# Department for Children and Families

## Family Services Division

Vermont’s 2026 Annual Progress and Services Report

**Prepared by:**

Lindsay Barron, MA
Director of Policy & Planning
Family Services Division
280 State Drive, HC 1 North
Waterbury, VT 05671-1030
802-557-7774
Lindsay.Barron@vermont.gov

Carlie Thibault, BSW
Quality Assurance Administrator
280 State Drive, HC 1 North
Waterbury, VT 05671-1030
802-585-4857
Carlie.Thibault@vermont.gov

Jennifer Hall
Quality Assurance Administrative Services Coordinator
Family Services Division
280 State Drive, HC 1 North
Waterbury, VT 05671-1030



**Thanks to the following for their contributions:**

Aryka Radke, Deputy Commissioner, FSD
Brenda Gooley, Director of Operations, FSD
Barbara Joyal, System of Care Unit Director, FSD
Carrie Deem, Foster Kin Care Manager, FSD
Jess Phillips, Quality Assurance Coordinator, FSD
Alyssa Mullan, Quality Assurance Coordinator, FSD
Shannon Halnon, Quality Assurance coordinator, FSD
Missy Burt, Quality Assurance Application Support, FSD
Rebecca Fitzsimmons, Permanency Planning Manager, FSD
Heather McLain, Revenue Enhancement Director, FSD
Jennifer Harris, Policy & Planning Manager, FSD
Jennifer Jorgenson, Child Welfare Training Partnership Director, UVM
Helen Mattheis, Early Childhood and After School Systems Specialist, CCD
Chris Case, Director of Policy & Planning, CDD
Lindy Boudreau, Adolescent Services Director, FSD
Nancy Miller, Child Safety Director, FSD
Amanda Churchill Kipp, Adolescent Services Policy and Practice Specialist, FSD
Julie Ryley, Domestic Violence and Sexual Assault Director, FSD
Heather Gauvin, Adoption Program Services Coordinator, FSD
Naiomi Malay, Post Permanence Manager, FSD
Robert Post, Juvenile Court Improvement Manager
Sarah Roberts, Staff Safety Manager, FSD
Stephanie Reale, Staff Safety Specialist, FSD
Tyler Allen, Adolescent Services Director, FSD

Table of Contents:


Introduction ........ 5
SECTION 1: VISION AND COLLABORATION ........ 5
Vision & Mission ........ 5
Collaboration ........ 5
SECTION 2: UPDATE ON ASSESSMENT OF PERFORMANCE, THE PLAN FOR IMPROVEMENT AND PROGRESS TO IMPROVE OUTCOMES ........ 9
Assessment of Performances ........ 9
Child & Family Outcomes & Systemic Factors ........ 12
SECTION 3: PLAN FOR ENACTING THE STATE'S VISION ........ 15
System of Care ........ 15
Families Come First ........ 18
Safety Culture ........ 20
Continuous Quality Improvement & Quality Assurance System ........ 26
Safety Organized Practice ........ 28
Implementation & Program Supports ........ 34
SECTION 4: UPDATE ON THE SERVICE DESCRIPTIONS ........ 35
Child and Family Services Continuum ........ 35
Service Coordination ........ 38
Service Description ........ 44
Youth Justice Continuum ........ 44
Court Updates ........ 56
STEPHANIE TUBBS JONES CHILD WELFARE SERVICES PROGRAM (TITLE IV-B SUBPART 1): ........ 61
Services for Children Adopted from Other Countries ........ 61
Services for Children Under the Age of Five ........ 62
Efforts to Track and Prevent Child Maltreatment Deaths ........ 64
Mary Lee Allen Promoting Safe and Stable Families (PSSF) ........ 71
Service Decision Making Process for Family Support Services ........ 72
Populations at Greatest Risk of Maltreatment ........ 72
Kinship Navigator Funding ........ 74
Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits ........ 76
Adoption and Legal Guardianship Incentive Payments ........ 80
Adoption Savings ........ 80
Family First Prevention Services Act Transition Grants ........ 80

JOHN H. CHAFEE FOSTER CARE PROGRAM FOR SUCCESSFUL TRANSITION TO ADULTHOOD ..... 81
Transition Planning Process ..... 81
Agency Administering Chafee ..... 86
Description of Program Design and Delivery ..... 87
Serving Youth/Young Adults Across the State ..... 90
Serving Youth of Various Ages and Stages of Achieving Independence ..... 91
Determining Eligibility for Benefits and Services ..... 95
EDUCATION AND TRAINING VOUCHERS (ETV) PROGRAM ..... 95
Chafee Training ..... 96
SECTION 5: CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) STATE PLAN REQUIREMENTS AND UPDATE ..... 97
Use of CAPTA Funds ..... 97
Plans of Safe Care for Substance-Exposed Infants and Affected Family or Caregivers ..... 99
Annual Reports from VCAB ..... 105
CAPTA Annual State Date Report Items: ..... 106
1a. Child Protective Service Workforce Overview ..... 106
CAPTA Coordinator ..... 108
Children's Justice Act ..... 108
Juvenile Justice Transfers ..... 109
Education and Training Vouchers ..... 110
SECTION 6: CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES ..... 110
SECTION 7: FINANCIAL INFORMATION ..... 114
SECTION 8: UPDATES TO TARGETED PLANS WITHIN THE 2025-2029 CFSP ..... 115
Updates to Vermont's Diligent Recruitment Plan ..... 115
Health Care Oversight and Coordination Plan ..... 126
Vermont's 2025 Disaster Plan ..... 160
Vermont's Training Plan ..... 162

## Introduction

Vermont notes that in our 2025–2029 Child and Family Services Plan (CFSP), we anticipated that changes to the FY 2026 Annual Progress and Services Report (APSR) would likely be necessary due to the timing of our Round 4 Child and Family Services Review (CFSR). At this time last year, we were awaiting the final CFSR report. Our goal remains to align the findings and priorities of the CFSR with CFSP/APSR content as we work toward safe, stable, and timely outcomes for Vermont's children, youth, and families. The planned updates, coupled with the issuance of ACYF-CB-PI-25-01 on April 21, 2025, help provide context for the evolution of the 2026 APSR.

# Section 1: Vision and Collaboration

## Vision & Mission

The Vermont Department for Children and Families (DCF), which includes the Family Services Division (FSD), is committed to fostering 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.

## Collaboration

The Department for Children and Families, Family Services Division (DCF-FSD) values meaningful partnership with its stakeholders and community partners in every aspect of teaming, system reflection and evaluation, and the development and evolution of policies and practices. We strive to ensure internal and external stakeholders are engaged in providing input on practice and policy updates, so the Division can best serve the children, youth, and families in Vermont. Notably, in Round 4 of the CFSR, Vermont received a Strength rating for Item 32: Coordination of CFSP Services with other Federal Programs.

Through collaboration with staff, internal and external stakeholders, individuals with lived experience, and data analysis, Vermont gathered the necessary information for this APSR submission.

To ensure active and intentional collaboration across the broader child welfare system to promote the safety, permanency, and well-being of Vermont's children, youth, and families, FSD will continue to engage with the following stakeholder groups:

- The **CFSR Steering Committee** is a group that formed in 2022 with the purpose of gathering information for the Round 4 CFSR Statewide Assessment. This included identifying strengths, areas in need of improvement (through root cause analysis) and strategy development. The group last met in 2023 and were provided with email updates in 2024 regarding the On-Site Review, Final Report, and next steps in the CFSR timeline. Many members of the Committee have been involved in ongoing CFSR PIP development efforts and will participate as reviewers in upcoming CFSR PIP reviews or through engagement in PIP Key Activities.

- The **Coordinating Funds and System Needs** an Agency of Human Services team that includes fiscal and programmatic staff from the DCF Commissioner's Office, Family Services, DAIL, DMH, and Medicaid Policy continues to meet monthly to identify needs in the children's system of care to address these as an Agency of One. In the past year, this group has continued moving forward the work to open a Psychiatric Residential Treatment Program in VT (which is a level of care that has not existed previously in Vermont) with a target opening date of late in 2025; created practice guidance to clarify steps to be taken by departments (DCF, DAIL, DMH, DVHA) at the Agency of Human Services and the Brattleboro Retreat when a youth is placed at the Brattleboro Retreat inpatient psychiatric hospital level of care and the Department of Vermont Health Access (DVHA) determines the youth no longer meets medical necessity and acute criteria to remain there; and worked towards more alignment with billing and supporting youth with mental health needs, developmental disabilities, and are in DCF custody.

- Vermont has been a part of the **Reclaiming Futures** (RF) learning community since 2015. Reclaiming Futures is a national initiative that provides guidance to promote juvenile justice reform, to reduce youth involvement in the criminal justice system and to help youth lead meaningful lives. RF helps young people in trouble with drugs, alcohol, and crime. The work in Vermont is focused on our largest county, Chittenden County. Representatives of the legal community, the judiciary, youth justice, restorative justice, substance use treatment providers, the community, and state agencies serve on the Leadership Team which meets monthly.

- The **Balanced and Restorative Justice (BARJ) program** is an arm of the youth justice system that provides support to youth who are at-risk for involvement in the juvenile justice system or have been adjudicated delinquent and may or may not be on probation with DCF-Family Services. Every other month we meet with the BARJ case managers to explore areas of practice that enhance the work with youth.

- The **Juvenile Justice Stakeholders Group** consists of representatives from the Judiciary, Juvenile Defender, Department of Corrections, DCF, and State's Attorneys. The group has been meeting since 2016 to develop legislation to move juvenile jurisdiction reform forward in Vermont.

- The **Diligent Recruitment Advisory Team & Working Group** is a stakeholder body responsible for guiding, implementing, and monitoring Vermont's statewide approach to recruiting and retaining foster, adoptive, and kinship caregivers. The Advisory Team convenes quarterly and includes representatives from FSD leadership and direct service staff. External stakeholders include caregivers, members of the Child Welfare Training Partnership, Vermont Foster and Adoptive Family Alliance, Vermont Kin as Parents, the Vermont Adoption Consortium, Project Family and the Youth Development Program. Its role is to provide high level oversight, shape strategic direction, review data, suggest policy and resource allocations, and ensure accountability and alignment with best practices. A smaller DR Working Group meets monthly to manage ongoing implementation, make recommendations, address barriers, and operationalize the Advisory Team's strategic vision.

- The **Families Come First Prevention Workgroup** is a workgroup that involves department staff, agency staff, and external stakeholders, including people with lived expertise. This group

meets to review and weigh in on the progress around implementing the Families First Prevention Services Act in Vermont, as outlined in its 5-year Prevention Plan, and to make recommendations regarding prevention best practices in Vermont.

- The DCF-FSD **Foster Parent Workgroup** was originally born as a result of Act 116 (S.189) of 2016 (An act relating to foster parents' rights and protections). The group is jointly led by foster parents and FSD leadership and serves as an advisory body where caregivers are encouraged to bring forward hassle factors and issues for exploration, problem-solving, and collaborative planning.

- The DCF-FSD **Human Trafficking Workgroup** is a multidisciplinary child protection team which discusses human trafficking risk factors and prevention, themes of victimization within Vermont communities, the evolution of practice and system responses, and data/trends. Team members bring draft documents and confidential information to the group to process as a think-tank, develop policies and procedures, and enhance coordinated system responses.

- The **Trends Monitoring Workgroup** is a multidisciplinary team which meets quarterly to oversee and analyze the Psychotropic Medications Quality Improvement Collaborative (PMQIC) in Vermont, with a goal of improving the use of psychotropic medication among children and youth in foster care.

- The **Vermont Commission on Native American Affairs (VCNAA)** is charged by law to recognize the historic and cultural contributions of Native Americans in Vermont, to protect and strengthen Native American heritage, and to address needs in state policy, programs, and actions. The Commission develops policies and programs to benefit Vermont's Native American Indian population. FSD attends VCNAA meetings to collaborate and provide pertinent updates about our intersecting work.

- The **Vermont In-Depth Technical Assistance (IDTA) Core Team** is a multidisciplinary team receiving support from the National Center on Substance Abuse and Child Welfare (NCSACW). The goal of the group's IDTA is to increase Vermont's capacity to improve the safety, health, permanency, and well-being of infants and families affected by prenatal substance exposure. The formal IDTA period is coming to a close, and FSD and VDH are visioning the continuation of the team outside of support and technical assistance.

- The **Foster Care Quality Improvement (QI) Team** is a multidisciplinary team which oversees Vermont's Health Care Oversight and Coordination Plan and the overall status and evolution of policies and practices impacting the health of children and youth in foster care.

- The **Children's Justice Act Task Force (CJATF)** oversees the allocation of CJA funds in Vermont for projects that improve the investigation and prosecution of child abuse and neglect cases, particularly cases of child sexual abuse and exploitation.

- **Vermont Network Against Domestic and Sexual Violence** and Family Services collaborates in various ways to support the work of child protection throughout the state. From 2020-2025 this collaboration has remained strong and is vital to meeting the needs of Vermonters affected

by Domestic and Sexual Violence. DCF-FSD Domestic Violence Specialists (DVSs) meet with Rural Grant partner organizations quarterly and interact on a as needed basis in cross collaborative work for families working with FSD and needed throughout the year to engage the supportive services of the Rural Grant Network partners.

In addition to existing groups and forums, FSD is exploring the re-establishment of our former Quarterly Stakeholder Meeting in the upcoming year. The purpose of this group was to provide a consistent and accessible venue for sharing data and emerging trends, offering legislative updates and discussing priorities, reviewing policies in development or out for public comment, and creating feedback loops related to our strategic plan, CFSP, CFSR, and other system-wide initiatives. The group may also serve as a hub to strengthen communication and alignment across existing stakeholder bodies—such as the Families Come First Workgroup, Vermont Citizens Advisory Board, Diligent Recruitment Advisory Team, Foster Parent Workgroup, CFSR Steering Committee, and others—to ensure greater coherence, reduce redundancy, and deepen cross-system collaboration. Importantly, this group could provide partners with direct access to FSD leadership and the opportunity to be in relation with each other in support of shared goals for Vermont's children and families.

In Vermont, the relationship between the Judiciary and DCF-FSD is enhanced through the Court Improvement Project and represents a critical avenue of collaboration, reflecting a shared commitment to improving outcomes for children, youth, and families. Daily, FSD staff and the Judiciary work closely performing regular activities related to the juvenile court process. This collaboration helps to identify and address systemic barriers, such as case processing delays, inconsistencies in representation, and coordination gaps that can affect permanency and well-being outcomes.

A practical demonstration of this collaboration can be seen in one current project focused on Structured Decision Making (SDM). This partnership reflects a shared commitment to enhancing consistency, transparency, and fairness in child welfare cases. SDM is a research-based framework that helps child protection, legal, and judicial professionals assess safety, risk, and service needs using standardized tools, criteria, and guidance. By integrating SDM into child protection casework practices, affidavit review, and other courtroom activities, FSD and the Judiciary work to ensure that decisions—such as whether to remove a child from the home or reunify a family—are grounded in objective, evidence-informed assessments. The Judiciary supports this approach by incorporating SDM concepts into court proceedings, enhancing judicial understanding of the tools and how they inform DCF-FSDs recommendations as well as their own.

Joint training initiatives and collaborative case reviews have helped align judicial decision-making with the structured frameworks used by FSD, promoting more informed hearings, better documentation, and a shared language around risk and safety. This partnership strengthens accountability while helping ensure that decisions reflect the best interests of children and families, supported by consistent and data-informed practices.

Overall, the Vermont Judiciary through the Court Improvement Project fosters an intentional and sustained partnership with DCF rooted in collaborative assessment, shared training, and aligned data monitoring. Together, they strive to uphold every child's right to a safe, stable, and timely permanency outcomes through more responsive and coordinated court and child welfare systems.

FSD's collaboration with legal and judicial partners has been further enhanced through hands on development of Vermont's 2025-2029 CFSP, each APSR submission, as well as Vermont's current CFSR Round 4 activities. A Court liaison has worked closely with FSD and the Children's Bureau since 2022 to inform the CFSR process including contributions to the CFSR Statewide Assessment; presenting data during some CFSR Steering Committee Meetings; participation in CFSR Onsite Review planning meetings as the State Legal-Judicial Specialist as well as being physically present at Vermont's metropolitan district during the 2024 Onsite Review. The State Legal-Judicial Specialist helped facilitated the scheduling of focus groups and/or stakeholder meetings with judges, attorneys, and Guardians ad Litem as well as informed survey development to gather information during the CFSR process. Lastly, the State Legal-Judicial Specialist has collaborated with FSD around CFSR PIP development and will continue this collaboration during and beyond the PIP. Vermont submitted the 3rd draft of the CFSR Round 4 PIP on 8/4/2025 and is awaiting final feedback from the Children's Bureau at the time of this APSR resubmission.

Throughout the reporting period, FSD maintained substantial, ongoing, and meaningful collaboration with families, youth, caregivers, tribal partners, legal and judicial stakeholders, and community providers. We look forward to strengthening and elevating voices of lived experience into our continuous quality improvement efforts and feedback loops in the future. Input from our partners was used to assess performance, inform strategic updates to CFSP goals and interventions, and shape implementation efforts. We remain committed to deepening these partnerships through expanded work groups and consistent stakeholder engagement practices.

# Section 2: Update on Assessment of Performance, the Plan for Improvement and Progress to Improve Outcomes

## Assessment of Performances

Vermont submitted the CFSR Round 4 Statewide Assessment in March of 2024 and completed the CFSR onsite review the week of May 6th, 2024. Vermont utilized a Children's Bureau led CFSR process and has continued to partner with Regional Office and other federal CFSR staff throughout the PIP development process. A CFSR Final Results meeting was held on 9/10/2025 in Vermont with Children's Bureau and FSD staff attending in-person and virtually. The official CFSR Round 4 Final Results were transmitted on 9/30/2025, and the first draft of the CFSR Program Improvement Plan (PIP) was submitted to the Children's Bureau in December 2024. Through ongoing collaboration with staff, stakeholders, and the Children's Bureau, FSD anticipates having an approved PIP in fall 2024. Vermont's CFSR Round 4 ratings are provided in Figure 1, and draft PIP goals and strategies can be found later in this section.

*Figure 1:  Child and Family Services Review Round 4 Outcomes Table*

| VT CFSR Round 4 | May 2024 CFSR Ratings (N= 65) |
|---|---|
| **Safety Outcome 1** | Timeliness of Initiating Investigations of Reports of Child Maltreatment:<br><br>**Item 1:** 65% (N= 13)<br>**Applicable:** 20 cases |
| **Safety Outcome 2** | Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care<br><br>**Item 2:** 46% (N=11)<br>**Applicable:** 24 Cases |
| | Risk and Safety Assessment and Management<br><br>**Item 3:** 52% (N= 34)<br>**Applicable:** 65 cases |
| **Permanency Outcome 1** | Stability of Foster Care Placement<br><br>**Item 4:** 75% (N=30)<br>**Applicable:** 40 cases |
| | Permanency Goal for Child<br><br>**Item 5:** 30% (N=12)<br>**Applicable:** 40 cases |
| | Achieving Reunification, Guardianship, Adoption, or Another Planned Permanent Living Arrangement<br><br>**Item 6:** 35% (N=14)<br>**Applicable:** 40 cases |
| **Permanency Outcome 2** | Placement With Siblings<br><br>**Item 7:** 65% (N=13)<br>**Applicable:** 20 cases |
| | Visiting With Parents and Siblings in Foster Care |

| | |
|---|---|
| | **Item 8:** 47% (N=15)<br>**Applicable:** 32 cases |
| | Preserving Connections<br><br>**Item 9:** 85% (N=33)<br>**Applicable:** 39 cases |
| | Relative Placement<br><br>**Item 10:** 76% (N=28)<br>**Applicable:** 37 cases |
| | Relationship of Child in Care With Parents<br><br>**Item 11:** 55% (N=16)<br>**Applicable:** 29 cases |
| **Well-Being Outcome 1** | Needs and Services of Child, Parents, and Foster Parents<br><br>**Item 12:** 29% (N=19)<br>**Applicable:** 65 cases |
| | Child and Family Involvement in Case Planning<br><br>**Item 13:** 36% (N=23)<br>**Applicable:** 64 cases |
| | Caseworker Visits With Child<br><br>**Item 14:** 49% (N=32)<br>**Applicable:** 65 cases |
| | Caseworker Visits With Parents<br><br>**Item 15:** 23% (N=13)<br>**Applicable:** 57 cases |
| **Well-Being Outcome 2** | Educational Needs of the Child<br><br>**Item 16:** 76% (N=35)<br>**Applicable:** 46 cases |
| **Well-Being Outcome 3** | Physical Health of the Child<br><br>**Item 17:** 60% (N=29) |

| | |
|---|---|
| | **Applicable:** 48 cases |
| | Mental/Behavioral Health of the Child<br><br>**Item 18:** 47% (N=20)<br>**Applicable:** 43 cases |

## Child & Family Outcomes & Systemic Factors

In CFSR 4, Vermont received a strength rating on Systemic Factor Item 32: Coordination of CFSP Services with other Federal Programs. The following table includes Vermont's CFSR 4 Systemic Factor ratings and a brief description of Areas Needing Improvement.

***Figure 2: Child and Family Services Review Systemic Factors Table***

| Systemic Factor | VT CFSR 4 Systemic Factor Ratings and Rationale |
|---|---|
| **Information Systems**<br>Item 19: Statewide Information System | This item was rated an Area Needing Improvement.<br><br>Due to Vermont's antiquated data collection system, FSD is unable to meet all federal tracking and reporting requirements. |
| **Case Review System**<br>Item 20: Written Case Plan<br>Item 21: Periodic Reviews<br>Item 22: Permanency Hearings<br>Item 23: Termination of Parental Rights<br>Item 24: Notice of Hearings and Reviews to Caregivers | All items in this section were rated Areas Needing Improvement.<br><br>Due to Vermont's antiquated data collection system, we are unable to track all requirements related to case reviews, including if notices were provided to caregivers about hearings and reviews |
| **Quality Assurance**<br>Item 25: Quality Assurance System | This item was rated an Area Needing Improvement.<br><br>While Vermont has many quality assurance systems in place, the Round 4 CFSR Final Report noted the lack of a robust process to guide the selection, design, implementation, and evaluation of future improvement measures. |
| **Staff Training**<br>Item 26: Initial Staff Training<br>Item 27: Ongoing Staff Training | All items in this section were rated Areas Needing Improvement. |

| | |
|---|---|
| Item 28: Foster and Adoptive Parent Training | FSD has not had a reliable way to track how many new staff should have received the required initial training(s) versus how many did. We also do not have a supportive way to track ongoing training needs unless training is required. |
| **Service Array**<br>Item 29: Array of Services<br>Item 30: Individualizing Services | All items in this section were rated Areas Needing Improvement.<br><br>Vermont's service array was significantly impacted during and post the COVID-19 pandemic as many programs shrank in size or closed. It continues to be difficult to access to timely care throughout much of Vermont, especially as it relates to individualized services for youth with complex developmental health needs. |
| **Agency Responsiveness to the Community**<br>Item 31: State Engagement and Consultation With Stakeholders Pursuant to CFSP and APSR<br>Item 32: Coordination of CFSP Services With Other Federal Programs | Item 31 was rated an Area Needing; Item 32 was rated a Strength<br><br>FSD does not have a meaningful way to determine if engagement and consultation with stakeholders supports the achievement of the goals and objectives outlined in the CFSP. |
| | All items in this section were rated Areas Needing Improvement.<br><br>FSD's antiquated data collection system does not allow for the adequate tracking of waivers as it relates to licensing foster and kinship homes. |

As mentioned above, Vermont's CFSR Round 4 Program Improvement Plan is still in draft form. The next submission is due in August 2025 and FSD anticipates it being a final draft. Through review and analysis of the Final Report, ongoing conversations with Children's Bureau staff, and collaboration with Vermont staff and stakeholders, FSD has established four goals to address the areas of engagement with children, youth, and families; the quality assurance system; FSD's information systems; and Vermont's high entries and reentries into care. Below are the most recent iterations of Vermont's PIP goals, strategies, and areas we hope to impact. Please note that the information below may change slightly between now and the 2027 APSR as Vermont is still finalizing the PIP.

**CFSR PIP Goal 1: (Engagement)** Improve the frequency and quality of engagement with children, youth, parents, and caregivers throughout a family's encounter with Vermont's child welfare system in order to increase the achievement of timely permanency, safety, and well-being.

**Areas Impacted:** Placement Stability, Relative Placement, all case review items, Permanency indicators (through increase engagement)

**Strategies:**

- **Strategy 1.1:** Improve quality of face-to-face engagement between case workers and children, youth, and parents.
- **Strategy 1.2:** Provide more robust tracking information to increase frequency of face-to-face contact with children and parents.
- **Strategy 1.3:** Measure the impact of expanded programming for youth with complex developmental health needs.
- **Strategy 1.4:** Create a process that supports ongoing adaptive changes related to engagement with children, youth, and families.

**Goal 2: (Quality Assurance System)** Increase data driven decision making by establishing a process to explore problems, select interventions, and use qualitative and quantitative data to implement, measure, and adjust interventions to achieve the desired outcomes.

**Areas Impacted:** Systemic Factor 25: Quality Assurance System

**Strategies:**

- **Strategy 2.1:** Finalize FSD's Change Management framework to guide the selection, design, implementation, and evaluation of future improvement measures.
- **Strategy 2.2:** Implement FSD's Change Management Framework.

**Goal 3: (Information System)** Improve Vermont Family Services Division's statewide information system so that the Division can more accurately track various data related to child-specific information, initial staff training, and requirements for criminal background checks.

**Areas Impacted:** Systemic Factor 19: Statewide Information System, Systemic Factor 26: Initial Staff Training, and Systemic Factor 34: Requirements for Criminal Background Checks.

**Strategies:**

- **Strategy 3.1:** Track whether foster parent applicants are getting fingerprinted within 90 days.
- **Strategy 3.2:** Track if a child is placed in a foster home on hold.
- **Strategy 3.3:** Develop a process to track the number of staff completing training and ensure that initial training adequately prepares new workers.
- **Strategy 3.4:** Improve statewide data system to better track child-specific information.

**Goal 4: (Entries and Re-entries into Care)** To reduce the number of entries and re-entries into care.

**Areas Impacted:** Statewide Data Indicator Recurrence of Maltreatment, Statewide Data Indicator Permanency in 12 Months (Entries), Statewide Data Indicator Reentry into Foster Care in 12 Months, Safety Outcome 2, Permanency Outcome 1, Well-Being Outcome 1, Racial Disparity

**Strategies:**

- **Strategy 4.1:** Strengthen judicial inquiry by measured use of the VERMONT COURT HEARING SDM GUIDE and targeted questions during petition reviews and court hearings (prior to 12 months) to reduce entries and reentries into care.
- **Strategy 4.2:** Increase FSD staff, attorneys, and judicial preparedness.

Additional information regarding PIP activities, including problem exploration and data analysis, can be found in Vermont's Program Improvement Plan, which can be provided after approval (post 2026 APSR submission).

# Section 3: Plan for Enacting the State's Vision

Vermont has identified several key areas of focus to highlight throughout the 2025-2029 CFSP reporting period. Section 3 includes updates to those areas of focus since the submission of the CFSP in June 2024.

## System of Care

The current system of care (which includes the High-End System of Care (HESOC), as well as other residential care settings within Vermont) continues to operate at reduced capacity as compared to pre-pandemic overall bed count. The most significant challenge to restoring historical capacity to programs serving youth continues to be difficulty hiring and retaining front line staff. Also critical is the acuity of needs of youth as seen by front line staff. Higher acuity needs require programs to support youth with higher staffing ratios. This means some youth require a higher staffing ratio due to acuity.

Even where some programs have found some success during this reporting period recruiting and retaining staff, higher needs in the milieu do not necessarily translate to increased bed counts. The need to staff at a higher ratio artificially reduces the "actual capacity." This is particularly true of crisis stabilization programs, who maintain youth that do not easily fit into other residential settings.

In 2022, Vermont identified four levels of care most critically needed to stabilize the placement system of care. These four levels of programming include: secure stabilization, secure treatment, community-based stabilization and psychiatric residential treatment. Since the identification of need, the State has made significant headway on all four fronts.

**Short-Term Secure Stabilization and Treatment Programs:**

The largest project (and most immediate need) has been to develop access to architecturally secure programming within the state. Because both urgency and desire for the highest quality programming are needed for this population, DCF has advanced both temporary and permanent solutions simultaneously.

The permanent solution involves developing a secure campus that contains both short-term stabilization and longer-term treatment programs. Both programs will be served by a common core space that houses education, recreation, wellness, and administration components. The campus will include an eight-bed stabilization program and a six-bed treatment program.  The Department has selected a project developer and potential building site in Vergennes, Vermont and engaged community and stakeholder feedback activities for facilities permitting, design, oversight, and operations. Despite meaningful progress on planning and design elements, the Department ran into significant zoning challenges with the intended building site and is currently canvassing the state for alternative locations. These setbacks have delayed the Department's timeline for approximately one year, with an anticipated program operations date commencing in the summer of 2027.

On October 21, 2024, the state successfully opened the doors of the Red Clover Treatment Program. This temporary secure crisis stabilization program in Middlesex, Vermont serves up to four justice involved youths at a time.

**Staff-Secure Crisis Stabilization Beds:**

The Department has continued to work with Buildings and General Services (BGS) and the Windham County Sheriff's Department to develop a three-bed crisis stabilization program in Brattleboro, Vermont. This program is not a locked facility and will be operated by an independent treatment provider. Construction will be completed in June 2025. The state has identified a provider and is aiming to be in operation by early fall, 2025.

**Psychiatric Residential Treatment Facility (PRTF):**

The Department, in conjunction with the Departments of Mental Health and Disabilities, Aging and Independent Living, has issued an RFP to develop a 15 bed PRTF in Vermont. RFP has yielded a contract with the Brattleboro Retreat. The departments are currently working to update the Medicaid State Plan, establish rates and billing codes and procedures. The Departments are also working with the vendor to support facilities renovation, and startup needs and engage the Agency of Education on the development of an independent school. The departments hope to see this program begin operations by December of 2025.

**Developmental Health Crisis Network**

In 2023, the Department did a data dive on youths in custody who were eligible for or receiving services related to complex developmental health needs. These youth were found to spend significantly more time in residential settings and had far less placement stability than the overall custody population. Additionally, because of limited access to residential programming, youths were at a higher likelihood of being staffed in emergencies or other alternative settings for greater amounts of time. To address some of these challenges, the Department developed an MOU with the Department for Aging and Independent Living to expand the Vermont Crisis Intervention Network (VCIN). VCIN is a statewide complex developmental health crisis network that offers three tiers of services:

- The first tier provides training to agency staff to enhance general clinical expertise and competency.
- The second tier provides consultation to agency teams working with individuals with emotional or behavioral challenges.
- The third tier provides statewide crisis beds for individuals with developmental needs while residential or shared living provider placements are developed.

This third tier was chronically needed, and due to systemic deficits within the adult-serving system, were rarely accessible to eligible children and youth. In January of 2025, the program expansion included an additional crisis bed- specifically to serve children or youth in DCF custody. While this has impacted the need to "staff" youth with developmental needs in alternative settings, more work is needed to develop appropriate "step-down" programs and skilled foster homes.

Quick Reference to the goal, objective, activities, measurements, and CFSR connections that were established in the 2025-2029 CFSP related to Vermont's System of Care:

- **System of Care Goal:** FSD will continue to advocate and create service opportunities for youth with developmental health needs so they can remain safe in their homes and be served in their home state instead of being disproportionately placed out of state.
    - **System of Care Objective:** DCF-FSD will work with other departments including the Department of Aging and Independent Living (DAIL) and the Agency of Education (AOE) to create a continuum of care for youth that qualify for intellectual health need.

**System of Care Activity 1**: DCF-FSD will develop and renew a Memorandum of Understanding with DAIL to include DAIL eligible youth being given quality service in-state to include increased access to developmental services.

**System of Care Activity 1 Measurement**

a. This will be measured by an increase in Developmental Services Waivers.
b. This will also be measured by fewer DS youth in residential care

**System of Care Activity 2:** DCF will develop crisis step-down programming to support DS youth utilizing VCIN crisis services

**System of Care Activity 2 Measurement**

a. Vermont Crisis Intervention Network (VCIN) bed will be functioning (residents will transition within 30 days of placement)
b. There will be a decrease in the number of HESOC staffings for DS Eligible DCF FSD youth.

**System of Care Activity 3:** DCF will advocate with AOE to develop appropriate educational opportunities for DS eligible youth

**SOC Activity 3 Measurement**

a. This will be measured by less youth being brought to the Case Review Committee (CRC) without an educational placement and less youth being in residential care.

**Alignment with the CFSR PIP: Desired outcomes for children, youth, and families and Systemic capacity expected to improve (if applicable) related to System of Care work in FSD:**

a. Youth with developmental health needs can remain safe in their homes and be served in their home state.
b. CFSR Permanency & Well-being
c. CFSR Item 29: Array of Services
d. CFSR Item 30: Individualizing Services

e. Item 32: Coordination of CFSP Services with Other Federal Programs

**Additional support that are needed to implement, achieve and sustain the System of Care goal and objective:**

- Ongoing funding for the secure treatment facility and the support of the community
- Mandates from DCF leadership that all Departments collaborate to stabilize the system of care, especially as it relates to youth with developmental health needs.
- State and federal funding to bring a Comprehensive Child Welfare Information System (CCWIS) to Vermont to allow for data driven decisions around targeted supports needed within the System of Care.

## Families Come First

Following the adoption of the Family First Prevention Services Act (FFPSA), the Department for Children and Families (DCF), Family Services Division (FSD), set out to examine improvements needed within our system to support the vision of keeping families together through connections, supports, and enhancing the capacity of prevention services. Vermont's 5-Year FFPSA Prevention Plan was approved in April 2022 and includes two Evidence-Based Practices (EBPs) to be provided by our service provider network: Motivational Interviewing (MI) and Parent Child Interactive Therapy (PCIT). As we worked to implement FFPSA, it became evident there are many initiatives underway that all support the goal of keeping families together whenever safely possible. These include, but are not limited to:

- A practice shift to support families who have no danger items identified on their *SDM Safety Assessment* to decline ongoing services and develop their own plan to mitigate risks and ensure safety
- Intentional inclusion of people with lived experience in planning and systems reform
- Safety science reviews of child fatalities, and using systems learning to improve outcomes and shape prevention efforts and reforms
- Updates to our mandated reporter training to reduce implicit bias in reporting
- Efforts to make court processes more consistent throughout the state
- A strengthened "kin first" culture and greater support for relatives and kin caregivers

To reflect and unify these broader, interconnected efforts, Vermont has rebranded our FFPSA-related work under the name Families Come First (FCF). This name better reflects the system-wide shifts in both practice and culture required to realize our prevention goals.

This work requires not only practice changes, but a values-based evolution, as staff balance child safety with empowering and elevating the voices of families. These shifts are nuanced and challenging, and as we navigate workforce capacity constraints, some variation in implementation is to be expected.

Central to the FCF approach is the meaningful inclusion of individuals with lived experience. We believe that their expertise is invaluable and should be compensated fairly. The accumulation of knowledge without compensation is exploitative. While we have not yet identified a consistent, streamlined method to compensate individuals across all engagement types (e.g., workgroups,

panels, focus groups, surveys), we remain committed to expanding and improving these opportunities for authentic partnership.

Quick Reference to the goal, objective, activities, measurements, and CFSR connections that were established in the 2025-2029 CFSP related to Vermont's Families Come First:

- **Families Come First Goal:** Implement Prevention work as outlined in our 5-Year Prevention Plan.
    - **Families Come First Objective:** Continue to engage with staff, the community, and national partners/experts to design, develop, implement, and track Prevention Plan success.

**Families Come First Activities and Measurements of Progress:**

**Families Come First Activity 1:** Engage the stakeholder workgroup in making recommendations to the Core Team around QRTP component implementation, starting with aftercare, to align all in-state congregate care programs with best practice.

**Families Come Frist Activity 1 Measurement**

a. The Core team will have a list of aftercare recommendations, provided by the Implementation Team, that include robust stakeholder input.

**Families Come First Activity 2:** Engage the Prevention Implementation Workgroup in making recommendations to the Core Team about strategies, practice changes, and evidence-based interventions necessary for transition to prevention-focused child welfare practice and thereby eliminate children/youth from unnecessarily coming into care.

**Families Come First Activity 2 Measurement**

a. The Core team will have a list of recommendations, provided by the Implementation Team, that includes robust stakeholder input and focuses on necessary changes to move toward a prevention-focused child welfare system.
b. Once strategies are implemented, success will also be measured by fewer children entering custody.

**Families Come First Activity 3:** VT will continue its participation with a multi-state collaboration to design, implement, and evaluate a new Kinship Navigation program for consideration by the Title IV-E Prevention Services Clearinghouse.

**Families Come First Activity 3 Measurement**

a. Continued FSD presence at the multi-state collaboration meetings
b. Implementation of the program model
c. Ability to track and provide program fidelity data
d. Completion of required evaluation activities

**Families Come First Activity 4:** Embrace opportunities for technical assistance and support, and work with partners to develop and implement strategies to effectively engage those with lived expertise at all decision-making points, whenever possible.

**Families Come First Activity 4 Measurement**

a. A lived experience advisory board or position created within FSD dedicated to lived expertise inclusion and sustainability

**Families Come First Activity 5:** Continue to communicate and advocate with other levels of state government, including the Agency of Human Services, to ensure policy alignment and necessary resources.

**Families Come First Activity 5 Measurement**

a. Scheduled meetings between FSD and AHS throughout the CFPS reporting period to discuss Families Come First work.

**Alignment with the CFSR PIP: Desired outcomes for children, youth, and families and Systemic capacity expected to improve (if applicable) related to Families Come First work in FSD:**

a. Increased availability of preventative services in Vermont, with the ultimate outcome of fewer children entering custody.
b. CFSR Safety, Permanency, and Well-being
c. CFSR Item 29: Array of Services
d. CFSR Item 30: Individualizing Services
e. CFSR Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR

**Additional supports that are needed to implement, achieve and sustain the Families Come First goal and objective:**

- DCF and FSD leadership support to move toward a prevention-focused child protection system.
- Additional resources, whether a position or funding, to create a lived expertise advisory board for FSD.
- Implementation support in the form of technical assistance from national partners or experts.

## Safety Culture

The Family Services Division is committed to safety, the safety of children, the safety of youth and families, and the safety of our workforce. As a child protection and youth justice agency, we often enter into people's lives when something has gone wrong, and aim to attend to the safety, permanency, and well-being for those children and youth who require some level of intervention.

The overarching culture within which we carry out our mission is that of a safety culture. Our commitment to safety culture means that we value strong communication, transparency, trust and a continuous learning environment. We strive to balance individual accountability within system accountability.

High risk, high consequence decision making benefits from a work culture that fosters not just physical safety, but also psychological safety- amongst colleagues, with supervisors and managers and most importantly- family services workers feeling like they can speak up when they've made a mistake or need help. Staff that are well trained, feel secure and supported, and can do a comprehensive, thorough job and be more responsive to families and children.

The tools of Safety Culture are tools that support mindful organizing, strong communication, are data driven and foster transparency.

Safety culture is one in which our values, attitudes, and behaviors support a safe, engaged workforce, and reliable service delivery. It is not just about the safety of our children and families (although that is the ultimate goal); it is also about the physical and psychological safety of our staff to ensure they can make the best decisions possible in support of our children and families. Recent and current efforts to grow Vermont's safety culture include:

- Creation of a Staff Safety Manager position and Safety Specialist position
- Creation of the HOPE (Helping Our Peers Excel) Team including 3 HOPE clinicians
- Allocation of resources when staff safety concerns arise
- Ongoing Safety Culture Workgroup
- Structured Decision-Making Tools
- Mandatory Consults
- Staff Safety Interventions
- Huddles
- Incident Debriefs
- PDSA small tests of change
- Feedback to leadership (Supervisors, DDs, Ops, FSMT) regarding psychological safety
- Use of safety culture survey
- Use of District Listening Sessions
- Feedback and refinement of Staff Safety Interventions and HOPE Team

The field of child protection and youth justice involves high risk and high consequence decision making in an environment that is dynamic and complex. Unlike other professional fields where problem fact patterns can be matched with known solutions, our interventions and outcomes are impacted by the individuals and relationships between those individuals. We know that staff make the best decisions they can with the limited information they have, often in stressful, overwhelming situations, sometimes while tired, and often alone. But we also know that strong decision making requires:

- Systems that recognize and support vulnerabilities at the individual and systems level (for example cognitive biases stress, fatigue, or overwhelm)
- Systems that create "hard stops" to ensure that support is offered at points in time where individuals are susceptible to making a high risk, high consequence decision that is impacted by a variety of factors such as stress, fatigue or overwhelm

Safety culture means that no one needs to make a decision alone. We do this by paying attention both to safety-organized practices and a safe and resilient workforce.

**Safety-organized practice** (described further in detail in the Safety Organized Practice section of this document) describes a collaborative approach to casework that helps all those involved with the child/youth to stay focused on assessing and supporting child & community safety well after the child protection agency is involved. In VT, this approach includes supported decision-making tools and engagement strategies.

**Safe and resilient workforce** interventions occur in a way that recognizes the needs of the involved staff for support and planning to ensure that they can carry out their duties and make the best decision possible for themselves and those they serve.

A safety culture recognizes the need to be attentive to the needs of the workforce in service to create the best opportunity for strong decision making. A safety culture monitors and plans for vulnerabilities in the system and works toward continuous improvement and accountability. In VT, we build opportunities for reflection and learning through:

- Qualitative Case Reviews (QCRs)
- SDM case reads
- Individual and group supervision
- Teaming
- Coaching
- Case consultations
- District plans
- Collaborative Learning Agreements

Threats to staff have many impacts including a detrimental impact on decision making. People who experience threats to their safety can experience impacts in their ability to process information and formulate plans. In VT we currently address these impacts through:

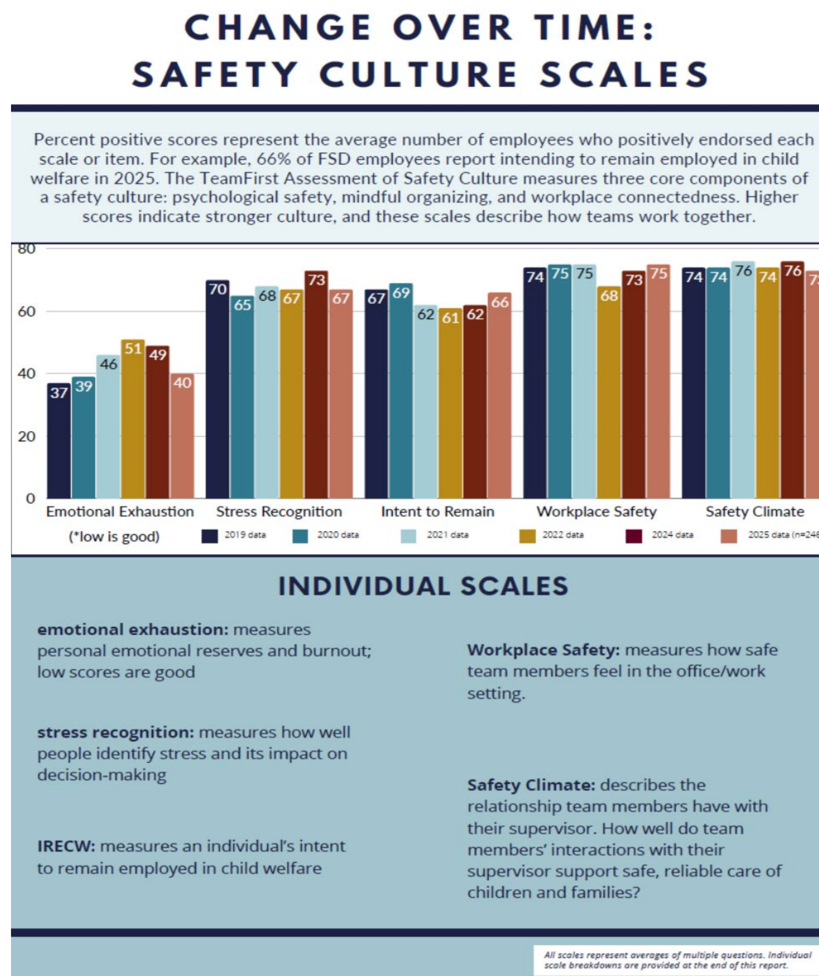
- Clear staff safety policy that outlines reporting and response
- Staff Safety Team intervention to address immediate safety impact and support resiliency

Staff routinely interact with traumatic content in their work and the system must understand and respond with interventions that mitigate the negative impact of these traumatic experiences on decision making. In VT we currently address these impacts through:

- Peer support that is activated at any time there is a threat to staff safety or anytime a need is identified by involved staff
- Clinical support for staff that are experiencing the impacts of trauma
- Consultation at key junctures in a case where high risk, high consequence decision making occurs to ensure workers are not alone in the work

In January/February 2025, a total of 247 staff completed this year's survey (a 59% response rate across the division), an organizational assessment that examines aspects of an agency's culture and operations. Below are the safety culture scales found in the Safety Culture Survey:

***Figure 3: 2025 VT Safety Culture Survey Results: Safety Culture Scales***




VT is the only jurisdiction to have done 6 administrations of the survey. Looking at VT data over time, our 2020 data is quite typical of other jurisdictions, so we can see some very nice growth in VT over the past 5 years using 2020 as our baseline.

Broadly, VT currently compares to typical national data:

- Workplace connectedness: about 5-7 percentage points higher than average
- Mindful organizing: about 8-10 percentage points higher than average
- Psychological safety: about 8-10 percentage points higher than average
- Emotional exhaustion: currently about the same (maybe 3-5 points lower) than average; see below
- Stress recognition: about 10-15 points higher than average
- Intent to remain right about the national average
- Workplace safety: *this is the only scale where we do not really have a national average*
- Safety climate: right about the national average

Quick Reference to the goal, objective, activities, measurements, and CFSR connections that were established in the 2025-2029 CFSP related to Vermont's Safety Culture:

- **Safety Culture Goal:** To increase employees' physical and psychological safety within the Family Services Division, leading to better outcomes for children, youth and families (safety, permanency, and well-being).
    - **Safety Culture Objective:** Increase education, training, support and activities to implement mindful organizing, in service of child, youth and staff safety, across the Division.

## Safety Culture Activities and Measurements of Progress:

**Safety Culture Activity 1:** FSD will distribute the Safety Culture Survey annually and foster participation through individual and large group discussions around the importance of employee voice.

**Safety Culture Activity 1 Measurement**

a. We will have an increased response rate to the survey, annually.

**Safety Culture Activity 2:** The FSD Safety Culture Workgroup will meet regularly to share, review, brainstorm and practice approaches to the work.

**Safety Culture Activity 2 Measurement**

a. Increased positive responses to the "intent to remain employed in child welfare" and "workplace connectedness" questions in the annual Safety Culture Survey during each year of the CFSP reporting period.

**Safety Culture Activity 3:** FSD will create a Safe Systems Learning Review Team

a. How organizations respond to critical incidents has a ripple effect on organizational culture. When individuals are blamed for problems in casework practice that are rooted in systemic issues, professionals can become fearful and risk averse in their practice, separating families unnecessarily and delaying reunification(s). They can operate in siloes without disclosing their challenges to leaders who can help.

The purpose of Systems-Focused Critical Incident Reviews (SCIR) is to support a culture of safety that leads to improvements for families and the professionals (e.g., case workers) who care for them. System-Focused Critical Incident Reviews draw on the sciences of safety, improvement and implementation and operate from a core set of values: family-centered, workforce-informed, and systems-focused. (language provided by National Partnership for Child Safety) https://nationalpartnershipchildsafety.org/resources/

**Safety Culture Activity 3 Measurement**

a. DCF and FSD leadership will continue to support legislative efforts to provide protection for impacted staff through statutorily defining critical incident review team, and the purpose and functioning thereof.

b. In 2023 Representative Brumsted of the House Committee on Human Services sponsored H.696, “An act relating to establishing the Critical Incident Review Team.” https://legislature.vermont.gov/bill/status/2024/H.696
c. FSD leadership will support a unique structural accommodation to allow the Child Safety Director to lead Safe System Learning Reviews, however the team may be made up of individuals and teams which sit outside the Child Safety Director’s positional authority to supervise and/ or manage, such as members of the Quality Assurance Team, Policy and Planning Managers, the Division’s Human Trafficking Consultant, or external stakeholders such as the Office of the Child, Youth and Family Advocate and Deputy Advocate.
d. FSD leadership will support prioritization of the development of a data use agreement with Michigan Institute of Public Health and the University of Kentucky for the purpose of complying with agreements with the National Partnership for Child Safety (NPCS) and to continue receiving technical and adaptive support from NPCS.
e. FSD will support prioritization of policy development to provide much needed structure to this process. Which will include how learning opportunities identified through critical incident reviews will be shared out in an aggregated manner, providing for the psychological safety of impacted staff.

**Safety Culture Activity 4:** Districts will have targeted training on huddles and practice this before removals.

**Safety Culture Activity 4 Measurement**

a. Districts will track the number of huddles they engage in monthly and debrief its impact on the safety of each child, youth and staff member.

**Safety Culture Activity 5:** Districts, Operations, Training and Coaching Specialists, and Quality Assurance Liaisons will engage in quarterly meetings regarding District Learning Plans (DLP) to align training, coaching, safety culture and child, youth and family outcomes.

**Safety Culture Activity 5 Measurement**

a. DLP’s will include skill building and practice discussions needed to impact the relevant outcome indicators.

**Safety Culture Activity 6:** Districts and Operations will review case consultation policy together and discuss the benefits of team decision making, mindful organizing, and getting support during high stress times that have high consequences.

**Safety Culture Activity 6 Measurement**

a. Increased positive responses to the “stress recognition” and “safety climate” questions in the annual Safety Culture Survey during each year of the CFSP reporting period.

**Alignment with the CFSR PIP: Desired outcomes for children, youth, and families and Systemic capacity expected to improve (if applicable) related to Safety Culture work in FSD:**

a. Increase employee’s physical and psychological safety within the Family Services Division, leading to better outcomes for children, youth and families.

b. CFSR Safety, Permanency, and Well-being
c. CFSR Item 26: Initial Staff Training
d. CFSR Item 27: Ongoing Staff Training

**Additional supports that are needed to implement, achieve and sustain the Safety Culture goal and objective:**

a. DCF and FSD leadership support to create a Safe System Learning Review team
b. Continued contracting with our training partner to provide training(s) on the use of huddles

## Continuous Quality Improvement & Quality Assurance System

Note that rather than including a separate section on Vermont's Quality Assurance System (Section B, #4 of the ACF-ACYF-CB-PI-25-01), we are including it in this area of focus as well as referenced it in our draft PIP strategies earlier in this document.

Services identified in Vermont's CFSP are implemented around the state by a variety of providers. In Round 4 of the CFSR, Vermont received a Strength rating for Item 32: Coordination of CFSP Services with other Federal Programs, which speaks to the impact of our intentional collaboration. The CFSR final report also indicated that while Vermont FSD has many quality assurance and continuous quality improvement process in place, we lack a consistent process to implement systemic, statewide change, as well as a feedback loop that supports the selection, development, implementation, measurement, and adjustment of program improvement processes. With this feedback in mind and in an effort to align the CFSP goals and strategies with the CFSR PIP, Vermont has made significant updates to the Continuous Quality Improvement goal, objective, activities, and measurements, which will kick off post-CFSR PIP finalization.

**2026 APSR Updates:**

- **Continuous Quality Improvement Goal:** Increase data driven decision making.
  - **Continuous Quality Improvement Objective:** Establish a process to explore problems, select interventions, and use qualitative and quantitative data to implement, measure, and adjust interventions to achieve desired outcomes.

**Continuous Quality Improvement Activity 1:** Finalize FSD's Change Management framework to guide the selection, design, implementation, and evaluation of future improvement measures.

**Continuous Quality Improvement Activity 1 Measurement**

a. Establishment of Change Management Workgroup
b. Finalized and approved Change Management Framework

**Continuous Quality Improvement Activity 2:** Implement FSD 's Change Management Framework.

**Continuous Quality Improvement Activity 2 Measurement**

a. Change Management trainings provided to those needed
b. Identified staff begin using framework
c. Make adjustments to framework as needed

Vermont has continued making progress related to implementing Comprehensive Child Welfare Information Systems (CCWIS). The Core CCWIS team is in an active procurement process and reviewing vendor bids that were submitted in May of 2025. Due to the extremely tight restrictions of procurement processes in the Agency of Human Services, no other information can be provided at this time related to CCWIS procurement. Vermont continues to access federal funding to offset the costs of CCWIS work through an approved Updated Planning Advanced Planning Document (UPAPD) and look forward to continuing to access these funds to modernize Vermont's data and case management systems.

**Qualitative Case Reviews:** Vermont's PIP Goal 1, Strategy 1B for CFSR 3 was to, "Develop and implement a Qualitative Case Review System to collect and analyze quantitative and qualitative data on current performance and monitor the implementation of performance improvement strategies." Since CFSR 3, Vermont FSD has created its own internal review system, referred to as the Qualitative Case Reviews (QCRs), which kicked off in 2016 after CFSR 3. The creation of a qualitative case review system supported Vermont in passing all PIP items for CFSR R3 and has allowed us to include key stakeholders as reviewers, thus increasing collaboration across all areas of child welfare in Vermont. Vermont's QCR process mimics many aspects of the CFSR and utilizes the Onsite Review Instrument (OSRI). FSD anticipates CFSR PIP reviews beginning in the fall of 2025. When Vermont's CFSR PIP is finalized, we will provide it as an addendum to this APSR.
Quick Reference to the goal, objective, activities, measurements, and CFSR connections that were established in the 2025-2029 CFSP related to Vermont's Continuous Quality Improvement:

- **Continuous Quality Improvement Goal:** Establish an automated case management system in Family Services.
    - **Continuous Quality Improvement Objective:** Implement a Comprehensive Child Welfare Information System (CCWIS).

## Continuous Quality Improvement Activities and Measurements of Progress:

**Continuous Quality Improvement Activity 1:** FSD will continue to partner with stakeholders to highlight the need for an automated case management system.

**Continuous Quality Improvement Activity 1 Measurement**

a. 3 or more stakeholder agencies include references to FSD's need for a new system in their annual reporting or outward facing communications.

**Continuous Quality Improvement Activity 2:** FSD will continue to advocate for additional funding from the Agency of Human Services (AHS) and the Legislature, and peruse grant funding when available, to fund a CCWIS system.

**Continuous Quality Improvement Activity 2 Measurement**

a. Incremental growth in the available protected funding for CCWIS (currently at $3 million).

**Continuous Quality Improvement Activity 3:** FSD will continue to allocate resources to the design, development, and implementation of CCWIS.

**Continuous Quality Improvement Activity 3 Measurement**

a. Increased number of part-time positions allocated to CCWIS (there is currently one part-time position in FSD tied to CCWIS).
b. Increased number of temporary or permanent full-time positions allocated to CCWIS (there are currently no temporary or permanent full-time positions allocated to CCWIS).

**Alignment with the CFSR PIP: Desired outcomes for children, youth, and families and Systemic capacity expected to improve (if applicable) related to Continuous Quality Improvement work in FSD:**

An automated case management system for FSD staff that allows them to offer comprehensive case management services, thus resulting in better outcomes for children, youth, families, and staff.

a. CFSR Safety, Permanency, and Well-being
b. CFSR Item 19: Statewide Information System
c. CFSR Item 20: Written Case Plan
d. CFSR Item 21: Periodic Reviews
e. CFSR Item 24: Notice of Hearings and Reviews to Caregivers
f. CFSR Item 25: Quality Assurance System
g. CFSR Item 29: Array of Services
h. CFSR Item 30: Individualizing Services

While a robust casement management system would impact nearly all CFSR outcomes and systemic factors, the items above are the ones we've assessed would benefit the most.

**Additional supports that are needed to implement, achieve and sustain the Continuous Quality Improvement goal and objective:**

- Legislative, community, AHS, DCF, and FSD level of support
- Continued ability to draw down federal funding (currently in place)
- Continued state level funding

## Safety Organized Practice

The term "Safey Organized Practice" is a practice framework designed to help all key stakeholders involved with a child—caregivers, extended family, child welfare workers, supervisors and managers, lawyers, judges and other court officials, and even the child—keep a clear focus on assessing and enhancing child safety at all points in the case process. This framework integrates a strengths- and solution-focused approach combined with the SDM® system (a set of research-based decision-support assessments) to create a rigorous child welfare practice model. The Family Services Division employs strategies such as the Three Houses, Three Column Mapping (3W's meetings), Family Finding, Eco-Maps, Network Building, Safety Circles, and family centered meetings (such as Family Safety Planning) to collaborate with families and community partners. Structured Decision Making® tools encourage critical thinking, targeted documentation, and equitable decision making. These strategies support and inform the development of behaviorally based case plans that prioritize safety, permanency, and well-being.

The following figures depict how Safety Organized Practice is implemented by FSD:

***Figure 4: SOP Child Protective Services Model***

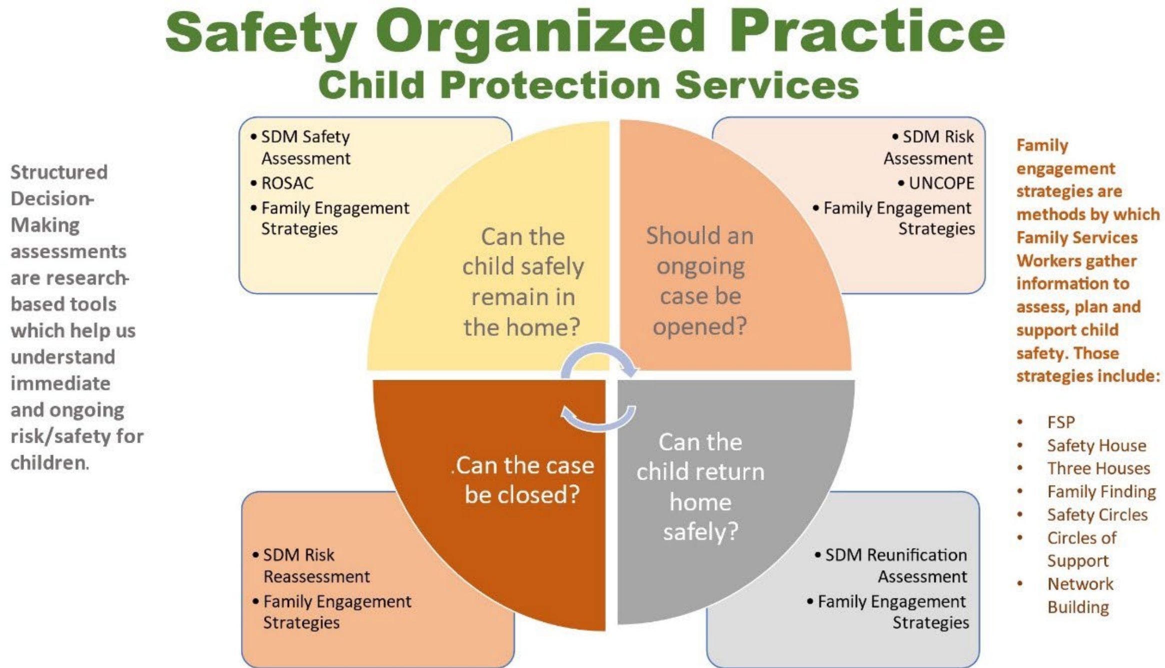
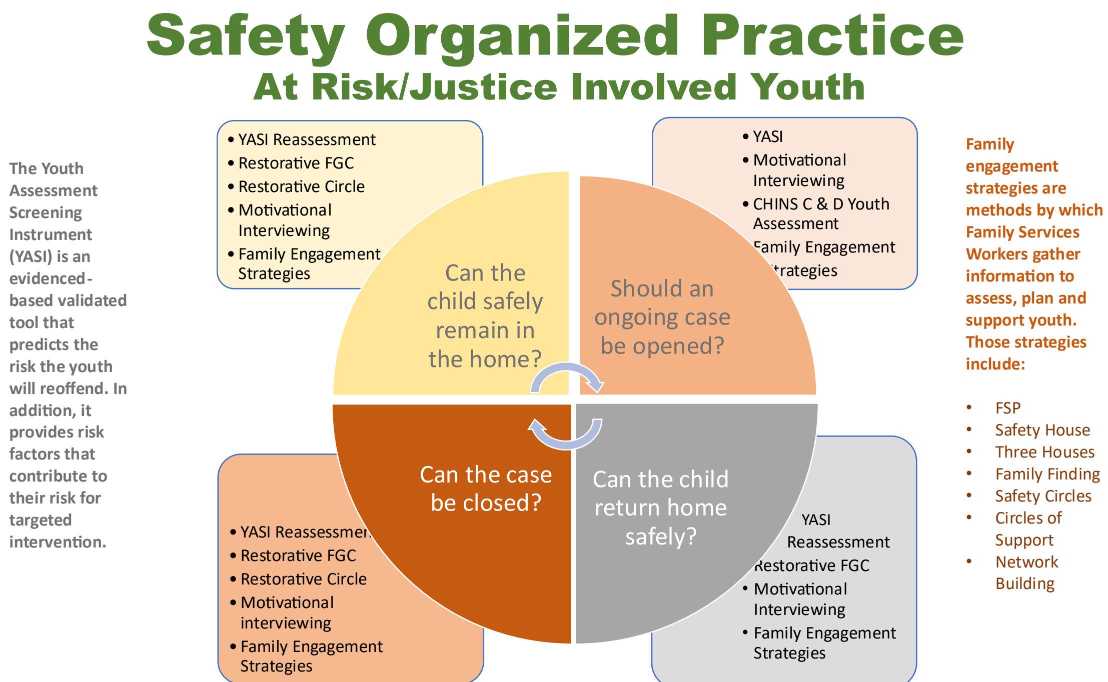



***Figure 5: SOP At Risk/Justice Involved Youth Model***



**Coaching and Training Support**

**Vermont Child Welfare Training Partnership (VT CWTP)**

VT CWTP facilitates the professional development of the Family Services workforce by providing relevant, consistent, effective, and competency-based training and facilitating transfer of learning through coaching. VT CWTP is working in partnership with FSD on the following strategies to support the continued development of organized safety practice:

- Annual Child Welfare Summits with FSD staff, Guardian Ad Litems, judges, and attorneys focused on increased use and discussion of structured decision-making tools in the court process. The ongoing opportunities are designed to build competence in the Structured Decision Making® framework and support implementation of a SDM Court Hearing Guide that integrates social worker analysis and decision making into the court process.
- Support of continued implementation of SDM® tools by FSD and targeted inquiry by judicial partners during the legal process through coaching and facilitated bench bars.
- Risk Validation Study and Data Analysis with Evident Change to ensure that (1) the SDM® Risk Assessment is composed of the best combination of risk factors with the most appropriate statistical weights; (2) the cut points defining the classifications are well-suited to the population to which the assessment is applied; and (3) the assessment performs equitably for key subgroups.

Additionally, the validation study is framed with the assessment purpose in mind and how the assessment fits into the agency's practice framework. Since the submission of the 2025-2029 CFSP, Evident Change has provided preliminary results of the validation study to the SOP Core Team in June 2025. Next steps are being identified related to this work and could result in modifications to the assessment and its policy to improve performance and use for families involved in DCF investigations.

