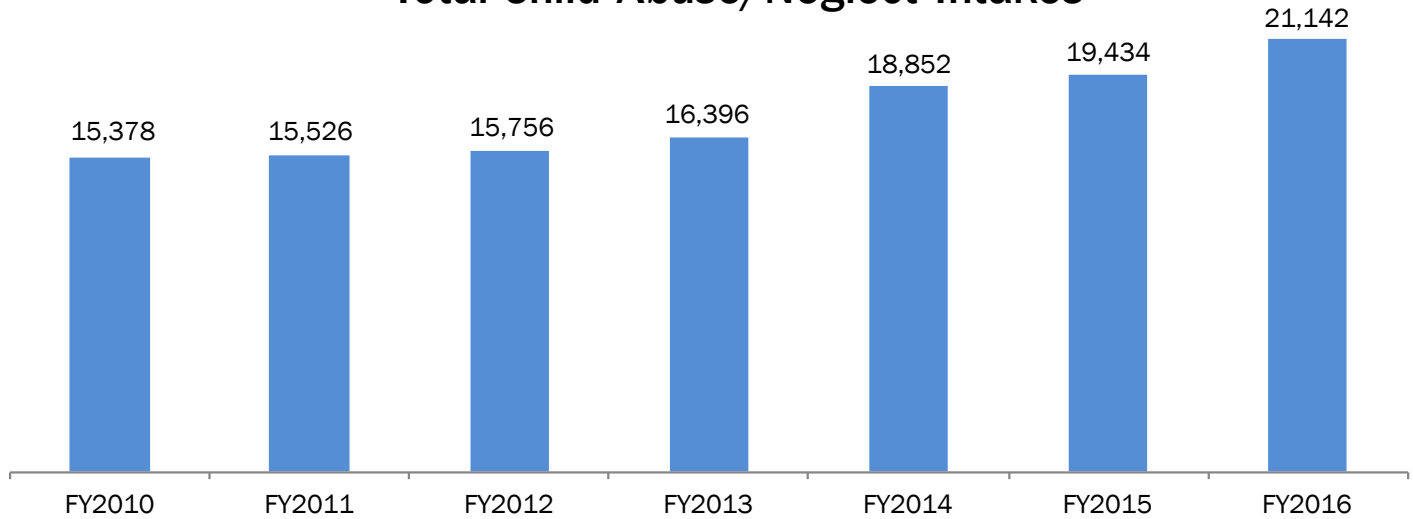
Outcome: Families are safe, nurturing, stable and supported

Performance Measure: Child Safety Intakes & Interventions

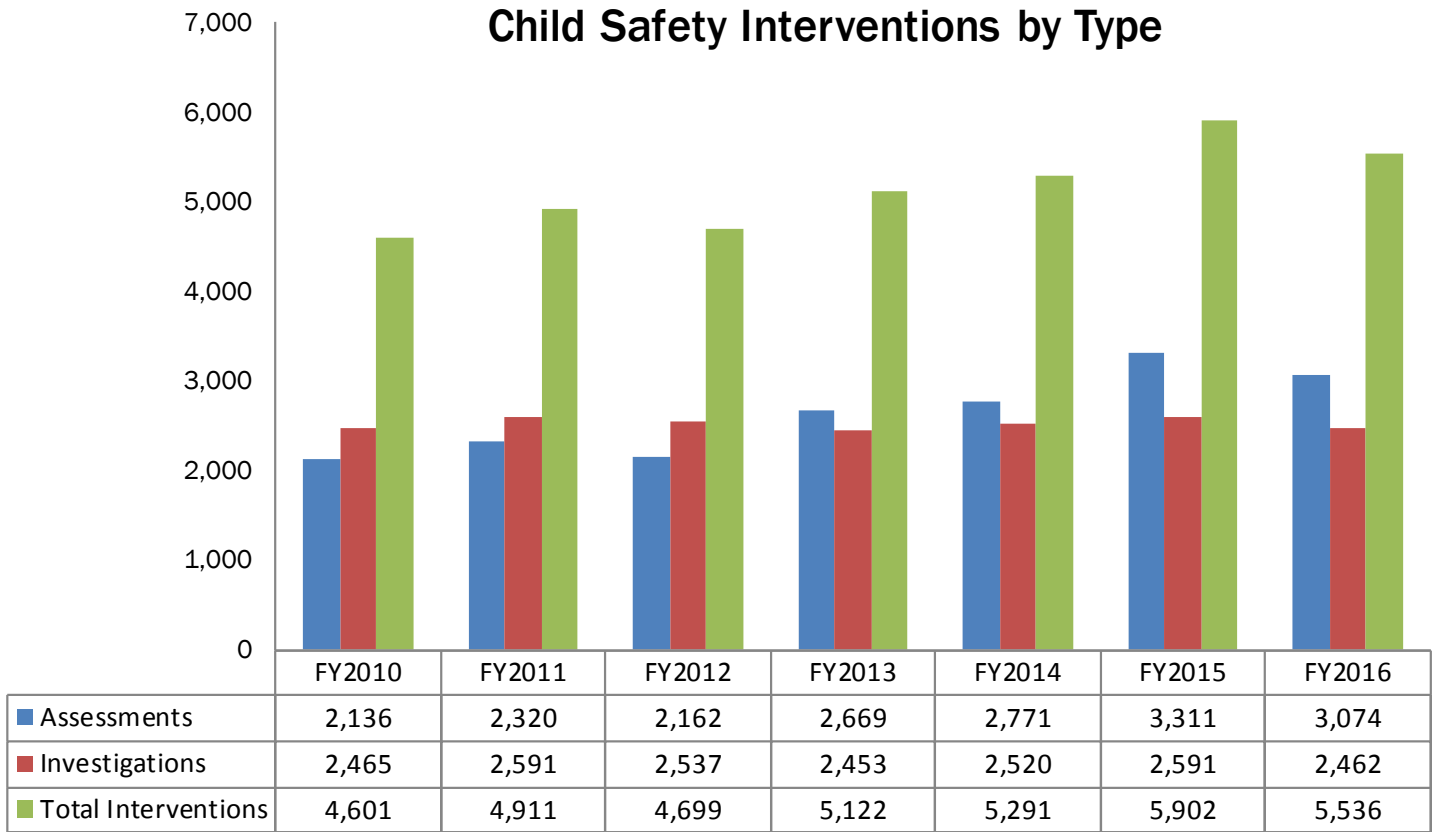
In FY 2016, FSD received a record 21,142 reports (*intakes*) about suspected child abuse or neglect. As a result of those calls, FSD initiated 5,536 child safety interventions:

- ➡ 3,074 assessments
- ➡ 2,462 investigations

Total Child Abuse/Neglect Intakes



Child Safety Interventions by Type



Outcome: Families are safe, nurturing, stable and supported

Performance Measure: Family Factors Identified by Reporters at Intake

While children from any family can experience child abuse and neglect, we know that there is a strong correlation between child maltreatment and factors such as substance abuse, domestic violence, mental health and financial insecurity. The presence of these factors can create a toxic level of stress that impairs a family's ability to function and inhibits the development and well-being of children.

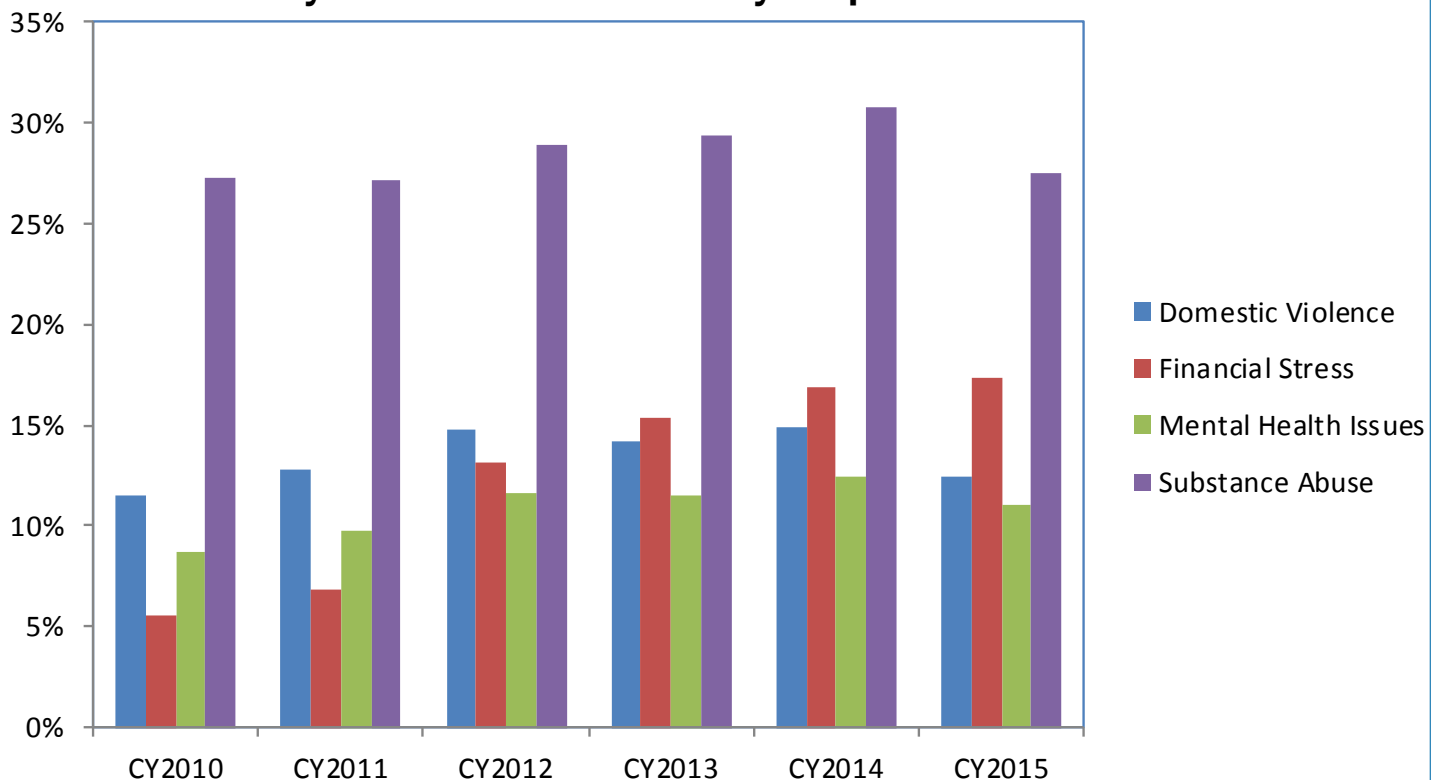
Research has found that the presence of:

- ➔ Any one of these factors increases the risk of child abuse and neglect
- ➔ Multiple risk factors has an exponential impact on a child's likelihood of experiencing abuse and neglect

The table below identifies family factors that were identified by reporters when they called the Child Protection Line. While some factors may not have been validated during ensuing interventions, the list helps us better understand the difficult challenges families face and helps supervisors and social workers to plan effective intervention strategies.

