



VERMONT

Department for Children and Families

Family Services Division

Vermont's 2021 Annual Progress and Services Report

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Collaboration

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

- The **Vermont Foster and Adoptive Family Association (VFAFA)** hold monthly board meetings and quarterly networking meetings, which division staff attend. At VFAFA's annual conference, an open forum with partners and FSD leadership is traditionally held, as a mechanism for attendees to have direct access to the commissioner and deputy commissioner. In addition, the **Foster Parent Workgroup** meets bi-monthly and is jointly led by FSD's Deputy Commissioner 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.
- The **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.
- **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 discuss how to best support family members who are currently raising relatives. Both Family Services post permanency manager and foster and kin care manager are on the board.
- The **Vermont's Citizen Advisory Board** was established by Family Service 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, to review and improve Vermont' child welfare system.
- **Vermont Network Against Domestic and Sexual Violence** and Family Services collaborates in various ways including:
 - Through a collaboration grant, the Rural Domestic Violence and Child Victimization, Teen dating violence and stalking. This project helps to fund 2.5 DV Specialists and the leadership team meets monthly to meet the grant goal expectations.
 - Child Victim Treatment Director coordinates with Sexual Assault Nurse Examiner coordinator who is housed at the VT Network, as well as sexual violence prevention and education efforts with the Youth Advocacy Coordinator.
 - VT Network are members on the VT Citizen Advisory Board

- The **Vermont Coalition of Residential Programs (VCORP)** meets monthly, with division representatives attending.
- **Justice for Children Task Force** convened by the Chief Justice of the Vermont Supreme Court, 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. One of the sub-committees includes the Best-Practices Sub-Committee which focuses on practice related strategies to improve outcomes for children, youth and families.
- **FSD Stakeholders Meetings**- Family Services coordinates quarterly meetings involving various stakeholders to provide policy and practice updates to help strengthen partnerships and the greater child welfare system. Family Services also uses this venue to get feedback on draft policies, practice guidance, and brochures for example. The quarterly meeting invitation goes out to individuals from the following fields: court, mental health, corrections, education, local services providers, treatment providers, law enforcement, placement providers, and various advocacy groups.
- **Vermont Center for Crime Victim's Services**- DCF Family Services receives funding from the Department of Justice, Office of Violence Against Women, Rural Domestic Violence and Child Victimization grant and funds from the Office of Victims of Crime. These grant fund 2.5 FTE Domestic Violence Specialists to provide case consultation and expertise to four regional FSD offices, as well as direct service and appropriate referrals to community service providers. In addition, formal Memorandum of Understanding 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 LGBTQQ 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.
- **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, child care, education, law, or law enforcement. Additional persons may be appointed when the services of those persons are appropriate to any particular case. The empaneling of a team shall be authorized in writing and shall specifically list the members of the team.
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 that meet monthly. The consortium works collaboratively to develop infrastructure and capacity to support, expand, and evaluate community and restorative justice in Vermont.
- 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. Every other month we meet with the BARJ case managers meeting 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.

Update on Assessment of Current Performance in Improving Outcomes

Child and Family Outcome	2019 Qualitative Case Review Results	Progress made to achieve or maintain substantial conformity since the fall 2016 CFSR baseline review	Current or Planned Activities
Safety Outcome 1	Item 1: 95.24 %	Item 1: 79.3% (15.94 % improvement)	Item 1: Continue to shine a light on the area and support districts in understanding policy around contact standards between for an investigation vs an assessment as well as the use of waivers.

Safety Outcome 2	<p>Item 2: 76%</p> <p>Item 3: 61.29%</p>	<p>Item 2: 77% (1% decline)</p> <p>Item 3: 60% (1.29% improvement)</p>	<p>Item 2: The division continues to perform relatively well in providing safety related services and the priority is focusing on our ongoing assessment of risk and safety. We are hopeful the implementation of case reads as a way to support staff around the use of the various SDMS tools will help improve the rating for item 2.</p> <p>Item 3: One FSD's biggest challenge is with our in-home cases and visiting the home on a consistent basis. With the recent infusion of 9 additional Family Services staff over the last year, 1 supervisors, 1 Resource Coordinator, 1 AAG and several case aides, the division is hopeful that we will see an improvement in item 3 over the next year since we have seen a decrease in caseload size statewide. We are also optimistic some ROM reports will become available within the year to provide case worker visits data on in-home cases.</p>
Permanency Outcome 1	<p>Item 4: 80%</p> <p>Item 5: 48.28%</p> <p>Item 6: 35%</p>	<p>Item 4: 70% (10% improvement)</p> <p>Item 5: 45% (3.28% improvement)</p> <p>Item 6: 45% (10% decline)</p>	<p>Item 4: The division continues to focus on statewide implementation of our diligent recruitment work and hopes this will continue to support improvements in this item rating.</p> <p>Item 5: FSD will continue to educate staff around the need to complete the initial case plan within 60 days and strategize ways to meet this goal which will positively impact item 5. This will also be highlighted in the case plan policy that is being developed.</p> <p>Item 6: FSD is in the early stages of working with the CIP around Parent and Child Representation which will help address some of the challenges in achieving timely permanency related to item 6.</p>
Permanency Outcome 2	<p>Item 7: 87.5%</p> <p>Item 8: 70.97%</p> <p>Item 9: 80%</p> <p>Item 10: 75.68%</p> <p>Item 11: 75%</p>	<p>Item 7: 95% (7.5% decline)</p> <p>Item 8: 77% (3% improvement)</p> <p>Item 9: 90% (10% decline)</p> <p>Item 10: 75% (.68% improvement)</p> <p>Item 11: 79% (4% decline)</p>	<p>The division's diligent recruitment work will continue to support FSD's practice related to all the Permanency Outcome 2 items. We also anticipate the ongoing fall and spring QCRs will shed light on why we have dipped in some of these ratings.</p>

Well-Being Outcome 1	Item 12: 42.65% Item 13: 57.81% Item 14: 55.88% Item 15: 50.55%	Item 12: 35.4% (7.25 improvement) Item 13: 50.80% (7.01% improvement) Item 14: 58.50% (2.62% decline) Item 15: 44.40% (6.15% improvement)	One of FSD's challenges with these items is connected to our in-home cases and visiting the home on a consistent basis to assess for needs and services, and case planning. In many cases, our engagement with the non-custodial parent is lacking. With the recent infusion of 9 additional Family Services staff over the last year, 1 supervisor, 1 Resource Coordinator, 1 AAG and several case aides, the division is hopeful that we will continue to see an improvement in these items over time. In addition, FSD is exploring the implementation of the <i>Family Strengths and Needs Assessment</i> SDM tool which will provide staff with additional support on how to assess and document for item 12.
Well-Being Outcome 2	Item 16: 79.17%	Item 16: 86% (6.83% decline)	FSD needs to draft and implement a Case Plan policy which will help reinforce key components of the case plan to help improve our ratings for this item. The division is striving to complete this task over the next year.
Well-Being Outcome 3	Item 17: 71.70% Item 18: 80.39%	Item 17: 78% (6.3% decline) Item 18: 77% (3.39% imp)	FSD needs to draft and implement a Case Plan policy which will help reinforce key components of the case plan to help improve our ratings for these items. The division is striving to complete this task over the next year.

Systemic Factors

Systemic Factor	Current Status	Current or Planned Activities
Information Systems	<ul style="list-style-type: none"> Item 19: <i>Statewide Information System</i> was rated as a <u>Strength</u> in recent CFSR. System has capacity to submit AFCARS, NCANDS and NYTD data to HHS. Low AFCARS error rate Continued development of ROM (Results Oriented Management). 	<ul style="list-style-type: none"> Continue to work with IT to make upgrades and improvements to our current system. FSDs information systems are very antiquated. The division will continue to highlight the need for a CCWIS. Continued development work to implement ROM.
Case Review System	<ul style="list-style-type: none"> Items 21: <i>Periodic Reviews</i>, Item 22: <i>Permanency</i> 	<ul style="list-style-type: none"> Draft new case plan policy.

	<p><i>Hearings</i>, and Item 23: <i>Termination of Parental Rights</i> were rated as a <u>Strength</u> in Round 3 CFSR.</p> <ul style="list-style-type: none"> • <i>Items 20: Written Case Plan and 24: Notice of Hearings and Reviews to Caregivers</i> were <u>Area Needing Improvement</u> in Round 3 CFSR. 	<ul style="list-style-type: none"> • Improve face-to-face contacts with children, youth, and family to improve engagement in case planning process and overall outcomes. • Continue to verify systems are in place in the districts to ensure foster parents receive the foster parent notification rack card prior to all hearings.
Quality Assurance	<ul style="list-style-type: none"> • Item 25: <i>Quality Assurance System</i> was an <u>Area Needing Improvement</u> in Round 3 CFSR due to lack of ongoing qualitative case review process. • Continue to review, evaluate, and modify newly implemented QCR process. • QA team supports the districts with data requests and analysis of their data. • Operations and QA team support districts around focused indicators 	<ul style="list-style-type: none"> • Continue to identify and train new case reviewers for the district QCRs. • Explore developing fidelity questions to use during QCRs to measure success in implementation and identify further support/needs. • In July 2019 the Capacity Building Center joined the Division Leadership to help identify CQI priorities for the districts and central office.
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. • Continue to refine new pre-caseload employee training requirements. • Utilizing different formats for delivery of information (online, GoTo and other virtual platforms, district consultation and coaching). 	<ul style="list-style-type: none"> • FSD recently revised policy around staff training requirements. • FSD and the CWTP continue to improve how we utilize the training system (LINC) to track successful completion of staff trainings and identify training needs. • Due to COVID, the CWTP was able to provide trainings virtually which was very well received. The division will continue to explore the best combination of in-person and virtual training over the upcoming year.
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. 	<ul style="list-style-type: none"> • Continue ongoing dialogue with partners and seek opportunities to collaborate with new partners to help address services gaps particularly in the areas of Children's Mental health, Early Childhood Services System, and Adult Substance Use.

	<ul style="list-style-type: none"> • The division continues to analyze priorities 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"> • Central Office has been working with districts around having local community conversations around strengthening VT's child welfare system and how best to use our finite resources.
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"> • Continue to engage and consult with stakeholders on policy and practice. • Train and utilize stakeholders for ongoing district QCRs. • Identify ways to improve how the division solicits input from youth and families on an ongoing basis.
Foster and Adoptive Parent Licensing, Recruitment, and Retention	<ul style="list-style-type: none"> • Item 33: <i>Standards Applied Equally</i>, and Item 34: <i>Requirements for Criminal Background Checks</i> were rated as a <u>Strength</u> in Round 3 CFSR. • Item 35: <i>Diligent Recruitment of Foster and Adoptive Homes</i>, and Item 36: <i>State Use of Cross-Jurisdictional Resources for Permanent Placements</i> were both <u>Areas Needing Improvement</u> in Round 3 CFSR. 	<ul style="list-style-type: none"> • FSD worked with the Capacity Building Center to develop and begin implementing the divisions statewide Diligent Recruitment and Retention plan. • Analyze data to inform strategies and adjust approaches as needed. • Utilizing FFPSA kinship navigator dollars to offer Leadership Academy for all Division Managers focused on engagement, recruitment and retention of kin as focus for change initiatives and for consultation with Seneca Center regarding Family Finding. •

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

Revisions to Goals, Objectives, and Interventions

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

Strategy 1A. Engage district staff around continuous improvement of practice, including the implementation of a strong culture of safety.

Activity/Benchmarks	Lead	Begin Work
1. Continue staff engagement around the implementation of our Safety Organized Practice framework.	Operations	Year 1 (7/1/19-6/30/20)
<p>Update: The division continues to receive TA from the CRC to support our implementation of a Safety Organized Practice framework. Practice related conversations occur at various statewide meetings with directors, supervisors, and Family Services Workers.</p> <p>In addition, Vermont continues to grow a strong culture of safety through the Safety Culture workgroup and the consultation from Jen Agosti on utilization of the TeamFirst Guide developed by Michael Cull. Vermont is one of 15 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).</p>		
2. Review internal district case transfer processes and make recommendations.	Operations	Year 2 (7/1/20-6/30/21)
<p>Update: The Supervisors groups has been recently exploring how to use the SBAR as way to support the transfer of cases from front end to ongoing with the office. There have been a couple early adaptors who shared how the process has been going in their offices to help spread the practice statewide.</p>		
3. Develop guidance and expectations on case documentation.	Child Safety Manager	Year 2 (7/1/20-6/30/21)
4. Develop a standard process for practice implementation that includes staff voices and engaging/informing community agencies.	Policy, Planning & Performance Unit	Year 1 (7/1/19-6/30/20)
<p>Update: The division is currently receiving TA from the Capacity Center for States to support the development of a change management framework for FSD. This work should be completed over the next year.</p>		

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

Activity/Benchmarks	Lead	Begin Work
1. Continue to explore ways to improve family engagement in the qualitative case reviews and use their stories to inform practice.	Policy, Planning & Performance Unit	Year 2 (7/1/20-6/30/21)
2. Enhance training and guidance on engaging and empowering families through case planning.	Operations	Year 2 (7/1/20-6/30/21)
Desired outcomes for children, youth, and families <u>OR</u> Systemic capacity expected to improve		
<ul style="list-style-type: none"> • P1- Item 5: permanency goal for child • W1- Item 13: Child and Family involvement in case planning • W1- Item 14: case worker visits with child • W1- Item 15: caseworker visits with parents 		
Rationale for selection of each strategy/activity		
<ul style="list-style-type: none"> • Engaging families about our practice provides us with critical qualitative data that will help us identify needed changes to improve practice and outcomes. • We know that strong family engagement and case planning skills results in better outcomes. Research also tells us that when workers meet with families and conduct routine home visits, it lowers the likelihood of maltreatment. • The division is exploring the use of the evidence-based SDM tool <i>Family Strengths and Needs Assessment</i> to improve how the division case plans with children, youth, and families. 		

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

Activity/Benchmarks	Lead	Begin Work
1. Create a set of key outcome measures for Family Services to highlight and improve.	Management	Year 1 (7/1/19-6/30/20)
Update: The division management team worked with the Capacity Center for States last summer and identified a set of focused and monitoring indicators and developed a process to work on improving the focused indicators over the next 3 years (see Appendix A).		

Significant process has been made regarding case closure, which, in addition to 9 new FSW positions has resulted in a reduction of caseload size from approximately 18 families per worker down to approximately 15 families per worker. This has also allowed us to reduce our front-end workload from 100 Child Safety Interventions (CSI') per worker per year down to 80 CSI's per worker per year.

A new kinship care policy has been developed, and Bob Friend from the Seneca Center was a keynote in our Family Finding Conference. The Child and Family Services (CFS) contract has been enhanced to ensure family finding is immediately completed when a child first comes into care, and that family finding includes file mining, genogram development and mapping in partnership with the parents, child or youth and extended family members. More work will occur in the year ahead to ensure a lifelong network is developed and nurtured.

Face to face contact will be a focus in the year ahead and robust CQI efforts continue in this arena.

2. Continue to develop clear, measurable performance measures for grants and contracts & review data annually.	Revenue Enhancement Unit	Year 2 (7/1/20-6/30/21)
3. Continue to evaluate the new Family First Prevention Services Act legislation and possibilities to leverage additional resources.	Management	Year 1 (7/1/19-6/30/20)

Update: The division is currently receiving TA from the Capacity Building Center to assist with the development of our five-year plan for VT's title IV-E prevention program.

Vermont is fortunate to have a significant foundation to build on thanks to federal Tobacco Settlement funds that led to our legislature creating a CHINS Reform workgroup. This workgroup hired a consulting firm to analyze the effectiveness of the State's home visiting practices. FFPSA Prevention Services Clearinghouse includes several programs such as Parent's as Teacher's and MESH that are on this list and currently being utilized in VT. Vermont is well-positioned to expand such evidence-based programs through the FFPSA Prevention Plan. Additionally, Vermont offers a Certified Public Managers Course, which is a year-long intensive program in which managers from across the agency focus on a change initiative. Over the past year a team of 3 CPM participants focused of the FFPSA prevention plan as their change initiative. They have developed a series of recommendations, draft "request for proposals", and template for review of all programs in the State to assist in the development of the plan.

4. Provide training to district leadership teams around obtaining and using data.	Quality Assurance Team	Year 2 (7/1/20-6/30/21)
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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 did not pass Round 3 of the CFSR. The division is working to improve how we review and dialogue about what the data is telling us. We will be working with the Capacity Building Center to identify ways to

use data routinely in statewide meetings and therefore building staffs level of comfort and competencies in this area.

- 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 and more resilient workforce and improve retention.

Strategy 2A. Increase access to high quality and effective onboarding trainings and professional development opportunities for all FSD positions.

Activity/Benchmarks	Lead	Begin Work
1. Implement ways for staff to provide input to trainings, to include an online anonymous survey after every training where results are reviewed quarterly.	Management	Year 1 (7/1/19-6/30/20)
<p>Update: The CWTP has implemented a process where trainees are provided an anonymous online survey after each training. We are currently working with the CWTP to identify the process where the results are accessible to management. The CWTP has revamped the Family Services Worker foundations training to include a shadowing component in addition to online and classroom learning. This is coupled with coaching from a training coordinator in addition to prompts for the Family Services Supervisor for how best to support the onboarding of the new employee in the form of an onboarding “checklist. FSW’s are not given a caseload until they have completed the checklist, and caseload is developed gradually starting at the 4-month mark and ending at the 6-month mark. Additionally, each district office develops a “Collaborative Learning Agreement” with the CWTP to ensure coaching is offered in a manner that targets key areas of professional development for new employees and leaders, particularly as it relates to Safety Organized Practice.</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.	Management	Year 1 (7/1/19-6/30/20)
<p>Update: In 2019, the division was able to utilize federal funding and other outside funding sources to support district staff’s attendance to several out-of-state conferences:</p> <ul style="list-style-type: none"> ▪ 7 staff: February- Kinship Traditions of Caring and Collaborating Training – Arizona ▪ 6 staff: April- National Conference on Child Abuse and Neglect (NCCAN)- DC 		

<ul style="list-style-type: none"> 10 staff: May- New England Convening on Trauma, Resilience-Informed Child Welfare Agencies- New Hampshire <p>Management will continue to explore ways to support attendance to other out-of-state conference using available federal funding and/or other outside funding sources.</p>		
3. Continue to evaluate and adjust Foundations based on feedback.	Management	Year 1 (7/1/19-6/30/20)
<p>Update: Operations participated in Foundations during the winter session of 2019 and provided feedback for some improvements. Efforts to ensure trainings are in line with the most current policy revisions and Practice Model framework have been implemented. In addition, due to COVID, the CWTP has adjusted Foundations so staff could access trainings virtually which was well received. Due to this feedback, the CWTP plans on adjusting how they deliver Foundations moving forward. The Zoom Platform as a means for professional development has grown tremendously over the past 4 months. Capacity to connect staff easily from across the State, breakout sessions that allow for small group conversation and engagement in learning and a “nimble” way of accessing materials has improved how well received trainings are.</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 Item 26 & Item 27: Staff Training 		
<p>Rationale for selection of each strategy/activity</p>		
<ul style="list-style-type: none"> The above activities are aligned with recommendations from NCWWI’s Workforce Development Framework which highlights the importance of the Professional Development and Training. 		

<p>Strategy 2B. Improve access to different levels of supervision and support including ways to support staff well-being.</p>		
Activity/Benchmarks	Lead	Begin Work
1. Implement policy on case consultation, solicit feedback, and revise as needed.	Operations	Year 1 (7/1/19-6/30/20)
<p>Update: The division has focused on providing coaching training through the CWTP to our Central Office consultants to help support the implementation of this policy. New policy has been developed that highlights the areas of policy in which central office consultation is required, and how coaching is utilized to ensure a learning culture during these consultations. Multiple trainings, coaching of coaches, and coaching practice</p>		

opportunities have been provided to all central office consultants. This is adaptive work which will continue to be an area of focus in the year ahead.

The Safety Culture Workgroup meets twice a month focused on the TeamFirst Guide which offers tools to support a culture of safety. Child Welfare is a field in which high-risk, high-consequence decision making occurs on a regular basis. Tools in the TeamFirst guide such as “huddles”, checklists, SBAR, etc. support staff in ensuring during those most critical decision making moments that there is a team around the worker supporting them in engaging in critical thinking during these vulnerable decision points, as well as ensuring staff are tuned into the impact of secondary traumatic stress and how it may impact critical thinking. This work is being done with the support of Casey Family Programs consultant Jennifer Agosti, and the creator of the TeamFirst Toolkit, Michael Cull.

2. Continue to highlight and revisit the Flexible Workforce guidance document so staff are aware of current AHS policies related to work schedules.

CQI Steering
Committee

Year 1
(7/1/19-6/30/20)

Update: Over the last year we continued to highlight this statewide guidance and also added language to our public webpage around our support of a flexible workforce as a recruitment strategy. During our June 2020 CQI Steering Committee, we reviewed Lessons Learned during COVID, and committed to updating this guidance to support more teleworking post COVID.

3. Review Hope Team model and explore ways to strengthen and increase effectiveness.

HOPE Team

Year 1
(7/1/19-6/30/20)

Update: The Hope Team meets monthly and discuss ways to strengthen the model. Over the last year the Hope Team clinicians developed a grief and loss training for the Hope Team members which was very well received. In addition, the Hope Team has joined the Safety Culture workgroup and are identifying ways to collaborate. Some goals for the year ahead include: providing role clarity and communication parameters of clinicians in districts as well as leadership messaging about the role and value of the HOPE team.

4. Use data from FSD staff retention survey and exit data responses to inform next steps for this goal.

CQI Steering
Committee

Year 1
(7/1/19-6/30/20)

Update: Over the last year the CQI Steering Committee reviewed the survey results and agreed to explore what it would take to implement mentoring in the district for our Family Services Workers. The division is currently working with the CWTP on how we can replicate what was developed in the Burlington district to support new staff through mentoring and hope to have a plan soon for the upcoming year.

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

- To increase staff retention within the first 2 years of employment

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 the Organizational Environment, Incentives and Work Conditions, as well as Supervision and Performance Management.

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

Strategy 3A. Identify and implement ways to create stronger partnerships with community and government agencies and use a shared vision of Vermont's child welfare system.

Activity/Benchmarks	Lead	Begin Work
1. Broaden training access for community and government agencies offered by the Child Welfare Training Partnership.	Management	Year 1 (7/1/19-6/30/20)
Update: This continues to be a work in progress though we try to utilize stakeholder meetings and workgroups to highlight available trainings to our community partners. CWTP has a robust array of online learning opportunities which have now been made available to all our Guardians Ad Litem, childcare providers, and many other community partners. This includes an "Adoption Competent", "Trauma Informed" Practice training that is offered on an interagency level for members of the education, mental health, and child welfare communities. Online training continues to grow due to the impact of COVID, creating new opportunities for a broader array of opportunities for community providers. FSD staff have provided training in-person to Guardian's Ad Litem at their annual conference as well as at the local level.		
2. Share responsibilities to keep children and youth safe in communities by clarifying roles with local community and government agencies within the context of Vermont's child welfare system.	Districts	Year 1 (7/1/19-6/30/20)
Update: Central Office is working with a couple districts currently to host community conversations. The goal is to support a couple districts at a time. Our timeline has been pushed forward due to COVID and now we are exploring holding these meetings virtually.		
3. District and local agencies will identify ways to connect annually to explore trends together, provide program updates, and strengthen relationships.	Districts	Year 2 (7/1/20-6/30/21)

4. Identify 1-2 key state agency(s) at the central office level to engage with and improve relationships.	Management	Year 2 (7/1/20-6/30/21)
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 show 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.	Policy, Planning & Performance Unit	Year 1 (7/1/19-6/30/20)
Update: This is currently being updated and will be finalized this summer. Efforts will include a robust section on permanency planning.		
2. Use Bench bars meetings to educate our legal partners on new policy and practice areas and key messages.	Districts	Year 2 (7/1/20-6/30/21)
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	Lead	Begin Work
1. Explore using the Vermont Court Improvement Project to improve the courtroom environment.	Policy, Planning & Performance Unit	Year 1 (7/1/19-6/30/20)
Update: During this year’s annual CIP meeting in March, Vermont discussed bringing this topic to a future Justice for Children’s Taskforce meeting. The goal is to get this on the agenda over the next year. This topic was highlighted again during last Fall’s district Roadshows as a theme in many districts. The CQI Steering Committee met in June and determined we needed to carve out more time to discuss and identify next steps. The CHINS Reform effort is focused on addressing the backlog of CHINS cases. A Judicial Master has been assigned to work to address this need and this position will be piloted in Chittenden and Franklin Counties in the year ahead. The link between the courtroom environment and unnecessary delays to the court process has been made, and efforts to keep the court environment productive and focused on the issues before the court is a strategy that will be highlighted in the year ahead.		
2. Identify strategies to improve relationships with local legal partners.	Districts	Year 1 (7/1/19-6/30/20)
Update: This relates to the above activity. No additional updates.		
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 developments and other key child protection related topics. Accessing resources such as the Capacity Center for Courts in collaboration with the Vermont Court Improvement Project will help identify ways to improve Parent Representation with the goal of impacting the amount of litigation and court time and improve permanency timelines. 		

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

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

- P2- item 7: siblings in foster care are placed together
- P2- item 10: placement with relatives
- Item 28- Provider Training

Rationale for selection of each strategy/activity

- FSD is receiving technical assistance from the Capacity Building Center to create a statewide and local diligent recruitment plans which are rooted in research and reflected in the above activities to improve permanency outcomes for children and youth in custody.

