



Department for Children and Families

Family Services Division

Vermont's 2023 Annual Progress and Services Report

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Mission

We engage families, foster and kin caregivers, partner agencies, and the community to increase safety and law abidance for Vermont’s children and youth.

We achieve our mission by working with families to:

- *Keep children and youth safe,*
- *Keep youth free from delinquent behaviors,*

And if that is not possible:

- *Caring for children and youth in DCF or conditional custody and attending to their well-being, while working towards safe reunification.*

And if that is not possible:

- *Achieving other forms of permanency for children and youth in DCF or conditional custody by providing them with safe, supportive, lifelong connections.*

Collaboration

Family Services strives to ensure stakeholders are engaged in providing input on practice and policy updates, so the division can best serve the children, youth, and families in Vermont. In Round 3 of the CFSR, Vermont received a Strength rating for Item 31: *Engagement and Consultation with Stakeholders* and Item 32: *Coordination of CFSP Services with other Federal Programs*. The following is a list of the various stakeholder groups FSD engages with throughout the year.

- The **Vermont Foster and Adoptive Family Association (VFafa)** holds monthly board meetings and quarterly networking meetings, which division staff attend. At VFafa’s annual conference, an open forum with partners and FSD leadership is traditionally held, as a mechanism for attendees to have direct access to the commissioner and deputy commissioner. In addition, the **Foster Parent Workgroup** meets regularly and is jointly led by Central Office leadership and foster parents and includes the voices of foster parents, central office staff, district directors, supervisors, social workers, resource coordinators, youth, and community partners. This group develops and oversees a workplan

designed to make practice improvements addressing issues the Department and foster parents have jointly identified.

- **Forward** is the youth advisory board for current and former foster youth. This group meets monthly to provide input to Family Services around practice and policy related issues. This group also meets annually with the Division Management team and outlines what they see are practice priorities that leadership needs to focus on based on their experience.
- **Vermont Kin as Parents (VKAP)** is a state-wide non-profit organization serving grandparents and relatives who are raising a family member's child when the parents are unable. With the increase of kin foster care, Family Services and VKAP continue to work together to discuss how to best support family members who are currently raising relatives. Both the Family Services post permanency manager and foster and kin care manager serve on the board.
- **Vermont Federation of Families** is a statewide family-run organization that provides support to families at Local Interagency Team meetings and Coordinated Services Plan meetings where Family Services, Department of Mental Health, and the Agency of Education are all present, working in collaboration to support families and child/youth 0-22 experiencing emotional, behavioral, or mental health challenges. The Vermont Federation of Families also joins Family Services Stakeholder meetings which is a venue to hear updates related to policy and practice and to be able to ask questions and provide feedback.
- **Vermont Family Network (VFN)** is an agency whose mission is to empower and support all Vermont families of children with special needs. The VFN joins Family Services Stakeholder meetings which is a venue to hear updates related to policy and practice and to be able to ask questions and provide feedback.
- The **Vermont's Citizen Advisory Board (VCAB)** was established by Family Services in 1998 per the federal Child Abuse Prevention and Treatment Act (CAPTA), under the CAPTA Reauthorization Act of 2010. VCAB meets quarterly regarding a variety of issues related to child protection, with a focus to review and improve Vermont's child welfare system.
- **Vermont Network Against Domestic and Sexual Violence** and Family Services collaborates in various ways, including:
 - The Rural Grant partnership member organization to develop regional trainings with the goals for the next 3 years focusing on the intersections of domestic violence, substance use and mental health and developing ways we as partnership can build our collective knowledge to enhance safety for families and improve service delivery in a holistic manner for families experiencing these challenges.
 - Supporting their local DV/SV member organizations to partner with DCF-FSD DV Specialists in community coordinated response teams which consist of cross discipline professionals developing appropriate domestic and sexual violence responses in regional communities.
 - Vermont Network Against Domestic and Sexual Violence members also serve on the Vermont's Citizen Advisory Board (VCAB).

- The **Vermont Coalition of Residential Programs (VCORP)** meets monthly, with division representatives attending.
- **Justice for Children Task Force (JCTF)** is convened by the Chief Justice of the Vermont Supreme Court. This task force is a collaborative, interdisciplinary effort bringing together those in charge of decisions impacting outcomes for children who are not in the custody or guardianship of a parent. Family Services commissioner and deputy commissioner participate on this task force and collaborates with the Court Improvement Project to improve outcomes for children and families. Other Task Force members include lawmakers, juvenile attorneys, Department of Health, states attorney, mental health, court administrator, Agency of Education, and an assistant attorney general.
- **FSD Stakeholders Meetings** are coordinated by Family Services on a quarterly basis. These meetings involve various stakeholders to provide policy and practice updates to help strengthen partnerships and the greater child welfare system. The quarterly meeting invitation goes out to individuals from the following fields: court, mental health, agencies that support and represent family and youth, corrections, education, local services providers, treatment providers, law enforcement, placement providers, and various advocacy groups.
- **Vermont Center for Crime Victim's Services**- DCF Family Services receives funding from the Department of Justice, Office of Violence Against Women, Rural Domestic Violence and Child Victimization grant and funds from the Office of Victims of Crime. These grants fund .5 FTE Domestic Violence Specialists to provide case consultation and expertise to regional FSD offices, as well as direct service and appropriate referrals to community service providers. In addition, formal Collaborative Agreements are in place and revisited on an annual basis between the local district office and the community domestic and sexual violence program to improve collaboration and referrals. Funds from this grant allowed FSD to leverage technical assistance from our statewide experts on LGBTQ youth, Outright VT.
- The **Vermont Children's Justice Act Task Force**- members of the Task Force include: Law Enforcement, Criminal/Civil Court Judges, Prosecuting Attorney, Defense Attorney, Child Advocate, Court Appointed Special Advocate (GAL), Mental Health, Child Protective Service, an individual experienced in working with children with disabilities, parent/representative, adult former victim, and an individual experienced in working with homeless children or youth. This group meets quarterly to address system issues.
- **Multi-Disciplinary Teams 33 VSA § 4917** - The DCF Commissioner may empanel a multidisciplinary team when there may be a probable case of child abuse which warrants the coordinated use of several professional services. The commissioner shall appoint members which may include persons who are trained and engaged in work relating to child abuse or neglect such as medicine, mental health, social work, nursing, childcare, education, law, or law enforcement. Additional persons may be appointed when the services of those persons are appropriate to a particular case. Teams assist the department in identifying and treating child abuse or neglect cases by providing:
 - case diagnosis or identification;
 - a comprehensive treatment plan; and
 - coordination of services pursuant to the treatment plan.

- Teams may also provide public informational and educational services to the community about identification, treatment, and prevention of child abuse and neglect.
 - Team shall also foster communication and cooperation among professionals and organizations in its community and provide such recommendations or changes in service delivery as it deems necessary.
- 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 **Restorative Justice Consortium** is comprised of state government, education, higher education, victim services and community restorative justice providers. The consortium meets monthly and works collaboratively to develop infrastructure and capacity to support, expand, and evaluate community and restorative justice in Vermont.
 - 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, States Attorney, and Victim Advocates. The group has been meeting since 2016 to develop legislation to move juvenile jurisdiction reform forward in Vermont.
 - The **Coordinating Funds and System Needs** interagency collaboration group consists of representatives of various Agency of Human Services departments (DCF, FSD, DAIL, DMH) and meets monthly. The purpose of this group is to focus on the child/youth system to discuss:
 - where there is alignment across our departments/divisions.
 - coordination about incoming proposals (Foundations, RFPs issued) and think more long-term in our approach as an agency.
 - what is being measured and contracted for? Is this giving AHS the impact they want?

Update on Assessment of Current Performance in Improving Outcomes

Prior to COVID, the division planned on bi-annual in-person spring and fall QCRs, measuring all 18 items. With the outbreak of COVID, the division had shifted gears to targeted QCRs which were completed in the Fall of 2020, Spring 2021 and Fall 2021. In Spring 2021 and Fall 2021, the division conducted virtual QCRs measuring the following items: 1, 4, 6, 13, 14, and 15 (Spring) and added items 5 and 10 in the Fall. These items were selected because of a continued need to focus on these areas of practice and keep the process manageable given the impact of our QCR reviewer resources during the pandemic and staff turnover. In Spring 2022, the division conducted in-person QCRs for all OSRI items in our Rutland, Hartford and Bennington district offices. The following table uses the available Spring 2022 data, along with applicable additional supplemental data. Please note that not all 40 cases reviewed have completed the QA process as of this writing.

Figure 1: Child and Family Services Review Outcomes Table

Child and Family Outcome	Fall 2016 CFSR baseline review	Spring 2022 QCR data and additional supplemental data (N=40)	Current or Planned Activities										
Safety Outcome 1	Timeliness of Initiating Investigations of Reports of Child Maltreatment: Item 1: 79.3%	Spring 2022 QCR – Item 1: Out of the 19 applicable cases, 14 were a strength (74%)	Item 1: The division continues to shine a light on this practice statewide and supports districts in understanding policy around contact standards for an investigation vs an assessment as well as the use of waivers.										
Safety Outcome 2	Services to Family to Protect Children in the Home and Prevent Removal or Re-Entry Into Foster Care Item 2: 77% Risk and Safety Assessment and Management Item 3: 60%	Spring 2022 QCR – Item 2: Out of the 21 applicable cases, 16 were a strength (76%) Measure of repeat maltreatment is within 6 months <table border="0"> <tr> <td>FFY2017</td> <td>5.5%</td> </tr> <tr> <td>FFY2018</td> <td>3.0%</td> </tr> <tr> <td>FFY2019</td> <td>4.2%</td> </tr> <tr> <td>FFY2020</td> <td>3.5%</td> </tr> <tr> <td>FFY2021</td> <td>5.9%</td> </tr> </table> <p><u>Data Notes:</u> Goal = Maintain (1) 2017 Data provided by CFSR 3 Data Profile dated Feb 2020 (2) FFY2018-2021 Data provided by ROM Reporting System; Measure of repeat maltreatment is within 6 months.</p> Spring 2022 QCR- Item 3: Out of the 40 applicable cases, 29 were a strength (73%)	FFY2017	5.5%	FFY2018	3.0%	FFY2019	4.2%	FFY2020	3.5%	FFY2021	5.9%	Item 2: The division continues to focus on the implementation of the SDM case reads to support staff around the use of the various SDM tools. During the past year, the division has still been challenged by the full implementation of SDM case reads. Recently, initial discussions have occurred with the Quality Assurance team to assist with the development of a structure to support this work ongoing. In addition, the division is working with the judiciary to develop a bench guide to give judges a prompt about which SDM and other case planning tools to inquire about in court hearings. The division feels this will help improve our scores for item 2. Item 3: In Fall 2020, we had our last PIP review which was focused on item 3, and we passed. One of FSD’s biggest challenge throughout our PIP was with our in-home cases and visiting the home on a consistent basis. The agency continues to have staffing turnover challenges with approximately half of our districts experiencing significant turnover during the past year.
FFY2017	5.5%												
FFY2018	3.0%												
FFY2019	4.2%												
FFY2020	3.5%												
FFY2021	5.9%												
Permanency Outcome 1	Placement Stability Item 4: 70% Permanency Goal Item 5: 45%	Spring 2022 QCR- Item 4: Out of the 25 applicable cases, 20 were a strength (80%) Spring 2022 QCR- Item 5: Out of the 24 applicable cases, 8 were a strength (33%)	Item 4: The division continues to focus on statewide implementation of our diligent recruitment work and believes this will continue to support improvements in this item rating. <i>See the DR section for additional details.</i> Item 5: FSD continues to educate and strategize with staff around completion of initial case plans within 60 days. During the past year, our efforts on IV-E candidacy implementation has impressed upon staff the need to complete initial case plans. In addition, we are currently working on a document for staff that shows a crosswalk between CFSR outcomes and our policies.										

	<p>Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement</p> <p>Item 6: 45%</p>	<p>Spring 2022 QCR- Item 6: Out of the 25 applicable cases, 14 were a strength (56%)</p>	<p>Item 6: COVID has had a negative impact on our judicial system, and further exasperated the already existing backlogs within many of the courts. This continues to be a challenge as we work to achieve permanency. <i>Please see section Activities to Reduce Length of Time in Care for recommendations from the National Center for State Courts.</i></p>												
<p>Permanency Outcome 2</p>	<p>Placement with Siblings</p> <p>Item 7: 95%</p> <p>Visiting with parents, and siblings in foster care</p> <p>Item 8: 77%</p> <p>Preserving connections</p> <p>Item 9: 90%</p> <p>Relative placement</p> <p>Item 10: 75%</p> <p>Relationship of child in care with parents</p> <p>Item 11: 79%</p>	<p>Spring 2022 QCR- Item 7: Out of the 10 applicable cases, 9 were a strength (90%)</p> <p>Siblings Placed Together (ROM Report)</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Met</th> </tr> </thead> <tbody> <tr> <td>FFY21</td> <td>323 (67%)</td> </tr> <tr> <td>FFY20</td> <td>327 (64%)</td> </tr> <tr> <td>FFY19</td> <td>374 (61%)</td> </tr> <tr> <td>FFY18</td> <td>390 (62%)</td> </tr> <tr> <td>FFY17</td> <td>343 (60%)</td> </tr> </tbody> </table> <p>Spring 2022 QCR- Item 8: Out of the 18 applicable cases, 15 were a strength (83%)</p> <p>Spring 2022 QCR- Item 9: Out of the 25 applicable cases, 20 were a strength (80%)</p> <p>Spring 2022 QCR- Item 10: Out of the 22 applicable cases, 21 were a strength (95%)</p> <p>Spring 2022 QCR- Item 11: Out of the 18 applicable cases, 16 were a strength (89%)</p>	Year	Met	FFY21	323 (67%)	FFY20	327 (64%)	FFY19	374 (61%)	FFY18	390 (62%)	FFY17	343 (60%)	<p>The division’s diligent recruitment work continues to support FSD’s practice related to all the Permanency Outcome 2 items. See the DR section for additional details.</p> <p>The following policies also support this area or work: Policy 125: Permanency Planning for Children and Youth highlights considerations of sibling relationships. Policy 91: Kinship Care, and Collaboration with Relatives supports placement with relatives and ongoing connects. Policy: 124: Family Time (Parent/Child Contact)</p> <p>Kinship Placement (statewide data): FFY2018 – 29.8% FFY2019 – 27.6% FFY2020—28.4% FFY2021 – 35.9%</p> <p>Data Notes: Goal = Increase performance each year FFY2017-2021 data provided by TREND custody report, C5 pivot table section</p>
Year	Met														
FFY21	323 (67%)														
FFY20	327 (64%)														
FFY19	374 (61%)														
FFY18	390 (62%)														
FFY17	343 (60%)														
<p>Well-Being Outcome 1</p>	<p>Needs and Services of child, parents, and foster parents</p> <p>Item 12: 35.4%</p> <p>Case Planning with Parents and Child</p> <p>Item 13: 50.80%</p> <p>Case Worker visit with Child</p> <p>Item 14: 58.50%</p>	<p>Spring 2022 QCR- Item 12: Out of the 40 applicable cases, 17 were a strength (43%)</p> <p>Spring 2022 QCR- Item 13: Out of the 40 applicable cases, 29 were a strength (73%)</p> <p>Spring 2022 QCR- Item 14: Out of the 40 applicable cases, 27 were a strength (68%)</p>	<p>One of FSD’s challenges with the Well-Being Outcome 1 items, is connected to our in-home cases and visiting the home on a consistent basis to assess for needs and services, and case planning. In many cases, our engagement with the non-custodial parent is lacking.</p> <p>We continue to believe with the rollout of ROM, district leadership will be able to better track and support workers around face-to-face contacts with our in-home population.</p> <p>This past year was the second year in a row achieving 95% for our monthly face-to-face with children in custody.</p>												

	Case Worker visit with Parents Item 15: 44.40%	Spring 2022 QCR- Item 15: Out of the 39 applicable cases, 19 were a strength (49%)	In addition, FSD is still exploring the implementation of the <i>Family Strengths and Needs Assessment</i> SDM tool which could provide staff with additional support on how to assess and document for item 12 and 13. At this time, other priorities and funding issues have delayed exploration.
Well-Being Outcome 2	Educational Needs Item 16: 86%	Spring 2022 QCR- Item 16: Out of the 36 applicable cases, 30 were a strength (83%) FSD Report Manager: % of School Aged Kids Who Had a Placement Change and Maintained Educational Stability = 78.13% (FFY2021: data ran on 05/16/21)	In 2020-2021, FSD made a few revisions to the case plan template and instructions to help support specific areas of practice including items related to Well-Being Outcome 2 and 3. The division believes that even though there have been no changes to ESSA, given staff turnover, we may benefit by providing a refresher through a statewide virtual meeting. The following policy supports this area or work: Policy 72: Educational Achievement and Stability for Children and Youth in DCF Custody
Well-Being Outcome 3	Physical Health Needs Item 17: 78% Mental Health Needs Item 18: 77%	Spring 2022 QCR- Item 17: Out of the 37 applicable cases, 25 were a strength (68%) Spring 2022 QCR- Item 18: Out of the 31 applicable cases, 21 were a strength (68%)	In 2020-2021, FSD made some minor revisions to the case plan template and instructions to help support specific areas of practice including items related to Well-Being Outcome 2 and 3. The following policies also support this area of work: Policy 76: Supporting and Affirming LGBTQ Children & Youth Policy 77: Medical Care for Children and Youth in DCF Custody Policy 154: Children and Youth in DCF Custody Requiring Mental Health Screening, Mental Health Placement, or Psychiatric Hospitalization In addition, <i>please see healthcare oversight section</i> for more information regarding progress on children seeing physicians.

Systemic Factors

Figure 2: Child and Family Services Review Systemic Factors Table

Systemic Factor	Current Status	Current or Planned Activities
Information Systems	<ul style="list-style-type: none"> Item 19: <i>Statewide Information System</i> was rated as a <u>Strength</u> in recent CFSR. System has capacity to submit AFCARS, NCANDS and NYTD data to HHS. Low AFCARS error rate Continued development of ROM (Results Oriented Management) Reporting Tool. 	<ul style="list-style-type: none"> Continue to work with IT to make upgrades and improvements to our current system. FSDs information systems are very antiquated. The division continues to highlight the need for a CCWIS. In SFY2022, FSD secured initial funding of \$2,000,000 for pre-planning and readiness assessment activities. Testimonies were provided to the legislature regarding our need for annual funding for CCWIS. The division is tentatively planning for a ROM rollout in the calendar year 2022.

Case Review System	<ul style="list-style-type: none"> • Items 21: <i>Periodic Reviews</i>, Item 22: <i>Permanency Hearings</i>, and Item 23: <i>Termination of Parental Rights</i> were rated as a <u>Strength</u> in Round 3 CFSR. • <i>Items 20: Written Case Plan and 24: Notice of Hearings and Reviews to Caregivers</i> were <u>Area Needing Improvement</u> in Round 3 CFSR. 	<ul style="list-style-type: none"> • During this past year, the Statewide Admin Workgroup completed a manual that outlines all the requirements to better support the case review and court processes. • Maintain success with face-to-face contacts with children, youth, and family to increase engagement in case planning and improve overall outcomes. • Continue to verify systems are in place in the districts to ensure foster parents receive the foster parent notification rack card prior to all hearings.
Quality Assurance	<ul style="list-style-type: none"> • Item 25: <i>Quality Assurance System</i> was an <u>Area Needing Improvement</u> in Round 3 CFSR due to lack of ongoing qualitative case review process. • Continue to review, evaluate, and modify our QCR process. • QA team supports the districts with data requests and analysis of their data. • Operations and QA team support districts around focused indicators. 	<ul style="list-style-type: none"> • During our Spring 2022 QCR process, the QA team trained 40 new case reviewers to support and strengthen our state-led bi-annual QCR process. • To date, OSRI fidelity has been monitored by use of federal partners to review a sampling of cases, as well as limiting staff conducting Initial QA and Secondary Oversight. Over the next year, quality assurance staff will develop Initial QA and Secondary Oversight training and guidance as we onboard new staff to these processes. • In July 2019 the Capacity Building Center joined the Division Leadership to identify CQI priorities for the districts and central office. A subsequent division leadership meeting in September 2022 will be used to assess identified CQI priorities. <i>See Quality Assurance section for more detail.</i>
Staff Training	<ul style="list-style-type: none"> • Item 26: <i>Initial Staff Training</i> and Item 27: <i>Ongoing Staff Training</i> were both <u>Areas Needing Improvement</u> in Round 3 CFSR. • Refining of new employee pre-caseload and training requirements. • Utilizing different formats for delivery of information (virtual platforms, district consults and coaching). 	<ul style="list-style-type: none"> • In 2020, FSD revised Policy 203: Professional Development for Division Staff. • FSD and the CWTP continue to improve how we utilize the training system (LINC) to track successful completion of staff trainings and identify training needs. All modules for Foundations training are in the LINC system now. This allows for enhanced tracking for employee trainings. As a back-up to this tracking, CWTP utilizes weekly FSD newsletter (COW), to monitor new employee announcements and prior to a Foundations class starting, reaches out to supervisors to verify new employees are attending trainings. Also, any virtual course offered (including micro-learnings) is automatically put in LINC. The only piece still working on is outside trainings such as Safe & Together, and figuring out how to pull that into the employee training record. • Due to COVID, the CWTP provided trainings virtually which was very well received. During the past year and for the upcoming year, the division will continue to offer both in-person and virtual trainings.
Service Array	<ul style="list-style-type: none"> • Item 29: <i>Array of Services</i> and Item 30: <i>Individualizing Services</i> were both <u>Areas Needing Improvement</u> in Round 3 CFSR. • The division continues to analyze 	<ul style="list-style-type: none"> • Continue ongoing dialogue with partners and seek opportunities to collaborate with new partners to help address services gaps particularly in the areas of Children’s Mental health, Early Childhood Services System, and Adult Substance Use. A new interagency

	<p>priorities needs, identify service gaps, and target those within our budget capacity.</p> <ul style="list-style-type: none"> The division continues to have discussions with community partners about existing service needs and identify ways to address gaps. 	<p>resources collaboration group now meets monthly. <i>See Coordinating Funds and System Needs collaboration group on page 6.</i></p> <ul style="list-style-type: none"> Since the outbreak of COVID19, Central Office has postponed work with districts around community conversations about strengthening VT’s child welfare system and how best to use our finite resources. During this past year, the division completed the development of our FFPSA prevention plan. This served as a great venue to discuss our strengths and gaps in services with our stakeholders. We had 90+ community stakeholders engage in the FFPSA Prevention Workgroup and they provided very rich information for our plan.
<p>Agency Responsiveness to the Community</p>	<p>Item 31: <i>Engagement and Consultation with Stakeholders</i> and Item 32: <i>Coordination of CFSP Services with other Federal Programs</i> was rated as a <u>Strength</u> in Round 3 CFSR.</p>	<ul style="list-style-type: none"> Given the tremendous time devoted to the development of our FFPSA prevention plan, the division shifted to engage and consult with stakeholders through this work. This served as a great venue to discuss our strengths and gaps in services with our stakeholders. We had 90+ community stakeholders engage in the FFPSA Prevention Workgroup and they provided very rich information for our plan. Through our FFPSA implementation work, the division will continue to be inclusive around engagement with our stakeholders regarding our practice. During this spring’s QCR process, we again trained and utilized stakeholders for ongoing district QCRs. In addition, the NEACWCD is leading a new initiative, “Pathways to Prevention” which includes parent representation, to reform the work at the front door including racial justice, right sizing, counting for bias and system racism. Also looking at how we are structured and how we can engage in more effective prevention efforts.
<p>Foster and Adoptive Parent Licensing, Recruitment, and Retention</p>	<ul style="list-style-type: none"> Item 33: <i>Standards Applied Equally</i>, and Item 34: <i>Requirements for Criminal Background Checks</i> were rated as a <u>Strength</u> in Round 3 CFSR. Item 35: <i>Diligent Recruitment of Foster and Adoptive Homes</i>, and Item 36: <i>State Use of Cross-Jurisdictional Resources for Permanent Placements</i> were both <u>Areas Needing Improvement</u> in Round 3 CFSR. 	<ul style="list-style-type: none"> FSD worked with the Capacity Building Center to develop and implement the divisions statewide Diligent Recruitment and Retention plan. Analyze data to inform strategies and adjust approaches as needed. Utilized FFPSA kinship navigator dollars to offer Leadership Academy for all Division Managers focused on engagement, recruitment and retention of kin as focus for change initiatives and for consultation with Seneca Center regarding Family Finding. <i>Please see diligent recruitment section for more information.</i>

Update to the Plan for Enacting the State’s Vision and Progress Made to Outcomes

Vermont’s 3-year strategic plan expires on June 30, 2022. Since the inception of this plan, the state has embarked on the development of our Family First Prevention and Services Act prevention plan, which does incorporate many elements from our strategic plan. Since the time that our strategic plan was developed, a legislatively mandated report examining the state’s high entry into foster care was completed by the University of Vermont (UVM). This report highlighted important practice and program improvement areas that will need to be incorporated into a blended strategic plan that will guide our work for the next few years. To support this important work, our division has recently re-organized central office programs to better align and prioritize activities and increase collaboration in the areas of FFPSA implementation, policy and practice development and continuous quality improvement. It is our intention that a new strategic plan will incorporate any elements from the expiring plan that are in progress but not yet completed. Also, division leadership will be seeking input from district staff through annual district road shows. Our CQI Steering Committee is currently reviewing the strategic plan to celebrate successes and carry over incomplete work into a new plan.

Revisions to Goals, Objectives, and Interventions

Goal 1: Support continuous improvement and reflection of the work to improve outcomes for child, youth, and families.

Strategy 1A. Engage district staff around continuous improvement of practice, including the implementation of a strong culture of safety.		
Activity/Benchmarks	Lead	Begin Work
1. Continue staff engagement around the implementation of our Safety Organized Practice framework.	Operations	Year 1 (7/1/19-6/30/20)
<p>Update: The division continues to receive TA from Evident Change to support the implementation of a Safety Organized Practice framework. One area of focus includes implementation of case reads in the districts to support the new SDM tools. The case read tool was modified so that it is a better fit the divisions culture and resources. The Child Safety Manager has been conducting targeted discussions with CWTP in districts on SOP – mini trainings (hour long on safety & assessment tools). SDM practice related conversations continue to occur at various statewide meetings, though this occurs more regularly at the monthly Supervisors meeting. Additionally, FSD is contracting with Evident Change to validate the tools being used, and to create Bench Cards that will be used to ensure collaboration and consistency in decision making with our judicial partners as it relates to the use of SDM tools. Vermont continues to grow a strong culture of safety through the Safety Culture workgroup. Vermont is one of 27 States that are part of the National Partnership for Child Safety (NPCS), a national collaboration lead by Michael Cull focused on improving the child abuse/neglect death review process using the Safe Systems Improvement Tool (SSIT). In the next year, FSD is developing a safety culture steering committee to continue this important work within our system. FSD has piloted the Safe Systems Learning Review (SSLR) on two events. The division is working with the Commissioner’s office around draft legislation to speak to SSLR in an effort to strengthen this process within Vermont’s statutes. Nancy continues to work with ADS on data use agreements in order to be able to share information within the NPCS. Districts are voluntarily using the SBAR style in approach to their case transfer, consults and staffings. Lastly, this past November, the division administered the third annual Staff Safety survey. This survey also included new questions to help inform the division on our racial equity efforts.</p>		
2. Review internal district case transfer processes and make recommendations.	Operations	Year 2 (7/1/20-6/30/21)
<p>Update: The supervisors have been supported to use the SBAR as a tool during the case transfer process between front end to ongoing with the office. There are several districts using this format which they feel has helped support the</p>		

transfer process and have shared their feedback and experience with colleagues at monthly division meetings. At this point, management is not mandating this process but rather allowing districts to decide whether or not they want to pilot/adopt this practice. Recently, one of our Policy and Operations Managers has engaged the statewide family support caseworker group on this. More to come in the year ahead.		
3. Develop guidance and expectations on case documentation.	CWTP	Year 2 (7/1/20-6/30/21)
Update: Over the last year, the Child Welfare Training Partnership (CWTP) adjusted the division's Foundations case planning curriculum into 3 discrete smaller trainings that covers case notes & documentation and the technical skills of writing a case plan. During the past year, CWTP did re-do the permanency module for Foundations. However, the case planning module is delayed until the SFY2024 plan as they are waiting for the Strengths and Needs Assessment tool to be implemented.		
4. Develop a standard process for practice implementation that includes staff voices and engaging/informing community agencies.	Policy, Planning & Performance Unit	Year 1 (7/1/19-6/30/20)
Update: Between the fall of 2019 and 2020, the division received TA from the Capacity Center for States to assist with the development of an FSD Change Management framework. The workgroup has since completed a draft framework and is applying it to a couple areas of potential practice changes to test it out. Next steps include finalizing the draft and developing an implementation plan for the change management framework over the summer of 2021 and into the fall and winter (Appendix A). During this past year, the division experienced turnover of some key staff who were involved in leading our change management framework. As a result, our change management work has been on a temporary hold, with recent discussions beginning to resume to move this work forward in the coming year. Additionally, through FFPSA implementation efforts, several workgroups involving staff and community partners have been meeting throughout 2021 and 2022 focused on ensuring staff voices and community partner voices are informing the development of practices and policies coming out of this body of work.		

Strategy 1B. Create opportunities to engage and solicit input from families, youth, and children to inform policy and improve practice.

Activity/Benchmarks	Lead	Begin Work
1. Continue to explore ways to improve family engagement in the qualitative case reviews and use their stories to inform practice.	Policy, Planning & Performance Unit	Year 2 (7/1/20-6/30/21)
Update: As the division begins to implement our new change management system, we will be analyzing our qualitative and quantitative QCR data more frequently to inform practice change decisions moving forward. Feedback that we have received from parents will be a part of these types of analyses. During this past year, we did not administer our survey to parents as part of our QCR process due to the remote nature of those reviews. As of spring 2022, we have resumed these parent surveys as part of our QCR process. In addition to our QCR process, we are looking at other ways to have those with lived experience be more involved. We had 3 adults with lived experienced who were on one of our FFPSA workgroups to help inform our decisions as we created our prevention plan.		
2. Enhance training and guidance on engaging and empowering families through case planning.	Operations	Year 2 (7/1/20-6/30/21)
Update: Over the last year the Child Welfare Training Partnership (CWTP) adjusted the division's Foundations Curriculum to more deeply train this topic. The CWTP took the previous training that was one large case planning module and converted it to 3 discrete smaller ones that cover 1- case notes & documentation, 2- the technical skills of writing a case plan, and 3- the adaptive process of case planning throughout the life of the case. This has allowed us to delve more deeply and effectively into the various skills that support better engagement and clear documentation.		

The CWTP also updated the permanency module of foundations with a re-written comprehensive course that among other topics targets family engagement and empowering through permanency from day 1 of a case. This coming year the CWTP will design an advanced practicum focused on Permanency & Case Planning and will continue to evolve this work. There are other shifts happening that also impact this like adding the prompt for interpreters in the case plan format to ensure access for family engagement. During SFY2022, the foundations module has been revised, but not the practicum (see above). The CWTP is waiting on a decision about the SDM strengths and needs assessment.

Desired outcomes for children, youth, and families OR Systemic capacity expected to improve

- P1- Item 5: permanency goal for child
- W1- Item 13: Child and Family involvement in case planning
- W1- Item 14: case worker visits with child
- W1- Item 15: caseworker visits with parents

Rationale for selection of each strategy/activity

- Engaging families about our practice provides us with critical qualitative data that will help us identify needed changes to improve practice and outcomes.
- We know that strong family engagement and case planning skills results in better outcomes. Research also tells us that when workers meet with families and conduct routine home visits, it lowers the likelihood of maltreatment.
- The division is exploring the use of the evidence-based SDM tool *Family Strengths and Needs Assessment* to improve how the division case plans with children, youth, and families. At this time, other priorities and funding issues have delayed exploration.

Strategy 1C. Review performance and outcome data and contract measurements to inform practice and resource needs.

Activity/Benchmarks	Lead	Begin Work
1. Create a set of key outcome measures for Family Services to highlight and improve.	Management	Year 1 (7/1/19-6/30/20)
<p>Update: The division management team (DMT) worked with the Capacity Center for States during the summer of 2019 and identified a set of focused and monitoring indicators. DMT also developed a process that involved reviewing data related to the 3 focused indicators (face-to-face contacts, timely case closures, and kinship placement) provide by Central Office, having discussions as a management team, then hearing back from the district directors after they reviewed their district data and discussed strategies for improvement with their district leadership teams. The division is on its third year in this process and plans to engage DMT again in September 2022 around whether the current set of focused and monitoring indicators should continue or if we should make changes (Appendix B).</p>		
2. Continue to develop clear, measurable performance measures for grants and contracts & review data annually.	Revenue Enhancement Unit	Year 2 (7/1/20-6/30/21)
<p>Update: All agreements include performance measures with a requirement for providers to submit reports on quarterly, bi-annual, or annually basis. Reports are reviewed by the Revenue Enhancement team and the Program Manager along with the Provider. The division has made strides to improve the review process with a significant number of our agreements and will continue to be an area to strengthen and improve over the upcoming year. In the beginning of 2022, the Department (DCF) consolidated the contracting and grant functions for all divisions into one centralized team directly reporting to the Commissioner. FSD’s Revenue Enhancement Unit director meets with this team regularly to ensure the smooth transition, ongoing dialogue about service provision contracts as well as the ongoing work involving performance measures review. Initially, part of the time spent with this team is to help them understand FSD work and priorities.</p>		

3. Continue to evaluate the new Family First Prevention Services Act legislation and possibilities to leverage additional resources.	Management	Year 1 (7/1/19-6/30/20)
<p>Update: The division is currently receiving TA from the Capacity Building Center to assist with the development of our five-year plan for VT's title IV-E prevention program. FSD has been allocated TA support in the following areas: data analytics, lived experience, prevention planning, and general project management through October, 2021. FSD was also able to allocate a position that is solely responsible to lead the FFPSA work along with a new FFPSA Prevention Specialist. With the new FFPSA lead and the TA from the Capacity Building Center, the division hosted a successful Future in Focus Meeting on March 30th that included FSD staff and key stakeholders. Since that meeting, the workgroups have continued to meet with greater frequency to move this work along to meet timeframes and achieve desired outcomes for children and families as highlighted by FFPSA. The division submitted their FFPSA prevention plan on October 1, 2021 and has recently received approval to begin implementation. This bill passed in June, 2022 including substantial investments in FFPSA implementation.</p>		
4. Provide training to district leadership teams around obtaining and using data.	Quality Assurance Team	Year 2 (7/1/20-6/30/21)
<p>Update: The FSD management has increased the use of data during regular division management team meetings with district directors to better support data informed decision making and increase directors comfort level in analyzing data. In addition, FSD is still working on our implementation of ROM which we had hoped would have been implemented over the last year. The current rollout projection is over the next year where there will be intentional training and support to district leadership.</p>		
Desired outcomes for children, youth, and families <u>OR</u> Systemic capacity expected to improve		
<ul style="list-style-type: none"> • Item 25: Quality Assurance • Item 29 & 30: Service Array and Resource Development 		
Rationale for selection of each strategy/activity		
<ul style="list-style-type: none"> • FSD came close to not passing Round 3 of the CFSR. The division is focused on how we analyze the QCR data and dialogue about what we are learning to make system changes. • The division needs to continue to improve how we use data to inform our decision making around our finite resources and to ensure we are getting the services and results we intended for families. • FSD will continue to explore and leverage available prevention resources to reduce CPS involvement and get families connected with appropriate services when they need them. 		

Goal 2: Grow and support a more resilient workforce and improve retention.

Strategy 2A. Increase access to high quality and effective onboarding trainings and professional development opportunities for all FSD positions.		
Activity/Benchmarks	Lead	Begin Work
1. Implement ways for staff to provide input to trainings, to include an online anonymous survey after every training where results are reviewed quarterly.	Management	Year 1 (7/1/19-6/30/20)
<p>Update: The CWTP implemented a process where trainees are provided an anonymous online survey after each training. These are collected by the evaluation team, led by Dr. Jessica Strolin, and summarized in the annual report. In FY22 the CWTP will begin uploading the survey workforce summaries to the FSD SharePoint training folder. The evaluations from the KFAF team are currently being uploaded to the FSD Caregiving Training SharePoint Site and accessible to management. The CWTP has implemented a 6 month follow up survey for Foundations participants. This evaluation tool helps to determine how training impacted their ability to be prepared to work in their new role. Next on the horizon is to administer a survey to all staff regarding training needs. However, until that is completed, there is an informal mechanism in place to solicit input. Supervisors share with Operations Managers any training gaps/needs, and they will utilize the</p>		

Training Team (quarterly) time to share that information for consideration of future training offerings. In addition, the training specialists meet with district leadership regularly to assess training needs.		
2. Explore available funding for out-of-state and national conferences for district staff and develop a process that will support the transfer of learning.	Management	Year 1 (7/1/19-6/30/20)
Update: Due to COVID, there was no out-of-state travel over the last year nor funding for national virtual conferences. Management will continue to explore ways to support attendance to out-of-state conferences using available federal funding and/or other outside funding sources over the next year. In the past year we have had a limited number of staff participate in national virtual and in-person conferences.		
3. Continue to evaluate and adjust Foundations based on feedback.	Management	Year 1 (7/1/19-6/30/20)
Update: During COVID, the CWTP adjusted Foundations so staff could access trainings virtually which was well received. Due to this feedback, the CWTP is adjusting how they deliver Foundations moving forward. The Zoom Platform as a means for professional development has grown tremendously over the last year. Capacity to connect staff easily from across the State, breakout sessions that allow for small group conversation and engagement in learning and a “nimble” way of accessing materials has improved how well received trainings are. The CWTP facilitated a mix of both virtual and in-person training during this past year. During FY2023, part of the training plan will show additional hours for Foundations to revamp. There is a plan to have training for both generalized and specialized roles. In the event staff change roles within the system, then they could come back and attend the training days for that specific role.		
Desired outcomes for children, youth, and families <u>OR</u> Systemic capacity expected to improve		
<ul style="list-style-type: none"> To increase staff retention within the first 2 years of employment Item 26 & Item 27: Staff Training 		
Rationale for selection of each strategy/activity		
<ul style="list-style-type: none"> The above activities are aligned with recommendations from NCWWI’s Workforce Development Framework which highlights the importance of the Professional Development and Training. 		

Strategy 2B. Improve access to different levels of supervision and support including ways to support staff well-being.		
Activity/Benchmarks	Lead	Begin Work
1. Implement policy on case consultation, solicit feedback, and revise as needed.	Operations	Year 1 (7/1/19-6/30/20)
Update: Policy on Central Office case consultation grounded in safety culture principles has been implemented. The division continues to offer coaching training through the CWTP to our Central Office consultants to help support the implementation of this policy. Multiple trainings, coaching of coaches, and coaching practice opportunities have been provided to all central office consultants. Most recently the <i>Coaching to Enhance Safety Culture for Consultants</i> microlearning series was offered. This is adaptive work will continue to be an area of focus in the year ahead. During FY2022, there has been a fair amount of professional development around racial equity work. Training specialists have been supporting coaching and development work across the districts on areas such as justice equity, diversity and inclusion. The CWTP has expanded coaching so that the caregiver training staff have also been providing coaching to caregivers and districts staff. As a result, an increase in coaching will become more available.		
2. Continue to highlight and revisit the Flexible Workforce guidance document so staff are aware of current AHS policies related to work schedules.	CQI Steering Committee	Year 1 (7/1/19-6/30/20)

<p>Update: Over the last year we solicited input from staff which clearly indicated they have appreciated many aspects of remote working. The division is open to exploring how we can meet our business needs while also allowing more flexibility for our staff. Over the summer months, districts are encouraged to use this time to experiment and explore what works for them as an office. In August, district directors will share their learning to help inform FSD guidelines around office and remote. During the past year, we built on this guidance, and in November 2021, Department wide, up to 50% telework can be approved. We have this hybrid model in place where staff are supported to work remotely, in the office, and in the community. Because of the pandemic, staff were set up to be able to adopt this telework policy easily.</p>		
<p>3. Review Hope Team model and explore ways to strengthen and increase effectiveness.</p>	<p>HOPE Team</p>	<p>Year 1 (7/1/19-6/30/20)</p>
<p>Update: The HOPE Team continues to meet monthly to debrief workplace situations impacting staff safety and morale; provide ongoing training to team members and development of local and statewide resources. A team retreat was held in October 2021 for members to build relationships, identify patterns of concerns impacting division staff and strategize to enhance support to staff. A grief and loss sub-work group has begun to meet to restart the larger work group with renewed practice guidelines, and training opportunities. The HOPE Team has been joined by a staff member from the Child Welfare Training Partnership to further the Safety Culture work group developments into our practice as well as provide support to team development. A female clinician was added as one of the two contracted clinicians. A HOPE Team lead back up position was developed should the team lead be unavailable to respond to timely needs. Some goals for the coming year include implementing new practice guidelines and policy updates to support staff with a grief and loss framework; update HOPE Team policies to further integrate Staff Safety response support and grief and loss response; develop bridged districts so that HOPE team members can seamlessly support offices other than their own in times of great need; explore ways HOPE Team members can be supported in their schedule to allow them time to manage their workload with the additional time requirements of this peer support role.</p>		
<p>4. Use data from FSD staff retention survey and exit data responses to inform next steps for this goal.</p>	<p>CQI Steering Committee</p>	<p>Year 1 (7/1/19-6/30/20)</p>
<p>Update: In 2019, the CQI Steering Committee reviewed the staff retention survey results and agreed to explore mentoring in the districts for our Family Services Workers. That following spring at a New England convening, the division learned more about peer mentoring as a way to support new workers and reduce turnover. The Burlington office then worked the CWTP to develop a mentoring model for new Family Services workers and shared what they learned at a monthly management team meeting so other directors could learn how to replicate what was developed in the Burlington. The division also began collecting exit survey data in 2018 and is committed to reviewing exit survey data to inform ways to recruit and retain staff. In January 2022, exit survey data that had been collected (74 surveys) was collated and distributed to FSD leadership for review. During this past year, FSD formed a Workforce Development Committee, led by our Deputy Commissioner, and they will be taking a deeper dive into this data and use it to positively impact workforce retention. Initial data shows stress and work life balance as significant reasons for staff departure. As well, a majority of individuals who have left the division have worked for FSD for less than 5 years— which is in line with the findings of the workforce data analytics that the QA team discovered in their 2017 analysis. Also, many of the individuals that left took a reduction in pay.</p>		
<p>Desired outcomes for children, youth, and families OR Systemic capacity expected to improve</p>		
<ul style="list-style-type: none"> To increase staff retention within the first 2 years of employment 		
<p>Rationale for selection of each strategy/activity</p>		
<ul style="list-style-type: none"> The above activities are aligned with recommendations from NCWWI's Workforce Development Framework which highlights the importance of the Organizational Environment, Incentives and Work Conditions, as well as Supervision and Performance Management. 		

Goal 3: Engage community agencies, contracted workers, and other state entities to leverage resources to support children and families and improve outcomes related to safety, permanency, and well-being.

Strategy 3A. Identify and implement ways to create stronger partnerships with community and government agencies and use a shared vision of Vermont’s child welfare system.		
Activity/Benchmarks	Lead	Begin Work
1. Broaden training access for community and government agencies offered by the Child Welfare Training Partnership.	Management	Year 1 (7/1/19-6/30/20)
<p>Update: This continues to be a work in progress though we try to utilize stakeholder meetings and workgroups to highlight available trainings to our community partners. CWTP has a robust array of online learning opportunities which have now been made available to all our Guardians Ad Litem, childcare providers, and many other community partners. This includes an “Adoption Competent”, “Trauma Informed” Practice training that is offered on an interagency level for members of the education, mental health, and child welfare communities. Online training continues to grow due to the impact of COVID, creating new opportunities for a broader array of opportunities for community providers. The division continues to provide support to the Guardian’s Ad Litem program to strengthen their ongoing trainings, so they have access to updated data and are aware of any current practice changes. During SFY2022, we continue to do what is previously listed. In addition, offer trainings to designated agencies twice each year so they can continue trainings through DA’s. Opened up to training to 1 or 2 VCORP members. In this way, residential treatment center supervisors can train internally. Lastly, quite a few community providers attended the on-line sex trafficking course.</p>		
2. Share responsibilities to keep children and youth safe in communities by clarifying roles with local community and government agencies within the context of Vermont’s child welfare system.	Districts	Year 1 (7/1/19-6/30/20)
<p>Update: Prior to COVID, Central Office was working with two districts to host community conversations, but the pressures of the pandemic forced these efforts to be put on hold. As of June of 2021, the division has since lost a significant resource to support this focus though district directors continue to work closely with their local community agencies to strengthen partnerships and services to families. During our recent spring district listening sessions, there were several districts that shared how their concerted engagement efforts with their local partners have made a significant positive difference in their working relationships. Through our FFPSA planning work, we developed a Prevention Workgroup that consisted of over 90 members, a large share consisting of community partners statewide. This venue provided an excellent opportunity to hear from our community partners as we worked to develop our Prevention Plan. As we move into the implementation phase for FFPSA, there will be a continued role for community partners to engage with the division. FFPSA work has also led to the creation of a communications workgroup that has received technical assistance on branding and developed a series of postings through our Front Porch Forum about the role of the wider community as part of the child welfare system. Vermont is also part of the National Partnership for Child Safety Communications Workgroup, which is also focused on engaging the wider community and partners in helping to prevent child fatalities.</p>		
3. District and local agencies will identify ways to connect annually to explore trends together, provide program updates, and strengthen relationships.	Districts	Year 2 (7/1/20-6/30/21)
<p>Update: Over the last year district directors were connecting regularly with local agencies, especially trying to navigate the challenges due to COVID. Directors also helped spread the word to their local partners regarding quarterly Statewide FSD Stakeholder meetings where central office would provide COVID related updates, review data and practice updates. These meetings grew in size with the additional assistance from directors which resulted in over 100+ stakeholders attending the December 2020 virtual meeting and just under 100 at the recent June meeting. In the 2022 System of Care Report, recommendations were made from ongoing feedback and dialogue with a number of stakeholders including the</p>		

<p>12 Local Interagency Teams (LIT), the Act 264 Advisory Board, data analysis from the departments of the Agency of Human Services, the Agency of Education and discussion at monthly State Interagency Team meetings. They include:</p> <ul style="list-style-type: none"> - Address workforce challenges and stress by investing in retention and recruitment efforts that bring in individuals who provide mental health supports, developmental disability services and peer supports. - Respond to the additional stress and trauma that has resulted from the past two years of the pandemic for children and families. - Invest in community-based supports and services leveraging federal funds and grants. 		
<p>4. Identify 1-2 key state agency(s) at the central office level to engage with and improve relationships.</p>	<p>Management</p>	<p>Year 2 (7/1/20-6/30/21)</p>
<p>Update: This continues to be ongoing, especially during the pandemic and the need to collaborate to support families in Vermont. In addition, our FFPSA efforts is providing another opportunity and focus to engage and improve relationships while identifying services to prevent removal and minimize DCF involvement. See activity 2 narrative above.</p>		
<p>Desired outcomes for children, youth, and families <u>OR</u> Systemic capacity expected to improve</p>		
<ul style="list-style-type: none"> • Item 2: Services to prevent removal and re-entry • Item 12: assessment of needs and services • Item 29 & 30: Service Array and Resource Development • Item 31: Engagement and Consultation with Stakeholders 		
<p>Rationale for selection of each strategy/activity</p>		
<ul style="list-style-type: none"> • Research shows us that community engagement is key to making sustainable system changes to improve a state’s child welfare system. This includes identifying and developing the appropriate prevention services, and local or statewide gaps in a state’s service array to prevent removal or re-entry. 		