Substance abuse continues to be identified as a family factor for many accepted child safety interventions. This reinforces the continued need for supportive services and specialized intervention methods.

Family Factors Identified by Reporters at Intake

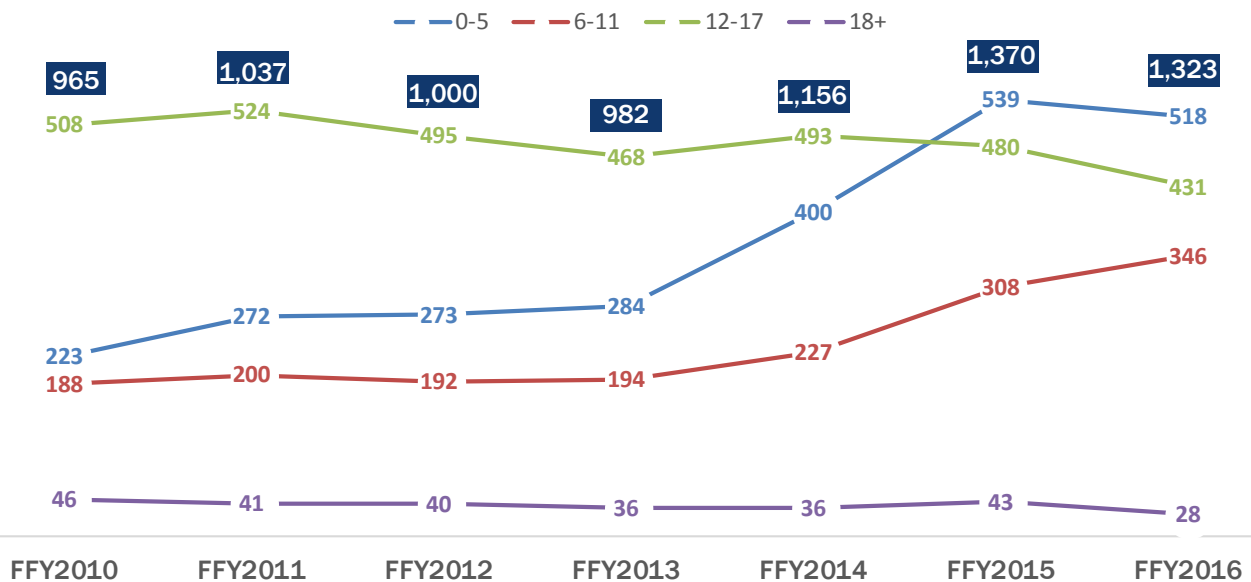


Outcome: Families are safe, nurturing, stable and supported

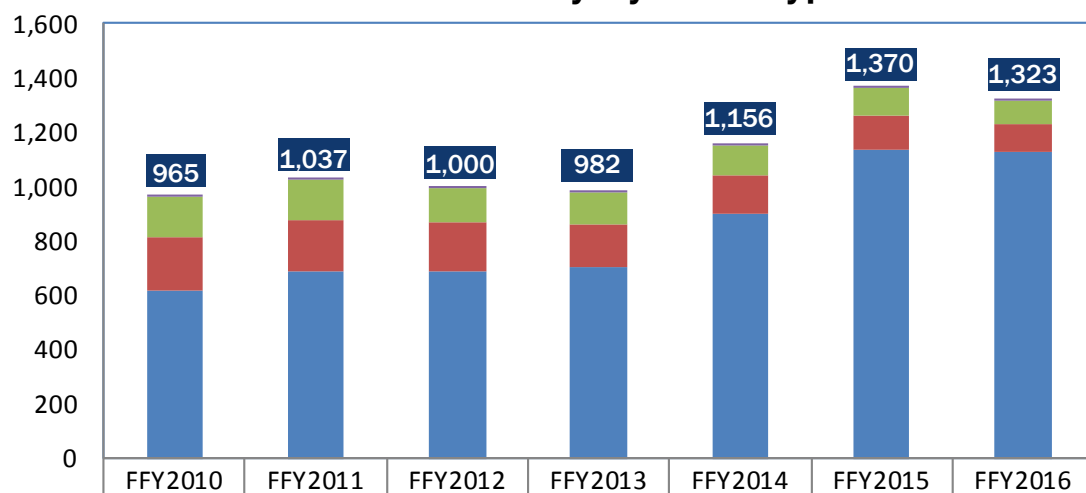
Performance Measure: Children & Youth in DCF Custody

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 or has been adjudicated delinquent. While there's been a slight decline in the number of children aged 0 to 5 taken into DCF custody in FFY16, this number is still substantially higher than it was a few years ago.

CHILDREN IN CUSTODY, BY AGE RANGE AS OF SEPTEMBER 30, 2016



Children in Custody by Case Type



| | | | | | | | |
|-------------------------|-----|-----|-----|-----|-----|-------|-------|
| Voluntary | 2 | 7 | 4 | 1 | 2 | 3 | 6 |
| Beyond Parental Control | 152 | 152 | 131 | 123 | 114 | 106 | 88 |
| Delinquency | 193 | 188 | 173 | 156 | 143 | 128 | 101 |
| Abuse & Neglect | 618 | 690 | 692 | 702 | 897 | 1,133 | 1,128 |

Outcome: Families are safe, nurturing, stable and supported

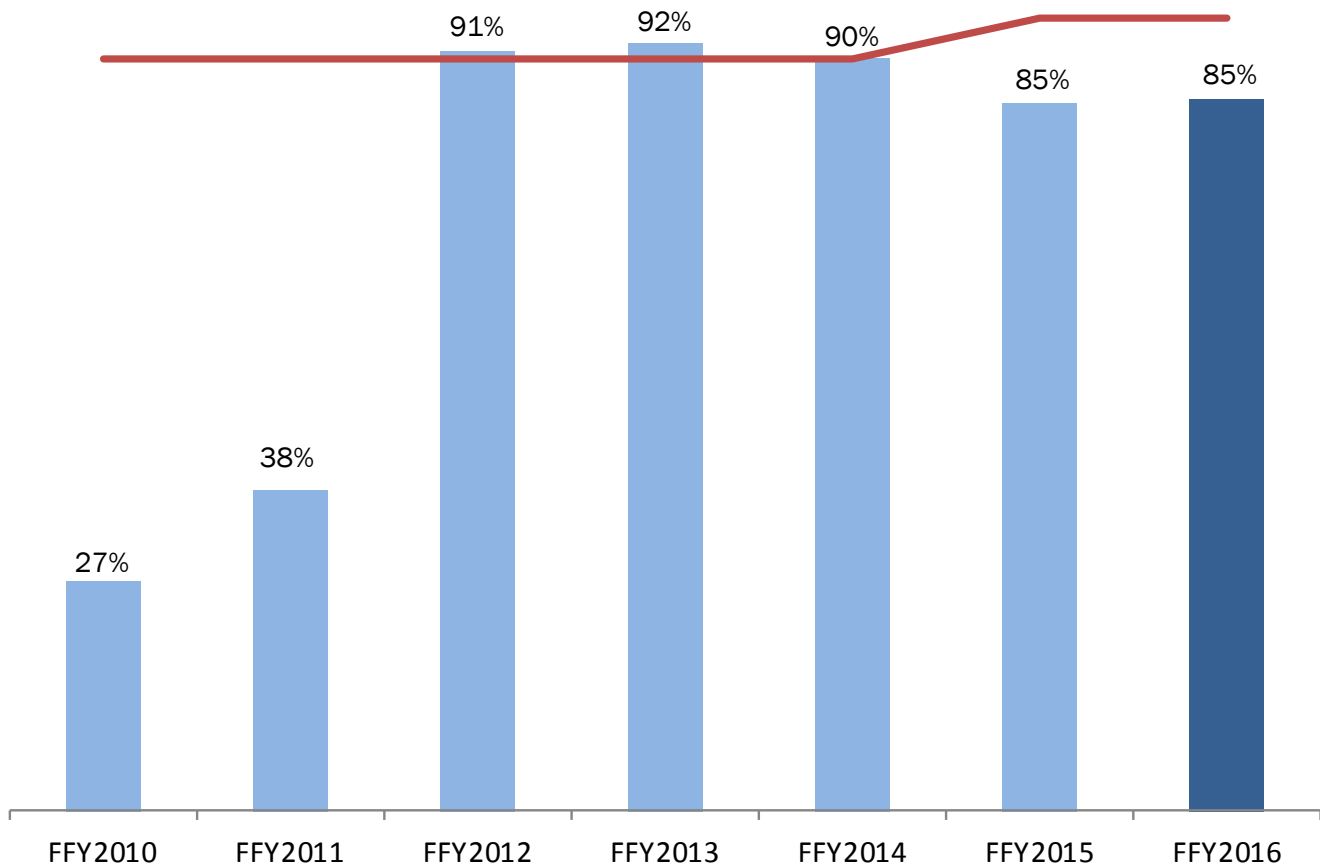
Performance Measure: Social Worker Contact with Children in DCF Custody

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

Between FFY 2010 and 2014, the federal standard for face-to-face contact between social workers and children and youth in custody was that 90% of children are seen each and every month of the year. The federal standard increased to 95% starting in FFY 2015.

In FFY 2015 and 2016, monthly worker-child contact failed to meet the new federal standard, and it also fell below the previous one. This was due to increasing workloads and rising numbers of children coming into DCF custody. Additional social workers were added in FY 2017; as a result, we anticipate that worker-child contact will improve.

