



VERMONT

Department for Children and Families

Family Services Division

Vermont's 2022 Annual Progress and Services Report

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Mission

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

We achieve our mission by working with families to:

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

And if that is not possible:

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

And if that is not possible:

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

Collaboration

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

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

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

- **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. The quarterly meeting invitation goes out to individuals from the following fields: court, mental health, agencies that support and represent family and youth, corrections, education, local services providers, treatment providers, law enforcement, placement providers, and various advocacy groups.
- **Vermont Center for Crime Victim's Services-** DCF Family Services receives funding from the Department of Justice, Office of Violence Against Women, Rural Domestic Violence and Child Victimization grant and funds from the Office of Victims of Crime. These grant fund .5 FTE Domestic Violence Specialists to provide case consultation and expertise to regional FSD offices, as well as direct service and appropriate referrals to community service providers. In addition, formal Collaborative Agreements are in place and revisited on an annual basis between the local district office and the community domestic and sexual violence program to improve collaboration and referrals. Funds from this grant allowed FSD to leverage technical assistance from our statewide experts on LGBTQ youth, Outright VT.
- The **Vermont Children's Justice Act Task Force-** members of the Task Force include: Law Enforcement, Criminal/Civil Court Judges, Prosecuting Attorney, Defense Attorney, Child Advocate, Court Appointed Special Advocate (GAL), Mental Health, Child Protective Service, an individual experienced in working with children with disabilities, parent/representative, adult former victim, and an individual experienced in working with homeless children or youth. This group meets quarterly to address system issues.
- **Multi-Disciplinary Teams 33 VSA § 4917** - The DCF Commissioner may empanel a multidisciplinary team when there may be a probable case of child abuse which warrants the coordinated use of several professional services. The commissioner shall appoint members which may include persons who are trained and engaged in work relating to child abuse or neglect such as medicine, mental health, social work, nursing, childcare, education, law, or law enforcement. Additional persons may be appointed when the services of those persons are appropriate to 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

Prior to COVID, the division planned on bi-annual in-person spring and fall QCRs, measuring all 18 items. With the outbreak of COVID, the division was not able to switch gears and conduct a virtual spring 2020 QCR. In the fall of 2020, after learning about the PIP extension, the division conducted an item 3 only review in an effort to pass our PIP, which we did. Spring 2021, the division conducted a virtual QCR measuring the following items: 1, 4, 6, 13, 14, and 15. These items were selected because they focus on areas of practice that we need to continue to shine a light on and it felt manageable given the impact of our QCR reviewer resources during the pandemic and hiring freeze. The following chart uses the available fall 2020 and spring 2021 QCR data and additional supplemental data.

Child and Family Outcome	Fall 2016 CFSR baseline review	QCR data and additional supplemental data	Current or Planned Activities
Safety Outcome 1	Timeliness of Initiating Investigations of Reports of Child Maltreatment: Item 1: 79.3%	Spring 2021 QCR: Out of the 24 cases that were in ‘Case Complete’ status, as of 6.24.21, 4 cases were applicable and 100% were rated a Strength	Item 1: The division continues to shine a light on this practice statewide and supports districts in understanding policy around contact standards for an investigation vs an assessment as well as the use of waivers.
Safety Outcome 2	Services to Family to Protect Children in the Home and Prevent Removal or Re-Entry Into Foster Care Item 2: 77%	Measure of repeat maltreatment is within 6 months <div>FFY20145.8%</div> <div>FFY20155.6%</div> <div>FFY20165.7%</div> <div>FFY20175.5%</div> <div>FFY20183.0%</div> <div>FFY20194.2%</div>	Item 2: The division continues to focus on the implementation of the SDM case reads to support staff around the use of the various SDM tools. The division feels this will help improve our scores for item 2.

	Planned Permanent Living Arrangement Item 6: 45%	status, as of 6.24.21, 6 cases were rated a Strength (35%)	highlighted in item 6 during the spring QCRs. See section Activities to Reduce Length of Time in Care for more information on efforts to make improvements in this area.												
Permanency Outcome 2	Placement with Siblings Item 7: 95% Visiting with parents, and siblings in foster care Item 8: 77% Preserving connections Item 9: 90% Relative placement Item 10: 75% Relationship of child in care with parents Item 11: 79%	Siblings Placed Together (ROM report) <table><tr><td>Year</td><td>Met</td></tr><tr><td>FFY20</td><td>327 (64%)</td></tr><tr><td>FFY19</td><td>374 (61%)</td></tr><tr><td>FFY18</td><td>390 (62%)</td></tr><tr><td>FFY17</td><td>343 (60%)</td></tr><tr><td>FFY16</td><td>404 (64%)</td></tr></table> Kinship Placement: FFY2015 -- 37% FFY2016 – 32.8% FFY2017—29.4% FFY2018 – 29.8% FFY2019 – 27.6% FFY2020—28.4% <u>Data Notes:</u> Goal = Increase performance incrementally each year (1) FFY2014-2016 data pulled from management reports (2) FFY2017-2020 data provided by TREND custody report, C5 pivot table section	Year	Met	FFY20	327 (64%)	FFY19	374 (61%)	FFY18	390 (62%)	FFY17	343 (60%)	FFY16	404 (64%)	The division’s diligent recruitment work continues to support FSD’s practice related to all the Permanency Outcome 2 items. See the DR section for additional details. The following policies also support this area or work: Policy 125: Permanency Planning for Children and Youth highlights considerations of sibling relationships. Policy 91: Kinship Care, and Collaboration with Relatives supports placement with relatives and ongoing connects. Policy: 124: Family Time (Parent/Child Contact)
Year	Met														
FFY20	327 (64%)														
FFY19	374 (61%)														
FFY18	390 (62%)														
FFY17	343 (60%)														
FFY16	404 (64%)														
Well-Being Outcome 1	Needs and Services of child, parents, and foster parents Item 12: 35.4% Case Planning with Parents and Child Item 13: 50.80%	Spring 2021 QCR Item 13: Out of the 24 applicable cases that were in ‘Case Complete’ status, as of 6.24.21, 17 cases were rated a Strength (71%)	One of FSD’s challenges with the Well-Being Outcome 1 items, is connected to our in-home cases and visiting the home on a consistent basis to assess for needs and services, and case planning. In many cases, our engagement with the non-custodial parent is lacking. We also believe with the rollout of ROM, district leadership will be able to better track and support workers around face to face contacts with our in-home population.												

	<p>Case Worker visit with Child Item 14: 58.50%</p> <p>Case Worker visit with Parents Item 15: 44.40%</p>	<p>Item 14: Out of the 24 applicable cases that were in 'Case Complete' status, as of 6.24.21, 17 cases were rated a Strength (71%)</p> <p>Item 15: Out of the 23 applicable cases that were in 'Case Complete' status, as of 6.24.21, 13 cases were rated a Strength (57%)</p>	<p>This past year was the first year where we achieve 95% for our monthly face-to-face with children in custody.</p> <p>In addition, FSD is exploring the implementation of the <i>Family Strengths and Needs Assessment</i> SDM tool which could provide staff with additional support on how to assess and document for item 12 and 13.</p>
Well-Being Outcome 2	<p>Educational Needs Item 16: 86%</p>	<p>FSD Report Manager: % of School Aged Kids Who Had a Placement Change and Maintained Educational Stability = 69.98% (PIIT: 5/27/21)</p>	<p>Over the last year, FSD made a few revisions to the case plan template and instructions to help support specific areas of practice including items related to Well-Being Outcome 2 and 3.</p> <p>The following policies also support this area or work: Policy 72: Educational Achievement and Stability for Children and Youth in DCF Custody</p>
Well-Being Outcome 3	<p>Physical Health Needs Item 17: 78%</p> <p>Mental Health Needs Item 18: 77%</p>		<p>Over the last year, FSD made some minor revisions to the case plan template and instructions to help support specific areas of practice including items related to Well-Being Outcome 2 and 3.</p> <p>The following policy also support this area of work: Policy 77: Medical Care for Children and Youth in DCF Custody</p>

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 Hearings</i>, and Item 23: <i>Termination of Parental Rights</i> were rated as a <u>Strength</u> in Round 3 CFSR. 	<ul style="list-style-type: none"> Revised Policy 125: Permanency Planning for Children and Youth. Statewide Admin Workgroup is developing a manual that will outline all the requirements to better support the case review and court processes.

	<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"> • Maintain improvement with face-to-face contacts with children, youth, and family to increase engagement in case planning and improve overall outcomes. • Continue to verify systems are in place in the districts to ensure foster parents receive the foster parent notification rack card prior to all hearings.
Quality Assurance	<ul style="list-style-type: none"> • Item 25: <i>Quality Assurance System</i> was an <u>Area Needing Improvement</u> in Round 3 CFSR due to lack of ongoing qualitative case review process. • Continue to review, evaluate, and modify 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 to support and strengthen our state-led bi-annual QCR process. • 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. See Quality Assurance section for more detail.
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, Zoom and other virtual platforms, district consultation and coaching). 	<ul style="list-style-type: none"> • In 2020, FSD revised Policy 203: Professional Development for Division Staff. • FSD and the CWTP continue to improve how we utilize the training system (LINC) to track successful completion of staff trainings and identify training needs. • Due to COVID, the CWTP provided 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. • 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"> • 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. • 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. • The division's work around the development of our FFPSA prevention plan is also providing a great venue to discuss Vermont's strengths and gaps in services with our stakeholders.
Agency Responsiveness to the Community	<p>Item 31: <i>Engagement and Consultation with Stakeholders</i> and Item 32: <i>Coordination of CFSP Services with other Federal Programs</i> was rated as a <u>Strength</u> in Round 3 CFSR.</p>	<ul style="list-style-type: none"> • 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 implement the divisions statewide Diligent Recruitment and Retention plan. Analyze data to inform strategies and adjust approaches as needed. Utilized FFPSA kinship navigator dollars to offer Leadership Academy for all Division Managers focused on engagement, recruitment and retention of kin as focus for change initiatives and for consultation with Seneca Center regarding Family Finding.
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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)

Update: The division continues to receive TA from Evident Change to support the implementation of a Safety Organized Practice framework. The focus remains on the implementation of case reads in the districts to support the new SDM tools. There is current exploration about modifying the case read tool so that it is a better fit the divisions culture and resources. SDM practice related conversations occur at various statewide meetings, though this occurs more regularly at the monthly Supervisors meeting.

In addition, Vermont continues to grow a strong culture of safety through the Safety Culture workgroup and the utilization of the TeamFirst Guide developed by Michael Cull. Vermont is one of 20+ 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). Over the last 9 months a workgroup has collaborated with Michael Cull and his staff, to draft an FSD SSIT framework by applying the SSIT model to division 2 events that took place during this time. The workgroup is striving to finalize the framework over the upcoming months.

Over this past year the Child Welfare Training Partnership also offer a series of micro learnings that were well attended that focused on the TeamFirst guide and the use of the SBAR and huddles.

Lastly, this past November, the division administered the second annual Staff Safety survey. This survey also included new questions to help inform the division on our racial equity efforts. With assistance from Michael Cull

and his staff, the goal is to highlight the survey data in a statewide virtual meeting late summer, followed by providing districts their individual district data profiles.		
2. Review internal district case transfer processes and make recommendations.	Operations	Year 2 (7/1/20-6/30/21)
Update: The supervisors have been supported to use the SBAR as a tool during the case transfer process between front end to ongoing with the office. There are several districts using this format which they feel has helped support the transfer process and have shared their feedback and experience with colleagues at monthly division meetings. At this point, management is not mandating this process but rather allowing districts to decide whether or not they want to pilot/adopt this practice.		
3. Develop guidance and expectations on case documentation.	CWTP	Year 2 (7/1/20-6/30/21)
Update: Over the last year, the Child Welfare Training Partnership (CWTP) adjusted the division's Foundations case planning curriculum into 3 discrete smaller trainings that covers case notes & documentation and the technical skills of writing a case plan.		
4. Develop a standard process for practice implementation that includes staff voices and engaging/informing community agencies.	Policy, Planning & Performance Unit	Year 1 (7/1/19-6/30/20)
Update: Between the fall of 2019 and 2020, the division received TA from the Capacity Center for States to assist with the development of an FSD Change Management framework. The workgroup has since completed a draft framework and is applying it to a couple areas of potential practice changes to test it out. Next steps include finalizing the draft and developing an implementation plan for the change management framework over the summer of 2021 and into the fall and winter (Appendix A).		

Strategy 1B. Create opportunities to engage and solicit input from families, youth, and children to inform policy and improve practice.		
Activity/Benchmarks	Lead	Begin Work
1. Continue to explore ways to improve family engagement in the qualitative case reviews and use their stories to inform practice.	Policy, Planning & Performance Unit	Year 2 (7/1/20-6/30/21)
Update: As the division begins to implement our new change management system, we will be analyzing our qualitative and quantitative QCR data more frequently to inform practice change decisions moving forward. Feedback that we have received from parents will be a part of these types of analyses.		

In addition to our QCR process, we are looking at other ways to have those with lived experience be more involved. Currently we have 3 adults with lived experienced who are on one of our FFPSA workgroups to help inform our decisions are we create our prevention plan.

2. Enhance training and guidance on engaging and empowering families through case planning.

Operations

Year 2
(7/1/20-6/30/21)

Update: Over the last year the Child Welfare Training Partnership (CWTP) adjusted the division’s Foundations Curriculum to more deeply train this topic. The CWTP took the previous training that was one large case planning module and converted it to 3 discrete smaller ones that cover 1- case notes & documentation, 2- the technical skills of writing a case plan, and 3- the adaptive process of case planning throughout the life of the case. This has allowed us to delve more deeply and effectively into the various skills that support better engagement and clear documentation.

The CWTP also updated the permanency module of foundations with a re-written comprehensive course that among other topics targets family engagement and empowering through permanency from day 1 of a case. This coming year the CWTP will design an advanced practicum focused on Permanency & Case Planning and will continue to evolve this work. There are other shifts happening that also impact this like adding the prompt for interpreters in the case plan format to ensure access for family engagement.

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

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

Rationale for selection of each strategy/activity

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

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 (DMT) worked with the Capacity Center for States during the summer of 2019 and identified a set of focused and monitoring indicators. DMT also developed a process that involved reviewing data related to the 3 focused indicators (face-to-face contacts, timely case closures, and kinship placement) provide by Central Office, having discussions as a management team, then hearing back from the district directors after they reviewed their district data and discussed strategies for improvement with their district leadership teams. The division is on its second year in the process (Appendix B).		
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)
Update: All agreements include performance measures with a requirement for providers to submit reports on quarterly, bi-annual, or annually basis. Reports are reviewed by the Revenue Enhancement team and the Program Manager along with the Provider. The division has made strides to improve the review process with a significant number of our agreements and will continue to be an area that the division want to strengthen and improve over the upcoming year.		
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. FSD has been allocated TA support in the following areas: data analytics, lived experience, prevention planning, and general project management through October, 2021. FSD was also able to allocate a position that is solely responsible to lead the FFPSA work along with a new FFPSA Prevention Specialist. With the new FFPSA lead and the TA from the Capacity Building Center, the division hosted a successful Future in Focus Meeting on March 30 th that included FSD staff and key stakeholders. Since that meeting, the workgroups have continued to meet with greater frequency to move this work along to meet timeframes and achieve desired outcomes for children and families as highlighted by FFPSA.		
4. Provide training to district leadership teams around obtaining and using data.	Quality Assurance Team	Year 2 (7/1/20-6/30/21)
Update: The FSD management has increased the use of data during regular division management team meetings with district directors to better support data informed decision making and increase directors comfort level in analyzing data. In addition, FSD is still working on our implementation of ROM which we had hoped would have been implemented over the last year. The current rollout projection is over the next year where there will be intentional training and support to district leadership.		

Desired outcomes for children, youth, and families <u>OR</u> Systemic capacity expected to improve
<ul style="list-style-type: none"> Item 25: Quality Assurance Item 29 & 30: Service Array and Resource Development
Rationale for selection of each strategy/activity
<ul style="list-style-type: none"> FSD came close to not passing Round 3 of the CFSR. The division is focused on how we analyze the QCR data and dialogue about what we are learning to make system changes. The division needs to continue to improve how we use data to inform our decision making around our finite resources and to ensure we are getting the services and results we intended for families. FSD will continue to explore and leverage available prevention resources to reduce CPS involvement and get families connected with appropriate services when they need them.