Other updates include:

- Launch of revised Foundations training for new employees, including addition of role specific weeks for Front End, Juvenile Services, and Ongoing workers.
- Generalized Foundations Module 2: Safety Organized Practice
    a. The three principles of Safety Organized Practice: Good working Relationships, Critical Thinking and Decision Support Tools, Behaviorally Based Case Planning
    b. Engagement skills and Solution Focused Questions
    c. Three Column Mapping
    d. Caregiver Behavior and Impact to Child
    e. Building Networks to Support Safety
    f. Structured Decision-Making tools and Safety Assessment

Quick Reference to the goal, objective, activities, measurements, and CFSR connections that were established in the 2025-2029 CFSP related to Vermont's Safety Organized Practice:

- **Safety Organized Practice Goal:** Children are safely maintained in their homes whenever possible.
  - **Safety Organized Practice Objective:** Increased utilization and proficiency with Structured Decision Making® tools, specifically the SDM® Safety Assessment, which guides the decision of whether children can safely remain in their homes.

- Vermont requires child welfare professionals to systematically assess child safety and risk using SDM® tools. These tools are designed to guide decision making in the realms of identifying danger, assessing risk and to support reunification decisions.
- In 2021, the legislatively commissioned report, *Drivers of Custody Rates in Vermont*, Strolin-Goltzman, J., Holbrook, H., & Kolbe, T. (2021) https://legislature.vermont.gov/Documents/2022/WorkGroups/Child%20Protection%20Oversight/Custody%20Issues/W~Jessica%20Strolin-Goltzman~Drivers%20of%20Custody-Final%20Report~10-29-2021.pdf found that child welfare personnel do not uniformly or consistently apply the Safety Assessment tool in their practice, especially when making decisions related to child custody. Additionally, the study found that child welfare caseworkers' background, training, and potential bias can influence removal decisions.
- The study provided the following considerations and recommendations for policy and practice: Develop expanded practice guidance for case workers to use when applying the SDM® safety assessment to decision making.
- The SDM® Safety Assessment is currently underutilized (completion rates are lower than what is required by policy) and when utilized, it is inconsistently applied with regards to accuracy. FSD should revise relevant policies and practice guidance so that they align with SDM® procedures and methodology. In particular, DCF should increase consistent application of the threshold (severity and imminence of danger) for each danger indicator on the Safety Assessment through training and practice. This may be undertaken in partnership with Evident Change and CWTP. Additionally, DCF should establish policies that promote regular use of the SDM® Case Read tool by supervisors to analyze the quality of decision making by front line staff.
  - **Safety Organized Practice Goal:** Children are safely maintained in their homes whenever possible.
    - **Safety Organized Practice Objective:** Increased utilization and proficiency with Structured Decision Making® tools, specifically the SDM® Safety Assessment, which guides the decision of whether children can safely remain in their homes.

## Safety Organized Practice Activities and Measurements of Progress:

**Safety Organized Practice Activity 1:** With support from the FSD Quality Assurance team, Operations Leadership Team, and District Directors, supervisors in each district will practice using the SDM® Case Read Tool with a goal of completing one case read per month, per worker. The Case Read tool is a supervisory aid which supports learning for family services workers in the realms of increasing understanding and skill with the SDM® Tools. As workers' proficiency evolves, they

assess danger and risk more accurately, consistency in decision making is increased statewide, and documentation becomes more targeted and clearly articulates behaviors of caregivers, impact to children, and actions that promote safety.

**Safety Organized Practice Activity 1 Measurement**

a. Over time, workers should display increased proficiency in using the tools accurately and consistently. Rates of tool completion will increase, assessments will be completed accurately, supported by narrative evidence, and assessments will be implemented with enhanced practices to guide decision making and increased family engagement. *Areas of opportunity* will evolve into *areas of demonstrated growth*, and ultimately *areas of strength*.

**Safety Organized Practice Activity 2:** Increase implementation of the Court Hearing Guide and companion guide for Vermont's Judges, attorney's, Guardian Ad Litem's, attorneys, and family services workers.

The VERMONT COURT HEARING SDM® GUIDE provides judicial officers with concise information and key questions they can use in considering and clarifying Vermont DCF Family Services Division (FSD) recommendations regarding children under its jurisdiction based on information that FSD staff should have from the relevant Structured Decision Making® (SDM) assessments. This guide was developed in response to recommendations from a legislatively commissioned study conducted by the University of Vermont to look at higher than average custody entrance rates in Vermont. The SDM® COURT REFERENCE SHEET: VERMONT FSD STAFF, DEPUTY STATE ATTORNEYS, AND ASSISTANT ATTORNEYS GENERAL is a companion document which provides a practice model reference guide that helps workers and Vermont DCF Family Services Division (FSD) attorneys to prepare for testifying in court hearings about the purpose, structure, and findings of the Structured Decision Making® (SDM) decision-support assessments as well as information gathered and discussed with families using practice model approaches and tools.

The case studies undertaken for the study revealed that children frequently entered custody before an SDM® Safety Assessment was completed. The Safety Assessment was designed to be used prior to custody decisions to determine whether safety concerns constitute imminent and severe danger to a child and whether that danger can be adequately mitigated by implementing a safety plan. Whether danger can be mitigated is a necessary consideration for the courts prior to placing a child in custody.

The Drivers of Custody Rates study also included the following recommendations and considerations for court systems: Request and incorporate documented evidence of immediate danger prior to making custody decisions. This documented evidence should be included in all affidavits in which court intervention is requested. The documentation should describe how the caregiver's behaviors and the impact to the child create imminent and severe danger to the child that cannot be mitigated through safety planning.

The study showed that incorporating documented evidence of immediate danger is not standard practice in judicial proceedings for child custody cases. As noted above, whether danger can be mitigated is a necessary consideration for the courts prior to placing a child in custody. Time pressure

and emergency situations may place pressure on staff to skip this step, or the data may not have been requested by the courts at the time the custody order is granted.

**Safety Organized Practice Activity 2 Measurement**

a. With increased training and implementation of the Court Hearing Guide and companion guide for Vermont's Judges, attorneys, Guardian ad Litems and family services workers, there will be more informed discussion in the courtroom of the decisions made by FSD staff. Judges (and attorneys and GALs) will report using the guide to prompt inquiry at hearings and FSW's will report being better able to articulate their decisions and rationale to the court and parties. Discussions at local bench bar meetings (when they are held) will reflect that the dialog about the Court Hearing Guide and the SDM® tools during hearings have utility.
b. With the layer of formal accountability of judicial inquiry and discussion using the Court Hearing Guide, custody rates in Vermont should reflect that only those children who are truly unsafe are removed from their homes.

**Safety Organized Practice Activity 3:**

Provide initial and ongoing training and coaching to staff on the SDM assessments, (Safety Assessment, Risk Assessment, Risk Reassessment, and Reunification Assessment) tools. Develop robust implementation plans in partnership with FSD Division leadership and district leadership.

**Safety Organized Practice Activity 3 Measurement**

a. Structured Decision Making® will be taught during SDM® specific sessions in Foundations Training to all new Family Services employees who will be working in the realm of child protection. Each district office reviews each of the four SDM® Tools annually and carries out implementation strategies aimed at increasing proficiency with the tools.
b. The establishment of a practice of internal review of one completed tool per month in each unit, ensuring that each Family Services Worker in the unit has an opportunity to present their work in this realm.
c. District leadership will have knowledge and skill in this practice area and develop plans for completion for Case Read tool that include accountability measures for local implementation. District leadership should be able to articulate the utility of the tools in decision making and know how to ask questions to deepen staff's use of the tools.

**Alignment with the CFSR PIP: Desired outcomes for children, youth, and families and Systemic capacity expected to improve (if applicable) related to Safety Organized Practice work in FSD:**

a. Staff will complete the SDM assessments with accuracy, fidelity, and utilizing enhanced practices to guide decisions so that only children that are truly in need of removal from their homes to be safe enter custody.
b. CFSR Safety and Permanency
c. CFSR Item 25: Quality Assurance System
d. CFSR Item 26: Initial Staff Training
e. CFSR Item 27: Ongoing Staff Training

**Additional supports that are needed to implement, achieve and sustain the Safety Organized Practice goal and objective:**

- Funding for consultation and training with Evident Change around the use of SDM tools and Bench Guides.
- Engagement from our legal/judicial partners.
- Continued funding and collaboration between division leadership and CWTP to build capacity and deepen district leadership engagement for SDM implementation.

## Implementation & Program Supports

The Child Welfare Training Partnership (CWTP) continues to be FSD's primary provider of staff training(s) around the state. The identified training activities can be found in Section 8 of this document.

**Provided Technical Assistance**

Since the submission of the CFSP, FSD has continued to receive technical assistance and training from:

- Evident Change around our Safety Organized Practice Framework and implementation of our SDM tools; the Children's Bureau (CFSR, IV-E, FFPSA, CFSP, CCWIS, etc.).
- Casey Family Services
- The National Center for Diligent Recruitment (6/2025-12/2026)
- The National Partnership for Child Safety (NPCS) to lay the groundwork of safety. science/safety culture with both the Vermont Citizens Advisory Board (VCAB) and also leadership of the Child Fatality Review Team (CFRT).

FSD had been working closely with the Capacity Building Center for many years in the areas of Diligent Recruitment, FFPSA, CFSR, Data Analytics, and more, and have felt the heavy impact of that contract abruptly ending in the fall of 2024. Many areas of work previously supported by the Capacity Building Center have slowed or stalled completely over the last 8 months due to the loss of this resource. We look forward to engaging with the National Child Welfare Center for Innovation and Advancement (NCWCIA) and have an initial meeting scheduled with them in early July.

**Evaluation and Research**

FSD will continue to partner with Evident Change related to the Risk Validation Study and Data Analysis to ensure that (1) the SDM® Risk Assessment is composed of the best combination of risk factors with the most appropriate statistical weights; (2) the cut points defining the classifications are

well-suited to the population to which the assessment is applied; and (3) the assessment performs equitably for key subgroups, such as race/ethnicity or geography.

# Section 4: Update on the Service Descriptions

## Child and Family Services Continuum

Vermont FSD wants to ensure that children, youth, and families have access to all the services and support(s) they need to live safe and stable lives. To do this, we hold contracts with various providers around the state and regularly assess the outcomes of services to ensure contract obligations are met and adequate services are provided.

FSD's current service continuum includes (but is not limited to):

**Child and Family Support (CFS):** The CFS contract is the largest district contract and supports critical family engagement work in a variety of approaches. This contract provides services to children and youth for all ages and can be accessed at various points during Family Services intervention including the investigation/assessment phase, a non-custody open family case, custody, and with conditional custody cases. Some of the specific services include:

- **Family Time Coordination**: To help the family and the FSW create a holistic, family time plan for the child and family that can include various supports rather than just Family Time Coaching. This service includes:
    - **Family Finding**: Utilizes Genograms and Ecomaps and provides a Final Report with contact information. Identifies and grows natural supports around families. Identifies resources for placement and connection for the child as well as bringing in more people to be part of the family's safety network.
    - **Together Time**: Offers parents and children immediate and predictable times to be together in a safe environment. This is a 60-day service that allows parents to have immediate and predictable contact with their children while the details of Family Time Coordination are worked out.
- **Family Safety Planning (FSP) meetings**: CFS workers facilitate family safety planning meetings to help assess children/youth's safety, better understand and identify child/youth's needs, hear the thoughts of family members, identify family's strengths and natural supports, hear thoughts and concerns of service providers, and develop a plan to address safety concerns. Other meetings included under FSP services include:
    - FSP with family members
    - Initial Caregiver Meeting Facilitation- with no Family Time Coaching
    - Ongoing Shared Parenting Meeting Facilitation- with no Family Time Coaching
    - Other Facilitated Meetings (3 W's model- What is working? What are people worried about? What are next steps?) – also with family, DCF and safety network, other professionals
    - Ongoing Family Safety Network Meetings
    - Youth Transition Meetings (17+) – for youth 17 years and older; with youth's supports and other providers present at the meeting
- **Care Coordination** (In Home support to Kinship and Foster homes): assess child and family needs, provide referrals to other related services, and coordinate with other service providers.

- **Family Time Coaching**: Support parents/child(ren) in having safe family contact, develop safe parenting skills and the ability to meet the needs of the child, and address the reason the child came into custody. Family Time Coaching will consistently address the specific danger and risk reasons a child entered custody and help parents address those issues, as well as new risks that may arise over time.

- **Supervised Visits**: are provided to parents and caregivers who may not be working toward reunification but still require supervised visits with their children. This service is less about skill building and more about ensuring child safety during contact. At times, the service is also available to extended family who wish to have contact with the child being served.

**Intensive Family Based Services (IFBS)**: IFBS provides family-focused, community-based crisis intervention services designed to maintain children safely in their homes. Services are provided based on a thorough assessment of the needs of the family, their capacity to change, and the current level of risk assessment of their children. The program is intended to be short-term and to address the immediate concerns of our high-risk intact families. This intervention can be utilized for non-custody cases, conditional custody cases, and custody cases. These services are typically provided in the home but can expand to the community based on the child's needs. Additionally, the service is often provided more than once a week due to the intensive nature of it.

**Balanced and Restorative Justice (BARJ)**: Please see details of the BARJ program in the Youth Justice Continuum section of this document.

**Evaluator Contracts**: Formerly known as Consultation, Assessment, Screening, and Treatment (CAST) contracts, Evaluator Contracts allow FSD to partner with licensed clinical mental health professionals statewide to provide child victims of physical, psychological, and/or sexual abuse and neglect, as well as those who demonstrate sexually harmful behaviors, with trauma informed consultation, assessment, screening, and/or treatment services. FSD utilizes the knowledge and expertise of these professionals to provide expert testimony in court as well as treatment recommendations that assist DCF/FSD staff in developing case plan goals and making appropriate service referrals based on the individualized needs of children/youth and their families. These services support DCF/FSD's mission of increasing safety, stability, and permanency for children and youth in Vermont. There are currently over 20 Evaluators statewide providing these services.

**Youth Development Service (YDP)**: YDP contracts assist at risk youth in custody statewide so they can be successful and supported by healthy and safe connections as they age into early adulthood. Please refer to the Service Coordination and Chafee sections of this document for more detailed information on YDP.

**Vermont Family's Support and Stabilization Initiative (VTSS)**: Family Services has a contract with Becket Family Services to provide intensive short-term wraps (90 days) to up to 80 families at any given time statewide. VTSS works to stabilize youth living in the community to prevent entry into custody as well as transition youth out of residential settings back into the community, often into a foster home or the home of their caregivers. Youth can be, but do not need to be, in custody to access these services. There are several individualized services offered through VTSS to include formal and informal assessment of needs and services, safety and support plans, individual treatment plans, anger management, parent education, monthly progress reports, and more.

**Substance Abuse Case Managers:** Family Services has a contract with the Regional Partnership Program (RPP) through LUND to provide substance abuse screeners to families involved with FSD. As of CFSR Round 3, only 6 districts had substance abuse screeners. However, these services have expanded and are now available in all 12 districts. These services began because of the opioid pandemic and continue to be available to families both at the point of investigation or assessment or at any point during the ongoing case if substance use is suspected. Caregivers and youth can engage in conversations and a brief assessment with the Substance Abuse Screener to indicate what level of treatment would be helpful for their identified substance use needs. Substance use screeners can also assist with the referral process as well as support clients up to the point of engagement in an ongoing substance use service.

**Post-Permanence Services**: Supports families who have been joined through adoption and guardianship by providing case management and other support services delivered by professionals who are experienced in the dynamics of adoption and guardianship. Adoption incentive payments will be utilized to fund a contract amendment for Vermont's post-permanency services, to be in effect from October 2023 to September of 2024. Vermont's contracted post-permanency providers are reporting that deficiencies in the mental health system of care are resulting in increased needs for families formed through adoption. We are offering a time-limited increased case cost for post-permanency families needing higher levels of contact. After this initial increase, Family Services worked with the Vermont Medicaid agency, the Department of Vermont Health Access (DVHA) to conduct a rate analysis and institute a permanent increase to the case rate.

**Project Family**: Project Family is a partnership between Family Services and LUND that was established in 2000. Project Family provides matching services, home studies, and support to families seeking to adopt a child, including assisting with payment for court filings and background checks, supporting a family in filling out the court forms, helping families understand the process, and more. In the last two years Vermont has found that the work required with many adoptive families has become more time-consuming and complicated. We attribute this to the increase in finding permanency with kin. Kin families being joined through adoption often need more targeted support to successfully move through the adoption process.

There are 3 main services provided by Project Family:

- **Child Focused Recruitment**: is utilized when a child does not have an identified permanent home. LUND staff work closely with the Family Services Worker as well as other service providers connected to the child to understand the child's individual needs and recruit permanent home providers to meet those needs.
- **Legal Permanence Services**: when youth in DCF custody are already placed with a potential permanent family, or when a conditional custodian is identified to adopt a child. LUND's Finalization Case Managers work with families to facilitate legal permanence in the form of adoption or Permanent Guardianship (for children eligible for the Guardianship Assistance Program).
- **Central Office Team**: assists with the receipt and review of legal documents (Adoption Assistants), and then the administration of the adoption and guardianship assistance programs (Adoption Administrative Services Coordinator). The DCF Permanency Planning Program Manager also co-directs Project Family and oversees the Central Office Team.

## Service Coordination

Family Services regularly engage with stakeholders statewide to identify areas of strengths and concerns as they relate to the goals and objectives of CFSP services and supports. This engagement supports the coordination of services throughout Vermont. Stakeholder groups consist of service providers, community partners, staff from the Department for Children and Families, people with lived experience (both adults and minors), Tribal affiliates, and other community partners. These collaborations provide opportunities for Family Services to tap into the expertise of our stakeholders and create a space for stakeholders to share feedback that is used to coordinate services to increase outcomes for the children, youth, and families Vermont serves. For a list of stakeholders and how we engage them, please refer to the Collaboration section of this document.

While Vermont does not have any federally recognized tribes, FSD continues to include members of our state recognized tribes in the stakeholder groups described below. With the passage of the AFCARS 2020 rule to include more ICWA elements, the FSD Director of Policy and Planning has worked closely with the state recognized tribes to build upon existing relationships, create new ones, and identify processes for our work together. This has resulted in an even greater integration of tribal input into statewide responsiveness to community needs, which is then utilized to inform the development of APSRs and the coordination of services described in the CFSP. Please see the "Consultation and Coordination Between States and Tribes" section of this document for additional information regarding how we engage with Tribes in Vermont.

Partners and representatives from Vermont's state-recognized tribes have signaled a gap in insurance-covered mental health modalities to meet the needs of indigenous young people in our communities. This is briefly spoken to in the *Health Care Oversight and Coordination Plan* section of the CFSP. We are curious about culturally sensitized alternative types of therapeutic supports that fall outside of traditional "talk therapy" (i.e., art, drumming, equine, gardening, and music therapies or other mind-body practices).

Family Services Division (FSD) collaborates with many federal and federally assisted programs throughout the state to ensure that the delivery of CFSP services is responsive to the needs of the community. While much of the coordination is with other departments within the Department for Children and Families, FSD also interacts with federally funded providers outside of the agency. The information below outlines the ways in which FSD collaborates and coordinates with these programs and providers to meet the needs of the children and families we serve.

**Youth Development Services:** FSD continues to contract with Elevate Youth Services as the administrative and fiscal agent of the Chafee subgrant and the statewide Youth Development Program (YDP). YDP is Vermont's transition and after-care program for youth and young adults who have experience with the foster care system. Elevate subcontracts with eight agencies across the state to provide services in coordination with each of the 12 FSD districts. In total, YDP staffs 16 full-time equivalent Youth Development Coordinators (YDCs) that provide goal-oriented case management to youth. Across the state of Vermont, YDP serves approximately 450 youth per year. YDP maintains an array of services and support(s) for eligible youth, including strengths-based, youth-driven case management; flexible funding to help youth achieve goals; extended foster care; and access to leadership and advocacy opportunities. Figure 6 provides YDP outcome data for FY19-FY22 and Figure 7 provides YDP outcome data for FY 2023 at the district level.

***Figure 6: Youth Development Program Outcomes, FY19-FY22***

| Youth Development Program Outcomes, FY19-FY22 | | | | |
|---|---|---|---|---|
| | **FY19** | **FY20** | **FY21** | **FY22** |
| Total Youth Served | 535 | 460 | 454 | 458 |
| Medicaid Insured | 98% | 99% | 99% | 98% |
| Licensed Drivers (16+) | 34% | 33% | 31% | 35% |
| Stable Housing all Year | 84% | 79% | 82% | 86% |
| Youth who Have Children | 8% | 10% | 12% | 13% |
| Youth Enrolled and Attending an Education Program | 73% | 67% | 58% | 59% |
| Youth 18+ Enrolled | 61% | 56% | 47% | 48% |
| Youth 18+ with 1+ Semester of College | 13% | 14% | 11% | 11% |
| Youth who were Employed | 57% | 62% | 54% | 57% |
| Youth 18+ who wew Employed | 70% | 71% | 60% | 69% |
| Enrolled OR Employed | 90% | 90% | 81% | 83% |
| Youth 18+ Enrolled OR Employed | 88% | 87% | 77% | 80% |

***Data Source:*** *VT APSR FY2024*

***Figure 7: YDP FY 2023 Outcomes table***

| FY23 OUTCOMES | VT | A | B | H | J | L | M | N | R | S | T | V | Y |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Total Youth Served** | 470 | 46 | 56 | 24 | 15 | 18 | 15 | 17 | 54 | 31 | 59 | 28 | 15 |
| **Medicaid Insured** | 97% | 100% | 99% | 100% | 96% | 96% | 100% | 87% | 93% | 100% | 100% | 100% | 86% |
| **Connected to an adult** | 94% | 94% | 100% | 100% | 75% | 75% | 97% | 78% | 98% | 100% | 92% | 100% | 95% |
| **Licensed Driver (16+)** | 37% | 52% | 45% | 47% | 32% | 33% | 33% | 26% | 35% | 25% | 21% | 31% | 39% |
| **Stable housing (18+)** | 73% | 66% | 66% | 64% | 64% | 79% | 71% | 85% | 73% | 80% | 73% | 100% | 100% |
| **Enrolled or employed** | 86% | 84% | 92% | 67% | 88% | 71% | 84% | 74% | 91% | 74% | 89% | 90% | 91% |
| **HS credential (19+)** | 60% | 60% | 66% | 71% | 72% | 57% | 48% | 63% | 66% | 50% | 50% | 50% | 55% |
| **PSE or training (19+)** | 4% | 6% | 8% | 0% | 0% | 0% | 3% | 13% | 0% | 6% | 5% | 0% | 9% |
| **Semester+ college (19+)** | 14% | 14% | 18% | 29% | 36% | 7% | 10% | 0% | 17% | 0% | 15% | 0% | 9% |
| **Employed** | 58% | 64% | 86% | 66% | 63% | 38% | 62% | 39% | 54% | 40% | 44% | 52% | 29% |
| **Employed (18+)** | 70% | 77% | 87% | 76% | 64% | 47% | 65% | 47% | 73% | 60% | 58% | 67% | 43% |
| **Have children** | 12% | 14% | 13% | 11% | 13% | 17% | 19% | 4% | 18% | 9% | 6% | 7% | 5% |

***Data Note:*** *VT= Statewide, A= St. Albans, B= Burlington, H= Hartford, J= St. Johnsbury, L= Brattleboro, M= Barre, N= Newport, R= Rutland, S= Springfield, T= Bennington, V= Morrisville, Y= Middlebury.*

FSD provides "Youth Transition Meetings" for families involved with the Department and their support systems. These facilitated meetings support 17-year-old youth in custody in developing comprehensive transition plans. The framework provides a structure that is youth-led and helps youth to share their unique goals as they relate to housing, education, career planning, and more; builds connections and supports for the youth; and identifies and addresses challenges and barriers. These meetings and the framework are intended to be used when youth turn 17 in FSD custody, prior to discharge from services, and/or anytime there is a significant change in the youth's life or plans. These meetings can be broken into multiple shorter meetings or one longer meeting, depending on

youth preference and capacity for participation. These meetings are offered for youth being served in all 12 districts across the state. It is anticipated that all of the YDP services referenced here will continue into the coming years.

Additional information about YDP can be found in the Chafee section of this document.

**Economic Services:** FSD has continued to strengthen our partnership with the Economic Services Division (ESD), particularly in supporting families served through the Reach Up Program (Vermont's Temporary Assistance for Needy Families or TANF program). Reach Up helps families with children by providing cash assistance for basic needs and services that support employment and self-sufficiency.

**Child Development Division:** Vermont's Title IV-B, sub part 1 funds support key services overseen by the DCF Child Development Division (CDD). Some programs included in Vermont's Community-Based Child Abuse Prevention (CBCAP) grant and overseen by CDD include:

- **Strong Families Home visiting:** Under state law, Vermont home visiting services are regular, voluntary visits with a pregnant individual or family with a young child with the purpose of providing a continuum of services designed to:
    - Improve maternal and child health
    - Prevent child injuries, abuse, or maltreatment
    - Promote social and emotional health of children and their families
    - Improve school readiness
    - Reduce crime or domestic violence
    - Improve parent education and economic self-sufficiency
    - Enhance coordination and referrals among community resources and supports such as food, housing, and transportation

Strong Families Vermont supports pregnant people and new parents through home visits delivered by trained professionals using a continuum of services. Home visitors partner with each family to set goals and promote optimal development, health, and wellbeing. Home visits also provide an opportunity for early screening and identification of potential challenges facing families, as well as connections to the broader array of Children's Integrated Services (CIS) and other local services and supports. Strong Families Vermont encompasses multiple layers of home visiting from Sustained to Responsive to Universal.

Currently, Vermont is focused on implementing two evidence-based models of Sustained Home Visiting:

- **Nurse Home Visiting Program:** Maternal Early Childhood Home Visiting (MECSH)- Registered nurses from home health agencies deliver a long-term, structured, evidence-based home visiting program for families including at least 25 visits during pregnancy up to age two. The program improves maternal and child health and family economic self-sufficiency, promotes optimal child development, prevents child abuse and neglect, and coordinates referrals to community resources.

  - **Family Support Home Visiting Program:** Parents as Teachers (PAT)- Trained professionals from CIS partner agencies deliver a long-term, evidence-based home visiting program for families through regular visits up to age five. The program strengthens parent-child relationships, builds social connections, prevents child abuse and neglect, and promotes optimal child development and school readiness. In late 2019, PAT was endorsed by Vermont's Home Visiting Alliance (comprised of state and community agencies to inform the direction of Vermont's home visiting system) as the Sustained Family Support Home Visiting model.

- **Children's Integrated Services (CIS):** The Child Abuse Prevention and Treatment Act (CAPTA) requires states to make referrals to early intervention services funded under Part C of the Individuals with Disabilities Education Act (IDEA) for all children under the age of 3 who are involved in a substantiated case of abuse or neglect. In Vermont, referrals to Children's Integrated Services (CIS) for developmental screening continue to occur in the following instances:

  - All children under the age of 3 who reside in a family/household where there is a substantiation of abuse or neglect – regardless of whether the perpetrator is in home or out-of-home; and

  - Households where the Safety Decision Making Risk Assessment is high or very high and a family support case will be opened for a family with children under the age of 3 (by completing the CIS Referral Form).

  FSD staff run a report on all Child Safety Interventions in which there is at least 1 child in the household who is under the age of 3. This list is then cross-referenced with the number of children who were screened by CIS, and the number of children who received Early Intervention (EI) Services. FSD District Directors share this report with their Children and Family Services (CFS) partner to evaluate CIS referral processes, services provided, utilization of contracted services, etc. This activity not only ensures that children are being referred, and services provided, but it also strengthens the partnership between the FSD district and CFS staff.

- **Head Start:** FSD collaborates with Head Start/Early Head Start and continues to promote the MOU which was created in 2011. This MOU also includes Economic Services Reach Up and the Child Development Division and is designed to reinforce the commitment between the agencies to improve access and provide high quality services to children and families throughout Vermont.

**Agency of Education (AOE):** Over the last several years, FSD has continued to focus on educational stability for children and youth in foster care. We continue to work closely with AOE to support children and youth to stay in their schools throughout the year if they have entered custody and are placed outside of their school district of origin. Members from AOE are also included in many of the stakeholder groups listed in the Collaboration section of this document.

**Vermont Department of Health (VDH):** FSD district offices work closely with VDH partners in many capacities including connecting mothers to the WIC program, providing consultation when there are medical issues, reinforcing safe sleep with shared clients, collecting health information, and identifying the medical home for each child entering custody. When a child enters custody through

FSD, the VDH Public Health Nurses connected to each of the 12 districts receive a notification and begin collecting the medical and dental information regarding the child. This information is then put into FSDs case note system and a copy is printed and put in the child's file. This ensures timely access to medical and dental information for FSD staff as well as the foster parents caring for the child.

**Vermont State Housing Authority (VSHA):** VSHA offers a Family Unification Program which promotes family reunification by providing rental assistance to families that lack adequate housing as a primary factor in the separation, or threat of imminent separation, of children from their families. Family Services and Economic Services refer families to VSHA. As mentioned above in the YDP section of this item, VSHA also provides housing vouchers for youth ages 18-26 who experienced a foster care episode at some point after age 16.

**Children's Justice Act Taskforce (CJATF):** Federal Children's Justice Act requires that CJA funds are not allocated for prevention or direct service activities. These funds should be used for programs to reform state systems and improve the process by which Vermont responds to cases of child abuse and neglect, including child sexual abuse and exploitation and cases of suspected child abuse or neglect related fatalities. Projects should focus on creating more effective responses for both the child victim and the offender and to limit additional trauma to the child victim.

To collaboratively approach CJA work, Vermont stood up the Children's Justice Act Task Force (CJATF). The CJATF's role is to assess and make recommendations for system improvement in the realm of investigative, administrative, and judicial handling of cases of child abuse and neglect, and support designation and appropriation of CJA funding.

The Task Force now provides funding to four major focus areas:

- Vermont SANE Program
- Vermont Children's Alliance – Children's Advocacy Centers
- Special Investigation Units
- Guardian ad Litem Program

Each program receives a block grant from which they determine projects to be funded according to the CJA Program Instruction, such as:

- Maintain and further develop the Vermont Sexual Assault Nurse Examiner Program and SANE professional development. Emphasis continues the Pediatric SANE Program.
- Provide professional training on various aspects of child abuse and neglect for professionals who work with child abuse and neglect.
- Support the existence of statewide Children's Advocacy Centers (CACs) and Special Investigation Units (SIUs) and assist in funding the necessary training, investigative equipment, and technological resources for them to function effectively. Currently a strong focus is on sex trafficking of minors, strengthening statewide, department and division policy and response systems.
- Assist in strengthening the Vermont's Guardian ad Litem (GAL) Program through funding regular training and increased outreach for active volunteers.
- Provide funding to Vermont professionals who engage in research and model project testing to determine best practice standards for the professional response to child abuse and neglect cases, with emphasis on child sexual abuse.

- Provide funding to professionals and organizations working with child abuse and neglect cases for the necessary equipment and technology required to enhance performance in investigation, prosecution, and treatment.

For more information on the CJATF, please see the Children's Justice Act section of this document.

**Vermont Juvenile Court Improvement Program (CIP):** The Vermont Juvenile Court Improvement Program seeks to improve outcomes for children and youth in foster care or who are at risk of being removed from home. The program does this by proposing changes to how courts process juvenile abuse and neglect cases and adoption cases. The program's goals are to help ensure children's safety and well-being and to help children find safe, permanent homes.

In Vermont, the program provides training for judges, public defenders, prosecutors, and court employees. It also helps pay the costs of developing, implementing, and evaluating improvements to how the courts process cases in the juvenile docket.

The Vermont Juvenile Court Improvement Program works to:

- Improve the timeliness of court proceedings to terminate parental rights
- Improve the timeliness and quality of Probate Division adoption finalization hearings for children in the child welfare system
- Identify and implement efficiencies in processing abuse/neglect cases
- Improve the quality of court data
- Continue collaboration between the Judiciary, the Department for Children and Families, and other partners in the child welfare system
- Promote high-quality legal representation
- Ensure that judges and court personnel are knowledgeable and prepared to work with child welfare cases
- Ensure that volunteer guardians ad litem who advocate in juvenile proceedings are adequately trained and supervised

FSD collaborates closely with our Judiciary to move CIP work forward and ensure a strong partnership throughout the state. During the previous CFSP reporting period, FSD supported the implementation of a CIP strategy by beginning to provide an annual GAL orientation meeting where the FSD Deputy Commissioner provides an overview of FSD to more intentionally onboard GALs to the work of child protection and their role in it. Since the inception of this annual meeting, FSD and the Judiciary have received positive feedback from GALs and plan to continue with this strategy throughout this CFSP reporting period.

Vermont continues to recognize that children and families involved in our child welfare system often have complex needs and require access to a variety of services and supports. Through extensive collaboration with state funded and federal/federally assisted programs throughout the state, Vermont can offer services and support(s) to children and families of all ages and all needs.

Service Description

Please see the Service Array Item in the System Factor section in the attached Vermont CFSR R4 Statewide Assessment March 2024 document for a description of services and areas of strengths in need of improvement.

## Youth Justice Continuum

Since 2016 Vermont has had significant changes in the juvenile justice system with the passage of Acts 153, 72, and 201 Juvenile Jurisdiction bills. These Acts transformed Vermont's juvenile jurisdiction system to more closely align our system with brain development research and best practices for serving youth. Vermont was one of the few states where 16 and 17-year-olds were charged in criminal court as adults for any offense, including misdemeanors. These charges potentially have major collateral consequences for youth charged in adult court, including a public record, the inability to enroll in the military, ineligibility for college loans and owning guns. This approach is antithetical to best practices for youth and what we've learned about brain science. Studies have shown that youth are much more amenable to treatment and rehabilitation, and as such should be treated differently from adults. Because of the legislation the filing options for youth under age 18 were significantly changed to reduce the collateral consequences to youth and align with their development. The charts below outline filing options available for delinquency and youthful offender cases:

***Figure 8: Juvenile Jurisdiction Chart***

| Juvenile Jurisdiction (Delinquency) Chart | | |
|---|---|---|
| AGE at time of alleged offense | OFFENSE | |
| | **OFFENSES other than BIG ELEVEN** | **BIG ELEVEN and other exceptions** |
| **10-11** | Proceedings start in Family; NO Transfer<br>33 VSA 5201(d)<br>33 VSA 5204(a) | Proceedings start in Family; NO Transfer<br>33 VSA 5201(c) |
| **12-13** | | Proceedings start in Family (5201(c)); Transfer to Criminal is an option (5204(a)) |
| **14-15** | | Proceedings start in Crim. (5201(c)); Transfer to Family as a delinquency is an option (5203(b)) or as YO (see chart below) |
| **16-18***<br>*** 19-year-olds will be treated as delinquents on 7/1/27.** | All Proceedings start in Family (5201(d)<br>Misdemeanors: NO Transfer<br>Felonies: Transfer to Criminal upon motion (5204(a)) | Proceedings start in Crim. (5201(c) and 33 V.S.A. § 5201(c)(2) or (3))<br>Transfer to Family as a delinquency is an option (5203(b)) or as YO (see chart below) |
| **19-21** | Only juvenile jurisdiction now is through YO (see chart below) | |

***Figure 9: Youthful Offender Jurisdiction Chart***

| Youthful Offender Jurisdiction Chart | | |
|---|---|---|
| **Age at time of alleged offense** | **Cases with Criminal Court Jurisdiction** | **Eligibility for Youthful Offender Consideration** |
| **10 -11** | None | Not applicable |
| **12 -13** | Big 11 | Big 11 cases must be filed in the Family Division per 33 VSA 5201(c)<br>Court may transfer to Criminal per 33 VSA 5204(a)<br>Can be transferred back down as YO per 33 VSA 5281(a) |
| **14-15** | Big 11 | Big 11 must be filed in Criminal per 33 VSA 5201(c), but may be transferred to Family as YO per 33 VSA 5281(a) & 5280(a)<br><br>Alternatively, SAs may directly file Big 11 cases for 14 and 15-year-olds in the Family Division as a YO (33 VSA 5280(b) & 5280(a)(1)) – this is new per Act 45 of 2019 |
| **16-18***<br><br>***This will include 19-year-olds on 7/1/27**. | Felonies<br><br>Additional Exceptions<br><br>Big 11 | Felonies must be filed in Family per 33 VSA 5201(e), but can be transferred to Criminal per 33 VSA 5204(a) and then transferred back down as YO (33 VSA 5281(a))<br><br>Additional exceptions outlined in and 33 V.S.A. § 5201(c)(2) or (3) must be filed in Criminal, but may be transferred to Family as YO per 33 VSA 5281(a) & 5280(a)<br><br>Big 11 shall be filed in Criminal per 33 VSA 5201(c), but may be transferred to Family as YO per 33 VSA 5281(a) & 5280(a)<br><br>Alternatively, SAs may directly file Big 11 cases for 16 and 17-year-olds in the Family Division as a YO per 33 VSA 5280(b) & 5280(a)(1) |
| **19-21** | Any offense | All cases start in Criminal unless SA decides to file YO petition directly in Family (33 VSA 5280(b) & 5280(a)(1). Applies to <u>any</u> alleged offense.<br><br>Any case that starts in Criminal may be transferred to Family for YO status consideration upon motion (33 VSA 5281(a) & 5280(a)(2)) |

The changes in youthful offender legislation significantly increased the amount of youthful offender (YO) case filings significantly. In 2018 there were 33 YO disposed for the entire year, in 2019 there were 505 YO cases filed. This growing trend has continued despite the pandemic. With Act 201, Vermont took a bold step in the 2019 legislative session to further its juvenile justice reform efforts to include 18 and 19-year-olds under family court jurisdiction.

On July 1, 2020, Vermont became the first state in the nation to raise the age of juvenile jurisdiction to include 18-year-olds for most crimes. Most young people accused of breaking the law at age 18 (excluding the more serious “Big 12” offenses) will be adjudicated in the Family Division of the Superior Court (rather than the adult Criminal Division), with supervision and coordination of services provided by the Department for Children and Families (DCF), rather than the Department of Corrections.

To accomplish such an undertaking, the State enlisted the support of a multitude of partners, stakeholders, and subject matter experts in the development of an implementation plan. The following recommendations were made by the Columbia University Justice Lab to ensure that the implementation of Act 201 is successful:

1. Increase opportunities to divert cases from formal justice processing.
2. Maximize efficiency of the court process.
3. Ensure a full continuum of non-custodial post-merits options.
4. Defining what type of custody is appropriate for 18 and 19-year-olds.
5. Ensuring that systems are in place to afford those impacted by delinquent acts their full

rights.
6. Develop DCF operational plan.
7. Ongoing data collection and analysis.

The stakeholders group continues to work on the recommendations outlined above and that work will continue as we move our implementation efforts forward.

The past two years have been fraught with challenges for every system and agency engaged in implementation efforts. Most significantly, the COVID-19 Pandemic and related economic disruption stalled or set back nearly every objective laid out in the Implementation plan. However, the Juvenile Justice Stakeholder Group (JJSG) continued to meet throughout the pandemic, diligently working through the implementation plan challenges despite reduced capacity. Similarly, the Council for Equitable Youth Justice, the state advisory group to the federal Juvenile Justice Delinquency Prevention Act, continued to meet unabated, working closely with DCF and the JJSG, identifying and supporting efforts that are aligned with Implementation plan strategies.

Beyond the immediate impact of COVID-19, other challenges surfaced during this reporting period. Increased pressure on the more secure levels of Vermont's system of care has created placement challenges and stakeholder concerns for providing adequate services to this age group. Known insufficiencies within data systems, coupled with a changing Judicial data system, have significantly hampered data collection efforts.

Following exploration of the state's ability to proceed with the second phase of the implementation plan and Act 160 was passed that delayed the start of 19-year-olds being included in the juvenile justice system until July 1, 2023.

The residential system of care is just one system impacted by the pandemic. Many providers along the continuum of care face unprecedented challenges along their service pathways. Moreover, statewide issues that existed before COVID-19 crisis became magnified during the pandemic. There was an increase in funding due to federal and state action in response to the COVID-19 pandemic, yet there needed to be longer-term solutions for supporting adaptability in the system, including but not limited to a concerted effort to support the staffing needs within health and human services, specifically in residential treatment settings. The state and communities face obstacles to supporting new facilities. To address the needs of each youth, the solutions are not limited to DCF. Addressing identified challenges across state agencies, delivery models, and throughout partner organizations will be imperative to the success of youth in treatment programs, and the sustainability of that success along community pathways. With this in mind, Act 23 delayed the implementation of the final stage of the raise the age initiative, 19-year-olds in the juvenile justice system, until July 1, 2024.

The Department is committed to serving youth within a system of care that supports their success, including supporting staff with the tools and training they need to serve youth in the care and custody of the Department. A healthy system of care serving both child welfare and juvenile justice populations relies on home, homelike, community-based, residential, and stabilization settings. In 2022, the Department identified substantially diminished capacity within Vermont's "High-End System of Care" (HESOC) for youth as the primary obstacle to the advancement of Vermont's "Raise the Age" initiative. The reason for this is that lack of capacity in the HESOC means the Department cannot ensure the safety of an older and higher risk youth population, Department staff or Vermont communities. Expanding the juvenile system to youth who are 19 would place a level of stress on the entirety of the system and further risk negative outcomes for the youth in need of care.

In 2023, the Department conducted basic data analysis to review the potential impact that Raise the Age to include 19-year-old youth would have on the already stressed system. Based on that analysis, the Department concludes that the first four initiatives below would have to be fully implemented, and the final one well underway to support the additional caseload expanded juvenile jurisdiction would involve. The five initiatives are:

1. An operating secure crisis stabilization program.
   a. *Recommendation:* Expand juvenile jurisdiction only when the in-state secure facility is operational.
2. Additional juvenile services specific family services worker (FSW) positions allocated to the Family Services Division workforce.
   a. *Recommendation:* Before implementing Raise the Age, expand the existing Family Services Division workforce by at least six positions to accommodate the anticipated additional caseloads.
3. An expansion of the current Balanced and Restorative Justice (BARJ) budget - to help offset some of the supervisory responsibilities for non-custodial probation youth.
   a. *Recommendation:* Increase the size of the annual BARJ budget by $925,000. This would allow for the addition of 9.25 BARJ positions, each of which would average approximately $100,000 annually.
4. Transition-age-specific residential program access.
   a. *Recommendation*: The Department requests an expansion of funding to accommodate the entirety of an expanded Return House contract. Amount not yet known.
5. Committed, ongoing financial support for a Comprehensive Child Welfare Information System (CCWIS) system.
   a. *Recommendation:* The development of a Comprehensive Child Welfare Information System (CCWIS) is a multi-year project. The Department does not recommend delaying further Raise the Age until the completion of such a project but would like to highlight the value of a sustained commitment to financing such a project, particularly should Raise the Age move forward.

Due to the amount of work still needed, Senate Bill 58 delayed the final stage of the Raise the Age implementation until April 1, 2025.

The Department for Children and Families (DCF) is committed to serving youth within a system of care that supports their success, including supporting staff with the tools and training they need to serve youth in the care and custody of the Department. A healthy system of care serving both child welfare and juvenile justice populations relies on home, home-like, community based, residential, and stabilization settings. In 2022, DCF identified the substantially diminished capacity within Vermont's "High-End System of Care" (HESOC) as the primary barrier to the advancement of Vermont's "Raise the Age" (RTA) initiative, followed by workforce, restorative justice program expansion, transitional housing and treatment program expansion, and a modernized child welfare information system.

Additionally, in the years since implementing raise the age for eighteen-year-olds, DCF has identified concerns about ensuring youths in care are complying with defined case plans when the DCF lacks custodial status. Youth over the age of eighteen are legal adults and retain the right to consent to treatment. Unlike youths granted Youthful Offender status-who retain the incentives associated with a deferred criminal sentence, DCF has little authority to ensure compliance with a case plan or probationary terms and conditions. To further understand the depth of this complicating factor, DCF has surveyed its workforce regarding their experiences working with youth who incurred delinquency charges at age 18.

Staff report that they do not feel that the juvenile system is prepared to serve 19-year-old delinquent youth. Concerns outlined by staff include:

- Delays in the timeliness of the courts. With delinquency cases, it often takes a long time to get the youth adjudicated and placed on probation. When there are months between filing and adjudication, it limits the amount of time that the youth have to engage in services.
- Lack of consequences. For youth who are not motivated to engage in terms of probation, there are no consequences as jurisdiction will end regardless of their compliance.
- Gaps in service. There are gaps in services for this population given the fact that DCF contracts for residential support end when the youth turn 18-years-old. For 18-year-old youth who require a higher level of support or treatment the contractual services available through DCF are very limited.
- What works. Staff reported that the 18-year-old youth who were successful had stable housing, had parents/caretakers that were supportive, were engaged in school/employment, timely access to substance use or mental health treatment, internal motivation to engage, effective consequences and rewards, and natural supports.

For many, the conclusion of the Raise the Age initiative is past due. For others, that Vermont was the first state (and as of the time of this reporting, remains the only state) to expand juvenile jurisdiction beyond the 18th birthday is telling. Others have regarded the initiative as risky, or fraught with challenges. DCF does not challenge the well-documented developing brain science that suggests that with continued access to normative development, youthful brains will naturally desist from delinquent or criminal antisocial behaviors as they mature. However, the partial implementation (to date) has taught us that while the transfer of adult criminal jurisdiction into the Family Division of the courts works for some young people, it has not been effective with the entire population, even exacerbating risk factors for some, while taxing the existing youth serving systems. Further, the demands of trying to maintain the undertaking diverts time, energy, and resources from the agencies trying to restore faltering systems of support. For these reasons, the Agency can no longer support the expansion of the Raise the Age Initiative to include 19-year-olds. However, the agency continued to focus energy on the systemic gaps identified in this report to improve existing systems for eighteen-year-olds and will propose statutory changes to address the problems highlighted above. DCF provided testimony related to H.2, which is a bill, that is, among other things, proposing to delay final implementation of RTA until July 1, 2027. The bill passed the House on February 28, 2025, and the Senate on March 26, 2025. On March 31, 2025, Governor Scott signed H.2, delaying implementation of RTA until July 1, 2027.

**Youth Justice Practicum**

Development of a series of advanced training courses specific to adolescents and justice involved youth. The Youth Justice Practicum will offer nine days of training and support to FSD staff and our Balanced and Restorative Justice Partners. The goals of the practicum are to grow capacity for the Vermont Family Services workforce to understand, assess and engage youth and older adolescents in developmentally appropriate measures of accountability, support healthy risk taking, and pro-social skill building as they emerge into adulthood. The training that will be offered is being explored and the expectation is to have the fourth Youth Justice Practicum offered in the fall of 2025.

**Youth Justice Summit**

The 12th Annual Youth Justice Summit: *Exploration of Restorative Work in Leadership, Practice, Partnerships and Organizational Culture.* The Summit brought together FSD staff, Family Court

judges, GALs, BARJ staff, diversion staff, and attorneys to increase knowledge in youth justice practice. The Summit provided participants with the opportunity to:

- What is a restorative approach in leadership, practice, partnerships and organizational culture? Review key principles, values, approaches and practices.
- What is the core relational /restorative principles that should guide all this work? In governance, partnerships, practice and organizational culture?
- Overview of FSD self-assessment - Where are we now and where do we want to be? What have we done so far, what is currently going on in Vermont? How could we best understand where we are now with restorative approaches and where we need to go?
- What difference would you like to see from taking a restorative approach to:
  - Practice
  - Partnerships
  - Organizational culture and leadership
- Overview of the role of stakeholders in this exploration.

**Reclaiming Futures**

Vermont has been a part of the Reclaiming Futures (RF) learning community since 2015 and will continue to be. Reclaiming Futures is a national initiative that provides guidance to promote juvenile justice reform, to reduce youth involvement in the criminal justice system and to help youth lead meaningful lives. RF helps young people in trouble with drugs, alcohol, and crime. The work in Vermont is focused on our largest county, Chittenden County. RF support serves as a catalyst to create a more effective county-wide youth justice system: one that identifies, and addresses substance use needs as early as possible; establishes greater opportunities for youth, family, and community engagement; and builds on youth and families' assets and strengths. The Chittenden County Reclaiming Futures Leadership Team convenes an inter-disciplinary team that is (a) examining youth justice policy and practice, (b) ensuring that policies and practices that impact youth are driven by youth and family needs, and (c) strengthening the coordination of services. The pandemic initially disrupted the monthly Leadership Team meetings. The group is now meeting on a bimonthly basis, and this continues to occur virtually.

Representatives of the legal community, the judiciary, youth justice, restorative justice, substance use treatment providers, the community, and state agencies serve on the Leadership Team. As a Reclaiming Futures site, Chittenden County can tap into a national learning community, receive training and technical assistance, and contribute to national youth justice innovation. RF guides local jurisdictions to develop evidence-based approaches to juvenile justice that focus on:

- Youth and family strengths
- Early screening, assessment, and access to services and support for substance issues
- Development of cross-agency teams to align local policies and practices with state-of-the art approaches.

The Reclaiming Futures Leadership team's efforts have focused on:

| Truancy | Tier II (How/tasks) | Tier III (reintegration/re-engagement) |
| --- | --- | --- |
| • Who are we focused on? (solely absences, at school but not attending class?)<br>• Do we want the court involved?<br>• How are we identifying the root cause/need? | • Screening to triage<br>• Coordination<br>• Engage natural Family Supports<br>• Communication<br>• If case goes to court<br>• Connect to DCF | • How do we shift focus from the desire for compliance and social control to one of social engagement and relationship?<br>• What is our role in the Raise the Age initiative?<br>• Better tracking of ethnic and racial disparity (ERD) data (potential overlap with DCF ERD Committee) |

**Balanced and Restorative Justice Program**

Balanced and Restorative Justice (BARJ) is a philosophy that has been integrated into the youth justice system in Vermont. It is different from a traditional juvenile justice approach because it includes those impacted and the community in creating a response to crime. Its focus is on accountability and competency development of the offender and community safety. Originally funded with Juvenile Accountability Block Grant federal dollars in 1998, BARJ programs became funded by general fund dollars on October 1, 2005. BARJ services are found in each of the AHS districts, there are 11 programs throughout the state, 10 are housed within Court Diversion programs and one in another non-profit organization.

The BARJ program is an arm of the youth justice system that provides support to youth who are at-risk involvement in the juvenile justice system or have been adjudicated delinquent and may or may not be on probation with DCF- Family Services. The primary goal of the BARJ program is to support youth involved in, or close to becoming involved in the juvenile justice system by providing restorative interventions that reduce and eliminate further involvement in the system. BARJ providers provided ongoing support to 823 youth during the 2024 contract year.

The services that the BARJ program can offer to youth beyond the control of their parents, truant and adjudicated youth include:

**Restorative Process**

Restorative Processes give those impacted and community members an opportunity to interact with youth to discuss the harm caused and the actions needed to repair the damage caused by the acts. Examples include Restorative Panels, Restorative Family Group Conferences and Circles.

**Screening and Restorative Services**

Screening and Restorative Services provide Youth Assessment and Screening Instrument (YASI) pre-screening to determine risk and coordinate protocols for referring youth to services based on risk and needs. We offer a YASI prescreen to all youths who are cited into Family Court. We send a letter to all youth once we receive the notice that they have been cited asking them to meet with us prior to the Preliminary Hearing. If we are unable to meet with them prior to the Court date, we come to Court and offer the pre-screen there. The Pre-screen is designed to indicate the risk level for the youth to inform how the case should proceed. (i.e. low risk cases should be diverted based on Risk, Need, Responsivity Principles). We have had a lot of success with this and have been able to refer youth to Court

Diversion or to a Community Justice Center who would have otherwise ended up on Juvenile Probation.

**Case Management**
Case management services provide families and youth with coordination of services that is individualized and may include but not limited to:

- attendance at family and school team meetings.
- therapeutic treatment meetings.
- supporting youth who are beyond the control of their parents or are truant.
- home visits.
- attendance at court hearings.
- drug and alcohol testing.

**Restorative Classes/Skills Development/Prevention and Community Outreach**
Restorative Classes and Skills Development convenes skill-building groups and/or activities that may include but are not limited to:

- conflict resolution.
- social skills development.
- problem solving and decision making.
- community service/leadership skills and other integrative activities.
- impacted parties.
- effective communication.
- one-to-one support to youth.
- other subjects pertaining to individual group needs.
- community based groups/activities/prevention efforts.

**Restorative Justice Certificate Program at Vermont Law and Graduate School**
For the fourth time we offered a unique opportunity for DCF-FSD and BARJ staff to pursue a Professional Certificate in Restorative Justice (PCRJ). DCF-FSD in collaboration with the Vermont Law School is offering this opportunity to family services workers/BARJ case managers and supervisory staff. The Professional Certificate in Restorative Justice allows recent college graduates and early and mid-career professionals to learn about restorative justice and how it applies to the field of child protection/youth justice. People who work in the child and family protection/youth justice field need an understanding of the legal environment in which they work as well as how to support and devise creative responses for children and families through challenging times. The Professional Certificate in Restorative Justice provides the opportunity to gain an understanding of restorative justice responses to harm and the ways that restorative responses to family circumstances can build on family strengths and keeps families unified to the extent consistent with the child and family's best interests.

Through enrollment in three courses (9 credits) students will obtain the PCRJ. These 9 credits may be transferred to the Master of Arts in Restorative Justice degree at VLGS for a student who decides to pursue further education and training in Restorative Justice. Click on the links below to see the courses that participants take:

**PRINCIPLES OF RESTORATIVE JUSTICE -** This highly participatory course explores restorative justice and the ideas that form its foundation, question its strengths and shortcomings, examine restorative practices, and investigate opportunities to put the theory into practice.

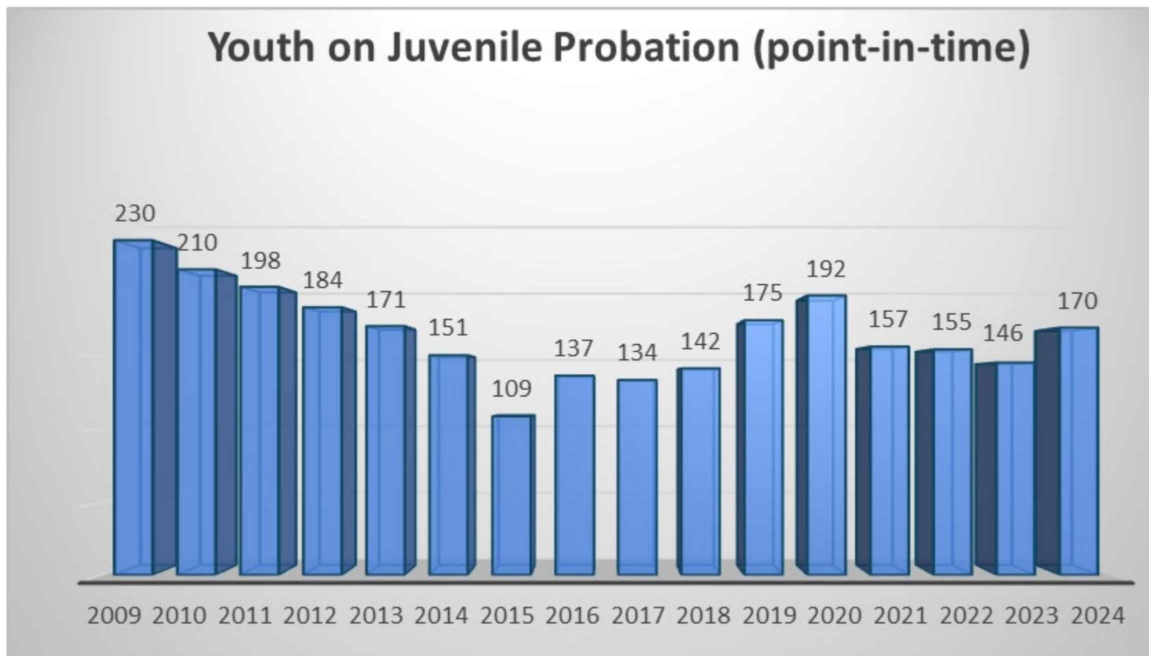
**YOUTH JUSTICE REIMAGINED** - This course considers the shortfalls of current juvenile justice approaches and invites students to explore an alternative set of overarching juvenile justice goals, endeavoring to better serve the needs of youth, their families, and their broader communities and consider what practical strategies accomplish these goals.
**ADVERSITY AND VICTIMIZATION -** This course explores the legal, historical, cultural, and psychological frameworks underlying rights for those impacted, as well as best practices for effective engagement of those impacted across the American criminal justice system.

The first four cohorts have completed the certificate program. This totals 23 staff of which sixteen are FSD staff and seven are BARJ providers. The groups have had the opportunity to learn about restorative justice and how it applies to the field of child protection/youth justice. Additionally, they were able to gain an understanding of the legal environment in which they work as well as how to support and devise creative responses for children and families through challenging times. The program also afforded the opportunity to gain an understanding of restorative justice responses to harm and the ways that restorative responses to family circumstances can build on family strengths and keeps families unified to the extent consistent with the child and family's best interests.

In the summer we will begin recruiting for the fifth cohort of participants. It is anticipated that this cohort will begin the Certificate program in October 2025.

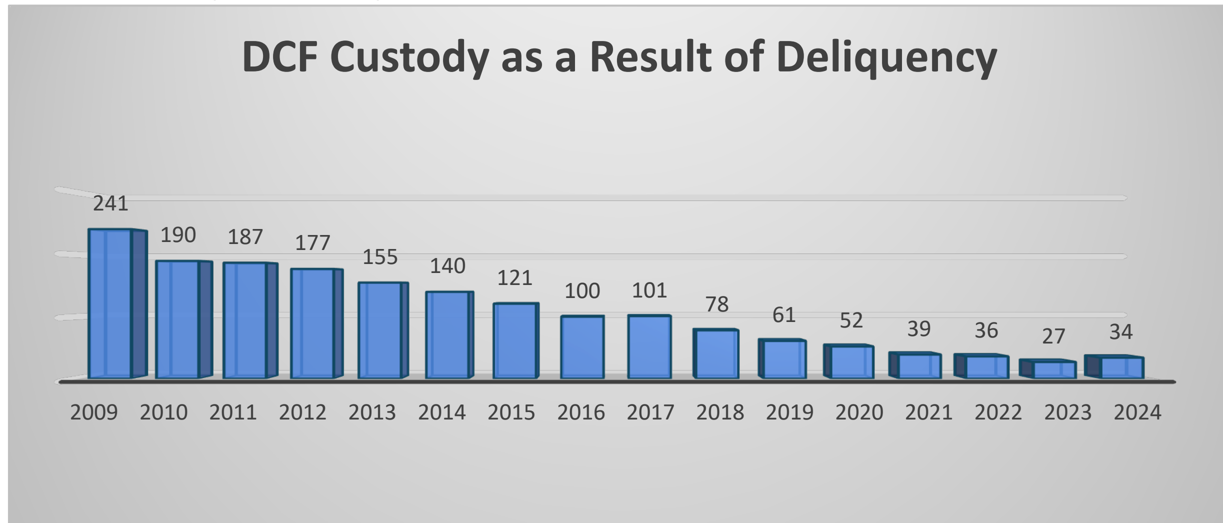
### Youth Justice Data

**Figure 10:** Juvenile Probation cases were on the rise between 2016 and 2020. 2021,2022, 2023 and 2024 are the first time in several years that have seen a decrease in juvenile probation cases.