<p>Strategy 3B. Create activities that increase judges, lawyers and GALs understanding of our policy, practice and resources that guide our work.</p>		
<p>Activity/Benchmarks</p>	<p>Lead</p>	<p>Begin Work</p>
<p>1. Develop a GAL PPT training that is updated bi-annually and accessible to districts.</p>	<p>Policy, Planning & Performance Unit</p>	<p>Year 1 (7/1/19-6/30/20)</p>
<p>Update: The CIP rolled out a new revised training for GALs the fall of 2020 which has been offered virtually to GALs statewide. The division continues to provide support to the Guardian’s Ad Litem program to strengthen their ongoing trainings, so they have access to updated data and are aware of any current practice changes. In the summer of 2021, the division reviewed the new GAL training and provided additional resources/information needed to enhance their new training materials.</p>		
<p>2. Use Bench bars meetings to educate our legal partners on new policy and practice areas and key messages.</p>	<p>Districts</p>	<p>Year 2 (7/1/20-6/30/21)</p>
<p>Update: As part of the Adoption Call to Action, this was one of the strategies: Engagement of Judiciary Stakeholders- how do we gain their buy in, communicate a common message about Permanency practice. Their written plan includes various strategies such as joining bench bar meetings and facilitate trainings and discussions. COVID caused disruptions in this area of work which will be picked up this upcoming year especially considering the backlog in cases which has caused delays in achieving permanency. Over SFY2022, Bench bars have continued to occur in some communities (virtually). Over the past 2 years, discussions about the pandemic have been a significant part of that.</p>		
<p>Desired outcomes for children, youth, and families <u>OR</u> Systemic capacity expected to improve</p>		
<ul style="list-style-type: none"> • P1- item: 6 achieve reunification, guardianship, adoption, other planned permanent living arrangement 		

Rationale for selection of each strategy/activity

- Outcomes improve and better decisions are made when the legal community has a clear understanding of child welfare policy and practice and have access to training materials around child development and other key child protection related topics.

Strategy 3C. Engage legal partners to create a courtroom environment that is mutually respectful and psychologically safe for family services workers.

Activity/Benchmarks	Lead	Begin Work
1. Explore using the Vermont Court Improvement Project to improve the courtroom environment.	Policy, Planning & Performance Unit	Year 1 (7/1/19-6/30/20)
<p>Update: During the 2020 annual CIP/State Planning meeting, Vermont discussed bringing this topic about improving the courtroom environment to a future Justice for Children’s Taskforce meeting. Although this topic was never specifically addressed at the JCTF meeting, many districts are reporting an improvement over the last year, perhaps due to most hearings were virtual. If the district staff are reporting concerns with court partners, the district’s Policy and Operations managers and AAG are consulted to help the district strategize ways to make improvements. This will continue to be an area the division will be paying attention to over the upcoming year and supporting districts whenever needed. Another goal of that came out of the 2020 CIP/State Planning meeting, is to look at how Vermont can improve Parent and Child Representation. This topic was discussed at a Children’s Task meeting back in the spring of 2020 and the Defender General’s office took the initiative to draft the MOU. Presently the barrier in moving this forward is the division’s antiquated IT system and it not being sophisticated enough to support the needed funding mechanism. Parent representation was one of the recommendations that came out of the recent study conducted by the National Center for State Courts (NCSC) regarding the processing and adjudication of Children in Need of Care or Supervision (CHINS) cases. The CHINS Reform effort is focused on addressing the backlog of CHINS cases. A Judicial Master has been assigned to work to address this need and this position is currently being piloted in Chittenden and Franklin Counties. See section <u>Services for Children Under the Age of Five</u> for more detail. Title IV-E funding is available to improve parent and child representation however, we need an improved data system to be able to facilitate draw down of funds.</p>		
2. Identify strategies to improve relationships with local legal partners.	Districts	Year 1 (7/1/19-6/30/20)

Update: This is connected to the above activity. *Please refer to the CHINS Reform Workgroup narrative.*

Desired outcomes for children, youth, and families OR Systemic capacity expected to improve

P1- item: 6 achieve reunification, guardianship, adoption, other planned permanent living arrangement

Rationale for selection of each strategy/activity

- Outcomes improve and better decisions are made when our legal partners have a solid understanding of policy and practice and have access to training materials around child developments and other key child protection related topics.
- Accessing resources such as the Capacity Center for Courts in collaboration with the Vermont Court Improvement Project will help identify ways to improve Parent Representation with the goal of impacting the amount of litigation and court time and improve permanency timelines.

Goal 4: Recruit, develop, support and retain kinship and foster homes as guided by the Diligent Recruitment plan.

Strategy 4A. Design and implement effective processes and resources that recruit, develop, support and retain kinship and foster homes.		
Activity/Benchmarks	Lead	Begin Work
1. Analyze data from exit surveys & make recommendations to reduce voluntary closures or withdrawals.	Districts/Diligent Recruitment Team	Year 1 (7/1/19-6/30/20)
Update: The DR workgroup developed an exit survey which was implemented during the summer of 2020. <i>Please refer to the Diligent Recruitment Section of the APSR for more details regarding next steps.</i>		
2. Define and implement a common best practice system from inquiry to licensure.	Districts/Diligent Recruitment Team	Year 1 (7/1/19-6/30/20)
Update: The Division has developed and implemented an inquiry tracking tool which allows the division to systematically collect data about all parties who are interested in considering providing foster care. <i>Please refer to the Diligent Recruitment Section of the APSR for more details.</i>		
3. Work with kinship and foster parents to make sure they are supported and connected (e.g., developing metrics to assess support, increasing communication and collaboration, rate setting & the Placement Stability Project).	Districts/Diligent Recruitment Team/Foster Parent Workgroup	Year 1 (7/1/19-6/30/20)
Update: The Foster Parent workgroup continues to meet to address “hassle factors” and system barriers that impact their caregiving experience. A Caregiver Mentoring Program has been established to increase support available to newer caregivers. Kin specific mentors are now being recruited as we continue to develop this program. <i>Please refer to the Diligent Recruitment Section of the APSR for more details.</i>		
4. Increase kin and foster family access to timely, relevant training (e.g., Orientation, Foundations, RPC+, advanced trainings).	Districts/Diligent Recruitment Team	Year 1 (7/1/19-6/30/20)
Update: September 2020 marked the implementation of a statewide orientation process where any interested person who wants to move forward can access orientation immediately. Since September we have had new 388 interested persons access orientation. Additionally, those individuals who complete orientation can immediately enroll in an online Foundations series. <i>Please refer to the Diligent Recruitment Section of the APSR for more details.</i>		
Desired outcomes for children, youth, and families <u>OR</u> Systemic capacity expected to improve		
<ul style="list-style-type: none"> • P1- item 4: placement stability • P1- item: 6 achieve reunification, guardianship, adoption, other planned permanent living arrangement • P2- item 7: siblings in foster care are placed together • P2- item 10: placement with relatives • Item 28- Provider Training 		
Rationale for selection of each strategy/activity		
<ul style="list-style-type: none"> • FSD received technical assistance from the Capacity Building Center to create a statewide and local diligent recruitment plans which are rooted in research and reflected in the above activities to improve permanency outcomes for children and youth in custody. 		

Strategy 4B. Increase the availability and capacity of kinship and foster homes that meet the diverse needs of Vermont's children and youth		
Activity/Benchmarks	Lead	Begin Work
<p>1. Develop and implement targeted recruitment plans on a statewide and district level to increase the number of homes that can safely care for the diversity of children in care (e.g., complex needs, LGBTQ, racial & ethnic backgrounds, physical and developmental challenges).</p>	Districts/Diligent Recruitment Team	Year 1 (7/1/19-6/30/20)
<p>Update: Districts provide data from their Inquiry Tracking Spreadsheet Quarterly. Unfortunately, our current IT resources do not support this function in any way. Despite these barriers, we are using Inquiry tracking Spreadsheet data to inform general recruitment planning activities, to monitor caregiver license closures, to identify where we need targeted recruitment, to monitor placement with kin and to support retention strategies. <i>Please refer to the Diligent Recruitment Section of the APSR for more details.</i></p>		
<p>2. Develop and implement practice expectations and provide training related to family finding to increase the percentage of children with kinship placements.</p>	Districts/Diligent Recruitment Team	Year 1 (7/1/19-6/30/20)
<p>Update: The CWTP continues to support and train on what we have learned from our work with Bob Friend over the last couple of years. Kinship placement is also 1 of the 3 focused indicators that our division management team continues to shine a light on by reviewing data throughout the year and having practice discussions. <i>Please refer to the Diligent Recruitment Section of the APSR for more details.</i></p>		
<p>3. Increase the number of foster homes able to maintain children within their home communities.</p>	Districts/Diligent Recruitment Team	Year 1 (7/1/19-6/30/20)
<p>Update: As each District was onboarded to the DR Program, they were provided with baseline outcome data related to their current practice. Each district completed a practice profile tool which encouraged them to pause and reflect on their practices to identify areas of strength and challenge. From there the district selected from a menu of evidence informed / or promising strategies that they will implement to strengthen their recruitment and retention efforts. Through ongoing consultation and review of data progress toward improving outcomes is monitored. <i>Please refer to the Diligent Recruitment Section of the APSR for more details.</i></p>		
<p>Desired outcomes for children, youth, and families <u>OR</u> Systemic capacity expected to improve</p>		
<ul style="list-style-type: none"> • P1- item 4: placement stability • P1- item: 6 achieve reunification, guardianship, adoption, other planned permanent living arrangement • P2- item 7: siblings in foster care are placed together • P2- item 10: placement with relatives • Item 28: Provider Training 		
<p>Rationale for selection of each strategy/activity</p>		
<ul style="list-style-type: none"> • FSD received technical assistance from the Capacity Building Center to create a statewide and local diligent recruitment plans which are rooted in research and reflected in the above activities to improve permanency outcomes for children and youth in custody. 		

Implementation & Program Supports

Provided Staff Training

The identified training activities as outlined in the training plan in **Appendix D** support the goals and objectives in the CFSP.

Goal 1: Support continuous improvement and reflection of the work to improve outcomes for child, youth and families is supported by trainings related to our Safety Organized Practice, SDM tools, YASI, Case Planning and our QCRs.

Goal 2: Grow and support a more resilient workforce and improve retention is solely focused on professional development for our workforce and the needs of staff as it relates to training.

Goal 3: Engage community agencies, contracted workers, and other state entities to leverage resources to support children and families and improve outcomes related to safety, permanency, and well-being is supported by the trainings offered to our partner agencies and contracted workers.

Goal 4: Recruit, develop, support and retain kinship and foster homes as guided by the Diligent Recruitment plan is supported by trainings related to our kin and foster caregivers and staff trainings specific to family finding.

Provided Technical Assistance

FSD received technical assistance from Evident Change around our Safety Organized Practice Framework and implementation of our SDM tools.

Vermont invested \$178K of our FFTA transition funds to contract with the Public Consulting group to provide an analysis of our residential system of care for children and youth. The recommendations coming out of this report have been integrated into the Families First Prevention and Services Act (FFPSA) workplan, and will be integral to our efforts to ensure residential care is only utilized when necessary, that the residential care provided is of high quality, and that robust supports are in place to ensure children and youth are safe and stable in the community whenever possible.

The Capacity Building Center provided support regarding FFPSA. The activities and supports included the following and led to the development and submission of our Prevention Plan on October 1, 2021:

- Continued assistance to the state FFPSA leadership team in organizing and identifying actionable steps needed by individuals and groups to be able to move the plans forward in an effective and efficient way
- Continued services and supports to the FFPSA leadership team members in project management strategies and activities that assisted with streamlining process across the system and aligning other implementation efforts, strategies and activities (could include the alignment and management of teams across the system)
- Consultation and assistance identifying and coordinating internal and external stakeholders to be involved in the development of the prevention plan
- Supported the consideration and delineation of candidacy
- Supported the consideration and planning specific to QRTP provisions
- Provided support for data analysis of Prevention Plan development

- Continued consultation to identify additional supports or needs related to plan development and implementation.

Ongoing Technical Assistance and Capacity Building Needs

FSD will continue to receive technical assistance from Evident Change over the upcoming year around our Safety Organized Practice Framework and the implementation of our SDM tools. In addition, we anticipate beginning our Risk Validation Study for our SDM tools during the upcoming year.

FSD anticipates continued support from the Capacity Building Center (CBC) during the upcoming year as we move into implementation of our FFPSA Prevention Plan. FSD is also considering accessing CBC support as we begin preparation for Round 4 of the Child and Family Services Reviews (CFSR). Vermont is scheduled for CFSR4 during September 2023.

FSD will be accessing safety organized practice and safety culture experts from the National Partnership for Child Safety (NPCS) to lay the ground work of safety science/safety culture with both the Vermont Citizens Advisory Board (VCAB) and also leadership of the Child Fatality Review Team (CFRT).

Provided and/or Planned Evaluation and Research

The following are evaluation and research activities planned for the upcoming year:

- LUND Rural Partnership Grant (RPG) Vermont Family Recovery Program was initially piloted in Burlington and Newport and had an evaluative component being conducted by Crime Research. The goal of this pilot was to serve substance use involved families of young children at risk of coming into care. This program had a slow start due to hiring challenges and then COVID. Another factor that impacted roll out was district challenges, particularly in the Newport district. The focus for the final year will be piloting Homebuilders in BDO, one of the Evidence Based Programs (EBP) from the FFPSA Clearing House. We are currently in the final year of this grant. Data analysis is currently underway to review effectiveness of this program.
- During this past year, the Public Consulting Group (PCG) conducted a study of Vermont’s residential care system. In the coming year, FSD will work on implementation of report recommendations, including those recommendations already incorporated in Vermont’s FFPSA Prevention Plan.
- As part of the 2019 legislative session, UVM was asked to conduct a multi-phase evaluation to look at how to reduce the number of children coming into care because per capita Vermont has a higher entry rate than most of the nation. Phase 1 (literature review), Phase 2 (gathering of data/staff survey) and Phase 3/final (analysis of the SDM tools) have all been completed and the division will work toward implementation of recommendations during this next year and beyond.
- The division has incorporated into its existing contract with Evident Change for a Risk Validation Study to be undertaken during SFY2023. Evident Change will work with the division on collecting data and conducting the study.

Measures of Progress and Feedback Loops

The division’s goal is to use QCR data to inform our progress. However, COVID created some initial barriers and challenges in conducting our scheduled in-person QCRs the spring of 2020 and in the fall of 2020, we conducted an item 3 only QCR to pass our PIP. In the Spring of 2021, we conducted a virtual QCR review focused on items 3, 4, 6, 13, 14, and 15. In Fall 2021 we also added items 5 and 10. We resumed normal operation for our QCR process this spring. The chart below highlights the Spring 2022 QCR data.

Figure 3: Qualitative Case Reviews Results Table

Item Measure	Description	Qualitative Case Review Results (Spring, 2022) *achieved/maintained	Desired Progress Over Next 4 Years of the CFSP
Item: 2	Services to Family to Protect Children in the Home and Prevent Removal or Re-Entry into Foster Care	76%	87%
Item: 3	Risk and Safety Assessment and Management	73%*	62%
Item: 4	Stability of Foster Care Placement	80%*	72%
Item: 5	Permanency Goal for Child	(2019 - 48%)* 33%	47%
Item: 6	Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	56%*	56%
Item: 7	Placement with Siblings	90%	92%
Item: 10	Relative Placement	95%*	75%
Item: 12	Needs and Services of Child, Parents, and Foster Parents	43%*	40%
Item: 13	Child and Family Involvement in Case Planning	73%*	59%
Item: 14	Caseworker Visits with Child	68%*	68%
Item: 15	Caseworker Visits with Parents	49%*	39%
Item: 25	Quality Assurance	Will be measured ongoing over the next 3 years of the CFSP by the criteria outlined by the Children’s Bureau for each of these systemic factors. FSD will continue to explore the use of focus groups and surveys to obtain feedback from stakeholders.	
Item: 26	Initial Staff Training		
Item: 27	Ongoing Staff Training		
Item: 28	Provider Training		
Item: 29	Service Array and Resource Development: accessibility		
Item: 30	Service Array and Resource Development: individualize		
Item: 31	Agency Responsiveness to the Community: ongoing consultation		
Item: 32	Agency Responsiveness to the Community: coordination w/ other federal programs		
<p>Feedback loops:</p> <p>Districts: After each round of the QCRs, the QA team prepares a summary of the districts results and themes that emerged from the review, which includes feedback from parents and youth during the interviews. The QA team will generally meet with the districts leadership team to review results, answer questions, and help strategize ways to improve priority items. In addition, the QA team also pulls together quarterly management reports for directors to review and help inform what is going well and areas that need more attention. The data also helps inform the Collaborative Learning Agreements between the districts and the Child Welfare Training Partnership (more detail provided in the Quality Assurance section below).</p> <p>Contract Providers: Central Office frequently has meetings with contract providers to review data and discuss practice related issues. These meetings often involve the district directors which is helpful to address issues together and ideally come to agreement on contract changes when needed to be more effective and achieve desired outcomes.</p> <p>Stakeholders: FSD has quarterly stakeholder meetings, which has representation from the Court Improvement Project, Vermont Kin as Parents, Vermont Family Network, VT Federation for Families, and the Youth Development Program. This has been a venue to share practice related updates and data, answer questions, and hear feedback. Prior to COVID, the division began hosting these meetings virtually which</p>			

proved to be successful as our participation numbers have risen from an average of 10 to over 100 stakeholders. The family and youth agencies bring back information to the parents and youth to solicit additional thoughts, comments, and questions. Annually, the Division Management team meets with the Youth Advisory Board who prepares a summary of what they feel are priorities for the division. The division then identifies opportunities and strategies to move their priorities forward.

Quality Assurance System

The Family Services' Quality Assurance Team consists of 3 Quality Assurance Coordinators, a supervisor, and an administrative support staff. New for the upcoming year is the reallocation of an existing FSD position to a Quality Assurance Application Support (QAAS) position. This will put the division in a better position as we continue to make necessary upgrades to our current data system and work towards implementation of a CCWIS. The entire team continues to join the regional New England CQI meetings that have been held virtually over the last year to share different CQI practices and learn from one another. The QA team also received technical assistance from the Capacity Building Center to support their data analytics skills which they applied to several areas of work related to FSD's focused indicators and the analysis of our residential utilization and FFPSA work. Some members of the QA team are also part of the Change Management workgroup that was charged with the development of an FSD framework and will be involved in the implementation of this framework over the upcoming year.

As part of our CQI framework, FSD Leadership continues to utilize the district listening sessions (previously called annual roadshows) to evaluate how the division is doing related to the goals, strategies, and activities outlined in our strategic plan. Staff share the themes they are seeing in their district which informs where we are successful and where we need to revisit our approach. The CQI Steering Committee is comprised of staff from each district office and in different roles, along with central office staff, and meets regularly to review different areas of our strategic plan and identifies ways to keep the district staff informed and connected to this work.

The division also implemented Collaborative Learning Agreements (CLAs) to provide technical assistance directly to the districts to support new practices, leadership development, and onboarding new employees. CLAs are written agreements between the districts and the Child Welfare Training Partnership that identify and align district goals, outcome data, and training needs. This allows the division to make sure our finite resources through the CWTP are targeting what leadership has identified as priorities within the districts and makes sure each district is getting equal support.

Again, over this past year, the division management team, which includes all the district directors, continued to focus on our 3 key indicators that were identified together back in the summer of 2019. Central office committed to using our monthly division management team meetings to review the data together, the directors then follow up in their districts and identify strategies, and then we review the data again at a future monthly division management team meeting (**Appendix B**). The goal is to repeat this process for the 3 indicators each year for 3 years (we are currently on year 3). The division has scheduled a follow up meeting in September 2022 to review the division's focused and monitoring indicators selected in 2019 and make decisions regarding revisions to these indicators.

Our Qualitative Case Reviews is another important way the division measures progress. During our PIP, FSD successfully implemented a case review system which replicates the CFSR process by teaming up FSD staff and community partners who are responsible for reviewing 2 cases over 3 consecutive days. The division has

adopted the use of the federal Onsite Review Instrument (OSRI) as part of the case review process. When review teams have completed their review of cases, the assigned initial QA sits with each team and conducts a debrief. This helps to identify any strengths or challenges that may not have been an appropriate fit with questions in the OSRI. The division utilizes several OMS reports to aid both in the real-time review of cases and also for detailed summation of challenges experienced at the district level. At the end of each review, the QA team provides each district with a summary of their performance and meet with their staff or leadership team to discuss. The QA team provides trainings to new reviewers by using a mock case Vermont created and applying the OSRI. During the pandemic, the participant surveys were not administered due to staffing challenges. However, these surveys have resumed and remain a key part of providing information about our child welfare system, from the perspective of children, parents and caregivers.

Prior to COVID, the division planned on regular bi-annual in-person spring and fall QCRs, measuring all 18 items. With the outbreak of COVID, the division cancelled the spring 2020 QCR. In the fall of 2020, after learning about the PIP extension, the division conducted a virtual item 3 only review in an effort to pass our PIP which we did. Spring 2021, the division conducted a virtual QCR measuring the following items: 1, 4, 6, 13, 14, and 15. Items 5 and 10 were added in the fall. These items were selected because they focus on areas of practice that we need to continue to shine a light on and it felt manageable given the impact of our QCR reviewer resources during the pandemic and hiring freeze. The division resumed in-person QCR's utilizing all 18 items in the OSRI this spring and will do so again this fall in preparation for Round 4 of the CFSR. Because FSD continues to experience staff turnover and with the interruption of our review process due to the pandemic, Vermont determined it will not be adequately resources to conduct a state-led review next year. As such, Vermont is scheduled for a traditional CFSR in September, 2023. Work will begin this year in forming a CFSR steering committee that will guide and oversee the CFSR Round 4 processes including the statewide assessment, stakeholder interviews, CFSR review week, PIP development and ongoing implementation. These discussions have already begun with our federal partners. Members of the QA Team will also be partnering with the Capacity Building Center to support the preparatory work needed for CFSR Round 4.

Evident Change continues to provide TA around our use of case reads to support the implementation of our revised and new SDM tools in districts. Recently, there have been discussions with the quality assurance team to explore the possibility of utilizing their expertise to create a structure for the case read process to occur. The QA team will also partner with the child safety manager and Evident Change to conduct a risk validation study in the upcoming year.

In addition to our QCRs, in 2018, the division developed a review tool to review our Centralized Intake and Emergency Services (CIES) intakes. During this past fiscal year (in August 2021), the division conducted a second CIES review. The CIES review is focused on the following questions:

Figure 4. CIES Review Questions

Intake Screening Decisions	Quality of the written intake narrative summarizing the reporter's allegations
<ul style="list-style-type: none"> • Are the CIES supervisors accurately accepting and not accepting intakes? • When accepting, is the category of abuse for which it was accepted correct? • Did the CIES supervisor ensure that reasonable attempts were made to obtain needed information to make a screening decision. 	<ul style="list-style-type: none"> • Did the narrative demonstrate that the intake worker sufficiently attempted to obtain all information needed to determine child abuse/neglect? • Was the intake written clearly and logically?

For the 2021 review, the decision was to use the same evaluation tool from 2018 as some time had passed, there were new staff, and the tool had worked well and provided information sought. The review was entirely remote, using teams of CSI supervisors and three Quality Assurance Coordinators providing quality assurance oversight. A randomized

sample from 6/1/21-6/30/21 of 54 each accepted and not accepted intakes was prepared (see Figure 5 below). The three teams were assigned 34, 33, 33, respectively and several extra for a possible review total of 108. The review was scheduled over four Thursdays during August with a total of 105 intakes reviewed.

Figure 5: Randomized CIES Review Sample	Accepted Reports	Unaccepted Reports	Total
Physical Abuse	11		
Risk of Physical Abuse	18		
Physical, Risk of Physical	1		
Neglect-Medical	4		
Neglect-Shelter	1		
Sexual Abuse	10		
Risk of Sexual Abuse	2		
CHINS B Child without proper care	5		
CHINS B Pregnancy/newborn, substances	1		
Total	53	52	105

Data Source: VT FSD QA Team Data worksheet for 2021 review

Data Note: To review a minimum of 100 intake reports, teams were assigned 34, 33, and 33, intakes respectively. Teams’ review samples represented approximately half accepted and unaccepted reports and each team had 36 intakes, in case there was time to review extra. Of the possible 108 in the sample, 105 were reviewed.

Agreement with Report Screening Determination Results

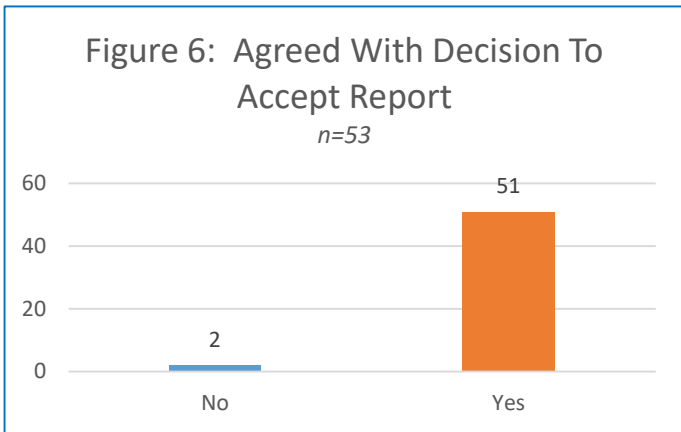


Figure 6: Reviewers determined that they agreed with the decision to accept the report in 51 of 53 accepted reports.

Data Source: VT FSD QA Team Data worksheet for 2021 review

Data Note: Figure 6 “no” responses were based on reports accepted as Chapter 49 assessments.

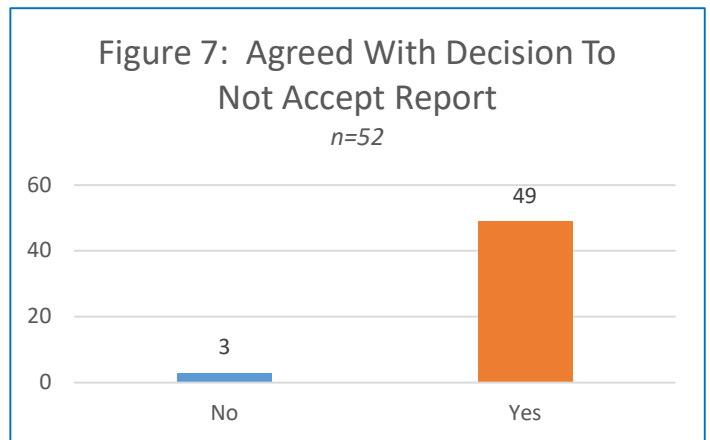


Figure 7: Reviewers determined that they agreed with the decision to not accept the report in 49 of 52 unaccepted reports.

Data Source: VT FSD QA Team Data worksheet for 2021 review

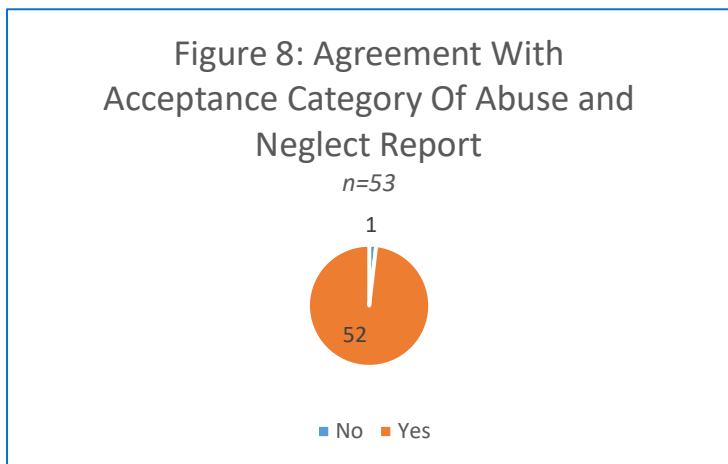


Figure 8: 98% Agreement with Category of Accepted Reports

Data Source: VT FSD QA Team Data worksheet for 2021 review

With a sixty-nine percent increase of intakes reviewed (Figure 9), appropriate screening decisions remained high, there was increased agreement that necessary information was obtained, and all factors of “intake narrative and content” saw improvement .

Figure 9:	<u>2018</u>	<u>2021</u>		
Total Intakes Reviewed	62	105	69%	↑

Data Source: VT FSD QA Team Data worksheet for 3/20/18 and 2021 reviews

Data Notes: 2018 33 accepted reports 82% “yes” to question, “Did CIES attempt to obtain information necessary to make a determination?” 72% for unaccepted reports. 2021 89% “yes” for accepted, 87% for unaccepted reports.

When combining both accepted and unaccepted reports, there has been an improvement in this area from 77% in 2018 to 88% in 2021.

Figure 10:	<u>2018</u>	<u>2021</u>
Attempts to obtain necessary information for screening (both accepted and unaccepted)	77% (48/62)	88% (92/105)

Intake Narrative Content & Quality Results:

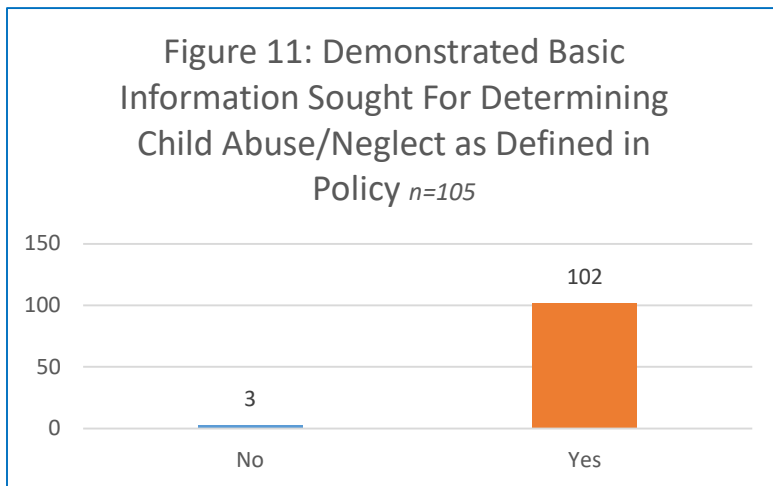
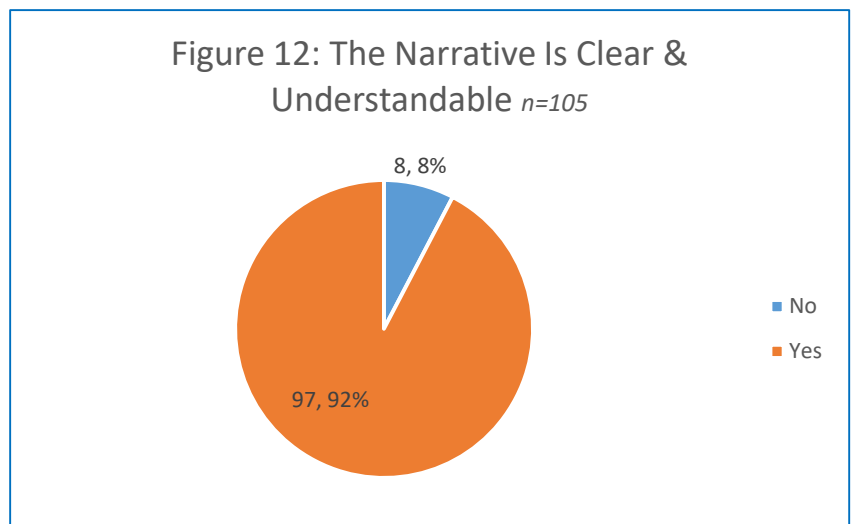


Figure 11, Reviewers determined that of the 105 intakes reviewed, intake workers demonstrated in 102 of them that they sought basic information for determining child abuse and neglect.

Data Source: VT FSD QA Team Data worksheet for 2021 review

Figure 12, Reviewers determined that intake narratives were clear and understandable in 92% of the intakes reviewed.



Data Source: VT FSD QA Team Data worksheet for 2021 review

Figure 13: Allegations Are Clearly Explained & Supporting Details Relate To Critical Allegation *n*=105

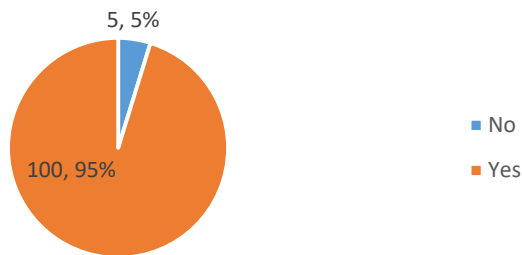


Figure 13, Reviewers determined that 95% of the reviewed intakes contained allegations that were clearly explained and supporting details related to critical allegations.

Data Source: VT FSD QA Team Data worksheet for 2021 review

Overall, there was 92% - 96% agreement that intakes are clear, understandable, allegations are clearly explained, details relate to allegations, and are free of redundancy.

Update on Service Description

Stephanie Tubbs Jones Child Welfare Services Programs (title IV-B, sub part 1)

Service Updates

Vermont's Title IV-B, sub part 1 funds support key services overseen by the DCF Child Development Division. There haven't been any significant changes since the 2022 APSR submission. The following is a summary of the services support by these funds.

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 for 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:

1) 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.

2) 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 the parent-child relationship, 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.

Strong Families Vermont Sustained Home Visiting is integrated into local CIS teams. There is a no wrong-door approach into the system; referrals come from a variety of sources: prenatal care and pediatric health care providers, DULCE sites, WIC, Family Services, Economic Services, and other community agencies. Community teams at the local level work together to triage and direct referrals to the appropriate program based on the identified goals and needs of the family and capacity of the local system. In general, pregnant and newly postpartum (<6 weeks) individuals are prioritized to Nurse Home Visiting (MECSH).

Family Services will continue to partner with the Child Development Division (CDD) to utilize the funds to support childcare enrollment for children across the state. In FFY2021 we expended \$702,463 on this service.

[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 internationally 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. Additionally, any family formed by adoption may participate in any activity or service sponsored by the Vermont Consortium for Adoption and Guardianship. The Consortium hosts: a lending library, a Facebook support group, several in person support groups, ongoing training on adoption themes. The Consortium also disseminates an electronic newsletter to both parents and professionals interested in adoption related topics.

[Services for Children Under the Age of Five](#)

Parent Child Centers (PCCs) deliver critical and essential state services to families with young children. There are 15 independent PCCs, each providing a wide range of supports and services for parents and caregivers with young children. PCCs are unique in design and responsive to the specific needs of our local communities. Parent Child Centers use a family-centered, multi-generational, strengths-based approach that both treats and prevents ACEs in families. 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 get them off

to a great start in life. PCC's engage in the delivery of 8 Parent Child Center Core Services: Parent Education, Family Support, Home Visits, Early Childhood Services, On-site Concrete Family Supports, Play Groups, Community Development, and Information & Referral. PCCs' goals are to help all Vermont's families with young children get off to a healthy start; promote well-being; build on family strengths, and prevent problems, i.e. illiteracy, poor health, welfare dependency, family violence, sexual, physical and emotional abuse, that have proved to be costly to our society in both human and financial terms.

[Activities to Reduce the Length of Time in Care](#)

The CHINS Reform Workgroup

As highlighted in Vermont's CFSP, the CHINS Reform Workgroup was created by the legislature in 2018 which is comprised of leadership from the Judiciary, the Office of the Defender General, the State's Attorneys and Sheriffs Association and the Department for Children and Families. The purpose of this workgroup is to:

Review and propose change to the systems by which CHINS cases are processed and adjudicated. In undertaking this review the group shall evaluate successful models used in other countries, states, or cities. The proposal shall incorporate innovative approaches to holistic reform and strategies to reduce the need for court intervention, and may include the use of regional and mobile models, judicial masters, mediation, dedicated resources, and other alternative dispute resolution options to the CHINS process. The proposal for reform shall:

- (1) Support and improve child safety;
- (2) Provide early screening for substance abuse, mental health, and trauma of children and parents;
- (3) Provide early access to services designed to address screening outcomes;
- (4) Improve timeliness of adjudication, including timeliness to permanency for children, whether permanency is reunification with parents or termination of parental rights;
- (5) Ensure due process;
- (6) Serve the best interests of the affected children;
- (7) Relieve systemic resource and budget pressures; and
- (8) Lead to lasting changes.

Judicial Master

One of the recommendations in the CHINS Reform Workgroup Report to assist with the court backlog and help improve the timeliness of hearing was the use of a judicial master in proceedings that do not require a judge. A judicial master, program manager, and clerk were hired in 2020 to serve Burlington and St. Albans, and the first judicial master hearing occurred in September 2020. The judicial master holds pretrial conferences, status conferences, and post-disposition conferences as well as judicial oversight of the Family Treatment Docket. The purpose of this program is to identify issues within a child welfare case early and respond to them early.

After substantial planning efforts with community stakeholders and Family Treatment Court best practice experts, the Family Treatment Docket opened spring of 2021 with a small capacity due to the in-kind services provided by the local treatment agency. Later in 2021, the Vermont Judiciary applied for a federal grant that will fund a full-time clinician to provide the treatment services needed. The grant was recently awarded and will allow the capacity to expand to serve more families in 2022. To date, the Family Treatment Docket has served: 7 adults and 9 children. The team includes wraparound support services for the parent and child with representation on the team from the court case and also community providers. The Family Treatment Docket

meets weekly to address the needs, support services, and barriers for the family. Incentives are used to increase engagement and encourage positive behaviors, choices, and changes. One popular incentive used by the Family Treatment Docket is recordable bears. Parents can record a goodnight story onto the bear which plays the story for the child to listen to at night or when they miss their parent.

A formal evaluation will occur and the division will be able to provide an update as to the effectiveness of the judicial master pilot in the next APSR.

Alternative Dispute Resolution

In July, the CHINS Reform Workgroup created a CHINS Mediation Subgroup to focus on standing up a child protection mediation program. Child protection mediation is a process in which specially trained, neutral professionals facilitate the resolution of child abuse and neglect issues by bringing together the family, caseworkers, attorneys, and others involved in a case in a confidential setting. As an alternative to contested judicial hearings, mediation can produce effective agreements that ensure child safety on terms acceptable to all of the parties.

The CHINS Mediation Subgroup met biweekly and included local and statewide stakeholders from the agencies that participate in CHINS Reform work. The CHINS Reform Program Manager for DCF also met with each agency separately to discuss topics like scheduling, the agency's typical procedures, and any concerns.

In October 2021, the CHINS Reform Workgroup invited all anticipated stakeholders to a virtual meeting with Casey Family Programs consultant and retired Judge Colleen McNally and a team from the Maricopa County Mediation Unit to discuss Vermont's questions regarding implementation of child protection mediation. The meeting was recorded and is publicly accessible at <https://dcf.vermont.gov/fsd/partners>. Judge McNally and the Maricopa County Mediation Unit continue to be a resource to the CHINS Reform Workgroup, including sending research and answering questions.

DCF has been meeting biweekly with the judicial master's Programs Manager in preparation for the judiciary to lead this initiative. The judiciary has facilitated a bench bar meeting to transition from the CHINS Mediation Subgroup to a local planning subgroup which will begin to meet this summer. The judiciary has connected with the National Center for State Courts to receive studies, evaluations, and research regarding best practice in child protection mediation. Judicial Master Judge Rachel Malone and the Programs Manager have also engaged with Plummer Youth Promise in Massachusetts to access technical assistance and formal training for child protection mediators.

Further work led by the judiciary will maintain a focus on evaluation of program successes, as the CHINS Reform Workgroup hopes that an effective child protection mediation program can be rolled out statewide after the two-year pilot.

National Center for State Courts

The Vermont Judiciary contracted with the National Center for State Courts (NCSC) to conduct the study of the processing and adjudication of Children in Need of Care or Supervision (CHINS) cases. The specific goals of the study were to gather effective or promising models of case processing and adjudication used in other jurisdictions; solicit input from stakeholders, produce a plan for implementing and sustaining the effective and promising models; and document an evaluation methodology for the judicial master pilot program. Two months after the study began, courts across the country were forced to swiftly adapt operations due to COVID-19. The study plans then shifted to include broadening the policy and practice scan to include practices

implemented during and/or because of COVID-19 and replacing on-site data collection with virtual focus groups. The study occurred in two phases. Study activities in the first phase included: a comprehensive policy and practice scan to summarize innovative practices and programs related to dependency courts, series of 13 focus groups and 7 interviews with stakeholders, and analysis of administrative data from 10 years of CHINS cases. The second phase included analysis of administrative court and Department for Children and Families (DCF) data, interviews with judges, observation of virtual CHINS hearings, and a small sample of responses to CourTools' Access and Fairness Survey. The report summarizes findings from both phases and offers recommendations for CHINS case processing and related system improvements. These recommendations are outlined below:

Phase One Recommendations:

Support High-Quality Legal Representation for Parents and Children

High-quality legal representation for parents, children, and agencies in the child welfare system at all stages of case processing is critical for a well-functioning child welfare system. Explore alternative structures for parent and child representation that prioritize specialized training on topics related to the child welfare system, including trauma, child development, attachment, and substance abuse. Adopt and promote statewide standards for parent and child representation. Leverage Title-IV-E funds to support high-quality legal representation through specialized training and multidisciplinary models. Set clear expectations for the continued use of virtual hearing technology.

Prioritize Meaningful Reasonable Efforts Findings

Seek out current opportunities supported by the Children's Bureau to train judges on reasonable efforts. Develop mechanism to educate judges about what services are available locally and of the standards of services needed to meet reasonable efforts. Conduct joint trainings with judges, attorneys, and DCF so that there is a common understanding of reasonable efforts. Consider convening a commission of judges and CHINS stakeholders to discuss what constitutes reasonable efforts in Vermont.

Support High-Quality Legal Representation for Parents through Transparency

Provide more information to parents about the CHINS process, timelines, roles, and expectations through a class like Dependency 101. Set court dates in advance and at a minimum at the conclusion of the prior hearing and provide signed orders at the conclusion of the hearing. Work with DCF and foster care agencies to develop a structure for supporting foster parents to be supportive resources for birth parents.

Support High-Quality Legal Representation for Children through Meaningful Engagement and Advocacy

Develop a clear policy supporting a child's opportunity to attend hearings and setting the expectation that substitute caregivers and child welfare agencies will work collaboratively to facilitate participation. Draft guidance and train judges on how to engage youth in hearings. Assess the extent to which current policies for GALs align with 2020 Standards for Local CASA/GAL Programs and regularly conduct Quality Assurance to assess the state and local programs' alignment. Specifically assess the conflict between the law that requires a GAL to be assigned to all children in CHINS cases and the national standard that the GAL program assigns no more than two cases at a time to a volunteer. Create a full-time statewide oversight position for the Guardian ad Litem Program.

Insist on Timely Hearings

Emphasize the importance of adhering to the established time standards by incorporating automated reports and/or dashboards. Develop data governance policies for CHINS cases. Share performance measures with CHINS stakeholders, such as DCF and attorneys, to reinforce the goals of the court and to establish accountability and transparency. Continue to use virtual hearings and set recommended guidance on continuances. Consider aspiring to hold the merits and the disposition hearing on the same day.

Develop Consensus on Goal of CHINS Cases and Clearly Message It to All Stakeholders

Among stakeholders, document a shared vision for CHINS cases in Vermont. Explore ways for parents to access services for themselves or their child without placing children in foster care. Consider ways to engage community resource representatives more meaningfully in the goal of CHINS cases so that they can better develop program to address the needs of families.

Phase Two Recommendations:

Provide access to technology for virtual hearings

As the pandemic subsides and virtual hearings are no longer a safety requirement, Vermont should consider continuing the use of virtual hearings for pre-trial, status, and review hearings. With consideration of continued virtual hearings, the judiciary should prioritize the infrastructure and technology required to ensure efficient and accessible hearings, such as the Operational Assistants (OAs), technology in the courtroom to optimize hybrid hearings, and increasing access to technology required to access virtual hearings in the community.

Ensure every hearing is meaningful

Judges and court staff should engage strategies that create an engaging and fair experience for all parties. Clearly describing the purpose and goals of the hearing at the beginning of the proceeding is a trauma-responsive strategy that helps to build trust with families and ensure that all professionals are on the same page. Confirming that the goals of the hearing have been met at the end of the hearing as well as clearly articulating next steps in the case for all parties and the purpose, date, and time of the next hearing keeps the case moving forward. As mentioned in the first report, consider ways to enhance the judges' knowledge of the importance of reasonable efforts findings and cross-training for CHINS stakeholders on the meaning of reasonable efforts.

Hold merits and disposition on the same day

The court should consider requiring documentation of preliminary case plans earlier in the case in a way that does not require the parent to admit responsibility. The court should also alter their own policies for timing of hearings so that the merits hearing and the disposition hearing are held on the same day.

Ensure data system supports performance measures

The Odyssey Case Management System should be configured to capture both the case closure date and the final outcome of the case (e.g., reunification, adoption, guardianship). Judges should have access to reports or, ideally, alerts when a hearing is not scheduled to occur timely. In addition, the case management system should be used to provide a regular report or dashboard for judges showing how long each case has been

open as well as the date and type of next event for each case. The system should also track continuances and reasons for continuances, and this information should be reviewed regularly to identify opportunities for improving efficiency.

Implementation of the above recommendations are discussed at the Justice for Children’s Task Force meetings. One identified barrier for accessing IV-E dollars to support high quality legal representation is FSD’s lack of a comprehensive child welfare information system that would ensure a seamless integration with the court system to effortlessly draw down this valuable funding.

Impacts of COVID on Court Hearings

On March 16th, 2020, the Vermont Supreme Court issued the declaration of emergency which suspended all non-emergency superior court hearings through April 15, 2020 and then was extended through May 31, 2020. During that time, only emergency temporary care hearings and hearings on motions to suspend parent child contact were held and staff were still required to submit all required court reports by the date due. Once the Judicial state of emergency ended, the courts prioritized all Juvenile Hearings, with Termination of Parental Rights (TPR) Proceedings at the top of the priority list. The majority of the district courts that already had resources challenges creating backlogs pre-COVID, those issues were only amplified by the pandemic.