Goal 2: Grow and support 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)
Update: The CWTP implemented a process where trainees are provided an anonymous online survey after each training. These are collected by the evaluation team, led by Dr. Jessica Strolin, and summarized in the annual report. In FY22 the CWTP will begin uploading the survey workforce summaries to the FSD SharePoint training folder. The evaluations from the KFAF team are currently being uploaded to the FSD Caregiving Training SharePoint Site and accessible to management.		
2. Explore available funding for out-of-state and national conferences for district staff and develop a process that will support the transfer of learning.	Management	Year 1 (7/1/19-6/30/20)
Update: Due to COVID, there was no out-of-state travel over the last year nor funding for national virtual conferences. Management will continue to explore ways to support attendance to out-of-state conferences using available federal funding and/or other outside funding sources over the next year.		

3. Continue to evaluate and adjust Foundations based on feedback.	Management	Year 1 (7/1/19-6/30/20)
Update: During COVID, the CWTP adjusted Foundations so staff could access trainings virtually which was well received. Due to this feedback, the CWTP is adjusting how they deliver Foundations moving forward. The Zoom Platform as a means for professional development has grown tremendously over the last year. Capacity to connect staff easily from across the State, breakout sessions that allow for small group conversation and engagement in learning and a “nimble” way of accessing materials has improved how well received trainings are. The CWTP will be looking at facilitating a mix of both virtual and in-person training over the next year.		
Desired outcomes for children, youth, and families <u>OR</u> Systemic capacity expected to improve		
<ul style="list-style-type: none"> To increase staff retention within the first 2 years of employment Item 26 & Item 27: Staff Training 		
Rationale for selection of each strategy/activity		
<ul style="list-style-type: none"> The above activities are aligned with recommendations from NCWWI’s Workforce Development Framework which highlights the importance of the Professional Development and Training. 		

Strategy 2B. Improve access to different levels of supervision and support including ways to support staff well-being.		
Activity/Benchmarks	Lead	Begin Work
1. Implement policy on case consultation, solicit feedback, and revise as needed.	Operations	Year 1 (7/1/19-6/30/20)
Update: The division continues to offer coaching training through the CWTP to our Central Office consultants to help support the implementation of this policy. Multiple trainings, coaching of coaches, and coaching practice opportunities have been provided to all central office consultants. Most recently the <i>Coaching to Enhance Safety Culture for Consultants</i> microlearning series was offered. This is adaptive work will continue to be an area of focus in the year ahead.		
2. Continue to highlight and revisit the Flexible Workforce guidance document so staff are aware of current AHS policies related to work schedules.	CQI Steering Committee	Year 1 (7/1/19-6/30/20)

<p>Update: Over the last year we solicited input from staff which clearly indicated they have appreciated many aspects of remote working. The division is open to exploring how we can meet our business needs while also allowing more flexibility for our staff. Over the summer months, districts are encouraged to use this time to experiment and explore what works for them as an office. In August, district directors will share their learning to help inform FSD guidelines around office and remote.</p>		
<p>3. Review Hope Team model and explore ways to strengthen and increase effectiveness.</p>	<p>HOPE Team</p>	<p>Year 1 (7/1/19-6/30/20)</p>
<p>Update: The Hope Team meets monthly to debrief recent events and workplace situations impacting staff; to discuss ways to strengthen the model and provide ongoing skills and resource development for the team. The Hope Team clinicians developed a grief and loss training for the Hope Team members which was very well received. Over this next year the team lead and clinicians will bring focus and further development to this model that was delayed by the pandemic response. The Hope Team has joined the Safety Culture workgroup and collaborative meetings have begun to share learning and align practices. Some goals for the year ahead include providing additional training to the HOPE team members, developing the team's membership while highlighting their important impacts within the offices and to add a female clinician to the clinical support staff.</p>		
<p>4. Use data from FSD staff retention survey and exit data responses to inform next steps for this goal.</p>	<p>CQI Steering Committee</p>	<p>Year 1 (7/1/19-6/30/20)</p>
<p>Update: In 2019, the CQI Steering Committee reviewed the staff retention survey results and agreed to explore mentoring in the districts for our Family Services Workers. That following spring at a New England convening, the division learned more about peer mentoring as a way to support new workers and reduce turnover. The Burlington office then worked the CWTP to develop a mentoring model for new Family Services workers and shared what they learned at a monthly management team meeting so other directors could learn how to replicate what was developed in the Burlington.</p> <p>The division also been collecting exit survey data several years ago and is committed to reviewing exit survey data to inform ways to recruit and retain staff.</p>		
<p>Desired outcomes for children, youth, and families <u>OR</u> Systemic capacity expected to improve</p>		
<ul style="list-style-type: none"> To increase staff retention within the first 2 years of employment 		
<p>Rationale for selection of each strategy/activity</p>		
<ul style="list-style-type: none"> The above activities are aligned with recommendations from NCWWI's Workforce Development Framework which highlights the importance of the Organizational Environment, Incentives and Work Conditions, as well as Supervision and Performance Management. 		

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

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

Activity/Benchmarks	Lead	Begin Work
1. Broaden training access for community and government agencies offered by the Child Welfare Training Partnership.	Management	Year 1 (7/1/19-6/30/20)
Update: This continues to be a work in progress though we try to utilize stakeholder meetings and workgroups to highlight available trainings to our community partners. CWTP has a robust array of online learning opportunities which have now been made available to all our Guardians Ad Litem, childcare providers, and many other community partners. This includes an “Adoption Competent”, “Trauma Informed” Practice training that is offered on an interagency level for members of the education, mental health, and child welfare communities. Online training continues to grow due to the impact of COVID, creating new opportunities for a broader array of opportunities for community providers. The division continues to provide support to the Guardian’s Ad Litem program to strengthen their ongoing trainings, so they have access to updated data and are aware of any current practice changes.		
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: Prior to COVID, Central Office was working with two districts to host community conversations, but the pressures of the pandemic forced these efforts to be put on hold. As of June of 2021, the division has since lost a significant resource to support this focus though district directors continue to work closely with their local community agencies to strengthen partnerships and services to families. During our recent spring district listening sessions, there were several districts that shared how their concerted engagement efforts with their local partners have made a significant positive difference in their working relationships. We plan to have those directors share their challenges and strategies with their colleagues at a future division management team meeting.		

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)
Update: Over the last year district directors were connecting regularly with local agencies, especially trying to navigate the challenges due to COVID. Directors also helped spread the word to their local partners regarding quarterly Statewide FSD Stakeholder meetings where central office would provide COVID related updates, review data and practice updates. These meetings grew in size with the additional assistance from directors which resulted in over 100+ stakeholders attending the December 2020 virtual meeting and just under 100 at the recent June meeting.		
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)
Update: This continues to be ongoing, especially during the pandemic and the need to collaborate to support families in Vermont. In addition, our FFPSA efforts is providing another opportunity and focus to engage and improve relationships while identifying services to prevent removal and minimize DCF involvement.		
Desired outcomes for children, youth, and families <u>OR</u> Systemic capacity expected to improve		
<ul style="list-style-type: none"> Item 2: Services to prevent removal and re-entry Item 12: assessment of needs and services Item 29 & 30: Service Array and Resource Development Item 31: Engagement and Consultation with Stakeholders 		
Rationale for selection of each strategy/activity		
<ul style="list-style-type: none"> Research shows us that community engagement is key to making sustainable system changes to improve a state's child welfare system. This includes identifying and developing the appropriate prevention services, and local or statewide gaps in a state's service array to prevent removal or re-entry. 		

Strategy 3B. Create activities that increase judges, lawyers and GALs understanding of our policy, practice and resources that guide our work.

Activity/Benchmarks	Lead	Begin Work
1. Develop a GAL PPT training that is updated bi-annually and accessible to districts.	Policy, Planning & Performance Unit	Year 1 (7/1/19-6/30/20)

Update: The CIP rolled out a new revised training for GALs the fall of 2020 which has been offered virtually to GALs statewide. The division continues to provide support to the Guardian's Ad Litem program to strengthen their ongoing trainings, so they have access to updated data and are aware of any current practice changes. This summer, the division will be reviewing the new GAL training and providing any additional resources/information needed to enhance their new training materials, which will include making sure there is a robust section on permanency planning which is outlined as a strategy in the Adoption Call to Action.

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)

Update: As part of the Adoption Call to Action, this was one of the strategies: Engagement of Judiciary Stakeholders-how do we gain their buy in, communicate a common message about Permanency practice. Their written plan includes various strategies such as joining bench bar meetings and facilitate trainings and discussions. COVID caused disruptions in this area of work which will be picked up this upcoming year especially considering the backlog in cases which has caused delays in achieving permanency.

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

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

Rationale for selection of each strategy/activity

- Outcomes improve and better decisions are made when 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 the 2020 annual CIP/State Planning meeting, Vermont discussed bringing this topic about improving the courtroom environment to a future Justice for Children's Taskforce meeting. Although this topic was never specifically addressed at the JCTF meeting, many districts are reporting an improvement over the last year, perhaps

due to most hearings were virtual. If the district staff are reporting concerns with court partners, the district's Policy and Operations managers and AAG are consulted to help the district strategize ways to make improvements. This will continue to be an area the division will be paying attention to over the upcoming year and supporting districts whenever needed.

Another goal of that came out of the 2020 CIP/State Planning meeting, is to look at how Vermont can improve Parent and Child Representation. This topic was discussed at a Children's Task meeting back in the spring of 2020 and the Defender General's office took the initiative to draft the MOU. Presently the barrier in moving this forward is the division's antiquated IT system and it not being sophisticated enough to support the needed funding mechanism. Parent representation was one of the recommendations that came out of the recent study conducted by the National Center for State Courts (NCSC) regarding the processing and adjudication of Children in Need of Care or Supervision (CHINS) cases.

The CHINS Reform effort is focused on addressing the backlog of CHINS cases. A Judicial Master has been assigned to work to address this need and this position is currently being piloted in Chittenden and Franklin Counties. See section Services for Children Under the Age of Five for more detail.

2. Identify strategies to improve relationships with local legal partners.	Districts	Year 1 (7/1/19-6/30/20)
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Update: This is connected to the above activity. No additional updates.

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

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

Rationale for selection of each strategy/activity

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

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

Strategy 4A. Design and implement effective processes and resources that recruit, develop, support and retain kinship and foster homes.

Activity/Benchmarks	Lead	Begin Work
1. Analyze data from exit surveys & make recommendations to reduce voluntary closures or withdrawals.	Districts/Diligent Recruitment Team	Year 1 (7/1/19-6/30/20)
Update: The DR workgroup developed an exit survey which was implemented during the summer of 2020. Please refer to the Diligent Recruitment Section of the APSR for more details regarding next steps.		
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. 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 received technical assistance from the Capacity Building Center to create a statewide and local diligent recruitment plans which are rooted in research and reflected in the above activities to improve permanency outcomes for children and youth in custody.

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

Activity/Benchmarks	Lead	Begin Work
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 CWTP continues to support and train on what we have learned from our work with Bob Friend over the last couple of years. Kinship placement is also 1 of the 3 focused indicators that our division management team continues to shine a light on by reviewing data throughout the year and having practice discussions. Please refer to the Diligent Recruitment Section of the APSR for more details.		
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 was onboarded to the DR Program, they were provided with baseline outcome data related to their current practice. Each district completed a practice profile tool which encouraged them to pause and reflect on their practices to identify areas of strength and challenge. From there the district selected from a menu of evidence informed / or promising strategies that they will implement to strengthen their recruitment and retention efforts. Through ongoing consultation and review of data progress toward improving outcomes is monitored. 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		

- P1- item 4: placement stability
- P1- item: 6 achieve reunification, guardianship, adoption, other planned permanent living arrangement
- P2- item 7: siblings in foster care are placed together
- P2- item 10: placement with relatives
- Item 28: Provider Training

Rationale for selection of each strategy/activity

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

Implementation & Program Supports

Provided Staff Training

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

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

Goal 2: *Grow and support 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.

Provided Technical Assistance

1. FSD received technical assistance from Evident Change around our Safety Organized Practice Framework and the implementation of our SDM tools.
2. Vermont invested 178K of our FFPSA transition funds to contract with the Public Consulting group to provide an analysis of our residential system of care for children and youth. The recommendations coming out of this report have been integrated into the FFPSA workplan, and will be integral to our efforts to ensure residential care is only utilized when necessary, that the

residential care provided is high quality, and that robust supports are in place to ensure children and youth are safe and stable in the community whenever possible.

Ongoing Technical Assistance and Capacity Building Needs

1. FSD will continue to receive technical assistance from Evident Change over the upcoming year around our Safety Organized Practice Framework and the implementation of our SDM tools.
2. The Capacity Building Center is continuing to provide support regarding Family First Prevention and Services Act (FFPSA). Specific short- and long-term activities/supports of this plan include:
 - Continue to assist the state FFPSA leadership team in organizing and identifying actionable steps needed by individuals and groups to be able to move the plans forward in an effective and efficient way
 - Continue to provide services and supports to the FFPSA leadership team members in project management strategies and activities that will assist with streamlining process across the system and aligning other implementation efforts, strategies and activities (could include the alignment and management of teams across the system)
 - Consultation and assistance in identifying and coordinating internal and external stakeholders to be involved in the development of the plan in a productive way that contribute to the development and implementation of the Prevention Plan
 - Support the consideration and delineation of candidacy
 - Support the consideration and planning specific to QRTP provisions
 - Provided continued support for data analysis of Prevention Plan development
 - Continued consultation to identify additional supports or needs related to plan development and implementation.

Center supports to meet identified needs:

- **Implementation Subject Matter Expert (SME)** - overall support to VT's FFPSA leads and teams (strategic planning, child welfare knowledge, project management)
- **Prevention SME** – provide overall support and expertise related to prevention
- **Research and Project Management Supports** – provide research, planning, mapping, and program and project support to prevention and implementation SMES
- **Data Analyst** - provide support to the state Quality Assurance team on the analysis of data related to prevention plan development
- **Family Consultant SME** – A Center consultant with lived experience who will provide support to planning and engagement of stakeholders
- **Liaison** - support the work, communication, and integration of Center resources

Provided and/or Planned Evaluation and Research

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

- LUND RPG Grant Vermont Family Recovery Program was initially piloted in Burlington and Newport and had an evaluative component being conducted by Crime Research. The goal of this pilot was to

serve substance use involved families of young children at risk of coming into care. This program had a slow start due to hiring challenges and then unfortunately COVID, as well as other district challenges, only exasperated issues particularly in the Newport district. We are currently in year 4 out of 5. The focus for the final year will be piloting Homebuilders in BDO, one of the EB models from the FFPSA prevention list.

- As part of the 2019 legislative session, UVM was asked to conduct a multi-phase evaluation to look at how to reduce the number of children coming into care in response to the fact that per capita Vermont has a higher entry rate than most of the nation. Phase 1 (literature review) and Phase 2 (gathering of data/staff survey) have been completed and by the end of the summer Phase 3/final (analysis of the SDM tools) will be completed.

Measures of Progress and Feedback Loops

The division's goal is to use QCR data to inform our progress. However, COVID created some initial barriers and challenges in conducting our scheduled in-person QCRs the spring of 2020 and in the fall of 2020, we conducted an item 3 only QCR in an effort to pass our PIP. Spring of 2021, we conducted a virtual QCR review focused on items 3, 4, 6, 13, 14, and 15. The chart below highlights the most recent available QCR data.

