



VERMONT

Department for Children and Families

Family Services Division

Vermont's 2020-2024 Final Report

Prepared by,

Carlie Thibault, BSW
Quality Assurance Administrator, FSD

Jennifer Hall
Quality Assurance Team, FSD

Thanks to the following for their contributions:

Aryka Radke, Deputy Commissioner, FSD
Brenda Gooley, Director of Operations, FSD
Beth Sausville, Director of Policy and Planning, FSD
Barbara Joyal, System of Care Unit Director, FSD
Gillie Hopkins, Permanency Manager, FSD
Heather McLain, Revenue Enhancement Director, FSD
Jennifer Jorgenson, Project Director, UVM
Lindy Boudreau, Juvenile Justice Director, FSD
Nancy Miller, Child Safety Manager, FSD
Amanda Churchill, Adolescent Services Policy and Practice Specialist, FSD
Melissa Burt, Quality Assurance Specialist, FSD
Shannon Halnon, Quality Assurance Specialist, FSD
Julie Ryley, Domestic Violence and Sexual Assault Director, FSD
Lindsay Barron, Policy and Planning Manager, FSD
Heather Gauvin, Adoption Program Services Coordinator, FSD
Naiomi Malay, Post Permanence Manager, FSD
Robert Post, Juvenile Court Improvement Manager
Sarah Roberts, Staff Safety Manager
Tyler Allen, Adolescent Services Unit Director

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Vision Statement

Vermont Family Services Division (FSD) had the following vision, mission, and values in place during the majority of the FY 2020-2024 CFSP:

OUR VISION

Vermont’s children and youth live free from abuse, neglect and delinquency — in resilient families that are supported and valued by their communities.

Mission

OUR 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 and lifelong connections.

OUR VALUES

We value equity, inclusion and justice. We believe in the diversity of thoughts, beliefs and experiences and embrace all people and their human differences.

Relationships are built on trust, collaboration and communication. We strive to resolve conflict in a way that strengthens connections and repairs and restores relationships.

What We Believe

Children, Youth and Families

- Deserve to be safe, heard and connected to their communities
- Know themselves best and their expertise should be valued
- Are viewed in the context of their culture and community
- Can grow and change with support and adequate resources
- Are active participants and partners in the process

Staff

- Offer their dedication and commitment, which are essential in carrying out our mission
- Provide quality work that is strengths-based, trauma-informed and influenced by research

Foster and Kin Families

- Are primary partners in ensuring the well-being of children and youth
- Deserve timely training, communication and support

Communities

- Are essential to keeping children safe and to promoting healthy families
- Collaborate to meet the holistic needs of children, youth and families

Section 1: Collaboration

The Family Services Division values meaningful partnership with its stakeholders and community partners in every aspect of teaming, system reflection and evaluation, and the development and evolution of policies and practices. We strive to ensure 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 4 of the CFSR, Vermont received a Strength rating for Item 32: Coordination of CFSP Services with other Federal Programs.

Vermont took a holistic approach to creating this CFSP by utilizing the information generated by internal and external stakeholders, people with lived experience, data gathered from focus groups and surveys, the CFSR process, and other state and federal reporting.

Additionally, in 2022, FSD created the CFSR Steering Committee, which consists of Family Services staff, Department for Children and Families staff, legal and judicial staff, people with lived experience, stakeholders, and community partners connected to the services identified within the CFSP. The CFSR Steering Committee was instrumental in providing input and perspective for the statewide assessment, will be involved with the creation, implementation, and monitoring of Vermont's CFSR PIP to include overlap between the CFSR PIP and the 2025-2029 CFSP.

To work toward accomplishing the 2020-2024 CFSP goals and objectives, develop the 2020-2024 Final Report, and ensure active and intentional collaboration across the broader child welfare system to promote the safety, permanency, and well-being of the children, youth, and families served by the child welfare system in Vermont, FSD engaged with and will continue to engage with the following stakeholder groups:

- The **Vermont Office of the Child, Youth, and Family Advocate (OCYFA)** is an independent, nonpartisan office within the government of the State of Vermont. The OCYFA engages in individual and systemic advocacy on behalf of Vermont's most vulnerable children, youth, and families, with a focus on children and youth involved in the child protection and juvenile justice systems. The OCYFA operates outside the chain of command of DCF, the Agency of Human Services, and the Governor.

- 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 are we measuring and contracting for? Is this giving us the impact we want (AHS)?

- An Agency of Human Services team that includes fiscal and programmatic staff from the DCF Commissioner's Office, Family Services, DAIL, DMH, and Medicaid Policy are working together to review data and identify needs in the system to address the high number of children in need of services who have developmental disabilities. Currently, this team is reviewing data and discussing the need for crisis beds that would be available for children and youth in Vermont. Currently, the Vermont Crisis Intervention Network has 3 statewide crisis beds available for youth or adults with developmental disabilities and for two years no youth has been able to access any bed days due to adults with developmental disabilities being in them. As this group continues convening on a monthly basis we anticipate also looking at other levels of care (for example a small therapeutic group home) to address other gaps in our system of care that has negative impacts such as youth with DD being stuck at the retreat or going to out of state residential programs because we do not have any in Vermont to fill their needs.

- An Agency of Human Services team is working to address the high number of children placed out of state by the Departments of Mental Health, Children and Families and Disabilities, Aging and Independent Living. One step in addressing this issue was to develop and post a Request for Proposals to bring a Psychiatric Residential Treatment Facility to Vermont. This in-state option would serve Vermont children with emotional, behavioral, developmental disabilities, and/or mental health needs of youth. This type of residential setting is necessary to serve children and youth with high acuity needs. Given the complicated nature of this RFP which needs to include federal regulations, information about education funding from the Agency of Education, and licensing requirements there have been regular meetings to work through these details. The RFP was posted on May 15th and closes on July 14th. The RFP was open for 60 days to allow time for thoughtful responses. An interagency team (including representation from the Agency of Education) will be reviewing any proposals submitted on Monday, July 17th.

- The **Vermont Foster and Adoptive Family Alliance (VFafa)** holds monthly board 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).

From 2020-2024 this collaboration has remained strong is vital to meeting the needs of Vermonters affected by Domestic and Sexual Violence.

- From 2020-2024 the **Vermont Coalition of Residential Programs (VCORP)** and FSD partnered to provide the best care for youth during COVID. This included:
 - Discussion of COVID impact on health of youth in residential care and foster care.
 - PPE for caring for youth with COVID
 - Staffing shortages during COVID caused by sickness and health issues

- Funding issues created by COVID due to low census
- Overall impact of COVID on the HESOC

In 2023 to current day there has been a large focus on revamping the PNMI payment program:

- VCORP has advocated to change the rules regarding payment structure
 - The PNMI rules will be changed over the next two years with phase one completed, which included inflation being added to the rates.
 - Anticipated rule changes VCORP, FSD, and rate setting continue to be developed and changed include calculations of EFR (Emergency Financial Relief), profit recapture, and flexible service delivery to name a few.
 - VCORP had brought up the issue of background checks and the impact of hiring new staff. RLSI was instrumental in developing a process to get these background checks back in a few weeks versus a few months.
 - Programs has been involved in discussions regarding an evaluation of QRTP readiness and this is on ongoing discussion with a cost benefit analysis that was tabled during the COVID years.
- **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 intermittently and may sometimes be topic specific. The FSD Stakeholder List is the group routinely receiving written updates from FSD and all policy memos and updates. These meetings involve various stakeholders to provide policy and practice updates to help strengthen partnerships and the greater child welfare system. The invitation list is intentionally broad and includes 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. Pre-COVID pandemic, these meetings occurred in person with a call-in option. Post-COVID pandemic, FSD is evaluating the best cadence and utilization of this team in addition to every other active stakeholder group within this section.
 - **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?
- The **Families Come First Prevention Workgroup** is a workgroup that involves department staff, agency staff, as well as external stakeholders. This group meets to review and weigh in on the progress around implementing the Families First Prevention Services Act in Vermont, as outlined in its 5-year Prevention Plan.
 - The **CFSR Steering Committee** is a group that formed in 2022 with the purpose of gathering information for the statewide assessment, to include identifying strengths, areas needing improvement (through root cause analysis) and sharing strategies for the future. This committee will also oversee the CFSR PIP and use data to inform progress on PIP items.
 - The **Vermont Commission on Native American Affairs (VCNAA)** is charged by law to recognize the historic and cultural contributions of Native Americans in Vermont, to protect and strengthen Native American heritage, and to address needs in state policy, programs, and actions. The Commission develops policies and programs to benefit Vermont's Native American Indian population. FSD attends VCNAA meetings to collaborate and provide pertinent updates about our intersecting work.
 - The **Vermont In-Depth Technical Assistance (IDTA) Core Team** is a multidisciplinary team receiving support from the National Center on Substance Abuse and Child Welfare (NCSACW). The goal of the group's IDTA is to increase Vermont's capacity to improve the safety, health, permanency, and well-being of infants and families affected by prenatal substance exposure.
 - The **Foster Care Quality Improvement (QI) Team** is a multidisciplinary team which meets monthly to oversee Vermont's Health Care Oversight and Coordination Plan and the overall status and evolution of policies and practices impacting the health and mental health of children and youth in foster care.
 - The **Trends Monitoring Workgroup** is a multidisciplinary team which meets quarterly to oversee and analyze the Psychotropic Medications Quality Improvement Collaborative (PMQIC) in Vermont, with a goal of improving the use of psychotropic medication among children and youth in foster care.
 - The DCF-FSD **Human Trafficking Workgroup** is a multidisciplinary child protection team which discusses human trafficking risk factors and prevention, themes of victimization within Vermont communities, the evolution of practice and system responses, and data/trends. Team members bring draft documents and confidential information to the group to process as a think-tank, develop policies and procedures, and enhance coordinated system responses.
 - **Vermont Network Against Domestic and Sexual Violence** and Family Services collaborates in various ways to support the work of children protection throughout the state. From 2020-2024 this collaboration has remained strong and is vital to meeting the needs of Vermonters affected by Domestic and Sexual Violence. DCF FSD Domestic Violence Specialists (DVSs) meet with Rural Grant partner organizations quarterly and interact on an as needed basis in cross collaborative work for families working with FSD and needed throughout the year to engage the supportive services of the Rural Grant Network partners.

- 2024 Child Welfare Summit.** Friday, September 15th, 2023 saw the first of its kind [Child Welfare Summit](#); bringing together judges, family services workers, attorneys and advocates to take a close look at the decisions which might lead a child to be removed from their home due to concerns of abuse and neglect. Over 240 people representing parties in a Family Court matter learned about the Structured Decision-Making tools utilized by Family Services Division to assess safety and risk, and a newly released guide for courts designed to unify language and understanding across disciplines. The day-long event took place in South Burlington at the Delta Marriot, where judges, DSA’s, GAL’s and attorneys who represent parents and children sat down with family services workers and their supervisors to begin a long overdue truly collaborative conversation about how we make the decisions that have the most dramatic impact on the lives of Vermonters. The [Vermont Court SDM Guide and Guide and the SDM Court Reference Sheet](#) were developed by a collaborative workgroup consisting of judges, FSD, and our partners at Evident Change over a period of eight months. These guides were born from recommendations from the [legislatively commissioned UVM study on the drivers of custody rates in Vermont](#), and are meant to help us all understand the linkages between statute and practice and increase objectivity and consistency around the state. Efforts are underway for the Child Welfare Summit to occur again in September of 2025. Use of the Vermont Court SDM Guide will be reviewed and deepened, and the SDM Reunification Assessment tool will be highlighted.

[Update on Assessment of Current Performance](#)

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 Fall 2022, the Division conducted in-person QCRs for all OSRI items in our Springfield and Burlington district offices. In spring 2023, the Division conducted full 18 item reviews of the St. Johnsbury, Middlebury, and Barre offices. The following table uses the available Fall 2022 data, along with applicable additional supplemental data. Vermont was set to hold their CFSR on-site review in September 2023 however, due to catastrophic flooding throughout much of Vermont in July 2023, FSD worked with their Region 1 liaisons at the Children’s Bureau to postpone the CFSR until spring 2024. In May 2024, FSD completed the onsite portion of the CFSR. The following table provides preliminary data from CFSR 4 to highlight current performance.

Figure 1: Child and Family Services Review Outcomes Table

CFSR Round 4	Spring 2024 CFSR *Preliminary Rating (N= 65)	2020-2024 CFSP Recap:
Safety Outcome 1	Timeliness of Initiating Investigations of Reports of Child Maltreatment: Item 1: 65% (N= 13) Applicable: 20 cases	The Division continued to shine a light on its commencement (initiation) practice statewide and supported districts in understanding policy around contact standards for an investigation vs an assessment as well as the use of waivers. FSD launched the Results Oriented Management (ROM) tool in spring 2023, which allows for deeper analysis of commencement of front-end case data.

<p>Safety Outcome 2</p>	<p>Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care</p> <p>Item 2: 46% (N=11) Applicable: 24 Cases</p>	<p>The Division focused on the implementation and correct use of SDM tools over the last 5 years. In addition, the division worked with Evident Change 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 Bench Guide and supporting documents launched in September 2023 at FSD’s first Child Welfare Summit. Additional goals around the continued use of Bench Guides can be found in the FY 2025-2029 CFSP.</p>
	<p>Risk and Safety Assessment and Management</p> <p>Item 3: 52% (N= 34) Applicable: 65 cases</p>	<p>FSD experienced significant staffing turnover challenges at all levels during this CFSP. Through our internal case reviews, Vermont has learned that at times, this turnover can impact safety as not all safety related information is passed on successfully between workers. Currently, many districts have been piloting the use of the SBAR as a helpful tool to use during case transfers to ensure all necessary information is passed on. Additionally, FSD has focused on the use of SDM tools as a way to assess risk and safety initially and ongoing. Preliminary feedback from CFSR 4 highlighted though that while our initial assessment of risk and safety was strong, Vermont often fell short with regard to ongoing assessment of risk and safety. This will be targeted in the CFSR PIP and upcoming CFSP.</p>
<p>Permanency Outcome 1</p>	<p>Stability of Foster Care Placement</p> <p>Item 4: 75% (N=30) Applicable: 40 cases</p>	<p>FSD focused on statewide implementation of our diligent recruitment work during this reporting period despite consistently being below the national standard for placement stability, Vermont received a preliminary item 4 rating of 75%. It’s FSD’s assessment that much of our strengths around placement stability are tied to our strong use of kinship providers, which feedback from CFSR 4 would support.</p>
	<p>Permanency Goal for Child</p> <p>Item 5: 30% (N=12) Applicable: 40 cases</p>	<p>While the implementation of traditional Candidacy in Vermont has impressed upon workers the importance of timely establishment of case plan goals for all case types, FSD has struggled with regard to appropriateness of goals. There were not strategies specific to this area implemented during FY 2020-2024 but will be explored during the CFSR PIP, and ultimately woven into future APSR.</p>
	<p>Achieving Reunification, Guardianship, Adoption, or</p>	<p>COVID has had a negative impact on our judicial system, and further exasperated the</p>

	<p>Another Planned Permanent Living Arrangement</p> <p>Item 6: 35% (N=14) Applicable: 40 cases</p>	<p>already existing backlogs within many of the courts. This continues to be a challenge as we work to achieve permanency. Some districts have been creative around how to move hearings forward, such as the use of a Magistrate for non-contested hearings, but this option is not available statewide and stops if the court has a vacancy. Additionally, during CFSR 4, it was found that the use of Conditional Custody Orders (CCOs) was often contributing to delays in achieving permanency.</p>
Permanency Outcome 2	<p>Placement With Siblings</p> <p>Item 7: 65% (N=13) Applicable: 20 cases</p>	<p>FSD has worked diligently to find homes that can take sibling groups when appropriate. With this said, FSD has also seen an increase in the need for one or more siblings to receive a higher level of care or that foster homes may not be equipped to take sibling groups if all children are exhibiting challenging behaviors. FSD will continue to explore the use of kin and fictive kin providers to keep sibling groups together.</p>
	<p>Visiting With Parents and Siblings in Foster Care</p> <p>Item 8: 47% (N=15) Applicable: 32 cases</p>	<p>FSD continues to use contracted providers to facilitate parent child contact. However, during and post the Covid 19 pandemic, these providers have experienced turnover and vacancies, resulting in FSD staff needing to coordinate and facilitate contact. With FSD working at a reduced capacity as well, it has been difficult to consistently maintain contact between children in custody and their parents/siblings.</p>
	<p>Preserving Connections</p> <p>Item 9: 85% (N=33) Applicable: 39 cases</p>	<p>FSD has continued to put a heavy emphasis on the use of kind and fictive kin to provide care and support to children in custody, which assists with preserving connections.</p>
	<p>Relative Placement</p> <p>Item 10: 76% (N=28) Applicable: 37 cases</p>	<p>FSD has continued to spotlight the use of kinship providers whenever possible. Family finding occurs prior to (when possible) or immediately after a child enters care with the goal of identifying relatives or fictive kin who can provide placement, respite, or support to the target child and/or family.</p>
	<p>Relationship of Child in Care With Parents</p> <p>Item 11: 55% (N=16) Applicable: 29 cases</p>	<p>FSD has continued to work hard to maintain the relationships of children in care with their parents. Due to staffing and capacity issues, FSD is not always able to maintain contact with a non-engaged parent, which impacts the relationship between the child and that particular parent.</p>
Well-Being Outcome 1	<p>Needs and Services of Child, Parents, and Foster Parents</p>	<p>Vermont's statewide service array as well as timely access to services was significantly</p>

	<p>Item 12: 23% (N=19) Applicable: 65 cases</p>	<p>impacted during and post COVID. This has made it challenging to assess and provide proper services to children and parents as waitlists can be months long. Turnover in FSD has also impacted the initial and ongoing assessment of needs and services.</p>
	<p>Child and Family Involvement in Case Planning</p> <p>Item 13: 36% (N=23) Applicable: 64 cases</p>	<p>FSD's case plan templates have seen many iterations over the years and experienced some minor changes during this CFSP reporting period. Despite this, Vermont still scored low on item 13 during the CFSR 4 onsite review. Much of this is believed to be due to limited engagement of the non-primary caretaker. Due to turnover and capacity, FSD workers tend to also have less time for private discussions as they are required to facilitate many visits each week in addition to transportation, court hearings, school meetings, etc.</p>
	<p>Caseworker Visits With Child</p> <p>Item 14: 49% (N=32) Applicable: 65 cases</p>	<p>During the current reporting period, FSD sent out weekly face to face records for children in custody, bimonthly data integrity reports for face-to-face contact with children in custody, and worked with certain districts around the frequency of face to face contact. Historically, all of Vermont's face to face reporting has been specific to children in custody as our antiquated data system did not allow for the tracking of in-home face to face contact. However, in 2023, Vermont launched Results Oriented Management (ROM), which allows for some additional in-home reporting. Most of this reporting is still in test though and it is hoped that with more in home reporting available the frequency and quality of in-home face to face contact will increase.</p>
	<p>Caseworker Visits With Parents</p> <p>Item 15: 23% (N=13) Applicable: 57 cases</p>	<p>As mentioned above, vacancies and capacity has impacted workers' ability to have frequent and quality visits with parents. The largest area of need often centers around a non-engaged parent as we may be having more than weekly contact with the primary parent but may go months without contact with a parent who has not been involved or only minimally involved.</p>
<p>Well-Being Outcome 2</p>	<p>Educational Needs of the Child</p> <p>Item 16: 76% (N=35) Applicable: 46 cases</p>	<p>FSD continues to use Best Interested Determination (BID) meetings to assess where a child should go to school if they are placed outside of their home district due to entry into care. Additionally, Family Services Workers (FSWs) regularly attend school and IEP meetings for children and work closely with school and community teams to ensure educational needs are met.</p>

Well-Being Outcome 3	Physical Health of the Child Item 17: 60% (N=29) Applicable: 48 cases	FSD continues to utilize monthly Shared Parenting Meetings (SPMs) to track physical health appointments and needs for children in custody.
	Mental/Behavioral Health of the Child Item 18: 47% (N=20) Applicable: 43 cases	Vermont’s statewide service array as well as timely access to services was significantly impacted during and post COVID. This has made it challenging to assess and provide proper services for mental/behavioral health needs as waitlists can be months long.

Systemic Factors

In CFSR 4, the only systemic factor Vermont received a strength rating on was item 32. The following table provides a comparison of the CFSR 3 systemic factor strengths/areas needing improvement and the CFSR 4 systemic factor ratings, with a brief description of why the factor received the rating it did. For more thorough information on current systemic factor functioning, please see Vermont’s FY 2025-2029 CFSP.

Figure 2: Child and Family Services Review Systemic Factors Table

Systemic Factor	CFSR 3 Systemic Factor Ratings	CFSR 4 Systemic Factor Ratings and Rationale
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"> All items in this section were Areas Needing Improvement. Due to Vermont’s antiquated data collection system, FSD has fallen further out of compliance with federal reporting each year during this CFSP.
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. Items 20: <i>Written Case Plan</i> and 24: <i>Notice of Hearings and Reviews to Caregivers</i> were <u>Area Needing Improvement</u> in Round 3 CFSR. 	<ul style="list-style-type: none"> All items in this section were Areas Needing Improvement. Due to Vermont’s antiquated data collection system, we are unable to track all requirements around case reviews, including if notices were provided to caregivers about hearings and reviews
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. 	<ul style="list-style-type: none"> All items in this section were Areas Needing Improvement. While Vermont has a robust quality assurance system in place, we are challenged with reporting out how successful the quality

	<ul style="list-style-type: none"> 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. 	assurance system is due to lack of available reporting.
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"> All items in this section were Areas Needing Improvement. FSD has no meaningful way to track how many new staff should have received the required initial trainings versus how many did. We also do not have a supportive way to track ongoing training needs unless training is required.
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 priority needs, identify service gaps, and target those within our budget capacity. The division continues to have discussions with community partners about existing service needs and identify ways to address gaps. 	<ul style="list-style-type: none"> All items in this section were Areas Needing Improvement. As mentioned above, Vermont’s service array was significantly impacted during and post the COVID-19 pandemic. It continues to be incredibly difficult to access to timely care and FSD is also limited with regard to individualizing services, especially as it relates to youth with developmental disabilities.
Agency Responsiveness to the Community	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.	<ul style="list-style-type: none"> Item 32 was rated a strength; all other items within this section were Areas Needing Improvement. FSD does not have a meaningful way to determine if engagement and consultation with stakeholders supports the achievement of the goals and objectives outlined in the CFSP. It’ll be important for FSD to established tracking around these measures as they begin to implement a case management system in Vermont.

<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"> All items in this section were Areas Needing Improvement. FSD's antiquated data collection system does not allow for the adequate tracking of waivers as it relates to licensing foster and kinship homes.
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[Section 2: Update to the Plan for Enacting the State’s Vision and Progress Made to Outcomes](#)

During the FY 2020-2024 reporting period, Vermont used a variety of methods to enact the state’s vision and mission. Some of the methods include: the creation and monitoring of a 3-year strategi plan, use of the Diligent Recruitment plan, internal case reviews, and monitored focused indicators that tied back to the CSFP goals and objectives. In the 202-2024 CFSP, FSD identified several goals, objectives, and activities to guide the 5 years ahead. Using the methods listed above as well as others, FSD has made progress on many goals of current CFSP and looks forward to further progress in the FY 2025-2029 CFSP.

[Measures of Progress and Feedback Loops and updates to Goals, Objectives, and Interventions](#)

The division’s goal is to use QCR data to inform our progress. After each round of the QCRs, the QA team prepares a summary of the district 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 district 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).

The Central Office also frequently has meetings with contract providers to review data and discuss practice related issues. These meetings often involve the district directors so they can share specific feedback and come to agreement on contract changes when needed to be more effective and achieve desired outcomes.

Additionally, 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, and more. 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

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. It has been challenging to pull this group back together over the last year due to competing priorities within FSD. 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.

While more robust feedback loops and quality assurance processes are described in the Quality Assurance section of this document, the above provides a snapshot into some of the avenues FSD has used to gather and provide feedback as well as measure progress regarding the success of goals in this CFSP. The following section provides a reminder of the goals/objects in the 2020-2024 CFSP, an overview of activities, and whether the activity was completed, ongoing, or has sun-downed.

Figure 3: Child and Family Services Revisions to Goals, Objectives and Interventions table

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	Status
1. Continue staff engagement around the implementation of our Safety Organized Practice framework.	Ongoing

Update: The division received TA from Evident Change to support the implementation of a Safety Organized Practice framework. One area of focus included implementation of case reads in the districts to support SDM tools. The Child Safety Manager has connected with the QA team, division leadership, and Evident Change to brainstorm ways to implement the case read practice across the state. 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 created Bench Guides 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. These Bench Guides were rolled out in 2023 and a Child Welfare Summit was held in September 2023 where FSD staff, judges, and other legal/judicial partners were trained together.

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). FSD piloted the Safe Systems Learning Review (SSLR) on two events. The SSLR was then paused at the Commissioner level in 2022 due to concerns regarding some aspects of the process. The division continues to work to bring SSLRs to Vermont.

Districts have voluntarily been using the SBAR style in approach to their case transfer, consults and staffing's.

2. Review internal district case transfer processes and make recommendations.	Ongoing
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Update: Districts have been supported to use the SBAR as a tool during the case transfer process between front-end to ongoing. Several districts are using this format, which they report has helped support the transfer process.

FSD is exploring the use of transition cases to provide short term, intensive intervention to families who are voluntarily involved. While this practice is not in use yet, it is anticipated to being in 2024.	
3. Develop guidance and expectations on case documentation.	Ongoing
Update: The Child Welfare Training Partnership (CWTP) continues to provide guidance and training regarding documentation. Districts work with their individual CWTP trainer if they need more intensive support around case notes and documentation. The Quality Assurance team has also met with some districts regarding how to best document information so that it can be used and understood during the Qualitative Case Reviews and PIP reviews and is working on additional guidance regarding case documentation.	
4. Develop a standard process for practice implementation that includes staff voices and engaging/informing community agencies.	Ongoing
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. In 2022 and 2023, Change Management was applied to some projects to include YO Party Status, Family Needs and Assessment, and the revamp of the Mandated Reporter training. FSD always includes staff input regarding creating new policies/adjusting existing ones, and utilizes stakeholder meetings, focus groups, and surveys to engage staff and stakeholder voices.	
Strategy 1B. Create opportunities to engage and solicit input from families, youth, and children to inform policy and improve practice.	
Activity/Benchmarks	Status
1. Continue to explore ways to improve family engagement in the qualitative case reviews and use their stories to inform practice.	Ongoing
Update: As part of FSD’s Qualitative Case Reviews, we seek participation from parents/caregivers, youth, kinship caregivers, and other family members who are involved in providing safety, permanency, and overseeing well-being for children and youth served. In addition to our QCR process, we have included people with lived experience in our FFPSA (now referred to as Families Come First/FCF) planning as well as our CFSR steering committee and used focus groups for the CFSR, FSD has also been collaborating with the Capacity Building Center to increase lived experience participation across all aspects of the work.	
2. Enhance training and guidance on engaging and empowering families through case planning.	Ongoing
Update: In 2022, the Child Welfare Training Partnership (CWTP) adjusted the division’s Foundations Curriculum to train this topic more deeply. 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 FSD to delve more deeply and effectively into the various skills that support better engagement and clear documentation. CWTP continues to adjust Foundations to meet the changing needs of the field. They also offer district specific trainings as needed.	
Desired outcomes for children, youth, and families OR Systemic capacity expected to improve	
<ul style="list-style-type: none"> • Item 5: permanency goal for child. • Item 13: Child and Family involvement in case planning. • Item 14: case worker visits with child. • 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 result in better outcomes. Research also tells us that when workers meet with families and conduct routine home visits, it lowers the likelihood of maltreatment.

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

Activity/Benchmarks	Status
1. Create a set of key outcome measures for Family Services to highlight and improve.	Sun-downed

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 developed a process that involved reviewing data related to the 3 focused indicators (face-to-face contacts, timely case closures, and kinship placement) provided 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. These indicators came to a close in 2022 and improvements were seen across all three focused indicators. More information about DMT and focused indicators can be found later in this document). The Quality Assurance Administrator worked with DMT in fall/winter of 2022 and early 2023 to identify next steps. Through data review and conversations, it was determined that DMT will revisit focused indicators in early 2024 once it is known which items FSD will be required to focus on in their CFSR PIP. DMT agreed that combining focused indicators with CFSR outcomes would be the best approach.

2. Continue to develop clear, measurable performance measures for grants and contracts & review data annually.	Ongoing
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Update: All agreements include performance measures with a requirement for providers to submit reports on a quarterly, bi-annual, or annual basis. Reports are reviewed by the Revenue Enhancement team and the Program Manager along with the Provider. 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. This proved to be a challenging transition and as a result, many contracts lapsed in 2022 and early 2023. The Director of Revenue Enhancement worked closely with the unit to identify strategies to move the work forward. Improvements have been noted since the last APSR and FSD plans to continue using data gathered through grants and contracts to inform shifts in CFSP service provision.

3. Continue to evaluate the new Family First Prevention Services Act legislation and possibilities to leverage additional resources.	Ongoing
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Update: The division is currently receiving TA from the Capacity Building Center to assist with lived experience, prevention planning, and general project management related to Families Come First (FCF). During this CFSP reporting period, FSD was also able to allocate a position that is solely responsible to lead the FCF work along with a FFPSA Prevention Specialist. FSD's FFPSA Prevention Plan was approved in spring of 2022 and FSD now has several workgroups in place to support the implementation of FFPSA. 90-day sprint groups have been put in place to move the work forward at a faster pace. Due to staffing needs and other delays, FSD is still working on implementation with the most recent 90 sprint group focusing on field preparedness. Due to system limitations, FSD will not have the ability to drawdown IV-E funds for prevention work for some time. Should FSD be successful in implementing a new CCWIS, FFPSA drawdown will be reassessed.

4. Provide training to district leadership teams around obtaining and using data.	Ongoing
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Update: The FSD management team 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 implemented Phase I of ROM in spring 2023 with the rollout of 20 new reports and continues to

test and rollout new reports. Currently, the QA team is working with district leadership as needed to review ROM reports and discuss how to use data to understand and utilize their data to inform practice.

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

- Item 25: Quality Assurance.
- Item 29 & 30: Service Array and Resource Development.

Rationale for selection of each strategy/activity

- 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	Status
<p>1. Implement ways for staff to provide input to trainings, to include an online anonymous survey after every training where results are reviewed quarterly.</p>	<p>Ongoing</p>
<p>Update: The CWTP implemented a process where trainees are provided with an anonymous online survey after each training course. These are collected by the evaluation team, led by Dr. Jessica Strolin, and summarized in the annual report. 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. These surveys have tended to have a low response rate and CWTP/FSD are brainstorming how to increase that. Currently, Supervisors share with Operations Managers any training gaps/needs, and they will utilize the 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.</p>	
<p>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.</p>	<p>Ongoing</p>
<p>Update: During 2022 and 2023, staff were able to attend out-of-state trainings more often. This allowed for greater networking opportunities between FSD staff and other state counterparts. In 2023, several FSD leadership and staff attended a Title IVE trainee conference to better understand how to use and support these funds and staff. FSD leadership will continue to explore funding options for these types of meetings.</p>	
<p>3. Continue to evaluate and adjust Foundations based on feedback.</p>	<p>Ongoing</p>
<p>Update: During FY23, Foundations was provided via a hybrid model with the majority of sessions occurring virtually and some in person sessions included throughout the course. CWTP regularly making adjustments to how foundations is offered to meet the current needs of FSD. There continues to be 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. CWTP staff work closely with FSD to understand the training needs, and adjust Foundations as needed.</p>	

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

- To increase staff retention within the first 2 years of employment.
- Item 26 & Item 27: Staff Training.

Rationale for selection of each strategy/activity

- The above activities are aligned with recommendations from NCWWI’s Workforce Development Framework which highlights the importance of Professional Development and Training.

Strategy 2B. Improve access to different levels of supervision and support including ways to support staff well-being.

Activity/Benchmarks	Status
<p>1. Implement policy on case consultation, solicit feedback, and revise as needed.</p>	<p>Complete</p>
<p>Update: Policy on Central Office case consultation grounded in safety culture principles has been implemented. The division continues to offer coaching training through CWTP to our Central Office consultants to help support the implementation of this policy. Multiple training courses, coaching of coaches, and coaching practice opportunities have been provided to all central office consultants.</p>	
<p>2. Continue to highlight and revisit the Flexible Workforce guidance document so staff are aware of current AHS policies related to work schedules.</p>	<p>Ongoing</p>
<p>Update: Over the current CFSP reporting period, FSD has continued to support a hybrid work model when the role allows for it. Many people in Central Office have a hybrid schedule as do some staff in district offices. In the area of Flexible Workforce, FSD is largely driven by DCF decisions, and we are currently awaiting further updated guidance in this area to better inform how staff can support a safe work/life balance.</p>	
<p>3. Review Hope Team model and explore ways to strengthen and increase effectiveness.</p>	<p>Ongoing</p>
<p>Update: In FY23 a new HOPE team clinician was added in an effort to provide additional support to FSD. The HOPE team meets monthly in a virtual setting and in FY2023, quarterly in person meetings were added to bring people together and out of the workspace. When big events happen within the Department, the HOPE team is engaged and provided with the information needed to support their colleagues. Additionally, the HOPE team receives regular training on topics of interest from the HOPE team clinicians, and an open invitation for any staff to join remains available. HOPE team clinicians have made themselves available to meet with districts and groups of Central Office staff when things occur that could impact these staff.</p>	
<p>4. Use data from FSD staff retention survey and exit data responses to inform next steps for this goal.</p>	<p>Ongoing</p>
<p>Update: During 2022, FSD formed a Workforce Development Committee, led by our Deputy Commissioner, and they have been 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 as 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. A Workforce Development Director position was created in 2023 and that position is reviewing survey response information to inform next steps related to workforce development.</p>	
<p>Desired outcomes for children, youth, and families <u>OR</u> 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>	

- 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	Status
1. Broaden training access for community and government agencies offered by the Child Welfare Training Partnership.	Ongoing
<p>Update: This continues to be a work in progress though we try to utilize stakeholder meetings and workgroups to highlight trainings that are available 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. 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. Currently, CWTP is leading a change management effort with the mandated reporter training. FSD staff have been involved in this project and will continue to explore how to adjust this training to meet the needs of the mandated reporters within the community.</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.	Ongoing
<p>Update: 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. 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. In fall of 2022, FSD created a CFSR Steering Committee to include over 50 members of FSD staff, DCF staff, judicial staff and community partners. This committee met four times between November of 2022 to May of 2023 to dive into areas of safety, permanency, wellbeing, and other systemic factors. This committee will continue to meet through the CFSR PIP to monitor the implementation of strategies and share feedback/needs of the community.</p>	
3. District and local agencies will identify ways to connect annually to explore trends together, provide program updates, and strengthen relationships.	Ongoing
<p>Update: Many districts have regularly scheduled meetings that include their local agencies and community partners. These meetings are to discuss issues that are identified within the community and FSD, and create plans to support children, youth, and families as these issues arise. At times, members from the FSD Quality Assurance team have joined these meetings to bring data into the conversation. Additionally, many districts have hosted community events over the last year in an effort to not only strengthen relationships with our community partners but with the greater community as a whole. These events are also used as recruitment techniques for foster parents at times. Lastly, many districts create</p>	

informational booths in their office with a particular topic such as child abuse awareness, domestic violence awareness, and foster parent retention as ways to share information about safe services and the needs of the community. These booths generally contain pamphlets, flyers, bookmarks, stickers, and other things that community members can grab on their way out and share with others.		
4. Identify 1-2 key state agency(s) at the central office level to engage with and improve relationships.	Ongoing	
Update: During this CFSP reporting period, FSD has increased their relationship with the Department of Aging and Independent Living (DAIL) and the Department for Mental Health (DMH) as both have been integral in the support of FSD's high-end system of care. More information on this collaboration can be found in FSD's 2025-2029 CFSP.		
Desired outcomes for children, youth, and families <u>OR</u> Systemic capacity expected to improve		
<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. 		
Rationale for selection of each strategy/activity		
<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. 		
Strategy 3B. Create activities that increase judges, lawyers and GALs understanding of our policy, practice and resources that guide our work.		
Activity/Benchmarks	Lead	Begin Work
1. Develop a GAL PPT training that is updated bi-annually and accessible to districts.	Completed	
Update: The C Improvement Project rolled out a new revised training for GALs the fall of 2020, which continues to be 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. This was reviewed again in the spring of 2023 and updates were made to the training.		
2. Use Bench bar meetings to educate our legal partners on new policy and practice areas and key messages.	Ongoing	
Update: During and post the COVID pandemic, bench bars are largely held virtually. In 2023 and early 2024, FSD utilized bench bars to discuss the implementation of SDM bench guides to better inform the judicial community of the purpose and use of SDM tools. District leadership also utilizes bench bar meetings as needed to discuss identified topics/areas of concern within individual districts. Many districts report having a strong working relationship with their judiciary and that they feel comfortable facilitating bench bar meetings to inform the judicial communities on new polices, practices, and key messages. Lastly, while not specifically related to bench bars, FSD and judicial partnership has increased during 2022/2023 because of the CFSR process. A Court Administrator was included as part of the core CFSR team and judicial representatives are present on the CFSR Steering Committee.		
Desired outcomes for children, youth, and families <u>OR</u> Systemic capacity expected to improve		
<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		

<ul style="list-style-type: none"> 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	Status
1. Explore using the Vermont Court Improvement Project to improve the courtroom environment.	Ongoing
Update: Please referred to the CHINS Reform Workgroup narrative	
2. Identify strategies to improve relationships with local legal partners.	Ongoing
Update: Please refer to the CHINS Reform Workgroup narrative.	
Desired outcomes for children, youth, and families <u>OR</u> Systemic capacity expected to improve	
P1- item: 6 achieve reunification, guardianship, adoption, other planned permanent living arrangement.	
Rationale for selection of each strategy/activity	
<ul style="list-style-type: none"> 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 development 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	Status
1. Analyze data from exit surveys & make recommendations to reduce voluntary closures or withdrawals.	Ongoing
Update: The DR workgroup developed an exit survey which was implemented during the summer of 2020. Please refer to the Diligent Recruitment Section for more details.	
2. Define and implement a common best practice system from inquiry to licensure.	Completed/Ongoing
Update: The Division developed and implemented an inquiry tracking tool during this CFSP, which allows the division to systematically collect data about all parties who are interested in considering providing foster care. However, this tracking tool is very cumbersome and does not allow for easy data input or extract. The diligent recruitment team continues to explore ways to streamline this work.	

<p>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).</p>	<p>Ongoing</p>
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Update: The Foster Parent workgroup continues to meet to address “hassle factors” and system barriers that impact their caregiving experience. A Caregiver Mentoring Program was established to increase support available to newer caregivers. The President of the Vermont Kin as Parents group joined the CFSR Steering Committee in the fall of 2022 and has been a very active member of that committee. Additionally, this representative also participated as a reviewer in our spring 2023 Qualitative Case Reviews at one of our district offices. This was an excellent opportunity to further strengthen the partnership between FSD and kinship caregivers and provide additional insight and information into the work that FSD is doing. Please refer to the Diligent Recruitment Section of this document for more details.

<p>4. Increase kin and foster family access to timely, relevant training (e.g., Orientation, Foundations, RPC+, advanced trainings).</p>	<p>Ongoing</p>
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Update: September 2020 marked the implementation of a statewide orientation process where any interested person who wants to move forward can access foster parent orientation immediately. Additionally, those individuals who complete orientation can immediately enroll in an online Foundations series. Please refer to the Diligent Recruitment Section of this document for more details.

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

- 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

- FSD received technical assistance from the Capacity Building Center to create a statewide and local diligent recruitment plan(s) 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	Status
<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>	<p>Ongoing</p>

Update: Data from the Inquiry Tracking Spreadsheet is used to assist with targeted recruitment of foster homes. 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. Please refer to the Diligent Recruitment Section of this document for more details.

2. Develop and implement practice expectations and provide training related to family finding to increase the percentage of children with kinship placements.	Ongoing
<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 was also 1 of the 3 focused indicators that our division management team shined a light on during 2019-2022 by reviewing data throughout the year and having practice discussions. When our focused indicators came to a close in 2022, data showed that kinship placements had increased since 2019. Please refer to the Diligent Recruitment Section of this document for more details.</p>	
3. Increase the number of foster homes able to maintain children within their home communities.	Ongoing
<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, districts selected from a menu of evidence informed or promising strategies that they have been implementing to strengthen their recruitment and retention efforts. Through ongoing consultation and review of data, progress toward improving outcomes is monitored. The Quality Assurance team provides the Diligent Recruitment team with updated data quarterly in the areas of foster home closures, placement stability, and placement with kin for all 12 districts. This data is shared during quarterly Diligent Recruitment meetings and used to inform next steps within the work. Please refer to the Diligent Recruitment Section of this document for more details.</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 plan 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

Through this CFSP reporting period, the Child Welfare Training Partnership has been the primary provider of staff trainings around the state. 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 children, 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

During the 2020-2024 CFSP reporting period, FSD received technical assistance and training from Evident Change around our Safety Organized Practice Framework and implementation of our SDM tools, the Capacity Building Center (FFPSA, CFSR, data analytics, etc.), the Children's Bureau (CFSR, IV-E, FFPSA, CFSP, CCWIS, etc.), and Casey Family Services, in addition to many other consultants and subject matter experts.

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, subsequent APSRs, 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 Division 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.

The Capacity Building Center has continued to provide support regarding Vermont's implementation of Families Come First (FCF, also known as FFPSA). The activities and supports included the following and led to the development and submission of FSD's 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.

Post Prevention Plan submission, the Capacity Building Center (CBC) provides weekly planning and implementation support for Families Come First.

In 2022, the CBC began supporting FSD with the planning of the CFSR, to include creating a CFSR Steering Committee to gather data and perform root cause analysis to inform the Statewide Assessment. FSD will continue working with CBC around PIP development and monitoring as it relates to the CFSR and the next CFSP.

Vermont Network Against Domestic and Sexual Violence and Family Services collaborates in various ways to support the work of children protection throughout the state. From 2020-2024 this collaboration has remained strong and is vital to meeting the needs of Vermonters affected by Domestic and Sexual Violence. DCF FSD Domestic Violence Specialists (DVSs) meet with Rural Grant partner organizations quarterly and interact on an as needed basis in cross collaborative work for families working with FSD and needed throughout the year to engage the supportive services of the Rural Grant Network partners. DCF FSD DV Unit participates with the Vermont Network to provide training to staff, including delivery of a training presented by the FSD DV Unit Director and the Network's Director of Trauma Informed Care to the DCF Economic Services Leadership Team in May 2024 on the topic of Domestic Violence Responsive Systems. DCF FSD DVSs were trained in the Connected Parents and Connected Kids curriculum in 2023. This curriculum involves collaborative training in communities with Network Partner members and community health partners regarding domestic violence informed response by home visitors.

Additional domestic and sexual violence Statewide/Nationwide Collaborative work 2020-2024:

- Program management of the federal Office of Child Support Access and Visitation grant = \$100,000 distributed to 8 community organizations.
- Participation in the Firearms Technical Assistance Project, an Office on Violence Against Women grant funded project addressing domestic violence and firearms concerns in Vermont. We are one of 9 sites selected in the country.
- DCF FSD DV Unit Director is the DCF representative for Vermont's Domestic Violence Fatality Review Commission. Reviewing annual data related to domestic violence homicides and making recommendations to decrease the incidence of domestic violence homicide in Vermont.
- DCF FSD DV Unit Director is the appointed member of the Vermont Council on Domestic Violence provides leadership for Vermont's statewide effort to eradicate domestic violence. The Council supports statewide systems and communities to be proactive in their response to domestic violence, and craft intervention and support that is immediate, ongoing, survivor-centered and trauma informed.
- DCF FSD DV Unit members participate in the Community Coordinated Response (CCR) teams in the county in which they are primarily assigned. The CCRs work to address community concerns for domestic and sexual violence prevention, response and treatment. DCF FSD DV unit director has served on the executive working group of the Vermont Network facilitated Justice Reinvestment project, a project receiving technical assistance from the Center for State Government to assess Vermont's response to domestic violence. 2021-2023 DCF FSD DV unit provided virtual trainings on domestic violence awareness to Vermont Guardian Ad Litem in virtual training sessions, both a primer on domestic violence and multiple follow up "lunch and learn" opportunities for smaller, regional groups.

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. A core team of FSD and the CWTP staff meet regularly with Heather Meitner regarding implementation.

FSD anticipates continued support from the Capacity Building Center (CBC) during the upcoming year as we move into implementation of our FCF Prevention Plan. In 2022, 2023, and 2024 FSD accessed CBC support in preparation for Round 4 of the Child and Family Services Reviews (CFSR). As stated above, FSD plans to continue this partnership with CBC through the CFSR PIP and the next CFSP.

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

Evaluation and Research

The following are evaluation/research projects that occurred during the CFSP reporting period.

- LUND Rural Partnership Grant (RPG) found that quicker access to services through the RPG providers did improve outcomes for clients. This has led to FSD working with LUND to extend the RPG services as clients who engage in their services often experience faster engagement with substance abuse service providers.
- The CFSR Steering Committee performed root cause analysis on all CFSR outcomes and system factors in preparation for the CFSR Statewide Assessment. For more information, please see Vermont's CFSR Round 4 Statewide Assessment.
- Children adopted from other countries participated in the QIC-AG grant that DCF-FSD engaged in to survey families post-permanency to inform offered interventions. The QIC-AG was a 7-year agreement that ended in 2021. The purpose of the grant was to implement and evaluate interventions that promote and support adoption and guardianship.
 - FSD's QIC-AG project led to:
 - Enhanced knowledge of the needs of adoptive and guardianship families in Vermont through a survey of families joined by public, private, and intercountry adoption or guardianship
 - Expanded understanding by FSD staff and Post Permanency Providers of the protective and risk factors associated with placement stability, allowing improved placement matching capabilities prior to permanency and enhanced support opportunities for family's post-permanency.
 - Additional Findings:
 - Families are interested in access to:
 - Support Groups, Trainings, Respite, In-Home Support, Therapy/Counseling, Adoption-Competent Providers, and School-Based Supports
 - Adoptive parents and guardians can be well served with periodic reminders about resources that they may need and support that is available within the community. The strategies used to reach families for the survey will continue to be used to inform families of available services and supports.
- Centers for Disease Control and Prevention Sudden Unexpected Infant Death (SUID) Case Registry Grant: In 2023, the Vermont Department of Health was awarded a five-year grant from the Centers for Disease Control and Prevention to participate in the Sudden Unexpected Infant Death Case Registry. The participation in the Registry gives access to the CFRT to input Vermont's child fatality data into the National

Center for Fatality Review and Prevention's Case Reporting System allowing the CFRT to compare national trends with Vermont data. Participation in the Case Registry improves the CFRT's understanding of trends and risk factors of sudden unexpected infant death and will subsequently improve the CFRT's recommendations for evidenced-based interventions and strategies for prevention of SUID.

Section 3: Quality Assurance System

Due to the lack of an automated case management system, FSD has largely relied on manual processes to support the work of quality assurance throughout Vermont during this CFSP period. This includes manual gathering and analysis of data, reporting, training, integrity reports, etc., most of which are overseen by the Quality Assurance team. Family Services' Quality Assurance Team consists of 3 Quality Assurance Coordinators, 1 Quality Assurance Application Support (QAAS) staff, a supervisor, and an administrative support staff. The QAAS position was added in fall of 2022 and has put the division in a better position to make necessary upgrades to our current data system and work towards implementation of a Comprehensive Child Welfare Information System (CCWIS). Additionally, a part-time, temporary, CFSR Admin position was just moved under the QA team to support the ongoing work related to the CFSR PIP, to include how it will be connected to the FY 2023-2029 CFSP goals and activities.