***Data Source:*** *VT Family Services Division man-reports, year specific Caseload Reports,*
*Family Case Trends tab, from the All-open cases with case detail report, AHS Report Catalog*
*Data Note: Numbers of youth are captured at a point in time not always on the same date each month or year. Data extracted for the year represented: July 6, 2010, April 4, 2011, June 2, 2012, June 5, 2013, April 2, 2014, July 6, 2015, June 9, 2016, July 31, 2017, June 6, 2018, May 28, 2019, June 1, 2020, June 1, 2021, June 21, 2022, June 1,2023, June 27, 2024.*

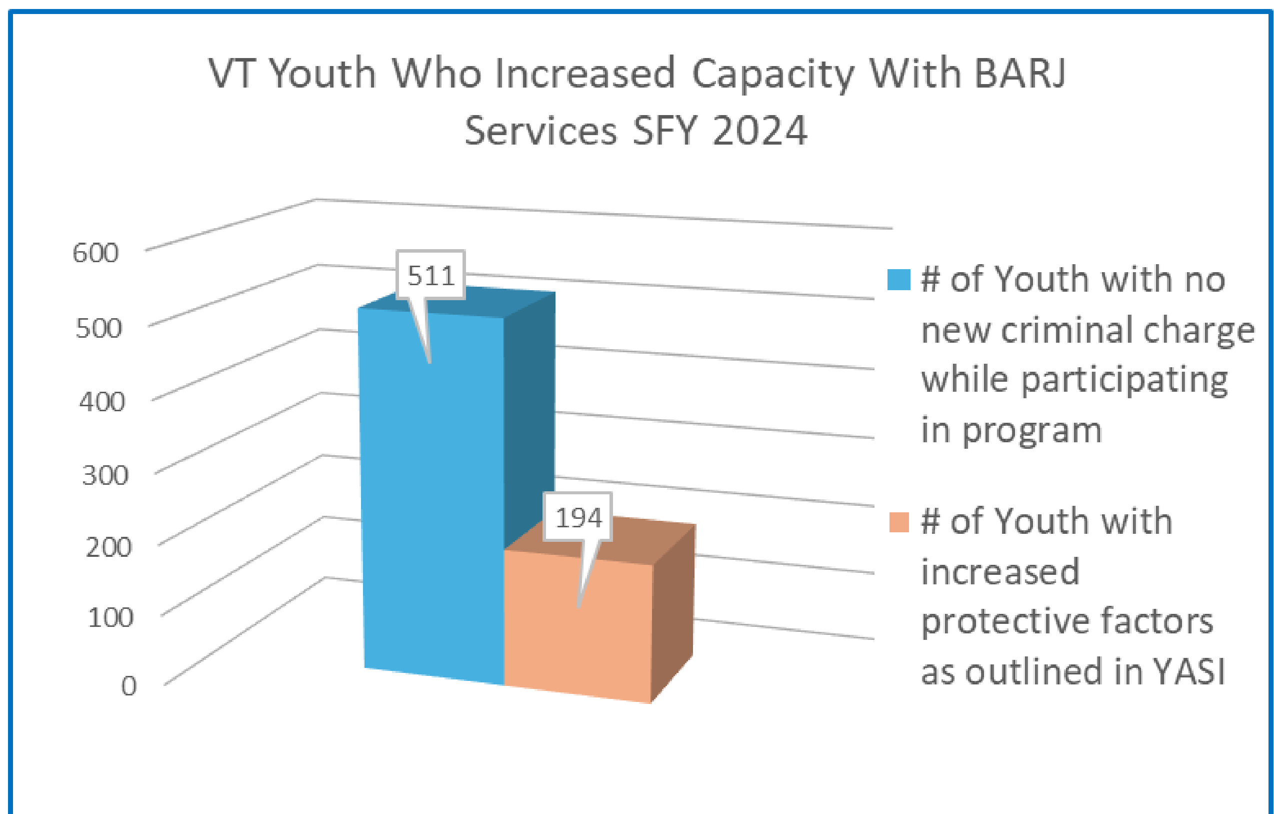
***Figure 11: DCF custody delinquency cases continue to be on the decline.***




***Data Source:*** *VT Family Services Division man-reports, year specific 4th Quarter, Custody Initial, C2 tab, from SSMIS Supervisory Tracking Screen*
***Data Note:*** *Chart represents all children with case type DC on the last day of the quarter, 12/31 for each year.*

## Review of the 2024 BARJ contract year:

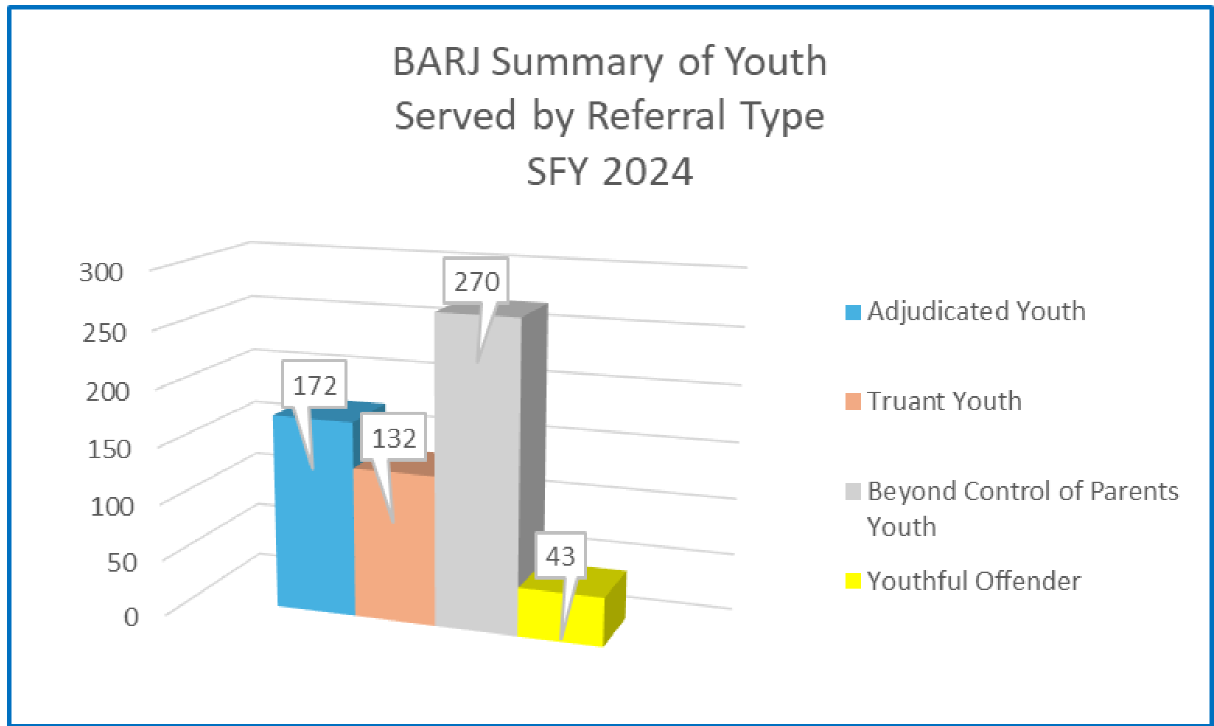
***Figure 12:*** *The number of youths with no new criminal charges was 511 and the number of youths with increased protective factors was 194.*




***Data Source****: Balanced and Restorative Justice Program 2024 Annual Data*

***Figure 13**: reported in the 2024 annual report*

- *172 Adjudicated Youth referred*
- *132 Truant Youth referred*
- *270 Youth Beyond the Control of Parents referred*
- *43 Youthful Offender referred*




***Data Source:** Balanced and Restorative Justice Program 2024 Annual Data*

***Figure 14**: reported in the 2024 annual report:*

- *9438 Hours of Case Management*
- *1328 Hours of Restorative Classes/skill development*
- *661 Hours of Community Outreach/Prevention of activities*

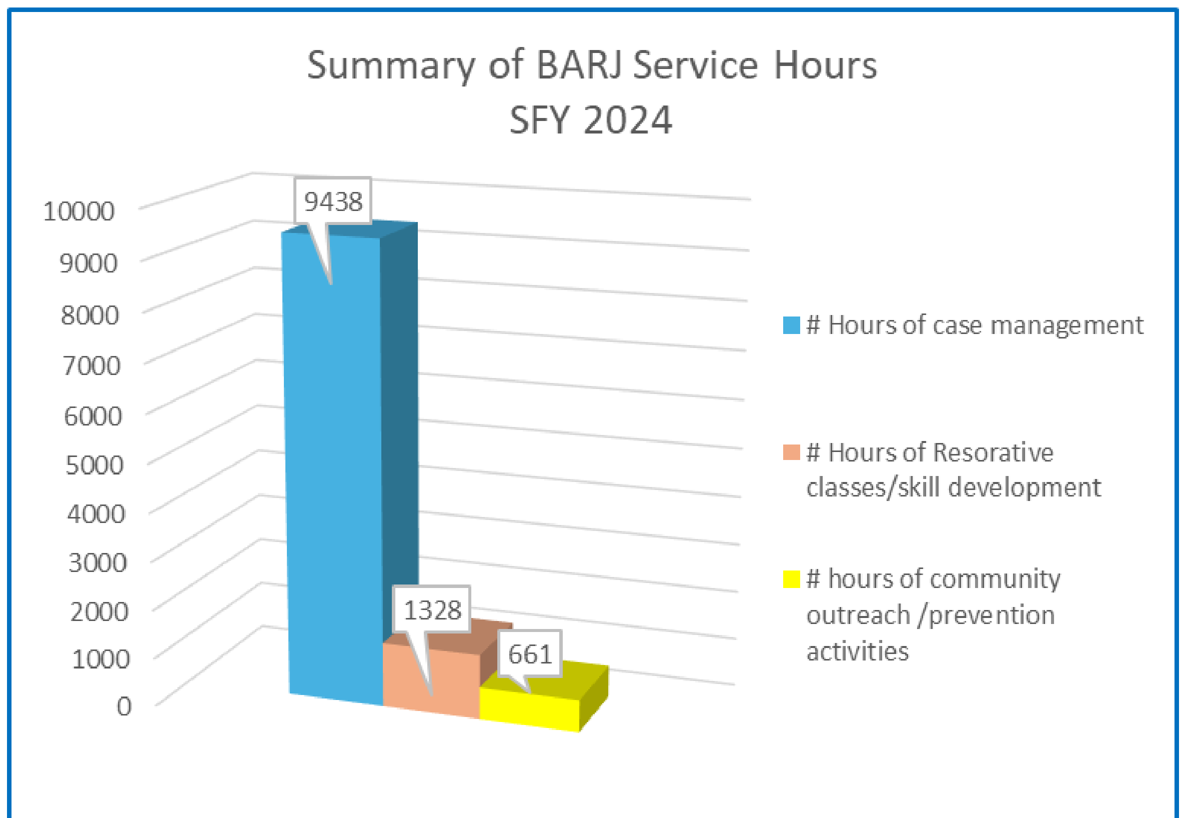


***Figure 15:*** *reported in the 2024 annual report:*

- *174 Restorative Processes Convened*
- *22 Impacted Parties Participated in Restorative Process*

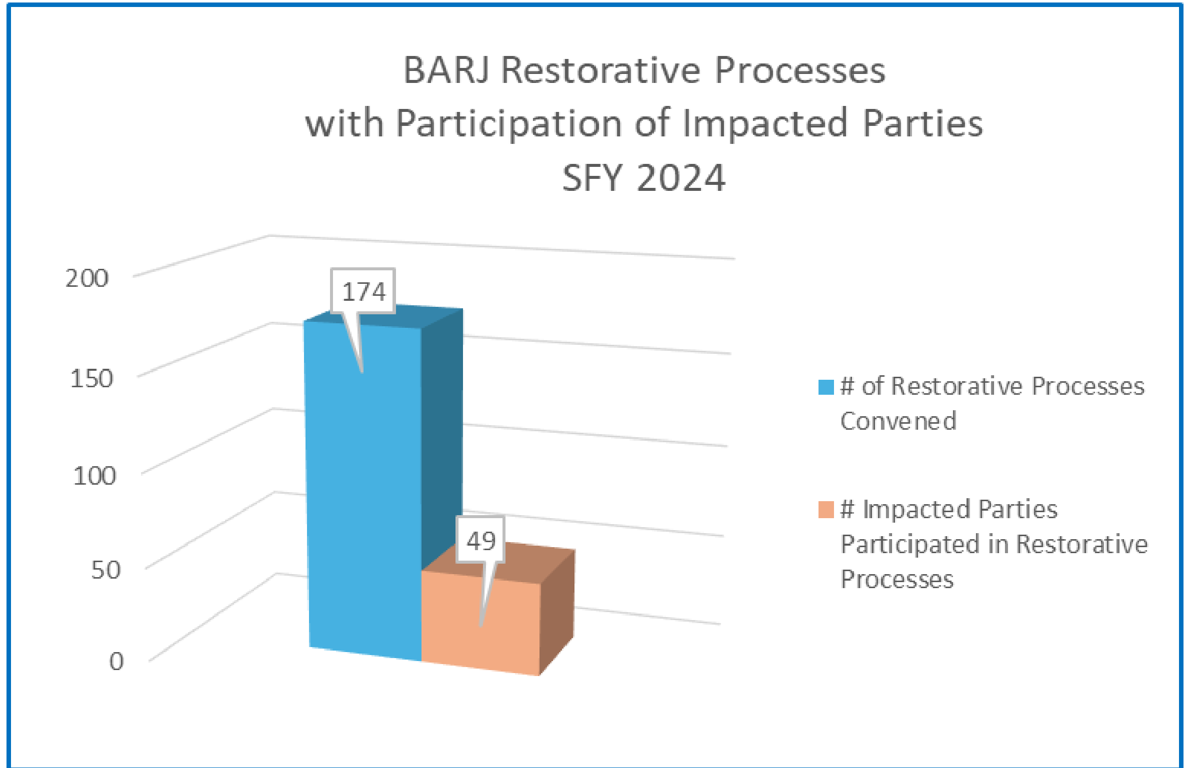



***Figure 16:*** *YASI Prescreens SFY 2020-2024:*

- *460 YASI Prescreens 2020*
- *448 YASI Prescreens 2021*
- *447 YASI Prescreens 2022*
- *504 YASI Prescreens 2023*
- *748 YASI Prescreens 2024*

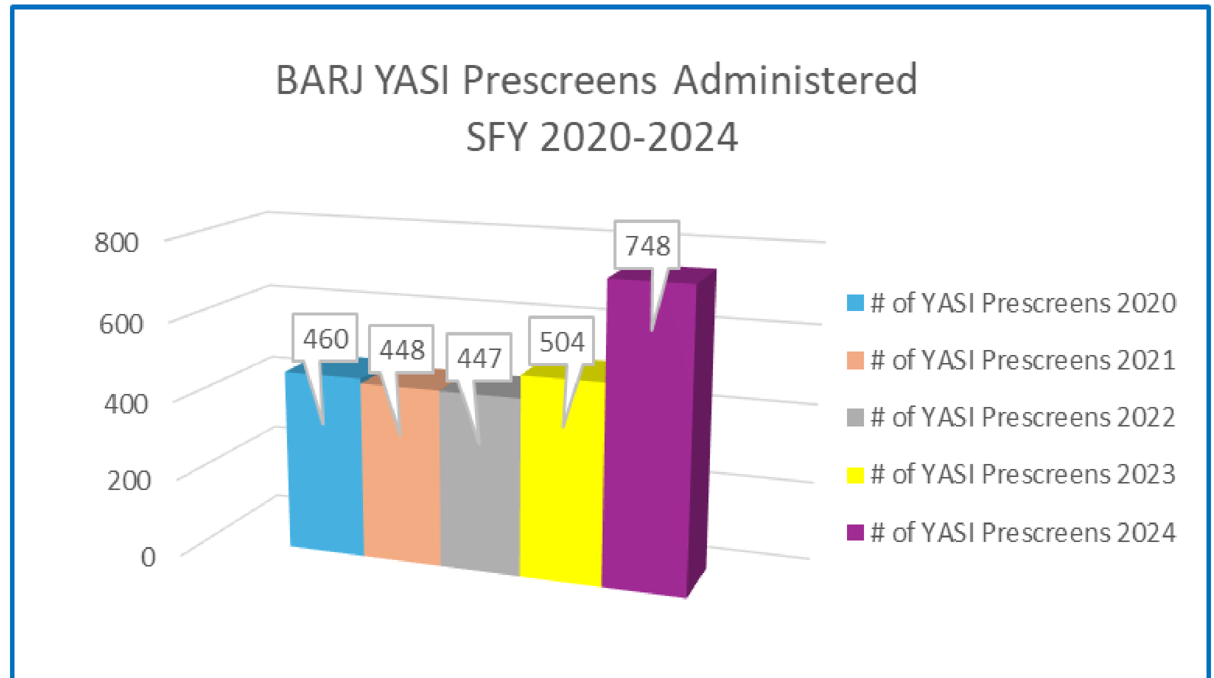


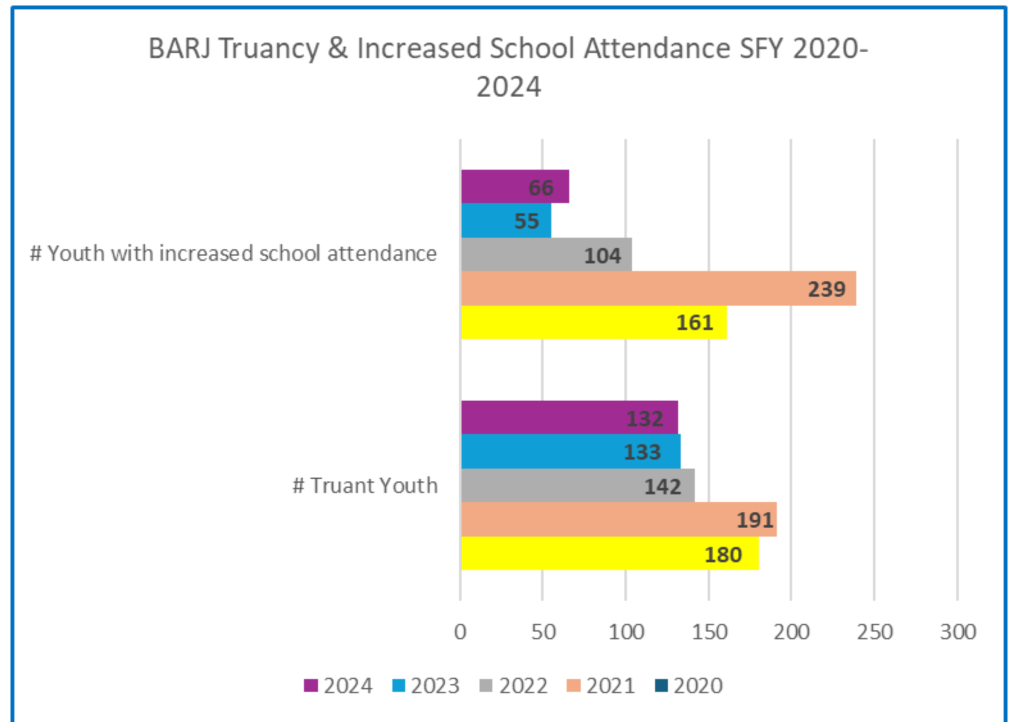
***Figure 17***: Truancy and Increased School Attendance:

# of Youth with increased school attendance:

- 66 youth with increased school attendance in 2023
- 55 youth with increased school attendance in 2023
- 104 youth with increased school attendance in 2022
- 239 youth with increased school attendance in 2021
- 161 youth with increased school attendance in 2020

# of Youth Truant:

- 132 youth truant in 2023
- 133 youth truant in 2023
- 142 youth truant in 2022
- 191 youth truant in 2021
- 180 youth truant in 2020




***Data Source:*** *Figures 14-17 VT Family Service Division- REU BARJ_20-24_Data worksheet, BARJ Agg Annual & Quarterly FY20-24*
***Data Note:*** *BARJ refers to Balanced and Restorative Justice Services, SFY refers to State Fiscal Year 7/1-6/30 of each of the years*

## Court Updates

Almost halfway through 2025, Vermont's child welfare and juvenile justice systems continue to face challenges related to backlogs. Vermont is feeling the most impact as it relates to achieving timely permanency. During Vermont's Round 4 CFSR on site review in May of 2024, much of the feedback provided around delays to timely permanency was specific to court calendars. Cases may wait several months before getting to a TPR hearing to then need another two days scheduled, which pushes it out even further. Districts are trying to get creative around how to move the court dockets along and we hope that as we work through our CFSR PIP, we will see shifts in court dockets and continued movement toward timely hearings.

The Judiciary continues to utilize the two statewide float positions to help combat the backlog as the new judge positions provide additional assistance in addressing the backlog and new cases going forward where the need is most prevalent. One judge is focused primarily on CHINS cases and the other is focused on the treatment dockets currently in operation in Chittenden, Rutland, Washington, and Windsor Units. Formerly, different judges are pulled from their regular dockets once every two weeks to preside over treatment court dockets. Having a single judge assigned to preside over the current treatment dockets will allow the several judges who now preside over treatment dockets to utilize the time they would have spent in those dockets to schedule cases in their regular dockets. This would assist in backlog reduction and the maximization of the flow of cases for the timely disposition of matters going forward. It will also allow the new float judge to assist in other dockets where most needed.

Decisions as to where a judge would be sitting during their term will be made by the Chief Superior Judge in consultation with the Court Administrator to assure that there are available staffing, security, and courtroom resources available. Having two additional judges also provides needed coverage when other trial court judges are in training(s), ill, on vacation, or otherwise unavailable to address judicial matters. Vermont looks forward to assessing the success of the two new positions during the 2025-2029 CFSP reporting period.

The Judiciary has also taken steps to address underlying issues such as mental health and recidivism due to mental health challenges. The Vermont Judiciary Commission on Mental Health and the Courts has been actively working to develop alternative solutions for offenders with mental health challenges. These efforts include pre-trial diversion programs and support services aimed at reducing repeat offenses and easing the burden on the court system.

## Court Data:

### I. Juvenile Cases

Figure 18 indicates that FSD's most prevalent CHINS cases throughout the FFY 2020-2024 period were CHINS B: Without Parental Care or Substance (Neglect).

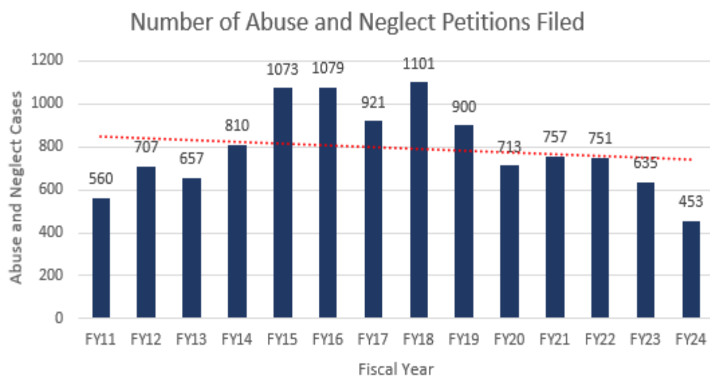
***Figure 18: Juvenile Cases Added***

Figures 19 & 20 show that during the current CFSP reporting period, FSD has seen a decrease in the

| FY 21 | DCF Custody | Custody to Other | No DCF Custody | Total Cases | Percent DCF Custody |
|---|---|---|---|---|---|
| CHINS A - Abandoned or Abused by Parent/Guardian/Custodian | 3 | 0 | 18 | 21 | 14.3% |
| CHINS B - Without Parental Care or Subsistence (Neglect) | 74 | 4 | 658 | 736 | 10.1% |
| CHINS C - Is Without or Beyond the Control of P/G/C | 9 | 0 | 48 | 57 | 15.8% |
| CHINS D - Habitually and Without Justification Truant | 3 | 0 | 112 | 115 | 2.6% |
| Conversion Default Juvenile Case | 0 | 0 | 1 | 1 | 0.0% |
| Juvenile Delinquency | 2 | 0 | 686 | 688 | 0.3% |
| Youthful Offender | 1 | 0 | 308 | 309 | 0.3% |
| **TOTALS** | **92** | **4** | **1831** | **1927** | **4.8%** |

### II. Custody of Children

Cases with young children removed from the home are more likely to go to TPR.



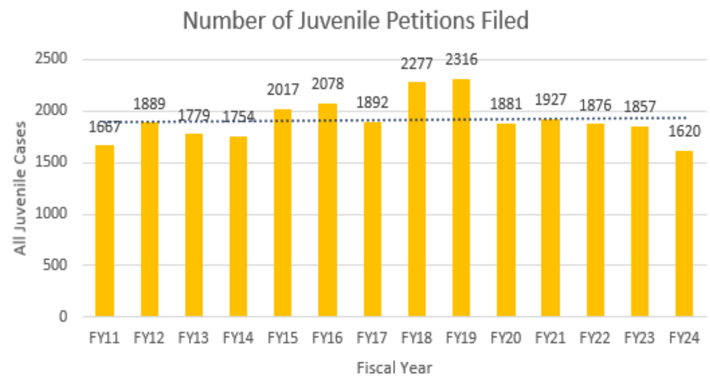



*Figure 21: Cases Added in FY20 (Custody pre-disposition) as of May 2023*

| FY 20 | DCF Custody | Custody to Other | No DCF Custody | Total Cases | Percent DCF Custody |
|---|---|---|---|---|---|
| CHINS A - Abandoned or Abused by Parent/Guardian/Custodian | 1 | 0 | 1 | 2 | 50.0% |
| CHINS B - Without Parental Care or Subsistence (Neglect) | 42 | 1 | 668 | 711 | 5.9% |
| CHINS C - Is Without or Beyond the Control of P/G/C | 6 | 0 | 53 | 59 | 10.2% |
| CHINS D - Habitually and Without Justification Truant | 0 | 0 | 91 | 91 | 0.0% |
| Juvenile Delinquency | 2 | 0 | 645 | 647 | 0.3% |
| Youthful Offender | 0 | 0 | 371 | 371 | 0.0% |
| **TOTAL** | **51** | **1** | **1829** | **1881** | **2.7%** |

*Figure 22: Cases Added in FY21 as of May 2023*

| FY 21 | DCF Custody | Custody to Other | No DCF Custody | Total Cases | Percent DCF Custody |
|---|---|---|---|---|---|
| CHINS A - Abandoned or Abused by Parent/Guardian/Custodian | 3 | 0 | 18 | 21 | 14.3% |
| CHINS B - Without Parental Care or Subsistence (Neglect) | 74 | 4 | 658 | 736 | 10.1% |
| CHINS C - Is Without or Beyond the Control of P/G/C | 9 | 0 | 48 | 57 | 15.8% |
| CHINS D - Habitually and Without Justification Truant | 3 | 0 | 112 | 115 | 2.6% |
| Conversion Default Juvenile Case | 0 | 0 | 1 | 1 | 0.0% |
| Juvenile Delinquency | 2 | 0 | 686 | 688 | 0.3% |
| Youthful Offender | 1 | 0 | 308 | 309 | 0.3% |
| **TOTALS** | **92** | **4** | **1831** | **1927** | **4.8%** |

*Figure 23: Cases Added in FY22 as of May 2023*

| FY 22 | DCF Custody | Custody to Other | No DCF Custody | Total Cases | Percent DCF Custody |
|---|---|---|---|---|---|
| CHINS A - Abandoned or Abused by Parent/Guardian/Custodian | 13 | 0 | 40 | 53 | 24.5% |
| CHINS B - Without Parental Care or Subsistence (Neglect) | 156 | 11 | 531 | 698 | 22.3% |
| CHINS C - Is Without or Beyond the Control of P/G/C | 8 | 0 | 58 | 66 | 12.1% |
| CHINS D - Habitually and Without Justification Truant | 4 | 0 | 158 | 162 | 2.5% |
| Juvenile Delinquency | 6 | 0 | 571 | 577 | 1.0% |
| Youthful Offender | 0 | 0 | 320 | 320 | 0.0% |
| **TOTALS** | **187** | **11** | **1678** | **1876** | **10.0%** |

*Figure 24: Cases Added in FY23 as of May 2024*

| FY 23 | DCF Custody | Custody to Other | No DCF Custody | Total Cases | Percent DCF Custody |
|---|---|---|---|---|---|
| CHINS A - Abandoned or Abused by Parent/Guardian/Custodian | 24 | 2 | 31 | 57 | 42.1% |
| CHINS B - Without Parental Care or Subsistence (Neglect) | 193 | 31 | 354 | 578 | 33.4% |
| CHINS C - Is Without or Beyond the Control of P/G/C | 20 | 0 | 37 | 57 | 35.1% |
| CHINS D - Habitually and Without Justification Truant | 4 | 2 | 136 | 142 | 2.8% |
| Juvenile Delinquency | 6 | 0 | 694 | 700 | 0.9% |
| Youthful Offender | 0 | 0 | 323 | 323 | 0.0% |
| **TOTALS** | **247** | **35** | **1575** | **1857** | **13.3%** |

*Figure 25: Cases Added in FY24 as of May 2025*

| FY 24 | DCF Custody | Other Custody | No Custody Specified | All Cases | Percent DCF Custody |
|---|---|---|---|---|---|
| CHINS A - Abandoned or Abused by Parent/Guardian/Custodian | 12 | 3 | 26 | 41 | 29.27% |
| CHINS B - Without Parental Care or Subsistence (Neglect) | 180 | 9 | 223 | 412 | 43.69% |
| CHINS C - Is Without or Beyond the Control of P/G/C | 18 | 1 | 35 | 54 | 33.33% |
| CHINS D - Habitually and Without Justification Truant | 2 | 2 | 127 | 131 | 1.53% |
| Juvenile Delinquency | 9 | 2 | 697 | 708 | 1.27% |
| Youthful Offender | 0 | 0 | 274 | 274 | 0% |
| **Total** | **221** | **17** | **1382** | **1620** | **13.64%** |

### III. Abuse Neglect by County

*Figure 26: Abuse Neglect by County*

| CHINS A & B (ABUSE AND NEGLECT) FY 2020 - FY 2023 | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Abuse and Neglect by County | | | | | | | | | | | | | | | |
| CHINS A & B (Abuse and Neglect) | An | Bn | Ca | Cn | Ex | Fr | Gl | Le | Oe | Os | Rd | Wn | Wm | Wr | Vermont |
| Fiscal Year 2020 | 42 | 68 | 42 | 175 | 6 | 82 | 13 | 25 | 13 | 45 | 39 | 50 | 77 | 36 | 713 |
| Fiscal Year 2021 | 40 | 60 | 51 | 146 | 14 | 104 | 7 | 22 | 19 | 41 | 82 | 48 | 63 | 60 | 757 |
| Fiscal Year 2022 | 55 | 42 | 42 | 138 | 13 | 76 | 10 | 58 | 13 | 79 | 83 | 72 | 41 | 29 | 751 |
| Fiscal Year 2023 | 57 | 39 | 44 | 148 | 11 | 49 | 7 | 29 | 10 | 59 | 73 | 23 | 42 | 44 | 635 |
| Fiscal Year 2024 | 33 | 41 | 20 | 66 | 4 | 58 | 12 | 27 | 6 | 28 | 36 | 46 | 55 | 21 | 453 |
| Five Year Totals | 227 | 250 | 199 | 673 | 48 | 369 | 49 | 161 | 61 | 252 | 313 | 239 | 278 | 190 | 3309 |

### IV. Percentage Changes

*Figure 27: Percentage changes by CHINS type*

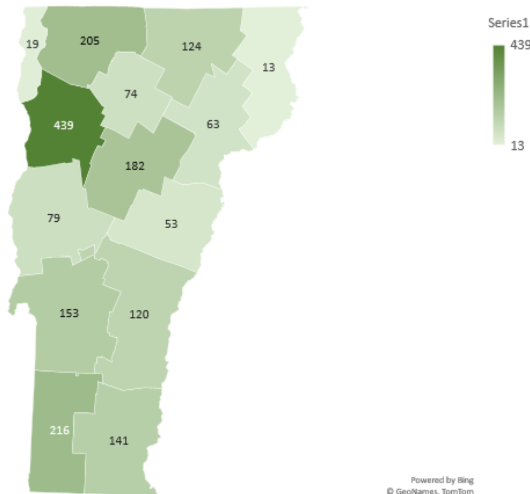
| ALL JUVENILE DATA by CASE TYPE | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | FY - 23 to FY - 24 |
| CHINS Type | FY - 20 | FY - 21 | FY - 22 | FY - 23 | FY - 24 | Percent Diff |
| CHINS A - Abandoned or Abused by Parent/Guardian/Custodian | 2 | 21 | 53 | 57 | 41 | -28% |
| CHINS B - Without Parental Care or Subsistence (Neglect) | 711 | 736 | 698 | 578 | 412 | -29% |
| CHINS C - Is Without or Beyond the Control of P/G/C | 59 | 57 | 66 | 57 | 54 | -5% |
| CHINS D - Habitually and Without Justification Truant | 91 | 115 | 162 | 142 | 131 | -8% |
| Conversion Default Juvenile Case | 0 | 1 | 0 | 0 | 0 | 0% |
| Juvenile Delinquency | 647 | 688 | 577 | 700 | 708 | 1% |
| Youthful Offender | 371 | 309 | 320 | 323 | 274 | -15% |
| Total | 1881 | 1927 | 1876 | 1857 | 1620 | -13% |

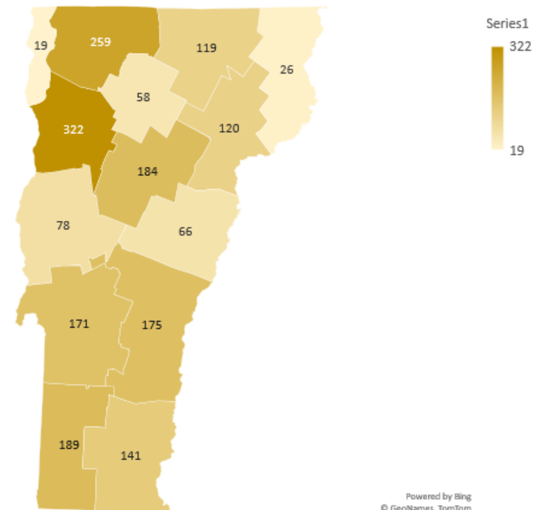
*Figure 28: Percentage changes by CHINS type and County*

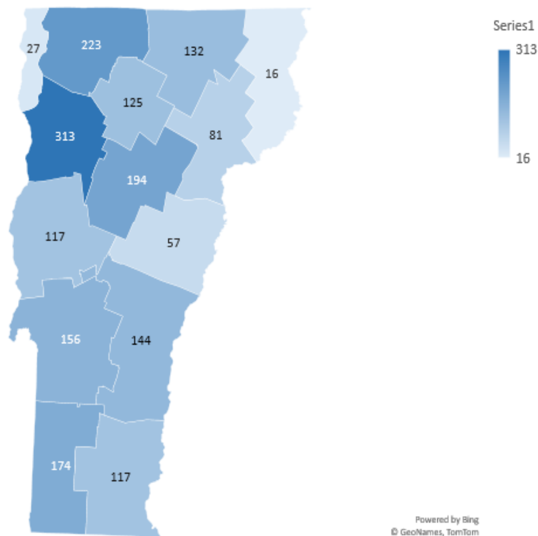
| ALL JUVENILE DATA BY COUNTY | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | Percent Change |
| County | FY - 20 | FY - 21 | FY - 22 | FY - 23 | FY - 24 | FY 23 to FY 24 |
| Addison | 79 | 78 | 117 | 127 | 84 | -34% |
| Bennington | 216 | 189 | 174 | 156 | 167 | 7% |
| Caledonia | 63 | 120 | 81 | 77 | 83 | 8% |
| Chittenden | 439 | 322 | 313 | 337 | 250 | -26% |
| Essex | 13 | 26 | 16 | 14 | 15 | 7% |
| Franklin | 205 | 259 | 223 | 249 | 182 | -27% |
| Grand Isle | 19 | 19 | 27 | 24 | 22 | -8% |
| Lamoille | 74 | 58 | 125 | 91 | 70 | -23% |
| Orange | 53 | 66 | 57 | 41 | 60 | 46% |
| Orleans | 124 | 119 | 132 | 138 | 114 | -17% |
| Rutland | 153 | 171 | 156 | 165 | 166 | 1% |
| Washington | 182 | 184 | 194 | 200 | 187 | -6% |
| Windham | 141 | 141 | 117 | 85 | 112 | 32% |
| Windsor | 120 | 175 | 144 | 153 | 108 | -29% |
| **Total** | **1881** | **1927** | **1876** | **1857** | **1620** | **-13%** |

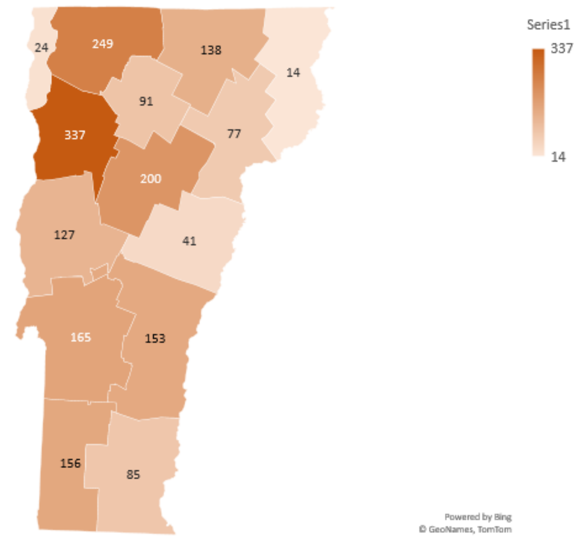
## V. Maps

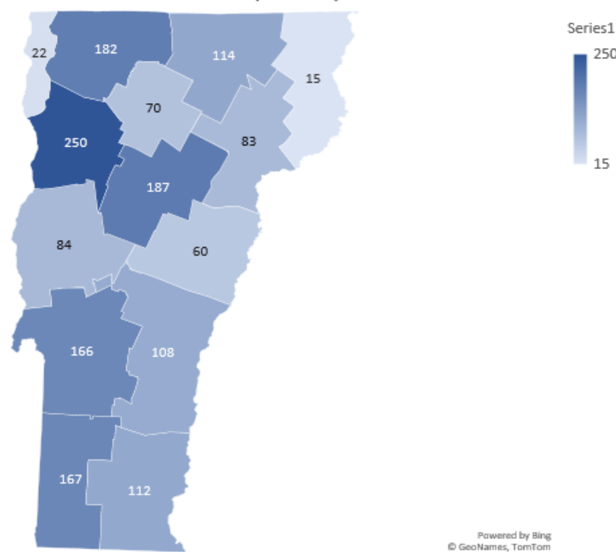
**Figures 29,30,31,32 & 33:** ***Juvenile Court Cases for FY20 - FY24***






**VI. TPRs** As of the writing of this report, the Court is still working on producing TPR data.

# Stephanie Tubbs Jones Child Welfare Services Program (title IV-B subpart 1):

Please see the Child Development subsection of the Service Coordination section of this document for specific information regarding services offered in Vermont under title IV-B, subpart 1.

## Services for Children Adopted from Other Countries

For over 20 years, Vermont has offered the same array of post adoption services to families who have adopted children from other countries as those that are available to families adopting privately or from the public child welfare system. Our belief is that any Vermont adoptive family should have

access to the entire service array available to families who adopt a child who has spent time in foster care. Our post adoption programming is funded in a way that allows every contracted agency to serve all families, including those who do not have Medicaid insurance. Vermont accomplishes this by the use of Global Commitment (Medicaid) for any family insuring their child with Medicaid, and IV-B for non-Medicaid families. Additionally, any family formed by adoption may participate in any activity or service sponsored by the Vermont Consortium for Adoption and Guardianship.

FSD plans to continue to provide the following adoption and post adoption services to children adopted from other countries during the FFY 2025-2029 CFSP reporting period:

- In-home adjusted parent education, identifying strengths and challenges and developing plans that foster growth
- Consultation to treatment teams and advocacy, providing education support within schools and collaborating with treatment teams
- Referrals to community resources
- General adoption/guardianship information
- Kinship placement support

These services are provided by a Post Permanency Service Provider meeting with the family and working with them to assess and determine what services are needed. Together, a plan will be made, and goals set for these services. To support the family in meeting their goals the Post Permanency provider meets with the family monthly in their home as well as attends any meetings that the family identifies—such as treatment team meetings and school meetings.

Children adopted from other countries also have access to any service provided by the Vermont Consortium for Adoption and Guardianship, which is funded by the Department. The Consortium offers training(s), support groups, a newsletter and a lending library which are universally available to all families formed through adoption or guardianship who are living in Vermont.

In Vermont, there are three adoption agencies responsible for finalizing international adoptions and there is no requirement for them to report out to FSD on the number of finalizations that they complete annually. Children adopted from other countries may access any available post-adoption support provided by the State of Vermont regardless of insurance. These services are free of charge.

In FY24, roughly 2% of children who had been previously adopted experienced an episode of discontinuity. Discontinuity in this situation could mean they've left their adopted home temporarily for treatment or stabilization (no custody episode), have entered custody, or have experienced a termination of their adoptive parent(s) rights. Vermont FSD does not track whether a child was originally adopted from another country; therefore, we are unable to say for certain how many episodes of discontinuity were experienced by this population in FY24.

## Services for Children Under the Age of Five

Vermont FSD has two main service delivery systems for children under five and there are many other supports available that vary by district. Statewide Vermont collaborates with parent child centers to provide services and support to young children and their families. Additionally, Vermont utilizes early intervention referrals to children's integrated services to assess developmental needs of young children. More information about these two services is provided below.

**Parent Child Centers (PCCs)**: Over the past year, the PCCs continued to deliver critical and essential state services to families with young children. The PCCs are community-based family resource centers located across Vermont that provide young children, youth, and families with

strength-based, holistic, and collaborative services with a focus on early childhood education and prevention of child maltreatment.

A specific focus of the PCCs is to serve families who are experiencing medical, socio-economic, or developmental challenges including substance misuse, housing instability/homelessness, and/or involvement with child welfare. All fifteen (15) of the PCCs embrace Strengthening Families Approach in working with families and have embedded proven strategies into their array of services to increase protective factors and reduce the risk of child maltreatment.

PCCs are designed to serve every family that walks through their door, and to make sure that parents have the support and resources they need to nurture their children and ensure that they have a solid foundation during their early childhood years. As outlined in state legislation establishing the PCCs, each of the agencies provides eight core services. These services include home visiting, early childhood services, parent education, concrete support(s), playgroups, information and referral services, and community development.

Concrete support(s) for families included assistance with rent, fuel, food, transportation, diapers, and medical costs—helping to increase family stability and thereby reducing the risk of child maltreatment. Families receiving concrete supports were also engaged in wraparound services to support a holistic approach to meeting their needs. Funding specifically to support concrete support(s) within the PCCs is provided annually through Vermont's Community Based Child Abuse Prevention (CBCAP) formula grant.

Between January 1, 2024 – December 31, 2024, the total number of children who received preventative direct services was 30,678 and the total number of parents/caregivers who received preventative direct services was 32,819.

Moreover in 2024, of those surveyed, 71.25% of parents/caregivers reported an increase in protective factors as a result of services received from the PCC, and 92.87 % of those parents/caregivers reported that they were satisfied with the services provided by the PCC.

***Data Source: Parent Child Center Impact report from January-June 2024 and July-December 2024***

**Tracking and analysis of referrals to Children's Integrated Services**: The Child Abuse Prevention and Treatment Act (CAPTA) requires states to make referrals to early intervention services funded under Part C of the Individuals with Disabilities Education Act (IDEA) for all children under the age of 3 who are involved in a substantiated case of abuse or neglect.

In Vermont, referrals to Children's Integrated Services (CIS) for developmental screening continue to occur in the following instances:

- All children under the age of 3 who reside in a family/household where there is a substantiation of abuse or neglect – regardless of whether the perpetrator is in home or out-of-home; and
- Households where the SDM Risk Assessment is high or very high and a family support case will be opened for a family with children under the age of 3 (by completing the CIS Referral Form).

FSD runs a report on all the Child Safety Interventions in which there is at least 1 child in the household who is under the age of 3. We then cross-reference that data with the number of children who were screened by CIS, and the number of children who received Early Intervention (EI) Services. District Directors provide this report to their Children and Family Services (CFS) partner to

evaluate CIS referral processes, services provided, utilization of contracted services, etc. This activity not only ensures that children are being referred, and services provided, but it also strengthens the partnership between the district and CFS staff.

## Efforts to Track and Prevent Child Maltreatment Deaths

**Child Maltreatment Fatality Prevention Plan:**

**NCANDS and Tracking**
Child maltreatment fatalities are reported to NCANDS when they have been substantiated for abuse or neglect, therefore the numbers reported by Vermont represent deaths which were reported to the child protection hotline and investigated. Family Services involvement in the child fatality review team ensures there is no missing data in this population.

**Child Fatality Review Team**
Family Services Division leadership participates in the state's Child Fatality Review team which meets monthly to review all unnatural child deaths. In April of 2018 Vermont passed H. 686 An Act Relating to Establishing the Child Fatality Review Team. While this team has been reviewing unexpected, unexplained, or preventable child deaths since 1985 as an empaneled child protection team, H. 686 codified the existing CFRT under the Vermont Department of Health. The Act, as passed, can be found here:

https://legislature.vermont.gov/Documents/2018/Docs/ACTS/ACT103/ACT103%20As%20Enacted.pdf

The purpose of the Child Fatality Review Team (CFRT), under 18 V.S.A. § 1561(a) is to review and analyze the deaths of Vermont children to:

- Examine cases of child fatality in Vermont in which the fatality is either unexpected, unexplained, or preventable;
- Identify system gaps and risk factors associated with child fatalities that are either unexpected, unexplained, or preventable;
- Educate the public, service providers, and policymakers about unexpected, unexplained, or preventable child fatalities and strategies for intervention; and
- Recommend legislation, rules, policies, practices, training, and coordination of services that promote interagency collaboration and prevent future unexpected, unexplained, or preventable child fatalities.

The Child Fatality Review Team's 2024 Report to the Legislature presents a comprehensive analysis of Vermont's child and youth population over the past decade, focusing on death rates by age group from 2014 to 2024. During this period, the annual number of unnatural or unexpected deaths among Vermont's children ranged from 10 to 21, culminating in a total of 162 fatalities over ten years.

**Breakdown of Unnatural Deaths (2014-2024):**

- Accidental: 67 deaths
- Undetermined: 43 deaths
- Suicides: 38 deaths
- Homicides: 14 deaths

**Causes of Death:**

- Suffocation: 20 deaths
- Motor Vehicle Incidents: 34 deaths
- Sudden Unexpected Infant Death (SUID): 40 deaths
- Firearm-related: 22 deaths
- Undetermined Causes: 12 deaths
- Drowning: 8 deaths
- Poisoning: 3 deaths
- Other Causes: 23 deaths

This data underscores the critical need for targeted prevention strategies to address the various causes of child fatalities in Vermont. By understanding the patterns and causes of these tragic events, stakeholders can develop more effective interventions to safeguard the well-being of children and reduce the incidence of unnatural deaths.

**Report Contributors**

The information presented here is derived from the 2024 Report of the Child Fatality Review Team to the Vermont Legislature. The report was authored by Co-Chairs Emily Fredette, Injury and Violence Program Manager at the Vermont Department of Health, and Abby Beerman, Injury Prevention Coordinator at the University of Vermont Medical Center, along with Julia Sarrasin, Injury Prevention Specialist and Team Coordinator at the Vermont Department of Health.

The comprehensive reviews and recommendations within the report were conducted by Vermont's Child Fatality Review Team, a multidisciplinary group mandated by legislation. This team comprises experts from various sectors, including the Office of the Chief Medical Examiner, medical professionals, education, law enforcement, child protection, public health, and mental health agencies. Their collective expertise ensures a thorough examination of child fatalities and the development of informed strategies to prevent future occurrences. For a detailed list of team members, please refer to Appendix A - CFRT membership.

https://www.healthvermont.gov/sites/default/files/document/cyf-child-fatality-review-team-report.pdf

**Executive Summary**

The Child Fatality Review Team (CFRT or Team) reviews and analyzes unexpected, unexplained, or preventable child fatalities of Vermont children. The goal of the CFRT is to identify system gaps and risk factors that contributed to child fatality and to develop data informed recommendations for legislation, rules, policies, practices, training, and coordination of services to prevent future fatalities. This report highlights the CRTF's key findings and recommendations of cases reviewed from October 2023 to September 2024, 2024 activities, and plans for 2025.

**Key Findings and Recommendations**

Sudden Unexplained Infant Death (SUID):

**Key Findings:** In 2023, the Team reviewed two cases of SUID, identifying unsafe sleep as an extrinsic factor, with economic strain contributing to non-adherence to safe sleep guidelines. Vermont's 2020 PRAMS data show lower adherence rates among families with Medicaid or WIC. The American Academy of Pediatrics (AAP) links longer maternity leave to reduced infant mortality. Economic support, postpartum care, and quality early childhood care enhance parent-child bonding and reduce stress. The Team emphasizes that economic support, particularly Paid Family Medical

Leave (PFML), can significantly benefit children's health and safety by reducing stress. Universal nurse home visiting programs are crucial for promoting infant health outcomes, while peer support and community programs can alleviate parental stress.

**Recommendations:** Increase economic support and post-partum leave through the expansion of Paid Family Medical Leave, and implementation of a direct cash transfer program or child tax credit for families with infants. Support Universal Nurse Home Visiting Programs through Strong Families Vermont Home Visiting Program to reduce the identified barrier of perceived stigma among individuals who would utilize the program.

Motor Vehicle and UTV Crash

**Key Findings:** The team reviewed four cases of motor vehicle and UTV crashes from 2022 to 2024, noting unsafe practices like improper restraint use and lack of protective headgear. Between 2018 and 2022, Vermont emergency departments saw 357 youth visits for ATV and UTV-related injuries. The AAP advises against children under 16 operating ATVs or UTVs and recommends protective headgear for all riders. The Team identified a need for increased awareness of Vermont's Child Passenger Safety law revisions, noting improper booster seat use and early transition from booster seats.

**Recommendations:** Amend Vermont Statute Title 23: Motor Vehicles, Chapter 31: All-Terrain Vehicles. Ensure funding to support the Be Smart program access to high back and backless boosters. Support the Safe Kids Child Passenger Safety Committee in facilitating a statewide campaign on proper booster seat use.

Access to Lethal Means

**Key Findings:** The Team reviewed a suicide case involving firearm access, noting that 49% of youth suicide deaths from 2009 to 2023 were firearm related. In Vermont, 44% of households store firearms, but only 49% store them locked and unloaded. The Team supports the Suicide Strategic Plan developed by the Department of Mental Health, advocating for statewide safe storage methods and public awareness to promote firearm safety.

**Recommendations:** Ensure funding to implement a centralized distribution program for safe storage methods including gun locks, medication storage bags, and lock boxes. Support funding for a public awareness program on out-of-home storage of firearms at federally licensed firearms dealers in Vermont willing to accept firearms for temporary storage.

Substance Use

**Key Findings:** Substance use contributed to nearly one-third of reviewed cases. From 2018 to 2022, Vermont emergency departments saw 210 youth visits for unintentional poisoning. Vermont has the highest alcohol use among minors, with significant binge drinking rates. The Team calls for increased prevention and treatment interventions, noting ongoing assessments for substance use treatment services.

**Recommendations:** Ensure robust and ongoing state funding for substance misuse prevention through DSU to grow and sustain prevention coalitions and enhance and expand the prevention of substance misuse across the lifespan. Expand in-state substance use treatment options for youth through counseling services, outpatient care, and residential facilities.

Standardized Response for Missing Juveniles

**Key Findings:** The Team reviewed cases of missing youth, noting inconsistency in law enforcement responses. Nationally, unaccompanied youth face unique health risks and are susceptible to victimization and trafficking. The Team recommends standardized response policies and training to improve law enforcement capacity.

**Recommendations:** Adopt model policies and practices for law enforcement agencies ensuring implementation of best practices for timely notification about missing juveniles. Ensure funding for the Vermont Police Academy to provide missing people training and technical assistance to municipalities. Ensure funding to the Vermont Human Trafficking Case Manager Program to expand the state's human trafficking response workforce in high-impact areas and develop multidisciplinary teams across the state and add an additional 2-4 human trafficking case managers.

Exposure to Domestic and Sexual Violence

**Key Findings:** Around half of reviewed cases involved exposure to domestic and sexual violence. The Vermont Center for the Prevention and Treatment of Sexual Abuse lacks dedicated staff for coordination. Educators play a crucial role in recognizing and responding to impacted children, requiring comprehensive training.

**Recommendations:** Ensure funding for staffing to coordinate the Vermont Center for the Prevention and Treatment of Sexual Abuse. Require training for all Vermont school and early childhood care professionals to recognize and respond to children impacted by domestic violence. The training should contain information on recognizing signs of trauma, response strategies, available community resources, and creating safe supportive classrooms.

Social Connectivity

**Key Findings:** The Team found missing protective factors in many cases. The 2021 Vermont YRBS highlights a lack of adult support and community belonging among youth. The AAP emphasizes third spaces like community organizations and sports for fostering belonging and positive behaviors.

**Recommendations:** Expand peer support models and programs for youth to engage in youth-mentor relationships. Expand third space opportunities for youth to engage in after- school activities led by community youth organizations and organized sports.

Information Sharing Across Schools

**Key Findings:** The Team noted gaps in mental health and behavioral support information for transfer students. Enhanced communication between schools can protect children needing consistent services.

**Recommendations:** Establish a connection between schools to exchange allowable information under the Family Educational Rights and Privacy Act (FERPA) and hold conversations with families to sign releases to share information to improve school entry.

Postvention Response:

**Key Findings:** The Team highlighted the psychological impacts on professionals involved in child fatality cases. Current support systems are insufficient. The OCME's Support Services Specialist position, funded by a grant, provides crucial family support but lacks sustained funding.

**Recommendations:** Expand workers' compensation benefits to include coverage for first responders, death scene investigators, school and early childhood care personnel, and professionals impacted by a child fatality. Sustain funding to the OCME for the Support Services Specialist position.

**Summary of 2024 Activities:**
Safe States Alliance: Leveraging Recreational Boating Data for Prevention In collaboration with the Vermont State Police Boating Law Administrator, the Team participated in a pilot project by the Safe States Alliance to enhance the use of recreational boating injury and fatality data. The first phase, completed in 2024, involved coordination with the United States Coast Guard and state programs to improve data actionability. Despite the low incidence of water-related child fatalities in Vermont, the Team aims to expand analysis to include non-fatal injury data to inform data-driven prevention initiatives.

Data Input into the National Fatality Review Case Reporting System (NFR-CRS): Vermont established a data-sharing agreement with the National Fatality Review and Prevention at the Michigan Public Health Institute, allowing participation in the NFR-CRS. This ensures high-quality data and analysis to better understand risk factors associated with unexpected, unexplained, and preventable fatalities.

CDC Sudden Unexpected Infant Death (SUID) Case Registry Grant: The Vermont Department of Health received a five-year CDC grant to participate in the SUID Case Registry. This enables comparison of Vermont data with national trends and examination of risk factors and social determinants of health related to infant deaths. Understanding these factors will help implement targeted intervention strategies for safe sleep practices.

Advancing Safety Science: The Team, along with the Vermont Citizen's Advisory Board and the Office of Child, Youth, and Family Advocate, collaborated with experts from the NCFR and the National Partnership for Child Safety. Safety science, as an evidence-based discipline, expands learning from individual cases to systemwide analysis, identifying systemic barriers to child safety through standardized critical incident reviews.

Number of Cases Reviewed (October 2023 - September 2024): The Team reviewed 13 cases, identifying concerns in areas such as infant safe sleep, motor vehicle and ATV/UTV safety, lethal means access, substance use, law enforcement response to missing juveniles, exposure to domestic and sexual violence, social connectivity, information sharing among schools, and postvention response.

**Planned Activities for 2025:**

- Implement safety science in all review meetings for systemwide analyses, standardizing critical incident reviews across jurisdictions.
- Utilize NFR-CRS to examine social determinants of health and impacts on marginalized identities, reducing bias in analysis.

- Promote practices to minimize vicarious trauma for the Team during reviews, protecting mental wellbeing and focusing on systemic changes rather than individual blame.

**Partners:**
In addition to its membership on the child fatality review team, the Family Services Division also participates on the Vermont Citizens Advisory Board (VCAB) and coordinates the Children's Justice Act Task Force (CJATF), both of which are tasked with making recommendations toward systemic improvements for the state's response to child abuse in general and including child maltreatment fatalities specifically.

Vermont Family Services Division is a member of the National Partnership for Child Safety (NPCS), a quality improvement collaborative comprised of county, state and tribal child and family serving agencies whose mission is to improve child safety and prevent child maltreatment and fatalities by strengthening families and promoting innovations in child protection.

The NPCS mission is to improve safety and prevent child maltreatment fatalities by applying a set of strategies informed by safety science and advancement in data analytics as well as research and evidence to create high reliability systems and promote safety innovations in child welfare.* *See SSLR section below related to Vermont's participation with and support received from NPCS*

The NPCS aims to improve child safety and child protection system outcomes as measured by:

- Reduced numbers of child fatalities and near fatalities,
- Decreased repeat maltreatment,
- Improved workforce retention through the creation of a culture of safety,
- Decreased racial/ethnic inequities related to responding to child safety concerns around the importance and impact of safety science and data sharing to support systems change and reform.

**Targeted Strategies to Prevent Child Maltreatment Fatalities:**

**Safe System Learning Review:**

The Vermont Family Services Division continues to develop and pilot a new critical incident review process rooted in safety science. The Safe System Learning Review (SSLR) is a system-focused critical incident review process which is intended to identify areas for learning and systems improvements and places a high value on psychological safety. The SSLR was created in collaboration with the National Partnership for Child Safety (NPCS) and utilizes the Safe System Improvement Tool (SSIT), an information integration tool that is designed to support system improvement activities.

Over the past year, the Quality Assurance Team has taken on a major role in the development of the SSLR; taking the lead on building capacity for these reviews by recruitment of potential reviewers, tracking the levels of training completed by new reviewers, and partnering with the Child Safety Director in completing reviews, attending NPCS workgroups dedicated to various aspects of this work such as data sharing, and process development.  In the year ahead, the QA Team will continue to partner with the Child Safety Director to further formalize this process to ensure the Family Services Division is learning all we can from tragic incidents and poor outcomes- becoming a system that is truly accountable to continual improvement in a manner that limits negative psychological impact on the workforce.

**Assessing the safety of newborns on open cases with Family Services Division:**

In late 2018 Vermont developed a policy and checklist to aid ongoing family services workers in assessing safety for newborns on open cases. This checklist helps prevention efforts towards high-risk families and includes strategies to widen the informal and formal supports around a family, ensures a safe sleep environment exists prior to birth and helps to guide risk identification in the realms of substance abuse, domestic violence, and mental health among other things.

**Primary and Secondary Prevention**

The Family Services Division is located within the broader Department for Children and Families, alongside the Child Development Division, Economic Services Division, Office of Child Support and Office of Economic Opportunities. Please see: *Services for Children Under the Age of Five* for a summary of targeted family supports, child-care services and home visiting programs.

Vermont has been making significant strides in preventing child maltreatment fatalities through a collaborative approach involving various organizations and initiatives. A key component of these efforts is the partnership between the Department for Children and Families (DCF) and the Vermont Department of Health, which has been instrumental in fostering a safer environment for children across the state. This collaboration extends to other vital teams, such as Safe Kids Vermont, which plays a crucial role in this mission.

Safe Kids Vermont is a coalition of dedicated individuals and organizations committed to keeping children and teens healthy and safe by preventing injuries. Led by the University of Vermont Children's Hospital, Safe Kids Vermont benefits from the hospital's dedicated staff, operational support, and resources, all of which are essential in achieving the shared goal of child safety.

One of the notable initiatives under this umbrella is the Safe Sleep Committee, a coalition focused on promoting safe sleep practices for infants. This committee has successfully developed a "Safe Infant Sleep Toolkit" for providers and community advocates, a project that began in 2023 and concluded in 2024. Additionally, the committee has updated its educational materials, including brochures, flyers, and posters, to align with the latest guidelines from the Consumer Product Safety Commission and the American Academy of Pediatrics.

With these projects completed, the Safe Sleep Committee is now looking to enhance community engagement by incorporating community voices into their meetings and expanding membership opportunities. They plan to participate in numerous educational events to further disseminate safe sleep messages and education throughout Vermont.

Through these collaborative efforts, Vermont is making significant progress in preventing child maltreatment fatalities, ensuring that children across the state have the opportunity to grow up in a safe and nurturing environment.

https://www.healthvermont.gov/family/infants-young-children/safe-sleep
https://www.uvmhealth.org/medcenter/wellness-resources/injury-prevention/safe-sleep

## Mary Lee Allen Promoting Safe and Stable Families (PSSF)

Vermont Family Services believes strongly in supporting community-based services and in maintaining close partnerships with community providers. Most of Vermont's Safe and Stable Families' dollars are distributed through grants and contracts to fund services to families by community providers. Vermont has been using Safe and Stable Families funding in the same way for a long time and will continue the same path for this CFSP reporting period. The services we plan to fund over the next 5 years includes respite care to families, transportation costs to assist families in crisis, services to support families in crisis to avoid custody or to support them when their children are returned from custody. In addition, we will continue to support Project Family in providing adoption services to ensure children/youth have the opportunity for timely permanency through adoption or permanent guardianship. With that being said, we will continue to review what is being coded to Safe and Stable Families to ensure there are no other funding sources that could support the activities.

Post-Permanence Services support families who have been joined through adoption and guardianship by providing case management and other support services delivered by professionals who are experienced in the dynamics of adoption and guardianship. Safe and Stable Families make up a small portion of the funding in these contracts specifically for respite services. By providing caregivers with a planned break, we are increasing long-term permanence for families.

FSD will continue to distribute a portion of the Safe and Stable Families funds to Lund to support families who are in the process of adopting a child/youth. These funds are one of the multiple sources of funding in the contract with Lund Project Family, which provides matching services, home studies, and support to families seeking to adopt a child, including assisting with payment for court filings and background checks, supporting a family in filling out the court forms, helping families understand the process, and more.

Project Family has partnered with Family Services to provide these services for 25 years and in the several years, Vermont has found that the work required with many adoptive families has become more time-consuming and complicated. We attribute this to the increase in finding permanency with kin.

Kin families being joined through adoption and guardianship often need more targeted support to successfully move through the adoption process and these funds have been helpful in providing increased services and supports. In the last year, we have looked at whether there are other funds available to support some of the activities that have been funded with Safe and Stable Families. Namely, we have identified that a portion of the Project Family work can be funded with Title IVE funds. Vermont has made a transition to claim Title IV-E for a portion of the work, thereby reducing the amount of Safe and Stable Families funding dedicated to this work.

In addition to grants and contracts, Family Services will continue to use these funds to provide support to stabilize families in crisis. These supports are intended to assist families in meeting the needs of their children such that their children can remain in the home, or to assist families when their children are returning home after reunification. Examples of these supports include clothing for

children served in open Family Support Cases, transportation support so parents can attend parent child contact and family time coaching, other transportation costs, assistance with payments to avoid a housing crisis or to ensure safety for children in the home.

These funds will continue to be available to our district offices so they can utilize the funds to remove barriers for families with whom they are working.

**Percent of IV-B Part 2 Expenditures:**
Correctly coding expenses funded by Safe and Stable Families continues to be an issue. As stated previously, Family Services has been working closely with the DCF Business Office to ensure agreements are coded correctly. This has been partially successful, but because of staff turnover and competing priorities, this has not fully addressed the issue. We have also been working with the administrative staff in district offices to understand how to code qualifying expenses, but Family Services has also been contending with high administrative staff turnover, so this training is ongoing and will become routine. Because the goal areas of the Family Preservation, Family Preservation Support, and Family Preservation Reunification categories are fairly similar, Vermont contends that the reality of the expenditures more closely match the percentage goals than the coding of such expenses suggests. Family Services will continue to work closely with the Business Office and with administrative staff in the districts to continue to educate about the different categories and evaluate the coding as expenses come in. Additionally, Safe and Stable Adoptions has historically been overrepresented in the Safe and Stable expenditures because of the clarity in coding Project Family grant expenditures to Safe and Stable Families

For more information on PSSF, please see the Vermont FY 2025 CFS-101 document.

## Service Decision Making Process for Family Support Services

Family Services will continue to offer community-based services to support families using Safe and Stable Families funding. There will be a competitive procurement process for funds administered through contracts following the state rules on procurement. Bids will be encouraged by any community provider that wishes to participate. Scoring bids include representatives of the community to be served, usually the staff of a district office, but sometimes other community members. Family Services is endeavoring to both provide consistent services around the state so that regardless of where a family lives, they can receive the same types of support(s) and ensuring that the services offered are reflective of the community in which they will happen. DCF as an entity has been grappling with how to include more family and youth voice in our work, and participation in choosing what services will be offered and who will provide them will be an important factor to include in that work.

## Populations at Greatest Risk of Maltreatment

FSD recognizes that certain populations, particularly those at greatest risk of maltreatment, require enhanced vigilance, targeted interventions, and interagency coordination. Our strategies continue to evolve based on data, stakeholder input, and the lived experience of families and youth in our care.

**Substance Exposed Newborns**
Infants with prenatal substance exposure are at heightened risk of maltreatment due to the complex interplay of medical vulnerability, caregiver capacity, and the presence of substance use disorder during critical early stages of attachment and development. Risk may be compounded by a caregiver's own history of trauma, mental health challenges, or limited supports — factors that may interfere with the infant's safety and well-being. While not all substance use during pregnancy leads to unsafe parenting, the presence of prenatal substance exposure warrants careful assessment and coordinated intervention to mitigate potential harm.

Vermont's approach to identifying and responding to substance-exposed newborns includes the completion of de-identified CAPTA notifications by birth hospitals and the development of plans of safe care when appropriate. Birth hospitals securely fax CAPTA notifications to FSD after delivery, and these are used to track engagement in services prior to birth, new referrals placed after birth, and POSC completion. The number and content of CAPTA notifications are monitored statewide and categorized by exposure type (e.g., medications for addiction treatment, prescribed opioids or benzodiazepines, marijuana use, or combinations).

See Section 5: Child Abuse Prevention and Treatment Act (CAPTA) State Plan Requirements and Update for more information.

**Children Under Age 3 with Prior Involvement with the Child Welfare System**
Young children — particularly those under age three — are the most developmentally vulnerable and are at highest risk for maltreatment fatalities. According to findings from the Commission to Eliminate Child Abuse and Neglect Fatalities, nearly 75% of children who die from abuse or neglect are under age three, and over 50% are under age one. A prior report to a child protection system is also among the strongest predictors of risk for serious harm or death before age five.

Vermont has utilized these findings to elevate and prioritize the assessment and planning for infants born into families with open child welfare cases. Policy 78: Assessing Expectant Parents and the Safety of Newborns on Open Cases outlines requirements for ongoing assessment of parental readiness and newborn safety. This policy is accompanied by a checklist tool to guide supervision, planning, and decision-making throughout pregnancy and immediately after birth.

In 2025, Vermont further strengthened its response to high-risk cases by adding a Child Safety Specialist to the Child Safety Unit. This team provides expert consultation and helps lead updates to child safety policies and practices. The Child Safety Team focuses on improving child maltreatment investigations, assessing risk and danger, and implementing targeted interventions in complex and potentially dangerous cases — including those involving medical child abuse, child torture, serious physical injury, and near-fatalities.

See the maltreatment fatalities prevention section of this report for additional information.

**Human Trafficking**
Youth who experience human trafficking — or who are at high risk for exploitation — are among the most vulnerable to maltreatment. These young people often have complex trauma histories, prior system involvement, disrupted attachments, and may lack safe, stable caregivers or environments. Their exploitation frequently occurs in the context of unmet physical, emotional, and relational needs, placing them at elevated risk for ongoing abuse and neglect.