Item Measure	Description	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	2019 - 76%	87%
Item: 3	Risk and Safety Assessment and Management	2020- 73%*	62%
Item: 4	Stability of Foster Care Placement	2020 – 88%*	72%
Item: 5	Permanency Goal for Child	2019 - 48.28%*	47%
Item: 6	Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	2020 – 35%	56%
Item: 7	Placement with Siblings	2019 - 87.5%	92%
Item: 10	Relative Placement	2019 - 75.68%*	75%
Item: 12	Needs and Services of Child, Parents, and Foster Parents	2019 - 42.65%*	40%
Item: 13	Child and Family Involvement in Case Planning	2020 - 71%*	59%
Item: 14	Caseworker Visits with Child	2020 - 71%*	68%
Item: 15	Caseworker Visits with Parents	2020 - 57%*	39%
Item: 25	Quality Assurance	Will be measured ongoing over the next 3 years of the CFSP by the criteria outlined by the Children's Bureau for each of these systemic factors. FSD will continue to explore the use of focus groups and surveys to obtain feedback from stakeholders.	
Item: 26	Initial Staff Training		
Item: 27	Ongoing Staff Training		
Item: 28	Provider Training		
Item: 29	Service Array and Resource Development: accessibility		

Item: 30	Service Array and Resource Development: individualize	
Item: 31	Agency Responsiveness to the Community: ongoing consultation	
Item: 32	Agency Responsiveness to the Community: coordination w/ other federal programs	

Feedback loops:

Districts: After each round of the QCRs, the QA team prepares a summary of the districts results and themes that emerged from the review, which includes feedback from parents and youth during the interviews. The QA team will generally meet with the districts leadership team to review results, answer questions, and help strategize ways to improve priority items. In addition, the QA team also pulls together quarterly management reports for directors to review and help inform what is going well and areas that need more attention. The data also helps inform the Collaborative Learning Agreements between the districts and the Child Welfare Training Partnership (more detail provided in the Quality Assurance section below).

Contract Providers: Central Office frequently has meetings with contract providers to review data and discuss practice related issues. These meetings often involve the district directors which is helpful to address issues together and ideally come to agreement on contract changes when needed to be more effective and achieve desired outcomes.

Stakeholders: FSD has quarterly stakeholder meetings, which has representation from the Court Improvement Project, Vermont Kin as Parents, Vermont Family Network, VT Federation for Families, and the Youth Development Program. This has been a venue to share practice related updates and data, answer questions, and hear feedback. Prior to COVID, the division began hosting these meetings virtually which proved to be successful as our participation numbers have risen from an average of 10 to over 100 stakeholders. The family and youth agencies bring back information to the parents and youth to solicit additional thoughts, comments, and questions. Every year, the Division Management team meets with the Youth Advisory Board who prepares a summary of what they feel are priorities for the division. The division then identifies opportunities and strategies to move their priorities forward.

Quality Assurance System

The Family Services' Quality Assurance Team consists of 3 Quality Assurance Specialists, a supervisor, and an administrative support staff. The entire team continues to join the regional New England CQI meetings that have been held virtually over the last year to share different CQI practices and learn from one another. The QA team also received technical assistance from the Capacity Building Center to support their data analytics skills which they applied to several areas of work related to FSD's focused indicators and the analysis of our residential utilization and FFPSA work. The QA team is also part of the Change Management workgroup who was charged with the development of an FSD framework and will be involved in the implementation of this framework over the upcoming year.

As part of our CQI framework, FSD Leadership continues to utilize the district annual roadshows (renamed to Listening Sessions) 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 is comprised of staff from

each district office and in different roles, along with central office staff, and meets regularly to review different areas of our strategic plan and identifies ways to keep the district staff informed and connected to this work.

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

Over the last year, the division management team, which includes all the district directors, continued to focus on our 3 key indicators that were identified together back in the summer of 2019. Central office committed to using our monthly division management team meetings to review the data together, the directors then follow up in their districts and identify strategies, and then we review the data again at a future monthly division management team meeting (**Appendix B**). The goal is to repeat this process for the 3 indicators each year for 3 years (we are currently on year 2).

Our Qualitative Case Reviews is another important way the division measures progress. During our PIP, FSD successfully implemented a case review system which replicates the CFSR process by teaming up FSD staff and community partners who are responsible for reviewing 2 cases over 3 consecutive days. The division has adopted the use of the federal Onsite Review Instrument (OSRI) as part of the case review process. At the end of each review, the QA team provides each district with a summary of their performance and will meet with their staff or leadership team to discuss. The QA team provides trainings to new reviewers by using a mock case Vermont created and applying the OSRI.

Prior to COVID, the division planned on regular bi-annual in-person spring and fall QCRs, measuring all 18 items. With the outbreak of COVID, the division cancelled the spring 2020 QCR. In the fall of 2020, after learning about the PIP extension, the division conducted a virtual item 3 only review in an effort to pass our PIP which we did. Spring 2021, the division conducted a virtual QCR measuring the following items: 1, 4, 6, 13, 14, and 15. These items were selected because they focus on areas of practice that we need to continue to shine a light on and it felt manageable given the impact of our QCR reviewer resources during the pandemic and hiring freeze. The division is committed to getting our QCR back on track by training more reviewers now that the hiring freeze has been lifted in preparation for Round 4 of the CFSR. Our goal is to do a 18 item in-person review the spring of 2022.

In addition to our QCRs, several years ago the division developed a review tool to review our Centralized Intake and Emergency Services intakes. The goal is to continue to imbed this into our CQI framework therefore we planned to conduct our second review this summer. The division will highlight the results in the 2023 APSR.

Lastly, the Children's Research Center continues to provide TA around our use of case reads to support the implementation of our revised and new SDM tools in districts.

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

Service Updates

Vermont's title IV-B, sub part 1 funds go to support key services overseen by the Child Development Division. There haven't been any significant changes since the 2021 APSR submission. The following is a summary of the services support by these funds.

Strong Families Home visiting

Under state law, Vermont home visiting services are regular, voluntary visits with a pregnant individual or family with a young child for the purpose of providing a continuum of services designed to:

- Improve maternal and child health
- Prevent child injuries, abuse, or maltreatment
- Promote social and emotional health of children and their families
- Improve school readiness
- Reduce crime or domestic violence
- Improve parent education and economic self-sufficiency
- Enhance coordination and referrals among community resources and supports such as food, housing, and transportation

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

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

1) Nurse Home Visiting Program: Maternal Early Childhood Home Visiting (MECSH)

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

2) Family Support Home Visiting Program: Parents as Teachers (PAT)

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

Strong Families Vermont Sustained Home Visiting is integrated into local CIS teams. There is a no wrong-door approach into the system; referrals come from a variety of sources: prenatal care and pediatric health care

providers, DULCE sites, WIC, Family Services, Economic Services, and other community agencies. Community teams at the local level work together to triage and direct referrals to the appropriate program based on the identified goals and needs of the family and capacity of the local system. In general, pregnant and newly postpartum (<6 weeks) individuals are prioritized to Nurse Home Visiting (MECSH).

In January of 2021, the VT Legislature allocated three million dollars to expand the system of home visiting across the state.

Services for Children Adopted from Other Countries

For more than 20 years, Vermont has offered the same array of post adoption services to families who have adopted internationally as those that are available to families adopting privately or from the public child welfare system. Our belief is that any Vermont adoptive family should have access to the entire service array 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 newsletter to both parents and professionals interested in adoption related topics.

Incidentally, during this reporting period only one child was adopted internationally in Vermont. This data comes from a review of our Adoption Home Study Registry database.

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 judicial master was hired over the last year and Burlington and St. Albans are the two pilot districts. The division will be able to provide an update as to the effectiveness of this approach in the 2023 APSR.

Alternative Dispute Resolution

In December 2019, the CHINS Reform Workgroup met with Casey Family Programs consultant and retired Judge Colleen McNally and a team from the Maricopa County Mediation Unit to discuss the benefits of adopting a child protection mediation pilot program in Vermont.

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

The CHINS Reform Workgroup is currently recommending the establishment of a two-year child protection mediation pilot program focusing on a single county in Vermont. This program will be overseen by the judicial master and performance measures will be collected and evaluated by a program manager. If successful, the CHINS Reform Workgroup will develop a proposal to expand child protection mediation state-wide.

National Center for State Courts

The Vermont Judiciary contracted with the National Center for State Courts (NCSC) to conduct the study of the processing and adjudication of Children in Need of Care or Supervision (CHINS) cases.

The specific goals of the study were to gather effective or promising models of case processing and adjudication used in other jurisdictions; solicit input from stakeholders, produce a plan for implementing and sustaining the effective and promising models; and document an evaluation methodology for the judicial master pilot program. Two months after the study began, courts across the country were forced to swiftly adapt operations due to COVID-19. The study plans then shifted to include broadening the policy and practice scan to include practices implemented during and/or because of COVID-19 and replacing on-site data collection with virtual focus groups.

- In July 2020, NCSC provided the judiciary a draft of a comprehensive summary of promising practices in processing dependency cases from petition through adjudication (merits). The document covered practices such as dependency mediation, case-flow management strategies, problem-solving courts, high quality legal representation, and trauma-responsive courtrooms.
- Between July-October, NCSC facilitated several focus groups and interviews with stakeholders. Findings of the focus groups will be presented in a report to the judiciary in January 2021.

Stakeholder Group	Total # of Participants	# of Focus Groups and Interviews
Attorneys for children and/or parents	7	3 focus groups and 1 interview
Caregivers	4	1 focus group
Community Resources	4	1 focus group
DCF Caseworkers	9	1 focus group
Guardian ad Litem	6	1 focus group
Guardian ad Litem Coordinators	7	1 focus group
Judges	5	1 focus group
Juvenile Court Staff	4	1 focus group
Parents	7	1 focus group and 5 interviews
State Attorneys	6	1 focus group
Youth	7	1 focus group and 1 interview

- The next phase of the study began in January 2021 and included judicial interviews, observation of virtual hearings, administration of the online Access and Fairness Survey to court users, and analysis of outcome data from 10 years of CHINS cases. Findings from this phase were presented in a report to the judiciary in May at the Justice for Children’s Task Force which included:
 - **Phase 1:** a comprehensive policy and practice scan to summarize innovative practices and programs related to dependency courts, series of 13 focus groups and 7 interviews with stakeholders, and analysis of administrative data from 10 years of CHINS cases.
Phase 1 Recommendations:
 - Support High-Quality Legal Representation for Parents and Children
 - Prioritize Meaningful Reasonable Efforts Findings
 - Support High-Quality Legal Representation for Parents through Transparency
 - Support High-Quality Legal Representation for Children through Meaningful Engagement and Advocacy
 - Insist on Timely Hearings
 - Develop Consensus on Goal of CHINS Cases and Clearly Message It to All Stakeholders
 - **Phase 2:** The second phase included analysis of administrative court and Department for Children and Families (DCF) data, interviews with judges,

Phase 2 Recommendations:

- ## Impacts of COVID on Court Hearings

Court Data

TPRs pending: The following table show pending TPRs between 7/1/2020- 4/29/2021. Compared to past years, there are a little more than 60% of the TPRs we typically have pending which we attribute to COVID.

33

Essex Unit	1
Franklin Unit	4
Lamoille Unit	1
Orleans Unit	3
Rutland Unit	7
Washington Unit	7
Windham Unit	12
Windsor Unit	4
Grand Total	79

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, but it also strengthens the partnership between the district and CFS staff.

Division Collaboration

To ensure we are maximizing resources and opportunities, staff from three central office divisions within DCF meet monthly to develop relationships, share information and collaborate. Staff from Family Services, Child Development and Economic Services come together to collaborate in providing services to families with young children. We continue to discuss topics that cross our divisions, topics of intent and ways to collaborate. We

began to work on a process to combine transportation contracts that are currently developed individually by division.

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

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.

The following is a summary of work related to PCIT in Vermont:

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

[Efforts to Track and Prevent Child Maltreatment Deaths](#)

Child Maltreatment Fatality Prevention Plan

NCANDS and Tracking

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

Child Fatality Review Team

Family Services Division leadership participates in the state's child fatality review team which meets monthly to review all unnatural child deaths. In April of 2018 Vermont passed H. 686 An Act Relating to Establishing the

Child Fatality Review Team. While this team has been reviewing unexpected, unexplained, or preventable child deaths since 1985 as an empaneled child protection team, H. 686 codified the existing CFRT under the Vermont Department of Health. The Act, as passed, can be found here:

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

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

The mission of the CFRT is to:

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

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

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

Partners

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

Vermont Family Services Division is a member of the National Partnership for Child Safety (NPCS) Collaborative, a multi-state collaborative with the following mission:

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

Child Safety and Protection

Intake and Screening:

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

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

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

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

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

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

Assessment:

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

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

Targeted Strategies to prevent child maltreatment fatalities:

Safe System Learning Review

In 2019 and 2020 Vermont Family Services Division developed a new critical incident review process rooted in a culture of safety for our staff, our community partners and for the children and families we serve. The Safe System Learning Review (SSLR) is a system-focused critical incident review process which is intended to identify areas for learning and systems improvements. The SSLR takes a supportive and non-punitive approach. The aim of the review is to have candid discussions about system issues and problems without blame. The review refrains from looking for evidence that harm to a child or staff member is caused by steps taken or not taken by any one individual, as this is rarely the case. The review process cautions against disciplinary actions against staff following tragic events. The information provided is used solely for review and any recommendations developed thereafter.

The SSLR was created in collaboration with the National Partnership for Child Safety (NPCS) and utilizes the Safe System Improvement Tool (SSIT), an information integration tool that is designed to support system improvement activities.

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

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

Primary and Secondary Prevention

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

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

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

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

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

Additionally, Vermont Department of Health:

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

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

critical work into a comprehensive plan which will not only attempt to reduce child maltreatment fatalities but will improve and fortify the child welfare system as a whole.

[Supplemental Appropriations for Disaster Relief Act](#)

On May 29, 2019, Governor Philip B. Scott requested a major disaster declaration due to a severe storm and flooding on April 15, 2019. The Governor requested a declaration for Public Assistance for six counties and Hazard Mitigation statewide. During the period of April 24 to May 9, 2019, joint federal, state, and local government Preliminary Damage Assessments (PDAs) were conducted in the requested counties and are summarized below. PDAs estimate damages immediately after an event and are considered, along with several other factors, in determining whether a disaster is of such severity and magnitude that effective response is beyond the capabilities of the state and the affected local governments, and that Federal assistance is necessary.

Vermont requested and received an allocation of \$75,291 in disaster relief funding to support foster parent transportation costs incurred the month of and the month following the recognized disaster. For the purpose of this funding request, eligible areas included the counties of Bennington, Essex, Orange, Rutland, Washington and Windsor. At the time of the recognized disaster, 49.3% of the children in the custody of the Commissioner of the Department for Children and Families resided in one of the eligible areas.

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

The division received our allocation of the Federal CARES Act funding and directed that funding to two areas in support of managing the impact of COVID in our State.

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

In addition, Vermont directed some of the funding towards support for continued parent-child contact. Due to COVID-related staffing issues, Vermont has needed to pursue additional avenues to provide parent-child contact, particularly the most rural areas of the state.

[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.

The division is currently exploring using the emergency MaryLee Allen PSSF Funding to provide additional resources to our in-home services through IFBS, PSSYF, and/or BARJ to improve our efforts in keeping children and youth with their families and from entering into custody.

[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](#)

Human Trafficking

As stated in the last plan, the state of Vermont was [awarded a \\$1.2 million grant](#) to combat human trafficking. Phase I of this grant was designed to support the delivery of comprehensive and specialized services for all victims of human trafficking and the investigation and prosecution of sex and labor trafficking cases. Through the grant, three positions entirely dedicated to promoting victim-centered and trauma-informed investigations and comprehensive service delivery was developed and funded within the past three years. The \$1.2 million grant covers a three-year period beginning October 1, 2018. Vermont is not applying for Phase II of the grant; however, is applying for a one-year extension. The Human Trafficking Task Force will continue their work without the grant.

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. The focus of the past few years has been on developing protocols, working agreements, and policies regarding each of their roles and the work.

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

Policy & Practice Updates:

As a continuation of our work related to the Preventing Sex Trafficking and Strengthening Families Act and associated with our Family First Prevention Services Act implementation, FSD is currently developing a “risk of sex trafficking” definition through the use of a screening tool. FSD’s Human Trafficking Workgroup hopes to finalize this product in the coming months.

FSD continues to work on developing a standalone human trafficking policy and protocol for investigations in collaboration with federal and state partners. Revisions to our runaway policy are also underway.