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 CFSP. Staff share the themes they see 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 had been meeting regularly to review different areas of our strategic plan and identifies ways to keep the district staff informed and connected to this work. During 2022 and 2023, the CQI Steering Committee has not met quarterly due to staffing challenges within the QA team. It is hoped that in CY2024, this group can return to a quarterly cadence and blend with the work of the CFSR Steering Committee.

Vermont FSD's Division Management Team (DMT) is made up of directors from all 12 district offices, unit leaders from Central Office, and other key participants from FSD. If a director is not able to attend, a supervisor or other staff member from the district must attend in their place, thus ensuring full state representation. DMT is a monthly opportunity for leadership to come together to discuss data, practice, performance, and share feedback from their work. It also provides opportunities for guests from around the state (and outside the state) to join and share information about their programs.

In addition to the above-mentioned functions of DMT, from 2019-2022, DMT focused heavily on 3 key indicators that were identified together in the summer of 2019. The indicators were: to increase face to face contact on custody cases, increase timely closure of child safety interventions and decrease length of stay for other case types, and increase placement with kin.

FSD leadership committed to using monthly DMT meetings between 2019-2022 to review the indicator data together and discuss what's working/what's not. The directors would take this back to their districts to identify and implement strategies, then come back to the next meeting to review the data again and report out. The goal was to repeat this process for the 3 indicators each year for 3 years, which ended in summer of 2022. The DMT CQI Indicator schedule for 2021 is included below to provide an example of DMTs commitment and approach to this work.

Figure 4 DMT CQI Indicators Schedule 2021 table

DMT CQI Indicators Schedule 2021		
Focused Indicator	Activity	Target Month
Face to Face	1. DMT ➤ Central Office shares data	December
	➤ Directors will follow up with their leadership team/staff: <ul style="list-style-type: none"> • 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
	2. 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 • Share strategies and how you are evaluating them • Reflect on any changes/results • What additional supports you need 	March
Length of Time Open (Timely Closure) • CSI • CF • CCO • Custody	1. DMT ➤ Central Office presents new quarterly data	April
	2. Directors will follow up with their leadership team/staff: <ul style="list-style-type: none"> ➤ CSI <ul style="list-style-type: none"> • Discuss and identify primary barrier for not meeting 60-day timeframe • Review current strategies and a plan to evaluate progress ➤ CF <ul style="list-style-type: none"> • Review policy on risk reassessments and closing CF cases with staff • Discuss how your district determines reviews open CF cases and determines if they should be closed • Review current strategies and a plan to evaluate progress ➤ CCO <ul style="list-style-type: none"> • Discuss how your district reviews open CCOs cases and determines if any should be closed • Identify primary barrier for not closing CCOs timely 	May/June

	<ul style="list-style-type: none"> Review current strategies and a plan to evaluate progress ➤ Custody 	
	<p>3. DMT</p> <ul style="list-style-type: none"> ➤ Central Office shares updated quarterly data ➤ Directors report out on: <ul style="list-style-type: none"> What you learned from discussing with staff Share strategies and how you are evaluating them Reflect on any changes/results what additional supports you need 	July
Kinship Placements	<p>1. DMT</p> <ul style="list-style-type: none"> ➤ Central Office presents new quarterly data 	July
	<p>2. Directors will follow up with their leadership team/staff:</p> <ul style="list-style-type: none"> ➤ Review current strategies and a plan to evaluate progress 	August/September
	<p>3. DMT</p> <ul style="list-style-type: none"> ➤ Central Office shares updated data ➤ Directors report on: <ul style="list-style-type: none"> What you learned from discussing with staff Share strategies and how you are evaluating them Reflect on any changes/results what additional supports you need 	November

Final indicator data was shared in fall of 2022, which identified increased performance in all three indicators. Two examples of indicator data are included below.

Figure 5 Vermont’s Face-to Face- contact 2018-2022

Vermont Face to Face Contact, 10/1/18-9/30/22

	FFY19		FFY20		FFY21		FFY22	
	#	%	#	%	#	%	#	%
Statewide	13169	88.8%	12622	93.3%	11900	95.1%	11288	93.1%

Data Source: Results Oriented Management (ROM)

Figure 5 shows progress made by VT from 2019-2022 regarding face-to-face contact for custody cases. Vermont attributes the dip in FFY22 to removing the use of virtual contact for face-to-face requirements.

Figure 6 Vermont’s timely Closure of Child Safety Interventions 2018-2022

Vermont Timely Closure of Child Safety Interventions, 10/1/18-9/30/22

FFY19	FFY20	FFY21	FFY22
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	#	%	#	%	#	%	#	%
Statewide	1678	33.9%	1733	48.5%	1580	37.4%	1607	35.4%

Data Source: Results Oriented Management (ROM)

Figure 6 shows the progress VT made during 2019-2022 regarding timely closure of child safety interventions.

Given the progress made during 2019-2022 through the implementation of focused indicator work, FSD assessed that continued use of the focused indicator process would be beneficial long term. In spring of 2023, it was determined that FSD would wait until after the results of CFSR 4 final report to identify the next round of focused indicators. This was done so that DMT can select indicators from our CFSR PIP, which we'll already be required to increase performance on. Work on the new focused indicators will begin in early 2025 (CFSR PIP should be finalized in late 2024/early 2025).

FSD's Qualitative Case Reviews is another important way the Division measures progress. During the CFSR 3 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 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.

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. Over the last couple years, there have been discussions with the FSD Quality Assurance team to explore the possibility of utilizing their expertise to create a structure for the case read process to occur. The work on case reads has dipped due to capacity but is still a desired strategy to use and will be highlighted in the FY 2025-2029 CFSP.

Over the last two years, Vermont has made significant steps forward with regards to bringing an automated case management system to Family Services through the implementation of a CCWIS. Currently, Vermont relies on a 41-year-old data collection system and a 20+ year old case-note entry system, neither of which can meet the federal requirements or the state and district level needs with regarding to data, reporting, and supporting the work of child protection. After months of intensive work, DCF was able to post a CCWI Request for Proposal (RFP) in 2024. As of the writing of this Final Report, DCF had noted some errors in the RFP scoring and was actively working on adjusting with the plan of reissuing the RFP in summer 2024. It is hoped that FSD will continue to see progress made toward the implementation of a CCWIS during the next CFSP. For more information on Vermont's goals around implementing a case management system, see FSD's 2025-2029 CFSP.

[Section 4: Final Update/Report on Service Description](#)

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

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 during the CFSP reporting period. The following is a summary of the services supported 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.

Vermont has 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 Children's Integrated Services (CIS) teams. There is a no wrong-door approach to 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.

Services for Children Adopted from Other Countries

For over 20 years, Vermont has offered the same array of post adoption services to families who have adopted children from other countries as those that are available to families adopting privately or from the public child welfare system. Our belief is that any Vermont adoptive family should have access to the entire service array available to families who adopt a child who has spent time in foster care. Our post adoption programming is funded in a way that allows every contracted agency to serve all families, including those who do not have Medicaid insurance. Vermont accomplishes this by the use of Global Commitment (Medicaid) for any family insuring their child with Medicaid, and IV-B for non-Medicaid families. Additionally, any family formed by adoption may participate in any activity or service sponsored by the Vermont Consortium for Adoption and Guardianship.

Activities related to services for children adopted from other countries during FFY 2020-2024 are:

- Children adopted from other countries participated in the QIC-AG grant that DCF-FSD engaged in to survey families post-permanency to inform offered interventions (see Evaluation and Research section of this document for more information on this grant).
- Children adopted from other countries have access to universally available post-permanency services in Vermont. Post-permanency services consist of:
 - In-home adjusted parent education, identifying strengths and challenges and developing plans that foster growth
 - Consultation to treatment teams and advocacy, providing education supports within schools and collaborating with treatment teams
 - Referrals to community resources
 - General adoption/guardianship information
 - Kinship placement support

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

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

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, organized under a statewide network, each providing a wide range of support and services for parents and caregivers with young children. PCCs are unique in design and responsive to the specific needs of our local communities. Holistically, 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 served 18,656 children and 17,696 parents* from January-June 2023 and made 15,800 home visits.

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. 94% of parents reported feeling strong and more confident as a parent after working with a PPC in 2023 and 98% of parents feel they received the help they needed and that was right for them. For further information: [Parent Child Center Impact report from January-June 2023](#)

**Parent Child Center uses parents as a term inclusive of all caregivers who play a parenting role*

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).

FSD runs 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 provides this report to their Children and Family Services (CFS) partner to evaluate CIS referral processes, services provided, utilization of contracted services, etc. This activity not only ensures that children are being referred and services provided, but it also strengthens the partnership between the district and CFS staff.

Activities to Reduce the Length of Time in Care:

The CHINS Reform Workgroup

As highlighted in Vermont's 2020-2024 CFSP, the CHINS Reform Workgroup was created by the legislature in 2018 and 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 changes 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.

The original intent of the Judicial Master was to alleviate the docket, but it only created delays. Several hearings that the Judicial Master presided over in one of the pilot districts resulted in reschedules or the matter requiring a hearing with the judge in juvenile court, further backing up the docket. The time wasn't being used productively; particularly by lawyers who wanted to litigate matters versus finding common areas of agreement or consensus on how to move things forward. While the other pilot district experienced some success at moving forward uncontested Permanency Hearings through the use of the Judicial Master, they also experienced issues with the strategy and recently, the Judicial Master position in that district has been vacant.

Knowing that there were some successes experienced while using a Judicial Master to oversee uncontested hearings, it may be worth Vermont continuing to explore the use of Judicial Masters during the next CFSP reporting period.

Alternative Dispute Resolution

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 in 2021 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 CourtTools' 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 programs 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 in 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 in a timely manner. 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.

Due to FSD’s continued state of crisis related to the high-end system of care and diminished workforce, minimal activity has occurred over the last year of the CFSP reporting period. FSD still intends to roll out CHINS mediation statewide, but only a few planning meetings have occurred, and activity is now stalled. To this end, FSD has not been successful in reducing the length of time in care during this CFSP reporting period.

Impacts of COVID on Court Hearings

As of recent reports, Vermont, like many states across the United States, has been grappling with a significant backlog in its court system. The backlog primarily stems from delays caused by the COVID-19 pandemic, which disrupted normal court operations.

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. Most of the district courts already had resources challenges creating backlogs pre-COVID, which were only amplified by the pandemic.

As we've emerged from the COVID-19 pandemic, many court hearings have remained virtual. While this has supported the court dockets in moving forward, there is still a backlog from the pandemic and Vermont is feeling the most impact as it relates to achieving timely permanency. During Vermont's Round 4 CFSR on site review in May of 2024, much of the feedback provided around delays to timely permanency was specific to court calendars. Cases may wait several months before getting to a TPR hearing to then need another two days scheduled, which pushes it out even further. Districts are trying to get creative around how to move the court dockets along and we hope that as we work through our CFSR PIP, we will see shifts in court dockets and continued movement toward timely hearings.

The Judiciary recently announced budget approval for two new judge positions. One of the new judge positions will be utilized as a “Northern Float” assigned primarily to preside in the Chittenden, Franklin,

Lamoille, and Washington Units. This new judge position will provide for additional assistance in addressing the backlog and new cases going forward.

The second new judge position will be utilized as a statewide float focused on the treatment dockets currently in operation in Chittenden, Rutland, Washington, and Windsor Units. Currently, different judges are pulled from their regular dockets once every two weeks to preside over treatment court dockets. Having a single judge assigned to preside over the current treatment dockets will allow the several judges who now preside over treatment dockets to utilize the time they would have spent in those dockets to schedule cases in their regular dockets. This would assist in backlog reduction and the maximization of case flow for the timely disposition of matters going forward. It will also allow the new float judge to assist in other dockets where most needed.

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

Court Data: Juvenile Cases

Figure 7: Juvenile Cases Added
Juvenile Cases Added (Multiple Years)

FY11-FY18 have CHINS A and B Combined
Data Does Not Include Expunged or Sealed Cases

	FY'11	FY'12*	FY'13*	FY'14*	FY'15*	FY'16*	FY'17*	FY'18*	FY'19*	FY'20	FY'21	FY'22	FY'23
CHINS A - Abandoned or Abused by Parent/Guardian/Custodian	-	-	-	-	-	-	-	-	2	2	21	53	57
CHINS B - Without Parental Care or Substance (Neglect)	560	707	657	810	1073	1079	921	1101	898	711	736	698	578
CHINS C - Is Without or Beyond the Control of Parent/Guardian/Custodian	118	90	95	96	83	84	70	78	70	59	57	66	57
CHINS D - Habitually and Without Justification Truant	124	118	135	124	110	138	166	181	133	91	115	162	142
Conversion Default Juvenile Case	0	0	0	0	0	0	0	0	0	0	1	0	0
Juvenile Delinquency	791	895	820	670	707	734	702	883	713	647	688	577	700
Youthful Offender	74	79	72	54	44	43	33	34	500	371	309	320	323
TOTALS	1667	1889	1779	1754	2017	2078	1892	2277	2316	1881	1927	1876	1857

Figure 7 indicates that FSD's most prevalent CHINS cases throughout the FFY 2020-2024 period were CHINS B: Without Parental Care or Substance (Neglect).

Figure 8 & 9: Petitions Filed

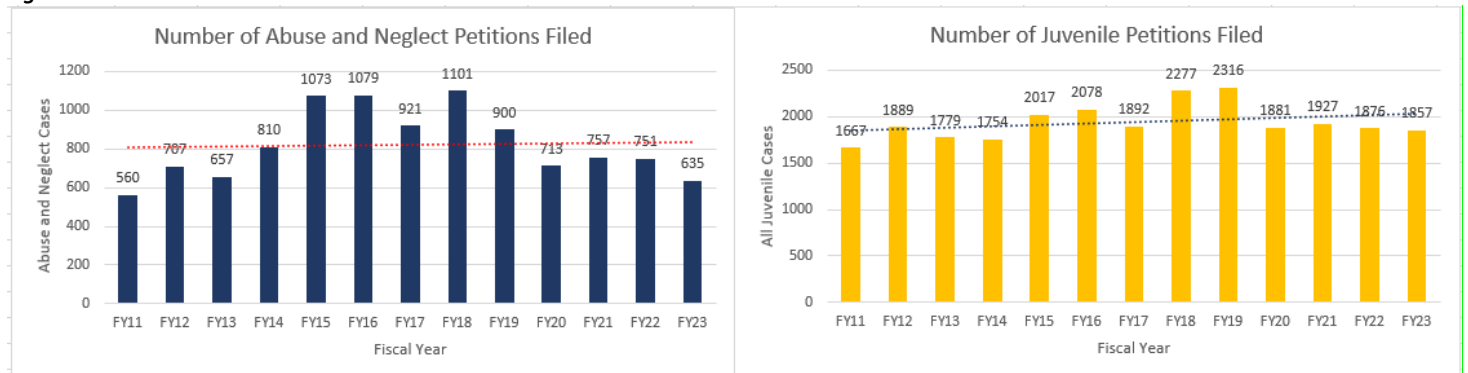


Figure 8 shows that during the current CFSP reporting period, FSD has seen a decrease in the number of CHINS B petitions filed.

II. Custody of Children

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

Figure 10: Cases Added in FY20 (Custody pre-disposition)

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

Figure 11: Cases Added in FY21

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

Figure 12: Cases Added in FY22

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

Figure 13: Cases Added in FY23

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

III. Abuse Neglect by County

Figure 14: Abuse Neglect by County

CHINS A & B (ABUSE AND NEGLECT) FY 2020 and FY 2021

Abuse and Neglect by County															
CHINS A & B (Abuse and Neglect)	An	Bn	Ca	Cn	Ex	Fr	Gl	Le	Oe	Os	Rd	Wn	Wm	Wr	Vermont
Fiscal Year 2020	42	68	42	175	6	82	13	25	13	45	39	50	77	36	713
Fiscal Year 2021	40	60	51	146	14	104	7	22	19	41	82	48	63	60	757
Fiscal Year 2022	55	42	42	138	13	76	10	58	13	79	83	72	41	29	751
Fiscal Year 2023	57	39	44	148	11	49	7	29	10	59	73	23	42	44	635
Four Year Total	194	209	179	607	44	311	37	134	55	224	277	193	223	169	2856

IV. Percentage Changes

Figure 15: Percentage changes by CHINS type

ALL CHINS DATA by CHINS Type

CHINS Type	FY - 20	FY - 21	FY - 22	FY - 23	FY - 22 to FY - 23
					Percent Diff
CHINS A - Abandoned or Abused by Parent/Guardian/Custodian	2	21	53	57	8%
CHINS B - Without Parental Care or Subsistence (Neglect)	711	736	698	578	-17%
CHINS C - Is Without or Beyond the Control of P/G/C	59	57	66	57	-14%
CHINS D - Habitually and Without Justification Truant	91	115	162	142	-12%
Conversion Default Juvenile Case	0	1	0	0	0%
Juvenile Delinquency	647	688	577	700	21%
Youthful Offender	371	309	320	323	1%
Total	1881	1927	1876	1857	-1%

Figure 16: Percentage changes by CHINS type and County

ALL CHINS DATA by COUNTY

County	FY - 20	FY - 21	FY - 22	FY - 23	Percent Change
					FY 22 to FY 23
Addison	79	78	117	127	9%
Bennington	216	189	174	156	-10%
Caledonia	63	120	81	77	-5%
Chittenden	439	322	313	337	8%
Essex	13	26	16	14	-13%
Franklin	205	259	223	249	12%
Grand Isle	19	19	27	24	-11%
Lamoille	74	58	125	91	-27%
Orange	53	66	57	41	-28%
Orleans	124	119	132	138	5%
Rutland	153	171	156	165	6%
Washington	182	184	194	200	3%
Windham	141	141	117	85	-27%
Windsor	120	175	144	153	6%
Total	1881	1927	1876	1857	-1%

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 10 years of 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)

The information below was taken from the 2023 Report of the Child Fatality Review Team to the Vermont Legislature, prepared by Chair and Co-Chairs, Charlotte McCorkel, LICSW Senior Director of Client Services, Howard Center and Emily Fredette MCH Program Manager in Injury and Violence Prevention:

<https://legislature.vermont.gov/assets/Legislative-Reports/2023-CFRT-Report-final.pdf>

Data Summary

Figure 21: Unnatural, Undetermined, or Preventable Child Fatalities in Vermont: Manner of Death, Biological Sex, Age, and Cause of Death, 2013-2022 Vermont Vital Statistics:¹

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	Total
Manner											
Accident	12	4	7	5	7	6	5	6	9	9	70
Suicide	5	9	1	3	4	4	3	4	3	2	38
Could not be determined ²	3	3	5	4	4	12	1	1	2	8	43
Homicide	2	3	1	5	0	0	1	1	0	1	14
Biological Sex											
Male	15	13	9	12	11	18	4	10	9	11	112
Female	7	6	5	5	4	4	6	2	5	9	53
Age											
< 1 year old	4	2	6	4	4	10	1	3	1	9	45
1-11 years old	5	4	3	1	6	2	6	3	6	4	40
12-17 years old	13	12	5	12	5	10	3	6	7	7	80
Cause											
Suffocation	8	6	2	3	3	4	1	3	3	1	34
Motor Vehicle	4	2	3	6	0	5	1	2	6	4	33
Sudden Unexpected Infant Death	2	2	2	3	2	7	0	0	1	7	26
Firearm	0	4	0	1	2	0	1	3	3	3	17
Undetermined	1	2	5	0	2	5	1	0	0	1	17
Drowning	3	0	0	3	3	1	2	1	0	1	14
Poisoning	1	0	0	1	0	0	1	1	0	2	6
Other	3	3	2	0	3	0	3	2	1	1	18

Data Source: Vermont Vital Statistics 2013-2022. 2022 data are preliminary. Vermont occurrent unnatural, undetermined, or preventable deaths among people aged 17 or younger. ² The manner of death is coded as “could not be determined when there is no compelling evidence for one manner over another”. In most cases of sudden unexpected infant death, the etiology of death is unknown, undetermined, or unspecified, so the manner of death is “could not be determined”.

Infant Safe Sleep Committee

In late 2022, the Department of Health Division of Family and Child Health (Department) and the CFRT partnered with the child injury prevention coalition, Safe Kids Vermont, and created the Vermont Safe Sleep Committee Community Action Team. The purpose of the Vermont Safe Sleep Committee Community Action Team is to implement and coordinate the recommendations developed by the CFRT. This Committee is made up of diverse communities, backgrounds, and organizations, it can address unique needs across the state. A full list of organizations that represent the Committee can be found at UVMHealth.org/SafeSleep.

The Committee’s current focus is centered around designing accessible educational materials on safe-sleep messaging while adhering to safe-sleep guidelines. The materials were written in plain language to help with ease of understanding at most reading levels and will be translated into a variety of languages before being disseminated widely throughout the community. The content focuses on practical tips to improve sleep for caregivers and babies, guidance on products to avoid, and realigns expectations around what is infant sleep. Final materials and a messaging toolkit will be distributed by partners across the state to help statewide alignment on safe sleep messaging.

Centers for Disease Control and Prevention Sudden Unexpected Infant Death (SUID) Case Registry Grant

In 2023, the Vermont Department of Health was awarded a five-year grant from the Centers for Disease Control and Prevention to participate in the Sudden Unexpected Infant Death Case Registry. The participation in the Registry gives access to the CFRT to input Vermont’s child fatality data into the National Center for Fatality Review and Prevention’s Case Reporting System allowing the CFRT to compare national trends with Vermont data. Participation in the Case Registry improves the CFRT’s understanding of trends and risk factors of sudden unexpected infant death and will subsequently improve the CFRT’s recommendations for evidenced-based interventions and strategies for prevention of SUID. The participation in this analysis remains important as there were seven sudden unexpected infant deaths in Vermont in 2022 (Figure 21).

Child Homicide Death Investigation Mapping Exercise

Eight child homicide cases were released for review in 2022. Upon preliminary review, the CFRT determined that in order for the CFRT to effectively review these cases, they must first understand how and when law enforcement, the Office of the Chief Medical Examiner, the State’s Attorney Office, and the Department for Children and Families-Family Services Division (DCF), intersect with one another during a child homicide investigation to effectively review homicides cases. Consequently, a mapping exercise was conducted to identify the various stages of a child homicide investigation. The CFRT looked for opportunities to strengthen partnerships at each of these stages with the varying entities and agencies involved. Through this effort, Windham County State’s Attorney, Tracy Shriver, was invited to present, along with CFRT representatives from law enforcement, the Office of the Chief Medical Examiner, and the Department for Children and Families. The mapping exercise revealed opportunities to strengthen communication between all parties involved in the investigation. A subgroup was formed to look at policy and system changes.

Child Fatality Case Review

Figure 22: Number of Cases Reviewed 9/2022-9/2023 table

Table 2. Number of Cases Reviewed 9/2022-9/2023

3	Drowning
3	Homicide ⁵
9	Sudden Unexplained Infant Death
5	Suicide
	4 - Firearm
	1 - Hanging
6	Motor Vehicle Crash
2	ATV Crash
28	Total Cases Reviewed

The CFRT changed from a bimonthly meeting cadence to monthly meetings to catch-up on the backlog of cases that had been delayed due to the Department’s COVID-19 response. From 9/2022 to 9/2023, twenty-eight cases were reviewed in total (see figure 22). The CFRT reviews deaths that are unexpected, unexplained, and/or preventable and not under active investigation or litigation. Cases under active investigation are not reviewed until once they are closed, so as not to interfere with the law enforcement activities.

The CFRT’s review of case fatality data, together with Vermont Department of Health

surveillance data, led to the identification of several areas of particular concern: water safety, suicide prevention and postvention response, infant safe sleep, child abuse and maltreatment, and motor vehicle and ATV safety, each discussed in detail in the 2023 CFRT annual report.

Planned Activities for 2024

The following CFRT activities are planned for 2024:

- Partner with relevant stakeholders and community partners to implement recommendations related to child abuse and neglect, youth suicide prevention, and motor vehicle and ATV safety.
- Continue to support work conducted by partners on the Safe Sleep and Water Safety Action Committees.
- Convene a subcommittee of agencies who investigate child fatalities to develop recommendations to strengthen interagency collaboration and communication.
- Finalize the Firearm Safety Committee through Safe Kids Vermont, with representation from the Child Fatality Review Team.
- Develop and implement protocols for data input into the National Fatality Review Case Reporting System and subsequent data analysis.

Partners

In addition to its membership on the child fatality review team, Family Services Division also participates on 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), a quality improvement collaborative comprised of county, state and tribal child and family serving agencies whose mission is to improve child safety and prevent child maltreatment and fatalities by strengthening families and promoting innovations in child protection.

The NPCS mission is to improve safety and prevent child maltreatment fatalities by applying a set of strategies informed by safety science and advancement in data analytics as well as research and evidence to create high reliability systems and promote safety innovations in child welfare.

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

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

2022 saw the passage of Act 129 into law, creating Vermont’s first Office of Child, Youth and Family Advocate. Statute provides direction for the office to work collaboratively with relevant parties, analyze and monitor the development and implementation of federal and state laws and policies, review complaints, and provide support and information related to advancing the interests and welfare of Vermont’s children and youth involved in the child welfare and youth justice systems. Within this statute, Vermont Department for Children and Families is directed to notify the Office of any fatality of a child or youth in its custody. While it is very early in the inception of this office, Family Services Division hopes to develop a collaborative process to review all

child fatalities, utilizing the principals of safety science with the aim of identifying areas for system improvement and better outcomes for children and families.

In 2023 FSD was successful in obtaining the support of a legislator to sponsor a bill, proposing the creation of a critical incident review team within Family Services. The bill would offer confidentiality protections around the review process and would formalize a collaborative partnership with the OCYFA specific to the review of critical incidents such as child fatalities and near fatalities. The OCYFA has expressed a commitment to learning the principles of safety science and a willingness to attend trainings provided by the NPCCS.

The full statute can be found here:

<https://legislature.vermont.gov/statutes/fullchapter/33/032>

Child Safety and Protection

Intake and Screening

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

[Policy 50: Child Abuse and Neglect Definitions](#)

[Policy 51 Screening Reports of Child Abuse and Neglect](#)

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:

[Policy 52: Child Safety Interventions – Investigations and Assessments](#)

[Policy 56: Substantiating Child Abuse and Neglect](#)

Family Support Case shift

The Division began shifting practice in 2022 to allow families a choice in whether they were interested in engaging in a Family Support case following a child safety intervention. Past practice and policy dictated opening a case based on high or very high-risk assessment scores (see assessment below) and then pursuing court action in response to non-engagement. We learned from our partners at Evident Change that this was a misuse of the risk assessment tool, which is designed to identify which families would benefit most from prevention services, as opposed to identifying danger in need of a high-level intervention, such as court oversight or removal. This practice shift has resulted in declining numbers of family support cases.

A new policy will be issued in 2024 which mandates a teaming approach to this area of the work. With a formal case transfer process, families will be given an opportunity to meet with their new worker and hear about the services being offered PRIOR to deciding about engaging in a family support case. The hope is that this transition period with in-person contact will reduce some of the fear and anxiety families feel when faced with continued Division involvement and will result in an increase in numbers of Family Support cases and ultimately a reduction of reoccurrence of child maltreatment.

Child Protection Registry changes

Vermont saw some big changes in 2024 to investigations and our approach to the child protection registry. New legislation shifted the standard of evidence required for substantiating child maltreatment from the “reasonable person” standard to a preponderance of the evidence; expanded time frames for due process requirements and created the ability for substantiated cases of child maltreatment to not result in name placement on the child protection registry when not warranted.

Background and Need

- The Child Abuse and Protection Substantiation Registry as we know it today was established in 2007. Some standards around mandated reporting was changed in 2015, but the substantiation process has not seen meaningful change or updates in nearly 20 years. Our understanding of the disparate impacts socio-economic status and structural racism can have on families involved in the child protection system has evolved drastically in those 20 years, but the practices enshrined in Vermont’s statute and administrative rule around substantiation proceedings have not yet caught up.
- The Department for Children and Families worked closely with the Vermont Parent Representation Council, Voices for Vermont’s Children, and the Office of the Child, Youth, and Family Advocate over the course of the past year or so to collaborate on improvements to the system that would both ensure that our systems are fair, while adequately protecting Vermont’s children. The Department has engaged in countless hours of research and analysis of other states’ practices – as well as some deep introspection – to develop the changes contained within H.661.
- This bill represents some of the best aspects of the legislative process – the Department leaned into valid criticism and worked collaboratively with others to come up with solutions. We presented a united front to the legislature, and this bill, which makes meaningful improvements to the system, is the result.

Changes within H.661 (Act 154)

- H.661 makes many of the sorely needed changes to child abuse and neglect substantiation procedures, though it is certainly not the end of the journey – more careful and studied work is needed to bring full and meaningful reform to this process. This bill contains nods towards that continued end by including legislative reports on some of the items that the Department knows need to be changed but did not feel confident changing at this juncture without weighing the consequences and determining a careful best path forward. These reports will include work towards standardizing how forensic interviews are recorded and stored, establishing a centralized internal substantiation determination process (currently, substantiations are determined on a district-level), and rules guiding this process as well as establishing alternatives findings which do not require entry onto the registry.
- Changes implemented this year include changing the level of evidence needed to substantiate an individual accused of child abuse or neglect. Previously, a report would be substantiated if it was based on information that would lead a reasonable person to believe that a child had been abused or neglected. This bill changes the standard to “a preponderance of evidence” – the standard by which most civil lawsuits in the U.S. must be proved.
- Additionally, H.661 tightens up the processes for notifying a person of their substantiation – notifications may now be sent via email if requested. It also contains expanded timeframes for both requesting and holding registry substantiation determination reviews. This balances both the realities

of scheduling reviews for a department with, at times, stretched resources with the rights of those accused of child abuse and neglect to a timely hearing.

Assessment:

Adjacent to court involved cases, in which children have been found to be needing 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®

Vermont has made some strides in responding to concerns about custody entrance rates and connection to subjective and inconsistent decision making.

Friday, September 15th, 2023 saw the first of its kind Child Welfare Summit; bringing together judges, family services workers, attorneys and advocates to take a close look at the decisions which might lead a child to be removed from their home due to concerns of abuse and neglect. Over 240 people representing parties in a Family Court matter learned about the Structured Decision-Making tools utilized by Family Services Division to assess safety and risk, and a newly released guide for courts designed to unify language and understanding across disciplines. The day-long event took place in South Burlington, Vt, where judges, state's attorneys, and Guardian ad Litem, and attorneys who represent parents and children sat down with child protection workers and their supervisors to begin a long overdue truly collaborative conversation about how we make the decisions that have the most dramatic impact on the lives of Vermonters. The day was focused on The Vermont Court SDM Guide and Guide and the SDM Court Reference Sheet which were developed by a collaborative workgroup consisting of judges, FSD, and our partners at Evident Change over a period of eight months. These guides were born from recommendations from the legislatively commissioned UVM study on the drivers of custody rates in Vermont, and are meant to help all parties to CHINS cases understand the linkages between statute and practice and increase objectivity and consistency around the state.

Safe System Learning Review (SSLR)

Vermont is one of 27 States that are part of the National Partnership for Child Safety (NPCS), a national collaboration focused on improving the child abuse/neglect death review process. As part of our collaboration with NPCS, FSD utilizes the Safe Systems Improvement Tool (SSIT) and agrees to have a critical incident review process which supports psychological safety and system-oriented thinking. This critical incident review process is family centered, workforce informed, and systems focused, and the tool reinforces important organizational values (safety culture, workforce resilience, systems improvement).

Critical Incident Review (CIR) mapping: Facilitated by Michael Cull and attended by FSMT, the Critical Incident Review workgroup and key Central Office Managers; the Formation of a team of reviewers, training provided by NPCS, confidentiality agreements; and two pilot SSLR's.

Commissioner level work started in 2022 regarding the data protection process: The division is working with the Commissioner's office around draft legislation to speak to SSLR to strengthen this process within Vermont's statutes. In 2023 FSD was successful in obtaining the support of a legislator to sponsor a bill, proposing the creation of a critical incident review team within Family Services. The bill would offer confidentiality protections around the review process and would formalize a collaborative partnership with the OCYFA specific to the review of critical incidents such as child fatalities and near fatalities.

Additional NPCS/SSLR Activities/Workgroups During the Reporting Period

- NPCS Data Sharing Workgroup: Development of the data dictionary- 51 data elements were crafted with the needs and usage of all jurisdictions in mind; keeping focus towards future research, universally understood language and data fidelity. Finalized in November 2020. The Child Safety Unit and Quality Assurance team joined in the data sharing workgroup.
- NPCS- peer leaders call: Monthly guided discussions with other CIR leaders from across the partnership.
- NPCS- Data Analysis Workgroup: Decides what the data collected by NPCS will be used for (i.e.: research proposals from jurisdictions, universities, research groups and policy institutes).
- Developing Review Team: Safe Systems Learning Tool trainings completed with NPCS to add additional reviewers: Quality Assurance Coordinator, Human Trafficking Consultant, Policy & Planning Manager
- The Child Safety Director engaged with new OCYFA regarding CIR process which include trainings provided to OCYFA staff regarding SSIT and safety science. (March 2023) QA Coordinator conducted SSIT review.

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. This has remained the same throughout 2020-2024.

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 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 FY2022.

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 Program \(PSSF\)](#)

Vermont Family Services believes strongly in supporting community-based services and in maintaining close partnerships with community providers. Most Vermont's Safe and Stable Families dollars are distributed through grants and contracts to fund services to families by community providers. For contracts, the providers are selected through a competitive procurement process. The bids that Family Services receives are reviewed by State-level, and district staff who have knowledge of what is needed in their communities. All bidders are community-based providers.

For the period of 2020-2024, Family Services distributed these funds in two main ways to support children and families; through grants and contracts and through direct support to families. There were a few services supported with this funding, the first being a respite provided to families served by Post-Permanence Services, through contracts with community providers. Post-Permanence Services support families who have been joined through adoption and guardianship by providing case management and other support services delivered by professionals who are experienced in the dynamics of adoption and guardianship. Safe and Stable Families makes up a small portion of the funding in these contracts, but providing caregivers with a planned break increases long-term permanence for families.

We also distributed a portion of the Safe and Stable Families funds to Lund Family Center to support families who are in the process of adopting a child/youth. These funds are one of multiple sources of funding in the contract with Lund Project Family, which provides matching services, home studies, and support to families seeking to adopt a child, including assisting with payment for court filings and background checks, supporting a family in filling out the court forms, helping families understand the process, and more. Project Family has partnered with Family Services to provide these services for many years and in the last two years Vermont has found that the work required with many adoptive families has become more time consuming and complicated. We attribute this to the increase in finding permanency with kin.

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

In addition to grants and contracts, Family Services used these funds to provide support to stabilize families in crisis. These supports are intended to assist families in meeting the needs of their children such that their children can remain in the home, or to assist families when their children are returning home after reunification. Examples of these supports included clothing for children served in open Family Support Cases, transportation support so parents can attend parent child contact and family time coaching, other transportation costs, assistance with payments to support housing through security deposits and rental assistance, and home furnishing replacement or house cleaning 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.

Percent of IV-B Part 2 Expenditures:

Correctly coding expenses funded by Safe and Stable Families continues to be an issue. As stated previously, Family Services has been working closely with the DCF Business Office to ensure agreements are coded correctly. This has been somewhat successful, but because of staff turnover and competing priorities, this has not fully addressed the issue. Because the goal areas of the Family Preservation, Family Preservation Support, and Family Preservation Reunification categories are fairly similar, Vermont contends that the reality of the expenditures more closely match the percentage goals than the coding of such expenses suggests. Family Services will continue to work closely with the Business Office and with administrative staff in the districts to continue to educate about the different categories and evaluate the coding as expenses come in. Additionally, Safe and Stable Adoptions has historically been overrepresented in the Safe and Stable expenditures. In 2022, Vermont undertook an analysis to determine if there are other eligible funds for adoption services. As a result of this work, Vermont was able to reduce the amount of Safe and Stable Families Adoption funds in the agreement with Project Family.

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

Vermont faced barriers in spending this funding because it was one time funding, meaning we could not sustain any new programs or projects with this funding. Additionally, because there were multiple streams of additional revenue available to us through Federal supports to States related to the pandemic, several projects that were initially identified as possible recipients of this funding ended up being funded through other funds.

Vermont analyzed areas that could benefit from one-time funds and dedicated these funds to support children and families through recruitment of respite providers and foster parents. Vermont is committed to providing more family-based placements for children and youth in foster care and is always in need of additional foster parents. Vermont especially struggles to find appropriate placements for higher-needs youth. The effort to recruit additional families included targeted recruitment for families with special skills or interest in advanced training that allows them to successfully care for these youth. These funds supported recruitment throughout Vermont through a mechanism called “Front Porch Forum” which is a hyper-local email-based service that sends out postings to members based on town or community. There is a way to send recruitment emails to the entire state, or to post child-specific recruitment in the community in which they live to find foster care resources close to home. This tool was successful in increasing calls from community members to district offices to inquire about becoming foster parents.

[Populations at Greatest Risk of Maltreatment](#)

Substance Exposed Newborns

Please refer to the CAPTA section of this report.

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

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. Please refer to the maltreatment fatalities prevention section of this report for additional information.

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

Human Trafficking

FSD recognizes the vulnerability of young people who are victims or at high-risk for human trafficking. Within the past year, we have focused efforts on:

- The interconnectedness of missing/runaway episodes and the increased risk of trafficking;
- Facilitating and expanding empaneled multi-disciplinary teams focused on the trafficking of both adults and juveniles;
- Imbedding trafficking training into new employee foundations training; and
- Piloting and utilization of our Risk of Trafficking Screening Tool.

In 2023, FSD accepted and investigated 26 new reports of child sex trafficking. An additional 28 unaccepted reports were flagged for sex trafficking. Please refer to the CAPTA section of this report for additional information on human trafficking.

Missing/Runaway Youth

During the past several years, DCF-FSD has collaborated with the Vermont Intelligence Center (VIC) to examine data and themes pertaining to parental interference cases and youth with runaway behaviors, with a suspicion that the state’s data and trends were beginning to shift over time. An abbreviated summary of the findings includes:

- 2022 exhibited the highest number of missing juvenile NCIC entries, followed by 2021 and 2023. 2024 is exhibiting a trend slightly upward compared to previous years with 123 cases as of May 31, 2023. In the same time frame in 2022, there had been 111 cases.
- The data collected by the VIC between 2019 and early 2024 indicates that DCF custody nearly triples the likelihood that a juvenile 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 compared to juveniles not in DCF custody. Lengthier runaway events are increasing significantly among youth in DCF custody, more so than among juveniles not in DCF custody.
- Youth become more comfortable and resourceful the longer they spend on the run. The data shows that juveniles in DCF custody are running for longer periods of time in the last two years. However, it should be noted that these individuals usually start with runaway events that last between zero and three days. They progress each time, learning what it takes to avoid returning to the circumstances from which they are running.
- There is a statistically significant difference between statewide race data, and race data of missing juveniles. According to 2020 census data, approximately 2.2% of Vermont's population is Black or African American alone or in combination. Meanwhile, 14% of missing juvenile cases in the last several years involved juveniles that were Black or African American alone or in combination. This includes missing juvenile cases where the juvenile was or was not in DCF custody.

FSD's [Policy 155](#) (Runaway, Abducted, and Missing Children & Youth) has been revised twice within the last year to reflect requirements and implementation of The Trafficking Victims Prevention and Protection Reauthorization Act of 2022. In collaboration with the Agency of Digital services (ADS), we've been able to expand use of our incident reporting screen within SSMIS to capture all case types (rather than only DCF custody cases). We anticipate additional clarification within policy and the development of additional resources (checklist, brochure for parents, resources/strategies needed for high-risk youth on run for long periods of time, etc.) in upcoming months.

LGBTQI+ Children/Youth

Please refer to the Chafee Foster Care Independence Program Updates section for more updates 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 \$1,234,037 in Kin Navigator (KN) allocations since 2018. Historically, Navigator allocations have created an opportunity for DCF to assess and improve our system of care as it relates to formal and informal kin and fictive kin caregivers.

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

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

recognized by Grandfamilies United at [grandfamilies.org](http://www.grandfamilies.org/Topics/Kinship-Navigator-Programs/Kinship-Navigator-Programs-Resources) (<http://www.grandfamilies.org/Topics/Kinship-Navigator-Programs/Kinship-Navigator-Programs-Resources>).

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

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

In the past year, Family Services has continued to partner with VKAP as members of the Kinship Navigator Cross Site Collaborative which includes Montana, Wyoming and Maine. For the last several years, the collaborative has been working to develop, and monitor the implementation of an evidence-based -model of Kinship Navigation Services. The model will be evaluated for inclusion in the Prevention Services Evidence Based Clearinghouse. At the onset of this project we enlisted the expertise Dr Valerie Wood, PhD to develop and implement an evaluation plan for Vermont’s model. Dr. Wood was a Research Assistant Professor for the Center on Disability and Community Inclusion, Department of Education College of Education and Social Services at the University of Vermont. Dr Wood supported this project until April 2023 when she left her position with the University. Unfortunately, we were not able to complete a successful Request For Proposal (RFP) process to identify a new partner to work with us on the evaluation of this project. The delay in identifying a successful bidder resulted in our inability to obligate and liquidate approximately \$67,000 of our Kin Nav Allocation from the Children’s Bureau. Additionally, Vermont will not be submitting our materials to the Evidence Based clearinghouse with the other members of the collaborative, since we were not able to keep pace with this aspect of the project.

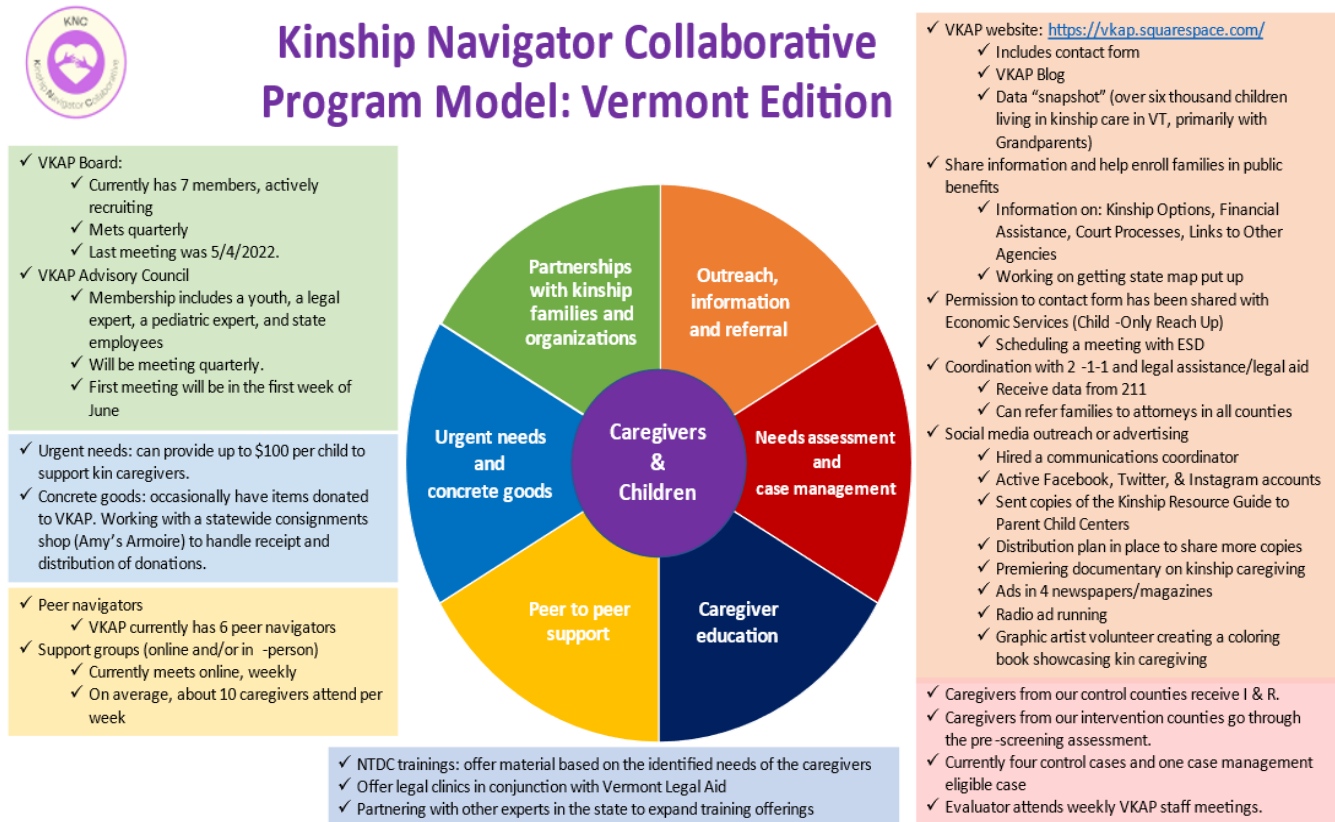
On a positive note, FSD has since identified HSRI to be our new evaluator for this project. A new contract was drafted and work on the project is underway.

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

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

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

Figure 23: Vermont Specific Kinship Navigator Collaborative Program Model



Only through the availability of the Kinship Navigation appropriation was Vermont able to add deliverables and funding to the existing grant we had with VKAP to support this work and grow capacity. Kinship Navigation funding is also supporting the intensive evaluation component of this model. 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

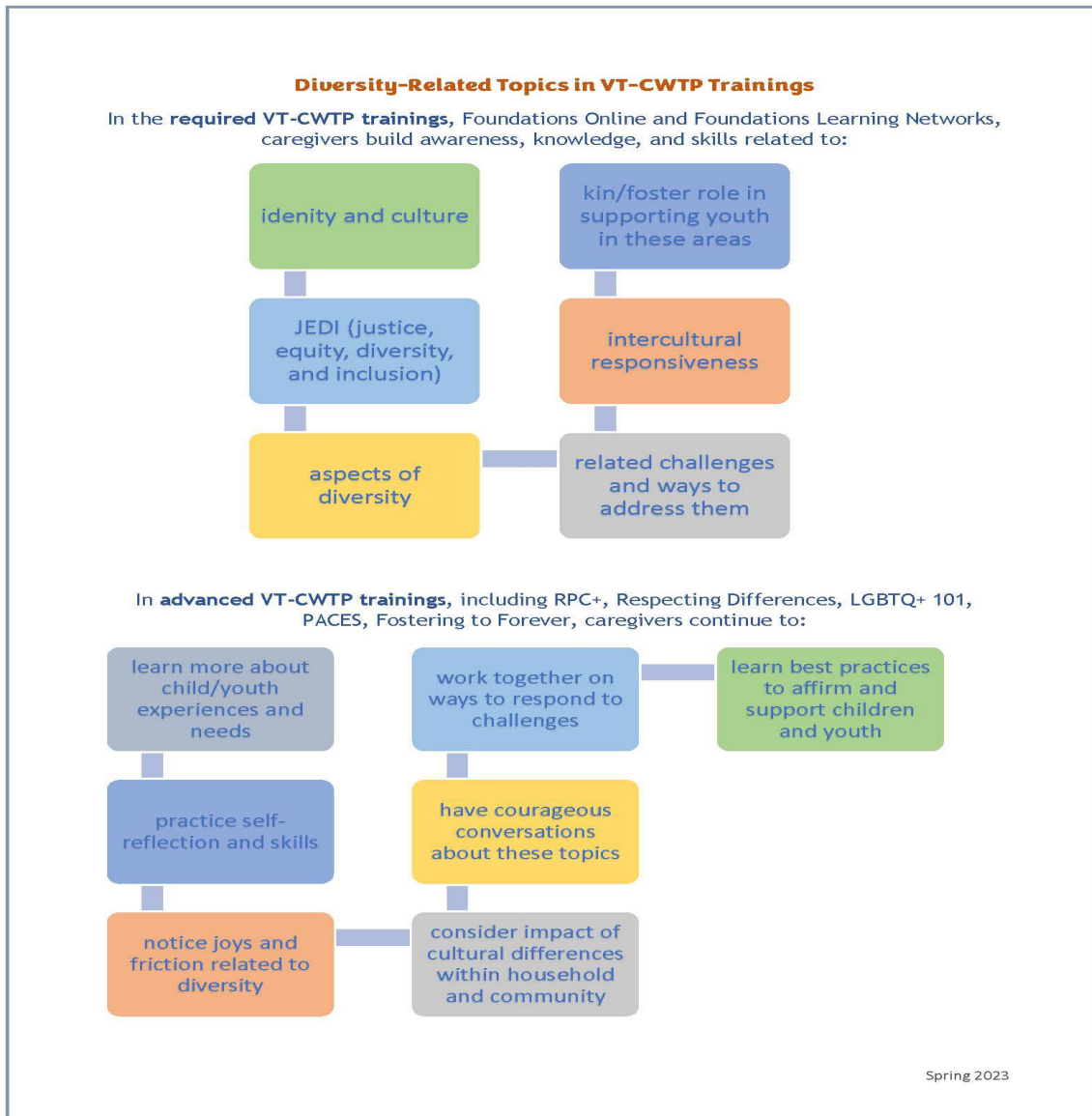
The Statewide Racial Equity workgroup (SREW) continues to meet regularly. Since its inception, via a Subcommittee structure, the Division continues to look at specific areas of our practice through a racial equity lens with the goal of identifying and mitigating access barriers.