Social Worker/Child in Custody Monthly Contact



Outcome: Families are safe, nurturing, stable and supported

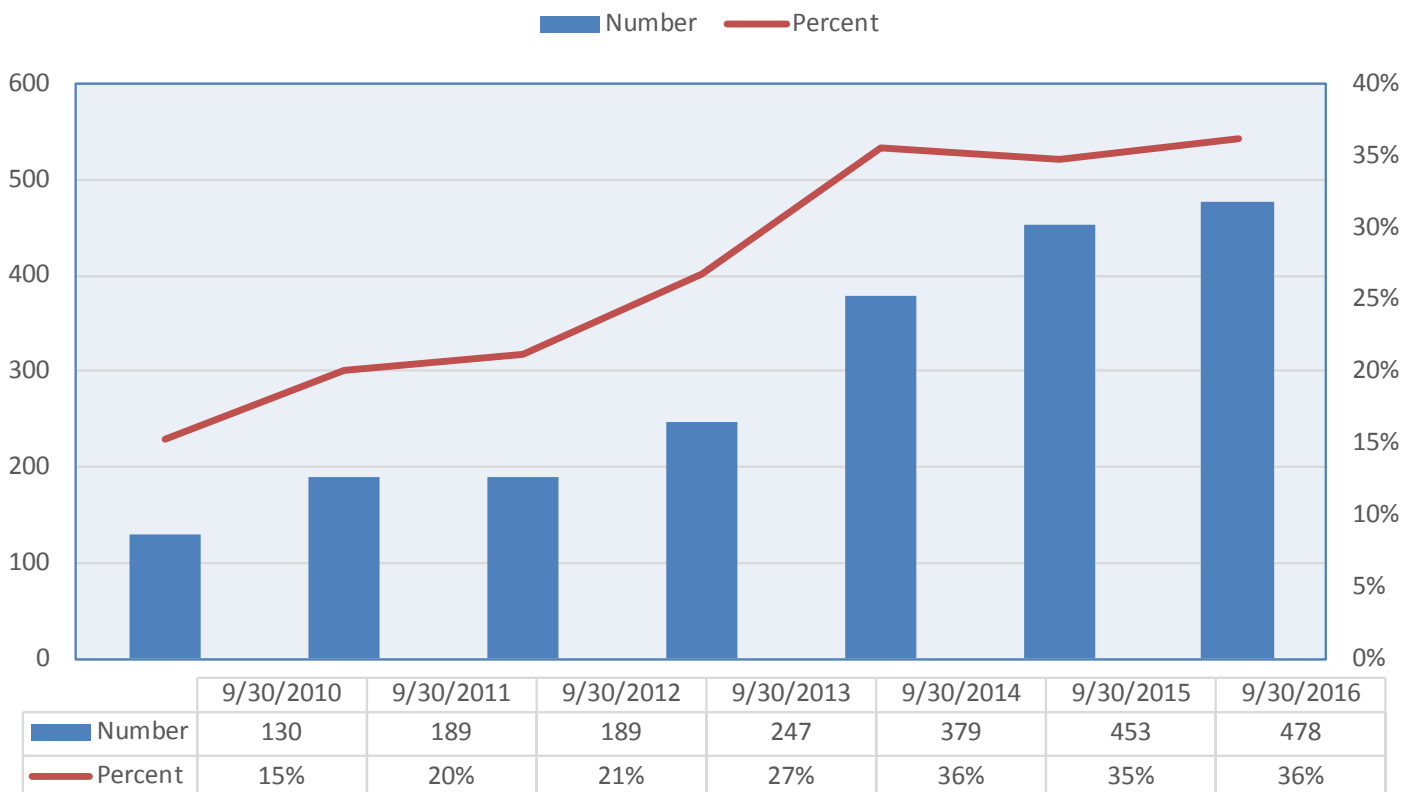
Performance Measure: Children Placed in Licensed Kinship Foster Homes

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 Living with Relatives or Other Known Connections (*Kinship Foster Care*)



Outcome: Youth successfully transition to adulthood

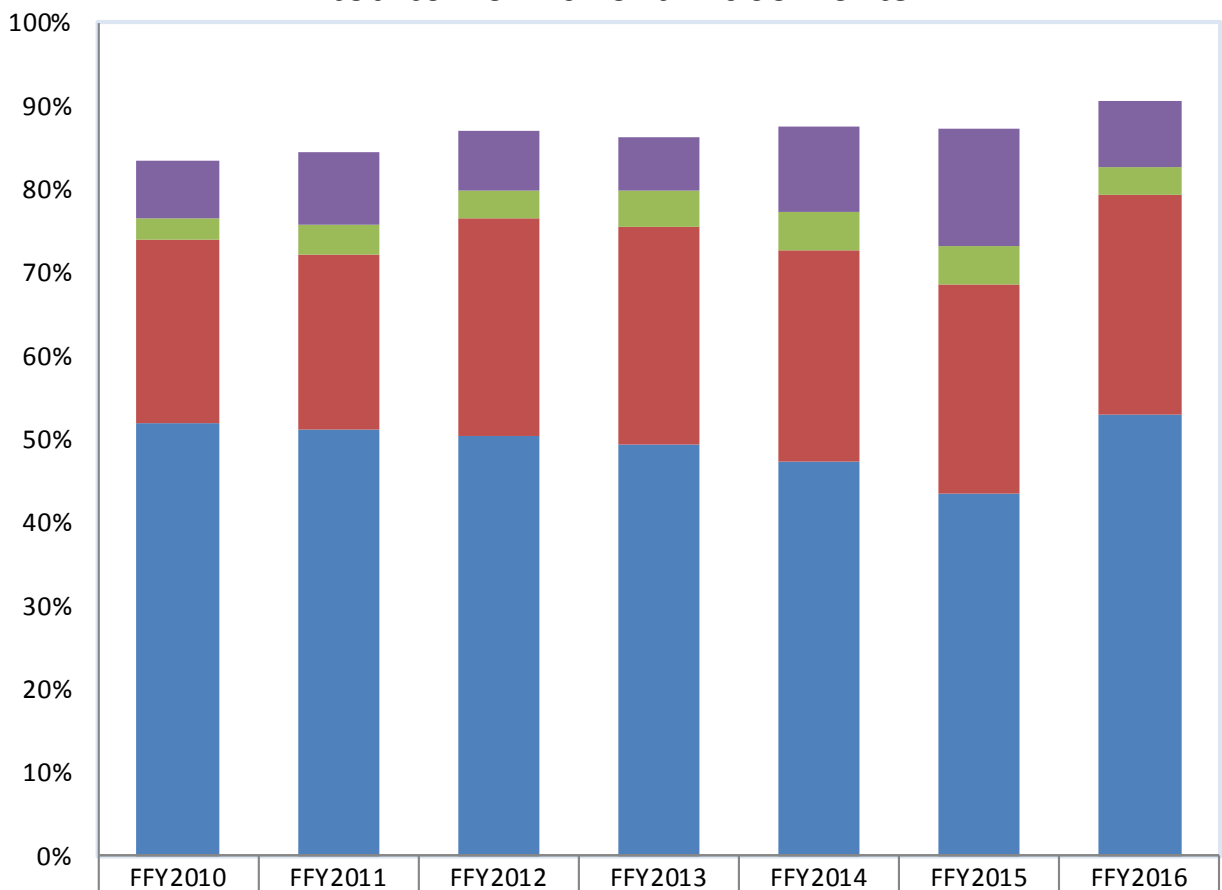
Performance Measure: Children Who Exited DCF Custody To Permanent Placements

The ultimate goal of state care is to provide children and youth with safe, permanent homes — ideally with their parents. From children's first day in state care, their 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 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**



| | | | | | | | |
|------------------|-----|-----|-----|-----|-----|-----|-----|
| Relative Custody | 7% | 9% | 7% | 6% | 10% | 14% | 8% |
| Guardianship | 3% | 4% | 3% | 4% | 5% | 5% | 3% |
| Adoption | 22% | 21% | 26% | 26% | 25% | 25% | 26% |
| Reunification | 52% | 51% | 50% | 49% | 47% | 44% | 53% |

Outcome: Youth successfully transition to adulthood

Performance Measure: Transitional Services Provided to Youth in DCF Custody

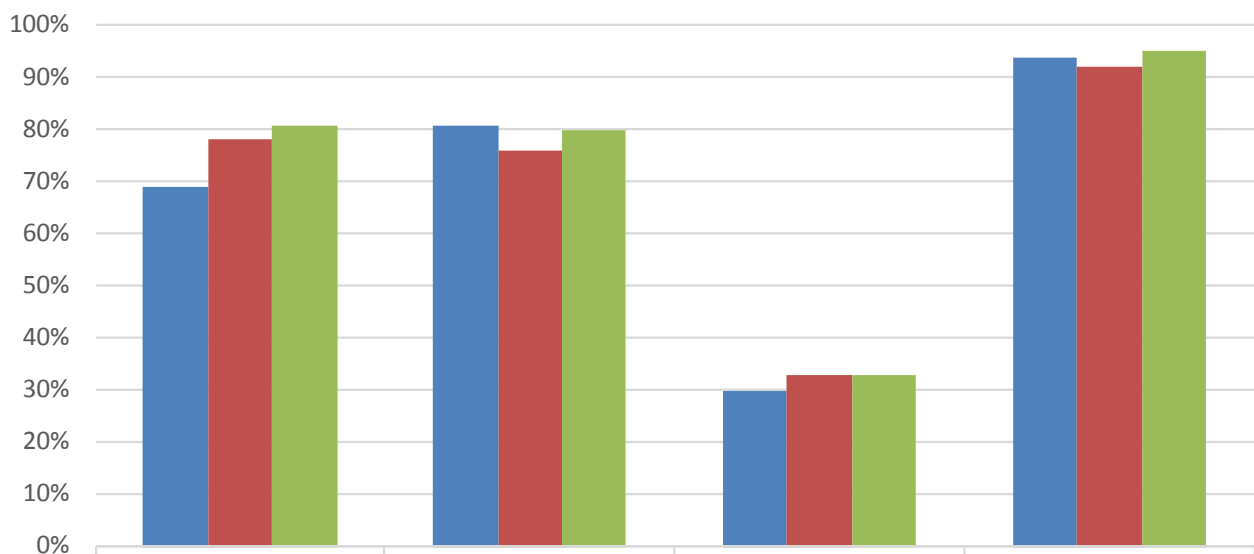
The Youth in Transition Act (Act 74), passed in 2007, helps youth leaving foster care to successfully transition into adulthood by creating opportunities for youth to stay in supportive living situations while they finish high school, pursue training and higher education and establish safe, independent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

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.