Strategy 4B. Increase the availability and capacity of kinship and foster homes that meet the diverse needs of Vermont's children and youth

Activity/Benchmarks	Lead	Begin Work
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).	Districts/Diligent Recruitment Team	Year 1 (7/1/19-6/30/20)
Update: Districts provide data from their Inquiry Tracking Spreadsheet Quarterly. Unfortunately, our current IT resources do not support this function in any way. Despite these barriers, we are using Inquiry tracking Spreadsheet data to inform general recruitment planning activities, to monitor caregiver license closures, to identify where we need targeted recruitment, to monitor placement with kin and to support retention strategies. Please refer to the Diligent Recruitment Section of the APSR 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.	Districts/Diligent Recruitment Team	Year 1 (7/1/19-6/30/20)
Update: The FSD workforce participated in a virtual Family Finding seminar with Bob Friend from the Seneca Center. The goal of this work is to improve Family Engagement practice across the division by focusing on our approaches to Family Finding and Working with Kin. Consultation and a second event later this Fall will support the change process.		
3. Increase the number of foster homes able to maintain children within their home communities.	Districts/Diligent Recruitment Team	Year 1 (7/1/19-6/30/20)
Update: As each District onboards with the DR Program, they are provided with baseline outcome data related to their current practice. Each district completes a practice profile tool which encourages them to pause and reflect on their practices to identify areas of strength and challenge. From there the district selects from a menu of evidence informed / or promising strategies that they will implement to strengthen their recruitment and retention efforts. Through ongoing consultation and review of data progress toward improving outcomes is		

monitored. Overall, FSD has experienced a 16% increase in the number of licensed caregivers over the last year. Please refer to the Diligent Recruitment Section of the APSR 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 is receiving technical assistance from the Capacity Building Center to create a statewide and local diligent recruitment plans which are rooted in research and reflected in the above activities to improve permanency outcomes for children and youth in custody.

Implementation & Program Supports

Staff Training

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

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

Goal 2: *Grow and support and 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.

Technical Assistance

1. FSD continues to receive technical assistance from the Children's Research Center around our Safety Organized Practice Framework and the implementation of our SDM tools.
2. As part of AHS, and in collaboration with the Agency of Education, the division will be receiving technical assistance from Public Consulting Group to address concerns around the increased number of children in Vermont who are placed in residential programs, including out-of-state placements.

Capacity Building

The Capacity Building Center is continuing to provide support in several areas of our work:

1. Strengthening our CQI framework as well as provide capacity building supports to fully implementation our framework for new practices and procedures.
2. The development and implementation of our change management framework
3. Support around our residential utilization analysis (applying change management)
4. IV-E prevention planning support

The division also continues to work with a local organizational consultant around our Strategic Plan as we enter Year 2.

Evaluation and Research

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

- LUND RPG Grant Vermont Family Recovery Program is being piloted in Burlington and Newport which has an evaluative component being conducted by Crime Research. The goal of this pilot is to serve substance use involved families of young children at risk of coming into care. This program had a slow start due to hiring challenges but is up and running with service delivery in the two pilot sites now. Data analysis and evaluation of this 5-year project has just begun.
- As part of the 2019 legislative session, UVM was asked to conduct an multi-phase evaluation to look at how to reduce the number of children coming into care in response to the fact that per capita Vermont has a higher entry rate than most of the nation. FSD has been providing information and data to assist with this evaluation.
- CWTP is modifying the National Child Traumatic Stress Network (NCTSN) Resource Parent Curriculum (RPC) to serve birth parents with substance use issues. UVM will be evaluating the effectiveness of this new approach.

Measures of Progress

Item Measure	Description	Current Performance 2019 Qualitative Case Review Results (*achieved/maintained goal over the last year)	Desired Progress Over Next 4 Years of the CFSP
Item: 2	Services to Family to Protect Children in the Home and Prevent Removal or Re-Entry into Foster Care	76%	87%
Item: 3	Risk and Safety Assessment and Management	61.29%	62%
Item: 4	Stability of Foster Care Placement	80%*	72%
Item: 5	Permanency Goal for Child	48.28%*	47%
Item: 6	Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	35%	56%
Item: 7	Placement with Siblings	87.5%	92%
Item: 10	Relative Placement	75.68%*	75%
Item: 12	Needs and Services of Child, Parents, and Foster Parents	42.65%*	40%
Item: 13	Child and Family Involvement in Case Planning	57.81%	59%
Item: 14	Caseworker Visits with Child	55.88%	68%
Item: 15	Caseworker Visits with Parents	50.55%*	39%
Item: 25	Quality Assurance	Will be measured ongoing over the next 4 years of the CFSP by the criteria outlined by the Children's Bureau for each of these systemic factors. FSD will explore the use of focus groups and surveys to obtain feedback from stakeholders.	
Item: 26	Initial Staff Training		
Item: 27	Ongoing Staff Training		
Item: 28	Provider Training		
Item: 29	Service Array and Resource Development: accessibility		
Item: 30	Service Array and Resource Development: individualize		
Item: 31	Agency Responsiveness to the Community: ongoing consultation		
Item: 32	Agency Responsiveness to the Community: coordination w/ other federal programs		

Quality Assurance System

The Family Services Quality Assurance Team consists of 3 Quality Assurance Specialists, a supervisor, and an administrative support staff. The group supports many of the division's data, reporting, and CQI functions.

Over the last year the team was able to participate in the CQI Evaluation Summit in DC which was a great professional development opportunity for everyone. In addition, the entire team joins the regional New England CQI meetings that typically are held in December to share different CQI practices and learn from one another. Over the last year, the QA team also received technical assistance from the Capacity Building Center to support their data analytics skills which they applied to several areas of work related to FSD's focused indicators and our analysis of our residential utilization. The QA Team is also part of the Change Management workgroup who is charged with the development of an FSD framework that will support the implementation and evaluation of practices.

In addition to the work of our QA team, FSD Leadership has been utilizing the district annual roadshows to evaluate how the division is doing related to the goals, strategies, and activities outlined in our strategic plan. Staff share the themes they are seeing in their district which helps inform where we are successful and where need to revisit our approach. The CQI Steering Committee, which is comprised of staff from each district office and in different roles, along with central office staff, meet regularly to review different areas of our strategic plan and identifies ways to keep the district staff connected to this work.

Our Qualitative Case Reviews is another important way the division measures progress. During our PIP, FSD successfully implemented a case review system which replicates the CFR process by teaming up FSD staff and community partners who are responsible for reviewing 2 cases over 3 consecutive days. Reviews are typically conducted every fall and spring, however this past spring they were cancelled due to COVID and we are currently exploring how to successfully conduct reviews remotely over the next year. Although we rely on a lot of information that is in the paper file that is not in our electronic case management system, we are optimistic we can overcome these challenges.

Update on the Service Descriptions

Services for Children Adopted from Other Countries

2019 marked the culmination of Vermont's participation in the Quality Improvement Center for Adoption and Guardianship Project. APSR 2020 provides robust information about the well-being outcomes for a significant number of families who adopted children from other countries and who responded to the Vermont Permanency survey. 47 of the 117 private adopters who responded to the survey were families who adopted their child(ren) from another country.

Through their survey responses, we learned that 61.7% (29) of caregivers adopted their child 10 or more years ago and 53.2% (25) of those children were of Asian descent. When asked if they identify their family as a transracial or transcultural family, 89.4% (42) of caregivers said yes. Of those 42 families, 88.1% (37) of caregivers reported that they talk about being a transracial or transcultural family.

In terms of educational well-being, 30 out of the 47 children were currently enrolled in school (K-12). Of those: 16.7% (5) had an IEP, 73.3% (22) had a teacher who really understands his or her needs, 76.6% (23) were rated as good or excellent in language arts by their caregiver, and 83.4% (25) were rated as good or excellent in math by their caregiver.

We also learned that some of our families have children with special health needs, specifically: 19.6% (9) of the children had a mental health issue, 13.0% (6) of the children had a food or eating issue, and 8.9% (4) had an alcohol or substance misuse/abuse issue.

Caregivers reported high levels of commitment to their children, evidenced by the following:

- 100% (all 47 caregivers) **strongly agreed** with the statement “I am committed to my child for life, no matter what.
- 78.7% (37) caregivers were **very to extremely confident** that they could meet the needs of their child.
- 97.9% (46) caregivers rated the impact of the adoption as **slightly to extremely positive**.
- 97.9% (46) caregivers reported that they **definitely would have** adopted their child if they knew then what they know now.

Caregivers were also asked how often they are discussing adoption with their child. The majority of caregivers are initiating these conversations monthly or less than monthly (74.4%, 35). Children are also initiating these conversations monthly or less than monthly (63.9%, 30). Only 10.6% (5) of caregivers report never talking about adoption with their child, and only 14.9% (7) report that their child never asks about the adoption.

Out of the 47 caregivers who responded, 25.6% (12) were aware that their child had birth siblings outside of the home. Of those 12, 41.7% (5) had contact with at least one sibling living outside of the home. Due to the nature of the sample (families formed through international adoption), it is important to point out that an additional 33.3% (4) of caregivers reported that contact was not possible and that 44.7% (21) of the caregivers didn’t know whether their child had any birth siblings.

Overall, parents who adopted a child internationally reported feeling very or extremely prepared to meet the needs of their child at finalization (80.9%, 38), and rated the adoption agency that assisted them as good or very good in preparing them to meet the needs of their child (72.3%, 34).

After finalization, families turned to a variety of supports and services. The most frequently accessed services for this sample were: online supports and blogs (21.3%, 10), individual counseling for the child through a community mental health agency (19.1%, 9), or individual counseling for the child through a private provider (14.9%, 7). Unfortunately, caregivers were not satisfied with the services available to them in their community. Of those who used family support services, 50% (4) felt that those services never met the needs of their family. Caregivers had slightly higher ratings for mental health services for their child, with 66.7% (8) rating that services met the needs of their child some of the time to always. However, the remaining third (4) felt that mental health services never met the needs of their child. A similar pattern emerged for caregivers rating of mental health services for themselves, with 60% (6) reporting that mental health services met their needs about half of the time to always. The remaining 40% (4) reported that mental health services never met their needs.

These findings suggest that caregiver commitment is of these families formed through international adoption. In addition, the caregivers reported several positive educational outcomes for their children. The majority of these caregivers are also discussing their child’s adoption story with their child between once a month and less than monthly. The primary area for improvement identified from our survey findings are in the areas of service array and delivery, including the need for service professionals to receive more training on issues of adoption.

Historically, as a state we have operated from a place that indicated that information about the needs of private or internationally adopting families would not be readily available to the state system. We were pleasantly surprised by the willingness of most of our private adoption agencies to support the outreach to their families. Gathering this data will help us to increase our ability to understand and meet the needs of families formed through private or international

adoption. Families who have adopted privately or internationally are able to access the same services that are available to families who have adopted through foster care. This is long standing practice in Vermont.

2019 marked the implementation of a practice for collecting information from private agencies related to any family who has participated in a home study for the purpose of adoption regardless of the outcome of that process. From this information we can note that Vermont, like many jurisdictions, is experiencing a consistent downtrend in the number of families who are adopting privately and internationally.

For more than 20 years, Vermont has offered the same array of mental health and post adopt services to families who have adopted internationally as those that are available to families adopting privately or from the public child welfare system. Our belief is that any Vermont adoptive family should have access to the entire service array that is 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 families who do not have Medicaid insurance.

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

Services for Children Under the Age of Five

Activities to Reduce the Length of Time in Care

The CHINS Reform Workgroup

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

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

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

Judicial Master

One of the recommendations in the CHINS Reform Workgroup Report to assist with the court backlog and help improve the timeliness of hearing, was the use of a judicial master in proceedings that do not require a judge. It was recommended to have a pilot in two districts with the expectation that the judicial master could

encourage parents to follow case plans/remain engaged in treatment and would weigh in on any non-evidentiary proceedings including but not limited to:

- Parent-child contact;
- Status conferences;
- Screening cases for mediation or restorative processes such as Family Group Conferencing; and
- Preliminary hearings.

The Burlington and St. Albans were identified as the two pilot districts and in early June it was announced who was filling the role of the judicial master.

National Center for State Courts

The Vermont Judiciary is also contracting with the National Center for State Courts (NCSC) to study the processing and adjudication of child welfare cases including recommendations to reduce the need for intervention by the Department of Children and Families and the courts. FSD will work with the Judiciary and help provide requested information and data to assist in this study.

Impacts of COVID on Court Hearings

On March 16th, the Vermont Supreme Court issued the declaration of emergency which suspends all non-emergency superior court hearings through 4.15.2020 and was extended through 5/31/20. 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 are prioritizing all Juvenile Hearings, with Termination of Parental Rights (TPR) Proceedings at the top of the priority list. As of June 1st, there were 150 cases that needed to be put on the docket (50 that were in process pre-COVID, 80 that had been filed but not scheduled, and 20 new cases).

Chittenden court is the most backed-up.

Court Data

I. JUVENILE CASES ADDED (multiple years)

	FY14	FY15	FY16	FY17	FY18	FY19	1st half FY20	FY20 projected
CHINS-Abused or Neglected	810	1,068	1,069	922	1,101	898	428	856
CHINS-Truant	123	112	138	165	183	129	39	78
CHINS-Beyond Parent Control	93	83	85	66	76	68	31	62
Delinquency	667	702	733	703	883	707	401	802
Youthful Offender	54	44	43	33	33	504	254	508
Total	1,747	2,009	2,068	1,889	2,276	2,306	1,153	2,306

II. CUSTODY OF CHILDREN; CASES ADDED IN CURRENT FY (custody status before disposition)

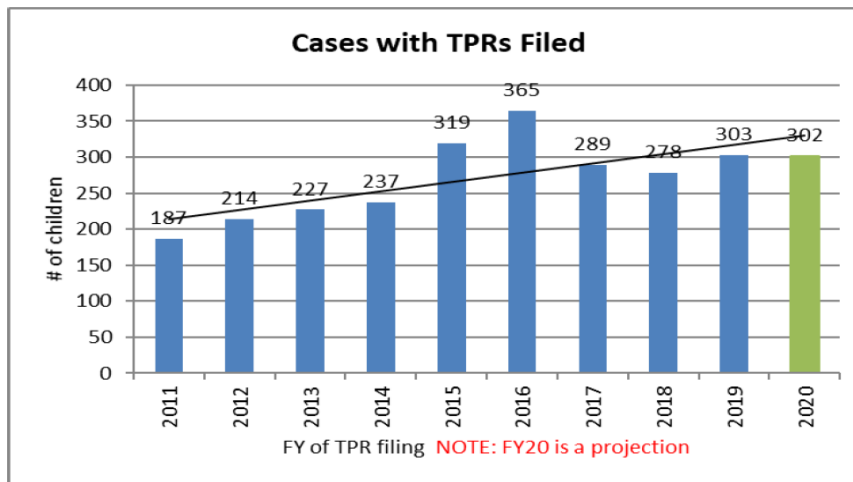
FY20 (1st 6 mo.)	DCF custody	Custody to "Other"	no custody change	Total # cases
CHINS-Abused or Neglected	182	29	217	428
CHINS-Truant	0	0	39	39
CHINS-Beyond Parent Control	24	0	7	31
Delinquency	21	1	379	401
Youthful Offender	0	1	253	254
Total	227	31	895	1,153

Cases w/ young children who are removed from the home are more likely to go to TPR

% of ab/negl. cases in DCF custody: 42%
(It's often closer to the 50% range)

TPRs (Termination of Parental Rights)

IV. TPRs FILED OVER TIME



1st half of FY20

TPRs are typically filed a year into a case.

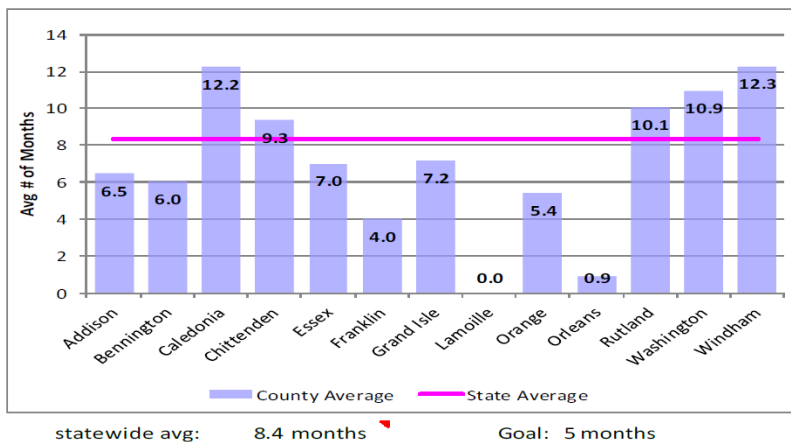
Contested TPRs place heavy demands on judicial resources. Courts are hard pressed to find time for multiple-day contested TPRs, which also require findings time for the judge.

FY20 cases with a TPR filed is projected to be about the same as in FY19.

source: TPR Trends report.xls

VI. TIMELINESS OF TPRs DECIDED THIS FY

Fiscal Year: 2020 (1st 6 months)



count is docket #s (children)

of Cases with TPRs Decided

(this is 1st TPR filed to last TPR decided)

County	# of Cases with TPRs Decided
Addison	7
Bennington	5
Caledonia	15
Chittenden	30
Essex	0
Essex	4
Franklin	24
Grand Isle	2
Lamoille	1
Orange	9
Orleans	1
Rutland	9
Washington	15
Windham	17
Grand Total	151

The avg length of time over an 10 year period is 7.9 months

8.4 months is better than FY18's 8.9 mo.

Developmental Needs of Children

Tracking and analysis of referrals to Children's Integrated Services

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

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

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

We continue to run a report of all the Child Safety Interventions in which there is at least 1 child in the household that 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. Directors share this report with their Children and Family Services (CFS) partner to evaluate CIS referral processes, services provided, utilization of contracted services, etc. This activity not only ensures that children are being referred and services provided, it also strengthens the partnership between the district and CFS staff.

Increased childcare financial assistance to families involved in DCF

As noted above in the *Child and Family Service Continuum* section, beginning March 3, 2019, the Child Care Financial Assistance Program (CCFAP) which is managed in the Child Development Division, began making full payment for child care services for families involved in a Family Services ongoing case when they are placed in protective services childcare. This means that the co-pay is being covered for cases where children are not in DCF custody. The CCFAP program already makes full payment for DCF custody cases when a child is in specialized services childcare.

Given the current budget issues developing in the wake of COVID, we are not certain this subsidy extension will be supported going forward. We met with staff from the Child Development Division (CDD) in early May to evaluate the potential impact of reducing/eliminating subsidy to the families involved in a Family Services ongoing case when they are placed in protective services childcare. While it is not a Family Services Division decision, we are pleased that the CDD was interested in hearing from us about the impact this change may have for families.

Division Collaboration

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

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

Child-Parent Psychotherapy

Child-Parent Psychotherapy (CPP) is an evidence based, in home, trauma informed, therapy model for children aged 0-5 who have experienced at least one traumatic event (e.g. maltreatment, the sudden or traumatic death of someone close, a serious accident, sexual abuse, exposure to domestic violence) and/or are experiencing mental health, attachment, and/or behavioral problems, including posttraumatic stress disorder (PTSD). The treatment is based in attachment theory but also integrates psychodynamic, developmental, trauma, social learning, and cognitive behavioral theories. Therapeutic sessions include the child and parent or primary caregiver. The primary goal of CPP is to support and strengthen the relationship between a child and his or her caregiver as a vehicle for restoring the child's cognitive, behavioral, and social functioning. Treatment also focuses on contextual factors that may affect the caregiver-child relationship (e.g. cultural norms and socioeconomic and immigration-related stressors).

NFI Vermont, Easterseals, and Howard Center co-sponsored the first Vermont state-wide Child Parent Psychotherapy Learning Collaborative, which successfully completed in November 2018. Twenty-seven CPP clinicians and supervisors are now certified CPP providers. National Child Traumatic Stress Network trainers provided the 18-month learning and have remained involved with the planning committee. In addition to Easterseals and NFI-VT, the training teams included representatives of four community mental health agencies (Howard, NKHS, CSAC, and Rutland), the UVM Medical Center, Community Health Center, three HeadStart mental health consultants, and private practice therapists. Members of the cohort continue to meet for case consultation a year and a half later.

NFI, the Howard Center, and Easterseals have been working to secure funding for a second learning collaborative. Originally scheduled to begin May 2020, it now is postponed due to Covid-19 and the unexpected financial demands. Attempts to secure grants have not been successful, and other funding from the Department of Mental Health is now in question. If funding is secured, it will be held in the Spring of 2021, if large in person meetings are permitted at that time.

Parent-Child Interaction Therapy

Parent-child interaction therapy (PCIT) is an evidence-based treatment for young children with emotional and behavioral disorders that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. Children and their caregivers are seen

together in PCIT. Most of the session time is spent coaching caregivers in the application of specific therapy skills. Howard Center continues to be the leader in this practice in Vermont.

Over the last year, after receiving a donation from the Vermont Community Foundation, Washington County Mental Health Services was able to open a downtown Barre PCIT room in the beginning of December. In total, they have 5 clinicians who do PCIT on a part-time basis.

As of last December, the WCMHS PCIT program had over 80 families referred for PCIT treatment from multiple referral sources. The team was actively working with 12 families at that time and the number of families referred who completed and graduated from treatment was 18.

Home Visiting Alliance

The Child Development Division and the Department of Health Maternal Child Health (MCH) are jointly committed to supporting a fully implemented and expanded continuum of Home Visiting services through the Strong Families Vermont continuum. As resources become available, this includes expanding the existing sustained home visiting program delivered by nurses (see below) and implementing a complementary family support model.

In an effort to explore this issue the CDD and the MCH reconvened the Home Visiting Alliance (HVA disbanded in 2015) to inform the State's decision(s) about how to direct any new funding for sustained family support home visiting. The preferred strategy is to implement one family support model as new funding becomes available. The HVA's perspective on this direction was explored, specifically the level of endorsement for the existing model Parents as Teachers (PAT) and whether there are compelling reasons to consider alternative model options. The final decision, after comparing several models, was to endorse PAT should funding become available.

Strong Families Home visiting

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.

Sustained Home Visiting

Nurse Home Visiting Program

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

Family Support Home Visiting Program

Trained professionals from Children's Integrated Services partner agencies deliver a long-term, evidence-informed 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.

Responsive Home Visits

Children's Integrated Services teams work together to connect families with Maternal and Child Health nurses and/or Family Support Workers to provide regular home visits in response to time-limited needs. These visits support and strengthen families' health, wellbeing, parenting skills, social connections and ability to address stressors.

Efforts to Track and Prevent Child Maltreatment Deaths

Child Maltreatment Fatality Prevention Plan

NCANDS and Tracking

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

Child Fatality Review Team

Family Services Division 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 Vermonter residents where the incident of injury was in Vermont), birth through, and including, 18 years of age.
- Improve collection of data during all phases of investigation and review so that a comprehensive record of these deaths is maintained for the purposes of improved evaluation, research and prevention by the CFRT.
- Analyze aggregate data for Vermont children to identify patterns, trends and risk factors for preventable deaths;
- Evaluate the response of public support systems to the children and families who are reviewed;

- Recommend changes in procedures, resources and service delivery systems, with focus on future prevention strategies;
- Educate the public, service providers, medical community, and policymakers about preventable deaths and strategies for intervention; and
- Recommend legislation, rules, policies, procedures, practices, or trainings that promote coordination of services to children and families and improve the safety and well-being of children overall.

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

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

Partners

In addition to its membership on the child fatality review team, Family Services Division also participates with the Vermont Citizens Advisory Board, Children's Justice Act Task Force, and Abusive Head Trauma Advisory Committee; all of which are tasked with making recommendations towards systemic improvement for the state's response to child abuse in general and including child maltreatment fatalities specifically.

Vermont Family Services Division is in the process of redeveloping our critical incident review protocol and is a member of the National Partnership for Child Safety (NPCS) Collaborative, a multi-state collaborative with the following mission:

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

Child Safety and Protection

Intake and Screening:

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

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

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

Vermont utilizes a differential response system. At the point of acceptance, a report is assigned either to an investigative route whereby a determination is made whether or not to substantiate the allegation of abuse and/ or neglect. When an individual is substantiated for abusing or neglecting a child, their name is placed on the Vermont Child Protection Registry. . Vermont's policies outlining the phases of investigation and assessment and the process for substantiation can be found here:

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

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

Assessment

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

SDM Safety Assessment®

SDM Risk Assessment®

SDM Reunification Assessment®

SDM Risk Reassessment®

Targeted Strategies to prevent child maltreatment fatalities:

Assessing the safety of newborns on families with division involvement

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.

Identification and response to our states most vulnerable children

Vermont continues to develop a protocol to target heightened prevention and/ or intervention efforts towards children age one year and younger with identified risk factors.

In 2017 a thorough analysis of maltreatment related deaths and a small portion of near fatalities for children under 4 was conducted to identify risk factors present and known to the Department at the time of the death or injury. The purpose of this was to create a protocol for heightened oversight of the highest risk cases accepted for assessment or investigation. Risk factors identified in Vermont child fatalities were merged with risk factors identified nationally through NCANDS data. The protocol will focus on infants 12 months and under with one or more of the following risk factors:

- Department History
- Parent Under 25 years old
- Caregiver Substance Use
- Caregiver Mental Health
- Domestic Violence
- Insecure Housing
- Financial Stress
- Neglect/Lack of Supervision

Primary and Secondary Prevention

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

Vermont's Department of Health is vital partner in our child maltreatment prevention efforts. 2018 saw the implementation of a robust infant safe sleep campaign:

<http://www.healthvermont.gov/safesleep>

<http://www.healthvermont.gov/family/babies>

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

Additionally, Vermont Department of Health:

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

In summary, from primary prevention through targeted intervention, fatality review and recommendations from a public health perspective, Vermont is well poised to pull the many already established pieces of this very important 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.