FSD recognizes the vulnerability of young people who are victims or at high-risk for human trafficking and continues to strengthen our policy framework and cross-system coordination. Related policies include:

- Family Services Policy 50: Child Abuse and Neglect Definitions
- Family Services Policy 51: Screening Reports of Child Abuse and Neglect
- Family Services Policy 80: Working with Youth and Families in Court – Definitions
- Family Services Policy 155: Runaway, Abducted, and Missing Children & Youth

**Missing/Runaway Youth**
Youth who are missing or run away from care are at heightened risk of maltreatment, including exploitation, trafficking, and exposure to unsafe environments. Research and internal data review confirm that youth in DCF custody are more likely to experience repeated runaway episodes, to be missing for extended periods of time, and to face greater vulnerability while on the run. These youth often have histories of trauma, disrupted placements, and complex behavioral health needs, which compound their risk.

FSD continues to assess and strengthen our practices for preventing and responding to runaway behaviors, including policy updates, improved data collection, and collaboration with partners like the Vermont Intelligence Center (VIC).

## Kinship Navigator Funding

**Kin Navigation: Brief History and Current Status Updates**
Vermont has requested and received $1,406,166 in Kin Navigator (KN) allocations since 2018. Historically, Navigator allocations have created an opportunity for DCF to assess and improve our system of care as it relates to formal and informal kin and fictive kin caregivers.

Beginning in 2007, prior to enactment of the Fostering Connections Act legislation, Casey Family Services partnered with a group of grandparents caring for their grandchildren to form a grandparent support and advocacy group. In the ensuing years, this grassroots organization called Vermont Kin as Parents (VKAP) has developed a statewide presence. 2020 marked a period of leadership transition and restructuring for VKAP. VKAP is a vital partner to DCF and to all Vermont families caring for kin. In its by-laws, VKAP commits to family-centered practice by requiring most of the board to have lived experience as kin caregivers.

Just prior to COVID, VKAP transitioned to an answering service response to improve customer service. Callers receive a personalized response immediately and then a call back from a VKAP team member usually within 24 hours. In the last several years VKAP has expanded its reach by training a pool of kin navigators who provide statewide access to services and support. The 2024 agreement with VKAP added funding to allow VKAP to fund a Kin Navigator position. Historically, Kin Navigators were trained volunteers who sometimes received a stipend for their work. The decision to provide this additional funding was suggested as a strategy to improve implementation of the new Kin Navigator model being implemented VKAP's Kin Navigator Program is recognized by Grandfamilies United at grandfamilies.org (http://www.grandfamilies.org/Topics/Kinship-Navigator-Programs/Kinship-Navigator-Programs-Resources).

Family Services continues to be focused on stabilizing and growing our partnership with VKAP.

**1. Develop, Implement and Evaluate an Evidence Based Model of Kinship Navigation**
In the past year, Family Services has continued to partner with VKAP as members of the Kinship Navigator Cross Site Collaborative which includes Montana, Wyoming and Maine. For the last several years, the collaborative has been working to develop and monitor the implementation of an evidence-based model of Kinship Navigation Services. The model will be evaluated for inclusion in the Prevention Services Evidence Based Clearinghouse. At the onset of this project, we enlisted the expertise of Dr Valerie Wood, PhD to develop and implement an evaluation plan for Vermont's model. Dr. Wood was a Research Assistant Professor for the Center on Disability and Community Inclusion, Department of Education College of Education and Social Services at the University of Vermont. Dr Wood supported this project until April 2023 when she left her position with the University.

Unfortunately, we were not able to complete a successful Request For Proposal (RFP) process to identify a new partner to work with us on the evaluation of this project. The delay in identifying a successful bidder resulted in our inability to obligate and liquidate approximately $67,000 of our Kin Nav Allocation from the Children's Bureau. Additionally, Vermont will not be submitting our data to the Evidence Based clearinghouse with the other members of the collaborative, since we were not able to keep pace with recruiting enough participants who agreed to be included in the study portion of the model development. Since that time, we have focused on the development of an outreach plan which should increase referrals to VKAP. Additionally, VKAP has experienced some turnover in staff. New staff have been onboarded and have been trained according to the program model requirements.

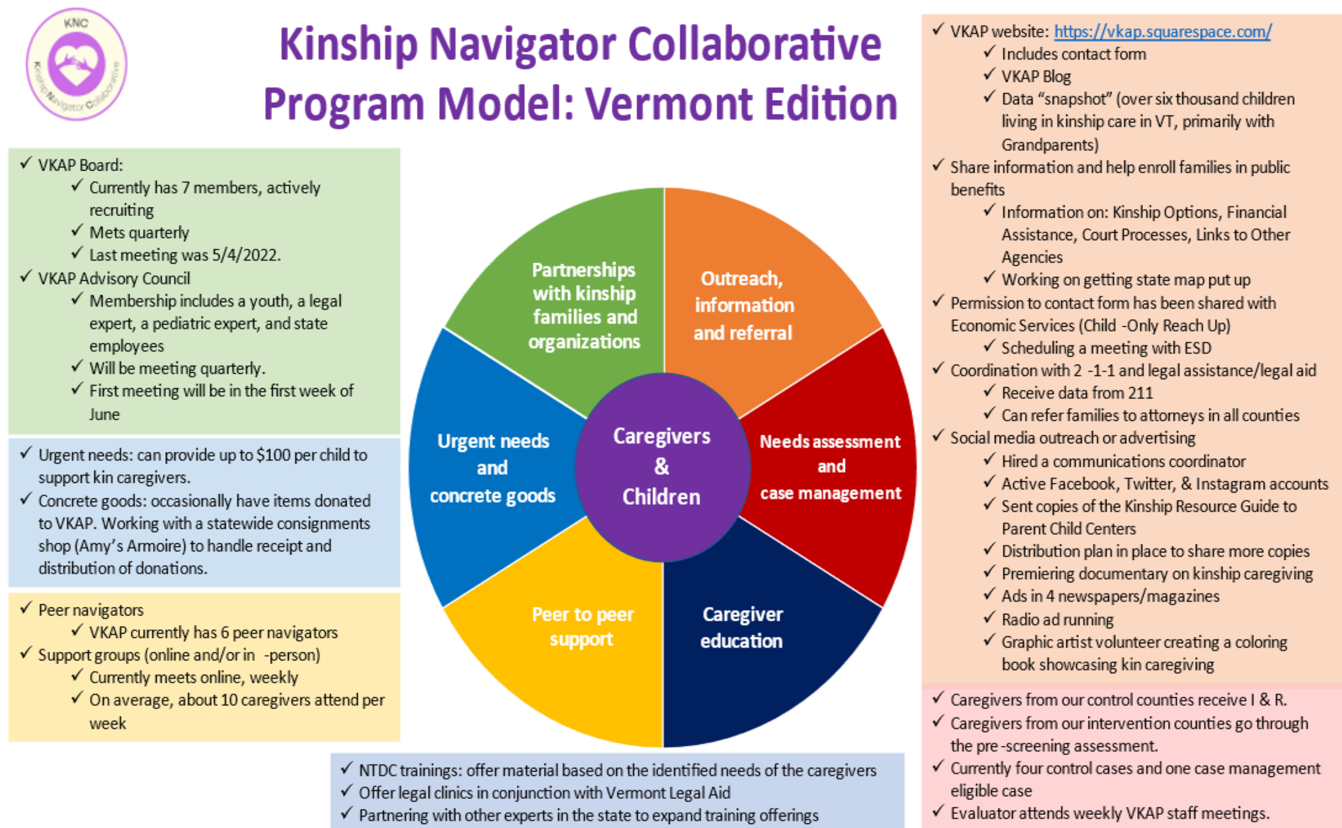
On a positive note, FSD entered into an agreement with the Human Services Research Institute (HSRI) to support ongoing implementation of the project. This work has included the development of a Vermont Program Manual and a complete overhaul of the VKAP Information Management System which supports data collection, helps navigators anticipate program requirements and to ensure that they are maintaining fidelity to the model.

As a participating jurisdiction in the Kin Nav Collaborative, Vermont agreed to:

- Incorporate an inclusive approach to aspects of planning, implementation, and evaluation of the model.
- Learn about and support the consensus driven Kinship Navigator program model.
- Regularly engage key stakeholders including youth and kin caregivers .
- Engage jurisdiction evaluation partners to coordinate evaluation efforts around implementing similar research designs, collecting common administrative data, publishing findings, etc.
- Engage with colleague jurisdictions throughout process.
- Utilize available federal funding and necessary state and or local funding.

The following graphic illustrates a "Vermonticized" version of the components of the model that members of the collaborative have agreed to implement with fidelity and to evaluate with a goal of having the model accepted by the FFPSA Evidence Based Clearinghouse:

***Figure 34: Vermont Specific Kinship Navigator Collaborative Program Model***




Only through the availability of the Kinship Navigation appropriation was Vermont able to add deliverables and funding to the existing grant we had with VKAP to support this work and grow capacity. Kinship Navigation funding is also supporting the intensive evaluation component of this model. Vermont intends to request the 2025 Kin Nav allocation to continue to support this work. Additionally, we have allocated approximately $43k of adoption incentive funding to fully resource the two agreements that are supporting this work

Vermont anticipates that this model for Kinship Navigation will be submitted to the FFPSA evidence-based practice clearinghouse for review during this CFSP period. It is hoped that the model will meet the requirements for rating as a promising or supported practice, which will allow Vermont to begin the process for claiming and will lead to sustainability using Title IVE prevention funding.

## Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

Over the last several years, Vermont has been making incremental progress toward achieving the goal of 95% face-to-face contact made with children in custody. While the goal was met in 2021, qualitative data (discussions with staff) and quantitative data indicate this was likely due to the ability to see children virtually during the COVID-19 pandemic. It should be noted that Vermont continues to perform higher than pre-COVID numbers and have missed the required goal by less than 2% the last three reporting periods. Vermont's CFSR Round 4 results indicated a need for increased engagement with the children, youth, and families served by the Family Services Division. Root cause analysis with staff found that due to the many redundant and manual administrative burdens caused by our

antiquated data systems, staff find themselves having less time free for quality engagement with families. With this in mind, FSD is using the CFSR Program Improvement Plan (PIP) to focus heavily on increasing the frequency and quality of contact with children, youth, and families.

Since the submission of the CFSP, FSD has:

- Continued to send out a weekly report to districts, which assists them in tracking which children and youth in custody have not yet been seen during the most recent two months;
- Continued to send out a report to directors every other month that identifies all children without a face-to-face contact note entered in the months prior to the report. The report prompts staff to enter their late notes or indicate on the spreadsheet that the youth was not seen;
- Created a new, annual report that provides deeper analysis on state and district level contact data for children in custody so that trends can be tracked over time;
- Created a 6-month, mid-point analysis spreadsheet that provides an overview of face-to-face contact trends during the first six months of the reporting period so that areas of strength and need can be identified and addressed as needed;
- Established the following as one of the four goals in the CFSR PIP: Improve the frequency and quality of engagement with children, youth, parents, and caregivers throughout a family's encounter with Vermont's child welfare system in order to increase the achievement of timely permanency, safety, and well-being.
    - Created several strategies and key activities to support achieving this goal;
- Provided more frequent reminders/messaging to staff regarding some of the common barriers to contact and case note entry, such as not entering all face-to-face case notes prior to administrative closure of the case, and which fields need to be selected for the case note to be counted as a face-to-face contact note;
- Stood up a meeting/check in every 2-3 months with the ICPC Administrator and the QA Administrative Services Coordinator to review the results of district feedback regarding obtaining contact notes on ICPC cases, and supporting staff as needed;
- Kicked off (in June 2025) a three-month focused effort on increasing the frequency and quality of contact with children;
- Created and distributed the *Guide to Quality Face-to-Face Contact with Children & Youth*, which provides prompts for staff to support quality contact and case note entry;
- Continued to encourage staff to utilize the prompts seen in Figure 40, which generate when a caseworker enters a face-to-face case note in FSD's case note entry system. These prompts were coded into the system after a previous CFSR to align with CFSR requirements and support staff in meeting not just the frequency standard of contact, but quality as well.

***Figure 35: Face to Face Case Note Prompts in FSDNet***

Add Casenote

Enter Case Note

Date of contact

04/10/2024

Monthly home visit?

Domestic Violence Alert?

Contact made by

Client Contact | Form of Contact | Contact Occured | Collateral Contacts

Present ? | Regarding ? | MCM ? | by assigned? ?

(0)

(1)

Contact Note

Safety/Risk Assessment:

Progress towards case plan goals:

Well-being (including physical & mental health, and education if ??)

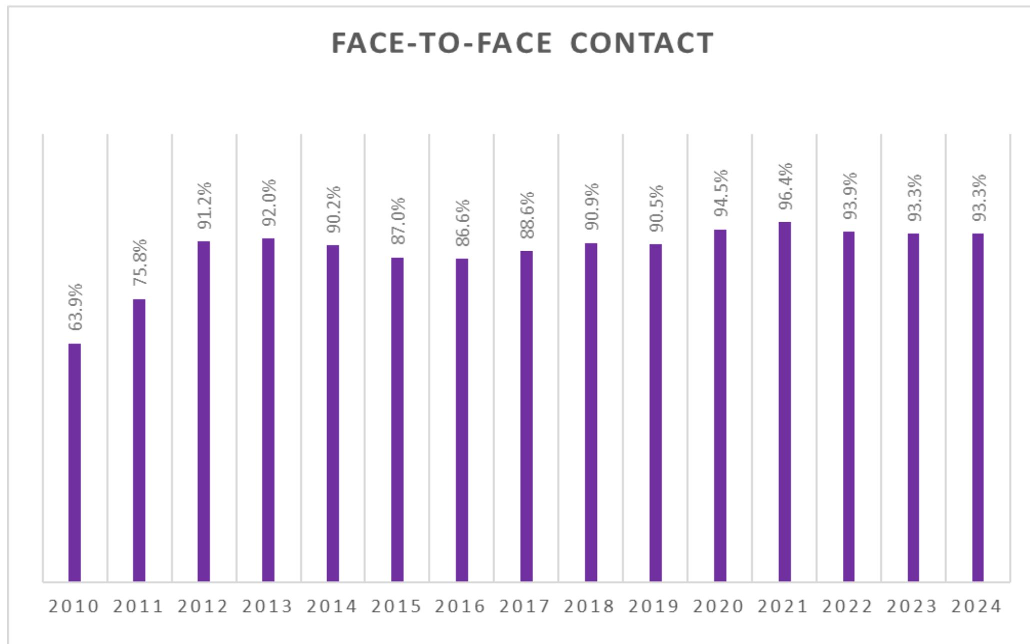
Private discussion (include adjustment to placement, visits with family, concerns, etc)

Send Email

Save

Figure 36 provides an overview of Vermont's face-to-face contact data since 2010, and Figure 37 provides the percent of those contacts that occurred in the child's placement setting. Vermont has exceeded the goal of 50% face-to-face contact with children in custody occurring in their placement setting by 20% or more each year since 2020.

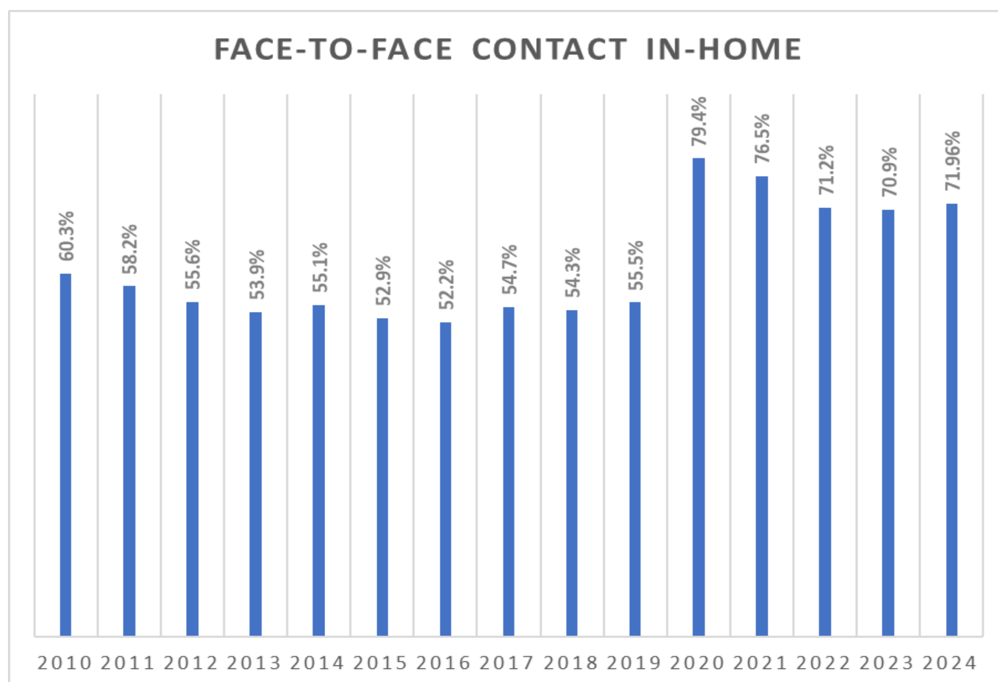
***Figure 36: Face-to-Face Contact***




**Data Source:** *FSDNet Social Worker Contact Report*

**Data note:** *Percentages are captured at a point in time. Data extracted for the year 2024 represented: 5/27/2025. A "visit month" is defined as any calendar month during which a child was visited at least once.*

***Figure 37: Face-to-face contact In-Home***




**Data Source:** *Data Source: FSDNet Social Worker Contact Report*

**Data note:** *Percentages are captured at a point in time. Data extracted for the year 2024 represented: 5/27/2024. A "visit month" is defined as any calendar month during which a child was visited at least once.*

## Adoption and Legal Guardianship Incentive Payments

Adoption Incentive activities have primarily been to support expanded capacity within our Project Family Grant with Lund, which is utilized to achieve permanency for children involved with DCF. Specifically, during FFY 20-24, Vermont used incentive to fund trainings for adoptive parents, counsel them on post-adopt contact, track outcomes for post-adopt families, and to increase capacity to conduct home studies for families interested only in adoption of children in foster care (as opposed to foster care).

Adoption Incentives were utilized to fund out-of-state contracts with agencies serving children placed with families out of state needing adoption-specific or specialized supports and to provide both pre adoption/guardianship support and enhanced capacity in our post-permanency program, offering a more intensive level of services to adoptive and guardianship families whose needs exceeded the typical model for that program.

In the current fiscal year, $100,000 in Adoption Incentive was utilized to fund a time-limited increase to post-adopt service providers to increase their capacity to provide a more intensive level of post permanency service to families.

Adoption incentive will continue to be utilized for some of the Project Family Grant in the 2025-2029 period. The adoption incentive will continue to fund out-of-state contracts with agencies serving children placed with families out of state needing adoption-specific or specialized supports as well as to assist with the institution of a system to disclose foster care records to individuals formerly in foster care as required by a VT Law passed in 2024. It will continue to be considered as a funding stream for implementation of new and constrained implementation efforts of the Department, and the incentive is used as a funding source when the Department has a modest, eligible implementation effort with no identified initial funding source.

## Adoption Savings

Adoption savings expenditures were claimed to complete some adoption-related recruitment activities and, primarily, they were made to meet requests for individual children to receive services and supplies to meet special needs post-adoption or guardianship such as camps, sensory integration items, therapeutic services and adaptive equipment not covered by Medicaid, respite and extracurricular activities, as well as to support adopting parents with legal fees associated with post-adoption contact with families of origin. Adoption savings expenditures were also utilized to pay for room and board costs for children in foster care who are not IV-E eligible, and the Non-IVE portion of costs for work with candidates for foster care that our FSWs perform. Additionally, Vermont is working to identify a provider and establish a contract to provide post-adoption/guardianship support group facilitation to adoptive families and adopted individuals.

## Family First Prevention Services Act Transition Grants

Vermont received $829,431 in Family First Transition Act (FFTA) funds and has obligated the full amount to support critical infrastructure aligned with the goals of the Family First Prevention Services Act (FFPSA). These funds have helped Vermont build capacity to prevent unnecessary family separation and strengthen support for children and families upstream of foster care involvement. As previously reported, early funding supported essential staffing through a project manager role, which helped coordinate the work plan and guide implementation of Vermont's CHINS reform

efforts—an initiative that aligns with FFPSA's focus on supporting candidates for foster care without requiring entry into DCF custody. A total of $178,000 supported the *Analysis of the Residential System of Care for Youth in Vermont*, conducted by the Public Consulting Group. Additional funding was directed toward an effort to establish a new accreditation pathway in Vermont for residential programs seeking to meet QRTP requirements, though this approach ultimately proved unviable.

Over the past year, remaining funds were used to promote Vermont's prevention-first approach and messaging around keeping families safely together, invest further in recalibrating Structured Decision Making (SDM) tools and our practice in partnership with Evident Change, expand partnerships with individuals with lived experience to inform system and practice improvements, and advance fatherhood engagement strategies as a key element of prevention work.

The Family Services Division submitted Vermont's Title IV-E Prevention Plan in 2021, which was approved on May 13, 2022. The FFPSA Core Team is currently developing proposed amendments to better align the plan with Vermont's evolving needs and system context. We continue to evaluate residential treatment programs for their current status and readiness to pursue QRTP. This work has proceeded more slowly than anticipated due to the ongoing impacts of COVID-19 and persistent workforce challenges.

# John H. Chafee Foster Care Program for Successful Transition to Adulthood

## Transition Planning Process

FSD utilizes a 90-day transition case plan to be completed with a youth 90 days prior to their 18th birthday. This plan can be completed as part of an administrative case plan review or as a stand-alone plan, depending on timing. It was shared at a recent case plan review facilitator meeting that the 90-day transition to adulthood plans are not often seen in reviews. It may be helpful for FSD to explore tracking and completion of 90-day transition to adulthood plans during this CFSP reporting. Figure 38 provides the 90-day transition to adulthood plan utilized by FSD.

***Figure 38: Department for Children & Families/Family Services Division Transition to Adulthood (90-Day) Plan***

| Date plan completed: | | Youth date of birth: | | Youth Age: | |
|---|---|---|---|---|---|
| Youth name: | | | Family/Child #: | | |
| Physical and mailing address: | | | | | |
| Phone numbers: | | | | | |
| E-mail address: | | | | | |

| Family Services Worker: | |
|---|---|
| Youth Development Coordinator: | |

| **My Family Information:** (family is defined as people youth considers to be family) | | | |
|---|---|---|---|
| **Name** | **Relationship** | **Support Provided** | **I Plan to Stay Connected By** |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| **Other Important People, Mentors, Caring Adults, Friends, and Peers:** | | | |
| | | | |
| **My Strengths, Interests, Hobbies, and Recreational/Enrichment Activities:** | | | |
| | | | |
| **My Spiritual and Cultural Connections or Affiliations:** | | | |
| | | | |

| **Housing:** | |
|---|---|
| Current living situation: | |
| Short-term and long-term housing goals: | |
| Steps to achieving my housing goals: | |
| People that will help me achieve my housing goals: | |

| **Education:** | | | | | |
|---|---|---|---|---|---|
| Currently enrolled? | | Expected graduation/ current grade: | | IEP/504 Plan: | |
| School name and address: | | | | | |
| Academic supports<br>(tutor, school counselor, VSAC, advisor, etc.): | | | | | |

| Short-term and long-term education goals: | |
|---|---|
| Steps to achieving my education goals: | |
| People that will help me achieve my education goals: | |

| **Employment:** | | | | | |
|---|---|---|---|---|---|
| Currently employed? | | Location: | | Do you have a resumé? | |
| Career preparation services (JOBS, VR, DOL, etc.): | | | | | |
| Post-secondary education or vocational training: | | | | | |
| Short-term and long-term employment goals: | | | | | |
| Steps to achieving my employment goals: | | | | | |
| People that will help me achieve my employment goals: | | | | | |

| **Financial** | |
|---|---|
| Do you have a bank account? | |
| Do you have a budget? | |
| Do you currently receive any financial assistance? | |
| Do you receive Social Security payments? | |
| Do you have any debt? | |
| Do you have your credit report? Are there issues that need to be resolved? | |

| **Medical Information:** | |
|---|---|
| Health insurance: | |
| Doctor and last routine visit: | |
| Dentist and last routine visit: | |
| Special health needs: | |
| Currently in mental health/substance abuse treatment? Or in the past? If so, counselor/therapist: | |
| Past mental health diagnosis: | |
| Current mental health symptoms: | |
| Current medication: | |

**ACKNOWLEDGEMENTS:**

I have participated in the development of this plan.

______ Youth's initials

I have been told that I can access the Youth Development Program for case management and financial services from age 14 to 23. I am aware of the Extended Care resources for which I may be eligible.

______ Youth's initials

I have received the list of rights for children and youth in DCF custody, and they were explained to me in an understandable way.

______ Youth's initials

I have received a certified birth certificate, Social Security card, state-issued identification card, and education and medical records held by DCF.

______ Youth's initials

I know that I must re-apply to continue Medicaid health insurance benefits when I exit DCF custody, and again each year. I am aware that when I move, I must submit a verification form with my new address.

______ Youth's initials

I have been told that when I am 18, I can choose a "health care agent" that can make medical choices for me if I am not able. I have received information and a form that I can fill out if I want to choose a health care agent.

______ Youth's initials

I know that 30 days prior to leaving foster care, I am eligible to apply for 3Squares (food stamps).

_____ Youth's initials

By signing below, this means we will all work to complete the steps necessary to help the youth complete their transition plan.

| | **Signature** | **Date** |
|---|---|---|
| Youth: | | |
| DCF Family Services Worker: | | |
| Youth Development Coordinator: | | |
| Other Caregiver/Advocate: | | |
| Other Caregiver/Advocate: | | |

LEGISLATIVE & REGULATORY REFERENCES:

• Public Law (P.L.) 110-351, which states that a Transition Plan must be developed at the direction of the youth during the 90-day period prior to the youth aging out. The plan must contain specific options on housing, health insurance, education, local opportunities for mentors/continuing support services and workforce support/employment services. P.L. 111-148 requires providing foster youth with the information about a Power of Attorney for Health Care.

Copies to: Youth - DCF Case File - YDP – Others identified by the youth

**PARTICIPANT LOCATOR FORM**

**How do we keep in touch with you?**

| Youth Name: | | |
|---|---|---|
| Address: | | |
| Email: | | |
| Social Networks: | | |
| Phone Numbers: | Home: | |
| | Cell: | |
| | Work: | |

**Significant people who always know how to reach you (parents, relatives, friends, mentors):**

| **1. Name:** | **2. Name:** |
|---|---|
| Relationship: | Relationship: |

| Address: | Address: |
|---|---|
| Email: | Email: |
| Phone Numbers: | Phone Numbers: |

| | | | |
|---|---|---|---|
| Home: | | Home: | |
| Cell: | | Cell: | |
| Work: | | Work: | |

| **3. Name:** | **4. Name:** |
|---|---|
| Relationship: | Relationship: |
| Address: | Address: |
| Email: | Email: |
| Phone Numbers: | Phone Numbers: |

| | | | |
|---|---|---|---|
| Home: | | Home: | |
| Cell: | | Cell: | |
| Work: | | Work: | |

**Signatures:**

| By signing this, I give YDP permission to contact the people I have listed here for the purpose of getting in touch with me for activities related to the Youth Development Program. I understand that they will ask for me and that I gave them permission to call. They will leave messages for me if needed. They will not release any personal information about me other than I agreed to work with YDP. This information may be used to contact me as part of a study for foster care outcomes over time, also known as the National Youth in Transition Database (NYTD). | |
|---|---|
| Youth Signature: | Date: |
| Signature of Guardian (as needed): | Date: |

## Agency Administering Chafee

The Youth Development Program (YDP) is Vermont's transition and after-care program for youth and young adults who have experience with the foster care system.

Since 2012, DCF Family Services Division has contracted with Elevate Youth Services as the administrative and fiscal agent of the statewide Youth Development Program (YDP). Elevate subcontracts with eight agencies across the state to provide services in coordination with each of the 12 DCF districts. In total, YDP staffs 16 full-time equivalent Youth Development Coordinators (YDCs) that provide goal-oriented case management to youth. Across the state of Vermont, YDP serves over 450 youth per year. The YDP Administrative Team at Elevate provides a program manual and staff orientation for new subcontracted staff, daily technical assistance and case consultation, data collection, billing and payment oversight, annual program evaluation and file reviews, centralized

approval and tracking of Plans of Care, Extended Care Agreements, and Youth Investment Grant requests, facilitation of monthly YDP network meetings and quarterly YDP leadership meetings, and oversight of the Youth Advisory Board and all other youth advocacy activities, including the annual youth conference.

YDP maintains an array of services and support(s) for eligible youth, including strengths-based, youth-driven case management; flexible funding to help youth achieve goals; extended foster care; and access to leadership and advocacy opportunities. Overall, services are expected to remain consistent through FY 2026 with continued emphasis on serving more youth and supporting direct service staff through training, oversight, technical assistance, and engaging youth in program and policy development through the Youth Advisory Board and providing additional youth leadership events and opportunities.

## FY 2024 YDP Youth Outcomes

**Figure 39: Youth Development Program Outcomes 2024**

| FY24 YDP Youth Outcomes | STATE | ADO | BDO | HDO | JDO | LDO | MDO | NDO | RDO | SDO | TDO | VDO | YDO |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Number Served | **441** | 59 | 74 | 35 | 22 | 23 | 25 | 26 | 58 | 33 | 59 | 22 | 29 |
| Medicaid Insurance | **97%** | 100% | 100% | 100% | 95% | 100% | 100% | 88% | 95% | 100% | 100% | 100% | 86% |
| Connected to a Supportive Adult | **96%** | 95% | 100% | 97% | 64% | 87% | 96% | 92% | 98% | 100% | 97% | 100% | 93% |
| Drivers License (16+) | **37%** | 43% | 51% | 48% | 29% | 35% | 28% | 30% | 37% | 29% | 23% | 19% | 24% |
| Stable Housing (18+) | **74%** | 67% | 73% | 68% | 73% | 69% | 61% | 83% | 73% | 89% | 69% | 89% | 94% |
| Enrolled or Employed | **87%** | 80% | 86% | 91% | 77% | 87% | 88% | 81% | 91% | 82% | 92% | 86% | 83% |
| High School Credential (19+) | **59%** | 49% | 81% | 71% | 70% | 33% | 77% | 44% | 56% | 54% | 60% | 25% | 54% |
| Post-Secondary Education/Training (19+) | **3%** | 0% | 4% | 0% | 0% | 0% | 8% | 11% | 0% | 8% | 7% | 0% | 8% |
| One+ Semester of College (19+) | **16%** | 14% | 21% | 18% | 30% | 8% | 38% | 0% | 12% | 0% | 13% | 0% | 8% |
| Employed | **56%** | 61% | 80% | 60% | 55% | 61% | 56% | 46% | 55% | 30% | 39% | 41% | 24% |
| Employed (18+) | **87%** | 69% | 79% | 73% | 67% | 75% | 67% | 58% | 68% | 42% | 58% | 78% | 22% |
| Have children | **11%** | 17% | 12% | 6% | 23% | 13% | 8% | 15% | 12% | 9% | 5% | 5% | 3% |

***Data Source:*** YDP database

## Description of Program Design and Delivery

YDP's mission is to ensure that youth with foster care experiences enter adulthood with the necessary support(s) to build productive and fulfilling lives. By investing in youth, YDP promotes healthier and better-connected young adults, families, and communities. YDP's philosophy is focused on a belief in providing services that are strengths-based and fully driven by youths' own identified goals. YDCs partner with youth to help them set goals, explore interests, and connect with natural

support(s) and vital resources. YDP provides voluntary services to youth aged 14-23 years old. Youth may opt to engage, disconnect, and reengage at any time prior to turning 23 years old.

In FY24, youth participated in youth leadership and advocacy opportunities 246 times. Activities included planning for and attending our statewide Youth Empowerment Summit, survey feedback, participation in Youth Advisory Board meetings, community networking groups, focus groups, NEYC meetings, panel presentations for service provider/caregiver trainings, and writing/blog opportunities.

The Youth Advisory Board (YAB) was reinvigorated post-pandemic with consultation from Foster Club in Oregon. The group meets monthly online for two hours and has an average participation of about ten youth. Lived experience leaders drive the agenda and project areas. YAB members are compensated for their participation in monthly meetings and all other volunteer leadership opportunities. The YDP Youth Advocacy Coordinator position is dedicated to facilitating this group, engaging with individual youth, promoting leadership skills, connecting youth to professional development opportunities, and ensuring that youth voices are heard within the program and beyond. The YAB includes three consistent additional “Adult Supporters” from YDP and from DCF’s Adolescent Services Unit. The Adult Supporters provide general encouragement, the next step recommendations, and information as requested about existing resources, policies, and practices. The YAB discusses areas for improvement in the YDP and DCF systems and develops projects and/or provides feedback and partnership on initiatives brought to the YAB by YDP, DCF, or other community partners.

DCF and YDP directly engage the Youth Advisory Board (YAB) directly in service planning, both on an individual level and on a systems level. Youth consistently share that they value YDP greatly and feel that the program “does an incredible job at ensuring youth get the resources they need.” Several youth have shared that ideally YDP would have additional funding to provide more staff to serve additional youth (and up to age 26), as well as increased funding for Youth Investment Grants.

YAB members emphasized that YDP should prioritize planning more casual gatherings and events for youth each year. YDP currently hosts an annual conference and a summer picnic for youth currently and formerly in foster care, but youth would like to see additional statewide activities offered. Youth described the social benefits of interacting with other youth casually and the sense of belonging and community that comes from talking to other youth with similar experiences. YAB members recommend incorporating activities into events that appeal to young people, such as laser tag, movies, bowling, basketball, sports, etc. They described the importance of also ensuring there are activities to do at gatherings that young people don’t have regular opportunities to do, like boating, swimming, or hiking, for example. Youth also suggested creating online spaces for a broader population of youth (not just YAB members) to come together, share information, plan initiatives, and have other themed conversations. Youth also talked about the importance of engaging caregivers and other supportive adults to ensure transportation, supervision, and other support needs are met for youth. Youth recommended ensuring there are opportunities to hear directly from youth before and after events to solicit feedback.

The leadership and advocacy opportunities YDP offers, such as the Youth Advisory Board, training opportunities, the annual youth conference, and participation in several other committees and task forces, are meant to empower youth and inspire them to advocate for change. These opportunities

support youth to participate in age and developmentally appropriate activities, help build and strengthen natural supports and peer connections, provide professional development training, and also help build important life skills.

**National Youth in Transition Database (NYTD)**

YDCs track NYTD services and outcome data every month for every youth actively served by the program. The program uses a secure web-based database that includes each of the NYTD data elements. The NYTD definitions for the 58 data elements are included next to the data points to ensure consistent interpretation of the measure and associated responses. YDCs are also provided with a NYTD manual that includes this information as well. YDCs track whether services existed for each youth in each given month, regardless of whether they were provided directly by the YDC or by another agent of the state. Data entry is required and tied to the billing and payment mechanisms for the program which ensures a 100% completion rate. Outcome measures and monthly targets are included in the DCF contract and also in the YDP subcontracts. DCF and YDP meet monthly to review NYTD data. Service and outcome areas are targeted for further analysis, program development, training, and reporting anomalies.

Data collected through the YDP database is shared with stakeholders regularly. The YDP administrator provides detailed service, outcome, and funding related data to program staff, supervisors, and to the DCF Program Manager on a monthly basis. This data includes information about utilization, services, and outcomes by district and statewide. Subsets of the NYTD data are also provided in community presentations and newsletters each year. Annual data is shared with the general public, including youth and families, through an annual report/program brochure, and also through DCF outcomes reporting to the public. DCF and YDP engage in regular discussion about the NYTD data and opportunities for disseminating to the public.

Vermont primarily relies on YDP and DCF staff who remain engaged with, or have a history of a relationship with, individual members of NYTD survey cohorts to facilitate the survey and leverage participation. The NYTD team also utilizes “locator” contact information that youth provide during annual assessments and at each survey interval. Reaching out to youth via email has been an effective method for reaching older youth who are no longer connected to services. At times, if needed, DCF reaches out to other State agencies for updated contact information when available. Youth are compensated and receive a handwritten thank you note for participation in the NYTD survey. Representatives from DCF and YDP also attend NYTD webinars facilitated by the Children’s Bureau to consider new strategies for improving data collection.

Vermont is currently in process of developing a Comprehensive Child Welfare Information System (CCWIS) that will eventually support the tracking and reporting of independent living services that youth receive, including from sources other than the Chafee-funded Youth Development Program. The Family Services Division (FSD) and the Agency of Digital Services (ADS) have been making concerted progress toward bringing a new CCWIS to Vermont. Vermont is the last state to do so, and still in the planning stages of database development.

## Serving Youth/Young Adults Across the State

Although YDP services are delivered relatively uniformly across the state, there are some factors that can affect service delivery, including subcontracting agency (general values, values about caseload size, organizational structure, current staff), rural vs. urban settings, access to transportation, local resources, socioeconomics, relationship to the local DCF office and the proximity of the YDP office to DCF, turnover of YDP and DCF staff, DCF caseload size, referral volume from DCF, utilization of residential programs, and siting of residential programs.

Some examples of how these factors impact caseloads are:

- Two DCF districts have especially small caseload sizes. This is primarily due to a lower population in these areas of the state, as well as socioeconomic protective factors. The YDP staff in these districts receive referrals for all youth in custody but still maintain small caseloads. To ensure capacity is met, these case managers support youth in neighboring districts, particularly where caseloads are large and there may be a waiting list for YDP services. This has proved to be a creative solution for ensuring additional youth are served and YDP staff maintain full caseloads.
- In another region, a long-term and very effective YDP case manager has a very large caseload despite a low-average population size and number of youth in DCF custody. This staff person has excellent rapport and long-standing relationships with DCF and community partners and receives many referrals. Likewise, many youth opt to remain consistently connected to services for many years, whereas in other regions, youth may access services periodically or drop off altogether if there is staff turnover. This district also sites most of the State's residential care beds and the local YDP engages with youth placed in these settings.
- In one rural district that lacks robust public transportation, a YDP provider maintains a smaller caseload because they spend much of their time driving long distances to meet individual young people where they are at and transporting them as needed for important meetings.
- The largest district in Vermont tends to maintain a waitlist for YDP services. Not only are there comparatively more youth in care in this region, but many young people also migrate to this area after age 18 because it is generally seen as a youth-friendly location and has more services than other parts of the state. This program is housed within a large youth-serving organization which has implemented central intake strategies and standardized protocols for engaging youth.

The YDP Administrative Team communicates with YDCs and supervisors very regularly regarding utilization, staff needs, relationships with DCF district offices, creative approaches to engaging youth, and other caseload trends. Annual YDP site visits include a general agency reflection component, as well as a review of client files, program documentation, and feedback from the local DCF district. The YDP administrative team and DCF also facilitate a quarterly meeting with YDP agency leadership to discuss areas for growth and recent successes.

Beginning in 2021, DCF's centralized Adolescent Services Unit (ASU) emphasized supporting the 12 DCF district offices with adolescent case work. The ASU meets regularly with each of the twelve DCF District Offices to review the caseload of older youth, discuss specific youth

circumstances, referrals for transition and adult services (developmental, mental health, Social Security, guardianship), options for extended care services, and resources for post-secondary education and training. This concerted effort increases the knowledge of DCF staff and supervisors about youth needs, available resources, and policy requirements for older youth in (or formerly in) custody and reduces the risk for youth to "fall through the cracks." The Adolescent Policy and Practice Specialist also participates in district permanency meetings for older youth across the state. Many of the consultations are for youth who have been in custody for many years and have APPLA case plan permanency goals. The focus of these conversations is to broaden worker understanding and approaches to helping older youth in care by developing connections through natural support(s), access to peers, enrichment opportunities, school and work, family of origin, and use of permanency tools. In addition to this support, the ASU also sends monthly emails to district offices with a list of the oldest youth on the caseload, the policy requirements, and support(s) available to districts in their work with this population.

The YDP administrator holds separate subcontracts for programming in each of the 12 DCF districts. Contract amounts and staffing levels vary to correspond with DCF involvement by district and local population figures. Each program is expected to achieve monthly utilization goals and to reach performance measure targets. Each local YDP participates in orientation and training as new staff are introduced, monthly network meetings and training(s), and an annual performance evaluation. Services are provided in coordination with local DCF district offices. District directors meet with YDP at least quarterly and provide input into the annual performance evaluation process.

**Figure 40: NYTD Outcome chart by district**

| NYTD Outcome Data (4/1/24-3/30/25) | Served by YDP | Not Served by YDP |
|---|---|---|
| Employed Full- or Part-Time | 36% | 21% |
| Enrolled in an Educational Program | 21% | 14% |
| Connected to a Supportive Adult | 100% | 57% |
| Experienced Homelessness | 29% | 57% |
| Incarcerated | 0% | 29% |

Youth who move to Vermont after exiting foster care in another state are encouraged to access transition and aftercare services through the Youth Development Program. Youth from other states, up to the age of 23, are eligible for the same case management and funding supports as youth who experience foster care in Vermont. With the permission from youth, DCF, and YDP collaborate with sending states as needed to inform eligibility, coordinate extended care services, and/or determine other service needs. DCF and YDP typically contact the Independent Living Coordinator from other state initially, but also engage case workers and ICPC administrators as appropriate.

## Serving Youth of Various Ages and Stages of Achieving Independence

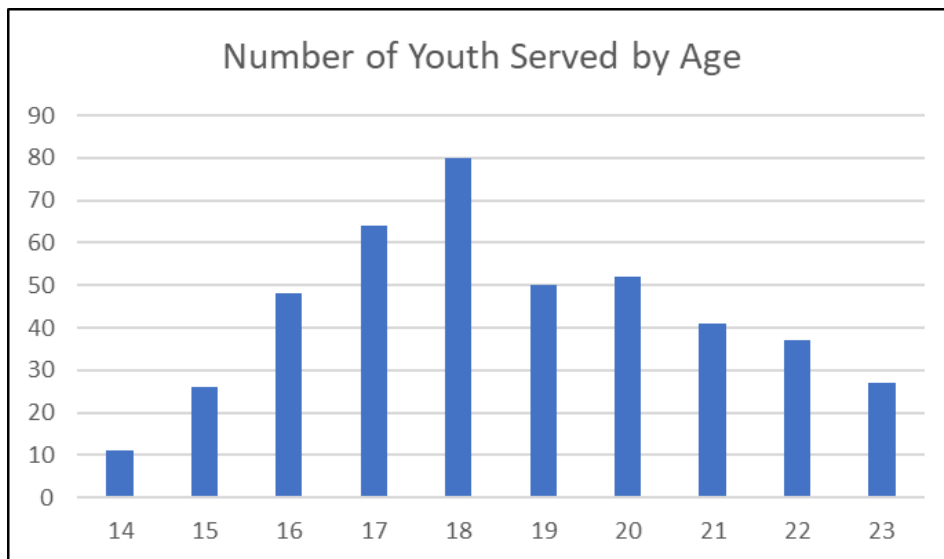
Because of the tremendous amount of growth and change experienced by youth between the ages of 14 and 23, YDP services look different across the period of program eligibility. YDP uses a strengths-based, client-centered approach to working with youth that meets youth where they are in terms of stages of development and level of independence. YDCs work with youth, their natural support(s),

and team members to identify the goals the youth is interested in working on and determine relevant and appropriate YDP interventions. The identified goals vary significantly and are typically dependent on age and level of independence.

With youth, YDP develops plans of care at least every six months that reflect the individual needs and goals of youth and demonstrate each participant's developmental progress. Generally, working with younger youth (14-16 years old) focuses on normalcy, career exploration, education, and connection with natural support(s) and community activities. Work with transitioning youth (17-18 years old) is often focused on making plans for the future. This usually involves helping youth access independent transportation (e.g. drivers' licenses and drivers' ed courses), securing important documents, applying for college and/or vocational programs, and identifying future housing options. The work with older youth (18-23 years old) is often centered on helping youth achieve their plans for education, employment, housing, connections to natural support(s) and permanency, and access to health care.

DCF has continued to provide "Youth Transition Meetings" (which are similar to Family Safety Planning meetings) via contractors for families involved with the Department and their support systems. These facilitated meetings support 17-year-old youth in custody to develop comprehensive plans for young adulthood. The framework provides a structure that is youth-led and helps youth to share their unique goals as they related to housing, education, career planning, and more, builds connections and supports for the youth, and identifies and addresses challenges and barriers. These meetings and the framework are intended to be used when youth turn 17 in DCF custody, prior to discharge from services, and/or anytime there is a significant change in the youth's life or plans. These meetings can be broken into multiple shorter meetings or one longer meeting, depending on youth preference and capacity for participation. DCF continues to encourage use of this resource with local districts for youth who can benefit from this structured planning.

***Figure 41: YDP Age of Youth Served in FY 2024***




## Collaboration with Other Private and Public Agencies

On a district level, DCF and YDP continue to participate in collaborative team meetings and community conversations with partner agencies and programs including, but not limited to: DCF, PHAs and other housing providers, DOL and HireAbility (Vocational Rehabilitation), Vermont Student Assistance Corporation (VSAC), schools, mental health providers, developmental services, Compass (prevention) providers, and Balanced and Restorative Justice (BARJ) providers.

Statewide YDP staff meetings not only include representation from youth-serving agencies across the state, but also host trainers from additional community organizations in an effort to enhance networking and to build YDP understanding of the safety net for young people in Vermont. YDP staff also benefit from statewide oversight of Plans of Care, Extended Care Agreements, and Youth Investment Grants. Through this relationship, suggestions for referrals to additional available services are provided.

Leadership at DCF, YDP, and community partners communicate regularly and share resources for staff and young people across newsletters and listservs.

YDP regularly provides training and workshops to private and public agencies. Data regarding YDP services and outcomes is shared with community partners upon request. YDP maintains a public website and a social media presence. Online engagement is an area YDP intends to expand upon in the coming years.

The Youth Advisory Board (YAB) continues to work on Resource Guides for youth preparing to exit foster care. The YAB intends for the guides to ultimately be web-based and editable by youth users to ensure updated and accurate content. Part of this project includes engaging key community partners to learn about services available for transitioning youth.

This year's Youth Empowerment Summit included a resource fair and 13 workshops for young people, with topics ranging from values and money, college and career options, healthy relationships and sexual health, bicycle repair, and arts and music. This annual in-person event allows YDCs and youth the opportunity to make connections with community partners in a low-barrier, casual, youth-centered setting.

**Housing**
DCF and YDP continue to emphasize permanency for older adolescents at all stages of involvement in services. DCF continues to see a reduction in the number of youth aging out of the Vermont foster care system. This decrease is in part due to a smaller number of youth in care generally, but also related to expanding access to YDP services for younger youth in care, district permanency meetings, exploring alternatives to use of APPLA in case planning, and decreased use of residential care while increasing use of foster homes, kin care, open family cases, and conditional custody options.

While the number of youth turning 18 in care has decreased, there has been a steady, and sometimes larger, number of youth accessing DCF and YDP Extended Care Agreements after age 18. In fiscal year 2024, approximately 25 youth remained open and on a formal Extended Care Agreement with DCF after age 18. Additionally, in this same reporting period, through YDP Extended

Care Agreements, 49 youth chose to live with “Adult Living Partners” and 51 youth accessed Independent Living Agreements while continuing to pursue education, employment, health, permanency, and independent living goals.

YDP agencies are evaluated on their attention to permanency and engagement of appropriate community resources in annual file reviews. YDP is expected to engage in permanency work with youth and their families and are exploring and tracking natural supports at intake, plan of care development and renewal, and at NYTD survey collection.

Since 2021, DCF, YDP, and two Public Housing Authorities (Vermont State Housing Authority and Burlington Housing Authority) have worked together to administer HUD’s FYI Voucher Program. These programs provide housing vouchers to youth with foster care experience and housing instability with rental subsidies.

**Transportation**
DCF and YDP continue to collaborate with stakeholders to increase access to driving and independent transportation opportunities for foster and former foster youth. Several community members have come forward to assist DCF and YDP to organize driver education courses specifically for youth in foster care and connected to YDP. There was also a recent legislative appropriation that provided additional funding for youth to learn how to drive. This year, DCF partnered with the Department of Motor Vehicles (DMV) to identify opportunities to smooth the process for foster youth to obtain their drivers’ permits and licenses and recommended statutory changes that would waive DMV fees for this population and ease administrative burden connected to providing funding for this purpose.

**Banking**
DCF has been contracting with North Country Credit Union (NCCU) for over a year now to administer a banking program for youth ages 14-17 in foster care in Vermont. Youth have access to debit cards, checking and/or savings accounts, enrollment assistance, online access, and ATM cash access, as well as individualized financial education and goal setting services. Bank accounts are funded with youth resources, youth are the primary account holders with no co-signer required, and they are not required to maintain an account balance. Youth are also unable to overdraft their accounts. Because account holders are minors, the bank assumes liability for these accounts. NCUU was excited to partner with DCF because they want to support this population to get ahead generally. The bank helps youth transition to other types of accounts at 18. There is no youth-specific data sharing from the State or the bank, but DCF does receive aggregated data to demonstrate efficacy and reach of the program and to determine whether the program is supporting this population to accrue assets generally.

**Education**
DCF and YDP continue to team with the VSAC to address post-secondary education and training on a regional and statewide basis. Through a memorandum of understanding, DCF shares data with VSAC about youth that would benefit from their services. VSAC meets with younger adolescents in their schools to explore educational interests, college and vocational options, and funding resources.

DCF’s concerns and areas for focused system improvement are primarily around:

- Tailored marketing and encouraging youth aspiration for post-secondary education and training,
- Ensuring support services (including mental health care) is in place to increase retention in education and training programs, and
- Providing information and help with navigating financial aid and minimizing overborrowing.

Historically, DCF has had partnerships with Vermont State University and the statewide Community College of Vermont. These relationships need strengthening to ensure further promotion of these flexible, affordable, and supportive post-secondary education opportunities. Other strategies DCF will employ include ensuring that program staff are fully aware of all financial assistance opportunities available to former foster and at-risk youth, continuing to bring focus to supporting normalcy and enrichment activities for youth ages 14-18, and identifying mentoring opportunities for young people involved with the DCF system. DCF will continue to engage in efforts to strengthen the workforce development system of care to ensure that all young people have meaningful, early, and progressive employment experiences.

**Employment**

DCF remains committed to strengthening the collaboration with the Department of Labor (including WIOA) and HireAbility (VocRehab) services in Vermont to further leverage new and existing opportunities for youth in Vermont to access employment.

**Health Insurance**

DCF and the Department of Vermont Health Access (DVHA) coordinated efforts to implement the requirement to provide Medicaid to youth who age out of foster care in other states. YDP also ensures that eligible youth who move to Vermont are supported to apply for Medicaid. Youth from Vermont are informed of their ability (and supported) to apply for Medicaid if they move to other states. DCF and YDP share this information with stakeholders as needed.

## Determining Eligibility for Benefits and Services

Youth who meet eligibility may access the program. Youth are eligible for YDP if they are aged 14 to 23, currently in foster care, or were formerly in foster care after age 14, or after 16 for youth who exited to adoption or guardianship. YDP has established a protocol to follow when youth are transferred to other regions of Vermont or to other states to ensure that youth who move maintain access to services. YDP and DCF also developed a roles and responsibilities document that states that where there are capacity challenges within a given YDP district, youth that are age 17 will be prioritized for services within the program. From time to time, when there may be staff vacancies in a given district, YDP may be required to develop a waitlist for a short period. This is a rare occurrence, and DCF and other providers, including placements, are often able to support youth with their YDP goals in the interim.

# Education and Training Vouchers (ETV) Program

Vermont continues to contract with Vermont Student Assistance Corporation (VSAC) for ETV administration. VSAC has been successfully administering the Chafee/ETV scholarship for Vermont

for many years. This partnership is particularly effective because VSAC is well known in Vermont for being the primary organization helping people to plan, navigate, and pay for college and career planning. VSAC's vision is "to create opportunities for all Vermont students, but particularly for those – of any age - who believe that the doors to higher education are closed to them."

As part of DCF's subgrant with VSAC is the expectation that VSAC will ensure that youth do not receive educational assistance in excess of the total cost of their attendance. VSAC has a long history of and strong reputation for administering federal, state, and private scholarship, grant, and loan programs in accordance with funder expectations.

VSAC notifies youth, families, schools, and support staff of their scholarship offerings through an annual publication, their website, a special webpage for youth in foster care, community presentations, and through their staff of Outreach Counselors who work directly with Vermont youth in middle and high schools across the state.

Vermont continues to provide an additional scholarship opportunity for former foster youth through the Emily Lester Scholarship (also administered by VSAC). Some funding for supporting post-secondary education and training is also provided by the Chafee-funded Youth Development Program.

## Chafee Training

Recent training for YDP staff has included:

- Motivational Interviewing,
- Overviews of relevant community resources (i.e., education opportunities, housing providers, state financial assistance, Department of Labor, HireAbility, financial literacy, access to health care, etc.),
- Supporting specific needs for subpopulations of youth,
- How to engage youth in advocacy opportunities,
- Supporting permanency and lifelong connections,
- Completing documentation, collecting data, and complying with NYTD requirements,
- De-escalation and violence prevention,
- Preventing and addressing professional burnout,
- Monthly peer support meetings to promote case coordination and peer learning.

Ongoing training for YDP staff occurs during monthly staff meetings. Outside professional development opportunities are shared with YDP staff regularly. The YDP Administrative team also provides orientation to new staff as they begin their work with the program. YDP staff also engage in DCF/UVM Child Welfare Training Partnership opportunities.

New DCF staff participate in Foundations training that includes significant information about working with youth, transition planning, normalcy, permanency, extended care, accessing YDP, other services for youth people, and the process for engaging adult services for transition-age youth.

# Section 5: Child Abuse Prevention and Treatment Act (CAPTA) State Plan Requirements and Update

There have been no substantive changes to Vermont state law or regulations related to the prevention of child abuse and neglect that would affect the state's eligibility for the CAPTA State Grant or the requirements under section 106(b)(1)(C)(i) of CAPTA. Our previously approved CAPTA plan remains in effect. Yet, our practice, policies, legislative engagement, and collaboration with stakeholders related to child abuse and neglect continue to evolve and grow.

There have been law changes and legislative stakeholder engagement pertinent to the "front end" of Vermont's child protection system. H.661, now Act 154 of 2024, is an act relating to child abuse and neglect investigation and substantiation standards and procedures. In summary:

- The act makes technical and timeframe changes to the Commissioner's Registry Review Unit (CRRU) within DCF, the unit that administers the process to determine whether to place a person's name on the child protection registry.
- The act changes the initial standard of evidence for a substantiation determination by Family Services Division workers from a "reasonable person" standard to "preponderance of the evidence."
- The act introduces mechanisms to ensure fair and evidence-based additions to the registry and creates a centralized layer of quality assurance for child abuse investigations.
- The act also requires DCF to begin the process of rulemaking to clarify processes and to allow some substantiations not to be placed on the Child Protection Registry.

This legislative work is thoroughly described in Vermont's Children's Justice Act (CJA) Annual Report and Three-Year Assessment.

## Use of CAPTA Funds

Vermont plans to continue to use CAPTA funds in the following manner: Most of our CAPTA funds go to our Lund screeners and we did not reallocate anything for representation last year.

***Figure 42: CAPTA Funds Table***

| | | Program Area | Activity |
|---|---|---|---|
| X | 1 | The intake, assessment, screening, and investigation of reports of child abuse or neglect; | With the updated RMTS, we are now capturing staff time spent of child safety interventions. |
| X | 2 | Creating and improving the use of multidisciplinary teams and interagency, intra-agency, interstate, and intrastate protocols to enhance investigations; and improving legal preparation and representation, including procedures for appealing and responding to appeals of substantiated reports of child abuse or neglect; and provisions for the appointment of an individual appointed to represent a child in judicial proceedings; | Funding UVM Medical Center (UVMMC) to provide consultation with medical professionals on complex child abuse/neglect investigations. |

| | | | |
|---|---|---|---|
| | 3 | Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families; | Funds are used to support the work of Lund Substance Abuse Case managers that work with our front-end staff during child safety interventions to ensure proper assessment of risk factors and referrals to ongoing services to address family needs. |
| | 4 | Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response; | |
| | 5 | Developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange; | |
| X | 6 | Developing, strengthening, and facilitating training including—<br>• training regarding research-based strategies, including the use of differential response, to promote collaboration with the families;<br>• training regarding the legal duties of such individuals;<br>• personal safety training for case workers; and training in early childhood, child, and adolescent development; | Parts of our foundation and core training for social work staff are funded by CAPTA, when specific to training staff how to conduct child abuse and neglect assessments and investigations. |
| | 7 | Improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers; | |
| | 8 | Developing, facilitating the use of, and implementing research-based strategies and training protocols for individuals mandated to report child abuse and neglect; | |
| | 9 | Developing, implementing, or operating programs to assist in obtaining or coordinating necessary services for families of disabled infants with life-threatening conditions, including—<br>• existing social and health services;<br>• financial assistance;<br>• services necessary to facilitate adoptive placement of any such infants who have been relinquished for adoption; and<br>• the use of differential response in preventing child abuse and neglect. | |
| X | 10 | Developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect, including the use of differential response; | Funds used to support the Vermont Citizens Advisory Board which is an interdisciplinary team that oversees the child protection system and also serves to educate others about the child protection system. |
| | 11 | Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between | |

| | | | |
|---|---|---|---|
| | | parents and professionals to prevent and treat child abuse and neglect at the neighborhood level; | |
| | 12 | Supporting and enhancing interagency collaboration between the child protection system and the juvenile justice system for improved delivery of services and treatment, including methods for continuity of treatment plan and services as children transition between systems; | |
| X | 13 | Supporting and enhancing interagency collaboration among public health agencies, agencies in the child protective service system, and agencies carrying out private community-based programs—<br>• to provide child abuse and neglect prevention and treatment services (including linkages with education systems), and the use of differential response; and<br>• to address the health needs, including mental health needs, of children identified as victims of child abuse or neglect, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports; or | This includes our work with UVMMC providing consultation on complex cases.<br><br>Also includes work of the CHARM team through Kidsafe. |
| | 14 | Developing and implementing procedures for collaboration among child protective services, domestic violence services, and other agencies in—<br>• investigations, interventions, and the delivery of services and treatment provided to children and families, including the use of differential response, where appropriate; and<br>• the provision of services that assist children exposed to domestic violence, and that also support the caregiving role of their non-abusing parents. | |

## Plans of Safe Care for Substance-Exposed Infants and Affected Family or Caregivers

Vermont continues to focus on supporting infants affected by substance use during pregnancy. The engagement of the birth parent in services prior to birth, new referrals placed after infant birth, and Vermont Plan of Safe Care (VT POSC) completion are tracked using the de-identified CAPTA notification form which is faxed by birth hospitals securely to the Department for Children and Families, Family Services Division (DCF FSD) after infant birth. The number of CAPTA notifications from each birth hospital is tracked along with the reason for notification as defined by DCF FSD policy: medications for addiction treatment, prescribed opioid medication, prescribed benzodiazepine, cannabis use, and combinations of these substances. No new policies or legislation were passed or amended in 2024.

Educational materials for hospital providers and families are available on the DCF FSD webpage https://dcf.vermont.gov/fsd/partners/POSC. Resources include:

- Vermont Newborn Plan of Safe Care: downloadable form and fillable document
- Vermont CAPTA notification: downloadable form and fillable document
- Frequently Asked Questions: Vermont Newborn Plan of Safe Care

- Frequently Asked Questions: Vermont CAPTA Notifications
- Frequently Asked Questions: Marijuana Use in Pregnancy
- Vermont Plan of Safe Care for Families Handout
- Vermont CAPTA Requirements Related to Newborns Exposed to Substances During Pregnancy

The Perinatal Quality Collaborative Vermont (PQC-VT) Improving Care of Newborns with Substance-Exposure (ICoNS) project partners with the Vermont Department of Health and The University of Vermont Children's Hospital to improve health outcomes for opioid-exposed newborns. Improved health outcomes are achieved by provision of educational sessions on up-to-date recommendations and guidelines to health care professionals who provide care for opioid-dependent pregnant women and their infants. The project also maintains a maternal and newborn population-focused database for tracking process and outcome measures. This data is used to identify gaps in care and systems related resources; the project addresses these gaps through quality improvement initiatives, focused on enhanced care processes and system changes.

The following is a summary of the activities completed this past year to strengthen Vermont's process for developing plans of safe care.

1. Hospital staff were provided with direct technical assistance on a case-by-case basis for questions related to CAPTA notifications and plan of safe care development. This also includes reviewing cases to determine whether prenatal substance use qualified for reporting to the Vermont Department for Children and Families intake line or de-identified CAPTA notification completion after infant birth.

2. Several educational sessions and webinars were provided by Improving Care of Newborns with Substance-Exposure (ICoNS) project in the past year on topics including:
   - → Changing Guidelines: An update on Newborn Exposure to Hepatitis C and HIV
   - → Human Trafficking: Recognize, Refer and Collaborate

3. A Statewide Teleconference was provided by the Improving Care of Newborns with Substance-exposure (ICoNs) team on May 20, 2025, titled "Working Together: Optimizing Care through Statewide Collaboration". Attendees of this conference came from 27 different organizations throughout the State including birth hospital staff, community medical providers, home health agencies, Easterseals, United Way, Department for Children and Families, and the Vermont Department of Health. The agenda highlighted local and national initiatives focused on collaborative care for families affected by substance use. The teleconference included the following topics:
   - → From Policy to People: Human-Centered Collaboration on Perinatal Substance Use in Vermont
   - → Putting Families First: 2025 Revisions to the Family Care Plan
   - → Working Together in Clinical and Community Settings:
     - Recovering Loudly: Stories from Vermont Moms in Recovery
     - AIM SUD Bundle: A Look at the Data and Areas of Focus
     - BLISS Initiative: Supporting Community Partners in Addressing Perinatal Substance Use
   - → Powerlessness to Purpose: Navigating Uncertainty in a Changing Landscape

4. Additional resources available on the Improving Care of Newborns with Substance-exposure (ICoNs) public website: Improving Care of Newborns with Substance Exposure (ICoNS) | Vermont Child Health Improvement Program | The University of Vermont
   - → Video for families: Preparing for your hospital stay and what to expect after your baby is born
   - → Statewide resource for families affected by opioid-use disorder: Full Our Care Notebook (2022) (PDF)
     - During Pregnancy (PDF)
     - During Your Hospital Stay (PDF)
     - After Hospital Discharge (PDF)
     - Resources (PDF)
     - View the Our Care Notebook as a flipbook

   Links to additional resources:
   - Pregnancy and Addiction Brochure (pdf)
   - Screening for Substance Abuse in Pregnancy (pdf)
   - Treatment of Opioid Dependence in Pregnancy (Full Document-pdf)
   - Sec 1: Vermont Buprenorphine Practice Guidelines (pdf)
   - Sec 2: Vermont Guidelines for MAT Treatment (pdf)
   - Sec 3: Vermont Guidelines for Obstetric Providers (pdf)
   - Sec 4: Management of Neonatal Opioid Withdrawal (pdf)

Key points from the data:
- After years of decreasing numbers of opioid exposed newborns cared for at UVM Medical Center, the number of OENs in 2023 and 2024 remained stable. This was also seen at the 10 community birth hospitals.
- The proportion of OENs of all live births in the State is less than 3%.
- The proportion of infants with opioid exposure that require medication treatment for symptoms of NAS/NOWS is less than 1 in 5.
- CAPTA notifications have increased since 2022 back to the baseline seen previously, likely reflecting the targeted educational sessions held in 2023.
- In 2024, the majority of CAPTA notifications were for cannabis use, MOUD use reflected the next most common indication.