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

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

Training Updates:

Human trafficking related training for staff is currently offered online and via podcast for staff. Training content about human trafficking is also included in the child abuse advanced practicum courses. Additionally, there are plans to update the existing online training for caregivers about human trafficking.

We will also be discussing a prevention curriculum to use with youth who are considered to be at high risk or confirmed victims of trafficking. At this time, we have not determined which curriculum would best serve Vermont’s population of youth.

Data/Tracking Updates:

Since 2014 when we began collecting data, more than 185 reports have been flagged for trafficking. From 12/18/2019 – 12/2/2020, 26 reports were accepted for human trafficking.

National Collaborative Efforts:

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

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

Vermont will be assessing its protocols and practices while completing the National Advisory Committee State Self-Assessment Survey, intended to showcase innovative and successful work and to identify areas where additional resources are needed to address the sex trafficking of children and youth.

LGBTQ children/youth

[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

FSD has been focused on recruiting and retaining affirming and supportive caregivers through our diligent recruitment efforts. Youth in DCF custody and youth previously in foster care advocate for all foster parents to take the LGBTQ+ training and pledge to be affirming and supportive of the children who join their homes.

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*. We hope this can be revisited in 2022:

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.

Substance Exposed Newborns

Please refer to page 77, the CAPTA section of this report.

Kinship Navigator Funding

Kin Navigation: Brief History and Current Status

Vermont requested and was approved to receive the 2018, 2019 and 2020 Kin Navigator allocations. We have requested the 2021 allocation as well. Previous Kinship Navigator allocations created an opportunity for the Vermont Division for Children and Families to assess and improve our system of care as it relates to formal and informal kin and fictive kin caregivers. The following activities describe highlights of the work supported by previous allocations.

2018 Deliverables Highlight

FSD re-branded and launched the Family Services Division caregiver mentoring program. This initiative built on the work of the Placement Stability Project made possible by the Children's Bureau Trauma III Grant.

The Division revisited our family finding practice and the resources available to support that work. We have redesigned our Child and Family Support (CFS) contracts to ensure that a family search and engagement process was completed for every child aged 12 and younger entering custody.

The Kinship Caregiver Resource Guide was redesigned and updated.

Training and technical support opportunities were accessed to support planning for the implementation of the Families First Legislation.

2019 Deliverables Highlight

Kin caregivers shared that traditional support groups were not meeting their needs. The use of social media to create on-line support groups for kin caregivers was explored and implemented on a small scale. Other options to support caregiver connectedness included the development of Facebook support groups.

Existing face to face kin support groups were supported by providing financial assistance for childcare on site during the meeting times.

Key Kinship Care policy was revised to provide greater clarity and direction to FSD staff regarding our approach to working with kin.

A workgroup to support the planning and implementation a systematic model of Family Finding Practice was formed. These efforts support the activities of our Strategic Plan, our Diligent Recruitment Plan and our Continuous Quality Improvement Plan. One goal of this work is to clearly articulate and ensure that our values are aligned related to maintaining family connections and building family networks. Consultation with Bob Friend from the National Institute for Permanent Family Connections (NIFPC) supported FSD to adopt the NIFPC model of Family Finding; The workgroup had planned to culminate with a Family Finding Conference for division leadership. Due to COVID, we were not able to meet this goal in 2019.

In June 2019, a series of focus groups were conducted as part of our Diligent Recruitment Plan. Information from participants, underlined our priority to effectively identify, develop and support kin or fictive kin placement resources and connections for children who aren't able to safely remain at home.

2020 Deliverables Highlight

Throughout the 2020 funding cycle, every aspect of planning and implementation was impacted by evolving dynamics associated with COVID. It was necessary to abandon our hope for an in-person Family Finding Conference previously re-scheduled for May 2020. With the support of our Child Welfare Training Partnership and collaboration with Bob Friend from the National Institute of Permanent Family Connections, we pivoted and decided to host a series of ZOOM Family Finding events. By making this shift, we were able to engage over 200 staff and partners per event. This capacity FAR exceeded what would have been possible had we been able to pull off the originally planned conference.

The need for caregivers to remain socially distanced combined with an increased need for information about and access to supports and services led an increase in our online presence. Marketing campaigns to spread

information about supports and services to caregivers was significantly increased and supported with Kin Navigation funding.

Over the fall of 2020, the Division completed revisions to our Kinship Care policy. This policy highlights the importance of identification, location, informing and assessing suitability of a child's relatives and fictive kin. These policy changes are supported by a revised foster parent application process which encourages deeper exploration of themes unique to kin caregivers.

In October 2020, we added funding to a key contract known as Child and Family Supports. With the additional funding, Family Finding deliverables have been incorporated into the contract to include specific family engagement activities to occur within a specified time frame and culminating with a Family Safety Network Building meeting at the 45-day point of the service.

Our planned implementation of the Leadership Academy for Middle Managers (LAMM) was thwarted due to COVID. Our strategy had been to use the LAMM change initiative model to support every district in improving practice related to their work with Kin. Managing the day-to-day functions of the division during a pandemic proved to be all consuming. After several attempts to pivot and adjust our approach, we ultimately determined to suspend the division wide participation in the LAMM initiative for the time being. However, we have stayed focused on the implementation of the Division's Strategic Plan. Part of this plan requires us to examine specific focused outcome indicators; one of those is placement with kin. In addition, we were able to offer a series (3) micro-learning for our division leaders focused on the application of the LAMM materials to leading through COVID. Division management led District leaders in conversations about what is working well and what the barriers are to shifting practice. District leaders were encouraged to engage their team around kin practice and to identify strategies for improvement. Since the beginning of this initiative, we have seen an 11% improvement in our placement with kin numbers.

In preparation for enhancing our Kin Navigation services, an electronic survey of both formal and informal kin caregivers was developed in partnership with kin caregivers, our colleagues at Economic Services and the Vermont Federation for Families. About 1200 kin caregivers (both formal and informal) were surveyed to better understand what is working well for them and what challenges they face as they meet the needs of the children in their care. Data and feedback from the survey will inform decision making and the implementation of activities associated with our Diligent Recruitment Program and will inform our efforts related to our participation in the Kin Nav Cross Site Collaborative.

Kin Navigator funding supported the expansion of the RPC+ TIPS for Tuning In model. RPC+TIPS 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. RPC+ TIPS is the combination of two different curriculums:

1. "Resource Parent Curriculum – Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents" from the National Child Traumatic Stress Network (NCTSN)
2. "Trauma Informed Parenting Skills (TIPS for Tuning In)" which was created by a team of professionals at the Vermont Child Welfare Training Partnership and is derived from:
 - Parent Child Interactive Therapy (PCIT) ~ CARE (Child Adult Relationship Enhancement) curriculum
 - Rex Forehand's "Helping the Non-Compliant Child" and "Parenting the Strong-Willed Child"

During 2020, the model was adjusted to make it accessible via a virtual format. Additionally, four, 10 session workshops, were delivered to “kin only” groups to acknowledge and support their unique experiences and dynamics.

Participants in the workshop:

- Learn concrete strategies to manage daily and ongoing challenges
- Practice new skills between classes
- Experience enhanced relationships with their children
- Build a network of support and connections with fellow caregivers

Classes were held throughout Vermont – some classes are taught by staff from our Child Welfare Training Partnership, while others were taught by local area mental health clinicians. Classes are 2 ½ hours long – typically with a meal provided (NOTE: additional funding was secured to cover the costs of meals as Kin Navigator funding disallows this type of expense). Childcare and/or therapeutic groups for children are available in some areas. Evaluation results demonstrate that the RPC+ model was well received by the kin caregivers who participated.

Beginning in 2007, prior to the Fostering Connections Act, Casey Family Services partnered with a group of grandparents caring for their grandchildren to form a grandparent support and advocacy group. In the ensuing years, this grassroots organization has developed a statewide presence, called Vermont Kin as Parents (VKAP). 2020 marked a period of leadership transition and restructuring for VKAP. VKAP is a vital partner to DCF and to all families caring for kin. In its by-laws, VKAP commits to family-centered practice by requiring the majority of the board to have lived experience as kin caregivers. In the last two years, VKAP has expanded its reach by training up a pool of kin navigators who are located regionally. Currently, these kin navigators are trained volunteers who receive a stipend for their work. Just prior to COVID hitting, VKAP transitioned to an answering service response to improve customer service. Callers receive a personalized response immediately and then a call back from a VKAP team member usually within 24 hours. Family Services focused on stabilizing and growing our partnership with VKAP.

VKAP’s Kin Navigator Program is recognized by grandfamilies.org

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

Together with VKAP, Vermont began to explore the possibility of participating in the Kin Navigator Cross Site Collaborative sponsored by Casey Family Programs, Generations United and the University of Washington. After participating in a series of informational meetings, Vermont FSD and VKAP declared an intention to join the collaborative in support of the development and implementation of an evidence-based model of Kin Navigation.

Ultimately, we will look toward developing a statewide system of Kinship Navigation that will adopt an evidence-based model and will be sustainable using the new Title IV-E Kinship Navigator funding referenced in PI ACYF-CB-PI-20-05.

Using Kin Navigation funding, FSD has continued the work of our Caregiver Mentoring Program by expanding to include targeted outreach toward kin caregivers to support their desire to mentor and be mentored.

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

Deliverables proposed for 2021 allocation

In 2020, Vermont FSD launched a statewide Racial Equity workgroup. Subcommittees are looking at specific areas of our practice with a goal of identifying and mitigating access barriers. One of the identified barriers includes a lack of child welfare vital documents translated into seven common languages as outlined by our Agency of Human Services policy. These documents include materials that we would provide to kin caregivers including our foster care licensing regulations and our foster care application to name a few. The publications and brochures that FSD has translated are posted on our public website here:

<https://dcf.vermont.gov/fsd/publications>. The website includes the following:

- The Child Safety Intervention (CSI) brochure in Nepali;
- The 'what to expect when a FSW visits your home' brochure in Bosnian, Burmese, French, Nepali, Somali, Spanish, and Swahili;
- The Information for Relatives & Friends brochure in Arabic, Burmese, French, Kirundi, Nepali, Somali, Spanish, and Swahili; and
- Licensing Regulations for Foster Homes in Swahili.

We will allocate Kin Navigator funding in support of this important work over the next year.

Ongoing implementation of our Family Finding practice model will be supported through ongoing consultation with Bob Friend and NIPFC. Coaching opportunities will be provided to FSD supervisors to support their capacity to supervise Family Finding Practice and the building of Family Safety Networks.

Ongoing efforts to build an online and social media presence though increased marketing and messaging related to the availability of supports and services available to kin caregivers will be a focus in 2021. Survey results from 2020 indicated that caregivers, especially informal caregivers, are not well informed about the availability of support and services available to them as caregivers.

FSD, together with VKAP are fully engaged in the Kin Navigator Cross Site Collaborative. An excerpt from the Kin Nav project description provides additional detail:

Casey Family Programs, Generations United and the University of Washington are partnering to support a cross site collaboration of jurisdictions wanting to establish a program model with common elements. Along with a number of jurisdictions, we have examined the federal program and evaluation requirements, and engaged experienced programs to understand their implementation and evaluations lessons learned. Interested jurisdictions have participated in a consensus building process for how to implement the required and best practice essential components of a model.

Casey, Generations United and the University of Washington are making the following commitment:

- Provide program info, facilitation, communication mechanisms, convenings for collaborative decision-making.
- Enhanced support and technical assistance for your jurisdiction evaluation partners from our University of Washington and Casey Research Team experts
- Provide forums for cross jurisdiction peer support among participants including opportunities to problem solve and share lessons learned.

- Support drafting a program model manual and logic model / theory of change.
- Coordinate efforts and share encouragement from the Children's Bureau.
- Provide ongoing information and technical assistance around federal financing opportunities.
- Offer individualized support to Tribes.

As a participating jurisdiction Vermont agrees to:

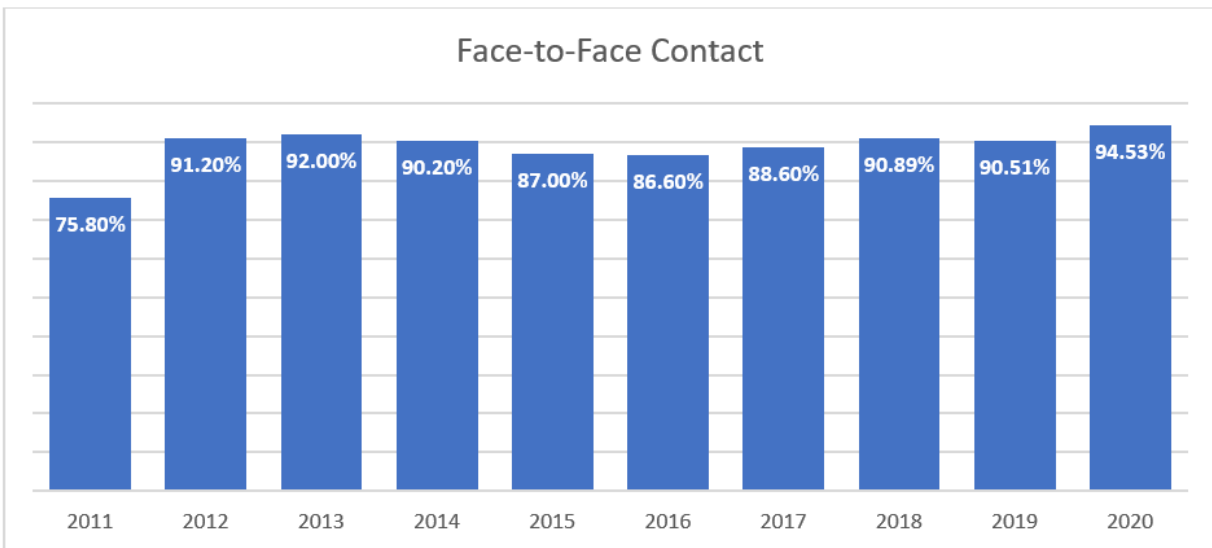
- Incorporate a racial justice and equity lens in all aspects of planning, implementation and evaluation.
- Learn about, support the consensus driven Kinship Navigator program model selected.
- Regularly engage key stakeholders including youth and kin caregivers
- Engage jurisdiction evaluation partners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

The majority of available 2021 Kin Navigation allocation will be used to resource the work Vermont FSD and Vermont Kin as Parents (VKAP) has embarked on under the Kin Navigator Cross Site Collaborative work including an additional contract with the University of Vermont and Dr. Valerie Wood Ph.D. in support of local evaluation of the model as required by the Kin Nav Cross Site charter.

Monthly Caseworker Visit

In December, Vermont reported an improved monthly face-to-face contact of 94.6 %, which meant the division met the 95% standard. The division continues to focus on this practice area and identify strategies to sustain in the districts where we are at 95% and above as well as identify improvements in the few districts where we are below the national standard. In addition, the division also achieved a 73.65% rate of visits occurring in the placement setting, far 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.
- During the pandemic, Family Services Workers often took advantage of videoconferencing when visiting with children and youth.
- The division continues to promote teaming and group supervision models, to increase the number of Family Services Workers who have a relationship with a family and can assist in times of intense service need.
- A report is sent weekly to districts, which assists them in tracking which children and youth have not yet been seen during the month.
- Case aides have 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. This technology is downloaded on state issued phones and gives staff to the ability to signal for help 24/7/365 if they are faced with an unsafe situation.