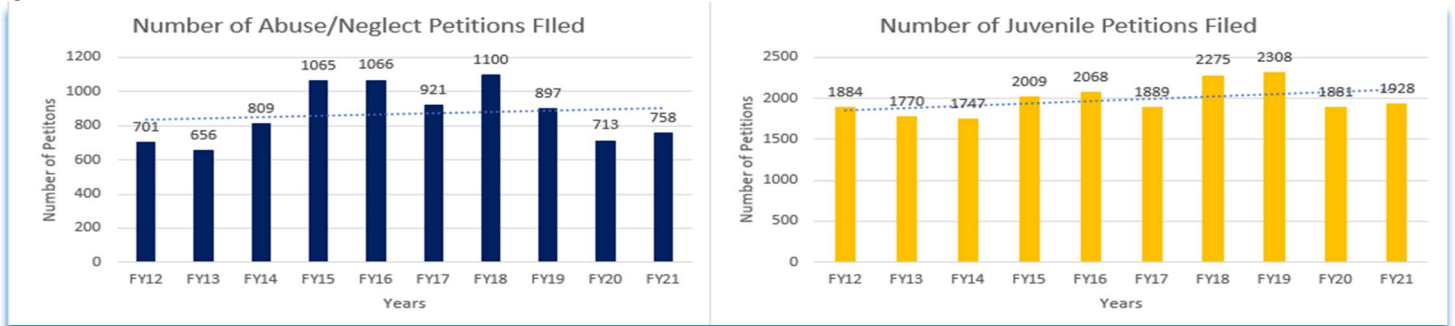
Court Data

I. Juvenile Cases Added (Multiple Years)

Figure 14: FY12-FY19 have CHINS A and CHINS B Combined

	FY'12*	FY'13*	FY'14*	FY'15*	FY'16*	FY'17*	FY'18*	FY'19*	FY'20	FY'21
CHINS A - Abandoned or Abused by Parent/Guardian/Custodian	-	-	-	-	-	-	-	-	2	22
CHINS B - Without Parental Care or Subsistence (Neglect)	701	656	809	1065	1066	921	1100	897	711	736
CHINS C - Is Without or Beyond the Control of P/G/C	93	91	93	84	85	65	75	68	59	57
CHINS D - Habitually and Without Justification Truant	117	135	123	112	137	165	183	130	91	115
Conversion Default Juvenile Cases	0	0	0	0	0	0	0	0	0	1
Juvenile Delinquency	894	816	668	704	737	705	884	709	647	688
Youthful Offender	79	72	54	44	43	33	33	504	371	309
Totals	1884	1770	1747	2009	2068	1889	2275	2308	1881	1928

Figure 15 & 16: Petitions Filed



II. Custody of Children; Cases Added in FY 20 (Custody pre-disposition)

Figure 17: Cases Added in FY20

FY 20	DCF CUSTODY	Custody to Other	No DCF Custody	Total Cases
CHINS A - Abuse	0	0	2	2
CHINS B - Neglect	148	4	559	711
CHINS D - Truant	1	0	90	91
CHINS C - Beyond Control	19	0	40	59
Delinquency	14	0	633	647
Youthful Offender	1	0	370	371
TOTAL	183	4	1694	1881
Percent CHINS B in DCF Custody	20.8158%			

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

Figure 18: Cases Added in FY21

FY 21	DCF CUSTODY	Custody to Other	No DCF Custody	Total Cases
CHINS A - Abused	8	0	14	22
CHINS B - Neglected	242	13	481	736
Conversion Default Juvenile Cases	0	0	1	1
CHINS D - Truant	0	0	115	115
CHINS C - Beyond Control	27	0	30	57
Delinquency	14	0	674	688
Youthful Offender	3	0	306	309
TOTAL	294	13	1621	1928
Percent CHINS B in DCF Custody	32.8804%			

III. Abuse Neglect by County

Figure 19: Abuse Neglect by County

CHINS (A and B)	An	Bn	Ca	Cn	Ex	Fr	Gl	Le	Oe	Os	Rd	Wn	Wm	Wr	Grand Total
FY'19	68	83	31	194	1	124	8	36	16	47	76	68	80	65	897
FY'20	42	68	42	175	6	82	14	25	13	45	38	50	77	36	713
FY'21	40	60	51	143	14	107	10	21	19	41	43	47	64	60	758
3 year total	150	211	124	512	21	313	32	82	48	133	157	165	221	161	

IV. Percentage Changes

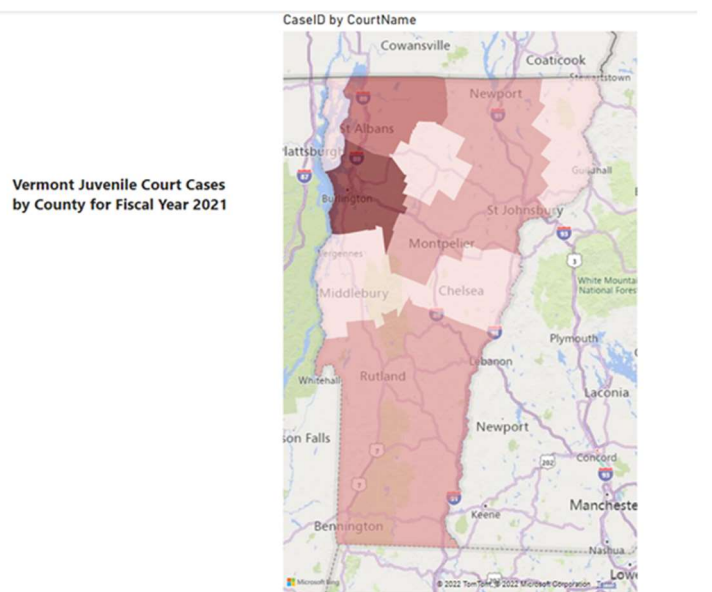
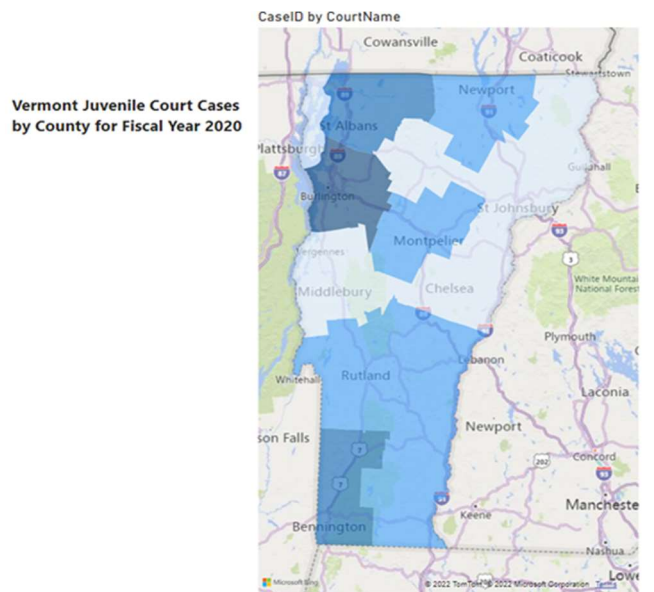
Figures 20 & 21: Percentage changes

	FY'20	FY'21	Percent Diff '20-'21
CHINS A - Abandoned or Abused by Parent/Guardian/Custodian	2	22	1000.00000%
CHINS B - Without Parental Care or Subsistence (Neglect)	711	736	3.51617%
CHINS C - Is Without or Beyond the Control of P/G/C	59	57	-3.38983%
CHINS D - Habitually and Without Justification Truant	91	115	26.37363%
Conversion Default Juvenile Cases	0	1	
Juvenile Delinquency	647	688	809.00000%
Youthful Offender	371	309	-16.71159%
Total	1881	1928	2.49867%

	FY - 20	FY - 21	Percent Change
Addison Unit	79	78	-1.2658%
Bennington Unit	216	189	-12.5000%
Caledonia Unit	63	120	90.4762%
Chittenden Unit	439	319	-27.3349%
Essex Unit	13	26	100.0000%
Franklin Unit	205	262	27.8049%
Grand Isle Unit	20	22	10.0000%
Lamoille Unit	74	57	-22.9730%
Orange Unit	53	66	24.5283%
Orleans Unit	124	119	-4.0323%
Rutland Unit	152	170	11.8421%
Washington Unit	182	183	0.5495%
Windham Unit	141	142	0.7092%
Windsor Unit	120	175	45.8333%
Total	1881	1928	2.4987%

V. Maps

Figure 22 & 23: Juvenile Court Cases for FY20 & FY21



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

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 continues 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).

We run a report of 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 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 district and CFS staff. During the past year, we have identified some data challenges that have impacted the accuracy of the reporting between our divisions. In addition, CDD is in the process of implementing a new data management system for SFY23. This will impact our data sharing initially, but we will continue to work collaboratively with CDD to generate data at the state level to share with local teams that is meaningful and informative to move this important work forward.

Division Collaboration

To ensure we are maximizing resources and opportunities, staff from three central office divisions within DCF meet monthly to develop relationships, share information, and collaborate. Staff from Family Services, Child Development, and Economic Services come together to collaborate in providing services to families with young children. We continue to discuss topics that cross our divisions, topics of intent and ways to collaborate. We began to work on a process to combine transportation contracts that are currently developed individually by division.

In addition, we partnered with the CDD to develop a protocol for Specialized Child Care Coordinators and Family Services Workers during COVID-19 to ensure that essential workers (family services workers and foster parents) could continue to access childcare during this period when it was extremely limited.

During the past year, a new agency wide group formed to focus on the child/youth system including discussing alignment, coordination about incoming proposals, and contracted performance measures. The Coordinating Funds and System Needs interagency collaboration group consists of representatives of various Agency of Human Services departments (DCF Business Office, FSD, Department of Aging and Independent Living, Department of Mental Health) and meets monthly.

Effective January 1, 2022, all grants and contracts functions were moved out of individual DCF divisions and into a centralized unit in the DCF business office. The impact of this change is that collaboration is increased on projects that are similar or shared between different DCF divisions. In the past, one division may not have

been aware of similar efforts happening in a different division. The goal of the Grants and Contracts Unit is to identify these projects and ensure coordination and efficiency across DCF.

Parent-Child Interaction Therapy

The Parent Child Interaction Therapy (PCIT) site lists Certified PCIT Therapists in Vermont.

DMH has continued to provide a small amount of funding to those same 4 agencies to sustain PCIT. These funds are used to purchase the necessary PCIT supplies (standardized measurement tools, toys for the family space, replacement of hardware for the headsets); reimburse in-house agency trainers time to train and provide ongoing intensive supervision of PCIT clinicians; and for the trainers and clinicians to attend the national conference and regional PCIT trainings. Our DMH contact will receive a report on these activities in mid-September 2022. FSD is continuing to work with DMH on how to coordinate funding for PCIT and is also developing an RFP to solicit providers who are interested in partnering with DCF on PCIT.

Below is the summary of PCIT work included in last year's report:

- 4 additional clinicians were trained as In-Program PCIT trainers—two at WCMHS, 1 at RMHS and 1 at NCSS.
- Additional PCIT clinicians were trained between 2018 and 2021 at NCSS (1), RMHS (1), Howard (1-2) and WCMHS (1-2).
- 5-6 clinicians traveled to Chicago, IL in Aug 2019 to attend the PCIT International Convention (RMHS and Howard)
- At RMHS, since PCIT training in 2017, there have been 83 referrals for PCIT. Of the 83, 29 did not begin (changed their minds, child behavior changed, moved, lost to contact). 33 started and did not complete the program. Twenty-one families completed PCIT successfully and had excellent data to show improvement.
- PCIT continued at RMHS during the pandemic using remote technology/internet delivered PCIT. It was the first service to return to face-to-face due to the separation between the coaching room and the playroom (face-to-face PCIT resumed in June 2020 with Covid precautions).
- RMHS has 10 active families at any one time.
- RMHS is planning to build new PCIT rooms to increase capacity (2 side by side rooms). A clinician is being sought to train this year.

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 CFRT is to bear witness to deaths of Vermont children so that public systems, communities, and individuals can learn ways to protect our children from harm and prevent future deaths.

The mission of the CFRT is to:

- Review the individual case circumstances for unnatural fatalities of Vermont children (defined as either Vermont occurrent deaths or out-of-state deaths of Vermont residents where the incident of injury was in Vermont), birth through, and including, 18 years of age.
- Improve collection of data during all phases of investigation and review so that a comprehensive record of these deaths is maintained for the purposes of improved evaluation, research and prevention by the CFRT.
- Analyze aggregate data for Vermont children to identify patterns, trends and risk factors for preventable deaths;
- Evaluate the response of public support systems to the children and families who are reviewed;
- Recommend changes in procedures, resources and service delivery systems, with focus on future prevention strategies;
- Educate the public, service providers, medical community, and policymakers about preventable deaths and strategies for intervention; and
- Recommend legislation, rules, policies, procedures, practices, or trainings that promote coordination of services to children and families and improve the safety and well-being of children overall.

The Child Fatality Review Team's 2020 Report to the Legislature provides data and analysis regarding Vermont's child and youth population, including death rates by age group for the years 2008-2017, including some detailed analysis around infant safe sleep, youth suicide and fatalities in childcare settings. Of the total number of unnatural deaths, motor vehicle collisions, asphyxiation and suicide represent the most prevalent form of death for Vermont children and youth. See detailed charts, graphs and analysis at the link below. (This report was written and prepared by Elizabeth A. Bundock, MD., Ph.D. Deputy Chief Medical Examiner)

<https://legislature.vermont.gov/assets/Legislative-Reports/CFRT-Annual-Report.pdf>

During the period of the COVID-19 pandemic public health emergency, which spanned 2020 and much of 2021, many team members were unavailable due to heightened responsibilities within their professional roles (Department of Health, health care, education and law enforcement, etc.), therefore the team only met four times between September 2020 and August 2021. Accordingly, the CFRT's work has been significantly curtailed during this time. Of the seven cases reviewed, four were related to suicide. In 2022, the CFRT plans to do the following:

- Hold bi-monthly meetings to review cases and develop recommendations for prevention and systems improvements for the prevention of child death.
- Review cases of child homicides that have been released from the States Attorney's Offices. There are currently 13 of these cases that date back to October 2007 that the CFRT has not yet been able to review.
- Collaborate with the New Hampshire Child Fatality Review Team to determine how best to conduct joint reviews of cases where a Vermont child's death occurs in New Hampshire. There are currently 6 cases awaiting review under these circumstances.
- Establish a model for conducting joint reviews of cases where a Vermont child's death occurs out-of-state.
- Examine child deaths in the context of COVID-19 both as a direct cause of death, and as a contributing factor to overall health/mental health.
- Form topical subcommittees to review specific elements of cases and develop recommendations.

Partners

In addition to its membership on the child fatality review team, Family Services Division also participates with the Vermont Citizens Advisory Board, Children’s Justice Act Task Force, and Abusive Head Trauma Advisory Committee; all 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) Collaborative, a multi-state collaborative with the following mission:

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.

Child Safety and Protection

Intake and Screening:

Vermont’s policies on intake acceptance and definitions of abuse and neglect can be found here:

<https://dcf.vermont.gov/sites/dcf/files/FSD/Policies/50.pdf>

<https://dcf.vermont.gov/sites/dcf/files/FSD/Policies/51.pdf>

Vermont utilizes a differential response system. At the point of acceptance, a report is assigned either to an investigative route whereby a determination is made whether to substantiate the allegation of abuse and/ or neglect. When an individual is substantiated for abuse or neglect of a child, their name is placed on the Vermont Child Protection Registry. Vermont’s policies outlining the phases of investigation and assessment and the process for substantiation can be found here:

<https://dcf.vermont.gov/sites/dcf/files/FSD/Policies/52.pdf>

<https://dcf.vermont.gov/sites/dcf/files/FSD/Policies/56.pdf>

Assessment:

Adjacent to court involved cases in which children have been found to be in need of care and supervision, Vermont targets prevention efforts towards families who are at high or very high risk of future child maltreatment. To determine which families fall into this category, Vermont partners with Children’s Research Center, a nonprofit social research organization and a center of the National Council on Crime and Delinquency. Vermont is currently using the following Structured Decision Making® (SDM®) assessment tools:

- SDM Safety Assessment®
- SDM Risk Assessment®
- SDM Reunification Assessment®
- SDM Risk Reassessment®

Targeted Strategies to prevent child maltreatment fatalities:

Safe System Learning Review:

In 2019 and 2020 Vermont Family Services Division began to develop and piloted 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.

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 target 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

Family Services Division is located within the broader Department for Children and Families, alongside Child Development Division, Economic Services Division, Office of Child Support and Office of Economic Opportunities. Please see: Activities to address the developmental needs of all vulnerable children under the age of 5 for a summary of targeted family supports, child-care services and home visiting programs.

Vermont's Department of Health is a vital partner in our child maltreatment prevention efforts. 2018 saw the implementation of a robust infant safe sleep campaign: <http://www.healthvermont.gov/safesleep>
<http://www.healthvermont.gov/family/babies>

Vermont DCF, Family Services Division and Vermont Department of Health partnered to contract with a Child Abuse Physician to provide medical leadership and case-specific consultation. This physician leads the Child Safe Program at the University of Vermont Medical Center. Family Services works closely with this team to improve identification and intervention efforts around children who present with serious physical abuse, sentinel injuries, and a myriad of other types of abuse or neglect which require specialized care and a CPS approach.

Additionally, Vermont Department of Health:

- Provides public health leadership in the prevention and approach to child maltreatment
- Supports statewide implementation of evidence-based home visiting programs
- Positions Maternal Child Health Coordinators at the District Office level, who serve as members of local Child Protection Teams and coordinate with DCF, Family Services Division to improve the health status of children in custody
- Participates on the Vermont Citizen's Advisory Board (VCAB) to examine policies, practices, and procedures of the Vermont's child protection agency
- Serves on Vermont's Child Fatality Review Team and works with this team to update data
- Gathers data, provides assessment, and reviews procedures

In summary, from primary prevention through targeted intervention, fatality review and recommendations from a public health perspective, Vermont is well poised to pull the many established pieces of this very critical work into a comprehensive plan which will not only attempt to reduce child maltreatment fatalities but will improve and fortify the child welfare system as a whole.

Supplemental Appropriations for Disaster Relief Act

Vermont requested and received an allocation of \$78,304 in disaster relief funding and used those funds to support intensive placements for children and youth in the affected areas of the state. There are two

programs that provide intensive residential treatment in the areas affected by the emergency declaration. These funds were used to offer additional funding to those programs to support them through the period of the disaster. Initially, Vermont intended to use the funds to support foster parent transportation in the affected areas, but that need was not as great as supporting the programs in that area. Foster parent travel was still funded, but through other means.

[Supplemental funding to prevent, prepare for, or respond to, Coronavirus Disease 2019 \(COVID-19\)](#)

Family Services received our allocation of the Federal CARES Act funding in the amount of \$74,778. Vermont used the funding in two areas in support of managing the impact of COVID in our State.

In response to the Vermont state workforce being encouraged to work from home whenever possible to limit the density of staff in offices, FSD directed some of the CARES Act funds to purchase and maintain cell phones for our administrative coordinators who arranged for parent child contact and managed other case-related communications. Additionally, FSD identified the need for laptops for staff who are involved in the recruitment and retention of foster and adoptive parents and directed some of the CARES Act funds to this purpose as well so that these mission-critical activities could continue.

In addition, Vermont directed some of the funding towards support for our residential programs that suffered extreme stresses during the pandemic. In part, these funds were used to provide emergency funding to keep the programs operational, which in turn provided stability and treatment options for youth placed in the programs. These funds also allowed the programs to purchase technology that facilitated virtual meetings so that youth could remain connected to their families and Family Services Workers.

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

Family Services has made some changes to the way that the MaryLee Allen Promoting Safe and Stable Families funding is being directed within the system. The division had been using these funds to support various contracted resources available to families, however, because of the more flexible nature of these funds, they are now also being used to provide supports directly to families. These supports are intended to assist families in meeting the needs of their children to keep their children from entering custody, or to assist them when their children are returning home after being in custody. Examples of these supports include: clothing for children served in open Family Support Cases, transportation support so parents can attend parent child contact, other transportation costs, assistance with payments to support housing through security deposits and rental assistance, and home furnishing replacement or house cleaning in order to ensure safety for children in the home. These funds have been made available to our district offices so they can utilize the funds to remove barriers for families with whom they are working. Each district has an allocation of funds based on their Family Support caseload.

In addition to providing these concrete supports, the funds earmarked for adoption are used for a contract with Lund Project Family, which provides all of Vermont's adoption finalization efforts. These funds are one of multiple sources of funding in the contract with Lund Project Family, which provides the 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 been providing these services for many years and the work required with many families has become more time consuming and complicated as Vermont has increased permanency with kin. Kin families being joined through adoption often need more targeted support in to successfully move through the adoption process.

Also, in the area of adoption, a small portion of these funds are included in our contracts for Post-Permanence Services, which supports families who have been joined through adoption and guardianship through case management and other support services delivered by professionals who are experienced in the dynamics of adoption and guardianship. Within this contract, these funds pay for respite for caregivers. This is a small portion of the funding, but providing caregivers with a planned break can increase long-term permanence for families.

[Division X Supplemental Funding from the Supporting Foster Youth and Families through the Pandemic Act](#)

Family Services received an allocation of \$1,003,153 in supplemental Chafee funding from the Supporting Foster Youth and Families through the Pandemic Act. Previously Vermont had been working on plans to expend these funds on one-time, emergent needs within our system. One barrier we faced in utilizing these funds is that projects that were identified as possible recipients of this funding ended up being funded through other funds, mostly emergency funds provided to address the impacts of the COVID pandemic. Vermont made the decision to use approximately half of the supplemental funding to build up YDP direct services and the other half to provide independent living stipends to youth ages 18-23. Please see the Chafee Foster Care Independence Program Updates section for more information.

[Services Decision-Making process for Family Support Services](#)

For the concrete supports made available to families, most of these funds are being distributed by the state directly to vendors in the community on behalf of local families. When there are service providers involved in these transactions, they are all community-based.

For the contracts that receive a portion of this funding (Project Family and Post Permanence Services) the providers are community-based. Project Family is the only program of its kind in the state and provides adoption services in every community around the state and receives a sole-source contract in recognition that it is one of a kind. The post permanence agreements are bid out through a competitive process that welcomes submissions from any interested party. Those proposals are scored by the local Family Services staff along with State level staff.

[CAPTA American Rescue Plan Funding](#)

Vermont utilized the CAPTA American Rescue Plan Funding to support the provision of substance abuse screening and referrals to families who are subjects of child safety interventions. Vermont has a contract with Lund Family Center for Substance Abuse Case Managers who partner with our Family Services Workers who conduct child safety investigations and assessments. When there is an accepted report of suspected abuse or neglect with substance abuse as a factor, the Lund Substance Abuse Case Manager meets with the adults (and older youth when indicated) to conduct a substance abuse screening. The screening indicates if further substance abuse assessment is warranted. If so, the Case Manager will refer the individual for a referral. If that referral indicates that substance abuse treatment is needed, the Case Manager will make the referral and provide a “warm hand-off” to the substance abuse treatment provider. This model has proven very successful in Vermont and these funds supported this program amidst the increase in substance abuse concerns that arose through the COVID pandemic.

Populations at Greatest Risk of Maltreatment

Populations at Greatest Risk of Maltreatment by their Parents/Caregivers

Substance Exposed Newborns

Please refer to the CAPTA section of this report.

Children Under Age 3 with Prior Involvement with the Child Welfare System

Please refer to the maltreatment fatalities prevention section of this report. Vermont has invested considerable time and attention to interventions and the assessment of newborns and young children because of their vulnerability. DCF-FSD [Policy 78](#) (Assessing Expectant Parents and the Safety of Newborns on Open Cases) provides guidance to staff about the requirements for (1) the ongoing assessment of expectant parents and infants born on open cases and (2) taking appropriate action when needed. The policy is framed with an introduction that states:

Newborns and young children are the most vulnerable population served by the division. Infants are physically vulnerable and rely on a parent or caregiver to meet all of their needs. Prior or current child protection system involvement is one of the most important risk factors of future harm. Young children (those under 3) are at the highest risk for fatality – with heightened urgency for infants under 1. According to the [2016 report findings](#) from the Commission to Eliminate Child Abuse and Neglect Fatalities:

- *Children who die from abuse and neglect are overwhelmingly young (approximately 50% are less than 1 year old and 75% are under 3 years old); and*
- *A call to a child protection hotline is the best predictor of a child's potential risk of injury death before age 5.*

Policy 78 is accompanied by a checklist for assessing expectant parents and the safety of newborns on open cases, which is a checklist, mental map, and supervision tool intended to be used when a parent with an open case is expecting another child. The document is meant to help division staff consider all relevant factors related to safety and planning for newborns. The use of the checklist is intended to support continuous assessment throughout a pregnancy and post-birth.

Populations at Greatest Risk of Maltreatment by Others/Non-Caretakers

Human Trafficking

As stated in the last plan, the state of Vermont was [awarded a \\$1.2 million grant](#) to combat human trafficking. Phase I of this grant was designed to support the delivery of comprehensive and specialized services for all victims of human trafficking and the investigation and prosecution of sex and labor trafficking cases. Through the grant, three positions entirely dedicated to promoting victim-centered and trauma-informed investigations and comprehensive service delivery was developed and funded within the past three years. The \$1.2 million grant covered a three-year period beginning October 1, 2018. Vermont did not apply for Phase II of the grant; however, applied for a one-year extension. With the remaining funding from Phase I, Vermont made a request to focus on building and strengthening multi-disciplinary teams through a pilot in three areas (Newport, Brattleboro, and Rutland). Additionally, the multi-disciplinary team in Chittenden County (Burlington area) was reconvened.

Vermont's Human Trafficking Task Force, which is currently under reconfiguration with the phasing out of the grant, has consisted of a statewide steering committee and four sub-committees (Training/Outreach, Victim-Based Services, Law Enforcement, and Labor Trafficking). The statewide task force is focused on both adult and child/youth trafficking victims. Through this task force, Vermont currently has two Human Trafficking Case Managers for the state and has seen the need for additional case management capacity. The focus of the past few years has been on developing protocols, working agreements, and policies regarding each of their roles and the work.

Emphasis continues to be placed on supporting consultation and multi-disciplinary team meetings, which is grounded in the belief that no one can combat trafficking alone. Consultation and MDTs have supported family services workers in obtaining ideas for potential resources in the community, learning more about a youth's individual risk factors, developing safety plans and case plans specific to trafficking, connecting youth to victims' services providers, and supporting criminal prosecution processes.

Practice Updates:

Within the Department for Children and Families (DCF), Family Services Division (FSD), a Human Trafficking of Minors Workgroup exists and consists of internal staff, interagency staff, and community partners. As a continuation of our work related to the Preventing Sex Trafficking and Strengthening Families Act and associated with our Family First Prevention Services Act implementation, FSD has developed a "risk of sex trafficking" definition through the use of a screening tool. FSD is currently piloting the screening tool and hopes to finalize and validate the product in the future.

FSD continues to work on developing a standalone human trafficking policy and protocol for investigations in collaboration with federal and state partners. Revisions to our runaway policy, highlighting the linkages to risk of human trafficking, are also underway. The National Advisory Committee's State Self-Assessment Survey highlighted areas for additional growth and development within Vermont's response to human trafficking.

During the COVID-19 pandemic, a statewide need for guidance pertaining to internet safety for children and youth was identified. This continues to be a need and the guidance has continued to be relevant for caregivers. FSD developed a three-page guidance document titled [Internet Safety for Children & Youth and Caregiver Monitoring & Supervision](#) which addresses:

- Household rules, norms, and expectations;
- Agreements about internet use;
- Security/privacy settings and monitoring;
- Conversation prompts for talking to kids; and
- Additional resources.

Training Updates:

Human trafficking related training for staff is currently offered online and via podcast for staff. Training content about human trafficking is also included in the child abuse advanced practicum courses. Additionally, there are plans to update the existing online training for caregivers about human trafficking. We will also be discussing a prevention curriculum to use with youth who are considered to be at high risk or confirmed victims of trafficking. At this time, we have not determined which curriculum would best serve Vermont's population of youth.

Data/Tracking Updates:

In 2021, FSD accepted and investigated 43 new reports of child sex trafficking. An additional 36 unaccepted reports were flagged for child sex trafficking. Within the 43 accepted reports, approximately 84% of the child victims were female. 36 reports involved girls and 7 reports involved boys. In 2021, the youngest child victim was 6 years old. Ages ranged from 6-17. There was a significant increase in accepted trafficking reports last year. Since 2018, there has been an average of 27 cases accepted per year (compared to 43 this year). The number of unaccepted reports has also risen.

National Collaborative Efforts:

Vermont participates in two national human trafficking learning and information sharing groups with other states:

- National Child Welfare Anti Trafficking Collaborative
- National Compendium of State-Run Anti-Trafficking Initiatives

Four representatives from Vermont (two from DCF-FSD and two from law enforcement) attended the 11th Annual International Association of Human Trafficking Investigators (IAHTI) Conference during June 2022.

Missing/Runaway Youth

During the last year, DCF-FSD collaborated with the Vermont Intelligence Center to examine data and themes pertaining to youth with runaway behaviors, with a suspicion that the state's data and trends were beginning to shift over time. An abbreviated summary includes:

- Data collected between 2018 and early 2022 indicates that DCF custody nearly triples the likelihood that a youth will be entered as a missing person more than once before they turn 21.
- Youth in DCF custody are more likely to be on the run for eight or more days than juveniles not in DCF custody.
- The portion of juveniles in DCF custody returning or being located within seven days is trending downward compared to past years.
- Youth in DCF custody are running for longer periods of time in the last year. The data illustrates youth become more comfortable and resourceful the longer they spend on the run.

The alarming patterns beginning to emerge are informing our [Policy 155](#) revisions, may inform the expansion of an existing "high end" protocol for runaway responses/efforts, and prompt us to reexamine roles and responsibilities when a youth is missing.

LGBTQI+ Children/Youth

Please refer to the Chafee Foster Care Independence Program Updates section for more an update about DCF-FSD's work regarding services and support to LGBTQI+ youth and young adults.

[Kinship Navigator Funding](#)

Kin Navigation: Brief History and Current Status Updates

Vermont has requested and received \$833,780 in Kin Navigator (KN) allocations since 2018. Vermont intends to request the \$200,000 2022 allocation as well. Previous Kinship Navigator allocations 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 the board to have lived experience as kin caregivers. In the last several years VKAP has expanded its reach by training a pool of kin navigators who are located across all regions of Vermont. Historically, these kin navigators are trained volunteers who receive a stipend for their work. 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 past year, Family Services focused on stabilizing and growing our partnership with VKAP.

VKAP's Kin Navigator Program is recognized by Grandfamilies United at [grandfamilies.org](http://www.grandfamilies.org) (<http://www.grandfamilies.org/Topics/Kinship-Navigator-Programs/Kinship-Navigator-Programs-Resources>). The following narrative describes highlights of the Kinship Navigation work supported by the 2021 allocation:

1.) Develop, Implement and Evaluate an Evidence Based Model of Kinship Navigation

Together with VKAP, Vermont began to explore the possibility of participating in the Kin Navigator Cross Site Collaborative sponsored by Casey Family Programs, Generations United and the University of Washington. After participating in a series of informational meetings, where we examined the federal KN program and evaluation requirements and engaged with experienced programs to understand their implementation and evaluation lessons learned, Vermont FSD and VKAP joined the collaborative in support of the development and implementation of an evidence-based model of Kin Navigation. We have enlisted the expertise Dr Valerie Wood, PhD to develop and implement an evaluation plan for Vermont's model. Dr. Wood is 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. As a participating jurisdiction Vermont agreed to:

- Incorporate a racial justice and equity lens in all aspects of planning, implementation, and evaluation.
- Learn about, support the consensus driven Kinship Navigator program model selected.
- 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 indicates 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.

FSD, in partnership with VKAP and UVM, worked diligently to prepare for launch of this important project. Weekly meetings supported the development of a Charter, Theory of Change, plan for intake and referral, plan for needs assessment, plans for gathering of both program and outcome data, training of VKAP Kin Navigators,

development of a database to support data collection, plans for outreach and recruitment of both formal and informal kin caregivers, and the engagement of community partners has been a significant focus of our work.

Only through the availability of the KN appropriation was Vermont able to add deliverables and funding to the existing grant we had with VKAP to support this work and grow capacity. KN funding is also supporting the intensive evaluation component of this model. FY 2022 KN funding will be requested by the May 20, 2022 deadline and it too will be used to support this programming. Ultimately, Vermont anticipates that this model will be accepted into the FFPSA evidence-based practice clearinghouse which will lead to sustainability using Title IVE prevention funding.

2.) Racial Equity Work

In 2020, Vermont FSD launched a statewide Racial Equity workgroup. Throughout 2021, via a Subcommittee structure, the Division looked at specific areas of our practice with a goal of identifying and mitigating access barriers.

Immediately we were impacted by the lack of available race data that could help inform our system about strengths and challenges. Historically, we have needed to rely on census data to help us understand our demographics. Through the workgroups, it was discovered that a report that draws data from our circa 1982 MIS system is available that provides race and ethnicity data. With some manual counting, we can demonstrate how many BIPOC children and youth are currently being served by our system and how many BIPOC caregivers are caring for them. We have data that indicates that some of our BIPOC caregivers are also relatives of the children in their care.

We know that we have a growing number of New Americans who have settled in Vermont.

One of the barriers identified by the Permanency and Foster Care Subcommittee of the Racial Equity Workgroup is that a number of vital documents have not been translated into the seven common languages spoken in Vermont as outlined by our Agency of Human Services policy. These documents include materials that we would provide to kin caregivers including, but not limited to, our foster care licensing regulations and our foster care application. Realizing this lapse, FSD has begun the process of translating all documents. The documents that have been translated are available to the public on our website at <https://dcf.vermont.gov/fsd/publications>. We allocated a modest amount of Kin Navigator funding to support the translation of relevant documents and to increase access to translation services as needed.

3. Implementation of our Family Finding Practice Model

Ongoing implementation of our Family Finding practice model was supported through consultation with Bob Friend and the National Institute for Permanent Family Connectedness (NIPFC). This work was intended to build on prior years efforts previously reported in the APSR. Coaching opportunities with the NIPFC were offered to FSD supervisors to support their capacity to supervise Family Finding practice and the building of Family Safety Networks. This particular deliverable was not well utilized during this reporting period due to COVID demands and lack of bandwidth to grow skills while barely managing the day to day demands through the pandemic. Additionally, our partners who were contracted to support some pieces of this practice experienced abnormally high staff turnover resulting in fewer trained staff available to support and grow the practice.

4. Marketing and Media Outreach to Support Kin Caregivers Access to Support and Services

Survey results from our 2020 Caregiver needs assessment survey indicated that caregivers, especially informal caregivers, are not well informed about the availability of support and services available to them as relative caregivers. This led to efforts to build a consistent online and social media presence highlighting the availability of supports and services available to kin caregivers.

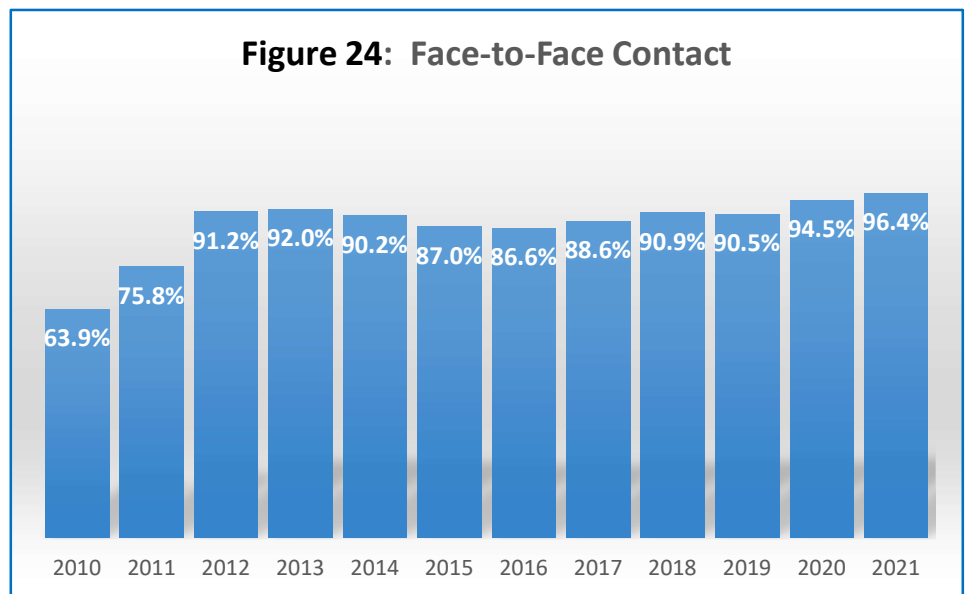
5. Personnel

Vermont continues to use a modest 10% of the KN allocation in support of staff time directly related to Kin Navigator Program planning and implementation

Monthly Caseworker Visits

For FFY2021, Vermont reported an improved monthly face-to-face contact of 96.4 %, again meeting the 95% standard. The division continues to focus on this practice area and identify strategies to sustain in the districts where we are at 95% and above as well as identify improvements in the few districts where we are below the national standard. In addition, the division also achieved a 77.9% rate of visits occurring in the placement setting, far exceeding the goal of 50%.

Since FFY2010, Vermont has improved monthly face-to-face contact.



The division supports the districts and workers to meet the monthly contact requirements by employing a multi-pronged approach that addresses caseload as well as efficiency and effectiveness of our interventions:

- All Family Services workers are equipped with I-phones (with telephone, e-mail, scheduling and wireless modem capacity) and laptop computers. This combination enables them to access division computer applications from remote locations, including from client homes.
- During the pandemic, Family Services Workers often took advantage of videoconferencing when visiting with children and youth.
- The division continues to promote teaming and group supervision models, to increase the number of Family Services Workers who have a relationship with a family and can assist in times of intense service need.

- A report is sent weekly to districts, which assists them in tracking which children and youth have not yet been seen during the month.
- Case aides have been added to all districts to assist with certain tasks to help support Family Services Workers. At this time these are part-time temporary positions and all districts have them. The division has recently submitted a proposal to shift these positions to full-time permanent positions over a 3 to 5-year period. This proposal should reduce turnover that districts experience when filling these part-time temporary positions.
- Staff have been provided with the SafeSignal app for their I-phones. This technology is downloaded on state issued phones and gives staff to the ability to signal for help 24/7/365 if they are faced with an unsafe situation.

Adoption and Legal Guardianship Incentive Payments

At the time of the 2021 APSR, there were proposals for spending of several years of past allocations of Adoption and Legal Guardianship Incentive Payments.

Funds have been used to directly reduce the number of children and youth awaiting adoption by funding our Project Family Grant (28475- \$87,200): This grant funds a partnership established in 2000 that Vermont utilizes to fund services to finalize adoptions and guardianships and then support families formed through adoption via services of the Vermont Adoption Registry. The combined grant has the grantee (Lund: Vermont's oldest adoption agency also providing an array of other services to expectant parents and parents) providing the following services: permanency consultation, home finding services, home studies for prospective adoptive parents, recruitment activities, training for prospective adoptive parents, support for families with the administrative tasks of finalizing a guardianship or adoption, social work consultation for families considering any form of post-adoption contact with prior parents, and the administration of the Vermont Adoption Registry, which provides information and facilitates contact among individuals of the adoption constellation.

Adoption and Legal Guardianship Incentive Payments were also used to fund an across-the-board temporary increase in payments to foster parents caring for children during COVID. The intent of this increase was to offer caregivers the opportunity to creatively meet the needs of foster children while schools, childcares, and other programming were limited. The expected impact on placement stability is believed to have directly positively impacted children awaiting adoption. The expenditures on this temporary increase were \$779,421.

At this time there is a balance of \$65,191 remaining from the award received in 2019 (needing to be expended by 12/31/22), there is the full \$152,500 awarded in 2020 available to be expended by 12/31/23, and there is the full \$125,000 awarded in 2021 to be expended by 12/31/24.

The Family Services Division is still in discussion about how best to expend current and future incentive payments. There are three current ideas being contemplated:

1. When children are placed for the purpose of adoption out of state, there are often additional costs associated with working with an agency in another state. The Division may use incentive payments when contracts are needed out-of-state to achieve permanency for an individual child.
2. The work of Project Family continues to increase. Lund is finding, more and more, that they need to provide additional supports and training to families in order to finalize adoptions. The Project Family

grant may need to be increased in order to compensate for the increased support and training that Lund needs to provide.

3. Family Services is often finding that adoptions are being delayed due to a lack of understanding of a 2018 change in the state Parentage Law that has resulted in a more complicated process for establishing parentage in child protection cases. Because parentage is not established in a timely manner, the matter is brought up during termination of parental rights proceedings and requires significant resource usage by the Court and attorneys. The Division would like to devote resources to a role being created to help assess and address policy and practice regarding parentage.

Adoption Savings

Vermont calculates Adoption Savings using the CB method with actual amounts. Vermont has accrued \$2,507,938 in Adoption Savings since the expansion of IV-E eligibility for adoption assistance leading to the inception of the Adoption Savings Program. For FFY 2020, Vermont accrued \$1,052,508 in adoption savings. There was \$62,026 remaining at the time of the last APSR.

Title IV-B Part I Purposes

Room and board for children in foster care who are not IV-E eligible: Vermont expended considerable resources (\$629,769) to provide room and board for children in foster care.

Post-Permanence Services

Vermont used \$308,238 since the last reporting period to provide actual items and services allowable under IVB to meet the individual needs of children who have been adopted. These requests are often for things such as camp or music lessons which help children to thrive in their adoptive families, but which would be financially prohibitive for parents to provide. Parents make individual requests for reimbursement which are individually assessed and approved or denied.

Approximately \$176,527 remains to be expended. The Vermont Legislature just approved an allocation of \$173,962 for use on Adoption Savings expenditures. The Family Services Division intends to use \$100,000 of these funds for services to promote racial equity within child welfare services in Vermont. Specifically, we intend to employ consultant(s) to assist with policy and program development, and offer Division staff who identify as BIPOC a facilitated affinity group. We hope these efforts will help with staff retention, staff culture shifts, and overall more equitable practices for BIPOC children and families being served. The Family Services Division currently has a large racial justice equity workgroup with several subcommittees examining areas for practice improvement within the Division.

Family Services also plans to continue to invest adoption savings into individual needs of children, post-adoption. We anticipate these individual supportive services and items to continue to be a need of children who have been adopted in Vermont and believe them to be an excellent and tailored way to meet needs.

Family First Prevention Services Act Transition Grants

Vermont received \$900k in FFTA funds, and to date we have spent \$469k of these funds. The monies spent thus far have been expended on essential staffing needs in the form of a project manager to assist with the work plan and focused on implementation of our CHINS Reform effort which is completely aligned with the FFPSA goal of preventing candidates for foster care from coming into DCF custody. \$178k of these funds were

utilized for the report by the Public Consulting Group that is the Analysis of the Residential System of Care for Youth in Vermont, previously mentioned. Additionally, this past year, some funding has been allocated toward creating an additional option for accreditation in VT to align with the QRTP requirements.

Additionally, Vermont is receiving intensive technical assistance from the Center for States regarding FFPSA implementation, and the areas below will be explored in partnership with them for potential areas of investment to support FFPSA implementation in the year(s) ahead.

We submitted our Prevention Plan for the projected October 1st deadline and it was approved on 5/13/22. We are also in the process of continual work evaluating our Residential Treatment Programs for status and willingness to become QRTP accredited. This has been somewhat slow due to COVID and staffing issues. This, along with the assessment process, will also provide information about other specific populations to be served. Below outlines specific updates in each area slated to utilize Transition Funds:

FFTA and Improvement of residential system of care

Vermont draws down approximately \$2 million annually of IVE dollars related to the in state and out of state placement of children and youth. As described in detail in the former report *10K View In State Residential QRTP Analysis 05/31/2019*, there are a number of major “lifts” we must resolve in order to continue to begin drawing down IV-E funds since October 2021 as outlined below:

Judicial approval of residential placement

Need for expansion of the Judicial Master component of CHINS Reform effort. Future discussion necessary to identify cost of adding this responsibility to the Judicial Master positions being created under that endeavor.

Projection: \$50,000 annually to support requested expansion of Judicial Master responsibility

Progress: Funding was just approved for the support of this position by the legislature; the next step will be for the necessary agreements to be in place with the Judiciary and the hiring process to commence.

Independent Assessment of need for residential level of care placement

We must explore the creation of a network of licensed mental health professionals to assess each request for residential placement both in state and out of state.

Projection: Initial startup cost (RFP for independent contracts) for 1 year may cost \$75k but exploration of Medicaid reimbursement

Progress: RFP has been crafted and posted, twice, without success; we are currently exploring additional targeted audiences for the RFP

QRTP Requirements under FFPSA

VT is committed to requiring all programs that we utilize for our children in care be QRTP accredited, unless they are serving a specialized population as defined in statute. This includes trauma informed programming, accreditation, 24/7 nursing support, and provision of aftercare. The current landscape includes programs that are currently at varying levels of readiness with regard to this.

Projection: \$100,000

Progress: A readiness assessment was completed and each program was assessed. However, due to challenges with COVID outbreaks and staffing challenges within programs, that work was temporarily

suspended. It is hoped that this will continue to progress. DCF is currently working within the Federal Statute to further define the requirements for VT. We did invest, however, in a project working toward creating an additional accreditation body under QRTP based on a resounding theme from providers that the current options were not feasible. This work is under way.

Support of Public Consulting Group Review of Vermont Residential System of Care

Projection: \$178,000

Progress: Completed

FFTA and Expansion of Prevention Services to Address Imminent Risk of Entry to Foster Care

The primary goal of FFPSA is to prevent children and youth from entering foster care: to keep families intact. This implies identifying, seeding, supporting, and standing up evidence-based prevention practices in our communities. It then implies ensuring a data and financial infrastructure to support and monitor the tracking and support of cases between FSD and these prevention organizations. FFTA funding could support both a combination of growth of existing EBP's as well as the startup costs of training and such for the implementation of new EBP's toward the targeted populations as identified in our Candidacy definition. The Prevention Workgroup which was comprised of approximately 80 members went on hiatus when the Plan was submitted. The workgroup is set to reconvene with a focus on implementation including planning the training and support around the Year 1 EBP's.

Projection: \$100,000

FFTA and Structural Support of Implementation

FFPSA residential quality improvements and foster care prevention services imply a heavy lift of planning, administrative, and technical resources within FSD. FFTA funding can be used in a number of ways to support this as the state has not devoted specific positions to the implementation of this Act.

Projection: \$125,000

Progress: FFTA funds are being used to support the staff time that are working on the implementation of the requirements. FSD has assigned two positions to work on FFPSA nearly exclusively and is also benefiting from the expertise from others within the division. This includes staff in the Residential and Special Investigations Unit, Quality Assurance Unit, Policy and Operations, and others.

IT Needs

FSD and DCF have a data collection system that is very antiquated. We recognize that this greatly impacts our ability to draw down funding aligned with FFPSA in a timely manner. As such, FFTA funds could support the following functions:

- Continuous Quality Improvement Team Support necessary for CQI tracking of prevention outcomes and data transfer of selected services and
- Information Technology Support to upgrade SSMIS FOSDB for appropriate tracking of residential placement qualifiers and of the data tracking system between the state and prevention services providers
- Financial Systems Support for design of tracking of cases and payments to third party service providers

Projection: \$122,000

Progress: There has been a greater financial commitment from the DCF Commissioner. Two million dollars in carry forward funding was allocated in the last fiscal year and we are currently advocating for two million dollars in additional carry forward funding for this fiscal year. Planning is currently underway in this arena.