YDP outcomes in FFY 2016 include:

- ➔ 497 youth voluntarily engaged in YDP case management services
- ➔ These youth developed 954 plans of care detailing goals they set for their lives
- ➔ 99% of youth had a connection to a safe, caring adult
- ➔ 45% of youth over 16 years of age had a drivers' license
- ➔ 82% of youth had stable housing all year
- ➔ Only 11% of youth had children (*lower than the national average for former foster youth*)

Youth Development Program Outcomes



| | Youth 18+ with employment | Youth 18+ with high school credential | Youth 18+ with post-secondary education or training | Freedom from incarceration |
|--------|---------------------------|---------------------------------------|---|----------------------------|
| FY2014 | 69% | 81% | 30% | 94% |
| FY2015 | 78% | 76% | 33% | 92% |
| FY2016 | 81% | 80% | 33% | 95% |

Office of Child Support (OCS)

OCS improves children's economic security by:

1. Establishing, enforcing and modifying child support orders for children who do not 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
- ➡ States seeking assistance in Vermont courts

Outcome: Families are safe, nurturing, stable and supported

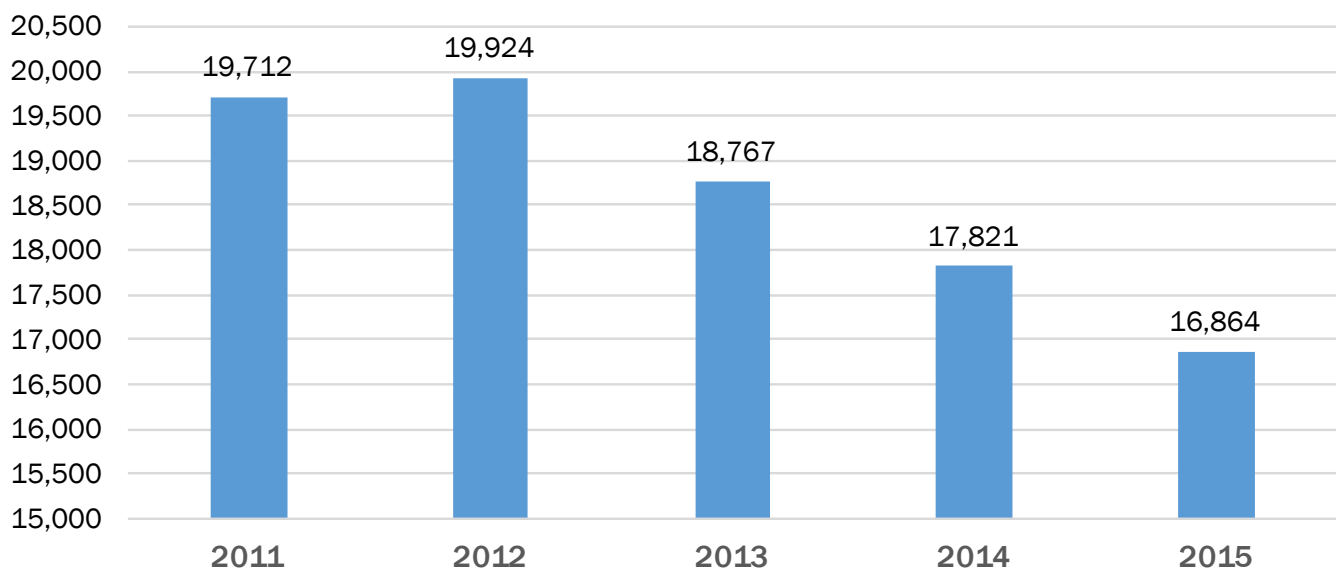
Performance Measure: Child Support Cases & Collections

In FFY 2015, the Office of Child Support:

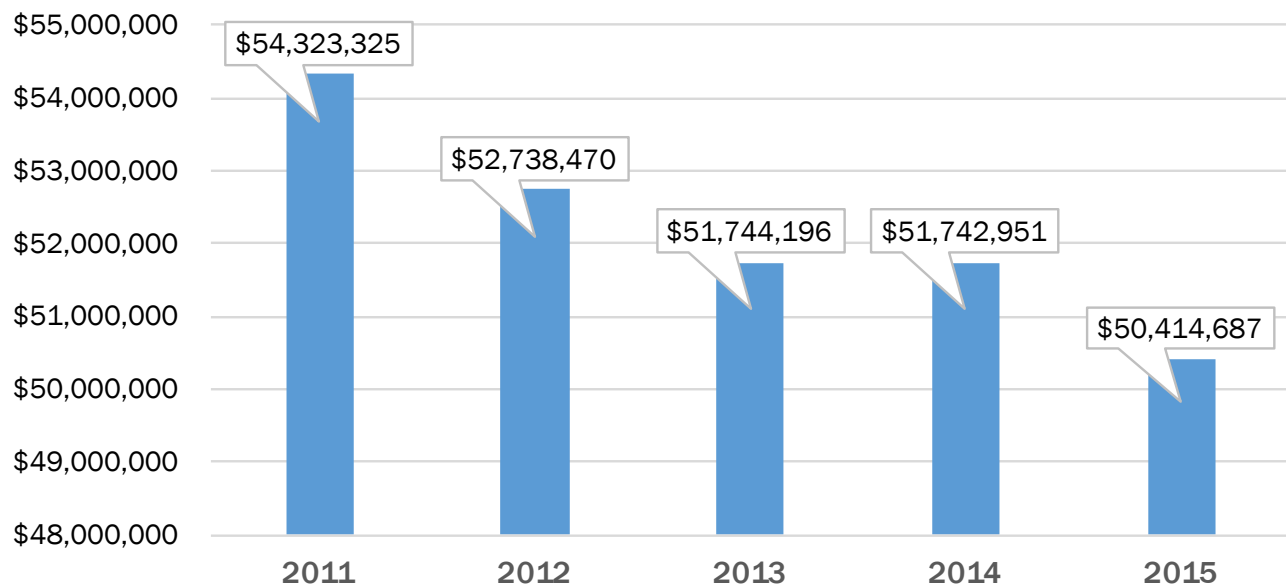
- ➔ Had 16,864 child support cases
- ➔ Collected \$50,414,687 in child support payments
- ➔ Increased child support collections per case by 3.6%

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, Federal Fiscal Year



Child Support Collections, Federal Fiscal Year



Outcome: Vermont has open, effective, and inclusive government

Performance Measure: Key Federal Performance Indicators

The following indicators are for FFY 2015. 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.

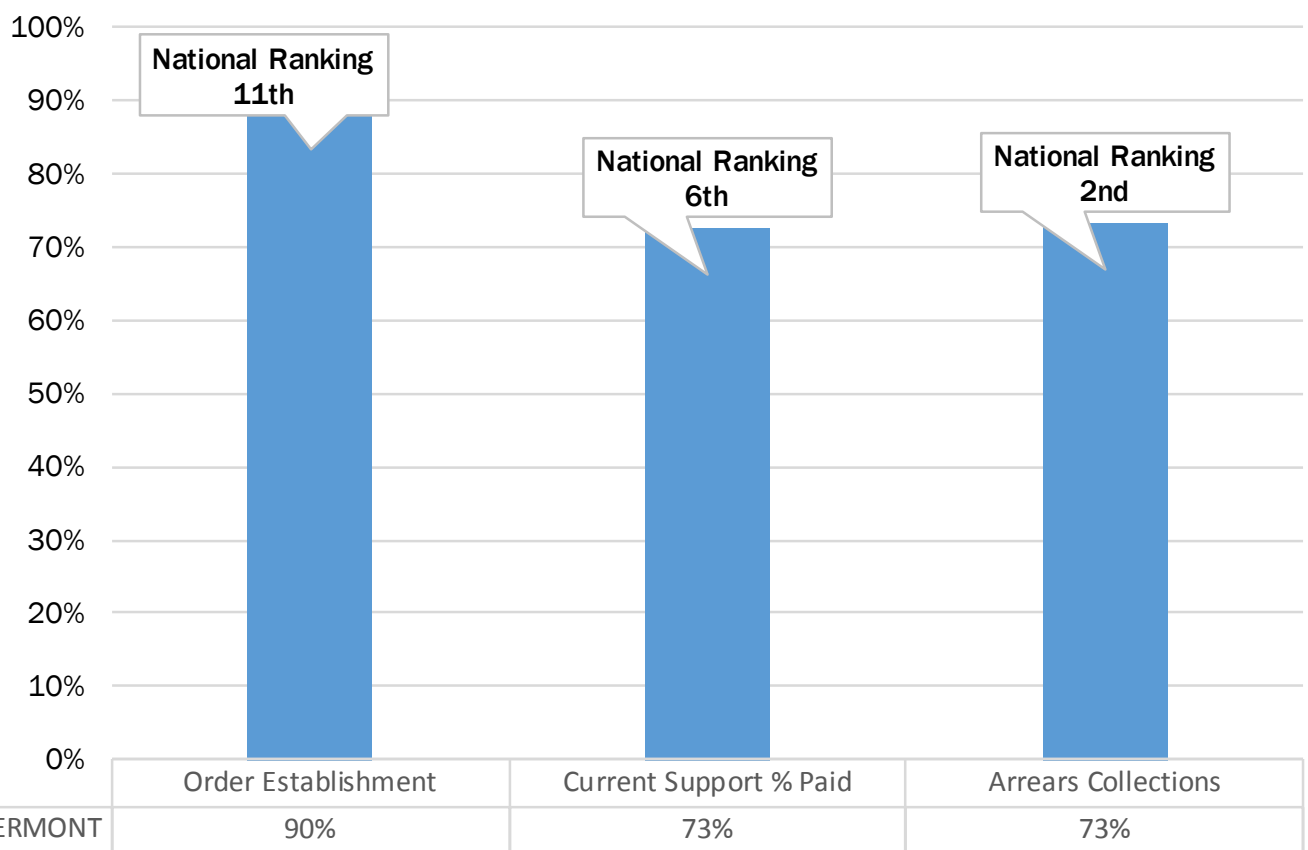
➔ % of Ordered Child Support Paid

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 arrearages 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 2015



Vermont Child Support - FFY 2015

More Money for Families

Child Support Collections

\$50.4 Million

in child support collected



94%

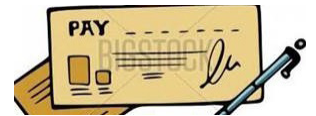
went to families



6% went to reimburse
public assistance dollars

71%

was collected
through income
withholding
from employees
paychecks



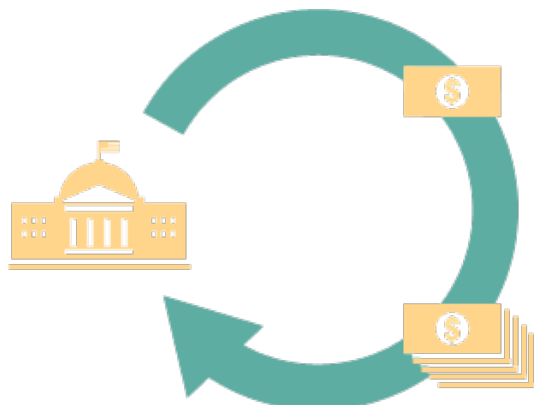
Child Support Caseload

⇒ 16,864 cases

⇒ 18,884 children served

Cost-Effectiveness

Child support is one of the most
cost-effective government programs



For every **\$1.00** spent ...