Adoption and Legal Guardianship Incentive Payments

In 2019 Vermont was allocated \$275,500 in Adoption Incentive Funding to be liquidated by 12/31/2022

Vermont utilized Adoption Incentive Funding to:

1. Provide a three-month temporary increase of \$10/day/ child to foster caregivers to support additional costs associated with caregiving during the COVID epidemic while school and child care were unavailable. (\$771,370).
2. Partially fund the Post Adoption Contact Worker (PACA) position. The PACA worker engages with prospective adoptive parents and all related parties, to develop a post-adoption contact agreement proposal on behalf of the prospective adoptive parents. (87,200)

The proposed spending liquidates remaining 2017 allocation (\$22,800)

The proposed spending liquidates the 2018 allocation (\$655,000)

The proposed spending obligates \$180,270 of the 2019 allocation

Leaving \$95,230 left in the 2019 allocation

In 2020, Vermont was allocated \$152,500 in Adoption Incentive funding to be liquidated by 12/31/2023

1. Partially fund the Post Adoption Contact Worker (PACA) position. The PACA worker engages with prospective adoptive parents and all related parties, to develop a post-adoption contact agreement proposal on behalf of the prospective adoptive parents. (\$87,200)
2. Partially fund training opportunities for families post finalization to support stability over time (\$20,000)

The proposed spending liquidates remaining 2019 allocation (\$95,230)

The proposed spending obligates \$11,970 of the 2020 allocation

Leaving \$140,530 left in the 2020 allocation

Proposed Spending for the 2020 Adoption Incentive Funds Remaining include:

1. Partially fund the Post Adoption Contact Worker (PACA) position. The PACA worker engages with prospective adoptive parents and all related parties, to develop a post-adoption contact agreement proposal on behalf of the prospective adoptive parents. (\$87,200)
2. Partially fund training opportunities for families post finalization to support stability over time (\$20,000)
3. Translation of key Family Service Division documents to support the engagement of kin from the New American communities. This funding priority is in support of the Diligent Recruitment and Adoption Call to Action plans (\$10,000)
4. Outreach to Support Stability- Using Risk and Protective factors identified while a youth is still foster care, a formula for outreach to families will be applied to determine what type and frequency of a contact a family will receive from FSD post finalization. Adoption Incentive funding will support file review and the development of a post permanency data base (\$23,330)

The proposed spending obligates the remaining 2020 allocation (140,530)

Adoption Savings

Vermont has been approved to calculate Adoption Savings using CB method with actual amounts. Vermont plans to continue to calculate adoption savings utilizing this method. Vermont's cumulative total of calculated adoption saving through FFY 2020 equaled \$2,622,425.

Adoption Savings are required to be spent in this manner.

- Up to 70% of savings can be spent on any line 12 expense (either IV-B or IV-E eligible)
- At least 20% of savings must be spent on line 10 expenses (post-adoption/guardianship services)
- Remaining 10% must be spent on either line 10 or line 11 (kids at risk of foster care)

All the expenses in SFY20 fell into the line 12 bucket ("for the good of the children" IV-B or IV-E eligible). This means, of the \$837,435.61 that we have accumulated from SFY20 unspent balance and prior year unspent balances, the allocation of expenses must be as such:

- \$106,987.91 **max** to line 12 (any IV-E or IV-B eligible expense "for the good of the children")
- \$503,301.01 line 10 **minimum** (post-adoption/guardianship services)
- \$227,146.69 spent on **either line 10** (above) **or Line 11** (children at risk of foster care)

Vermont proposes to use our remaining adoption savings balance (\$837,435) to support the following practice areas by the end of FY 2022.

1. There are a number of children in our care who are matched for adoption with family who live in another state. To support successful transitions for the children and their new families, we establish contracts with local agencies to provide services and monitor post finalization. We believe these costs meet the criteria for spending under the "post adoption/guardianship services" line. These 5 contracts

were established during this reporting period. These current contracts obligate \$187,240 of our balance. We anticipate similar costs (\$200,000/ year) going forward.

2. As a component of our adoption assistance agreement, eligible families may receive special services funding to help meet the special needs of children that cannot be covered in other ways. Many of the children served with this funding are children who have a lifelong developmental disability. At last review, Vermont spends approximately 1 million dollars per year. We propose to use adoption savings in support of these services. We propose that the allocation of funding to support these services meets the criteria for spending under any of the specified categories because they meet the financial and material needs of children and families post adopt, they enhance the well-being of the children, and they often are utilized to provide families with respite or other supports to offset the risk of the children returning to foster care. (\$ 1million annually)

If the above plans for allocating adoption savings are allowable, we will be able to successfully liquidate our annual adoption savings in a timely manner. If there are concerns that idea two creates an issue for us with supplanting, then we alternatively propose that we utilize adoption savings to fund newly established special services agreements beginning 7/1/2021.

Vermont experiences several challenges administering the adoption savings funding. Due to our very antiquated data system, we must run a manual report annually which takes a significant amount of time to complete.

FSD's position in financial monitoring reflects that any GF saved by these kids being applicable children under the adoption savings rules has, essentially, already been sent through other areas of overspend or underearn. It should be noted that although the state spent less money on adoptive children than we would have if it weren't for the availability of adoption savings, having savings available to use to spend relies on:

- a) the division budgeting through the state budget process the exact dollar amount to be spent and the exact dollar amount that would be GF/IV-E
- b) FSD spending coming in exactly to its revenue and expenditure budgets.

Neither has happened. Therefore, any increase in expenditures would increase FSD's deficit.

Family First Prevention Services Act Transition Grants

Vermont received \$900k in FFTA funds, and to date we have spent \$250k of these funds. The monies spent thus far have been expended on essential staffing needs in the form of a project manager to assist with the work plan and a FFPSA Grant Manager (focused on implementation of our CHINS Reform effort which is completely aligned with the FFPSA goal of preventing candidates for foster care from coming into DCF custody, along with the PCG Report that provides the analysis of our residential system of care.

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

We are currently in the process of developing our Candidacy definition, see attached draft. This, along with our larger Prevention Plan, will help guide us around the identification of children and families to be served. This plan is on target for an October 1st, 2021 submission. Additionally, we are also in the process of

evaluating our Residential Treatment programs for status and willingness to become QRTP accredited. This, along with the Assessment process, will also provide another specific population to be served. Below outlines specific updates in each area slated to utilize Transition Funds:

FFTA and Improvement of residential system of care

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

Judicial approval of residential placement

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

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

Progress: this work is under way with more focus recently with the acquisition of a Grant Manager to take the lead on moving this work forward

Third party therapeutic assessment of need for residential placement

We must explore the creation of a network of licensed mental health professionals to assess each request for residential placement both in state and out of state. Current use of Case Review Committee will be considered but may not suffice.

Projection: Initial startup cost (RFP for independent contracts) for 1 year may cost \$75k but exploration of Medicaid reimbursement or CRC use if approved by Children’s Bureau may mitigate

Progress: RFP has been crafted and posted, waiting for responses which will determine the total dollar amount for this lift

QRTP Requirements under FFPSA

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

Projection: \$100,000

Progress: A readiness assessment has been created and reviewed by the QRTP workgroup. During the month of July, every RTP in VT will be individually assessed with projections around timing and cost regarding their progress toward becoming a QRTP program.

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

Projection: \$178,000

Progress: Completed

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

The primary goal of FFPSA is to prevent children and youth from entering foster care: to keep families intact. This implies identifying, seeding, supporting, and standing up evidence-based prevention practices in our communities. It then implies ensuring a data and financial infrastructure to support and monitor the tracking and support of cases between FSD and these prevention organization. FFTA funding could support both a combination of growth of existing EBP's as well as the startup costs of training and such for the implementation of new EBP's toward the targeted populations as identified in our Candidacy definition. The Prevention Workgroup which is comprised of +/- 80 members strong is working on that currently.

Projection: \$100,000

FFTA and Structural Support of Implementation

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

Projection: \$125,000

Progress: As mentioned above, we are utilizing a half time position costs to fund a program manger which has been integral in pulling together all of the work and the formation of the launch presentation held in March, along with the ongoing workgroup related tasks. This was before a Full Time FFPSA Lead was hired (not out of FFTA funds) and then to continue to support the ongoing work. Also, the grant manager position which has predominately taken the lead on the CHINS reform work, with the judicial master for the 60 day hearings, along with other RFP needs is also positive reporting to the Transition funds at present time.

IT Needs

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

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

Projection: \$122,000

Progress: Much of this is underway, with greater IT database needs that will sit outside of FFTA.

Chafee Foster Care Independence Program Updates

Feedback from youth and young adults about their service needs

Prior to the pandemic, DCF's contracted program for transition and aftercare services, the Youth Development Program (YDP), had developed a plan to roll out a new version of their Youth Advisory Board (YAB). We intended to start four regional youth groups and a statewide Youth Advisory Board comprised of locally selected regional group representatives. This model was developed with a goal of increasing the number of youth engaged in leadership and advocacy training opportunities and system improvement work. Unfortunately, the pandemic prevented implementing this strategy this year. Instead, YDP implemented a number of other methods to engage youth in advocacy activities. Also, because youth requested it, YDP offered a series of virtual youth support groups and "movie club" meetings, to provide increased opportunities for youth to network and engage with peers during this period of significant social isolation.

Vermont participated in the "Activating Youth Engagement Summit" hosted by Annie E. Casey this year. The goal of the project was 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. The intention of the Summit was 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. To prepare for this event, our team (comprised of three youth advocates, DCF and YDP leadership, and two community partners) completed an inventory of regular leadership and advocacy opportunities offered to youth in our state. We learned that much of the currently available opportunities are facilitated or supported by YDP. Because so much of this work is concentrated through this program, the group determined that the best way to further increase available activities and provide more meaningful opportunities for youth was merge efforts to enhance the YDP Youth Advisory Board. The "Youth Engagement Team" helped to develop the plan to strengthen the existing YAB.

YDP contracted with Foster Club, a national organization that provides leadership and support to provider agencies and youth with foster care experience, to ensure that the new youth board would reflect an evidenced-informed approach to elevating youth voices to positively impact the child welfare system. A new YAB model, grounded in the principle of youth-adult partnership, was created. Beginning in Fall 2021, the YDP YAB will be comprised of youth leaders, youth members, and adult supporters. Its mission will be to empower youth to create positive changes in the foster care system. The YAB will elevate youth voices, build leadership and advocacy skills, and partner with DCF and YDP leadership to promote better outcomes for youth in care. The new infrastructure will support more effective youth and young adult participation and will include a feedback loop between youth leaders and adult supporters comprised of YDP and DCF leadership. The collaborative nature of the new YAB will result in more meaningful system change and more transparency to help youth see the direct impact of their efforts.

In addition to the effort to develop a new and more effective YAB, YDP continued to engage youth in a number of different leadership and advocacy opportunities. The YDP statewide administration coordinated youth panels for DCF workforce and caregiver trainings. During these panels, youth were empowered to share their insight and expertise in order to help staff and caregivers better serve youth in their care. The YDP team

also coordinated a BIYOC youth panel (Black Indigenous Youth of Color) in collaboration with a Vermont-based and Black-owned trauma-informed equity consultant agency, EJH Futures. This panel was meant to empower BIYOC to share their experience within the system and generate thinking on how our state can develop empowering and validating practices to support these youth.

YDP and DCF made other efforts to solicit youth input for incorporating into several statewide projects. Youth who were accessing services through YDP were surveyed multiple times for their thoughts and ideas, which were incorporated in several trainings, presentations, and work plans. In November 2020, as part of DCF's "Youth Justice Practicum," a training series for DCF Family Services Workers (FSWs) and Supervisors who work primarily with the older youth population in foster care and who are justice-involved, we provided a presentation on the importance of connections for older youth. The training encouraged staff to ensure connections and natural supports for youth with APPLA case plan goals, those who spend time in residential care, those with parents whose rights had been terminated, mandatory and disengaged clients, and youth who have been disconnected from their families of origin since becoming involved with DCF. To prepare for the training, we surveyed youth involved with YDP about the importance of supportive relationships in their lives while they were in foster care. Nineteen youth responded to the survey. Many of their responses were incorporated into the training. Participants reflected that hearing directly from youth about their experiences and needs added to their understanding of the importance of relationships for the older youth population. Some examples of the input provided by youth is included below:

- "As a youth in foster care, it's really easy to feel alone and feel like you can't trust anybody. Having a supportive relationship is the in the same realm as having a safe space, having someone to talk to that is trustworthy."
- "My old foster moms are really great. They have helped me so much even after I turned 18, I still lived there and they still consider me family. I bring my son over often to play with their kids who are like siblings to me. I try to talk with them often. I love them so much and I am so happy that I got to meet them."
- "We are meant to grow up with community, whether that's mostly friends or mostly family or both. We need it as human beings, it is one of our basic needs."
- "They [supportive relationships] are the reason I am alive."
- "Supportive relationships are important to youth in foster care because often times youth have been through a lot of trauma. Depending on what they have been through, this can sometimes cause them to have trouble making friends or even trusting anyone regardless of age. Without support, it can be hard for youth to "break the cycle" and do better in their own lives. It takes a lot of patience, dedication, and understanding to help someone who has gone through trauma. Often times they have built walls up and do not want to let them down again due to being scared to be let down or hurt again. However, in the end it will be worth it. My foster mom changed my entire life and it took a while for me to let her in, but she never gave up on me. Now we have an unbreakable bond and she's still a huge part of my life even through college and wants to continue to be for the rest of my life."
- "It's hard being in foster care, a lot of times the youth can feel like they are not "normal" all because they're in foster care. In my experience these kids are lost, hurt, angry at the world and I know for me those supportive relationships helped me to navigate those feelings and helped me out a lot."
- "My foster mother has always supported me and given me the right advice even if it's not what I want to hear at that moment. I can always call her when I need help or just some advice."
- "We often feel alone in our journeys though this tough time in our lives. We need someone to lean on and know we are safe talking to them."

DCF also spearheaded an “Independent Driving for Youth in Foster Care” workgroup this year. The workgroup initially included several youth members but participation became a challenge for them due to the pandemic. To maintain youth involvement in the workgroup, YDP surveyed youth periodically for their input. Their feedback was incorporated into the workgroup’s work plan, [DCF’s Driving Guide for Youth in Foster Care](#), and presentations about the importance of driving for youth with foster care experience. Some examples of youth comments on this topic included:

- "A driver's license allows someone to go almost anywhere to find and create opportunities that wouldn't be possible otherwise, rather than waiting or hoping they come. Or hoping someone can drive them to them..."
- "A driving license is important to me because I've realized that you need to have one to live a day-to-day life, especially living in a place like Vermont!"
- "I want to be able to travel and get to work when I need to and not have to depend on others for a ride."
- "Without a license I wouldn't be able to go to work, health appointments, or bring my son to school and his doctor's appointments."
- "A driver's license can make someone's life better because it can open up certain doorways like freedom and independence."
- "I can't travel outside my very small community or run my own life without it."

YDP hosted a student intern this year from the University of Vermont’s Social Work Program. The student dedicated their internship to learning more about the importance of youth leadership. One of their projects was working with several youth to create a 20-minute video on the power of youth advocacy. This video was shared with YDP staff and DCF leadership to bolster understanding around the value of engaging youth in advocacy activities. The video will be shared with community partners and other stakeholders over the year ahead.

YDP sponsored two youth to participate in Foster Club’s All-Star Internship this year. The six-week virtual internship offers youth the opportunity to participate in leadership training, help improve outcomes for youth transitioning out of care, educate peers and industry professionals, and change public perceptions about foster youth across the nation at conferences and events.

YDP continued to be an active member of the New England Youth Coalition, attending the virtual conferences, and participating in monthly phone calls. A Vermont youth chaired the “Driving to Success Committee” through NEYC, with support of the YDP statewide administration.

For all youth leadership and advocacy activities coordinated by YDP, youth were compensated with stipends and emotionally and practically supported before, during, and after events by the YDP statewide administration.

Finally, the YDP Director met regularly with the Child Welfare Training Partnership (CWTP) (the organization that provides training to DCF staff and caregivers) to identify systemic ways to weave youth engagement into the CWTP curricula.

Services provided since the submission of the 2021 APSR

In Fall 2020, DCF Central Office restructured to develop a more robust “Adolescent Services Unit (ASU).” A new Director was hired and four positions were moved into the unit, including the Adolescent Policy and Practice Specialist, the Juvenile Justice Director, the Juvenile Justice Coordinator, and the Data and Reporting

Coordinator. The ASU was formed to strengthen our efforts around incorporating youth and family voice, understanding and integrating adolescent brain science in our practice, increasing focus on data collection, analysis, and reporting, ensuring racial equity, effective engagement with national partners, and increased communication with stakeholders including division staff and leadership, community partners, and the legislature. The ASU is currently engaged in a structured effort to identify the mission and vision of the unit and a collaborative work plan for the year ahead. In the interim, the ASU has been facilitating a monthly meeting for DCF management to provide updates and training around issues impacting our practice with older adolescents involved with the Department.