Chafee Foster Care Independence Program Updates

Feedback from youth and young adults about their service needs

The Youth Development Program (YDP) continues to coordinate with the national group, Foster Club, to develop and implement a strategic plan for the Youth Advisory Board (YAB). Foster Club is a national organization that provides leadership and support to provider agencies and youth with foster care experience. YDP maintains a contract with Foster Club for support with strategic planning for the YAB. Foster Club will provide start up training for YAB members, as well as regular coaching and consultation meetings around YAB strategic plan implementation and ensuring the model is in alignment with Foster Club best practices. The new YAB model is grounded in the principle of youth-adult partnership. Its mission is to empower youth to create positive changes in the foster care system. The YAB will elevate youth voices, build leadership and advocacy skills, and partner with DCF and YDP leadership to promote better outcomes for youth in care. The new infrastructure will support more effective youth and young adult participation and will include a feedback loop between youth leaders and adult supporters comprised of YDP and DCF leadership. The collaborative nature of the new YAB will result in more meaningful system change and more transparency to help youth see the direct impact of their efforts.

In addition to the effort to develop a new and more effective YAB, YDP continued to engage youth in leadership, advocacy, and engagement opportunities.

YDP has a service agreement with the UVM Child Welfare Training Partnership that includes supporting youth to share their perspectives and insights with professionals and caregivers several times annually. YDP also supported youth to participate in a “Welcome to the Field” podcast. The YDP Director meets quarterly with the Child Welfare Training Partnership (CWTP) to identify systemic ways to weave youth engagement into the CWTP curricula.

YDP also facilitates quarterly youth panels for the statewide Guardian ad Litem network. During these panels, youth were empowered to share their insight and expertise to help staff and caregivers better serve youth in their care. Last year, 47 youth participated in the YAB, the Youth Summit, youth panels, internships, surveys, job interviews, and focus groups. YDP is currently working with the Vermont Consortium for Adoption and Guardianship to provide a focus group for BIPOC-identified youth who are being transracially parented through foster care or adoption. Several surveys were administered to youth this year, soliciting input on issues that impact youth. DCF reached out to youth on the issue of bank accounts as part of our legislative effort to develop bank accounts for youth in foster care. Also requested suggestions for community-based services/resources that could be implemented through Vermont’s implementation of the Family First Prevention Services Act (FFPSA).

Following are some examples of the input provided by youth:

Why are bank accounts important for youth under 18 in foster care?

- *“When you’re under 18 you need an adult to “co-sign” on a bank account, this is particularly challenging for youth in foster care because there is not always a trusted or willing adult to help sign for the account.”*
- *“Bank accounts are important for youth as they allow them independence and the opportunity to start saving. Lots of foster youth enjoy having jobs and having the security of making sure your money is safe makes you want to save!! Which is super important in trying to access higher education or just gaining independence when you turn 18.”*
- *“Because youth shouldn’t have to give access to a foster parent or co-signer to their earned money.”*
- *“(Bank accounts) allow you to save money for after you turn 18, so you almost have a head start and don’t have to start from scratch. When you turn 18 a lot of things become available to you and having a bank account is one less thing they will have to worry about. It also can teach good money value and how to responsibly save and spend. Also, most times money that is stolen from your account can be replaced.”*
- *“As someone who personally had their money taken by a guardian, having my own bank account with my money in it with someone I trust as the adult in it with me, has allowed me to save a lot!”*
- *“Not having a bank account often makes youth not want to have a job. Partially because it’s harder to save and see how much you’re saving and also because having the money in cash presents the danger of the money getting taken by someone.”*
- *“When youth do not have a bank account, they have no ability to save money or learn about basic financial situations. Most jobs require you to have a bank account to collect a paycheck. So, without a bank account it makes getting a job even more challenging for youth.”*
- *“Not having a bank account means you don’t have a safe place to store money. It also doesn’t allow you to track your spending and saving as thoroughly. And money that is physically stolen outside of a bank cannot be replaced.”*
- *“They can’t get their work checks as easily without a bank account.”*

Tell us about a time when you felt like you had a good experience with services and felt like you were in charge of/directing the services you were receiving. What helped you to feel like you were getting the services you wanted/needed?

- *“Having meetings with my DCF worker and my team of people who help me and I feel like I got the services I needed if people were to just like sit and listen to me and let me share my piece.”*
- *“I think honesty and effective communication are huge in regard to receiving services that are genuinely proactive.”*
- *“I think overall I have had a pretty good experience with services. However, I think that is mainly because me and my team were not afraid to advocate and fight for what we felt was best for me. This happened when I wanted to go to college, move into my own apartment, and move away from my group home. If my team and I did not advocate as strongly we would not have been in charge.”*
- *“When I was 14-15, I was basically running my treatment team meetings because I knew what I needed and wanted, and my team listened to me. I was able to succeed because of it.”*
- *“I am currently in rolled in a few programs and I feel good about it because I feel in control. It’s about me, what I want, what I don’t want, and where I want to go.”*

Services provided since the submission of the 2022 APSR

The Family Services Division (DCF-FSD) continues to contract with the Washington County Youth Service Bureau (WCYSB) as the administrative and fiscal agent of the Chafee subgrant and the statewide YDP. YDP is Vermont’s transition and after-care program for youth and young adults who have experience with the foster care system. WCYSB 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 500 youth per year. YDP maintains an array of services and supports 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 2023 with continued emphasis on serving more youth and supporting direct service staff through training, oversight, and technical assistance.

In 2020, DCF Central Office restructured to develop an Adolescent Services Unit (ASU). In 2021, the unit emphasized supporting the 12 district offices with adolescent case work. The ASU facilitates a monthly meeting for DCF management to provide updates and training around issues impacting our practice with older adolescents involved with the Department. The Adolescent Policy and Practice Specialist has also continued to meet regularly with each of the twelve DCF District Offices to review the caseload of youth ages 17 and above to discuss specific youth circumstances, referrals for transition and adult services (developmental and mental health), 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 youth being consulted on have been in custody for many years and have APPLA case plan permanency goals. The focus of these conversations is to broaden workers understanding and approach to helping older youth in care by developing connections through natural supports, 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 supports available to districts in their work with this population.

The Adolescent Services Unit has continued to provide training and support to districts regarding extended care services. Extended care services are described in two categories: DCF Extended Care and YDP Extended Care. Both types of Extended Care Agreements outline voluntary housing plans that include continuation in prior placements, foster care, and independent living. DCF continues to utilize contracted YDP services to provide the greater part of extended care services, as the YDCs are skilled in engaging and retaining transition-age youth and providing the necessary scaffolding youth need to achieve their goals. The following table provides details for each of the two extended care categories in Vermont:

FIGURE 25: Extended Care Table

DCF EXTENDED CARE

YDP EXTENDED CARE

	DCF EXTENDED CARE	YDP EXTENDED CARE
<i>Eligibility</i>	Youth must turn 18 in DCF custody, be 18-23 years old and enrolled in high school full-time. Services can be extended for up to Youth six months following high school graduation to ensure a smooth transition to adulthood.	Youth must have been in custody after age 16, be 18-23 years old, meet productive time criteria, and have an “Adult Living Partner” (ALP) they would like to live with, OR an approved independent living situation.
<i>DCF Involvement</i>	The DCF case stays open, youth are no longer in custody but are voluntarily in care. The FSW maintains monthly face-to-face visits, and continues to work with the youth, YDP, the placement provider, and other team members to ensure high school completion and a supportive transition from DCF care.	The DCF case is closed.
<i>Extended Care Agreement (ECA)</i>	FSWs, in collaboration with youth, licensed placement providers, and YDP, must complete and submit the ECA to AHS.DCFSEExtendedCare@vermont.gov for approval. Agreements must be reviewed, revised, and resubmitted <u>when the youth’s placement or education status changes.</u>	YDCs, in collaboration with youth and their ALP (when applicable) must complete and submit the ECA to YDP@wcysb.org for approval. Agreements must be reviewed, revised, and resubmitted <u>when the youth’s living situation or productive activities change.</u>
<i>Stipend</i>	DCF provides substitute care payments for approved living arrangements in the same manner and at the same rate paid prior to the youth’s 18 th birthday.	The ALP or youth in approved independent living situations receive a monthly stipend. ¹
<i>Closure and Re-Entry</i>	If youth choose to stop participating in the ECA, the lead case manager shall convene a meeting with the youth and other team members to determine if the agreement can continue as written, needs modification, or should be closed. FSWs and YDCs must notify the DCF Policy & Practice Specialist or the YDP Director (respectively) and all other involved parties when a decision has been made to terminate an agreement. Re-entry is possible for both DCF and YDP Extended Care.	

¹ Beginning Spring of 2021, with the infusion of additional funding provided by Division X, YDP began disbursing “independent living stipends” to youth through YDP Extended Care Agreements.

DCF, with YDP partners, continue to pursue opportunities to expand Extended Care services for former foster youth under the federal definition. At this time, Vermont's foster care services for youth ages 18-23 continue to be supported solely through State resources. The primary barriers to fully implementing federal extended foster care in Vermont continue to be around judicial oversight for the population of youth over age 18 and adjusting DCF's antiquated database to ensure the Department is appropriately tracking the requirements for extended care and reporting youth correctly. Historically, the judiciary expressed that they did not have capacity and statutory authority to oversee extended foster care. To address this, DCF appealed to the legislature for a "judicial master" position that would support this and other similar work this year. DCF anticipates picking this effort back up this Summer and hopefully moving forward with a plan to implement federal extended foster care.

During the spring of 2021, DCF worked closely with YDP and two Public Housing Authorities (PHA), including Vermont's statewide PHA (Vermont State Housing Authority) and the PHA for our largest metropolitan area (Burlington Housing Authority), to develop Collaboration Protocols (Memoranda of Understanding) and submit applications to HUD for administration of the FYI Voucher Program. Vermont was awarded under both applications.

DCF has continued to provide "Youth Transition Meetings" (which are similar to DCF Family Safety Planning meetings) via contractors this year 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 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 has shared this resource with our districts across the state and our contracted providers are working with DCF to provide these meetings for youth who can benefit from this structured planning.

DCF's driving and independent transportation committee presented at the Vermont Driver Training and Safety Association (VDTSEA) Conference in both 2021 and 2022. Presenters shared information about the importance of independent driving for youth with foster care experience (and other risk factors). Driving instructors from around the state were engaged in discussion around how they and other community members could support this need for this population. As a result of the first presentation, a pilot driver education program was developed in our biggest district, Burlington. The project was a collaboration between DCF, YDP, and two private driving instructors. The pilot supported five youth in foster care to take a driver education course, to practice driving, and to earn their driver's license. Project collaborators learned many lessons about supporting this population with learning to drive and getting their licenses and this follow up information was presented at the annual VDTSEA in hopes of replicating this opportunity again and in other parts of the state. We continued to share the newly developed [DCF Guide to Driving for Youth in Foster Care](#) with DCF, YDP, caregivers, youth, and other relevant service providers this year. The guide describes the importance of driving for this population of youth, particular barriers and strategies for overcoming them, information about what to expect around driver education courses and testing, frequently asked questions about insurance, and resources.

Vermont was awarded \$1,003,153 in supplemental Chafee funding from the Supporting Foster Youth and Families through the Pandemic Act. DCF made the decision to use approximately half of the supplemental

funding to build up YDP direct services and the other half to provide independent living stipends to youth ages 18-23.

This plan was chosen because YDP has been underfunded and overcapacity. This has been a challenge because Vermont hasn't been able to provide services to all eligible and interested youth. We expect that by increasing financial support for direct services, we can increase the number of years that YDP retains staff. Generally, YDP agencies struggle to recruit and retain qualified staff and the program experiences significant staff turnover. Each time there is turnover, caseloads have to be rebuilt, and often, youth may choose not to re-engage with yet another service provider. Staff turnover and vacancy have impacted caseload sizes and youth outcomes. Not only are less youth served, the data shows that outcomes are also lower for served youth where there is significant staff turnover (stable housing, employment, education enrollment, driver's license, connections). We expect that by increasing funding available for direct services for this population, we will be able to serve additional youth, in more significant ways. With 16 FTEs, YDP serves about 500 youth annually. We estimate this represents less than 25% of the total eligible pool of youth. With no new funding, Chafee eligibility expanded from youth ages 15 to 22, to 14 to 23 in 2018. In the new legislation, youth ages 14 to 27 are eligible (2x more youth). Recent data from Annie E. Casey suggests that nearly 3,000 youth are currently eligible for these services in Vermont. With increased capacity we expect to better serve youth who are most at-risk and those who could benefit from extended foster care.

An analysis of YDP staffing patterns showed that the program has historically experienced an average of seven (of 16) positions turning over annually. This year, with increased funding, the program experienced just three changes in the statewide staff network. The data shows that reducing case manager turnover significantly improves outcomes for youth, stabilizes the caseload, and reduces the administrative burden associated with hiring and training new staff. This is particularly important given the statewide and national challenges around hiring qualified staff.

The other half of the supplemental funds have been used to provide independent living stipends for youth engaged in YDP services. YDP already had a limited budget for "youth investment grants" that could be used to support incidental living costs such as security deposits, rent and utilities, education expenses, normalcy and enrichment activities, fees associated with driver's licensing and insurance, and more, but the supplemental funding has been used to provide a higher level of regular financial support for youth that are over 18 and living on their own. Monthly stipends have been set at \$500 per month per youth.

In FY2021, with the flexibility to serve older youth, approximately 12% of youth served by YDP were between the ages of 23-26.

DCF hopes to sustain funding for direct services and independent living stipends for youth into the future through implementation of federal IV-E extended foster care and through a DCF budget request.

For the remainder of the FY 2022 funding, YDP will continue to administer independent living stipends until the supplemental funds are spent. DCF expects the funds will be fully obligated by September 30, 2022. Vermont hopes to sustain YDP direct service and independent living budgets through increased state funding and implementation of federal IV-E extended foster care to continue to offer these services permanently.

Following is a description of accomplishments in using this supplemental funding meant to assist young people. As of 5/1/2022 there were 52 youth actively receiving \$500 per month to support their independent living expenses and 59 youth (ages 18-23) from all 12 districts have received independent living stipends this year. Youth who have received independent living stipends are all over 18 and meet

productive time expectations. Youth participating in this program have benefited from increased financial security and have experienced more opportunities to engage in education programs, therapeutic services, progressive work experiences, family preservation, and increased access to normalcy and enrichment opportunities.

Youth recipients of the supplemental direct assistance provided the following comments as part of their funding agreements:

- *"I'm working hard right now to accomplish my goals. I'm currently renting a room from my friend, but I'm also actively hunting for my own apartment. It will be helpful to have support with paying rent. I'm about to start a full-time job at the (local credit union)." - 22-year-old youth, Burlington*
- *"It will help me save up for a new phone and have what I need for my daughter. I will be able to save up for a car and afford utilities for the house." - 22-year-old youth, St. Albans*
- *"During school I am working about 15-18 hours a week at my on campus and off campus jobs, typically only making enough to pay my car insurance and car payment. As I'm on my own, I'm in charge of all other payments such as stuff for my dorm, food costs, and textbooks for school. This extra check monthly is beyond helpful and also allows me to focus on school more and don't have to pick up extra hours. This allows me to put all of my extra time and attention towards school and doing well so I'm not worried about other bills getting paid." - 20-year-old youth, Essex Junction*
- *"It will help me not starve to death, pay my bills, and keep my housing" - 21-year-old youth, St. Albans*
- *"I'm graduating this year – this will help me graduate because I can do my homework and go to school and the anxiety part of rent will be helped." - 18-year-old youth, Killington*
- *"(the stipend) supports my goals by alleviating some financial stress so I can focus on my education and save for next year, so I don't have to work so much while I'm in college. My budget breaks even and I'm stressing about going to work and getting more money which is impacting the energy I have for school, and that's what's important to me right now. My budget doesn't account for life happening, like when I needed to get winter tires on my car." - 19-year-old youth, Burlington*
- *"With the help of YDP right now and a stipend, I know that I will be able to find a secure apartment for myself. I am currently pregnant and need to find a safe place to live. Because I am in school part time and working almost full time, I know that the help from YDP will help me to reach my goal of getting into my own apartment and being able to have a safe place to stay while being pregnant." - 20-year-old youth, Northfield*
- *"This would help support me because money's really tight right now with COVID. I'm really stressed about money and stress raises my migraines. Having less stress allows me to have fewer migraines. My budget is tight, and this would really help me to make sure I'm able to meet my needs." - 21-year-old youth, Burlington*
- *"Make it so I don't go homeless. It will help with financial support, mentally help me get through this issue. I physically am not able to work right now. It helps because I can't make money like I used to. I need to be able to pay my bills." - 22-year-old youth, Hinesburg*

Strategies the agency is using or used to engage youth/young adults

Prior to the pandemic, DCF's contracted program for transition and aftercare services, the Youth Development Program (YDP) developed a plan to roll out a new version of their Youth Advisory Board (YAB). The intention was to facilitate four regional youth groups and a statewide YAB comprised of locally selected regional group representatives. This model was developed with a goal of increasing the number of youth engaged in leadership and advocacy training opportunities and system improvement work. Due to the pandemic and turnover in the Youth Advocacy Coordinator position, this strategy has been delayed while other youth advocacy activities were prioritized.

YDP was successful in hiring a new Youth Advocacy Coordinator, who brings lived experience with the child welfare system to the role. Youth and young adults reviewed resumes, participated in interviews, developed and asked their own questions, and assisted in the hiring decision-making process. The Youth Advocacy Coordinator's role is to bolster existing efforts to lift up youth voices and increase youth access to leadership and advocacy opportunities. A primary role for the Youth Advocacy Coordinator is to reinvigorate the YAB and facilitate YAB meetings. The Youth Advocacy Coordinator also coordinates youth

panels with the Child Welfare Training Partnership, the Guardian ad Litem network, YDP staff, and DCF. The Youth Advocacy Coordinator recruits youth, develops questions, prepares youth, facilitates events, and other coordination activities. This position is also the point person for YDP regional and national partnerships with the New England Youth Coalition, Foster Youth in Action, and Foster Club. They also manage the YDP youth listserv and communicates activities and opportunities for youth. The Youth Advocacy Coordinator organizes and hosts the annual Youth Conference and Youth Picnic events in coordination with youth.

The Youth Advisory Coordinator participates in quarterly network meetings offered by Foster Youth in Action (FYA), as well as office hours for organizations across the country who facilitate Youth Advisory Boards and other youth leadership activities to workshop any challenges with youth engagement.

YDP sponsored one youth to participate in Foster Club's All-Star Internship this year and will pay for two youth to participate next year. The internship offers youth the opportunity to participate in leadership training, help improve outcomes for youth transitioning out of care, educate peers and industry professionals, and change public perceptions about foster youth across the nation at conferences and events. The expectation is that at least one of the youth interns will become a Youth Leader for the Youth Advisory Board.

YDP continued to be an active member of the New England Youth Coalition, attending conferences, participating in monthly calls, and participating in the strategic planning committee.

For subcontracts beginning in July 2021, YDP added a new outcome measure around engaging youth in leadership and advocacy activities. Each of the 12 programs are required to recruit and support a minimum of two youth to participate in leadership/advocacy opportunities annually. The administrative team has noted that because of this focus and inclusion in the subcontracts, programs are now further prioritizing youth engagement.

This year, YDP revised program paperwork to ensure increased accessibility and inclusion for youth. The program now has a new intake assessment, plan of care, extended care agreement, and youth investment grant request form. All forms are written from the youth's perspective to ensure they are at the front of goal setting and planning for program participation. Staff received training and ongoing coaching on completion of program paperwork, emphasizing the importance of youth voice, youth-centered planning, and decision-making.

YDP is also on the Executive Committee of the Consortium for Adoption and Guardianship, representing youth with foster care experience.

YDP provided many opportunities for youth and young adults with lived experience to share their expertise and influence program operations. Youth panels were coordinated and facilitated by YDP for the DCF workforce, foster parents/caregivers and Guardians ad Litem.

As mentioned above, surveys were another important tool utilized to capture youth experiences and insight.

Youth were compensated with stipends and emotionally and practically supported before, during, and after youth leadership events by YDP.

Challenges or barriers the state has experienced in being able to use the additional Chafee funds

YDP did not have definitive information until March 2022 whether the Chafee Pandemic Funds were considered taxable and whether independent living stipends should be counted as income on individual youth tax returns. This was a barrier for some staff and youth who were concerned about consequences associated with the short-term funding.

In general, the short-term nature of the funds presented a challenge in terms of developing a spending plan.

Actions and plans to strengthen the collection of high-quality data through NYTD

In September 2019, Vermont hosted our federal partners and many community partners for a week-long on-site NYTD Review. Over 50 people participated in the stakeholder interviews and almost 100% of those that RSVP'd were present, demonstrating that the community cares about transition-age youth and our programming. There were 11 young adults who attended the youth focus group and two youth ambassadors participated in the planning and on-site review activities. Eight YDCs served as navigators in the case record review and several YDP staff participated in planning activities and review meetings with the 15-member federal team. The high level of DCF, YDP, and stakeholder engagement and cooperation in the NYTD review demonstrates that Vermont is committed to collecting, submitting, analyzing, sharing, and using the NYTD data to tell the story of foster youth in our State and to strengthen the system to impact positive outcomes for youth.

Federal partners were excited to see VT's commitment to normalcy, youth leadership, and to learn about the extensive services available through YDP and our community partners. The federal team provided feedback and recommendations for strengthening our reporting. Some changes we were able to make to data collection protocols immediately and in time for the next reporting period.

In January 2021, DCF received "Appendix C" of the NYTD Report from the Children's Bureau. Appendix C detailed the specific findings of the federal review with respect to general requirements and the data elements reflected in individual case records. DCF provided a response to Appendix C within 45 days, detailing the work that had already been done to come into compliance and also identified the tasks remaining to improve NYTD data collection.

As described above, Vermont began addressing areas identified for improvement immediately following the onsite review. Upon receiving Appendix C, DCF and its contractor further refined many of our data collection and reporting protocols and developed a plan to address areas needing attention. One particular area of improvement is with regards to NYTD survey collection. DCF secured a small grant to develop an online survey tool that will support outcomes reporting for baseline and follow-up populations. The new tool will streamline many administrative challenges with the NYTD surveys, while preventing errors and avoiding sanctions on to the Chafee grant.

DCF received the final NYTD report on July 1, 2021. Vermont was asked to improve practices around five (of seven) of the general requirements, and 51 (of 58) data elements. We submitted our NYTD Performance Improvement Plan on November 1, 2021. It was approved on January 3, 2022. Vermont has come into compliance with one of the general requirements and improved ratings for 10 of the data elements.

The primary focus areas for bringing NYTD data collection and reporting into compliance include:

- Development of a Vermont NYTD manual that includes our complete NYTD data collection and reporting protocol, including a guidance document that fully describes the NYTD data elements as they relate to resources available in Vermont.
- Ongoing delivery of associated NYTD training to the DCF and YDP field and relevant stakeholders.
- Revision of our DCF and YDP data collection and reporting systems to ensure we are providing all required social demographic information, including providing accurate “FIPS codes” for youth that are no longer in State custody but continue to receive Independent Living services in Vermont.
- Development of a CCWIS system that will eventually support the tracking and reporting of independent living services that youth receive from sources other than our Chafee-funded Youth Development Program.

Our next Improvement Plan is due on July 5th, 2022.

Vermont presented at a national NYTD Peer-to-Peer event on March 3, 2022. We described our Chafee-supported transition services, our data collection efforts, survey protocol, and strategies to engage youth in our NYTD work.

Involving the public and private sectors in helping youth in foster care achieve independence

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), VSAC, schools, mental health providers, developmental services, Prevention and Stabilization Services for Youth and Families (PSSYF), and Balanced and Restorative Justice (BARJ) providers. Statewide YDP network meetings host trainers from the agencies listed above in effort to enhance networking and to build YDP understanding of the safety net for young people in Vermont.

Last Spring, DCF worked closely with YDP and two Public Housing Authorities (PHA), including Vermont’s statewide PHA (Vermont State Housing Authority) and the PHA for our largest metropolitan area (Burlington Housing Authority), to develop Collaboration Protocols (Memoranda of Understanding) and submit applications to HUD for administration of the FYI Voucher Program. Vermont was awarded under both applications.

As described last year, DCF and YDP collaborated together and with many other relevant stakeholders including the Agency of Education, the Department of Motor Vehicles, youth, the foster parent association, and a child advocacy organization to increase access to driving and independent transportation opportunities for foster and former foster youth. This group worked together to identify barriers and brainstorm solutions. Due to the pandemic and competing priorities, the workgroup focused on the development of an education campaign to provide youth, caregivers, DCF staff, and other service providers critical information about how and why to support youth in foster care to secure their driver’s license, driver education, and to own their own vehicles. The workgroup recently presented to the Vermont Driver Traffic Safety Education Association (VDTSEA) about the importance of independent transportation for youth in foster care (or with other risk factors) and the group was extremely receptive to partnering with DCF and YDP to support this population of young people. Several individuals worked together with DCF and YDP to organize a driver education course specifically for youth in foster care. Information on this topic was presented to the DCF Management Team, DCF Resource Coordinators, and DCF’s Foster Parent Workgroup. This information was also provided in DCF’s foster parent newsletter and DCF’s staff newsletter. The workgroup presented to the VDTSEA again recently in effort to develop

additional interest and partnership in increasing access to independent transportation for youth in foster care.

DCF and YDP continue to team with the Vermont Student Assistance Corporation (VSAC) to address post-secondary education and training on a regional and statewide basis. Through a memorandum of understanding, DCF shares information with VSAC about youth who should be connected to their outreach services. VSAC meets with school age adolescents in their schools to explore educational interests, college and vocational options, and funding resources.

The DCF Adolescent Services Unit oversees three contracted youth programs: YDP, BARJ, and PSSYF. DCF works closely with our contractors and our district offices to ensure that services are coordinated and responsive to the needs of the Division.

Services to support LGBTQI+ youth/ young adults

DCF's [Policy 76: Supporting and Affirming LGBTQ Children + Youth](#) states that exploration of gender identity, sexual orientation, and gender expression is a normal and healthy part of adolescent and human development. The policy states that DCF will avoid making assumptions regarding an individual's identity unless that person has shared this information with us. We will use the identity, names, and pronouns of a youth's choosing, provided it is safe for the youth and they have come out to caregivers and others. Whether we share a youth's preferred gender identity or sexual orientation with others is determined by the youth, to ensure their safety (both sharing with others and in documentation). Placement decisions are also based on individual needs, youth identity, and safety, and decisions are reassessed regularly to ensure continued safety. Another key element of the policy is that waiting to address the medical needs of transgender children and youth is not an option and we provide guidance in navigating this process, especially if there is disagreement with the family or team.

Policy 76 also stipulates the "DCF Commissioner's Committee on LGBTQ Issues." The Committee provides support to staff and shall be consulted about the following issues and decisions: legal name changes, legal gender marker change, obtaining or changing photo identification, situations where a young person feels unsafe, uncomfortable, or disagrees with a placement because of their identity, and medical treatment decisions (including puberty blockers/suspenders, gender-affirming hormone treatment, fertility preservation, gender affirming surgery or other medical procedures). Additionally, staff may request consultation by the Commissioner's LGBTQ Committee on issues beyond the topics identified above.

The Committee has provided over 60 consultations in the five years since its inception, including 18 in the last year. Consultations were primarily on behalf of transgender-identified youth and focused on gender-affirming medical care, gender-affirming placement, mental health, parent acceptance, and access to community and peer support. The committee has also advised around appropriate language for case planning and affidavits. This empaneled committee always includes a representative from Outright Vermont, a statewide organization focused on the health and well-being of LGBTQ+ youth and community. Outright Vermont's mission is to "build a Vermont where all LGBTQ+ youth have hope, equality, and power. DCF contracts with Outright Vermont to provide consultation on individual cases and policy and practice. They also provide training to our staff as needed. YDP also contracted with Outright Vermont to provide training to the statewide network.

Coordinating services with "other federal and state programs" for youth

This year, DCF initiated an effort to partner with the Vermont Department of Labor, HireAbility (Vocational Rehabilitation), and the Vermont JOBS Program to strengthen our partnership around increasing engagement in work-based learning experiences for youth in foster care. This work will focus on developing presentation materials that will help communicate to DCF, YDP, youth, families, and other service providers about the various services available to support youth with their employment and career goals and the long-term value in getting young people connected to work experience prior to graduation.

YDP also maintains the following partnerships:

- The YDP Director provides training and workshops to private and public agencies on topics including YDP, Youth Thrive, working with youth, and support for youth through the pandemic.
- YDP partners with the UVM CWTP to recruit, prepare, and facilitate youth involvement in trainings for DCF and resource families.

Actions taken to address the housing needs of young adults in transition from foster care

Last Spring, DCF worked closely with YDP and two Public Housing Authorities (PHA), including Vermont's statewide PHA (Vermont State Housing Authority) and the PHA for our largest metropolitan area (Burlington Housing Authority), to develop Collaboration Protocols (Memoranda of Understanding) and submit applications to HUD for administration of the FYI Voucher Program. Vermont was awarded under both applications.

YDP statewide is administering the 20 voucher FYI Program, in partnership with DCF and VSHA. To date, we have received twenty referrals, five of which have progressed to the point of voucher issuance. YDP is providing a high level of coordination between youth housing applicants, YDP case managers, DCF, and VSHA. This system has significantly reduced the administrative burden for referring staff and youth as compared to other voucher programs.

The YDP at Spectrum Youth and Family Services in Burlington partnered with BHA and DCF to apply for youth-specific FYI housing vouchers. Several youth have been issued vouchers, but as of April 2022, youth are continuing to struggle to lease up given the very limited housing stock in Vermont for all renters.

In general, identifying available housing and securing leases is very challenging in Vermont, but particularly for youth. Our staff, in partnership with our PHAs, work closely with young people to navigate this process and to help youth to meet their housing needs. YDP and VSHA are currently exploring the possibility of developing project-based housing units specifically for youth with FYI vouchers.

YDP promotes wellness and mental health needs through direct case management services, referrals to appropriate mental health services, and Youth Investment Grants for expenses associated with normalcy and well-being like gym memberships, ski passes and equipment, team sports, dance classes, equine therapy, and sometimes actual therapy expenses (e.g., when there are temporary issues with a youth's Medicaid coverage).

DCF and YDP are currently partnering with the Vermont Child Health Improvement Program (VCHIP) and the Vermont Department of Health (VDH) to develop materials for youth that positively promote medical care and oral health. Draft materials will be provided to YDP's Youth Advisory Board for input and advice before making more widely available to the greater foster care population. Youth will be compensated for their feedback on the project materials.

The DCF - Family Services Division and the Department of Vermont Health Access (DVHA) began meeting in May 2022 to coordinate efforts to implement the requirement to provide Medicaid to youth who age out of foster care in other states.

DVHA has shared that they are currently updating their policies to ensure compliance. Once CMS has updated Medicaid State Plan language/templates, DVHA will ensure that their language aligns with the federal expectations. DVHA will also be updating their administrative rules shortly to include the population of former foster youth from other states.

The Medicaid application will be updated with new questions to reflect changes under the SUPPORT Act. Responses will be self-attested, as there are no current data sharing agreements with other states.

There will be public notice three times throughout the rule making process. This occurs primarily via the Global Commitment Register, the AHS website, and through listservs for key stakeholders.

Websites for DVHA and also Vermont Health Connect, Vermont's health insurance marketplace, have clear information about Medicaid for youth who turn 18 in foster care. In addition to the elements noted above, CB/CMS recently released a new Toolkit that may be helpful to assist states in sharing data across federal programs.

DCF intends to update our [Policy 160: Supporting Adolescents in DCF Custody](#) and our Transition to Adulthood (90-Day) Plan) with an expectation that Family Services Workers inform youth of their ability to enroll in Medicaid in other states if they choose to leave Vermont. YDP, our transition and aftercare program, will also ensure that participating youth have access to Medicaid if they move to other states.

Education and Training Vouchers (ETV) Program

DCF's efforts to engage students in post-secondary education is primarily facilitated through our contracts with the Youth Development Program (YDP) and the Vermont Student Assistance Corporation (VSAC). YDP provides outreach and case management services to youth who are currently in foster care or were formerly in foster care. They work with youth to identify their education and career goals and to identify the barriers, next steps, and resources associated with their plans. 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."

DCF encourages youth to engage in services through VSAC. VSAC follows youth through their college experience and supports youth to connect with college support programs. YDP also teams with support programs as needed.

[Additional Funding from the Supporting Foster Youth and Families Through the Pandemic Act](#)

During FY 2021, Vermont received \$145,807 in supplemental ETV funds. The additional ETV award was combined with our regular ETV award and sub-granted to VSAC to disburse to former foster youth in the usual manner for the same population of youth and for the same purposes (enrollment in a post-secondary education program). DCF determined with VSAC that they would award 90 students \$5,000 Chafee/ETV scholarships. This decision was based on a typical 60% persistence rate. If the persistence rate is higher this year, awards will be adjusted to a lower amount to ensure all youth receive a scholarship to support their higher education expenses. The supplemental funding enabled us to essentially double the scholarships that are typically awarded. We anticipate that all funds will be obligated by September 30, 2022, in the manner described above.

The supplemental funding enabled us to increase the typical scholarship amounts for youth enrolled in a post-secondary education program. In the 2021-2022 school year (current) there were 72 ETVs awarded.

Our contractors, VSAC and YDP, work directly with individual youth to identify their interests and to explore the pathways to achieving their goals. VSAC and YDP help youth to learn more about the possibilities for higher education and training and the many resources available to support them academically, financially, and practically. VSAC and YDP provide voluntary youth/student-driven services. Staff from both organizations leverage individual youth interests, skills, resources, needs, and preferences in supporting youth to develop a plan for success.

Collaborations with higher education institutions and college campus support programs are facilitated by our contractor, VSAC. We did not experience challenges or barriers in using the additional ETV funds and were grateful to increase the level of meaningful financial support for youth attending college with foster care experience.

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. VSAC states that support for foster youth is an important part of their mission and this rings true through their work. VSAC has been an excellent partner to DCF - they administer the subrecipient Chafee grant at no administrative cost, provide Outreach Counselor services to DCF youth throughout middle and high school, team with our YDP and DCF staff around the state to ensure that individual foster youth have information and resources to pursue post-secondary education, their website includes a special pathway for youth with foster care experience that describes relevant resources, they work closely with DCF centrally in our efforts to improve education outcomes for the DCF population, and DCF and YDP cross-train with VSAC at least annually.

In terms of ETV funding disbursement, DCF and VSAC have maintained an agreement to make smaller awards to the full number of eligible scholarship applicants rather than larger awards to a smaller subset of the population (those who apply first). When there is a higher level of attrition than expected, second semester awards are made higher for those who persist. Included in 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.

Chafee Training

Since the last APSR was submitted, YDP has offered the following training to its network:

- Motivational Interviewing
 - Motivational Interviewing (MI) has been a primary focus of training for YDP since the last APSR. In partnership with HETI Maine, YDP offered annual training, a certificate program, and ongoing support groups. YDP also added expectations about use of best practice approaches like MI to subcontracts. An MI overview was added to the YDP Manual and was included as part of the new staff orientation process.
- Importance of Social Connections
- Racial Equity
- Medicaid and SSI Benefits for Youth in Care
- Supporting LGBTQ+ Youth
- 3Squares (i.e., food stamps) Refresher and Q&A

- Guardian ad Litem Program Overview and Q&A
- Navigating Grief

A number of peer learning discussions were facilitated during monthly YDP Network Meetings, including trauma-informed approaches to working with youth who appear “stuck” in terms of goal achievement and administrative practices, including caseload management and fund disbursement.

YDP also partnered with the Balanced and Restorative Justice (BARJ) program for training opportunities. BARJ invited YDCs to attend their ongoing training series on racial equity and working with youth, and YDP connected BARJ to HETI Maine, the Motivational Interviewing training organizing YDP has contracted with.

Consultant and Coordination between States and Tribes

Vermont does not have a federally recognized Indian Tribe within its borders, however, the department has maintained policy regarding compliance with the Indian Child Welfare Act since 1998. Family Services will work with Indian tribes in other states to meet the permanency, safety, well-being, and law abidance of a child Indian tribe member or child eligible to be a member of an Indian tribe. Family Services staff determines as soon as possible whether children/youth or family are members of an Indian tribe or may be eligible to be members of an Indian tribe. All parents are asked this question and we also ask extended family members about tribal affiliation. Staff are expected to continually confirm tribal heritage and affiliation with every revised case plan. Native families and tribes have the right to notice of, and to intervene in, state proceedings involving native children and youth. The applicability of ICWA is rare because there are not federally recognized tribes in Vermont; however, many families move to Vermont from out-of-state who could have tribal affiliation from other areas within the United States. Vermont’s Juvenile Proceedings Act, effective January 1, 2009, 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 statute also supports compliance with the Indian Child Welfare Act. Adoptive parents must disclose a child's membership in a tribe when they file a petition to adopt. In January 2014 the Family Services Policy 300, [Title IV-E Programs](#) Policy was updated to further clarify the process as to how Vermont will work with Indian tribes in other states to meet the permanency, safety, well-being and law abidance of a child Indian tribe member or child eligible to be a member of an Indian tribe.

In May 2022, the division allocated funding to hire a part-time temporary position dedicated to the coordination of ICWA. This 20 hour per week position would provide support to FSD staff to ensure ICWA requirements are met for each case, including inquiring whether or not a child is eligible for ICWA. Duties include helping local Family Services Staff to determine if a child is a member of an Indian tribe or is eligible for membership in an Indian tribe or is the biological child of a member of the Indian tribe. Work is done in concert with FSD staff, and duties include tracking of all information learned, and ensuring compliance with all requirements of the act.

In addition, FSD’s quality assurance team is partnering with the Agency of Digital Services staff to develop ICWA data collection capabilities within the current SSMIS system to come into compliance with the upcoming AFCARS implementation on October 1, 2022.

Youth Justice

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, exclusion from 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 26: Juvenile Jurisdiction Chart

Juvenile Jurisdiction Chart		
AGE at time of alleged offense	OFFENSE	
	OFFENSES other than big 12	BIG TWELVE
10-11	Proceedings start in Family; NO Transfer	Proceedings start in Family; NO Transfer 33 VSA 5201(c)
12-13	33 VSA 5201(d) & (e) 33 VSA 5204(a)	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	All Proceedings start in Family (5201(d) & (e)) Misdemeanors: NO Transfer Felonies: Transfer to Criminal upon motion (5204(a))	Proceedings start in Crim. (5201(c)) 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) • 19-year-olds will be treated as delinquents in 2022 per Act 201	

Figure 27: Youthful Offender Jurisdiction Chart

Youthful Offender Jurisdiction Chart (Cases that may be eligible for YO consideration)		
Age at time of alleged offense	Cases with Criminal Court Jurisdiction	YO Eligibility
10 -11	None	Not applicable
12 -13	Big 12	Big 12 cases must be filed in the Family Division per 33 VSA 5201(c) Court may transfer to Criminal per 33 VSA 5204(a) Can be transferred back down as YO per 33 VSA 5281(a)
14-15	Big 12	Big 12 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) Alternatively, SAs may directly file Big 12 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	Felonies	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))
	Big 12	Big 12 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) Alternatively, SAs may directly file Big 12 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. 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. Barring any legislative change in the final step in the implementation of RTA on July 1, 2022, 19-year-olds will be included in the juvenile justice system, making the 20th birthday the upper age of juvenile jurisdiction in the state. As the first state to embark on this approach to young adults, Vermont has the opportunity to demonstrate positive outcomes associated with raising the age, thereby increasing the likelihood that other states will follow Vermont’s example.

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 victims of 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 year has 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 (JJSJG) has continued to meet throughout the pandemic, diligently working through the implementation plan challenges despite reduced capacity. Similarly, the Children and Family Council for Prevention Programs (CFCPP), the state advisory group to the federal Juvenile Justice Delinquency Prevention Act, continued to meet unabated, working closely with DCF and the JJSJG, identifying and supporting efforts that are aligned with Implementation plan strategies.

Beyond the immediate impact of COVID-19, other challenges have 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 legislation was introduced that is requesting that we delay the start of the 19-year-olds being included in the

in the juvenile justice system until July 1, 2023. Senate bill 224 is pending at this time and will decide if the delay in implementation occurs.

Youth Justice Practicum

For the second year we provided a series of advanced trainings specific to adolescents and justice involved youth. The Youth Justice Practicum offered eight 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 trainings offered during the practicum include:

Positive Youth Development

This two-day introduction to the Positive Youth Development Framework and incorporating this into our work with youth and their families.

Motivational Interviewing

Once participants are introduced to the lens and framework through which to view and understand adolescents, they will have the opportunity to practice engaging older adolescents utilizing motivational interviewing techniques. Participants learn the elements, values and principals of MI, discuss the nuances of MI with different age groups and practice interviewing youth from the Youth Development Program (YDP).

Restorative Practices

A cornerstone of Youth Justice in Vermont, this session focuses emerging practice around the state and exposes participants to the elements and values of restorative approaches. Participants learn how they can implement restorative practices in their work.

Harm Reduction

What does it mean to do no harm? How do we help traumatized youth who engage in unhealthy behaviors? What considerations should practitioners keep in mind when working with older adolescents? Participants will learn the answers to these questions and develop strategies to work with youth.

Transitioning to Adulthood

Support-identification and use of existing practices to grow connections for emerging adults are central themes of this session. Participants will explore the characteristics and tasks of transitioning to adulthood and learn to navigate the services and systems that youth often traverse.

Youth Justice Summit

Overview of how to infuse Positive Youth Development in our youth justice system. Explore with a panel of stakeholders from Massachusetts their experience in using Positive Youth Development as the model for working with their justice involved youth. Discussion of the challenges and opportunities that they experienced during implementation.

Integrating Practice

After the Youth Justice Summit, participants will come together for final reflections, celebration and next steps. The focus of the final session is developing a practice plan and goals to support future learning and implementation.

Reclaiming Futures

Vermont continues to be 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. RF support serves as a catalyst to create a more effective county-wide youth justice system: one that identifies and addresses substance use and mental health 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 mental health and 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)
<ul style="list-style-type: none">•Who are we focused on? (solely absences, at school but not attending class?)•Do we want the court involved?•How are we identifying the root cause/need?	<ul style="list-style-type: none">•Screening to triage•Coordination•Engage natural Family Supports•Communication•If case goes to court•Connect to DCF	<ul style="list-style-type: none">•How do we shift focus from the desire for compliance and social control to one of social engagement and relationship?•What is our role in the Raise the Age initiative?•Better tracking of ethnic and racial disparity (ERD) data (potential overlap with DCF ERD Committee)

Restorative Justice Consortium

The restorative justice consortium is comprised of state government, education, higher education, victim services and community restorative justice providers that meet monthly. The Consortium works

collaboratively to develop infrastructure and capacity to support, expand, and evaluate community and restorative justice in Vermont. The pandemic disrupted the consortium meetings initially, however, the group has resumed their monthly meetings in a hybrid fashion.

Vision: The Vermont Restorative Justice Consortium envisions a state where all people and institutions share in the responsibility for creating safe, inclusive, and just communities.

Mission: The Vermont Restorative Justice is a diverse group of practitioners and stakeholders who share knowledge and experience to cultivate, grow, and expand high-quality restorative approaches in Vermont.

The Consortium continues to focus on the following areas:

- Establish a learning community
- Educate stakeholders and communities
- Support design, implementation and evaluation of initiatives and standards
- Partner with national/international restorative initiatives and organizations
- Sustainability of the Consortium

Balanced and Restorative Justice Program

Balanced and Restorative Justice (BARJ) is a philosophy that has been embraced by the youth justice system in Vermont. It is different from a traditional juvenile justice approach because it includes the victims 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 for 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 at risk of 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 824 youth during the 2021 contract year.

The pandemic disrupted the in-person services that BARJ provides, however, they were quickly able to adjust to virtual youth engagement. This style of engagement worked well for some youth, and not so much for others. The providers continue to engage in a hybrid model of engagement with youth, however, as Covid numbers reduce more and more opportunities for in person support are becoming available.

The services that the BARJ program can offer to at risk, truant and adjudicated youth include:

Restorative Process

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

Restitution Services

Restitution Services are provided by the BARJ program and/or coordinates with the Restitution Unit of the Vermont Center for Crime Victim Services to collect restitution payments.

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 at risk 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 not limited to:

- conflict resolution.
- social skills development.
- problem solving and decision making.
- community service/leadership skills and other integrative activities.
- victim issues.
- 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 School

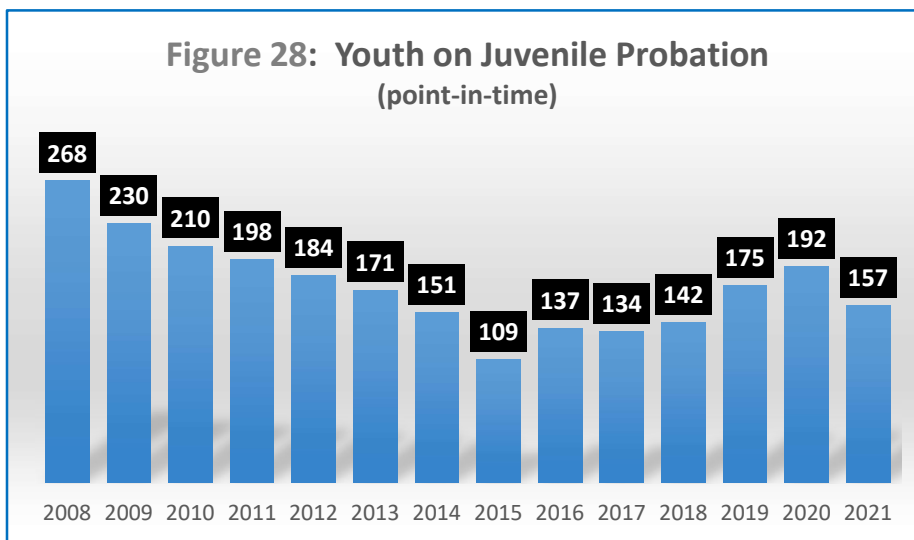
For the first time we offered a unique opportunity for DCF-FSD and BARJ staff to pursue a Professional Certificate in Restorative Justice (PCRJ). DCF-FSD in collaboration with the Vermont Law School is offering this opportunity to family services workers/BARJ case managers and supervisory staff. The 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 trauma 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 VLS for a student who decides to pursue further education and training in Restorative Justice. There are currently eight people that DCF-FSD is supporting in this PCRJ, five of which are FSD staff and three are BARJ providers.

We are currently working on trying to utilize Medicaid investment dollars through our 1115 Waiver. This will potentially allow us to increase budgets and in turn increase service provision.

Youth Justice Data



Juvenile Probation cases were on the rise between 2016 and 2020. This past year is the first time in several that has seen a decrease in juvenile probation cases.