... the Vermont child support
program collects **\$3.06**

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 98% of the DDS workload is SSDI/SSI with all direct and indirect costs fully funded by the Social Security Administration. Non-SSA Medicaid cases are about 2% 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

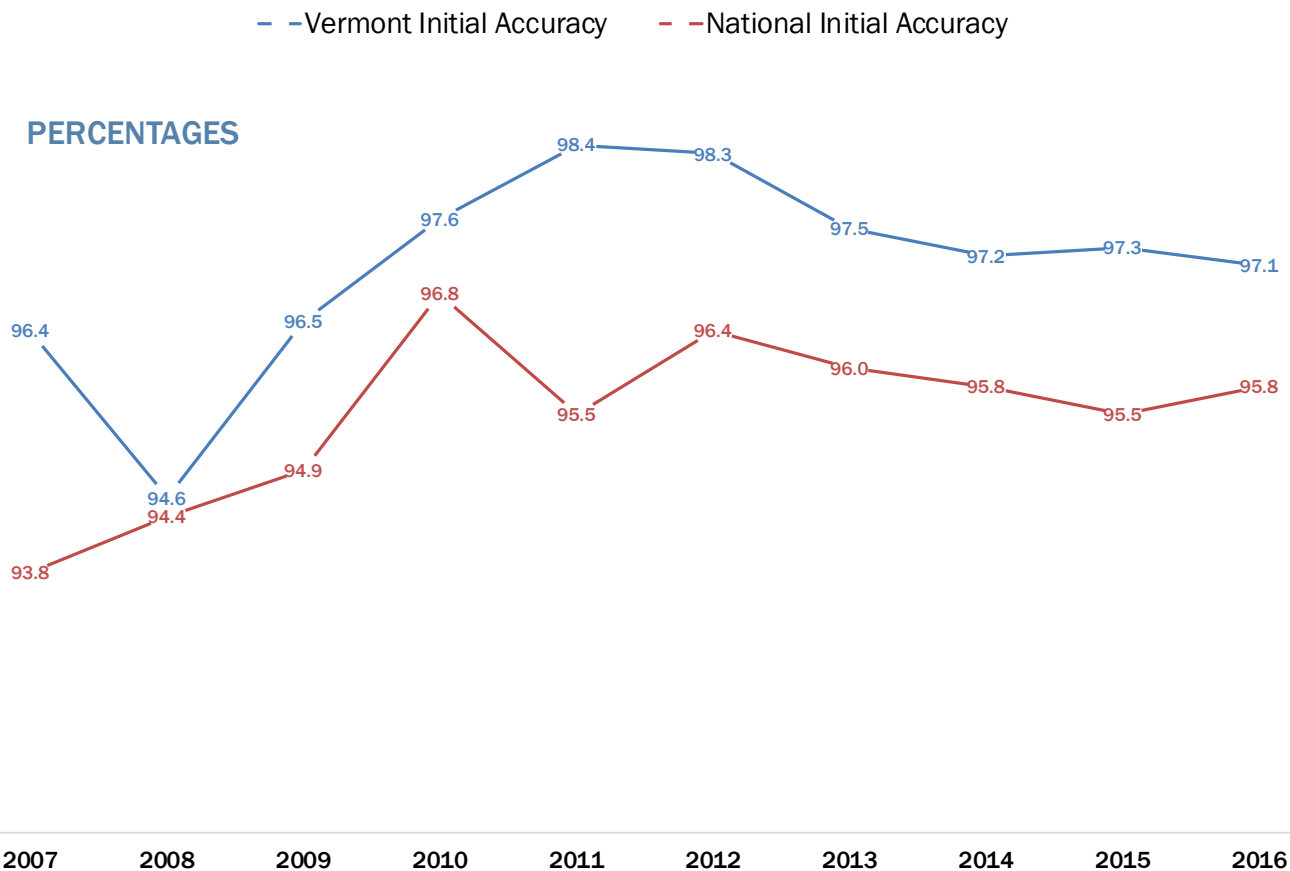
Disability benefits are vital to thousands of Vermonters with severe disabilities and serious illnesses. These benefits are a lifeline for many recipients who would live in poverty without them. DDS makes the medical decision on approximately 5,000 initial disability applications filed by Vermont residents 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 2016, Vermont's initial case accuracy rate was the sixth highest in the country, with a rate of 97.1% or 1.3 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 FOR INITIAL CASES



Outcome: Vermonters with disabilities live with dignity & independence

Performance Measure: Average Processing Time for SSDI Initial Cases

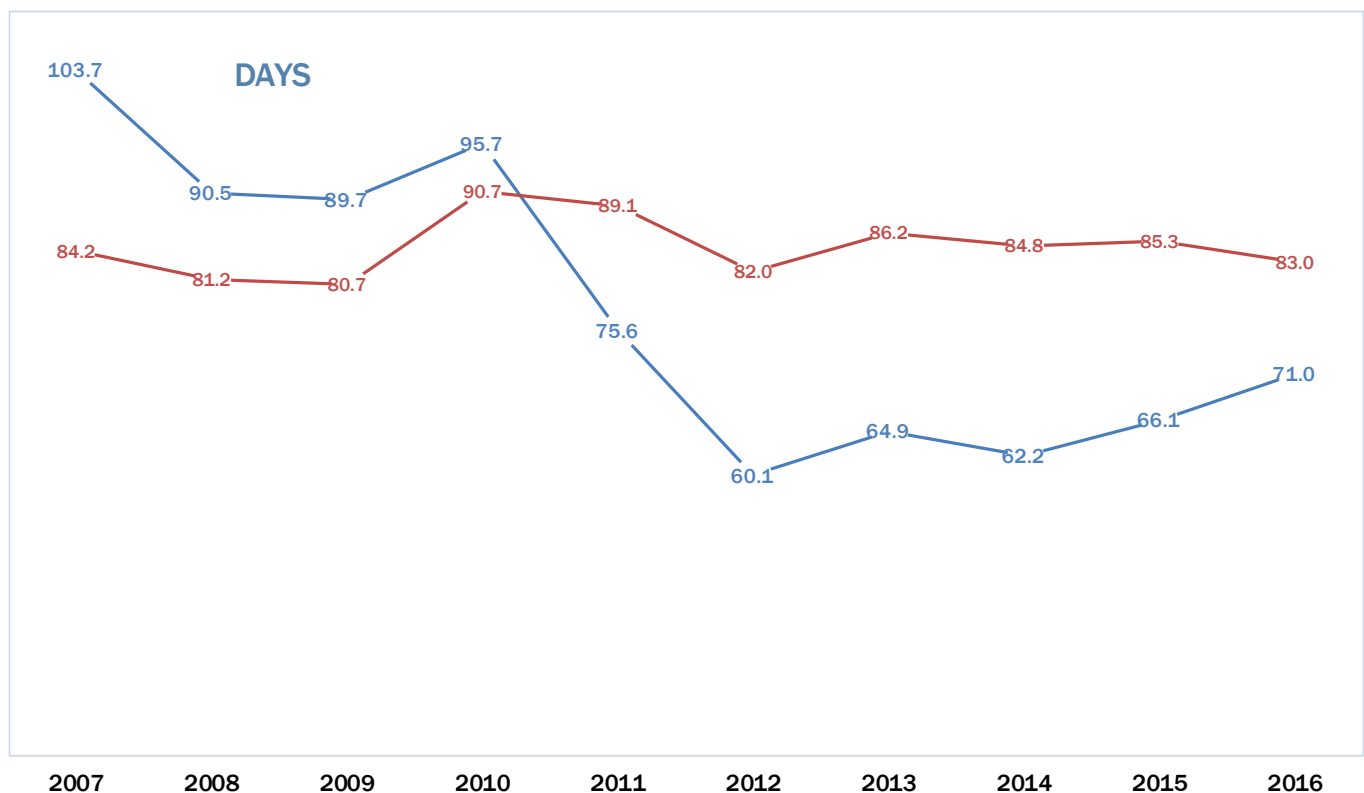
Another important measure is the time it takes DDS to make an initial case decision. A long wait time can be a significant hardship for people with disabilities.

- ➔ In FFY 2016, DDS's case processing speed ranked in the top six DDS's in the country for SSDI, helping disabled Vermonters get the benefits they are entitled to – faster.

DDS continually works to maintain 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. Higher processing times generally reflect periods when federal funding for hiring is not forthcoming or state approval to hire is delayed. Once DDS hires, it takes two years for new staff to complete training and become fully productive.

DDS AVERAGE PROCESSING TIME FOR SSDI INITIAL CASES

— Vermont SSDI Initial Processing Time — National SSDI Processing Time



Outcome: Vermonters with disabilities live with dignity & independence

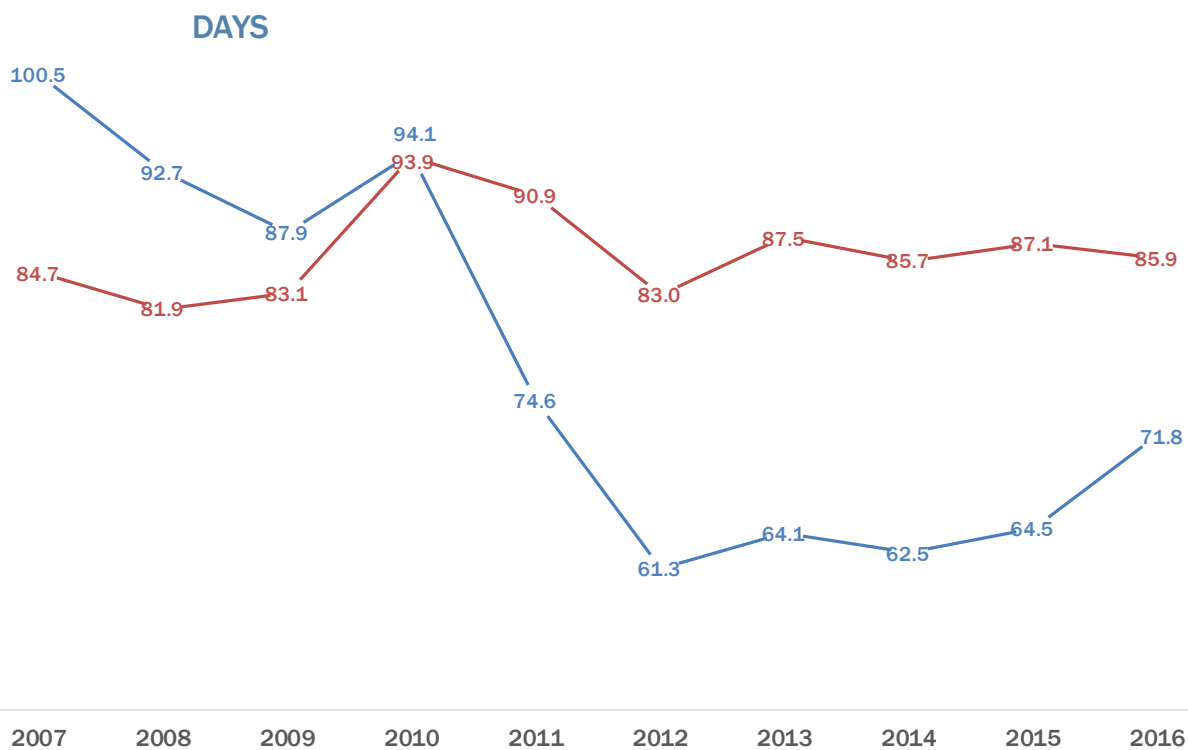
Performance Measure: Average Processing Time for SSI Initial Cases

It is particularly important to process SSI disability cases as quickly as possible, since SSI applicants by definition have extremely limited financial resources.