In March 2020, 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 YDP. YDP has continued to be the front line for the transition-age youth population in Vermont this year, providing important services to a large number of youth, including access to extended foster care and youth investment grants. Over the course of the last year, the Adolescent Policy and Practice Specialist at DCF Central Office has developed a practice of meeting regularly with each of the twelve DCF District Offices to review the caseload of youth age 17.5 and above, to discuss specific youth circumstances, referrals for transition and adult services (developmental and mental health), options for extended care services, and resources for post-secondary education and training. This concerted effort increases the knowledge of DCF staff and supervisors about youth needs, available resources, current flexibilities, and policy requirements for older youth in (or formerly in) custody. The Adolescent Policy and Practice Specialist also participated in Permanency Reviews for older youth across the state. Many of the youth who were consulted around had been in custody for many years and had APPLA case plan goals. The focus of these conversations is to broaden thinking about helping older youth in care to develop connections through access to peers, enrichment opportunities, school and work, family of origin, and use of permanency tools.

DCF-FSD continues to contract with the Washington County Youth Service Bureau (WCYSB) as the administrative and fiscal agent of the Chafee subgrant and the statewide YDP. YDP is Vermont's transition and after-care program for youth and young adults who have experience with the foster care system. WCYSB subcontracts with eight agencies across the state to provide services in coordination with each of the 12 DCF districts. In total, YDP staffs 16 full-time equivalent Youth Development Coordinators (YDCs) that provide goal-oriented case management to youth. Across the state of Vermont, YDP serves over 500 youth per year. YDP maintains an array of services and supports for eligible youth, including strengths-based, youth-driven case management; flexible funding to help youth achieve goals; extended foster care; and access to leadership and advocacy opportunities. Overall, services are expected to remain consistent through FY 2022 with continued emphasis on serving more youth and supporting direct service staff through training, oversight, and technical assistance.

DCF and our YDP partners continue to pursue opportunities to expand Extended Care services for former foster youth under the federal definition. At this time, Vermont's foster care services for youth ages 18-23 continue to be supported solely through State resources. Our primary barriers to fully implementing federal extended foster care at this time are around judicial oversight for the population of youth over age 18, and adjusting our antiquated database to ensure we are appropriately tracking the requirements for extended care and reporting youth correctly. We have been in conversations with Vermont's Chief Justice to educate the judiciary on our need for support in this area and to identify opportunities for partnership. We are also partnering with FSD's Quality Assurance and Revenue Enhancement Units to move forward the necessary changes to ensure compliance with recordkeeping and functionality of our database in this work. We have

also had several productive meetings with our federal partners and separately with our New England colleagues to map the next steps toward expanding our extended foster care services and leveraging federal financial support.

To prepare for changes to our extended care services, we updated DCF-FSD’s Policy 160: Supporting Adolescents in DCF Custody and provided training to reflect a simplified means to describing the continuum of care available for youth ages 18-23 with experience in foster care. Our extended care services are now described in two categories: DCF Extended Care and YDP Extended Care. Both types of Extended Care Agreements outline voluntary housing plans that include continuation in prior placements, foster care, and independent living. The updates to the policy did not change the services that are available to youth but we are hopeful that by describing services in more clear terms, our staff will feel more confident providing critical information about transition options and more youth will remain engaged in services. We continue to utilize our contracted YDP services to provide the greater part of our extended care services, as they are skilled in the area of engaging and retaining transition-age youth and providing the necessary scaffolding youth need to achieve their goals.

	DCF EXTENDED CARE	YDP EXTENDED CARE
Eligibility	Youth must turn 18 in DCF custody, be 18-23 years old and enrolled in high school full-time. Services can be extended for up to six months following high school graduation to ensure a smooth transition to adulthood.	Youth must have been in custody after age 16, be 18-23 years old, meet productive time criteria, and have an “Adult Living Partner” (ALP) they would like to live with, OR an approved independent living situation.
DCF Involvement	The DCF case stays open, youth are no longer in custody but are voluntarily in care. The FSW maintains monthly face-to-face visits, and continues to work with the youth, YDP, the placement provider, and other team members to ensure high school completion and a supportive transition from DCF care.	The DCF case is closed.
Extended Care Agreement (ECA)	FSWs , in collaboration with youth, licensed placement providers, and YDP, must complete and submit the ECA to AHS.DCFFSDExtendedCare@vermont.gov for approval. Agreements must be reviewed, revised, and resubmitted <u>when the youth’s placement or education status changes.</u>	YDCs , in collaboration with youth and their ALP (when applicable) must complete and submit the ECA to YDP@wcysb.org for approval. Agreements must be reviewed, revised, and resubmitted <u>when the youth’s living situation or productive activities change.</u>
Stipend	DCF provides substitute care payments for approved living arrangements in the same manner and at the same rate paid prior to the youth’s 18 th birthday.	The ALP or youth in approved independent living situations receive a monthly stipend.

Closure and Re-Entry	If youth choose to stop participating in the ECA, the lead case manager shall convene a meeting with the youth and other team members to determine if the agreement can continue as written, needs modification, or should be closed. FSWs and YDCs must notify the DCF Policy & Practice Specialist or the YDP Director (respectively) and all other involved parties when a decision has been made to terminate an agreement. Re-entry is possible for both DCF and YDP Extended Care.
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For quite some time, DCF has contracted with agencies around the state to provide “family team meetings” for families involved with the Department and their support systems. This year, a workgroup convened to examine this practice and how facilitated meetings may support 17-year-old youth in custody with making the transition to young adulthood. The workgroup reviewed the tool, solicited input from young people themselves, and incorporated edits to ensure youth, caregivers, and teams had information about available resources and youth had many opportunities to consider their options as they exit DCF services. The framework provides a structure that is youth-led and helps youth to share their unique goals as they related to housing, education, career planning, and more, builds connections and supports for the youth, and identifies and addresses challenges and barriers. These meetings and the framework are intended to be used when youth turn 17 in DCF custody, prior to discharge from services, and/or anytime there is a significant change in the youth’s life or plans. These meetings can be broken into multiple shorter meetings or one longer meeting, depending on youth preference and capacity for participation. DCF has shared this resource with our districts across the state and our contracted providers are working with DCF to provide these meetings for youth who can benefit from this structured planning.

DCF continued to lead a committee focused on increasing 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 (VFAFA), Florida’s Keys to Independence Program, other community partners, and several young adult stakeholders. Because of the pandemic, the committee decided to focus its efforts on developing an education campaign for youth, DCF, caregivers, and other key service providers. The [DCF Guide to Driving for Youth in Foster Care](#) was finalized this Spring. The guide describes the importance of driving for this population of youth, particular barriers and strategies for overcoming them, information about what to expect around driver education courses and testing, frequently asked questions about insurance, and resources.

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

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

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

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

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

- Development of a Vermont NYTD manual that includes our complete NYTD reporting protocol, including a guidance document that fully describes the NYTD data elements as they relate to resources available in Vermont.
- Revising our data collection and reporting systems to ensure we are providing all required social demographic information, including accurate "FIPS codes" for youth who are no longer in State custody but continue to receive Independent Living services.
- Further consideration of methods for tracking and reporting Independent Living services that youth receive from sources other than our Chafee-funded YDP.

We anticipate receiving the final NYTD report in the Spring or Summer of 2021. We look forward to working with the federal NYTD team to develop our Program Improvement Plan and to strengthen our data collection and reporting associated with our Chafee-funded transitional services in Vermont.

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

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

DCF-FSD, DCF-Office of Economic Opportunity (OEO), the Vermont State Housing Authority (VSHA), the Burlington Housing Authority (BHA), and YDP collaborated to ensure youth participation in the Family Unification Program (FUP) for housing vouchers. These organizations also worked together to develop Collaboration Protocols (MOUs) and to apply for FYI youth housing vouchers as well. Case management capacity for housing voucher recipients continues to be a challenge, but one we are making every effort to meet. We anticipate that this conversation will be ongoing and an area of further focus in the years ahead.

DCF facilitated 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. These trainings were planned and delivered by DCF-FSD staff from the Adolescent Services Unit, the Specialized Services Unit, the Revenue Enhancement Unit, Permanency Planning and Post-Permanency Services, Assistant Attorneys General, 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 young people with foster care experience. Because of the pandemic and the shift to remote work, these trainings were provided in a condensed, online format. We hope to provide these trainings again in the future, ideally in a more extended way, with increased opportunities for participant engagement.

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

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

The DCF Adolescent Services Unit, 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: YDP, BARJ, and PSSYF. DCF carefully considered consolidating youth programming to ensure that services are fully coordinated and responsive to the needs of the Division, but ultimately and in part due to the challenges associated with the pandemic and the many hardships experienced by our contracted partners as a result, DCF is opting to maintain the three distinct programs into the foreseeable future.

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

This year, DCF worked closely with YDP and two Public Housing Authorities (PHA), including Vermont's statewide PHA and the PHA for our largest metropolitan area, to develop Collaboration Protocols (Memoranda of Understanding) and submit applications to HUD for administration of the FYI Voucher

Program. At the time of this report, we have yet to learn whether Vermont has been awarded this opportunity. In the meantime, DCF and YDP continue to work with our PHAs to ensure youth access to Family Unification Program (FUP) vouchers. This has been a tremendous resource and challenging at the same time this year, as the federal and state eviction moratorium has limited new access to vouchers and affordable housing in general, even for youth with vouchers, has been difficult to secure. Our staff, in partnership with our PHAs, work closely with young people to navigate their housing needs.

In addition, YDP maintains the following partnerships:

- The YDP Director provides training and workshops to private and public agencies on topics including YDP, Youth Thrive, working with youth, and support for youth through the pandemic.
- YDP partners with the UVM CWTP to recruit, prepare, and facilitate youth involvement in trainings for DCF and resource families.
- 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. 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, their website includes a special pathway for youth with foster care experience that describes relevant resources, they work closely with DCF centrally in our efforts to improve education outcomes for the DCF population, and DCF and YDP cross-train with VSAC at least annually.

In terms of ETV funding disbursement, DCF and VSAC have generally made the decision to make smaller awards to the full number of eligible scholarship applicants rather than larger awards to a smaller subset of the population (those who apply first). When there is a higher level of attrition than expected, second semester awards will be made higher for those who persist. Included in DCF's subgrant with VSAC is the expectation that VSAC will ensure that youth do not receive educational assistance in excess of the total cost of their attendance. VSAC has a long history of and strong reputation for administering federal, state, and private scholarship, grant, and loan programs in accordance with funder expectations.

This past year, because an unusually high number of former foster youth in Vermont were attending college, ETV scholarships were set at just \$2,000 per eligible youth in Vermont. This amount was reduced from \$5,000 in recent years. This reduction in financial aid turned out to come at an especially difficult time for youth in foster care. VSAC received Coronavirus Relief Funds (CRF) and successfully advocated, with DCF support, to provide an additional \$3,000 to youth recipients of the ETV Scholarship. This was tremendously beneficial for students with foster care experience who were struggling with increased unemployment, housing instability, challenges with navigating safety net programs, mental health needs, and social isolation.

Chafee Training

DCF's contracted YDP provides professional development opportunities to program staff. These opportunities are offered in addition to monthly network meetings, where best practice approaches, resources, and important announcements and updates are shared.

Since July 1, 2020, YDP has offered the following training to its network:

- Motivational Interviewing: Spirit and Foundational Skills
- Motivational Interviewing: Advanced Practice
- Overview of Youth Homelessness Demo Project Programs
- Adolescent Development
- The Power of Youth Advocacy
- Impact of Trauma
- Importance of Social Connections
- Racial Equity
- Medicaid and SSI Benefits for Youth in Care

In addition to the events listed above, YDP also offers weekly Youth Worker Support Groups. During these groups, YDP staff are able to practice skills (grounded in Motivational Interviewing (MI)) to build relationships with youth and help them move closer to achieving their goals. An MI-trained facilitator provides participants with real-time feedback in a safe and supportive environment. This training is part of a broader partnership with HETI Maine, through which YDP receives at least bi-annual MI training, weekly facilitation of Youth Worker Support Groups, and ongoing coaching and consultation intended to bolster efforts to integrate MI into various aspects of the program, from service delivery to oversight to evaluation.

All of the above trainings have been offered by YDP despite the challenges presented by the COVID-19 pandemic. The YDP statewide administration was able to adapt to the new reality of remote work and build a plan for getting training to the field remotely. This method has also allowed YDP to invite partner agencies to training events, which has added value to these learning opportunities.

Planned and Actual Use of Additional Chafee/ETV funding

Vermont was awarded \$1,003,153 in supplemental Chafee funding from the recent Supporting Foster Youth and Families through the Pandemic Act. Since receiving this award, we have participated in technical assistance meetings with our federal partners, our national colleagues, and had many internal discussions around youth and youth-serving system needs.

Ultimately, we made the decision to use approximately half of the supplemental funding to build up YDP direct services and the other half to provide independent living stipends to youth ages 18-23.

This plan was elected because YDP is currently underfunded, overcapacity, and not able to serve all eligible youth. This has been a particular challenge in the pandemic period, as we have struggled to provide services to all eligible and interested youth. We are hopeful that by increasing financial support for direct services, we will also increase the number of years that YDP retains staff. At this time, YDP agencies struggle to recruit and retain qualified staff and the program has turned over nearly 120% in 3 years. Each time there is turnover, caseloads often have to be rebuilt, and often, youth choose not to re-engage with yet another service provider. Staff turnover and vacancy

have impacted caseload sizes and youth outcomes. Not only are less youth served, the data shows that outcomes are also lower for served youth where there is significant staff turnover (stable housing, employment, education enrollment, driver's license, connections). We expect that by increasing funding available for direct services for this population, we will be able to serve additional youth, in more significant ways. With 16 FTEs, YDP serves about 500 youth annually. We estimate this represents less than 25% of the total eligible pool of youth. With no new funding, Chafee eligibility expanded from youth ages 15 to 22, to 14 to 23 in 2018. In the new legislation, youth ages 14 to 27 are eligible (2x more youth). Recent data from Annie E. Casey suggests that nearly 3,000 youth are currently eligible for these services in Vermont. With increased capacity we hope to target youth who are most at-risk and those who could benefit from extended foster care.

The remaining half of the funds will be used to provide independent living stipends for youth engaged in YDP services. YDP does already have a limited budget for "youth investment grants" that can be used to support incidental living costs such as security deposits, rent and utilities, education expenses, normalcy and enrichment activities, fees associated with driver's licensing and insurance, and more, but the supplemental funding will be used to provide a higher level of regular financial support for youth that are over 18 and living on their own. We anticipate monthly stipends will be \$500 per month per youth. Our expectation is that youth who receive these funds will experience more stable housing and will have more opportunities to engage in education programs, therapeutic services, progressive work experiences, family preservation, and increased access to normalcy and enrichment opportunities. We also anticipate continuing our work to leverage federal extended care in the immediate future and our hope is that we will be able to maintain "Supervised Independent Living" as an extended care option for former foster youth beyond the period of supplemental funding.

DCF will increase our contract with the WCYSB by \$501,576.50 in the July 1, 2021 agreement and the same in the July 1, 2022 agreement. YDP (WCYSB) will disburse this funding directly to subcontractors to support these important services and we anticipate fully expending the supplemental grant by September 30, 2022. In this period, DCF and YDP intend to focus on evaluating the program and measuring staff retention, utilization, and youth outcomes. We will strive to sustain the funding for direct services and independent living stipends into the future through implementation of federal IV-E extended foster care and through a DCF budget request.

To fulfill the requirements associated with Division X of the Supporting Foster Youth and Families through the Pandemic Act, we issued a statewide memo to our DCF and YDP staff this Spring, informing them of the opportunity for youth who left custody after age 18 in the pandemic period (since 10/1/19) to re-enter DCF services. We asked the staff to reach out to eligible youth and help them to understand the resources. We also advised that youth who are already 18 and/or those who will turn 18 before 9/30/2021 are permitted to remain in care, if they choose, regardless of whether they are currently engaged in productive time activities. To further reach youth, we shared this information on DCF and YDP's social media. We identified 81 youth who left DCF custody at or after age 18 since January 27, 2020. We found that approximately 50% of these youth remain connected to services, either through DCF or YDP. We developed a youth-friendly letter that was provided directly to youth for whom we maintained contact. For youth who were no longer connected to services, we sent the letter to the last known address we had on file for them.