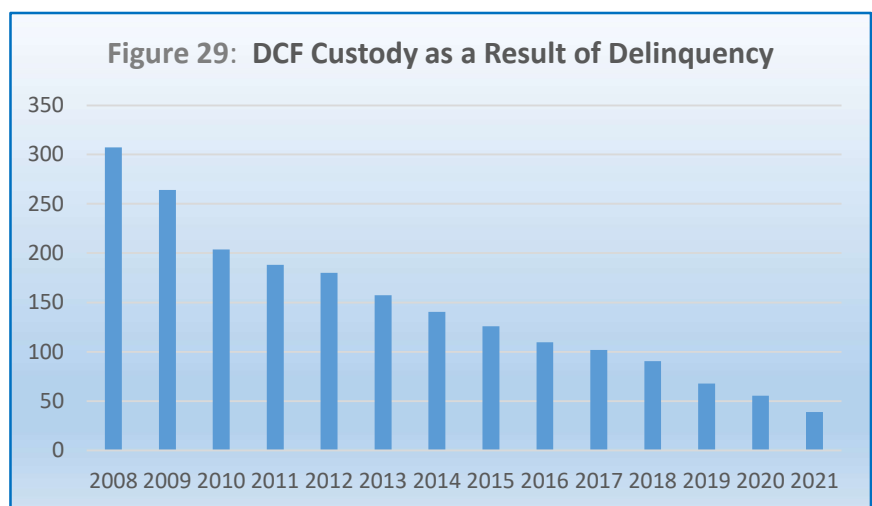
Data Source: VT Family Services Division man-reports, year specific Caseload Reports, Family Case Trends tab, from the All open cases with case detail report, AHS Report Catalog

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

DCF custody delinquency cases continue to be on a 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 2021 BARJ contract year:

Figure 30, In last year's report, the number of youth with no new criminal charges was 247 and the number of youth with increased protective factors was 302.

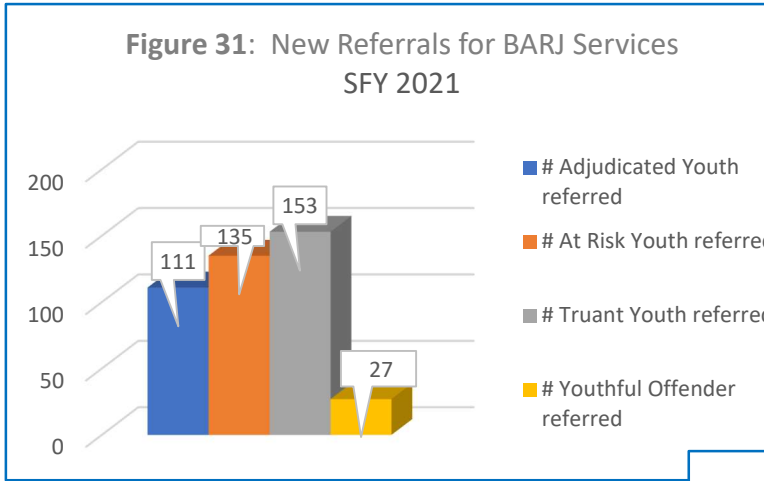
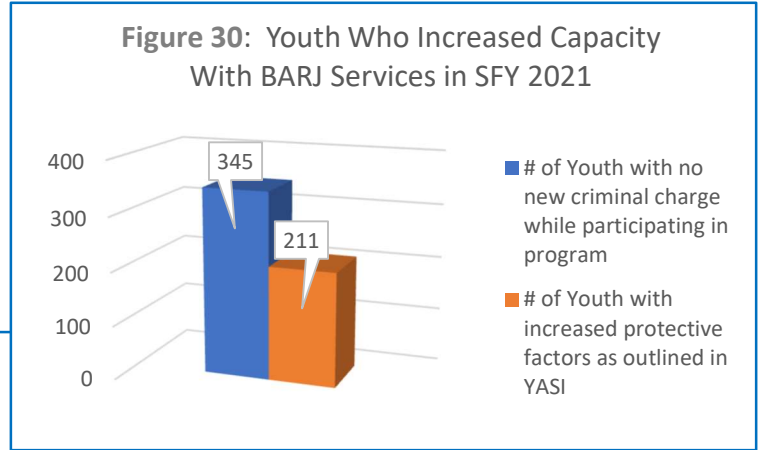


Figure 31, reported in last year's report:

- 127 Adjudicated Youth referred
- 305 At Risk Youth referred
- 143 Truant Youth referred
- 86 Youthful Offender referred

Figure 32, reported in last year's report:

- 8026.65 Hours of case management
- 987.75 Hours of Restorative classes/skill development
- 565.5 Hours of community outreach/prevention activities

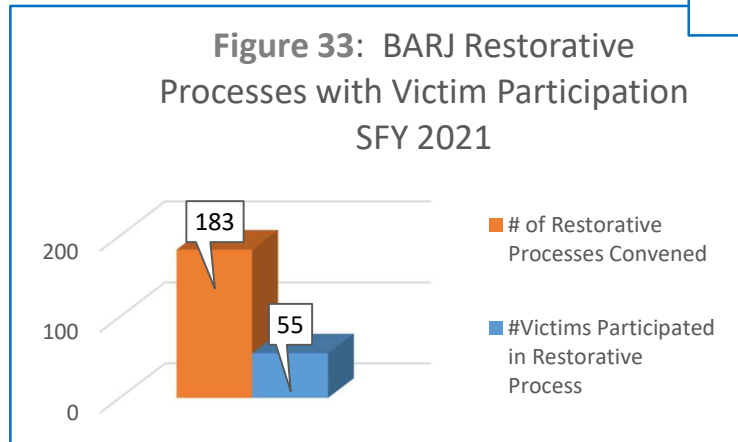
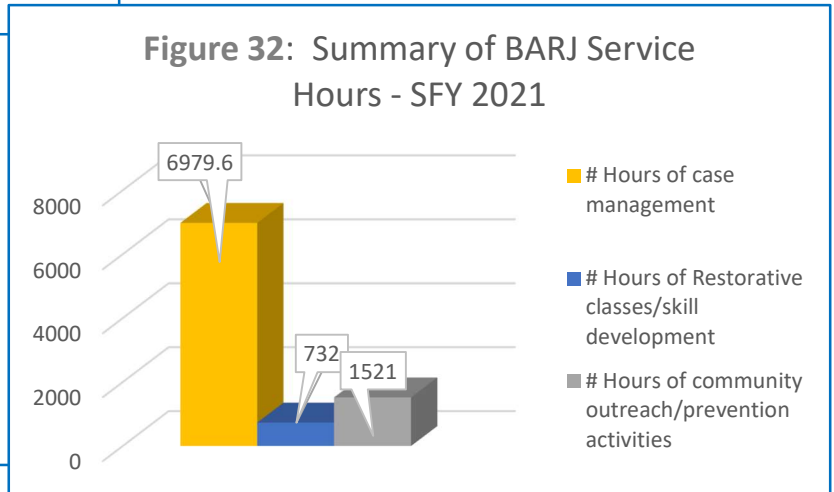


Figure 33, reported in last year's report:

- 274 Restorative Processes Convened
- 176 Victims Participated in Restorative Process

Data Source: (Figures 22, 23, 24, 25) VT Family Service Division- REU BARJ_20-21_Data worksheet, BARJ Agg Annual & Quarterly FY20
 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.

CAPTA Updates

Significant Changes in CAPTA Plan

There were no significant changes from the states previously approved CAPTA plan.

Use of CAPTA Funds

Vermont plans to continue to use CAPTA funds in the following manner:

Figure 34: 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;	Utilize joint funding in partnership with VDH and UVM Medical Center (UVMC) to provide consultation with medical professionals on complex child abuse/neglect investigations.
X	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— <ul style="list-style-type: none"> • training regarding research-based strategies, including the use of differential response, to promote collaboration with the families; • training regarding the legal duties of such individuals; • 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 is funded by CAPTA, when specific to training staff how to conduct child abuse and neglect assessments and investigations. Collaborate with UVM regarding RPC+ and some work they are interested in doing to create CPC (caregiver plus care) – a complimentary program that would be targeted at parents. Support the UVM CWTP agreement specifically for (1) Safety Organized Practice, (2) staff safety and (3) RPC+ training if the division doesn't get an increase in our CWTP funds in the next year.
	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— <ul style="list-style-type: none"> • existing social and health services; • financial assistance; • services necessary to facilitate adoptive placement of any such infants who have been relinquished for adoption; and • 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	<p>Supporting and enhancing interagency collaboration among public health agencies, agencies in the child protective service system, and agencies carrying out private community-based programs—</p> <ul style="list-style-type: none"> to provide child abuse and neglect prevention and treatment services (including linkages with education systems), and the use of differential response; and 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 	<p>This includes our work with UVMCC providing consultation on complex cases.</p> <p>Also includes work of the CHARM team through Kidsafe.</p>
	14	<p>Developing and implementing procedures for collaboration among child protective services, domestic violence services, and other agencies in—</p> <ul style="list-style-type: none"> investigations, interventions, and the delivery of services and treatment provided to children and families, including the use of differential response, where appropriate; and the provision of services that assist children exposed to domestic violence, and that also support the caregiving role of their non-abusing parents. 	

American Rescue Plan- CAPTA funds

Vermont plans to use the supplemental CAPTA State Grant funds provided through the American Rescue Plan to support the work of our Substance Abuse Case Manager services provided through a contract with the Lund Family Center. This is a long-standing and very successful program in which substance abuse specialists partner with DCF staff who are conducting child abuse investigations and assessments. These case managers offer substance abuse assessments and provide a “warm hand-off” to treatment to parents for whom substance use is a concern.

Substance Exposed Newborns

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, marijuana use, and combinations of these substances). No new policies or legislation were passed or amended in 2021.

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 <https://dcf.vermont.gov/sites/dcf/files/FSD/Docs/Hospital-Plan-Safe-Care.pdf>
- Vermont CAPTA notification: downloadable form and fillable document <https://dcf.vermont.gov/sites/dcf/files/FSD/Docs/CAPTA-Notification.pdf>
- Frequently Asked Questions: Vermont Newborn Plan of Safe Care <https://dcf.vermont.gov/sites/dcf/files/FSD/Docs/FAQ-Newborn-POSC.pdf>
- Frequently Asked Questions: Vermont CAPTA Notifications <https://dcf.vermont.gov/sites/dcf/files/FSD/Docs/FAQ-CAPTA-Notification.pdf>
- Frequently Asked Questions: Marijuana Use in Pregnancy <https://dcf.vermont.gov/sites/dcf/files/FSD/Docs/FAQ-Marijuana-Use-Pregnancy.pdf>
- Vermont Plan of Safe Care for Families Handout <https://dcf.vermont.gov/sites/dcf/files/FSD/Docs/Safe-Care-Families.pdf>
- Vermont Requirements Related to Substance Use During Pregnancy Flowchart <https://dcf.vermont.gov/sites/dcf/files/FSD/Docs/VT-Substance-Use-Pregnancy.pdf>

- Vermont CAPTA Requirements Related to Newborns Exposed to Substances During Pregnancy Flowchart <https://dcf.vermont.gov/sites/dcf/files/FSD/Docs/CAPTA-Flowchart-VT.pdf>

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

1. Educational sessions and webinars were held to share the 2021 revisions of the Vermont Plan of Safe Care (VT POSC) and Child Abuse Prevention and Treatment Act (CAPTA) notification forms and supporting frequently asked questions documents with hospital providers, substance use treatment providers, and community agencies throughout the state.
2. 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.
3. Birth hospitals transitioned to the updated CAPTA notification form (from the 2017 DCF notification form, see Appendix C). To support the revised POSC and CAPTA notification form, three frequently asked questions documents were developed to expand and clarify the single original FAQ document.
4. Vermont Project SCOPE: Supporting Children of the Opioid Epidemic was launched in March 2022. As a partnership between the Vermont Child Health Improvement Program, Vermont Department of Health and the Center on Disability and Community Inclusion at the University of Vermont with funding from the Wyoming Institute for Disabilities. This grant funding was developed to improve training and supports for children and families affected by Neonatal Abstinence Syndrome (NAS). The goal of Project SCOPE Vermont was to help providers develop effective screening, monitoring, and interdisciplinary support for children and families with NAS. The ECHO based training sessions were designed for an audience of community support agencies in the State including Children’s Integrated Services providers, home health nurses, maternal and child health nurses, DCF workers, WIC employees, foster care providers, and birth hospital staff.
 - Summary of the Project SCOPE VT Trainings: <https://www.uvm.edu/cess/cdci/2022-project-scope-vt-trainings>
 - Session 1: https://www.uvm.edu/sites/default/files/Center-on-Disability-and-Community-Inclusion/Project%20SCOPE/SCOPE_Vermont_Session_1.pdf
 - Session 2: https://www.uvm.edu/sites/default/files/Center-on-Disability-and-Community-Inclusion/Project%20SCOPE/SCOPE_Vermont_Session_2.pdf
 - Session 3: https://www.uvm.edu/sites/default/files/Center-on-Disability-and-Community-Inclusion/Project%20SCOPE/SCOPE_Vermont_Session_3.pdf
 - Session 4: https://www.uvm.edu/sites/default/files/Center-on-Disability-and-Community-Inclusion/Project%20SCOPE/SCOPE_Vermont_Session_4.pdf
 - Session 5: https://www.uvm.edu/sites/default/files/Center-on-Disability-and-Community-Inclusion/Project%20SCOPE/SCOPE_Vermont_Session_5.pdf
 - Session 6: https://www.uvm.edu/sites/default/files/Center-on-Disability-and-Community-Inclusion/Project%20SCOPE/SCOPE_Vermont_Session_6.pdf
 - Session 7: https://www.uvm.edu/sites/default/files/Center-on-Disability-and-Community-Inclusion/Project%20SCOPE/SCOPE_Vermont_Session_7.pdf
 - Session 8: https://www.uvm.edu/sites/default/files/Center-on-Disability-and-Community-Inclusion/Project%20SCOPE/SCOPE_Vermont_Session_8.pdf

5. In addition to the Project SCOPE learning series, a 2022 Statewide Teleconference (Improving Care for Opioid-Exposed Newborns (ICON)) occurred on May 9, 2022. The agenda included:

- Updates on Opioid-Exposed Newborn Care in Vermont
- The Power of Storytelling
- Continuous Compassionate Care for Families in the First Parenting Years
- Partnering with Early Childcare Providers

- Partnering for Care: Supporting Pregnant Women with Substance Use Disorder and Their Infants
- Vermont Department of Health Campaigns to Support Pregnant People and Providers

Additional resources are available on the Improving Care for Opioid-exposed Newborns (ICON) public website: <https://www.med.uvm.edu/vchip/icon#:~:text=The%20ICON%20project%20partners%20with,outcomes%20for%20opioid%2Dexposed%20newborns.>

Key points from the data:

- Figure 35 - We are seeing a downward trend in the total of opioid-exposed newborns followed by The University of Vermont Medical Center (UVMCC).
- Figure 38 - Other hospitals in Vermont (not including births at Dartmouth Hitchcock Medical Center in New Hampshire) are also experiencing this downward trend.
- Figure 41 - It appears that notifications are declining at a faster rate, which may indicate some practice drift in sending the notifications.
- Figure 40 - Consistent with this decline, we are seeing a decrease in the number of notifications for medication-assisted treatment (MAT) and an increase in the number of notifications for marijuana – an important shift to dig into and follow closely within the next few years.

Figure 35 Opioid-Exposed Newborns

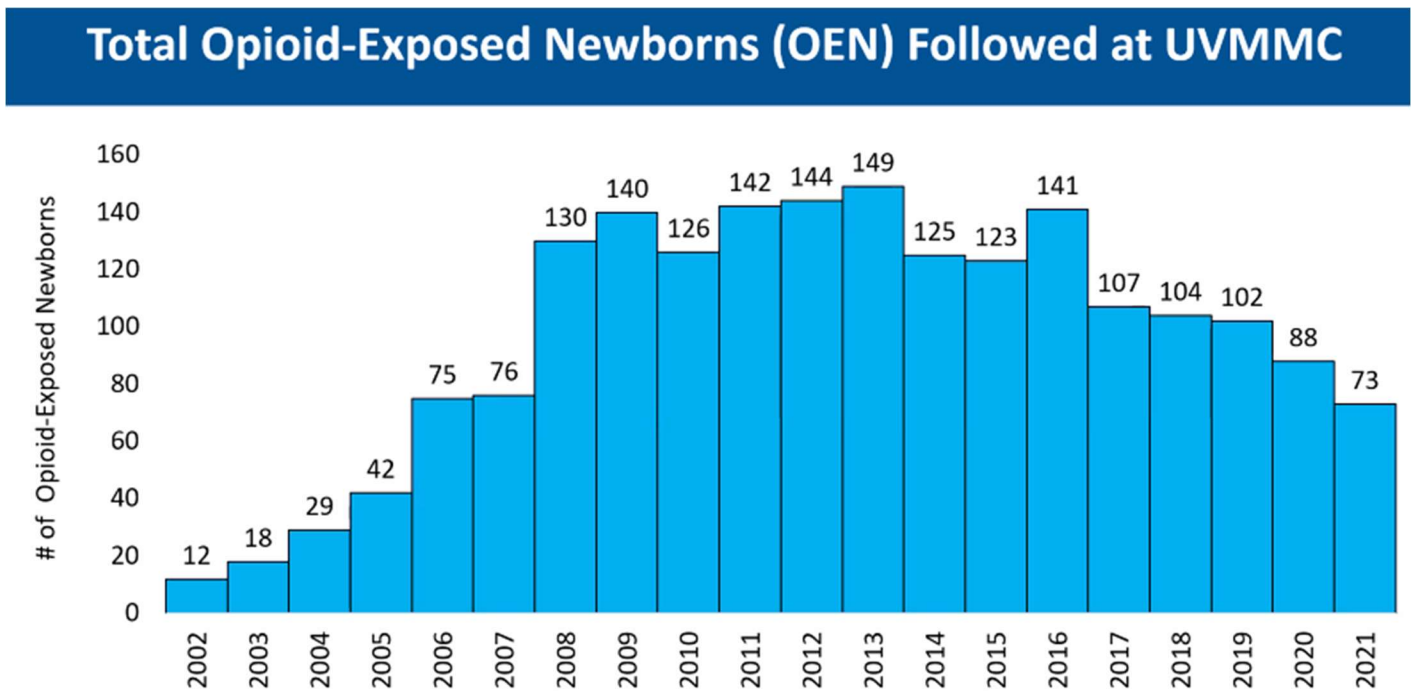


Figure 36 Opioid-Exposed Newborns

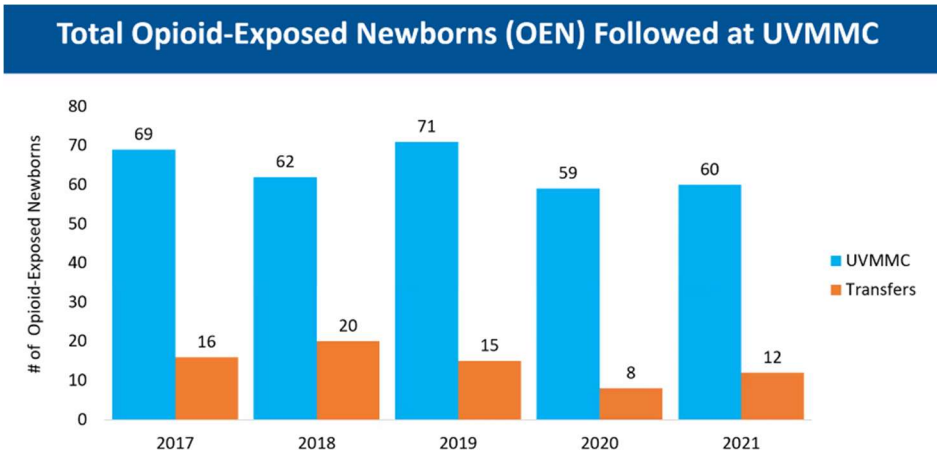


Figure 37 Opioid-Exposed Newborns

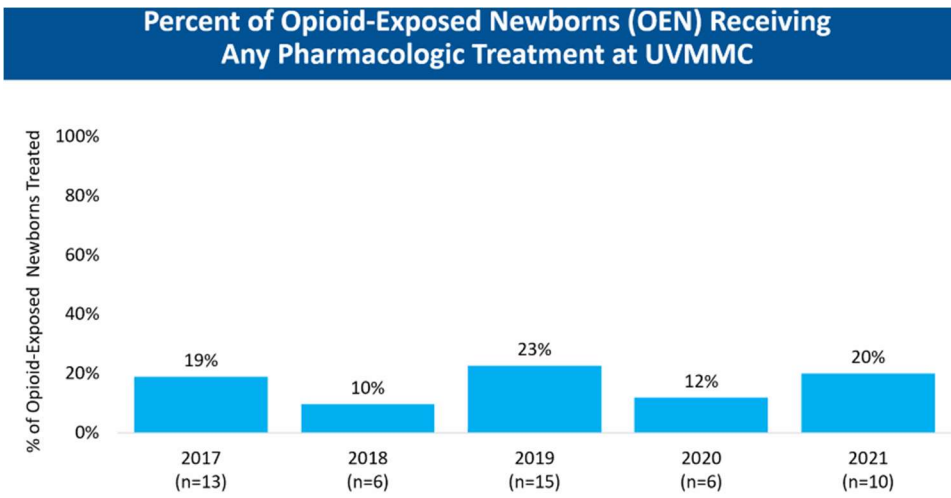


Figure 38 Opioid-Exposed Newborns

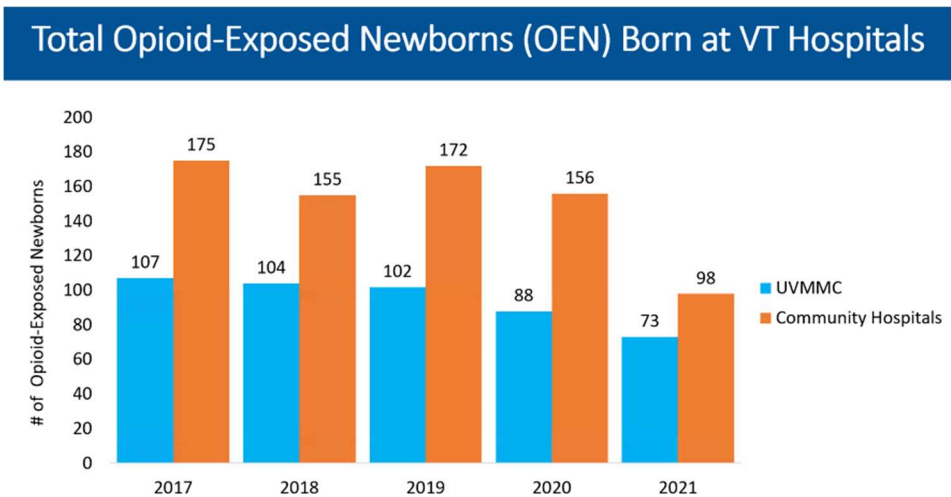


Figure 39 Opioid-Exposed Newborns

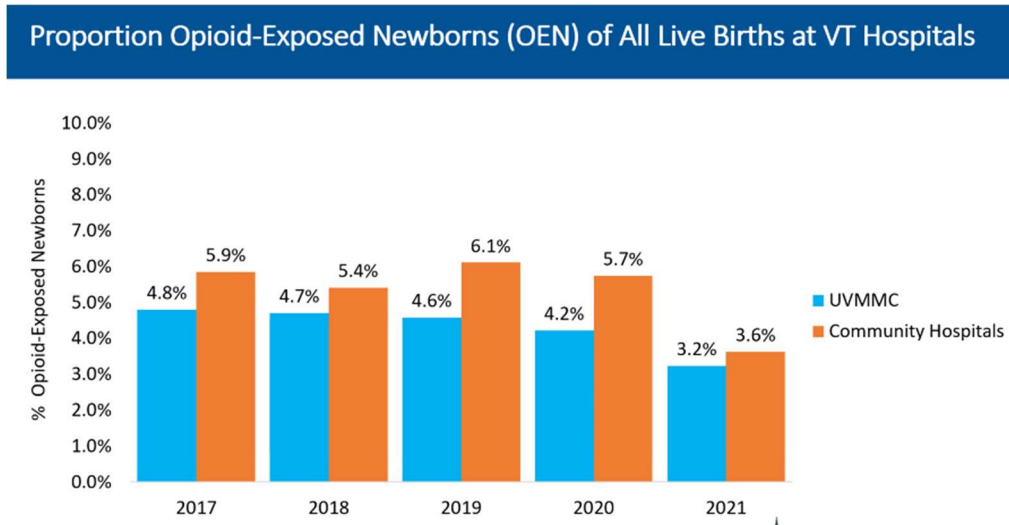
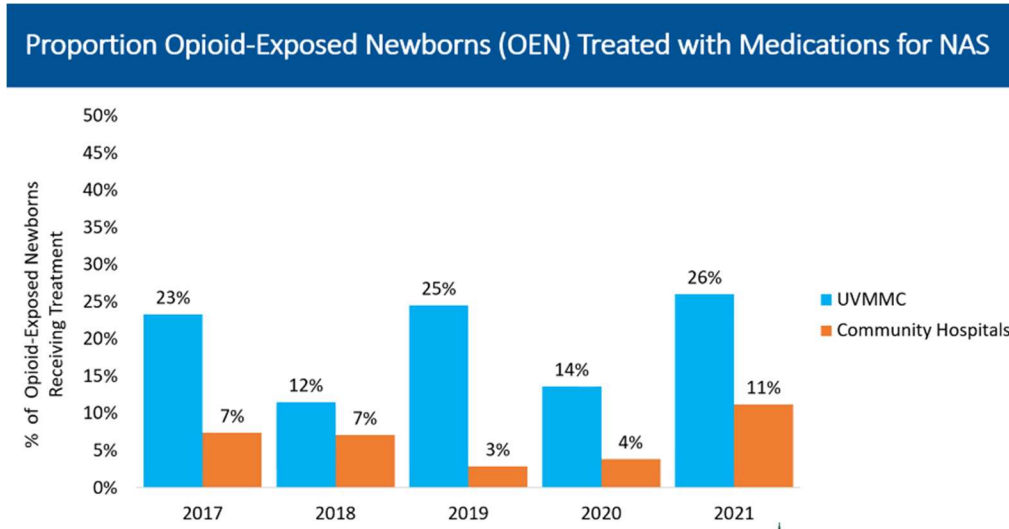


Figure 40 Opioid-Exposed Newborns



Figures 41 & 42 CAPTA Notifications

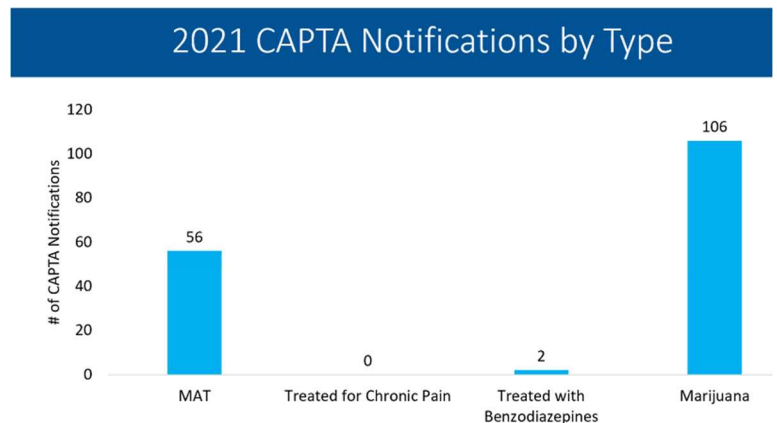
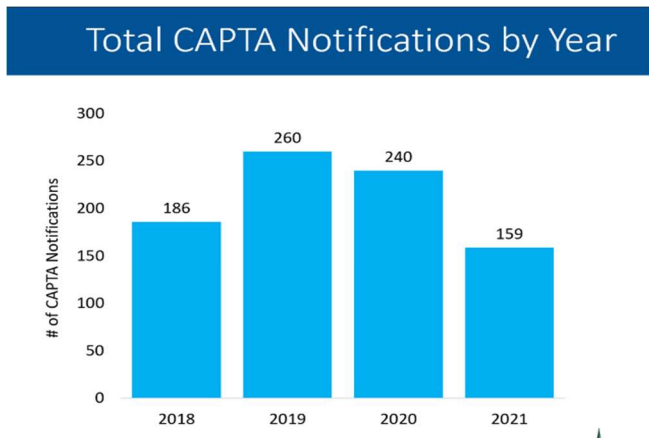
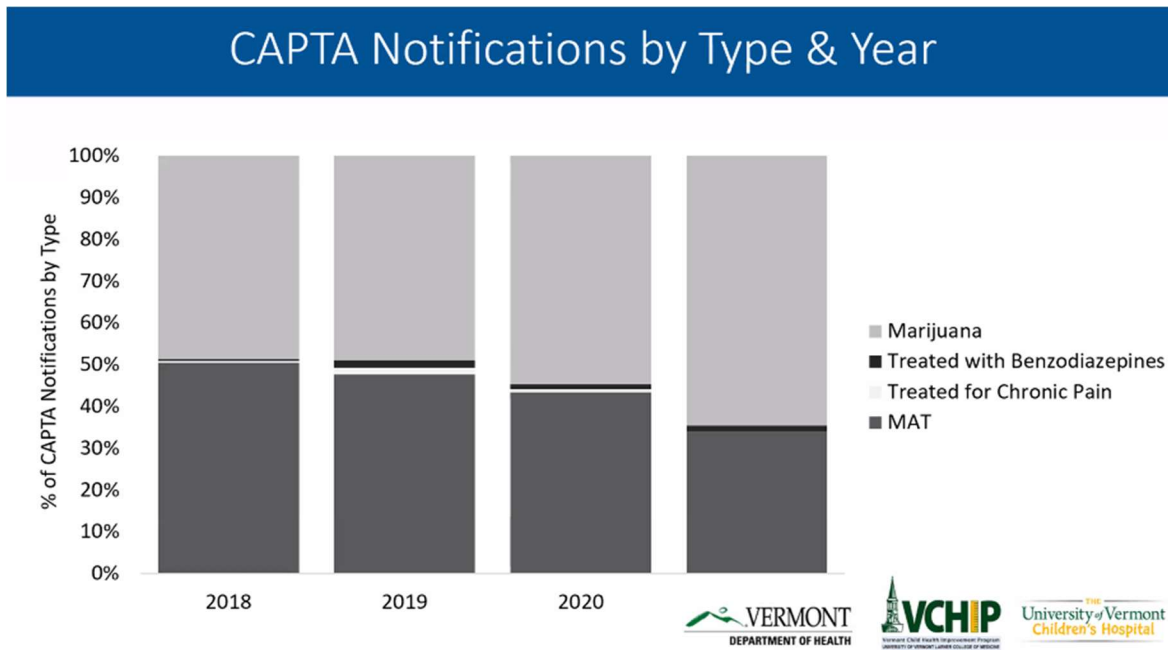


Figure 43 CAPTA Notifications



Annual reports from VCAB

A draft copy of the Vermont Citizens Advisory Board report is included with the submission of this report. The final version will be available after their September board meeting. For a copy of the final report, please email Brenda Gooley, Director of Operations at: brenda.gooley@vermont.gov

CAPTA coordinator

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

Children's Justice Act

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.

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 on 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.

The Vermont Task Force Three Year Assessment Plan focuses efforts on improving the system wide response to child maltreatment.

- Review of existing data and outcomes measures from the agencies involved in the response to child abuse and neglect to formulate recommendations to strengthen and improve the Vermont response system.
- Review the Department for Children and Families (DCF) policy and practice procedures in identifying, investigating and substantiation of reported abuse and neglect
- Examine treatment service access and delivery for child victims and their families and for youth with harmful behaviors to ensure equal and adequate availability
- Reviewing information linked to the FSD Child and Family Services Review and Continuous Quality Improvement work to ensure connections between them and the Task Force work.
- Maintain and further develop the Vermont Children’s Justice Act Task Force and ensure participation in the Annual Meetings.

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

Updates to Targeted Plans:

[Diligent Recruitment Plan for Foster and Adoptive Parents](#)

The vision for the Diligent Recruitment and Retention Program (DRR) in Vermont was developed in collaborative fashion by the DRR Advisory Team, comprised of twenty-seven internal and external stakeholders at both the state and district levels. This team has been meeting quarterly since 2018 to develop, implement and monitor the DRR Plan. The DRR Advisory was designed to include a broad array of stakeholders, including kin, foster and adoptive parent representatives, three regional DRR pilot districts plus two additional districts that asked to participate, Child Welfare Training partners, as well as members of the Family Services Management Team, a Policy Advisor, Quality Assurance Team member as well as several staff from our Residential Licensing and Special Investigations Team (RLSI), members from the Adolescent Services Unit, the Youth Development Program, Post Permanency Manager, Permanency planning Manager and Project Family and the Foster Kin Care Manager.

A smaller working group comprised of staff from five of our district offices, key Central Office leadership and representatives from the caregiving community meet monthly. The working group continues to be responsible for ongoing implementation and day to day decision-making while the advisory team provides input related to changes to the DRR plan, decisions to review policy in support of the plan and allocation of resources to implement the plan.

We met our goal of full implementation statewide by Jan 2021 despite COVID. Each Regional District Office completed a Practice Profile. The Practice Profile was designed to engage District staff and community partners they might have engaged to assess their strengths and practice challenges through the DRR program lens. By Spring of 2021, using the information from the practice profile, most districts had selected change activities from a “menu” we produced. Some are developing additional activities they want to implement to determine if they have an impact on outcomes. All districts have developed and begun the work of implementing their DRR action plan.

During this reporting period, we have experienced significant leadership change at all levels of our system. We have a new Deputy Commissioner, several new Operations Managers, 5/12 new district directors, a new Post Permanency Manager, 6 new Resource Coordinators, a new Quality Assurance team lead, a number of new Recruitment and Retention Specialists in the districts, not to mention the line staff turnover in all areas of the state. Additionally, the Foster Kin Care Manager, who had been involved co-leading the DRR plan retired in May.

Like most jurisdictions, Vermont has experienced challenges throughout our system of care. Our colleagues in the Department of Mental Health and the Department of Aging and Independent Living which support community-based programming reported unprecedented vacancies across their systems. Our Residential System of Care has been barely hanging on due to the double whammy of COVID and unprecedented staff shortages... which only increases pressure on the foster care system as we try to meet more and more complex needs of children for whom there are no other options.

To see all of this detail, in writing and to know how much work has continued to take place while navigating a pandemic, is nothing short of amazing!

Having a living DRR plan guiding our steps has been very helpful. It would have been easy to become paralyzed by what the last year has thrown at us. Our team has continued to meet monthly throughout the year. Group members have commented that the working group has brought them hope and it was good to be able to focus on something other than the crisis of the day.

Clearly, we had to temper our DRR plan to ensure that we were being responsive to the needs of our districts as they were grappling with staff turnover and responding to COVID. Additionally, we needed to engage in our own hiring process to fill the Foster Kin Care Manager (FKCM).

We have successfully re-oriented and re-engaged and re-ignited the work of the district teams in the DRR program. The FKCM that we hired came from one of the DRR pilot districts. Having shared values and a good understanding of the goals of the DRR plan provided a strong foundation to launch from.

Key Concepts for Diligent Recruitment and Retention

Our DRR Program embraces five key elements essential to support a successful DRR Program in Vermont. Ultimately, any DRR activity that a district or the central office engages in will be associated with one of the key DRR plan elements summarized below. Updates since the last reporting period are addressed here

1. A Responsive Model of Engagement and Support

Foster caregivers are volunteers who meet critical safety, permanency and wellbeing needs for children who are not able to remain at home. Our system cannot function efficiently without these valuable team members.

Research tells us that the best way to recruit new foster parents is to ensure current foster parents are well supported and have a positive experience. Our responsive model of engagement works to improve communication and increase the level of support experienced by all foster parents. The Division will ensure that all foster and kin families have access to a consistent, thorough and timely home study process.

Staff will support foster and kin families by being aware of available resources and will assist them with access to those resources.

Staff will respond to caregivers promptly and will address concerns that arise. We strive to address little problems before they become big problems that impact placement stability. This model of engagement is a demonstration of our values and is practiced not only at the local level, but throughout the division and by our contracted partners.

Caregivers are routinely asked about their needs. FSD staff proactively address those needs so that caregivers can meet the needs of the children in their care.

Progress to Date

The Division continues to utilize the inquiry tracking tool that we developed which allows us to systematically collect data about all parties who are interested in considering providing foster care.

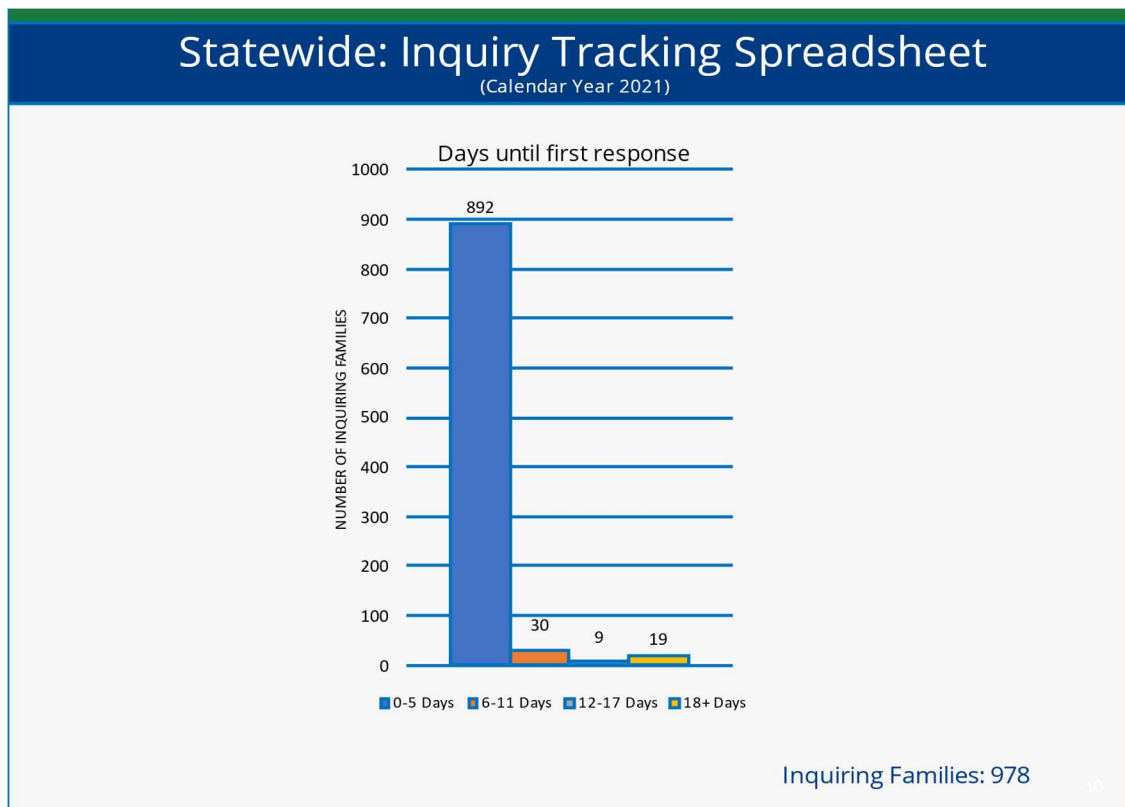
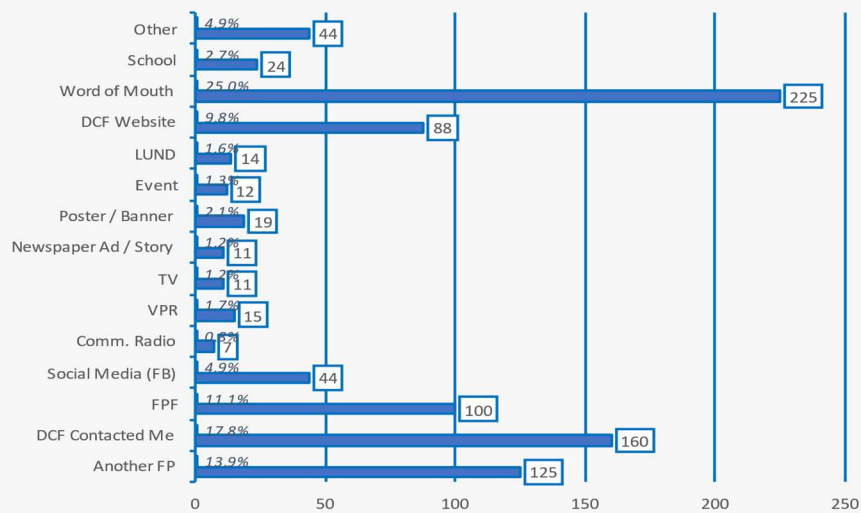


Figure 44: Calendar year 2021 yielded 978 new inquirers. We track all inquiries to determine how the inquirer learned about foster care. Most new inquirers have a personal contact from the division within 24 hours; a dramatic improvement in the time it takes for a district office to respond to an interested person.

Statewide: How Did You Hear About Foster Care?

(Calendar Year 2021)



Inquiring Families: 978
Total entries in this data: 899

Figure 45: As the chart displays, there are a variety of ways inquiring families hear about foster care in Vermont. The most common ways include word of mouth, DCF staff and other foster parents.

Prior to Summer 2021, our Orientation process for new inquirers was a hybrid model of virtual (supported by division staff on a rotational basis) and fully online (caregivers can assess when convenient for them). After looking at the logistics required to support the virtual version, we determined that there were too many handoffs involved in the process and we were concerned that potential caregivers might become confused drop out. Starting in September 2021, orientation is now only offered online. When an interested caregiver reaches out to the district directly, or via our website, they are immediately provided with the orientation link and details for how to register. For caregivers who might not be computer savvy or who have limited access to the internet, we purchased DVD players and created DVD's to help break down any barrier.

Inquirers who complete orientation can immediately enroll in an online Caregivers Foundation's series.

The Foster Parent Workgroup was relaunched in June 2021. The Foster Parent workgroup meets every other month with an average attendance of around 40 participants. 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.
- Through this work, DCF-FSD will partner with foster parents to meaningfully listen to their most pressing needs, enhance collaboration, address hassle factors, and promote improvements to Vermont's child protection and youth justice system.
- Workgroup membership is intended to include foster/kinship parents, central office, district directors, supervisors, family services workers, resource coordinators, youth, and community partners.

In 2020, we implemented a Caregiver Exit Survey to provide an opportunity for caregivers who close their license to provide feedback to the system about these experiences. Feedback from this survey has not been very robust. The DR working group has also created a Stay Survey for Caregivers that has been piloted in one

district. Survey results will provide an opportunity for the division to monitor progress on caregiver satisfaction with their experience. It will also point to areas where we need to continue to improve our practice. We have not yet taken this product to scale statewide.

By utilizing existing meetings DRR values and principles have been shared across the division to support the adaptive work of implementation. DR Team members continue to attend the Supervisor meeting, Operations Team meetings, Stakeholder Workgroup meetings as well as the Division Management Team meetings to provide routine updates on DRR progress.

The Caregiver Mentoring Program was established to increase support available to newer caregivers. Kin specific mentors are now being recruited as we continue to develop this program. Each district office has at least a few mentor/ mentee pairings. Survey of existing mentors and mentees indicate that caregivers who are participating find it helpful. The Mentoring program has been impacted by staff turnover and bandwidth challenges. This project has had limited attention during this reporting period. A goal for the next reporting period is to seek an MSW intern who could possibly reinvigorate this programming.

The Division continues grow readership for our foster parent e-newsletter **Fostering Vermont**. It has become a consistent vehicle We have used this tool to communicate critical information with caregivers related to many changes connected to COVID. Event notices, information about training, acknowledging community partnerships and themed feature articles make up the content.

The Foster Parent Recruitment and Retention Specialist (R and RS) temp positions were established in each district and in our central office four years ago to support the implementation of the DRR plan. We have experienced some stabilization of this workforce although several positions remain vacant. Staffing this position is challenging. We believe this is due to the part time nature of the position and due to the fact that this position does not come with benefits. Efforts to coordinate, train and support this workforce seem to be having an impact on staff retention. A specific job description focused on recruitment and retention activities has been established for this role to support districts in maintaining their focus on this piece of practice. Monthly consultation with the Central Office R and R Specialist and the Foster Kin Care Manager is designed to promote a coordinated approach to their work and to reduce duplication of efforts.

The Division implemented a special 20-day enhanced reimbursement rate to help support foster parents who were called to care for a child who was diagnosed with COVID. Many, many families missed work time when the children in their care were repeatedly not able to attend school or child care while they recovered. Over 300 children in foster care were supported by this funding.

2. Community Engagement

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

Community Engagement is an important part of our DRR plan. In conversations about DRR, community engagement includes 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 foster families, have the potential to impact misinformation about the role and function of DCF and can increase support for child welfare programs. Investment in building community relationships today can pay big dividends later.

We develop productive community relationships by:

- **Making it a win-win.** What can be offered to others in exchange for help with recruitment and retention. A business’ name and logo on all PR materials? A local mission activity for churches? Community service hours for local high school students?
- **Finding one person who will champion our cause.** Just one person in an organization getting excited about helping children in foster care, can help build relationship over time.
- **Develop and use community education and public awareness materials** for initial outreach to community groups. Be prepared to tell each group specifically how they can help. Think beyond “foster parents.” Make sure that someone—foster or kin caregiver, staff member, or volunteer—follows up and take the relationship to the next step.
- **Scheduled time in the calendar** for building and maintaining community relationships. Someone needs to have regularly scheduled time to make sure relationships bear fruit and continue year after year. It is not enough to send flyers to all the churches or schools in your county. It is the personal follow-up that makes the difference.

Foundation Steps for Collaboration:

- **Identify potential partners.**
- **Develop a shared vision.** Be familiar with your provider partners’ organizational mission statements and understand what they can realistically bring to the collaboration. Understanding this up front will help you develop a shared vision and minimize conflict later. A provider’s mission should include commitment to child welfare needs in order to effectively collaborate with child welfare agencies. The more congruence between the provider’s and agency’s mission statements, the better chance there is for a sustainable collaboration.
- **Develop shared goals.** Be aware that specific objectives might differ between agencies and providers. Parties to a partnership most likely have a specific objective or contractual mandates that will guide their input on the collaboration’s goals. Trust is built when the collaborative group can factor specific objectives into a common goal.

Progress to Date

- The FSD partners with a community building service known as Front Porch Forum. We have used this platform to deliver broad messages to increase awareness about foster care and to recruit new interested caregivers. Additionally, the Front Porch Forum has become a primary a vehicle for child specific recruitment. Approximately 11% of our new inquiries are coming through this platform.
- We have had some increase in pop up partnerships where a community agency has reached out with funding or material goods they donate. From these ventures, we have had free passes donated to support caregivers attending a local theme park, a local restaurateur sponsored National Foster Care Month activities, a local fraternal organization made a spontaneous donation. We are currently working on a district by district list of possible community partners who could be engaged in support of foster caregivers and the children they care for.
- This year we initiated a partnership with a local Marketing group to support the development of our marketing plan and media placement. This partnership has allowed is to expand our media presence

into TV, and some forms of social media including Google Ads. An on-going partnership with the Vermont Association of Broadcasters has allowed us access to radio airtime at a significantly reduced cost.