Immediately we were impacted by the lack of available race data that could help inform our system about strengths and challenges. Efforts have been made to support our workforce in increasing their competence is asking questions and following up with families related to which racial groups they may identify.

A growing number of non-English speaking new Americans have settled in Vermont. One of the barriers previously identified by the Permanency and Foster Care Subcommittee of the Racial Equity Workgroup is that vital documents to support family engagement had not been translated into the seven common non-English languages spoken in Vermont as outlined by our Agency of Human Services policy. Translation of many of these vital documents has been completed and are available to the public on our website at <https://dcf.vermont.gov/fsd/resources/pubs>. Through this process, it became clear that simple translation of written materials into other languages would fall short since some languages are mostly spoken languages or constituents who need the information are not able to read in their native language.

FSD has worked to develop an agreement with a number of cultural brokers to help us complete a review and revision of our materials to ensure that they are culturally sensitive and relevant. We have allocated a modest amount of Kin Navigator funding to continue to support the translation of relevant documents. FSD is collaborating with our partners at the Child Welfare Training Partnership (CWTP) to complete this piece of work. All the Caregiver training(s) have been reviewed to ensure that justice, equality, diversity and inclusion content has been incorporated into trainings.

Figure 24: Diversity-Related Topics in VT- CWTP Trainings



Data Source: CWTP

[Monthly Caseworker Visits Formula Grants and Standards for Caseworker Visits](#)

During most of the FFY 2020-2024 CFSP reporting period, Vermont FSD has not met the federal standard of 95% of required face to face contacts occurring. The Division continues to focus on this practice area and uses available data and root cause analysis to gain a better understanding of the greatest areas of need. Through

this process, FSD has been able to identify certain districts that may be contributing to higher percentages of missed face to face contact and work with Division and district leadership to provide targeted interventions. It has also been determined that FSD’s antiquated data collection system limits the ability to easily capture face to face contact, which is another contributing factor for Vermont regarding meeting the 95% standard.

Figure 25: Face-to-Face Contact

Data Source: FSDNet Social Worker Contact Report

Data note: Percentages are captured at a point in time. Data extracted for the year 2023 represented: 6/11/24. A "visit month" is defined as any calendar month during which a child was visited at least once.

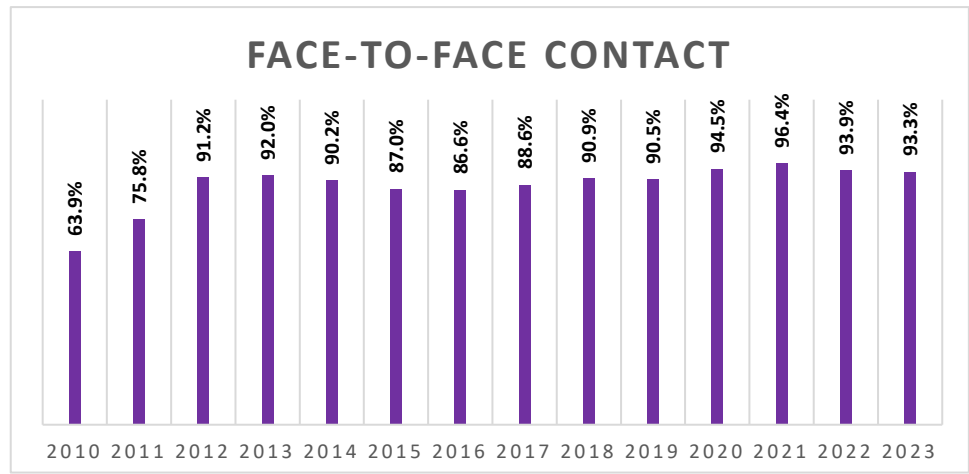
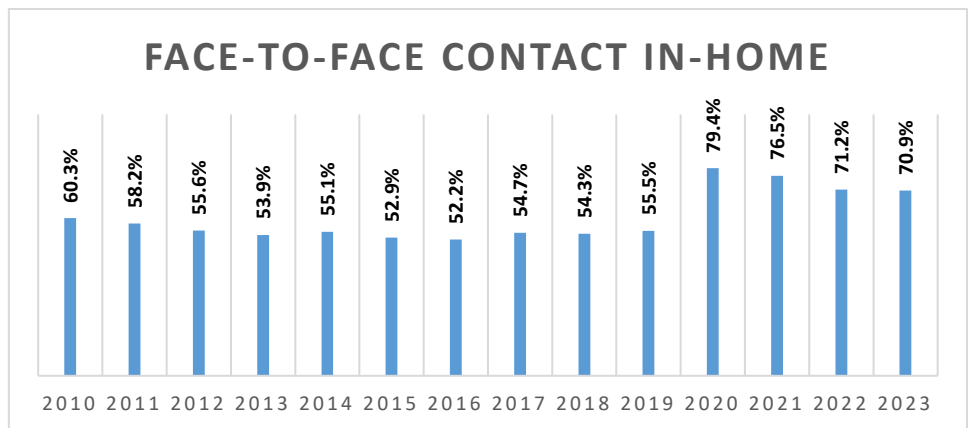


Figure 26: Face-to-face contact In-Home

Data Source: Data Source: FSDNet Social Worker Contact Report

Data note: Percentages are captured at a point in time. Data extracted for the year 2023 represented: 6/25/24. A "visit month" is defined as any calendar month during which a child was visited at least once.



Monthly Caseworker Visit Grant:

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.
- A report is sent to directors bi-monthly that identifies all children without a face-to-face contact note entered and asks that workers go in and enter their late notes or indicate on the spreadsheet that the youth was not seen.

In 2021 Vermont hit the goal of 95% face to face contact. This was largely due to the ability to see children virtually during the COVID-19 pandemic. As we've returned to in-person visiting, FSD has seen a drop in face to face. Additional impacts include significant staff turnover and vacancies during the last couple of years. Many districts were and still are experiencing multiple vacancies at a time in their office as well as a high-end system of care crisis. During FY25, Vermont will continue to utilize the strategies outlined above to improve face to face contact data for children in custody, as well as use data analysis to determine additional barriers preventing VT from meeting the federal standard.

[Adoption and Legal Guardianship Incentive Payments](#)

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

For FFY 2024, adoption Incentives were utilized in several ways. One to fund some recruitment activities (a pilot project for LGBTQ+ family recruitment and some general recruitment) in addition to, fund out-of-state contracts with agencies serving children placed with families out of state needing adoption-specific or specialized supports and to provide enhanced capacity in our post-permanency program, offering a more intensive level of services to adoptive and guardianship families whose needs exceeded the typical model for that program..

Adoption Incentive funded a one-time, one-month, \$10 a day increase to foster parents during COVID as well as to fund substance use screening services for families working with DCF early in the child welfare intervention (prevention and, when needed, during a foster care episode).

In the current fiscal year, Adoption Incentive has also been used to fund a time-limited increase to post-adopt service providers to increase capacity for a more intensive level of service to families.

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

[Adoption Savings](#)

Adoption savings expenditures were claimed to complete some adoption-related recruitment activities and, primarily, they were made to meet requests for individual children to receive services and supplies to meet special needs post-adoption or guardianship such as camps, sensory integration items, respite and extracurricular activities, as well as to support adopting parents with legal fees associated with post-adoption contact with families of origin. Adoption savings expenditures were also utilized to pay for room and board costs for children in foster care who are not IV-E eligible. Additionally, Vermont is in the final stages of

finalizing the first of multiple contracts to provide specified post-adoption/guardianship support to members of BIPOC populations.

Family First Prevention Services Act Transition Grants

Vermont received \$900k in FFTA funds, and to date we have obligated \$894k of these funds. As previously reported, 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, as well as some funding toward creating an additional option for accreditation in VT to align with the QRTP requirements, which was ultimately unsuccessful. In this past year, we have obligated funds to market our intentional efforts around prevention and highlighting keeping families together whenever safely possible, along with further investment in our work with Evident Change around the re-calibration of our SDM tools and practice.

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.

FSD submitted our Prevention Plan in 2021, and it was approved on 5/13/22. The core FFPSA team is in the process of amending the Prevention Plan to fit better with the current state of Vermont. 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. 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 IV-E 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 several major “lifts” we must resolve so we can 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 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. Since there are quite a few other components of QRTP that need to be in place for a draw down to occur, the Judiciary has not prioritized their role in the process quite yet.

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 have more recently explored the creation of a unit within the larger Agency to take on this role, which would also assist us in many other ways by providing valuable information about the population served and needing to be served.

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 suspended temporarily. More recently, a workgroup was formed, and that work has continued to move forward. DCF is currently working within the Federal Statute to further define the requirements for VT. DCF was also allocated State funding to assist with moving this body of work forward.

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 has reconvened with a focus on implementation including planning the training and support around the Year 1 EBP's. This work has also focused on the Candidacy buckets and will be looking at additional available data sets to determine additional EBP's going forward.

Projection: \$100,000

Progress: Some of that work has been done through FFTA funding. As VT began to implement its Year 1 EBP's, FFTA funding paid for the training and ongoing support for Motivational Interviewing.

FFTA and Safety/Risk Assessment work related to child welfare's "front door" and better outcomes

FSD has been working with Evident Change on the re-validation of some of our Structured Decision-Making tools along with some other work related to some shifts to practice to better align with making sure that removal is a last resort and only when warranted. This aligns with the fundamental aspects of FFPSA.

Projection: \$130,000

Progress: FSD is about to enter into a contract for this work within the scope mentioned above and within the projected funding allocation.

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 several ways to support this as the state has not devoted specific positions to the implementation of this Act.

Projection: \$125,000, \$378,500 spent to date

Progress: FFTA funds were 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. As of 12/31/22, however, VT ceased drawing down related salaries to FFTA to allow for monies to be used to build other necessary components of our infrastructure to move the overall work forward.

Chafee Foster Care Independence Program for Successful Transition to Adulthood

John H. Chafee Foster Care Program for Successful Transition to Adulthood (section 477 of the Act)

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

Since 2012, DCF Family Services Division has contracted with Elevate Youth Services (recently rebranded from the Washington County Youth Service Bureau) as the administrative and fiscal agent of the statewide Youth Development Program (YDP). Elevate subcontracts with eight agencies across the state to provide services in coordination with each of the 12 DCF districts. In total, YDP staffs 16 full-time equivalent Youth Development Coordinators (YDCs) that provide goal-oriented case management to youth. Across the state of Vermont, YDP serves over 450 youth per year. The YDP Administrative Team at Elevate provides a program manual and staff orientation for new subcontracted staff, daily technical assistance and case consultation, data collection, billing, and payment oversight, annual program evaluation and file reviews, centralized approval and tracking of Plans of Care, Extended Care Agreements, and Youth Investment Grant requests, facilitation of monthly YDP network meetings and quarterly YDP leadership meetings, and oversight of the Youth Advisory Board and all other youth advocacy activities, including the annual youth conference.

YDP maintains an array of services and 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 2029 with continued emphasis on serving more youth and supporting direct service staff through training, oversight, and technical assistance.

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

DCF caseload size, referral volume from DCF, utilization of residential programs, and siting of residential programs.

Some examples of how these factors impact caseload are:

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

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

Beginning in 2021, DCF's centralized Adolescent Services Unit (ASU) emphasized supporting the 12 DCF district offices with adolescent case work. The ASU participates in regular meetings with each of the twelve DCF District Offices to review the caseload of transition-age youth, discussion of specific youth circumstances, referrals for transition and adult services (developmental, mental health, Social Security, guardianship), options for extended care services, and resources for post-secondary education and training. This concerted effort increases the knowledge of DCF staff and supervisors about youth needs, available resources, and policy requirements for older youth in (or formerly in) custody and reduces the risk for youth to "fall through the cracks." The Adolescent Policy and Practice Specialist also participates in district permanency meetings for older youth across the state. Many of the 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 worker understanding and approaches 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.

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

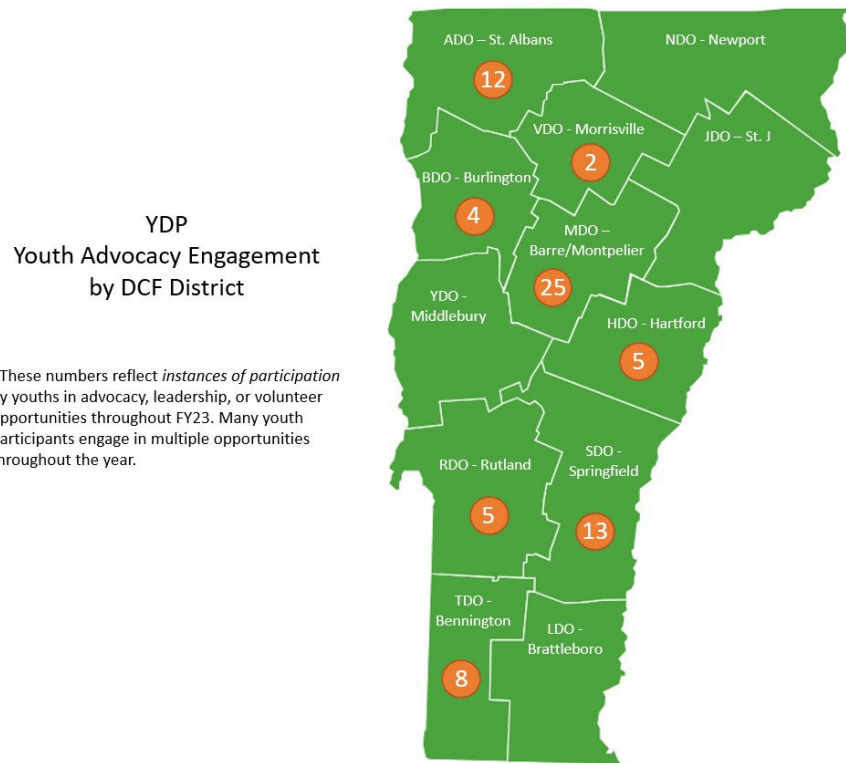
The Youth Advisory Board (YAB) was reinvigorated post-pandemic with consultation from Foster Club in Oregon. The group meets monthly online for two hours and has an average participation of about seven youth. Lived experience leaders drive the agenda and project areas. YAB members are compensated for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

DCF and YDP directly engaged the Youth Advisory Board (YAB) in planning this year’s CFSP. Youth shared that they value YDP greatly and feel that the program “does an incredible job at ensuring youth get the resources they need.” Several youth shared that ideally YDP would have additional funding to provide more staff to serve additional youth, as well as increased funding for Youth Investment Grants.

Youth also reflected the importance of housing for transition-age youth. They discussed ideas for additional project-based housing programs, tiny-homes for youth exiting foster care, and partnerships with college campuses that would ensure that vacant college housing would be prioritized for homeless young adults.

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

Figure 27: Youth Advocacy Engagement by DCF District



Positive Youth Development (PYD)

YDP is firmly aligned with the principles of Positive Youth Development. Through case management, life skills education, funding resources, and youth leadership opportunities, YDP helps youth to develop personal assets and uncover their many strengths. Across all aspects of the program, including case management, youth-driven goal setting, inclusion of self-identified natural supports, and documentation, YDP incorporates a strengths-based approach, helping youth to build resiliency through development of promotive and protective factors.

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

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

Data collected through the YDP database is shared with stakeholders regularly. The YDP administrator provides detailed service, outcome, and funding related data to program staff, supervisors, and to the DCF

Program Manager monthly. This data includes information about utilization, services, and outcomes by district and statewide. Subsets of the NYTD data are also provided in community presentations and newsletters each year. Annual data is shared with the public, including youth and families, through an annual report/program brochure, and through DCF outcomes reporting to the public. DCF and YDP engage in regular discussion about the NYTD data and opportunities for disseminating to the public.

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

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

DCF and YDP meet monthly to review NYTD data. Service and outcome areas are targeted for further analysis, program development, training, and reporting anomalies. One example of this work includes a recent review of YDP race/ethnicity data. Although YDP has standards for data collection, including an expectation that YDP staff ask youth directly how they identify in terms of their race and ethnicity, the data included very high responses in the “unknown” and “declined” categories. The YDP Administrative Team reached out to program staff with a reminder of the data collection expectation and protocol as well a caseload list for each YDC where “unknown” or “declined” had been selected for participant race. YDCs were instructed to engage youth at the next appropriate opportunity to ask about their identity and make necessary updates to the database. At the time of this report, the rates of “declined” and “unknown” race data have decreased significantly and DCF and YDP have higher confidence in the YDP race data. This information is important to ensure that YDP services are meeting the needs of all youth eligible for services and that there is no disproportionality in terms of youth who are involved with DCF and later engaged in YDP transition and aftercare services. The data can also be used to compare outcomes for youth across race/ethnicity and to target support as needed to address disparities and inequities, particularly in terms of access to youth investment grants, and overall outreach to and engagement of all eligible youth. YDP is also developing affinity groups for BIPOC youth with foster care experience to ensure beneficial and appropriate services are provided and all youth voices are heard.

Figure 28: YDP FY 2023 Race/Ethnicity Data table

YDP FY23 Race/Ethnicity Data	
American Indian/Alaska Native	4%
Asian	0%
Black/African American	8%
Native Hawaiian/Other Pacific Islander	0%
White	86%
Unknown	5%

Declined	1%
Hispanic or Latino Ethnicity	4%

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

Figure 29: YDP FY 2023 Outcomes table

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

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, Compass, and Balanced and Restorative Justice (BARJ) providers. Statewide YDP network meetings host trainers from the agencies listed above in an effort to enhance networking and to build YDP understanding of the safety net for young people in Vermont. Leadership at DCF, YDP, and community partners communicate regularly and share resources for staff and young people across newsletters and listservs. YDP staff also benefit from statewide oversight of Plans of Care, Extended Care Agreements, and Youth Investment Grants. Through this relationship, suggestions for referrals to additional available services is provided.

This year’s Turning Dreams into Plans Youth Conference included a resource fair and ten workshops for young people, with topics ranging from values and money, college and career options, racial equity and anti-racism, healthy relationships, yoga, journaling, and bicycle repair. This in-person event allows YDCs and youth the opportunity to make connections with community partners in a low-barrier, casual, youth-centered setting.

In 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. These programs are now fully implemented and youth with former foster care experience and housing instability are being awarded vouchers and leasing apartments with rental subsidies.

DCF and YDP continue to collaborate with stakeholders to increase access to driving and independent transportation opportunities for foster and former foster youth. Several community members have come forward to assist DCF and YDP to organize driver education courses specifically for youth in foster care and connected to YDP. There were also legislative efforts to secure funding for a vehicle that could be used for this purpose. At the time of this report, it is not yet known whether this request will be funded. Obtaining a driver's license is critical to future success for young people, especially for youth living in Vermont with such limited public transportation in our state. For this reason, this is an ongoing effort for DCF and YDP.

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 Compass. DCF works closely with our contractors and our district offices to ensure that services are coordinated and responsive to the needs of the Division.

DCF and YDP have been taking strides to develop a banking program for minors in foster care for several years. DCF explored options for having the DCF Commissioner (or designees) co-sign on bank accounts for youth in the care of the State but ultimately decided to approach this project differently to support forward momentum, youth independence, and to navigate barriers. Last Fall, DCF issued a Request for Proposals to identify a banking institution that would administer a banking program for youth ages 14-17 in foster care in Vermont. We identified the necessary services as debit card access, checking and/or savings accounts, enrollment assistance, online access, and ATM cash access, as well as financial education. We requested that bank accounts be funded with youth's own resources, youth would be the primary account holders with no co-signer required, no account minimum greater than \$25, no capacity for over drafting accounts, etc. DCF did not have any responses in the RFP process, so we pursued a sole source waiver process that enabled us to reach out to a number of institutions and ask for proposals. Through this process, we received a response to meet our needs and we are currently in the process of developing a contract with the bank. DCF is hopeful to launch the program this summer. Because the account holders are under 18, if the accounts become overdrawn, the bank has no recourse other than to shut the account down. They assume liability for these accounts but have set up a structure that will limit their potential losses. The institution is willing to partner with us because they want to support this population to get ahead generally. The bank will help youth transition to other types of accounts at 18. There will be no youth-specific data sharing from the State or the bank, but we will receive aggregated data to demonstrate whether the program is working and whether we are supporting this population to accrue assets generally.

Serving Youth of Various Ages and Stages of Achieving Independence (section 477(b)(2)(C) of the Act)

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

the youth is interested in working on and identifying relevant and appropriate YDP interventions. The identified goals vary significantly, and typically dependent on age and independence.

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

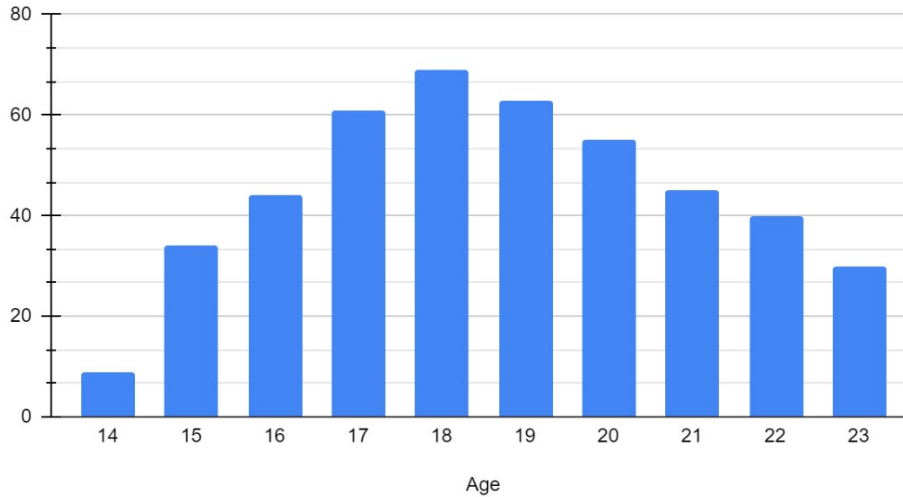
DCF has continued to provide "Youth Transition Meetings" (which are similar to DCF Family Safety Planning meetings) via contractors for families involved with the Department and their support systems. These facilitated meetings support 17-year-old youth in custody in developing comprehensive transition 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 continues to encourage use of this resource with local districts for youth who can benefit from this structured planning.

YDP has been serving youth up to age 23 since 2018. YDP, DCF, and other community partners are aware of the eligibility criteria for YDP. Ongoing training and outreach ensure that all partners and participants understand the services, including opportunities for youth based on youth age.

YDP has always served youth from other states who present for services and Vermont will continue to provide YDP services to youth who move to Vermont from other states. This includes youth who are placed in the state for ICPC services.

Figure 30: YDP Age of Youth Served in FY 2023

Age of Youth Served in FY23



Data Source: YDP Data Base

Collaboration with Other Private and Public Agencies (section 477(b)(2)(D) of the Act)

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

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

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

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

The Youth Advisory Board (YAB) is currently working on a Resource Guide for youth transitioning from foster care. The YAB intends for the guide to ultimately be web-based and editable by youth users to ensure updated and accurate content. Part of this project will include engaging key community partners to learn about services available for transitioning youth.

This year's Youth Empowerment included a resource fair and 11 workshops for young people, with topics ranging from values and money, college and career options, healthy relationships and sexual health, bicycle repair, and arts and music. This annual in-person event allows YDCs and youth the opportunity to make connections with community partners in a low-barrier, casual, youth-centered setting.

Housing

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

While the number of youth turning 18 in care has decreased, there has been a steady, and sometimes larger, number of youth accessing DCF and YDP Extended Care Agreements after age 18. In fiscal year 2023, approximately 28 youth remained open and on a formal Extended Care Agreement with DCF after age 18. Additionally, in this same reporting period, through YDP Extended Care Agreements, 43 youth chose to live with “Adult Living Partners” and 87 youth accessed Independent Living Agreements while continuing to pursue education, employment, health, permanency, and independent living goals.

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

As stated above, In 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 Vermont’s 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. These programs are now fully implemented and youth with former foster care experience and housing instability are being awarded vouchers and leasing apartments with rental subsidies. This year, DCF and YDP worked with VSHA to develop project-based housing for youth with FYI vouchers who were exiting the foster care system. At the time of this report, youth are moving into six mobile home units in Chittenden County. This type of collaboration is particularly effective in supporting the housing needs of this population of youth given the very low availability of housing in Vermont and the challenges young people, even those with housing vouchers, have with securing independent housing.

DCF and YDP collaborated this year to ensure staff and youth participants in the FYI housing voucher program are aware of and accessing HUD’s Family Self-Sufficiency (FSS) Program, “Forward Motion.” FSS participants received employment and financial coaching, case management, and an escrow savings account that grows as individuals earn additional income. YDP and DCF representatives are included in an FSS program coordination committee to ensure collaboration and access to this important resource.

This year, DCF and YDP worked with VSHA to develop a youth-friendly “one-pager” that will help youth and their supports to navigate housing resources, especially housing voucher programs.

Transportation

DCF and YDP continue to collaborate with stakeholders to increase access to driving and independent transportation opportunities for foster and former foster youth. Several community members have come forward to assist DCF and YDP to organize driver education courses specifically for youth in foster care and connected to YDP. There were also legislative efforts to secure additional funding for youth to learn how to drive. Obtaining a driver's license is critical to future success for young people, especially for youth living in

Vermont with such limited public transportation in the state. For this reason, this is an ongoing effort for DCF and YDP.

Banking

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

Education

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

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

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

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

Employment

DCF remains committed to strengthening the collaboration with the Department of Labor (including WIOA) and HireAbility services in Vermont to further leverage new and existing opportunities for youth in Vermont to access employment. YDP, DCF, and Department of Labor (DOL) staff are cross trained in programming offered by each organization as it relates to career preparation, employment, and training services. YDP, DCF, and workforce development providers team regularly to ensure that youth involved with youth have access to these vital services. This year, DCF and YDP worked with these agencies to develop a youth-friendly "one-pager" that would help youth and their supports to navigate available services.

LGBTQ+

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. Policy 76 stipulates the "DCF Commissioner's Committee on LGBTQ Issues." The Committee provides support to staff and shall be consulted about legal name and gender marker changes, situations where a young person feels unsafe, uncomfortable, or disagrees with a placement because of their identity, and medical treatment decisions, or any other related concern.

The Committee has provided over 80 consultations in the seven years since its inception. Consultations are 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 provided feedback on 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 DCF and YDP staff as needed. YDP also contracted with Outright Vermont to provide training to the statewide network.

Health Insurance

DCF and the Department of Vermont Health Access (DVHA) coordinated efforts to implement the requirement to provide Medicaid to youth who age out of foster care in other states. DVHA updated their administrative rules to include the population of former foster youth from other states. They have also updated their policies to ensure compliance and Vermont's Medicaid State Plan aligns with the federal expectations. The Medicaid application was updated with new questions to reflect changes under the SUPPORT Act. Applicant responses regarding foster care history are self-attested, as there are no current data sharing agreements with other states. There was public notice three times throughout the rule making process. This occurred via the Global Commitment Register, the AHS website, and through listservs for key stakeholders. Websites for DVHA and Vermont Health Connect, Vermont's health insurance marketplace, have clear information about Medicaid for youth who turn 18 in foster care.

DCF intends to update [Policy 160: Supporting Adolescents in DCF Custody](#) and the 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 ensures that youth who move to Vermont and access YDP are supported to apply for Medicaid. Youth from Vermont are informed of their ability (and supported) to apply for Medicaid if they move to other states. DCF and YDP share this information with stakeholders as needed.

Determining Eligibility for Benefits and Services (section 477(b)(2)(E) of the Act)

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

Cooperation in National Evaluations (section 477(b)(2)(F) of the Act)

DCF and YDP agree to cooperate in national evaluations of the Chafee Program. Vermont is interested in participating in national program research and Vermont will comply with requests for available program data.

Education and Training Vouchers (ETV) Program (section 477(i) of the Act)

DCF's efforts to engage students in post-secondary education are 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." Generally, 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.

Vermont continues to contract with Vermont Student Assistance Corporation (VSAC) for ETV administration. VSAC has been successfully administering the Chafee/ETV scholarship for Vermont for many years. This partnership is particularly effective because VSAC is well known in Vermont for being the primary organization helping people to plan, navigate, and pay for college and career planning. VSAC's vision is "to create opportunities for all Vermont students, but particularly for those – of any age - who believe that the doors to higher education are closed to them."

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

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

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

Chafee Training

Training planned for YDP staff includes, but is not limited to:

- De-escalation and violence prevention,
- Motivational Interviewing,
- Overviews of relevant community resources (i.e., education opportunities, housing providers, state financial assistance, Department of Labor, HireAbility, financial literacy, access to health care, etc.)
- Supporting specific populations of youth – neurodiversity, youth dealing with substance misuse issues, developmental barriers, mental health, LGBTQ needs, etc.,
- How to engage youth in advocacy opportunities,
- Supporting permanency and lifelong connections,
- Completing documentation, collecting data, and complying with NYTD requirements,

- Positive Youth Development,
- Preventing and addressing professional burnout,
- Anti-racism, and
- Monthly peer support meetings to promote case coordination and peer learning.

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

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

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 31: 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 on 4/1/25	

Figure 32: 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 Big 12	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 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) * This will include 19 year-olds on 4/1/25.
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 any 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.

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

Beyond the immediate impact of COVID-19, other challenges surfaced during this reporting period. Increased pressure on the more secure levels of Vermont's system of care has created placement challenges and stakeholder concerns for providing adequate services to this age group. Known insufficiencies within data systems, coupled with a changing Judicial data system, have significantly hampered data collection efforts. Following exploration of the state's ability to proceed with the second phase of the implementation plan and Act 160 was passed that delayed the start of 19-year-olds being included in the in the juvenile justice system until July 1, 2023.

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

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

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

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

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

Youth Justice Practicum

Development of a series of advanced training specific to adolescents and justice involved youth. The Youth Justice Practicum will offer nine days of training and support to FSD staff and our Balanced and Restorative Justice Partners. The goals of the practicum are to grow capacity for the Vermont Family Services workforce to understand, assess and engage youth and older adolescents in developmentally appropriate measures of accountability, support healthy risk taking, and pro-social skill building as they emerge into adulthood. The training that will be offered is being explored and the expectation is to have the fourth Youth Justice Practicum offered in the fall of 2024.

Youth Justice Summit

The 11th Annual Youth Justice Summit: *Truancy: Exploring a collaborative system response rooted in wellbeing* was held in May 2024 and was a great success. The Summit brought together FSD staff, Family Court judges, GALs, BARJ staff, diversion staff, and attorneys to increase knowledge in youth justice practice. The Summit provided participants the opportunity to:

- Form connections, learn from, and be inspired by each other.
- Application of a restorative lens to concerns of truancy through exploration of how the issue is addressed and engagement with youth and families occurs.
- Explore opportunities to create a systems response that is guided by the wellbeing framework.

- Community conversations that allow for immediate application of content and development of community-based action steps.

Reclaiming Futures

Vermont has been a part of the Reclaiming Futures (RF) learning community since 2015 and will continue to be. Reclaiming Futures is a national initiative that provides guidance to promote juvenile justice reform, to reduce youth involvement in the criminal justice system and to help youth lead meaningful lives. RF helps young people in trouble with drugs, alcohol, and crime. The work in Vermont is focused on our largest county, Chittenden County. RF support serves as a catalyst to create a more effective county-wide youth justice system: one that identifies, and addresses substance use 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 interdisciplinary 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 846 youth during the 2023 contract year.

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 harm caused and the actions needed to repair the damage caused by the acts. Examples include Restorative Panels, Restorative Family Group Conferences and Circles.

Screening and Restorative Services

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

Case Management

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

- attendance at family and school team meetings.
- therapeutic treatment meetings.
- supporting youth who are 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 third 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. The courses that participants take are:

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

YOUTH JUSTICE REIMAGINED - This course considers the shortfalls of current juvenile justice approaches and invites students to explore an alternative set of overarching juvenile justice goals, endeavoring to better serve the needs of youth, their families, and their broader communities and consider what practical strategies accomplish these goals.

ADVERSITY, TRAUMA AND VICTIMIZATION - This course explores the legal, historical, cultural, and psychological frameworks underlying victim rights law, as well as best practices for effective victim/survivor engagement across the American criminal justice system.

The first three cohorts that have completed the certificate program thus far have totaled 22; sixteen of which are FSD staff and six are BARJ providers. The groups have had the opportunity to learn about restorative justice and how it applies to the field of child protection/youth justice. Additionally, they were able to gain an understanding of the legal environment in which they work as well as how to support and devise creative responses for children and families through challenging times. The program also afforded the opportunity to gain an understanding of restorative justice responses to harm and the ways that restorative responses to family trauma can build on family strengths and keeps families unified to the extent consistent with the child and family’s best interests.

In October 2024 the fourth cohort of participants will begin the Certificate program.

Youth Justice Data

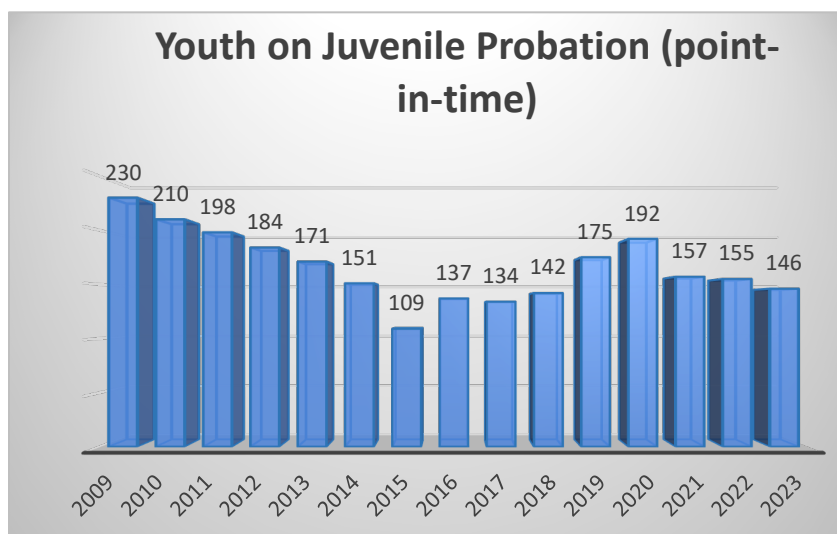


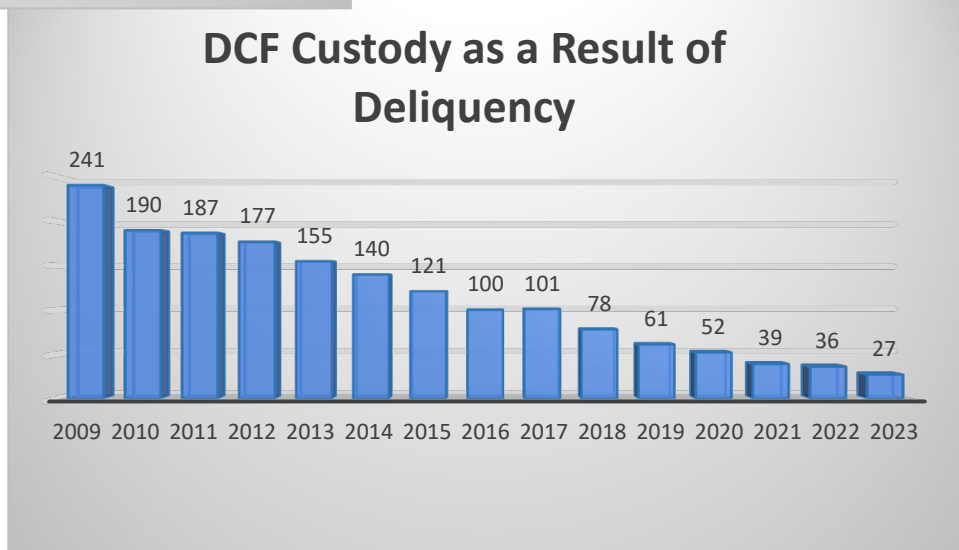
Figure 33: Juvenile Probation cases were on the rise between 2016 and 2020. 2021, 2022 and 2023 are the first time in several years that has seen a decrease in juvenile probation cases.

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, June 21, 2022, June 1, 2023.

Figure 34: 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 2023 BARJ contract year:

Figure 35: VT Youth Who Increased Capacity With BARJ Services SFY 2023

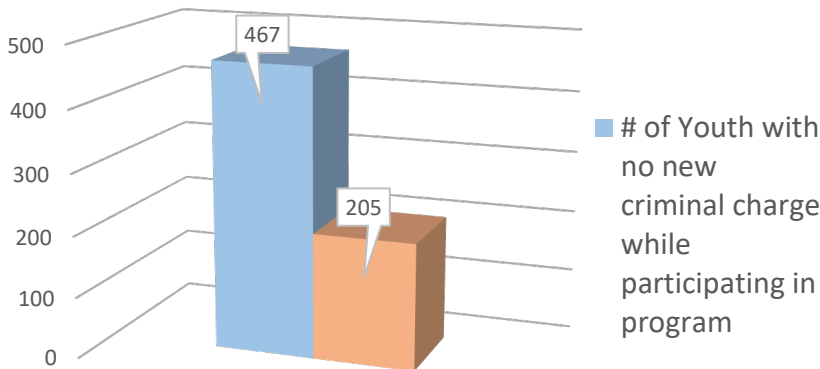


Figure 35: The number of youth with no new criminal charges was 467 and the number of youth with increased protective factors was 205.

Data Source: *Balanced and Restorative Justice Program 2023 Annual Data*

Figure 36: reported in the 2023 annual report

- 158 Adjudicated Youth referred
- 133 At Risk Youth referred
- 283 Truant Youth referred
- 40 Youthful Offender referred

Data Source: *Balanced and Restorative Justice Program 2023 Annual Data*

Figure 36: BARJ Summary of Youth Served by Referral Type SFY 2023

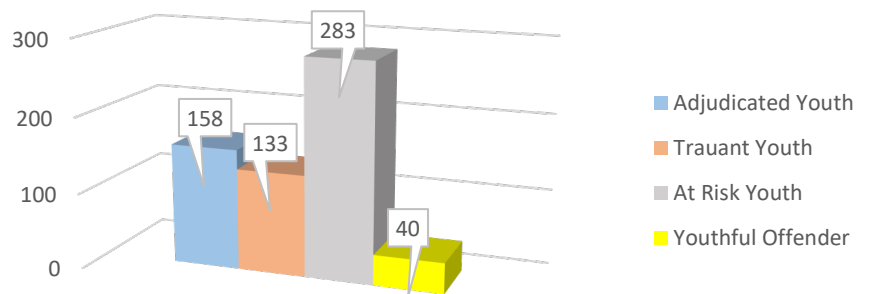


Figure 37: Summary of BARJ Service Hours SFY 2023

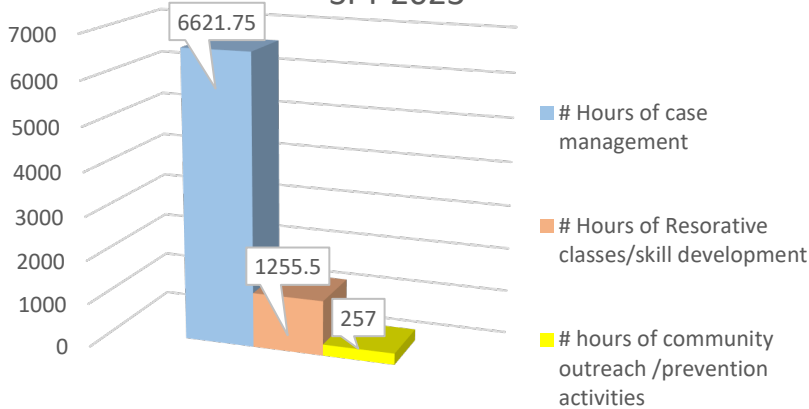


Figure 37: reported in the 2023 annual report:

- 6621.75 Hours of case management
- 1255.5 Hours of Restorative classes/skill development
- 257 Hours of Community outreach/prevention of activities

Figure 38: reported in the 2023 annual report:

- 171 Restorative Processes Convened
- 42 Victims Participated in Restorative Process

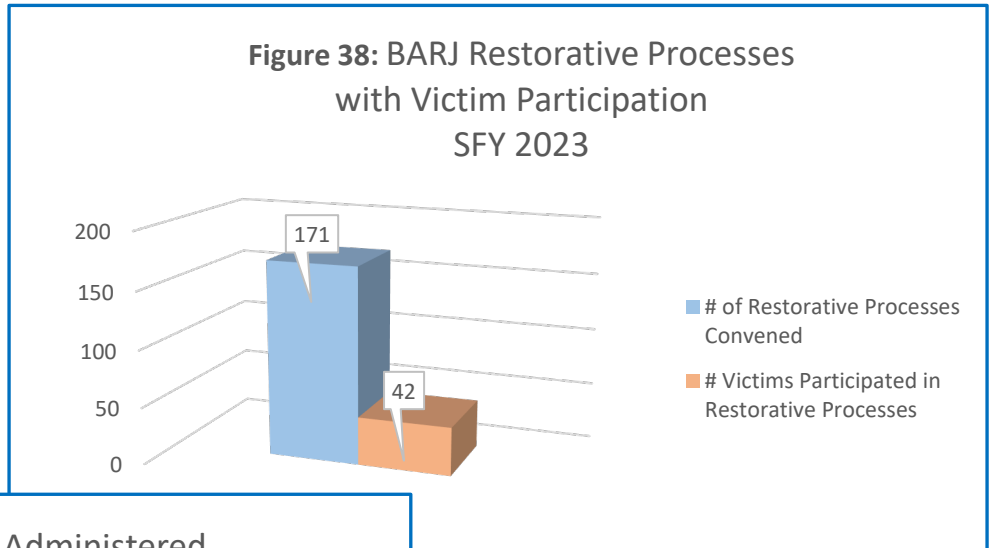


Figure 39: BARJ YASI Prescreens Administered SFY 2020-2023

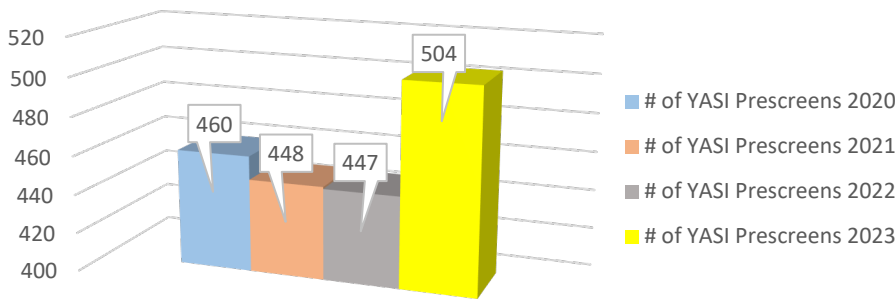


Figure 39: YASI Prescreens SFY 2020-2023:

- 460 YASI Prescreens 2020
- 448 YASI Prescreens 2021
- 447 YASI Prescreens 2022
- 504 YASI Prescreens 2023

Figure 40: Truancy and Increased School Attendance:

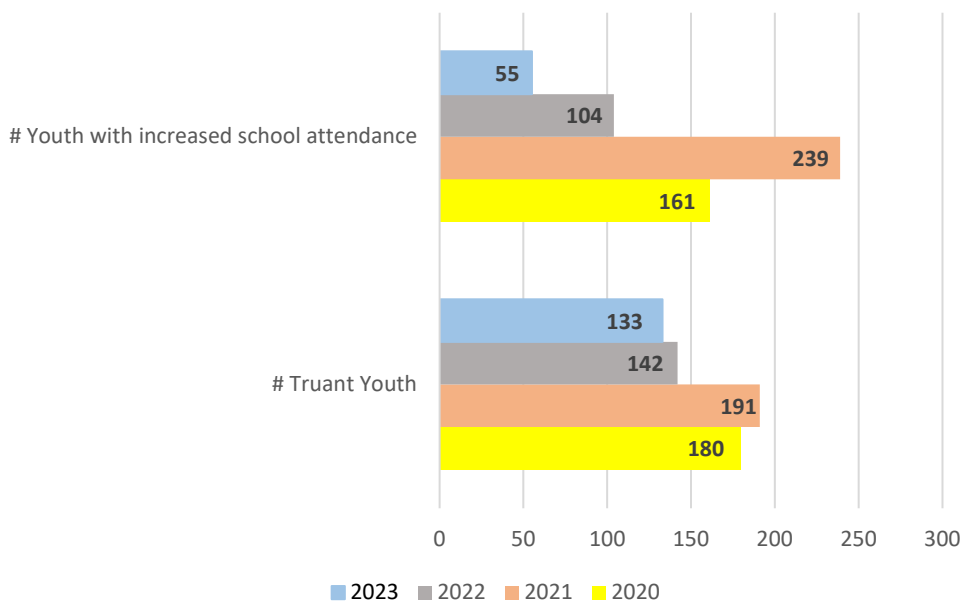
of Youth with increased school attendance:

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

of Youth Truant:

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

Figure 40: BARJ Truancy & Increased School Attendance SFY 2020-2023



Data Source: (Figures 39-44) VT Family Service Division- REU BARJ_20-23_Data worksheet, BARJ Agg Annual & Quarterly FY20-23

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

Section 5: Consultation and Coordination between States and Tribes

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

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

In late 2022, the division allocated funding and hired a part-time position dedicated to the coordination of ICWA. We have implemented use of an alias for district and staff outreach related to ICWA and we have used this for tracking purposes as well: [AHS - DCF FSD ICWA](#). It has been helpful to centralize this aspect of the work, provide support to our district office staff and court partners, and develop relationships with the Bureau of Indian Affairs (BIA) and tribal partners. With a dedicated position focused on ICWA, there is more predictability in how we approach this work, more consistency in our practice statewide, a focus on data and tracking, and expertise we are growing over time. Data was not tracked for prior years, so we have no way of knowing if the volume of tribal claims is consistent, increasing, or decreasing.

Summary of our ICWA processes and program:

- Since the beginning of 2023, approximately **169** notices have been sent to federally recognized tribes from Vermont's DCF. Despite the number of notices to tribes, only a few have resulted in confirmation of eligibility or membership.
- **1** tribe has placed **3** children in Vermont to reside with kin.
- There have been **9** children who met the federal definition of "Indian child" and were confirmed members of tribes. Not all determinations were made during this calendar year, but the case remained open.
- While tribal workers have been assigned to the various cases, no tribes have intervened in Vermont's CHINS (Child in Need of Care or Supervision) proceedings or taken jurisdiction.
- We have experienced a tribe withdrawing from a CHINS case and rescinding tribal membership upon gathering additional family genealogy information.