We also received \$145,807 in supplemental ETV funds. The additional ETV award will be combined with our regular ETV award and sub-granted to VSAC to disburse to former foster youth in the usual manner for the same population of youth and for the same purposes (enrollment in a post-secondary education program). DCF determined with VSAC that they will award 90 students \$5,000 Chafee/ETV scholarships. This decision

was based on a typical 60% persistence rate. Unfortunately, the historical data shows that many ETV-eligible students do not follow through with their plans to attend post-secondary education or may not remain in college for both semesters. The total budget is just \$268,816 so if more than 54 youth (60% of 90 students) awarded attend and remain in education programs, the awards would be adjusted to a lower amount to ensure that all 90 of the youth received some scholarship to support their higher education expenses.

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 Chart

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

Youthful Offender Jurisdiction Chart

(Cases that may be eligible for YO consideration)

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

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

On July 1, 2020, Vermont became the first state in the nation to raise the age of juvenile jurisdiction to include 18-year-olds for most crimes. Most young people accused of breaking the law at age 18 (excluding the more serious “Big 12” offenses) will be adjudicated in the Family Division of the Superior Court (rather than the adult Criminal Division), with supervision and coordination of services provided by the Department for Children and Families (DCF), rather than the Department of Corrections. On July 1, 2022, 19-year-olds will be included in the juvenile justice system, making the 20th birthday the upper age of juvenile jurisdiction in the state. As the first state to embark on this approach to young adults, Vermont has the opportunity to demonstrate positive outcomes associated with raising the age, thereby increasing the likelihood that other states will follow Vermont’s example.

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

1. Increase opportunities to divert cases from formal justice processing.
2. Maximize efficiency of the court process.
3. Ensure a full continuum of non-custodial post-merits options.
4. Defining what type of custody is appropriate for 18 and 19-year-olds.
5. Ensuring that systems are in place to afford victims of delinquent acts their full rights.
6. Develop DCF operational plan.
7. Ongoing data collection and analysis.

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

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

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

We are exploring the state's ability to proceed with the second phase of the implementation plan and a report to the Legislature will outline the plan for moving forward. That report is due in November 2021.

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 continues to be a part of the Reclaiming Futures (RF) learning community since 2015. Reclaiming Futures is a national initiative that provides guidance to promote juvenile justice reform to reduce youth involvement in the criminal justice system and to help youth lead meaningful lives. RF helps young people in trouble with drugs, alcohol, and crime. The work in Vermont is focused on our largest county, Chittenden County. RF support serves as a catalyst to create a more effective county-wide youth justice system: one that identifies and addresses substance use and mental health needs as early as possible; establishes greater opportunities for youth, family, and community engagement; and builds on youth and families' assets and

strengths. The Chittenden County Reclaiming Futures Leadership Team convenes an inter-disciplinary team that is (a) examining youth justice policy and practice, (b) ensuring that policies and practices that impact youth are driven by youth and family needs, and (c) strengthening the coordination of services. The pandemic initially disrupted the monthly Leadership Team meetings. The group is now meeting on a bimonthly basis.

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. The pandemic disrupted the consortium meetings initially, however, the group has resumed their monthly meetings. The group is now meeting virtually.

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

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

The Consortium continues to focus on the following areas:

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

Balanced and Restorative Justice Program

Balanced and Restorative Justice 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 687 youth during the 2020 contract year. The pandemic disrupted the in-person services that BARJ provides, however, they were quickly able to adjust to virtual youth engagement. This style of engagement worked well for some youth, and not so much for others. The providers are now engaging in a hybrid model of engagement with youth, which will probably be the model moving forward.

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.

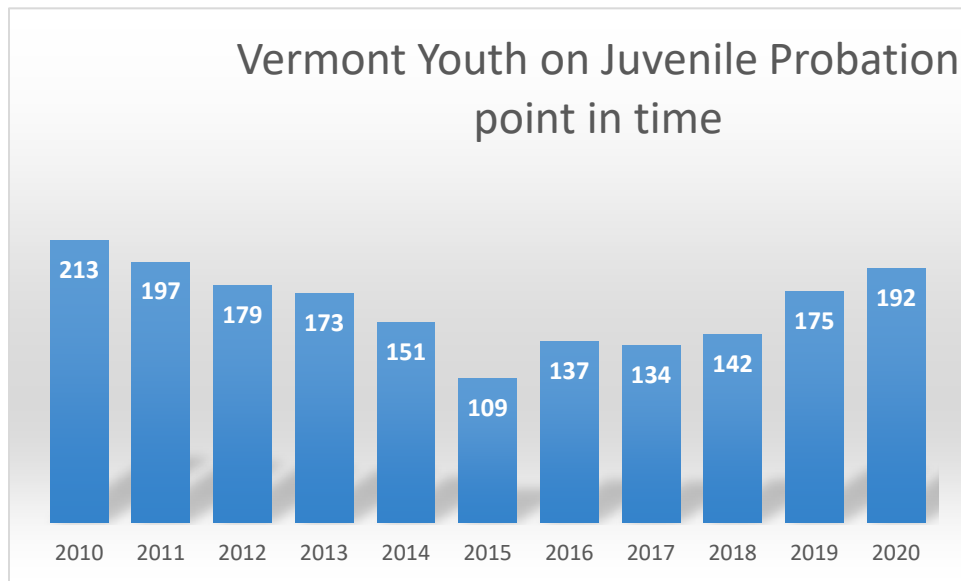
Restorative Classes/Skills Development/Prevention and Community Outreach

- 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.

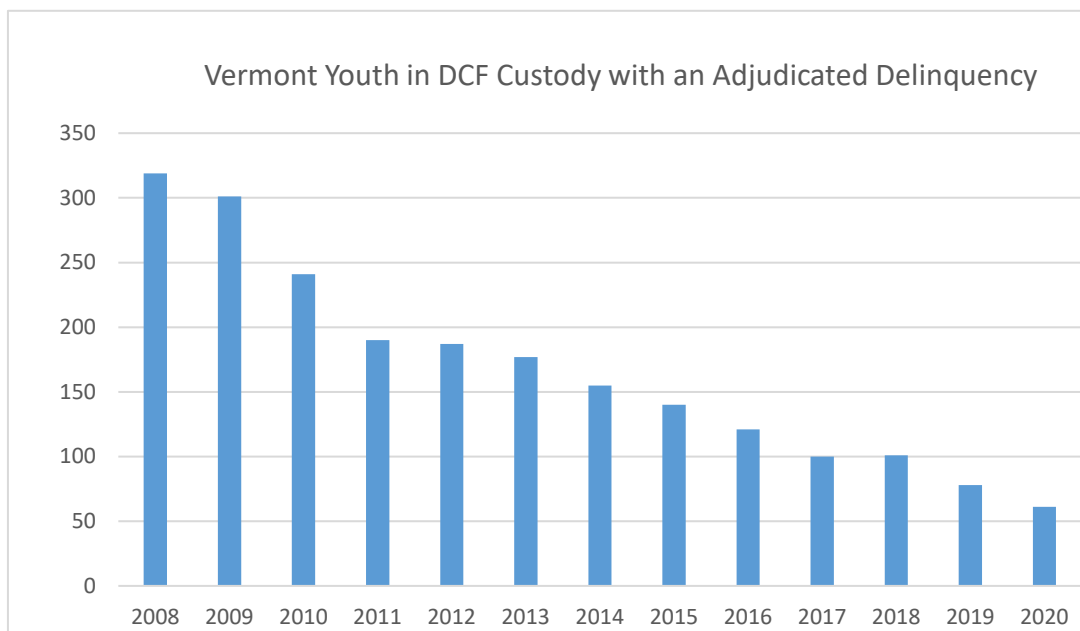
Youth Justice Data

Figure a



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

Data Note: Numbers of youth are captured at a point in time not always on the same date each month or year. Data extracted for the year represented: July 6, 2010, April 4, 2011, June 2, 2012, June 5, 2013, April 2, 2014, July 6, 2015, June 9, 2016, July 31, 2017, June 6, 2018, May 28, 2019, June 1, 2020



Data Source: VT Family Services Division man-reports, year specific 4th Quarter, Custody Initial, C2 tab, from SSMIS Supervisory Tracking Screen

VT Family

Data Note: Chart represents all children with case type DC on the last day of the quarter, 12/31 for each year

Review of the 2020 BARJ contract year:

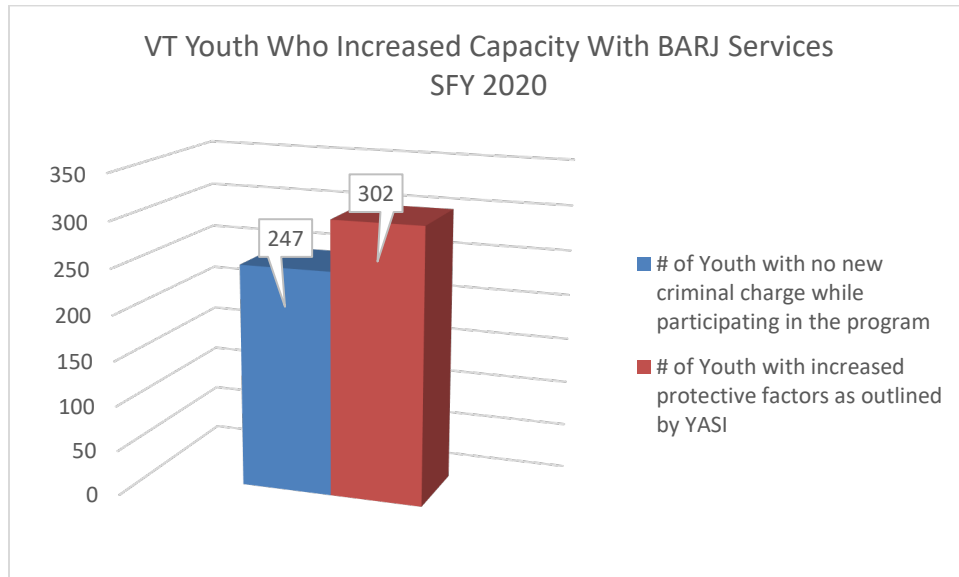


Figure 1

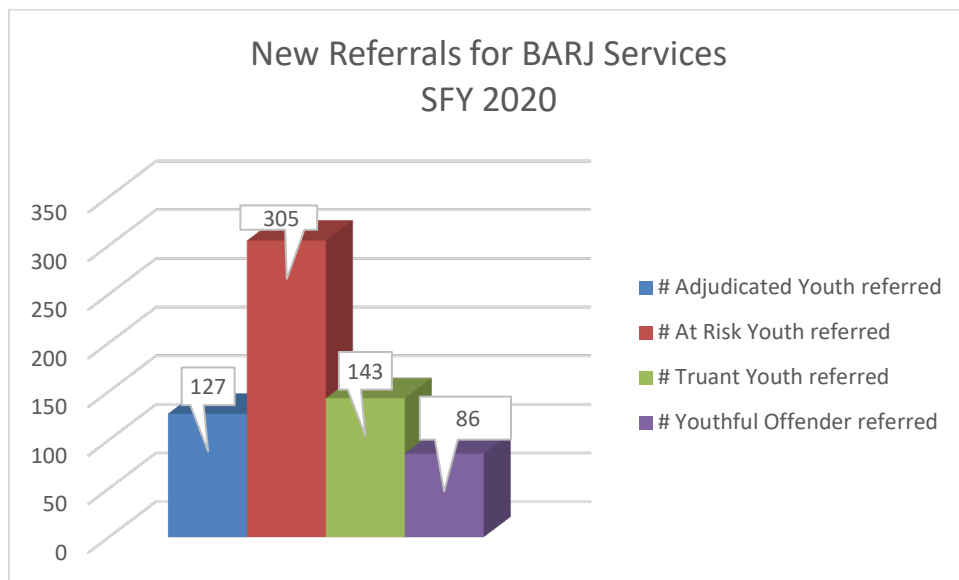


Figure 2

Data Source: (Figures 1 & 2) VT Family Service Division- REU BARJ_20-21_Data worksheet, BARJ Agg Annual & Quarterly FY20

Data Note: BARJ refers to Balanced and Restorative Justice Services, SFY refers to State Fiscal Year 7/1-6/30 of each of the years.

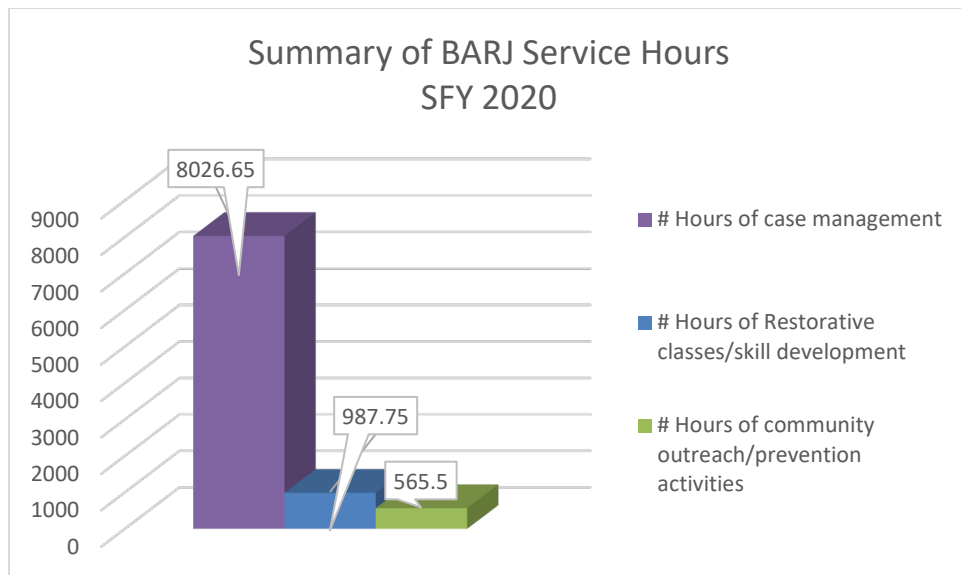


Figure 3

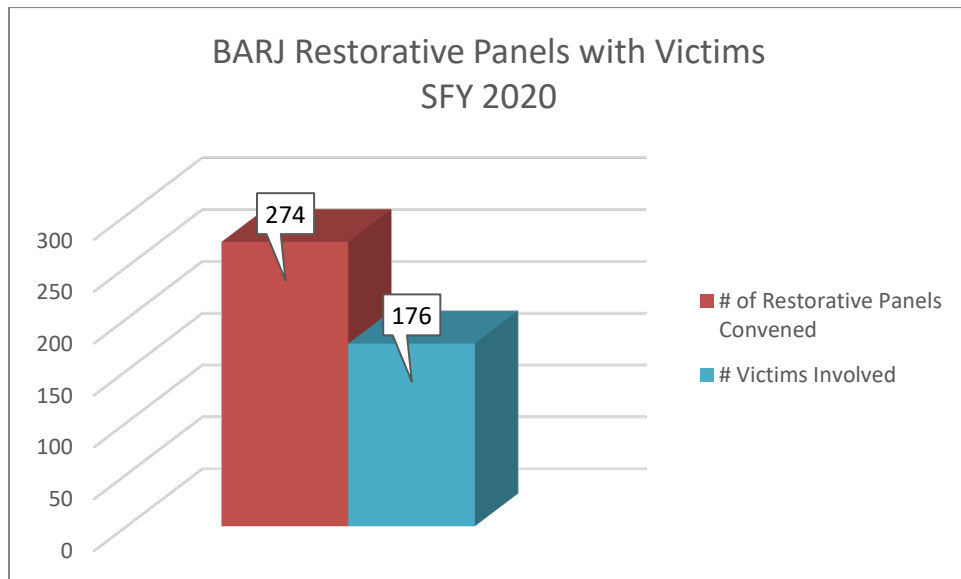


Figure 4

Data Source: (Figures 3 & 4) VT Family Service Division- REU BARJ_20-21_Data worksheet, BARJ Agg Annual & Quarterly FY20

Data Note: BARJ refers to Balanced and Restorative Justice Services, SFY refers to State Fiscal Year 7/1-6/30 of each of the years.