MaryLee Allen Promoting Safe and Stable Families (PSSF)

There have not been significant changes to the services highlighted in the CFSP submission. Family Services continues to contract for the following statewide services that are geared towards improving our outcomes and achieving our program goals:

- **Child and Family Services** contract (CFS): provides support to the area of parent child contact, family finding, and facilitating family safety planning meetings

- **Intensive Family Based Services (IFBS):** provides supports to our high-risk intact families
- **Prevention, Stabilization and Support for Youth and Families (PSSYF):** target population is youth ages 12-23 that are at-risk of child welfare or juvenile justice system involvement, homeless, pregnant/parenting
- **Balance and Restorative Justice (BARJ):** to support youth involved in, or at risk of becoming involved in the justice system by providing restorative interventions that reduce or eliminate further involvement in the system
- **Support and Stabilization contract (SxS):** provides short-term supports to youth in foster care, especially youth returning from residential placement to their community
- **Substance Abuse Case managers:** provides supports and will accompany Family Services workers completing child safety interventions where there are substance use concerns.

Services Decision-Making process for Family Support Services

There have not been any significant updates since the CFSP submission. For each of those contracts listed above, the majority were put out to bid for each of the local community partner agencies to respond if they were interested (IFBS, CFS, BARJ, PSSYF) or an RFP was developed for 1 statewide contract to provide services to each of the 12 districts (Support and Stabilization).

Populations at Greatest Risk of Maltreatment

Substance Exposed Newborns

Please refer to page 65, the CAPTA section of this report.

Human Trafficking

As stated in the last plan, the state of Vermont was awarded a \$1.2 million grant to combat human trafficking. This grant is designed to support the delivery of comprehensive and specialized services for all victims of human trafficking and the investigation and prosecution of sex and labor trafficking cases. Through the grant, at least three new positions entirely dedicated to promoting victim-centered and trauma-informed investigations and comprehensive service delivery will be developed and funded. The \$1.2 million grant covers a three-year period beginning October 1, 2018. The Department of Justice announcement is available here: <https://www.justice.gov/usao-vt/pr/vermont-awarded-12-million-grant-combat-human-trafficking>

Vermont's Human Trafficking Task Force consists of a statewide steering committee and four sub-committees (Training/Outreach, Victim-Based Services, Law Enforcement, and Labor Trafficking). The statewide task force is focused on both adult and child/youth trafficking victims. Through this task force, Vermont currently has two Human Trafficking Case Managers for the state. Additionally, Law Enforcement Liaison position and Victims Services Coordinator position have been hired. Now that all grant-funded positions have been hired, the focus is on developing protocols, working agreements, and policies regarding each of their roles and the work.

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

FSD is in the process of establishing a standalone human trafficking policy and is focusing on the protocol for investigations in collaboration with federal and state partners. Additionally, a need for online safety guidance for parents and caregivers has been identified throughout the COVID-19 pandemic.

Human trafficking related training for staff is currently being offered online and via podcast for staff. Also, there are plans to update the existing online training for caregivers about human trafficking.

Since 2014 when we began collecting data, more than 160 reports have been flagged for trafficking. In 2019, there have been:

- 26 accepted reports
- 9 unaccepted reports
- Youth victims ages 13-17
- Primarily female victims

LGBTQ

[Family Services Policy 76: Supporting and Affirming LGBTQ Children and Youth](#) remains in effect to guide FSD's practice in support of providing a safe, healthy, and inclusive environment for all children and youth served by the division. Through an empaneled child protection team, central office in collaboration with [Outright Vermont](#), continues to provide consultation to the field as support is needed and within circumstances required by the policy:

- Legal name changes
- Legal gender marker (the male [M] or female [F] identifier on one's birth certificate, ID, or passport) change
- Obtaining or changing photo identification (passports or driver's licenses)
- Situations where a young person feels unsafe, uncomfortable, or disagrees with a placement because of their identity
- Medical treatment decisions
- Other situations requested by staff, caregivers, or youth

Prior to the COVID-19 pandemic, Vermont was selected to offer a workshop at the 2020 CWLA Conference titled *Making It Better: Creating and Sustaining a Vibrant Collaboration in Service to Youth who are LGBTQ*.

Description: The Vermont Department for Children and Families has partnered with Outright Vermont, a youth-serving nonprofit agency, to better serve youth in the Vermont child welfare system who are LGBTQ through best practice discussions, consultation, service referrals, and support with legal and/or medical decision-making. Vermont is excited to share their vibrant and collaborative model with other states and child and family service agencies.

Kinship Navigator Funding

The State of Vermont accepted both the 2018 and 2019 allocations of \$211,745 per year made available through The Family First Prevention Services Act (FFPSA), Title VII of the Bipartisan Budget Act of 2018 to

develop, enhance and/or evaluate kinship navigator programs, consistent with the specifications described in section 427(a)(1) of the Act. Vermont has also requested 2020 Kin Navigator Funding.

Brief History and Current Status

The opportune timing of the initial 2018 Kinship Navigator allocation created an opportunity for the Vermont Division for Children and Families to revisit the system of care as it relates to kin and fictive kin caregivers. The following activities are highlights of our work:

Consultation and Technical Assistance supporting Diligent Recruitment planning, provided by the Capacity Building Center for States, culminated in the development of our Statewide Diligent Recruitment Program in June of 2019. One of the top priorities identified by focus groups and other constituents was the need to effectively identify, develop and support kin or fictive kin placement resources and connections for children who are not able to safely remain at home.

To bring increased clarity related to practice expectations in working with kin caregivers, the Division has overhauled policy which supports kinship care and collaboration with relatives. This policy highlights the importance of identification, location, informing and evaluating a child's relatives and fictive kin. The policy includes a re-tooled suitability assessment which provides guidance to field as they identify family members who could be considered for potential placement. These policy changes are supported by a revised foster parent application process which encourages deeper exploration of themes unique to kin caregivers.

At the same time, the Division has been attending to the needs of kin caregivers, we have sustained our partnership with Vermont Kin as Parents (VKAP). VKAP is a vital partner to DCF and to families caring for kin. VKAP's Kin Navigator Program is recognized by [grandfamilies.org](http://www.grandfamilies.org)

(<http://www.grandfamilies.org/Topics/Kinship-Navigator-Programs/Kinship-Navigator-Programs-Resources>)

We believe that our relationship with this organization and the work that they do with kin caregivers continues to satisfy the requirements that allow us to draw down federal funding. VKAP has been partnering with the Division related to the development of deliverables under the Kin Navigator funding. They have expressed an ongoing commitment toward collaborating with the Department to meet the needs of Kin Caregivers.

Practice Areas and Funding

Developing Increased Capacity to Implement Family First Legislation

In order to effectively prepare for the ongoing implementation of the Families First Legislation overall and more specifically, as it relates to the goal of developing, enhancing and evaluating kinship navigator programs, Vermont proposes to access training opportunities as they become available. To that end, Vermont has indicated an interest in participating in the upcoming ACF Evidence Building Academy. FSD will continue to engage our federal partners to ensure that we have a complete understanding of FFPSA implementation requirements.

We did not significantly expend the 2018 allocation, in part, due to a misunderstanding on our part related whether we could allocate some of the funding to support staff time that is dedicated to the completion of the work associated with the allocation. We have since learned that it is permissible to use some of the allocation for this purpose. We are proposing a standard 10 % of the allocation to be used to support staff time directly related to the activities described herein

The Kin Caregiver and the System of Care: Needs and Strengths

While the Vermont System of Care does support a Kin Navigation program through a contractual relationship with VKAP, we have not recently collected detailed outcome data from the program. Our goal would be to evaluate our current programming to create more complete alignment with the evidence informed models of kin navigation currently identified in the FFPSA literature. To better understand the needs of the broader kin caregiving population, we propose to develop and implement a survey of formal and informal kin caregiver to better understand their experience of the system of care including strengths and barriers. We know that over 3,000 grandparents are householders responsible for their grandchildren who live with them. We know that many of these families have risk factors which could be partly mitigated if additional formal and informal supports were more widely available.

The survey co-created by DCF, VKAP and the University of Vermont, will allow the system to better understand the needs of kin caregivers while also learning more about the unmet needs of the population. The goal of this work would be to get input from this constituency to make improvements to the system of care including families who may be at risk for DCF involvement. Service delivery could be supported by making use of existing partnerships with providers possessing the skill sets needed to effectively engage and meet the needs of this population. The survey will be disseminated electronically and by paper copy to kin and fictive kin caregivers later this summer.

Meeting the Support Needs for Kin

2018 marked the re-branding and launch of the Family Services Division caregiver mentoring program. This initiative builds on the work of the Placement Stability Project made possible by the Children's Bureau Trauma III Grant. While the initial implementation of this work was not specifically targeted toward kin caregivers and their desire to mentor and be mentored, our 2019 and 2020 work in this area includes specific outreach to these populations.

Our intention is to specifically reach out to experienced kin caregivers to recruit individuals who would make great mentors. We will capitalize on our relationships with VKAP and the Vermont Foster Family Association to support this activity. Training and curriculum development for kin mentors would be offered as a deliverable using funding supported by this proposal.

Additionally, we are exploring the use of social media to create on-line support groups for kin caregivers. We recognize that traditional support groups may not meet the needs of kin caregivers and we would like to explore other options including the development of Facebook support groups that might better suit kin caregivers.

Where there are existing kin support groups meeting, we understand that there is a stated need for financial support to provide childcare on site during the meeting times. We are proposing to offer financial assistance to the existing groups that would allow them to coordinate childcare.

Kin Focused Leadership Academy for Middle Managers

Historically, the Vermont Family Services Division has supported staff participation in the National Child Welfare Workforce Institute (NCWWI) Leadership Academy for Middle Managers (LAMM).

The Leadership Academy for Middle Managers is a national leadership development academy for middle managers in public, tribal and privatized child welfare systems. Based on the NCWWI leadership model, LAMM is a culturally responsive learning program for experienced state and tribal child welfare mid-level managers. Its goal is to enhance the ability of middle managers to apply leadership skills for implementation of sustainable systems change to improve outcomes for children, youth and families.

Recently the NCWWI released an Implementation Guide for LAMM. Vermont proposes to use Kinship Navigator funding to implement the LAMM in our jurisdiction. Each LAMM participant would be required to identify a change initiative that would support practice improvement related to their work with kin caregivers and their access to the system of care. Additional funding could be used to support the activities associated with the change initiatives.

Focus on Family Finding

We recognized that we needed to revisit our family finding practice and the resources available to support that work. To that end, we have redesigned our Child and Family Support (CFS) contracts to ensure systematic and timely family search and engagement is completed for every child entering custody.

A working group was formed to support the ongoing implementation of this component of our Child and Family Support Contract. This contract serves children/youth and families who have highly specialized needs requiring an intensive therapeutic response. These services include family finding, family time coaching, family safety planning and care coordination.

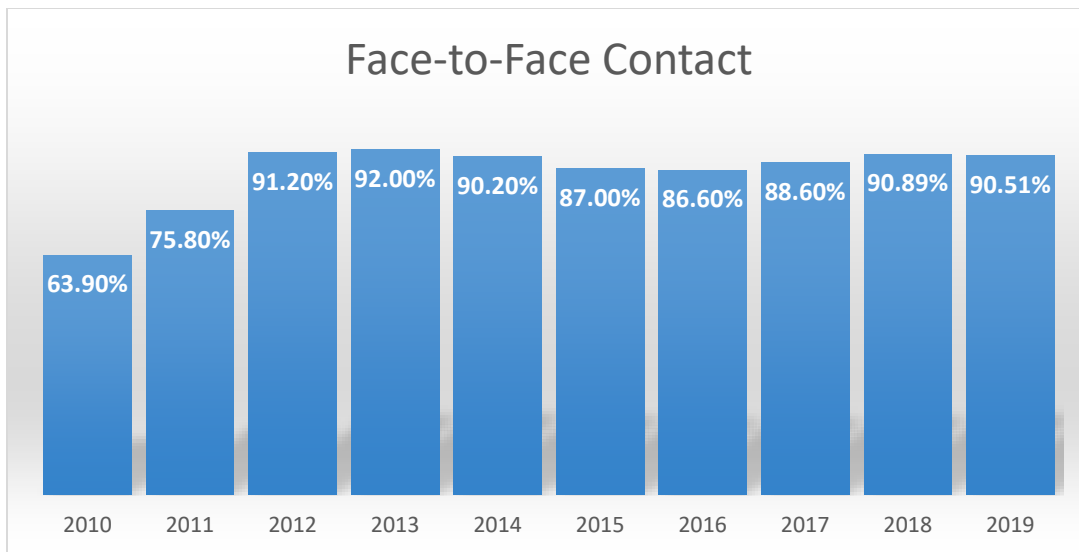
This working group met regularly in 2019 to develop implementation strategies and to monitor progress. The workgroup planned to culminate in the Fall of 2019 with a Family Finding conference. This training opportunity was designed to be a refresher of sorts for our staff. The model we planned to train around was the model we originally trained on during the Fostering Connections implementation several years ago. Unfortunately, our planning was disrupted when the presenter stopped communicating with us. We have no idea what the issue was. This disruption prevented us from pulling off our plan with the 2018 Kinship Navigator allocation. We moved to a plan "B" and we enlisted Bob Friend from the National Institute for Permanent Family Connections (NIFPC) to consult with our work group. The plan was to provide a conference for staff and community partners in the Spring of 2020. When it became clear that face to face conference activities would be suspended due to COVID-19, we quickly pivoted our event to a virtual format. As a result of this shift, we were able to expand registrations to include a much broader audience. The May 8th event reached over 200 participants via a ZOOM format. A target audience of direct service supervisors, resource coordinators (who support caregivers) as well as the contracted family finding providers will support a practice shift in this area. Evaluation results indicated that the presentation was very well received. Additional consultation and a second event is being planned for July 2020 to further explore Family Search and Engagement practice. Ongoing coaching, related to family finding, will be supported by the FSD Permanency Planning Manager at monthly district permanency planning consultation meetings as well as through consultation with the FSD Foster Kin Care Manager who will be supporting the implementation of the statewide Diligent Recruitment plan. These efforts will support our value that children deserve to grow up in families.

Monthly Caseworker Visits

Vermont's monthly face-to-face contact data is at 90.39 %, which is consistent with last year, though still below the national standard of 95%. The division continues to focus on this practice area and identify potential strategies to make improvements. The division however achieved a 53.87% rate of visits occurring in the placement setting, exceeding the goal of 50%. 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.
- The division continues to promote teaming and group supervision models, to increase the number of social workers who have a relationship with a family and can assist in times of intense service need.
- A report is sent weekly to districts, which assists them in tracking which children and youth have not yet been seen during the month.
- Case aides have added to all districts to assist with certain tasks to help support Family Services Workers.
- Staff have been provided with the SafeSignal app for their I-phones and bright yellow tethers that attach to their phones. This technology is downloaded on state issued phones and gives staff to the ability to signal for help 24/7/365 if they are faced with an unsafe situation.

In examining Vermont's QCR results, we know that staff turnover continues to contribute to item 14- *Caseworker Visits with Child* in many cases being an 'area needing improvement'. In 2018, our Quality Assurance team worked with the Capacity Building Center for States on a data analytic project focused on staff retention. The data showed that FSD had a 25% turnover rate (which includes internal transfers and promotions). FSD will continue to review our qualitative case review data to identify strategies to achieve the federal standard.



Adoption and Legal Guardianship Incentive Payments

2016 Incentive (\$100,500)

1.) Amendment to Project Family grant \$79,398. (obligated 3/1/2019) - To support the additional home study work being done through Project Family.

2.) Lund Screeners Contract (31088) \$21,102:

- a) The Lund Substance Abuse Screener/Case Manager will be assigned cases from the referring district supervisor or director. Services provided will be to screen for substance abuse, address barriers to treatment/services and make referrals as appropriate to support treatment for substance abuse. The Lund Substance Abuse Screener/Case Manager will work in collaboration with the Department for Children and Families Child Safety Intervention Social Worker.
- b) Lund Substance Abuse Screener/Case Manager(s) will be provided with log-in rights to FSD Net and comply with the confidentiality agreement. The Lund Supervisor and Substance Abuse Screeners/Case Manager will be available to serve families from the designated Department for Children and Families District Office for investigation and assessment

The above spending liquidated the entire \$100,500 adoption incentive allocation for 2016

2017 allocation (\$110,000) must be liquidated by 12/31/2020

1.) Project Family Grant Allocation \$87,200 to support the following:

- a.) Permanency Improvement Project Administrator will provide a Permanency Improvement Project Administrator for the data entry and management of the Permanency Improvement Project.

b) Post-Adoption Contact Agreement Worker: The subrecipient will a Post-Adoption Contact Agreement (PACA) worker to work with prospective adoptive parents and all related parties, to develop a post-adoption contact agreement proposal on behalf of the prospective adoptive parents.

The proposed spending expends \$87,200 of the 2017 adoption incentive allocation (2017 allocation balance \$22,800)

2018 allocation (\$655,000) must be liquidated by 12/31/2021:
2019 allocation (\$ 275,500) must be liquidated by 12/31/2022

1.) Provided a three-month temporary increase of \$10/day/ child to foster care-givers to support additional costs associated with caregiving during the COVID epidemic while school an child care were unavailable. (\$820,000)

The proposed spending liquidates remaining 2017 allocation (\$22,800)
The proposed spending liquidates the 2018 allocation (\$655,000)
The proposed spending obligates \$142,200 of the 2019 allocation

Adoption and Guardianship Incentive Balance remaining:
\$133,300 remaining from the 2019 allocation to be liquidated by 12/31/2022.

Adoption Savings

Vermont calculates Adoption Savings using CB method with actual amounts. Vermont plans to continue to calculate adoption savings utilizing this method. Vermont has accrued 1,569,917 in Adoption Savings since the inception of the Adoption Savings Program. Vermont plans to use our remaining adoption savings balance(\$289,302) to support the following practice areas by the end of FY 2022.

IVB Pt I Purposes

- 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. Additionally, CDD may be undertaking structural improvements which will benefit children and their families as they access services through CDD.

In FFY 2019 year we expended \$457,095 on this service.

Post-Permanence Services:

- Family Services is in the final stages of a 5-year project through the Quality Improvement Center for Adoption and Guardianship Support and Preservation (QIC-AG). Goals of this project include the development and implementation of evidence-based interventions and the testing of promising practices. Effective interventions are expected to achieve long-term, stable permanence in adoptive and guardianship homes for waiting children as well as children and families after adoption or guardianship has been finalized. Over the next 5 years, Family Services will commit Adoption Savings funds to sustain the promising practices that were tested during the project period; namely, FSD will

distribute surveys to all families joined through adoption to inquire about their well-being and needs for services. These surveys will be administered the data analyzed by FSD. The results of the surveys will be used to inform adjustments to the post-permanence system of care. Routine Preventative outreach to all families formed by adoption or guardianship will keep families who have adopted or assumed guardianship intentionally connected to the system of care. This shift is a direct result of families who completed the survey requesting a modest level on going contact from FSD.

No spending on this project has occurred to date due to ongoing difficulties related to the terms of a data sharing agreement.

- Family Services has revised the terms of the Post Permanency Services and Support Contracts with three Community Agencies. These services are funded primarily with Medicaid dollars. To expand the available service, we have created a “consultation” option which allows an agency to engage with a family one or two times to problem solve or direct them to a resource. This capacity was created to address post perm families who were “open” clients of an agency who did not want to end their services “in case I need you”. This has helped contracted agencies to manage caseload and to ensure that new families have access to this highly sought-after service.

\$75,450 dollars have been spent on these services since inception in 2018.

- In the revised Post Permanency Supports and Services Contract noted above, agencies are expected to serve Vermont families who are not Medicaid beneficiaries. Typically, these are families who moved to Vermont after adopting from child welfare in another state, families who have adopted privately (whose adoption agencies are no longer in business. Not infrequently, these families are multiracial and or transcultural families. They need adoption competent and trauma informed services. These families sometimes come to us after a child safety concern is identified. A significant number of these families present with risk factors potential adoption dissolution. We provide the same services to these families that are available to a family who has Medicaid.

\$64, 947 dollars have been spent on these services since 2018.

- Family Services has recently increased funding to the Child Welfare Training Partnership (CWTP). Some of those funds have been used to update the Fostering to Forever curriculum for pre-adoptive caregivers. This curriculum provides information about what to expect after permanence. Additionally, the CWTP has implemented a comprehensive online curriculum dedicated to training child welfare professionals and caregivers in adoption competence. The development of these modules was initially funded through a grant-funded project, but all maintenance and curricula updates are the new responsibility of the State through the contract with the CWTP.

This project has been under development for about a year. It has recently gone live. There have been no maintenance fees or updates requiring funding to date.

\$80,000 was added to the CWTP agreement to support this work in 2019.

- Family Services will be increasing the program by which children who have been adopted are able to receive comprehensive trauma evaluations from a clinician. This service is funded through a contract with the mental health agency. The trauma evaluations direct the child's team to the appropriate, trauma-informed services. Additionally, the evaluation provides guidance on trauma-informed caretaking/parenting to be used by the child's family.

\$6,879 was spent on trauma evaluations to support placement stability of children who have been adopted or who are in the care of a permanent guardian.

Services to Children at Risk of Foster Care:

- Family Services is in the process of implementing claiming for foster care candidates. During this implementation phase, FSD will dedicate the Adoption Savings funds to the Family Services Workers activities with children who are risk of foster care. Once FSD can claim IVE funds for reasonable candidates, the Adoption Savings funds will be dedicated to the services provided to the non-IVE eligible population of children/youth who are at risk of foster care.

This project had to be postponed until October 2020. We would propose using the remaining \$62,026 to support this activity.

Of the \$289,302 balance remaining in Adoption Savings \$227,276 have been expended on the above activities leaving \$62,026 to expend prior to the end of FY 2022.

Chafee Foster Care Independence Program Updates

DCF Family Services Division continues to contract with the Washington County Youth Service Bureau (WCYSB) as the administrative and fiscal agent of the Chafee subgrant and the statewide Youth Development Program (YDP). YDP is Vermont's transition and after-care program for youth and young adults who have experience with the foster care system. WCYSB subcontracts with eight agencies across the state to provide services in coordination with each of the 12 DCF districts. In total, YDP staffs 16 full-time equivalent Youth Development Coordinators (YDCs) that provide goal-oriented case management to youth. Across the state of Vermont, YDP serves over 500 youth per year. YDP maintains an array of services and supports for eligible youth, including strengths-based, youth-driven case management; flexible funding to help youth achieve goals; extended foster care; and access to leadership and advocacy opportunities. Overall, services are expected to remain consistent through FY 2021 with emphasis on serving more youth and supporting direct service staff through training, oversight, and technical assistance.

In March, at the onset of the COVID-19 pandemic, DCF provided a memo to the field, including stakeholders and youth, directing the community to urgently contact all youth formerly in care, to assess youth needs in the health crisis, and to ensure referrals to the Youth Development Program. YDP has continued to be the front line for transition-age youth population in Vermont in this challenging period. This Spring, YDP services shifted from being primarily in-person case management to remote contact via video conference and telephone. Despite this change, YDP has continued to provide important services, including access to extended foster care and youth investment grants, to a high number of youth across the state.

Beginning this past Winter, the YDP's youth advisory board shifted from one statewide group to four regional Youth Advisory Boards (YABs). The purpose of this shift was to invite more youth into these experiences and to infuse our system with a more robust youth voice, representative of as many youth as possible. YAB meetings will emphasize team building, networking and connections, and enhancing leadership and advocacy skills. The YABs will be facilitated monthly by the YDP Youth Engagement Coordinator. The hope is that once regional YABs have been established for six to twelve months, youth leaders will emerge from the regional groups to build and lead a statewide group focused on partnering with DCF Central Office and tackling system change.

In February, Vermont applied for and was selected to participate in the Activating Youth Engagement Summit hosted by Annie E. Casey. The goal of this project is to operationalize the content of the Information Memorandum 19-03 released in 2019 by the Children's Bureau on engaging, empowering, and utilizing family and youth voice in child welfare. Vermont's team includes YDP and DCF leaders, two community partners, and three young adults with foster care experience. The work with Annie E. Casey is expected to help Vermont and other jurisdictions evaluate current levels of authentic youth engagement and to create a plan for incorporating youth voice throughout the child welfare system. As a result of the COVID-19 health crisis, Summit activities have been transformed to remote opportunities and are expected to persist throughout the year.

Last Fall, DCF initiated a new committee to support driving and independent transportation for foster and former foster youth. The committee includes members from YDP, DCF, the Department of Motor Vehicles, the Agency of Education, the New England Youth Coalition, AAA, our Foster and Adoptive Families Association, Florida's Keys to Independence Program, other community partners, and several young adult stakeholders. This committee intends to break into subgroups in the coming months to focus on the areas of access to driver training and practice time, insurance and liability, DCF policy change, and funding needs.

DCF and our YDP partners are also exploring next steps for expanding our State Extended Care services under the federal definition. At this time, Vermont's foster care services for youth ages 18-23 are primarily supported through State resources. We are in the process of learning more about the next steps and working with our federal partners to make this expansion a reality. We anticipate changes to our Extended Care services will continue to be woven into our Chafee programming.

Vermont's plan to strengthen the collection of high-quality data through NYTD and integrate these efforts into the state's quality assurance system

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

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

- We fixed the survey to ensure that it carefully mirrors the questions in the federal NYTD Rule, reflects the necessary differences required for 17, 19, and 21-year-old youth, and incorporates "skip logic" where appropriate.
- We began capturing response data for ALL eligible 17-year-old youth, including youth that enter DCF custody at age 17 and during the survey period, and those that do not complete the survey for various reasons.
- DCF fixed glitches in the tool that uploads our data into the NYTD portal every six months to avoid technology related errors in our reporting.
- To sustain and streamline our NYTD survey collection protocol, DCF created an email inbox to receive all surveys going forward: AHS.DCFFSDNYTD@vermont.gov

We are currently working on the following suggestions, pending the NYTD final report:

- Bring the updated survey to YDP's Youth Advisory Board for suggestions on how to make the survey and survey experience more youth friendly. We will also work with youth to identify whether there are additional questions we want to build into the survey.
- Develop a flyer for youth about the survey and NYTD for when they are eligible for the survey.
- Strategize how we can stay better connected to youth between survey years.
- Create a protocol that identifies what survey non-responses mean in VT, so we are using them consistently (declined, unable to locate, incapacitated, incarcerated, etc.).
- Review our "stipending" protocol for the survey.
- Vermont needs capture the "independent living services" that are provided by stakeholders other than the Youth Development Program, such as DCF Family Services Workers, VSAC, foster parents, and others.
- We need to further develop data element guidelines that clearly identify what the "NYTD independent living services" include in Vermont. We need to identify all IL services that YDP, DCF FSWs, VSAC, foster parents, and others provide to youth, map to the NYTD data elements, and consistently and thoroughly report on the services that are in place for each youth.
- Finally, we need to use our NYTD team to analyze and reflect on the data and to create opportunities for sharing the NYTD data with youth, community, and other stakeholders. We are considering including the NYTD data on the public YDP website and in the program annual report. Data continues to be shared with YDP agencies and DCF monthly.