*Figure 43: Total Opioid-Exposed Newborns Card for at UVMMC*

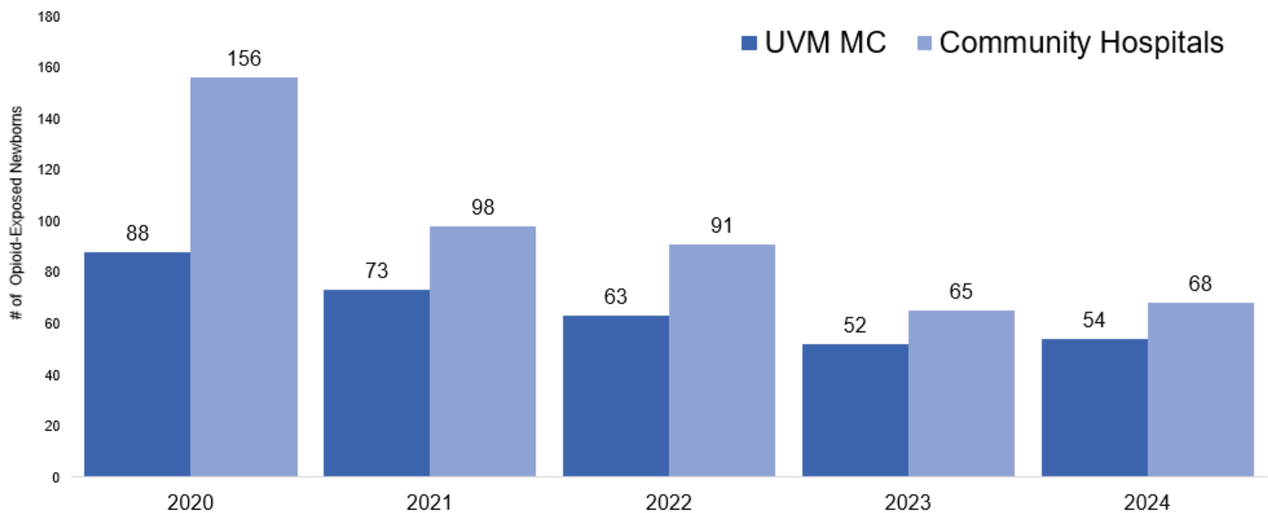
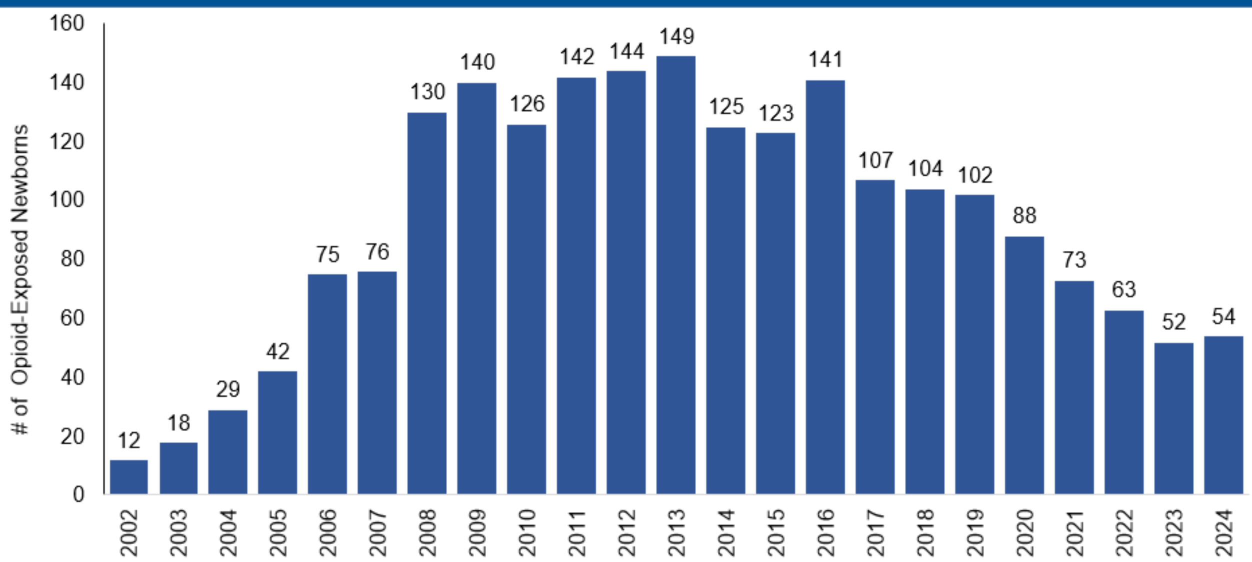


*Figure 44: Number of Opioid-Exposed Newborns in Vermont hospitals*

*Figure 45: Proportion of Opioid-Exposed Newborns of Vermont live Births*



# Proportion of OENs receiving medication treatment for signs of NAS/NOWS

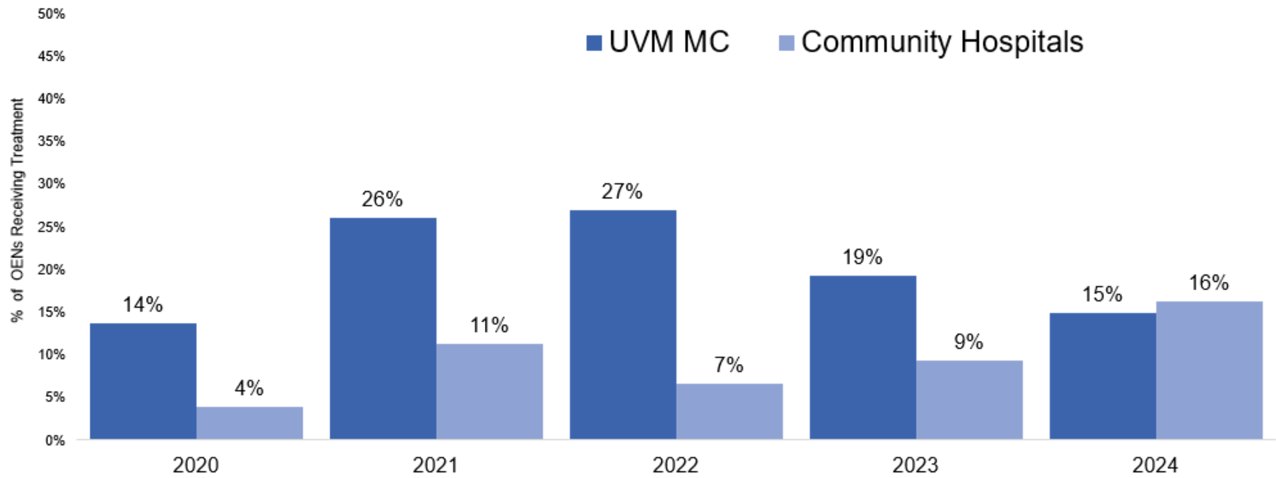


***Figure 46: Proportion of Opioid-Exposed Newborns receiving medication treatment***

# Proportion OENs of VT live births

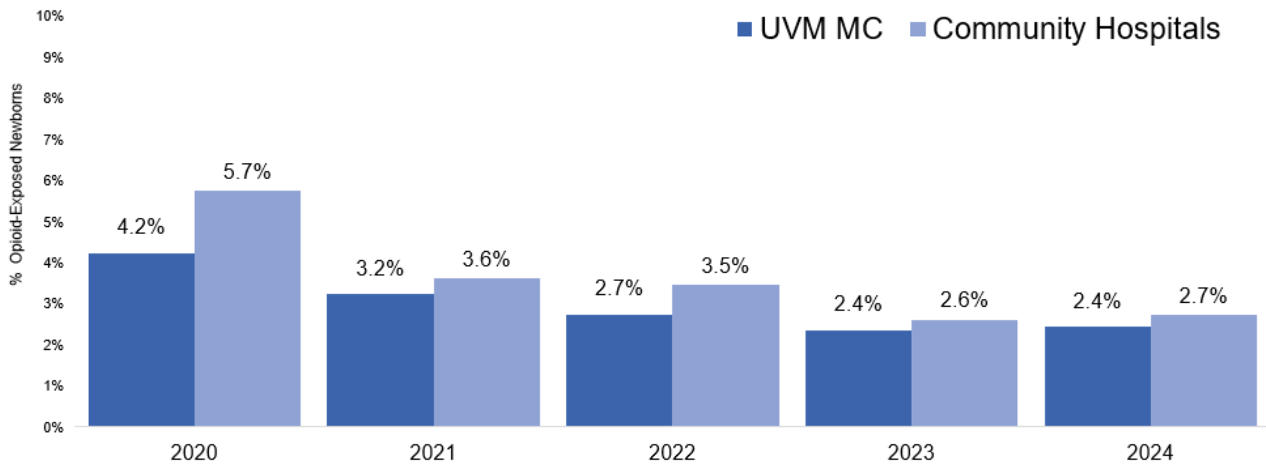


*Figure 47: CAPTA Notifications by Year*

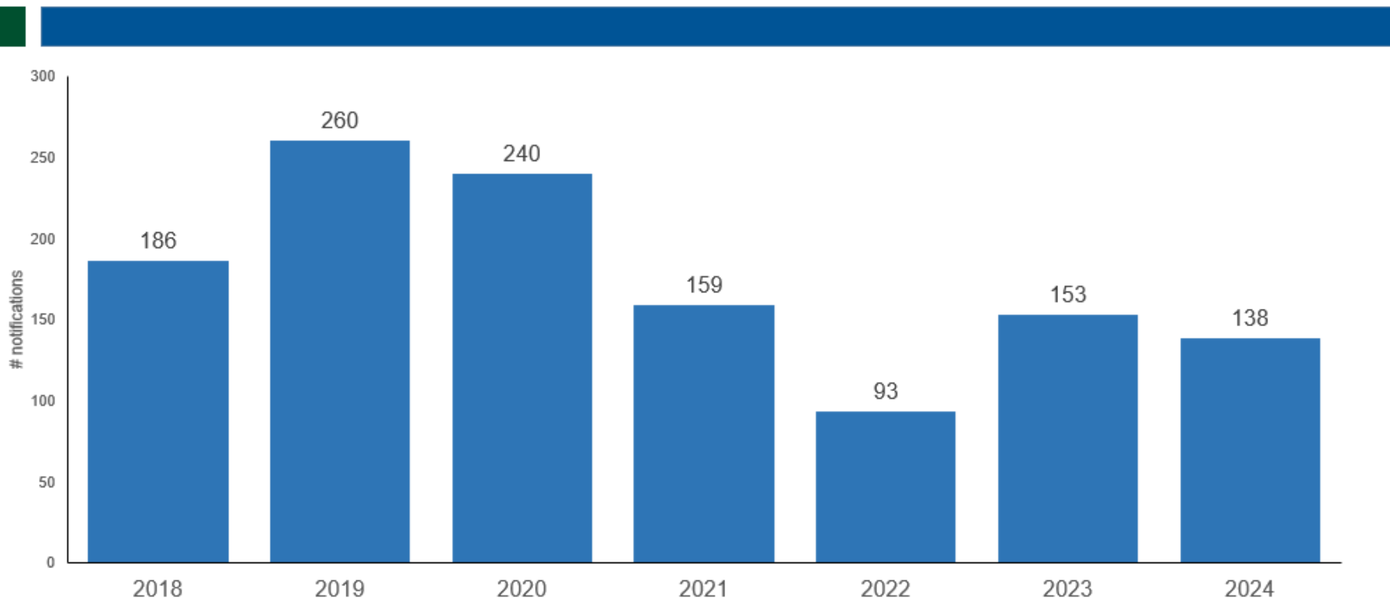
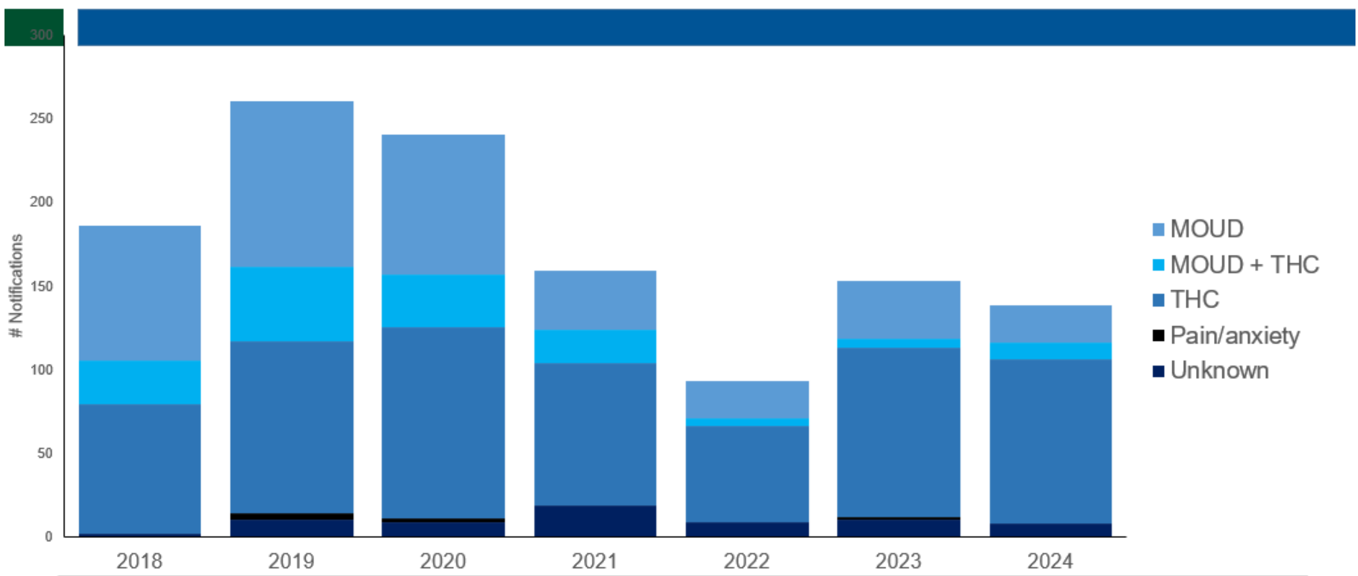


*Figure 48: Total Notifications by Type and Year*



Additionally, Vermont participated in the National Center on Substance Abuse and Child Welfare's (NCSACW)'s 2023 Policy Academy: *Advancing Collaborative Practice and Policy: Promoting Healthy Development and Family Recovery for Infants, Children, Parents, and Caregivers Affected by Prenatal Substance Exposure* and our team recently completed an In-Depth Technical Assistance (IDTA) Program in March 2025.

Through this IDTA opportunity, the Vermont team continued the work that we established through the Policy Academy, as described below:

Goal 1: Map existing clinical and community-based services and supports across the state that work with pregnant individuals and families experiencing substance use, and identify barriers and gaps in care.

1. Develop tool and survey all active/recently active CHARM collaboratives to understand the scope of their work, partnerships, and effectiveness.
2. Map chronological process of how women with SUDs interface with different systems. Where do they show up in different systems and how do they get connected.
3. Map out current use of peers and explore ways to expand program.
4. Identify and meet with prospective agencies/providers who could support CHARM teams with facilitation
5. Identify and meet with prospective agencies/providers who could support CHARM teams with case management
6. Explore triage opportunities to connect women to services outward from healthcare providers.
7. Explore state CHARM position.
8. Develop a best practice framework for addressing pregnant women with SUDs and infants born prenatally exposed to substances through the CHARM model.

Goal 2: Ensure integration among existing (and new) clinical and community-based services/supports.

1. Launch best practice guidelines for CHARM model
2. Expand use of people with lived experience across workgroups and committees
3. Expand the use of peers within medical systems, child welfare, and CHARM teams
4. Finalize model for triage from healthcare providers to CHARM
5. Launch a workgroup focused on funding case managers and facilitators for local CHARM teams

Goal 3: Improve data collection as a strategy to apply quality improvement methods in clinical and community care towards the goal of increased care coordination a systems integration

1. Understand number of infants born affected by substance use who needed a POSC
2. Explore development of portal to collect notification data, consider:
3. Expand use of CAPTA flow sheet in EHR's across the state
4. Subgroup (PLSB Workgroup) continue to meet to address data concerns
5. Determine where redcap database/portal data will live:
6. Implement data collection measures as possible within CHARM teams

## Annual Reports from VCAB

The Vermont Citizens Advisory Board (VCAB) met quarterly during FY24–25 in alignment with CAPTA requirements. VCAB focused on topics including frontline staffing capacity, legislative

engagement and implementation, child protection registry reform, facilities work, and cross-system support related to education and children with special health needs. VCAB also reviewed cases as a part of each meeting. The Department provided a formal written response to the VCAB annual report, affirming areas of alignment and outlining the next steps and continued partnership.

The final copy of the Vermont Citizens Advisory Board report is included with the submission of this report. Copies of VCAB annual reports may be accessed at https://dcf.vermont.gov/contacts/boards/vcab or by emailing Brenda Gooley, Director of Operations, at: brenda.gooley@vermont.gov.

## CAPTA Annual State Date Report Items:

## 1a. Child Protective Service Workforce Overview

Vermont provides child welfare and youth justice services in an integrated system. Professionals are in one of three job titles:

- **Family Services Workers**– Family Services Workers typically specialized in one of four areas of focus:
  - Centralized intake and emergency (after hours) services
  - Child safety interventions
  - Ongoing work with families in child protection, child welfare and/or youth justice. This may include child protective services cases, children in foster care, and/or supervision of youth on juvenile probation
  - Foster and residential licensing and special investigations
- **Senior Family Services Workers** – Senior Family Services Workers also perform in one of the four areas of specialty listed above. Additionally, they supervise one to three Family Services Workers as part of their duties.
- **Domestic Violence Specialists**- Regionally based DV Specialists team with the Family Services Workers on co-occurring child maltreatment and intimate partner violence case situations. DV Specialists screen all new reports of child maltreatment that are flagged with domestic violence, assist with background checks, safety planning and assessments with Family Services Workers on making engagement with families safer and for more accurately assessing the dangers to children caused by the pattern of coercive control by the perpetrating parent. DV Specialists, when appropriate, provide direct services to both victim and perpetrator caregivers to assist with assessment and appropriate case planning and services. The Safe and Together Model of Perpetrator focused pattern-based tools and training are utilized in consultation: https://safeandtogetherinstitute.com/ DV Specialists also team with Family Services Workers on home visits and family safety meetings. In court involved cases, DV Specialists are often called to provide expert testimony on the impact to children due to exposure to domestic violence as well as appropriate service referrals for the caregiver using coercive control. These positions play a key role in coordination of services for families with the criminal justice system as well as the domestic and sexual advocacy service system.

**Qualifications for Child Welfare and Youth Justice Staff**
The education and qualifications requirements for Family Services Workers staff include:

- Master's degree in social work with no experience: or

- Bachelor’s degree with 18 months of human services casework, including at least six months with a child or youth services caseload.

The minimum qualifications for Family Services Worker Trainees are currently going through a revision and FSD anticipates an update in the FY27 APSR submission. Current requirements are:

- Bachelor’s degree with no experience; or
- High school graduation or GED with 4 years in human services at or above a paraprofessional or technician level.

The minimum qualifications for Family Services Supervisors are as follows:

- Master’s degree in social work with one year of casework experience with a child protective or juvenile services caseload; or
- Bachelor's degree with three years of casework experience with a child protective or juvenile services caseload; or
- Bachelor's degree with two years of casework experience with a child protective or juvenile services caseload PLUS one year of supervisory experience; or
- Completion of a Family Services worker Traineeship in Children and Families and 3 years of casework experience with a child protective or juvenile services caseload.

All Family Services Workers complete the Foundations training, which is described in our Annual Progress and Services Report, regardless of what kind of job duties they will perform.

**Demographic Information for Child Welfare and Youth Justice Staff**
The division continues to be challenged around collecting demographic information on the workforce due to FSD’s antiquated IT systems and the limitations of the workforce related data that can be extracted from HR’s data systems. For example, while education at time of hire is collected during the application process and stored in the HR system, education data is not updated in the system, and we are unable to say how many staff have certain degrees. In the past and currently, we have pulled information from various staff surveys that have asked certain demographic questions, and have incorporated the results in previous APSR’s, though we have never achieved 100% participation on any survey, so the results only provide an approximation.

The same process has been used for FY26 APSR via data from the 2025 Safety Culture Survey, which observed a 59% response rate (N=246 staff). Results found:

- Age Groups of Respondents:
  - 5%: 18-24 years
  - 20%: 25-34 years
  - 28%: 35-44 years
  - 26%: 45-54 years
  - 15%: 55+ years
  - 7%: Decline to answer
- Agency Tenure of Respondents:
  - 14%: Less than 1 year
  - 33%: 1-5 years
  - 26%: 6-10 years
  - 13%: 11-15 years
  - 3%: 16-20 years
  - 11%: 21 years or more

- Education of Respondents:
  - 9%: High School/GED
  - 6%: Associate
  - 11%: Bachelor's Degree, BSW
  - 44%: Bachelor's Degree
  - 14%: Master's Degree, MSW
  - 11%: Master's Degree, other
  - 1%: Doctorate
- Job Type/Position of Respondents:
  - 64%: Direct Service
  - 15%: Support Staff
  - 21% Administrators

## CAPTA Coordinator

If there are any questions or comments, Lindsay Barron, Director of Policy and Planning, is the CAPTA Coordinator for Family Services and can be reached at lindsay.barron@vermont.gov.

## Children's Justice Act

The Children's Justice Act (CJA) continues to focus on reforming Vermont's systems for handling cases of child abuse and neglect, including child sexual abuse, exploitation, and related fatalities. CJA funds are allocated to enhance state responses, improve outcomes for child victims, and limit additional trauma. The Vermont CJA Task Force has prioritized several key areas for funding and reform.

**Key Focus Areas:**

- **Child Protection Registry Reforms and Act 154:** Act 154 serves as the legislative foundation for reforms to Vermont's Child Protection Registry. The Department for Children and Families (DCF), in collaboration with partners, is tasked with submitting a report to the Legislature by October 1, 2025. This report will outline progress on establishing a centralized substantiation determination process, creating rules for substantiation categories, and developing nuanced approaches to child protection levels. These efforts aim to improve registry processes and ensure fairness and accuracy in name placements and expungement requests.
- **Guardian ad Litem Program:** Continued support for the Guardian ad Litem (GAL) program is essential for effective advocacy in cases involving child abuse and neglect. The program focuses on training and professional development to ensure competent representation and support in judicial proceedings.
- **Vermont Children's Alliance:** The Alliance provides training and resources to Child Advocacy Centers (CACs) and Special Investigation Units (SIUs), enhancing their capacity to serve child victims and families. Efforts include forensic interview training, equipment upgrades, and statewide conferences to address child abuse, exploitation, and trafficking.
- **Vermont Forensic Nursing Program:** The program enhances the clinical skills of pediatric forensic nurses through foundational and continuing education, ensuring trauma-informed care for child victims of sexual and physical abuse.

**Task Force Activities and Recommendations:**

- **System Improvement:** The Task Force recommends ongoing support for programs involved in the investigation and judicial handling of child abuse and neglect, such as the Vermont Forensic Nursing Program, GAL program, and Vermont Children's Alliance. This includes funding for education, training, and equipment upgrades.
- **Innovative Approaches:** Support for efforts like the Structured Decision Making (SDM) Bench Guide aims to improve the resolution of civil and criminal proceedings related to child abuse cases.
- **Collaborative Efforts:** The Task Force collaborates with the Vermont Parent Representation Center, The Justice for Children Task Force and the Court Improvement Program to enhance legal representation quality for children and families.

**Evaluation and Outcomes:**

- **Evaluation Methods:** The Task Force uses surveys and feedback loops to assess the effectiveness of training, equipment upgrades, and collaborative efforts. Outcomes include improved system responses, reduced trauma for child victims, and enhanced legal and judicial processes.
- **Outputs and Outcomes:** Increased knowledge and awareness among Task Force members, system improvements through supportive funding, and dissemination of information across disciplines and agencies involved in child protection.

The Vermont CJA Task Force remains committed to driving meaningful changes in the state's handling of child abuse and neglect cases, ensuring comprehensive protection for children and fairness for all affected individuals.

For any questions related to accessing CJA funds, please contact Nancy Miller, Child Safety Director: Nancy.Miller@vermont.gov

## Juvenile Justice Transfers

The following data reflects the number of youth that came into custody and then committed a crime, thus changing their custody status to a delinquent in custody:

***Figure 49: Juvenile Justice Transfers by Calendar Year 2014-2024***

**Juvenile Justice Transfers by Calendar Year**

| Reporting Year | New DC Case Type | Juvenile Justice Transfer |
|---|---|---|
| 2014 | 33 | 8 |
| 2015 | 49 | 9 |
| 2016 | 32 | 4 |
| 2017 | 43 | 6 |
| 2018 | 49 | 16 |
| 2019 | 35 | 9 |
| 2020 | 30 | 2 |
| 2021 | 16 | 5 |
| 2022 | 24 | 8 |
| 2023 | 15 | 5 |
| 2024 | 22 | 7 |

***Data source:*** *FSD Quarterly Management Reports custody cases opened during the period for DC case type; Q1-Q4,2014-2024; and Juvenile Justice Transfer (prior custody) data from AHS Report Catalog, Child Welfare Custody with Subsequent Delinquency*

## Education and Training Vouchers

The following table provides historical data about the disbursement of Chafee ETV funds through VSAC.

| Figure 50 | Total ETVs Awarded | Number of New ETVs |
|---|---|---|
| Final Number: **2021-2022 School Year** (July 1, 2023 to June 30, 2024) | 58 | 13 |
| **2023-2024 School Year*** (July 1, 2024 to June 30, 2025 | 76 | 42 |
| *To date as of 5/23/2025 | | |

**In some cases, this might be an estimated number since the APSR is due on June 30, the last day of the school year.*

# Section 6: Consultation and Coordination Between States and Tribes

As stated in Vermont's prior CFSPs and APSRs, our state does not have any federally recognized tribes within its borders; this remains unchanged. Nonetheless, we remain committed to honoring our obligations under ICWA and have made considerable effort to consult with tribes where eligible children may be affiliated. The division has maintained policy statements and practice guidance regarding compliance with the Indian Child Welfare Act (ICWA) for many years. It is FSD's obligation to work with Indian tribes in other states to meet the safety, permanency, well-being, and law abidance of any child eligible for membership with an Indian tribe. Through FSD's legal content within foundations training and written case planning instructions and guidance, staff are tasked with determining as soon as possible whether children/youth or family members have tribal affiliation or may be eligible to be members of a federally recognized tribe. FSD applies ICWA applicability to conditional custody order (CCOs) case types and DCF custody/foster care cases as all CHINS proceedings are involuntary actions done onto parents and could come with the same consequence of TPR if parents are unable to accomplish the case plan objectives within the specified time. All parents are asked this question and staff also ask extended family members about tribal affiliation. Division staff are expected to continually confirm tribal heritage and affiliation with every revised case plan. Further, as part of our Structured Decision Making (SDM) Policy & Procedures Manual, we developed and implemented practice guidance for assessing cultural context.

33 V.S.A. § 5307 requires Family Services Workers to provide information required by the Indian Child Welfare Act at the Temporary Care Hearing which is held within 72 hours of custody. Vermont's Adoption Act also supports compliance with the Indian Child Welfare Act per 15A V.S.A. § 1-107. Adoptive parents must disclose a child's membership in a tribe when they file a petition to adopt.

In late 2022, the division allocated funding and hired a part-time position dedicated to the coordination of ICWA. We have implemented use of an alias for district and staff outreach related to ICWA and we have used this for tracking purposes as well: AHS - DCF FSD ICWA. It has been helpful to centralize this aspect of the work, provide support to our district office staff and court partners, and develop relationships with the Bureau of Indian Affairs (BIA) and tribal partners. With a dedicated position

focused on ICWA, there is more predictability in how we approach this work, more consistency in our practice statewide, a focus on data and tracking, and expertise we are growing over time. Data was not tracked for prior years, so we have no way of knowing if the volume of tribal claims is consistent, increasing, or decreasing.

A summary of our ICWA processes and program:

- Since the beginning of 2023, approximately **327** notices have been sent to federally recognized tribes from Vermont's DCF. Despite the number of notices to tribes, only a few have resulted in confirmation of eligibility or membership.
- **1** tribe has placed **3** children in Vermont to reside with kin.
- There have been **10** Children who met the federal definition of "Indian child" and were confirmed members of tribes. Not all determinations were made during this calendar year, but the case remained open.
- While tribal workers have been assigned to the various cases, no tribes have intervened in Vermont's CHINS (Child in Need of Care or Supervision) proceedings or taken jurisdiction.
- We have experienced a tribe withdrawing from a CHINS case and rescinding tribal membership upon gathering additional family genealogy information.
- Some families make tribal claims without being able to identify a specific tribe; others claim to be affiliated with multiple tribes ranging from state-recognized to federally recognized to international tribes.
- If a tribe is not named, we send a notification to the BIA with as much family information as we can gather. Sometimes this does not produce any information; other times the BIA alerts us of the correct tribe(s) to notify and we send additional notices.
- Obtaining responses from tribes can be difficult at times. Some tribes do not have the funding or structure to handle the volume of notices they receive, so we now send stamped self-addressed envelopes to some tribes as a strategy to increase the likelihood of responses.

***Figure 51: ICWA Processes and Program Data***

| Month/Year | Number of Tribal Claims & Notices Sent | Number of Notifications to BIA Only (No Tribe Identified) | Number of Children |
|---|---|---|---|
| February 2023 | 16 | — | 6 |
| March 2023 | 10 | — | 6 |
| April 2023 | 5 | 4 | 9 |
| May 2023 | 9 | 1 | 8 |
| June 2023 | 9 | — | 6 |
| July 2023 | 4 | — | 1 |
| August 2023 | 3 | — | 5 |
| September 2023 | 3 | — | 2 |
| October 2023 | 15 | 1 | 6 |
| November 2023 | 10 | 1 | 10 |

| | | | |
|---|---|---|---|
| December 2023 | 13 | 2 | 10 |
| January 2024 | 18 | — | 9 |
| February 2024 | 15 | 2 | 14 |
| March 2024 | 8 | — | 5 |
| April 2024 | 12 | — | 7 |
| May 2024 | 19 | 1 | 6 |
| **Total as of 6/1/2024** | **169** | **12** | **110** |
| June 2024 | 11 | 1 | 7 |
| July 2024 | 8 | 1 | 8 |
| August 2024 | 4 | - | 1 |
| September 2024 | 12 | 3 | 10 |
| October 2024 | 26 | - | 10 |
| November 2024 | 4 | - | 4 |
| December 2024 | 4 | - | 4 |
| January 2025 | 10 | - | 6 |
| February 2025 | 19 | - | 10 |
| March 2025 | 27 | - | 8 |
| April 2025 | 12 | - | 9 |
| May 2025 | 21 | - | 9 |
| **Total as of 6/1/2025** | **327** | **17** | **196** |

Tribes we've collaborated with and have/had active cases with include:

- Oglala Sioux Tribe (South Dakota)
- Cheyenne River Sioux Tribe of the Cheyenne River Reservation (South Dakota)
- Leech Lake Band of Ojibwe (Minnesota)
- Lac Courte Oreilles Band of Lake Superior Chippewa Indians (Wisconsin)
- Tlingit and Haida Indian Tribes of (Alaska)

The tribes Vermont families claim to be affiliated with most often include:

- Cherokee Nation (Oklahoma)
- Eastern Band of Cherokee Indians (North Carolina)
- United Keetoowah Band of Cherokee Indians (Oklahoma)
- Blackfeet Tribe of the Blackfeet Indian Reservation (Montana)

Methods of consulting, collaborating, coordinating, and engaging with federally recognized tribes include accessing each tribe's latest contact information through the BIA's website, exploring the tribe's website (if one exists) to access additional contact information, sending letters to the listed address, making phone calls for urgent or quickly emerging child safety matters, utilizing video conferencing for team meetings when membership has been confirmed, and partnering with a BIA representative on questions or situations that fall outside of the typical notification process.

We've found the federal compliance aspect of ICWA consumes most of the part-time position's allocated hours. At the local level, we've been able to consistently engage in Vermont Commission on Native American Affairs (VCNAA) meetings, Abenaki Nation of Missisquoi collaboration, various workgroups, and we are in the process of empaneling a tribal child protection team under the authority of 33 V.S.A. § 4917 and FSD Policy 152 (Empaneled Multidisciplinary Child Protection

Teams) to apply the spirit of ICWA to state tribes and replicate a similar notification and collaboration process locally. Through our planning and collaboration with representatives from The Vermont Commission on Native American Affairs (VCNAA), it is important to us to find an early and preventative method of collaborating to support families rather than establishing a notification process post-court involvement. Our VCNAA and local tribal partners have been incredibly valuable. They've stood with us and are committed to partnership and evolving child welfare practices. Further, they have gone above and beyond by articulating a commitment to all indigenous children who happen to reside in Vermont and have stepped up when other tribes lacked capacity, availability, or resources to be a support and connection for youth.

We approach all tribal engagement work (both federal and state) from the framework of kinship care, family finding, expanding natural support networks, and maintaining important familial and cultural connections. While our state does not have any federally recognized tribes, Vermont does have state-recognized tribes. Our state's native history started approximately 12,900 years ago when people called the Paleo-Indians first moved into the land, we now call Vermont. Native knowledge, experience, and traditions have deeply influenced many aspects of Vermont's rich history. The Vermont Commission on Native American Affairs is charged by law to recognize the historic and cultural contributions of Native Americans in Vermont, to protect and strengthen Native American heritage, and to address needs in state policy, programs, and actions. The Commission provides technical assistance on the application process for state recognition of Native American Indian tribes and reviews the documentation of applicants. The Commission develops policies and programs to benefit Vermont's Native American Indian population.

FSD's ICWA Coordinator regularly attends the Vermont Commission on Native American Affairs to remain apprised of statewide efforts, solicit input and feedback from the group, identify trends over time, and be in relation with Vermont's four state-recognized tribes.
Four Vermont tribes are currently recognized by the State of Vermont.

| Tribe's Name | Website | Brief Information |
|---|---|---|
| The Elnu Abenaki Tribe | https://elnuabenakitribe.org/ | Acknowledged through state recognition on April 22, 2011. Their traditional territory is southern Vermont. |
| The Nulhegan Abenaki Tribe | https://abenakitribe.org/ | Acknowledged through state recognition on April 22, 2011. Their traditional territories are the Upper Connecticut Basins of Vermont, northern New Hampshire, and the eastern townships of Quebec. |
| The Koasek Traditional Band of the Koas Abenaki Nation | https://koasekabenakination.com/ | Acknowledged through state recognition on May 7, 2012. Their traditional territories are central and northwestern New Hampshire and northeastern and central Vermont. |
| Abenaki Nation at Missisquoi | https://abenakination.com/ | Acknowledged through state recognition on May 7, 2012. Their traditional territory is northwestern Vermont. |

In last year's update, we indicated our collaboration with tribes garnered media attention (example #1, #2, and #3). Follow-up on the original coverage occurred last year, and a thorough article was written about our work and collaboration: A state coordinator delves into Native American affiliation as part of child custody cases.

To date, no federally recognized tribe has requested to administer or oversee Chafee or ETV services in partnership with Vermont. However, the state continues to ensure that eligible tribal youth in Vermont are informed of and have equitable access to Chafee-funded supports, including housing, education, and employment services. When appropriate, tribal liaisons are engaged in service planning. As part of our compliance with 45 CFR 1357.15(v) and 1357.16(d), Vermont will share this APSR with any tribal entities engaged in child welfare casework and remains available to receive and review tribal APSRs in return.

# Section 7: Financial Information

Figures 52 & 53 provide the FY 2005 Title IV-B, Subpart 1 & 2 payment limitation information required for CFSP submission.

| **Figure 52.** Payment Limitations – Title IV-B, Subpart 1 | |
|---|---|
| Item | Amount Spent |
| FY 2005 Title IV-B, Subpart1 funds spent on child care, foster care maintenance and adoption assistance payments | $647,047 |
| FY 2005 non-federal funds expended on foster care maintenance and used as part of Title IV-B Subpart state match. | $215,682 |

| **Figure 53.** Payment Limitations – Title IV-B, Subpart 2 | |
|---|---|
| Item | Amount Spent |
| FY 2020 state and local share expenditure amounts for the purposes of title IV-B, subpart 2 for comparison with the state's 1992 base year amount, as required to meet the non-supplantation requirements | $138,406 |

Vermont's Annual Progress and Services Review plan can be found on our website, along with previous reports, at:

FSD Publications | Department for Children and Families (vermont.gov)

In addition to Figures 52 & 53 Vermont has submitted the following financial information as separate documents:

- Vermont FY 2025 CFS-101 Excel
- Vermont FY 2025 CFS 101 PDF

# Section 8: Updates to Targeted Plans within the 2025-2029 CFSP

- VT 2025 Diligent Recruitment Plan
- VT 2025 Health Care Oversight Plan
- VT 2025 Disaster Plan
- Vermont's Training Plan

## Updates to Vermont's Diligent Recruitment Plan

**Vision for Diligent Recruitment in Vermont**
In 2019 the overall vision for Diligent Recruitment in Vermont was constructed in collaborative fashion by the DR Core Team. Over time, this DR core team has evolved into a monthly DR working group comprised mostly of staff from around the state, and a quarterly DR Advisory Team comprised of both internal and external stakeholders from across the state. Internal stakeholders represent an intentional mix of Division leadership and direct service staff. External stakeholders include caregivers, members of the Child Welfare Training Partnership (CWTP), Vermont Foster and Adoptive Family Alliance ( VFAFA), Vermont Kin as Parents (VKAP), the Vermont Consortium for Adoption and Guardianship, Project Family and the Youth Development Program. Technical Assistance support is being provided by the National Resource Center in Diligent Recruitment to support planning and implementation.

**Key Elements to Diligent Recruitment**

Our Diligent Recruitment & Retention (DRR) work embraces six key elements essential to support a successful DRR Program in Vermont.

These key elements are summarized below, including the description and practices for each. We believe that any strategies that we might undertake will fall within one or more of these key elements. The key elements operate as a sort of guidepost for our work; taken together, we believe they will support the implementation of a robust DRR plan.

**Figure 54: Key Elements of Diligent Recruitment in Vermont**

## A Responsive Model of Engagement and Support

A model for engagement and support of foster families—from recruitment to post placement—that ensures:

1. All families have access to a common, efficient, and supportive inquiry, home study, training, and licensing process that is available to them in an accessible manner.
2. Foster families are recognized and treated as team members.
3. Division resources are readily accessible and equitably allocated.
4. Foster family concerns are prioritized and addressed quickly; and the
5. Division nurtures a culture where all staff understand their integral role in the recruitment, development, and support of foster families.

Inquiring families are supported through a customer service approach as they consider becoming a foster caregiver. The Division works to respond in a timely manner to interested persons to answer questions and to provide additional information as needed. For prospective relative caregivers, the process is slightly different in that the Division is generally reaching out to them alerting them to FSD involvement with a family member to explore ways they might be able to support their relative including the possibility of being a placement resource if safety concerns warrant that intervention. The idea is that the Division makes it easy for people to understand and navigate the process.

Prospective foster, kinship and adoptive parents have a variety of ways to engage and begin the process of licensure. All of our recruitment materials include a link to our online platform which allows individuals to begin the inquiry process immediately or to request that someone reach out to provide an

opportunity to further explore the idea of providing foster care. This approach allows the person to reach out at a time convenient to them. Upon reach out, we identify interested persons as “new inquirers”. Contact information from the new inquirer is forwarded to the district office that serves the town in which the caregiver is located. Staff in each district office respond to these inquiries, usually within 24 hours. The local district office supports the individual during the licensure process. Understanding that not all inquirers are comfortable with an online platform for inquiry, FSD welcomes walk-ins to our 12-district offices and phone inquiries between 7:45-4:30pm M-F. Hours of operation and district contact and location information is publicly available online and in most of our pamphlets and material. Utilizing a hybrid strategy of online and office-based licensure support ensures that all members of the community (within VT and beyond) have access to the pertinent information needed to begin, work through, and complete the licensing process.

The FSD Residential Licensing and Special Investigation Unit (RLSI) oversees the licensing process for all caregivers statewide. This process includes home visits to assess the home and to complete the home study, background checks including fingerprints, and training completion. RLSI is the authority for how we regulate licensed foster homes.

As a monitoring component of DR plan implementation, we collect and analyze foster parent onboarding data to ensure that that we reduce any barriers or delays that can impact the experience of the prospective caregiver.

FSD has been focused on addressing barriers experienced by caregivers related to completion of training required for licensure. We are now able to offer trainings both online and virtually. Caregivers who do not have stable internet or those who are not strong computer users or for those who experience difficulties with written materials, we are able to loan them a DVD player and training DVDs where they can watch the trainings.

**Progress Update for the FFY 2026 APSR**

The Division continues to utilize a statewide inquiry tracking spreadsheet that we developed which was intended to systematically collect information about all parties who are interested in considering providing foster care. For calendar year 2024, data pulled from the spreadsheet indicates that FSD received an average of 125 new inquiries per quarter from individuals considering foster care.

We are aware that this data set is incomplete. Every web-based inquiry we receive is tracked and the inquiry is forwarded on to the correct district office. Our local districts report that they do not consistently enter the inquiries that originate at the local level. The inquiry tracking spreadsheet is a primitive way to collect this data, we are not able to pull reports or interact with the data easily. Through our TA plan, we have been exploring options to replace the spreadsheet with software that will better meet our needs. We have identified Smartsheets as the platform that we would like to adopt. We have submitted a proposal to Division leadership with a goal of implementing this tool. Smartsheets should allow “at a glance” information about where an inquirer is in the onboarding process and should also support outreach to those inquirers who have yet to take a next step.

Our current MIS system was not designed to support the inclusion of caregiver information. Each district office and our Residential Licensing Team have continued to maintain paper files. This reporting period the central office DR team has been working to create a standardized digital file system for each district office that is available on the shared network. Caregivers have reported that they sometimes receive multiple calls in a short timeframe from various workers seeking placement, that they have to communicate the same information to several people. They have questioned why it feels like one part of our system doesn't seem to know what another part of the system is doing. Within the digital file, there is a section which will support the entry of notes for each caregiver contact to reduce the frequency that a caregiver will receive multiple outreach from staff.

In this reporting period, a version of our caregiver application has been translated into Spanish. Additionally, we have had a transcript of our caregiver foundations training translated into Spanish. We are looking for alternative approaches to this piece of our work. We have found that it takes a long time to produce the materials and that our current approach is not cost effective. We are partnering with CWTP to identify more efficient and cost-effective approaches to this work that may be incorporated into the training platform, allowing a person to select from a menu of languages in real time.

We have continued to focus on caregiver training completion to ensure that caregivers are more prepared for their caregiving experience. Prepared caregivers are less likely to experience placement disruptions, and they have fewer licensing violations. In previous reporting periods, the Division was having difficulty in getting caregivers to complete their required training and licensure. The districts, in collaboration with RLSI and the CWTP, have seen significant improvement in this area, with 495 caregivers having completed foundations training in calendar year 2024. Now, each component of the required training allows the caregiver to auto register for the next component. Issues related to navigation of the training platform are readily addressed and supported by our partners at CWTP. Increasing the number of licensed caregivers will result in improvements to Vermont's CFSR Systemic Factors that fall within the scope of foster and adoptive parent licensing, recruitment, and retention, and allows the state to begin drawing down IVE dollars and. Additionally, 411 caregivers who completed Caregiver Foundations and who became a licensed foster parent in CY 2024 received a $100 cash incentive.

The Division continues to administer a Caregiver Exit Survey as an opportunity for caregivers who voluntarily close their license to provide feedback to the system about their experiences. Survey dissemination was disrupted previously due to transitions within the role responsible for administering the survey. When we learned that caregivers had not been receiving the Exit Survey, we looked at the business process to see where the breakdown was and we worked to bring the survey back online. While exit survey data provides useful information about a caregiver's experience at the point they close their license, it does not allow for the use of data to identify when additional support(s) or corrective actions could be implemented to retain a caregiver prior to getting to the point of closure. For that reason, a stay survey was developed in the last CFSP and will be disseminated over the summer of 2025.

Our Foster Parent workgroup continues to meet every other month with an average attendance of 40 participants. Workgroup membership is intended to include foster/kinship parents, central office, district directors, supervisors, family services workers, resource coordinators, youth, and community partners. Additionally, a Survey Monkey survey has been created to encourage feedback and suggestions at

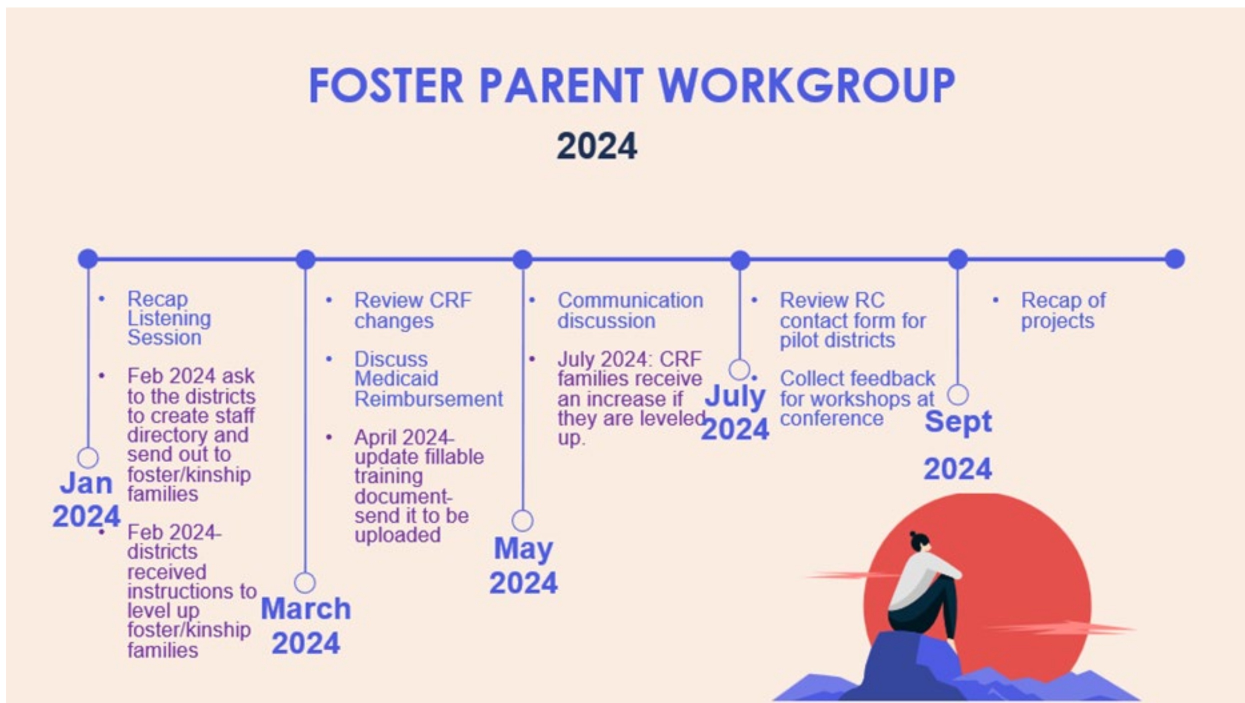
any time from caregiver who might not have been able to attend a meeting but who still wish to participate.

This Workgroup's charge is:

- to establish a permanent and ongoing working group that will focus on improving the experiences of caregivers and strengthening the relationships between DCF-FSD and foster parents throughout Vermont – all in service to the overarching goal of promoting better experiences and outcomes for children and youth in foster care.
- to increase FSD engagement and partnership with foster parents by meaningfully listening to their most pressing needs, enhancing collaboration, addressing hassle factors, and promoting improvements to Vermont's child protection and youth justice system.

During the calendar year 2024, workgroup focused on the activities noted in Figure 58 below

**Figure 55 Foster Parent Workgroup 2024**




In July 2024, caregivers received a 4% increase in their foster care reimbursement rate to acknowledge the increased costs involved with raising a child.

## Community Engagement

Community Engagement is an important part of our Diligent Recruitment plan. In DR conversations, community engagement will include both the extended system of care as well as local community businesses and other organizations.

Families live in communities, and we believe that the community has a role in supporting families.

Community education and public awareness efforts are essential to recruiting and retaining foster and kin families—they increase the public's awareness of the need for families, have the potential to impact misinformation about the role and function of DCF and create support for child welfare programs. They also help us to access existing community strengths and resources. Investing in community relationships today can pay big dividends later.

Communities will be engaged in understanding the needs of children in care and are provided with opportunities to support those children and the families that care for them.

**Progress Updates**

FSD produces a bi-weekly Fostering Vermont electronic newsletter that is disseminated to the communities of licensed caregivers, individuals who are in the process of becoming licensed, legislators, FSD staff and any individual who requests to be added to the distribution list. This communication is distributed via email to approximately 3500 subscribers. Information about caregiver training, communication about policy additions or changes, events that might be of interest to foster caregivers and highlights from community partners are all routinely featured in the e-news.

FSD is a paid, monthly advertiser with Front Porch Forum. Front Porch Forum's mission is to help neighbors connect and build community by hosting regional networks of online neighborhood forums. FSD uses the platform to share about foster care and our recruitment needs. Front Porch Forum posts follow a story format where we introduce a composite description of a child or youth. The composite description is pulled from blurbs that district staff use to communicate about placement needs within the division. Districts can also request a special post based on a child specific recruitment need. Approximately 16% of the potential caregiver inquiries we receive come in response to a post we have placed on Front Porch Forum.

Each year our central office DR Team organizes several Targeted Recruitment Campaigns directed at community groups and organizations we believe share a child centered focus and who have members who are already successfully represented in the caregiving community. We have developed a formula for targeted outreach which includes a letter of introduction, information about why they are receiving the letter, details about foster care recruitment needs and a call to action which includes a QR code that links to a foster care inquiry form. The Inquiry tool allows the inquirer to share how they learned about the need for care, whether they would like to get started right away or whether they would like to be contacted so that can get more information. Additionally, we have created an Outreach Toolkit which contains, scripts for interviews, graphics that support our brand, print advertisements, targeted recruitment blurbs for the most common needs identified by our districts and a multitude of products that have been developed and approved for dissemination over time. The idea is that we want materials readily available to support any kind of activity that a district might need to support the recruitment of caregivers. Since our last APSR reporting, we have completed targeted campaigns with Law Enforcement and Pediatric Practices. During the remainder of calendar year 2025 a targeted campaign directed at recruiting Designated Placements per ACF-ACYF-CB-IM 24-04 and a targeted campaign directed at recruiting specialized medical homes will be initiated.

Since the submission of the 2025-2029 APSR, the central office DR Team has been conducting a series of face-to-face visits in our 12 district offices. During the 2020-2024 CFSP reporting period, efforts to engage our district office teams in DR plan implementation was compromised by the challenges associated with COVID, and then later with staffing capacity challenges division wide. Soon

after we began our recent visits, we realized that some of the staff in the meetings had very little context about diligent recruitment and efforts over the years as they were new to the Division or new to their roles. With this feedback, we shifted our approach and during our 90-minute visits, we present a foundational overview of the Statewide Diligent Recruitment plan including our focus on a customer service approach to caregivers, then we share district specific indicator data that will be used to monitor implementation of the plan locally. Each district is challenged to identify areas of their DR work that are working well and areas that need focused attention. From there, each district is asked to identify no more than 2 strategies that they want to implement locally.

We have created a "Lesson Plan" document to help guide next step related to implementation planning for the districts. The Lesson Plan captures the strategies the district would like to work on, why they think that particular strategy will support their local recruitment and retention efforts and what support they might need to implement and sustain their strategies. Additionally, they are asked to consider how they will monitor their outcomes to know if the strategies they selected are having the desired impact.

Information gathered during district visits reflects some similar themes across the state such as: a need to increase relative care, a need to improve communication and follow through with caregivers, and a need to improve quality and quantity of face-to-face contact in the foster home setting.

In addition to the strategies mentioned above, each district has also been provided with a snapshot of their current custody caseload broken down by the town of residence of the child's primary parent at the point of removal and a breakdown by town of where foster parents reside. This report could be used to inform staff where to focus their recruitment efforts. Having adequate numbers of available licensed families in towns where there are higher numbers of children and youth entering care could support keeping kids in their schools of origin and within a familiar community.

**Aligned Policy and Procedures**

The Statewide Diligent Recruitment and Retention plan was developed to meet our federal requirements, and it will guide our efforts as they relate to the recruitment and retention of caregivers. Underpinning this work is the examination of our district practice to ensure that we are functioning in accordance with policy and through the lens of best practice. Statewide DR plan implementation will be coordinated with and aligned with other initiatives unified across the state. (Strategic Plan, Practice Model, CFSR PIP etc.). Our desired outcome is for caregivers to have a similar caregiving experience no matter which district they are affiliated with.

**Progress Updates**

In this reporting period, the central office DR team has visited all of 12 of the Regional District Family Services Offices. When speaking about DR, we share that there are many similarities among districts like policy requirements, staffing challenges, resource challenges like availability of support and services to families, transportation and housing barriers etc. We also acknowledge that there are differences within each district that make them unique from one another with regard to DR efforts. This could include the level of turnover in a district, vacancies in key recruitment and retention positions, having district leadership model a culture that embraces strong family engagement principle, etc.

Through our statewide DR plan, we want to understand which local strategies are being employed and what the outcomes of those strategies are over time. We have encouraged districts to think about their local work, where the strengths and challenges are and to select improvement strategies based on the DR key elements. Using the “Lesson Plan” described above in the **Community Engagement** section, districts will select and monitor strategies for local implementation based on their unique needs and readiness. Over time, we expect that we will have a library of effective lesson plans that could be shared between districts as they identify areas where they would like to focus. The benefit of this approach is that districts will be able to select a proven strategy for implementation rather than reinvent the wheel. Over time, we will be able to stop recruitment or retention activities that did not have the intended outcome, or adjust a strategy to better meet an existing need. We believe that this approach of tracking, evaluation, and data driven decision making will positively impact the caregiver experience and will improve overall recruitment and retention practice at the district level.

Policies and Regulations under review during this reporting period include:

- Policy 91: Kinship Care and Collaboration with Relatives lays the foundation for the Division’s commitment to relative search and engagement practices including placement with relatives, when that goal can be safely achieved. At this time, approximately 37% of the children in care reside with kin or fictive kin. The Division has practice guidance and several external contracts where family finding activities are a deliverable however, due to the turnover within the Division over the last several years, we believe that much of the institutional knowledge related to DR has been lost, indicating a continued focus on the foundational elements of DR. A need for training/re-training staff on the use of the CLEAR tool (used to conduct relative searches) has also been identified. We will need to be sure that we prioritize/reenergize our focus on relative engagement moving forward.
- The Division has determined to adopt a set of Kin Specific Licensing standards. A small group has been convening to review existing licensing regulations and to begin planning for the promulgation of a new set of regulations. This work will continue into the next reporting period.
- Policy 268: Foster Parent Reimbursement. This policy has been under revision for two reporting cycles. The last revision to this policy included a complete overhaul of our approach to providing enhanced levels of care to caregivers who are taking on enhanced caregiving responsibilities based on the needs of the child for whom they are caring. In this round of policy revision, we have aligned the language in the tool we used to assess level of caregiver responsibility while caring for a specific child to reflect current vernacular. We have sensitized the tool to reflect some of the more common types of enhanced caregiving including meeting the needs of children who present with medical and behavioral complexities. The tool has also been adjusted to afford a greater enhanced rate to caregivers who have “levelled up” or completed advanced trainings, which can indicate longevity as caregivers and possibly greater capacity to meet the complex needs of children in our care.

## Training and Development

Ongoing development opportunities are available for both caregivers and staff to increase skills, competence, and capacity to support children and youth with more complex needs.

Access to adequate and timely training and support correlates with improved placement stability. We strive for community Caregivers to have access to timely, relevant training prior to initial placement and to meet licensing requirements. Training and other materials will be offered in various modalities and languages to support caregiver learning styles and needs. Caregivers will be engaged in the development of their advanced training program.

FSD staff will complete their new employee foundations training with the basic skills and competencies that prepare them to approach their work. They will understand that all division staff have a role in recruiting, engaging, supporting and developing caregivers using best practice and trauma informed approaches.

The Diligent Recruitment Team will support and collaborate with others to ensure the implementation of a training and development program that:

1. Equips caregiving families to meet the needs of children in their care;
2. Enables and supports the workforce to effectively engage and meet the needs of families; and,
3. Educates the community about the needs of children at risk of entering foster care, the needs of caregiving families, and the continuum of ways to support the children of Vermont.

**Progress Updates**

During this reporting period, Caregiver Orientation was revised to reduce the amount of time it takes to complete and to ensure that caregivers can readily move on to the required 10 hours of caregiver foundations online. Data for calendar year 2024 indicates that 522 individuals completed orientation online.

As mentioned above in the **Responsive Model of Engagement and Support** section 495 caregivers have completed their mandatory caregiver foundations training online or via DVD. This data indicates that 95% of the individuals who attended orientation moved on to complete Caregiver Foundations.

In the coming year, the Division and the CWTP will be reviewing and revising the new employee foundations training and caregiver foundations training.

In partnership with the CWTP, the Division identified a need for role specific training for some subsets of employees. Resource Coordinators (RC's) are division employees who support the recruitment, training, development and ongoing support of caregivers. They are also responsible for making placements and for managing activities related to caregiver reimbursement.

Over the last few years, the Division has experienced significant and unprecedented turnover in the RC positions statewide. Having a role specific training following new employee foundations, delivered by subject matter experts, has helped to ensure that new RC's are getting additional information relevant to their roles. This new offering has been particularly important at this time since the Division is also experiencing a higher than usual level of turnover in our District Director positions. The District Director is responsible for overall regional district office operations including the supervision of the RC position. A new Director typically has a significant learning curve and sometimes the RC position supervision is less than robust. Role specific training ensures that RC staff are more quickly oriented to the scope of their role and responsibilities.

Caregivers are encouraged to access advanced training. In every edition of our Fostering Vermont electronic newsletter, we highlight caregiver advanced training offerings. Additionally, we support access to a huge array of training via Foster Parent College online. We have noted that very few caregivers are taking advantage of these advanced courses. In the coming year, as we consider changes to caregiver foundations, we will also revisit this practice to determine if we should use our resources differently. We do believe that when caregivers avail themselves of advanced training, they grow their skill set and ultimately may increase their capacity to care for children and youth with more complex needs.

Lastly, after several years of hiatus, the Division partnered with the CWTP to host a Caregiver's Conference to provide opportunities for advanced training as well as opportunities for caregivers to network and to support each other.

**5.) <u>Data Driven Planning and Decision Making</u>**

A system for data collection and reporting utilizing the same variables to establish a baseline, set goals and objectives, monitor progress, and assess the effectiveness of strategies for recruiting, developing, and supporting families is a goal of this DRR plan.

Having relevant, timely data on prospective and current foster parents gives a child welfare system crucial insight into how effective their current approaches are in recruiting, developing, and supporting foster, adoptive, and kinship families.

Ongoing attention to how we access, report, and make use of our data to drive decision making is a critical component of our DR plan.

The inadequacies of the MIS system in operation in Vermont have been a longstanding challenge for our child protection system. This reporting period an RFP was launched to select a new purveyor who will help to develop and implement a CCWIS system for Vermont.

**<u>Progress Updates:</u>**

The current MIS system in operation does not fully support all of the functions that would be beneficial to overall DR Plan implementation. For example, there is no function that supports the onboarding process for a new caregiver. Instead, we rely on a variety of spreadsheets and databases to document and track our work. This approach is time consuming and susceptible to incomplete, delayed, and sometimes inaccurate data entry. Through our TA consultation with the National Resource Center for Diligent Recruitment, we have been exploring opportunities to replace our current approach to managing this important data and are exploring the use of Smartsheets to manage this aspect of our work.

Since the inception of the 2025-2029 CFSP, the central office DR team has been meeting with the leadership teams in each of the regional District Offices. During these meetings, we have shared some baseline data about their caseload, the number of licensed and district approved caregivers, the rate of relative placement, the number of inquiries received and reported on the inquiry tracking spreadsheet, details about the town or residence of their current caregivers. Using these data points and other available data, districts will identify 1 or 2 strategies they will develop, implement and measure over the

next year in support of their local DR plan implementation. We have required that this work be documented, with a focus on outcome measurement, so that when we are able to identify positive outcomes associated with a specific strategy and recommend that strategy and how it was implemented to other districts who are experiencing a similar challenge. This strategy should also have an impact on unifying our approaches to Diligent Recruitment statewide.

All of our regional district offices and our central office team use the Inquiry Tracking Spreadsheet (for details please refer to the **Responsive Model of Engagement and Support** section above) to document details related to individuals inquiring about foster care. Data collected about new inquirers includes how they learned about the need for foster care- this data is an indicator for which of our marketing efforts are having a desired impact. We can see rates of inquiry by district, which can help inform if a specific district strategy implementation is impacting caregiver recruitment and retention as hoped.

We continue to monitor each district's rate of relative placement and placement stability and beginning with Q1 data for 2025, we will shift the data set related to placement stability. Currently, the placement stability data that we track is focused on the percentage of children and youth with 2 or fewer placement moves during the first 12 months of out-of-home care, which aligns with federal reporting requirements. While the placement stability data in this format is interesting, we are concerned that the greater the length of time a child or youth is in care, the greater the chance they experience more placement instability. By shifting to analyzing placement stability data for each child's entire custody episode, we hope to better understand factors that impact placement stability such as, placement setting, age of the child or youth, by length of time in care, etc.

We have continued to select and develop targeted recruitment campaigns based on communications from the regional districts about placement needs. Older youth, sibling groups, children and youth experiencing developmental disabilities, and youth with special medical needs have all been the subject of recruitment campaigns during this reporting period.

Additionally, the central office DR team meets monthly with members of the Quality Assurance team to explore how to better use data to inform our planning. We have also been able to work collaboratively with our SSMIS developers to add some fields to existing reports to improve their functionality.

**6.) Marketing and Media**

This component of our plan was historically addressed under the Community Engagement Key element.

During the last CFSP period, the central office DR team recognized the critical importance of having a consistent, recognizable marketing footprint. During that period, we partnered with a marketing firm to assess our marketing needs and to better understand how to engage the demographic groups who are most likely to provide foster care. Data analytics were provided to identify the most impactful ad campaigns.

**Progress Updates:**

Toward the end of the 2020-2024 CFSP, when the additional funding that became available during COVID was gone, the marketing firm we had contracted with determined that our limited budget

would no longer be sufficient to continue their work with us. In keeping with the Agency of Human Services' procurement rules, over a two-year period, in spite of key staff turnover, several RFPs were issued but no bids were made for the contract. Recently, through a simplified bid process, a new purveyor has been identified to support this work.

To keep costs down, most of the creative content for our marketing work has been produced in-house. We have been able to establish a consistent look and feel to those materials. We have found that people are engaged by a story format that identifies the need for foster care, attempts to communicate that caregivers from all walks of life are needed, and that caregivers will receive the necessary training and support to be successful. All our marketing materials include a call to action and provide details for how to get more information. In the last year, a QR code has been added to support access from a mobile phone.

At this time, the FSD has not been permitted to develop a presence on social media, including Facebook. We believe that there might be a path forward that mitigates the concerns about platform monitoring and oversite, which have been identified as the primary barriers to moving forward with this important form of communication and information sharing. Exploring options will be a focus in the next year.

## Health Care Oversight and Coordination Plan

**Introduction**

Vermont's Family Services Division (FSD) maintains a core set of policies that collectively support the oversight and coordination of health care services for children and youth in state custody. These policies are designed to uphold the requirements of the Social Security Act while promoting safety, timely access to care, informed consent, and comprehensive service planning.