- Our relationship with the Vermont State Department of Libraries has continued and expanded. A collaboration to share trauma informed resources and training was a highlight. Libraries have also been hosting support group meetings for caregivers and have been willing to host National Foster and Adoption Month displays.
- We started to work on a specific outreach plan to engage hospitals when we recognized that we had an uptick of children with special medical needs the required care. The idea was to use the existing infrastructure and affinity groups already in existence in the hospital network. This plan was impacted by COVID in that the hospital we initially connected with did not have capacity to engage in this activity. We still believe that there is merit in this approach and we will circle back to this activity on the coming year.
- We are working to grow to what we are calling our Outreach Toolkit. The toolkit 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 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.

3. Unified Policy and Procedure

Several policies impacting the work of the DRR program have been revised during this reporting period. Unified policies and procedures for the recruitment, development, and support of resource families are central to the implementation of the DRR program. The DRR plan implementation has been intentionally aligned with our Strategic plan and our Practice model.

Progress to Date

- Policy 94: Foster Care Placement and Collaboration with Caregivers was revised 2/5/2021. The purpose of Policy 94 is to ensure that foster and kinship parents:
 - Are provided with and have information to meet children and youth's needs;
 - Understand the working agreement for teamwork between themselves and the division
 - Understand their role and expectations within the child and family's support team
- Policy 95: Respite Care has been under review and is one of the topics being addressed by the Foster Parent Workgroup
- Policy 77: Medical Care for Children and Youth in Custody was adopted in 2020 but implementation was negatively impacted by COVID. Efforts are underway to revisit rollout.

4. 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. Caregivers will have access to timely relevant training prior to initial placement and to meet licensing requirements. Trainings will be offered in various modalities to support caregiver learning styles and needs. Caregivers will be engaged in the development of their advanced training program. FSD staff will complete their Foundations training with the basic skills and competencies that prepare them to engage, support and develop caregivers using best practice and trauma informed approaches.

Progress Update:

- We are continuing to collaborate closely with the University of Vermont's Child Welfare Training Partnership (CWTP) to orient caregivers and move them into Caregiver Foundations training. Soon after we began to understand that COVID would be with us for the foreseeable future, we developed and stood up an online Caregiver Foundations series and online learning networks. We engineered the process so that those caregivers who complete online orientation are automatically enrolled in the online foundations.
- Timely completion of Orientation and Foundations training allows us to certify a caregiver which allows us to begin to claim Title IV-E funding for any child placed in the home. The Division has been having difficulty getting all potential caregivers through the Orientation and Training process. After much effort to understand where the challenges are coming from, we have created a tracking system which highlights which caregivers have not completed required training, and we are working collaboratively with the CWTP, our licensing unit and our District staff to identify and mitigate the barriers to orientation and training completion. The Division has estimated that we are losing as much as \$60,000/ month in Title IV-E funding as a result of this challenge. It has also been noted that approximately 60% of the caregivers who have not completed required training are also kin caregivers. Proposals to incentivize training completion are also being considered by Department leadership.
- A menu of advanced training options is shared each month with Caregivers via the Foster Parent e-news to grow the capacity of all caregivers.
- The division continued to experience an unusual and significant turnover in our group of employees known as Resource Coordinators(RC's). Each district has at least one or two RC's based on the district's caseload. RC's are essentially responsible for the recruitment, support, development, and retention of caregivers. Workforce Foundations Training does not provide any specific training to meet the needs of these workers. A small workgroup developed an RC manual that will also serve as a training guide for RC's. This manual has been digitized and is available on the FSD SharePoint site. Additionally, a series of four role specific trainings were provided to the new group of RC's followed by opportunities for group coaching. It is expected that by having a training plan for RC's that can be supported with coaching, the division will increase skills and support a common approach to practice which hopefully will improve caregiver experience across the division.

5. A Unified Data Model

Using data effectively is a key component of the Diligent Recruitment and Retention Program.

Having useful data on prospective and current foster parents gives our system crucial insight into how effective our current approaches are in recruiting, developing, and supporting foster, adoptive, and kinship families.

Collecting, tracking, and analyzing data can be challenging for child welfare systems. And so, we may only be able to track a few new pieces of data on foster and adoptive families.

Prioritized key data elements will help inform efforts to recruit and maintain a pool of families and will help assess the effectiveness of strategies and efforts. These elements are outlined in the Inquiry Tracking Spreadsheet which is our primary DR monitoring tool given that we do not have an MIS system that supports all of the functions occurring in the DRR plan.

Key Data elements, help to determine:

- If our current families are being fully utilized?

- How is our process working for getting families licensed/approved?
- What is our current actual capacity? Is that capacity sufficient to meet the Placement need for children currently in our care?
- Are our recruitment strategies effective in prioritizing kin caregivers and when that is not possible for identifying caregivers who are of a similar race, ethnicity and culture for our children and keeping those families engaged both before and after children are placed with them?

Developing a more data-driven approach to recruitment is an ongoing process for our system and aligns well with our efforts to improve outcomes for children, youth, and families. Using our data effectively will support decision making about use of resources and the development of strategies.

Progress Update:

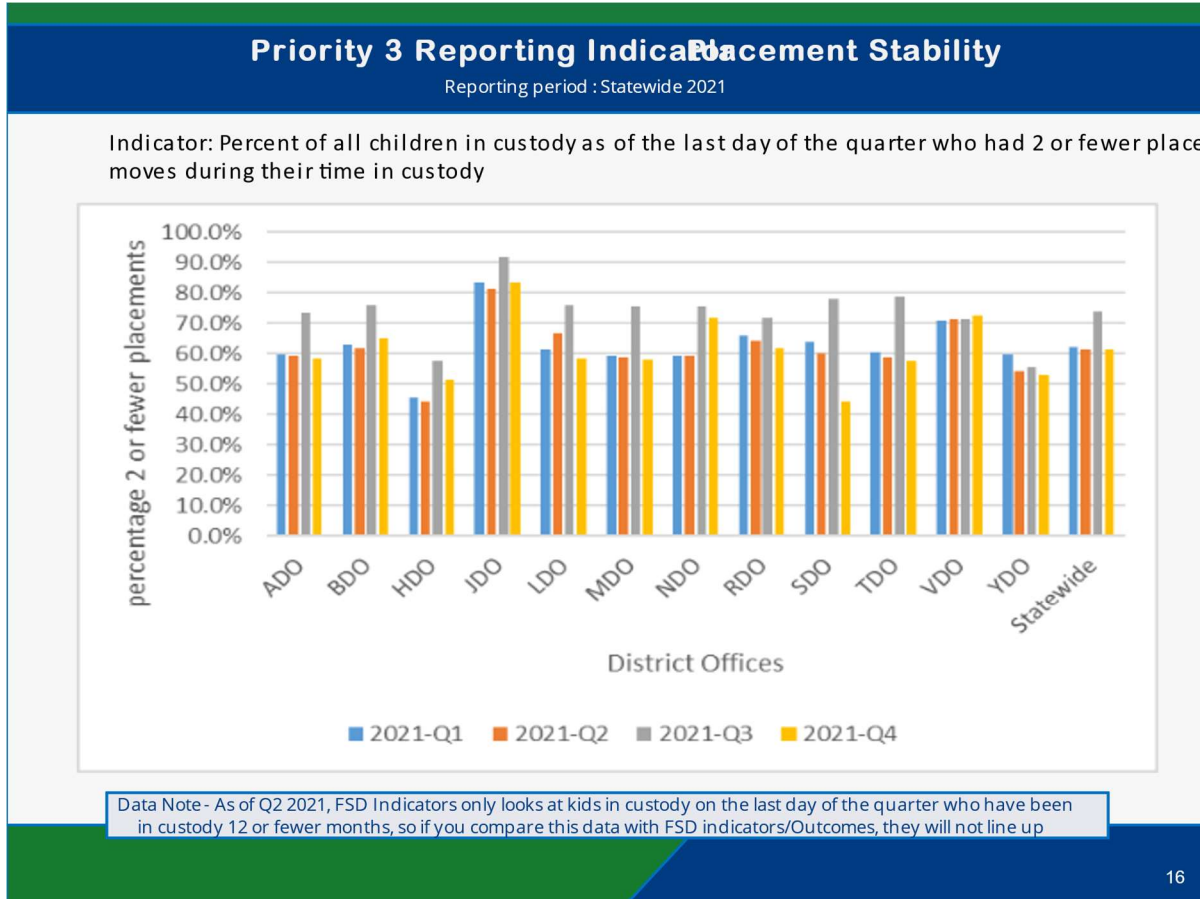
- All 12 Districts provide data from their Inquiry Tracking Spreadsheet on a quarterly basis. Unfortunately, our current IT resources do not support this function in any way. It is very time consuming to sustain. Efforts to investigate purchasing a data driven placement matching system platform fell flat when the initial price tag plus annual maintenance costs placed this resource out of reach. The Division continues to advocate for funding to support the development of our CCWIS. Despite these barriers, we continue to use the Inquiry Tracking Spreadsheet that we developed to collect data to inform general recruitment planning activities, to monitor caregiver engagement and licensing activities, to identify where we need targeted recruitment, to monitor placement with kin and to support retention strategies. We are making use of our administrative data to support this process as well.
- As each District onboarded with the DRR Program, they were provided with baseline outcome data related to their current practice. Each district completed a practice profile tool which encouraged them to pause and reflect on their practices to identify areas of strength and challenge. From there, the district selected from a menu of evidence informed / or promising activities that they will implement to strengthen their recruitment and retention efforts. Through ongoing consultation and review of data, progress toward improving outcomes is monitored.
- The chart below captures information about our licensing rates. These numbers indicate that we are doing worse with our licensing rates. We know that we have approximately 200 families where caregivers have not completed their training components. Their data will not be reflected in this chart as licensed home until they have completed Orientation and Caregiver Foundations. Some of the families who have not yet completed orientation and training do have children placed. As stated above efforts to increase the number of completers is a priority. Licensing processes have continued to be negatively impacted by COVID. We will continue to monitor this data point.

Figure 46: foster care applications received and approved

Foster Care Applications/Foster Care Licenses	2018	2019	2020	2021	To 5/7/ 2022
Foster Care Applications Received	715	600	534	689	179
Foster Care Licenses Approved	478	431	308	162	35

- Our DRR data monitoring plan includes a placement stability indicator as a data point. This indicator differs from the federal placement stability indicator in that it looks at placement stability for the duration a child or youth is in custody. We felt this was an important measure to track as we have evidence that the longer a child or youth is in our care, the more likely they are to experience placement instability including in non-community based settings. Our placement stability outcomes need improvement.

Figure 47: Placement Stability by District



Additions to the DRR Plan

During the 2020 reporting period the DRR Workgroup reviewed our DRR Master Action Plan. Based on that review, new objectives were added to the Action Plan. Each of the following stated objectives has one or more activities that need to be completed to meet the objective.

- 1.) Use targeted recruitment plans on the state and district levels to increase the number of homes that, with appropriate support, can safely care for the diversity of children in care (complex needs, LGBTQ, racial and ethnic backgrounds, youth with physical and developmental challenges).

Progress Update

- The DRR plan includes a Communication plan as well as a Marketing and Media Plan to support the use of various media to support our targeted and child specific recruitment efforts. We track every email from the fields that indicates an unmet placement need and we design media messaging based on the stated needs. We have developed over 80 messages that we use to reach various audiences.
- Our Project Family team hosts the Heart Gallery where photos and profiles of the approximately 100 children who are free for adoption and waiting for homes are displayed. We have recently incorporated a new feature into our e-news where one of these children or youth is featured in each

edition. This feature is getting lots of attention as evidenced by the analytics that we track via the Mailchimp platform used to support the dissemination of our foster parent e- newsletter.

- In 2020, Vermont closed its only locked juvenile detention setting. This dynamic, together with COVID, has created incredible pressures on the System of Care. The state hoped to stand up 4-6 short term stabilization foster homes across the state over the summer of 2021. About two dozen families stepped forward with interest. Those homes were reviewed by our licensing team to confirm a clean regulatory history and to confirm completion of training. Of the remaining 5 homes that we were able to consider, all but one opted out as they came to better understand the intensive needs of the population they would be caring for.
- An RFP is currently being written to bring a new Child Placing Agency to Vermont. The idea is that this entity will support recruitment, training support and development of approximately 8 new homes located regionally.
- Vermont has contracted with the California based Raise a Child program and is partnering with the Vermont Pride Center and FSD to launch a recruitment campaign designed to reach the LGBTQIA community.

2.) Youth will be authentically engaged by the DRR team so that we can learn from their experiences and make necessary change to ensure that we are recruiting caregivers who understand and can meet their needs.

Progress Update

- When caregiver training was redesigned, the youth panel that previously had been part of the curriculum was eliminated. This panel had been an important recruitment tool for families who might not have otherwise considered caring for an older youth. We are currently partnering with the Youth Development Program and the Youth Thrive Advisory Board to incorporate a virtual youth panel into our Caregiver Foundations training. This panel will mirror the youth panel currently addresses new employees in the Workforce Foundation series.
- We have engaged partners from the Youth Development Program, and they now attend our Advisory Team. Every other month, we have an agenda item in our DR working group that takes up an issue or concern that had been identified by youth as a barrier or hassle factor for them. Some members of the DRR team recently attend a BIYOC youth panel to hear from youth of color about their experiences while in foster care in Vermont. There is opportunity for learning and the development of new partnerships for the DRR in this arena.

3.) Permanency Planning for all children and youth in care will be approached with a sense of urgency.

Progress Update

- Vermont's participation the Adoption Call to Action Initiative led to the addition of this objective to the DRR plan. Our Adoption Call to Action Plan was developed through our Project Family collaboration with Lund. Goals of the plan are being implemented through the ongoing permanency planning and child specific recruitment work of Project Family. The co-directors of Project Family consult in every district on at least a monthly basis to ensure that permanency planning goals for children in our care remain a priority focus.
- Vermont implemented the NTI training to grow the trauma informed adoption competency in our workforce. Approximately 30 individuals from FSD and Lund participated in this very intensive training. The resulting increase in adoption competence and a trauma informed approach to permanency work will lead to better permanency outcomes.

- 4.) Activities associated with the DR plan will be intentionally focused on creating a safe, welcoming, inclusive environment for all families regardless of race, religion or sexual orientation.

Progress Update

- During the 2020 Reporting period, FSD stood up a Statewide Racial Justice Workgroup (SREW). The SREW has continued to meet throughout 2021 to set an agenda for FSD related to racial equity work. A subcommittee of the SREW is focused on Foster Care and Permanency. This subcommittee was tasked with examining data, how we engage community partners, policies, and practice specific to foster care and permanency
- Immediately the committee recognized that we do not collect very robust data related to the race and ethnicity of the children and families we serve. Race and Ethnicity data is also collected from caregivers. We noted that there is no single report currently available where the race of the child in care and the race of the caregiver are available together. There is also concern that the quality of the data is not excellent. A review of the available SSMIS data demonstrated that “unknown” or “?” was not infrequently entered into race and ethnicity fields. Discussion centered on challenges within the workforce related to lacking skill in having conversations about race. In Vermont, the number of BIPOC children in our care is currently around 5 %. (52 children) A quick query indicated that we have about 57 caregivers who identified as members of the BIPOC community. As of this writing, our next step is to manually cross walk the data to determine if the identified children who are members of a BIPOC community are placed with an adult who is also a member of the same BIPOC community.
- The Vermont Agency of Human Services has a policy which spells out which critical documents must be translated into other languages. FSD is working to come into compliance with this policy. We have recently started implementing a plan to ensure that all of our critical information material including foster care regulations and our foster care application are available in non-English formats. Additionally, we have access to a contract that offers translation services for those individuals who are non-English speakers or whose language is not a written language. As mentioned in an earlier section of the APSR, the current available publications and brochures that FSD has translated are posted on our public website here: <https://dcf.vermont.gov/fsd/publications> . We expect to continue to mitigate this deficit in the coming reporting period.

A separate document outlining the changes to the DRR plan will be included as an attachment.

[Health Care Oversight and Coordination Plan](#)

Health Care Oversight and Coordination Plan

Progress and Accomplishments in Implementing the State’s Health Care Oversight and Coordination Plan

As indicated in the last update, FSD has focused on growing and improving our efforts of meeting the health needs of children and youth in DCF custody and grounding our practice in the perspective of child abuse and neglect as a public health issue. There have been no changes to the plan during this past year. We continue to partner closely with staff from the Maternal Child Health Division (MCH) of the Vermont Department of Health (VDH), 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). Since the last update, we have begun partnering more closely with the Department of

Vermont Health Access (DVHA) through the *Foster Care Learning Collaborative Affinity Group* described below. 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.

As stated in the last plan, [Policy 77: Medical Care for Children and Youth in DCF Custody](#) was first issued in February of 2018 and primarily focused on the authorization of medical care for young people in DCF custody. In partnership with our medical community, policy 77 was revised during February of 2020 and the guidance provided to staff has significantly grown in the following areas:

- Clarity regarding initial health assessments for children and youth when they enter DCF custody, efforts to maintain continuity of medical homes, and ensuring medical records are shared among providers during transitions;
- The addition of policy content on the Fostering Healthy Families (FHF) Program and the Health Information Questionnaire (HIQ), which is a partnership that has existed between FSD and VDH Maternal Child Health for years;
- New content on the supervision of children and youth in hospital settings;
- Information about promoting parents' involvement in their children's health care as well as handling disagreement about medically recommended treatment;
- More detailed guidance and instructions for supporting medically complex children, including:
 - The use of case note alerts to document medical complexity;
 - Placement considerations;
 - Medical records and care instructions; and
 - Planning for transitions.

Now that society is gradually moving out of the COVID-19 pandemic, FSD and our partners have realized that such a significant policy update as described above was never fully implemented due to the timing of the release (February 27, 2020 – approximately two weeks before the pandemic stay-at-home order went into effect). We have been working on additional clarifications and plan to re-release policy 77 to implement the practice changes that were never fully implemented due to the pandemic.

Other policies relevant to our health care oversight plan include:

- [Policy 68](#): Serious Physical Injury – Investigation and Case Planning
- [Policy 75](#): Normalcy and the Reasonable and Prudent Parent Standard
- [Policy 76](#): Supporting and Affirming LGBTQ Children & Youth
- [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

Foster Care Learning Collaborative Affinity Group

Vermont is participating in a 12-state foster care learning collaborative affinity group focused on improving timely health care for children and youth in foster care, which is supported by Mathematica and the Center for Health Care Strategies. The Foster Care Affinity Group specifically seeks to drive measurable improvement on the completion of comprehensive health assessments within state guidelines (for example, within 30 days of placement) among children and youth newly enrolled in Title IV-E foster care and Medicaid. Participation includes:



Figure 48: Foster Care Affinity Group

Vermont Child Health Improvement Program (VCHIP) Collaboration

VCHIP’s new scope of work for FY2022, which is aligned with the focus of the Foster Care Affinity Group and is titled *Enhancing Medical Care and Care Coordination for Children and Youth Entering Foster Care*, includes the following goals:

- Work to ensure that Medicaid-eligible children and youth entering the custody of the Department for Children and Families (DCF) have access to high-quality care in medical homes guided by the recommendations from the American Academy of Pediatrics (AAP).
- Identify system changes that promote 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.
- Promote enhanced health supervision visits guided by the recommendations of the AAP.

Project Description

In 2021, 549 children and youth entered foster care in Vermont. Almost all children and youth in state custody are eligible for Medicaid. 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. Adverse child experiences place children at higher risk for developing poor health outcomes past childhood and into their adult years. The federal Early Periodic Screening Diagnosis and Treatment (EPSDT) mandate requires states to outreach and provide services to Medicaid eligible children, coordinate care, and focus on vulnerable or underserved populations of these children.

In 2015, the AAP issued a [policy statement](#) with recommendations regarding ensuring high-quality health services and care coordination in a timely manner for children in foster or kinship care. In 2020, Vermont DCF updated Policy 77, which covers medical care for children and youth in DCF custody. The DCF Family Services

Division supports children and youth receiving medical care as recommended by the AAP. All children in DCF custody are required to have a medical and dental home.

When children enter DCF custody, DCF collaborates with the Vermont Department of Health's Division of Maternal and Child Health (MCH) through the Fostering Healthy Families (FHF) initiative to gather and share medical, dental and mental health information with DCF, foster parents and medical homes to support physical and emotional well-being.

The Vermont Child Health Improvement Program (VCHIP) team will collaborate with DCF, Maternal and Child Health Coordinators (MCHC), Department of Vermont Health Access (DHVA), pediatricians, other pediatric medical providers and stakeholders to explore the current systems of care and to understand strengths and barriers for improving the health care delivery systems for children and youth in DCF custody.

Specific Activities

Technical Assistance and Data Analysis:

- Leverage ongoing participation in the CMS Affinity Group *Improving Timely Health Care for Children and Youth in Foster Care* (in collaboration with DHVA, DCF and the Vermont Department of Health (VDH)) through December 2023 to assess feasibility of state strategies to increase timely comprehensive medical evaluations for children and youth entering foster care in Vermont.
- Draw on information gleaned from Affinity Group to offer pediatric and family medicine practices in Vermont support and technical assistance in providing comprehensive medical evaluations for children and youth entering custody within 30 days in collaboration with DCF and MCHC when possible. 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 DCF.
 - Facilitating care plans/ care conferences for children in DCF custody
 - Creating an office template or other ways to have a "living document" to be shared with foster parents/parents/DCF
- Participate in a data subgroup with DHVA and DCF to assist with developing a system for tracking medical care of children and youth in DCF custody.
- Continue to work with DVHA to identify potential billing codes to allow for reimbursement for foster care visits for comprehensive exams if a child/youth has had an exam within 365 days of coming into custody, and for enhanced health supervision visits. Work with the Medicaid pharmacy group to ensure continued access to medications currently only allowable monthly or annually in circumstances where a child or youth enters custody.

Learning Opportunities for Practices and Stakeholders:

- Offer a learning community to medical home care coordinators and other community partners regarding topics of interest that seek to improve the health and well-being of children and youth in foster care.
- Create two learning opportunities for medical practices and community partners specific to caring for children/youth in foster care, covering topics that could include trauma-informed care, resilience and toxic stress, care coordination models, mental health concerns or oral health, in collaboration with the Child Welfare Training Partnership (CWTP) and other VCHIP projects.

Coordination across State Agencies and Activities:

- Meet regularly with DCF to establish pathways for providing clinical expertise and technical assistance.
- Create educational materials in collaboration with the Youth Advisory Board and the Foster Parent Workgroup for youth in custody and foster parents promoting the AAP guidelines for medical and oral health.
- Meet with MCHC as needed to collaborate on promotion of comprehensive medical evaluations and medical care following the AAP recommendations with medical practices and DCF district offices.
- Connect with state entities and agencies to explore collaboration that supports children and youth entering foster care to obtain comprehensive medical evaluations and to receive enhanced health supervision visits as recommended by the AAP.

Deliverables/Products

- Materials created promoting oral health in collaboration with the Youth Advisory Board, made up of young people between the ages of 14-23 with shared experience in Vermont's foster care system (*September 2022*)
- Progress report on learning opportunities provided to pediatric medical homes and other community partners (*December 2022*)
- Report describing learning opportunities provided to pediatric medical homes and other community partners during the grant period (*June 2023*)

Timeline:

1. Planning Phase (July 2022 – September 2022)
2. Implementation Phase (October 2022 – June 2023)
3. Results and Analysis (January 2023 – June 2023)

Family Partnership and Engagement

Collaborate with DCF's youth and foster parent advisory groups around ways to increase youth involvement in health care, and provide information for foster and kinship caregivers about engaging with medical homes.

- VCHIP will engage with the Foster Parent Workgroup facilitated by foster and kinship caregivers and DCF. The workgroup will offer valuable information of lived experiences, including barriers and opportunities for improving medical care for children and youth in foster care. VCHIP will share educational materials with the group for input and feedback.
- VCHIP will obtain insights from the Youth Advisory Board, made up of young people between the ages of 14-23 in the Youth Development Program with shared experience in Vermont's foster care system with adult supporters. VCHIP will share materials developed for youth in foster care promoting medical and oral health with Forward for feedback.

Performance Measures to be delivered by the End of the Grant

- Attend up to 8 CMS Affinity Group Learning Sessions.
- Conduct up to two trainings for skilled medical professionals and community partners on topics related to children and youth in foster care. Seventy percent of participants in each of the trainings will indicate increased knowledge on the training evaluation.

Meeting the Health Needs of Children and Youth During the COVID-19 Pandemic and National Public Health Emergency

The date of the initial state of emergency declaration in Vermont was March 13, 2020 (EXECUTIVE ORDER NO. 01-20). The state of emergency executive order was extended month-by-month until the governor allowed it to expire on June 15, 2021 (once 80% of eligible Vermonters received at least one dose of a COVID-19 vaccine) which is when all mitigation strategies became optional. The extent of the restrictions have varied over time based on the spread of COVID-19 within Vermont. Throughout the COVID-19 pandemic FSD issued and updated guidance intended to supplement existing policies, which was sensitized to ensure compliance with statute and rule requirements. This guidance allowed for some flexibility within policies not mandated by statute or rule.

FSD partnered closely with the Vermont Department of Health throughout the entire pandemic, which allowed us to provide informative and up-to-date guidance to our staff, caregivers, and partners pertaining to our work with families and meeting children and youth's health needs during the pandemic. As much as possible, our guidance referred staff and partners back to the VDH and the CDC as their instruction evolved over time.

Capacity issues within our community partner agencies has impacted services and what is available in the community to meet children and families' needs. Ongoing cycles of staff shortages due to illness or quarantine periods along with high rates of staff resignations and turnover have destabilized many community partner agencies. Waitlists for mental health services are at all-time highs. Disruptions in mental health services have been more prominent than disruptions in physical health access to services.

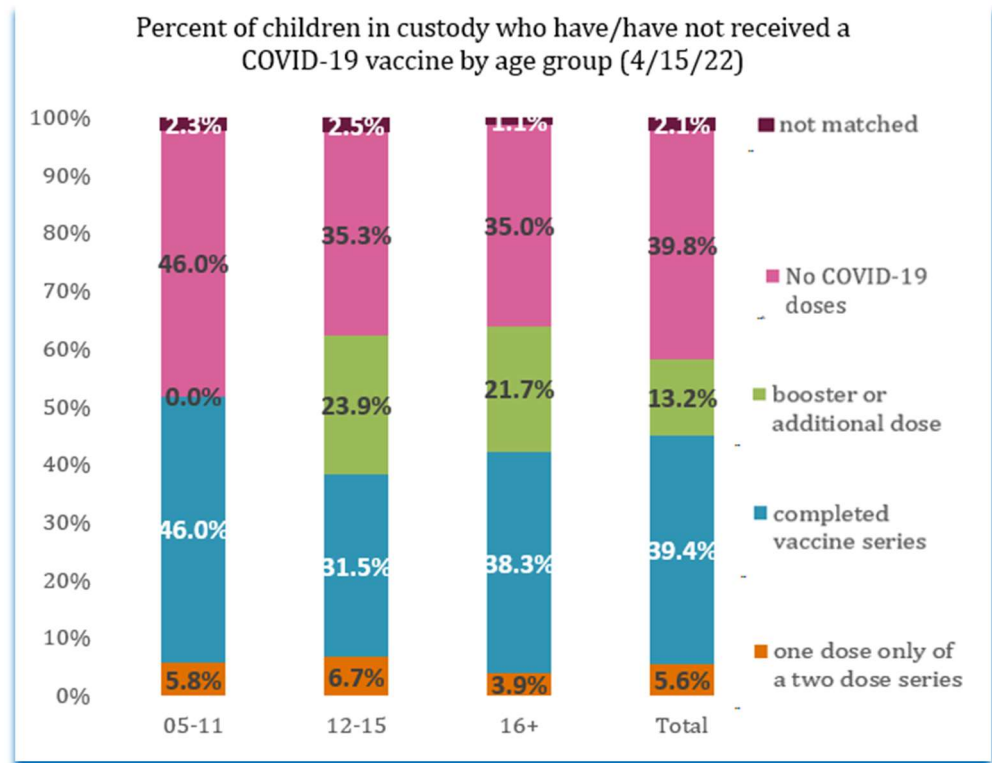
Generally, children and youth in Vermont (including those in foster care) continued to have access to their medical homes and pediatricians – either in-person or through telemedicine. Telemedicine was prominent for health care services from March-May of 2020. Per the Governor's orders, physicians and other health care professionals reopened their practices sooner than dentists were able to. No restrictions have been in place for at least one year, and members of the community have been accessing health care through a blend of in-person and telemedicine services depending on their preferences.

Vaccines have been widely accessible within Vermont and the state has had tremendous success vaccinating the broader population. Unfortunately, the data trend of Vermont's high vaccination rates do not translate over to vaccination rates for children and youth in foster care. The Vermont Department of Health (VDH) has partnered with FSD to cross reference all children in DCF custody who are eligible for a COVID-19 vaccine with Vermont Immunization Registry. Within the data, we can see the following options:

- *One dose only of a two-dose series*
- *Completed vaccine series*
- *Booster or additional dose*
- *No COVID-19 doses*
- *Not matched*

As of 4/15/2022, 290 out of the eligible 729 children in DCF custody – approximately 40% – have not received any COVID-19 doses.

Figure 49: Custody children and COVID-19 Vaccine



In addition to the re-issuing of policy 77, FSD is creating a new COVID-19 vaccine protocol that applies our standard policy position for CDC recommended vaccines to include the COVID-19 vaccine. The protocol addresses both child/youth refusals and parent objection to vaccination. The expansion of vaccine eligibility to children under 5 will reemphasize the importance of this protocol.

Use and Monitoring of Psychotropic Medications Among Children and Youth in Foster Care

[Policy 137: Antipsychotic Medications for Children in the Care of DCF](#) continues to inform staff about how to handle the prescribing of antipsychotic medication for children and youth in foster care. The primary goal of this program is to assist our workforce in an informed consent process when a prescribing clinician is suggesting that an antipsychotic medication is needed for a child in foster care. The program was created in response to:

1. Data showing that children in state custody were taking antipsychotic medications at high rates; and
2. Staff expressing discomfort in approving these requests without supportive knowledge and guidance.

Our policy primarily focuses on antipsychotic medications; however, our partnership with the Vermont Medicaid Pharmacy Program collects information more broadly about psychotropic medication utilization. Vermont was previously one of six states participating in the Psychotropic Medications Quality Improvement Collaborative (PMQIC), with a goal of improving the use of psychotropic medication among children and youth in foster care. Through that program, data was collected consistently for federal fiscal years 2013 through 2020. Data continues to be collected beyond the PMQIC collaborative and includes the following:

1. Figure 50: Utilization of Mental Health Drugs in Recipients Ages 3-5 Percentage- In and Out of Foster Care
2. Figure 51: Utilization of Mental Health Drugs in Recipients Ages 6-12 Percentage In and Out of Foster Care
3. Figure 52: Utilization of Mental Health Drugs in Recipients Ages 13-17 Percentage In and Out of Foster Care
4. Figure 53: Utilization of Mental Health Drugs Percent of Children In Foster Care: Males vs Females Ages 3-5
5. Figure 54: Utilization of Mental Health Drugs Percent of Children In Foster Care: Males vs Females Ages 6-12

6. Figure 55: Utilization of Mental Health Drugs Percent of Children In Foster Care: Males vs Females Ages 13-17
7. Figure 56: Utilization of Mental Health Drugs Percent of Children Not In Foster Care: Males vs Females Ages 3-5
8. Figure 57: Utilization of Mental Health Drugs Percent of Children Not In Foster Care: Males vs Females Ages 6-12
9. Figure 58: Utilization of Mental Health Drugs Percent of Children Not In Foster Care: Males vs Females Ages 13-17
10. Figure 59: Percentage of children on more than one psychotropic medication from the same class simultaneously for 90 days or more
11. Figure 60: Percentage of children on 2 psychotropic medications simultaneously for 90 days or more (regardless of their drug class)
12. Figure 61: Percentage of children on 3 psychotropic medications simultaneously for 90 days or more (regardless of their drug class)
13. Figure 62: Percentage of children on 4 plus psychotropic medications simultaneously for 90 days or more (regardless of their drug class)
14. Figure 63: Percentage of children - Age 6-17 - on 4 plus psychotropic medications simultaneously for 90 days or more (regardless of their drug class)
15. Figure 64: Percentage of children < 6 years old on any psychotropic medication
16. Figure 65: Percentage of children < 6 years old on 2 psychotropic medications simultaneously for 90 days or more regardless of their drug class)
17. Figure 66: Percentage of children < 6 years old on 3 psychotropic medications simultaneously for 90 days or more regardless of their drug class)
18. Figure 67: Percentage of children < 6 years old on 4 plus psychotropic medications simultaneously for 90 days or more (regardless of their drug class)
19. Figure 68: Percentage of children < 6 years old on any antipsychotic medication
20. Figure 69: Percentage of Children on more than one antipsychotic simultaneously for 45 days or more
21. Figure 70: Percentage of Children - Age 6-17 - on more than one antipsychotic simultaneously for 45 days or more
22. Figure 71: Percentage of children in foster care who are continuously on an antipsychotic for more than 1 year

Some reporting changes have occurred in the last year, including:

- A reduction in the data to three years (six periods)
- Adding numbers to each chart and reporting measure
- Changing the font size for all chart labels and axes to a large and readable format
- Not including detailed numerical data or member details in the PDF reporting to protect patient privacy and reduce the risk of HIPAA violations because the number of patients are so small in many of the charts
- For charts 4 through 9, changing the y-axis to % versus # recipients

Overall, the use of psychotropic medications for children in foster care has been reducing over time. Within Vermont, the number of patients included in the dataset is so low that a few complex situations could alter the entire dataset and impact overall statewide performance. Vermont has seen small numbers compared to other states.

Figure 50

Utilization of Mental Health Drugs in Recipients Ages 3-5 Percentage- In and Out of Foster Care

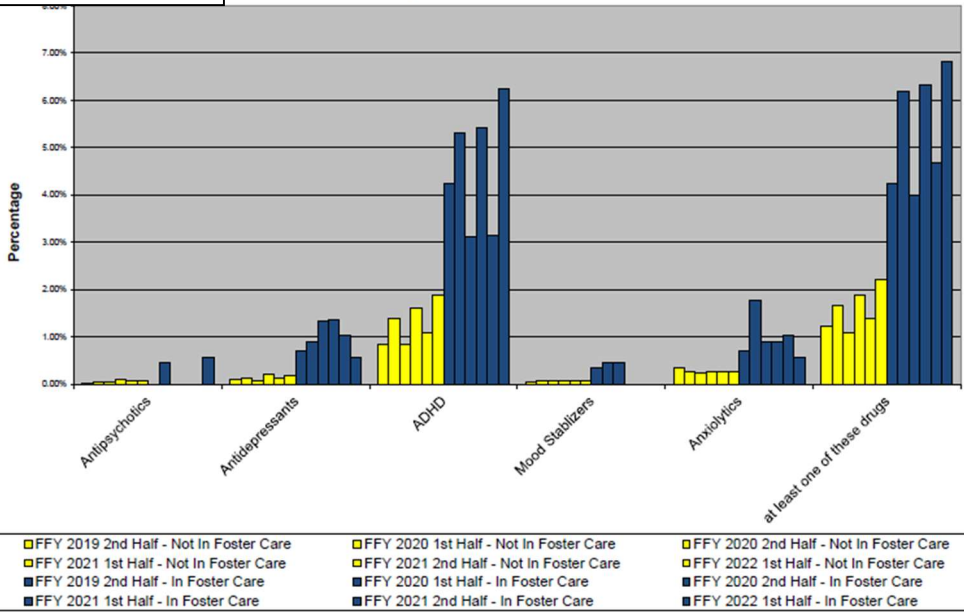


Figure 51

Utilization of Mental Health Drugs in Recipients Ages 6-12 Percentage In and Out of Foster Care

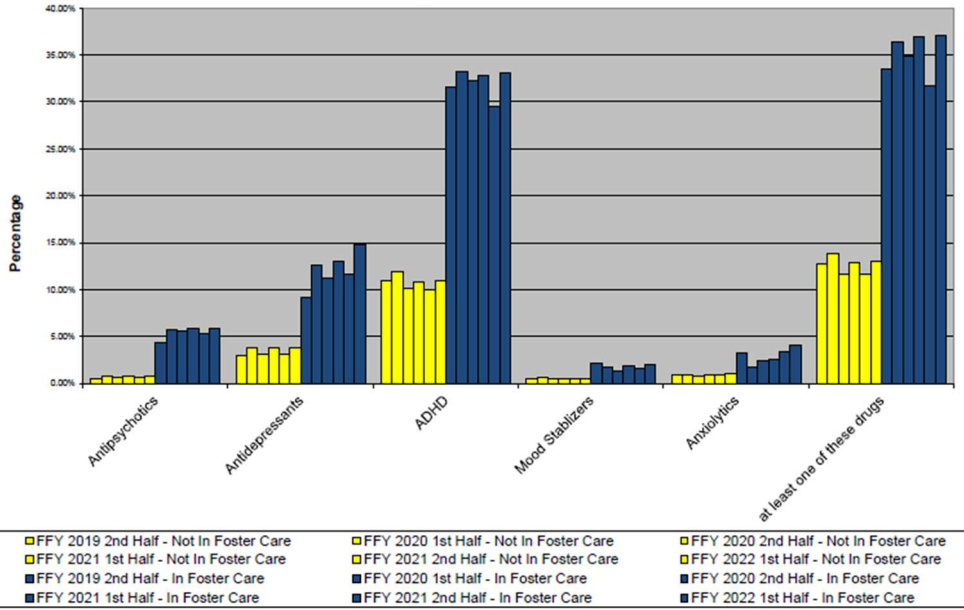


Figure 52

Utilization of Mental Health Drugs in Recipients Ages 13-17 Percentage In and Out of Foster Care

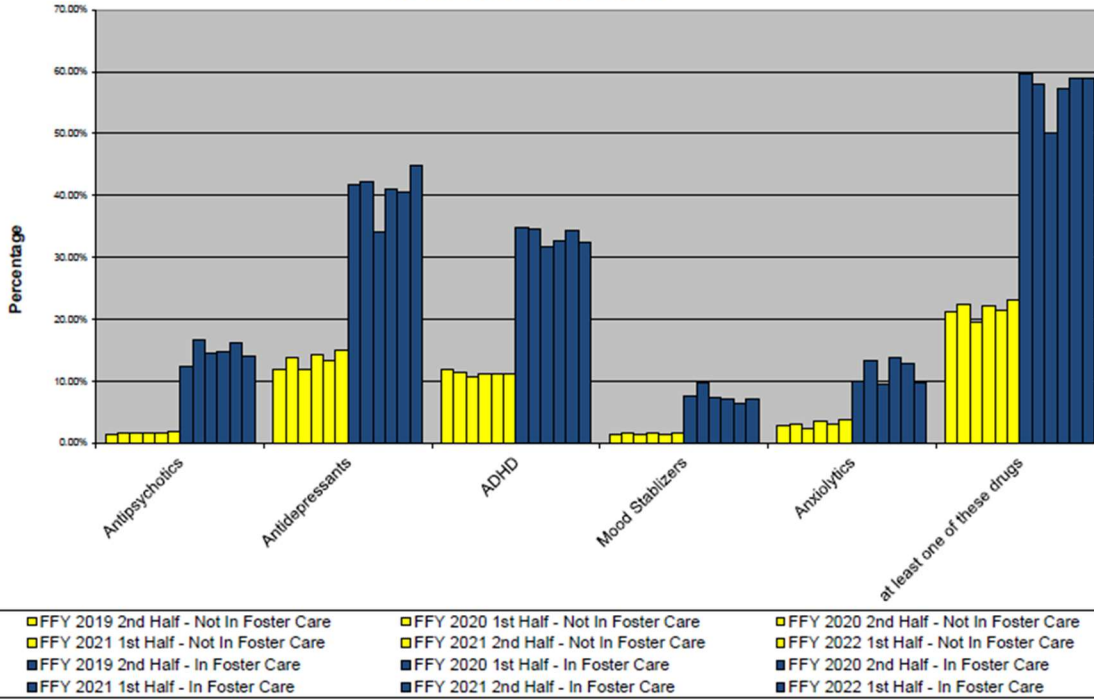


Figure 53

Utilization of Mental Health Drugs Percent of Children In Foster Care: Males vs Females Ages 3-5

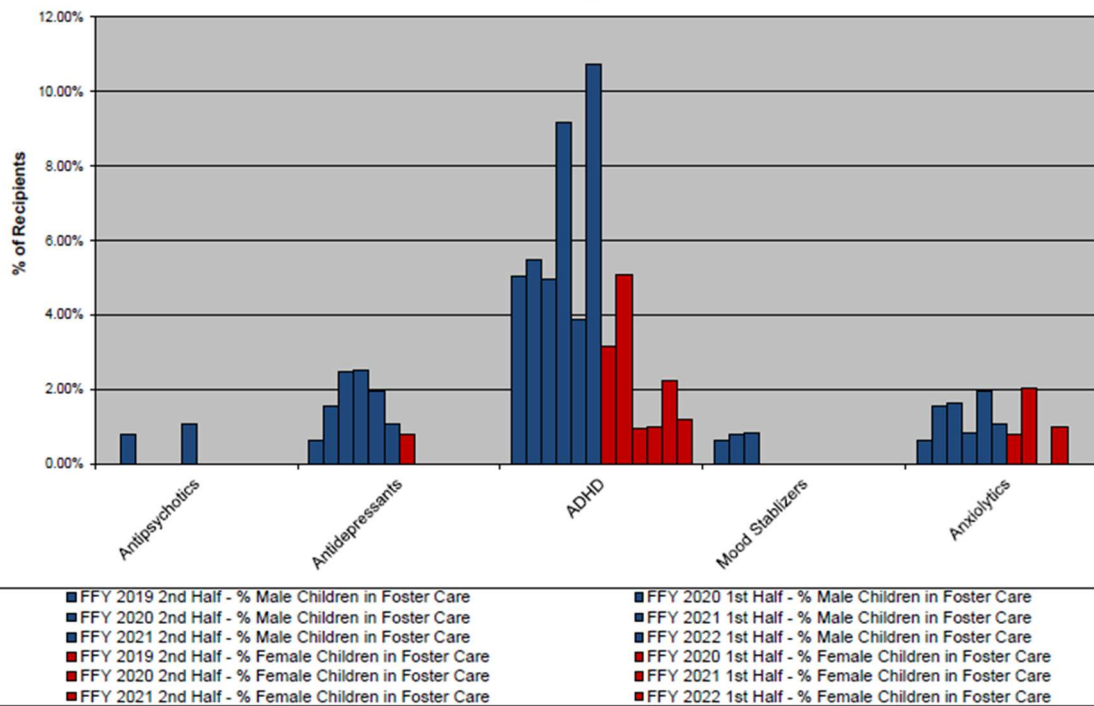


Figure 54

**Utilization of Mental Health Drugs
Percent of Children In Foster Care: Males vs Females
Ages 6-12**

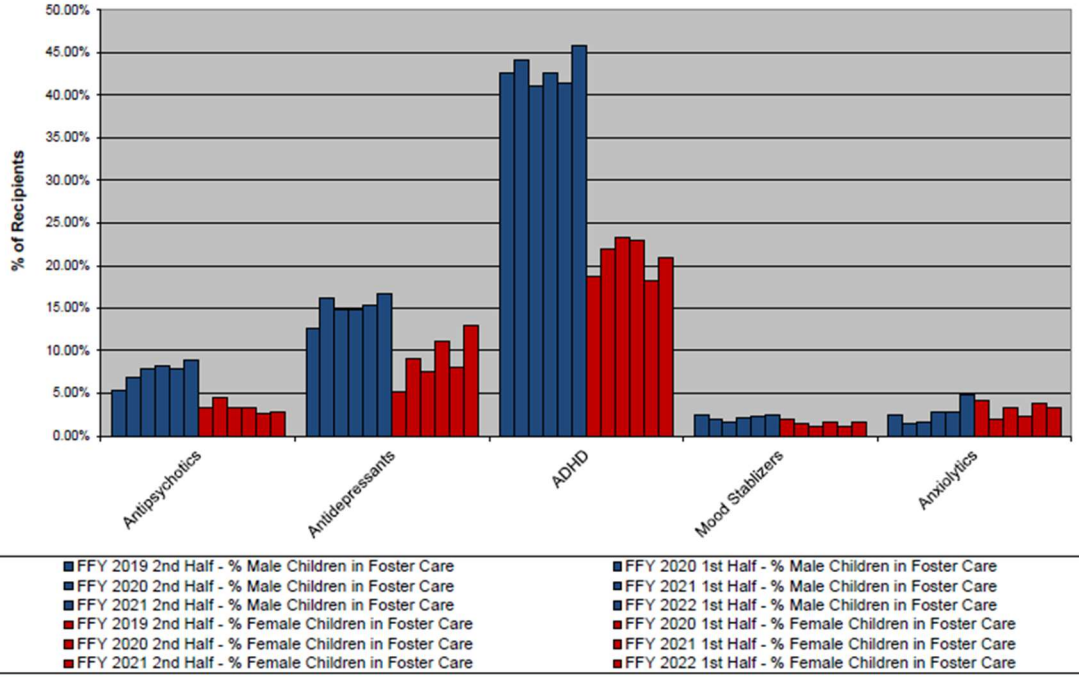


Figure 55

**Utilization of Mental Health Drugs
Percent of Children In Foster Care: Males vs Females
Ages 13-17**

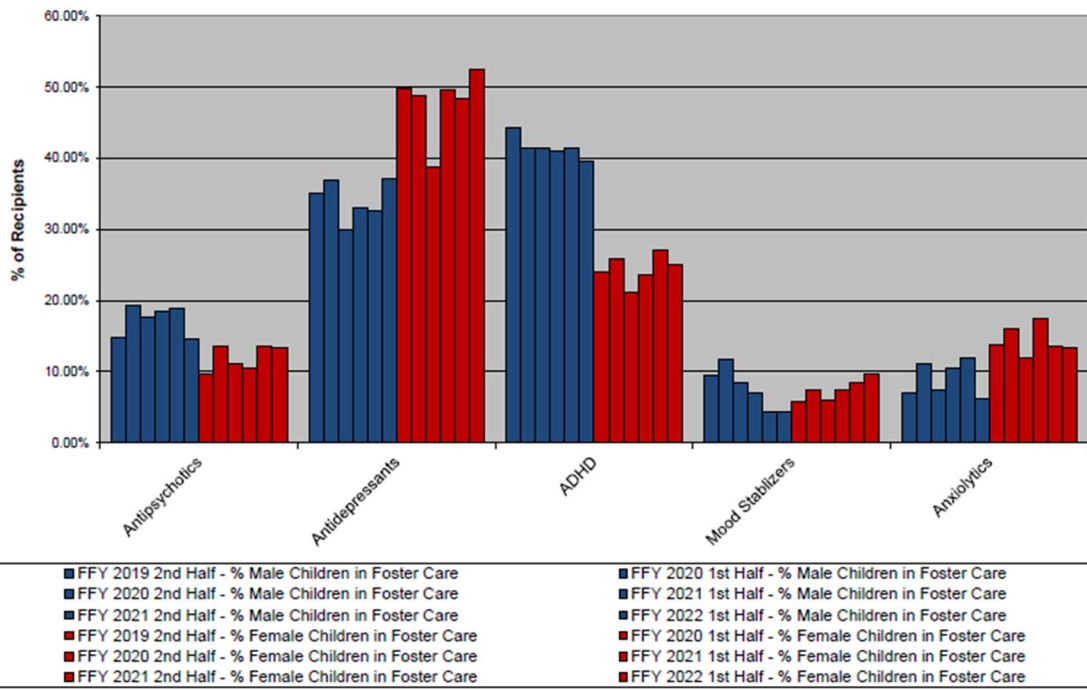


Figure 56

Utilization of Mental Health Drugs
Percent of Children Not In Foster Care: Males vs Females
Ages 3-5