- ➡ In FFY 2016, DDS's case processing speed for SSI cases also ranked in the top six DDSs in the country, 14 days faster than the national average.

DDS SSI AVERAGE INITIAL CASE PROCESSING TIME

— Vermont SSI Initial Processing Time — National SSI Processing Time



Outcome: Vermonters with disabilities live with dignity & independence

Performance Measure: Allowance Rates

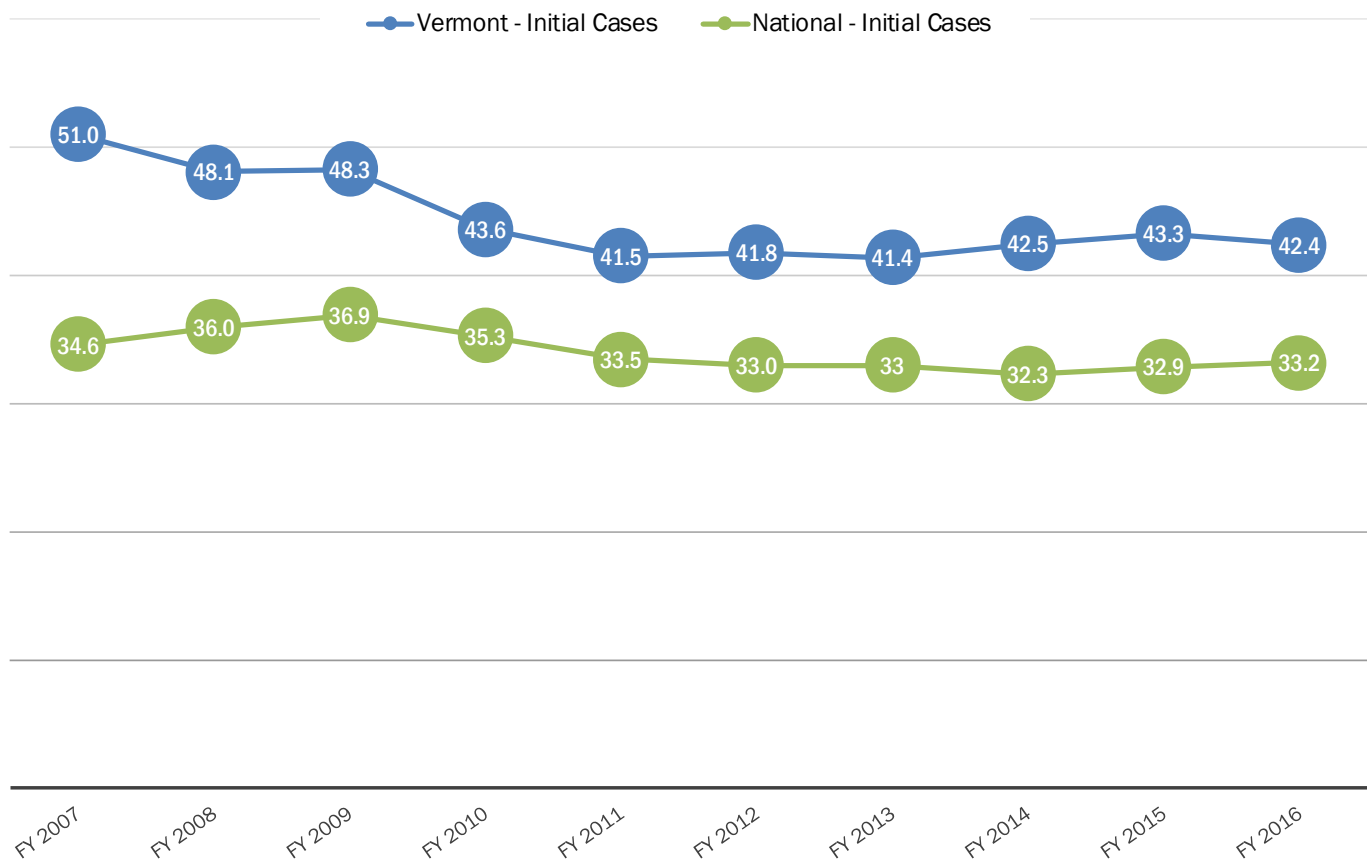
The medical requirements for the Social Security and SSI programs are very stringent, requiring essentially complete, permanent (or long-term) inability to perform any substantial work in the national economy.

⇒ In FFY 2016, Vermont's initial case allowance rate — the percentage of determinations with a finding of disabled — was 42.4%. This was 9.2 percentage points higher than the national rate.

Demographic, economic and other factors may also 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



Outcome: Vermonters with disabilities live with dignity & independence

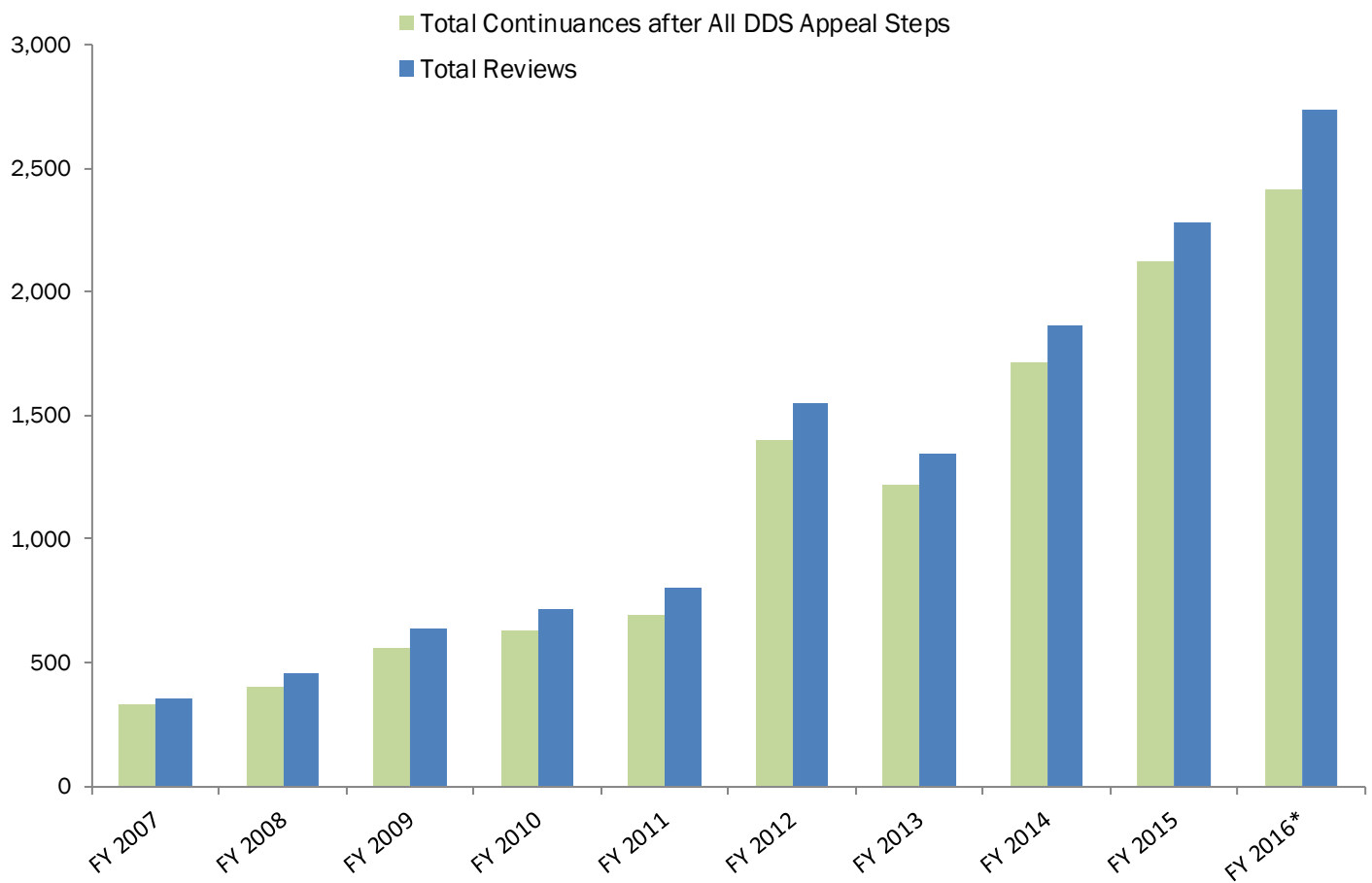
Performance Measure: Continuing Disability Reviews (CDR)

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 main reason that benefits stop is that a person's medical condition has significantly improved to the point that he/she can resume 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 due to CDR reviews, they are critical for program integrity. The program savings are significant – for every administrative dollar spent on CDR reviews nationally, Social Security estimates a program savings of nine dollars.

Number of Continuing Disability Reviews Performed



* Initial continuances, cessations and total reviews in FY 2016 include CDRs that Vermont did for other states. Total continuances after all DDS appeal steps do not include appeals from other states since Vermont did not process them.

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.

Outcome: Families are safe, nurturing, stable and supported

Performance Measure: Family Supportive Housing

Family Supportive Housing (FSH) is a project developed by the Agency of Human Services and Department for Children and Families to reduce the incidence and duration of child homelessness in Vermont. Funds have been provided to partners in five communities: Burlington, Brattleboro, Rutland, St. Johnsbury and White River Junction.

Each site helps families who are homeless move into affordable housing and provides them with ongoing home-based case management and service coordination aimed at helping them keep their housing. Families with children under 6 who have had multiple episodes of homelessness or engagement with Family Services are prioritized for the program.