Policies that directly align with the goals of our Health Care Oversight and Coordination Plan include:

- Policy 68: Serious Physical Injury – Investigation and Case Planning
- Policy 75: Normalcy and the Reasonable and Prudent Parent Standard
- Policy 77: Medical Care for Children and Youth in DCF Custody
- Policy 97: Case Review Committee Referrals
- Policy 137: Antipsychotic Medications for Children in the Care of DCF
- Policy 154: Children and Youth in DCF Custody Requiring Mental Health Screening, Mental Health Placement, or Psychiatric Hospitalization
- Policy 160: Supporting Adolescents in DCF Custody

These policies provide a structural framework for ensuring appropriate medical care, supporting decision-making authority, and coordinating with community providers. We continue partnering closely with staff from the Family Child Health Division (FCH) of the Vermont Department of Health (VDH), the Department of Mental Health (DMH), the Child Safe Program and their Board-Certified Child Abuse Pediatrician, key stakeholders at UVM Medical Center and Dartmouth-Hitchcock Medical Center, physicians affiliated with the American Academy of Pediatrics Vermont Chapter (AAPVT), and staff with the Vermont Child Health Improvement Program (VCHIP).

FSD does not anticipate submitting formal revisions to the Health Care Oversight and Coordination Plan beyond the expected updates and ongoing refinements in practice outlined in this APSR. However, we remain committed to continuous quality improvement and cross-system collaboration that advances positive outcomes for children and youth in foster care.

**Scorecard Development**

In upcoming years, we are prioritizing data-driven decision making and improvement strategies pertaining to our Health Care Oversight and Coordination Plan. Through partnership with our Vermont Medicaid Agency, the Department of Vermont Health Access (DVHA), we are focusing on Quality Assurance and Performance Improvement (QAPI) measures for DCF Family Services Division relevant to child and youth health. It has been invaluable to partner with DVHA to compare datasets, develop a more accurate baseline of data based on Medicaid billing codes, and use this data to inform continuous quality improvement efforts and tests of change in practice. The existing Child Core Set of Health Care Quality Measures for VT Medicaid serves as our baseline for scorecard measures we could use to compare children and youth in DCF custody to the broader Medicaid population. This scorecard remains in development and publication. As a starting point in building our scorecard, we have decided on:

**Quality of Care:**

- Total number of children and youth in DCF custody
- # of children in DCF custody by placement type:
  - Kinship foster home
  - Community foster home
  - Residential treatment program or other institution

**Timely Access to Care:**

- % of youth who receive any health care visit within 72 hours from entering DCF custody
- % of youth who are seen for a comprehensive health assessment within 30 days of entering DCF custody
- Measures from Child Core Set of Health Care Quality Measures for VT Medicaid
  - Developmental Screening in the 1st 3 Years of Life
  - Oral Evaluation as Dental Services
  - Well-Child Visits:
    - Well-Child Visits in the First 30 Months of Life: First 15 Months
    - Well-Child Visits in the First 30 Months of Life: 15-30 Months
    - Child & Adolescent Well-Care Visits - Age 3-21

**Member/Family Satisfaction:**

- FSD CFSR & QCR Data
  - Of the cases reviewed that had physical health needs, the % that were found to have appropriately assessed physical health needs and provided services (CFSR Item 17)
  - Of the cases reviewed that had mental/behavioral health needs, the % that were found to have appropriately assessed mental/behavioral health needs and provided services (CFSR Item 18)

We have a longer-term vision of expanding our score card and the items included within it. We are interested in developing a broader and more holistic measure of the number and types of prescribed medications (outside of ADHD, psychotic, or antipsychotic categories). We are interested in Medicaid

billing data or other means of tracking preventative and supportive mental health services for young people, rather than engagement stemming from a hospitalization or ED visit. We are curious about alternative types of therapeutic supports that fall outside of traditional “talk therapy” (i.e., art, equine, gardening, and music therapies or other mind-body practices). These options are limited within Vermont communities, particularly through traditional health insurance, yet are advocated for by young people and could improve well-being and mental health.

Based on the analysis contained within the research brief released by the HHS Office of the Assistant Secretary for Planning and Evaluation, titled “Behavioral Health Diagnoses and Treatment Services for Children Involved with the Child Welfare System”, we are feeling inspired by the amount of health information extracted via Medicaid claims and we are contemplating the additional possibilities within Vermont.

**PMQIC Common Measures in Vermont Medicaid Pharmacy Program**

We intend to continue participating in the Psychotropic Medications Quality Improvement Collaborative (PMQIC) with the Vermont Medicaid Pharmacy Program, with a goal of improving the use of psychotropic medication among children and youth in foster care.

**Objective:** The primary goal of this study was to estimate and analyze PMQIC common measures in Vermont Medicaid pharmacy program over time for the most recent 3 years: from the 2nd half of FFY 2022 through the 1st half of FFY 2025.

**Method:** Pharmacy claims for psychotropic medications paid by the Department of Vermont Health Access (DVHA), Vermont Medicaid pharmacy program, with dates of services from April 1, 2022 through March 31, 2025 were analyzed.

The study examined PMQIC common measures on a semiannual basis for the following 6 six-month periods:

1) 2nd half of FFY 2022: 4/1/2022-09/30/2022
2) 1st half of FFY 2023: 10/1/2022-03/31/2023
3) 2nd half of FFY 2023: 4/1/2023-09/30/2023
4) 1st half of FFY 2024: 10/1/2023-03/31/2024
5) 2nd half of FFY 2024: 4/1/2024-09/30/2024
6) 1st half of FFY 2025: 10/1/2024-03/31/2025

The study estimates and evaluates the following nine PMQIC common measures:
1. Percentage of children in foster care on any psychotropic medication,
2. Percentage of children in foster care on a specific class of medication,
3. Percentage of children in foster care on more than one psychotropic medication from the same class simultaneously for 90 days or more (defined above as co-pharmacy),
4. Percentage of children in foster care on 2 psychotropic medications; 3 psychotropic medications and 4 plus psychotropic medications (regardless of their drug class) simultaneously for 90 days or more,
5. Percentage of children in foster care < 6 years old on any psychotropic medication,
6. Percentage of children in foster care < 6 years on 2; 3 and 4 plus psychotropic medications (regardless of their drug class) simultaneously for 90 days or more,
7. Percentage of children in foster care < 6 years old on any antipsychotic medication,

8. Percentage of children in foster care on more than one antipsychotic simultaneously for 45 days or more,
9. Percentage of children in foster care who are continuously on an antipsychotic for more than 1 year.

The study also estimated the above-mentioned measures for non-foster care children as a comparison group. The study reviewed trends for both foster care and non-foster care groups of children over the mentioned time frames. The study also estimated the common measures for different age and gender groups.

Pharmacy claims for the following psychotropic medications were included into the analysis:

- Antipsychotics,
- Antidepressants,
- ADHD medications,
- Mood Stabilizers,
- Anxiolytics

**Results**: Compared to non-foster care children, significantly more foster care children are on psychotropic medications. Overall, psychotropic use in foster care children has been staying on the same level over time. However, there are recent increases in ADHD medication utilization among foster care children age of 3-5.

Co-pharmacy is higher in foster care children than in non-foster care children. However, this measure has been slightly reduced in the last years.

The percentage of children on 2 psychotropic medications, 3 psychotropic medications and 4 plus psychotropic medications (regardless of their drug class) is much higher in foster care children, but it has been slightly reduced and staying almost on the same low level for the last years.

Among children < 6 years old, the percentage on any psychotropic medication is slightly higher in foster care children with some increases in the following reporting periods suggesting some seasonality: in 1st half of FFY 2023, in 1st half of FFY 2024, and in 1st half of FFY 2025.

The percentage of children < 6 years on 2 psychotropic medications (regardless of their drug class) was initially higher in foster care children, but in some reporting periods there were no such foster care children at all. Moreover, there were no any foster care children < 6 years on 3 psychotropic medications and on 4 plus psychotropic medications.

Regarding antipsychotic utilization, only in the 2nd half of FFY 2022, the 2nd half of FFY 2024 and the 1st half of FFY 2025 there were some very small numbers of foster care children < 6 years old on any antipsychotic medication.

The percentage of children on more than one antipsychotic simultaneously for 45 days or more has been slightly higher for the foster care versus the non-foster care children, but for the foster care kids this measure has been staying on the same low level for the last reporting periods.

The percentage of children who are continuously on an antipsychotic for more than 1 year has been slightly higher for the foster care versus the non-foster care children, but for the foster care kids this v measure has been dropping for the last reporting periods.

**Detailed Results:**

**Measures 1 and 2: Percentage of children on any psychotropic medication and on a specific class of medication**

The below-presented Figures 56, 57 and 58 show the utilization of psychotropic medications by the foster care versus non-foster care children over time. In addition to showing the overall percentage of children on any psychotropic medication labeled as “at least one of these drugs”, the figures also demonstrate trends for each of the above-mentioned classes of psychotropic medications. It is important to mention that while for the age groups of 6-12 and 13-17 the overall percentage of children on any psychotropic medication has been staying on the same level, but for the age group of 3-5 there are some significant increases in the 1st half of FFY 2023, the 1st half of FFY 2024, and the 1st half of FFY 2025 associated primarily with an increase in ADHD medication utilization. Compared to the non-foster care children, significantly more foster care children are on psychotropic medications.

***Figure 56: Measures 1 and 2 in Age 3-5: Foster Care vs Non-Foster Care***

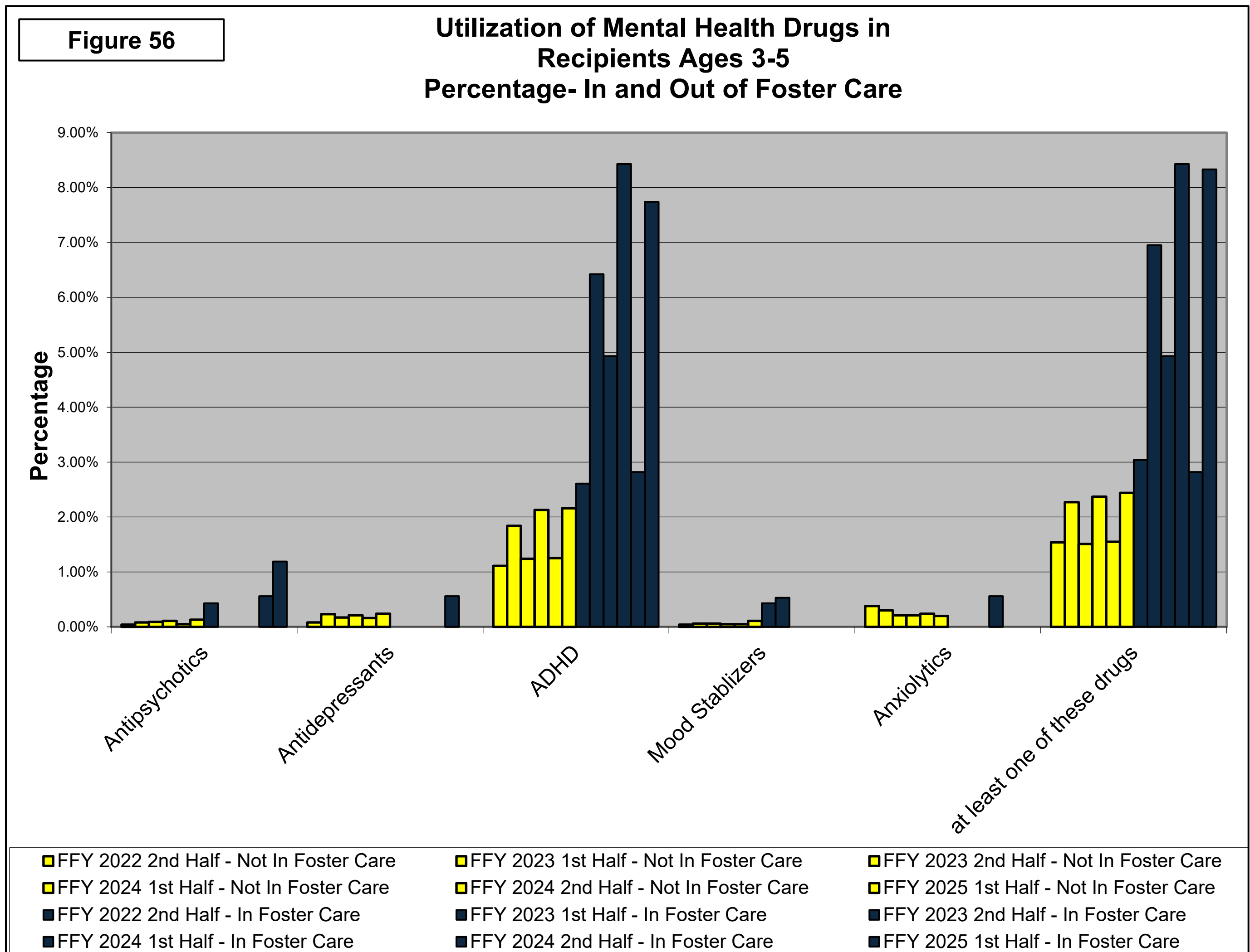


***Figure 57: Measures 1 and 2 in Age 6-12: Foster Care vs Non-Foster Care***

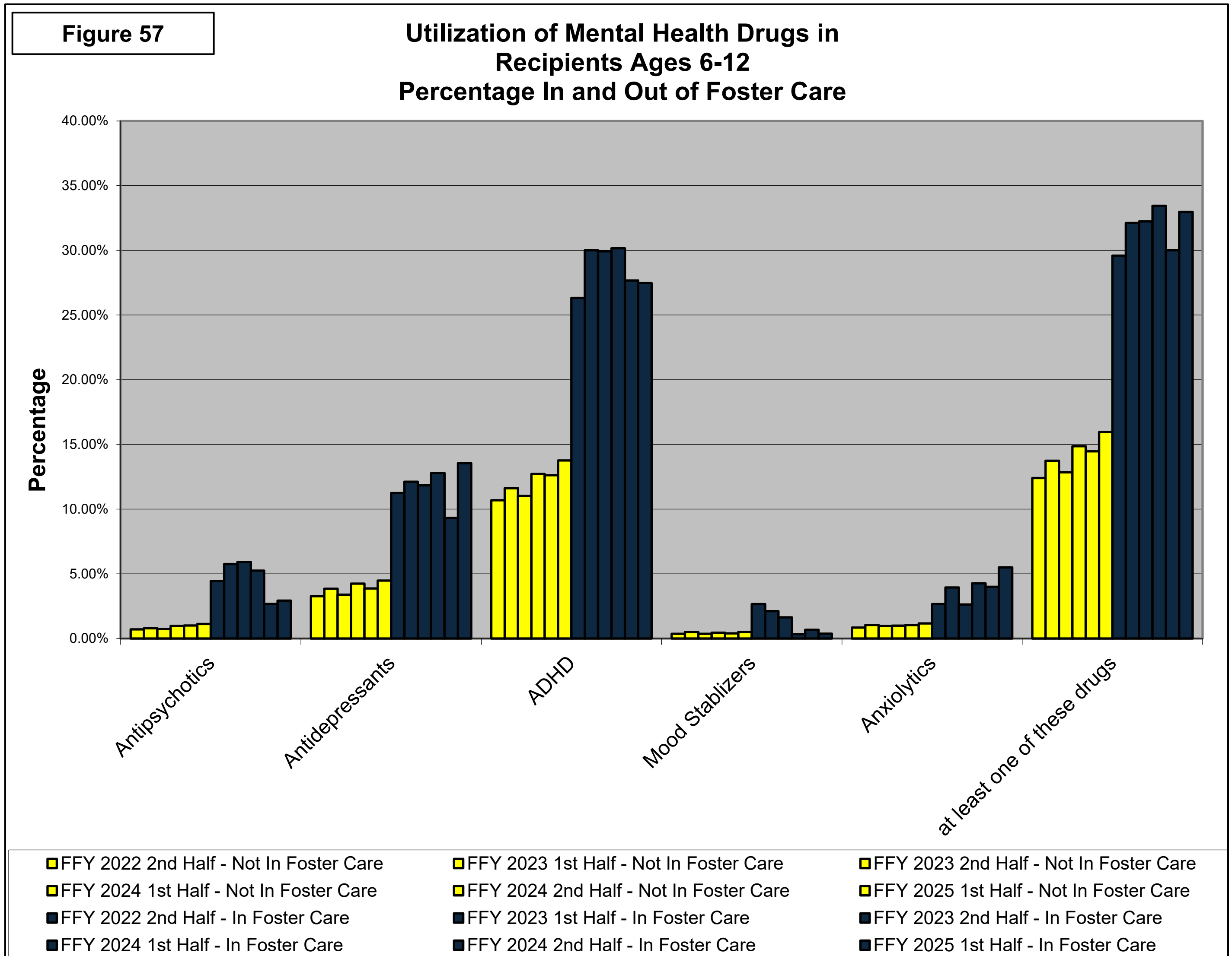
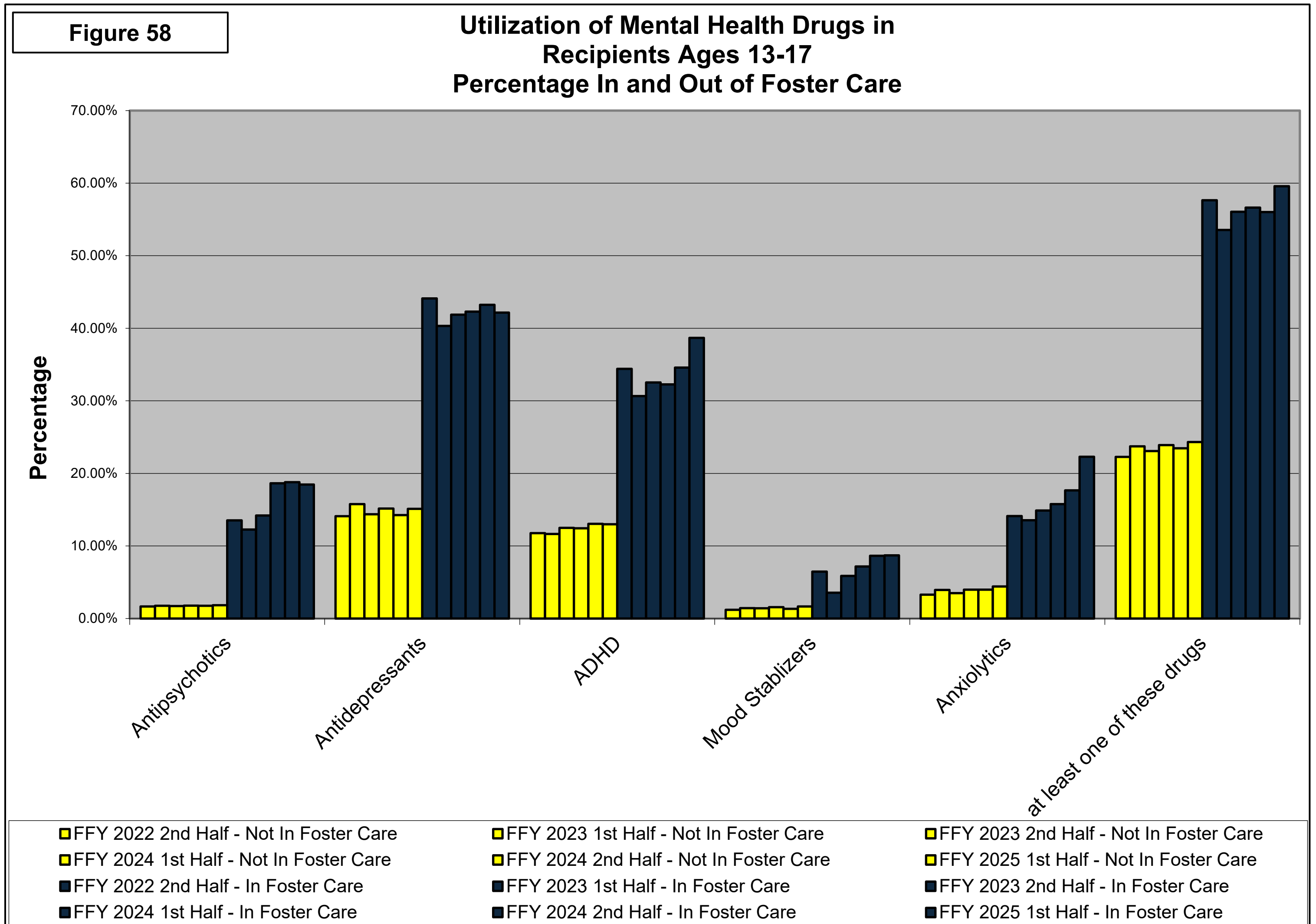


*Figure 58: Measures 1 and 2 in Age 13-17: Foster Care vs Non-Foster Care*



The below-presented Figures 59 - 62 show the utilization of psychotropic medications by the male versus the female children in the foster care versus non-foster care children in different age groups over time. As it is shown, there are more males than females in all age groups in all drug classes, except for Antidepressants in the age group of 13-17 where the prevalence of the females is noted.

***Figure 59: Measures 1 and 2 in Age 3-5: Males vs Females in Foster Care***

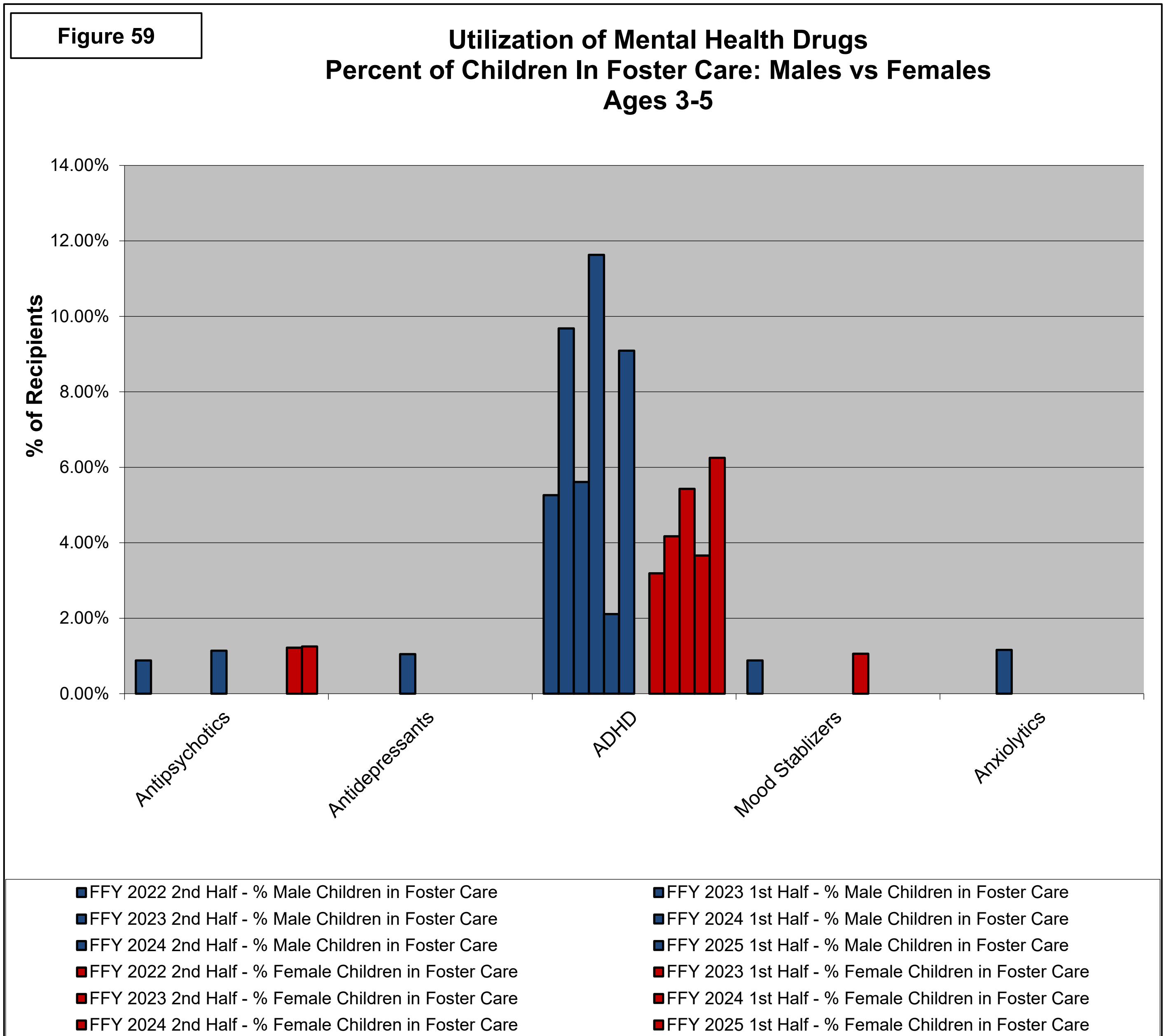


***Figure 60: Measures 1 and 2 in Age 6-12: Males vs Females in Foster Care***

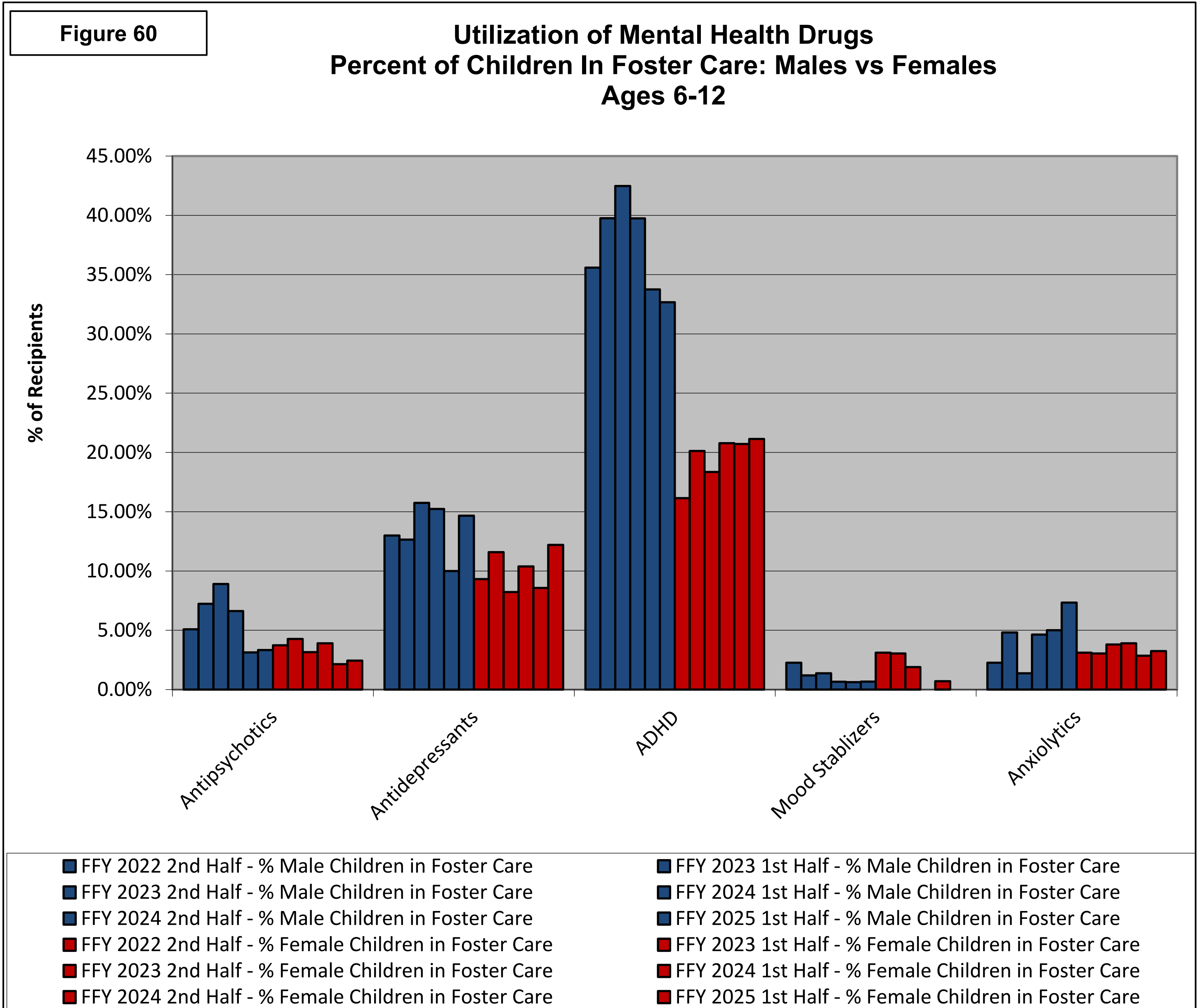


*Figure 61: Measures 1 and 2 in Age 13-17: Males vs Females in Foster Care*

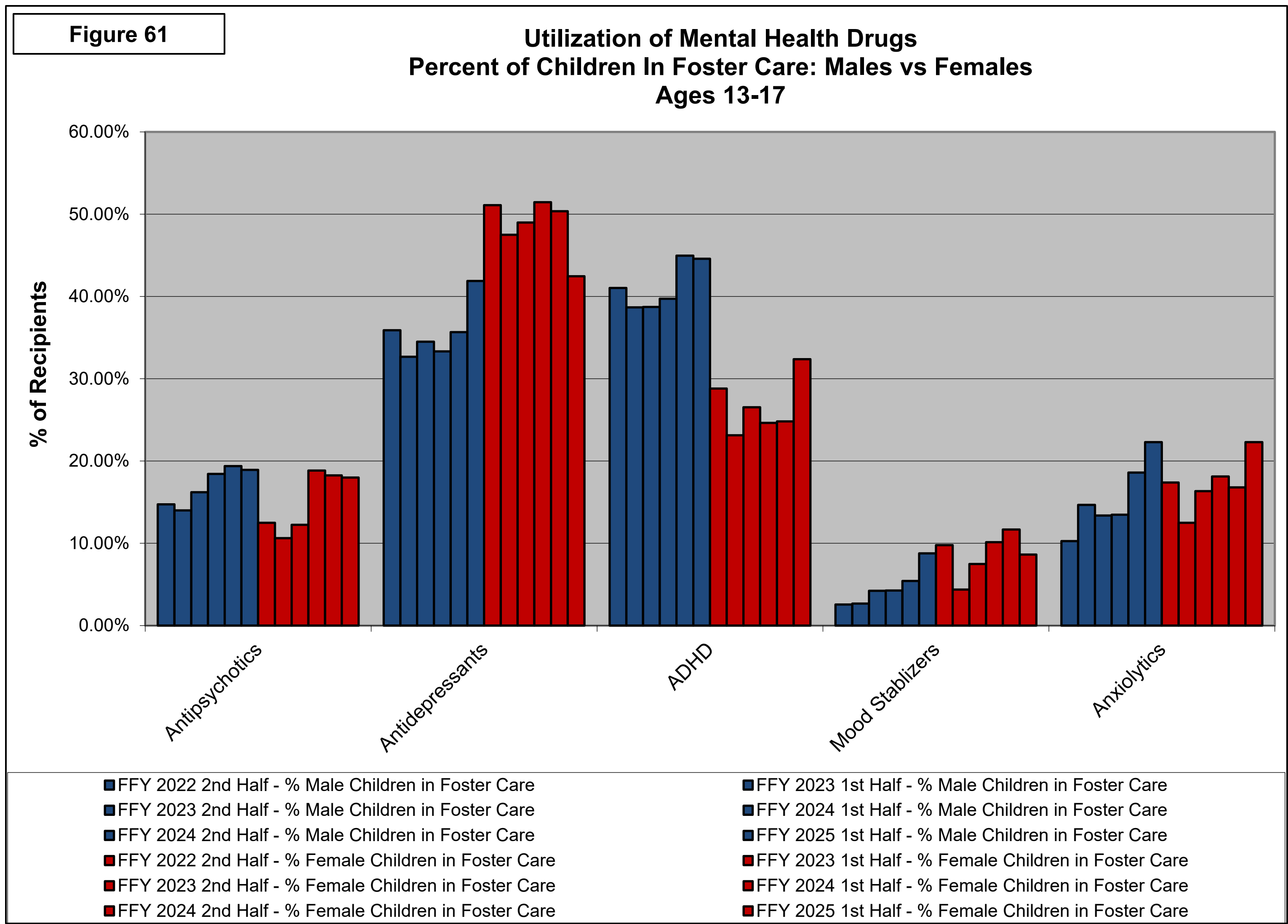


***Figure 62: Measures 1 and 2 in Age 3-5: Males vs Females in Non-Foster Care***

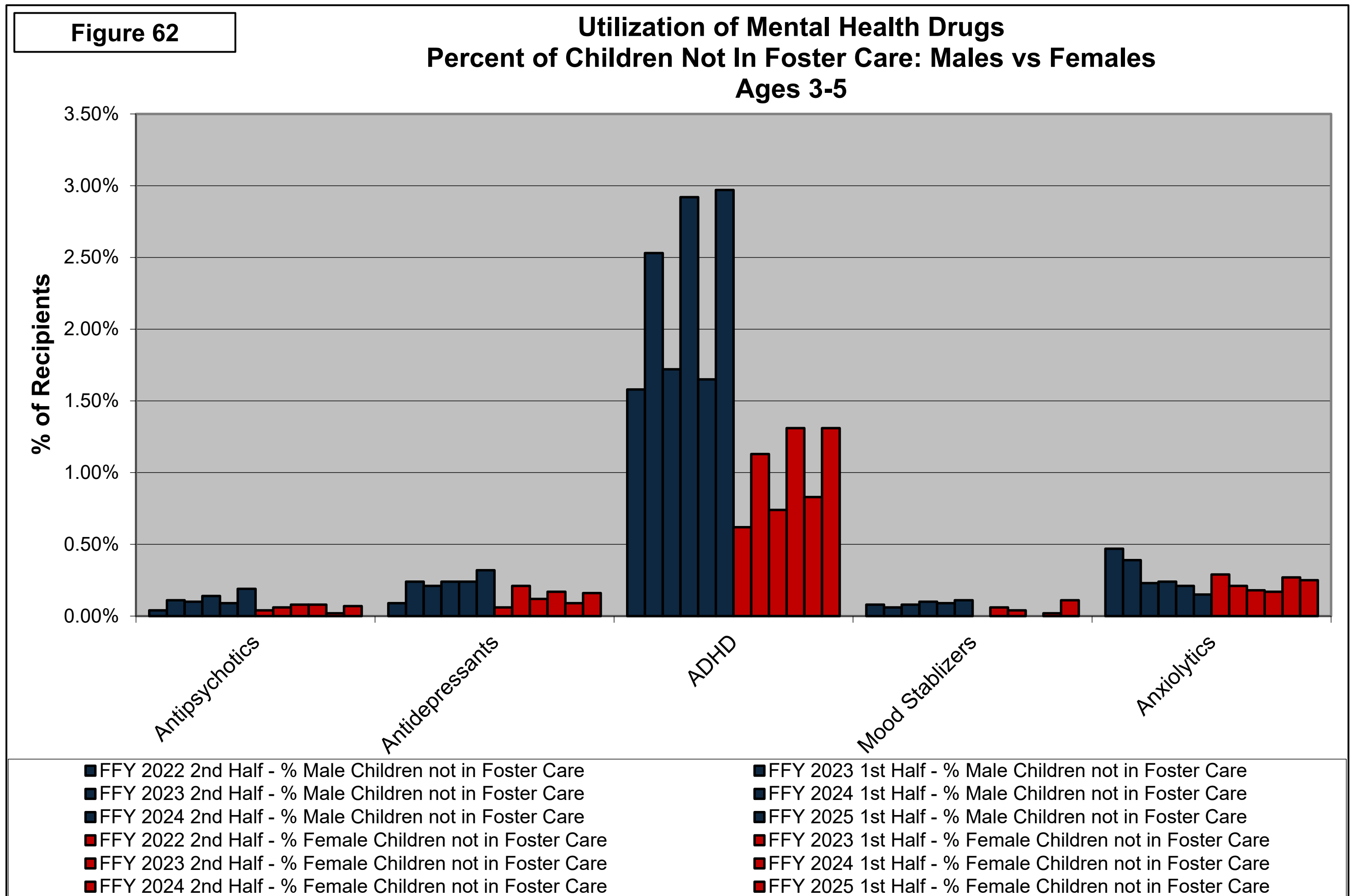


*Figure 63: Measures 1 and 2 in Age 6-12: Males vs Females in Non-Foster Care*

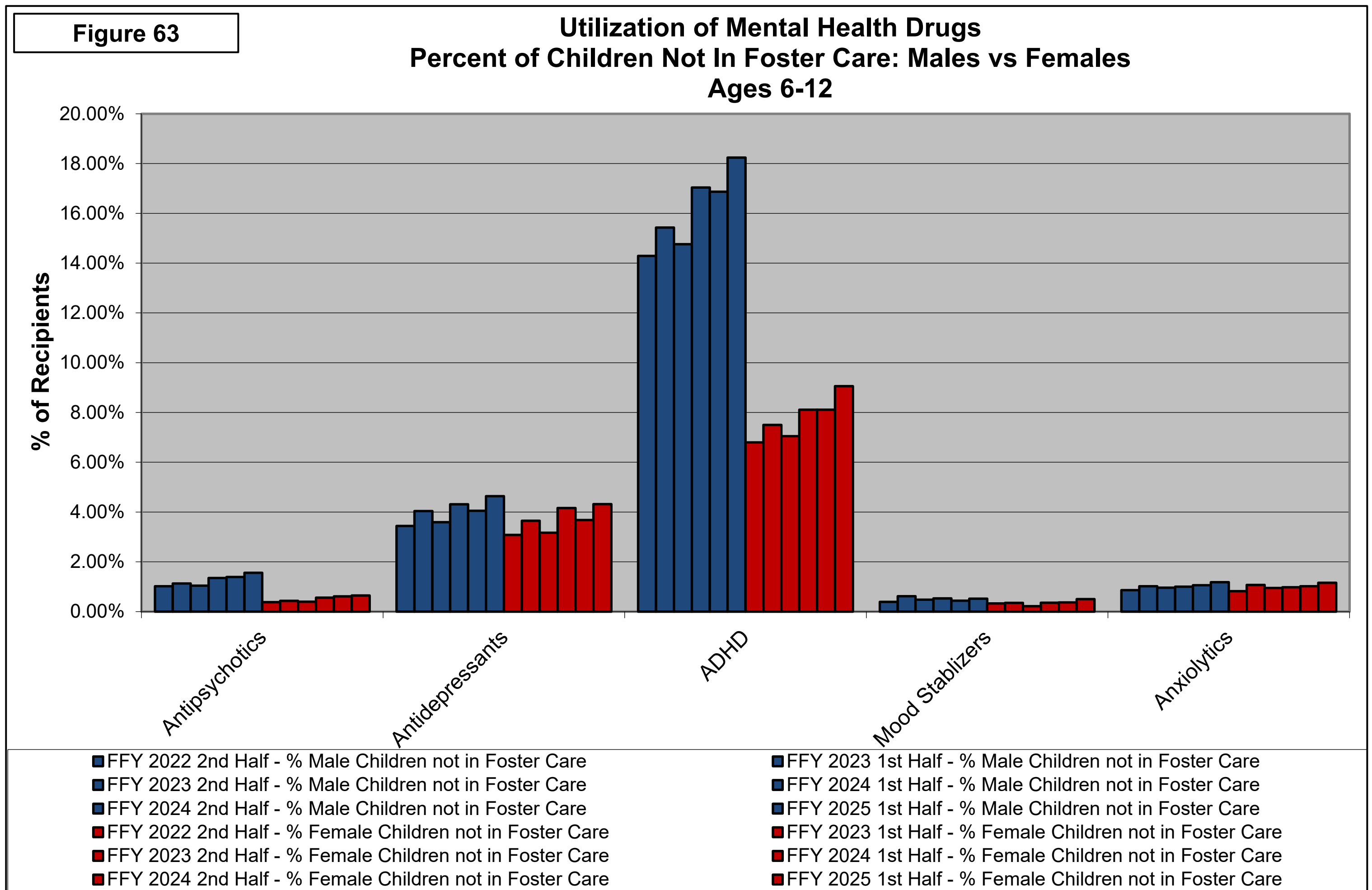
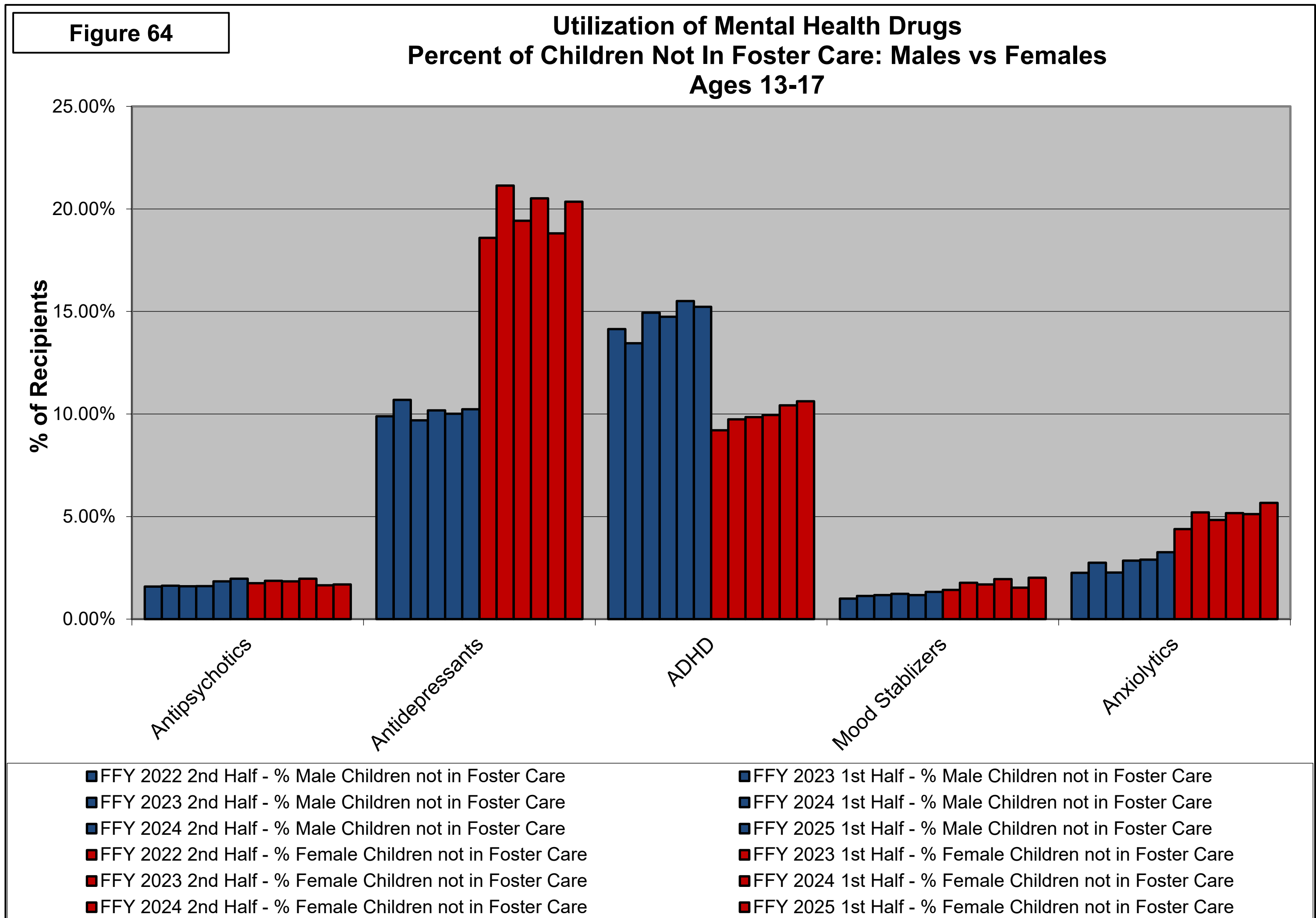


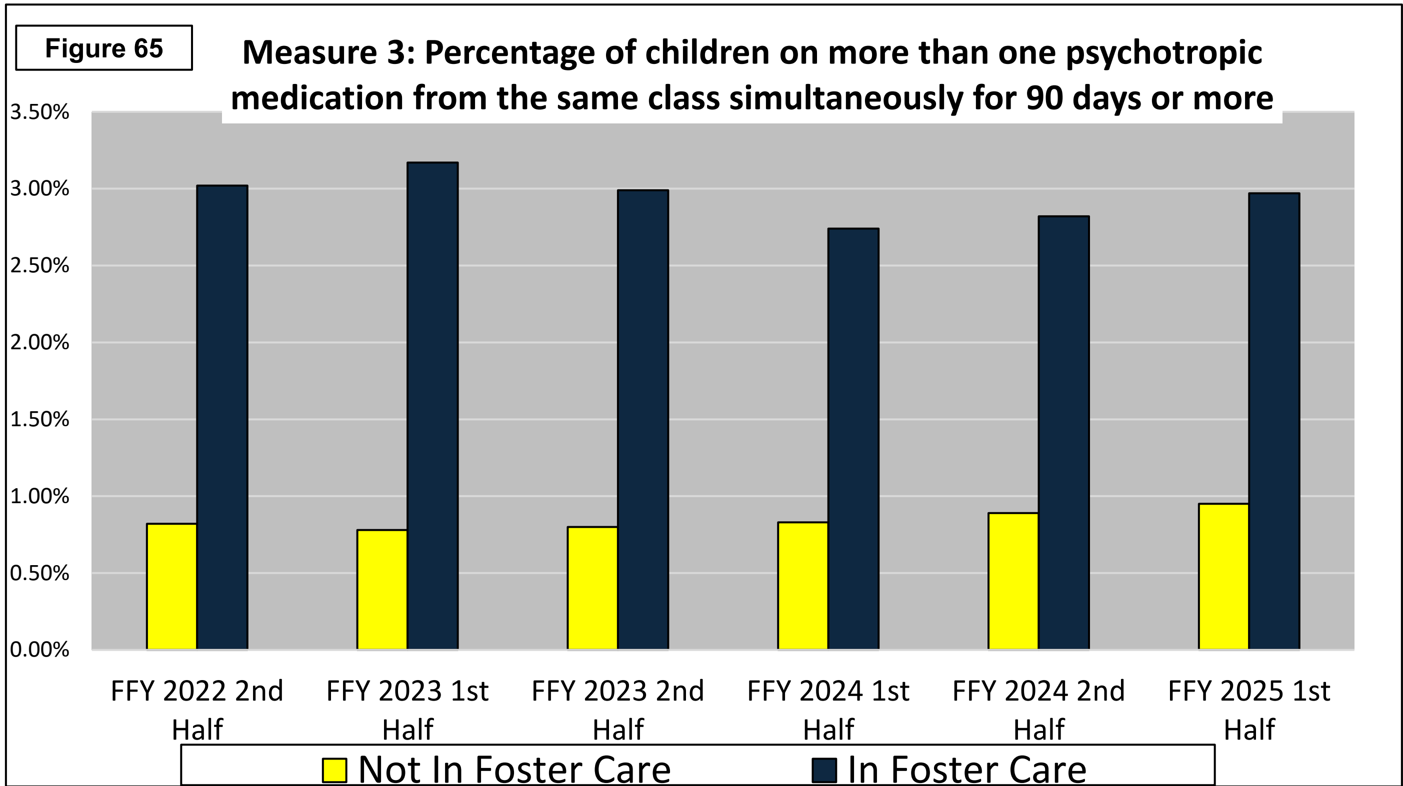
*Figure 64: Measures 1 and 2 in Age 13-17: Males vs Females in Non-Foster Care*



**Measure 3: Percentage of children on more than one psychotropic medication from the same class simultaneously for 90 days or more (defined above as co-pharmacy)**

As depicted in Figure 65, the percentage of children on more than one psychotropic medication from the same class simultaneously for 90 days or more (defined above as co-pharmacy) is higher among the foster care versus the non-foster care children. However, this measure has stayed almost on the same level.

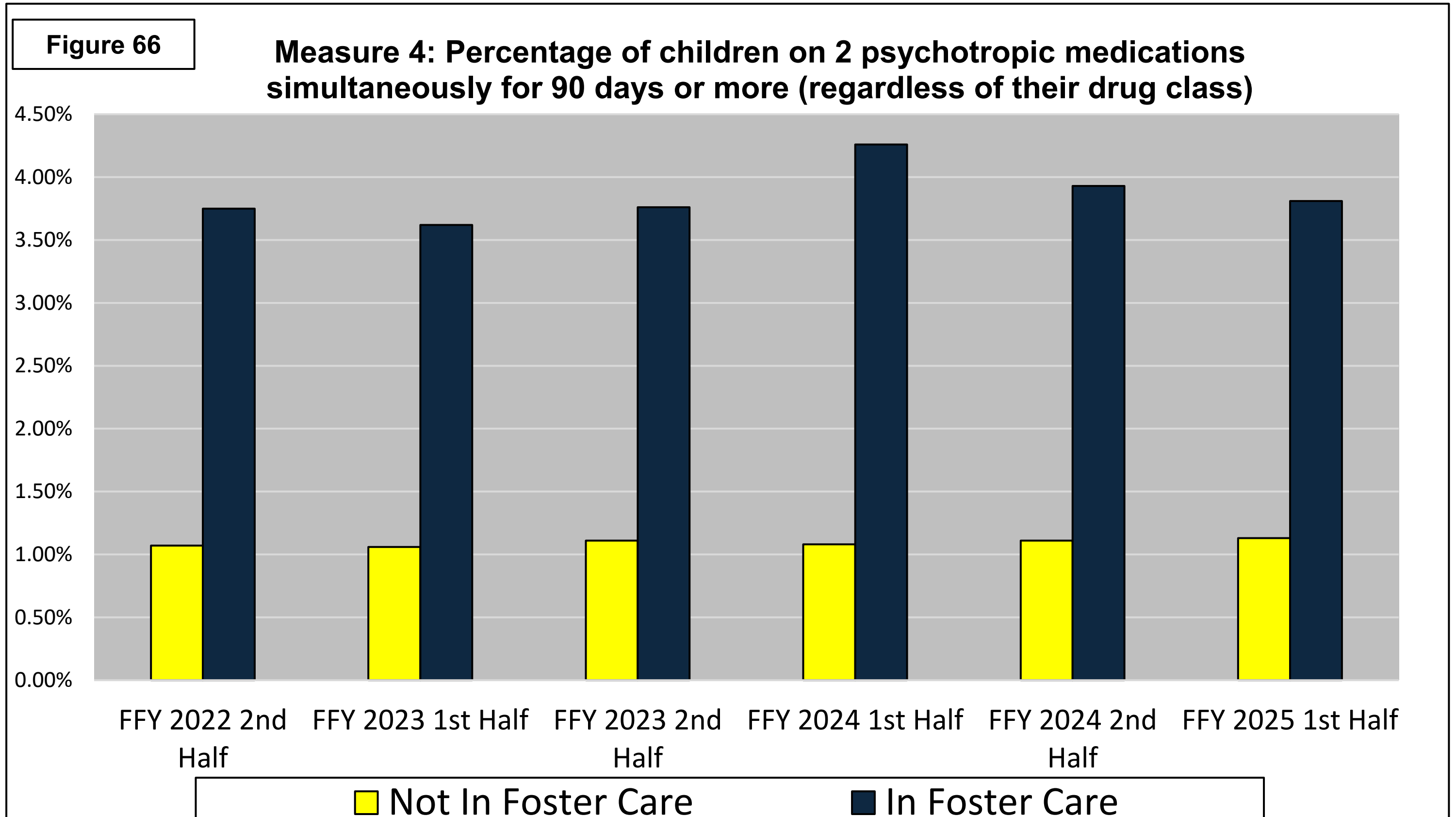
*Figure 65: Measure 3 - Percentage of children on more than one psychotropic medication from same class*



**Measure 4: Percentage of children on 2 psychotropic medications, 3 psychotropic medications and 4 plus psychotropic medications (regardless of their drug class) simultaneously for 90 days or more**

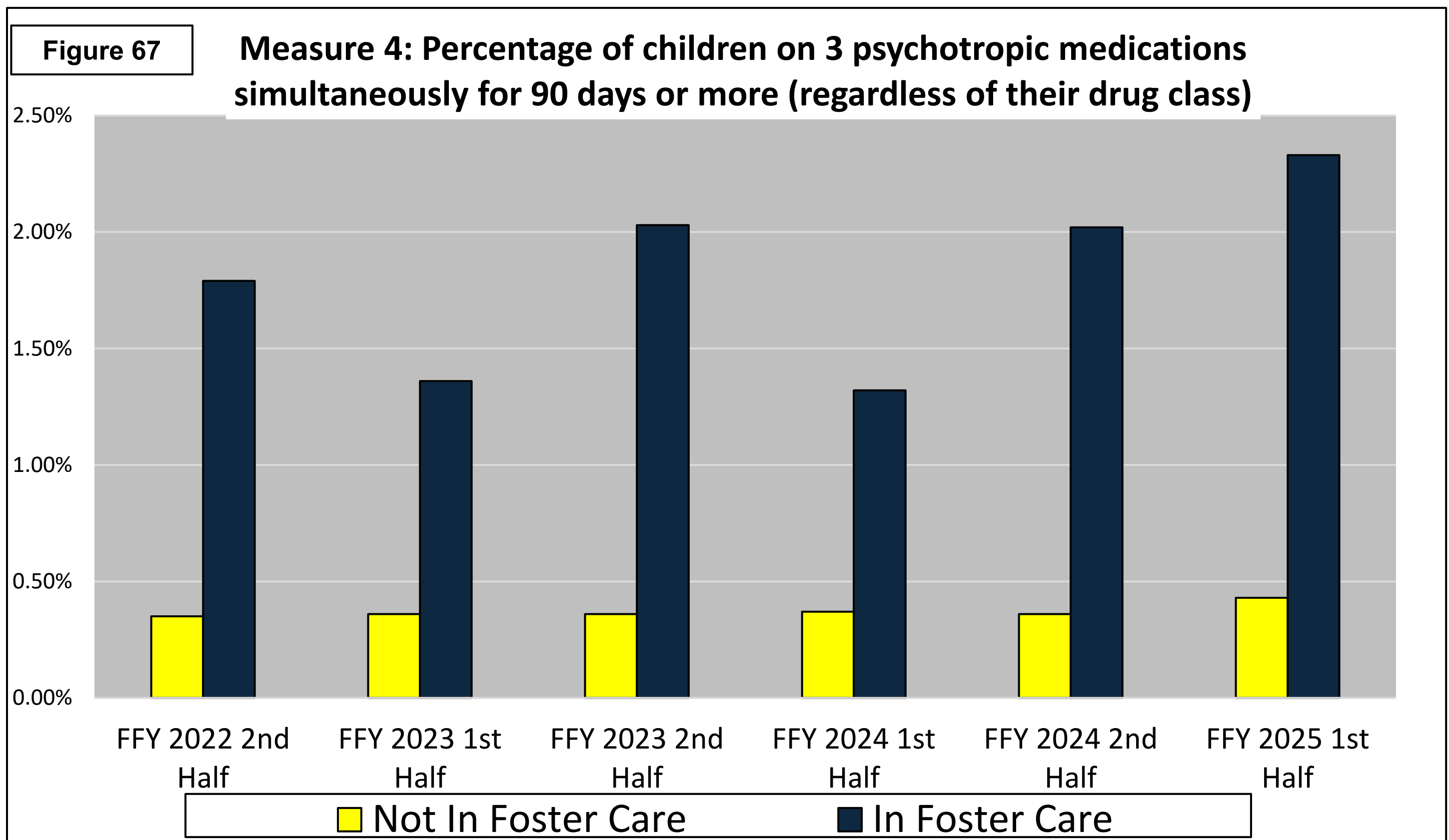
As shown in Figure 66, the percentage of children on 2 psychotropic medications (regardless of their drug class) simultaneously for 90 days or more is higher for foster care versus non-foster care children. However, this measure has stayed almost on the same level.

*Figure 66: Measure 4 – Percentage of children on 2 psychotropic medications*



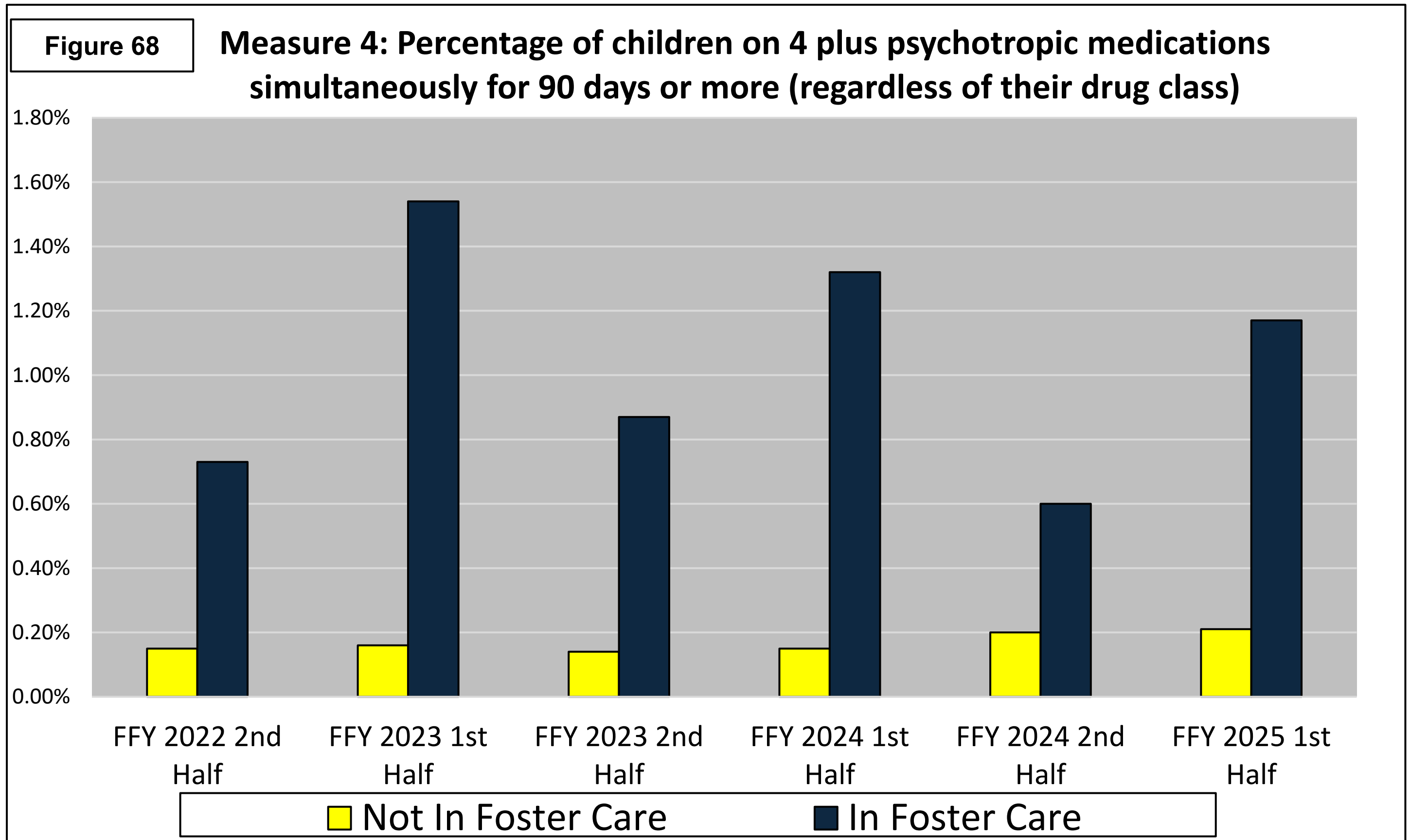
As Figure 67 shows below, the percentage of children on 3 psychotropic medications (regardless of their drug class) simultaneously for 90 days or more is also higher among the foster care versus the non-foster care children.

***Figure 67: Measure 4 – Percentage of children on 3 psychotropic medications***



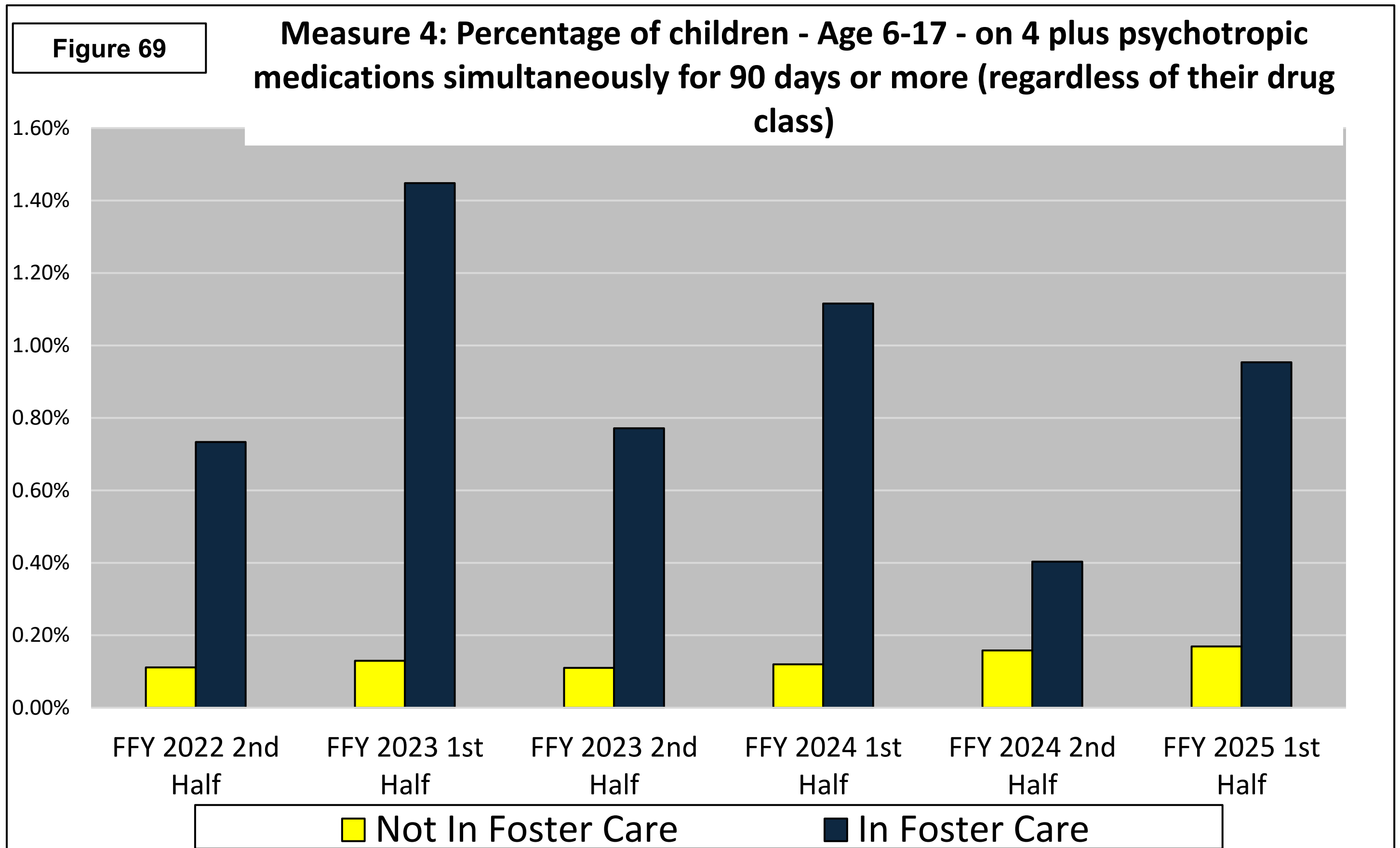
As Figure 68 shows below, the percentage of children on 4 plus psychotropic medications (regardless of their drug class) simultaneously for 90 days or more is also higher for foster care versus non-foster care children.

***Figure 68: Measure 4 – Percentage of children on 4 plus psychotropic medications***



Narrowing to only the age group of 6-17, as Figure 69 shows below, this measure is also higher for foster care versus non-foster care children.