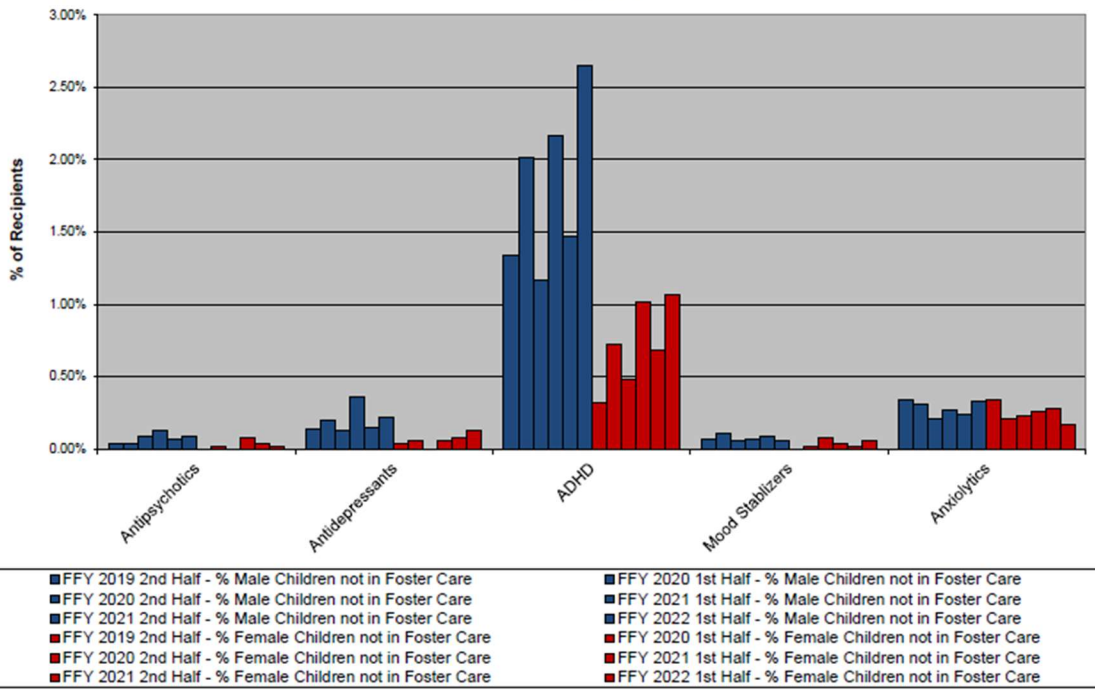


Figure 57

Utilization of Mental Health Drugs
Percent of Children Not In Foster Care: Males vs Females
Ages 6-12

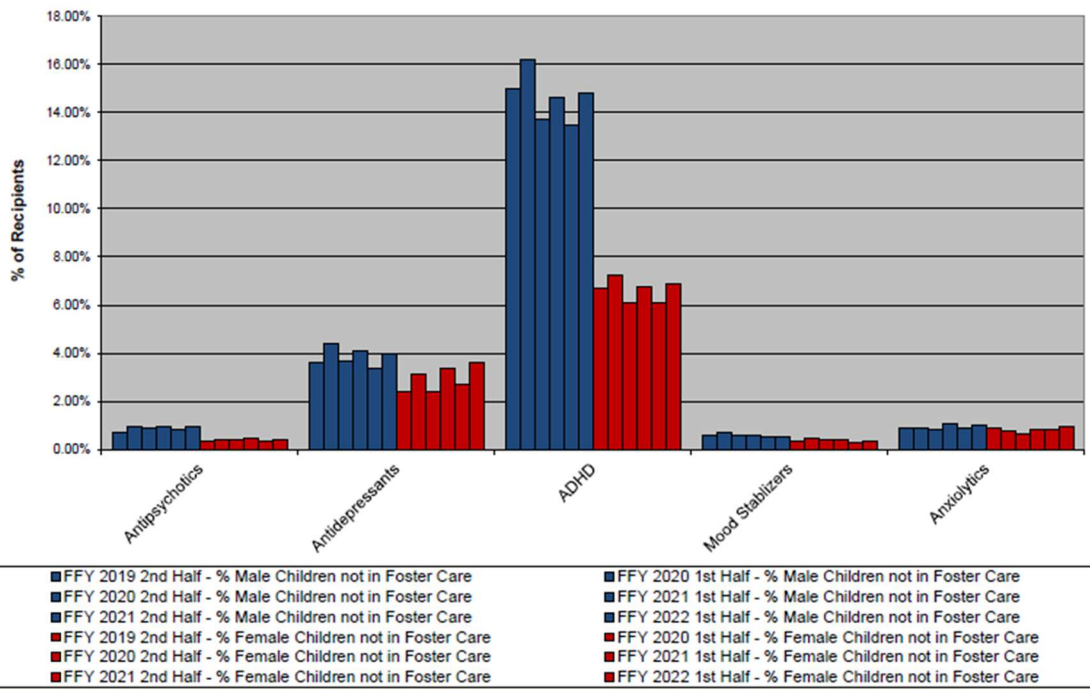


Figure 58

**Utilization of Mental Health Drugs
Percent of Children Not In Foster Care: Males vs Females
Ages 13-17**

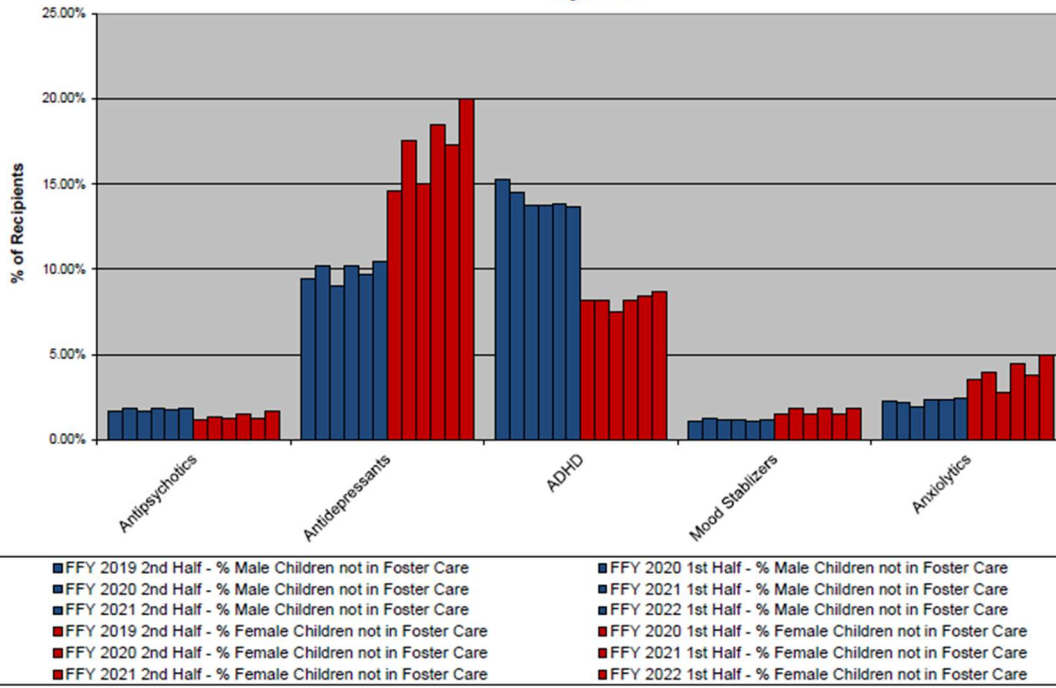


Figure 59

Measure 3: Percentage of children on more than one psychotropic medication from the same class simultaneously for 90 days or more

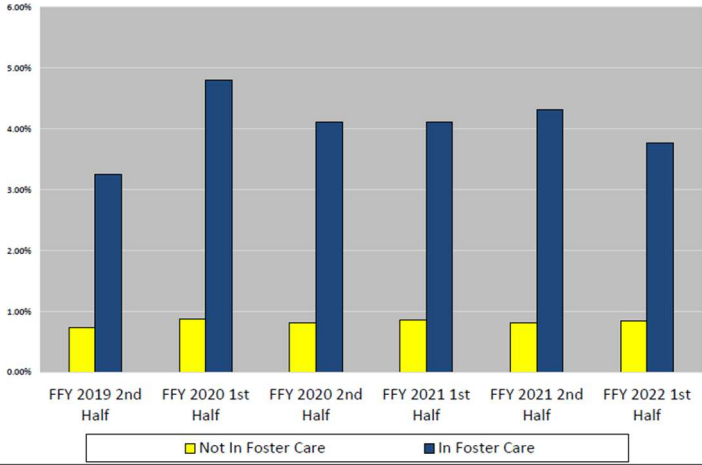


Figure 60

Measure 4: Percentage of children on 2 psychotropic medications simultaneously for 90 days or more (regardless of their drug class)

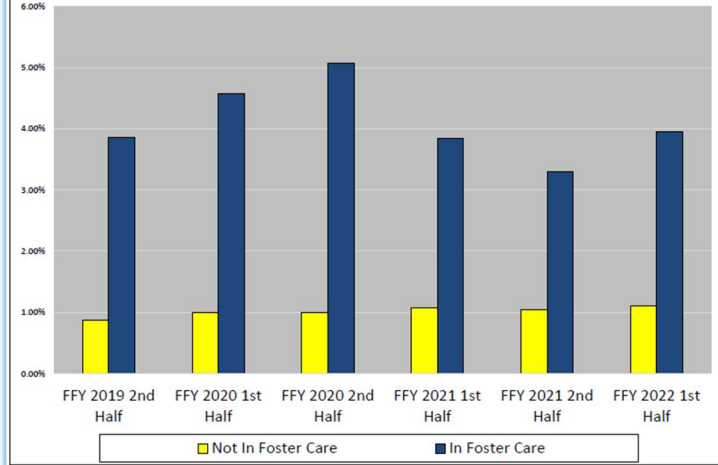


Figure 61

Measure 4: Percentage of children on 3 psychotropic medications simultaneously for 90 days or more (regardless of their drug class)

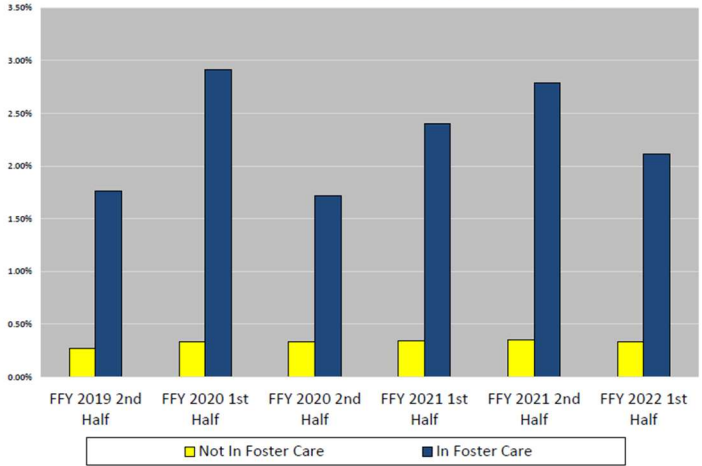


Figure 62

Measure 4: Percentage of children on 4 plus psychotropic medications simultaneously for 90 days or more (regardless of their drug class)

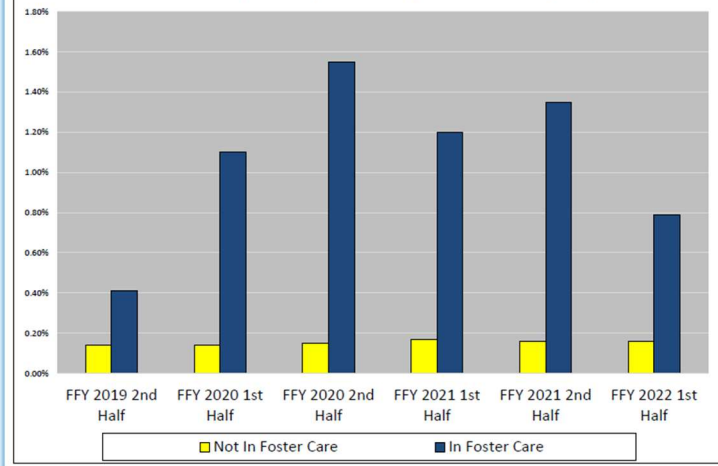


Figure 14

Measure 4: Percentage of children - Age 6-17 - on 4 plus psychotropic medications simultaneously for 90 days or more (regardless of their drug class)

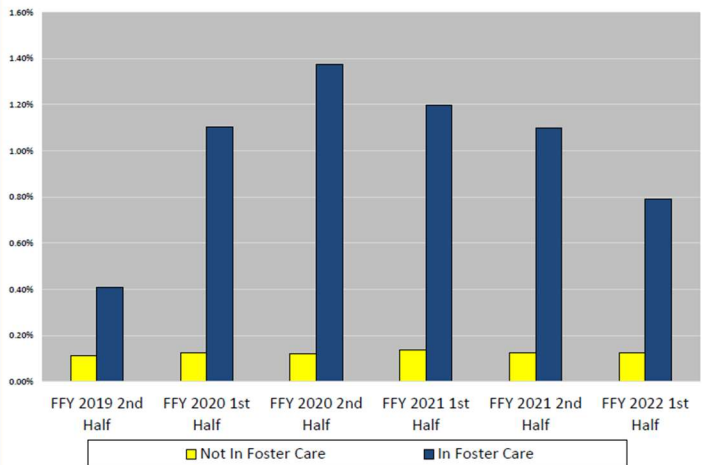
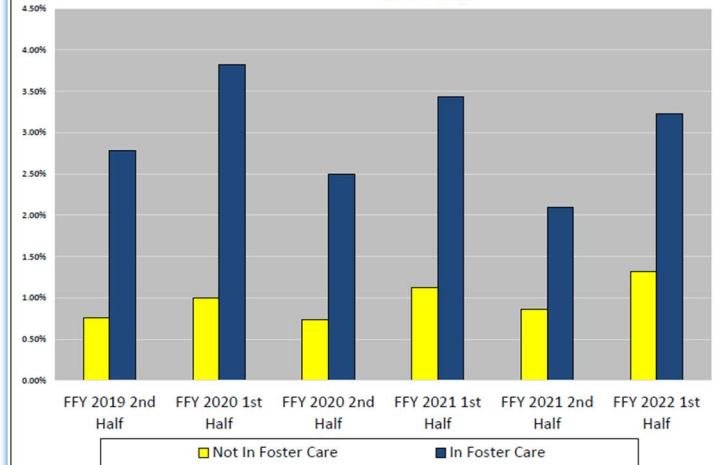
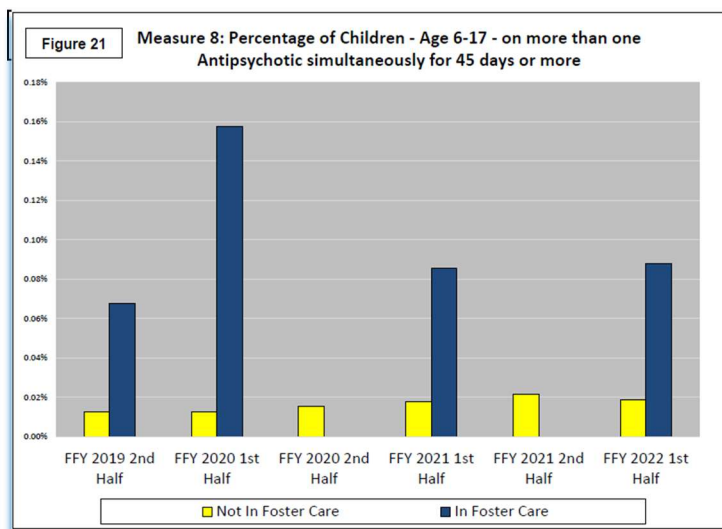
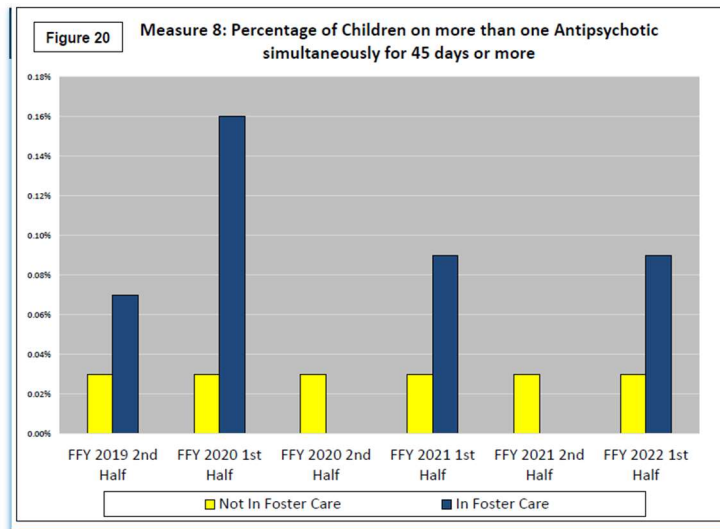
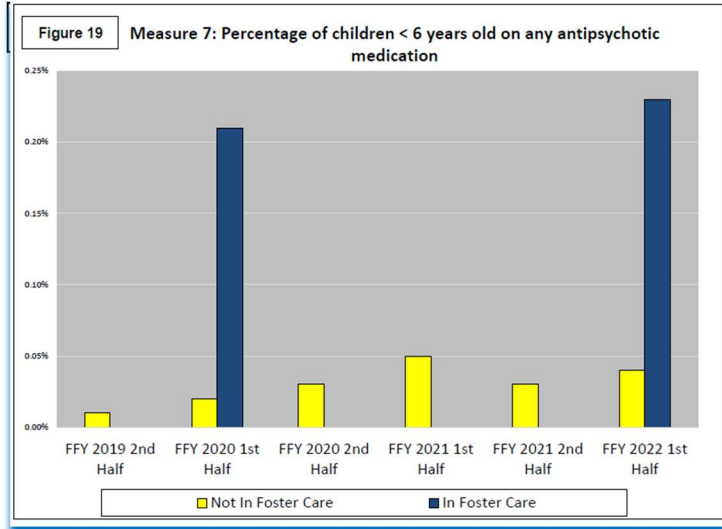
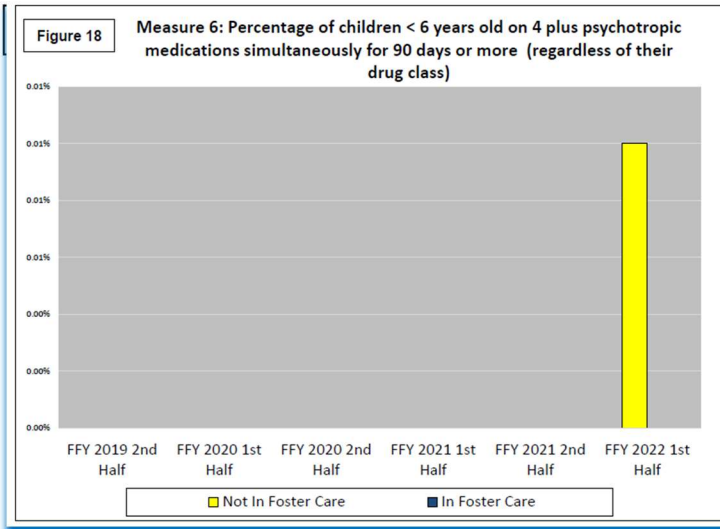
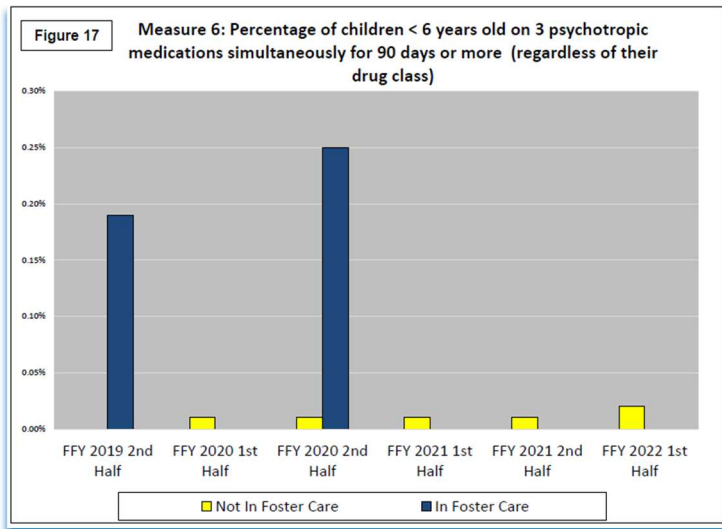
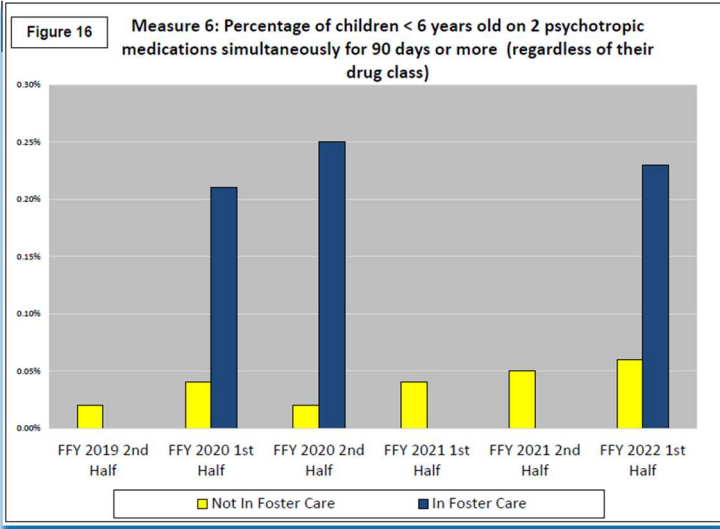
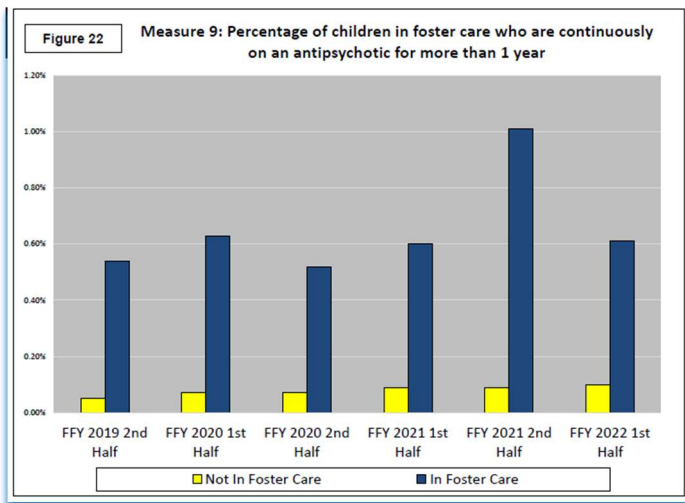


Figure 15

Measure 5: Percentage of children < 6 years old on any psychotropic medication







Disaster Plan

VT 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.

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.

This specific function (the addition of virtual work) has not yet been adopted into the disaster plan but isn’t excluded at this time either. When things are more settled, and it is time for another update the utilization of remote/virtual work will be included in our disaster plan.

Training Plan

Please refer to **Appendix D**.

Statistical and Supporting Information

1. 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

There are no new updates around the education and qualifications requirements for Family Services Workers staff. The minimum qualifications for Family Services worker Trainees 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.

We do utilize the FSW trainee position in many offices. Minimum qualifications are lower so it helps us grow our bench, especially with how hard it has been to hire during the pandemic.

The minimum qualifications for Family Services Workers are:

- 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 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. In the past we have pulled information from various staff survey’s 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. Over the last year, FSD administered our third annual Safety Culture survey and integrated some demographic questions. In December 2021, a total of 276 staff from Vermont’s Family Services Division completed the Culture of Safety Survey (73% participation rate); this is comparable to the 2020 survey, in which 292 staff from Vermont FSD participated in the survey (75% response rate). This survey is an organizational assessment that examines various aspects of an agency’s culture:

PROFESSIONAL FACTORS			ORGANIZATIONAL FACTORS			TEAM RESILIENCE		
Emotional Exhaustion	Workplace Connectedness	Intent to Remain in Child Welfare	Safety Climate	Personal Safety	Workplace Safety	Stress Recognition	Mindful Organizing	Psychological Safety
a measure of personal emotional reserves; a component of burnout	how connected employees feel to coworkers in the agency	measures an individual’s intent to remain employed in the child welfare field	measures the relationship team members have with their supervisor	measures how physically safe team members feel when they are working	describes how safe team members feel in the office/work setting	how well people identify stress and its impact on decision-making	measures how teams monitor, plan, innovate, learn, and support one another	measures whether team members feel accepted, respected, part of a team and take interpersonal risks

The chart below shows the percentage of survey respondents by gender, race, and sexual orientation within each job category; there are additional categories not captured here (e.g., option for “none of these describe me” and “decline to answer,” which is why percentages may not add up to 100%).

Figure 72	FEMALE (214 staff)	MALE (31 staff)	WHITE (241 staff)	NON-WHITE (10 staff)	HETEROSEXUAL (196 staff)	LGBQ+ (34 staff)
Direct Service (167 staff)	74%	14%	85%	5%	71%	11%
Support (43 staff)	79%	9%	95%	none	72%	19%
Administrative (66 staff)	85%	5%	88%	2%	70%	9%
Management (73 staff)	80%	10%	90%	none	80%	8%
All FSD (277 staff)	77%	11%	87%	4%	71%	12%

Data Note: 1) Due to small numbers, race categories have only been split into 2 buckets: white and non-white. 2) Management status is different than job type – managers could be in direct service, support OR administration.

Additional Demographic Information

Agency Tenure (all employees)	Years in Child Welfare	Years at FSD	Years in department	Years in position
Less than 1 year	3%	10%	12%	20%
1-5 years	26%	36%	37%	48%
6-10 years	27%	24%	23%	21%
11-15 years	12%	11%	10%	5%
16-20 years	16%	9%	7%	3%
21+ years	17%	11%	11%	3%

Figure 73: 70% of survey respondents have been at FSD for 10 years or less.

Age	All employees
18 – 24	2%
25 – 34	27%
35 – 44	32%
45 – 55	26%
55 +	14%

Figure 74: 72% of survey respondents are age 35 and older.

Figure 75: Approximately 91% of survey respondents have a Bachelor's degree or greater level of education, with 21% of those having a Master's degree in Social Work.

Highest level of education	All employees
High school or GED	9%
Bachelor's: BSW	10%
Bachelors: another field	50%
Master's: MSW	21%
Master's: another field	10%
Doctorate	<1%

	Average number of hours worked/week*
All FSD employees	43.24
Job type: Direct Service	44.20
Job type: Support	40.30
Job type: Administration	42.64
Job type: Management	45.12

Figure 76: All survey respondents reported an average number of hours worked per week greater than 40 hours.

*To calculate hours worked/week, only employees who worked > 19 hours/week were included. There were no significant differences in average number of hours worked per week by agency tenure, gender or sexual orientation. There were statistically significant differences in hours worked/week by job type.

Caseload Size

Caseload is measured in different ways depending on the duties of the Family Services Worker (FSW). Family Services Workers who conduct child safety interventions (investigations and assessment) are expected to conduct 80 interventions per year. In the spring of 2020, the Division Management Team adjusted policy expectation from 100 to 80 interventions annually, based on years of struggling to close CSIs timely, receiving feedback from the field during annual District Roadshows and a data analytics project by our Quality Assurance team revealed a significant increase in policy and practice expectations related to CSI work over the previous 10-year period. The caseloads of ongoing Family Services Workers are measured by the number of families per worker, regardless of the type of case.

FSD calculates district capacity by using the following equation:

$$\frac{\text{\# of on-going FSW} \text{ minus (-) } \text{vacant positions} \text{ minus (-) } \text{0.5 FSW with > 6 months experience}}{\text{divided by (/) } \text{family caseload}}$$

Calculated variance with a 15:1 Family Services Workers to family ratio

As of 04/08/2022, caseload per district were as follows:

Figure 77: FSW Allocation for Child Safety Interventions and Ongoing Casework

District	Total # FSW	Allowable CSI FSW	Ongoing FSW	Vacancies	FSW with less than 6 mos.	Actual Ongoing FSW
ADO-St Albans	25	6	19	2	6	14
BDO-Burlington	33.5	10	23.5	0	4	21.5
HDO-Hartford	10	4	6	0	1	5.5
JDO-St Johnsbury	8	3	5	1	3	2.5
LDO-Brattleboro	15.5	4	11.5	1	0	10.5
MDO-Barre	19	5	14	1	4	11
NDO-Newport	11.5	4	7.5	2	3	4
RDO-Rutland	19.5	6	13.5	0	1	13
SDO-Springfield	10	2	8	0	3	6.5
TDO-Bennington	15	5	10	1	2	8
VDO-Morrisville	7.5	2	5.5	0	1	5
YDO-Middlebury	9	2	7	0	3	5.5
Total	183.5	53	130.5	8	31	107

Data Source: FSD Org charts (Vacancies and FSW with less than 6 months experience).

Data Note: data is point-in-time as of the time in which the report is compiled, with vacancies and FSW with less than 6 months identified by Operations staff. Allowable CSI FSW count is calculated using the number of accepted CSIs from 1/1/2021-12/31/2021 @ 80 cases per year.

Figure 78: FSW Average Caseload per Ongoing Caseworker and District Capacity

District	Ongoing FSW FTEs	# Vacant Positions	# Less Staff (count @ 0.5 reduction)	Total FTE Capacity Reduction	Adjusted Ongoing FSW Count	FAMILY Caseload Avg Per Auth FSW	CHILD/ FAMILY Avg Per Auth FSW	Adjusted Family Caseload Average	FSW Capacity
ADO-St Albans	19	2.0	6.0	5.0	14	10.8	14.6	14.7	101.94%
BDO-Burlington	23.5	0.0	4.0	2.0	21.5	11.9	15.4	13.0	115.59%
HDO-Hartford	6	0.0	1.0	0.5	5.5	10.5	12.8	11.5	130.95%
JDO-St Johnsbury	5	1.0	3.0	2.5	2.5	12.0	19.0	24.0	62.50%
LDO-Brattleboro	11.5	1.0	0.0	1.0	10.5	11.1	15.6	12.2	123.05%
MDO-Barre	14	1.0	4.0	3.0	11	10.4	14.3	13.2	113.79%
NDO-Newport	7.5	2.0	3.0	3.5	4	14.7	21.1	27.5	54.55%
RDO-Rutland	13.5	0.0	1.0	0.5	13	14.0	18.5	14.5	103.17%
SDO-Springfield	8	0.0	3.0	1.5	6.5	7.6	9.5	9.4	159.84%
TDO-Bennington	10	1.0	2.0	2.0	8	13.7	18.3	17.1	87.59%
VDO-Morrisville	5.5	0.0	1.0	0.5	5	12.9	19.8	14.2	105.63%
YDO-Middlebury	7	0.0	3.0	1.5	5.5	11.3	15.3	14.4	104.43%
Total	130.5	8.0	31.0	23.5	107	11.7	15.9	14.3	105.25%

Data Source: FSD Caseload Report. Data is point-in-time as of 04/08/22.

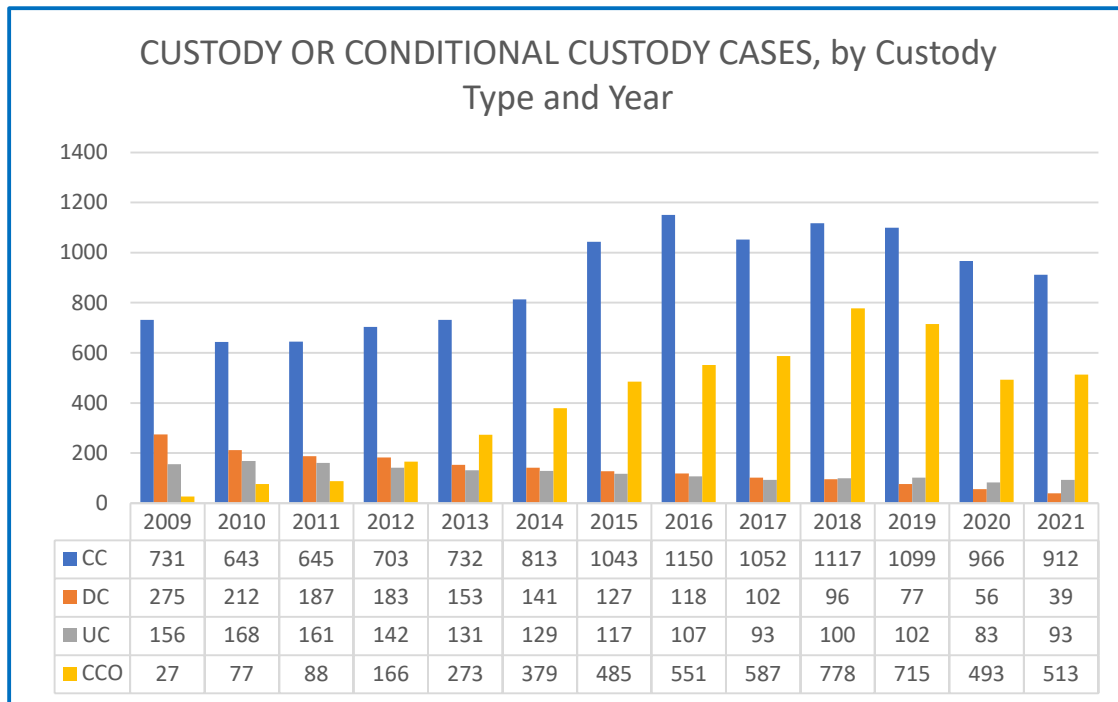
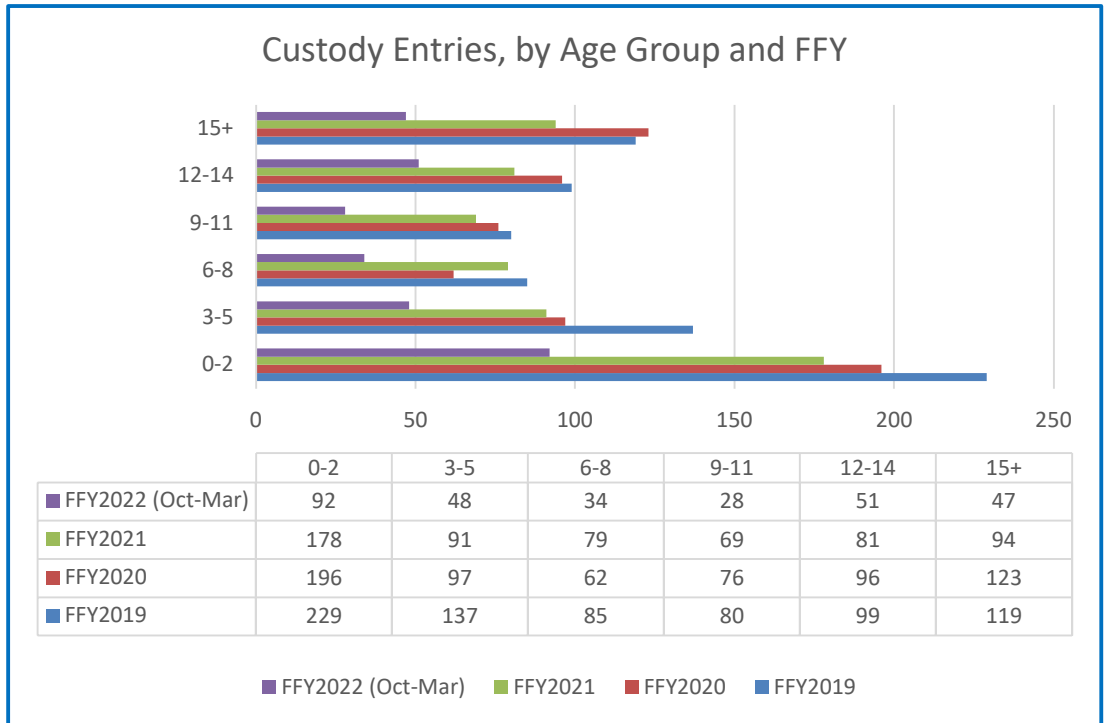


Figure 79: Overall, the total number of cases from 2020 to 2021 increased slightly by 39 cases.

Data Source: FSD Quarterly Management Reports and Quarterly CCO Report; CY Q2 point-in-time. Data Note: Excludes voluntary care (VC) cases.

Figure 80: There has been a decline in custody entries in each age group from FFY2019 to FFY2021. Although complete numbers are not yet available, it appears that FFY2022 will also show a decline from FFY2019.



Data Source: ROM Reporting Tool – Foster Care Counts, identifying youth entering foster care during FFY19, FFY20, FFY21 and FFY22 Oct-Mar. Data Notes: Includes an unduplicated count, capturing the first entry if multiple entries for a single child exists.

1b. 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 81: 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

Data note: New DC Case Type data from Management Custody Q1-Q4,2021; and Juvenile Justice Transfer (prior custody) data from AHS Report Catalog, Child Welfare Custody with Subsequent Delinquency

2. Education and Training Vouchers

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

Figure 82	Total ETVs Awarded	Number of New ETVs
<u>Final Number: 2019-2020 School Year</u> (July 1, 2019 to June 30, 2020)	54	32
2020-2021 School Year* (July 1, 2020 to June 30, 2021)	59	34
2021-2022 School Year (July 1, 2021 to June 30, 2022)	72	41

3. Inter-Country Adoptions

Vermont did not have any children who were adopted from other countries and who entered into state custody in FY 2021 as a result of the disruption of a placement for adoption or the dissolution of an adoption.

Financial Information

Figure 83. Payment Limitations – Title IV-B, Subpart 1	
Item	Amount Spent
FY 2005 Title IV-B, Subpart 1 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 84. 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 \(vermont.gov\)](#)

CHANGE MANAGEMENT & IMPLEMENTATION PRACTICE

Phase 1. Problem Exploration is a critical first step in making sure the division has a clear understanding of the issue through analyzing data. By fully understanding the root causes, the division is more likely to identify and implement a solution that will address the problem and improve outcomes.

<p>Step 1. Problem Identification, Readiness, Teaming</p> <ul style="list-style-type: none"> Once a problem has been identified, FSMT will decide whether to explore the problem further by considering readiness factors such as: the complexity of an issue, leadership capacity, staff capacity, budgetary resources If the decision is to move forward, then the next step is to identify a small team to begin the exploration and analysis of the available data 	<p>Step 2. Data</p> <ul style="list-style-type: none"> Identify available quantitative and qualitative data Analyze patterns, trends, and relationships. Data will help the team: <ul style="list-style-type: none"> Demonstrate there is a problem Understand the nature of the problem Explore the underlying root cause(s) of the problem and contributing factors Identify the target population 	<p>Step 3. Contributing Factors and Root Causes</p> <ul style="list-style-type: none"> Identify the contributing factors such as organizational resources, policy and processes, knowledge and skills, culture, and climate Look at the underlying root causes- consider using 'The 5 Whys Method' 	<p>Step 4. Communication and Decision Making</p> <ul style="list-style-type: none"> Share findings with FSMT FSMT will determine: 1) if a change is needed and 2) the division's readiness to potentially implement a new practice. FSMT may agree that change is needed but there may not be capacity and will revisit in 6 months to a year.
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Phase 2. Theory of Change is about developing a road map that starts with the identified problem and maps out a path to the desired outcomes. It states through a series of logical steps, potential interventions that are expected to address the problem and achieve short and long-term outcomes. The TOC is an important part of the change management process that assists teams to achieve buy-in, select the best intervention, guide implementation planning, and informs the plan for ongoing assessment and monitoring.

<p>Step 1. Problem Statement, Root Cause, and Target Population</p> <p>Teams review the problem statement, root causes, and target population which is supported by the data.</p>	<p>Step 2. Long-Term Outcome</p> <ul style="list-style-type: none"> Determines where the division wants to end up in relation to the current state. Outcomes are Specific, Measurable, Achievable, and Relevant, and Time-bound (SMART goals). 	<p>Step 3. Pathway of Change</p> <p>The pathway(s) of change, which are the causal links, or conditions for change that are needed to achieve our goal.</p>	<p>Step 4. Actions Steps</p> <ul style="list-style-type: none"> Define action steps that needs to happen <u>before</u> each causal link can take place. Actions for the causal links are defined through brainstorming sessions 	<p>Step 5. Assumptions</p> <ul style="list-style-type: none"> Clarify beliefs and <u>expectations</u> about why TOC will work Include contextual information (ex: legislative or federal requirements) Identify the data and research that support the TOC 	<p>Step 6. Communication and Readiness</p> <ul style="list-style-type: none"> The TOC assists teams to achieve buy-in. Teams should communicate back to FSMT their TOC. FSMT should continue to keep a pulse on the division's readiness.
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Phase 3. Intervention Selection outlines how to explore whether the selected intervention will address the identified problems and root causes, and lines up with the articulated theory of change. Choosing an appropriate solution requires critical thinking about whether an existing intervention is a

good fit as is, requires adaptation or if an entirely new approach is needed.

<p><u>Step 1. Research Interventions and Assess Evidence</u></p> <p>To select the best possible intervention, reflect on:</p> <ul style="list-style-type: none"> ○ Root cause(s) ○ The theory of change f ○ Target population ○ Desired outcomes <p>Begin researching interventions and evidence of effectiveness</p>	<p><u>Step 2. Well-Defined & Transferable</u></p> <ol style="list-style-type: none"> 1. Does the intervention have a clear definition, core components, operational definitions? 2. Is there enough information to replicate the intervention? 	<p><u>Step 3. Fit with Family Services</u></p> <ul style="list-style-type: none"> • Does the intervention address the root cause(s) of the problem and align with the theory of change? • How does the intervention fit with policies, procedures, or contracting relationships? 	<p><u>Step 4. Replicate, Adapt, or Design</u></p> <ul style="list-style-type: none"> • Usually requires adaptations • Need to consider the impact to the core components, and the integrity and effectiveness of the intervention • the division may opt to design a new intervention 	<p><u>Step 5. Communication and Decision Making</u></p> <ul style="list-style-type: none"> • The team provides an overview of their findings to FSMT • Look to see if there is agreement that the intervention addresses the identified problem and there is capacity to move forward
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Phase 4. Implementation Planning and Capacity Building are essential to effective change efforts and provides FSD a structured approach to getting ready for change. An implementation plan is a document that describes key steps and activities needed before and during implementation of a selected intervention. “Capacity building” refers to ongoing, evidence-informed activities used to develop FSD’s potential to be productive and effective. This phase helps assess FSD’s readiness and looks for ways to build capacity. Implementation planning also guides next steps in testing, piloting, and staging as well as identifies anticipated challenges.

<p><u>Step 1. Teaming, Readiness, Staff Engagement</u></p> <ul style="list-style-type: none"> • Reevaluate the team for diverse representation of expertise/perspectives to support this critical phase • Assess the division’s readiness by identifying strengths and gaps • Engage staff: survey, facilitated discussions 	<p><u>Step 2. Implementation Planning</u></p> <ul style="list-style-type: none"> • Outline pre-implementation and initial implementation activities • The implementation plan serves as a communication tool • The plan should include ways to support sustainability 	<p><u>Step 3. Communication and Engagement</u></p> <ul style="list-style-type: none"> • FSMT will review the plan and ensure it is doable and understandable. • Other stakeholders may need to be involved as well.
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Phase 5: Monitor, Assess, and Improve supports the different stages of implementation by identifying progress and potential problems, as well as how these fit within the division’s continuous quality improvement (CQI) structure. Teams should be able to determine if they are on the right path to achieve the desired outcomes. These efforts will help teams identify what needs to be adjusted, continued, expanded, or phase out. The overarching goal is to continuously improve implementation processes and ensure that each intervention is fully implemented as intended.

<p><u>Step 1. Determine if implementation was successful</u></p> <p>Teams should think about:</p> <ol style="list-style-type: none"> 1. What do you want to know? 2. How are you going to know it? 	<p><u>Step 2. Measure whether the new practice change achieved its desire outcomes</u></p> <p>Identify potential quantitative and qualitative data to be collected and analyzed</p>	<p><u>Step 3. Plan for Sustainability and CQI</u></p> <p>Think early on about a plan for sustainability and commit to learning how to improve the practice.</p>
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Appendix B.

DMT CQI Indicator Schedule 2022-2023		
Focused Indicator	Activity	Target Month
Face-to-Face	<ul style="list-style-type: none"> DMT Central Office shares data 	December
	<ul style="list-style-type: none"> Directors will follow up with their leadership team/staff: Discuss data and identify primary issue(s) for not meeting the monthly contact standard Review current strategies and a plan to evaluate progress 	January/February
	<ul style="list-style-type: none"> DMT Central Office shares updated data Directors report out on: <ul style="list-style-type: none"> What you learned from discussing with leadership team/staff Strategies and how you are evaluating them Any changes/results Additional supports you need 	March
	<ul style="list-style-type: none"> DMT Central Office presents 3-year data on focused indicators Discussion around the focused indicators for the next 3 years <ul style="list-style-type: none"> Do we keep any or all of these as focused indicators? Are there any new indicators that should be added to focused? Discussion around monitoring indicators for the next 3 years <ul style="list-style-type: none"> Do we keep any or all of these as focused indicators? Are there any new indicators that should be added to focused? 	September
Focused Indicator #1 (TBD from September 2022 discussion)	<ul style="list-style-type: none"> DMT Central Office presents new quarterly data 	October
	<ul style="list-style-type: none"> Directors will follow up with their leadership team/staff: Review current strategies and a plan to evaluate progress 	October-December
	<ul style="list-style-type: none"> DMT Central Office shares updated data Directors report on: <ul style="list-style-type: none"> What you learned from discussing with leadership team/staff Strategies and how you are evaluating them Any changes/results Additional supports you need 	January (2023)
Focused Indicator #2 (TBD from September 2022 discussion)	<ul style="list-style-type: none"> DMT Central Office presents new quarterly data 	February (2023)
	<ul style="list-style-type: none"> Directors will follow up with their leadership team/staff: Review current strategies and a plan to evaluate progress 	February-April (2023)
	<ul style="list-style-type: none"> DMT Central Office shares updated data Directors report on: <ul style="list-style-type: none"> What you learned from discussing with leadership team/staff Strategies and how you are evaluating them Any changes/results Additional supports you need 	May (2023)

Vermont Newborn Plan of Safe Care (POSC)

INSTRUCTIONS

The Plan of Safe Care should be developed with the pregnant individual and other involved caregivers prenatally and completed after the infant is born. The goal of the POSC is to ensure infants and families are connected to supportive services in their communities. The completed POSC should be sent to the infant's primary care provider at hospital discharge to facilitate communication and follow-up of new referrals. It should be scanned into the infant's medical record and the family should also receive a copy.