- Some families make tribal claims without being able to identify a specific tribe; others claim to be affiliated with multiple tribes ranging from state-recognized to federally recognized to international tribes.
- If a tribe is not named, we send a notification to the BIA with as much family information as we can gather. Sometimes this does not produce any information; other times the BIA alerts us of the correct tribe(s) to notify and we send additional notices.
- Obtaining responses from tribes can be difficult at times. Some tribes do not have the funding or structure to handle the volume of notices they receive, so we now send stamped self-addressed envelopes to some tribes as a strategy to increase the likelihood of responses.

Figure 41: Tribal Claims and Notices Sent table

Month/Year	Number of Tribal Claims & Notices Sent	Number of Notifications to BIA Only (No Tribe Identified)	Number of Children
February 2023	16	—	6
March 2023	10	—	6
April 2023	5	4	9
May 2023	9	1	8
June 2023	9	—	6
July 2023	4	—	1
August 2023	3	—	5
September 2023	3	—	2
October 2023	15	1	6
November 2023	10	1	10
December 2023	13	2	10
January 2024	18	—	9
February 2024	15	2	14
March 2024	8	—	5
April 2024	12	—	7
May 2024	19	1	6
Total	169	12	110

Data note: : Numbers are captured at a point in time. Data extracted represented: 6/1/24.

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

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

The tribes Vermont families claim to be affiliated with most often include: Cherokee Nation (Oklahoma)

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

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

We’ve found the federal compliance aspect of ICWA consumes most of the part-time position’s allocated hours. At the local level, we’ve been able to consistently engage in Vermont Commission on Native American Affairs (VCNAA) meetings, Abenaki Nation of Missisquoi collaboration, racial equity workgroups, and we are in the process of empaneling a tribal child protection team under the authority of 33 V.S.A. § [4917](#) and [FSD Policy 152](#) (Empaneled Multidisciplinary Child Protection Teams) to apply the spirit of ICWA to state tribes and replicate a similar notification and collaboration process locally. Through our planning and collaboration with representatives from [The Vermont Commission on Native American Affairs \(VCNAA\)](#), it is important to us to find an early and preventative method of collaborating to support families rather than establishing a notification process post-court involvement. Our VCNAA and local tribal partners have been incredibly valuable. They’ve stood with us and are committed to partnership and evolving child welfare practices. Further, they have gone above and beyond by articulating a commitment to all indigenous children who happen to reside in Vermont and have stepped up when other tribes lacked capacity, availability, or resources to be a support and connection for youth.

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

Figure 42: Tribes recognized by The State of Vermont

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

		territories are central and northwestern New Hampshire and northeastern and central Vermont.
Abenaki Nation at Missisquoi	https://abenakination.com/	Acknowledged through state recognition on May 7, 2012. Their traditional territory is northwestern Vermont.

Data Source: Vermont Commission on Native American Affairs- Cultural Resources

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

Section 6: Child Abuse Prevention and Treatment Act (CAPTA) State Plan Requirements and Update

There were no significant changes since Vermont’s last annual report describing our use of the grant; however, our practice, policies, legislative engagement, and collaboration with stakeholders related to child abuse and neglect continue to evolve. Our previously approved CAPTA plan remains in effect; however, we are engaged in preliminary discussions about a future update to our CAPTA plan.

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

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

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

Use of CAPTA Funds

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

Figure 43: 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 (UVMCMC) to provide consultation with medical professionals on complex child abuse/neglect investigations.
	3	Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families;	Funds are used to support the work of Lund Substance Abuse Case managers that work with our front-end staff during child safety interventions to ensure proper assessment of risk factors and referrals to ongoing services to address family needs.
	4	Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response;	
	5	Developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange;	
X	6	Developing, strengthening, and facilitating training including— <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	Supporting and enhancing interagency collaboration among public health agencies, agencies in the child protective service system, and agencies carrying out private community-based programs— <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 	This includes our work with UVMCMC providing consultation on complex cases. Also includes work of the CHARM team through Kidsafe.

14	Developing and implementing procedures for collaboration among child protective services, domestic violence services, and other agencies in— <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. 	
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CAPTA American Rescue Plan Funding

Vermont utilized the CAPTA American Rescue Plan Funding during the FFY 2020-2024 CFSP reporting period 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.

[Recent Legislative Update - Trafficking Victims Prevention and Protection Reauthorization Act of 2022](#)

In response to The Trafficking Victims Prevention and Protection Reauthorization Act of 2022 (P.L. 117-348), we amended the following policies (mostly related to Title IV-E):

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

In FSD Policies 50 and 80, we call attention to “labor servitude” in a definitional appendix as articulated in [Chapter 60 \(Human Trafficking\)](#) of [Title 13 \(Crimes and Criminal Procedure\)](#), which guides the work of our law enforcement partners (not our child abuse investigations).

In Vermont, “abused or neglected child” means a child whose physical health, psychological growth and development, or welfare is harmed or is at substantial risk of harm by the acts or omissions of the child’s parent or other person responsible for the child’s welfare. The definition also includes a child who is sexually abused or at substantial risk of sexual abuse by any person and a child who has died as a result of abuse or neglect ([33 V.S.A. § 4912\(1\)](#)). Vermont’s Family Services [Policy 50](#) (Child Abuse and Neglect Definitions) interprets the statutory definition and broadly categorizes “abuse and neglect” as physical abuse, emotional maltreatment, neglect, abandonment, risk of harm, or sexual abuse. Sexual abuse serves as an umbrella term which captures several other sub-categories of abuse, molestation, and exploitation, including: incest, rape, sodomy, lewd and lascivious conduct, **human trafficking**, sexual assault, voyeurism, luring, and obscenity.

Vermont’s definition aligns with the CAPTA Reauthorization Act of 2010 but is not inclusive of the optional expansion to labor trafficking under The Trafficking Victims Prevention and Protection Reauthorization Act of 2022 (P.L. 117-348). Like the federal definition, Vermont’s definition encompasses physical harm, including

death, psychological or emotional harm, sexual abuse, and a substantial risk of harm caused by a child's parent or caretaker.

Even though human trafficking is included in our definition of child abuse, it exists within the sexual abuse category of definitions and is not inclusive of labor trafficking. The Vermont Legislature has not formally amended child abuse definitions within [Chapter 49 \(Child Welfare Services\)](#) of [Title 33 \(Human Services\)](#) of the Vermont Statutes with consideration of labor trafficking. We do not formally have a child abuse definition or intake screening criteria for labor trafficking. However, we are beginning to recognize and interface with labor trafficking cases through other means such as juvenile delinquency charges, youth held from other states through the Interstate Compact on Juveniles (ICJ), assessments under the authority of [Chapter 51 \(General Provisions\)](#), and court proceedings under [Chapter 53 \(Children in Need of Care or Supervision\)](#). We are partnering with law enforcement, State's Attorneys, the Vermont Judiciary, other state's child protection and juvenile justice agencies, and other partners with these youth and families outside of labor trafficking child abuse investigations.

We are in the preliminary stages of contemplating how to proceed considering the amendment to the special rule in CAPTA indicating that states may, but are not required, to adopt a broader definition of child abuse and neglect to include other forms of trafficking, including labor trafficking. We are contemplating the best method of engaging stakeholders and the larger Vermont community in these important decisions. We will engage in discussions with FSD's Human Trafficking Workgroup to formulate recommendations. Additionally, this topic may be flagged as a possible legislative initiative in future years, which could recommend a formal study committee or amend child abuse definitions through a bill.

[Plans of Safe Care for Substance-Exposed Infants and Affected Family or Caregivers](#)

Vermont continues to focus on supporting infants affected by substance use during pregnancy. The engagement of the birth parent in services prior to birth, new referrals placed after infant birth, and Vermont Plan of Safe Care (VT POSC) completion are tracked using the de-identified CAPTA notification form which is faxed by birth hospitals securely to the Department for Children and Families, Family Services Division (DCF FSD) after infant birth. The number of CAPTA notifications from each birth hospital is tracked along with the reason for notification as defined by DCF FSD policy: (medications for addiction treatment, prescribed opioid medication, prescribed benzodiazepine, marijuana use, and combinations of these substances). No new policies or legislation were passed or amended in 2023.

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

- [Vermont Newborn Plan of Safe Care: downloadable form and fillable document](#)
- [Vermont CAPTA notification: downloadable form and fillable document](#)
- [Frequently Asked Questions: Vermont Newborn Plan of Safe Care](#)
- [Frequently Asked Questions: Vermont CAPTA Notifications](#)
- [Frequently Asked Questions: Marijuana Use in Pregnancy](#)
- [Vermont Plan of Safe Care for Families Handout](#)
- [Vermont CAPTA Requirements Related to Newborns Exposed to Substances During Pregnancy](#)

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

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

1. Hospital staff were provided with direct technical assistance on a case-by-case basis for questions related to CAPTA notifications and plan of safe care development. This also includes reviewing cases to determine whether prenatal substance use qualified for reporting to the Vermont Department for Children and Families intake line or de-identified CAPTA notification completion after infant birth.
2. Several educational sessions and webinars were provided by the Improving Care for Opioid-Exposed Newborns (ICON) team in the past year on topics including:
 - Nurse Home Visiting: Increasing Acceptance of Prenatal and Postpartum Services.
 - Best Practices on Substance Use Screening
 - Post Pandemic Care of Pregnant People and Infants Affected by Opioid Use Disorder
3. A Statewide Teleconference was also provided by the PQC-VT Improving Care for Opioid-Exposed Newborns (ICON) team on April 9, 2024. Attendees of this conference came from 52 different organizations throughout the State including: birth hospital staff, community medical providers, home health agencies, Easter seals, United Way, Department for Children and Families, and the Vermont Department of Health. The agenda included speakers from the State as well as a nationally renowned expert, Dr. Davida Schiff.
 - [Opening Remarks](#), presented by Dr. Michelle Shepard
 - [Clinical Utility of Perinatal Toxicology Testing](#), presented by Dr. Davida Schiff
 - [The New Academy of Breastfeeding Medicine Guideline for Breastfeeding and Substance Use: Putting it Into Practice](#), presented by Dr. Adrienne Pahl and Dr. Molly Rideout
 - [Parental Education and The Family Care Plan in 2024](#), presented by Dr. Michelle Shepard
 - Panel: Peer Recovery and Parenting: The Power of Lived Experience
4. Additional resources available on the Improving Care for Opioid-exposed Newborns (ICON) public website: [Improving Care for Opioid-exposed Newborns \(ICON\) | College of Medicine | University of Vermont \(uvm.edu\)](#)
 - Video for families: Preparing for your hospital stay and what to expect after your baby is born
 - Updated statewide resource for families affected by opioid-use disorder: [Our Care Notebook](#)

Links to additional resources:

- [Pregnancy and Addiction Brochure \(pdf\)](#)
- [Screening for Substance Abuse in Pregnancy \(pdf\)](#)
- [Treatment of Opioid Dependence in Pregnancy \(Full Document-pdf\)](#)
- [Sec 1: Vermont Buprenorphine Practice Guidelines \(pdf\)](#)
- [Sec 2: Vermont Guidelines for MAT Treatment \(pdf\)](#)

- [Sec 3: Vermont Guidelines for Obstetric Providers \(pdf\)](#)
- [Sec 4: Management of Neonatal Opioid Withdrawal \(pdf\)](#)

5. Data from the academic medical center, University of Vermont Medical Center, and the 10 community birth hospitals in Vermont around care of infants with substance exposure continues to be collected by the PQC-VT ICON team.

Key points from the data:

- We continue to see a downward trend in the total of opioid-exposed newborns followed at the University of Vermont Medical Center (UVMCC). Other community birth hospitals in Vermont also continue to experience this downward trend.
- CAPTA notifications increased in 2023 after several years of downtrend, secondary to educational sessions with birth hospitals which began in June 2023.
- In 2023, 70% of CAPTA notifications included cannabis (THC) use and 25% of CAPTA notifications were related to prescribed MOUD, a small proportion were related to prescription opioid or benzodiazepine use.

Total Opioid-Exposed Newborns (OEN) Cared for at UVMCC

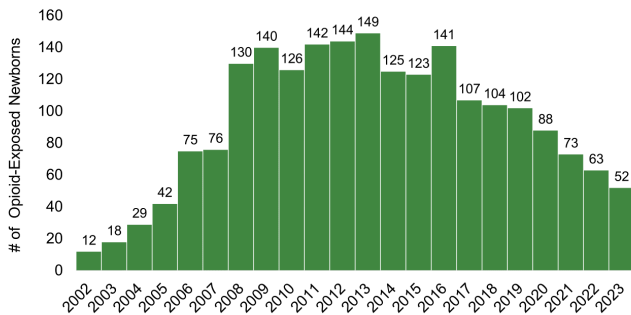


Figure 44: Total Opioid-Exposed Newborns Card for at UVMCC

Number of OEN born in VT hospitals

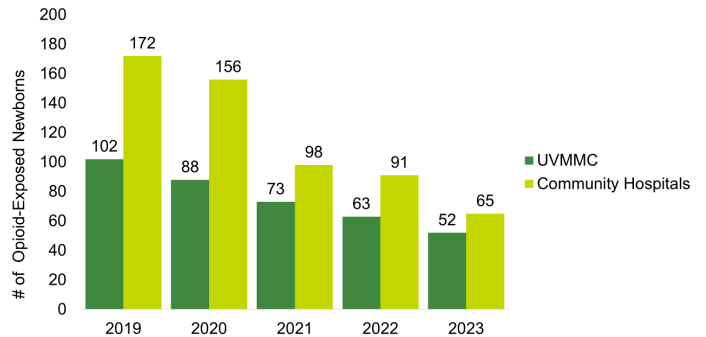
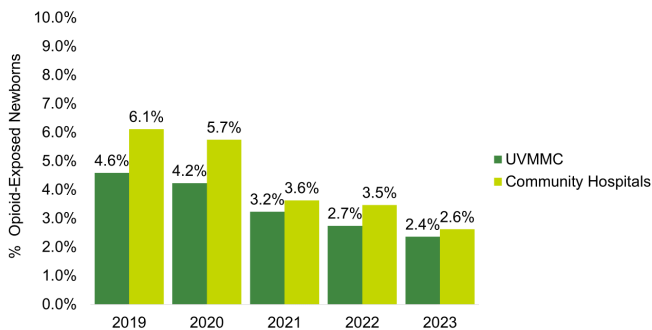


Figure 46: Proportion of Opioid-Exposed Newborns of Vermont live Births

Figure 45: Number of Opioid-Exposed Newborns in Vermont hospitals

Proportion OENs of VT live births



Proportion of OENs receiving medication treatment

Figure 47: Proportion of Opioid-Exposed Newborns receiving medication treatment

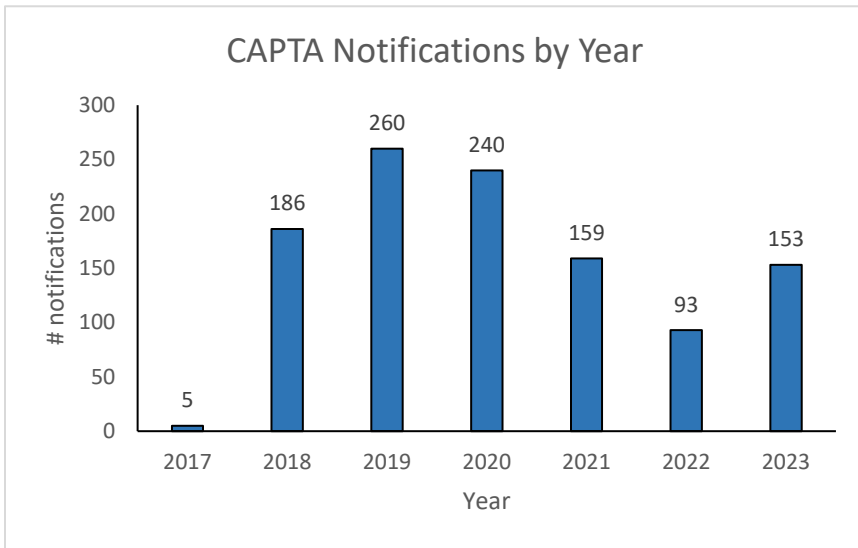
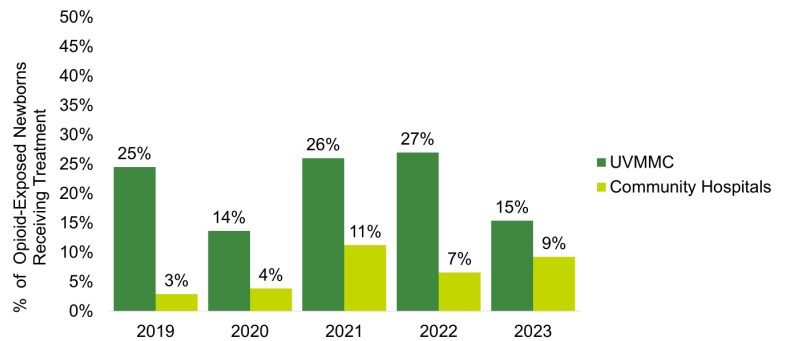
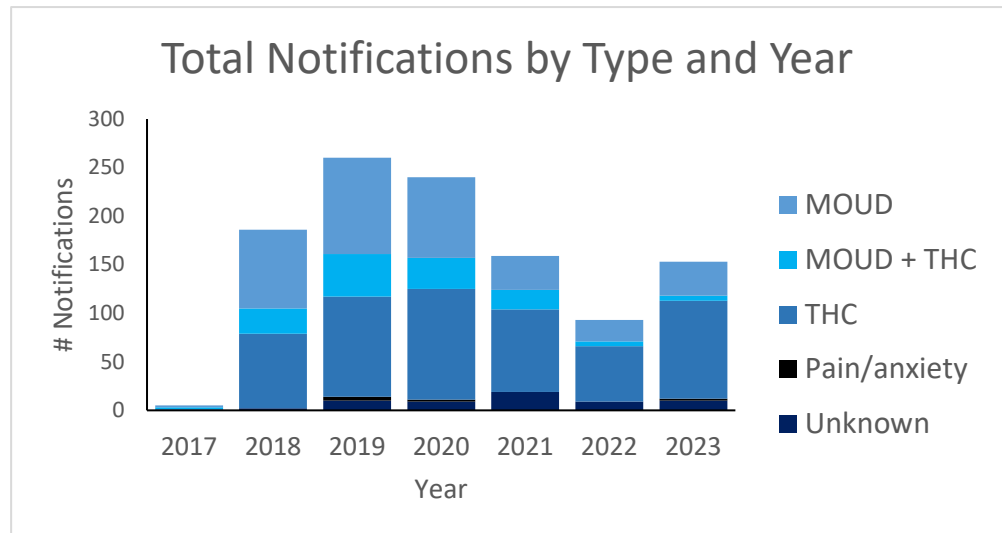


Figure 48: CAPTA Notifications by Year

Figure 49: Total Notifications by Type and Year



Vermont continued to participate with the National Center on Substance Abuse and Child Welfare’s (NCSACW)’s In-Depth Technical Assistance (IDTA) Program in after completing the Policy Academy: *Advancing Collaborative Practice and Policy: Promoting Healthy Development and Family Recovery for Infants, Children, Parents, and Caregivers Affected by Prenatal Substance Exposure*. A summary brochure about [Vermont’s In-Depth Technical Assistance Initiative](#) was created.

Through this IDTA opportunity, the Vermont team continues the work on the following goals that were established through the Policy Academy, as described below:

- **Goal 1:** Map existing clinical and community-based services and supports across the state that work with pregnant individuals and families experiencing substance use and identify barriers and gaps in care.
- **Goal 2:** Ensure integration among existing (and new) clinical and community-based services/supports.
- **Goal 3:** Apply a health equity approach to the issue of substance use in pregnancy and in families, including a review of policy and structural factors that contribute to health disparities.
- **Goal 4:** Improve data collection as a strategy to apply quality improvement methods in clinical and community care towards the goal of increased care coordination a systems integration.
- **Goal 5:** Address gaps and concerns related to the current process of developing plans of safe care and CAPTA notifications.

We have a multidisciplinary IDTA Core Team which consists of representation from the following groups:

- Vermont Department for Children and Families (DCF), Family Services Division (FSD)
- Vermont Department of Health (VDH), Family and Child Health Division (FCH)
- Vermont Department of Health (VDH), Division of Substance Use Programs (DSU)
- KidSafe Collaborative
- Vermont Judiciary, Division of Planning & Court Services within the Court Administrator’s Office
- UVM Medical Center
- Vermont Child Health Improvement Program (VCHIP)
- LUND
- Vermont Blueprint for Health/Hub & Spoke
- Vermont Children’s Integrated Services
- Kingdom Recovery Center
- Voices of Lived Experience

Summary information about our IDTA work together:

- We’ve formed five workgroups to support our goals and work together:
 - **Best Practices:** Considering the universal components that should be in every *Community Response Team* regardless of how it is operated.
 - **Data:** Compiling a data inventory across systems to determine what is available and how to proceed.
 - **FSD:** Goal of revising [FSD’s Policy 65](#) (Substance Use Disorder Screening & Drug Testing for Caretakers) and grapple with the following topics:
 - Consistency in our use of drug testing/UAs
 - Key partnerships in this work - Lund RPP, treatment providers, recovery centers, individuals with lived experience
 - Substance use related SDM danger identification and safety planning
 - Balancing harm reduction treatment approaches with child protection work
 - Substance exposed newborns and child protection teams
 - **Plans of Safe Care (POSC):** Working to define who “owns” the POSC, who is completing the POSC, at what point of the perinatal process it should be started, and embedding the PSOC into electronic medical records.
 - **Mapping:** Considering the integration of the use of peers into the current system of care.

- We've engaged in one facilitated system walkthrough, which is a structured process designed to identify effective practices, gaps, and barriers that contribute or hinder achieving desired outcomes for the families served. Our first walkthrough process and report occurred in the St. Johnsbury community. We are planning one additional walkthrough in a different community during the fall of 2024.

[Annual reports from VCAB](#)

A draft copy of the Vermont Citizens Advisory Board report is included with the submission of this report. Per the Board, 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 Manager, 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 purpose of the Children's Justice Act Task Force (CJATF) is to assess and make recommendations for system improvement in the realm of investigative, administrative, and judicial handling of cases of child abuse and neglect, and support designation and appropriation of CJA funding.

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

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

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

- Maintain and further develop the Vermont Sexual Assault Nurse Examiner Program and SANE professional development. Emphasis continues 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 from 2021 through 2024 focused efforts on improving the system wide response to child maltreatment.

Area A.

The Vermont CJA Task Force recommends continuing support to groups and programs dedicated to investigating, and the judicial handling of child abuse and neglect, such as GAL's, SANE's, and CAC/SIU's. This support could include providing grant monies towards technological maintenance and upgrade for things like audio-visual recording of forensic interviews, and SANE test kits; or towards training for detectives and social workers who conduct child abuse investigations, and SANE nurses and GALs to approach their respective roles in a manner which will reduce trauma and ensure procedural fairness. The Vermont CJA Task Force also recommends further exploration of the investigative, administrative, and judicial handling of cases of child abuse and neglect through review of the processes, policies and statutes which guide this work. This could be done through review of recommendations from parent and child advocacy organizations, as well as review of any efforts taken by Family Services Division related to this area of practice.

Area B.

The Vermont CJA Task Force recommends continuing exploration of programs for testing innovative approaches and techniques which may improve the prompt and successful resolution of civil and criminal court proceedings or enhance the effectiveness of judicial and administrative action in child abuse and neglect cases, such as programs like the Judicial Magistrate pilots occurring around the state, as well as continuing to learn about the efforts and recommendations from efforts such as the CHINS reform workgroup, the Court Improvement Program, or the Vermont Parent Representation Center. The Vermont CJA Task Force recommends continuing support for training to enhance the performance of guardians' ad litem for children and would welcome learning about other opportunities to support this realm of the work (as described in area B of the CJA program instructions).

Area C.

The Vermont CJA Task Force recommends that we educate ourselves further about efforts underway to reform state laws, ordinances, regulations, protocols, and procedures to provide comprehensive protection for children as described in area C of the CJA program instructions. This includes continuing to learn about the efforts and recommendations from efforts such as the CHINS reform workgroup, the Court Improvement Program, or the Vermont Parent Representation Center. This could also include learning more about recent statutory changes in Vermont such as the passage of a bill related to the Office of Child Advocate, and a bill related to Vermont's participation in the Interstate Compact on the Placement of Children.

The initial recommendations from the previous three-year assessment (2021 through 2024) focused on continued grant funding for the Vermont Children's Alliance, The Vermont Forensic Nursing Program and Vermont's Guardian ad Litem Program. Additionally, the Task Force recommended ongoing review of processes related to Vermont's Child Protection Registry.

The amended recommendations from the previous three-year assessment were written in broad terms to allow the group flexibility to pivot as needed, either in grant awards or in the focus and content of meetings.

Over the last three years, the group-maintained grant awards to the three programs listed above, and continued to look closely at Vermont's Child Protection Registry and the need for updates to laws, policies and processes that impact children and families.

The CJA Task Force formed a subcommittee in 2022 to look at recommendations from our parent advocate member which stem from a review of overturns of substantiations and removal of names on the Child Protection Registry. Vermont Parent Representation Center's Broken System, Broken Promises

The subcommittee began by looking specific areas for potential system improvement, such as

- Standard of proof for placement on the child protection registry
- Documentation challenges in investigations
- Challenges related to statute/ categories of abuse and neglect
- Challenges related to policy / substantiating abuse and neglect

This subcommittee provided an important foundation for much needed collaboration between the child protection agency and stakeholders and prompted Family Services Division to conduct a review of its own related to its investigative practices and name placement on the Child Protection Registry. The Division looked at specifically:

- Substantiations which were overturned by the Commissioner's Registry Review Unit
- Decisions made at the Human Services Board level of appeal
- An analysis of 41 state's approach to their Child Protection Registries
(See appendix for Child Protection Registry reform informational document)

The collaboration which began within the CJA Task Force grew to include Legislators, a broad spectrum of advocates, people with lived experience and numerous child welfare professionals. On Tuesday, Nov. 7th, 2023, Vermont's Department for Children and Families hosted a convening. 37 individuals representing all facets of the work gathered to learn, share, and dialogue about Vermont's child protection registry in the context of national conversations regarding equity, structural racism and economic oppression, alongside local critiques and questioning spurred by the 2021 report from the Vermont Parent Representation Center. The group discussed child abuse investigations, name placement on the registry, the purpose of the registry, and some proposed changes to statute, policy and practice to maintain child safety while minimizing unwarranted loss of liberties for Vermonters.

Changes considered included:

- Raising the standard of proof from the reasonable person standard to a preponderance of the evidence;
- The creation of an internal substantiation review process as a quality assurance measure; and
- Applying a layer of secondary considerations prior to name placement on the registry.

The day included presentations and topic specific breakout groups designed to garner the best thinking from experts around the state, representing the fields of law, medicine, mental health, domestic violence, lived experience, risk assessment, and victim advocacy (among others).

The convening was well attended and covered a lot of important ground. Many individuals went on to attend small virtual sessions which focused on the proposed changes and allowed for a true a truly collaborative spirit with which to enter the 2023-2024 legislative season.

As an outcome of 2024 saw the passage of H.661,— An Act Relating to Child Abuse and Neglect Investigation and Substantiation Standards and Procedures

Please see the CAPTA report and the CJA Three Year Assessment for more details

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

[Updates to Targeted Plans within the 2020-2024 CFSP](#)

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 six of our district offices, key Central Office leadership and representatives from the caregiving community continues to meet monthly. The working group is responsible for ongoing implementation and day to day decision-making while the advisory team helps to monitor the DRR plan, by suggesting changes, helping to make decisions to review policy in support of the plan and allocation of resources to implement the plan. The DRR Teams intentionally look for opportunities to align our efforts with other existing practice requirements to manage the impact of implementation fatigue and to positively impact the experience of too many competing priorities.

During this reporting period, we have continued to experience significant turnover throughout the division. These transitions have required us to regroup as staff, new to their positions, are having to come up to speed in all aspects of their job including the DRR plan. We developed a DRR orientation process for Directors early on in our implementation and we have continued to use this tool as new Directors have taken their seats. Additionally, members of the DRR team have developed a training series for new Resource Coordinators to support their onboarding. This series was morphed into a formal role specific training that all new resource Coordinators will receive as part of their initial onboarding. Until now, there has been no formal role specific training offered to staff in these roles. We hope that this approach will help with employee feelings of job satisfaction and competence and will help us to retain staff overtime.

Overall implementation of the DRR plan feels like it is entering a restart period. With staff turnover comes an opportunity to re-message about the role of Diligent Recruitment within our system. Turnover also brings risk, there is a tremendous learning curve when new staff take their positions. There are many competing priorities which can make it feel like there is no time to spend focused on Diligent Recruitment work. A key tenet of the

DRR plan is that we believe that all staff regardless of their position have a role to play in the robust implementation of the overall plan. With the writing of this document, we are currently considering strategies to engage all division staff in DRR work.

Key Concepts for Diligent Recruitment and Retention

Our DRR work 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 Update

The Division continues to utilize an inquiry tracking spreadsheet that we developed just prior to launching the 2020-2024 DRR plan which allows us to systematically collect data about all parties who are interested in considering providing foster care. For the entire 2020-2024 DR Plan timeframe, FSD has received an average of 167 new inquiries per quarter from individuals considering foster care. We can track each inquiry that arrives via our web portal to determine which district office it should be affiliated with. We can use this data to determine if our marketing reach is having the intended statewide reach. Over 90% of inquiring individuals receive a follow up call from the division within 5 days.

Since the inception of the 2020-2024 DRR plan we have bolstered our usage of marketing and media to promote recruitment. We collect data from inquirers to learn how they heard of the need for foster care. Overwhelmingly, inquirers note that they heard about the need for foster care from another foster parent or by word of mouth. In SFY 2024, in order to further encourage foster parents to “refer a friend” we stood up an incentive program where an inquiring caregiver can note if a foster parent referred them. When that inquiring caregiver becomes licensed, the person who referred them receives a referral bonus.

Our Foster Parent Workgroup was relaunched in June 2021. The Foster Parent workgroup has continued to meet every other month with an average attendance of 40 participants. Additionally, a Survey Monkey survey has been created to encourage feedback and suggestions at any time from caregivers 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

This reporting period the foster parent workgroup addressed some hassle factors related to a process that we have where when a caregiver agrees to take placement of a child new to care, we issue a \$100 voucher which allows the caregiver to purchase the basic essentials for when the child arrives with limited belongings. The division maintains a list of vendors who have agreed to accept a voucher from FSD. Caregivers have shared that they were required to name a specific vendor, usually within the district, at the time the voucher was issued. This created a hassle factor for the caregiver because some vendors have limited sizes or are out of stock on specific items. We revised this process to allow the caregiver to select the vendor using the entire statewide list.

In the Spring of 2024, the Foster Parent Workgroup hosted a listening session with the DCF Commissioner and the FSD Deputy Commissioner to encourage caregivers to share about their caregiving experiences. Topics discussed during the listening session included:

- Court Delays
 - Possible next steps:
 - Group of foster/kinship families could draft a letter to the Chief Superior Judge outlining the impact on children and families with long delays in the docket.
 - In July 2021, the legislature appropriated funds for the judiciary to conduct a study of CHINS case processing in Vermont. The judiciary contracted with the National Center for State Courts to perform the work. The study is now complete, and a plan has been created to address the findings. It may be worth the time to create a one pager explaining the findings and next steps so foster/kinship families are aware of the steps being taken.
 - Standing Juvenile Justice meeting may be an opportunity for others to share information and be part of the conversation.
 - Review the use of Rack Cards. Are they working? Are they being sent out. These were created prior to the pandemic and now invites are being sent out via Web X. Rack cards were implemented to support, and respect foster and kinship families and then the pandemic hit. We need to revisit the rack cards and possibility concern new technology.
 - Rack card- very helpful. Are districts using them? Maybe the admin meeting? Can we do both- email and mail?
 - Educate foster parents about what each hearing means . . . what could happen?
 - E-news- education for foster families- court hearings and maybe interview
- Communication
 - Possible next steps:
 - Workers are required to see children/youth on their caseload once a month and in placement (foster/kinship home) 50 % of the time. Therefore, foster and kinship families should expect to see their worker every 60 days in their home. Is this information readily available to foster/kinship parents?
 - Supporting foster/kinship families should be a main focus of the RC and RRS in the office.
 - Communication is a team effort and using the entire team to get answers or support will need to occur. How can we make this more accessible for families? Some families don't feel comfortable going to a supervisor or district director- regardless of what the FSW suggest. Wondering about a pilot program with a team approach.
 - Who's job is it?? New staff not aware of DR and how they should be interacting with foster parents
 - Open up RC office hours . . . in person or phone calls. ADO. Looking at one day a month to start
 - Home visit- should the foster parent have a template as well- regarding what they want to get out of a home visit.
 - Can we relook at face to face- it appears that it is a check mark not a relationship building. Face to face has dropped- it is a federal requirement. Our funding is reduced if we don't see children.
 - Relook at quality face to face- training?
 - Communicate with foster parents about the expectations regarding text message response or email response.
 - Create "Tips for New Workers" from seasoned foster/kinship parents.
 - CANCELLATIONS!! How do we inform foster/kinship families when something is cancelled AND how do we prevent foster/kinship families from attending family time when parent doesn't show? Especially when it is multiple times in a row.
 - Online reimbursement submission

- Online comprehensive and up to date programs and assistance for foster parent
 - Automatic notifications
 - Quarterly listening sessions?
 - Require monthly meetings for all cases
 - Require a clear window of response to foster parents
- Transitions for children/youth
 - Possible next steps:
 - What is best practice?
 - Should DCF have a create policy?
 - Recommendations based on age and developmental stage
 - Consult? How well does the clinician know the family/situation
 - Placement checklist- when are families receiving them? Do electronic checklist to update- saves time and ensures that information is not lost.
 - Seek options for bubble packed medication from pharmacy to support transitions
- Kinship support
 - Possible next steps:
 - Provide mediation for kinship families
 - Different training- focus on kinship
 - Or remove training requirement for kinship
 - Kinship support (groups, meet ups, coaching) statewide
 - Mediation for families
- Foster parent support
 - Possible next steps:
 - In home support when the crisis occurs.
 - EAP for foster parents?
 - Increase in reimbursement for foster and kinship families
 - Community support for children- quality mental health
 - Increase training for new workers related to foster/kinship parents
 - Offer therapeutic support for foster and birth parents to build communication and relationship
- GAL
 - Possible next steps:
 - Lack of consideration by DCF and sometimes the court on their recommendation

These recommendations are being reviewed with the intention of creating action plans for some of them as FSD capacity and funding allow.

The division developed and implemented a Caregiver Exit Survey to provide an opportunity for caregivers who close their license to provide feedback to the system about these experiences. Survey dissemination was disrupted when the admin responsible for its administration retired. When we learned that it was no longer being disseminated, we worked to revise the process and get it going again. Discussions in the DRR working group highlighted that we really want to hear about the experiences of caregivers BEFORE they decide to close their licenses. The DR working group, together with the Foster Parent Workgroup has also created a Stay Survey for Caregivers. Stay -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 had planned to implement this survey statewide during FY 2023. We were not successful with this implementation. Caregivers were surveyed recently during the planning for the CFSR Round 4. It is important NOT to survey and re survey constituents without a plan for addressing or at least responding to

their concerns. The System of Care team will plan to re-survey caregivers starting in the Spring of 2025 and then annually.

By utilizing existing meetings DRR values and principles have been shared across the division to support the adaptive work of implementation. DRR Team members continue to attend the Supervisor meeting, Resource Coordinator and Recruitment and Retention Specialist meeting, Operations Team meetings as well as the Division Management Team meetings to provide routine updates on DRR progress and to solicit input into decision making and activities related to next steps.

The Division continues to grow readership for our twice monthly foster parent e-newsletter **Fostering Vermont**. We have used this tool to communicate critical information with caregivers related policy and practice change. Also included in the e-news are themed feature articles, event notices, information about training, acknowledgement of community partnerships, and tips for new caregivers.

The Division was allocated a 4% increase to foster caregiver stipends in July of 2023. Unfortunately, that budget allocation was missed by those responsible for the FSD budget and caregivers did not receive that stipend increase until the oversight was realized in February of 2024.

In 2022 an additional \$200,000 was added to the Respite line in our base -budget to support our belief that caregivers should have access to planned breaks. Some of those funds have been used to engage respite caregivers to support the transportation needs of the districts. Respite providers are paid an hourly rate plus mileage to transport children to their schools of origin under the ESSA provision there by allowing more children to maintain school stability when they enter foster care.

FSD offers a method for supporting enhanced reimbursement to caregivers who are taking on more complex caregiving responsibilities. The Caregiver Responsibility Form (CRF). The policy that guides this practice will be revised in June 2024. The CRF form is also being revised to include more demographic information about the caregivers and the children they are caring for. Additionally, we are now partnering with the Child Safe Team at the UVM Medical Center to collect medical information and to offer input when a child's complex presentation includes medical needs that will require additional attention from the caregiver.

Additionally, to help address the High-End System of Care Challenges that the Division is experiencing, we continued to issue a 30-Day Crisis Stabilization Caregiver Responsibility Form (CRF). This kind of CRF encourages caregivers to consider caring for an especially complex youth experiencing destabilization, by providing a \$100/day reimbursement. This strategy has reduced the number of youth who would have been cared for in an alternative setting staffed by FSD employees or other contracted partners.

The division previously stood up a formal Caregiver Mentoring program where all new caregivers were provided with an opportunity to be assigned a seasoned caregiver mentor who could be available to support coach them in the early days of their caregiving experience. This program took a huge hit during COVID. Some districts have maintained a more informal network of mentors, but the momentum of the formal program has been disrupted. We believe that this kind of programming is an effective strategy to support caregiver onboarding and ultimately retention. We will explore bringing this back online in the future.

At the end of 2022 we implemented a strategy to encourage current caregivers to “refer a friend”. This strategy was identified when, based on our data, we saw that most new caregivers learned about the need for foster care from a friend. We are now providing an opportunity for each new caregiver to name the friend that

referred them, and that friend gets a \$100 referral incentive when their friend becomes licensed. We have issued 6 refer-a-friend incentive payments.

When our initial DRR plan was launched, we did not include any activities related to youth voice or general youth engagement. We knew that we wanted to address this deficit of our plan. In 2021 we reached out to our partners in the Youth Development Program (YDP) to begin to grow our connection to them. They are now standing members of our DR Advisory Workgroup. Through this partnership we have resurrected the Youth Panel into our caregiver and staff Foundations Training. Historically this component of our training was always a highlight for participants. We did this by hosting a face-to-face panel that we recorded and now that recorded event is made available virtually. The YDP supports a Youth Advisory Board (YAB). The YAB has invited the coordinators of the DRR plan to visit their meetings periodically to further explore areas that we could address in the DRR plan.

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.

Progress Update

This reporting period FSD was approached by the Vermont New American Advisory Council. The Council was meeting with stakeholders in our largest urban center Burlington. The Vermont New American Advisory Council (VNAAC) was established in early 2020 as a coalition of New American leaders striving to increase civic engagement, dismantle barriers to a sense of belonging, and expand opportunities for New American communities to thrive socially, culturally, and economically in Vermont. VNAAC is made up of an ethnically, culturally, and linguistically diverse group of New American leaders who work in many sectors across Vermont.

In July 2022, the Vermont New American Advisory Council submitted a proposal to the City of Burlington requesting \$20,000 to conduct a project to understand the root causes of gun violence affecting New American youth in Burlington and to ultimately create a better system of care. The council noted that gun violence and youth gang mentality among New American youth are complex and culturally sensitive issues. To address them, it requires a different approach regarding the engagement and participation of New American communities. Members of the council met with FSD staff to learn more about Family Services and to better understand how youth who become involved in the juvenile justice system in Vermont will be supported to maintain connections to their community and families. This was a very beginning step toward restoration of the relationship between the communities and the division. This work aligns with other racial equity work that the Division is undertaking.

- The FSD partners with a community building service known as Front Porch Forum. We have used this online 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. We notice an uptick of new inquirers each month just after our posts on the Forum.
- This reporting period we were hindered in our efforts to sustain and grow our marketing and media footprint. The marketing firm that was working with us elected not to continue with us as our marketing budget was too small. Ironically, that budget included approximately \$100,000 in additional funding left on the table from COVID. Without those funds, our entire recruitment budget was reduced to \$60,000 the year to support recruitment efforts statewide. Additionally, the process to create an RFP to identify another marketing firm willing to work with us was delayed due to turnover in our commissioner’s office and when the RFP was finally put out for bid, no one bid on the RFP. This challenge meant that we were NOT able to launch any media campaigns during the 2023-2024 reporting period. This issue is yet to be resolved.
- During a DRR working group meeting we developed a calendar of recruitment activities for 2023. During the reporting period 2023-2024 outreach campaigns aimed at nursing professionals and the law enforcement communities were launched. Additionally, we focused on growing the pool of respite providers thinking that with additional funding available the need for more respite providers would also arise.
- May 2023 wrapped up a campaign with California based Raise a Child to engage the Vermont LGBTQ community. These efforts were costly and did not yield significant results. Efforts did however provide a formal opportunity to partner with Vermont Pride. Our recruitment campaign with the LGBTQ community will be a focus on bi-annual starting with the 2024-2025 reporting cycle.
- Our Outreach Toolkit continues to grow. The toolkit contains, scripts for interviews, graphics that support our brand, print advertisements, signature block materials for including in our email, targeted recruitment blurbs for the most common needs identified by our districts, outreach letters 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.
- Two new partnerships were launched this year. One with Dunkin who sponsored a weeklong recruitment campaign, free of charge during, the month of May in acknowledgement of May National Foster Care Month. A second partnership with a with a local well established YWCA girls camp known as Camp Hochelega. The program coordinator recognized that youth in foster care do not have much access to these kinds of opportunities. A scholarship program was launched to allow 10 female youth in care a weeklong residential camp experience at a significantly reduced rate. The hope is that this programming will grow over time to include other Vermont summer camps with a goal of offering a summer camp experience to every child in care who wants to participate.
- A DRR plan coordinator presented on the current state of Kinship care at the Vermont Citizens Advisory Board meeting and on the State of the State regarding Foster Care at the High-End System of Care Taskforce. Additionally, a Brainstorming session was help with the FSD Deputy Commissioner, the DCF Commissioner and the two DRR coordinators to share details about what we have been working on and to brainstorm possibilities during the 2023 2024 reporting period.

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 Update

- A review of Policy 95: Respite Care was completed by the Foster Parent Workgroup. Some of the recommendations will require additional exploration and perhaps additional resource allocation to bring to fruition.
- Policy 77: Medical Care for Children and Youth in Custody was adopted in 2020 several pilot sites have been implementing this practice. A cross-department workgroup exists to inform decision making and to monitor progress.
- Policy 268 Foster Parent Reimbursement has been under revision. These efforts will wrap up in June 2024 with the roll out of a new simplified Caregiver Responsibility Form which will reduce the time needed to complete it which will hopefully lead to more of them being completed. The idea here is that we will be able to reimburse caregivers at an enhanced rate which we expect will have an impact on retention.
- Prior to and throughout the 2020-2024 DRR plan the division focused on its practice related to Family Finding. This work included division wide consultation with Bob Friend from the National Institute for Permanency Family Connectedness (NIFPC) aimed at creating a Kin first culture within the division. Guidance was developed for community partners and division staff as they engage in Family Finding efforts throughout the life of a case. This piece of our work will require an ongoing focus given that it has been impacted by staff turnover.
- Vermont has adopted a Foster Care Rule to include an anti-discrimination clause. Caregivers must be able to assert that they are an affirming home and that they are anti discriminatory. This has resulted in a lawsuit lodged against the department by several caregivers who were not able to provide this assertion and whose licenses were closed as a result.
- Vermont has determined that it intends to adopt separate standards for licensing kin caregivers.
- States are federally required to monitor the Family Services Worker's Face to Face contact with the children whom they serve. We have long been monitoring the quantity of the contact. As a follow up to concerns shared during the Foster Parent Listening Session about quality of caregiver contact with the caregiver and the placed child, we recently started to explore how we will measure the quality of the face-to-face contact to ensure that ongoing assessment of the child's needs and the caregivers needs is occurring. This will be addressed in the 2025-2029 DRR plan.

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. Training 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) in all our caregiver training offerings. Online caregiver orientation was recently

revised to streamline the content. Caregivers who complete online orientation are provided with an opportunity to automatically enroll in online Caregiver Foundations training.

- 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 eligible child placed in the home. The Division had 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 had previously estimated that we were losing many thousands of IVE dollars monthly. The 2022-2023 reporting period marked an overhaul of our Caregiver Foundations Training. Caregivers can now complete foundations training online in approximately 10 hours. All caregivers who had a child placed, but who did not complete training were notified that their foster care license would be closed and the children) in their care would be moved if they did not address their training non completion.
- Concurrently, we started to incentivize training completion, each caregiver who completes foundations training receives a \$100 incentive. Since inception in SFY 2023, this program has awarded 591 foster parent training incentives. It had also been noted that approximately 60% of the caregivers who have not completed required training are kin caregivers.
- 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 continues to experience an unusual and significant turnover in our group of employees known as Resource Coordinators (RCs). Each district has at least one or two RCs based on the district's caseload. RCs are essentially responsible for the recruitment, support, development, and retention of caregivers. Workforce Foundations Training has not historically provided any role specific training to meet the needs of these workers. To respond immediately to these dynamics, a series of four role specific training courses were provided to the new group of RCs followed by opportunities for group coaching. These trainings courses were recorded and are available in video format. In concert with the Division's training plan, the CWTP and the Foster Kin Care Manager will create a series of RC trainings that will be required as a component of new employee foundations trainings to ensure that this part of our workforce is receiving timely and relevant training. It is expected that by having a training plan for RCs 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 Data Driven Recruitment and Retention 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 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 FSD Districts are expected to enter data into their Inquiry Tracking Spreadsheet on a quarterly basis. Our Resource Coordinators are reminded at the end of each quarter that they should ensure that their data is entered and complete before we pull the data to report on outcomes. We recognize that despite our best efforts, some districts are not consistently including all their data, which skews our reporting. Unfortunately, our current IT resources do not support this function in any way. It is very time consuming to sustain. 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. These data sets are reported out at each quarterly advisory meeting.
- Access to real time data related to any information related to caregivers is a challenge given the limitations of our current MIS. We manage most of our information for DRR via spreadsheets. The division has stood up the ROM database and the QA team has been providing tutorials to the Division Management team periodically. We are pleased that more data sets are available in real time. Additionally, the DRR team has been working with the QA team to revise some of the reports that are available to us in our current system FSDNet. We have requested a report which includes both the child's race information and the caregiver's race information in the same report. We have been told that this request is actionable, and we are looking forward to having ready access to that information. The Division has been working on an RFP for a new CCWIS system which has been posted and is soliciting bids. The Division has advocated and received partial funding to support the development of our CCWIS. We have also initiated TA support from the New National Resource Center in Diligent Recruitment to support the work that will need to be completed as we consider the requirements we will want to meet when the foster care modules are in development.
- Districts are provided with baseline outcome data related to their current practice. At DRR onboarding, 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. These processes have been negatively impacted by staff turnover, especially within the local district leadership teams. Most of the people in their seats were not occupying those seats when we initially launched our DRR plan in 2020. Efforts are underway to reassess what we need

to do to impact district engagement related to DRR plan implementation. As referenced above, we have restructured many of our plans to reduce the ask at the district level hoping that the success of overall implementation will be able to remain on target.