Vermont's efforts to support and facilitate the coordination of child welfare agencies and Public Housing Authorities to utilize FYI vouchers

On a district level, YDCs continue to participate in collaborative team meetings and community conversations with partner agencies and programs including, but not limited to: DCF, VSHA and other housing providers, DOL and VocRehab, schools, mental health, developmental services, Prevention and Stabilization Services for Youth and Families (PSSYF), and Balanced and Restorative Justice (BARJ) providers. Statewide YDP network meetings host trainers from the agencies listed above in effort to enhance networking and to build YDP understanding of the safety net for young people in Vermont.

DCF-Family Services, DCF-Office of Economic Opportunity (OEO), the Vermont State Housing Authority (VSHA), and YDP collaborated extensively this year to strengthen youth participation in the Family Unification Program for housing vouchers. The outcome of this collaboration was that former foster youth applicants received a high priority ranking for these vouchers, making them more likely to obtain them. This has resulted in many more youth accessing the vouchers this year than in past years, decreasing the potential of homelessness for program participants.

DCF facilitated at least one conversation with a public housing authority and the local YDP agency in one of Vermont's larger cities regarding the FYI opportunity. Participants identified that a major barrier to building a FYI program in the area was case management capacity. We anticipate that this conversation was the first of many and we hope to problem solve the issue of limited case management services in Vermont for this population.

Prior to the COVID-19 health crisis, DCF planned two advanced trainings for the DCF field on the topics of connections for older adolescents and transition planning for youth in custody with higher needs. The planning committees for these trainings included DCF-Family Services staff from the Adolescent and Juvenile Justice Unit, the Specialized Services Unit, the Revenue Enhancement Unit, Permanency Planning and Post-Permanency Services, Assistant Attorneys General, and also YDP, the Office of the Public Guardian, the Department of Aging and Independent Living, the Department of Mental Health, the Agency of Education, Project Family, Easter Seals, and youth. Unfortunately, due to the pandemic, this work was postponed indefinitely. We do hope to make a plan to facilitate these trainings later this year, whether in an online format or in-person if possible.

As described in a prior section, DCF and YDP collaborated together and with many other relevant stakeholders including the Agency of Education, the Department of Motor Vehicles, youth, the foster parent association, and a child advocacy organization to initiate a workgroup aimed at increasing access to driving and independent transportation opportunities for foster and former foster youth. This group worked together to identify the problem and barriers and brainstorm solutions. The workgroup has opted to break into subcommittees to further pursue the identified goal areas.

YDP continues 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 that 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.

DCF has hosted stakeholder meetings to explore the possibility of developing a tuition waiver/benefit program for former foster youth. Key individuals from DCF, VSAC, higher education institutions in Vermont, Department of Labor, Economic Services, and YDP participated. We reached out to our federal partners and our national colleagues for information about how this resource has been realized in other parts of the country. Based on typical financial aid eligibility and tuition costs for former foster youth, the workgroup came to the conclusion that it may be more effective to focus efforts on no/low-cost housing for students. This work is ongoing and is expected to link to efforts related to the Family Unification Program, the Foster Youth to Independence Voucher Program, and Extended Foster Care.

This Spring, DCF submitted a letter of support and signed a partnership agreement for Vocational Rehabilitation's proposal for the Youth Apprenticeship Readiness Grant Program. If Vermont is selected as a grant recipient, DCF anticipates participating in the grant steering committee and referring foster/former foster youth for program services and supports.

The DCF Adolescent Services/Juvenile Justice Unit, in partnership with the Grants and Contracts Unit and DCF Leadership, have had ongoing discussions regarding building stronger, more effective relationships between the agency and the three youth programs funded by DCF: the Youth Development Program (YDP), Balanced and Restorative Justice (BARJ), and the Prevention and Stabilization for Youth & Families Program (PSSYF). DCF's goal in the coming year is to consider some consolidation of these programs to ensure that services are fully coordinated and responsive to the needs of the Division.

How Vermont involves the public and private sectors in helping youth in foster care achieve independence

- The YDP Director provides training and workshops to private and public agencies on topics including YDP, Youth Thrive, working with youth, and support for youth through the pandemic.
- YDP also partners with the University of Vermont Child Welfare Training Partnership to recruit, prepare, and facilitate youth involvement in trainings for DCF and resource families.
- YDP utilizes social media to inform and outreach to the public about their services and the needs of foster youth in Vermont.
- Data on services and outcomes continue to be shared with community partners upon request.

Education and Training Vouchers (ETV) Program

Vermont continues to contract with Vermont Student Assistance Corporation (VSAC) for ETV administration. VSAC has been successfully administering the Chafee/ETV scholarship for Vermont for many years. In the first semester of this academic year, more Vermont former foster youth than ever were going to college and persisting in their post-secondary education enrollment. This was good news and also a challenge because ETV scholarship awards are made based on a usually predictable rate of attrition for youth not following through with their college plans. VSAC alerted DCF as soon as they realized this to problem solve the issue of not having enough money to support all of the scholarships that had been promised. VSAC asked if DCF could make up the difference for these youth, but DCF did not have funds available to support this need. It appeared that the only option was to cut the Spring semester scholarship awards. This approach would still give each student a scholarship, but a smaller one than they were counting on. In the end, VSAC very generously found a one-time way to support the difference between the federal grant amount and the amount that had been promised to DCF youth. VSAC states that support for foster youth is an important part of their mission and this certainly rings true through their work. VSAC has been an excellent partner to DCF - they administer the subrecipient Chafee grant at no administrative cost, provide Outreach Counselor services to DCF youth throughout middle and high school, team with our YDP and DCF staff around the state to ensure that individual foster youth have information and resources to pursue post-secondary education, and they work closely with DCF centrally in our efforts to improve education outcomes for the DCF population. Going forward, DCF and VSAC have made the decision to make smaller awards to the increased number of scholarship applicants. If there is a higher level of attrition that ultimately allows second semester awards to be made higher for those that persist, the ETV funding will be disbursed in that manner. Included in DCF's subgrant with VSAC is the expectation that VSAC will ensure that youth do not receive educational assistance

in excess of the total cost of their attendance. VSAC has a long history of and strong reputation for administering federal, state, and private scholarship, grant, and loan programs in accordance with funder expectations.

Chafee Training

- YDP staff trainings this year will include:
 - Best practices for serving youth, including emphasis on helping youth build connections and explore opportunities.
 - Exploration of community and statewide resources to help youth with employment, education, enrichment, and housing.
 - Direct service training techniques and frameworks (e.g. Motivational Interviewing and Youth Thrive).
 - Focus groups to promote peer learning.
- Ongoing training occurs during monthly staff meetings. Other 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 can engage in the Child Welfare Training Partnership offerings.

Consultant and Coordination between States and Tribes

Vermont does not have a federally recognized Indian Tribe within its borders. The department promulgated policy regarding compliance with the Indian Child Welfare Act in September 1998.

Vermont's Juvenile Proceedings Act, effective January 1, 2009, requires Family Services Workers to provide information required by the Indian Child Welfare Act at the Temporary Care Hearing which is held within 72 hours of custody. Vermont's adoption statute also supports compliance with the Indian Child Welfare Act. Adoptive parents must disclose a child's membership in a tribe when they file a petition to adopt.

In January 2014 the Family Services Policy 300, [Title IV-E Programs](#) Policy was updated to further clarify the process as to how Vermont will work with Indian tribes in other states to meet the permanency, safety, well-being and law abidance of a child Indian tribe member or child eligible to be a member of an Indian tribe.

Youth Justice

Planning for Youth Justice is not required in the CFSP. However, Vermont's Family Services is both the state's Child Welfare and Youth Justice Agency, guided by a single practice model. Therefore, it is important to highlight and include this population in our report.

Juvenile Jurisdiction

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:

Juvenile Jurisdiction		
AGE at time of alleged offense	OFFENSE	
	OFFENSES other than big 12	BIG TWELVE
10-11	Proceedings start in Family; NO Transfer 33VSA 5201(d) & (e) 33VSA 5204(a)	Proceedings start in Family; NO Transfer 33VSA 5201(c)
12-13		Proceedings start in Family (5201(c)); Transfer to Criminal is an option (5204(a))
14-15		Proceedings start in Crim. (5201(c)); Transfer to Family as a delinquency is an option (5203(b)) or as YO (see chart below)
16-17	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)
18-21	Only juvenile jurisdiction now is through YO (see chart below) <ul style="list-style-type: none"> 18-year-olds will be treated as delinquents in 2020 per Act 201 19-year-olds will follow in 2022 	

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
16-17	Felonies	Felonies must be filed in Family per 33 VSA 5201(e), but can be transferred to Criminal per 33 VSA 5204(a) and then transferred back down as YO (33 VSA 5281(a))
	Big 12	Big 12 shall be filed in Criminal per 33 VSA 5201(c), but may be transferred to Family as YO per 33 VSA 5281(a) & 5280(a) Alternatively, SAs may directly file Big 12 cases for 16 and 17-year-olds in the Family Division as a YO per 33 VSA 5280(b) & 5280(a)(1)
18-21	Any offense	All cases start in Criminal unless SA decides to file YO petition directly in Family (33 VSA 5280(b) & 5280(a)(1)). Applies to <u>any</u> alleged offense. Any case that starts in Criminal may be transferred to Family for YO status consideration upon motion (33 VSA 5281(a) & 5280(a)(2))

The changes in youthful offender legislation has 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. With Act 201, Vermont took a bold step during this past legislative session to further its juvenile justice reform efforts to include 18 and 19-year-olds under family court jurisdiction. The legislation stages the implementation of these changes so that raising the age of juvenile jurisdiction will go into effect for 18-year-olds on July 1, 2020 and for 19-year-olds on July 1, 2022. This change represents a significant shift for Vermont's courts, the blended child protection and juvenile justice system, prosecutors and public defenders. As such Act 201 lays out a robust planning and reporting process to ensure that resource allocation, policy adjustments and an operations plan are mapped out well in advance of July 1, 2020 if the legislation needs modifications.

We are currently working on mapping out solutions that consider the current pressures in our combined child welfare and youth justice system including those experienced by DCF-FSD and the family court stakeholders including prosecutors, public defenders and judges. We recognize that this change is transformative and worked with the Columbia University Justice Lab to help guide this transformation so that it is consistent with best practices and fits within the limited resources of DCF and its stakeholder partners. Starting from the

premise that we want to divert many cases that would be filed in criminal court, the system transformation will need to build upon the robust network of community based restorative justice programs that already siphon cases from aspects of the criminal and juvenile justice systems. 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; and
7. Ongoing data collection and analysis.

Youth Justice Practicum

For the first time we are providing a series of advanced trainings specific to adolescents and justice involved youth. The Youth Justice Practicum offered eight days of training and support to FSD staff and our Balanced and Restorative Justice Partners. The goals of the practicum are to grow capacity for the Vermont Family Services workforce to understand, assess and engage youth and older adolescents in developmentally appropriate measures of accountability, support healthy risk taking, and pro-social skill building as they emerge into adulthood. The trainings offered during the practicum include:

Youth Thrive

This two-day introduction to the Youth Thrive Framework focuses first on the Guiding Premises that are the foundation for Youth Service Workers as practitioners. Participants then learn the five Promotive and Protective Factors that facilitate positive youth development. The Promotive and Protective Factors are central to the practicum and are woven through each topic thereafter.

Motivational Interviewing

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

Restorative Practices

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

Harm Reduction

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

Transitioning to Adulthood

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

Youth Justice Summit

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

Integrating Practice

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

Reclaiming Futures

Vermont 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. 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 is convening inter-disciplinary teams that are (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.

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:

- 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?

Tier II (How/tasks):

- Screening to triage
- Coordination
- Engage natural Family Supports
- Communication
- If case goes to court
- Connect to DCF

Tier III (reintegration/re-engagement):

- 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.

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 work of the Consortium is 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

The Consortium is currently exploring the areas listed above to see if these practice areas continue to be where the group wants to focus its attention.

Balanced and Restorative Justice Program

Balanced and Restorative Justice 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 worked with 808 youth during the 2019 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 harms caused and the actions needed to repair the damage caused by the acts. Examples include Restorative Panels, Restorative Family Group Conferences and Circles.

Restitution Services

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

Screening and Restorative Services

- Screening and Restorative Services provide Youth Assessment and Screening Instrument (YASI) pre-screening to determine risk and coordinate protocols for referring youth to services based on risk and

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

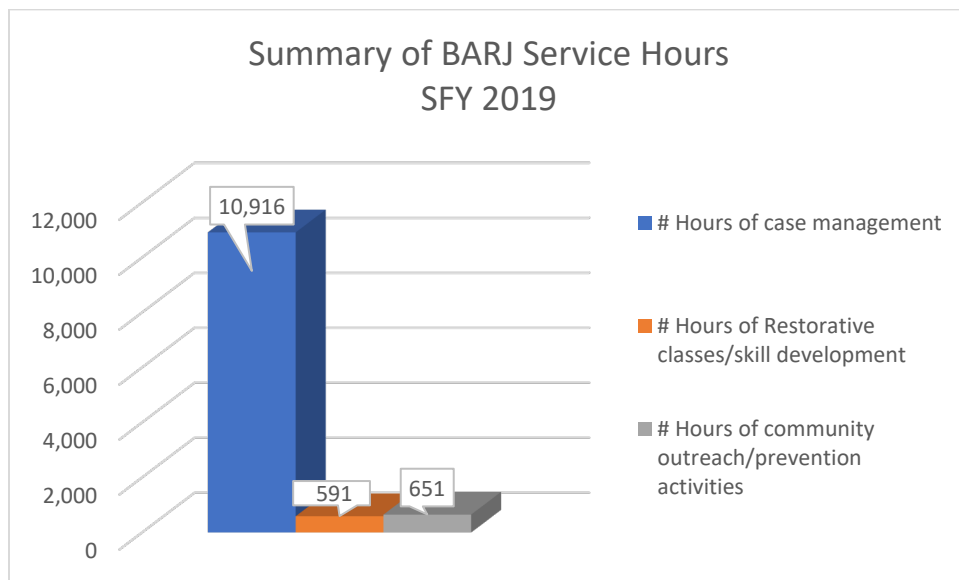
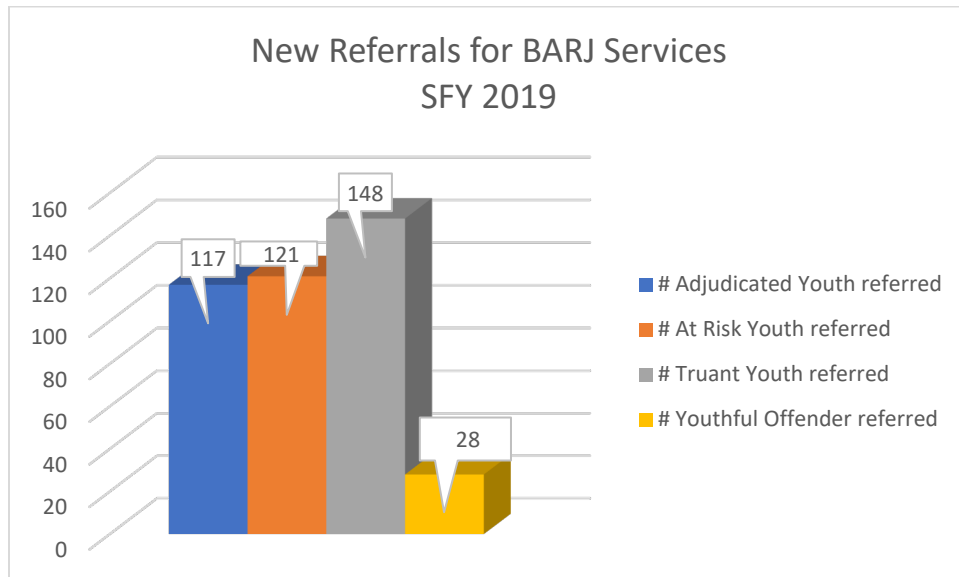
Case Management

- Case management services provide families and youth with coordination of services that is individualized and may include but not limited to:
 - attendance at family and school team meetings;
 - therapeutic treatment meetings;
 - supporting youth who are at risk or are truant;
 - home visits;
 - attendance at court hearings; and
 - drug and alcohol testing.

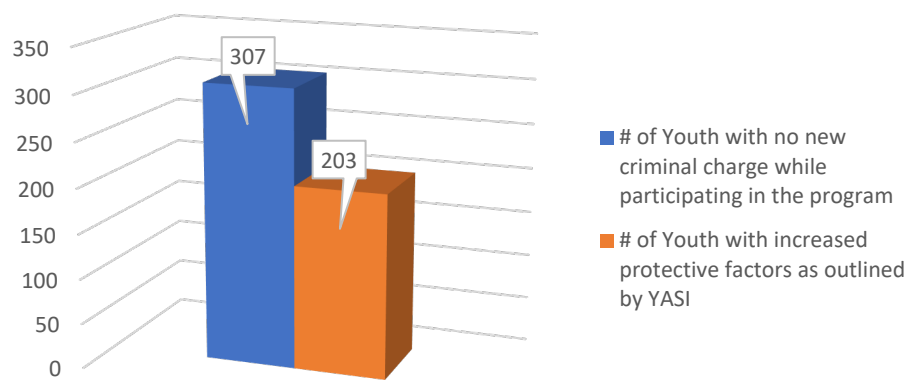
Restorative Classes/Skills Development/Prevention and Community Outreach

- 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; and
 - community based groups/activities/prevention efforts.

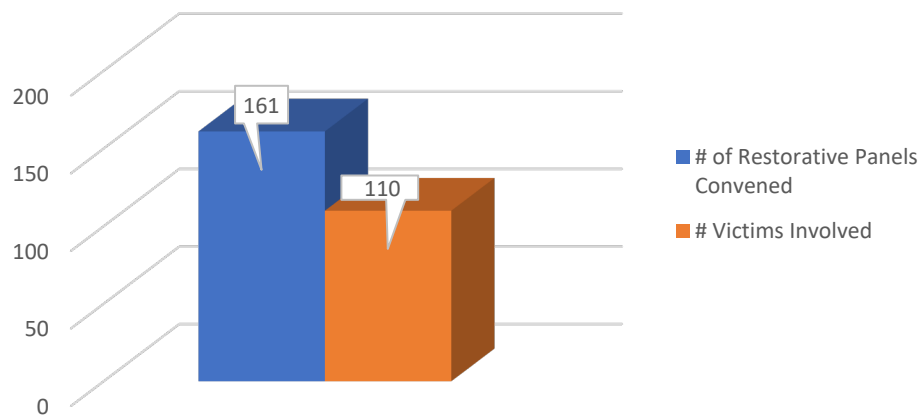
Review of the 2019 BARJ contract year:



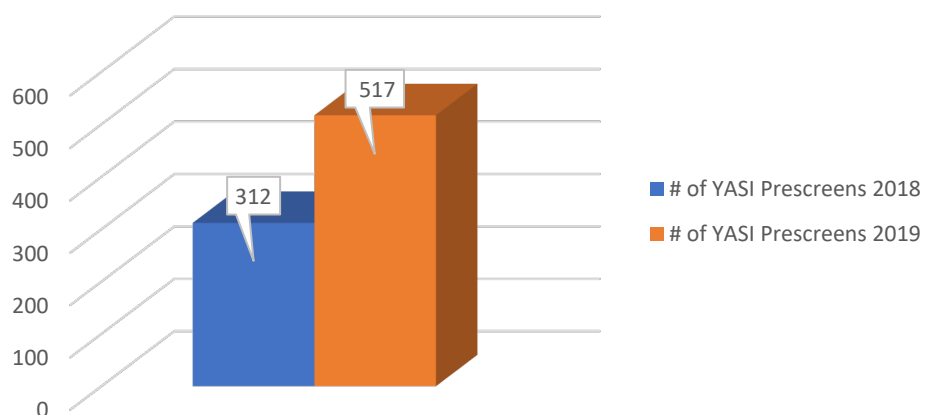
VT Youth Who Increased Capacity With BARJ Services
SFY 2019

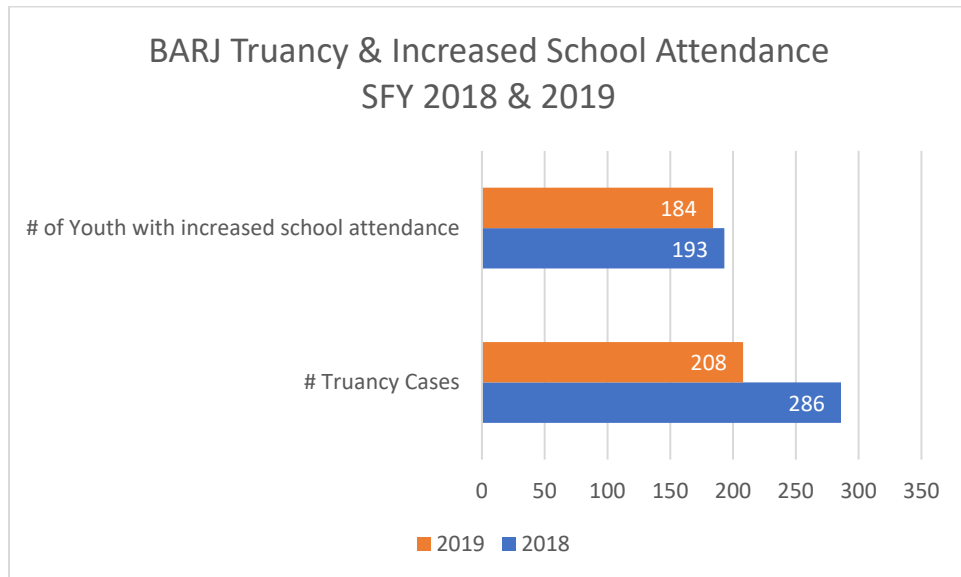


BARJ Restorative Panels with Victims
SFY 2019



BARJ YASI Prescreens Administered
SFY 2018 & 2019





CAPTA Updates:

Changes to State Law or Regulations Concerning Child Protection

There have been no substantive changes to state law or regulations, including laws and regulations relating to the prevention of child abuse and neglect that could affect the state's eligibility for the CAPTA state grant.

Significant Changes in CAPTA Plan

There were no significant changes from the states previously approved CAPTA plan. Vermont plans to continue to use CAPTA funds in the following manner:

Use of CAPTA Funds

	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 on child safety interventions.
X	2. Creating and improving the use of multidisciplinary teams and interagency, intra-agency, interstate, and intrastate protocols to enhance investigations; and improving legal preparation and representation, including procedures for appealing and responding to appeals of substantiated reports of child abuse or neglect; and provisions for the appointment of an individual appointed to represent a child in judicial proceedings;	Utilize joint funding in partnership with VDH and UVM Medical Center (UVMC) to provide consultation with medical professionals on complex child abuse/neglect investigations.
X	3. Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families;	Funds are used to support the work of Lund Substance Abuse Case managers that work with our front end staff during child safety interventions to ensure proper assessment of risk factors and referrals to ongoing services to address family needs.
	4. Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response;	
	5. Developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange;	

	Program Area	Activity
X	<p>6. Developing, strengthening, and facilitating training including—</p> <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; 	<p>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.</p> <p>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.</p> <p>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.</p>
	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;	
	<p>9. Developing, implementing, or operating programs to assist in obtaining or coordinating necessary services for families of disabled infants with life-threatening conditions, including—</p> <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. 	

	Program Area	Activity
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 	<p>This includes our work with UVMMC providing consultation on complex cases.</p> <p>Also includes work of the CHARM team through Kidsafe.</p>
	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 	

	Program Area	Activity
	<ul style="list-style-type: none"> the provision of services that assist children exposed to domestic violence, and that also support the caregiving role of their non-abusing parents. 	

Substance exposed newborns

On October 28, 2019, the division released [Policy 78: Assessing Expectant Parents and the Safety of Newborns on Open Cases](#). The purpose of the policy is to describe 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 reinforces practice around developing Plans of Safe Care which can also be found in [Policy 52: Child Safety Interventions – Investigations and Assessments](#).

The division continues to collaborate with the University of Vermont Medical Center (UVMHC), the Vermont Department of Health, and KidSafe Collaborative over the last year to support the implementation of the CAPTA requirements. Before COVID, we were close to finalizing revisions to the Plan of Safe Care to be used by hospitals. The form was vetted by different stakeholders and many of their recommendations were reflected in the newest revision. The draft was also shared during the February OB webinar. Once finalized, the form will be uploaded into the electronic record system that University of Vermont Medical Center (UVMHC) and other birthing hospitals in Vermont use. The goal over the next year is to continue to increase the use and tracking of the POSC as well as increase the number of POSC received by the infants PCC who play a key role in monitoring.

Annual reports from VCAB

For a copy of the Vermont Citizen Advisory Boards report, please email Suzanne Shibley, Policy and Planning Manager at: suzanne.shibley@vermont.gov

CAPTA coordinator

If there are any questions or comments, Suzanne Shibley, Policy and Planning Manager, is the CAPTA coordinator for Family Services and can be reached at 802-241-0905 or suzanne.shibley@vermont.gov

Children's Justice Act

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

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

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

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

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

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

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

For any questions related to accessing CJA funds, please contact Jim Forbes, Sr. Policy and Operations Manager, at James.Forbes@vermont.gov

Updates to Targeted Plans:

Diligent Recruitment Plan for Foster and Adoptive Parents

In June of 2019, Vermont culminated a two-year technical assistance relationship with the Capacity Building Center for States, with the submission of the 2020-2024 Diligent Recruitment (DR) Plan.