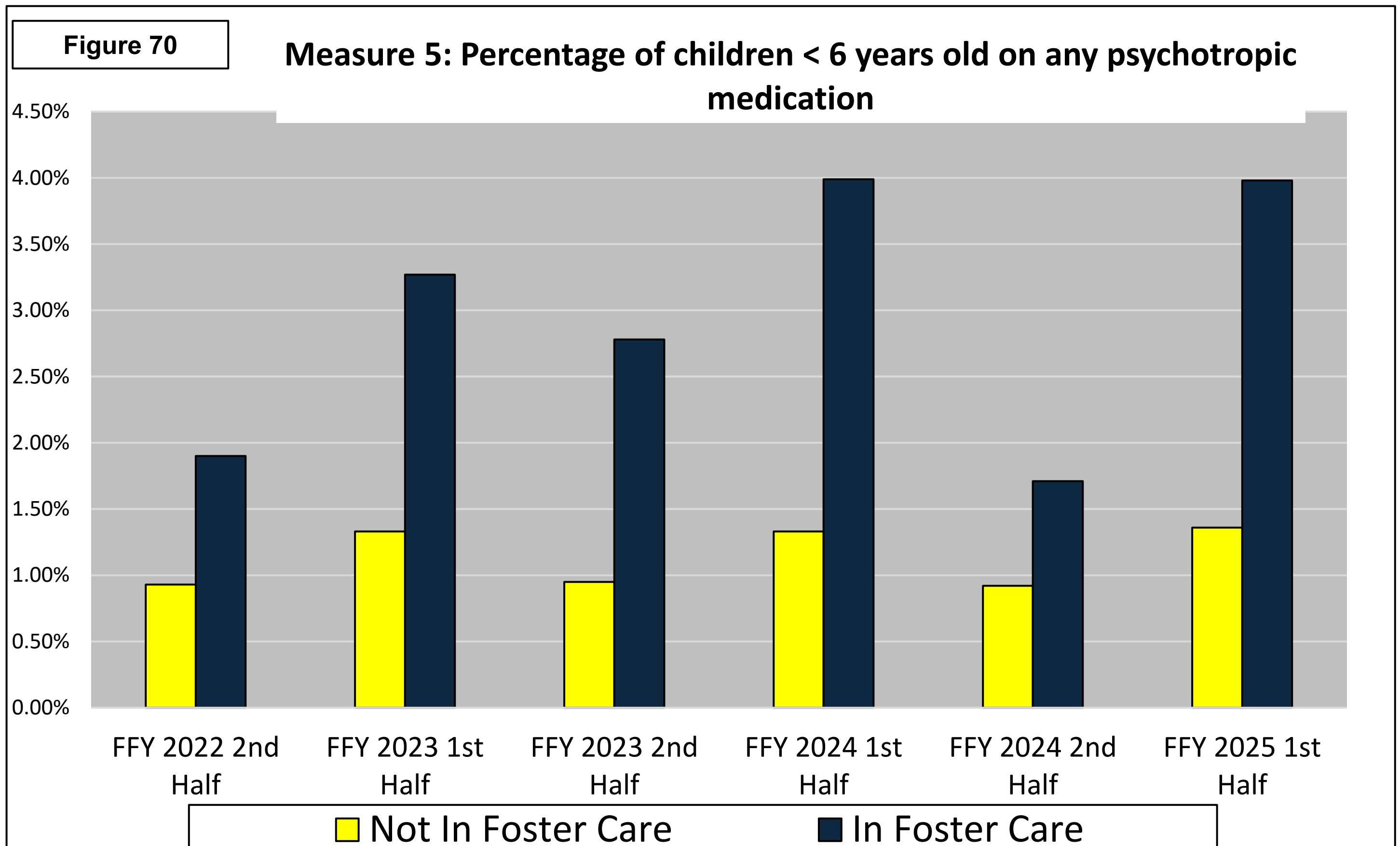
***Figure 69: Measure 4 – Percentage of children on 4 plus psychotropic medications in Age 6-17***



### Measure 5: Percentage of children < 6 years old on any psychotropic medication

As shown in Figure 70 below, the percentage of children < 6 years old on any psychotropic medication is higher for the foster care versus the non-foster care children. Moreover, there are some increases in the following reporting periods suggesting some seasonality: in 1st half of FFY 2023, in 1st half of FFY 2024, and in 1st half of FFY 2025.

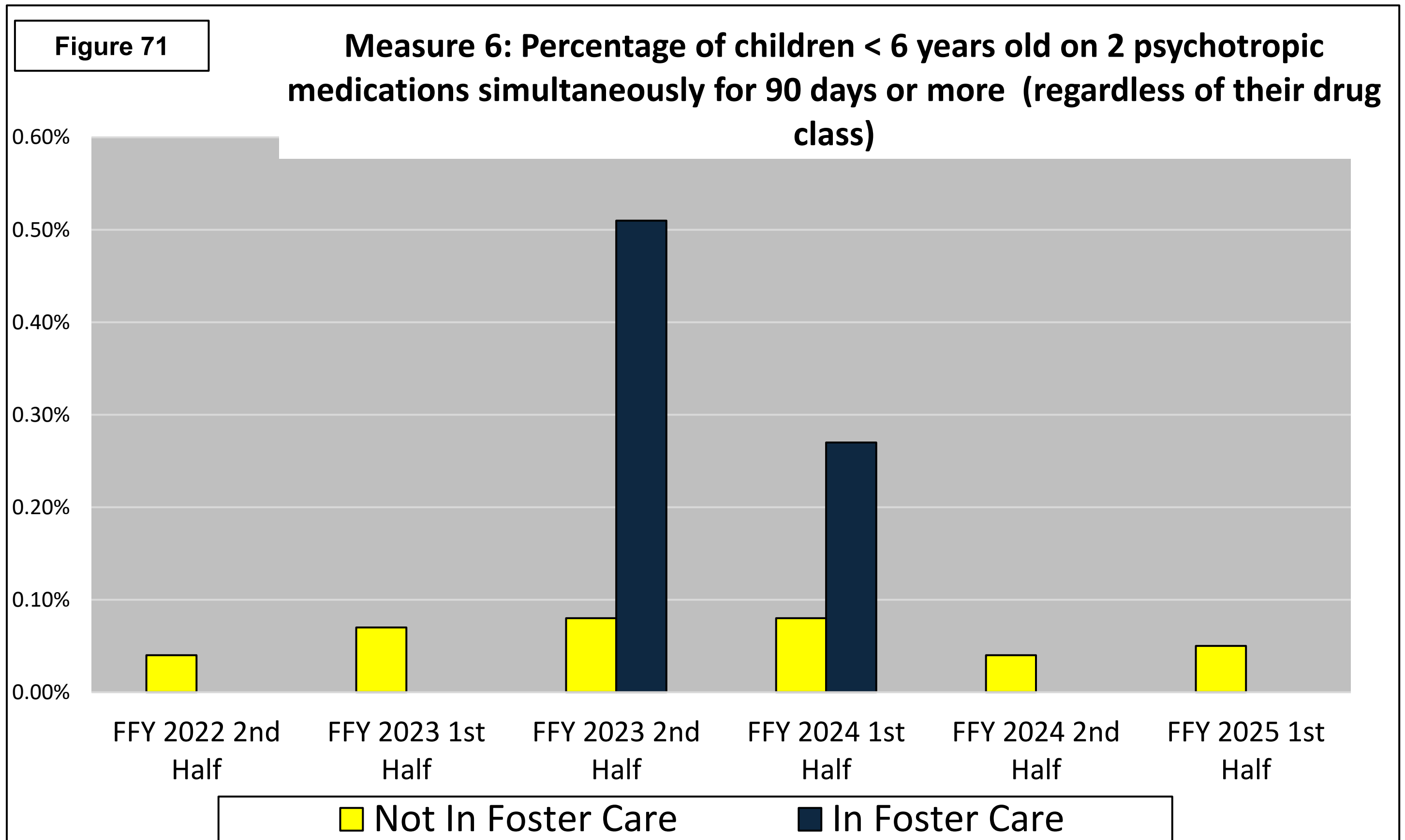
*Figure 70: Measure 5 - Percentage of children < 6 years old on any psychotropic medication*



**Measure 6: Percentage of children < 6 years on 2 psychotropic medications, 3 psychotropic medications and 4 plus psychotropic medications (regardless of their drug class)**

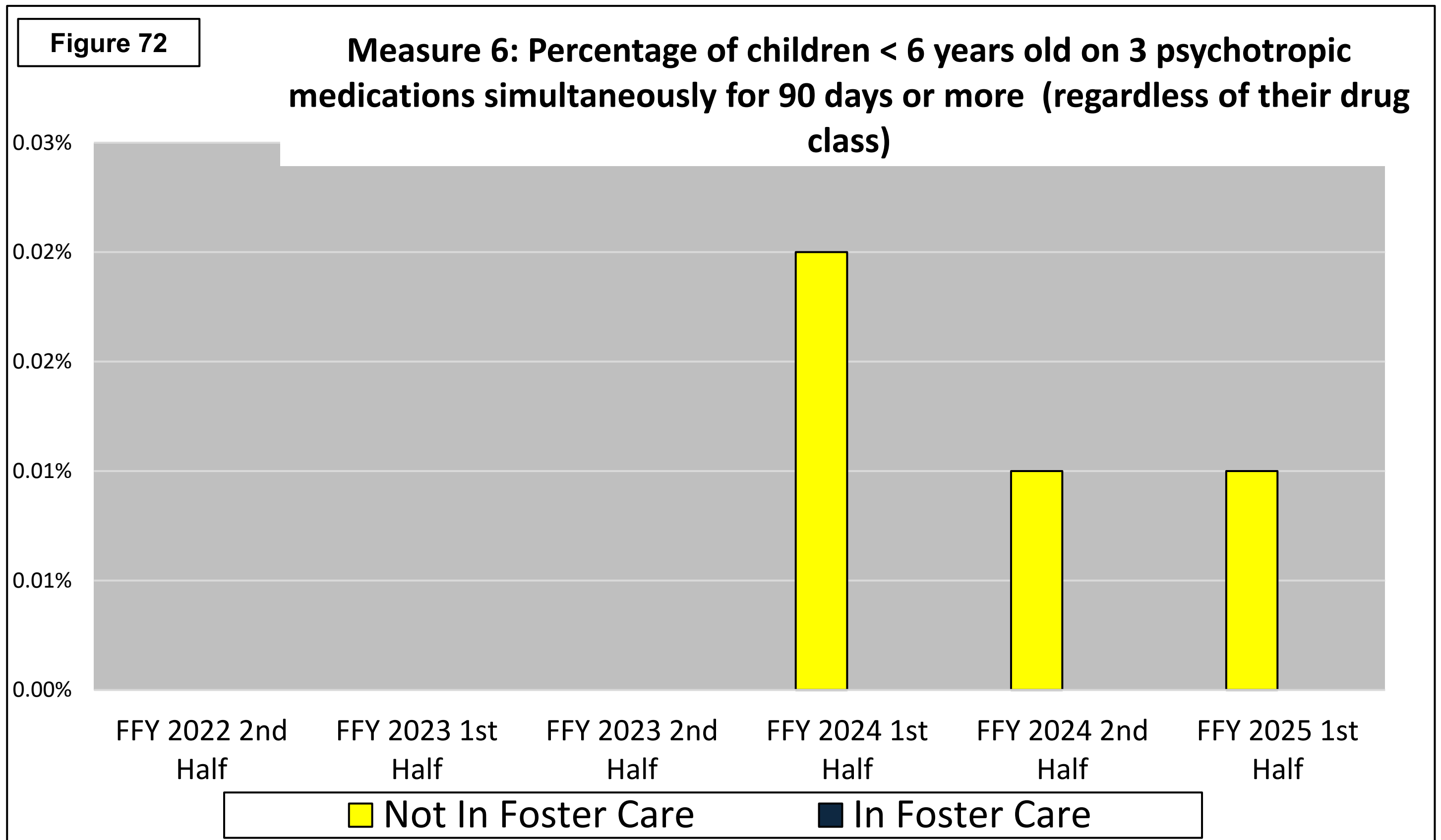
As demonstrated in Figure 71, the percentage of children < 6 years old on 2 psychotropic medications was higher for foster care versus non-foster care children. However, in most reporting periods, there were no foster care children < 6 years old on 2 psychotropic medications.

*Figure 71: Measure 6 – Percentage of children < 6 years on 2 psychotropic medications*



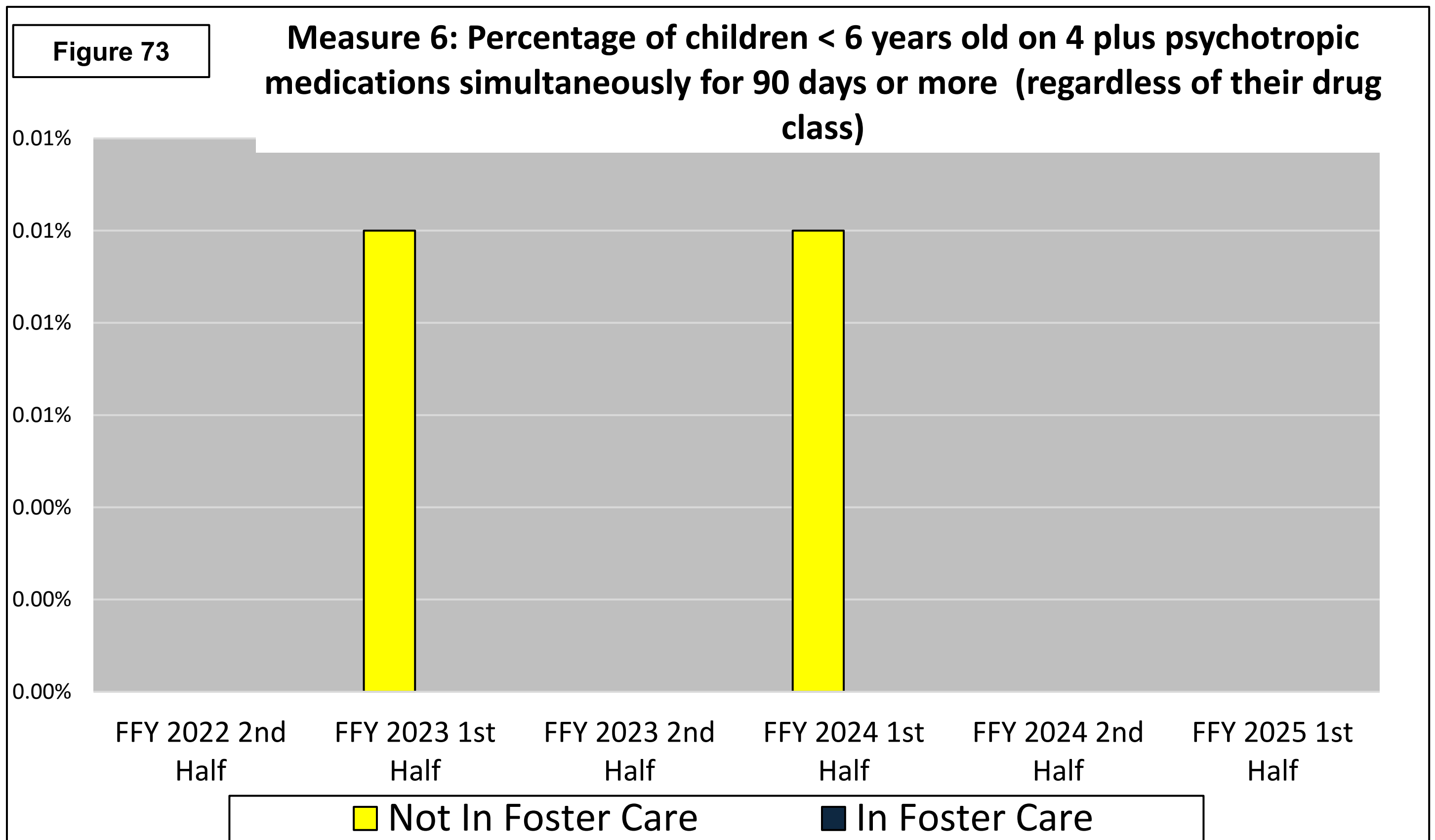
As Figure 72 shows below, in all reporting periods there was not any foster care child < 6 years old on 3 psychotropic medications.

**F*igure 72: Measure 6 – Percentage of children < 6 years on 3 psychotropic medications***



As Figure 73 depicts below, there were not any foster care children < 6 years old on 4 plus psychotropic medications.

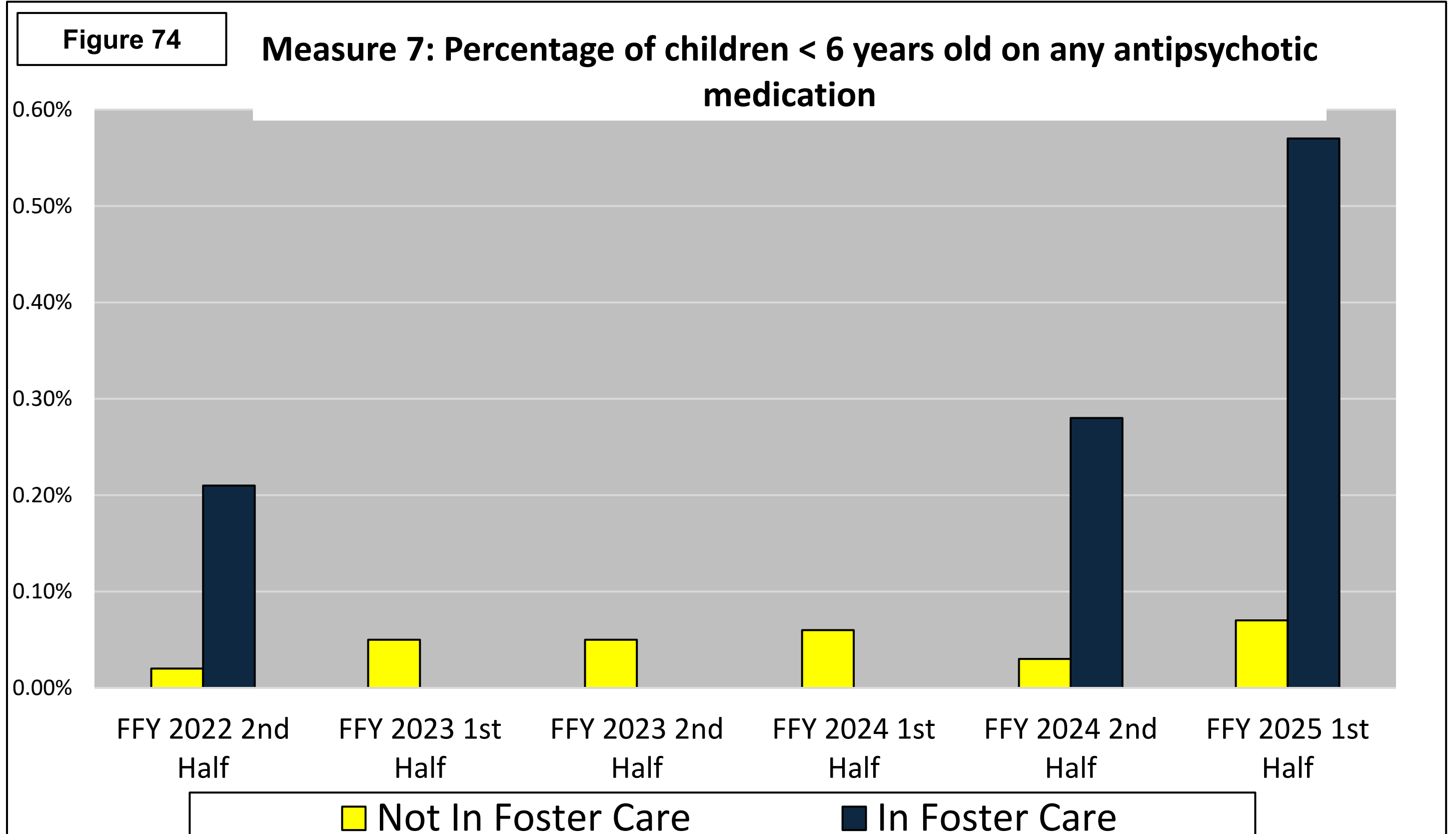
*Figure 73: Measure 6 – Percentage of children < 6 years on 4 plus psychotropic medications*



**Measure 7: Percentage of children < 6 years old on any antipsychotic medication**

As Figure 74 shows, only in the 2nd half FFY 2022, the 2nd half of FFY2024 and the 1st half of FFY2025 there were foster children < 6 years old on any antipsychotic.

**Figure 74: Measure 7 – Percentage of children < 6 years on any antipsychotic medication**



**Measure 8: Percentage of children on more than one antipsychotic simultaneously for 45 days or more**

As shown in Figures 75 and 76 below, the percentage of children on more than one antipsychotic simultaneously for 45 days or more has been slightly higher among foster care versus non-foster care children. This measure has stayed almost on the same level.

*Figure 75: Measure 8 – Percentage of children in foster care on more than one antipsychotic*

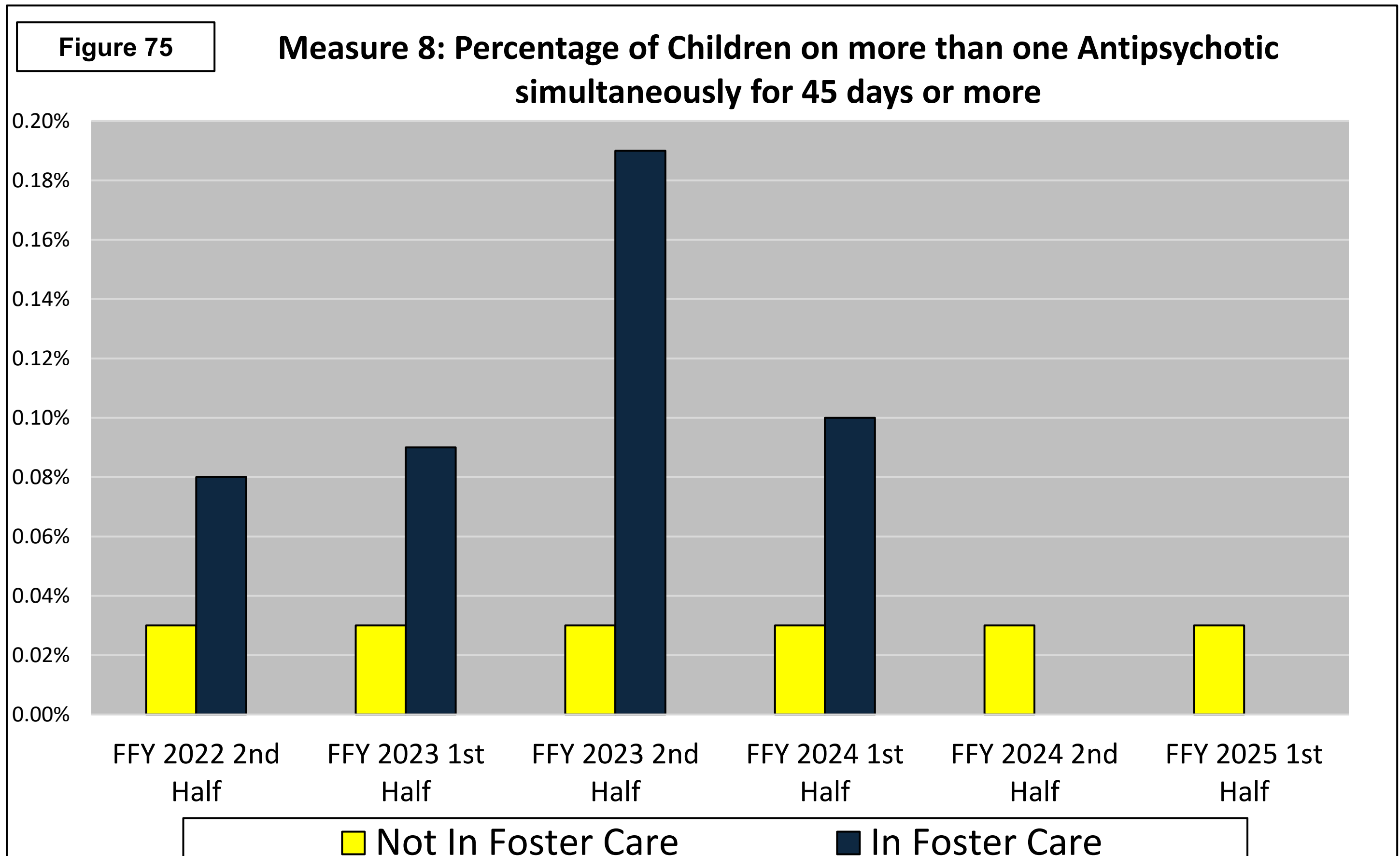
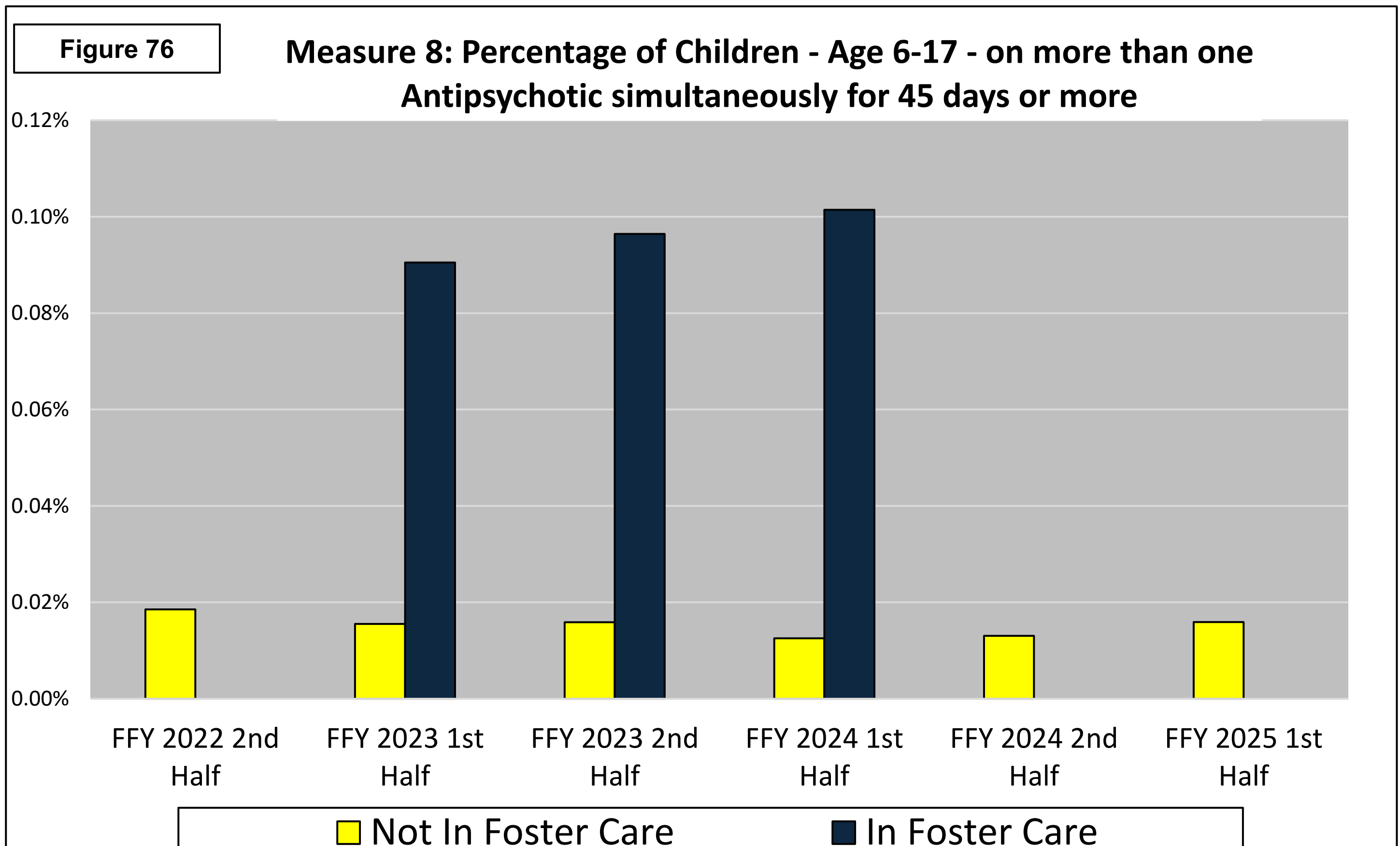


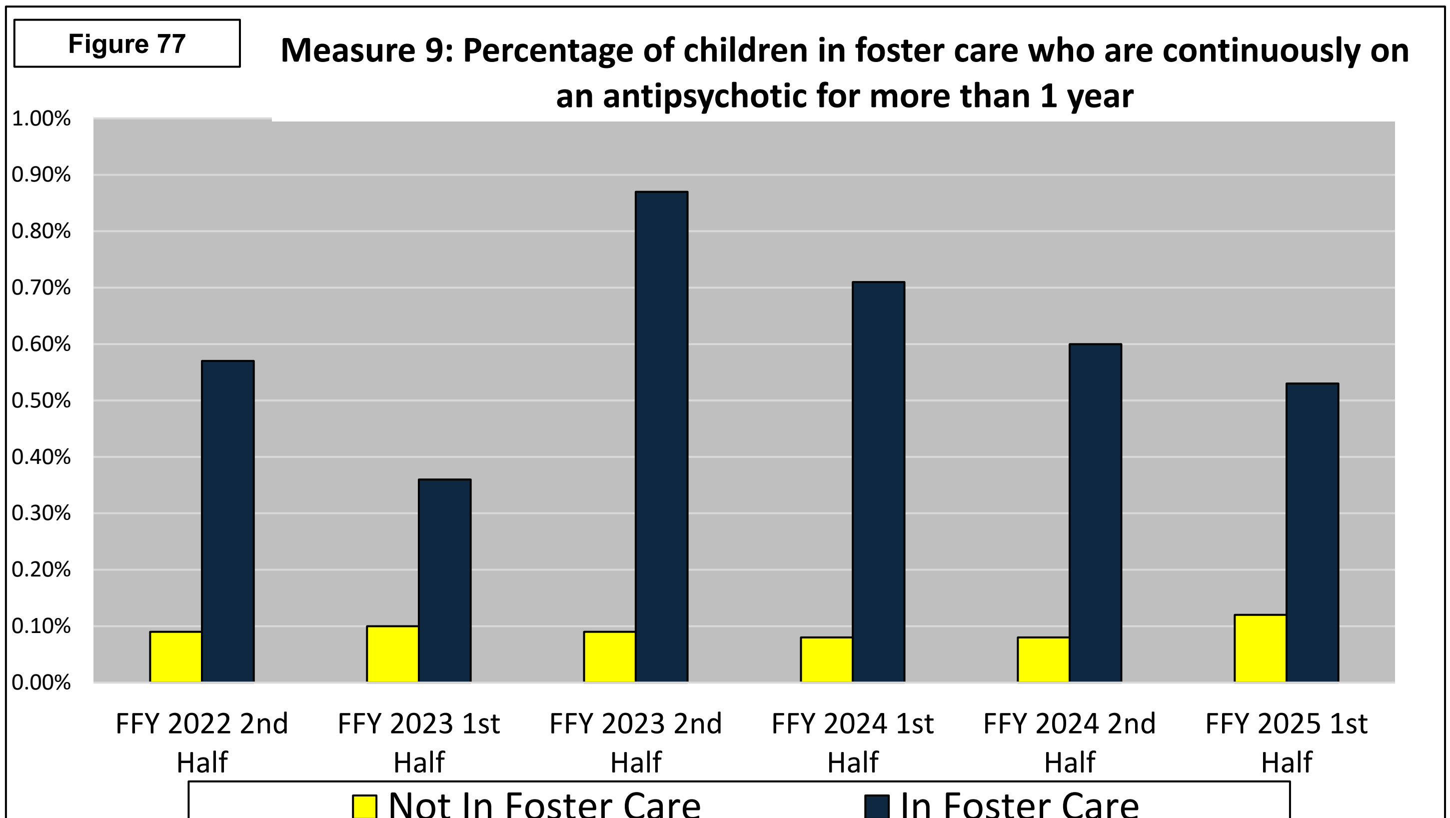
**Figure 76: Measure 8 – Percentage of children in foster care on more than one antipsychotic in Age 6-17**



**Measure 9: Percentage of children in foster care who are continuously on an antipsychotic for more than 1 year**

The below-presented Figure 77 demonstrates that the percentage of children in foster care who are continuously on an antipsychotic for more than 1 year has been slightly higher among foster care versus non-foster care children. However, for foster care kids this measure has stayed under 1% for the reporting periods.

*Figure 77: Measure 9 – Percentage of children in foster care who are continuously on an antipsychotic for more than 1 year*




These findings continue to inform FSD's quality improvement efforts and reinforce the need for close monitoring, interagency collaboration, and enhanced clinical guidance for psychotropic medication use among children in care.

We are in the early stages of reassessing how Family Services Division (FSD) staff provide informed consent for the use of prescription medications for children in DCF custody. As part of this work, we anticipate revising Policy 137: Antipsychotic Medications for Children in the Care of DCF by the end of the year to reflect updated practices. The Vermont Child Psychiatry Access Program (VTCPAP) provides a novel and innovative way to approach mental health, where their team of licensed clinical social workers and board-certified child and adolescent psychiatrists provide free, immediate support and psychiatric consultation to primary care providers (PCPs) who, in turn, provide care to their pediatric patients in need of mental health treatment. FSD is exploring how this model may intersect with practice related to children in DCF custody.

**Historical Summary of our Work & Collaboration with VDH and VCHIP**

In the early 2000s, a memorandum of understanding (MOU) between DCF and the VDH/division of FCH was established. This MOU identified a nurse based at each of the 12 local VDH district offices who would obtain health information on each child entering custody in a timely manner and share that information in the form of a *Health Information Questionnaire (HIQ)* with DCF. The MOU permits DCF to notify the FCH nurses within 3 business days when a child enters foster care in their district. A release is provided that authorizes the FCH nurse to communicate with the child's medical home. If the medical home is unknown, the nurse can determine the most likely medical home using Medicaid claims and/or the immunization registry. The FCH nurse often sends an HIQ to the medical home to gather the most up-to-date medical and dental information. The HIQ is entered into FSDNet, DCF's electronic record, within 30 days. If the child has any immediate health needs, or scheduled appointments, the FCH Nurse provides this information to the DCF Family Services Worker directly.

In 2020, VCHIP engaged in a project with DCF and VDH's FCH division to assess processes, successes, and opportunities for improvement for medical care as children enter foster care. As part of this work, VCHIP interviewed FCH nurses, DCF district administrative assistants, medical providers, and foster parents to determine current processes.

FCH nurses in each VDH district and almost all DCF district administrative assistants were interviewed to assess how the FCH nurse was notified when a child enters custody, and how the FCH nurse interacted with medical homes to gather information needed to complete the HIQ for each child entering custody. VCHIP learned there was great variability among the DCF districts and FCH nurses. There were different workflows and expectations, different mechanisms for notifying the FCH nurse when a child came into custody, and different levels of FCH nurse interaction with the medical home. Some DCF offices provided timely notification when children entered foster care, while others did not. Some FCH nurses worked closely with medical homes, some only interacted with the medical records department to obtain information. Some FCH nurses interacted with foster parents directly to answer medical questions and facilitate appointments with the medical home, and some did not. Most FCH nurses were interested in clarification about role expectations and scope of their work.

Fourteen medical providers across the state were interviewed about their patients entering foster care (with collaboration from Dr. James Metz and two pediatric residents). VCHIP learned that most (11) of the providers were not aware when their patients entered DCF custody. Most (12) were not aware of the AAP guidelines or did not have protocols in place to follow the guidelines, and the length of time until children were seen after entering foster care was variable, especially for adolescents. Providers were rarely informed of the reason for custody and felt that information was essential to being able to provide appropriate care for the child. However, all providers felt responsible for these patients, and felt that these patients should remain in their medical homes whenever possible.

VCHIP met with DCF-FSD's Foster Parent Workgroup and conducted a focus group of 5 foster parents to determine what they saw as the major medical issues for children entering foster care. Many of the foster parents were not informed about the medical home as a child entered custody. Medications were not always provided, and when they were, information about the correct dosing, reason for giving, and potential side effects were not always available. Refills of missing medications were often difficult to obtain. Many experienced difficulties making an initial medical appointment for a child, reporting that they were often told by the front desk staff that the child already had a health supervision visit and did not need to be seen. Most foster parents said there was great benefit in having access to the child's Electronic Health Record. Foster parents noted not all providers recognize and/or understand the purpose of the medical authorization form and that office visits with

the medical provider are needed for foster parents to get all important information to care for the child and their medical needs.

VCHIP engaged two large pediatric practices in southern Vermont in quality improvement to increase the number of children entering foster care who had a comprehensive health assessment within 30 days. Initial barriers included a lack of awareness of the AAP guidelines for initial care of children entering custody, and lack of office systems to notify the pediatric provider and to reach out to the foster parent to schedule a comprehensive health assessment. Some practices required legal documentation of foster placement before being able to reach out. Some practices found it more efficient to see the child for a health supervision visit but were not always able to schedule that within 30 days due to Medicaid restrictions for payment. Care coordination and the generation of care plans were variable at each practice, as criteria for care coordination differed, and not all providers recognized children in foster care as children with special health care needs. VCHIP learned that timely notification by DCF and the FCH nurse typically led to more children seen for a comprehensive health assessment. Direct communication with an identified point person(s) at the practice (often a care coordinator) was important to the process and often led to timely outreach to foster parents to help with immediate medical issues. Adolescents were less likely to receive timely care in the medical home. Change of placement and residential placements could be the reason for this. Lack of notification of change of placement also led to missed appointments.

**Foster Care Learning Collaborative Affinity Group (Now Foster Care QI Team Meeting)**

Vermont was selected to take part in a CMS *Foster Care Learning Collaborative Affinity Group* titled "Improving Timely Healthcare for Children and Youth in Foster Care," which ran from August 2021 through August 2023, and focused on the comprehensive health assessment. The project was supported by Mathematica and the Center for Health Care Strategies. The Vermont team consisted of representatives from the Department of Vermont Health Access (DVHA), Department for Children and Families (DCF), Division of Family Child Health (FCH, formerly Maternal Child Health) of the Vermont Department of Health (VDH), and the Vermont Child Health Improvement Program (VCHIP). The Vermont team and ten other state teams met together remotely every month and engaged in monthly individualized quality improvement coaching sessions. Vermont selected an aim of increasing by 10% the number of children and youth receiving a comprehensive health assessment within 30 days of entering custody.

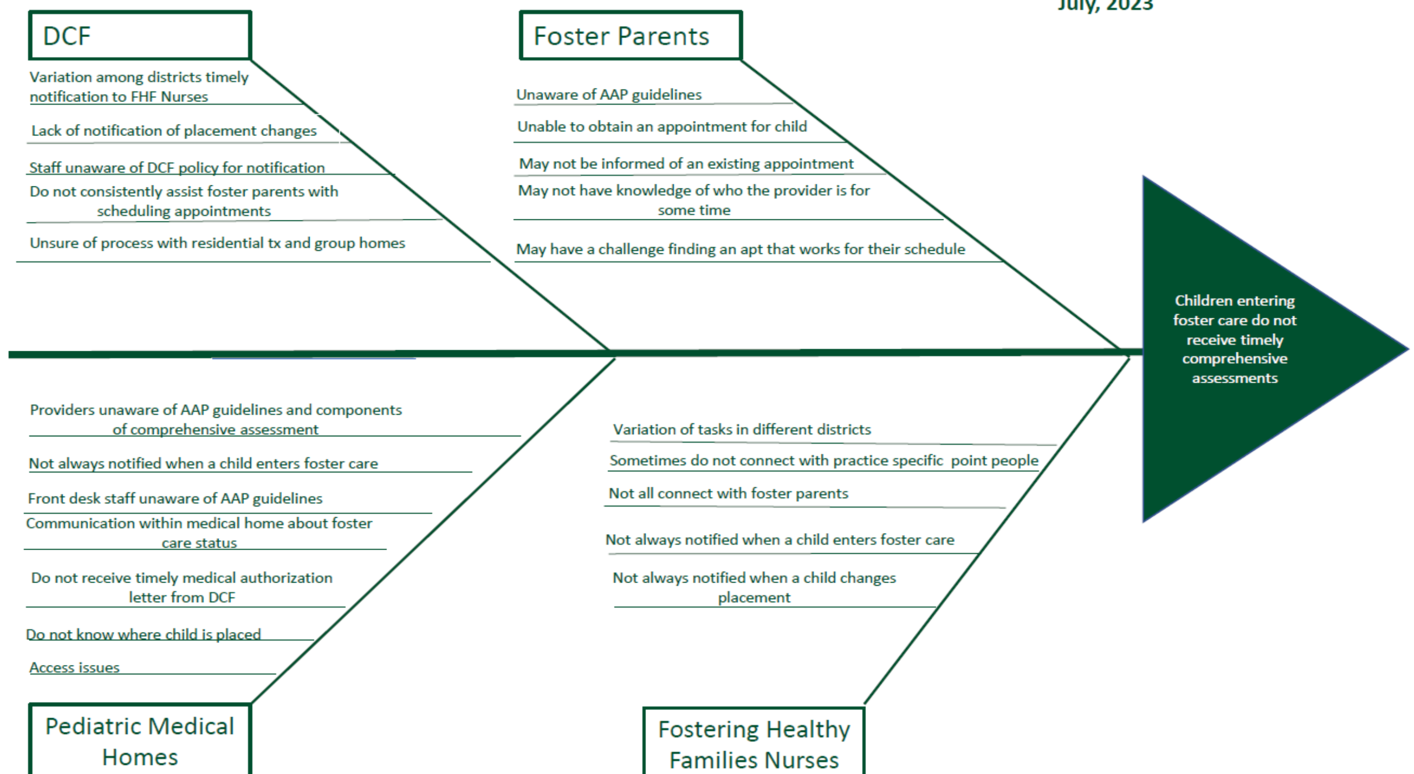
When the CMS Affinity Group began, the Vermont team already had some clear ideas of what needed to be done. The Vermont team began by assessing available data to determine the baseline of children entering foster care who received a comprehensive assessment within 30 days. Identifying children entering foster care proved to be a challenge, as the flagging system in Medicaid is complicated. To track children and youth entering foster care, DCF provided a file to DVHA so they could match the child in Medicaid. Some children were not able to be matched so the data is incomplete. Once identified, Medicaid claims data was utilized. Since there is no CPT code for a comprehensive health assessment for children entering custody, a proxy was determined. Claims data analyzed included E&M CPT codes for office visits lasting 30 minutes or longer and well visit codes by primary care providers. The data analyzed included children who entered custody during the calendar year period and were enrolled in Medicaid for 30 or more days following the date of custody entry. Infants in the NICU were included in the denominator, although they could not have had any office visits. Data was stratified by child age for the years 2019, 2020 and 2021. Baseline data is listed below. Note that the COVID pandemic resulted in lower numbers of children entering foster care in VT.

*Figure 78: Comprehensive Assessment Data*

Comprehensive Assessment Data

| | 2019 | | | 2020 | | | 2021 | | |
|---|---|---|---|---|---|---|---|---|---|
| Classification | Number of Children | Comprehensive Assessment (0-30 days) | Any Visit (0-30 days) | Number of Children | Comprehensive Assessment (0-30 days) | Any Visit (0-30 days) | Number of Children | Comprehensive Assessment (0-30 days) | Any Visit (0-30 days) |
| **Infant (0-1)** | **113** | **73%** | **81%** | **91** | **80%** | **85%** | **63** | **75%** | **79%** |
| **Young Childhood (1-4)** | **179** | **39%** | **53%** | **108** | **44%** | **55%** | **121** | **46%** | **62%** |
| **Late Childhood (5-11)** | **197** | **25%** | **37%** | **159** | **25%** | **31%** | **167** | **40%** | **50%** |
| **Adolescent (12-17)** | **230** | **21%** | **30%** | **166** | **16%** | **20%** | **153** | **31%** | **35%** |
| **Eighteen and Older** | **0** | | | **0** | | | **12** | **17%** | **25%** |
| **All Districts Total** | **719** | **35%** | **45%** | **524** | **36%** | **42%** | **516** | **42%** | **52%** |

Using QI frameworks and a key driver diagram, drivers were identified (below).



One identified barrier to following recommendations by the AAP for comprehensive assessments and an enhanced visit schedule was Medicaid payment. VT Medicaid allows for only one well-visit per year for children aged 3 and older. The Affinity Group was able to work with DVHA to have additional well visits and screening covered, in alignment with AAP guidelines, when the code Z 62.21 (child in foster care) is used. A coding guide was created: “Billing for Services: Children/Youth in Foster Care”.

**Vermont Medicaid**

## Billing for Services: Children/Youth in Foster Care*

| New Patient | Established Patient |
|---|---|
| These code sets are designed for evaluation & management of the child to address specific issues/concerns as needed. Code according to medical decision making (MDM) or time. | |
| Problem-Focused Visits | Problem-Focused Visits |

| Code | Time |
|---|---|
| 99203 | 30-44 min |
| 99204 | 45-49 min |
| 99205 | 60-75 min |

| Code | Time |
|---|---|
| 99213 | 15-24 min |
| 99214 | 25-39 min |
| 99215 | 40-54 min |

These code sets are designed for the periodic evaluation & management that is reflective of the age of the child.

| New Patient | Established Patient |
|---|---|
| Periodic Preventative Visits 99381-99385 | Periodic Preventative Visits 99391-99395 |

Other evaluation & management codes may be used as appropriate for the services provided and the scope of practice of the healthcare provider.

These services may include counseling, risk factor reduction, behavior change intervention, as well as chronic care management.

### Screenings & Assessments

- 96110 - Developmental screening (eg, developmental milestone survey, speech and language delay screen)
- 96127 - Brief emotional/behavioral assessment (eg, depression inventory, ADHD scale)
- 96160 - Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal)

Other screening or assessment codes may be used as appropriate. Include scoring and documentation for each standardized instrument used.

### Modifiers & Diagnosis Codes

The use of modifiers may be necessary to indicate that the services are indeed separate, and both were performed.

Z62.21 – Child in welfare custody*

May use this code as a secondary diagnosis for ALL encounters.

For questions, please contact your Gainwell Representative

Utilize the most appropriate and detailed diagnosis code. Refer to the ICD-10 DX code set and the AAP Coding Fact Sheet for Treating Trauma.

The Vermont team identified a DCF district that was interested in engaging with community practices. Process flow mapping was completed with DCF district leadership, the administrative lead and the FCH nurse to identify steps in the practice notification process when a child enters foster care. This mapping revealed opportunities to test strategies that could improve the process. The district designed a joint letter from DCF and the FCH nurse to be sent to practices when a patient entered foster care. This letter included the foster parent and Family Services Worker (FSW) contact information, caregiver authorization form, release of information to interact with the FCH nurse, AAP recommendations, and the coding and billing guide. This letter is a call to action for the practice to contact the foster parent and schedule an appointment, and contains the information needed to legally do so. Results of the tests of change showed that early notification and contact with foster parents often led to scheduling comprehensive health assessments within 30 days. Barriers to the assessment included youth changing placement and entering residential care. Some family medicine practices did not respond to the letter. The strategy of sending this joint letter to practices has been spread to additional DCF districts.

**Proposed Plan for Vermont in the Years Ahead**

As a result of the CMS Affinity Group, VT has identified the following steps to spread success to all districts in VT:

- Structure communication between the DCF district administrative person and the FCH nurse. Meet at least every 6 months, ideally more often to fine tune the communication.
- Send the joint letter from DCF and the FCH nurse to the appropriate medical home within 3 business days of a child entering custody, ideally as soon as possible.
- Send the letter to a point person designated by the practice, usually a care coordinator, who can contact the foster parent as soon as possible to answer medical questions and facilitate scheduling the appointment for the comprehensive health assessment with the appropriate medical provider, ideally within 30 days, and coordinate any specialty care needed.
- Be in touch with the medical homes in the district before the process begins, so they will be aware of the AAP guidelines, and can choose a point person for their practice.
- Follow data to determine success and pinpoint gaps.

**Lessons Learned from Activity to Date**

- Pediatric practices VCHIP contacted want to care for their patients in foster care, but not all were familiar with the AAP guidelines.
- Patients from a particular practice enter foster care intermittently, so establishing a consistent workflow can be challenging.
- Youth are receiving lower rates of comprehensive health assessments than younger children, which can be due in part to more frequent change of placements including residential placements.
- Failure to notify medical homes of foster care placement changes can result in children missing needed medical care.
- Confidentiality of court proceedings can impact information shared with medical providers.
- The system is fragile. The process is often dependent upon one individual at each site (DCF administrative assistant, FCH nurse, practice point person), and redundancies are not built into the system.

**Next Steps/Considerations**

- Prioritize healthcare for children in foster care along with child safety. Same-day notification of the medical home when a child enters custody, along with timely notification of placement change, would ensure the best medical care for children entering foster care (DCF).
- Continue working with medical homes, including family medicine practices, across the state to facilitate usage of the AAP guidelines (comprehensive health assessment, care coordination, enhanced health care visit schedule) (VCHIP).
- Develop more robust care coordination for children in foster care (including usage of shared plans of care) to ensure consistent medical care. Care coordination by DCF or managed care organizations has shown to be effective in other states for children entering custody (primary care providers).
- Clarify the role of the FCH nurse across districts. Additional time or personnel may be necessary, especially in some of the larger districts (FCH).
- Investigate why youth in foster care have significantly lower rates of comprehensive health assessments in medical homes compared with younger age groups (VCHIP in collaboration with DCF and FCH).
- Track health, dental health, and mental health outcome data for children and youth in foster care. Process improvement with the Medicaid flagging system used when children enter custody could assist in identification of foster children within claims (VCHIP in collaboration with DVHA, DCF, FCH).

**Vermont Child Health Improvement Program (VCHIP) Scope of Work**

VCHIP's new scope of work for the next year includes the following goals, informed by the projects and collaboration detailed above.

**Enhancing Medical Care and Care Coordination for Children & Youth Entering Foster Care**

**Goals**

Data obtained from Department of Vermont Health Access (DVHA) shows that Vermont children entering foster care, particularly adolescents, are not receiving timely comprehensive visits in their medical home. This project promotes children and youth having a comprehensive assessment within 30 days of entering foster care as recommended American Academy of Pediatrics (AAP).

- Promote identified system changes that could improve the number of children and youth entering custody receiving a comprehensive medical evaluation resulting in a plan of care that includes medical, developmental/behavioral/mental, and oral health.
- Work to ensure that Medicaid-eligible children and youth entering the custody of the Department for Children and Families Family Services Division (FSD) have high-quality care in medical homes guided by the recommendations from the AAP.
- Facilitate recommended enhanced well visits and care coordination for children and youth in foster care.

**Project Description**

The AAP classifies children in foster care as a population of children with special health care needs. Most children and youth in foster care have been abused, neglected, or have experienced prenatal harm, which places them at higher risk for developing health problems. These children frequently have at least one medical problem; many have chronic conditions, developmental, oral

health or mental health challenges. The AAP issued a policy statement with recommendations regarding ensuring high-quality health services and care coordination in a timely manner for children entering foster or kinship care. This project supports state and community partners in adequately serving Medicaid-eligible children and youth in foster care.

**Specific Activities**

- Collaborate with youth with lived experience in foster care to create materials for youth in foster care about having a voice and shared decision-making in their healthcare, and the importance of transitioning to adult primary care.
- Provide technical assistance and/or guidance to medical homes interested in improving comprehensive assessment rates when children enter foster care within 30 days and enhanced medical visits as recommended by the AAP. Outreach will be conducted to medical homes to make them aware of this opportunity.

  Activities under this work may include:
  - Undertaking process flow mapping and creating new workflows.
  - Identifying a person or team within the practice to coordinate appointments, communicate with providers, foster parents and FSD.
  - Facilitating care plans/ care conferences for children in Department of Children and Families (DCF) custody when appropriate.
  - Conduct data analysis to support systems improvement in well care for children in foster care. Work with VDH staff to review Medicaid claims data for quality improvement (QI).
    - Utilize claims data provided by the Children with Special Health Care Needs (CSHN) program for quality improvement with practices and districts involved in improving comprehensive assessments when children enter foster care.
  - Work with state partners to improve systems of care for children entering foster care, to include:
    - Meet with the Local Health office, Family Child Health Coordinators (FCHC) as needed to collaborate towards the promotion of comprehensive medical evaluations, medical care following the AAP recommendations, coordination with FSD and medical homes.
    - Meet regularly with FSD to establish pathways for providing clinical expertise and technical assistance.
    - Encourage change to current FSD and FCHC workflow to include Family Educational Rights and Privacy Act (FERPA) releases for the FCHC to obtain and provide important medical information to the school nurses, FSD and foster parents.
    - Create materials to be offered to FSD Foundations training for newly hired Family Social Workers about the AAP guidelines for healthcare for children entering and in foster care, the Fostering Healthy Families (FHF) process and the benefits to working with the Fostering Healthy Families nurse.
    - Partner to plan a convening (aka 'Health Summit') of key partners including: FCH, FSD, VCHIP, DMH, VCCYF to enhance ongoing coordination and collaboration in support of the health and medical needs of children in custody.

**Deliverables / Products:**

- Brief progress report on work with youth. (December 2025)
- Document for Family Services Workers at FSD describing the AAP guidelines for healthcare for children and youth in foster care, as well as the FHF process. (March 2026)
- Description of outreach to medical homes. (June 2026)
- ‘Health Summit’ summary notes, including recommendations and next steps. (June 2026)

**Timeline**

i. Planning Phase (July 2025 – September 2025)
ii. Implementation Phase (October 2025 – March 2026)
iii. Results and Analysis (April 2026 – June /2026)

**Family Partnership and Engagement**

VCHIP will collaborate with the Youth Development Program’s Youth Advisory Board (YAB) and Foster Parent Workgroup about how to increase youth involvement in health care and offer materials to offer for youth in foster care.

**Performance Measures to be delivered by the End of the Grant**

1. The project team will develop and share document for youth about medical care to FSD the YDP and the Foster Parent Workgroup.
2. 70% of youth in the YDP who have provided ideas and information to VCHIP will report that their feedback has been reflected in the documents produced.

## Vermont’s 2025 Disaster Plan

The State of Vermont has a statewide comprehensive project for the purpose of developing Continuity of Operations Plans (COOP) for each of its state government agencies to ensure Continuity of Government (COG). The State of Vermont selected BOLDplanning.com, a web-based continuity of operations planning system designed to assist government organizations in the COOP development process. The BOLDplanning.com system guides users through each step of the COOP planning process and helps develop a plan that outlines the role and responsibilities required to ensure an organizations ability to transition and continue its operations during times of disruption. The Family Services Division (FSD), along with every other agency, department , division , or office within the state government utilizes this platform for continuity of operations and disaster planning. In the event of a natural disaster or other declared state of emergency, coordination occurs at every level of state government. Within FSD, coordination occurs with the Agency of Human Services (AHS) and Department for Children and Families (DCF).

FSD’s disaster plan was updated significantly with the onset of the COVID-19 pandemic; however, this was previously submitted. There have not been updates to the plan during this past year. The state never enacted the COOP so this plan was not specifically used; however, our plan was utilized in determining our essential services during the pandemic as well as significant planning for each district office should the COOP be enacted.

During the pandemic, there was heavy reliance on the use of virtual contact for both child safety interventions and ongoing case work including face-to-face contacts as permitted under the federal disaster declaration. Virtual work was also relied upon for the business aspects (foster care payments, contracts etc.) and worked well without a significant gap in any essential services.

The addition of virtual work was added to our disaster plan as an alterative to office settings if the offices are inaccessible with face-to-face contacts being arranged at pre-identified alternative locations.

## Vermont's Training Plan

FSD's development and delivery of comprehensive education and training programs for the child welfare system, including, but not limited to, agency workforce and foster/kin/adoptive parents. This plan is accomplished in collaboration with the University of Vermont (UVM) Department of Social Work through our Child Welfare Training Partnership (CWTP).

**Definition of the Child Welfare System**

The Vermont Department for Children and Families, Family Services Division has defined "state-licensed or state-approved child welfare agencies" in this context to include all entities and organizations that may directly engage in the development and/or implementation of the case plan for current foster and adoptive children who receive Title IV-E assistance. "Staff" of these agencies include any individuals who are invited, contracted, or voluntarily participate in support of the child and family so long as they are doing so at the behest of a state-licensed or state-approved child welfare agency.

Consistent with the focus of the Fostering Connections to Success and Increasing Adoption Act of 2008, the recognition of the involvement of non-public child welfare staff in support of Title IV-E eligible children and families are integral to improving outcomes. It is crucial to have increased engagement of family members in identifying individuals, groups, and agencies that are engaged at key decision points and throughout the life of the case plan.

As part of the case plan implementation for Title IV-E eligible children and families these providers may be integrally involved in a variety of team processes such as, but not limited to: Team Decision Making, Family Group Decision Making, and Treatment Teams. Given the nature of non-public child welfare groups and individuals (listed below) in their ongoing work with Title IV-E eligible children and families, it is critical that joint and cross system training occur to support consistent messaging and improved shared practice.

Below are listed the organizations or individuals that may be considered staff of state-licensed or state-approved child welfare agencies and how they fit within the context of providing child welfare services:

1. **Personnel employed or preparing for employment by the title IV-E State agency:** responsible for working with the family to create and monitor the case plan.
2. **Current or prospective foster or adoptive parents or relative guardians:** Maintain the continuity of care, connection, and support of children in custody. Supports implementation of the case plan and supports and sometimes facilitates visitation.
3. **Extended family members, caregivers, and non-caregivers:** Maintain the continuity of care, connection, and support for children in care. As the child transitions to permanency, sustains and implements the case plan, and support and facilitate visitation.
4. **Licensed childcare providers:** Support families in the implementation of the case plan and address protective issues.
5. **Community designated mental health agencies:** Support team members in assessment, case planning, and implementation to address protective issues for children and families.
6. **Department for Children and Families Economic Services and Child Development Divisions:** Participates in team meetings to create and support the case plan. Assists family with accessing needs identified in case plan.
7. **Other Vermont Departments: DMH and DAIL:** Participates in team meetings to create and support the case plan. Assists family with accessing needs identified in case plan.

8. **Parent/Family Support and Advocacy individuals or organizations:** Activities of engagement result in reduced resistance by the family/child and increased readiness to engage and make necessary changes as described in their case plan.
9. **Faith-based community organizations:** Provide culturally relevant sources of support, training, re-assessment, and capacity building for the family--providing ready access support at the local/community level.
10. **Providers of visitation services:** Link providers who support visitation with case plan goals and objectives for children and families.
11. **Providers of domestic violence and child abuse services:** Support team members in assessment, case planning, and implementation to address protective issues for children and families.
12. **Staff members of abuse and neglect courts, agency attorneys, attorneys representing children or parents, guardians ad litem, or other court-appointed special advocates representing children in proceedings of such courts.**

Throughout this document, the term "community partners" is used to describe the members of the above entities who are not State employees. When this term is used, it is an umbrella term to capture participants from numbers 2, 3, 4, 5, 8, 9, 10, 11, and 12 above.

**Long-Term Training**
Each year, CWTP supports 2 current child welfare workers/supervisors and an additional 2 potential employees to obtain a Master's degree in Social Work at the University of Vermont.

Employees are selected based on experience in public child welfare, job performance and commitment to children and families. They contract to work for the division for 2-3 years following graduation, depending on the level of support provided. Potential employees are selected from a pool of applicants accepted into the MSW/BSW programs based on their work experience and suitability for and commitment to public child welfare work. There are no changes to the MSW training opportunities.

**Short-Term Training for Workforce**
The short-term training program for employees includes classroom and distance learning courses supported by on-the-job training for new employees, district team-based training and transfer of learning coaching focused on best practice, advanced practice courses, and supervisor training. All short-term training is carefully designed to support FSD's mission, core principles, practice model and system outcome priorities. The staff training program is reviewed and updated regularly. CWTP staff participates in various policy and planning groups to ensure training accurately reflects the policy and priorities of the FSD.

**Court Related Short-Term Training**
The Fostering Connections to Success and Increasing Adoptions Act of 2008 permits states to claim Title IV-E training reimbursement for certain short-term training of current and prospective relative guardians and for court and related personnel who handle child abuse and neglect cases. We have amended Vermont's Public Assistance Cost Allocation Plan (PACAP) as required.

Short-term training is directed to Family Services Division employees, though on occasion members of the larger child welfare system may attend portions. In the Venue column, **C** indicates classroom in person, **RSL** indicates remote synchronous learning on Zoom, Microsoft Teams and/or Moodle, **AL** indicates Asynchronous Learning: Online Courses that can be taken at any time by an individual on Moodle.

Family Services staff are expected to complete all training requirements as noted in Policy 203, Professional Development for Division Staff. This policy articulates the general areas of requirements by role on the grid below:

**New Employee Training for Family Service Workers**

These five courses are offered online and are open and available to all staff from date of hire.

| Topic | Syllabus | IV-E Functions | Venue | Hours | Provider | Cost/Funding Source |
|---|---|---|---|---|---|---|
| *Family Services Division (FSD) Orientation to Foundations-Embedded into Foundations | FSD overview, mission, policy framework, practice model, legal basis, court system, case flow, database navigation, learning culture. | Social work practice, family centered practice and social work methods, interviewing, assessment; overview of child abuse & neglect investigations, cultural competency; development of case plan. | C | 2 | VT CWTP | 100% IV-E @ 75% FFP |
| Domestic Violence Online Course (Orientation) | The purpose of this training is to give all AHS employees a baseline of understanding of domestic violence and to develop skills and knowledge to optimize interactions with the individuals and families receiving Agency services. | N/A | AL | 3 | VT AHS E-Learning site | Funded by AHS |
| HIPAA for AHS Employees (Orientation) | The purpose of this training is to give all AHS employees an overview of client privacy rights and documentation for professionals. | N/A | AL | 2 | VT AHS E-Learning site | Funded by AHS |
| Mandatory Reporter Training (Orientation) | Understanding responsibility as a mandated reporter in Child Abuse and Neglect. | N/A | AL | 2-3 | VT CWTP/AHS E-Learning site | State Funds |

| | | | | | | |
|---|---|---|---|---|---|---|
| **AHS Safety Awareness** | The AHS Staff Safety Awareness Training orients new AHS staff to effective safety strategies and preventing workplace violence. Defines workplace violence and teaches why AHS employees should pay attention to and participate in prevention efforts. These strategies are highlighted through reporting and intervention which is covered via policy review and reporting mechanisms. The training explains the definition and purpose of being an active bystander and follows the national standard. Recognition of pre-violence indicators as well as some de-escalation techniques are covered. | N/A | DL | 4 | VT AHS E-Learning site | Funded by AHS |

**Foundations for Child Welfare and Youth Justice Casework Practice:**

A comprehensive training program for new Social Work Staff. Key components of the program include:

Clearly articulated training requirements accomplished prior to being assigned a full caseload.

Competency-based curriculum allows for effective design, delivery and evaluation of training content and assurance that it covers appropriate and relevant content.

Evaluation framework that reflects learners' experience of how well the training design met its objectives to increase their knowledge and skill and informs ongoing improvement in training design.

A hybrid curriculum that combines the benefits of online, classroom and field-based learning opportunities.

Enhanced record-keeping and tracking of training participation, completion and learning plan development.

**Integrated Foundations Learning Program for Child Protection & Youth Justice Practice**

This 8-week program will be offered 3 times/year.

Each week consists of integrated online learning and interactive classroom or remote learning opportunities. In addition to the topically focused sessions.

## On-the-Job Practice

The purpose of the on-the-job practice category is to provide opportunities for new family service workers to transfer their learning from the classroom and computer to the office and community and test their understanding of the connection between knowledge and practice. Through methods such as job shadowing, observation, peer mentoring, coaching, document review and documentation practice family services workers gain insight into the role and responsibilities of a child welfare and/or youth justice family services worker.