- A DRR coordinator began producing a quarterly report for the districts of all the active Caregiver Responsibility Forms that they have in place at the beginning for SFY 2023. The intent behind this report is to support districts in their awareness of when the CRF's are due for review and to alert them to which children are NOT on the report who probably should be. This is a retention strategy and a strategy to encourage assessment of needs for youth in care. When we are asking a caregiver to provide an enhanced level of care, we also need to ensure that they are being reimbursed at an enhanced level as well.
- The chart below captures information about our licensing rates. We know that we have approximately 150 families where caregivers have not completed their required training components. Their data will not be reflected in this chart as licensed homes until they have completed Orientation and Caregiver Foundations. Some of the families who have not yet completed orientation and training do have children placed. It is important to consider both the numbers of licensed homes and the numbers of homes who have been "district approved" (a designation that we use to identify homes where a district has completed basic background checks and a home inspection before we eminently place a child- often these are kin caregivers) when we are considering how well or under resourced a district is with relation to available caregiving families. As stated above, efforts to increase the number of completers is a priority. We will continue to monitor this data point. On a positive note, the percentage of applications received when compared to the number of licenses granted is at 55% which is up from 24% in 2022.

Figure 50: Foster Care Applications Received and Foster Care Licenses Granted

Foster Care Applications/Foster Care Licenses	2020	2021	2022	2023	through May 31 2024
Foster Care Applications Received	534	539	572	490	216
Foster Care Licenses Approved	305	160	138	272	89

Data Source: Foster Parent Inquiry Tracking Spreadsheet

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. We believe that some children in our care are experiencing a high number of placement disruptions.

We continue to report a decreasing number of children and youth in congregate care settings, but we wonder if that is because those settings are not available rather than the needs of those children and youth require a lower level of care. Our data also demonstrated that when a district demonstrates an increased rate of placement with kin, we see a corollary increase in their rate of placement stability. This data has remained consistent throughout the 2020-2024 DRR Plan timeframe. Our relative placement numbers have hovered between 34% and 37% with notable exceptions in several of

our districts who report relative placement usually between 50 -60%. Those districts have shared their strategies with the DR working group. This area of practice will remain a focus.

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 APSR, 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. We continue to partner closely with staff from the Family Child Health Division (FCH) 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 continued to strengthen our close partnership with the Department of Vermont Health Access (DVHA) through the *Foster Care Learning Collaborative Affinity Group*, which is now a state-led *Foster Care QI Monthly Team Meeting* 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 APSR, [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.

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 quality improvement efforts in partnership with stakeholders since that time, as articulated below.

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

The information contained below is credited to our Vermont Child Health Improvement Program (VCHIP) partners via a recently published key findings report.

Historical Summary

In the early 2000s, a memorandum of understanding (MOU) between DCF and the VDH/division of FCH was established. This MOU identified a nurse based at each of the 12 local VDH district offices who would obtain health information on each child entering custody in a timely manner and share that information in the form of a *Health Information Questionnaire (HIQ)* with DCF. The MOU permits DCF to notify the FCH nurses within 3 business days when a child enters foster care in their district. A release is provided that authorizes the FCH nurse to communicate with the child’s medical home. If the medical home is unknown, the nurse can determine the most likely medical home using Medicaid claims and/or the immunization registry. The FCH nurse often sends an HIQ to the medical home to gather the most up-to-date medical and dental information. The HIQ is entered into FSDNet, DCF’s electronic record, within 30 days. If the child has any immediate health needs, or scheduled appointments, the FCH Nurse provides this information to the DCF Family Services Worker directly.

In 2020, VCHIP engaged in a project with DCF and VDH’s FCH division to assess processes, successes, and opportunities for improvement for medical care as children enter foster care. As part of this work, VCHIP interviewed FCH nurses, DCF district administrative assistants, medical providers, and foster parents to determine current processes.

FCH nurses in each VDH district and almost all DCF district administrative assistants were interviewed to assess how the FCH nurse was notified when a child enters custody, and how the FCH nurse interacted with medical homes to gather information needed to complete the HIQ for each child entering custody. VCHIP learned there was great variability among the DCF districts and FCH nurses. There were different workflows and expectations, different mechanisms for notifying the FCH nurse when a child came into custody, and different levels of FCH nurse interaction with the medical home. Some DCF offices provided timely notification when children entered foster care, while others did not. Some FCH nurses worked closely with medical homes, some only interacted with the medical records department to obtain information. Some FCH nurses interacted with foster parents directly to answer medical questions and facilitate appointments with the medical home, and some did not. Most FCH nurses were interested in clarification about role expectations and scope of their work.

Fourteen medical providers across the state were interviewed about their patients entering foster care (with collaboration from Dr. James Metz and two pediatric residents). VCHIP learned that most (11) of the providers were not aware when their patients entered DCF custody. Most (12) were not aware of the AAP guidelines or did not have protocols in place to follow the guidelines, and the length of time until children were seen after entering foster care was variable, especially for adolescents. Providers were rarely informed of the reason for custody and felt that information was essential to being able to provide appropriate care for the child.

However, all providers felt responsible for these patients, and felt that these patients should remain in their medical homes whenever possible.

VCHIP met with DCF-FSD's Foster Parent Workgroup and conducted a focus group of 5 foster parents to determine what they saw as the major medical issues for children entering foster care. Many of the foster parents were not informed about the medical home as a child entered custody. Medications were not always provided, and when they were, information about the correct dosing, reason for giving, and potential side effects were not always available. Refills of missing medications were often difficult to obtain. Many experienced difficulties making an initial medical appointment for a child, reporting that they were often told by the front desk staff that the child already had a health supervision visit and did not need to be seen. Most foster parents said there was great benefit in having access to the child's Electronic Health Record. Foster parents noted not all providers recognize and/or understand the purpose of the medical authorization form and that office visits with the medical provider are needed for foster parents to get all important information to care for the child and their medical needs.

VCHIP engaged two large pediatric practices in southern Vermont in quality improvement to increase the number of children entering foster care who had a comprehensive health assessment within 30 days. Initial barriers included a lack of awareness of the AAP guidelines for initial care of children entering custody, and lack of office systems to notify the pediatric provider and to reach out to the foster parent to schedule a comprehensive health assessment. Some practices required legal documentation of foster placement before being able to reach out. Some practices found it more efficient to see the child for a health supervision visit but were not always able to schedule that within 30 days due to Medicaid restrictions for payment. Care coordination and the generation of care plans were variable at each practice, as criteria for care coordination differed, and not all providers recognized children in foster care as children with special health care needs. VCHIP learned that timely notification by DCF and the FCH nurse typically led to more children seen for a comprehensive health assessment. Direct communication with an identified point person(s) at the practice (often a care coordinator) was important to the process, and often led to timely outreach to foster parents to help with immediate medical issues. Adolescents were less likely to receive timely care in the medical home. Change of placement and residential placements could be the reason for this. Lack of notification of change of placement also led to missed appointments.

Foster Care Learning Collaborative Affinity Group (Now Foster Care QI Monthly Team Meeting)

Vermont was selected to take part in a CMS *Foster Care Learning Collaborative Affinity Group* titled "Improving Timely Healthcare for Children and Youth in Foster Care," which ran from August 2021 through August 2023, and focused on the comprehensive health assessment. The project was supported by Mathematica and the Center for Health Care Strategies. The Vermont team consisted of representatives from the Department of Vermont Health Access (DVHA), Department for Children and Families (DCF), Division of Family Child Health (FCH, formerly Maternal Child Health) of the Vermont Department of Health (VDH), and the Vermont Child Health Improvement Program (VCHIP). The Vermont team and ten other state teams met together remotely every month and engaged in monthly individualized quality improvement coaching sessions. Vermont selected an aim of increasing by 10% the number of children and youth receiving a comprehensive health assessment within 30 days of entering custody.

When the CMS Affinity Group began, the Vermont team already had some clear ideas of what needed to be done. The Vermont team began by assessing available data to determine the baseline of children entering foster care who received a comprehensive assessment within 30 days. Identifying children entering foster care proved to be a challenge, as the flagging system in Medicaid is complicated. To track children and youth

entering foster care, DCF provided a file to DVHA so they could match the child in Medicaid. Some children were not able to be matched so the data is incomplete. Once identified, Medicaid claims data was utilized. Since there is no CPT code for a comprehensive health assessment for children entering custody, a proxy was determined. Claims data analyzed included E&M CPT codes for office visits lasting 30 minutes or longer and well visit codes by primary care providers. The data analyzed included children who entered custody during the calendar year period and were enrolled in Medicaid for 30 or more days following the date of custody entry. Infants in the NICU were included in the denominator, although they could not have had any office visits. Data was stratified by child age for the years 2019, 2020 and 2021. Baseline data is listed below. Note that the COVID pandemic resulted in lower numbers of children entering foster care in VT.

Figure 51- Comprehensive Assessment Data table

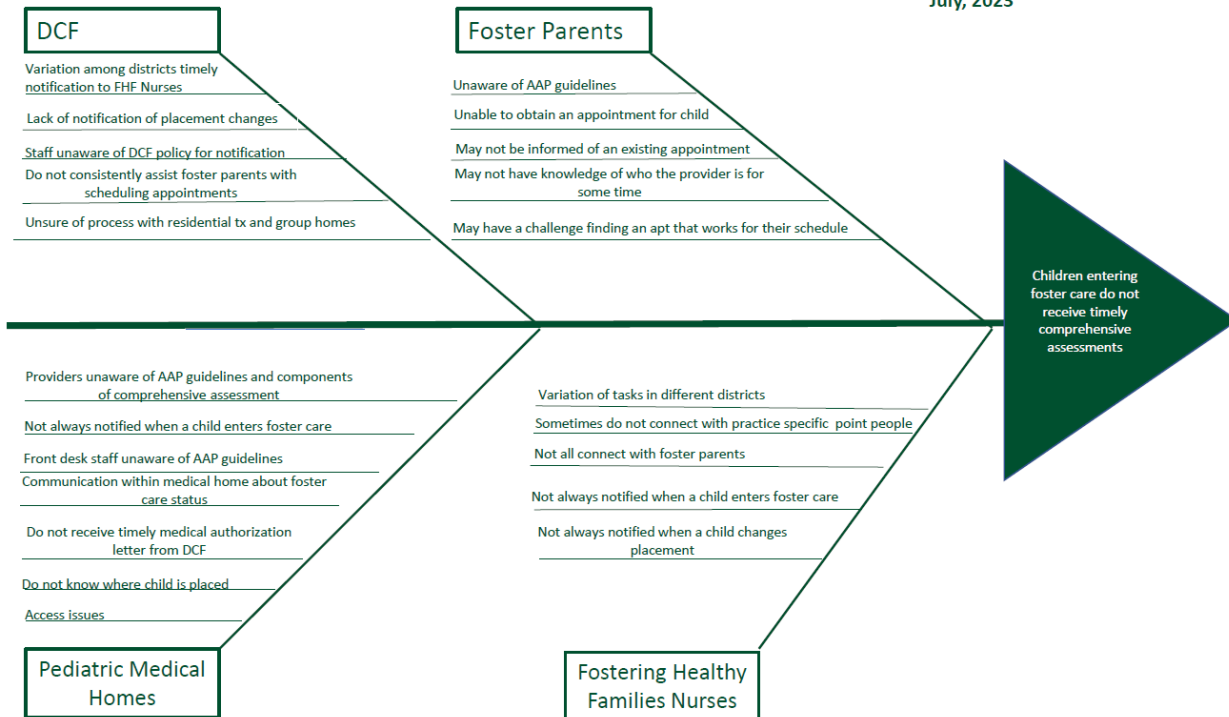
Comprehensive Assessment Data

Classification	2019			2020			2021		
	Number of Children	Comprehensive Assessment (0-30 days)	Any Visit (0-30 days)	Number of Children	Comprehensive Assessment (0-30 days)	Any Visit (0-30 days)	Number of Children	Comprehensive Assessment (0-30 days)	Any Visit (0-30 days)
Infant (0-1)	113	73%	81%	91	80%	85%	63	75%	79%
Young Childhood (1-4)	179	39%	53%	108	44%	55%	121	46%	62%
Late Childhood (5-11)	197	25%	37%	159	25%	31%	167	40%	50%
Adolescent (12-17)	230	21%	30%	166	16%	20%	153	31%	35%
Eighteen and Older	0			0			12	17%	25%
All Districts Total	719	35%	45%	524	36%	42%	516	42%	52%

Using QI frameworks and a key driver diagram, drivers were identified (below).

Figure 52- Barriers to Timely Comprehensive Assessment in Medical Home key driver digram

Barriers to Timely Comprehensive Assessments in Medical Homes
July, 2023



One identified barrier to following recommendations by the AAP for comprehensive assessments and an enhanced visit schedule was Medicaid payment. VT Medicaid allows for only one well-visit per year for children aged 3 and older. The Affinity Group was able to work with DVHA to have additional well visits and screening covered, in alignment with AAP guidelines, when the code Z 62.21 (child in foster care) is used. A coding guide was created: “Billing for Services: Children/Youth in Foster Care”.



Vermont Medicaid

Billing for Services: Children/Youth in Foster Care*

New Patient

Established Patient

These code sets are designed for evaluation & management of the child to address specific issues/concerns as needed. Code according to medical decision making (MDM) or time.

Problem-Focused Visits

99203	30-44 min
99204	45-49 min
99205	60-75 min

Problem-Focused Visits

99213	15-24 min
99214	25-39 min
99215	40-54 min

These code sets are designed for the periodic evaluation & management that is reflective of the age of the child.

Periodic Preventative Visits
99381-99385

Periodic Preventative Visits
99391-99395

Other evaluation & management codes may be used as appropriate for the services provided and the scope of practice of the healthcare provider.

These services may include counseling, risk factor reduction, behavior change intervention, as well as chronic care management.

Screenings & Assessments

96110 - Developmental screening (eg, developmental milestone survey, speech and language delay screen)

96127 - Brief emotional/behavioral assessment (eg, depression inventory, ADHD scale)

96160 - Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal)

Other screening or assessment codes may be used as appropriate. Include scoring and documentation for each standardized instrument used.

Modifiers & Diagnosis Codes

The use of modifiers may be necessary to indicate that the services are indeed separate, and both were performed.

Z62.21 – Child in welfare custody*

May use this code as a secondary diagnosis for ALL encounters.

For questions, please contact your Gainwell Representative

Utilize the most appropriate and detailed diagnosis code. Refer to the ICD-10 DX code set and the [AAP Coding Fact Sheet for Treating Trauma](#).

The Vermont team identified a DCF district that was interested in engaging with community practices. Process flow mapping was completed with DCF district leadership, the administrative lead and the FCH nurse to identify steps in the practice notification process when a child enters foster care. This mapping revealed opportunities to test strategies that could improve the process. The district designed a joint letter from DCF and the FCH nurse to be sent to medical practices when a patient entered foster care. This letter included the foster parent and Family Services Worker (FSW) contact information, caregiver authorization form, release of information to interact with the FCH nurse, AAP recommendations, and the coding and billing guide. This letter is a call to action for the practice to contact the foster parent and schedule an appointment, and contains the information needed to legally do so. Results of the tests of change showed that early notification and contact with the foster parent often led to scheduling the comprehensive health assessments within 30 days. Barriers to the assessment included youth changing placement and entering residential care. Some family medicine practices did not respond to the letter. The strategy of sending this joint letter to practices has been spread to additional DCF districts.

Proposed Plan for Vermont

As a result of the CMS Affinity Group, VT has identified the following steps to spread success to all districts in VT:

- Structure communication between the DCF district administrative person and the FCH nurse. Meet at least every 6 months, ideally more often to fine tune the communication.
- Send the joint letter from DCF and the FCH nurse to the appropriate medical home within 3 business days of a child entering custody, ideally as soon as possible.
- Send the letter to a point person designated by the practice, usually a care coordinator, who can contact the foster parent as soon as possible to answer medical questions and facilitate scheduling the appointment for the comprehensive health assessment with the appropriate medical provider, ideally within 30 days, and coordinate any specialty care needed.
- Be in touch with the medical homes in the district before the process begins, so they will be aware of the AAP guidelines, and can choose a point person for their practice.
- Follow data to determine success and pinpoint gaps.

Lessons Learned from Activity to Date

- Pediatric practices VCHIP contacted want to care for their patients in foster care, but not all were familiar with the AAP guidelines.
- Patients from a particular practice enter foster care intermittently, so establishing a consistent workflow can be challenging.
- Youth are receiving lower rates of comprehensive health assessments than younger children, which can be due in part to more frequent change of placements including residential placements.
- Failure to notify medical homes of foster care placement changes can result in children missing needed medical care.
- Confidentiality of court proceedings can impact information shared with medical providers.
- The system is fragile. The process is often dependent upon one individual at each site (DCF administrative assistant, FCH nurse, practice point person), and redundancies are not built into the system.

Next Steps/Considerations

- Prioritize healthcare for children in foster care along with child safety. Same-day notification of the medical home when a child enters custody, along with timely notification of placement change, would ensure the best medical care for children entering foster care (DCF).
- Continue working with medical homes, including family medicine practices, across the state to facilitate usage of the AAP guidelines (comprehensive health assessment, care coordination, enhanced health care visit schedule) (VCHIP).
- Develop more robust care coordination for children in foster care (including usage of shared plans of care) to ensure consistent medical care. Care coordination by DCF or managed care organizations has shown to be effective in other states for children entering custody (primary care providers).
- Clarify the role of the FCH nurse across districts. Additional time or personnel may be necessary, especially in some of the larger districts (FCH).
- Investigate why youth in foster care have significantly lower rates of comprehensive health assessments in medical homes compared with younger age groups (VCHIP in collaboration with DCF and FCH).
- Track health, dental health, and mental health outcome data for children and youth in foster care. Process improvement with the Medicaid flagging system used when children enter custody could assist in identification of foster children within claims (VCHIP in collaboration with DVHA, DCF, FCH).

Figure 53: Updated Statewide Data

Vermont Foster Child Primary Care ¹ Engagement Within Thirty Days of Entering Custody										
By District Office and Age Classification										
Calendar Years 2022 to 2023										
Table 1. Foster Child Comprehensive Assessment ² or Evaluation and Management Encounters Within Thirty Days ³ of Entering Custody										
		CY						Year to Year Change		
		2022			2023			2022 to 2023		
DISTRICT OFFICE AGE CLASSIFICATION		# of Children	Comprehensive Assessment (0-30 Days)	Any Visit (0-30 Days)	# of Children	Comprehensive Assessment (0-30 Days)	Any Visit (0-30 Days)	Change in # of Children	Change in Percentage Points for Comprehensive Assessment (0-30 Days)	Change in Percentage Points for Any Visit (0-30 Days)
ALL DISTRICTS	INFANT	62	77%	81%	64	78%	80%	2	0.7	-1.0
	YOUNG CHILDHOOD	118	43%	55%	91	69%	71%	-27	26.0	16.3
	LATE CHILDHOOD	166	34%	49%	135	44%	45%	-31	9.4	-3.6
	ADOLESCENT	157	28%	36%	139	44%	48%	-18	15.9	11.9
	EIGHTEEN AND OLDER				1	0%	0%	1	0.0	0.0
	ALL DISTRICTS TOTAL	503	40%	50%	430	54%	57%	-73	14.4	6.4

Overall, from calendar year 2022 to calendar year 2023, there was a shift from 14% (40% to 54%) of children receiving a comprehensive evaluation within 30 days of entering custody.

Vermont Child Health Improvement Program (VCHIP) Scope of Work

VCHIP's new scope of work for the next year includes the following goals, informed by the projects and collaboration detailed above.

Enhancing Medical Care and Care Coordination for Youth Entering Foster Care

Goals

Data obtained while participating in the CMS Affinity Group, *Improving Timely Health Care for Children and Youth in Foster Care*, revealed that Vermont children, particularly adolescents, entering foster care are not

receiving timely comprehensive visits in their medical home. This project promotes children and youth having a comprehensive assessment within 30 days of entering foster care as recommended American Academy of Pediatrics (AAP).

- Promote identified system changes that could improve the number of children and youth entering custody receiving a comprehensive medical evaluation resulting in a plan of care that includes medical, developmental/behavioral/mental, and oral health.
- Work to ensure that Medicaid-eligible children and youth entering the custody of the Department for Children and Families (DCF) have high-quality care in medical homes guided by the recommendations from the AAP.
- Facilitate recommended enhanced well visits and care coordination for children and youth in foster care.

Project Description

The AAP classifies children in foster care as a population of children with special health care needs. Most children and youth in foster care have been abused, neglected, or have experienced prenatal harm, which places them at higher risk for developing poor health outcomes. The AAP issued a policy statement with recommendations regarding ensuring high-quality health services and care coordination in a timely manner for children entering foster or kinship care.

The Vermont Child Health Improvement Program (VCHIP) team will collaborate with DCF-FSD, Family Services Division and Family and Child Health Coordinators (FCHC), Department of Vermont Health Access (DVHA), pediatricians, other pediatric medical providers, and collaborators to address identified barriers for children to obtain a comprehensive assessment within 30 days and enhanced medical visits as recommended by the AAP.

Specific Activities

Technical Assistance and Data Analysis

- Draw on information gleaned from previous participation in the CMS Affinity Group *Improving Timely Health Care for Children and Youth in Foster Care* and quality improvement activities to offer pediatric and family medicine practices in Vermont support and technical assistance in providing comprehensive medical assessments for children and youth entering custody within 30 days, in collaboration with DCF and FCHC 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 to include foster parents/parents/DCF, and when appropriate, parents and youth.
- Participate in a data subgroup with DVHA, DCF, DMH and UVMHC Child Psychiatry to assist with creating Vermont score cards for rates of comprehensive visits within 30 days for children and youth entering DCF custody, and other measures as identified by the team.
- Manage, analyze, and summarize data from the youth online survey assessing perceptions of primary care visits for youth in custody.
- Request, analyze, and summarize data from Vermont's All-Payer Claims Data (VHCURES) to identify patients whose Medicaid coverage indicates time in custody in calendar year 2022. We will measure the percentage of patients with time in custody who had a well-care visit in the same year.

Coordination Across State Agencies and Activities

- Meet regularly with DCF-FSD to establish pathways for providing clinical expertise and technical assistance.
- Meet with FCHC as needed to collaborate on promotion of comprehensive medical evaluations, medical care following the AAP recommendations, coordination with DCF-FSD and medical homes.
- 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.
- Coordinate an event with FCHCs and DCF-FSD that will offer information about why medical care for children and youth entering foster care is critical and to offer a venue for shared peer learning of successful strategies for timely notification and collaboration with the FHF Nurses and medical homes.
- Work to connect appropriate staff at residential placements for children and youth with FCHCs and medical home care managers to provide coordinated care.
- Encourage change to current DCF and FCHCs workflow to include Family Educational Rights and Privacy Act (FERPA) releases for the FCHCs to obtain and provide important medical information to the school nurses, DCF and foster parents.
- Explore how caregivers of children and youth in foster care are made aware of recommended preventive care covered by their EPSDT benefit.

Focus on Youth

- Provide education to pediatric primary care providers and skilled medical professionals that focuses on challenges facing youth in foster care.
- In collaboration with the Youth Advisory, Foster Parent Work Group, and other community partners, continue to engage with youth who have lived experience in the foster care system to provide recommendations for more inclusive and accessible health care.

Deliverables / Products:

- Progress report of coordinated work with FCHCs and DCF-FSD. (December 2024)
- Materials created for foster parents and youth about recommended healthcare. (March 2025)
- One-page summary of online survey responses including number of respondents, percent of respondents with well-care visits, and summaries of up to three closed-response items. (June 2025)

Timeline

- i. Planning Phase (*July/2024 – September/2024*)
- ii. Implementation Phase (*October/2024 – June/2025*)
- iii. Results and Analysis (*March/2025 – June/2025*)

Family Partnership and Engagement

Collaborate with DCF's youth and foster parent advisory groups on the following topics:

- How to increase youth involvement in health care.
- Ensuring children and youth obtain medical care they are entitled to through EPSDT benefits and additional AAP recommendations.

Performance Measures to be delivered by the End of the Grant

1. Engage two medical homes in quality improvement work to increase comprehensive assessments for children entering foster care.

2. Create educational materials and resources provided to residential programs that identify recommended medical care for children and youth in foster care, as well as FHF Nurses role and contact information.

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

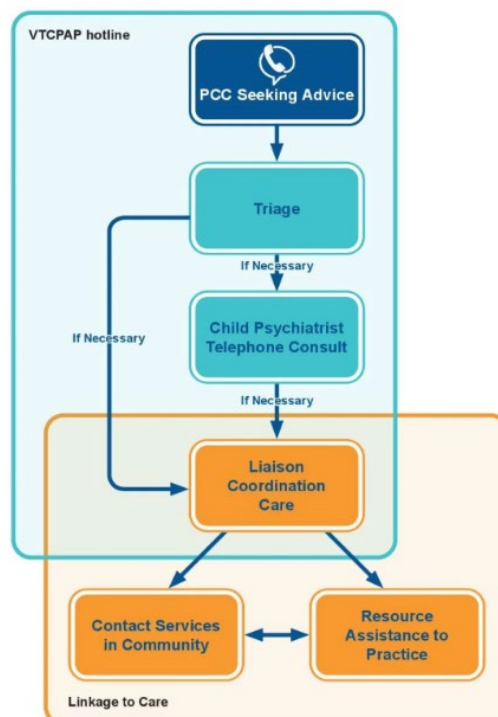
[Policy 137: Antipsychotic Medications for Children in the Care of DCF](#) continues to inform staff about how to handle the prescribing of antipsychotic medication for children and youth in foster care. The primary goal of this program is to assist our workforce in an informed consent process when a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

We continue to partner with the new Medical Director for the Child, Adolescent, and Family Unit of DMH, which has contributed to a renewed collaboration and focus on this work. We have re-started a Trends Monitoring Workgroup comprised by DMH, DVHA, and FSD. There is also an intentional overlap between the Trends Monitoring Workgroup and the Foster Care QI Monthly Team Meeting.

[The Vermont Child Psychiatry Access Program \(VTCAPAP\)](#) provides a novel and innovative way to approach mental health, where their team of licensed clinical social workers and board-certified child and adolescent psychiatrists provide free, immediate support and psychiatric consultation to primary care providers (PCPs) who, in turn, provide care to their pediatric patients in need of mental health treatment. The PCP initiates this consultation by calling the VTCAPAP line at (802) 488-5342. During business hours, the call will be returned within 30 minutes, or the PCP can schedule a time for a call back.

Figure 54: VTCAPAP Hotline flow chart



We are in the preliminary phases of exploring how VT CPAP may be utilized for the purposes of FSD staff consultation guided by [Policy 137: Antipsychotic Medications for Children in the Care of DCF](#).

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 is 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. To evaluate the PMQIC common measures, Optum conducted this study. Through that program, data was collected consistently for federal fiscal years 2013 through the present. The workgroup developed a set of definitions and common measures related to psychotropic medication use among children in foster care.

Objective: The primary goal of this study was to estimate and analyze PMQIC common measures in Vermont Medicaid pharmacy program over time for the most recent 3 years: from the 2nd half of FFY 2021 through the 1st half of FFY 2023.

Method: Pharmacy claims for psychotropic medications paid by the Department of Vermont Health Access (DVHA), Vermont Medicaid pharmacy program, with dates of services from April 1, 2021, through March 31, 2024 were analyzed.

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

- 1) 2nd half of FFY 2021: 4/1/2021-09/30/2021
- 2) 1st half of FFY 2022: 10/1/2021-03/31/2022
- 3) 2nd half of FFY 2022: 4/1/2022-09/30/2022
- 4) 1st half of FFY 2023: 10/1/2022-03/31/2023
- 5) 2nd half of FFY 2023: 4/1/2023-09/30/2023
- 6) 1st half of FFY 2024: 10/1/2023-03/31/2024

The study estimated and evaluated the following nine PMQIC common measures:

1. Percentage of children in foster care on any psychotropic medication,
2. Percentage of children in foster care on a specific class of medication,
3. Percentage of children in foster care on more than one psychotropic medication from the same class simultaneously for 90 days or more (defined above as co-pharmacy),
4. Percentage of children in foster care on 2 psychotropic medications; 3 psychotropic medications and 4 plus psychotropic medications (regardless of their drug class) simultaneously for 90 days or more,
5. Percentage of children in foster care < 6 years old on any psychotropic medication,
6. Percentage of children in foster care < 6 years on 2; 3 and 4 plus psychotropic medications (regardless of their drug class) simultaneously for 90 days or more,
7. Percentage of children in foster care < 6 years old on any antipsychotic medication,
8. Percentage of children in foster care on more than one antipsychotic simultaneously for 45 days or more,
9. Percentage of children in foster care who are continuously on an antipsychotic for more than 1 year.

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

The study estimated and evaluated the following nine measures listed in the table below where numerators and denominators are presented for each measure.

Figure 55: Psychotropic Medications Quality Improvement Collaborative measures table

#	Measure	Denominator	Numerator
1	Percentage of children in foster care on any psychotropic medication	# of total children in foster care	# of children in foster care on any psychotropic medication
2	Percentage of children in foster care on a specific class of medication	# of total children in foster care	# of children in foster care on a specific class of medication
3	Percentage of children in foster care on more than one psychotropic medication from the same class (defined above as co-pharmacy) simultaneously for 90 days or more	# of total children in foster care	# of children in foster care on more than one medication from the same class simultaneously for 90 days or more
4	Percentage of children in foster care on 2 psychotropic medications; 3 psychotropic medications and 4+ psychotropic medications simultaneously for 90 days or more	# of total children in foster care	# of children in foster care on 2 psychotropic medications simultaneously for 90 days or more OR # of children in foster care on 3 psychotropic medications simultaneously for 90 days or more OR # of children in foster care on 4 or more psychotropic medications simultaneously for 90 days or more
5	Percentage of children in foster care < 6 years old on any psychotropic medication	# of children < 6 years old in foster care	# of children < 6 years old on any psychotropic medication
6	Percentage of children in foster care < 6 years on 2; 3 and 4+ psychotropic medications simultaneously for 90 days or more	# of children < 6 years old in foster care	# of children in foster care < 6 years on 2 psychotropic medications simultaneously for 90 days or more OR # of children in foster care < 6 years on 3 psychotropic medications simultaneously for 90 days or more OR # of children in foster care < 6 years on 4 or more psychotropic medications simultaneously for 90 days or more
7	Percentage of children in foster care < 6 years old on any antipsychotic medication	# of children < 6 years old in foster care	# of children in foster care < 6 years old on any antipsychotic medication
8	Percentage of children in foster care on more than one antipsychotic simultaneously for 45 days or more	# of total children in foster care	# of children in foster care on more than one antipsychotic simultaneously for 45 days or more

#	Measure	Denominator	Numerator
9	Percentage of children in foster care who are continuously on an antipsychotic for more than 1 year	# of total children in foster care	# of children in foster care who are continuously on an antipsychotic for more than 1 year

The study also estimated the above-mentioned measures for non-foster case children as a comparison group. The study reviewed trends for both the foster care and non-foster care groups of children over the mentioned time frames. In addition to the total population, the study estimated the common measures for different gender groups (males versus females) and for the following age groups: 0-2, 3-5, 6-12, 13-17, and 18-20 years old.

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

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

For clonidine and guanfacine, because the use of these medications for hypertension in children is rare but possible, in addition to the pharmacy claims data the study also took their medical and institutional claims data with diagnosis of hypertensive disease and excluded the pharmacy claims for clonidine and guanfacine dispensed to such members.

For anticonvulsants, because the use of these medications for seizures and convulsions in children is rare but possible, in addition to the pharmacy claims data the study also took their medical and institutional claims data with diagnosis of seizures or convulsions and excluded the pharmacy claims for anticonvulsants dispensed to such members. In other words, if there was the absence of a seizure disorder diagnosis then it was assumed anticonvulsants were being used for mood stabilization.

The complete list of the psychotropic medications used in the study is as follows.

Figure 56: Psychotropic medications table

Drug Class	Generic Name	Drug Class	Generic Name	
Antidepressants	Amitriptyline HCl	Anxiolytics	Alprazolam	
	Amoxapine		Amobarbital Sodium	
	Bupropion HCl		Buspirone HCl	
	Bupropion Hydrobromide		Chloral Hydrate	
	Citalopram Hydrobromide		Chlordiazepoxide HCl	
	Clomipramine HCl		Clobazam	
	Desipramine HCl		Clonazepam	
	Desvenlafaxine		Clorazepate Dipotassium	
	Desvenlafaxine Succinate		Daridorexant HCl	
	Doxepin HCl		Diazepam	
	Duloxetine HCl		Diazepam (Anticonvulsant)	
	Escitalopram Oxalate		Estazolam	
	Fluoxetine HCl		Eszopiclone	
	Fluvoxamine Maleate		Flurazepam HCl	
	Imipramine HCl		Hydroxyzine HCl	
	Imipramine Pamoate		Hydroxyzine Pamoate	
	Isocarboxazid		Lorazepam	
	Levomilnacipran HCl		Meprobamate	
	Maprotiline HCl		Oxazepam	
	Mirtazapine		Pentobarbital Sodium	
	Nefazodone HCl		Phenobarbital	
	Nortriptyline HCl		Phenobarbital Sodium	
	Paroxetine HCl		Quazepam	
	Paroxetine Mesylate		Ramelteon	
	Phenelzine Sulfate		Remimazolam Besylate	
	Protriptyline HCl		Suvorexant	
	Selegiline		Temazepam	
	Selegiline HCl		Triazolam	
	Sertraline HCl		Zaleplon	
	Tranylcypromine Sulfate		Zolpidem Tartrate	
Trazodone HCl	Mood stabilizers		Brivaracetam	
Trimipramine Maleate			Carbamazepine	
Venlafaxine Besylate			Divalproex Sodium	
Venlafaxine HCl			Eslicarbazepine Acetate	
Vilazodone HCl			Gabapentin	
Vortioxetine HBr			Ganaxolone	
Antipsychotics			Aripiprazole	Lacosamide
			Aripiprazole Lauroxil	Lamotrigine
			Aripiprazole with sensor, strips, & pod	Levetiracetam
		Asenapine	Lithium Carbonate	
		Asenapine Maleate	Oxcarbazepine	
		Brexipiprazole	Pregabalin	
		Cariprazine HCl	Topiramate	
		Chlorpromazine HCl	Valproate Sodium	
		Clozapine	Valproic Acid	
	Fluphenazine Decanoate	Stimulants/ ADHD	Amphetamine	
	Fluphenazine HCl		Amphetamine Sulfate	
	Haloperidol		Amphetamine-Dextroamphetamine	
	Haloperidol Decanoate		Armodafinil	
	Haloperidol Lactate		Atomoxetine HCl	
	Iloperidone		Clonidine	
	Loxapine		Clonidine HCl	
	Loxapine Succinate		Clonidine HCl (ADHD)	
	Lumateperone Tosylate		Dexmethylphenidate HCl	
	Lurasidone HCl		Dextroamphetamine	
	Molindone HCl		Dextroamphetamine Sulfate	
	Olanzapine		Guanfacine HCl	
	Olanzapine Pamoate		Guanfacine HCl (ADHD)	
	Paliperidone		Lisdexamfetamine Dimesylate	
	Paliperidone Palmitate		Methamphetamine HCl	
	Perphenazine		Methylphenidate	
	Pimozide		Methylphenidate HCl	
	Prochlorperazine		Modafinil	
	Prochlorperazine Edisylate		Phentermine HCl	
	Prochlorperazine Maleate		Phentermine HCl-Topiramate	
	Quetiapine Fumarate		Serdexmethylphenidate Chloride-Dexmethylphenidate HCl	
	Risperidone	Viloxazine HCl (ADHD)		
	Risperidone Microspheres			
	Thioridazine HCl			
Thiothixene				
Trifluoperazine HCl				
Ziprasidone HCl				
Ziprasidone Mesylate				

Results Summary:

- Compared to non-foster care children, significantly more foster care children are on psychotropic medications. Overall, psychotropic use in foster care children has been staying on the same level over

time. However, there are recent increases in ADHD medication utilization among foster care children age of 3-5.

- Co-pharmacy is higher in foster care children than in non-foster care children. However, this measure has been slightly reduced in the last years.
- The percentage of children on 2 psychotropic medications, 3 psychotropic medications and 4 plus psychotropic medications (regardless of their drug class) is much higher in foster care children, but it has been slightly reduced and staying almost on the same low level for the last years.
- Among children < 6 years old, the percentage on any psychotropic medication is slightly higher in foster care children with some increases in the following reporting periods suggesting some seasonality: in 1st half of FFY 2022, in 1st half of FFY 2023, and in 1st half of FFY 2024.
- The percentage of children < 6 years on 2 psychotropic medications (regardless of their drug class) was initially higher in foster care children, but in some reporting periods there were no such foster care children at all. Moreover, there were not any foster care children < 6 years on 3 psychotropic medications and on 4 plus psychotropic medications.
- Regarding antipsychotic utilization, only in FFY 2022 there were some very small numbers of foster care children < 6 years old on any antipsychotic medication.
- The percentage of children on more than one antipsychotic simultaneously for 45 days or more has been slightly higher for the foster care versus the non-foster care children, but for the foster care kids this measure has been staying on the same low level for the last reporting periods.
- The percentage of children who are continuously on an antipsychotic for more than 1 year has been slightly higher for the foster care versus the non-foster care children, but for the foster care kids this measure has been dropping for the last reporting periods.

Full Results:

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

The below-presented Figures 57, 58 and 59 show the utilization of psychotropic medications by the foster care versus non-foster care children over time. In addition to showing the overall percentage of children on any psychotropic medication labeled as “at least one of these drugs”, the figures also demonstrate trends for each of the above-mentioned classes of psychotropic medications. It is important to mention that while for the age groups of 6-12 and 13-17 the overall percentage of children on any psychotropic medication has been staying on the same level, but for the age group of 3-5 there are some significant increases in the 1st half of FFY 2022, the 1st half of FFY 2023, and the 1st half of FFY 2024 associated primarily with an increase in ADHD medication utilization. Compared to the non-foster care children, significantly more foster care children are on psychotropic medications.

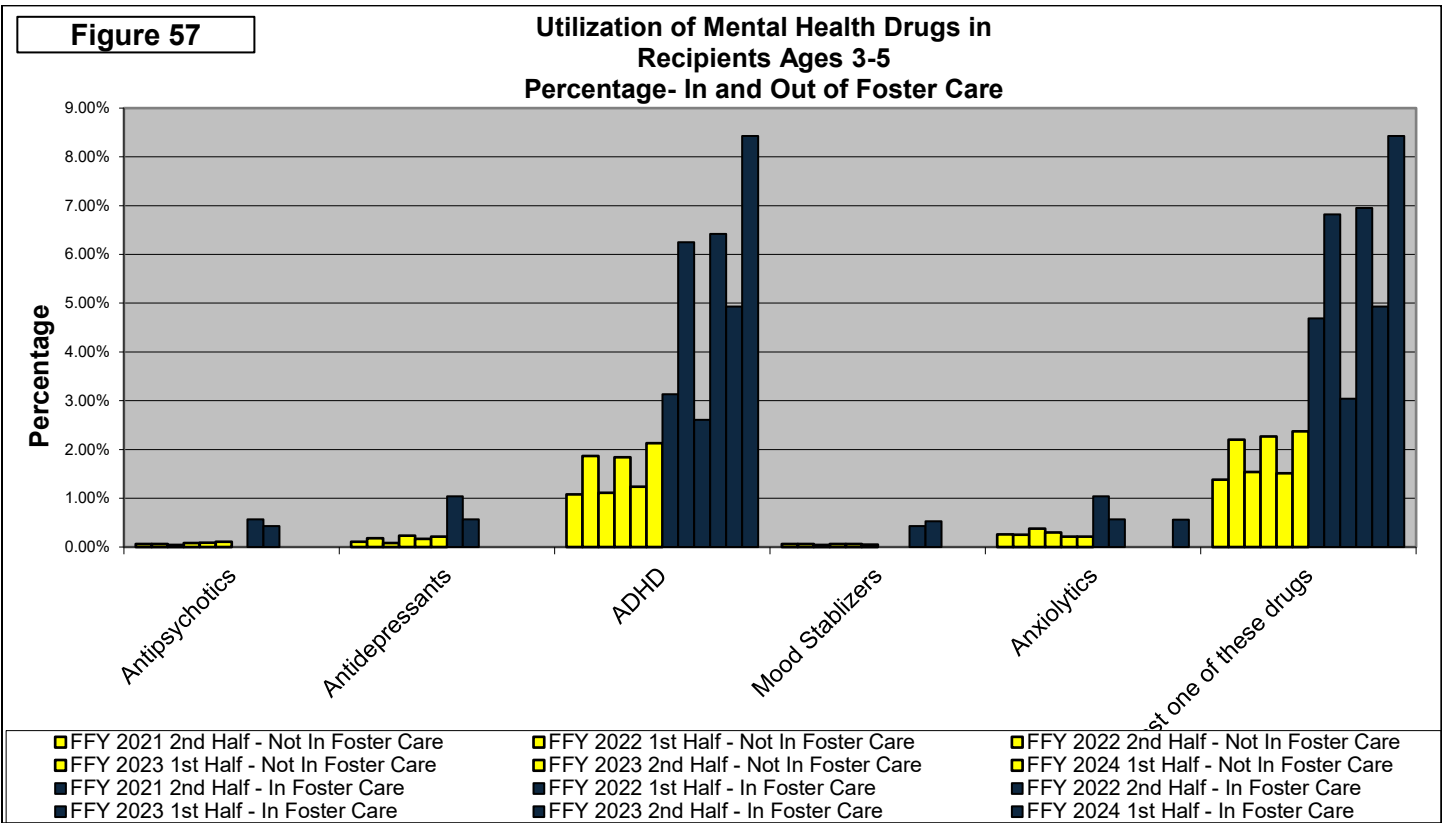


Figure 57: Measures 1 and 2 in Age 3-5: Foster Care vs Non-Foster Care

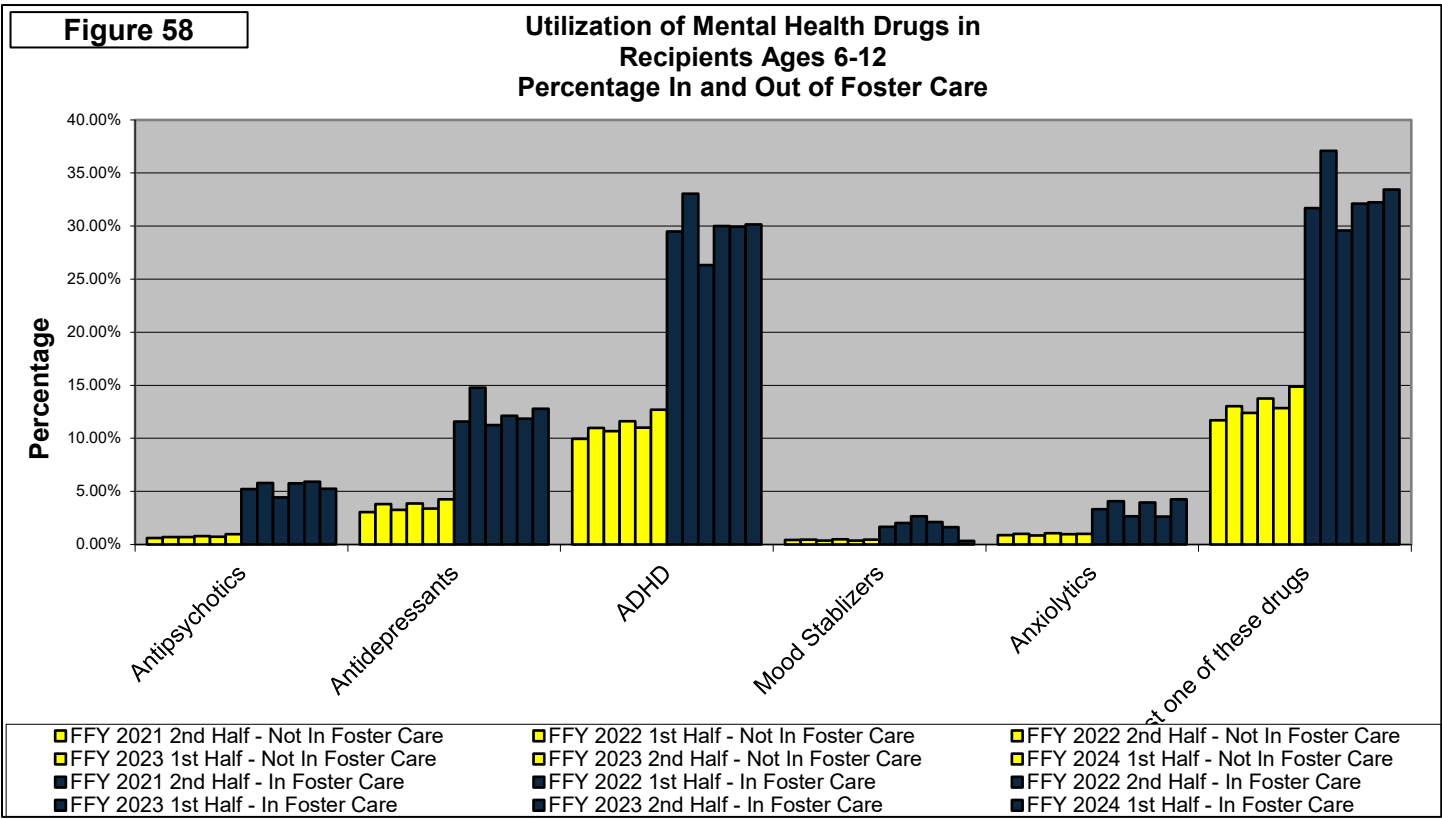


Figure 58: Measures 1 and 2 in Age 6-12: Foster Care vs Non-Foster Care

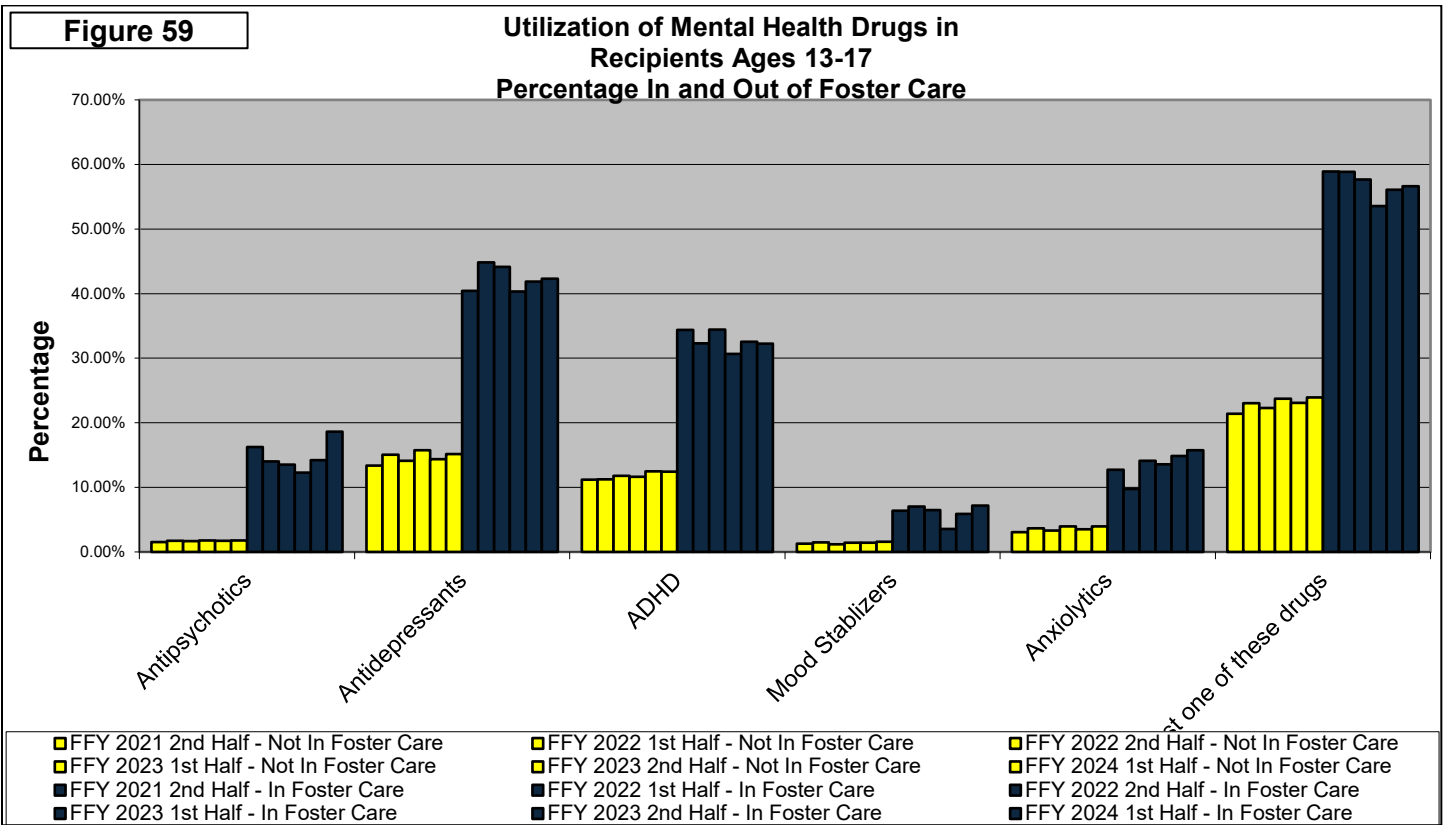


Figure 59: Measures 1 and 2 in Age 13-17: Foster Care vs Non-Foster Care

The below-presented Figures 60 – 65 show the utilization of psychotropic medications by the male versus the female children in the foster care versus non-foster care children in different age groups over time. As it is shown, there are more males than females in all age groups in all drug classes, except for Antidepressants and Anxiolytics in the age group of 13-17 where the prevalence of the females is noted.