POSC INDICATION

MAT Prescribed Opioids Prescribed Benzodiazepines Marijuana use (prescribed or recreational after 1st trimester)

DEMOGRAPHIC INFORMATION

Name of Parent:	Parent's DOB:	EDD:
Name of Infant:	Infant's DOB:	Infant discharge date:
Infant's primary care provider & contact information:		

HOUSEHOLD MEMBERS

Name	Relationship to Infant	Age	Name	Relationship to Infant	Age

CURRENT SUPPORTS (include emergency childcare contact and other support people)

Name	Role	Contact information

STRENGTHS AND GOALS (ex: recovery, housing, parenting, smoking cessation, breastfeeding)

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SERVICES, SUPPORTS, and REFERRALS

Infant Supports

	Contact information	Status
Nurse home visiting (Home Health & Hospice, VNA, Children's Integrated Services Strong Families Vermont)		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable
Children's Integrated Services: Early Intervention		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable
Help Me Grow	Phone: 2-1-1 extension 6 or Online: https://helpmegrowvt.org/form/referral-form	<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable
Pediatric specialist referral (NeoMed clinic)	https://helpmegrowvt.org/form/referral-form	<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable

Vermont POSC (continued)

Caregiver Supports			
	Contact information	Status	
Medications for Addiction Treatment (MAT)	**	<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable
Mental Health Counseling	**	<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable
Substance Use Counseling	**	<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable
Community Empaneled Team (ex. ChARM)	**	<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable
Recovery Supports (ex. Recovery coaching, 12-step group)		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable
Case Management		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable

Smoking Cessation		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable
Parenting Supports		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable
Financial Supports (WIC, Fuel, Reach Up)		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable
Housing Supports		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable
Childcare Resources (Children's Integrated Services: Specialized Child Care)		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable
Transportation		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable
Legal Assistance		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable
Other		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable

**confidentiality must be protected, parent/caregiver may choose to disclose contact information or leave blank

PARENT/CAREGIVER PARTICIPATION

I participated in the development of this Plan of Safe Care, have received a copy, and understand it will be shared with my baby's primary care provider.

Parent/Caregiver Signature: _____ Date: _____ Parent/caregiver declined participation

Staff Signature: _____ Date: _____

NOTES/FOLLOW-UP NEEDED

TRACKING

Date POSC initiated: _____ Date(s) Revised: _____ Date Completed: _____

Sent to infant's PCP Copy in infant's chart Copy given to family CAPTA notification completed

Appendix D.

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 child welfare system, as described in this document and in the lives of children and families, is larger than just FSD and includes other public and private entities and organizations that directly engage in the development and/or implementation of the case plan for children in foster care or who have been adopted and are eligible for Title IV-E assistance. FSD recognizes that it is in the best interest of children receiving Title IV-E assistance to be served by entities across the child welfare system who have been jointly trained in order to support consistent messaging and improved shared practice. FSD considers the child welfare system to include parents, extended family members, caregivers, licensed child care providers, providers of domestic violence services, staff of community mental health centers, licensed mental health clinicians, school and other education staff, staff of the family and juvenile court systems, staff of the DCF Economic Services and Child Development divisions, staff of the Departments of Mental Health, Disabilities, Aging, and Independent Living, and Corrections.

Long-Term Training

Each year, the CWTP supports 2 current child welfare workers/supervisors and an additional 2 potential employees to obtain a Masters 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 2-4 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. They contract to work for the division for 3 years following graduation. 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 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 close community partners 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 a grid on pages 3-5.

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	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.	AL	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	Funded through CBCAP
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 as well as assurance that the curriculum covers appropriate and relevant content.
- New evaluation framework that uses Pre- and Post- test measurements to evaluate training design and knowledge acquisition.
- 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.

1. Integrated Foundations Learning Program for Child Protection & Youth Justice Practice

This 8 week, 11 modules will be offered **2-4 times/year**, dependent on the number of new employees hired over a period of three months. Each module consists of integrated online learning and remote interactive learning opportunities.

In addition to the 11 topically focused modules, we have identified *5 core tenets of learning* that will be threaded throughout all 11 modules.

The 5 core tenets are:

- Safety Culture & Safety Organized Practice
- JEDI: Justice, Equity, Diversity & Inclusion
- Trauma Informed Practice
- Engagement
- Permanency

2. Foundations Field – Based Practice

The purpose of the field-based practice category is to provide opportunities for new social workers to transfer their learning from the classroom and computer to the field 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 Social Workers gain insight into the role and responsibilities of a child welfare and/or youth justice social 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
Module 1: 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 etc.	Child Welfare and Youth Justice System overview, professional enhancement skills	RSL	5.5 hours total 4.5 hrs Zoom 1 hr worksheet	VT CWTP	100% IVE @ 75% FFP
Introduction to Foundations	Understand how to navigate through virtual Foundations. Understand who CWTP is and how we fit into the FSD picture.	Introduction to the Foundations for Child Welfare & Youth Justice Practice, expectations, resources	AL	See above	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 that govern child welfare practice in VT.	Overview of Child Welfare & Youth Justice System in VT	AL	See above	VT CWTP	100% IVE @ 75% FFP
JEDI: Justice, Equity, Diversity & Inclusion	Develop an understanding of the concepts of justice, equity, diversity and inclusion and their impacts on our values, practices and approaches to child welfare Practice JEDI concepts in child welfare interactions such as assessment, case planning, and family meetings.	Case planning, case management, placement of the child	AL	See above	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
Module 2: 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	RSL	9 Hours Total 5 hours Zoom 3 online pre work 1 hr supervision/ worksheet	VT CWTP	100% IVE @ 75% FFP
Motivational Interviewing	Understand the trans-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	See above	VT CWTP	100% IVE @ 75% FFP
Engagement Skills	Identify the four phases of the casework process as well as the 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.	Case Planning & Assessment	AL	See above	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
Module 3: Recognizing Child Abuse	Recognizing and assessing physical Abuse, Sexual Abuse (including Sex Trafficking) & Neglect and developing an understanding of our personal knowledge, values and biases 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 trauma; resilience, social work methods including interviewing and assessment; preparation for judicial determinations; placement of a child; case supervision & management; development of case plan.	RSL	21.5 Hours Total 6 hrs pre work 12.5 hrs Zoom 3 hrs supervision/ worksheet	VT CWTP	50% CAPTA 50% IVE @ 75% FFP
Introduction to Child & Adolescent Development	Understand normal child and adolescent development, including brain development. Explore the impact of trauma.	Child abuse and neglect issues, such as the impact on a child's development and wellbeing, impact of trauma, resilience; social work methods including interviewing & assessment; developing case plans; case supervision & management.	AL	See above	VT CWTP	100% IVE @ 75% FFP
Module 4: 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.	RSL	21 Hours Total 7 hrs pre work 12 hrs Zoom 2 hrs supervision/ worksheet	VT CWTP	50% CAPTA 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	See above	Evident Change & VT CWTP	100% IVE @ 75% FFP
Module 5: Risk Assessment	SDM Risk & Risk Reassessment, Danger, Safety & Risk statements, Family Safety Planning Framework & 3 W's	Case Planning, Assessment and Reunification	RSL	18 Hours Total 5 hrs pre work 11 hrs Zoom 2 hrs supervision/ worksheet	VT CWTP	50% CAPTA 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	See above	Evident Change & 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
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	RSL	22.5 Hours Total 8 hrs pre work 9 hrs Zoom 2 hrs supervision/ worksheets	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	See above	VT CWTP	100% CAPTA
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;	AL	See above	VT CWTP	100% IVE @ 75% FFP
Module 7: Working with Courts	Affidavit writing, court procedures, testifying, policies and relevant statutes. Understand role of social 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	17 Hours Total 7 hrs pre work 1 hr post work 7 hrs Zoom 2 hrs supervision/ worksheets	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
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	See above	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 social workers will see.	Preparation for judicial determinations; placement of child; permanency planning; case management and supervision	AL	See above	VT CWTP	100% IVE @ 75% FFP
Module 8: 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.	RSL	11 Hours Total 8 hrs pre work 2 hrs Zoom 1 hr supervision/ worksheets	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	See above	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
Module 9: 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.	RSL	14 Hours Total 5.5 hrs pre work 7.5 hrs Zoom 1 hr supervision/ worksheet	VT CWTP & FSD Staff	100% IVE @ 75% FFP
Resources for Youth	Overview of Youth Development Program, Youth interviews.	Development of case plan; case management and supervision; permanency planning; referral to service.	AL	See above	VT CWTP	100% IVE @ 75% FFP
Module 10: 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 barriers to engagement. 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.	RSL	11.5 Hours Total 3 hrs pre work 3hrs Zoom (DV) 4 hrs Online (S&T & SAMHSA) 1 hr supervision/ worksheet	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
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	See above	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; This training is not related to how to conduct an investigation of child abuse and neglect.	AL	See above	NCSA&CW SAMHSA	100% IVE @ 75% FFP
<u>Module 11:</u> 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	RSL	9 Hours Total 1.5 hrs pre work 11 hrs in-person 2.5 hrs Zoom (Self as practitioner) 1 hr supervision/worksheets	VT CWTP	100% IVE @ 50% FFP

Integrated Foundations Learning Program for Child Protection & Youth Justice

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 secondary trauma.	Job Performance & Enhancement Skills	AL	See Above	VT CWTP	100% IVE @ 50% FFP
Modules 1-11: Embedded Simulation Lab	Commencement and Engagement (Mod 5), Case Planning (Mod 6), Initial Home Visit, Interviewing the Child, Removals, Completing Suitability Assessments, engaging and assessing the non-custodial parent (Mod 7), completing family finding tools, Practicing Inter-Cultural Agility, Witnessing, Interviewing Youth (Mod 9).	Social work practice, such as social work methods including interviewing and assessment; development of case plan	C or RSL	12.5 Hours	VT CWTP	100% IVE @ 75 % FFP
Role Specific Foundations Modules: <ul style="list-style-type: none"> • Juvenile Justice FSW • Ongoing FSW • 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 & RSL	2-6 hrs	VT CWTP	100% IVE @ 75% FFP
Role Specific Foundations Modules: 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 & RSL	2-6 hrs	VT CWTP	100% CAPTA

Advanced Practicum Courses

The advanced practicum course content is regularly updated to reflect current knowledge in the field. Each practicum series 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.

Topic	Syllabus	IV-E Functions Addressed	Venue	Hrs.	Provider	Cost/Funding Source
Advanced Practicum #1: Child Abuse and Neglect Series						
Medical Aspects of Child Abuse	Develop understanding of the risk factors that are likely to lead to serious physical abuse. Participants will review policy requirements, practice guidelines and research that informs work on serious physical abuse cases. Participants will also examine strategies for interviewing, collaborative investigations, documentation and case planning in cases of serious physical abuse.	Case Planning, risk factors, policy and practice	C or RSL	6	Hired Subject Expert(s) & CWTP	50% CAPTA 50% IVE @ 75% FFP
Neglect: Medical, Physical & Chronic	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, engagement and assessment	C or RSL	6	Hired Subject Expert(s), FSD Staff & CWTP	100% IVE @ 75% FFP

Topic	Syllabus	IV-E Functions Addressed	Venue	Hrs.	Provider	Cost/Funding Source
Children with Problematic Sexual Behaviors	Identify key areas of assessment in safety planning when sexual abuse is a factor in the home environment. Develop engagement strategies for inviting parents to participate in planning for their children when these issues are complicating the relationship between the family and the professionals. Evaluate risk and protective factors as they relate to the context of prevention of placement and reunification. Unpack our values that are surfaced when considering the long term. Generate thoughtful case plans utilizing assessment skills and collaborative planning.	Child abuse and neglect issues, such as the impact of child abuse and neglect on a child; assessments to determine whether a situation requires a child's removal from the home; development of case plan for children in foster care/ at risk of foster care; permanency planning; case management and supervision; referral to services, impact of trauma, relational competence. This training is not related to how to conduct an investigation of child abuse and neglect.	C or RSL	12	Hired subject expert(s) and CWTP	100% IV-E @ 75% FFP
Human Trafficking & Commercial Sexual Exploitation	Knowledge of children and youth who are victims of, or at risk of, sex trafficking. Understands impact, laws, and policies related to protecting children and youth at risk of sex trafficking. Identifies the characteristics that place children and youth at risk of sex trafficking. Knowledge of children and youth who are victims of, or at risk of, sex trafficking. Identifies the characteristics that place children and youth at risk of sex trafficking. Identifies the needs of children and youth sex trafficking victims or survivors. Identifies the characteristics that place children and youth at risk of sex trafficking. Identifies the needs of children and youth sex trafficking victims or survivors. Uses trauma-informed, gender-specific, and culturally responsive approaches.	Case planning, risk factors, policy & planning.	C or RSL	6	VT CWTP	100% IV-E @ 75% FFP

Topic	Syllabus	IV-E Functions Addressed	Venue	Hrs.	Provider	Cost/Funding Source
Adult Offenders & Risk of Sexual Abuse Course (ROSAC)	MI interviewing and use of the ROSAC Tool for making appropriate referrals for services.	Case Planning, Case management	C or RSL	6	Hired Subject Experts & CWTP	100% IVE @ 75% FFP
Affidavit Writing, Safety Planning & Case Planning	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.	Case Planning, Disposition, court	C or RSL	6	VT CWTP & Subject Experts	100% IVE @ 75% FFP
Coaching Sessions for TOL	Coaching sessions will focus on assessments of child abuse and neglect cases and how to utilize the tools identified in the advanced practicum.	Transfer of Learning, Coaching on social work practice	In person or remote	2	VT CWTP	100% IVE @ 75% FFP
Advanced Practicum #2: Youth Justice Series						
Transition to Adulthood	Identify Healthy and unhealthy natural supports; develop new lens to understand how systemically identified “unhealthy/unsafe” supports are important to older youth; strengthen ability to build connections for and with youth within existing practices; navigate services and systems in support of older adolescents. Youth Thrive: Concrete supports in times of need.	Increase protective factors of youth, casework practices, case planning, well-being assessment	C or RSL	5	VT CWTP	100% IVE @ 75% FFP
Motivational Interviewing to Build Positive Social Connections with Youth	Learn the elements, values, and principles of Motivational Interviewing; Understand the nuances of MI with different Age youth; Identify individual MI strengths and areas to Practice Youth Thrive: Social Connections.	Increase protective factors of youth, casework practices, case planning, well-being assessment	C or RSL	5	VT CWTP	100% IVE @ 75% FFP

Topic	Syllabus	IV-E Functions Addressed	Venue	Hrs.	Provider	Cost/Funding Source
Harm Reduction for Cognitive and Social Competence	Learn about the principles of Harm Reduction Practice; Understand how FSD/DCF and support agencies can perpetuate or minimize systemic harm; Develop coaching goals for professional practice to grow harm-reduction skills; Youth Thrive Cognitive and Social Emotional Competence.	Delinquent youth at risk of or in foster care, Increase protective factors, case planning	C or RSL	5	CWTP & FSD Staff	100% IVE @ 75% FFP
Working with Youth in Care	Learn the elements, values and principles of best practices when working with youth in care or at risk of foster care; Become familiar with the emerging best practices in VT ; Identify the impact and role of trauma for youth preparing for or participating in judicial processes; Methods and practices for the implementation of best practices in working with youth in foster care ; Youth Thrive: Supporting Youth Resilience.	Working with youth who are in foster care or at risk of foster care	C or RSL	5	VT CWTP	100% IVE @ 75% FFP
Youth Justice Summit Restorative Practices	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. FY21 Positive Youth Development Framework and cross-team approaches to the PYDF.	Working with delinquent youth who are in foster care or at risk of being in foster care. Increase protective factors of youth, casework practices, case planning, well-being assessment	C or RSL	5	Hired subject expert(s), FSD Staff and CWTP	100% IVE @ 75% FFP

Topic	Syllabus	IV-E Functions Addressed	Venue	Hrs.	Provider	Cost/Funding Source
Advance Practicum #3 Permanency & Case Planning Practicum (Curriculum Design FY24)						
Family Finding and Network Development to support early permanency	Understand the benefits of family finding and network development at the onset of a case; Practice strategies for building out networks for safety and permanency.	Case planning with children and youth in foster care, and planning for permanency.	C	30	FSD/ CWTP/LUND	100% IVE @ 75% FFP
Engagement practices throughout the life of a case	Identify strategies for engaging families from the very first interaction to case closure. Explore ways to discuss permanency while maintaining positive working relationships, and how to have difficult conversations when the case goal changes from reunification to adoption.	Case Planning to support decision making for permanency options	C or RSL	TBD	VT CWTP	100% IVE @ 75% FFP
Case Documentation	Identify key areas of documentation for case notes, that describe behavioral changes, and documents clear change within the case goal.	Foster Care, Adoption, Guardianship	AL	TBD	VT CWTP	100% IVE @ 75% FFP
Case Planning for Change	Discuss and build understanding to support the behavior change process and achieve permanency.	Case Planning to support decision making for permanency options	C or RSL	6	VT CWTP	100% IVE @ 75% FFP
Planning for permanency: Legal permanency, Engaging Families & Youth in Transition to Adulthood	Practice consultation with SME's to build collaboration for achieving permanence for youth who may age out of the foster care system. Identifying independent living plans.	Foster Care, Adoption, Guardianship	C or RSL	6	VT CWTP	100% IVE @ 75% FFP

Topic	Syllabus	IV-E Functions Addressed	Venue	Hrs.	Provider	Cost/Funding Source
Advanced Training Series: Safety Organized Practice Series						
District Based Focus/Training & Coaching						
Case Reading	Deepen supervisor skills on effective and efficient case reading to elicit practice themes and ensure proper tool completion.	Case Planning, Foster Care	District Support in person or Remote	Varies by district	VT CWTP	100% IVE @ 75% FFP
SDM Tool Skill Labs	District Based Skill Labs to refresh on proper tool procedures and protocols for SDM Safety Assessment, Risk Assessment, Risk Reassessment & Reunification tools.	Assessment, Case Planning	District Support in person or Remote	Varies by district	VT CWTP	100% IVE @ 75% FFP
New Manual Roll Out, Cultural Context Guidance, and Judiciary Bench Book Training	Review changes to the SDM manual to ensure tool fidelity and accurate usage. Special attention paid to the Cultural Context box and the new guidance issued. Educating workforce on what Judiciary is receiving regarding safety organized practices and judicial expectations.	Assessment and Case Planning	Regional Virtual Trainings and District Support in person or Remote	Varies by district	VT CWTP	100% IVE @ 75% FFP

Topic	Syllabus	IV-E Functions Addressed	Venue	Hrs.	Provider	Cost/Funding Source
Building and Monitoring Effective Safety Plans	Explore safety planning in more depth. Deepen your skills in articulating clear risk statements and working with families to formulate individualized safety plans. Learn and practice questioning and coaching techniques and key questions to assist families in developing solid safety plans. Develop skills for monitoring and measuring the movement of a plan and the ongoing needs for safety	Social work practice, such as family centered practice and social work methods including interviewing and assessment; risk and protective factors, assessments to determine whether a situation requires a child's removal from the home; activities designed to preserve and reunify families communication skills required to work with children and families; placement of the child; development of case plan for children in foster care/ at risk of foster care; permanency planning; case management and supervision; referral to services.	District Support in person or Remote	Based on need	VT CWTP	100% IV-E @ 75% FFP
Developing and Supporting Networks for Safety and Permanency	This day takes a deeper look at how working with kin impacts safety planning, the tensions that may exist in engaging kin, assessing for risk and identifying strengths and protective factors. Explore strategies to support successful kin placements and permanence with kin.	Permanency planning including using kinship care as a resource for children involved with the child welfare system; recruitment and licensing of foster homes; activities designed to preserve and reunify families development of case plan for children in foster care/ at risk of foster care; permanency planning case management and supervision; referral to services	District Support in person or Remote	Based on need	VT CWTP	100% IV-E @ 75% FFP
Case Planning for Change	Utilize the tools and strategies for case planning and such as Case Plan format, Reunification Structured Decision Making Tool, focus on developing behaviorally based plans that address parenting risks and plan for safety	Case Planning	District Support in person or Remote	Based on need	VT CWTP	100% IV-E @ 75% FFP

Topic	Syllabus	IV-E Functions Addressed	Venue	Hrs.	Provider	Cost/Funding Source
Restorative Justice Certificate Program Partnership with the Vermont Law School						
Origins, Evolution, and Critical Issues in Restorative Justice	<ul style="list-style-type: none"> • Analyze the foundational theory of restorative justice to issues in contrast with the current criminal justice system. • Recognize the significance of traditional indigenous practices within the current context of the restorative justice movement. • Identify challenges and apply solutions to current, complex issues within modern society using restorative justice practices. 		RSL or AL	3 credit hours	Vermont Law School Faculty	100% State funds
Principles of Restorative Justice	<ul style="list-style-type: none"> • Critically examine the way we as society and individuals respond to crime and wrongdoing. • Define restorative justice • Explore alternative ways of looking at and responding to crime and wrongdoing from the restorative justice perspective. • Critically assess the strengths and shortcomings of restorative justice theory and practice. • Understand several different restorative practices and how they typically interact with state systems. • Facilitate a learning experience for peers on an area of interest in the restorative justice field. 		RSL or AL	3 credit hours	Vermont Law School Faculty	100% State funds

Topic	Syllabus	IV-E Functions Addressed	Venue	Hrs.	Provider	Cost/Funding Source
Juvenile Justice	<p>Course explores:</p> <ul style="list-style-type: none"> • Current juvenile justice system and the particular needs of youth served by that system. • Impact of trauma on youth in the juvenile justice system • Racial equity 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	<ul style="list-style-type: none"> • Limiting system involvement for youth • Exploring the historical and ongoing significance of effective supervision of youth on probation • Recognizing the role of families and family engagement as imperatives for the efficacy of the system • Improving long term outcomes by reducing out of home placement of youth • Reducing length of system involvement • Reducing racial disparity • Focusing on community-based positive youth development practice • 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						
Basic Forensic Interviewing	Basic forensic interviewing skills for social 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 social workers conducting interviews as part of a child abuse investigation.	N/A	C	16.5	National Child Advocacy Center	100% CAPTA

Topic	Syllabus	IV-E Functions Addressed	Venue	Hrs.	Provider	Cost/Funding Source
Adult Offenders & Risk of Sexual Abuse Course (ROSAC)	MI interviewing and use of the ROSAC Tool for making appropriate referrals for services	Case Planning, Case management	C or RSL	6	Hired Subject Experts & CWTP	100% IVE @ 75% FFP
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/ at risk of 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 2: Multiple Pathways to Harm: A Comprehensive Assessment Framework 3: Working with Men as Parents: Fathers' Parenting Choices Matter 4: Intersections: When Domestic Violence Perpetration, Mental Health and Substance Abuse Meet	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

Topic	Syllabus	IV-E Functions Addressed	Venue	Hrs.	Provider	Cost/Funding Source
National Adoption Competency for Child Welfare Professionals	Module 1: A Case for Adoption Competency Module 2: Understanding and Addressing Mental Health Needs of Children Moving Towards or Having Achieved Permanence through Adoption or Guardianship Module 3: Enhancing Attachment and Bonding for Children Moving Towards/Having Achieved Permanence through Adoption and Guardianship Module 4: How Race, Ethnicity, Culture, Class and Diversity Impact the Adoption and Guardianship Experience and Mental Health Needs of Children Module 5: The Impact of Loss and Grief Experience on Children’s Mental Health Module 6: The Impact of Early and Ongoing Trauma on Child and Family Development, Brain Growth and Development, and Mental Health Module 7: Positive Identity Formation and the Impact of Adoption and Guardianship Module 8: The Lifelong Journey: Maintaining Children’s Stability and Well-being in Adoptive and Guardianship Families	Adoption/Foster Care	AL	25	VT CWTP	100% IVE @ 75% FFP Adoption
Child & Adolescent Needs & Strengths (CANS) Tool	This online CANS Overview is intended to provide an accessible, 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

Topic	Syllabus	IV-E Functions Addressed	Venue	Hrs.	Provider	Cost/Funding Source
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 2-4 times annually	FSD Staff CWTP provides admin support to enter classes into AHS Linc	100% IVE at 50% FFP
JEDI: Justice, Equity, Diversity & Inclusion	Develop an understanding of the concepts of justice, equity, diversity and inclusion and their impacts on our values, practices and approaches to child welfare Practice JEDI concepts in child welfare interactions such as assessment, case planning, and family meetings.	Case management skills, Assessment and planning and engagement with families	C or RSL & AL	6-24	VT CWTP	100 % IVE @ 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: <ul style="list-style-type: none"> • Bias & Disproportionality in Child Welfare** • Working w/ Interpreters 3 & 4** • Crisis management in child welfare and youth justice* • Network Building with Kin* • Working with Domestic Violence • Ethical Practices in Documentation • Ethical Practices in Child Welfare 	Case management skills, Assessment and planning and engagement with families	RSL	1-2 hours 2x per month	VT CWTP & subject matter expert(s)	100% IVE @ 75% FFP

Topic	Syllabus	IV-E Functions Addressed	Venue	Hrs.	Provider	Cost/Funding Source
Just in Time Series	<p>Stand alone, on-demand, online learning opportunities for topical overviews on the following practice areas:</p> <ul style="list-style-type: none"> • Indian Child Welfare Act • Interstate Compact on the Placement of Children • Coordination of safe and appropriate parent child contact • Assessment strategies, family meetings, safety planning; • Case planning; • Placement practice 	Foster Care, Case Planning, Safety Planning	RSL	1 hour each	VT CWTP & Subject matter expert(s)	100% IVE @ 75% FFP
Welcome to the Field Podcast	<p>Child Welfare & youth justice discussions, recorded and shared to the FSD workforce and Foster Parents, and community providers across the state of VT</p> <p>Podcast season 3 topics:</p> <ul style="list-style-type: none"> • Uncomfortable conversations • Transracial adoption • Psychological safety • Normative sexual behavior • Talking to adolescents about sex • Youth in care • Team as a secure base model for caregivers and workforce • Professional dangerousness and transformative supervision 	Case management skills, Assessment and planning and engagement with families	AL	1 hour 6-8 episodes per season	VT CWTP & Subject Matter Expert(s)	100% IV-E @ 75% 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, with 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: Cultural Agility, JEDI issues, Safety Culture, Ethics, Advance Practicum Series, Substance Abuse & Domestic Violence. 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 benefitting 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
Leadership Training Series						
Supervisor's Practicum: <ul style="list-style-type: none"> • Coaching to Supervise Family Finding/ Networks* • Coaching to Case Reading** • Secure Base and Safety Culture** • Courageous Conversations/Effective Feedback in Child Welfare Practice • Supervising through Secondary Traumatic Stress/Burnout • Use of JEDI practices and values 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 25% IV-E @ 50% FFP
Child Welfare Coaching Institute 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 & at risk of foster care, case management and supervision	C or RSL	VT CWTP and Family Services staff	6-12 2 x per year	100% IV-E @ 75% FFP

Course	Syllabus	IV-E Functions Addressed	Venue	Provider	Hours	Cost/ Funding source
National Adoption Competency for Child Welfare Professional Supervisors NTI	Module 1: A Case for Adoption Competency Module 2: Understanding and Addressing Mental Health Needs of Children Moving Towards or Having Achieved Permanence through Adoption or Guardianship Module 3: Enhancing Attachment and Bonding for Children Moving Towards/Having Achieved Permanence through Adoption and Guardianship Module 4: How Race, Ethnicity, Culture, Class and Diversity Impact the Adoption and Guardianship Experience and Mental Health Needs of Children Module 5: The Impact of Loss and Grief Experience on Children’s Mental Health Module 6: The Impact of Early and Ongoing Trauma on Child and Family Development, Brain Growth and Development, and Mental Health Module 7: Positive Identity Formation and the Impact of Adoption and Guardianship Module 8: The Lifelong Journey: Maintaining Children’s Stability and Well-being in Adoptive and Guardianship Families	Adoption/Foster Care	AL	28 hours	VT CWTP	100% IVE @ 75% FFP Adoption
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 District Coaching	CWTP & Evident Change	5-25 1-2 x year statewide and in each district	100% IVE @ 50% FFP

Course	Syllabus	IV-E Functions Addressed	Venue	Provider	Hours	Cost/ Funding source
Leadership Training: Coaching to Enhance 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

Training provided by Family Services Staff				
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 trauma; resilience, social work methods including interviewing and assessment; preparation for judicial determinations; placement of a child; case supervision & management; development of case plan.	Family Services Workers and Family Services Supervisors	100% IVE @ 75% FFP
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% CAPTA
ALICE	Pro-active multi option response to targeted violence	General training related to staff safety in child welfare	AHS	100% IVE @ 50% FFP
SafeSignal	Training on safety technology	N/A	DCF (CDD, ESD, FSD)	100% State Funds
Human Trafficking 101	Definition of human trafficking, red flags, trauma informed response	Child abuse and neglect issues; substance abuse, domestic violence, mental health issues; impact of trauma on children youth development	DCF workers, law enforcement, victim advocates, community, educators (across the state)	100% IVE @ 75% FFP

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 Victim Advocates)	100% State Funds

Additional Courses offered at University of Vermont eligible for IVE

Course	Syllabus	IV-E Functions addressed	Venue	Hrs	Provider	Cost /Funding Source
Building Effective Strategies for Teaching EDSP 295	Supporting Educational Teams to build strategies for working with children who are at risk of or who have emotional/behavioral challenges, using multi-tiered systems of supports	Referral to services; General substance abuse, domestic violence, and mental health issues related to children and families in the child welfare system; Communication skills required to work with children and families; Trauma; Case Planning	DL & C	60 hrs	Center on Disability and Community Inclusion faculty	100% IVE @ 75% FFP
EDSP 330 The Trauma Lens: Understanding core concepts of trauma informed practice in health and human services	Identify how trauma and adversity affects learning, brain development, and social-emotional and behavioral health. Understand the core concepts of trauma informed practice. Understand foundational concepts of attachment, resiliency, development, trauma, learning, cultural humility and secondary traumatic stress. Identify key components of family-engaged, collaborative, inter-professional practices in screening, assessment, and case planning.	Case Planning, Trauma, Workforce Development	RSL & AL	60 Hours	CESS Dept. of Education Faculty	100% IVE @ 75% FFP

EDSP 333 Trauma Informed System Change	Identify key components of a trauma informed system in education and community partner organizations	Referral to services; Resources for children in foster care; Case plan coordination	RSL	60 hours	CESS Education Departmen t Faculty	100% IVE @ 75% FFP
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Training for Community Partners						
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 4 events per fiscal year	National CASA (under VOCA) and Court Improvement Program.	N/A
FUNDAMENTALS in Trauma Informed Care and Adoption Competence	Two separate FUNDAMENTALS (online modules) are available: one in Trauma 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 trauma informed and adoption competent lens, while providing concrete skills that will improve a caregiver's capacity to effectively implement evidence informed treatments.	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, trauma informed and evidence-based services and supports.	AL	VT CWTP	30 hrs Avail ongoing	100% IVE @ 75%

Training for Community Partners						
Course	Syllabus	IV-E Functions addressed	Venue	Hrs	Provider	Cost /Funding Source
National Adoption Competency Mental Health Training for Mental Health Professionals (NTI)	Module 1: A Case for Adoption Competency Module 2: Understanding and Addressing Mental Health Needs of Children Moving Towards or Having Achieved Permanence through Adoption or Guardianship Module 3: Enhancing Attachment and Bonding for Children Moving Towards/Having Achieved Permanence through Adoption and Guardianship Module 4: How Race, Ethnicity, Culture, Class and Diversity Impact the Adoption and Guardianship Experience and Mental Health Needs of Children Module 5: The Impact of Loss and Grief Experience on Children’s Mental Health Module 6: The Impact of Early and Ongoing Trauma on Child and Family Development, Brain Growth and Development, and Mental Health Module 7: Positive Identity Formation and the Impact of Adoption and Guardianship Module 8: The Lifelong Journey: Maintaining Children’s Stability and Well-being in Adoptive and Guardianship Families	Adoption, Foster Care	AL	25-30	VT CWTP	100% IVE @ 75% FFP

Training for Community Partners						
Course	Syllabus	IV-E Functions addressed	Venue	Hrs	Provider	Cost /Funding Source
Family Time Coaching Skill Building	Module 1: Introduction Module 2: Child Safety Skill Set Module 3: Clinical Skill Set Module 4: Child Development Play Lab Module 5: Advanced Child Development Module 6: Coaching Skill Set Module 7: Partnering Skill Set Module 8: Addressing Traumatic Stress Response in Child and Caregiver Module 9: Teen Model Module 10: Introduction to Family Safety Planning Module 11: Genograms and Ecomaps 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	Easter Seals	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. participants will practice facilitating a Family Safety Planning Meeting with support through peer and trainer consultation. 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	Easter Seals	100% IVE @ 75% FFP

Training for Community Partners						
Course	Syllabus	IV-E Functions addressed	Venue	Hrs	Provider	Cost /Funding Source
Genograms and Ecomaps	Discuss genograms & ecomaps as a methods of understanding family systems, finding strengths and accessing sources of support Explore the practice of Family Finding Learn how to complete genograms and ecomaps		RSL	6 hours	Easter Seals	100% IVE @ 75% FFP
Advanced Family Safety Planning Meeting Facilitation	Youth participation in FSPs Overcoming barriers Preparation Engagement Scenario practice Widening the net Managing difficult dynamics in the room Virtual FSP facilitation Develop additional skills in preparing families and professionals for FSPs. Learn techniques to: <ul style="list-style-type: none"> ▪ Widen the net ▪ Maintain a safe and productive meeting environment ▪ 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	Easter Seals	100% IVE @ 75% FFP

Training for Community Partners						
Course	Syllabus	IV-E Functions addressed	Venue	Hrs	Provider	Cost /Funding Source
Motivational Interviewing	Understand the trans-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 provider	100% IVE @ 75% FFP

Training for IV-E System of Care Service Providers

Most of the above trainings are also available, assuming slots are available, to foster parents, kin caregivers, adoptive parents, workers in residential programs, case managers, state employees in other departments, and other community practitioners providing services to children in custody. Our training calendar is available on the web.

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 (penetration rate).

The same information is provided for the children on adoption subsidy, which are categorized as Title IV-E eligible children. 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, Trauma, Trauma Informed Parenting Skills, Court, Permanency, Respecting Differences, Impact of Culture, Aspects of Diversity and Intercultural Responsiveness. 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
Foundations Online	RLSI Overview, Role and Resource Utilization, Fundamental Relationships, Safety, Development, Attachment, Trauma, Trauma Informed Parenting Skills, Court, Permanency, Respecting Differences, Impact of Culture, Aspects of Diversity and Intercultural Responsiveness.	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, Trauma, Trauma Informed Parenting Skills, Court, Permanency, Respecting Differences, Impact of Culture, Aspects of Diversity and Intercultural Responsiveness.	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	9 hrs Classroom 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. Gain an understanding of the licensure process. Increase knowledge about expectations of foster caregivers. Explore "a day in the life" of being a foster caregiver. Begin to understand how trauma impacts children/youth that are in foster care. Identify supports and resources available to caregivers. 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; 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, LGBTQ+ 101, Commercial Sex 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 Trauma 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, . The KFAF Team offers coaching support to temp-trainers, Resource Coordinators, related to caregiver training and increasing capacity of caregivers, and transfer of learning coaching to caregivers connected to Advanced Training topics.

Advanced Foster Parent Training

Course	Syllabus	IVE Function Addressed	Venue	Provider	Hours	Cost/ Funding Source
Resource Parent Curriculum+ TIPS Train the trainer	For professional community partners. Develop clear understanding of the RPC, and how to effectively train caregivers with it.	Preparation of trainers to deliver Resource Parent Curriculum, which focuses on increasing caregiver skills for those caring for children in state's custody with histories of trauma.	C or RSL	CWTP	8-16 hrs Up to 2 x per year	100% IV-E @ 75% FFP
Resource Parent Curriculum (RPC) + TIPS (Trauma 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 trauma. Participants will learn how trauma-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.	Deliver of Resource Parent Curriculum, which focuses on increasing caregiver skills for those caring for children in state's custody with histories of trauma.	C or RSL	CWTP	25 hrs 10 weeks in person or Remote 3 X per year	100% IV-E @ 75% FFP
Resource Parent Curriculum+ TIPS (Trauma Informed Parenting Skills) For VCORP- 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 trauma. Participants will learn how trauma-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.	Residential Staff Training on Trauma related to children and youth in foster care	C or RSL	VT CWTP	25 hours 10 weeks in person or Remote 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.	Fostering youth who are approaching independence and require an independent living plan	C or RSL	VT CWTP	3 -6hrs 1 X this year	100% IVE @ 75% FFP
Substance Use/Misuse	This training supports caregivers in understanding terminology and slang term for street drugs. 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. And increases their ability to discuss and support prevention of substance abuse with youth	Developing skills to care for children and youth affected by substance use	C or RSL	VT CWTP	3-6 hrs 2 x this year	100% IVE @ 75% FFP
Youth Mental Health First Aid	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 mental health concerns	C or RSL	VT CWTP	3-6 hrs 2 X this year	100% IVE @ 75% FFP

<p>Respecting Differences (racism, racial justice, bias, culture)</p>	<p>This course supports caregivers in taking a deeper dive into cultural responsiveness, while supporting advanced level training around bias, racism, the concept of culture and one's own experience and the impact it can have on caregiving. Additionally this training will: Increase ability to understand issues specific refugees and immigrants. Increase awareness of resources for supporting a non-English language speaker/reader Increase ability to help children resolve issues related to cultural differences</p>	<p>Developing skills to enhance the care for children and youth who have different cultural backgrounds</p>	<p>C or RSL</p>	<p>CWTP</p>	<p>3-6 hrs 1 X this year</p>	<p>100% IVE @ 75% FFP</p>
<p>Positive and Adverse Childhood Experiences (PACES): Nurturing Resilience</p>	<p>This training offers a deepened training to truly understand trauma, impact on self, child/youth and families as well as assists caregivers to develop skills to manage the trauma-related needs of the children in their care. This training will break down different types of early childhood adversity/trauma and may focus on one specific type of adversity per training (i.e. childhood sexual abuse, witnessing domestic violence).</p>	<p>Developing skills to better provide care for and support permanency for children and youth impacted by early childhood adversity.</p>	<p>C or RSL</p>	<p>CWTP</p>	<p>3-6 hrs 2 Xs this year</p>	<p>100% IVE 2 75% FFP</p>
<p>Preventing and Overcoming Secondary Traumatic Stress Through Awareness and Self-Care</p>	<p>This training builds on the foundational understanding of vicarious trauma and the importance of self-care for caregivers. Assists caregivers in developing and maintaining self-regulation plan.</p>	<p>Developing and practicing skills to decrease vicarious trauma impact, increase self-care and assist in decreasing burnout (increase retention)</p>	<p>C or RSL</p>	<p>CWTP</p>	<p>3-6 hrs 2 X this year</p>	<p>100% IVE @ 75% FFP</p>

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.	C or RSL	Hired Subject Experts	3-6 hours 4 x per year in regions	100% IVE @ 75% FFP
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
Creating Connections	Training on topics such as: how to talk to and support children and youth impacted by substance misuse and grief and loss	Placement, Foster Care, Permanency, Developing and practicing Trauma Informed Skills	RSL	VT CWTP	1 hour 3-6 times per year	100% IVE @ 75% FFP
Kinship Connections	Training and coaching on topics such as: Shifts in Kinship Caregiver roles, navigating court processes, working with FSWs, navigating changing roles of being a kin provider.	Placement, Foster Care, Permanency	RSL	VT CWTP & VKAP	1 hour 6-9 times per year	100% IVE @ 75% FFP
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	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

	and skills needed to take on a new role as a kin caregiver while navigating changes in family dynamics, relationships and related feelings.					
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
Commercial Sexual Exploitation of Children Training for Caregivers	Raise awareness of the child welfare system response to child sex trafficking (CST) and the role of foster parents/caregivers Raise awareness of the Federal definition of sex trafficking Recognize the risk factors associated with children and youth who are victims of, or at risk for, sex trafficking Recognize the impact of sex trafficking on survivors Respond to youth who are in care and who are victims of, or at risk for, sex trafficking	Develop knowledge and skills necessary to recognize CYST and appropriately care for possible victims/survivors of CYST placed in their care.	AL	CWTP	3 hrs	100% IVE @ 75% FFP
Safety Awareness for Caregivers	Understand preventive strategies to preserve safety, reduce threats/risks, and promote well-being and self-care. Explain the importance of awareness, assessment, anticipation, and action as they relate to caregiver safety. Define the common stages of threat/violence escalation,	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

	<p>including when not to engage. Describe potentially dangerous scenarios/ situations caregivers may encounter.</p> <p>Understand and increases knowledge of de- escalation techniques that may reduce vulnerability during tense interactions.</p> <p>Identify components of policy and practice that keep caregivers safe and learn how policy actively supports caregiver safety.</p> <p>Identify local resources and steps to enhance your personal safety and safety of children in your home.</p>					
Caring for Opioid Exposed Infants	<p>Provide education about addiction and recovery for those with Substance Use Disorder relating to Opiates</p> <p>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</p> <p>Define role of the DCF foster parent in caring for NAS babies</p> <p>Provide participants with community resources to assist them in this responsibility</p>	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

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 trauma, placement stability	C	VT CWTP	2-3 hrs	100% IV-E @ 75% FFP
LGBTQ+ 101: Caring for LGBTQ youth in care	Learn how to better support and affirm LGBTQ youth. Introduction to gender identity and sexuality. Identify the unique needs and challenges for LGBTQ youth in DCF custody. Consider specific situations/scenarios that you might encounter as a foster, kinship or adoptive caregiver.	Develop knowledge and skills among caregivers to provide care for LGBTQ youth in custody and promote placement stability.	AL	CWTP & Hired Expert	3 hrs	100% IVE @ 75% FFP
It's a Rainbow World; Parenting LGBTQ+ Children/Youth	This virtual workshop is open to all who have formed, or may form their family through adoption, guardianship, or foster care and their extended support system. Participants will increase their fluency with LGBTQ+ inclusive concepts, terminology, and practices; and identify specific opportunities for, and challenges to, inclusivity and the unique issues for children who join their families through	Develop knowledge and skills among caregivers to provide care for LGBTQ youth in custody and promote placement stability.	AL	DCF contractor: Lund Family Center	4.5 hrs Online	100% IVE @ 75% FFP

	<p>adoption, guardianship, kinship, or are in foster care. Learn and practice approaches for making our homes and community environments affirming and supportive for children and youth of all genders and sexual identities Hear from a panel of youth and parents</p>					
<p>Creating an Adoption Sensitive School</p>	<p>Open to parents and educators Increase understanding of the 7 Core Issues of Adoption Increase understanding of the impact of Developmental Trauma Learn how these might present in the classroom and what strategies can help these children and youth succeed in school</p>	<p>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</p>	AL	<p>DCF Contractor: Lund Family Center</p>	2 hrs	100% IVE @ 75% FFP
<p>Talking to Our Children about Adoption/ Guardianship</p>	<p>Learn why it's important to talk with your child and to practice these conversations safely (and with support) How to provide your child with their history—even if it is a difficult one and Learn how to talk about your child's birth family honestly and proactively. How to empower your child in telling and/or keeping their story private.</p>	<p>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</p>	AL	<p>DCF Contractor: Lund Family Center</p>	4.5 hrs	100% IVE @ 75% FFP
<p>Taking the Long View: Thriving as a Transracial/ Transcultural Family</p>	<p>Open to caregivers, siblings, and other family members This course supports caregivers in taking a deeper dive into</p>	<p>Adoption; Developing skills to enhance the care for children and youth who have different cultural backgrounds; Develop skills, knowledge and understanding among adoptive</p>	AL	<p>DCF Contractor: Lund Family Center</p>	6 hrs	100% IVE @ 75% FFP

	<p>cultural responsiveness, bias, racism, the concept of culture and one's own experience and the impact it can have on caregiving.</p> <p>Increase ability to help children resolve issues related to cultural differences</p>	<p>caregivers to support care of and promote stability</p>				
Advanced Adoption	<p>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.</p>	<p>Develop skills, knowledge and understanding among adoptive caregivers to support care of and promote stability</p>	AL	VT CWTP	2 hours	100% IVE Adoption Rate
You Kin Do It, Kinship Specific Advanced	<p>Reflect on role and responsibilities as a kin caregiver.</p> <p>Examine impact of caregiving on family and necessity to plan accordingly.</p> <p>Identify resources and supports available.</p> <p>Explore importance of self care.</p> <p>Learn what trauma informed parenting is and develop skills related.</p>	<p>Developing skills, knowledge and understanding among kin caregivers to support care of and promote stability for children/youth in kinship care.</p>	AL	VT CWTP	2 hrs	100% IVE @ 75% FFP
Considerations	<p>Understand the importance of</p>	<p>Foster Care, Placement, Permanency</p>	AL	VT CWTP	3 hrs	100% IVE @

when caring for youth	<p>normalcy for children in out of home care (allowing them to participate in the same age appropriate normative activities, experiences as their peers.</p> <p>Understand the resources available for caregivers to support youth/adolescents.</p> <p>Understand the rights of youth that are imperative to develop normalcy, resilience, and culture.</p> <p>Understand the unique aspects of working with an adolescent (namely the need for connections and permanency regardless of age, normal developmentally appropriate behavior versus trauma behavior, and how substance use affects brain development and decision making.</p> <p>Understand the Reasonable and Prudent Parenting Standard (RPPS)</p>					75% FFP
Normalcy and Prudent Parenting	<p>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</p>	<p>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</p>	AL	VT CWTP	2 hrs	100% IV-E @75% FFP

	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					
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Statewide Conferences

Statewide Conferences						
Vermont Foster and Adoptive Families Association Conference	Support participation of foster parents, adoptive parents, social workers and other staff in the annual conference of the Vermont Foster and Adoptive Families Association, 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 100% IV-E @ 75% FFP
Vermont Kin as Parents Conference	Support participation of kin caregivers, social workers and other staff in the annual conference of Vermont Kin as Parents, 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	Hired subject experts, CWTP trainers, community partners	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 and the full day training Mental Health First Aid. 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 penetration rate to be applied to the UVM contract and caregiver training, the raw data for children in custody and on 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 (penetration rate).

The exceptions are the 3-hour training Fostering to Forever offered in person and online, Adoption Learning Partners, 30 hrs of FUNDAMENTALS in Trauma 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 penetration rate.

The penetration rate is then multiplied by the applicable rate: training (75%) and administration (50%).