The overall vision for Diligent Recruitment in Vermont was constructed in collaborative fashion by the DR Advisory Team, comprised of twenty-seven internal and external stakeholders at both the state and

district levels. The team included kin, foster and adoptive parent representatives. Three regional districts signed on to be “pilot districts” during the development and initial implementation of the plan. Overtime, to insure the sustainability of this work, the group has divided into an Advisory team which meets quarterly and a Working/ Core team comprised of staff from three pilot districts, key Central Office leadership with representation from the Vermont Foster and Adoptive Family Association. The Core team has been primarily responsible for ongoing decision-making and the Advisory provides input related to changes to the DR plan, decisions to review policy in support of the plan and allocation of resources to implement the plan.

At this time, 6 out of 12 Districts have been introduced to the Diligent Recruitment Program. The three pilot Districts have completed their practice profiles and have either selected strategies from a menu we produced or are developing additional strategies they want to experiment with to determine if they have an impact on outcomes. Three new districts have been onboarded and are in the process of completing their practice profiles. COVID hit just as they were being onboarded. It is likely that efforts will be impeded to a certain extent until we can recover. We are currently planning to onboard three additional districts before Fall 2020 and three more in the Fall of 2020. We anticipate that the entire state will be onboarded by Jan 2021.

Key Infrastructure Elements for Diligent Recruitment

A component of DR planning and TA led to the identification of five key infrastructure elements essential to support a successful DR Program in Vermont. Ultimately, any activity that a district or the central office engages in in support of Diligent Recruitment will be associated with one of the key infrastructure elements. The key infrastructure elements are summarized below, including the description and practices for each as well as progress update.

1.) A Responsive Model of Engagement and Support

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

1. Families are recognized as valuable resources;
2. All families have access to a common, efficient, and supportive home study, training, and licensing process;
3. Agency resources are readily accessible;
4. Family concerns are addressed quickly; and,
5. An Agency culture where all staff have an integral role in the recruitment, development, and support of families.

Progress to Date:

- The Division has developed and implemented an inquiry tracking tool which allows us to systematically collect data about all parties who are interested in considering providing foster care. We have seen dramatic improvement in time it takes for a district office to respond to an interested person.
- September marked the implementation of a statewide orientation process where any interested person who wants to move forward can access orientation immediately. Since September we have

had new 388 interested persons access orientation. Additionally, those individuals who complete orientation are able to immediately enroll in an online foundations series.

- The Division have implemented a unified home-study to reduce delays and eliminate redundancies for caregivers who go on to adopt.
- The Foster Parent workgroup continues to meet to address “hassle factors” and system barriers that impact their caregiving experience.
- Developed a Caregiver Exit Survey which will begin implementation later this summer
- By utilizing existing meetings DR values and principles have been shared across the division to support the adaptive work of implementation. DR Team members continue to visit various meetings to provide updates on DR routinely.
- A Caregiver Mentoring Program has been established to increase support available to newer caregivers. Kin specific mentors are now being recruited as we continue to develop this program.
- Foster Parent Recruitment and Retention Specialist temp positions have been established in each district and in our central office. Efforts to train and support this small workforce are underway. A specific job description focused on recruitment and retention activities has been established for this role to support districts in maintaining their focus on this piece of practice. Monthly consultation with the Central Office R and R Specialist is designed to promote a coordinated approach and to reduce duplication of efforts.

2.) Community Engagement

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

Progress to Date:

- The FSD partners with a community building service known as Front Porch Forum. We have used this platform to deliver broad messages to increase awareness about foster care and to recruit new interested caregivers. Additionally, the Front Porch Forum has been a vehicle for child specific recruitment. Approximately 14% of our new inquiries are coming through this platform.
- We have had some increase in pop up partnerships where a community agency has reached out with funding or material goods they donate. From these ventures, we have had free passes donated to support caregiving attending a local theme park, a local distillery donated hand sanitizer to support family time contact, a local fraternal organization made a spontaneous donation.
- Partnership with the Vermont Association of Broadcasters has allowed us access to airtime as a significantly reduced cost.

3.) Unified Policy and Procedure

Unified policies and procedures for the recruitment, development, and support of resource families, with District plans to meet the needs of individual communities.

Progress to Date:

- Policy 91 Kinship Care and Collaboration with Relatives
In summary, the revised policy:

- Articulates the federal expectations and importance of identifying, locating, informing,
 - and evaluating a child's relatives.
- Clarifies the limited circumstances under which relative notice may be waived.
- Provides guidance and expectations on assessing relatives as temporary or permanent
 - placement resources.
- Articulates how suitability assessment information and the division's recommendation
 - should be presented to the court at the temporary care hearing or at other stages of the case where suitability assessment is needed.
- Indicates that efforts to engage relatives is continuous, even if a relative does not
 - respond to the division's initial inquiry.
- Indicates the federal position on placing siblings together.
- Provides guidance on working with out-of-state relatives and the timing of initiating
 - ICPC requests.
- Highlights the importance of children and youth's ongoing connections with kin; and
- Suggests methods of involving kin in a child or youth's life beyond serving as a
 - placement resource.
- Policy 221 Foster Care Licensing
 In summary, the revised policy:
 - Begins to incorporate required Model Foster Family Home Licensing Regulations which we hope will be incorporated in Spring 2021
 - Marks the shift to a unified home-study
 - Provides clear guidance to the field for assessing suitability for Conditional Custodians and District Approved Unlicensed placement.
 - The section on variances to foster care regulations was modified and expanded slightly. Behaviors or circumstances described in the unsafe/dangerous category of the appendix cannot be considered for variances.

4.) Training and Development

A training and development program that:

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

Progress Update:

- Complete redesign of Caregiver Training including the establishment of a new set of competencies and learning objectives. Interested individuals who complete caregiver orientation is now offered the opportunity to immediately register for the online foundations. Since September 1, 2019 we have had 39% of our newly oriented individuals go on to complete foundations online and another 23% of those individuals currently in the process of completing online foundations. 62 percent of the individuals who completed orientation went on to participate in foundations. This is a remarkable. This approach has eliminated lag times associated with training. Caregivers no longer must wait until the next class launches (which could have been a six-month delay or longer depending on where in the training cycle the district office was). This approach has been incredibly beneficial to us during the COVID outbreak. We

have not missed a beat with offering training. Additionally, this training redesign has allowed us to certify families sooner so that we can begin to draw down critical IV-E funding.

- Caregivers have access to Caregiver Learning Networks regionally once they have completed online foundations.
- An advanced training menu is also available to support the development of seasoned caregivers
- In an effort to increase capacity of current caregivers to meet the needs of children with more complex behavioral and mental health needs including those returning from residential level of care the Resource Parent Curriculum + TIPS for tuning in curriculum has continues to be supported by the division. This trauma informed parenting curriculum, developed by NCTSN, is delivered in partnership with our local community mental health providers. RPC + is a free 10-week long workshop that educates foster, adoptive and kin caregivers about the impact of trauma on the development, attachment, relationships, emotions, and behaviors of the children in their care. Instructors of the course will provide a safe space for caregivers to access compassionate training.
- The FSD workforce participated in a virtual Family Finding seminar with Bob Friend from the Seneca Center. The goal of this work is to improve Family Engagement practice across the division by focusing on our approaches to Family Finding and Working with Kin. Consultation and a second event later this Fall will support the change process
- Currently underway is a redesign of the Division's workforce training related to Permanency Planning. New competencies have been articulated and curriculum content is being developed. A goal of this work is to weave a very intentional thread through the workforce training that emphasizes our responsibility to engage kin, create an urgency around permanency practice and support children and youth as they are impacted by our systems.
- Creation of specialized training for Resource Coordinators (RC) has been a focus this year. RC's are essentially responsible for the recruitment, support, development, and retention of caregivers. There has been unusual turnover in this role resulting in 8 new RC's. Workforce Foundations Training does not provide any specific training to meet the needs of these workers. A small workgroup was convened to put together an RC manual that will also serve as a training guide for RC's. This manual is in the process of becoming digitized and will be available on the FSD SharePoint site. It is expected that by having a training plan for RC's, the division will increase a common approach to practice which will improve caregiver experience across the division.
- Beginning in January 2020, members of FSD leadership have been participating in the Leadership Academy for Middle Managers. A decision was made to require that all LAMM Change Initiatives have a focus on improving our practice regarding Kin.

5.) A Unified Data Model

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

Progress Update:

- Districts provide data from their Inquiry Tracking Spreadsheet Quarterly. Unfortunately, our current IT resources do not support this function in any way. It is very time consuming to sustain.

Efforts to investigate purchasing the ECAP (Every Child A Priority) data driven placement matching system platform, fell flat when the \$100,000 initial price tag plus annual maintenance costs placed this resource out of reach. 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.

- As each District onboards with the DR Program, they are provided with baseline outcome data related to their current practice. Each district completes a practice profile tool which encourages them to pause and reflect on their practices to identify areas of strength and challenge. From there the district selects from a menu of evidence informed / or promising strategies that they will implement to strengthen their recruitment and retention efforts. Through ongoing consultation and review of data progress toward improving outcomes is monitored.
- Overall, FSD has experienced a 16% increase in the number of licensed caregivers over the last year.

In May, the DR Core Team reviewed our DR Master Action Plan to review progress and establish goals for the next year.

Two additional objectives were added to Priority 3 of our DR Plan. These two objectives sprang from our efforts to incorporate Youth voice and experience into our work in a meaningful way and to integrate our Adoption Call to Action Planning into the DR Program Action Plan. Vermont has participated in the National Adoption Call to Action events in DC and has attended the various webinars and events offered virtually.

We have drafted an initial Adoption Call to Action Plan. The Plan will continue to be developed in collaboration with our partners at Lund through the ongoing permanency planning and child specific recruitment work of Project Family

Objective iv: Youth will be actively engaged in the development of recruitment and retention planning for caregivers (new objective Spring 2020).

Objective v: Caregivers will be engaged in permanency planning throughout the case (new Spring 2020).

It should be noted that both new objectives have action steps which detail how we will monitor progress and meet or objectives.

These key infrastructure elements represent the vision for Diligent Recruitment and together they provide the foundation for

Three major priorities to be addressed in the Diligent Recruitment Plan:

Priority 1.) increase retention of kinship, foster and adoptive parents

Objective i: Reduce % of Kin and Foster Families that close Voluntarily or Withdraw

Objective ii: Increase % of Kin and Foster Families whose level of support and connectedness needs are met to sustain healthy partnerships

Priority 2.) improve recruitment by increasing timely system response from inquiry to licensure

Objective i: Districts adhere to a common, best practice inquiry to licensure process

Objective ii: Increase % of Kin and Foster Families with access to timely, relevant training

Priority 3.) increase available capacity of kin foster and adoptive parents

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

Objective ii: Increase % of children with kinship placements

Objective iii: Increase # of foster homes able to maintain children within their geographical and cultural communities

Objective iv: Youth will be actively engaged in the development of recruitment and retention planning for caregivers (new objective Spring 2020).

Objective v: Caregivers will be engaged in permanency planning throughout the case (new Spring 2020).

Health Care Oversight and Coordination Plan

Within the past year, 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 Maternal Child Health Division (MCH) of the Vermont Department of Health (VDH), the Child Safe Program and their Board-Certified Child Abuse Pediatrician, key stakeholders at UVM Medical Center and Dartmouth-Hitchcock Medical Center, and physicians affiliated with the American Academy of Pediatrics Vermont Chapter (AAPVT).

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

- Clarity regarding initial health assessments for children and youth when they enter DCF custody, efforts to maintain continuity of medical homes, and ensuring medical records are shared among providers during transitions;

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

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

FSD is currently exploring a possible quality improvement project in partnership with the Vermont Child Health Improvement Program (VCHIP). As tentatively drafted, the project may include the following:

Project Goals: To ensure that Medicaid-eligible children and youth in DCF custody have access to high quality care in medical and dental homes as defined in DCF policy 77, following the recommendations from the American Academy of Pediatrics (AAP), American Academy of Family Physicians (AAFP), the Center for Disease Control and Prevention (CDC), and the Vermont Department of Health (VDH), as well as mental health support and/or treatment and substance use screening and treatment if indicated. To identify system changes that assure the physical, mental, and dental health needs of children in DCF custody are routinely assessed and addressed in a timely manner.

Project Overview: The VCHIP team will collaborate with the Fostering Healthy Families Program, DCF-FSD, pediatricians and other medical providers, dentists, mental health providers, drug and alcohol counselors, parents/caregivers, and youth in DCF custody, to explore the current systems of care to understand strengths and barriers for improving the health care delivery systems. This project will build upon the important VCHIP work already completed that included the development of the Health Information Questionnaire (HIQ) for youth in custody, engaging primary care providers/medical homes statewide in prioritizing the needs of children and youth entering state custody, and collaboration with VDH, DCF-FSD, and AAPVT.

Tentative Activities for the Planning Phase:

- Determine survey methodology to obtain stakeholder input from the AAPVT Board and Family Physicians
- Systematically gather information from the medical community, FHF, DCF-FSD, mental health providers, dentists, drug and alcohol counselors, parents/caregivers and youth to understand the current state of systems of care for youth in custody
- Assess the current use of health information tools being utilized within the 12 statewide DCF offices
- Determine how often children and youth obtain an initial health assessment in their medical home when possible or with another medical provider after entering custody, and if the timeframe of the assessment meets best practices
- Identify if youth are able to obtain regular preventative and specialty medical care, dental care, mental health assessment and/or treatment and substance use assessment and/or treatment in a timely manner
- Assess training needs for pediatric and family practice providers regarding youth in custody
- Conduct a literature review on best practices for providing health care for youth in custody

Tentative Activities for the Implementation Phase:

- Based upon information gathered in the assessment phase, identify individuals to create a workgroup which would include representation from VDH, FHF, DCF-FSD, pediatricians and other family medicine clinicians, dentists, mental health providers substance use counselors, the Child Safe Team, and parents/caregivers
- Complete an analysis of gaps in the system of care, including youth with medical complexity, trauma and substance use
- Utilize the expertise of our Board-Certified Child Abuse Pediatrician to plan and implement training for pediatric and family medicine providers
- Identify project aim and improvement plan
- Create metrics to be used to evaluate improvement activities
- Conduct improvement activities and evaluate progress

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

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

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

Our policy primarily focuses on antipsychotic medications; however, our partnership with the Vermont Medicaid Pharmacy Program collects information more broadly about psychotropic medication utilization. Vermont 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. Data has been collected for federal fiscal years 2013 through 2020 and evaluates the following nine measures:

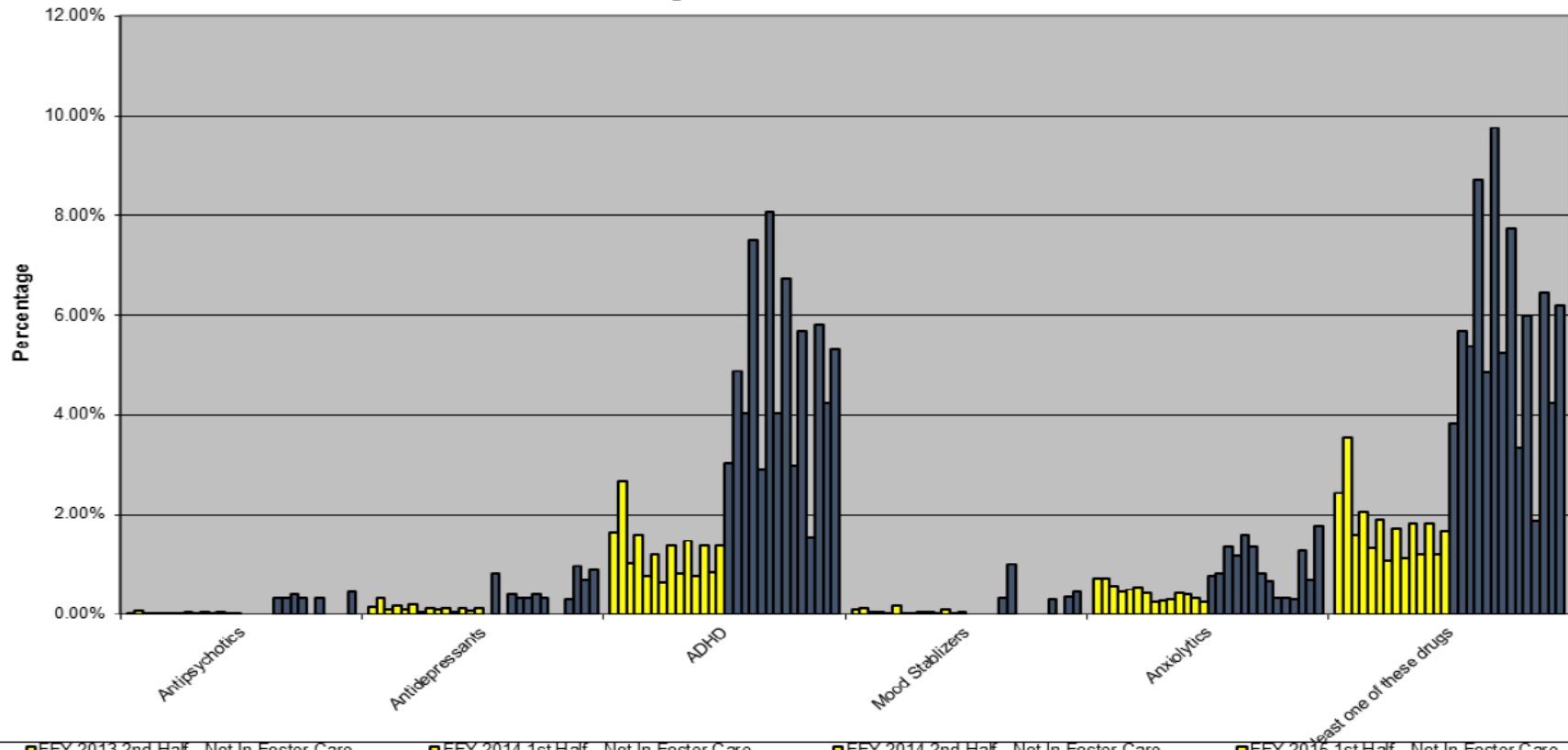
1. Percentage of children in foster care on any psychotropic medication.
2. Percentage of children in foster care on a specific class of medication.
3. Percentage of children in foster care on more than one psychotropic medication from the same class simultaneously for 90 days or more.
4. Percentage of children in foster care on 2 psychotropic medications; 3 psychotropic medications and 4 plus psychotropic medications.
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.

Overall, the use of psychotropic medications for children in foster care has been slightly reducing over time. The percentage of children in foster care on more than one psychotropic medication from the same class simultaneously for 90 days or more has also been reducing over time. Though, when compared to non-foster care peers, significantly more foster youth continue to be on psychotropic medications.

Listed below is data on the utilization of mental health drugs in:

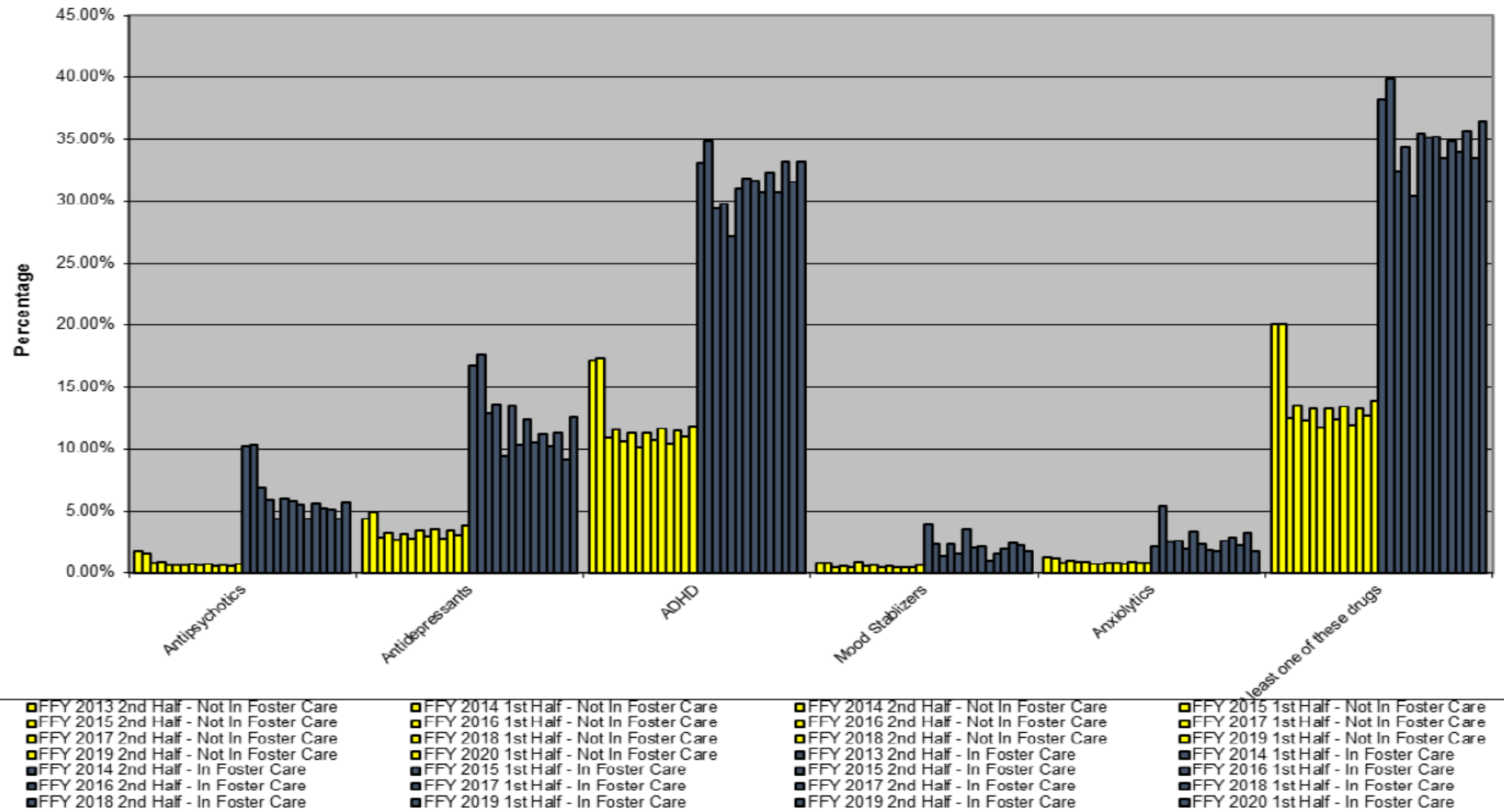
- Recipients Ages 3-5 In and Out of Foster Care
- Recipients Ages 6-12 In and Out of Foster Care
- Recipients Ages 13-17 In and Out of Foster Care

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

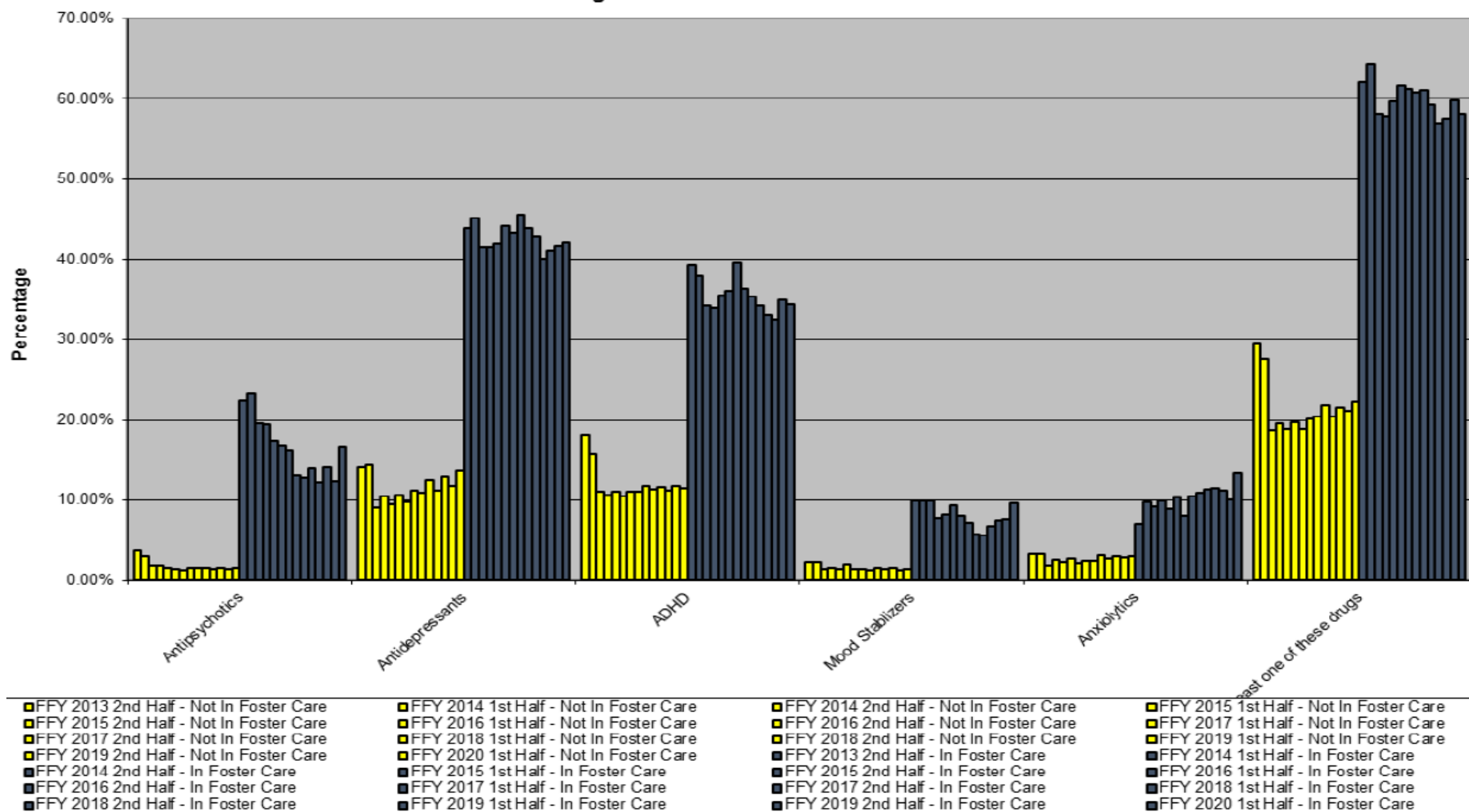


- | | | | |
|--|--|--|--|
| ■ FFY 2013 2nd Half - Not In Foster Care | ■ FFY 2014 1st Half - Not In Foster Care | ■ FFY 2014 2nd Half - Not In Foster Care | ■ FFY 2015 1st Half - Not In Foster Care |
| ■ FFY 2015 2nd Half - Not In Foster Care | ■ FFY 2016 1st Half - Not In Foster Care | ■ FFY 2016 2nd Half - Not In Foster Care | ■ FFY 2017 1st Half - Not In Foster Care |
| ■ FFY 2017 2nd Half - Not In Foster Care | ■ FFY 2018 1st Half - Not In Foster Care | ■ FFY 2018 2nd Half - Not In Foster Care | ■ FFY 2019 1st Half - Not In Foster Care |
| ■ FFY 2019 2nd Half - Not In Foster Care | ■ FFY 2020 1st Half - Not In Foster Care | ■ FFY 2013 2nd Half - In Foster Care | ■ FFY 2014 1st Half - In Foster Care |
| ■ FFY 2014 2nd Half - In Foster Care | ■ FFY 2015 1st Half - In Foster Care | ■ FFY 2015 2nd Half - In Foster Care | ■ FFY 2016 1st Half - In Foster Care |
| ■ FFY 2016 2nd Half - In Foster Care | ■ FFY 2017 1st Half - In Foster Care | ■ FFY 2017 2nd Half - In Foster Care | ■ FFY 2018 1st Half - In Foster Care |
| ■ FFY 2018 2nd Half - In Foster Care | ■ FFY 2019 1st Half - In Foster Care | ■ FFY 2019 2nd Half - In Foster Care | ■ FFY 2020 1st Half - In Foster Care |

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



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



Disaster Plan

The division's Disaster Plan was updated significantly with the onset of the COVID-19 pandemic. 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.