All costs included in the charts below include fees for training space & platforms, training supplies, external vendors, content experts and/or honoraria for parents and youth who are part of panel presentations for training sessions.

| Integrated Foundations Learning Program for Child Protection & Youth Justice | | | | | | |
|---|---|---|---|---|---|---|
| Topic | Syllabus | IV-E Functions | Venue | Hours | Provider | Cost/Funding Source |
| Introduction | Introductory information on child welfare & youth justice history, child welfare & youth justice in VT, SOP and Safety Culture, overview of interplay between laws and policies. | Child Welfare and Youth Justice System overview, professional enhancement skills | AL | 5.5 hours total<br>4.5 hrs Zoom<br>1 hr worksheet | VT CWTP | 100% IVE @ 75% FFP |
| Introduction to Foundations | Understand how to navigate through virtual Foundations.<br>Understand who CWTP is and how we fit into the FSD picture. | Introduction to the Foundations for Child Welfare & Youth Justice Practice, expectations, resources | RSL | 1.5 hours<br>Zoom | VT CWTP | 100% IVE @ 75% FFP |
| Introduction to Child Welfare & Youth Justice | Examine the Vermont child welfare system, it's mission, vision, practice, principles and guidelines. Become acquainted with the roles and responsibilities of those within the Division of FSD. Identify key federal laws and regulations | Overview of Child Welfare & Youth Justice System in VT | C | 5.5 hours | VT CWTP | 100% IVE @ 75% FFP |

| Integrated Foundations Learning Program for Child Protection & Youth Justice | | | | | | |
|---|---|---|---|---|---|---|
| Topic | Syllabus | IV-E Functions | Venue | Hours | Provider | **Cost/Funding Source** |
| | that govern child welfare practice in VT. | | | | | |
| Values | Develop an understanding of the concepts of justice, values, and ethics and their impacts on our values, practices and approaches to child welfare. | Case planning, case management, placement of the child | AL<br>C | 4 hours (woven throughout) | VT CWTP | 100% IVE @ 75% FFP |
| Engagement | Tuning in to self and others, Interactional help skills, feedback, questioning, interviewing, resistant parents, practicing interviews, select tools (ecomaps, genogram etc). | Case Planning & Assessment | AL<br>C | 1 hours classroom<br>1 hour online | VT CWTP | 100% IVE @ 75% FFP |
| Motivational Interviewing | Understand the theoretical model of change; explore solution-focused skills, become familiar with the application of MI in casework practice. | Case planning, case management, social work practice, such as family centered practice & social work methods including interviewing and assessment; general overview of child abuse and neglect investigations, risk and protective factors. | AL | 1 hour online | VT CWTP | 100% IVE @ 75% FFP |
| Engagement Skills | Identify the four phases of the casework process as well as the | Case Planning & Assessment | AL | | VT CWTP | 100% IVE @ 75% FFP |

| Integrated Foundations Learning Program for Child Protection & Youth Justice | | | | | | |
|---|---|---|---|---|---|---|
| Topic | Syllabus | IV-E Functions | Venue | Hours | Provider | **Cost/Funding Source** |
| | Interactional Skills most prevalently used in each of the four phases. Describe the purpose of the Interactional Skills and how to use them. Describe the types of information associated with the 3 Ws. Distinguish the purpose of an identify an appropriate plan and strategy for conducting a quality interview of a child according to the child's chronological and emotional development and special conditions. Appropriate plan and strategy for conducting quality interviews of custodial and non-custodial caregivers. Identify strategies for engaging absent parents with particular emphasis on absent fathers. | | | 6 hours classroom | | |

| Integrated Foundations Learning Program for Child Protection & Youth Justice | | | | | | |
|---|---|---|---|---|---|---|
| Topic | Syllabus | IV-E Functions | Venue | Hours | Provider | **Cost/Funding Source** |
| Recognizing Child Abuse | Recognizing and assessing physical Abuse, Sexual Abuse (including Sex Trafficking) & Neglect and developing an understanding of our personal knowledge, values of these issues and the impact our personal orientation to these topics has on child welfare practice. | Child abuse and neglect issues, such as the impact on a child's development and well-being, impact of negative childhood experiences, resilience, social work methods including interviewing and assessment; preparation for judicial determinations; placement of a child; case supervision & management; development of case plan. | AL<br>C | 2 hours online<br>10 hours classroom | VT CWTP | 50% CAPTA<br>50% IVE @ 75% FFP |
| Introduction to Child & Adolescent Development | Understand normal child and adolescent development, including brain development. Explore the impact of negative childhood experiences. | Child abuse and neglect issues, such as the impact on a child's development and wellbeing, impact of negative childhood experiences, resilience; social work methods including interviewing & assessment; developing case plans; case supervision & management. | AL<br>C | 2 hour online<br>10 hours classroom | VT CWTP | 100% IVE @ 75% FFP |

| Integrated Foundations Learning Program for Child Protection & Youth Justice | | | | | | |
|---|---|---|---|---|---|---|
| Topic | Syllabus | IV-E Functions | Venue | Hours | Provider | **Cost/Funding Source** |
| Safety Assessment & Safety Planning | Safety Organized Practice overview, Child Safety Interventions Policy & Practice, Structured Decision-Making Safety Assessments & Safety Planning, Introduction to ROSAC, Network grid, Safety circles | Social work practice, such as family centered practice & social work methods including interviewing and assessment; general overview of child abuse and neglect investigations, risk and protective factors. | C | 16 hours classroom | VT CWTP | 50% CAPTA<br>50% IVE @ 75% FFP |
| Structured Decision-Making Course | Overview of SDM Tools and how to use them. Improve assessments of family situations to better ascertain the protection needs of children. Increase consistency and accuracy. Increase consistency in identification of safety and danger. Identifying and Involving Communities and extra-familial Networks. Behaviorally-based Collaborative Planning | Case Planning, Assessment and Reunification | AL | 1 hour online | Evident Change &<br>VT CWTP | 100% IVE @ 75% FFP |
| Risk Assessment | SDM Risk & Risk Reassessment, Danger, Safety & Risk statements, Family Safety Planning Framework & 3 W's | Case Planning, Assessment and Reunification | C | 16 hours classroom | VT CWTP | 50% CAPTA<br>50% IVE @ 75% FFP |

| Integrated Foundations Learning Program for Child Protection & Youth Justice | | | | | | |
|---|---|---|---|---|---|---|
| Topic | Syllabus | IV-E Functions | Venue | Hours | Provider | **Cost/Funding Source** |
| Structured Decision-Making Course | Overview of SDM Tools and how to use them. Improve assessments of family situations to better ascertain the protection needs of children. Increase consistency and accuracy. Increase consistency in identification of safety and danger. Identifying and Involving Communities and extra-familial Networks. Behaviorally-based Collaborative Planning | Case Planning, Assessment and Reunification | AL | 2 hours online | Evident Change & VT CWTP | 100% IVE @ 75% FFP |
| **Module 6:** Case Planning | Child Safety Intervention (CSI) documentation, Adaptive Case Planning Processes throughout the life of the case, SMART goals, behaviorally descriptive language, Technical Case Plan Writing & Case Documentation: case plan goals, documentation of visits, and face to face contact and case notes. | Development of case plan | AL<br>C | 2 hours online<br>3 hours classroom | VT CWTP | 100% IVE @ 75% FFP |
| CSI Documentation | Review relevant information, policy and timelines for CSI documentation. Practice drafting and writing explicit language to link SDM and SOP practices within documentation. | Child Safety Intervention Documentation; Case Summaries, Initial Case Plans | AL<br>C | 3 hours online<br>11 hours classroom | VT CWTP | 100% CAPTA |

| Integrated Foundations Learning Program for Child Protection & Youth Justice | | | | | | |
|---|---|---|---|---|---|---|
| Topic | Syllabus | IV-E Functions | Venue | Hours | Provider | **Cost/Funding Source** |
| Case Planning & Documentation | Review Case Planning policy and practice. Highlight important features of FSD's Case Plan template. Practice drafting SMART objectives and behaviorally descriptive action steps | Development of case plan; | C | 3 hours classroom | VT CWTP | 100% IVE @ 75% FFP |
| Working with Courts | Affidavit writing, court procedures, testifying, policies and relevant statutes.<br><br>Understand role of family service worker in court. Learn about state and national statutes. Understand how cases flow through court system. | Preparation for judicial determinations; placement of child; permanency planning; case management and supervision | AL<br><br>C | 1 hour online<br><br>5 hours classroom | VT CWTP | 100% IVE @ 75% FFP |
| Affidavit Writing | Practice writing a complete affidavit. Observe an excellent example (Golden Example) of an affidavit. Receive and give helpful feedback about affidavit writing and process. Gain a deeper understanding of merits, disposition, and TPR hearings. | Preparation for judicial determination | AL | 5 hours classroom | VT CWTP | 100% IVE @ 75% FFP |
| Courts Online | Become familiar with acronyms and other legal terms. Understand the Life of a Case in DCF - Timelines, Types of Hearings, Trajectories of Cases that family services workers will see. | Preparation for judicial determinations; placement of child; permanency planning; case management and supervision | AL<br><br>C | 1 hours online<br><br>5 hours classroom | VT CWTP | 100% IVE @ 75% FFP |

| Integrated Foundations Learning Program for Child Protection & Youth Justice | | | | | | |
|---|---|---|---|---|---|---|
| Topic | Syllabus | IV-E Functions | Venue | Hours | Provider | **Cost/Funding Source** |
| Permanency | Permanency from day 1, Family finding, Family Time Coaching, Working with Kin, reunification review of and practice with tools. | Permanency planning; case management & supervision; referral to service; placement of child. | C | 9 hours classroom | VT CWTP | 100% IVE @ 75% FFP |
| Permanency Course | Understand the policy framework for achieving permanency for children and youth in state custody by way of adoption and guardianship. The course will review relevant research, policy requirements and best practices that inform case planning and decision-making for permanency. | Permanency planning; case management & supervision; referral to service; placement of child. | AL | 2 hours online | VT CWTP | 100% IVE @ 75% FFP |
| Youth Development | Resources & services for Youth, overview of Youth Development Program, engagement skills for working with adolescents, inclusion of youth voice/perspective, positive youth development frame. | Screening and assessment, risk, and protective factors, social work practice, such as social work methods including interviewing and assessment; development of case plan; case management and supervision; permanency planning; referral to service. | AL<br>C | 10 hours online<br>16 hours classroom | VT CWTP & FSD Staff | 100% IVE @ 75% FFP |

| Integrated Foundations Learning Program for Child Protection & Youth Justice | | | | | | |
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| Topic | Syllabus | IV-E Functions | Venue | Hours | Provider | Cost/Funding Source |
| Resources for Youth | Overview of Youth Development Program, Youth interviews. | Development of case plan; case management and supervision; permanency planning; referral to service. | AL | 1 hour online | VT CWTP | 100% IVE @ 75% FFP |
| **Module 10:**<br><br>Substance Abuse & Domestic Violence | Identify different substances of abuse and the potential implications for safe parenting; Review the challenges in engaging with families affected by substance abuse and strategies to overcome the challenges of/roadblocks to engagement.<br><br>DV team and resources, Lund case managers and best practices. Identify behaviors and activities that contribute to and impede child safety, safe parenting and accountability of battering parents. | General substance abuse issues related to children & families in child welfare; social work practice, family centered practice, social work methods including interviewing and assessment. Training is not related to conducting an investigation of child abuse & neglect. Screening and assessment, risk, and protective factors, social work practice, such as social work methods including interviewing and assessment; development of case plan; case management and supervision; permanency planning; referral to service. | AL<br><br>C | 6 hours classroom | VT CWTP | 100% IVE @ 75% FFP |

| Integrated Foundations Learning Program for Child Protection & Youth Justice | | | | | | |
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| Topic | Syllabus | IV-E Functions | Venue | Hours | Provider | **Cost/Funding Source** |
| Safe & Together Module 1 | Review the Guiding principles of the adult & child survivor centered approach to DV. | Screening and assessment, risk, and protective factors, social work practice; development of case plan; case management and supervision | AL | 2 hours online | VT CWTP | 100% IVE @ 75% FFP |
| Substance Abuse for Child Welfare Professionals | This tutorial provides a primer on alcohol and drug addiction, substance abuse treatment and recovery, enhancing treatment readiness and treatment effectiveness, as well as discuss cross-system communication and collaboration, as well as provide contact information for other national resources. | General substance abuse issues related to children and families in the child welfare system;<br><br>This training is not related to how to conduct an investigation of child abuse and neglect. | AL | 2 hours online | NCSA&CW<br><br>SAMHSA | 100% IVE @ 75% FFP |
| Professional Self | Safety Culture in Family Services Division, Staff Safety, Realistic self-care & professional dangerousness, longevity in the field, plan for ongoing professional development. | Job Performance & Enhancement Skills | AL<br><br>RLS<br><br>C | 1 hour online<br><br>3 hours Zoom<br>4 hours classroom | VT CWTP | 100% IVE @ 50% FFP |

| Integrated Foundations Learning Program for Child Protection & Youth Justice | | | | | | |
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| Topic | Syllabus | IV-E Functions | Venue | Hours | Provider | **Cost/Funding Source** |
| Self-Care and Secondary Traumatic Stress | Learn the symptoms of secondary traumatic stress. Discuss and identify strategies for self-care in the context of child protection work. Review resources available to help cope with exposure to other's negative' childhood experiences. | Job Performance & Enhancement Skills | AL | 1 hour online | VT CWTP | 100% IVE @ 50% FFP |
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| **Role Specific Foundations Modules:**<br>• **Juvenile Justice FSW**<br>• **Ongoing FSW**<br>• **Resource Coordinator** | Overview of specific functions of role including: child placement, assessment and training of foster families, navigating payments for caregivers, ongoing casework, engagement of families and permanency planning. | Placement, Permanency, Case Planning | AL & C | 5 hours online<br>16 hours classroom | VT CWTP | 100% IVE @ 75% FFP |
| **Role Specific Foundations Modules:**<br>**Child Safety Intervention FSW** | Overview of specific functions of role including: investigation and assessment of child abuse and neglect reports. | Intake, Assessment and Investigation | AL & C | 5 hours online<br>16 hours classroom | VT CWTP | 100% CAPTA |

### Advanced Courses for FSD Workforce:

The advanced course content is regularly updated to reflect current knowledge in the field. Each offering focuses on a specific competency area and targets areas of training needed to achieve proficiency within that competency. This structure allows for the intended audience of FSD employees and community partners to structure their professional development according to specialty areas and/or skill building areas.

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| Chronic neglect | Develop understanding of the risk factors that are likely to contribute to chronic neglect. Participants will review relevant policy requirements, practice guidance and research that inform work with children and families experiencing chronic neglect. Participants will explore engagement, assessment and case planning strategies for cases of chronic neglect. | Case Planning, risk factors, policy and practice implementation | C or RSL | 6 | Hired Subject Expert(s) & CWTP | 50% CAPTA<br><br>50% IVE @ 75% FFP |
| Organizational Leadership (Leadership Academy) | Develop understanding of role as leader in organization. Increase understanding of reflective supervision and it's role in support of staff's case planning and assessment. Develop skills in coaching and leading systems change initiatives within team. | Case Planning, engagement and assessment | C or RSL | 6 | Hired Subject Expert(s), FSD Staff & CWTP | 100% IVE @ 75% FFP |
| Juvenile Justice Advanced | Identify key areas of assessment in safety planning and case management specific to juvenile justice cases. Develop engagement strategies for youth, families and community partners. Increase understanding of purpose and process of specific hearings and processes for JJ cases. | Delinquent youth likely to enter or in foster care, Increase protective factors, case planning | C or RSL | 1-2 Advanced offerings (2-4 hours each) in addition to training (1-3 hours) at JJ workgroup 4 times a year. | Hired subject expert(s) and CWTP | 100% IV-E @ 75% FFP |
| HESOC/Children and Youth with Developmental Disability | Define the core components and values of a high-end system of care. Explain how systems of care support youth with developmental disabilities and complex needs. Apply negative childhood experiences informed | Case planning, risk factors, policy & planning. | C or RSL | 3-6 hours 1-2 times per year | VT CWTP | 100% IV-E @ 75% FFP |

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| | approaches in identifying signs of negative childhood experiences in youth with developmental disabilities. Utilize negative childhood experiences informed strategies to build safety, trust and empowerment in caregiver environments. Promote person-centered and family drive practices. Increase knowledge of and ability to navigate and coordinate across multiple systems. | | | | | |
| Affidavit Writing/<br><br>Witnessing in Hostile Environment | Practice writing effective affidavits, safety plans and case plans using case scenarios and actual family situations. Clearly articulate behavioral changes that are expected to meet the safety needs of children. Practice providing testimony in hostile environments through simulation. | Case Planning, Disposition, court | C or RSL | 3-6 | VT CWTP & Subject Experts | 100% IVE @ 75% FFP |
| Sexual Abuse and Trafficking | Identify signs of sexual abuse and sex trafficking in children and youth.<br><br>Understand risk factors that increase vulnerability.<br><br>Increase understanding of the dynamics of abuse and exploitation.<br><br>Learn skills and strategies for responding in negative childhood experiences informed ways to children and youth that have experienced sexual abuse and/or trafficking.<br><br>Learn about the different types of trafficking including labor trafficking of youth involved within the child welfare system. | Case planning, risk factors, assessment, policy, planning and practice. | In person or remote | 2-6 hours 1-2 times a year | VT CWTP | 100% IVE @ 75% FFP |
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| Mandated Reporter | Increase internal district capacity through increase of understanding of changes in mandated reporter training. Learn statistics and data around reporting nationally and specific to Vermont. Develop an understanding of importance of community partnerships and supporting families in addition to reporting. Identify steps for moving this forward within specific district/community. Explore importance of meeting with community partners for education/outreach/partnering in support of families rather than default reporting. | Policy, planning and practice. | C or RSL | 1-4 hour trainings as needed | VT CWTP | 100% IVE @ 75% FFP |
| Advanced Engagement with Families in Context | Series of individual options can be provided dependent on district:<br><br>Increase competence in assessing child and family's religious and other cultural norms<br><br>Increase understanding of importance of and how to communicate with families most effectively. | Case planning, risk factors, assessment, policy, planning and practice. | C or RSL | 2-4 hours<br><br>As many times as requested | VT CWTP | 100% IVE @ 75% FFP |
| Safety Organized Practice - SDM | Learn about the principles of Safety Organized Practice. Develop skills and strategies in employing solution focused and motivational interviewing tenets. Increase understanding of engagement strategies. Identify steps for strengthening families support networks. Gain greater understanding of individual SDM tools, purpose, application and use in case planning. | Case planning, risk factors, assessment, policy, planning and practice. | C or RSL | 5 | CWTP & FSD Staff | 100% IVE @ 75% FFP |

**Restorative Justice Certificate Program**

**Partnership with the Vermont Law and Graduate School**

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| **Juvenile Justice** | Course explores:<br>• Current juvenile justice system and the particular needs of youth served by that system.<br>• Impact of negative childhood experiences on youth in the juvenile justice system | Social work practice & social work methods, case management and supervision | RSL or AL | 3 credit hours | Vermont Law School Faculty | 100% IV-E @ 75% FFP |
| **Juvenile Justice Reimagined** | • Limiting system involvement for youth<br>• Exploring the historical and ongoing significance of effective supervision of youth on probation<br>• Recognizing the role of families and family engagement as imperatives for the efficacy of the system<br>• Improving long term outcomes by reducing out of home placement of youth<br>• Reducing length of system involvement<br>• Focusing on community-based positive youth development practice<br>• Engagement with youth and family | Activities designed to preserve, strengthen, and reunify the family; case management and supervision; youth development and permanency practice; youth and family engagement; referral to services | RSL or AL | 3 credit hours | Vermont Law School Faculty | 100% IV-E @ 75% FFP |
| **Stand Alone Advanced Trainings**<br>Audience: FSD staff and community partners | | | | | | |
| **Basic Forensic Interviewing** | Basic forensic interviewing skills for family services workers conducting interviews as part of a child abuse investigation. | N/A | C | 16.5 | National Child Advocacy Center | 100% CAPTA |
| **Advanced Forensic Interviewing** | Advance forensic interviewing skills for family services workers conducting interviews as part of a child abuse investigation. | N/A | C | 16.5 | National Child Advocacy Center | 100% CAPTA |

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| **Youth Assessment Screening Instrument Case Planning** | Using Youth Assessment Screening Instrument (YASI), understand the research, philosophy and practice of engaging with and assessing risk and protective factors for youth. Practice motivational interviewing skills. Understand case planning with youth and their families that focuses specifically on risk and needs. | Social work practice, such as family centered practice and social work methods including interviewing and assessment; assessments to determine whether a situation requires a child's removal from the home; development of case plan for children in foster care/ likely to enter foster care; permanency planning; case management and supervision; referral to services, risk and protective factors. | AL & coaching with subject expert | 7 | Licenses for AL classes purchased from Orbis and distributed through CWTP to FSD Staff. | 100% IV-E @ 75% FFP |
| **Safe & Together** | 1: Introduction to the Model<br>2: Multiple Pathways to Harm: A Comprehensive Assessment Framework<br>3: Working with Men as Parents: Fathers' Parenting Choices Matter<br>4: Intersections: When Domestic Violence Perpetration intersects with other presenting problems/issues | Case Planning with Families, permanency | AL | 9-12 | Licenses for DL classes purchased from Safe & Together Institute & distributed to FSD Staff | 100% IV-E @ 75% FFP |
| **National Adoption Competency for Child Welfare Professionals** | 8 Modules : A Case for Adoption Competency, Understanding and Addressing Needs of Children Moving Towards or Having Achieved Permanence through Adoption or Guardianship, Enhancing Attachment and Bonding for Children Moving Towards/Having Achieved Permanence through Adoption and Guardianship | Adoption/Foster Care | AL | 25 | VT CWTP | 100% IVE @ 75% FFP<br><br>Adoption |

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|  | The Impact of Loss and Grief Experience on children, The Impact of Early and Ongoing Negative childhood experiences on Child and Family Development, Brain Growth and Development, Positive development and the Impact of Adoption and Guardianship<br>Module 8: The Lifelong Journey: Maintaining Children's Stability and Well-being in Adoptive and Guardianship Families |  |  |  |  |  |
| **Child & Adolescent Needs & Strengths (CANS) Tool** | This online CANS Overview is intended to provide a multidisciplinary orientation to the CANS, its utility as a collaborative case planning tool, as well as resources for further information, training, and certification. While geared towards professionals, this overview will help anyone better understand the CANS tool | Case Planning with Children in Foster Care | AL | 2 | VT CWTP | 100% IVE @ 75% FFP |
| **Vermont Case Reviewer Training** | Overview of the OSRI Case Review Tool, the role of a case reviewer in the FSD Case Review process, terminology and key strategies for completing a case review on-site. Foster Care and in-home cases reviewed for the CQI system. | Case Reviews, CQI, custody, foster care, in-home services, assessment and delivery | C or RSL | 5<br><br>2-4 times annually | FSD Staff<br><br>CWTP provides admin support to enter classes into AHS Linc | 100% IVE at 75% FFP |
| **Micro-Learnings for Family Services Staff** | Remote learning opportunities to explore best practices on child protection and youth justice topics and build knowledge about engaging with children, youth and families. Topics include:<br><br>• Working w/ Interpreters 3 & 4**<br>• Crisis management in child welfare and youth justice*<br>• Network Building with Kin* | Case management skills, Assessment and planning and engagement with families | RSL | 1-2 hours | VT CWTP & subject matter expert(s) | 100% IVE @ 75% FFP |

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| | • Working with Domestic Violence Perpetrators<br>• Ethical Practices in Documentation Ethical Practices in Child Welfare<br>• Ethical Dilemmas in Child Protection and Youth Justice;<br>• The evaluation of perinatal wellbeing and its risks;<br>• Working with Interpreters 1 &2;<br>• Team as Secure Base and Accountability;<br>• The Magic of Time Management | | | | | |
| **Just in Time Series** | Stand alone, on-demand, online learning opportunities for topical overviews on the following practice areas:<br><br>• Indian Child Welfare Act<br>• Interstate Compact on the Placement of Children<br>• Coordination of safe and appropriate parent child contact<br>• Assessment strategies, family meetings, safety planning;<br>• Case planning;<br>• Placement practice | Foster Care, Case Planning, Safety Planning | RSL | 1 hour each | VT CWTP & Subject matter expert(s) | 100% IVE @ 75% FFP |

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| **SOCIAL WORK LENS Podcast A** | Child Welfare & youth justice discussions, recorded and shared to the FSD workforce and Foster Parents, and community providers across the state of VT. Podcast topics:<br>• Use of AI in the CW system –<br>• Different dynamics at play in CW<br>• Exploring the limitations in the system of care for older youth in custody<br>• Stigma for parents involved in the CW system. | Case management skills, Assessment and planning and engagement with families | AL | 1 hour<br><br>6-8 episodes per season | VT CWTP & Subject Matter Expert(s) | 100% IV-E @ 75% FFP |
| **SOCIAL WORK LENS Podcast B** | Child Welfare & youth justice discussions, recorded and shared to the FSD workforce and Foster Parents, and community providers across the state of VT. Podcast topics:<br>• Self-Compassion & Acceptance with Ashley Ford.<br>• Moral Injury amongst Child Welfare Workers & Caregivers -impact on child outcomes and worker retention strategies.<br>• Longevity & Sustainability of Title IV-E graduates in VT's CW system . | Information to support the proper and efficient functioning of child welfare system. | AL | 1 hour<br><br>6-8 episodes per season | VT CWTP & Subject Matter Expert(s) | 100% IV-E @ 50% FFP |

| **Statewide Workforce Conferences** | | | | | | |
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| **FSD Caregiver Statewide Conference** | Develop and plan conference to be held in Fall 2025 | Social work practice, such as family centered practice | C | 5-10 | Hired subject experts, CWTP | Staff time |

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| Audience: FSD staff | Support participation of Family Services staff, DAIL, DMH, foster parents, shared living providers and other child placing agencies in a Department-wide conference, which will offer a wide variety of workshops related to engaging children, youth, and families, foster care, and high end system of care. | and social work methods and activities designed to preserve, strengthen, and reunify the family when possible; system of care cross agency collaboration; case management skills. | | | trainers, community partners | 75% IV-E @ 75% FFP<br><br>25% IVE @ 50% FFP |
| **Youth Justice Summit** | This conference brings together FSD staff, Family Court judges, GALs, BARJ staff, diversion staff, Corrections and attorneys to increase knowledge in youth justice practice, including with delinquent youth in state's custody. Topics covered:<br><br>Case planning using restorative practices as an approach to engage youth and caregivers.<br><br>Engagement as a strategy to increase well- being, maintain safe and stable out of home care and, when possible, ensure timely reunification.<br><br>Engagement strategies to support permanency. | Working with youth, youth development, casework practices, case planning, well-being assessment, permanency | C or RSL | 5 | Hired subject expert(s), FSD Staff and CWTP | 100% IVE @ 75% FFP |
| **Kin Foster and Adoptive Families Conference** | Support participation of foster parents, adoptive parents, family services workers, and other staff in the annual conference of the Vermont Kin, Foster and Adoptive Families, which offers a wide variety of workshops related to children and youth in care. | Recruitment of foster parents, kinship care as a resource, placement of child, development of case plan, case management and supervision, permanency planning, referral to services. | C or RSL | 5-10 | Hired subject experts, CWTP trainers, community partners | Staff time<br><br>100% IV-E @ 75% FFP |
| **CW Summit** | Support participation of Family Services staff, court staff, GALs, in a state-wide conference, which will offer a wide variety of workshops related to engaging children, youth, and families, child safety, and collaboration in child welfare. | Social work practice, such as family centered practice and social work methods and activities designed to preserve, strengthen, and reunify the family; collaboration, safety planning and case management skills. | C | 5 | Hired subject experts, CWTP trainers and FSD staff | 100% IVE @ 50% FFP |

**District-Based Training & Coaching for FSD Workforce**
The Child Welfare Training Partnership (CWTP) provides additional skills-based training and coaching in districts and the greater system of care, including caregivers, that is tied to foundations and advanced level training. This model has proven effective in facilitating transfer of learning, thereby enhancing the professional development of FSD staff, spreading knowledge and improving practice skills.

Delivery of training and coaching in districts, RLSI, and CIES is mutually agreed upon by CWTP, the FSD Operations manager, and each district's leadership team by completing a Collaborative Learning Agreement for the development of practice, in the context of the Family Services Practice Model. A menu of focus areas will be identified such as: Permanency, Values/Ethics, Safety Organized Practice/SDM, Juvenile Justice, Onboarding, and Organizational Leadership. Districts will use their CQI data to assist in developing Collaborative Learning Agreements with CWTP that will improve their outcome data. CWTP will support collaboration and learning with FSD contracted expertise such as LUND Substance Assessment workers and DV Specialists as needed. Community partners and other DCF department staff are invited and welcome at the discretion of the district.

Additionally, central office consultants, leadership, resource coordinators and caregivers and caregiver mentors may benefit from coaching. This will be provided on an as needed basis in conjunction with furthering the goals of the Family Services Division and with capacity of VT CWTP for such programs as: LAMM, SOP, Consultant & Supervisory Coaching Skills, Resource Coordinator professional development, Caregiver Mentor skills, etc.

The cost of CWTP time is allocated to the benefiting programs.

**Supervisor & Leadership Training**
The Vermont Department of Human Resources offers a course called Supervising in State Government. This is a two-level program for new and experienced supervisors:

Level 1: "The Essentials" involves one class day per week over four weeks and focuses on the skills a supervisor needs to survive and thrive in state service. A strength-based approach to supervision is the foundation of all of our supervisory and management training. It is the core of enhancing employee engagement across state government. Level 1 is mandatory for all designated supervisors in the Executive Branch.

Level 2: "Building Excellence" provides depth, practice and practical application, as well as more information and skills to help supervisors recruit, retain and develop engaged employees.

This generic supervisory training is not charged to the IV-E program.

| Course | Syllabus | IV-E Functions Addressed | Venue | Provider | Hours | Cost/ Funding source |
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| **Leadership Training Series**<br><br>Audience: FSD Supervisors and Directors | | | | | | |
| **New Leaders for Supervisors/Directors:**<br>• Coaching to Supervise Family Finding/ Networks*<br>• Coaching to Case Reading**<br>• Secure Base and Safety Culture**<br>• Leading restorative practices<br>• Courageous Conversations/Effective Feedback in Child Welfare Practice<br>• Supervising through Secondary Traumatic Stress/Burnout<br>• Use of values and ethics in supervision | Provide coaching to support case planning with families and children, utilizing the case read tool for effective supervision and decision-making | Case Management and case planning; decision-making and assessment skills in child welfare and youth justice cases; family-centered and youth-centered practice; worker retention; worker safety; team building | C or RSL | VT CWTP & Subject Matter Experts | 6-18 hours | 75% IV-E @ 75% FFP<br><br>25% IV-E @ 50% FFP |
| **Child Welfare Coaching Institute**<br><br>**For Supervisors, Coaches and Central Office Consultants** | Be able to use methods of inquiry to elicit the experience of the learner. Use coaching as a strategy to improve family engagement skills; family and youth centered practice; Provide coaching to Supervisors and SME's to improve consultation skills, transfer of learning and knowledge and improve decision-making in case management, safety planning and permanency activities. | Social work practice, family centered practice and social work methods including interviewing and assessment; communication skills required to work with children and families; placement of child, development of case plan for children in foster care &/or likely to enter foster care, | C or RSL | VT CWTP and Family Services staff | 6-12<br><br>2 x per year | 100% IV-E @ 75% FFP |

| Course | Syllabus | IV-E Functions Addressed | Venue | Provider | Hours | Cost/ Funding source |
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| | | case management and supervision | | | | |
| **National Adoption Competency for Child Welfare Professional Supervisors**<br><br>**NTI** | 8 Modules covering the following content: A Case for Adoption Competency, Understanding and Addressing wellness and Needs of Children Moving Towards or Having Achieved Permanence through Adoption or Guardianship, Enhancing Attachment and Bonding for Children Moving Towards/Having Achieved Permanence through Adoption and Guardianship, Impact the Adoption and Guardianship Experience and Needs of Children, The Impact of Loss and Grief Experience on Children's well being and health, The Impact of Early and Ongoing Negative childhood experiences on Child and Family Development, Brain Growth and Development, Positive Development and the Impact of Adoption and Guardianship, The Lifelong Journey: Maintaining Children's Stability and Well-being in Adoptive and Guardianship Families | Adoption, case planning, permanency, engaging families, family centered practice | AL | 28 hours | VT CWTP | 100% IVE @ 75% FFP<br><br>Adoption |

| Course | Syllabus | IV-E Functions Addressed | Venue | Provider | Hours | Cost/ Funding source |
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| **SOP/SDM Case Reading Training & Coaching** | Develop skills to provide Quality Assurance of SDM tool implementation, reading and assessing competence of staff. | Supervision, oversight of casework practice and case work skills. | Goto, RSL or C<br><br>District Coaching | CWTP & Evident Change | 5-25<br><br>1-2 x year statewide and in each district | 100% IVE @ 50% FFP |
| **Leadership Training:**<br><br>**Coaching to Enhance Restorative Practice/ Safety Culture for Consultants** | Develop Skills to use consultation as a driver of safety culture implementation, enhancing secure base and increasing psychological safety in order to drive more effective consultation and support high consequence decision making. Particular emphasis on skill building for planning forward and reflecting back. | Supervision, oversight of case work, supporting a secure base for staff, | RSL | CWTP | 6 hrs | 100% IV-E @ 50% FFP |

**Training Provided by FSD Staff**

| Trainings Provided By Staff | | | | |
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| **Topic/Title of Training** | **Brief Description of Training** | **IV-E Functions Addressed** | **Audience for Training** | **Funding Source** |
| **Child Safety** | Assessing risk, safety planning, seeking court involvement | Child abuse and neglect issues, such as the impact on a child's development and well-being, impact of negative childhood experiences; resilience, | Family Services Workers and Family Services Supervisors | 100% IVE @ 75% FFP |

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| | | social work methods including interviewing and assessment; preparation for judicial determinations; placement of a child; case supervision & management; development of case plan. | | |
| **Mandated Reporter Training** | Child abuse/ neglect definitions, CSI trajectories | Recognizing child abuse and neglect; impact of child abuse and neglect; current laws governing reporting child abuse and neglect concerns | Community Partners | 100% State Funds |
| **ALICE** | Proactive multi-optional response to targeted violence | General training related to staff safety in child welfare | AHS | 100% IVE 50% FFP |
| **SafeSignal** | Training in safety technology | N/A | DCF (CDD, ESD, FSD) | 100% State Funds |
| **Human Trafficking 101** | Definition of human trafficking, red flags, negative childhood experiences informed responses | Child abuse and neglect issues; substance abuse, domestic violence, wellbeing and health issues; impact of negative childhood experiences on children's youth development | DCF workers, law enforcement, advocates, community, educators (across the state) | 75% IVE 75% FFP 25% State funds to support law enforcement and educator participants |
| **ICPC/ICJ 101** | Highlights about both compacts, their rules, and regulations | Preparation for and participation in judicial determinations, placement practice, Permanency planning including use of kinship care as a resource for children involved with the child welfare system | DCF staff | 100% IVE @ 75% FFP |
| **ICPC/ICJ Bench Bars** | Highlights about both compacts, their rules and regulations, the role of the court and attorneys | Preparation for and participation in judicial determinations, placement practice, Permanency planning including use of kinship care as a resource for children involved with the child welfare system | Judges, attorneys and DCF | 100% IVE @ 75% FFP |

| **Human Trafficking Investigations** | Definition of human trafficking, red flags, how to conduct human trafficking investigations | N/A | SIU/MDT's (Law enforcement, DCF, and Advocates) | 100% State Funds |
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| **Additional Courses offered at University of Vermont eligible for IVE**<br><br>Intended audience: Employees or those preparing for employment at state-approved child welfare agencies providing services to children receiving assistance under title IV-E | | | | | | |
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| **Course** | **Syllabus** | **IV-E Functions addressed** | **Venue** | **Hrs** | **Provider** | **Cost /Funding Source** |
| **EDSP 6300 The Negative childhood experiences:** ***Understanding core concepts of negative childhood experiences informed practice in health and human services*** | Identify how negative childhood experiences and adversity affect learning, brain development, and social-emotional and behavioral health. Understand the core concepts of negative childhood experiences informed practice. Understand foundational concepts of attachment, resiliency, development, abuse learning, and secondary traumatic stress. Identify key components of family-engaged, collaborative, inter-professional practices in screening, assessment, and case planning. | Case Planning, Abuse/Neglect, Workforce Development | RSL & AL | 60 Hours | CESS<br><br>Dept. of Education<br><br>Faculty | 100% IVE @ 75% FFP |
| ***EDSP 6320 Resilience and Interprofessional practices for enhancing well-being among children and families in social service agencies.*** | Understand the impacts of and historical abuse and negative childhood experiences.<br><br>Identify structural issues that that perpetuate abuse and neglect.<br><br>Understand and identify strengths and | Case planning, negative childhood experiences and resilience, interprofessional collaboration to support child and youth in care, engagement skills. | RSL & AL | 60 hours | CESS<br><br>Dept of Educational Faculty | 100% IVE @ 75%FFP |

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|  | opportunities related to how collaborative & interprofessional practices can enhance resilience and can wrap families.<br><br>Identify the roles and responsibilities of various professionals who support children and families who have experienced negative childhood experiences and adversity.<br><br>Learn skills including respecting and accepting the uniqueness of each family and individual, reflective supervision, vicarious negative childhood experiences( secondary exposure stress), and resiliency.<br><br>Learn family-engagement and case planning skills. |  |  |  |  |  |
| **EDSP 6330 Negative childhood experiences Informed System Change** | Identify key components of a negative childhood experiences informed system in education and community partner organizations (approved child welfare agencies) | Referral to services; Resources for children in foster care; Case plan coordination | RSL | 60 hours | CESS Education Department Faculty | 100% IVE @ 75% FFP |
| ***PSYS 6960 Science of Trauma*** | Understand how a traumatic event is defined<br><br>Identify the various outcomes associated with negative childhood experiences exposure across the lifespan<br><br>Learn how to competently assess for traumatic events<br><br>Develop skills necessary to engage with and provide casework for those impacted by abuse and neglect. | Child abuse and neglect issues; substance abuse, domestic violence, health and wellness issues; impact of negative childhood experiences on children youth development; negative childhood experiences and resilience; case management and engagement skills | RSL | 60 hours | CASS<br><br>Psychology Department Faculty | 100% IVE @ 75% FFP |

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| ***PSYS 3420 Psychology of Biology*** | An examination and critique of psychological theories, methods and research about biology using an intersectional framework. Explore social, situational, individual, and biological explanations of similarities and differences and their development. | Child and youth development, placement stability, case . | RSL | 60 hours | CASS Psychology Department Faculty | 100% IVE @ 75%FFP |

| Training for Staff of State-Approved Child Welfare Agencies Providing Services to Children Receiving Assistance Under Title IV-E | | | | | | |
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| **Course** | **Syllabus** | **IV-E Functions addressed** | **Venue** | **Hrs** | **Provider** | **Cost /Funding Source** |
| **Judicial Branch GAL Training** | Overview of Vermont Judicial system, juvenile law and policy and child welfare practice; role of GAL in court CHINS case; understanding children and families; cultural competency; conflict resolution and principles of collaboration; Judicial ethics and professionalism | Judicial Branch/Guardian Ad Litem, case planning court | AL | 32 hours per event 4 times yearly<br><br>4 events per fiscal year | National CASA (under VOCA) and Court Improvement Program. | Funded by Judicial Branch |
| **FUNDAMENTALS in Negative childhood experiences Informed Care and Adoption Competence** | Two separate FUNDAMENTALS (online modules) are available: one in negative childhood experiences Informed Practice (with a total of 11 modules) and one in Adoption Competency (with a total of 4 modules). This training provides the fundamental knowledge necessary to effectively work with children and families through a negative childhood experiences informed and | Improve placement stability and permanence by enhancing the social and emotional well-being of Vermont's Children and youth through the implementation of family engaged, adoption competent, negative childhood experiences informed and evidence-based services and supports. | AL | VT CWTP | 30 hrs<br><br>Available ongoing | 100% IVE @ 75% |

| Training for Staff of State-Approved Child Welfare Agencies Providing Services to Children Receiving Assistance Under Title IV-E | | | | | | |
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| **Course** | **Syllabus** | **IV-E Functions addressed** | **Venue** | **Hrs** | **Provider** | **Cost /Funding Source** |
| | adoption competent lens, while providing concrete skills that will improve a caregiver's capacity to effectively implement evidence informed treatments. | | | | | |
| **National Adoption Competency Training for Professionals**<br><br>**(NTI)** | 8 Modules covering the following content: A Case for Adoption Competency, Understanding and Addressing Needs of Children Moving Towards or Having Achieved Permanence through Adoption or Guardianship, Enhancing Attachment and Bonding for Children Moving Towards/Having Achieved Permanence through Adoption and Guardianship, Impact the Adoption and Guardianship Experience and wellness and health Needs of Children, The Impact of Loss and Grief Experience on Children, The Impact of Early and Ongoing Negative childhood experiences on Child and Family Development, Brain Growth and Development, Positive development and the Impact of Adoption and Guardianship, The Lifelong Journey: Maintaining Children's Stability and Well-being in Adoptive and Guardianship Families | Adoption, Foster Care, engagning families, case planning, permanency | AL | 25-30 | VT CWTP | 100% IVE @ 75% FFP |

| Training for Staff of State-Approved Child Welfare Agencies Providing Services to Children Receiving Assistance Under Title IV-E | | | | | | |
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| **Course** | **Syllabus** | **IV-E Functions addressed** | **Venue** | **Hrs** | **Provider** | **Cost /Funding Source** |
| **Family Time Coaching Skill Building** | Module 1: Introduction<br>Module 2: Child Safety Skill Set<br>Module 3: Clinical Skill Set<br>Module 4: Child Development Play Lab<br>Module 5: Advanced Child Development<br>Module 6: Coaching Skill Set<br>Module 7: Partnering Skill Set<br>Module 8: Addressing Traumatic Stress Response in Child and Caregiver<br>Module 9: Teen Model<br>Module 10: Introduction to Family Safety Planning<br>Module 11: Genograms and Ecomaps<br>Module 12: Infant Track | Social work practice, such as family centered practice and social work methods including interviewing and assessment; communication skills required to work with children and families | RSL | 54 hours | Contracted Subject Matter Experts | 100% IVE @ 75% FFP |
| **Introduction to Family Safety Planning Meetings** | Participants will understand the Family Safety Planning Model components and the values/ principles that underpin it.<br>participants will practice facilitating a Family Safety Planning Meeting with support through peer and trainer consultation.<br>trainers will lay groundwork for actual FSP referral and preparation | Social work practice, such as family centered practice and social work methods including interviewing and assessment; communication skills required to work with children and families | RSL | 12 hours | Contracted Subject Matter Experts | 100% IVE @ 75% FFP |
| **Genograms and Ecomaps** | Discuss genograms & ecomaps as a methods of understanding family systems, finding strengths and accessing sources of support<br>Explore the practice of Family Finding<br>Learn how to complete genograms and ecomaps | | RSL | 6 hours | Contracted Subject Matter Experts | 100% IVE @ 75% FFP |

| Training for Staff of State-Approved Child Welfare Agencies Providing Services to Children Receiving Assistance Under Title IV-E | | | | | | |
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| **Course** | **Syllabus** | **IV-E Functions addressed** | **Venue** | **Hrs** | **Provider** | **Cost /Funding Source** |
| **Advanced Family Safety Planning Meeting Facilitation** | Youth participation in FSPs<br>Overcoming challenges<br>Preparation<br>Engagement<br>Scenario practice<br>Widening the net<br>Managing difficult dynamics in the room<br>Virtual FSP facilitation<br>Develop additional skills in preparing families and professionals for FSPs.<br>Learn techniques to:<br>▪ Widen the net<br>▪ Maintain a safe and productive meeting environment<br>▪ Capture what participants are sharing adequately on the board, as well as know how to follow up with additional solution-focused questions. | Social work practice, such as family centered practice and social work methods including interviewing and assessment; communication skills required to work with children and families | RSL | 6 hours | Contracted Subject Matter Experts | 100% IVE @ 75% FFP |
| **Motivational Interviewing** | Understand the theoretical model of change; explore solution-focused skills, become familiar with the application of MI in casework practice. | Case planning, case management Social work practice, such as family centered practice & social work methods including interviewing and assessment; general overview of child abuse and neglect investigations, risk and protective factors. | | See above | Contracted Subject Matter Experts | 100% IVE @ 75% FFP |

**Training for Child Welfare System**

Most of the above trainings are also available, assuming slots are available, to entities listed in the definition of the child welfare system found above, including but not limited to, foster parents, kin caregivers, adoptive parents, staff of other related state Departments and Agencies, and staff of state approved child welfare agencies. Our training calendar is available online.

**Cost Allocation Methodology for Workforce Training**

The specific cost allocation for each course is specified in the previous pages.

The Title IV-E eligibility statistics are compiled quarterly from Family Services MIS, using data on all children in custody, including their custody category, and then indicating their Title IV-E eligibility status, also by custody and category. The number of Title IV-E eligible children is divided by the total number of children in custody to determine the Title IV-E eligibility rate.

The same information is provided for the children receiving an adoption subsidy. The number of Title IV-E eligible children is divided by the total number of children on adoption subsidies to determine the Title IV-E eligibility rate.

The combined eligibility rate is calculated using all children in foster care or on adoption assistance as the denominator and the number of IV-E eligible children in both programs as the numerator.

**Caregiver Training**

The VT CWTP provides short-term training for Vermont caregivers, as follows.

**Foundations for Foster Parents:** A hybrid course- (both on-line and in-person components). An alternative at home workbook and DVD set provided for caregivers unable to access the Foundations online component. The in-person component, Foundations: Learning Networks, consists of three in person sessions held once a week for three consecutive weeks. Foundations Learning Networks offered in-person when possible as the minimum number, six (6), FP completes the online component. Foundations Learning Networks also provided remotely to ensure small districts and immunocompromised have access. Foundations topics/content includes but is not limited to: RLSI Overview, Role and Resource Utilization, Fundamental Relationships, Safety, Development, Attachment, Abuse/Neglect, Negative childhood experiences Informed Parenting Skills, Court, and Permanency. Please see Caregiver Training Competencies for additional details.

Fostering to Forever online offered continuously and offered virtually and in-person regionally in four districts as the minimum number of pre-adoptive parents, needed for a class in a district is met.

| Course | Syllabus | IV-E Functions Addressed | Venue | Provider | Hrs | Cost/ Funding source |
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| **Foundations Online** | RLSI Overview, Role and Resource Utilization, Fundamental Relationships, Safety, Development, Attachment, Abuse/Neglect, negative childhood experiences Informed Parenting Skills, Court, Permanency | Preparation of foster, kin and potential adoptive caregivers to care for children in state's custody. | AL | CWTP | 12-14 hrs | 100% IV-E @ 75% FFP |
| **Foundations Learning Networks** | RLSI Overview, Role and Resource Utilization, Fundamental Relationships, Safety, Development, Attachment, Abuse/Neglect, negative childhood experiences Informed Parenting Skills, Court, Permanency | Preparation of foster, kin and potential adoptive caregivers to care for children in state's custody. | C or RSL | CWTP Staff and/or Temp Trainers | 6 hrs Classroom<br><br>Offered when 6 or more FP complete online in District or region | 100% IVE @ 75% FFP |
| **Orientation for New Foster Parents** | Learn about FSD's overarching goal of reunification and the role of the foster parent within it.<br>Gain an understanding of the licensure process.<br>Increase knowledge about expectations of foster caregivers.<br>Explore "a day in the life" of being a foster caregiver.<br>Begin to understand how negative childhood experiences impacts children/youth that are in foster care.<br>Identify supports and resources available to caregivers.<br>Receive next steps regarding training requirements if moving forward. | Foster Care, Placement Stability, Recruitment and Retention | AL | CWTP | 1 hour | 100% IVE @75% FFP |
| **Fostering to Forever** | Making the Move to Permanency; Working with Families; Adoption; Permanent Guardianship; Local connections and Additional resources | Preparation of families who will adopt children from the foster care system. | C, RSL & AL | Hired trainers & CWTP | 3.5 hours Classroom up to 4 x per year;<br>DL on going | 100% IV-E Adoption Rate |

**Advanced Training for Caregivers**

The CWTP works with FSD Central Office Staff, District staff and caregiver groups to identify topics for regional advanced training for kin, foster and adoptive caregivers. Advanced online training will include: Mentoring online training, Commercial Trafficking, Court Overview, You Kin Do It, Safety Awareness for Caregivers, Caring for Opioid Exposed Infants, Adoption Advanced Topics, Beyond the Basics Kinship, Considerations When Caring for Youth, Normalcy/RPPS, Fundamentals in negative childhood experiences Informed Practice and Fundamentals in Adoption Competence. Advanced virtual and/or in person courses that will be offered after the completion of Foundations include Deeper Dive Advanced courses (6 topics offered twice a year), Supporting Children and Youth Impacted by Parental Incarceration, Kinship Connections, Creating Connections, RPC+ training of trainers, and RPC+ regional offerings. CWTP offers coaching support to temp-trainers, Resource Coordinators, related to caregiver training and directly to caregivers, foster, kinship and adoptive, increasing capacity, and transfer of learning connected to Advanced Training topics.

| Advanced Foster Parent Training | | | | | | |
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| **Course** | Syllabus | IVE Function Addressed | Venue | Provider | Hours | Cost/ Funding Source |
| **Resource Parent Curriculum+ TIPS Train the Facilitator** | **For professional community partners.** Develop clear understanding of the RPC, and how to effectively train caregivers with it. | Impact of child abuse and neglect, engagement strategies, child development, family centered practices | C or RSL | CWTP | 8-16 hrs<br><br>Up to 2 x per year | 100% IV-E @ 75% FFP |
| **Resource Parent Curriculum (RPC) + TIPS (negative childhood experiences Informed Parenting Skills)** | The RPC curriculum provides resource parents with the knowledge and skills needed to more effectively care for children and youth who have experienced abuse/neglect. Participants will learn how negative childhood experiences-informed parenting can support children's safety, permanency, and well-being, and engage in skill-building exercises that will help them apply this knowledge to the children in their care. | Impact of child abuse and neglect, engagement strategies, child development, family centered practices | C or RSL | CWTP | 25 hrs<br><br>10 weeks in person or Remote<br><br>2-3 X per year | 100% IV-E @ 75% FFP |
| **Resource Parent Curriculum+ TIPS (negative childhood experiences Informed Parenting Skills)<br>For VCORP-<br>VT Coalition of Residential Programs** | The Resource Parent Curriculum provides resource parents with the knowledge and skills needed to more effectively care for children and youth who have experienced child abuse/neglect. Participants will learn how early childhood experiences informed parenting can support children's safety, permanency, and well-being, and engage in skill-building exercises that will help them apply this knowledge to the children in their care. | Impact of child abuse and neglect, engagement strategies, child development, family centered practices | C or RSL | VT CWTP | 25 hours<br><br>10 weeks in person or Remote<br><br>1-2 X per year | 100% IVE @ 75% FFP |
| **Charting the Course** | Develop skills and abilities of caregivers to support youth toward independent living. Able to actively support older youth in accessing transitional services towards independence/adulthood in attempt to support permanency. | Youth development, youth-centered practice, engagement, permanency, transition-aged youth | RSL | VT CWTP | 3 -6hrs<br><br>1-2 X this year | 100% IVE @ 75% FFP |

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| **Substance Use/Mis-use** | This training supports caregivers in understanding terminology and slang term for street drugs.<br>Increases their ability to work with adolescents and family members of child/youth who are actively using – safety plan, treatment options, harm reduction, interventions, etc.<br>And increases their ability to discuss and support prevention of substance abuse with youth | Impact of substance abuse, child/youth development, engagement strategies, information about available services | RSL | VT CWTP | 3-6 hrs<br><br>2 x this year | 100% IVE @ 75% FFP |
| **Impact of Parental Mental Health on Children/Youth** | Increases caregiver's ability to understand and work with a parent who has a severe and persistent mental illness. Also supports caregiver understanding of age-specific ways to support a child or youth whose parent is mentally ill. | Developing skills to care for children and youth affected by wellness and health concerns | C or RSL | VT CWTP | 3-6 hrs<br><br>2 X this year | 100% IVE @ 75% FFP |
| **Positive and Adverse Childhood Experiences (PACES): Nurturing Resilience** | This training offers a deepened training to truly understand abuse/neglect, impact on self, child/youth and families as well as assists caregivers to develop skills to manage the abuse/neglect-related needs of the children in their care. This training will break down different types of early childhood adversity/negative childhood experiences and may focus on one specific type of adversity per training (i.e. childhood sexual abuse, witnessing domestic violence). | Developing skills to better provide care for and support permanency for children and youth impacted by early childhood adversity. | RSL | CWTP | 3-6 hrs<br><br>2 Xs this year | 100% IVE 2 75% FFP |
| **Preventing and Overcoming Secondary Traumatic Stress Through Awareness and Self-Care** | This training builds on the foundational understanding of vicarious negative childhood experiences and the importance of self-care for caregivers. Assists caregivers in developing and maintaining self-regulation plan. | Developing and practicing skills to increase retention of caregivers, increase self-care for caregivers | RSL | CWTP | 3-6 hrs<br><br>2 X this year | 100% IVE @ 75% FFP |
| **CPR & First Aid** | This training will provide opportunities to learn and practice the basic first aid and CPR skills. | Developing first aid and cpr skills to support care and response to children and youth in care. | RSL | Hired Subject Experts | 3-6 hours 4 x per year in regions | 100% IVE @ 75% FFP |

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| **Supporting youth and children impacted by parental incarceration** | This training provides information that assists caregivers in better understanding how children and youth can be affected by parental incarceration. Caregivers receive resources, and share insights. | Develop and practice skills to better support children and youth feel safe, supported and connected when impacted by parental incarceration. | AL or RSL | VT-CWTP | 4 hours | 100% IVE @ 75% FFP |
| **Fostering to Forever: Deeper Dive Into Adoption** | Training on topics such as: Siblings in Adoption (bio, foster, adopted), Extended Families (how adoption impacts the whole family) and Adoption and School (unique issues for children/youth in school) | Adoption | RSL | VT CWTP | 1 hour each Up to 4 x per year | 100% IVE @ 75% FFP |
| **Kinship Care: Beyond the Basics kinship specific** | This training will provide tools for kinship caregivers to explore and support healthy relationships between the child/youth and family connections. The training assists in building perspective and skills needed to take on a new role as a kin caregiver while navigating changes in family dynamics, relationships and related feelings. | Developing skills, knowledge and understanding among kin caregivers to support care of and promote stability for children/youth in kinship care. | AL | VT CWTP | 1 hr | 100% IVE @ 75% FFP |
| **Caregiver Peer Mentoring** | Train mentors on evidence of how to support new and existing foster parents and assist foster parents in successfully navigating through the child welfare system with the goal of improved placement stability and foster parent retention. | Develop skills among mentors to promote placement stability for children in foster and kinship care. | AL | CWTP | 3 hrs | 100% IV-E @ 75% FFP |
| **Trafficking of Children Training for Caregivers** | Raise awareness of the child welfare system response to child/youth sex trafficking (CYST) and the role of foster parents/caregivers<br>Raise awareness of the Federal definition of sex trafficking<br>Recognize the risk factors associated with children and youth who are trafficked, or likely to be trafficked<br>Recognize the impact of sex trafficking on survivors<br>Respond to youth who are in care and who have been | Develop knowledge and skills necessary to recognize CYST and appropriately care for possible survivors of CYST placed in their care. | AL | CWTP | 3 hrs | 100% IVE @ 75% FFP |

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| | trafficked or are likely to be trafficked | | | | | |
| **Safety Awareness for Caregivers** | Understand preventive strategies to preserve safety, reduce threats/risks, and promote well- being and self-care.<br>Explain the importance of awareness, assessment, anticipation, and action as they relate to caregiver safety.<br>Define the common stages of threat/violence escalation, including when not to engage.<br>Describe potentially dangerous scenarios/ situations caregivers may encounter.<br>Understand and increases knowledge of de- escalation techniques that may reduce vulnerability during tense interactions.<br>Identify components of policy and practice that keep caregivers safe and learn how policy actively supports caregiver safety.<br>Identify local resources and steps to enhance your personal safety and safety of children in your home. | Preparation of foster caregivers to care for children in state's custody through increasing safety awareness and development of de-escalation and safety planning skills. | AL | CWTP | 3 hrs | 100% IVE @ 75% FFP |
| **Caring for Opioid Exposed Infants** | Provide education about addiction and recovery for those with Substance Use Disorder relating to Opiates<br>Prepare foster/kin/adoptive parents for caring for opiate exposed infants through instruction in NAS (Neonatal Abstinence Syndrome), caring of newborns, and overview of physiological/psycho/social development<br>Define role of the DCF foster parent in caring for NAS babies<br>Provide participants | Develop knowledge and skills among caregivers to be able to provide care for infants and young children that have been exposed to opiates. | AL | CWTP | 6 | 100% IVE @ 75% FFP |

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| | with community resources to assist them in this responsibility | | | | | |
| **Understanding Sexual Development and Behaviors Continuum** | Developing skills to better provide care for and support permanency for children and youth specifically related to development and puberty. | Understanding child development, impact of abuse/neglect, placement stability | C | VT CWTP | 2-3 hrs | 100% IV-E @ 75% FFP |
| **Creating an Adoption Sensitive School** | Open to parents and educators<br>Increase understanding of the 7 Core Issues of Adoption<br>Increase understanding of the impact of abuse/neglect.<br>Learn how these might present in the classroom and what strategies can help these children and youth succeed in school | Adoption; Developing skills to better provide care for and support permanency for children and youth impacted by early childhood adversity; Develop skills, knowledge and understanding among adoptive caregivers to support care of and promote stability | AL | DCF Contractor: Lund Family Center | 2 hrs | 100% IVE @ 75% FFP |
| **Talking to Our Children about Adoption/ Guardianship** | Learn why it's important to talk with your child and to practice these conversations safely (and with support)<br>How to provide your child with their history—even if it is a difficult one and<br>Learn how to talk about your child's birth family honestly and proactively. | Adoption; Developing skills to better provide care for and support permanency for children and youth impacted by early childhood adversity; Develop skills, knowledge and understanding among adoptive caregivers to support care of and promote stability | AL | DCF Contractor: Lund Family Center | 4.5 hrs | 100% IVE @ 75% FFP |

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|  | How to empower your child in telling and/or keeping their story private. |  |  |  |  |  |
| **Advanced Adoption** | Understands the importance of open communication in adoption from the perspective of youth and parents. Gain understanding about the impact of birth family connections. Understanding value of open communication. Learn guiding principles for open communication. Gain awareness about impact of not sharing crucial information. Topics covered will include: Talking with children about adoption, talking about more difficult things in adoption and connecting with birth families. | Develop skills, knowledge and understanding among adoptive caregivers to support care of and promote stability | AL | VT CWTP | 2 hours | 100% IVE Adoption Rate |
| **You Kin Do It, Kinship Specific Advanced** | Reflect on role and responsibilities as a kin caregiver.<br><br>Examine impact of caregiving on family and necessity to plan accordingly.<br><br>Identify resources and supports available.<br>Explore importance of self care.<br><br>Learn what negative childhood experiences informed parenting is and develop skills related. | Developing skills, knowledge and understanding among kin caregivers to support care of and promote stability for children/youth in kinship care. | AL | VT CWTP | 2 hrs | 100% IVE @ 75% FFP |
| **Considerations when caring for youth** | Understand the importance of normalcy for children in out of home care (allowing them to participate in the same age-appropriate normative activities, experiences as their peers.<br>Understand the resources available for caregivers to support youth/adolescents.<br>Understand the rights of youth that are imperative to develop normalcy, resilience, and culture.<br>Understand the unique aspects of working with an | Foster Care, Placement, Permanency | AL | VT CWTP | 3 hrs | 100% IVE @ 75% FFP |

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| | adolescent (namely the need for connections and permanency regardless of age, normal developmentally appropriate behavior versus negative childhood experiences behavior, and how substance use affects brain development and decision making. Understand the Reasonable and Prudent Parenting Standard (RPPS | | | | | |
| **Normalcy and Prudent Parenting** | Identify the key aspects of the federal Preventing Sex Trafficking and Strengthening Families Act, recognize how participation in social, extracurricular, and recreational activities promotes a more normal life experience for youth in foster care, use knowledge of cognitive, emotional, physical, and behavior development when considering the appropriateness of activities for youth, understand adolescent brain development, consider allowing youth to safely engage in activities unique to their cultural customs, apply Vermont's Reasonable and Prudent Parenting Standard to make youth-specific decisions about participation in activities, differentiate between decisions that can be made by foster/kinship caregivers and those that need to be authorized by parents/legal guardians or DCF | Differentiate between decisions that can be made by foster/kinship caregivers and those that need to be authorized by parents/legal guardians or DCF; placement practice, child development, placement stability | AL | VT CWTP | 2 hrs | 100% IV-E @75% FFP |

| Caregiver Statewide Conferences | | | | | | |
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| **Kin Foster and Adoptive Families Conference** | Support participation of foster parents, adoptive parents, family services workers and other staff in the annual conference of the Vermont Kin, Foster and Adoptive Families, which offers a wide variety of workshops related to children and youth in care. | Recruitment of foster parents, kinship care as a resource, placement of child, development of case plan, case management and supervision, permanency planning, referral to services. | C or RSL | 5-10 | Hired subject experts, CWTP trainers, community partners | Staff time<br><br>100% IV-E @ 75% FFP |
| **VT Consortium for Adoption & Guardianship Conference & Committee Mtgs** | Support & design materials for caregivers who have decided to adopt a child(ren) through Family Services Division | Recruitment of Adoptive Parents as a permanency placement for children who are in foster care. | C or RSL | 25 | Hired subject experts, CWTP trainers, community Partners | 100% IV-E @ 75% @ FFP |

Additionally, foster/adoptive parents are offered additional classroom advanced training available through external trainers such Prevent Child Abuse Vermont. Additional online training from CWTP through Foster Parent College and Adoption Learning Partners courses are purchased and distributed by Resource Coordinators in each district as needed/requested.

**Cost Allocation Methodology for Caregiver Training**

The Family Services Division has a single system for application, home study, and approval of foster parents, kinship care providers, and adoptive parents. Caregivers who participate in caregiver training have often indicated their interest in both short-term care, and adoption. In Vermont, over 90% of adoptions are by foster parents even when these same foster parents did not initially become involved to be adoptive parents. All guardianship assistance families are relatives who are licensed foster parents. For these reasons, through our caregiver training, we prepare caregivers for all kinds of care, including permanent care through adoption or guardianship.

For the purposes of determining the eligibility rate to be applied to the UVM contract and caregiver training, the raw data for children in custody and receiving adoption subsidies, the combined number of Title IV-E eligible children in custody, and the number of Title IV-E eligible children on adoption subsidies is divided by the total population of custody children and total children on adoption subsidies, to determine the combined custody and adoptions Title IV-E eligibility rate.

The exceptions are the 3-hour training Fostering to Forever offered in person and online, Advanced adoption courses, RPC+ Adoption Focused, Adoption Learning Partners, 30 hrs of FUNDAMENTALS in Negative childhood experiences Informed Care and Adoption Competence, Consultation work with the Adoption consortium and specific consultation with regard to caregivers and resource coordinators about adoption specific needs, which are claimed at the adoption assistance eligibility rate.

The eligibility rate is then multiplied by the applicable rate: training (75%) and administration (50%).