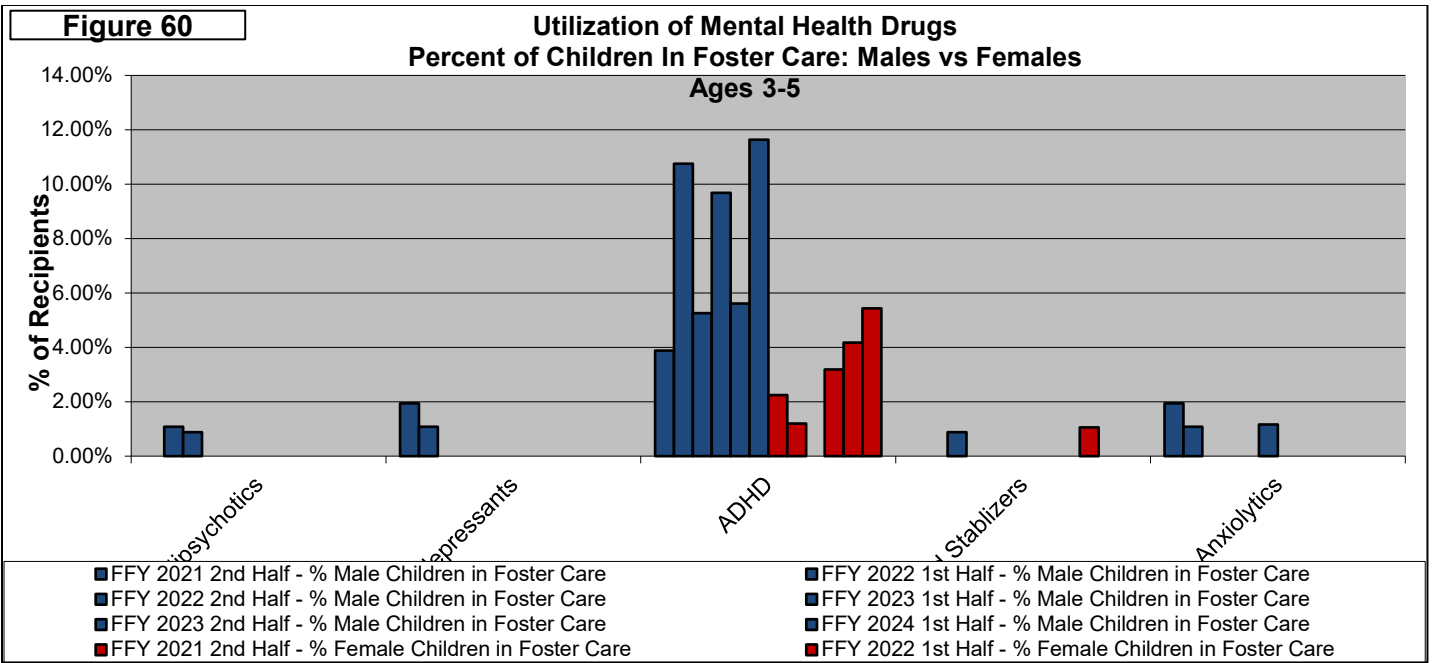


Figure 60: Measures 1 and 2 in Age 3-5: Males vs Females in Foster Care

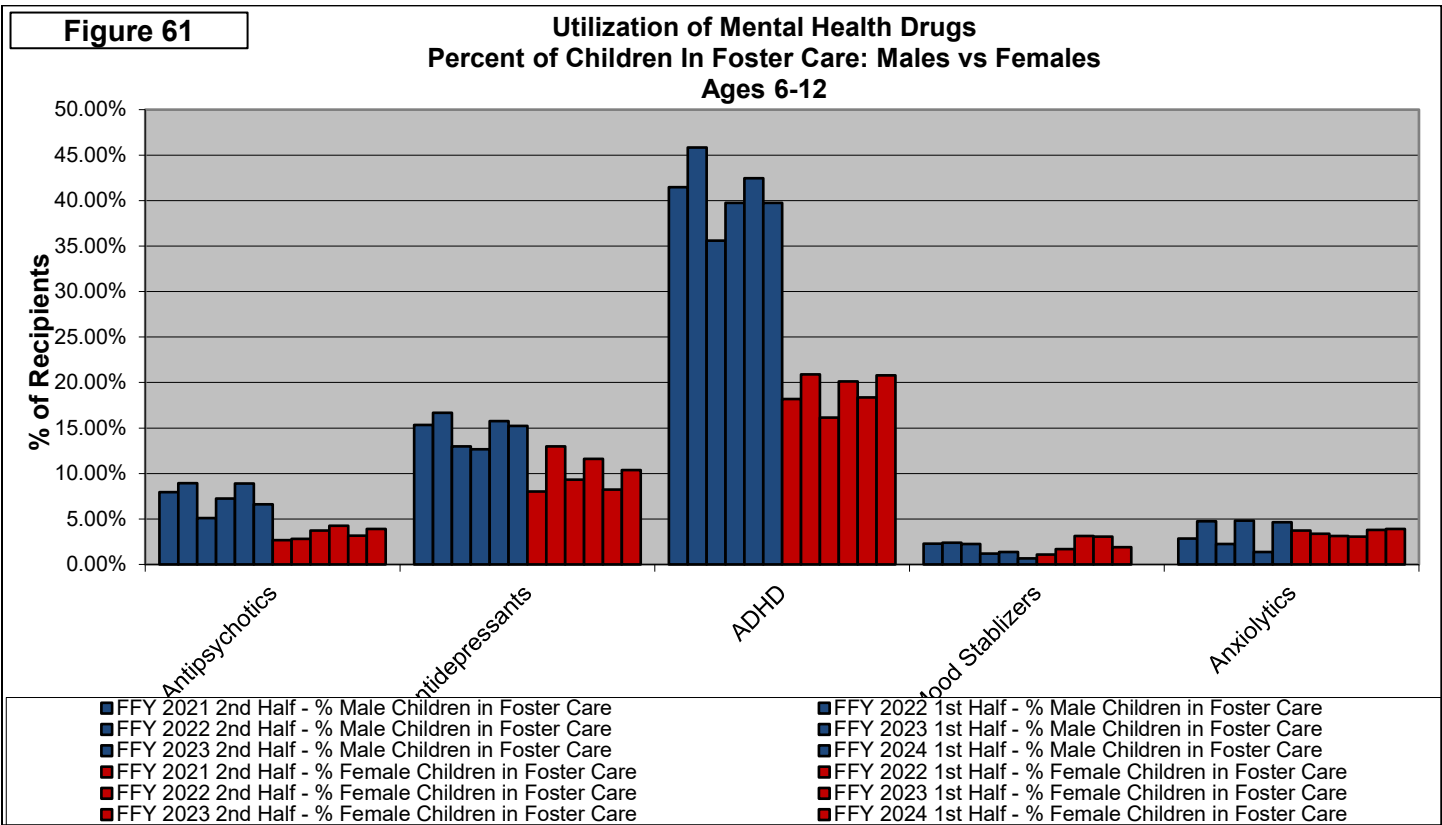


Figure 61: Measures 1 and 2 in Age 6-12: Males vs Females in Foster Care

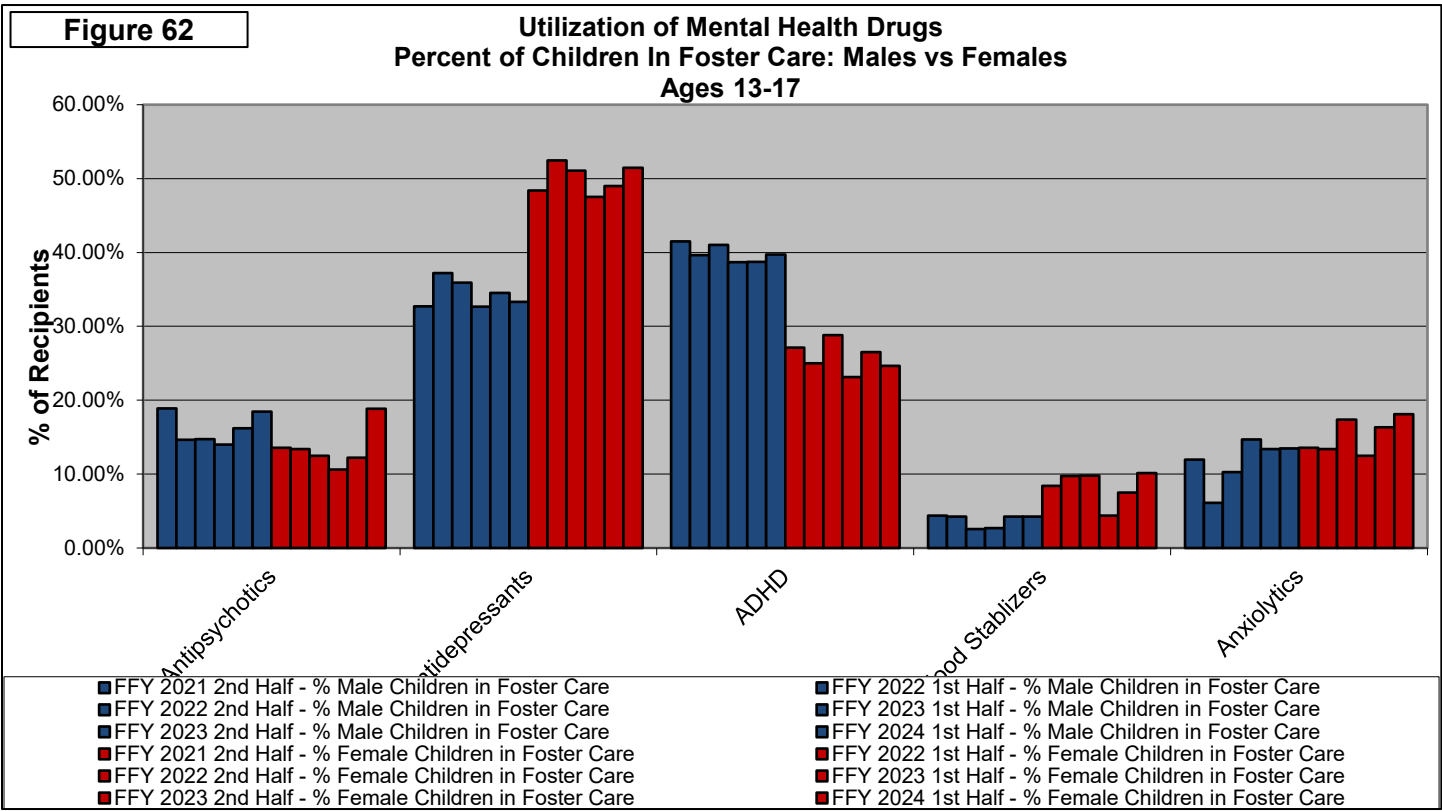


Figure 62: Measures 1 and 2 in Age 13-17: Males vs Females in Foster Care

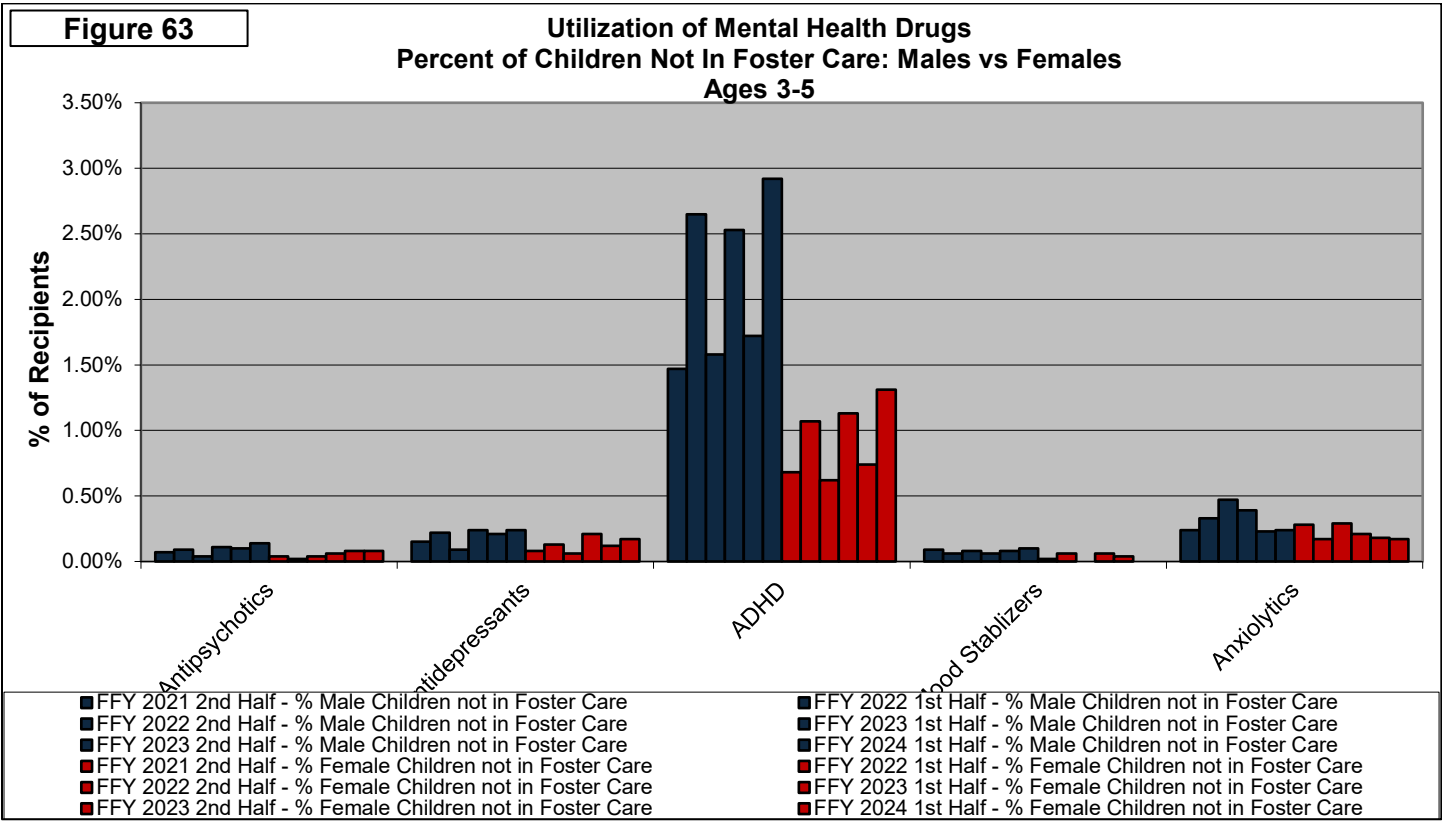


Figure 63: Measures 1 and 2 in Age 3-5: Males vs Females in Non-Foster Care

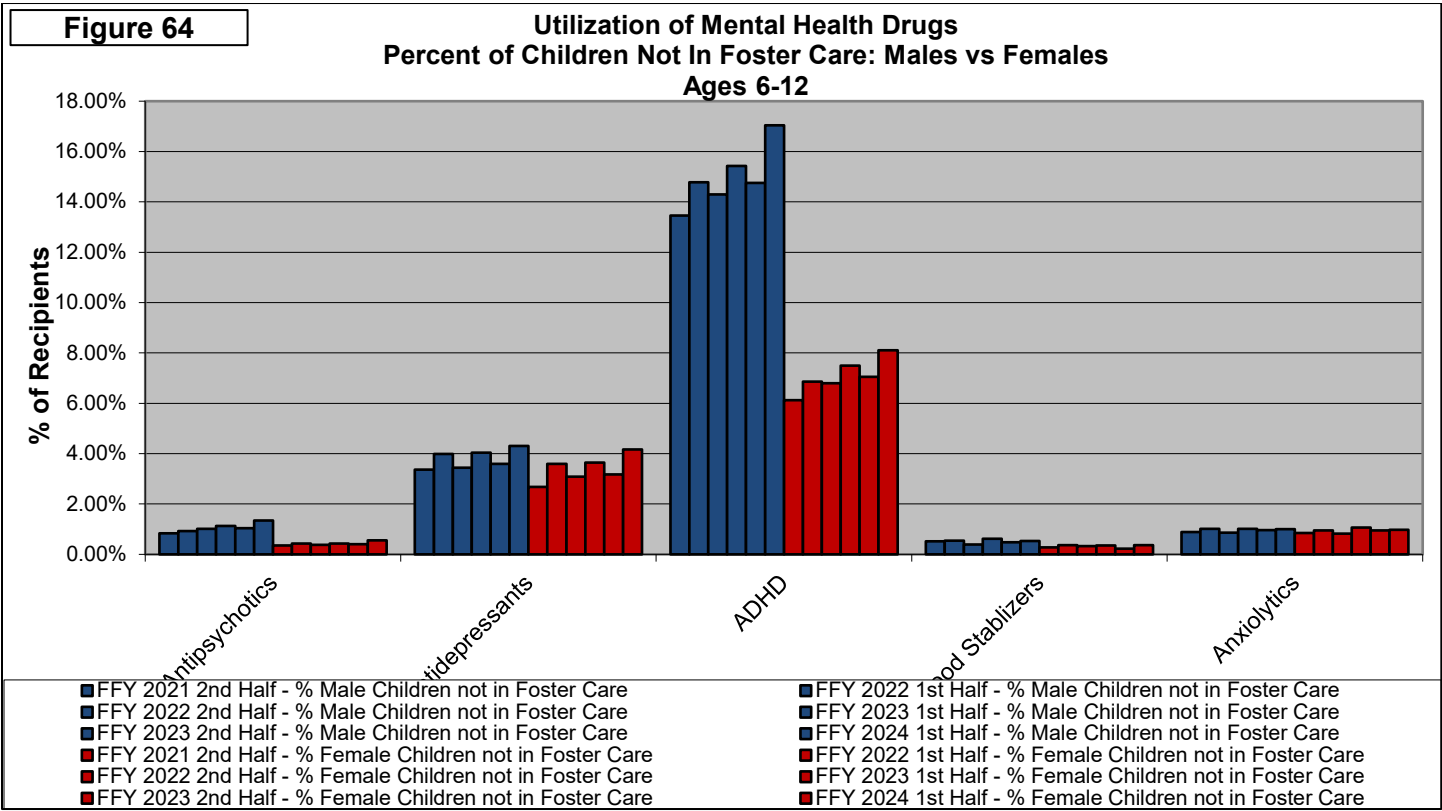


Figure 64: Measures 1 and 2 in Age 6-12: Males vs Females in Non-Foster Care

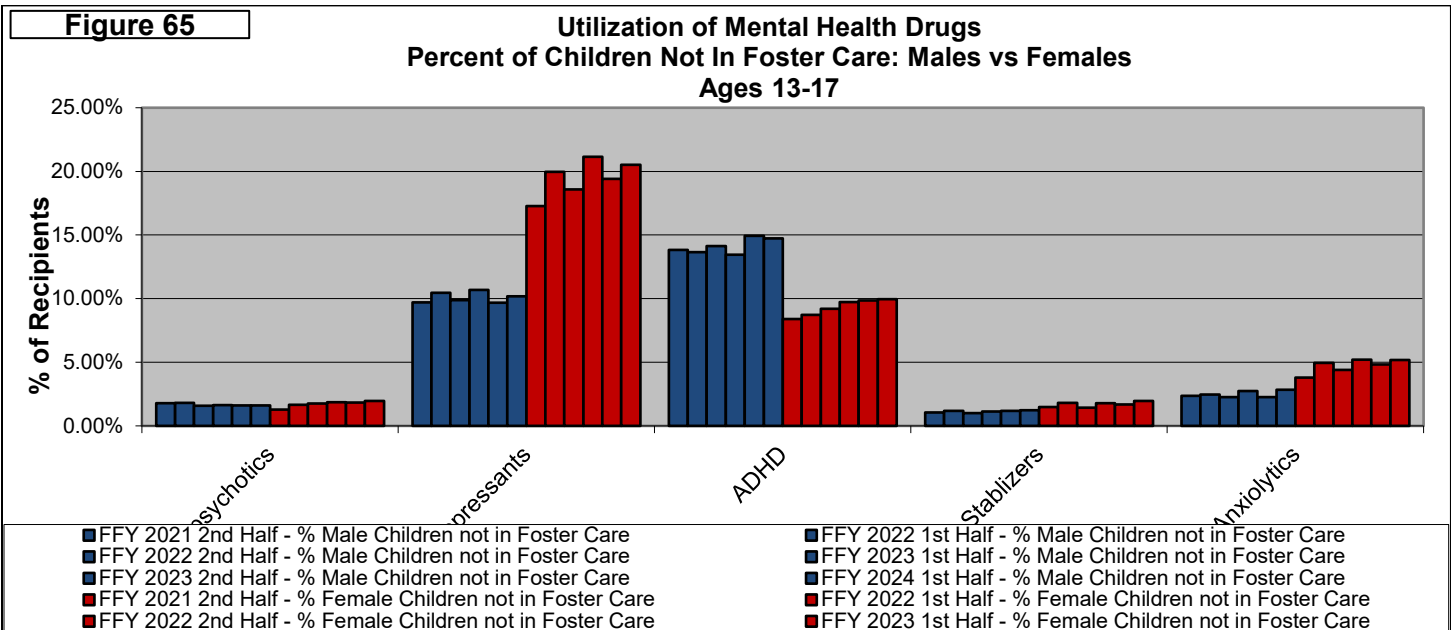


Figure 65: Measures 1 and 2 in Age 13-17: Males vs Females in Non-Foster Care

Measure 3: Percentage of children on more than one psychotropic medication from the same class simultaneously for 90 days or more (defined above as co-pharmacy)

As depicted in Figure 66, the percentage of children on more than one psychotropic medication from the same class simultaneously for 90 days or more (defined above as co-pharmacy) is higher among the foster care versus the non-foster care children. Since the 2nd half of FFY 2021, this measure has been reduced over time.

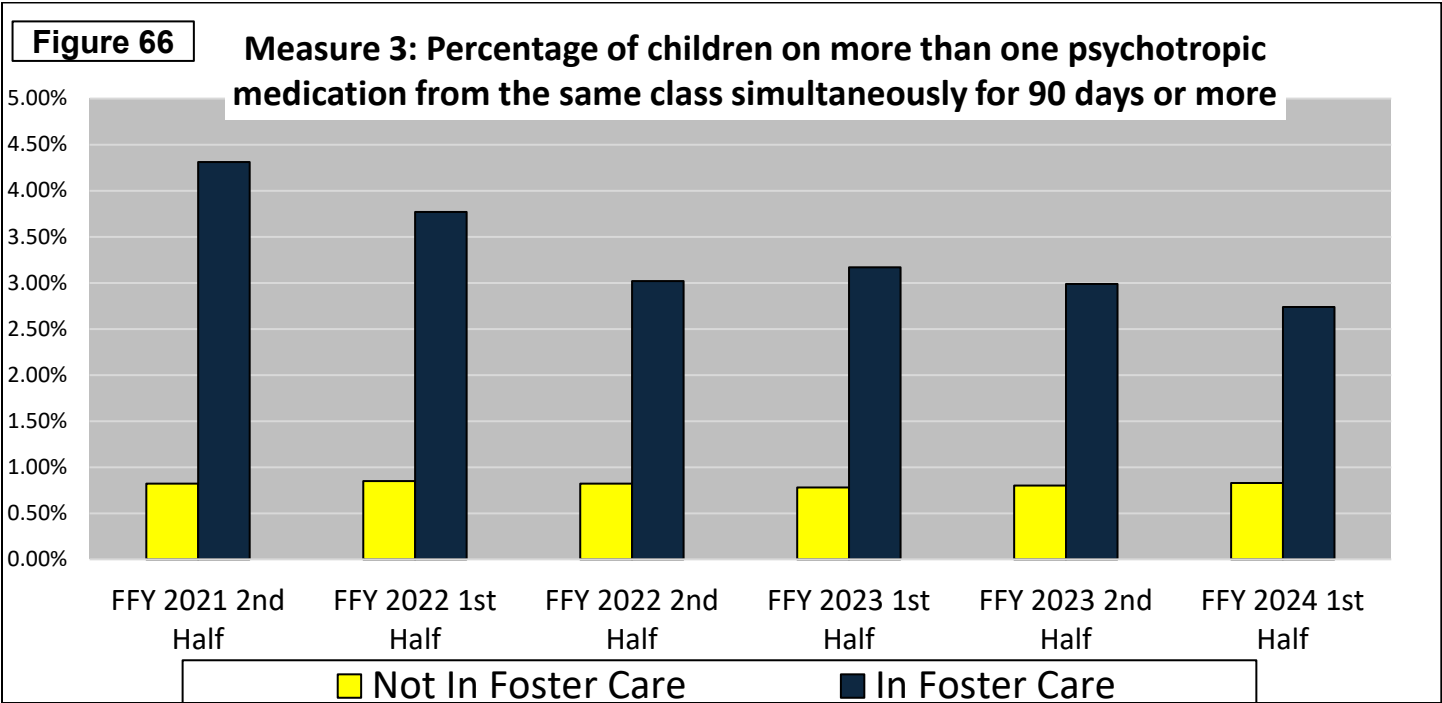


Figure 66: Measure 3 - Percentage of children on more than one psychotropic medication from same class

Measure 4: Percentage of children on 2 psychotropic medications, 3 psychotropic medications and 4 plus psychotropic medications (regardless of their drug class) simultaneously for 90 days or more

As shown in Figure 67 the percentage of children on 2 psychotropic medications (regardless of their drug class) simultaneously for 90 days or more is higher for foster care versus non-foster care children. However, this measure has stayed almost on the same level.

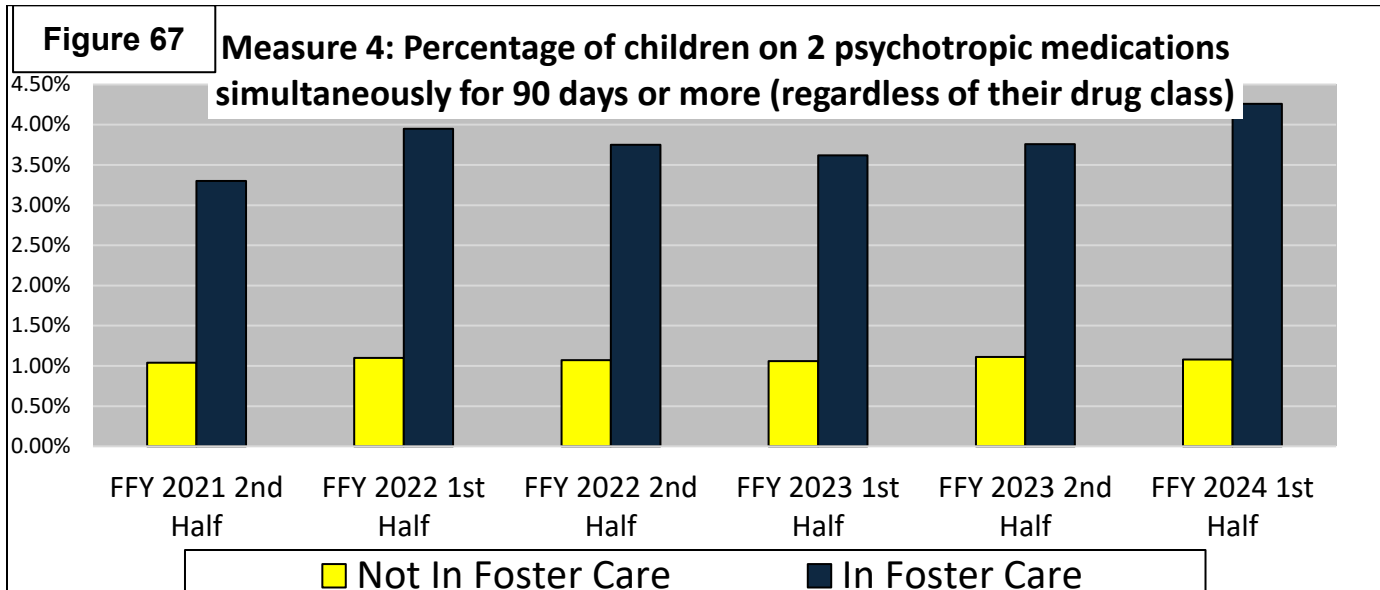


Figure 67: Measure 4 – Percentage of children on 2 psychotropic medications

As Figure 68 shows below, the percentage of children on 3 psychotropic medications (regardless of their drug class) simultaneously for 90 days or more is also higher among the foster care versus the non-foster care children. Since the 2nd half of FFY 2021, this measure has slightly reduced.

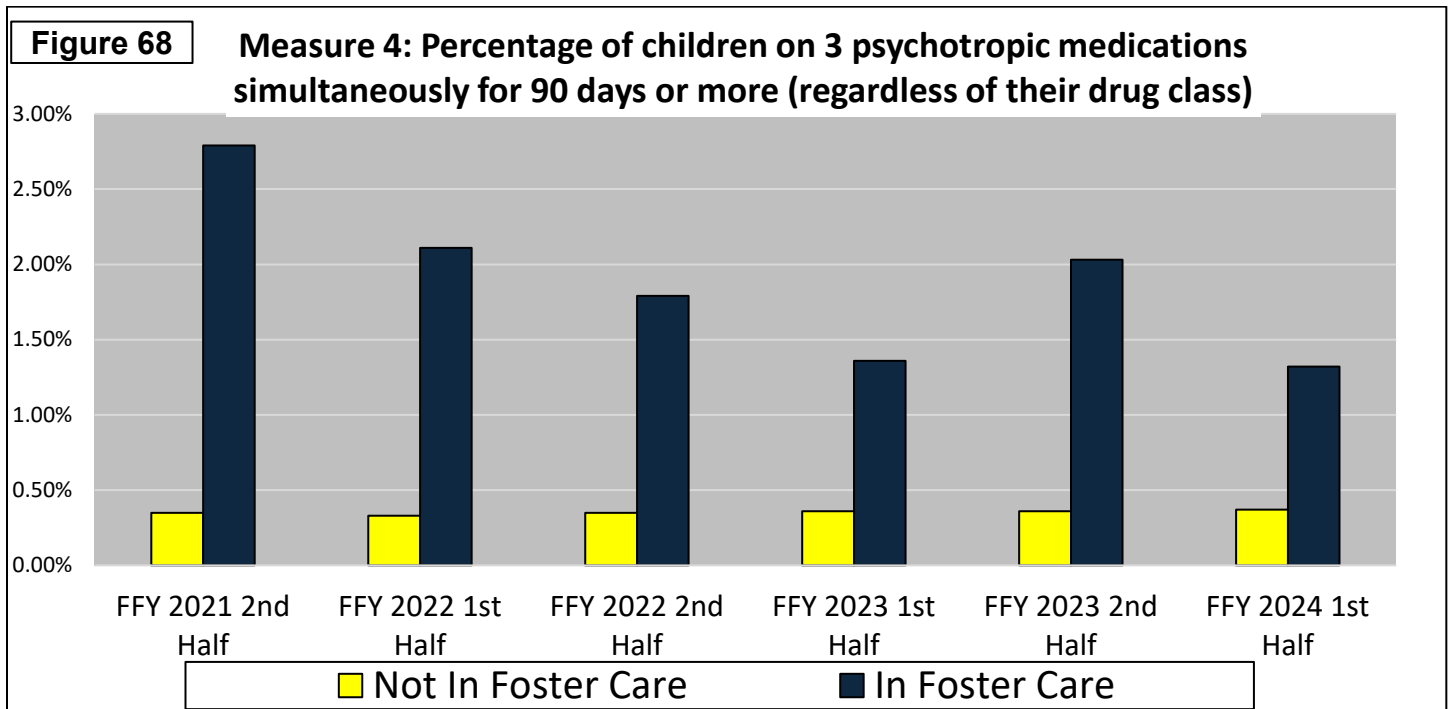


Figure 68: Measure 4 – Percentage of children on 3 psychotropic medications

As Figure 69 shows below, the percentage of children on 4 plus psychotropic medications (regardless of their drug class) simultaneously for 90 days or more is also higher for foster care versus non-foster care children.

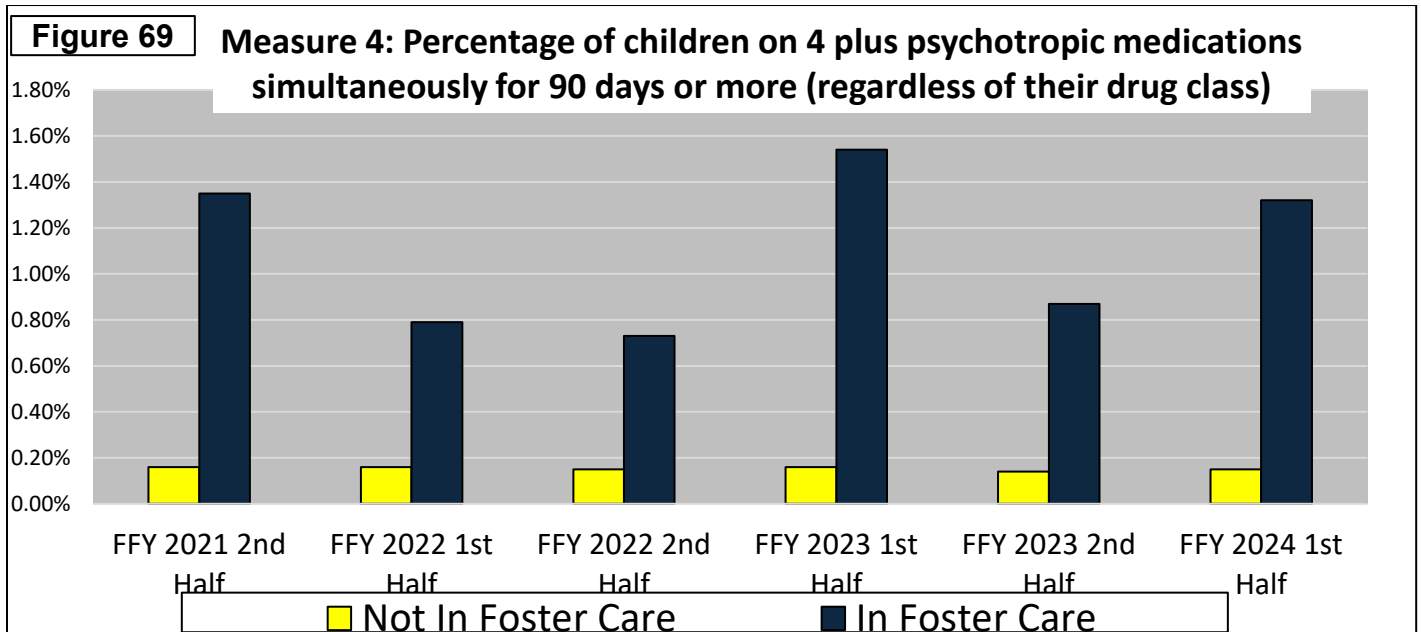


Figure 69: Measure 4 – Percentage of children on 4 plus psychotropic medications

Narrowing to only the age group of 6-17, as Figure 70 shows below, this measure is also higher for foster care versus non-foster care children.

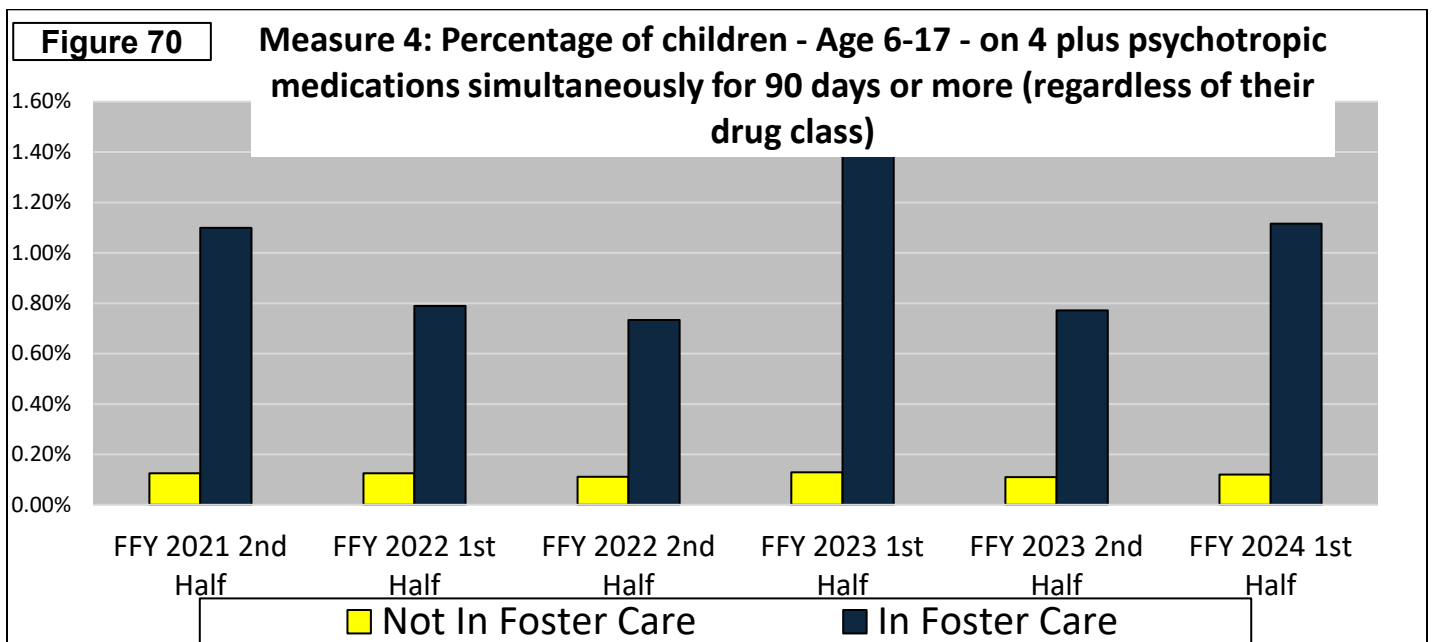


Figure 70: Measure 4 – Percentage of children on 4 plus psychotropic medications in Age 6-17

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

As shown in Figure 71 below, the percentage of children < 6 years old on any psychotropic medication is higher for the foster care versus the non-foster care children. Moreover, there are some increases in the following reporting periods suggesting some seasonality: in 1st half of FFY 2022, in 1st half of FFY 2023, and in 1st half of FFY 2024.

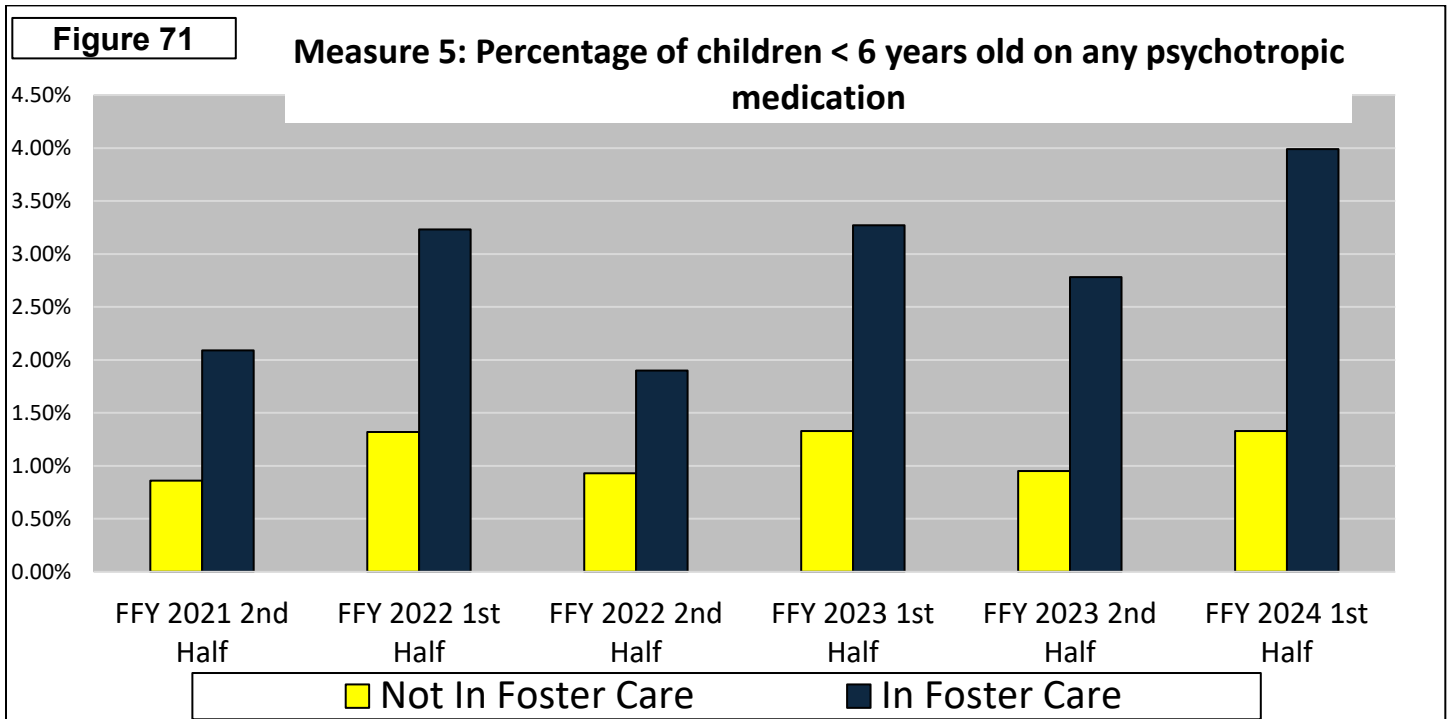


Figure 71: Measure 5 - Percentage of children < 6 years old on any psychotropic medication

Measure 6: Percentage of children < 6 years on 2 psychotropic medications, 3 psychotropic medications and 4 plus psychotropic medications (regardless of their drug class)

As demonstrated in Figure 72, the percentage of children < 6 years old on 2 psychotropic medications was higher for foster care versus non-foster care children. However, in most reporting periods, there were no foster care children < 6 years old on 2 psychotropic medications.

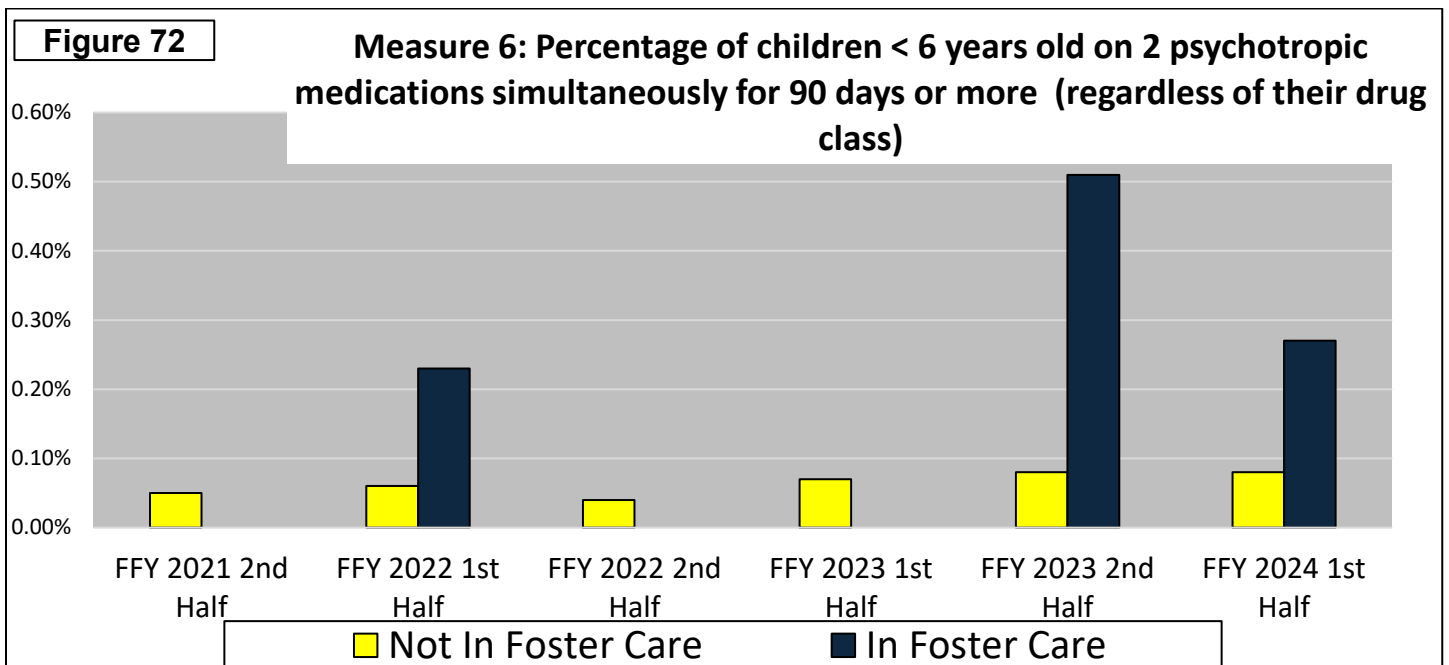


Figure 72: Measure 6 – Percentage of children < 6 years on 2 psychotropic medications

As Figure 73 shows below, in all reporting periods there was no any foster care child < 6 years old on 3 psychotropic medications.