Here are some highlights:

- ➔ 91 families were enrolled in Family Supportive Housing as of June 30, 2016
- ➔ Of those enrolled, 90% were stable in permanent housing
- ➔ 61% of families were receiving Reach Up benefits when they enrolled in Family Supportive Housing
- ➔ 80% of FSH parents who were previously unemployed secured employment after 12 months



Outcome: Families are safe, nurturing, stable and supported

Performance Measure: Family Supportive Housing: Client Stories

Susan's Story

This single mother of one had an open case with DCF's Family Services Division when she decided to flee from domestic violence. She sheltered at the Rutland County Women's Network & Shelter while searching for stable housing for herself and her child. She faced many challenges in her search: bad credit, low income, poor rental history, an eviction from a local public housing agency, along with an outstanding debt owed for back rent.

The FSH program and other resources helped this family to get a fresh start. Since she secured housing in June 2016, she found a job, graduated from Reach Up, began pursuing post-secondary education and had her DCF Family Services case successfully closed.

Susan continues working towards financial independence with the help of a FSH Matched Savings Account.

Scott's Story

Scott has been a single father for 2.5 years — living in and out of the homes of family friends. He has a history of drug abuse, PTSD, depression and anxiety.

He has been sober since his daughter was born, but has struggled to get a job and his own apartment. While he was enrolled in a previous housing program for a year, he failed to meet the requirements and had to leave the program.

He was not optimistic when he first started in the FSH program. Now, with the help of the program, he has his own apartment, a part-time job and child care for his daughter.

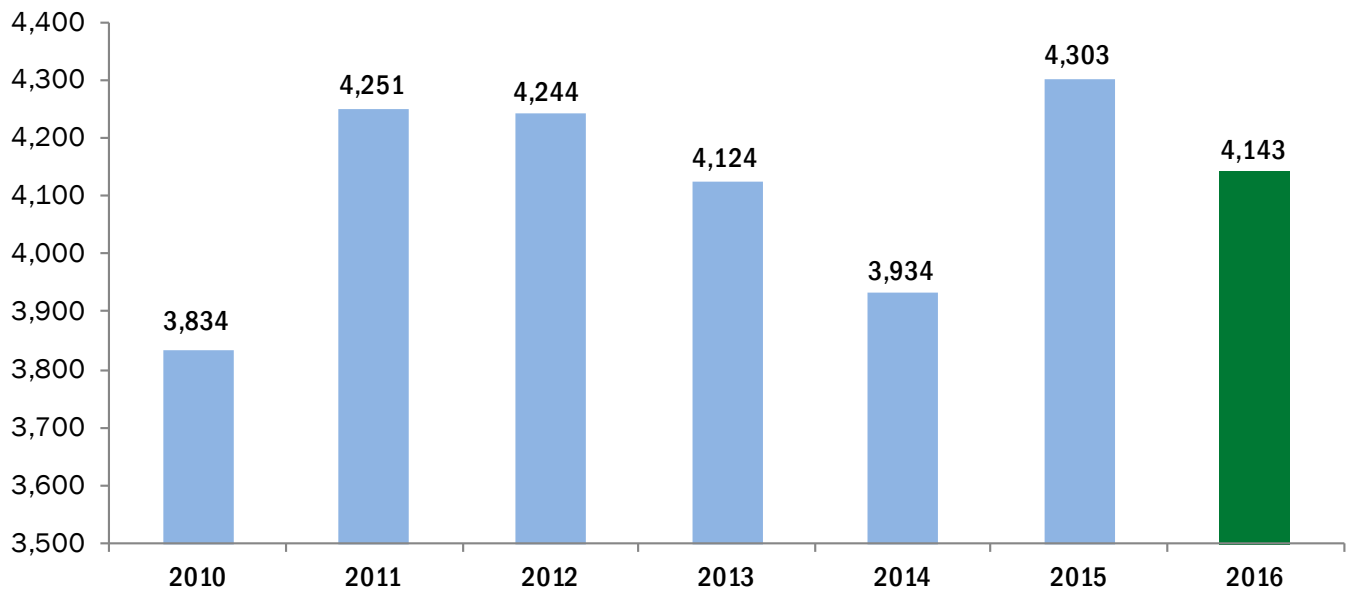
Here are Scott's own words: "If it wasn't for the housing program, I wouldn't be where I am today, I am beyond grateful for the support."

Outcome: Vermonters are healthy

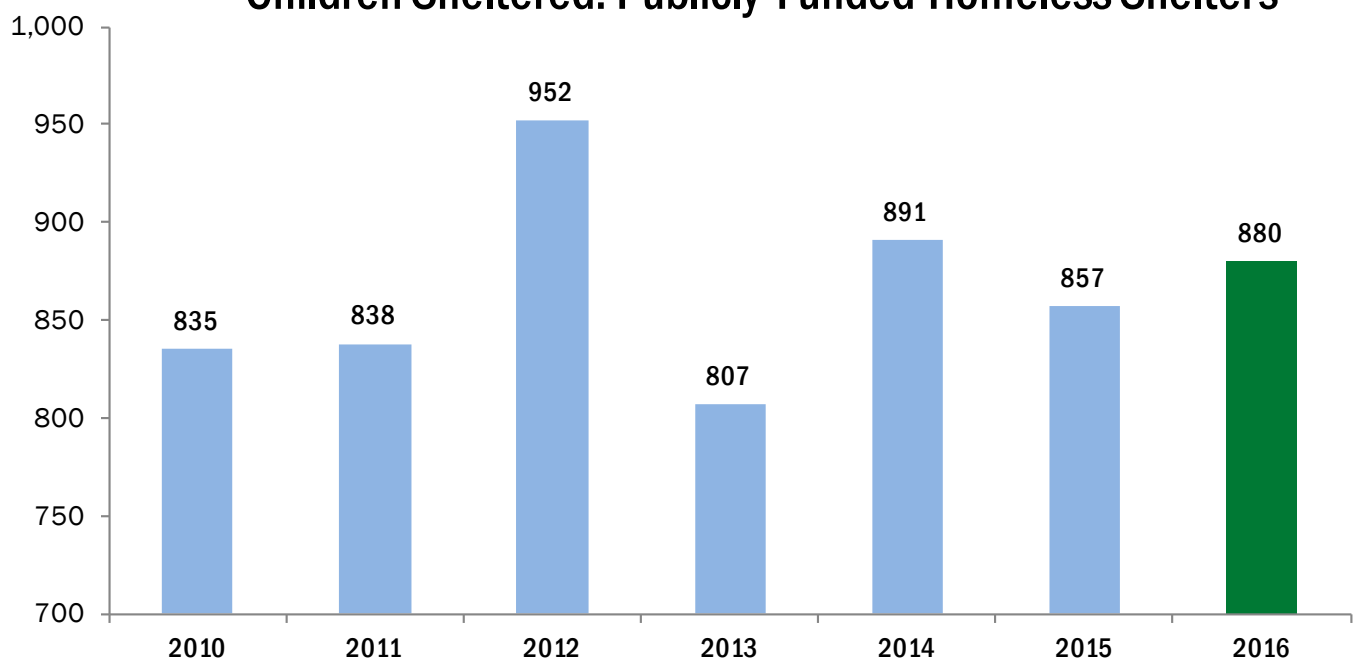
Performance Measure: Housing Opportunity Grant Homeless Shelters

Housing Opportunity Grant Program funds support basic operations and essential services at 29 overnight emergency shelters, which include 6 warming shelters open during cold weather months and 9 shelters for persons fleeing domestic/sexual violence.