Please refer to **Appendix B** for the complete plan.

Training Plan

Please refer to **Appendix C**

Statistical and Supporting Information

1. CAPTA Annual State Data 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. They also supervise one to three Family Services Workers as part of their duties.
- Domestic Violence Specialists- Regionally based DV Specialists team with Social 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 parents 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 parent using coercive control. These positions play a key role in coordination of services for families with the criminal justice system as well as the domestic and sexual advocacy service system.

Qualifications for Child Welfare and Youth Justice Staff

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

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

The minimum qualifications for Family Services Workers are:

- Master's degree in social work with no experience: or
- Bachelor's degree with 18 months of human services casework, including at least six months with a child or youth services caseload.

The minimum qualifications for Family Services Supervisors are as follows:

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

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

Demographic Information for Child Welfare and Youth Justice Staff

The division continues to be challenged around collecting demographic information on the workforce and aren't able to provide any update since the CFSP was submitted last year.

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. The Division Management Team recently changed this caseload measurement from 100 to 80 annual CSIs. After years of struggling to close CSIs timely and receiving feedback from the field during our annual District Roadshows, this decision was made in June with an implementation date of July 1st. Some districts will have no impacts, while others will need to reallocate resources to their front end.

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 (-) vacant positions (-) 0.5 FSW with > 6 months experience
(÷) by the family caseload

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

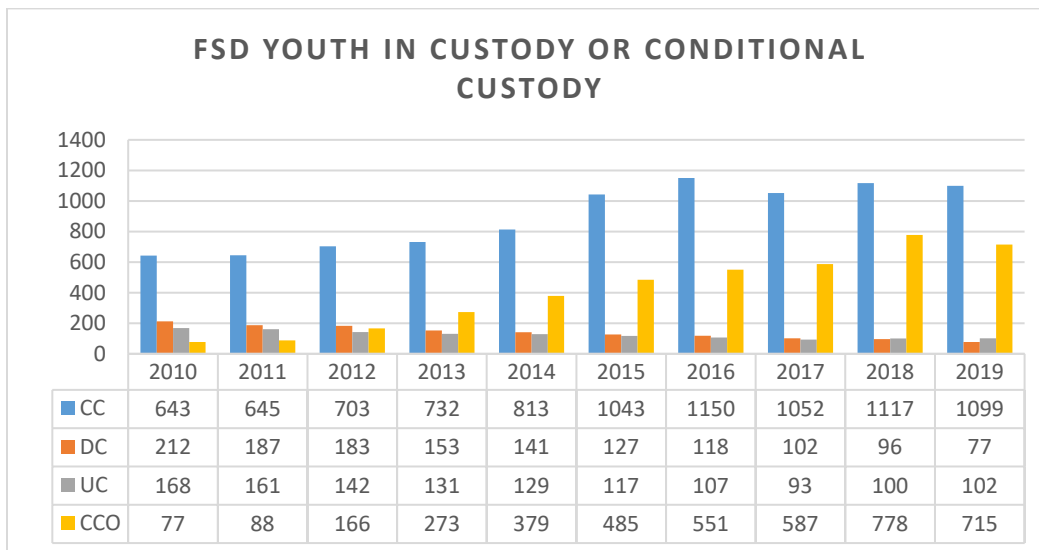
As of 6/1/2020, caseload per district were as follows:

6/1/20 @ 80 cases per FE Worker

District	Total # FSW	Allowable CSI FSW	Ongoing FSW	Vacancies	FSW with less than 6	Actual Ongoing FSW
ADO-St Albans	26	7	19	2	4	15
BDO-Burlington	34	10	24	0	2	23
HDO-Hartford	11	4	7	1	1	5.5
JDO-St Johnsbury	8	3	5	0	1	4.5
LDO-Brattleboro	15	5	10	1	0	9
MDO-Barre	19	6	13	1	1	11.5
NDO-Newport	10	4	6	0	2	5
RDO-Rutland	19.5	6	13.5	1	1	12
SDO-Springfield	10.5	3	7.5	1	0	6.5
TDO-Bennington	13	5	8	0	0	8
V-Morrisville	7.5	2	5.5	0	1	5
YDO-Middlebury	10	2	8	0	0	8
Total	183.5	57	126.5	7	13	113

District	Ongoing FSW FTEs	# Vacant Positions	# Less Staff (count @ .5 reduction)	Total FTE Capacity Reduction	Adjusted Ongoing FSW Count	FAMILY Caseload Avg Per Auth FSW	CHILD/ FAMILY Avg Per Auth FSW	Adjusted Family Caseload Average	FSW Capacity
ADO-St Albans	19	2.0	4.0	4.0	15	11.9	15.5	15.1	99.56%
BDO-Burlington	24	0.0	2.0	1.0	23	16.3	20.6	17.0	88.24%
HDO-Hartford	7	1.0	1.0	1.5	5.5	11.6	13.1	14.7	101.85%
JDO-St Johnsbury	5	0.0	1.0	0.5	4.5	14.6	20.2	16.2	92.47%
LDO-Brattleboro	10	1.0	0.0	1.0	9	14.9	20.3	16.6	90.60%
MDO-Barre	13	1.0	1.0	1.5	11.5	13.4	17.4	15.1	99.14%
NDO-Newport	6	0.0	2.0	1.0	5	22.0	29.3	26.4	56.82%
RDO-Rutland	13.5	1.0	1.0	1.5	12	13.5	17.2	15.2	98.90%
SDO-Springfield	7.5	1.0	0.0	1.0	6.5	9.9	13.5	11.4	131.76%
TDO-Bennington	8	0.0	0.0	0.0	8	19.6	29.0	19.6	76.43%
V-Morrisville	5.5	0.0	1.0	0.5	5	9.8	14.2	10.8	138.89%
YDO-Middlebury	8	0.0	0.0	0.0	8	13.1	17.9	13.1	114.29%
Total	126.5	7.0	13.0	13.5	113	14.2	18.8	15.9	99.08%

The following point-in-time graph provides caseload numbers as of 12/31/2019:



1b. Juvenile Justice Transfers

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

Reporting Year (CY)	New DC Case Type	Juvenile Justice Transfer (prior custody)
2014	33	8
2015	49	9
2016	32	4
2017	43	6
2018	49	16
2019	35	9

2. Education and Training Vouchers

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

	Total ETVs Awarded	Number of New ETVs
Final Number: 2018-2019 School Year (July 1, 2018 to June 30, 2019)	31	22
2019-2020 School Year* (July 1, 2019 to June 30, 2020)	54	31

3. Inter-Country Adoptions

Vermont did not have any children who were adopted from other countries and who entered into state custody in FY 2019 as a result of the disruption of a placement for adoption or the dissolution of an adoption.

Financial Information

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

Payment Limitations – Title IV-B, Subpart 2

FY 2018 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	\$147,632
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Appendix A. CQI Focused Indicators Year 1

[illegible]

Appendix B. 2020 Disaster Plan

Mission-Essential Functions

Mission-Essential functions for the DCF-FSD have been identified and prioritized below. In addition to identifying each mission-essential function, the DCF-FSD has associated the personnel resources and vital record resources required to carry out each specific function. The performance of the highest priority mission-essential functions will need to be resumed as quickly as possible.

Essential Functions for State of Vermont - Agency of Human Services - Department for Children and Families - Family Services

1. Functions to be performed, given a *One Day* disruption. (Highest priority to lowest):

- Provide safe, secure care to Woodside youth to include safe shelter, food and general care. See Woodside Specific COOP.

33 V.S.A. § 5801

- Maintain the state centralized intake and emergency services program:
This function is to be completed by CIES staff, with secondary support by district staff and central office staff as needed.

CIES-

Director and Assistant Director

Certain director identified admin staff (as needed).

7:45AM to 4:00PM, weekdays - 2 Supervisors (or SFSW) and 7 FSWs

4:00PM to Midnight, weekdays – 2 supervisor (or SFSW) and 4 FSWs

Midnight to 7:45AM – 1 Stand-by Supervisor (or SFSW) and 1 FSW

Weekends 8:00AM to 4:00PM and 4:00PM to Midnight- 2 supervisors and 3 FSWs

Per 33 V.S.A. § 4914

Per 33 V.S.A. § 5106

- Provide safe care for all children and youth in DCF custody. Respond to any need for an emergency change in placement.

This function is to be completed by CIES staff, district staff and specialized services unit.

CIES- supervisors and FSW calltakers and identified admin staff (see MEF #2)

District staff- Resource coordinator (call-in if needed),

FSW (team of 2 per district per day (call-in as needed), 1 on standby at night)

Supervisor or District Director (1 per day per district call-in as needed, CIES at night)

Specialized Services- Manager, placement specialists (call-in as needed)

Domestic and sexual violence unit (call in as needed)

Staff Safety Manager (call-in as needed)

Oversight by Policy and Operations Managers

Per 33 V.S.A. § 5106

- Screen and investigate abuse allegations:

The department shall conduct an investigation when an accepted report involves allegations indicating substantial child endangerment. For purposes of this section, "substantial child endangerment" includes conduct by an adult involving or resulting in sexual abuse, and conduct by a person responsible for a child's welfare involving or resulting in abandonment, child fatality, malicious punishment, or abuse or neglect that causes serious physical injury. In addition, for the purposes of essential services, this may also include any allegation regarding a child 12 months or under, with an unresolved danger (per SDM manual) presenting in the home.

In the event of reduced staff, the division may need to triage the investigations to only the most severe. Other social work staff in the local district may be redeployed to back up the investigation function. Districts may be called upon to redeploy their investigation staff to other more needy districts.

In the event that the Hurricane Lane Building is closed and CIES staff need to relocate, we will perform this work from BDO with CIU laptops. There are also some options for teleworking from home with answering service.

CIES- supervisors and FSW call takers and identified admin staff (see MEF #2)

Supervisor or District Director (1 per day per district - call in as needed CIES at night) ,
FSWs (1 daytime call-in as needed, 1 on standby at night/ per district)
Resource coordinator (call-in if needed)

Child Safety Manager (call-in as needed)
Staff Safety Manager (call-in as needed)
Domestic and sexual violence unit (call in as needed)
Oversight by Policy and Operations Managers
RLSI Staff (call-in as needed) and identified admin staff (as needed) .

Per 33 V.S.A. § 4915

Per 33 V.S.A. § 5106

2. Functions to be performed, given a *One Day - One Week* disruption. (Highest priority to lowest):

- Continuation of functions listed under previous Tier(s) identified above
- Identify and verify the location of children/youth in foster homes and residential placements.

In the event of a flu pandemic foster parents and residential facilities will be contacted to request that they notify district staff of the status of infection of foster children and household members and any need for placement of children.

This function is to be completed by CIES staff, district staff and specialized services unit.

CIES- supervisors and FSW call takers and admin staff

District staff- Resource coordinator, FSWs, Supervisor, District Director and certain identified admin staff

Specialized Services- Manager, placement specialists

Oversight by Policy and Operations Managers

Per 33 V.S.A. § 4915

Per 33 V.S.A. § 5106

- Residential licensing unit conducts background checks on new placements.
If residential licensing unit is unable to conduct background checks, district offices can perform essential

checks.

Essential checks are: child abuse registry; VCAS (Vermont court system info); Department of Corrections database. VCIC criminal checks may be done on an emergency basis via VSP barracks or ESP can process them through VSP after-hours.

RLSI Admin staff (call in as needed)

RLSI Director and other RLSI staff (call in as needed)

33 VSA 4905

- Locate and contact biological/primary parents of children/youth in out-of-home care in the event of the need for relocation of their children.

In the event of a flu situation parents will be notified of serious illness of their child or the need for a new placement.

This function is to be completed by CIES staff, district staff and specialized services unit.

CIES- supervisors and FSW call takers

District staff- Resource coordinator, FSW, Supervisor, District Director

Specialized Services- Manager, placement specialists

Oversight by Policy and Operations Managers

- On-going court ordered visitation as permitted due to health and safety constraints.
This function is to be completed by district staff and contracted partners, back up by central office as needed and as permitted.

District staff- FSWs, Supervisors, District Director

Specialized Services- Manager, placement specialists

Oversight by Policy and Operations Managers

33 V.S.A. § 5319

- The State ICJ Office of any state affected by the emergency shall, to the best of its ability, ensure that vital operations, including returns and transfers, are continued to the greatest extent possible, and will communicate essential information to the National Office for appropriate distribution.

Function will be performed by FSD ICPC/ICJ Deputy Compact Administrator

3. Functions to be performed, given a *One Week - One Month* disruption. (Highest priority to lowest):

- Continuation of functions listed under previous Tier(s) identified above
- Payment of foster care providers and residential care programs

RLSI and admin staff

REU manager, REU unit and admin staff (3 staff identified by REU manager)

District staff- Resource coordinator, District Director

Specialized Services-Manager, placement specialists (as needed)

Oversight by Policy and Operations Managers

- Ongoing casework services/activities as deemed appropriate per safety and health guidance.
Program services/activities in districts and central office units
Routine Licensing of foster care, residential care and child placing agencies
CIES- supervisors and FSW call takers

District staff- Resource coordinator, FSW, Supervisor, District Director and certain identified admin staff
Specialized Services- Manager, placement specialists
Oversight by Policy and Operations Managers

Per 33 V.S.A. § 4915

Per 33 V.S.A. § 5106

TIER: 1: Functions to be performed, given a *One Day* disruption. (Highest priority to lowest)

FUNCTION: Provide safe, secure care to Woodside youth to include safe shelter, food and general care. See Woodside Specific COOP.

33 V.S.A. § 5801

PRIORITY: # 1

PMEF: Yes

TIER: Functions to be performed, given a One Day disruption. (Highest priority to lowest)

DEPARTMENT: State of Vermont - Agency of Human Services - Department for Children and Families - Family Services

PERSONNEL: Gooley, Brenda - Director of Operations; Johnson, Christine - Deputy Commissioner; Simons, Jay - Woodside Director; Dalley, Pam - Director of Operations;

JJ Director, Woodside Director and Woodside staff. In the event of reduced staff the Woodside COOP will have the plan to redeploy FSD staff to assure the continued care of the residents.

Woodside staff would not be redeployed in the event of staff reductions.

VITAL RECORDS: Email; Staff Roster; Woodside has a generator to provide electricity for daily activity functioning. The doors can be manually locked and unlocked. The generator also would provide electricity for the use of computers and Q or cell phones to maintain communications outside the facility.

If there is no server access or computer capability intake/screening will be handwritten and entered later into SSMIS. A supply of intake forms will be stored at the facility. Hard copies of all forms will be stored and updated including unusual incident reports.

FUNCTION: Maintain the state centralized intake and emergency services program:

This function is to be completed by CIES staff, with secondary support by district staff and central office staff as needed.

CIES-

Director and Assistant Director

Certain director identified admin staff (as needed).

7:45AM to 4:00PM, weekdays - 2 Supervisors (or SFSW) and 7 FSWs

4:00PM to Midnight, weekdays – 2 supervisor (or SFSW) and 4 FSWs

Midnight to 7:45AM – 1 Stand-by Supervisor (or SFSW) and 1 FSW

Weekends 8:00AM to 4:00PM and 4:00PM to Midnight- 2 supervisors and 3 FSWs

Per 33 V.S.A. § 4914

Per 33 V.S.A. § 5106

PRIORITY: # 2

PMEF: Yes

TIER: Functions to be performed, given a One Day disruption. (Highest priority to lowest)

DEPARTMENT: State of Vermont - Agency of Human Services - Department for Children and Families - Family Services

PERSONNEL: Gooley, Brenda - Director of Operations; Jabar, Dianne - Centralized Intake and Emergency Services Director

VITAL RECORDS: Email; Staff Roster; VISION; Exchange Email System -- ADS; SSMIS Access; FSDNet; Telecommunications

FUNCTION: Provide safe care for all children and youth in DCF custody. Respond to any need for an emergency change in placement.

This function is to be completed by CIES staff, district staff and specialized services unit.

CIES- supervisors and FSW call takers and identified admin staff (see MEF #2)

District staff- Resource coordinator (call-in if needed),

FSW (team of 2 per district per day (call-in as needed), 1 on standby at night)

Supervisor or District Director (1 per day per district call-in as needed, CIES at night)

Specialized Services- Manager, placement specialists (call-in as needed)

Domestic and sexual violence unit (call in as needed)

Staff Safety Manager (call-in as needed)

Oversight by Policy and Operations Managers

Per 33 V.S.A. § 5106

PRIORITY: # 3

PMEF: Yes

TIER: Functions to be performed, given a One Day disruption. (Highest priority to lowest)

DEPARTMENT: State of Vermont - Agency of Human Services - Department for Children and Families - Family Services

PERSONNEL: Johnson, Christine - Deputy Commissioner; Forbes, James - Senior Operations Manager; Gooley, Brenda - Director of Operations; Bruce, Lisa - District Director; Burkey, Jennifer - District Director; Carrier, Emily - District Director; Caruso, Deb - District Director; D'Amico, Melanie - Residential Services Manager; Duranleau, Sheila - Senior Policy and Operations Manager; Gibson, Alix - District Director; Hammond, Ken - District Director; Hemenway, Kathy - District Director; Houtte, Ruth - Policy and Operations Manager; Jabar, Dianne - Centralized Intake and Emergency Services Director; James, Linda - Policy and Operations Manager; Keller, Lisa - District Director; Maurer, Beth - District Director; Pirrung, Britta - Interim District Director; Ryan, Patrick - District Director; Sojourner, Lily - Policy and Operations Manager; Thomason, Anita - Assistant District Director; District staff & licensing staff. Essential staff in each district (see FSD district plans) to carry out placement movements during the day. After hours designated District staff are assigned to be activated by the FSD emergency services program.

VITAL RECORDS: FSDNET and paper forms together with daily backup of all youths in custody with placements entered in the previous 24 hours into SSMIS. ESP has the secure flash drives.

FUNCTION:

Screen and investigate abuse allegations:

The department shall conduct an investigation when an accepted report involves allegations indicating substantial child endangerment. For purposes of this section, "substantial child endangerment" includes conduct by an adult involving or resulting in sexual abuse, and conduct by a person responsible for a child's welfare involving or resulting in abandonment, child fatality, malicious punishment, or abuse or neglect that causes serious physical injury. In addition, for the purposes of essential services, this may also include any allegation regarding a child 12 months or under, with an unresolved danger (per SDM manual) presenting in the home.

In the event of reduced staff, the division may need to triage the investigations to only the most severe. Other social work staff in the local district may be redeployed to back up the investigation function. Districts may be called upon to redeploy their investigation staff to other more needy districts.

In the event that the Hurricane Lane Building is closed and CIES staff need to relocate, we will perform this work from BDO with CIU laptops. There are also some options for teleworking from home with answering service.

CIES- supervisors and FSW call takers and identified admin staff (see MEF #2)

Supervisor or District Director (1 per day per district - call in as needed CIES at night) ,
FSWs (1 daytime call-in as needed, 1 on standby at night/ per district)
Resource coordinator (call-in if needed)

Child Safety Manager (call-in as needed)
Staff Safety Manager (call-in as needed)
Domestic and sexual violence unit (call in as needed)
Oversight by Policy and Operations Managers
RLSI Staff (call-in as needed) and identified admin staff (as needed) .

Per 33 V.S.A. § 4915

Per 33 V.S.A. § 5106

PRIORITY: # 4

PMEF: Yes

TIER: Functions to be performed, given a One Day disruption. (Highest priority to lowest)

DEPARTMENT: State of Vermont - Agency of Human Services - Department for Children and Families - Family Services

PERSONNEL: Gooley, Brenda - Director of Operations; Jabar, Dianne - Centralized Intake and Emergency Services Director; Johnson, Christine - Deputy Commissioner; Morton, Shannon - Staff Safety Manager; Benedict, Jennifer - Director- RLSI; Bruce, Lisa - District Director; Burkey, Jennifer - District Director; Carrier, Emily - District Director; Caruso,

Deb - District Director; Duranleau, Sheila - Senior Policy and Operations Manager; Forbes, James - Senior Operations Manager; Gibson, Alix - District Director; Grimm, Andrea - District Director; Hammond, Ken - District Director; Hemenway, Kathy - District Director; Houtte, Ruth - Policy and Operations Manager; James, Linda - Policy and Operations Manager; Keller, Lisa - District Director; Maurer, Beth - District Director; Pirrung, Britta - Interim District Director; Sojourner, Lily - Policy and Operations Manager; Thomason, Anita - Assistant District Director; Miller, Nancy - Child Safety Manager; Centralized intake and Emergency Services in Williston. District staff will perform this task if Williston site is completely compromised by computer, VOIP/server failure.

This function is to be completed by CIES staff, district staff, central office staff and RLSI.

CIES- Director, supervisors and FSW call takers

District staff if needed- FSW (intake and investigations), Supervisor,(s) District Director

Oversight by Policy and Operations Managers

[needs more explanation with IT input]

In the event of reduced staff, the division may need to triage the investigations to only the most severe. Districts may be called upon to redeploy their investigation staff to other more needy districts. Other social work staff in the local district may be redeployed to back up the investigation function.

Central Office and District staff may back up CIES staff as needed

Should entire hotline be shut down VTAAlert and other emergency and public communications will be used to give community the established lines of contact.

VITAL RECORDS: Email; Staff Roster; Exchange Email System -- ADS; SSMIS Access; FSDNet; SSMIS, FSDNET and communication devices. If Waterbury is not compromised, we will rely on FSDNET to provide intake and family HX in the beginning of the investigation. Waterbury has 5 days generator capacity in the event Waterbury is compromised.

The CIU/ESP 800 number can be redirected to field offices if Waterbury lines are compromised. In the event of a wide spread emergency-- calls can come into the local offices and district staff can commence an investigation without FSDNET information. Forms can be manually filled out. Records can be manually reviewed in the offices. Laptops can be used to write reports and can be charged along with the Q phones by car battery. [need 12v dell adapters to charge laptops from car batteries-- CIU and ESP does not have Q phones] Staff can use cell phones and Q phones if operable.

This activity can be manually sustained in this manner for a couple weeks.

ESP has daily downloads of open cases with placements (as entered by district staff into SSMIS within previous 24 hours) Excel [daily data dump can include history of intakes for all families--explore 1-2 user (free license) of sqlserver/cold fusion on 1-2 laptops]

TIER: 2: Functions to be performed, given a *One Day - One Week* disruption. (Highest priority to lowest)

FUNCTION: Identify and verify the location of children/youth in foster homes and residential placements.

In the event of a flu pandemic foster parents and residential facilities will be contacted to request that they notify district staff of the status of infection of foster children and household members and any need for placement of children.

This function is to be completed by CIES staff, district staff and specialized services unit.