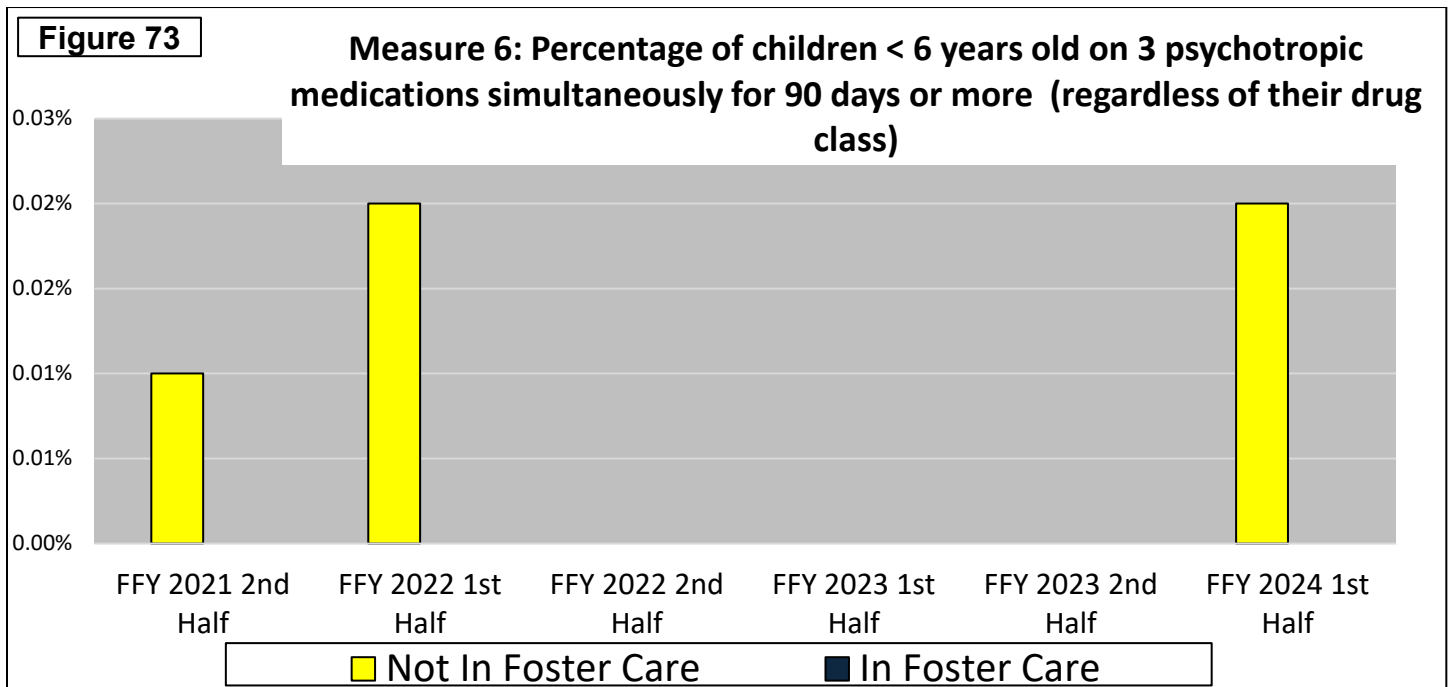


Figure 73: Measure 6 – Percentage of children < 6 years on 3 psychotropic medications

As Figure 74 depicts below, there were not any foster care children < 6 years old on 4 plus psychotropic medications.

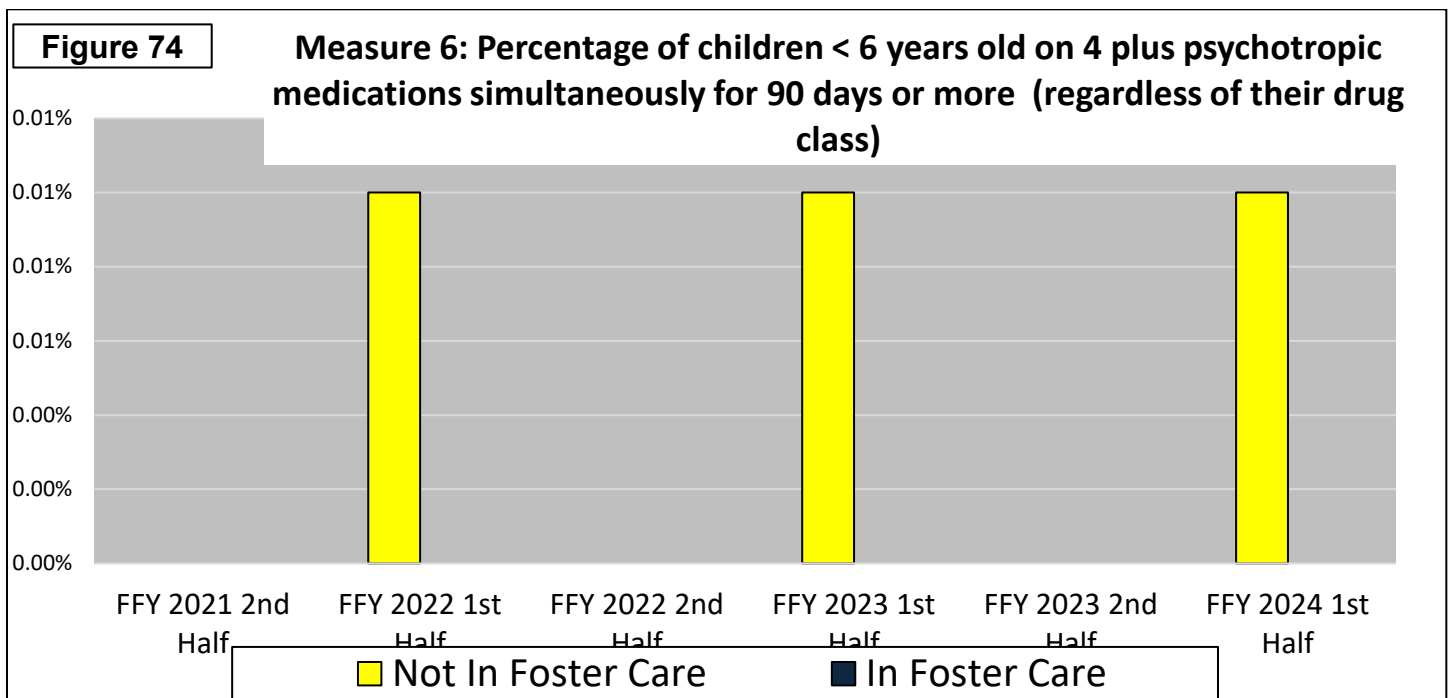


Figure 74: Measure 6 – Percentage of children < 6 years on 4 plus psychotropic medications

Measure 7: Percentage of children < 6 years old on any antipsychotic medication

As Figure 75 shows, only in FFY 2022 there were foster children < 6 years old on any antipsychotic.

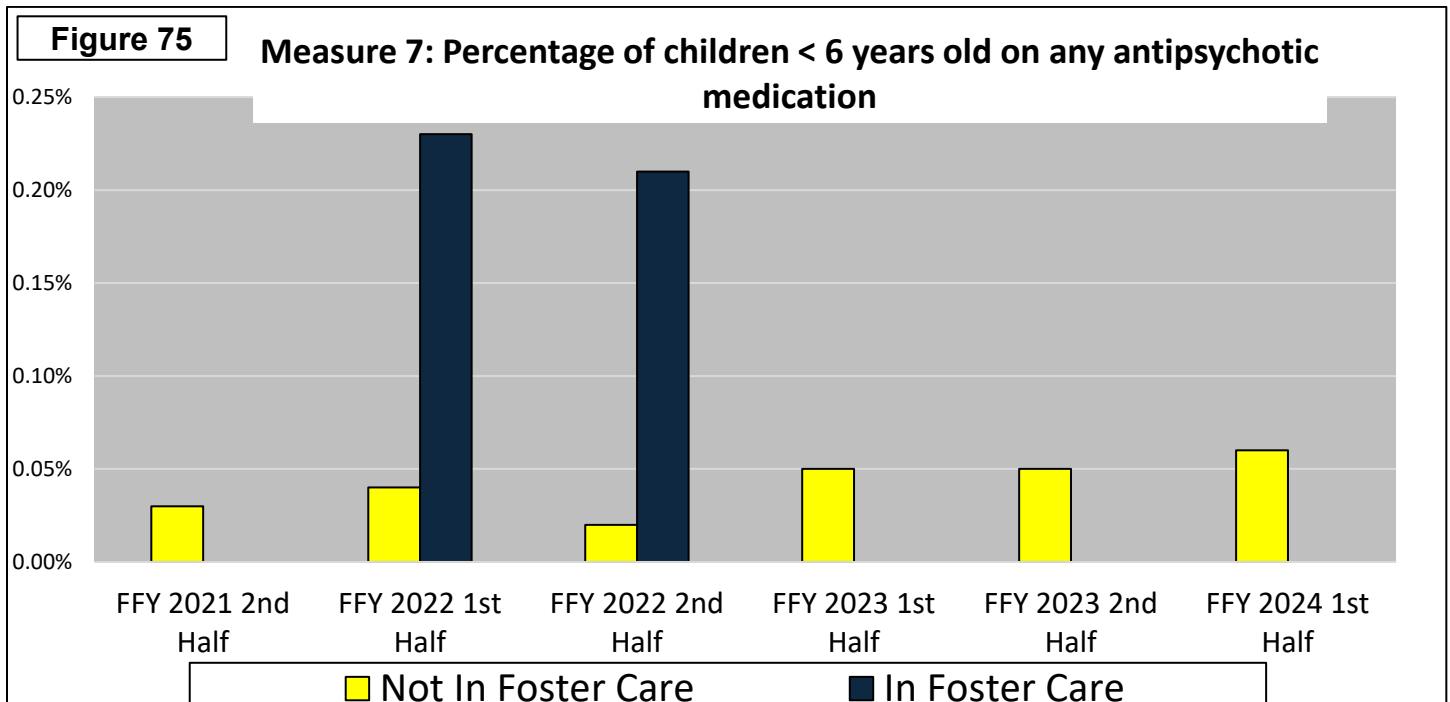


Figure 75: Measure 7 – Percentage of children < 6 years on any antipsychotic medication

Measure 8: Percentage of children on more than one antipsychotic simultaneously for 45 days or more

As shown in Figures 76 and 77 below, the percentage of children on more than one antipsychotic simultaneously for 45 days or more has been slightly higher among foster care versus non-foster care children. This measure has stayed almost on the same level.

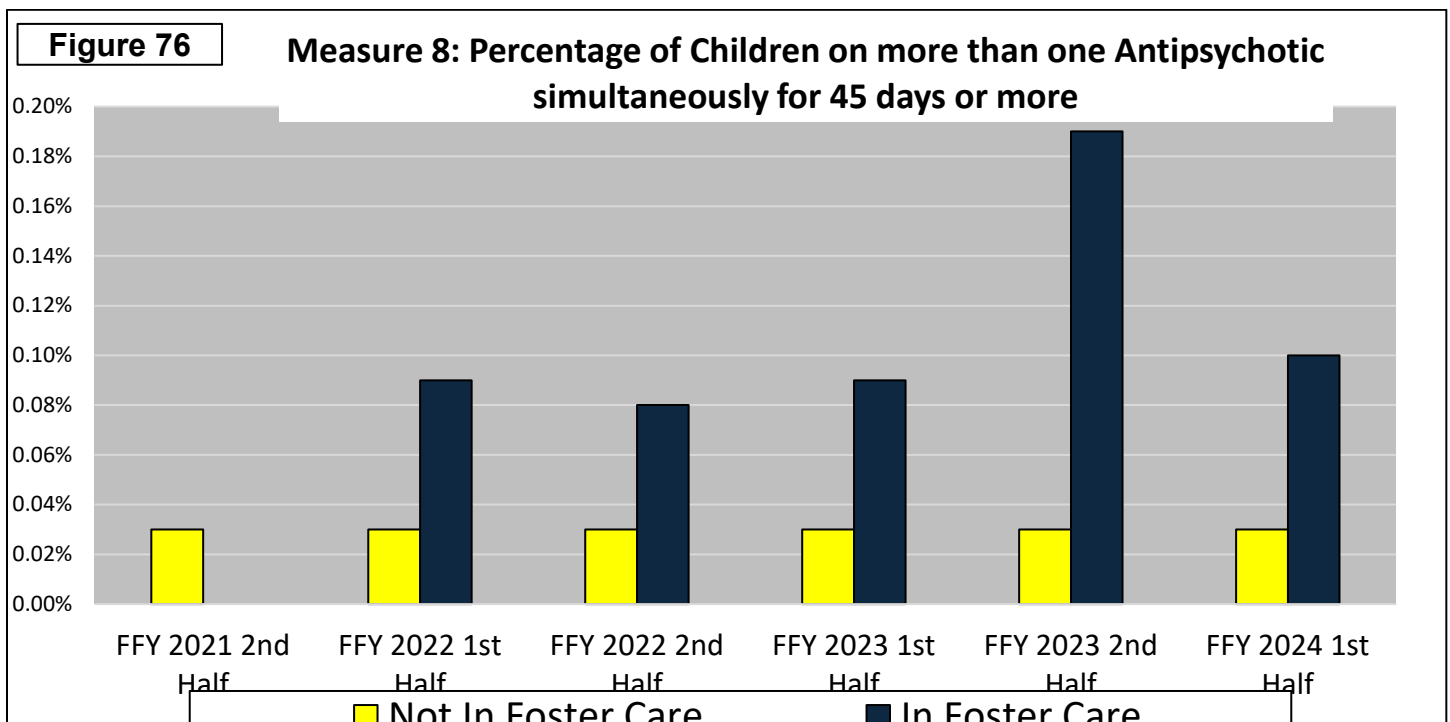


Figure 76: Measure 8 – Percentage of children in foster care on more than one antipsychotic

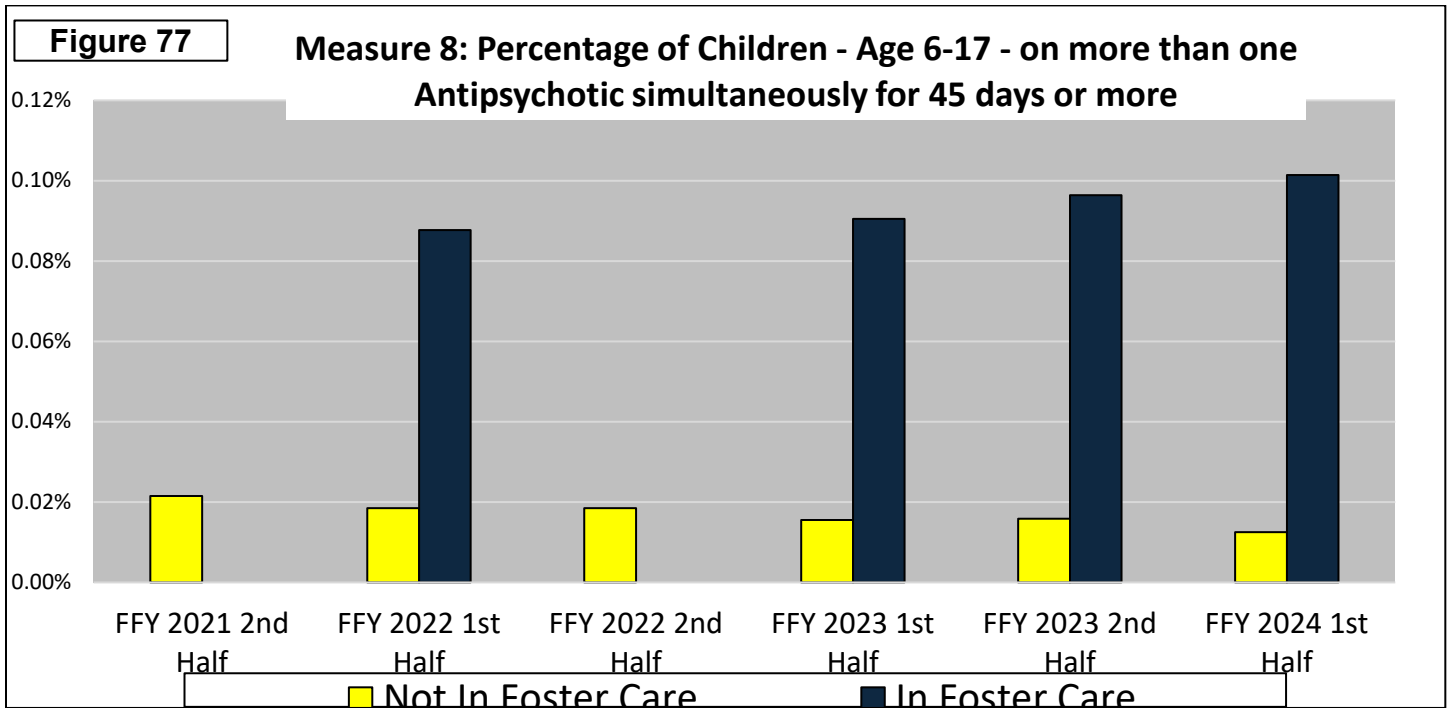


Figure 77: Measure 8 – Percentage of children in foster care on more than one antipsychotic in Age 6-17

Measure 9: Percentage of children in foster care who are continuously on an antipsychotic for more than 1 year

The below-presented Figure 78 demonstrates that the percentage of children in foster care who are continuously on an antipsychotic for more than 1 year has been slightly higher among foster care versus non-foster care children. However, after the mentioned slight increase in the 2nd half of FFY 2021, for foster care kids this measure has stayed under 1% for the last reporting periods.

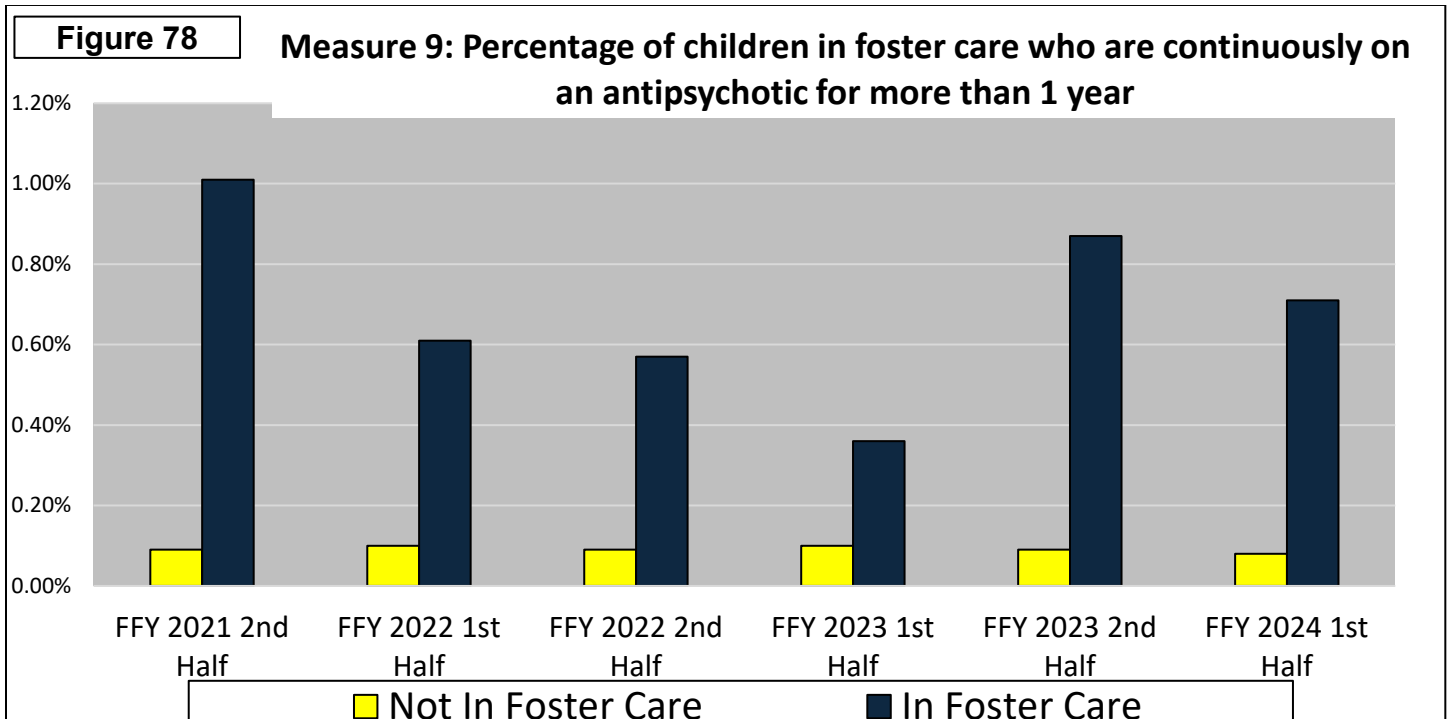


Figure 78: Measure 9 – Percentage of children in foster care who are continuously on an antipsychotic for more than 1 year

Disaster Plan

The State of Vermont has a statewide comprehensive project for the purpose of developing Continuity of Operations Plans (COOP) for each of its state government agencies to ensure Continuity of Government (COG). The State of Vermont selected BOLDplanning.com, a web-based continuity of operations planning system designed to assist government organizations in the COOP development process. The BOLDplanning.com system guides users through each step of the COOP planning process and helps develop a plan that outlines the role and responsibilities required to ensure an organizations ability to transition and continue its operations during times of disruption. The Family Services Division (FSD), along with every other agency, department , division , or office within the state government utilizes this platform for continuity of operations and disaster planning. In the event of a natural disaster or other declared state of emergency, coordination occurs at every level of state government. Within FSD, coordination occurs with eh Agency of Human Services (AHS) and Department for children and Families (DCF).

FSD's disaster plan was updated significantly with the onset of the COVID-19 pandemic; however, this was previously submitted. There have not been updates to the plan during this past year. The state never enacted the COOP so this plan was not specifically used; however, our plan was utilized in determining our essential services during the pandemic as well as significant planning for each district office should the COOP be enacted.

During the pandemic, there was heavy reliance on the use of virtual contact for both child safety interventions and ongoing case work including face-to-face contacts as permitted under the federal disaster declaration. Virtual work was also relied upon for the business aspects (foster care payments, contracts etc.) and worked well without a significant gap in any essential services. 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.

At the time of the APSR was submitted for review and feedback, Vermont had not been affected by a natural disaster during this past year. On July 13,2023, Governor Phil Scott made a formal request to President Joseph R. Biden for federal disaster fund to assist individuals and communities recover from the catastrophic and historic flood from July 7-12, 2023, which President Joseph R. Biden has approved. Vermont flood resources have been housed on a -new website here: <https://www.vermont.gov/flood>.

Seven of FSD's contracted residential treatment programs located in Washington, Windsor, and Lamoille Counties needed to close due to flooding. A total of 26 youth in DCF custody were displaced. Programs are assessing flood damage and whether they will be able to re-open. One will remain closed for several months; that program contained a quarter of FSD's crisis stabilization beds. Spanning several district offices, some foster families with children in DCF custody placed in their homes experienced flood damage and needed to evacuate. Other foster families without placements at the same time experienced damage from the flood. The weekend of July 15-16 set a new peak in describing FSD's reduced capacity to manage the needs of the youth in our case. The increasing trend of relying on the FSD staff to supervise youth in alternative settings resulted in five youth being staffed over the weekend following the flood.

FSD's current disaster plan does not specifically address disparities for marginalized groups, including people of diverse racial and ethnic backgrounds. In the CFSP for FYs 2025-2029, the Chair of FSD's Statewide Racial Equity Workgroup (SREW) will work with the disaster plan lead in planning for how to address disparities and expend our overall plan. Additionally, there will be opportunities for partnership with Vermont's Office of Racial Equity and the newly hired Director of Race, Equity, Gender, and Accessibility within the DCF Commissioner's Office.

Current activities include:

- Policy Update to include process and guidelines for communication to all staff following a critical incident and clarity around process for requesting building security.
- We have worked with all staff to sign up for SOV Alerts so they can have up to date information from BGS as it relates to safety within their building.
- Three Part De-escalation training developed and put out to staff as a mandatory virtual training.
- St. Albans staff were trained in self-defense.
- RFP was put out for a self-defense program that can be brought to our staff through a train the trainer model. Proposals were reviewed and we are in negotiations with the selected vendor.
- Steps have been taken to increase collaboration with BGS Safety & Security and do building safety assessments in every district.
- New data tracking process.

Training Plan

Please refer to **Appendix D**.

Section 7: 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 regarding 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 and since the pandemic.

- 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.

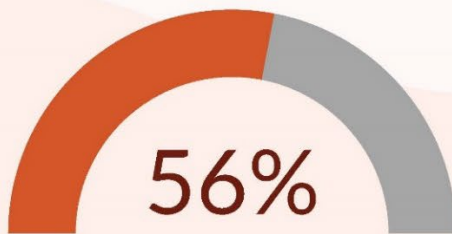
This survey is an organizational assessment that examines various aspects of an agency’s culture:

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 following visuals provides demographic information for survey respondents.

2024 VERMONT SAFETY CULTURE SURVEY

In January/February 2024, a total of **223 staff** from Vermont FSD completed the Safety Culture Survey, an organizational assessment that examines aspects of an agency's culture and operations.



This represents a **56% response rate** across the agency. Thank you for your participation!

The Safety Culture Survey has three major sections:

<u>Demographic/Workforce Data</u>	<u>Standard Safety Culture Scales</u>	<u>Race Equity</u>
<p>Demographic information:</p> <ul style="list-style-type: none">• race• ethnicity• gender identity• age• education level <p>Workforce data:</p> <ul style="list-style-type: none">• length of time spent with agency/department• hours worked per week• job type and district	<ul style="list-style-type: none">• Emotional Exhaustion• Stress Recognition and Experiences• Intent to Remain Employed in Child Welfare• Safety Climate• Workplace Safety• Workplace Connectedness• Mindful Organizing• Psychological Safety	<ul style="list-style-type: none">• Employees' perceptions of race and race equity within FSD and child protection <p><u>Teaming Practices</u></p> <ul style="list-style-type: none">• Use of huddles, planning meetings, consults, and debriefs <p><u>Considering Leaving Job</u></p> <ul style="list-style-type: none">• Staff asked reasons they may have considered leaving FSD

ADDITIONAL BREAKDOWNS

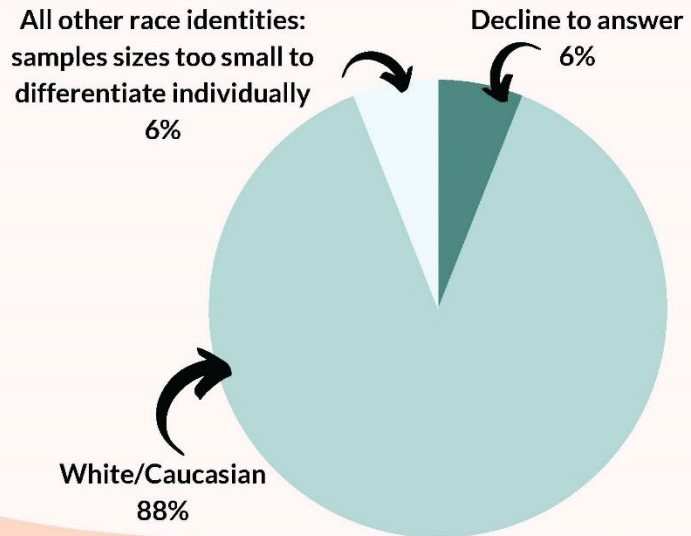
Eventually, breakdowns will be provided by district or program area, when we are able to do so while still protecting confidentiality of survey respondents. In these breakdowns, results from each office can be compared to the agency as a whole, when helpful.

Despite the high response rate, it is important to remember that findings do not represent all employees.

2024 SAFETY CULTURE SURVEY: STAFF DEMOGRAPHICS

JOB TYPE/POSITION	
Direct Service (n=131)	59%
Support (n=50)	23%
Administration (n=40)	18%

25% respondents reported working in a management position; 70% reported working directly with children and families



< 10 FSD individuals reported being of Hispanic, Latino, or Spanish origin. In all demographic categories, there was an option that stated, "none of these describe me." This answer was infrequently endorsed.

Gender Identity and Sexual Orientation



Of those staff in FSD that self-identified gender identity:

- 82% identified as female
- 10% identified as male
- <1% identified as a gender identity other than cisgender male or female
- 8% declined to answer

Of those staff in FSD that self-identified sexual orientation:

- 69% identified as heterosexual
- 13% identified with a sexual orientation other than heterosexual (LGBQ+)
- 18% declined to answer

Disability Status

7%

OF FSD EMPLOYEES REPORTED HAVING ONE OR MORE OF THE FOLLOWING: HEARING, VISION, COGNITIVE OR AMBULATORY DIFFICULTY

AGE GROUPS

18-24 years	4%
25-34 years	21%
35-44 years	29%
45-54 years	29%
55+ years	11%
Decline to answer	7%

AGENCY TENURE

★ Less than 1 year	15%
1-5 years	35%
6-10 years	21%
11-15 years	13%
16-20 years	3%
21 years or more	12%

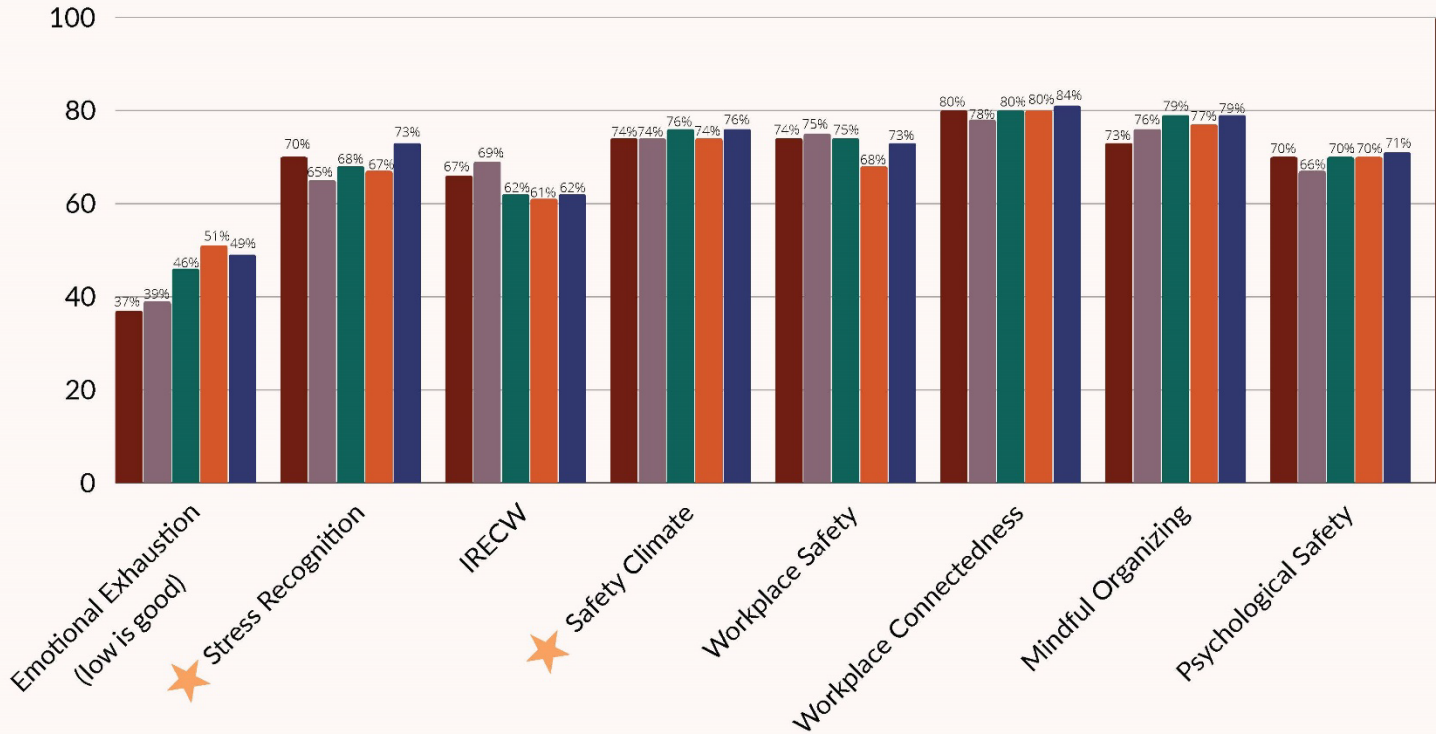
EDUCATION

High School/GED	7%
Associate's Degree	4%
Bachelor's Degree	57%
Master's Degree	24%
Doctorate	1%
Decline to Answer	6%

Despite the high response rate, it is important to remember that findings do not represent all employees.

2024 SAFETY CULTURE SURVEY: SAFETY CULTURE SCALES

Percent positive scores represent the average number of employees who positively endorsed each scale or item. For example, 71% of FSD employees report feeling psychologically safe within their teams in 2024. Although there were changes in all the scales year-to-year, there were statistically significant increases in stress recognition and safety climate from 2022 to 2024.



emotional exhaustion
a measure of personal emotional reserves; a component of burnout

stress recognition
how well people identify stress and its impact on decision-making

IRECW
measures an individual's intent to remain employed in child welfare

safety climate
measures the relationship team members have with their supervisor

workplace safety
describes how safe team members feel in the office/work setting

workplace connectedness
how connected employees feel to coworkers in the agency

mindful organizing
measures how teams monitor, plan, innovate, learn, and support

psychological safety
measures whether team members feel accepted, respected, part of a team

Coping, Meaning and Remote Work

in 2024 survey only

The work I do has purpose and meaning.



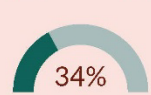
I am aware of resources at FSD available to assist with burnout or fatigue at work.



I have successful strategies to re-energize when I am not at work.



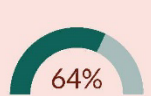
When remote working, I miss the emotional support of coworkers I get when working in the office.



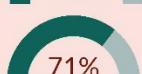
I feel connected to the mission of my organization.



My overall job productivity is increased when I work remotely/from home, compared to when I work in the office.

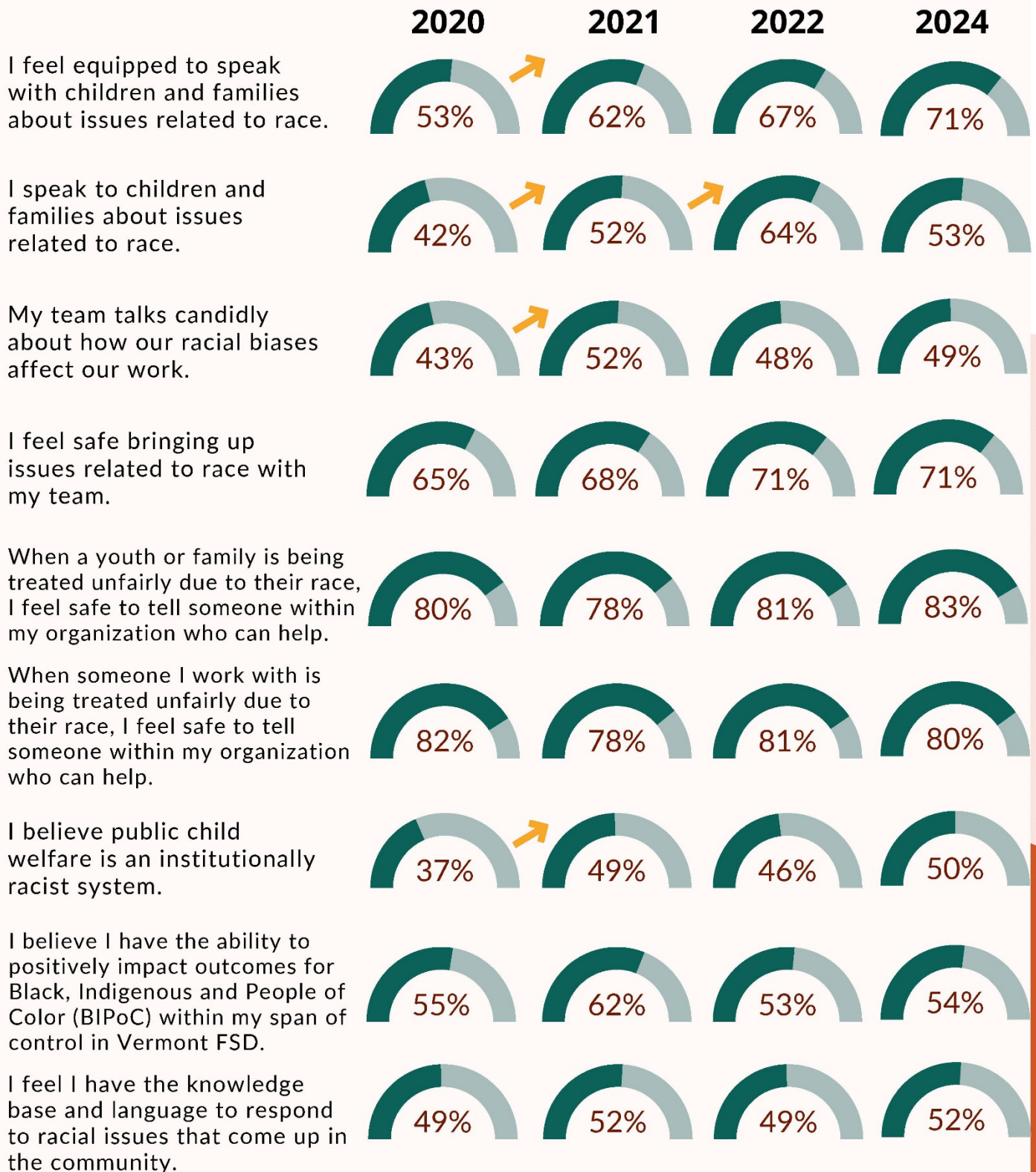


The people I work with are a positive part of my job.



RACE EQUITY QUESTIONS

The 2020 - 2024 Safety Culture Survey asked employees to answer several questions about their experiences of race equity at FSD. Percent positive scores represent the percentage of FSD survey participants who positively endorsed the item, and arrows denote statistically significant increases year-to-year (none from 2022 to 2024).



RACE EQUITY QUESTIONS

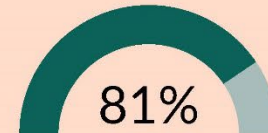
The 2024 Safety Culture Survey asked employees to answer several additional questions about their experiences of race equity efforts at FSD. Percent positive scores represent the percentage of FSD survey participants who positively endorsed the item.

2024 DATA

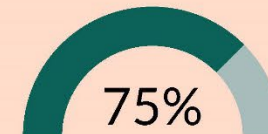
I am concerned about consequences should I choose to bring up issues related to race and racism.



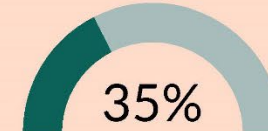
Race Equity efforts are essential to FSD being a safe place to work.



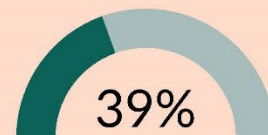
I think that work is an appropriate place to engage in race equity efforts.



My organization reliably intervenes when there are issues of racism in our system.

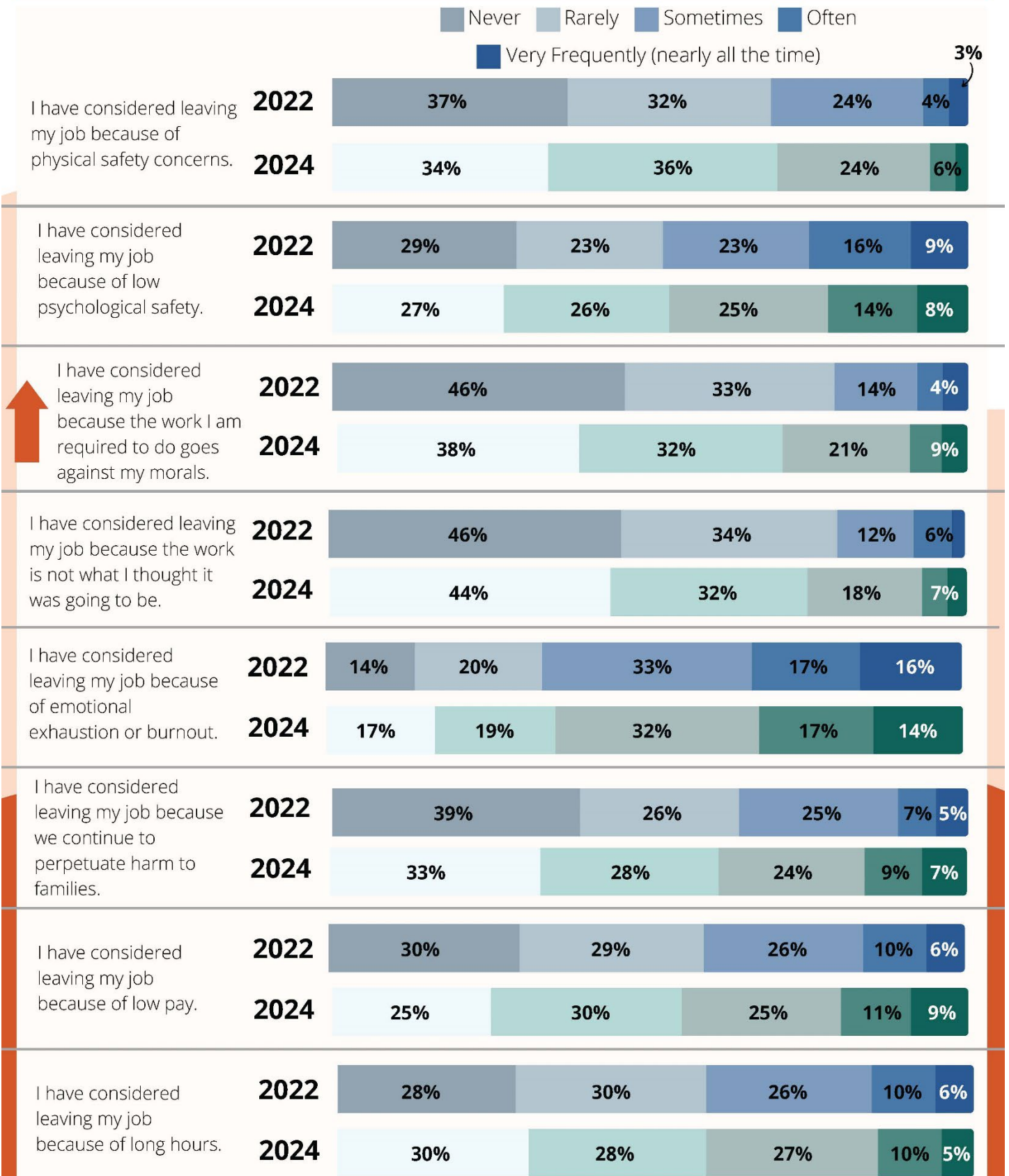


When I discover a policy or a practice that may perpetuate racial inequities, I know that I can work towards changing it.

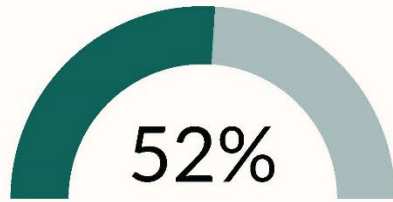


CONSIDERING LEAVING FSD

The 2022 and 2024 surveys asked participants about any reasons they had for considering leaving their jobs at FSD. Questions with an (*) predict IRECW, arrows represent statistically significant changes from 2022-2024.



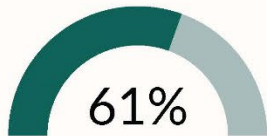
SAFETY CONSULTS



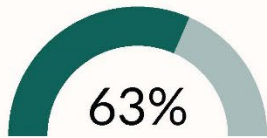
52% (n=115) of staff reported that they had, at some point, requested a staff safety consult from the staff safety team.

Of those who had requested a staff safety consult:

Direct Service	70%
Support	17%
Administration	13%

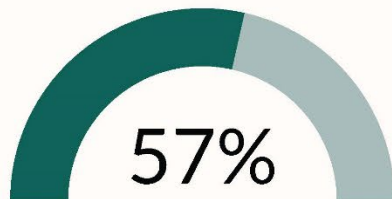


Of those who had requested a staff safety consult, 61% agreed with the statement: *Having the safety consult likely improved the outcome of the situation related to **MY OWN safety***



Of those who had requested a staff safety consult, 63% agreed with the statement: *Having the safety consult likely improved the outcome of the situation related to the **safety of the CHILD***

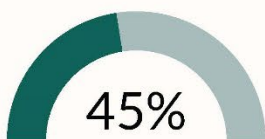
HESOC PLANNING MEETING



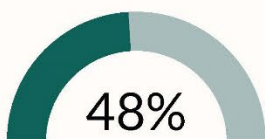
52% (n=128) of staff reported that they had, at some point, participated in a HESoC planning meeting.

Of those who had requested a staff safety consult:

Direct Service	66%
Support	20%
Administration	14%



Of those who had requested a staff safety consult, 45% agreed with the statement: *Participating in the HESoC planning meeting likely improved the outcome of the situation related to **MY OWN safety***



Of those who had requested a staff safety consult, 48% agreed with the statement: *Participating in the HESoC planning meeting likely improved the outcome of the situation related to the **safety of the CHILD***

Staff Safety

A Staff Safety Specialist position was created in 2021 with the goal of increasing staff safety’s capacity for response to incidents and availability for consults. Staff safety policy overhaul took place in 2023 to expand into a suite of policies that address reporting and responding to staff safety threats (250), staff safety in homes and the community (251), staff safety during removals (252) and confidential placements (99).

Safety Related Staff Training and Education enhancements including:

- Three-part De-escalation series recorded and required for all staff - 2023/2024
- ALICE training (Active Shooter) offered to districts
- Developed and provided Situational Awareness training for Child and Adolescent Transitional Staffing (CATS) Team
- ATAP/ONTIC Trainings in Threat Assessment for staff safety team
- Recorded trainings for Foster Parent safety
- Ongoing participating in Foundations and Police Academy training
- Training for dispatchers

The creation of an automated FS110 form during the FFY 2020-2024 CFSP reporting period has led to better documentation and data tracking. Legislative advocacy was done to add DCF workers to the protected professional’s definition as it relates to criminal charges for threatening or assault. Increased relationships with partners including BGS, Judiciary, Sheriffs, DMV, DOC, and VIC for better coordination in response to staff safety concerns. FSD created flags for intakes that involve threats of targeted mass violence, and all flagged intakes are then reviewed by staff safety. This CFSP reporting period also saw the creation of a joint meeting with Chittenden County Law Enforcement for the purpose of collaboration regarding justice involved youth.

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:

of on-going FSW minus (-) **vacant positions** minus (-) **0.5 FSW with > 6 months experience** divided by (/) **family caseload**

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

As of 04/1/2024, caseload per district were as follows:

Figure 79: FSW Allocation for Child Safety Interventions and Ongoing Casework & Figure 80: FSW Average Caseload per Ongoing Caseworker and District Capacity

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	24	6	18	4	3	12.5
BDO-Burlington	32.5	9	23.5	6	4	15.5
HDO-Hartford	9	4	5	2	0	3
JDO-St Johnsbury	8	3	5	4	1	0.5
LDO-Brattleboro	13.5	4	9.5	1	0	8.5
MDO-Barre	19	5	14	6	2	7
NDO-Newport	12.5	3	9.5	1	1	8
RDO-Rutland	19	5	14	1	2	12
SDO-Springfield	9	2	7	1	0	6
TDO-Bennington	15	4	11	0	3	9.5
VDO-Morrisville	7.5	2	5.5	0	1	5
YDO-Middlebury	9	2	7	4	0	3
Total	178	49	129	30	17	90.5

Data Source: FSD Org charts (Vacancies and FSW with less than 6 months experience) & Caseload Report 4/1/2024

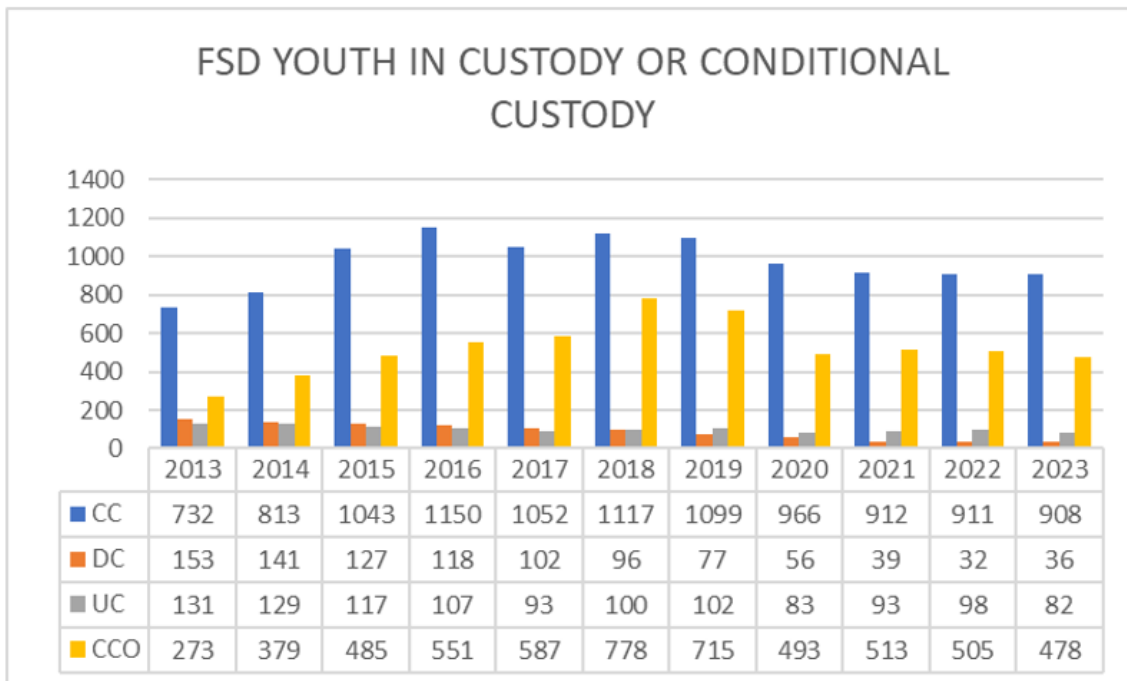
Data Note: data is point-in-time as of the time in which the report is compiled, with vacancies and FSW with less than 6 months identified by Operations staff. Allowable CSI FSW count is calculated using the number of accepted CSIs from 1/1/2023-12/31/23 @ 80 cases per year.