Persons Sheltered: Publicly-Funded Homeless Shelters



Children Sheltered: Publicly-Funded Homeless Shelters

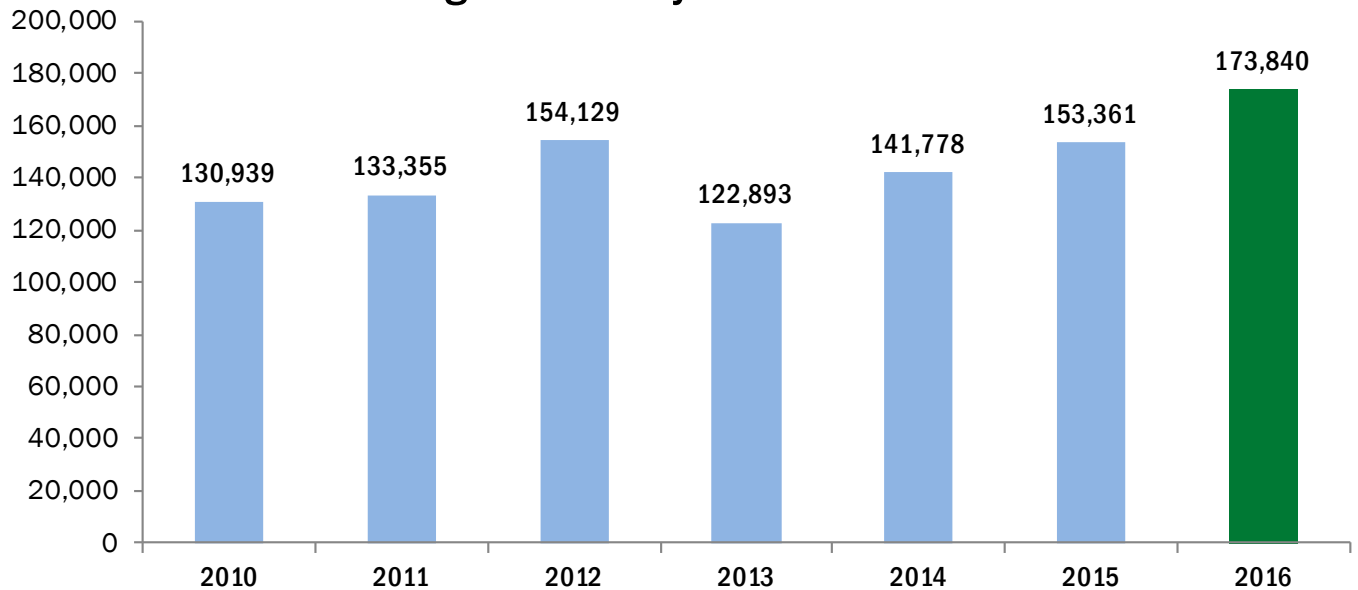


Outcome: Vermonters are healthy

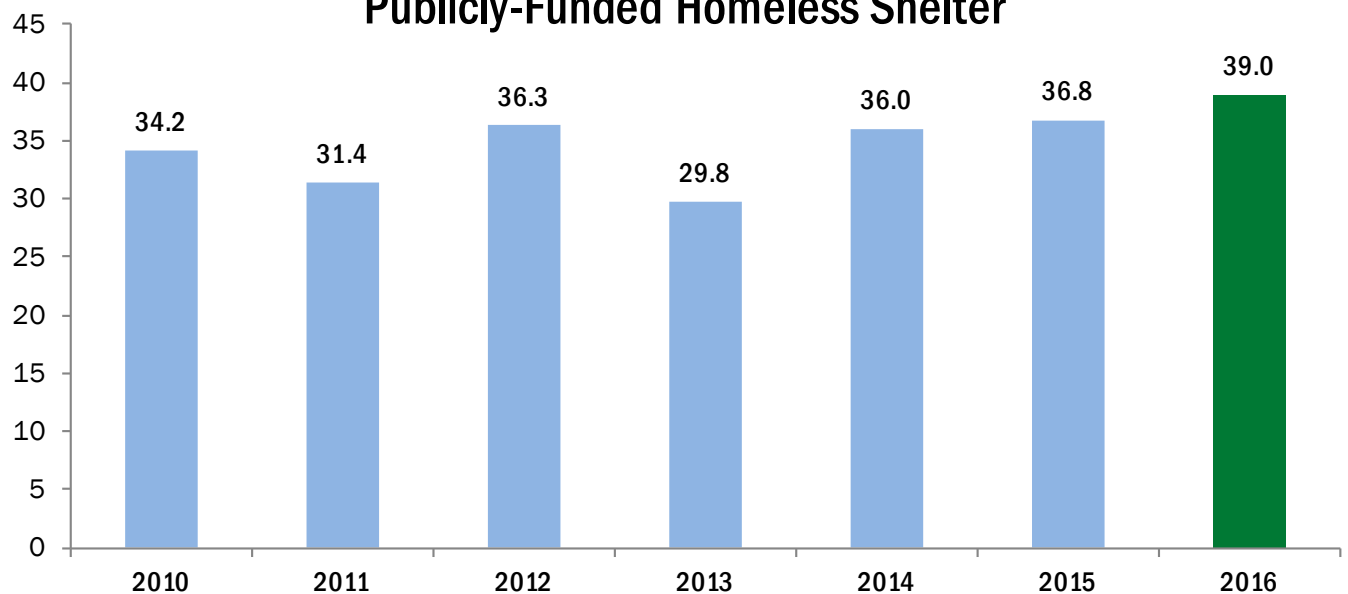
Performance Measure: Housing Opportunity Grant Homeless Shelters

Housing Opportunity Grant Program funds support basic operations and essential services at 29 overnight emergency shelters, which include 6 warming shelters open during cold weather months and 9 shelters for persons fleeing domestic/sexual violence.

Shelter Bednights: Publicly-Funded Homeless Shelters



Average Length of Stay: Publicly-Funded Homeless Shelter



Outcome: Vermont has a prosperous economy

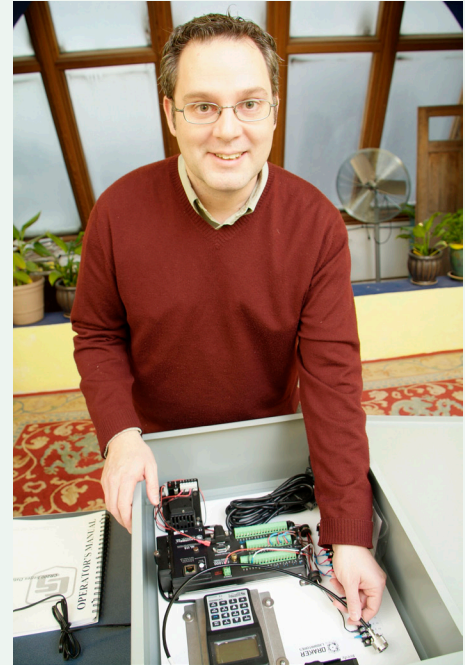
Performance Measure: Micro Business Development Program (MBDP)

MBDP, operated by each of Vermont's Community Action Agencies, 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 FY 2016:

- ➔ 727 low-income Vermonters participated:
 - ⇒ 29 unemployed participants created jobs for themselves
 - ⇒ 69 participants started new businesses
 - ⇒ 60 participants expanded their businesses
- ➔ 90 FTE jobs were created for participants and others
- ➔ \$1,272,007 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:

6,193 LOW-INCOME VERMONTERS

PARTICIPATED IN MBDP

496 NEW BUSINESSES WERE STARTED

328 BUSINESSES WERE EXPANDED

613.7 JOBS (FTE) WERE CREATED AT AN
AVERAGE COST TO THE STATE OF \$3,598 PER JOB

\$6,893,849

IN CAPITAL WAS LEVERAGED



Outcome: Families are safe, nurturing, stable and supported

Performance Measure: Individual Development Account (IDA) Program

OEO provides funds to the five Community Action Agencies in Vermont for the Vermont Individual Development Account Program. IDA 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.

In FY 2016:

- ➔ 168 people increased their savings
- ➔ 30 participants withdrew a total of \$67,907 to invest in small businesses
- ➔ 7 participants withdrew a total of \$20,889 to buy their first homes
- ➔ 22 participants withdrew a total of \$52,657 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:

924 LOW-INCOME VERMONTERS

SAVED AN AVERAGE OF

\$892 EACH OVER 2 YEARS

SAVINGS WERE MATCHED 2:1 TO HELP THEM

INVEST \$2,473,462

IN THEIR OWN FUTURES



Home
180



Business
530



Education
214

Outcome: Families are safe, nurturing, stable and supported

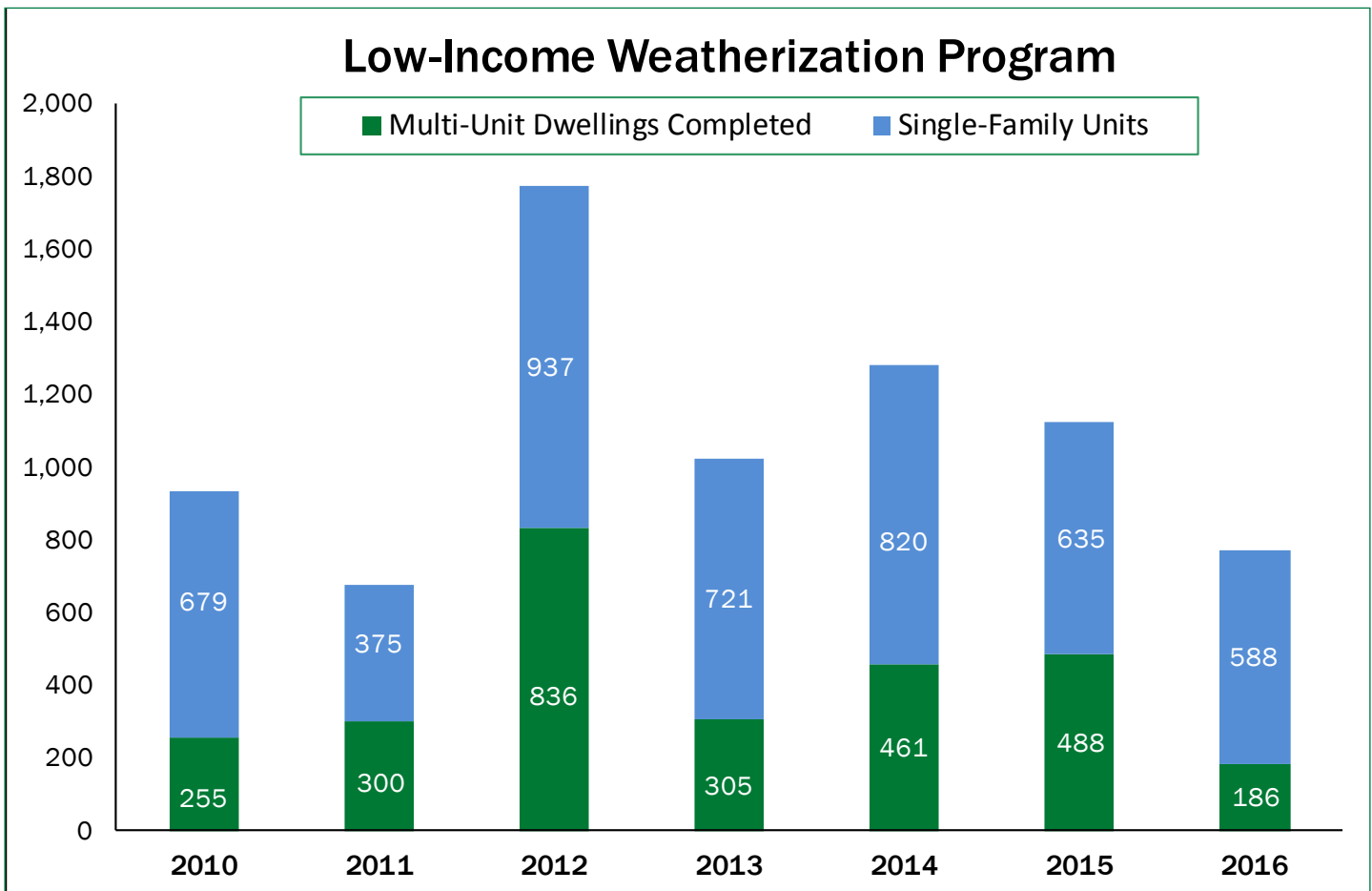
Performance Measure: Low-Income Homes Weatherized

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.

The Weatherization Program provides enhanced education and coaching for each client (e.g., conservation, getting the most out of the weatherization work, referral to other applicable health, housing and energy programs).

In FY 2016:

- ➡ 774 homes were weatherized: 588 single-family homes and 186 multi-unit dwellings
- ➡ The average investment per home was \$8,467
- ➡ The average savings were about 24% of heating costs



Program Year: Beginning in 2013, the Weatherization Program Year runs from July 1 to June 30. For years prior, the program year was April 1 to March 31.

Child Development Division (CDD)

280 State Drive, NOB 1, Waterbury, VT - 05671-1040

Phone: 1-800-649-2642

Disability Determination Services (DDS)

93 Pilgrim Park Road, Suite 6, Waterbury, VT 05676

Phone: 1-800-734-2463 or (802) 241-2463

Economic Services Division (ESD)

280 State Drive, HC 1 South, Waterbury, VT 05671-1020

Benefits Service Center: 1-800-479-6151

Family Services Division (FSD)

280 State Drive, HC 1 North, Waterbury, VT 05671-1030

Child Protection Hotline: 1-800-649-5285

Central Office Line: (802) 241-2131

Office of Child Support (OCS)

280 State Drive, Waterbury, VT - 05671-1060

Child Support Helpline: 1-800-786-3214

Office of Economic Opportunity (OEO)

280 State Drive, Waterbury, VT - 05671-1050

Phone: (802) 241-0935

Department for Children and Families

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

<http://dcf.vermont.gov>