CIES- supervisors and FSW call takers and admin staff

District staff- Resource coordinator, FSWs, Supervisor, District Director and certain identified admin staff

Specialized Services- Manager, placement specialists

Oversight by Policy and Operations Managers

Per 33 V.S.A. § 4915

Per 33 V.S.A. § 5106

PRIORITY: # 1

PMEF: No

TIER: Functions to be performed, given a One Day - One Week disruption. (Highest priority to lowest)

DEPARTMENT: State of Vermont - Agency of Human Services - Department for Children and Families - Family Services

PERSONNEL: Benedict, Jennifer - Director- RLSI; Bruce, Lisa - District Director; Burkey, Jennifer - District Director; Carrier, Emily - District Director; Caruso, Deb - District Director; D'Amico, Melanie - Residential Services Manager; Duranleau, Sheila - Senior Policy and Operations Manager; Forbes, James - Senior Operations Manager; Gibson, Alix - District Director; Gooley, Brenda - Director of Operations; Hammond, Ken - District Director; Hemenway, Kathy - District Director; Houtte, Ruth - Policy and Operations Manager; Jabar, Dianne - Centralized Intake and Emergency Services Director; James, Linda - Policy and Operations Manager; Johnson, Christine - Deputy Commissioner; Joyal, Barb - System of Care Manager; Keller, Lisa - District Director; Maurer, Beth - District Director; Pirrung, Britta - Interim District Director; Rock, Joan - Foster Care Liaison; Ryan, Patrick - District Director; Simons, Jay - Woodside Director; Sojourner, Lily - Policy and Operations Manager; Thomason, Anita - Assistant District Director; Local district staff; Residential Licensing and central office staff can back up district staff in the event of staff reductions.

Staff can perform this function remotely on laptops and Q phones if they are working from home in a flu situation

VITAL RECORDS: SSMIS, GIS mapping database, FSDNET if Waterbury is not compromised for more than 5 days. This information is backed up nightly off site to the FTP server in Burlington. It would be possible to print out lists for staff if either Waterbury or Burlington had power. For five days Waterbury would be up and we could work from the list point in time.

These could be hand delivered to any compromised district or emailed if that capability exists.

In the event of staff reductions district staff have access and can perform this function deep into the staff list. Central office staff can back up this function and can be done remotely by laptops and Q phones..

Staff could make site visits to verify if needed. If there is no server/computer access the licensing unit and the districts have paper files containing the identifying information.

in the event of reduced capacity due to H1N1 district and Central office staff will coordinate the replacement of children in Residential and foster care placements.

FUNCTION: Residential licensing unit conducts background checks on new placements.

If residential licensing unit is unable to conduct background checks, district offices can perform essential checks.

Essential checks are: child abuse registry; VCAS (Vermont court system info); Department of Corrections database.

VCIC criminal checks may be done on an emergency basis via VSP barracks or ESP can process them through VSP after-hours.

RLSI Admin staff (call in as needed)

RLSI Director and other RLSI staff (call in as needed)

33 VSA 4905

PRIORITY: # 2

PMEF: Yes

TIER: Functions to be performed, given a One Day - One Week disruption. (Highest priority to lowest)

DEPARTMENT: State of Vermont - Agency of Human Services - Department for Children and Families - Family Services

PERSONNEL: Benedict, Jennifer - Director- RLSI; Forbes, James - Senior Operations Manager; Gooley, Brenda - Director of Operations; Joyal, Barb - System of Care Manager; Rock, Joan - Foster Care Liaison; RLU Staff, District Office staff.

In the event of staff reductions licensing social workers can perform background checks from their home on laptops. Resource Coordinators and social workers would back each other up for the placement activity.

VITAL RECORDS: Email; Staff Roster; Exchange Email System -- ADS; SSMIS Access; FSDNet; Telecommunications; Payroll; For licensed facilities we would use SSMIS, GIS mapping database, FSDNET if Waterbury is operational. This information is backed up off site in Burlington daily. In preparation for an emergency RLU can print out the foster care database that has all of the licensed foster homes. for five days this should be available with the Waterbury generator capacity. Manual records are available in both Waterbury licensing unit and in the local districts for licensed placement resources.

Paper forms for background checks and foster care applications will be maintained in the licensing unit and the districts.

For unlicensed people we would rely on generator capacity for the background checks. if Waterbury is compromised our capacity would be reduced. staff could make site visits to interview potential placement resources but background checks could not be done until the server was back up and running.

FUNCTION: Locate and contact biological/primary parents of children/youth in out-of-home care in the event of the need for relocation of their children.

In the event of a flu situation parents will be notified of serious illness of their child or the need for a new placement. This function is to be completed by CIES staff, district staff and specialized services unit.

CIES- supervisors and FSW call takers

District staff- Resource coordinator, FSW, Supervisor, District Director

Specialized Services- Manager, placement specialists

Oversight by Policy and Operations Managers

PRIORITY: # 3

PMEF: No

TIER: Functions to be performed, given a One Day - One Week disruption. (Highest priority to lowest)

DEPARTMENT: State of Vermont - Agency of Human Services - Department for Children and Families - Family Services

PERSONNEL: Benedict, Jennifer - Director- RLSI; Bruce, Lisa - District Director; Burkey, Jennifer - District Director; Carrier, Emily - District Director; Caruso, Deb - District Director; D'Amico, Melanie - Residential Services Manager; Duranleau, Sheila - Senior Policy and Operations Manager; Forbes, James - Senior Operations Manager; Gibson, Alix - District Director; Hammond, Ken - District Director; Hemenway, Kathy - District Director; Houtte, Ruth - Policy and Operations Manager; Jabar, Dianne - Centralized Intake and Emergency Services Director; James, Linda - Policy and Operations Manager; Joyal, Barb - System of Care Manager; Maurer, Beth - District Director; Pirrung, Britta - Interim District Director; Rock, Joan - Foster Care Liaison; Ryan, Patrick - District Director; Sojourner, Lily - Policy and Operations Manager; local district staff backed up by central office staff as needed.

VITAL RECORDS: FSDNET if Waterbury is not compromised for more than 5 days. This information is backed up nightly off site to the FTP server in Burlington. It would be possible to print out lists for staff if either Waterbury or Burlington had power. For five days Waterbury would be up and we could work from the list point in time. These could be hand delivered to any compromised district or emailed if that capability exists.

Staff could make site visits to verify if needed. Paper files are located in the districts if there is no server/computer access.

In the event of a flu situation district staff and central office staff can perform this function off site or from home via lap tops and Q phones. This info is accessible in SSMIS.

FUNCTION: On-going court ordered visitation as permitted due to health and safety constraints.

This function is to be completed by district staff and contracted partners, back up by central office as needed and as permitted.

District staff- FSWs, Supervisors, District Director

Specialized Services- Manager, placement specialists

Oversight by Policy and Operations Managers

33 V.S.A. § 5319

PRIORITY: # 4

PMEF: Yes

TIER: Functions to be performed, given a One Day - One Week disruption. (Highest priority to lowest)

DEPARTMENT: State of Vermont - Agency of Human Services - Department for Children and Families - Family Services

PERSONNEL: Bruce, Lisa - District Director; Burkey, Jennifer - District Director; Carrier, Emily - District Director; Caruso, Deb - District Director; Duranleau, Sheila - Senior Policy and Operations Manager; Gibson, Alix - District Director; Hammond, Ken - District Director; Hemenway, Kathy - District Director; Houtte, Ruth - Policy and Operations Manager; James, Linda - Policy and Operations Manager; Keller, Lisa - District Director; Maurer, Beth - District Director; Pirrung, Britta - Interim District Director; Ryan, Patrick - District Director; Sojourner, Lily - Policy and Operations Manager

FUNCTION: The State ICJ Office of any state affected by the emergency shall, to the best of its ability, ensure that vital operations, including returns and transfers, are continued to the greatest extent possible, and will communicate essential information to the National Office for appropriate distribution.

Function will be performed by FSD ICPC/ICJ Deputy Compact Administrator

PRIORITY: # 5

PMEF: Yes

TIER: Functions to be performed, given a One Day - One Week disruption. (Highest priority to lowest)

DEPARTMENT: State of Vermont - Agency of Human Services - Department for Children and Families - Family Services

PERSONNEL: Joyal, Barb - System of Care Manager; Casanova, Patricia "Trissie" - ICPC/ICJ Deputy Compact Administrator

TIER: 3: Functions to be performed, given a *One Week - One Month* disruption. (Highest priority to lowest)

FUNCTION: Payment of foster care providers and residential care programs

RLSI and admin staff

REU manager, REU unit and admin staff (3 staff identified by REU manager)

District staff- Resource coordinator, District Director

Specialized Services-Manager, placement specialists (as needed)

Oversight by Policy and Operations Managers

PRIORITY: # 1

PMEF: Yes

TIER: Functions to be performed, given a One Week - One Month disruption. (Highest priority to lowest)

DEPARTMENT: State of Vermont - Agency of Human Services - Department for Children and Families - Family Services

PERSONNEL: Joyal, Barb - System of Care Manager; McLain, Heather - Revenue Enhancement Unit Director; Rock, Joan - Foster Care Liaison

VITAL RECORDS: VISION; Exchange Email System -- ADS; SSMIS Access

FUNCTION: Ongoing casework services/activities as deemed appropriate per safety and health guidance.

Program services/activities in districts and central office units

Routine Licensing of foster care, residential care and child placing agencies

CIES- supervisors and FSW call takers

District staff- Resource coordinator, FSW, Supervisor, District Director and certain identified admin staff

Specialized Services- Manager, placement specialists

Oversight by Policy and Operations Managers

Per 33 V.S.A. § 4915

Per 33 V.S.A. § 5106

PRIORITY: # 2

PMEF: No

TIER: Functions to be performed, given a One Week - One Month disruption. (Highest priority to lowest)

DEPARTMENT: State of Vermont - Agency of Human Services - Department for Children and Families - Family Services

PERSONNEL: Benedict, Jennifer - Director- RLSI; Bruce, Lisa - District Director; Burkey, Jennifer - District Director; Carrier, Emily - District Director; Caruso, Deb - District Director; Gibson, Alix - District Director; Grimm, Andrea - District Director; Hammond, Ken - District Director; Hemenway, Kathy - District Director; Jabar, Dianne - Centralized Intake and Emergency Services Director; Keller, Lisa - District Director; Maurer, Beth - District Director; Pirrung, Britta - Interim District Director; Simons, Jay - Woodside Director; all staff not responsible for performing functions in Tiers 1& 2

VITAL RECORDS: all databases, computer programs utilized in the course of Family Services work

Appendix C. Family Services IVB Training Plan FY2020-2021

Training Plan

FSD's development and delivery of comprehensive education and training programs for agency workforce and foster/kin/adoptive parents is accomplished in collaboration with the University of Vermont (UVM) Department of Social Work through our Child Welfare Training Partnership (CWTP).

Long-Term Training

Each year, the CWTP supports 2 current child welfare workers/supervisors and an additional 2 potential employees to obtain a Masters degree in Social Work at the University of Vermont.

Employees are selected based on experience in public child welfare, job performance and commitment to children and families. They contract to work for the division for 2-4 years following graduation, depending on the level of support provided. Potential employees are selected from a pool of applicants accepted into the MSW/BSW programs based on their work experience and suitability for and commitment to public child welfare work. They contract to work for the division for 3 years following graduation. There are no changes to the MSW training opportunities.

Short-Term Training for Workforce

The short-term training program for employees includes classroom and distance learning courses supported by on-the-job training for new employees, district team-based training and coaching focused on best practice, advanced practice courses and supervisor training. All short-term training is carefully designed to support FSD's mission, core principles, practice model and system outcome priorities. The staff training program is reviewed and updated regularly. CWTP staff participates in various policy and planning groups to ensure training accurately reflects the policy and priorities of the FSD.

Court Related Short-Term Training

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

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

Family Services staff are expected to complete all training requirements as noted in Policy 203, Professional Development for Division Staff. This policy articulates the general areas of requirements by role on a grid on pages 3-5.

New Employee Training for Family Service Workers

These five courses are offered online and are open and available to all staff from date of hire.

Topic	Syllabus	IV-E Functions	Venue	Provider	Hrs	Cost/ Funding Source
*Family Services Division (FSD) Orientation	FSD overview, mission, policy framework, practice model, legal basis, court system, case flow, database navigation, learning culture.	Social work practice, such as family centered practice and social work methods including interviewing and assessment; general overview of child abuse and neglect investigations, cultural competency; development of case plan.	AL	VT CWTP	4	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	DL	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	DL	2	VT AHS E-Learning	Funded by AHS
Mandatory Reporter Training (Orientation)	Understanding responsibility as a mandated reporter in Child Abuse and Neglect	N/A	DL	2	VT AHS E-Learning	Funded by AHS
AHS Safety Awareness	The AHS Staff Safety Awareness Training aims to orient new AHS staff to effective strategies for safety and preventing workplace violence. The training defines workplace violence and highlights 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		VT AHS E-Learning	Funded by AHS

Foundations for Child Welfare and Youth Justice Casework Practice,

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

- Clearly articulated training requirements accomplished prior to being assigned a full caseload;
- Competency-based curriculum allows for effective design, delivery and evaluation of training content as well as assurance that the curriculum covers appropriate and relevant content;
- New evaluation framework that uses Pre- and Post- test measurements to evaluate training design and knowledge acquisition;
- A hybrid curriculum that combines the benefits of online, classroom and field-based learning opportunities;
- Enhanced record-keeping and tracking of training participation, completion and learning plan development.

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

This 6 week, 12 modules will be offered **2-4 times/year**, dependent on the number of new employees hired over a period of three months. Each module consists of integrated online learning and remote interactive learning opportunities.

In addition to the 12 topically focused modules, we have identified 5 *core tenets of learning* that will be threaded throughout all 12 modules.

The 5 core tenets are:

- Safety Culture & Safety Organized Practice
- Intercultural Learning
- Trauma Informed Practice
- Engagement
- Permanency

2. Foundations Field – Based Practice

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

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

Integrated Foundations Learning Program for Child Protection & Youth Justice

Topic	Syllabus	IV-E Functions	Venue	Hrs	Provider	Cost/Funding Source
Module 1: Introduction	Introductory information on child welfare & youth justice history, child welfare & youth justice in VT, SOP and Safety Culture, overview of interplay between laws and policies etc.	Child Welfare and Youth Justice System overview, professional enhancement skills	RSL	8 hours total 3 hours Zoom 2.5 online courses 1 Hr worksheet 1 ILT	VT CWTP	100% IVE @ 75% FFP
Introduction to Foundations	Understand how to navigate through virtual Foundations. Understand who CWTP is and how we fit into the FSD picture.	Introduction to the Foundations for Child Welfare & Youth Justice Practice, expectations, resources	AL	See above	VT CWTP	100% IVE
Introduction to Child Welfare & Youth Justice	Examine the Vermont child welfare system, it's mission, vision, practice, principles and guidelines. Become acquainted with the roles and responsibilities of those within the Division of FSD. Identify key federal laws and regulations that govern child welfare practice in VT.	Overview of Child Welfare & Youth Justice System in VT	AL	See above	VT CWTP	100% IVE @ 75% FFP

Integrated Foundations Learning Program for Child Protection & Youth Justice

Topic	Syllabus	IV-E Functions	Venue	Hrs	Provider	Cost/Funding Source
Intercultural agility	Understand the difference between and value of cultural competence and cultural humility and the value of cultural humility in child welfare and youth justice practice; Assess their own degree of cultural competence and strategies to continue to develop. Practice cultural humility in child welfare interactions such as assessment, case planning, and family meetings.	Case planning, case management, placement of the child	AL	See above	VT CWTP	100% IVE @ 75% FFP
Module 2: Engagement	Tuning in to self and others, Interactional help skills, feedback, questioning, interviewing, resistant parents, practicing interviews, select tools (ecomaps, genogram etc)	Case Planning & Assessment	RSL	10 Hours Total 4 hrs Zoom 5 hrs online .5 worksheet	VT CWTP	100% IVE @ 75% FFP
Motivational Interviewing	Understand the trans-theoretical model of change; explore solution-focused skills, become familiar with the application of MI in casework practice.	Case planning, case management Social work practice, such as family centered practice & social work methods including interviewing and assessment; general overview of child abuse and neglect investigations, risk and protective factors.	AL	See above	VT CWTP	100% IVE @ 75% FFP

Integrated Foundations Learning Program for Child Protection & Youth Justice

Topic	Syllabus	IV-E Functions	Venue	Hrs	Provider	Cost/Funding Source
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	4	VT CWTP	100% IVE @ 75% FFP

Integrated Foundations Learning Program for Child Protection & Youth Justice

Topic	Syllabus	IV-E Functions	Venue	Hrs	Provider	Cost/Funding Source
Module 3: Recognizing Child Abuse	Recognizing and assessing physical Abuse, Sexual Abuse & Neglect	Child abuse and neglect issues, such as the impact on a child's development and well-being, impact of trauma; resilience, social work methods including interviewing and assessment; preparation for judicial determinations; placement of a child; case supervision & management; development of case plan.	RSL	10 hours total Live Zoom – 2-3 Live Zoom- 2 hours Worksheets - 1 ILT- 2 Online- 1.5	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	1.5 hrs	VT CWTP	100% IVE @ 75% FFP
Module 4: Safety Assessment & Safety Planning	Safety Organized Practice overview, Child Safety Interventions Policy & Practice, Structured Decision Making Safety Assessments & Safety Planning, Introduction to ROSAC, Network grid, Safety circles	Social work practice, such as family centered practice & social work methods including interviewing and assessment; general overview of child abuse and neglect investigations, risk and protective factors.	RSL	10- hours total	VT CWTP	50% CAPTA 50% IVE @ 75% FFP

Integrated Foundations Learning Program for Child Protection & Youth Justice

Topic	Syllabus	IV-E Functions	Venue	Hrs	Provider	Cost/Funding Source
Structured Decision Making Course	<p>Overview of SDM Tools and how to use them.</p> <p>Improve assessments of family situations to better ascertain the protection needs of children.</p> <p>Increase consistency and accuracy.</p> <p>Increase consistency in identification of safety and danger</p> <p>Identifying and Involving Communities and extra-familial Networks</p> <p>Behaviorally-based Collaborative Planning</p>	Case Planning, Assessment and Reunification	AL	<p>5 hr live day</p> <p>2 hour Zoom</p> <p>1 ILT</p> <p>2 Homework/Sup pages</p>	CRC & VT CWTP	100% IVE @ 75% FFP
Module 5: Risk Assessment	SDM Risk & Risk Reassessment, Danger, Safety & Risk statements, Family Safety Planning Framework & 3 W's	Case Planning, Assessment and Reunification	RSL	10 hours Total	VT CWTP	<p>50% CAPTA</p> <p>50% IVE @ 75% FFP</p>

Integrated Foundations Learning Program for Child Protection & Youth Justice

Topic	Syllabus	IV-E Functions	Venue	Hrs	Provider	Cost/Funding Source
Structured Decision Making Course	<p>Overview of SDM tools and how to use them</p> <p>Improve assessments of family situations to better ascertain the protection needs of children.</p> <p>Increase consistency and accuracy.</p> <p>Increase consistency in identification of safety and danger</p> <p>Identifying and Involving Communities and extra-familial Networks</p> <p>Behaviorally-based Collaborative Planning</p>	Case Planning, Assessment and Reunification	AL	<p>5 hr live day</p> <p>2 hour Zoom</p> <p>1 ILT</p> <p>2 Homework/Sup pages</p>	<p>Children's Research Center</p> <p>&</p> <p>VT CWTP</p>	100% IVE @ 75% FFP
<p>Module 6:</p> <p>Case Planning</p>	<p>Child Safety Intervention (CSI) documentation, Adaptive Case Planning SMART goals, behaviorally descriptive language, Technical Case Planning: case plan goals, documentation of visits, and face to face contact and case notes.</p>	Development of case plan	RSL	8-10 hours Total	VT CWTP	100% IVE @ 75% FFP

Integrated Foundations Learning Program for Child Protection & Youth Justice

Topic	Syllabus	IV-E Functions	Venue	Hrs	Provider	Cost/Funding Source
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		VT CWTP	100% CAPTA
Case Planning & Documentation	Review Case Planning policy and practice. Highlight important features of FSD's Case Plan template. Practice drafting SMART objectives and behaviorally descriptive action steps	Development of case plan;	AL		VT CWTP	100% IVE @ 75% FFP
<u>Module 7:</u> Working with Courts	Affidavit writing, court procedures, testifying, policies and relevant statutes. Understand role of social worker in court. Learn about state and national statutes. Understand how cases flow through court system.	Preparation for judicial determinations; placement of child; permanency planning; case management and supervision	AL	8 hours Total Zoom- 2 hours 1- ILT	VT CWTP	100% IVE @ 75% FFP

Integrated Foundations Learning Program for Child Protection & Youth Justice

Topic	Syllabus	IV-E Functions	Venue	Hrs	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	3 hours (Includes home- work & SP)	VT CWTP	100% IVE @ 75% FFP
Courts Online	Become familiar with acronyms and other legal terms. Understand the Life of a Case in DCF - Timelines, Types of Hearings, Trajectories of Cases that social workers will see	Preparation for judicial determinations; placement of child; permanency planning; case management and supervision	AL	2 hours	VT CWTP	100% IVE @ 75% FFP
Module 8: Permanency	Permanency from day 1, Family finding, Family Time Coaching, Working with Kin, reunification review of and practice with tools.	Permanency planning; case management & supervision; referral to service; placement of child.	RSL	8 hours Total	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	Online 3 hours Zoom 3 hours 1 – ILT 1- worksheet/SP	VT CWTP	100% IVE @ 75% FFP

Integrated Foundations Learning Program for Child Protection & Youth Justice

Topic	Syllabus	IV-E Functions	Venue	Hrs	Provider	Cost/Funding Source
Module 9: Youth Development	Resources & services for Youth, overview of Youth Development Program, engagement skills for working with adolescents, inclusion of youth voice/perspective, positive youth development frame. Human Trafficking	Screening and assessment, risk, and protective factors, social work practice, such as social work methods including interviewing and assessment; development of case plan; case management and supervision; permanency planning; referral to service.	RSL	8 hours Total 2 hour Zoom call (JJ) 2 hour Online course (JJ) 1 youth interviews 1 ILT 2Trafficking	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		VT CWTP	100% IVE @ 75% FFP

Integrated Foundations Learning Program for Child Protection & Youth Justice

Topic	Syllabus	IV-E Functions	Venue	Hrs	Provider	Cost/Funding Source
Module 10: Substance Abuse & Domestic Violence	Identify different substances of abuse and the potential implications for safe parenting; Review the challenges in engaging with families affected by substance abuse and strategies to overcome the barriers to engagement. DV team and resources, Lund case managers and best practices. Identify behaviors and activities that contribute to and impede child safety, safe parenting and accountability of battering parents.	General substance abuse issues related to children and families in the child welfare system; social work practice, such as family centered practice and social work methods including interviewing and assessment. This training is not related to how to conduct an investigation of child abuse and neglect. Screening and assessment, risk, and protective factors, social work practice, such as social work methods including interviewing and assessment; development of case plan; case management and supervision; permanency planning; referral to service.	RSL	10 hours Total 2 -Zoom (DV) 2- Zoom (S/A) 7 -Online (S&T & SAMHSA) 1- ILT	VT CWTP	100% IVE @ 75% FFP
Safe & Together Module 1	Review the Guiding principles of the adult & child survivor centered approach to DV	Screening and assessment, risk, and protective factors, social work practice; development of case plan; case management and supervision	AL	3 hrs	VT CWTP	100% IVE @ 75% FFP
Substance Abuse for Child Welfare Professionals	This tutorial provides a primer on alcohol and drug addiction, substance abuse treatment and recovery, enhancing treatment readiness and treatment effectiveness, as well as discuss cross-system communication and collaboration, as well as provide contact information for other national resources.	General substance abuse issues related to children and families in the child welfare system; This training is not related to how to conduct an investigation of child abuse and neglect.	AL	4-5	NCSA&CW SAMHSA	100% IVE @ 75% FFP

Integrated Foundations Learning Program for Child Protection & Youth Justice

Topic	Syllabus	IV-E Functions	Venue	Hrs	Provider	Cost/Funding Source
<u>Module 11:</u> Professional Self	Safety Culture in Family Services Division, Staff Safety, Realistic self-care & professional dangerousness, longevity in the field, plan for ongoing professional development	Job Performance & Enhancement Skills	RSL	8 hours Total Online- 2 hours Zoom- 2 hour (Safety) Zoom -2 (Self as practitioner) Worksheets -1 1- ILT	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		VT CWTP	100% IVE @ 50% FFP
<u>Module 12:</u> Simulation Lab	Commencement, Initial Home Visit, Interviewing the Child, Removals, Completing Suitability Assessments, Completing family finding tools, Practicing Inter-Cultural Agility, Witnessing	Social work practice, such as social work methods including interviewing and assessment; development of case plan	C or RSL	18-30 hours	VT CWTP	100% IVE @ 50% FFP
<u>Resource Coordinator Foundations</u>	Overview of specific functions of RC role, child placement, assessment and training of foster families, navigating payments	Placement, Permanency, Case Planning	AL & RSL	2-6 hrs	VT CWTP	100% IVE @ 75% FFP

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 Experts & 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, 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 family and the professionals. Evaluate risk and protective factors as they relate to the context of prevention of placement and reunification. Unpack our values that are surfaced when considering the long term. Generate thoughtful case plans utilizing assessment skills and collaborative planning.	Child abuse and neglect issues, such as the impact of child abuse and neglect on a child; assessments to determine whether a situation requires a child's removal from the home; development of case plan for children in foster care/ at risk of foster care; permanency planning; case management and supervision; referral to services, impact of trauma, relational competence. This training is not related to how to conduct an investigation of child abuse and neglect.	C or RSL	12	Hired subject expert 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 Hrs	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 in order to meet the safety needs of the children	Case Planning, Disposition, court	C or RSL		VT CWTP & Subject Experts	100% IVE @ 75% FFP
Coaching Sessions for TOL	Coaching sessions will focus on assessments of child abuse and neglect cases and how to utilize the tools identified in the advanced practicum.	Transfer of Learning, Coaching on social work practice	In person or remote	2 hrs	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;	Increase protective factors of youth, casework practices, case planning, well-being assessment	C or RSL	5	VT CWTP	100% IVE @ 75% FFP