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	18	4	3	5.5	12.5	10.2	13.8	14.7	101.90%
BDO-Burlington	23.5	6	4	8	15.5	10.1	13.5	15.4	97.69%
HDO-Hartford	5	2	0	2	3	10.2	11.4	17	88.24%
JDO-St Johnsbury	5	4	1	4.5	0.5	10.2	12.8	102	14.71%
LDO-Brattleboro	9.5	1	0	1	8.5	10.3	19.8	11.5	130.10%
MDO-Barre	14	6	2	7	7	8.7	12	17.4	86.07%
NDO-Newport	9.5	1	1	1.5	8	11.4	15.6	13.5	111.11%
RDO-Rutland	14	1	2	2	12	11.6	14.9	13.5	111.11%
SDO-Springfield	7	1	0	1	6	7.4	10	7.7	173.08%
TDO-Bennington	11	0	3	1.5	9.5	11.4	16.5	13.2	114.00%
VDO-Morrisville	5.5	0	1	0.5	5	9.6	14.4	10.6	141.51%
YDO-Middlebury	7	4	0	4	3	8.7	11.4	20.3	73.77%
Total	129	30	17	38.5	90.5	10.1	14	14.4	103.61%

Data Source: Caseload Report

Data Note: This data is point in time data as of 4/1/2024

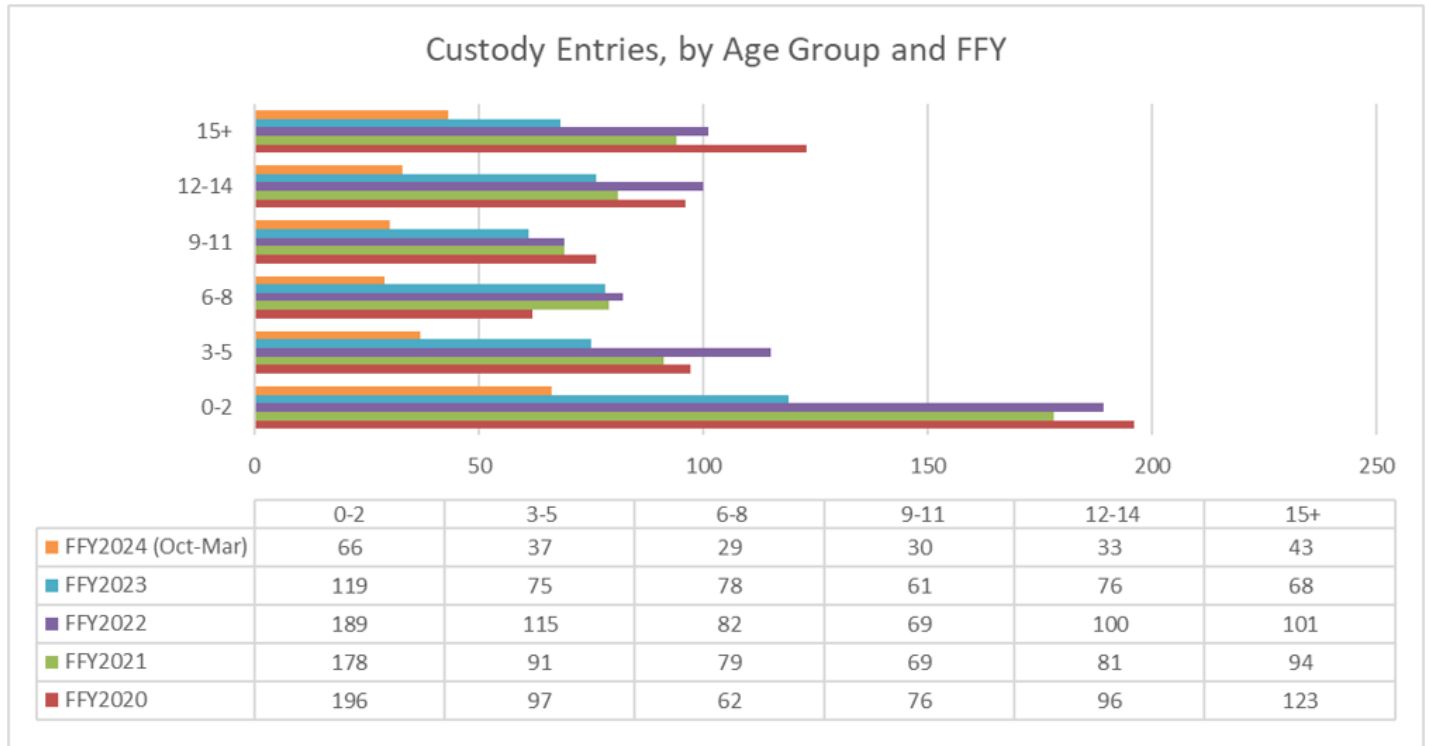
Figure 81: Overall, the total number of cases from 2021 to 2023 decreased by 53 cases.



Source: FSD Quarterly Mgmt Reports; Quarterly CCO Report; Q2 CY.

Data Note: Excludes VC case type.

Figure 82: There has been a decline in custody entries in each age group from FFY2019 to FFY2021. With some increases in FFY2022, 2023 and from Oct – Mar of 2024



Data Source: ROM Reporting Tool – Foster Care Counts, identifying youth entering foster care during FFY20-FFY23, and FFY24 Oct-Mar.

Data Notes: Includes a deduplicated count, capturing the first entry if multiple entries for a single child exists with a single report period.

1.b. 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 83: Juvenile Justice Transfers by Calendar Year

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

Data source: FSD Quarterly Management Reports custody cases opened during period for DC case type; Q1-Q4,2023; 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 84	Total ETVs Awarded	Number of New ETVs
Final Number: 2021-2022 School Year (July 1, 2022 to June 30, 2023)	53	21
2023-2024 School Year* (July 1, 2023 to June 30, 2024)	59	20
*To date as of 4/29/2004		

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

3. Inter-Country Adoptions

Vermont FSD does not currently track or verify this information and is unable to provide a final number for this report. FSD will explore how to better capture and track this information during the next CFSP.

Financial Information

Figure 85. Payment Limitations – Title IV-B, Subpart 1	
Item	Amount Spent
FY 2005 Title IV-B, Subpart1 funds spent on child care, foster care maintenance and adoption assistance payments	\$647,047
FY 2005 non-federal funds expended on foster care maintenance and used as part of Title IV-B Subpart state match.	\$215,682

Figure 86. 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 \(vermont.gov\)](#)

Appendix A.

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.

<u>Step 1. Problem Identification, Readiness, Teaming</u>	<u>Step 2. Data</u>	<u>Step 3. Contributing Factors and Root Causes</u>	<u>Step 4. Communication and Decision Making</u>
<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 	<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 	<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' 	<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.

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.

<u>Step 1. Problem Statement, Root Cause, and Target Population</u>	<u>Step 2. Long-Term Outcome</u>	<u>Step 3. Pathway of Change</u>	<u>Step 4. Actions Steps</u>	<u>Step 5. Assumptions</u>	<u>Step 6. Communication and Readiness</u>
<p>Teams review the problem statement, root causes, and target population which is supported by the data.</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>The pathway(s) of change, which are the causal links, or conditions for change that are needed to achieve our goal.</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 	<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 	<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.

<p>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>				
<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
<p>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>				
<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. 	
<p>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>				
<p><u>Step 1. Determine if implementation was successful</u></p>		<p><u>Step 2. Measure whether the new practice change achieved its desire outcomes</u></p>		<p><u>Step 3. Plan for Sustainability and CQI</u></p>

Teams should think about: <ol style="list-style-type: none">1. What do you want to know?2. How are you going to know it?	Identify potential quantitative and qualitative data to be collected and analyzed	Think early on about a plan for sustainability and commit to learning how to improve the practice.
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Appendix B.

DMT CQI Indicator Schedule 2023-2024		
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)

Appendix C.

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
<input type="checkbox"/> MAT <input type="checkbox"/> Prescribed Opioids <input type="checkbox"/> Prescribed Benzodiazepines <input type="checkbox"/> Marijuana use (prescribed or recreational after 1 st 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)

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"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable
Children's Integrated Services: Early Intervention		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <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"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable
Pediatric specialist referral (NeoMed clinic)	https://helpmegrowvt.org/form/referral-form	<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <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 Vermont Department for Children and Families, Family Services Division has defined "state-licensed or state-approved child welfare agencies" in this context to include all entities and organizations that may directly engage in the development and/or implementation of the case plan for current foster and adoptive children who receive Title IV-E assistance. "Staff" of these agencies includes any individuals who are invited, contracted, or voluntarily participate in support of the child and family so long as they are doing so at the behest of a state-licensed or state-approved child welfare agency.

Consistent with the focus of the Fostering Connections to Success and Increasing Adoption Act of 2008, the recognition of the involvement of non-public child welfare staff in support of Title IV-E eligible children and families are integral to improving outcomes. It is crucial to have increased engagement of family members in identifying individuals, groups, and agencies that are engaged at key decision points and throughout the life of the case plan.

As part of the case plan implementation for Title IV-E eligible children and families these providers may be integrally involved in a variety of team processes such as, but not limited to: Team Decision Making, Family Group Decision Making, and Treatment Teams. Given the nature of non-public child welfare groups and individuals (listed below) in their ongoing work with Title IV-E eligible children and families, it is critical that joint and cross system training occur to support consistent messaging and improved shared practice.

Below are listed the organizations or individuals that may be considered staff of state-licensed or state-approved child welfare agencies and how they fit within the context of providing child welfare services:

1. **Personnel employed or preparing for employment by the title IV-E State agency:** responsible for working with the family to create and monitor the case plan
2. **Current or prospective foster or adoptive parents or relative guardians:** Maintain the continuity of care, connection, and support of children in custody. Supports implementation of the case plan and supports and sometimes facilitates visitation.
3. **Extended family members, caregivers, and non-caregivers:** Maintain the continuity of care, connection, and support for children in care. As the child transitions to permanency, sustain and implement the case plan, and support and facilitate visitation
4. **Licensed childcare providers:** Support families in the implementation of the case plan and address protective issues.

5. **Community mental health centers, Licensed mental health clinicians:** Support team members in assessment, case planning, and implementation to address protective issues for children and families.
6. **Department for Children and Families Economic Services and Child Development Divisions:** Participates in team meetings to create and support the case plan. Assists family with accessing needs identified in case plan.
7. **Vermont Departments of Mental Health, Disabilities, Aging, and Independent Living, and Corrections:** Participates in team meetings to create and support the case plan. Assists family with accessing needs identified in case plan.
8. **Parent/Family Support and Advocacy individuals or organizations:** Activities of engagement result in reduced resistance by the family/child and increased readiness to engage and make necessary changes as described in their case plan.
9. **Faith-based community organizations:** Provide culturally relevant sources of support, training, re-assessment, and capacity building for the family--providing ready access support at the local/community level.
10. **Providers of visitation services:** Link providers who support visitation with case plan goals and objectives for children and families.
11. **Providers of domestic violence and child abuse services:** Support team members in assessment, case planning, and implementation to address protective issues for children and families.
12. **Staff members of abuse and neglect courts, agency attorneys, attorneys representing children or parents, guardians ad litem, or other court-appointed special advocates representing children in proceedings of such courts**

Throughout this document, the term “community partners” is used to describe the members of the above entities who are not State employees. When this term is used, it is an umbrella term to capture participants from numbers 2, 3, 4, 5, 8, 9, 10, 11, and 12 above.

Long-Term Training

Each year, 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 2-3 years following graduation, depending on the level of support provided. Potential employees are selected from a pool of applicants accepted into the MSW/BSW programs based on their work experience and suitability for and commitment to public child welfare work. There are no changes to the MSW training opportunities.

Short-Term Training for Workforce

The short-term training program for employees includes classroom and distance learning courses supported by on-the-job training for new employees, district team-based training and transfer of learning coaching focused on best practice, advanced practice courses, and supervisor training. All short-term training is carefully designed to support FSD’s mission, core principles, practice model and system

outcome priorities. The staff training program is reviewed and updated regularly. CWTP staff participates in various policy and planning groups to ensure training accurately reflects the policy and priorities of the FSD.

Court Related Short-Term Training

The Fostering Connections to Success and Increasing Adoptions Act of 2008 permits states to claim Title IV-E training reimbursement for certain short-term training of current and prospective relative guardians and for court and related personnel who handle child abuse and neglect cases. We have amended Vermont's Public Assistance Cost Allocation Plan (PACAP) as required.

Short-term training is directed to Family Services Division employees, though on occasion members of the larger child welfare system may attend portions. In the Venue column, **C** indicates classroom in person, **RSL** indicates remote synchronous learning on Zoom, Microsoft Teams and/or Moodle, **AL** indicates Asynchronous Learning: Online Courses that can be taken at any time by an individual on Moodle.

Family Services staff are expected to complete all training requirements as noted in Policy 203, Professional Development for Division Staff. This policy articulates the general areas of requirements by role on 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 the date of hire.

Topic	Syllabus	IV-E Functions	Venue	Hours	Provider	Cost/Funding Source
*Family Services Division (FSD) Orientation to Foundations-Embedded into Foundation	FSD overview, mission, policy framework, practice model, legal basis, court system, case flow, database navigation, learning culture.	Social work practice, family centered practice and social work methods, interviewing, assessment; overview of child abuse & neglect investigations, cultural competency; development of case plan.	C	2	VT CWTP	100% IV-E @ 75% FFP
Domestic Violence Online Course (Orientation)	The purpose of this training is to give all AHS employees a baseline of understanding of domestic violence and to develop skills and knowledge to optimize interactions with the individuals and families receiving Agency services.	N/A	AL	3	VT AHS E-Learning site	Funded by AHS
HIPAA for AHS Employees (Orientation)	The purpose of this training is to give all AHS employees an overview of client privacy rights and documentation for professionals.	N/A	AL	2	VT AHS E-Learning site	Funded by AHS
Mandatory Reporter Training (Orientation)	Understanding responsibility as a mandated reporter in Child Abuse and Neglect.	N/A	AL	2-3	VT CWTP/AHS E-Learning site	State Funds
AHS Safety Awareness	The AHS Staff Safety Awareness Training orients new AHS staff to effective safety strategies and preventing workplace violence. Defines workplace violence and teaches why AHS employees should pay attention to and participate in prevention efforts. These strategies are highlighted through reporting and intervention which is covered via policy review and reporting mechanisms. The training explains the definition and purpose of being an active bystander and follows the national standard. Recognition of pre-violence indicators as well as some de-escalation techniques are covered.	N/A	DL	4	VT AHS E-Learning site	Funded by AHS

Foundations for Child Welfare and Youth Justice Casework Practice:

A comprehensive training program for new Social Work Staff. Key components of the program include:

- Clearly articulated training requirements accomplished prior to being assigned a full caseload.
- Competency-based curriculum allows for effective design, delivery and evaluation of training content and assurance that it covers appropriate and relevant content.
- Evaluation framework that reflects learners' experience of how well the training design met its objectives to increase their knowledge and skill and informs ongoing improvement in training design.
- A hybrid curriculum that combines the benefits of online, classroom and field-based learning opportunities.
- Enhanced record-keeping and tracking of training participation, completion and learning plan development.

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

This 8week program will be offered 3 times/year.

Each week consists of integrated online learning and interactive classroom or remote learning opportunities. In addition to the topically focused sessions, we have identified 5 *core tenets of learning* that will be threaded throughout all the entire program.

The 5 core tenets are:

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

2. On-the-Job Practice

The purpose of the on-the-job practice category is to provide opportunities for new family service workers to transfer their learning from the classroom and computer to the office and community and test their understanding of the connection between knowledge and practice. Through methods such as job shadowing, observation, peer mentoring, coaching, document review and documentation practice family services workers gain insight into the role and responsibilities of a child welfare and/or youth justice family services worker.

All costs included in the charts below include fees for training space & platforms, training supplies, external vendors, content experts and/or honoraria for parents and youth who are part of panel presentations for training sessions.

Integrated Foundations Learning Program for Child Protection & Youth Justice

Topic	Syllabus	IV-E Functions	Venue	Hours	Provider	Cost/Funding Source
Introduction	Introductory information on child welfare & youth justice history, child welfare & youth justice in VT, SOP and Safety Culture, overview of interplay between laws and policies.	Child Welfare and Youth Justice System overview, professional enhancement skills	AL	5.5 hours total 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	RSL	1.5 hours Zoom	VT CWTP	100% IVE @ 75% FFP
Introduction to Child Welfare & Youth Justice	Examine the Vermont child welfare system, it's mission, vision, practice, principles and guidelines. Become acquainted with the roles and responsibilities of those within the Division of FSD. Identify key federal laws and regulations that govern child welfare practice in VT.	Overview of Child Welfare & Youth Justice System in VT	C	5.5 hours	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.	Case planning, case management, placement of the child	AL C	4 hours (woven throughout)	VT CWTP	100% IVE @ 75% FFP
Engagement	Tuning in to self and others, Interactional help skills, feedback, questioning, interviewing, resistant parents, practicing interviews, select tools (ecomaps, genogram etc).	Case Planning & Assessment	AL C	1 hours classroom 1 hour online	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
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	1 hour online	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	6 hours classroom	VT CWTP	100% IVE @ 75% FFP

Integrated Foundations Learning Program for Child Protection & Youth Justice

Topic	Syllabus	IV-E Functions	Venue	Hours	Provider	Cost/Funding Source
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.	AL C	2 hours online 10 hours classroom	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 C	2 hour online 10 hours classroom	VT CWTP	100% IVE @ 75% FFP
Safety Assessment & Safety Planning	Safety Organized Practice overview, Child Safety Interventions Policy & Practice, Structured Decision-Making Safety Assessments & Safety Planning, Introduction to ROSAC, Network grid, Safety circles	Social work practice, such as family centered practice & social work methods including interviewing and assessment; general overview of child abuse and neglect investigations, risk and protective factors.	C	16 hours classroom	VT CWTP	50% CAPTA 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	1 hour online	Evident Change & VT CWTP	100% IVE @ 75% FFP
Risk Assessment	SDM Risk & Risk Reassessment, Danger, Safety & Risk statements, Family Safety Planning Framework & 3 W's	Case Planning, Assessment and Reunification	C	16 hours classroom	VT CWTP	50% CAPTA 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	2 hours online	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	AL C	2 hours online 3 hours classroom	VT CWTP	100% IVE @ 75% FFP
CSI Documentation	Review relevant information, policy and timelines for CSI documentation. Practice drafting and writing explicit language to link SDM and SOP practices within documentation.	Child Safety Intervention Documentation; Case Summaries, Initial Case Plans	AL C	3 hours online 11 hours classroom	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;	C	3 hours classroom	VT CWTP	100% IVE @ 75% FFP
Working with Courts	Affidavit writing, court procedures, testifying, policies and relevant statutes. Understand role of family service worker in court. Learn about state and national statutes. Understand how cases flow through court system.	Preparation for judicial determinations; placement of child; permanency planning; case management and supervision	AL C	1 hour online 5 hours classroom	VT CWTP	100% IVE @ 75% FFP

Integrated Foundations Learning Program for Child Protection & Youth Justice

Topic	Syllabus	IV-E Functions	Venue	Hours	Provider	Cost/Funding Source
Affidavit Writing	Practice writing a complete affidavit. Observe an excellent example (Golden Example) of an affidavit. Receive and give helpful feedback about affidavit writing and process. Gain a deeper understanding of merits, disposition, and TPR hearings.	Preparation for judicial determination	AL	5 hours classroom	VT CWTP	100% IVE @ 75% FFP
Courts Online	Become familiar with acronyms and other legal terms. Understand the Life of a Case in DCF - Timelines, Types of Hearings, Trajectories of Cases that family services workers will see.	Preparation for judicial determinations; placement of child; permanency planning; case management and supervision	AL C	1 hours online 5 hours classroom	VT CWTP	100% IVE @ 75% FFP
Permanency	Permanency from day 1, Family finding, Family Time Coaching, Working with Kin, reunification review of and practice with tools.	Permanency planning; case management & supervision; referral to service; placement of child.	C	9 hours classroom	VT CWTP	100% IVE @ 75% FFP
Permanency Course	Understand the policy framework for achieving permanency for children and youth in state custody by way of adoption and guardianship. The course will review relevant research, policy requirements and best practices that inform case planning and decision-making for permanency.	Permanency planning; case management & supervision; referral to service; placement of child.	AL	2 hours online	VT CWTP	100% IVE @ 75% FFP

Integrated Foundations Learning Program for Child Protection & Youth Justice

Topic	Syllabus	IV-E Functions	Venue	Hours	Provider	Cost/Funding Source
Youth Development	Resources & services for Youth, overview of Youth Development Program, engagement skills for working with adolescents, inclusion of youth voice/perspective, positive youth development frame.	Screening and assessment, risk, and protective factors, social work practice, such as social work methods including interviewing and assessment; development of case plan; case management and supervision; permanency planning; referral to service.	AL C	10 hours online 16 hours classroom	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	1 hour online	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
<p>Module 10:</p> <p>Substance Abuse & Domestic Violence</p>	<p>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.</p> <p>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.</p>	<p>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.</p>	<p>AL C</p>	<p>6 hours classroom</p>	<p>VT CWTP</p>	<p>100% IVE @ 75% FFP</p>
<p>Safe & Together Module 1</p>	<p>Review the Guiding principles of the adult & child survivor centered approach to DV.</p>	<p>Screening and assessment, risk, and protective factors, social work practice; development of case plan; case management and supervision</p>	<p>AL</p>	<p>2 hours online</p>	<p>VT CWTP</p>	<p>100% IVE @ 75% FFP</p>

Integrated Foundations Learning Program for Child Protection & Youth Justice

Topic	Syllabus	IV-E Functions	Venue	Hours	Provider	Cost/Funding Source
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	2 hours online	NCSA&CW SAMHSA	100% IVE @ 75% FFP
Professional Self	Safety Culture in Family Services Division, Staff Safety, Realistic self-care & professional dangerousness, longevity in the field, plan for ongoing professional development.	Job Performance & Enhancement Skills	AL RLS C	1 hour online 3 hours Zoom 4 hours classroom	VT CWTP	100% IVE @ 50% FFP
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	1 hour online	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
<p><u>Role Specific Foundations</u> <u>Modules:</u></p> <ul style="list-style-type: none"> • Juvenile Justice FSW • Ongoing FSW • Resource Coordinator 	<p>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.</p>	<p>Placement, Permanency, Case Planning</p>	<p>AL & C</p>	<p>5 hours online 16 hours classroom</p>	<p>VT CWTP</p>	<p>100% IVE @ 75% FFP</p>
<p><u>Role Specific Foundations</u> <u>Modules:</u></p> <p>Child Safety Intervention FSW</p>	<p>Overview of specific functions of role including: investigation and assessment of child abuse and neglect reports.</p>	<p>Intake, Assessment and Investigation</p>	<p>AL & C</p>	<p>5 hours online 16 hours classroom</p>	<p>VT CWTP</p>	<p>100% CAPTA</p>

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
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	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/	C or RSL	12		

Topic	Syllabus	IV-E Functions Addressed	Venue	Hrs.	Provider	Cost/Funding Source
	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.	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.			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
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	Case Planning, Disposition, court	C or RSL	6		

Topic	Syllabus	IV-E Functions Addressed	Venue	Hrs.	Provider	Cost/Funding Source
	needs of children.				VT CWTP & Subject Experts	100% IVE @ 75% FFP
Coaching Sessions for Transfer of Learning	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
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

Topic	Syllabus	IV-E Functions Addressed	Venue	Hrs.	Provider	Cost/Funding Source
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
Advanced Training Series: Safety Organized Practice Series District Based Focus/Training & Coaching Audience: District Office Staff						
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	Varies by district	VT CWTP	100% IVE @ 75% FFP

Topic	Syllabus	IV-E Functions Addressed	Venue	Hrs.	Provider	Cost/Funding Source
			or Remote			
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
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	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
		planning; case management and supervision; referral to services.				
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
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

Topic	Syllabus	IV-E Functions Addressed	Venue	Hrs.	Provider	Cost/Funding Source
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
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 	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

Topic	Syllabus	IV-E Functions Addressed	Venue	Hrs.	Provider	Cost/Funding Source
	<ul style="list-style-type: none"> Focusing on community-based positive youth development practice Engagement with youth and family 					
Stand Alone Advanced Trainings Audience: FSD staff and community partners						
Basic Forensic Interviewing	Basic forensic interviewing skills for family services workers conducting interviews as part of a child abuse investigation.	N/A	C	16.5	National Child Advocacy Center	100% CAPTA
Advanced Forensic Interviewing	Advance forensic interviewing skills for family services workers conducting interviews as part of a child abuse investigation.	N/A	C	16.5	National Child Advocacy Center	100% CAPTA
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

Topic	Syllabus	IV-E Functions Addressed	Venue	Hrs.	Provider	Cost/Funding Source
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
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	This online CANS Overview is intended to provide an accessible, multidisciplinary	Case Planning with Children in Foster Care				

Topic	Syllabus	IV-E Functions Addressed	Venue	Hrs.	Provider	Cost/Funding Source
Needs & Strengths (CANS) Tool	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		AL	2	VT CWTP	100% IVE @ 75% FFP
Vermont Case Reviewer Training	Overview of the OSRI Case Review Tool, the role of a case reviewer in the FSD Case Review process, terminology and key strategies for completing a case review on-site. Foster Care and in-home cases reviewed for the CQI system.	Case Reviews, CQI, custody, foster care, in-home services, assessment and delivery	C or RSL	5 2-4 times annually	FSD Staff CWTP provides admin support to enter classes into AHS Linc	100% IVE at 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 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* 	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
	<ul style="list-style-type: none"> • Working with Domestic Violence Perpetrators • Ethical Practices in Documentation Ethical Practices in Child Welfare • Ethical Dilemmas in Child Protection and Youth Justice; • The evaluation of perinatal mental health and its risks; • Working with Interpreters 1 &2; • Team as Secure Base and Accountability; • The Magic of Time Management 					
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
SOCIAL WORK LENS Podcast A	<p>Child Welfare & youth justice discussions, recorded and shared to the FSD workforce and Foster Parents, and community providers across the state of VT. Podcast topics:</p>	Case management skills, Assessment and planning and engagement with families	AL	1 hour 6-8 episodes	VT CWTP & Subject Matter Expert(s)	100% IV-E @ 75% FFP

Topic	Syllabus	IV-E Functions Addressed	Venue	Hrs.	Provider	Cost/Funding Source
	<ul style="list-style-type: none"> • The 2024 IV-E Child Welfare Roundtables- Themes & Inspiration • Best Practices for working with mandated clients • Working with Refugees • Working with clients who have substance use disorder • The Sanctuary Model – Trauma Informed Systems Change for Child Welfare • Trauma Responsive Lawyering (GALS, family court and FSD staff) • Payback: The Title IV-E Training Scholarship in Vermont • Child Protective Services or the Family Policing System? 			per season		
SOCIAL WORK LENS Podcast B	Child Welfare & youth justice discussions, recorded and shared to the FSD workforce and Foster Parents, and community providers across the state of VT.	Case management skills, Assessment and planning and engagement with families, professional skills	AL	1 hour	VT CWTP & Subject Matter Expert(s)	100% IV-E @ 50% FFP

Statewide Workforce Conferences

<p>FSD Statewide Conference</p> <p>Audience: FSD staff</p>	<p>Develop and plan conference to be held in Winter/Spring 2025</p> <p>Support participation of Family Services staff in a Division-wide conference, which will offer a wide variety of workshops related to engaging children, youth, and families, staff safety, and staff wellness.</p>	<p>Social work practice, such as family centered practice and social work methods Activities designed to preserve, strengthen, and reunify the family; case management skills.</p>	<p>C</p>	<p>5-10</p>	<p>Hired subject experts, CWTP trainers, community partners</p>	<p>Staff time</p> <p>75% IV-E @ 75% FFP</p> <p>25% IVE @ 50% FFP</p>
<p>Youth Justice Summit</p>	<p>This conference brings together FSD staff, Family Court judges, GALs, BARJ staff, diversion staff, Corrections and attorneys to increase knowledge in youth justice practice, including with delinquent youth in state’s custody. Topics covered:</p> <p>Case planning using restorative practices as an approach to engage youth and caregivers.</p> <p>Engagement as a strategy to increase well- being, maintain safe and stable out of home care and, when possible, ensure timely reunification.</p> <p>Engagement strategies to support permanency.</p>	<p>Working with delinquent youth who are in foster care or at risk of being in foster care.</p> <p>Increase protective factors of youth, casework practices, case planning, well-being assessment</p>	<p>C or RSL</p>	<p>5</p>	<p>Hired subject expert(s), FSD Staff and CWTP</p>	<p>100% IVE @ 75% FFP</p>

Kin Foster and Adoptive Families Conference	Support participation of foster parents, adoptive parents, <u>family services workers</u> and other staff in the annual conference of the Vermont Kin, Foster and Adoptive Families, which offers a wide variety of workshops related to children and youth in care.	Recruitment of foster parents, kinship care as a resource, placement of child, development of case plan, case management and supervision, permanency planning, referral to services.	C or RSL	5-10	Hired subject experts, CWTP trainers, community partners	Staff time 100% IV-E @ 75% FFP
CW Summit	Support participation of Family Services staff, court staff, GALs, in a state-wide conference, which will offer a wide variety of workshops related to engaging children, youth, and families, child safety, and collaboration in child welfare.	Social work practice, such as family centered practice and social work methods and activities designed to preserve, strengthen, and reunify the family; collaboration, safety planning and case management skills.	C	5	Hired subject experts, CWTP trainers and FSD staff	100% IVE @ 50% FFP

District-Based Training & Coaching for FSD Workforce

The Child Welfare Training Partnership (CWTP) provides additional skills-based training and coaching in districts and the greater system of care, including caregivers, that is tied to foundations and advanced level training. This model has proven effective in facilitating transfer of learning, thereby enhancing the professional development of FSD staff, spreading knowledge and improving practice skills.

Delivery of training and coaching in districts, 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 benefiting programs.

Supervisor & Leadership Training

The Vermont Department of Human Resources offers a course called Supervising in State Government. This is a two-level program for new and experienced supervisors:

Level 1: "The Essentials" involves one class day per week over four weeks and focuses on the skills a supervisor needs to survive and thrive in state service. A strength-based approach to supervision is the foundation of all 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						
Audience: FSD Supervisors and Directors						
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	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	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
	planning and permanency activities.	care & at risk of foster care, case management and supervision				
National Adoption Competency for Child Welfare Professional Supervisors NTI	<p>Module 1: A Case for Adoption Competency</p> <p>Module 2: Understanding and Addressing Mental Health Needs of Children Moving Towards or Having Achieved Permanence through Adoption or Guardianship</p> <p>Module 3: Enhancing Attachment and Bonding for Children Moving Towards/Having Achieved Permanence through Adoption and Guardianship</p> <p>Module 4: How Race, Ethnicity, Culture, Class and Diversity Impact the Adoption and Guardianship Experience and Mental Health Needs of Children</p> <p>Module 5: The Impact of Loss and Grief Experience on Children’s Mental Health</p> <p>Module 6: The Impact of Early and Ongoing Trauma on Child and Family Development, Brain Growth and Development, and Mental Health</p> <p>Module 7: Positive Identity Formation and the Impact of Adoption and Guardianship</p> <p>Module 8: The Lifelong Journey: Maintaining Children’s Stability and Well-being in Adoptive and Guardianship Families</p>	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	100% IVE @ 50% FFP

Course	Syllabus	IV-E Functions Addressed	Venue	Provider	Hours	Cost/ Funding source
					in each district	
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% State Funds
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	DCF workers, law enforcement, victim advocates, community, educators (across the state)	75% IVE @ 75% FFP 25% State funds to support law enforcement and educator participants

		trauma on children youth development		
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

Intended audience: Employees or those preparing for employment at state-approved child welfare agencies providing services to children receiving assistance under title IV-E

Course	Syllabus	IV-E Functions addressed	Venue	Hrs	Provider	Cost /Funding Source
EDSP 330 The Trauma Lens: <i>Understanding core concepts of trauma informed practice in health and human services</i>	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 332 <i>Resilience, Equity and Interprofessiona</i>	Understand the impacts of racial and historical trauma.	Case planning, trauma and resilience, interprofessional collaboration to	RSL & AL	60 hours	CESS	100% IVE @ 75% FFP

<p><i>I practices for enhancing well-being among children and families in social service agencies.</i></p>	<p>Identify structural inequities that perpetuate oppression and inequities and lead to trauma.</p> <p>Understand and identify strengths and opportunities related to how collaborative & interprofessional practices can enhance resilience and can wrap families.</p> <p>Identify the roles and responsibilities of various professionals who support children and families who have experienced trauma and adversity.</p> <p>Learn skills including cultural humility, reflective supervision, vicarious trauma (secondary traumatic stress), and resiliency.</p> <p>Learn family-engagement and case planning skills.</p>	<p>support child and youth in care, engagement skills.</p>			<p>Dept of Educational Faculty</p>	
<p>EDSP 333 Trauma Informed System Change</p>	<p>Identify key components of a trauma informed system in education and community partner organizations (approved child welfare agencies)</p>	<p>Referral to services; Resources for children in foster care; Case plan coordination</p>	<p>RSL</p>	<p>60 hours</p>	<p>CESS Education Department Faculty</p>	<p>100% IVE @ 75% FFP</p>
<p>PSYS 3405 Race in American Youth</p>	<p>An overview of how race relates to youth development, ranging from infancy to adolescence. Through the lens of developmental psychology, this course explores how youths' racial attitudes, racial beliefs, racial identity, and interracial</p>	<p>Race, Trauma, Class, and Diversity</p>	<p>RSL</p>	<p>60 hours</p>	<p>CASS Psychology Department Faculty</p>	<p>100% IVE @ 75% FFP</p>

	interactions develop in youth; the course also explores ways that race influences the pathways youth take in American society.					
PSYS 252: Emotional Development and Temperament	<p>Understand implications of development and temperament.</p> <p>Identify connections between physiology and temperament.</p> <p>Explore connections between implications of development and temperament and how to engage with individual children, youth and families.</p>	Child abuse and neglect issues; child development, both typical and problematic, impact of trauma on children youth development; engagement skills	RSL	60 hours	CASS Psychology Department Faculty	100% IVE @ 75%FFP
PSYS 3420 Psychology of Gender	<p>An examination and critique of psychological theories, methods and research about gender using an intersectional framework.</p> <p>Explore social, situational, individual, and biological explanations of gender similarities and differences and their development.</p>	Develop knowledge and skills to provide care and support for LGBTQ youth in custody and promote placement stability.	RSL	60 hours	CASS Psychology Department Faculty	100% IVE @ 75%FFP
PSYS 278 A: Science of Traumatic Stress	<p>Understand how a traumatic event is defined</p> <p>Identify the various outcomes associated with trauma exposure across the lifespan</p> <p>Learn how to competently assess for traumatic events</p>	Child abuse and neglect issues; substance abuse, domestic violence, mental health issues; impact of trauma on children youth development; trauma and resilience; case management and engagement skills	RSL	60 hours	CASS Psychology Department Faculty	100% IVE @ 75%FFP

	Develop skills necessary to engage with and provide casework for those impacted by trauma					
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Training for Staff of State-Approved Child Welfare Agencies Providing Services to Children Receiving Assistance Under Title IV-E						
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	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	AL	VT CWTP	30 hrs Available ongoing	100% IVE @ 75%

Training for Staff of State-Approved Child Welfare Agencies Providing Services to Children Receiving Assistance Under Title IV-E						
Course	Syllabus	IV-E Functions addressed	Venue	Hrs	Provider	Cost /Funding Source
	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.	competent, trauma informed and evidence-based services and supports.				
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	Adoption, Foster Care	AL	25-30	VT CWTP	100% IVE @ 75% FFP

Training for Staff of State-Approved Child Welfare Agencies Providing Services to Children Receiving Assistance Under Title IV-E						
Course	Syllabus	IV-E Functions addressed	Venue	Hrs	Provider	Cost /Funding Source
	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					

Training for Staff of State-Approved Child Welfare Agencies Providing Services to Children Receiving Assistance Under Title IV-E						
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	Contracted Subject Matter Experts	100% IVE @ 75% FFP
Introduction to Family Safety Planning Meetings	Participants will understand the Family Safety Planning Model components and the values/ principles that underpin it. 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	Contracted Subject Matter Experts	100% IVE @ 75% FFP

Training for Staff of State-Approved Child Welfare Agencies Providing Services to Children Receiving Assistance Under Title IV-E						
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	Contracted Subject Matter Experts	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	Contracted Subject Matter Experts	100% IVE @ 75% FFP

Training for Staff of State-Approved Child Welfare Agencies Providing Services to Children Receiving Assistance Under Title IV-E						
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 Subject Matter Experts	100% IVE @ 75% FFP

Training for Child Welfare System

Most of the above trainings are also available, assuming slots are available, to entities listed in the definition of the child welfare system found above, including but not limited to, foster parents, kin caregivers, adoptive parents, staff of other related state Departments and Agencies, and staff of state approved child welfare agencies. Our training calendar is available online.

Cost Allocation Methodology for Workforce Training

The specific cost allocation for each course is specified in the previous pages.

The Title IV-E eligibility statistics are compiled quarterly from Family Services MIS, using data on all children in custody, including their custody category, and then indicating their Title IV-E eligibility status, also by custody and category. The number of Title IV-E eligible children is divided by the total number of children in custody to determine the Title IV-E eligibility rate.

The same information is provided for the children receiving an adoption subsidy. The number of Title IV-E eligible children is divided by the total number of children on adoption subsidies to determine the Title IV-E eligibility rate.

The combined eligibility rate is calculated using all children in foster care or on adoption assistance as the denominator and the number of IV-E eligible children in both programs as the numerator.

Caregiver Training

The VT CWTP provides short-term training for Vermont caregivers, as follows.

Foundations for Foster Parents: A hybrid course- (both on-line and in-person components). An alternative at home workbook and DVD set provided for caregivers unable to access the Foundations online component. The in-person component, Foundations: Learning Networks, consists of three in person sessions held once a week for three consecutive weeks. Foundations Learning Networks offered in-person when possible as the minimum number, six (6), FP completes the online component. Foundations Learning Networks also provided remotely to ensure small districts and immunocompromised have access. Foundations topics/content includes but is not limited to: RLSI Overview, Role and Resource Utilization, Fundamental Relationships, Safety, Development, Attachment, 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	6 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 Facilitator	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.	Delivery 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 2-3 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	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

	knowledge to the children in their care.					
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 1-2 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

Respecting Differences (racism, racial justice, bias, culture)	<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>
Positive and Adverse Childhood Experiences (PACES): Nurturing Resilience	<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>
Preventing and Overcoming Secondary Traumatic Stress Through Awareness and Self-Care	<p>This training builds on the foundational understanding of vicarious trauma and the importance of self-care for caregivers. Assists caregivers in</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>

	developing and maintaining self-regulation plan.					
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
Kinship Care: Beyond the Basics kinship specific	This training will provide tools for kinship caregivers to explore and support healthy relationships between the child/youth and family connections. The training assists in building perspective and skills needed to take on a new role as a kin caregiver while navigating changes in family dynamics, relationships and related feelings.	Developing skills, knowledge and understanding among kin caregivers to support care of and promote stability for children/youth in kinship care.	AL	VT CWTP	1 hr	100% IVE @ 75% FFP
Caregiver Peer Mentoring	Train mentors on evidence of how to support new and existing foster parents and	Develop skills among mentors to promote placement stability for children in foster and kinship care.	AL	CWTP	3 hrs	

	assist foster parents in successfully navigating through the child welfare system with the goal of improved placement stability and foster parent retention.					100% IV-E @ 75% FFP
Commercial Sexual Exploitation of Children Training for Caregivers	<p>Raise awareness of the child welfare system response to child sex trafficking (CST) and the role of foster parents/caregivers</p> <p>Raise awareness of the Federal definition of sex trafficking</p> <p>Recognize the risk factors associated with children and youth who are victims of, or at risk for, sex trafficking</p> <p>Recognize the impact of sex trafficking on survivors</p> <p>Respond to youth who are in care and who are victims of, or at risk for, sex trafficking</p>	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	<p>Understand preventive strategies to preserve safety, reduce threats/risks, and promote well-being and self-care.</p> <p>Explain the importance of awareness, assessment, anticipation, and action as they relate to caregiver safety.</p> <p>Define the common stages of threat/violence escalation, including when not to engage.</p> <p>Describe potentially dangerous scenarios/ situations caregivers may encounter.</p> <p>Understand and increases knowledge of de-escalation techniques that may reduce</p>	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>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>	<p>Develop knowledge and skills among caregivers to be able to provide care for infants and young children that have been exposed to opiates.</p>	AL	CWTP	6	100% IVE @ 75% FFP

<p align="center">Understanding Sexual Development and Behaviors Continuum</p>	<p>Developing skills to better provide care for and support permanency for children and youth specifically related to development and puberty.</p>	<p>Understanding child development, impact of trauma, placement stability</p>	<p>C</p>	<p>VT CWTP</p>	<p>2-3 hrs</p>	<p>100% IV-E @ 75% FFP</p>
<p>LGBTQ+ 101: Caring for LGBTQ youth in care</p>	<p>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.</p>	<p>Develop knowledge and skills among caregivers to provide care for LGBTQ youth in custody and promote placement stability.</p>	<p>AL</p>	<p>CWTP & Hired Expert</p>	<p>3 hrs</p>	<p>100% IVE @75% FFP</p>
<p>It's a Rainbow World; Parenting LGBTQ+ Children/Youth</p>	<p>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</p>	<p>Develop knowledge and skills among caregivers to provide care for LGBTQ youth in custody and promote placement stability.</p>	<p>AL</p>	<p>DCF contractor: Lund Family Center</p>	<p>4.5 hrs Online</p>	<p>100% IVE @ 75% FFP</p>

	<p>who join their families through 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</p> <p>Hear from a panel of youth and parents</p>					
Creating an Adoption Sensitive School	<p>Open to parents and educators</p> <p>Increase understanding of the 7 Core Issues of Adoption</p> <p>Increase understanding of the impact of Developmental Trauma</p> <p>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
Talking to Our Children about Adoption/ Guardianship	<p>Learn why it's important to talk with your child and to practice these conversations safely (and with support)</p> <p>How to provide your child with their history—even if it is a difficult one and</p> <p>Learn how to talk about your child's birth family honestly and proactively.</p> <p>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
Taking the Long View: Thriving as a	<p>Open to caregivers, siblings, and other family members</p>	<p>Adoption; Developing skills to enhance the care for children and youth who</p>	AL	<p>DCF Contractor:</p>	6 hrs	100% IVE @ 75% FFP

Transracial/ Transcultural Family	This course supports caregivers in taking a deeper dive into cultural responsiveness, bias, racism, the concept of culture and one's own experience and the impact it can have on caregiving. Increase ability to help children resolve issues related to cultural differences	have different cultural backgrounds; Develop skills, knowledge and understanding among adoptive caregivers to support care of and promote stability		Lund Family Center		
Advanced Adoption	Understands the importance of open communication in adoption from the perspective of youth and parents. Gain understanding about the impact of birth family connections. Understanding value of open communication. Learn guiding principles for open communication. Gain awareness about impact of not sharing crucial information. Topics covered will include: Talking with children about adoption, talking about more difficult things in adoption and connecting with birth families.	Develop skills, knowledge and understanding among adoptive caregivers to support care of and promote stability	AL	VT CWTP	2 hours	100% IVE Adoption Rate
You Kin Do It, Kinship Specific Advanced	Reflect on role and responsibilities as a kin caregiver. Examine impact of caregiving on family and necessity to plan accordingly. Identify resources and supports available. Explore importance of self care.	Developing skills, knowledge and understanding among kin caregivers to support care of and promote stability for children/youth in kinship care.	AL	VT CWTP	2 hrs	100% IVE @ 75% FFP

	Learn what trauma informed parenting is and develop skills related.					
Considerations when caring for youth	<p>Understand the importance of normalcy for children in out of home care (allowing them to participate in the same age appropriate normative activities, experiences as their peers.</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>	Foster Care, Placement, Permanency	AL	VT CWTP	3 hrs	100% IVE @ 75% FFP
Normalcy and Prudent Parenting	Identify the key aspects of the federal Preventing Sex Trafficking and Strengthening Families Act, recognize how participation in social, extracurricular, and recreational activities promotes a more normal life experience for youth in foster	Differentiate between decisions that can be made by foster/kinship caregivers and those that need to be authorized by parents/legal guardians or DCF; placement practice, child development, placement stability	AL	VT CWTP	2 hrs	100% IV-E @75% FFP

	care, use knowledge of cognitive, emotional, physical, and behavior development when considering the appropriateness of activities for youth, understand adolescent brain development, consider allowing youth to safely engage in activities unique to their cultural customs, apply Vermont's Reasonable and Prudent Parenting Standard to make youth-specific decisions about participation in activities, differentiate between decisions that can be made by foster/kinship caregivers and those that need to be authorized by parents/legal guardians or DCF					
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Caregiver Statewide Conferences

Caregiver Statewide Conferences						
Kin Foster and Adoptive Families Conference	Support participation of foster parents, adoptive parents, <u>family services workers</u> and other staff in the annual conference of the Vermont Kin, Foster and Adoptive Families, which offers a wide variety of workshops related to children and youth in care.	Recruitment of foster parents, kinship care as a resource, placement of child, development of case plan, case management and supervision, permanency planning, referral to services.	C or RSL	5-10	Hired subject experts, CWTP trainers, community partners	Staff time 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 eligibility rate to be applied to the UVM contract and caregiver training, the raw data for children in custody and receiving adoption subsidies, the combined number of Title IV-E eligible children in custody, and the number of Title IV-E eligible children on adoption subsidies is divided by the total population of custody children and total children on adoption subsidies, to determine the combined custody and adoptions Title IV-E eligibility rate.

The exceptions are the 3-hour training Fostering to Forever offered in person and online, Advanced adoption courses, RPC+ Adoption Focused, Adoption Learning Partners, 30 hrs. of FUNDAMENTALS in Trauma Informed Care and Adoption Competence, Consultation work with the Adoption consortium and specific consultation regarding caregivers and resource coordinators about adoption specific needs, which are claimed at the adoption assistance eligibility rate.

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