	Understand the nuances of MI with different Age youth; Identify individual MI strengths and areas to Practice Youth Thrive: Social Connections					
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
Restorative Practices	Learn the elements, values and principles of Restorative Practices and the restorative lens; Become familiar with the emerging VT restorative practices model (beyond BARJ); Identify the impact and role of trauma in the restorative process; Methods and practices for the implementation of restorative practices in daily work; learn how restorative practices can be used with the 16-19 JJ involved populations Youth Thrive: Supporting Youth Resilience	Working with youth who are in foster care or at risk of foster care	C or RSL	5 hrs	VT CWTP	100% IVE @ 75% FFP
Youth Justice Summit	This conference brings together FSD staff, Family Court judges, GALs, BARJ staff, diversion staff, Corrections and attorneys to increase knowledge in youth justice practice, including practice with delinquent youth in state's custody. FY21 Positive Youth Development Framework and cross-team approaches to the PYDF.	Working with delinquent youth who are in foster care or at risk of being in foster care. Increase protective factors of youth, casework practices, case planning, well-being assessment	C or RSL	5 Hrs	Hired subject experts, FSD and CWTP	100% IV-E @ 75% FFP
Advance Practicum #3 Permanency & Case Planning Practicum (Curriculum Design FY21)						
Family Finding and Network Development to support early permanency	Understand the benefits of family finding and network development at the onset of a case; Practice strategies for building out networks for safety and permanency	Case planning with children and youth in foster care, and planning for permanency.	C	30	FSD/ CWTP/LUND	100% IVE @ 75% FFP

Engagement practices throughout the life of a case	Identify strategies for engaging families from the very first interaction to case closure. Explore ways to discuss permanency while maintaining positive working relationships, and how to have difficult conversations when the case goal changes from reunification to adoption	Case Planning to support decision making for permanency options	C or RSL	TBD	VT CWTP	100% IVE @ 75% FFP
Case Documentation	Identify key areas of documentation for case notes, that describe behavioral changes, and documents clear change within the case goal.	Foster Care, Adoption, Guardianship	AL	TBD	VT CWTP	100% IVE @ 75% FFP
Case Planning for Change	Discuss and build understanding to support the behavior change process and achieve permanency	Case Planning to support decision making for permanency options	C or RSL	6	VT CWTP	100% IVE @ 75% FFP
Planning for permanency: Legal permanency, Engaging Families & Youth in Transition to Adulthood	Practice consultation with SME's to build collaboration for achieving permanence for youth who may age out of the foster care system. Identifying independent living plans	Foster Care, Adoption, Guardianship	C or RSL	6	VT CWTP	100% IVE @ 75% FFP

Advanced Training Series: Safety Organized Practice Series

District Based Focus/Training & Coaching

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

Case Planning for Change	Utilize the tools and strategies for case planning and such as Case Plan format, Reunification Structured Decision Making Tool, focus on developing behaviorally based plans that address parenting risks and plan for safety	Case Planning	District Support in person or Remote	Based on need	VT CWTP	100% IV-E @ 75% FFP
Stand Alone Advanced Trainings						
Basic Forensic Interviewing	Basic forensic interviewing skills for social workers conducting interviews as part of a child abuse investigation.	N/A	C	16.5	National Child Advocacy Center	100% CAPTA
Advanced Forensic Interviewing	Advance forensic interviewing skills for social workers conducting interviews as part of a child abuse investigation.	N/A	C	16.5 hours	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 Hrs	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 hours	Licenses for DL classes purchased from Orbis and distributed through CWTP to FSD Staff.	100% IV-E @ 75% FFP
Safety & 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 hours	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	<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	25 hours	VT CWTP	100% IVE @ 75% FFP Adoption
Child & Adolescent Needs & Strengths (CANS) Tool	This online CANS Overview is intended to provide an accessible, multidisciplinary orientation to the CANS, its utility as a collaborative case planning tool, as well as resources for further information, training, and certification. While geared towards professionals, this overview will help anyone better understand the CANS tool	Case Planning with Children in Foster Care	AL	2 hours	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 inhome cases reviewed for the CQI system.	Case Reviews, CQI, custody, foster care, inhome services, assessment and delivery	C or RSL	5 2 x per year	FSD Staff CWTP provides admin support to enter classes into AHS Linc	100% IVE at 50% FFP
Family Finding	<p>Learn information about current Family Finding best practices;</p> <p>Identify strategies for Vermont to increase the</p>	Case Planning, Placements, case management, foster care	C or RSL	12	Expert Consultant & VT CWTP Staff	Kinship Navigator Funds & IVE @ 75% FFP

	<p>impact of Family Finding on case outcomes;</p> <p>Understand how to address challenges inherent in Family Finding to build engagement with families</p>					
Inter-cultural Agility	Develop skills to manage interactions with another person with a culture different from his/her own with the objective of minimizing the negative impacts caused by these differences and value the person.	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 Topics such as: Remote assessment of safety, restorative justices, Engaging families, time management, human trafficking,	Remote learning opportunities to understand best practices on a variety of child protection and youth justice topics, develop new skills in a remote work environment, and build knowledge about engaging with children, youth and families	Case management skills, Assessment and planning and engagement with families	RSL	1-2 hours 2x per month	VT CWTP & subject matter experts	100% IVE @ 75% FFP
Welcome to the Field Podcast	<p>Child Welfare & youth justice discussions, recorded and shared to the FSD workforce and Foster Parents, and community providers across the state of VT</p> <p>Topics such as: Hoarding, Restorative Justice, Human Trafficking, Adoption, Youth Resiliency, LGBTQ Youth in foster care</p>	Case management skills, Assessment and planning and engagement with families	AL	1 hour 6-8 episodes	VT CWTP & Subject Matter Experts	100% IVE @ 75% FFP

District-Based Training & Coaching for FSD Workforce

The Child Welfare Training Partnership (CWTP) provides additional skills-based training and coaching in districts and the greater system of care 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 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 Responsiveness, 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 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, Consultant Coaching Skills, Resource Coordinator professional development, Caregiver Mentor skills, etc.

The cost of CWTP time is allocated to the benefitting programs.

Supervisor & Leadership Training

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

Level 1: "The Essentials" involves one class day per week over four weeks, and focuses on the skills a supervisor needs to survive and thrive in state service. A strength-based approach to supervision is the foundation of all of our supervisory and management training. It is the core of enhancing employee engagement across state government. Level 1 is mandatory for all designated supervisors in the Executive Branch.

Level 2: "Building Excellence" provides depth, practice and practical application, as well as more information and skills to help supervisors recruit, retain and develop engaged employees.

This generic supervisory training is not charged to the IV-E program.

Course	Syllabus	IV-E Functions Addressed	Venue	Provider	Hrs	Cost/ Funding source
Leadership Training Series						
Child Welfare Coaching Institute For Supervisors, Coaches and Central Office Consultants	<p>Be able to use methods of inquiry to elicit the experience of the learner.</p> <p>Know how to support learners in developing learning goals</p> <p>Recognize specified coaching skills demonstrated during video or live coaching sessions. Practice self-reflection in coaching learners. Be able to facilitate effective interactive feedback with learners following learning activities. Have a plan and goals for integrating coaching skills into daily practice.</p>	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; placement of child, development of case plan for children in foster care and at risk of foster care, case management and supervision	C or RSL	VT CWTP and Family Services staff	6-12 2 x per year	100% IV-E @ 75% FFP
Advanced Coaching Clinics	Increase knowledge, skills and confidence in coaching skills	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; placement of child, development of case plan for children in foster care and at risk of foster care, case management and supervision	C or RSL	VT CWTP	2-3 x per year	100% IVE @ 75% FFP
Leadership Academy for Middle Managers	Leading in Context, Leading People, Leading Change, Leading for Results	Middle Management Leadership Development in Child Welfare Organizations	C or RSL	CWTP & Subject Matter Experts	24	Kinship Navigator funds & IVE @ 75% FFP (IVE-funds staff time only)

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 & NCCD	5-25 1-2 x year statewide and in each district	100% IVE @ 50% FFP

Training Provided by FSD Staff

Training provided by Family Services Staff			
Topic/Title of Training	Brief Description of Training	Audience for Training	Funding Source
Child Safety	Assessing risk, safety planning, seeking court involvement	Family Services Workers and Family Services Supervisors	100% IVE @ 75% FFP
Mandated Reporter Training	Child abuse/ neglect definitions, CSI trajectories	Community Partners	100% CAPTA
ALICE	Pro-active multi option response to targeted violence	AHS	100% IVE @ 50% FFP
SafeSignal	Training on safety technology	DCF (CDD, ESD, FSD)	100% State Funds
Human Trafficking 101	Definition of human trafficking, red flags, trauma informed response	DCF workers, law enforcement, victim advocates, community, educators (across the state)	100% IVE @ 75% FFP
ICPC/ICJ 101	Highlights about both compacts, their rules and regulations	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	Judges, attorneys and DCF	100% IVE @ 75% FFP

Human Trafficking Investigations	Definition of human trafficking, red flags, how to conduct human trafficking investigations	SIU/MDT's (Law enforcement, DCF and Victim Advocates)	100% State Funds
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Additional Courses offered at University of Vermont eligible for IVE						
Building Effective Strategies for Teaching EDSP 295	Supporting Educational Teams to build strategies for working with children who are at risk of or who have emotional/behavioral challenges, using multi-tiered systems of supports	This course will expose students to the components necessary to implement a successful multi-tiered system of supports framework within an academic or social context area. Students will focus on developing and understanding the data, systems, and practices to work with children who are at risk of foster care	DL & C	60 hrs	Center on Disability and Community Inclusion faculty	100% IVE @ 75% FFP
EDSP 330 The Trauma Lens: Understanding core concepts of trauma informed practice in health and human services	<p>Identify how trauma and adversity affects learning, brain development, and social-emotional and behavioral health.</p> <p>Understand the core concepts of trauma informed practice.</p> <p>Understand foundational concepts of attachment, resiliency, development, trauma, learning, cultural humility and secondary traumatic stress.</p> <p>Identify key components of family-engaged, collaborative, inter-professional practices in screening, assessment, and case planning.</p>	Case Planning, Trauma, Workforce Development	RSL & AL	60 Hours	CESS Dept. of Education Faculty	100% IVE @ 75% FFP
EDSP 333 Trauma Informed System Change	Identify key components of a trauma informed system in education and community partner organizations	Referral to services, resources for children in foster care, case plan coordination	RSL	60 hours	CESS Department of Education Faculty	100% IVE @ 75% FFP

Training for Community Partners						
Course	Syllabus	IV-E Functions addressed	Venue	Hrs	Provider	Cost /Funding Source
Judicial Branch GAL Training	Overview of Vermont Judicial system, juvenile law and policy and child welfare practice; role of GAL in court CHINS case; understanding children and families; cultural competency; conflict resolution and principles of collaboration; Judicial ethics and professionalism	Judicial Branch/Guardian Ad Litem, case planning court	National CASA (under VOCA) and Court Improvement Program	32 hours per event 4 times yearly 4 events per fiscal year	National CASA (under VOCA) and Court Improvement Program.	N/A
FUNDAMENTALS in Trauma Informed Care and Adoption Competence	Two separate FUNDAMENTALS (online modules) are available: one in Trauma Informed Practice (with a total of 11 modules) and one in Adoption Competency (with a total of 4 modules). This training provides the fundamental knowledge necessary to effectively work with children and families through a trauma informed and adoption competent lens, while providing concrete skills that will improve a caregiver's capacity to effectively implement evidence informed treatments.	Improve placement stability and permanence by enhancing the social and emotional well-being of Vermont's Children and youth through the implementation of <i>family engaged, adoption competent, trauma informed and evidence based services and supports.</i>	AL	VT CWTP	30 hrs Avail ongoing	100% IVE Adoption Rate

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

Training for Community Partners						
Course	Syllabus	IV-E Functions addressed	Venue	Hrs	Provider	Cost /Funding Source
Family Time Coaching Skill Building	Module 1: Introduction Module 2: Child Safety Skill Set Module 3: Clinical Skill Set Module 4: Child Development Play Lab Module 5: Advanced Child Development Module 6: Coaching Skill Set Module 7: Partnering Skill Set Module 8: Addressing Traumatic Stress Response in Child and Caregiver Module 9: Teen Model Module 10: Introduction to Family Safety Planning Module 11: Genograms and Ecomaps Module 12: Infant Track	Social work practice, such as family centered practice and social work methods including interviewing and assessment; communication skills required to work with children and families	RSL	54 hours	Easter Seals	100% IVE @ 75% FFP
Introduction to Family Safety Planning Meetings	participants will understand the Family Safety Planning Model components and the values/ principles that underpin it. participants will practice facilitating a Family Safety Planning Meeting with support through peer and trainer consultation. trainers will lay groundwork for actual FSP referral and preparation	Social work practice, such as family centered practice and social work methods including interviewing and assessment; communication skills required to work with children and families	RSL	12 hours	Easter Seals	100% IVE @ 75% FFP

Training for Community Partners						
Course	Syllabus	IV-E Functions addressed	Venue	Hrs	Provider	Cost /Funding Source
Genograms and Ecomaps	<p>Discuss genograms & ecomaps as a methods of understanding family systems, finding strengths and accessing sources of support</p> <p>Explore the practice of Family Finding</p> <p>Learn how to complete genograms and ecomaps</p>	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; assessment and planning and engagement with families	RSL	6 hours	Easter Seals	100% IVE @ 75% FFP
Advanced Family Safety Planning Meeting Facilitation	<p>Youth participation in FSPs</p> <p>Overcoming barriers</p> <p>Preparation</p> <p>Engagement</p> <p>Scenario practice</p> <p>Widening the net</p> <p>Managing difficult dynamics in the room</p> <p>Virtual FSP facilitation</p> <p>Develop additional skills in preparing families and professionals for FSPs.</p> <p>Learn techniques to:</p> <p>Widen the net</p> <p>Maintain a safe and productive meeting environment</p> <p>Capture what participants are sharing adequately on the board, as well as know how to follow up with additional solution-focused questions.</p>	Social work practice, such as family centered practice and social work methods including interviewing and assessment; communication skills required to work with children and families	RSL	6 hours	Easter Seals	100% IVE @ 75% FFP

Training for IV-E System of Care Service Providers

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

Cost Allocation Methodology for Workforce Training

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

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

The same information is provided for the children on adoption subsidy, which are categorized as Title IV-E eligible children. The number of Title IV-E eligible children is divided by the total number of children on adoption subsidies to determine the Title IV-E eligibility rate.

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

Caregiver Training

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

Foundations for Foster Parents a hybrid course- (both on-line and in-person components). An alternative at home workbook and DVD set provided for caregivers unable to access the Foundations online component. The in-person component, Foundations: Learning Networks, consists of three in person sessions held once a week for three consecutive weeks. Foundations Learning Networks offered in-person when possible as the minimum number, six (6), FP completes the online component. Foundations Learning Networks also provided remotely to ensure small districts and immunocompromised have access. Foundations topics/content includes but is not limited to: RLSI Overview, Role and Resource Utilization, Fundamental Relationships, Safety, Development, Attachment, Trauma, Trauma Informed Parenting Skills, Court, Permanency, Respecting Differences, Impact of Culture, Aspects of Diversity and Intercultural Responsiveness. Please see Caregiver Training Competencies for additional details.

Fostering to Forever online offered continuously and offered 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	VT CWTP	20 hrs DL	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	VT CWTP Staff and/or Temp Trainers	9 hrs Classroom Offered when 6 or more FP complete online in District or region	100% IVE @ 75% FFP
Orientation for New Foster Parents	Learn about FSD's overarching goal of reunification and the role of the foster parent within it. Gain an understanding of the licensure process. Increase knowledge about expectations of foster caregivers. Explore "a day in the life" of being a foster caregiver. Begin to understand how trauma impacts children/youth that are in foster care. Identify supports and resources available to caregivers. Receive next steps regarding training requirements if moving forward.	Foster Care, Placement Stability, Recruitment and Retention	RSL	VT CWTP & RCs	2-4 hours monthly	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 & AL	Hired trainers & CWTP	3.5 hours Classroom up to 24 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 training will include RPC+ training of trainers, RPC+ regional offerings, Mentoring online training, LGBTQ+ 101, Commercial Sex Trafficking, Court Overview, Safety Awareness for Caregivers and Normalcy/RPPS, Fundamentals in Trauma Informed Practice and Adoption Competence, and already existent online offerings. Deeper Dive courses will be offered after the completion of Foundations. These regional or remote classes will be offered once or twice per year. The KFAF Team will be offering coaching support beginning FY21 to temp-trainers, RC's on Orientation and the system of care.

Advanced Foster Parent Training

Course	Syllabus	IVE Function Addressed	Venue	Provider	Hours	Cost/ Funding Source
Resource Parent Curriculum+ TIPS Train the trainer	For professional community partners. Develop clear understanding of the RPC, and how to effectively train caregivers with it.	Preparation of trainers to deliver Resource Parent Curriculum, which focuses on increasing caregiver skills for those caring for children in state's custody with histories of trauma.	C or RSL	VT CWTP	8-16 hrs 2 x per year	100% IV-E @ 75% FFP
Resource Parent Curriculum+ TIPS (Trauma Informed Parenting Skills) Adoption Focused	The Resource Parent Curriculum provides resource parents with the knowledge and skills needed to more effectively care for children and youth who have experienced trauma. Participants will learn how trauma-informed parenting can support children's safety, permanency, and well-being, and engage in skill-building exercises that will help them apply this knowledge to the children in their care.	Deliver of Resource Parent Curriculum, which focuses on increasing caregiver skills for those caring for children in state's custody with histories of trauma.	C or RSL	VT CWTP	30 hrs 10 weeks in person or Remote	100% IV-E Adoption Rate
Resource Parent Curriculum+ TIPS (Trauma Informed Parenting Skills) For VCORP- VT Coalition of Residential Programs	The Resource Parent Curriculum provides resource parents with the knowledge and skills needed to more effectively care for children and youth who have experienced trauma. Participants will learn how trauma-informed parenting can support children's safety, permanency, and well-being, and engage in skill-building exercises that will help them apply this knowledge to the children in their care	Residential Staff Training on Trauma related to children and youth in foster care	C or RSL	VT CWTP	30 hours 10 weeks in person or Remote	100% IVE @ 75% FFP
Youth Life Skills	Develop skills and abilities of caregivers to support youth toward independent living. Able to actively support older youth in accessing transitional services	Fostering youth who are approaching independence and require an independent living plan	C or RSL	VT CWTP	3 -6hrs	100% IVE @ 75% FFP

	towards independence/adulthood in attempt to support permanency.					
Substance Use	<p>This training supports caregivers in understanding terminology and slang term for street drugs.</p> <p>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.</p> <p>And Increases their ability to discuss and support prevention of substance abuse with youth</p>	Developing skills to care for children and youth affected by substance use	C or RSL	VT CWTP	3-6 hrs	100% IVE @ 75% FFP
Mental Health	<p>Increases caregiver's ability to understand and work with a parent who has a severe and persistent mental illness.</p> <p>Also supports caregiver understanding of age-specific ways to support a child or youth whose parent is mentally ill.</p>	Developing skills to care for children and youth affected by mental health concerns	C or RSL	VT CWTP	3-6 hrs	100% IVE @ 75% FFP
Respecting Differences	<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:</p> <p>Increase ability to understand issues specific refugees and immigrants.</p> <p>Increase awareness of resources for supporting a non-English language speaker/reader</p> <p>Increase ability to help children resolve issues related to cultural differences</p>	Developing skills to enhance the care for children and youth who have different cultural backgrounds	C or RSL	CWTP	3-6 hrs	100% IVE @ 75% FFP

Adverse Childhood Experiences	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).	Developing skills to better provide care for and support permanency for children and youth impacted by early childhood adversity.	C or RSL	CWTP	3-6 hrs	100% IVE 2 75% FFP
Vicarious Trauma & Self Care	This training builds on the foundational understanding of what vicarious trauma is and the importance of self care for caregivers. The training assists caregivers in developing and maintaining self-regulation plan..	Developing and practicing skills to decrease vicarious trauma impact, increase self care and assist in decreasing burnout (increase retention)	C or RSL	CWTP	3-6 hrs	100% IVE @ 75% FFP
CPR & First Aid	This training will provide opportunities to learn and practice the basic first aid and CPR skills.	Developing first aid and cpr skills to support care and response to children and youth in care.	C or RSL	Hired Subject Experts	3-6 hours 4 x per year in regions	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 month for 12 months	100% IVE Adoption Rate
Kinship Connections	Training on topics such as: Shifts in Kinship Caregiver roles, navigating court processes, working with FSWs, navigating changing roles of being a kin provider.	Placement, Foster Care, Permanency	RSL	VT CWTP & VKAP	1 hour 8-12 times per year	100% IVE @ 75% FFP
Beyond the Basics kinship specific	This training will provide tools for kinship caregivers to explore and support healthy relationships between the child/youth and family connections. The training assists in building perspective and skills needed to take on a new role as a kin caregiver while navigating	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	100% IVE @ 75% FFP

	changes in family dynamics, relationships and related feelings.					
Caregiver Peer Mentoring	Train mentors on evidence of how to support new and existing foster parents and assist foster parents in successfully navigating through the child welfare system with the goal of improved placement stability and foster parent retention.	Develop skills among mentors to promote placement stability for children in foster and kinship care.	AL	CWTP	3 hrs	100% IV-E @ 75% FFP
Commercial Sexual Exploitation of Children Training for Caregivers	<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</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>techniques that may reduce vulnerability during tense interactions..</p> <p>Identify components of policy and practice that keep caregivers safe and learn how policy actively supports caregiver safety.</p> <p>Identify local resources and steps to enhance your personal safety and safety of children in your home.</p>					
Caring for Opioid Exposed Infants	<p>Provide education about addiction and recovery for those with Substance Use Disorder relating to Opiates</p> <p>Prepare foster/kin/adoptive parents for caring for opiate exposed infants through instruction in NAS (Neonatal Abstinence Syndrome), caring of newborns, and overview of physiological/psycho/social development</p> <p>Define role of the DCF foster parent in caring for NAS babies</p> <p>Provide participants with community resources to assist them in this responsibility</p>	Develop knowledge and skills among caregivers to be able to provide care for infants and young children that have been exposed to opiates.	AL	CWTP	6	100% IVE @ 75% FFP
LGBTQ+ 101: Caring for LGBTQ youth in care	<p>Learn how to better support and affirm LGBTQ youth.</p> <p>Introduction to gender identity and sexuality.</p>	Develop knowledge and skills among caregivers to provide care for LGBTQ youth in custody and promote placement stability.	AL	CWTP & Hired Expert	3 hrs online	100% IVE @75% FFP

	<p>Identify the unique needs and challenges for LGBTQ youth in DCF custody.</p> <p>Consider specific situations/scenarios that you might encounter as a foster, kinship or adoptive caregiver.</p>					
Advanced Adoption	<p>Understands the importance of open communication in adoption from the perspective of youth and parents. Gain understanding about the impact of birth family connections. Understand value of open communication. Learn guiding principles for open communication. Gain awareness about impact of not sharing crucial information. Topics covered will include: Talking with children about adoption, talking about more difficult things in adoption and connecting with birth families.</p>	<p>Develop skills, knowledge and understanding among adoptive caregivers to support care of and promote stability</p>	AL	VT CWTP	2 hours	100% IVE Adoption Rate
You Kin Do It, Kinship Specific Advanced	<p>Reflect on role and responsibilities as a kin caregiver.</p> <p>Examine impact of caregiving on family and necessity to plan accordingly.</p> <p>Identify resources and supports available.</p> <p>Explore importance of self care.</p> <p>Learn what trauma informed parenting is and develop skills related.</p>	<p>Developing skills, knowledge and understanding among kin caregivers to support care of and promote stability for children/youth in kinship care.</p>	AL	VT CWTP	2 hrs	100% IVE @ 75% FFP
Considerations 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</p>	Foster Care, Placement, Permanency	AL	VT CWTP	3 hrs	100% IVE @ 75% FFP

	<p>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>					
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Statewide Conferences						
Vermont Foster and Adoptive Families Association Conference	Support participation of foster parents, adoptive parents, social workers and other staff in the annual conference of the Vermont Foster and Adoptive Families Association, which offers a wide variety of workshops related to children and youth in care.	Recruitment of foster parents, kinship care as a resource, placement of child, development of case plan, case management and supervision, permanency planning, referral to services.	C or RSL	5-10	Hired subject experts, CWTP trainers, community partners	Staff time 100% IV-E @ 75% FFP
Vermont Kin as Parents Conference	Support participation of kin caregivers, social workers and other staff in the annual conference of Vermont Kin as Parents, which offers a wide variety of workshops related to children and youth in care.	Recruitment of foster parents, kinship care as a resource, placement of child, development of case plan, case management and supervision, permanency planning, referral to services.	C or RSL	5	Hired subject experts, CWTP trainers, community partners	\$2,000 100% 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	5	Hired subject experts, CWTP trainers, community Partners	100% IV-E @ 75% @ FFP

Additionally, foster/adoptive parents are offered additional classroom advanced training available through external trainers such Prevent Child Abuse Vermont and the full day training Mental Health First Aid. Additional online training from CWTP through Foster Parent College and Adoption Learning Partners courses are purchased and distributed by Resource Coordinators in each district as needed/requested.

Cost Allocation Methodology for Caregiver Training

The Family Services Division has a single system for application, home study and approval of foster parents, kinship care providers, and adoptive parents. Caregivers who participate in caregiver training have often indicated their interest in both short-term care, and adoption. In Vermont, over

90% of adoptions are by foster parents even when these same foster parents did not initially become involved to be adoptive parents. All guardianship assistance families are relatives who are licensed foster parents. For these reasons, through our caregiver training, we prepare caregivers for all kinds of care, including permanent care through adoption or guardianship.

For the purposes of determining the penetration rate to be applied to the UVM contract and caregiver training, the raw data for children in custody and on adoption subsidies, the combined number of Title IV-E eligible children in custody, and the number of Title IV-E eligible children on adoption subsidies is divided by the total population of custody children and total children on adoption subsidies, to determine the combined custody and adoptions Title IV-E eligibility rate (penetration rate).

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

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