CAPTA Updates:

Significant Changes in CAPTA Plan

There were no significant changes from the states previously approved CAPTA plan. 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 of child safety interventions.
X	2. Creating and improving the use of multidisciplinary teams and interagency, intra-agency, interstate, and intrastate protocols to enhance investigations; and improving legal preparation and representation, including procedures for appealing and responding to appeals of substantiated reports of child abuse or neglect; and provisions for the appointment of an individual appointed to represent a child in judicial proceedings;	Utilize joint funding in partnership with VDH and UVM Medical Center (UVMCC) to provide consultation with medical professionals on complex child abuse/neglect investigations.
X	3. Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families;	Funds are used to support the work of Lund Substance Abuse Case managers that work with our front-end staff during child safety interventions to ensure proper assessment of risk factors and referrals to ongoing services to address family needs.
	4. Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response;	
	5. Developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange;	
X	6. Developing, strengthening, and facilitating training including— <ul style="list-style-type: none"> • training regarding research-based strategies, including the use of differential response, to promote collaboration with the families; • training regarding the legal duties of such individuals; • personal safety training for case workers; and • training in early childhood, child, and adolescent development; 	<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;	

	Program Area	Activity
	8. Developing, facilitating the use of, and implementing research-based strategies and training protocols for individuals mandated to report child abuse and neglect;	
	9. Developing, implementing, or operating programs to assist in obtaining or coordinating necessary services for families of disabled infants with life-threatening conditions, including— <ul style="list-style-type: none"> • existing social and health services; • financial assistance; • services necessary to facilitate adoptive placement of any such infants who have been relinquished for adoption; and • the use of differential response in preventing child abuse and neglect. 	
X	10. Developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect, including the use of differential response;	Funds used to support the Vermont Citizens Advisory Board which is an interdisciplinary team that oversees the child protection system and also serves to educate others about the child protection system.
	11. Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level;	
	12. Supporting and enhancing interagency collaboration between the child protection system and the juvenile justice system for improved delivery of services and treatment, including methods for continuity of treatment plan and services as children transition between systems;	
X	13. Supporting and enhancing interagency collaboration among public health agencies, agencies in the child protective service system, and agencies carrying out private community-based programs— <ul style="list-style-type: none"> • to provide child abuse and neglect prevention and treatment services (including linkages with education systems), and the use of differential response; and • to address the health needs, including mental health needs, of children identified as victims of child abuse or neglect, including supporting 	<p>This includes our work with UVMMC providing consultation on complex cases.</p> <p>Also includes work of the CHARM team through Kidsafe.</p>

	Program Area	Activity
	prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports; or	
	<p>14. Developing and implementing procedures for collaboration among child protective services, domestic violence services, and other agencies in—</p> <ul style="list-style-type: none"> • investigations, interventions, and the delivery of services and treatment provided to children and families, including the use of differential response, where appropriate; and • the provision of services that assist children exposed to domestic violence, and that also support the caregiving role of their non-abusing parents. 	

[American Rescue Plan- CAPTA funds](#)

Vermont plans to use the supplemental CAPTA State Grant funds provided through the American Rescue Plan in the following ways:

1. Vermont will use these funds to support the work of our Substance Abuse Case Manager services provided through a contract with the Lund Family Center. This is a long-standing and very successful program in which substance abuse specialists partner with DCF staff who are conducting child abuse investigations and assessments. These case managers offer substance abuse assessments and provide a “warm hand-off” to treatment to parents for whom substance use is a concern.
2. Vermont plans to use a portion of these funds to update and maintain the state’s online mandated reporter training. This will be done in partnership with the Child Welfare Training Partnership.

Substance Exposed Newborns

The following is a summary of the related activities that were completed this past year to strengthen Vermont's process for developing Plans of Safe Care.

Activity 1: Vermont Plan of Safe Care and CAPTA Notification training materials update and development

Summary of Completed Activities: The Vermont Plan of Safe Care (VT POSC) and Child Abuse Prevention and Treatment Act (CAPTA) notification (formally known as DCF notification) documents originally developed in 2017 were completely revised.

1. Requests for modifications and clarifications to the original VT POSC and CAPTA notification documents were obtained from community birth hospital staff completing the documents with families affected by substance use.
2. After compiling feedback from birth hospital staff throughout the state, the VT POSC went through five distinct cycles of revision before a finalized version was completed in November 2020. Collaborators from the Vermont Child Health Improvement Program Improving Care for Opioid-Exposed Newborns (VCHIP ICON) team, Vermont Department of Health: Division of Maternal and Child Health (VDH MCH), Department for Children and Families: Family Services Division (DCF FSD), Kidsafe Collaborative, University of Vermont Medical Center (UVM MC), and Northeastern Vermont Regional Hospital (NVRH) assisted with revisions and feedback.
3. During the POSC revision cycles, the CAPTA notification form was also updated and revised to reflect shared language and to include instructions which had not been provided with the original DCF notification form.
4. To support the revised POSC and CAPTA notification form, three frequently asked questions documents were developed to expand and clarify the single original FAQ document.
 - a. Frequently Asked Questions: Vermont Newborn Plan of Safe Care
 - b. Frequently Asked Questions: Vermont CAPTA Notifications
 - c. Frequently Asked Questions: Marijuana Use in Pregnancy
5. A revised family handout on the POSC was also developed to provide to families and caregivers with information around the VT POSC indications, included information, and clarification around DCF involvement.
 - a. Vermont Plan of Safe Care for Families Handout
6. New flow diagrams for hospital staff and community providers were developed to help identify which families affected by substance use should have a POSC and CAPTA notification developed, and which situations constitute a DCF report.
 - a. Vermont Requirements Related to Substance Use During Pregnancy Flowchart
 - b. Vermont CAPTA Requirements Related to Newborns Exposed to Substances During Pregnancy Flowchart
7. The DCF webpage was also developed to serve as a platform for hospitals and providers to access up to date POSC and CAPTA notification documents, educational materials, and resources.

<https://dcf.vermont.gov/fsd/partners/POSC>

Activity 2: Training, Support and Technical Assistance on implementing and using the revised VT POSC and CAPTA notifications forms provided by VCHIP ICON faculty.

Summary of Completed Activities:

1. The revisions to the Vermont Plan of Safe Care and CAPTA notifications were presented to VCHIP ICON statewide conference participants on 11/11/2020.
2. The Vermont POSC and CAPTA notification process was presented to regional collaborators on a Northern New England Perinatal Quality Improvement Network webinar on 11/18/2020.
3. These materials were discussed on a national Plan of Safe Care webinar hosted by Children and Family Futures on 12/8/2020.
4. Vermont birth center nurse managers were presented with the updated materials via a zoom meeting on 1/7/2021.
5. Community obstetrical and prenatal care providers were educated on the POSC and CAPTA notification process on 1/12/2021 via the UVM MC Department of Obstetrics, Gynecology, and Reproductive Sciences Grand Rounds webinar.
6. A technical assistance and live question and answer session was held on these forms via a zoom webinar on 6/8/2021.
7. The revised POSC and CAPTA notification forms were presented to the Howard Center community medications for addiction treatment (MAT) providers on 6/10/2021.

Activity 3: Quality Improvement Initiatives with birth hospitals to increase consistent completion of POSC and CAPTA notifications.

Summary of Completed Activities:

1. Collaboration with Northeastern Vermont Regional Hospital was initiated with significant feedback, support, and revisions were received on the VT POSC.
2. A model work-flow for birth hospital implementation of the POSC and CAPTA notification process was shared by NVRH with participants in the ICON statewide conference webinar on 11/11/2020. A model documentation of refusal to participate in the POSC process was also shared with conference participants during this presentation.
3. UVM MC faculty from the newborn nurse and Neonatal Intensive Care Unit also participated in revision cycles for the POSC and CAPTA notification process.

As outlined throughout the materials posted on our public site (<https://dcf.vermont.gov/fsd/partners/POSC>), hospital staff provide the Plans of Safe Care to the infants primary care provider for ongoing support and monitoring. See **Appendix C** for the updated POSC and Notification form.

Annual reports from VCAB

For a copy of the Vermont Citizen Advisory Boards report, please email Brenda Gooley, Director of Operations at: brenda.gooley@vermont.gov

CAPTA coordinator

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

Children's Justice Act

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

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

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

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

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

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

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

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

Updates to Targeted Plans:

Diligent Recruitment Plan for Foster and Adoptive Parents

The overall vision for the Diligent Recruitment and Retention Program (DRR) in Vermont was developed in collaborative fashion by the DRR Advisory Team, comprised of twenty-seven internal and external stakeholders at both the state and district levels. This team which now convenes quarterly, includes kin, foster and adoptive parent representatives, three regional DRR pilot districts plus one additional district, Child Welfare Training partners, as well as members of the Family Services Management Team, a Policy, Planning and Practice Team member, a Quality Assurance Team member as well as several staff from our Residential Licensing Team, in addition to the Project Family Team and the Foster Kin Care Manager. This reporting period, members of the newly formed Adolescent Services Team including Youth Development program staff joined the Advisory team.

A smaller Working Group comprised of staff from the three pilot districts, key Central Office leadership and representation from the Vermont Foster and Adoptive Family Association continues to meet monthly. The Working continues to be responsible for ongoing implementation and day to day decision-making while the Advisory team provides input related to changes to the DRR plan, decisions to review policy in support of the plan and allocation of resources to implement the plan.

We met our goal of full implementation statewide by Jan 2021 despite COVID. Eleven of twelve Districts have completed their practice profiles. Practice profiles allow a district to assess their strengths and practice challenges through the DRR program lens. 8/12 districts have with selected change activities from a “menu” we produced or are developing additional activities they want to implement to determine if they have an impact on outcomes. 7/12 districts have developed and begun the work of implementing their DRR action plan.

During this reporting period, we have experienced leadership change in several of our district offices which has impacted the overall stability of the office. We are slowing DRR implementation those districts as the leadership teams reorganize. We anticipate that we will have to revisit those districts in the next reporting period to re-orient and re-engage the teams in the DRR program and to help them to embrace the tenets of the plan and to establish a plan for their district. Additionally, our Foster Kin Care Manager (FKCM) retired in May and the division hired their replacement who will begin in the summer. The FKCM has played a pivotal role in supporting statewide DRR implementation. We have been planning to ensure that this transition does not create disruption to our ongoing implementation plan.

Key Concepts for Diligent Recruitment and Retention

Initially, five key concepts were identified as elements essential to support a successful DRR Program in Vermont. Ultimately, any activity that a district or the central office engages in in support of the DRR Program will be associated with one of the key concepts. These key concepts are summarized below, including the description and practices for each as well as progress update.

1. A Responsive Model of Engagement and Support

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

Research tells us that the best way to recruit new foster parents is to ensure current foster parents are well supported and have a positive experience. Our responsive model of engagement works to improve communication and increase the level of support experienced by all foster parents.

The Division will ensure that all foster and kin families have access to a consistent, thorough and timely home study process.

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

Staff will respond to caregivers promptly and will address concerns that arise. We strive to address little problems before they become big problems that impact placement stability.

This model of engagement is a demonstration of our values and is practiced not only at the local level, but throughout the division and by our contracted partners.

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

Progress to Date

- The Division 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.
- A Statewide orientation process continues where any interested person who wants to move forward can access orientation immediately. In 2020, we had 502 participants in 24 orientation sessions. Approx. 21 members per session (12/30/2020). Additionally, those individuals who complete orientation can immediately enroll in an online foundation's series. These processes were already available in an online format and were not interrupted due to COVID.
- Timely completion of Orientation and Foundations training allows us to certify a caregiver which allows us to begin to claim Title IV-E funding for any child placed in the home.
- The Division have implemented a unified home-study to reduce delays and eliminate redundancies for caregivers who go on to adopt.
- The Foster Parent Workgroup had been on a hiatus for about a year due to leadership change within the division. June 2021 marked a relaunch and recommitment to convening the group. This Workgroup's charge is:
 - To establish a permanent and ongoing working group that will focus on improving the experiences of caregivers and strengthening the relationships between DCF-FSD and foster parents throughout Vermont – all in service to the overarching goal of promoting better experiences and outcomes for children and youth in foster care.
 - Through this work, DCF-FSD will partner with foster parents to meaningfully listen to their most pressing needs, enhance collaboration, address hassle factors, and promote improvements to Vermont's child protection and youth justice system.
 - Workgroup membership is intended to include foster/kinship parents, central office, district directors, supervisors, family services workers, resource coordinators, youth, and community partners.
- Implemented a Caregiver Exit Survey to provide an opportunity for caregivers who close their license to provide feedback to the system about these experiences. Feedback from this survey and a Stay Survey that is currently

under development will provide an opportunity for the division to monitor progress on caregiver satisfaction with their experience. It will also point to areas where we need to continue to improve our practice.

- By utilizing existing meetings DRR values and principles have been shared across the division to support the adaptive work of implementation. DR Team members continue to attend the Supervisor meeting, Operations Team meetings, Stakeholder Workgroup meetings as well as the Division Management Team meetings to provide routine updates on DRR progress.
- The Caregiver Mentoring Program has been established to increase support available to newer caregivers. Kin specific mentors are now being recruited as we continue to develop this program. Each district office has at least a few mentor/ mentee pairings. Efforts to grow this program as slow as the bandwidth to focus on this aspect to the work in limited. Survey of existing Mentors and mentees indicate that caregivers who are participating find it helpful.
- The Division continues to publish our foster parent e-newsletter **Fostering Vermont** on a twice a month basis. We have used this tool to critical information with caregivers related to many changes connected to COVID. Event notices, information about training and feature articles make up the content.
- The Foster Parent Recruitment and Retention Specialist temp positions were established in each district and in our central office three years ago. These part time positions were impacted by a division wide hiring freeze. Many of the positions have been vacant for a long-time frame. We also note that staffing this position is challenging. We believe this is due to the part time nature of the position and due to the fact that this position does not come with benefits. Efforts to coordinate, train and support this 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.

These positions are also vulnerable from a budget standpoint. Funding for this role hits our overtime line item. This line item is subject to scrutiny from our business office. We are considering moving the positions to a contract and reducing the total number statewide with a goal of increasing them to full time benefitted position. We believe this strategy would impact recruitment and retention of this part of our workforce.

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.

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

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

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

We develop productive community relationships by:

- **Making it a win-win.** What can be offered to others in exchange for help with recruitment and retention. A business’ name and logo on all PR materials? A local mission activity for churches? Community service hours for local high school students?

- **Finding one person who will champion your cause.** Just one person in an organization getting excited about helping children in foster care, can help build relationship over time. Is it the preacher's wife or the church secretary who knows how to get things done? Consider setting up a meeting with the reporter or editor responsible for covering community events? Is there someone in a civic group who has personal experience with foster care?
- **Developing and using community education and public awareness materials** for initial outreach to community groups. Be prepared to tell each group specifically how then can help. Remember, think beyond "foster parents." Then make sure that someone—foster or kin parent, staff member, or volunteer—will follow up and take the relationship to the next step.
- **Scheduling time in your calendar** for building and maintaining community relationships. Someone needs to have regularly scheduled time to make sure relationships bear fruit and continue year after year. It is not enough to send flyers to all the churches or schools in your county. It is the personal follow-up that makes the difference.

Foundation Steps for Collaboration:

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

Progress to Date

- The FSD partners with a community building service known as Front Porch Forum. We have used this platform to deliver broad messages to increase awareness about foster care and to recruit new interested caregivers. Additionally, the Front Porch Forum has been a vehicle for child specific recruitment. Approximately 11% of our new inquiries are coming through this platform.
- We have had some increase in pop up partnerships where a community agency has reached out with funding or material goods they donate. From these ventures, we have had free passes donated to support 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 radio airtime as a significantly reduced cost.
- This reporting period marks the completion of the first year of a relationship we now have with a marketing firm that is helping us to manage our marketing efforts related to caregiver recruitment.
- An interesting example of community engagement that was completed during this reporting period involved connection with our Vermont State Department of Libraries to launch a collaboration to share trauma informed resources and training.

3. Unified Policy and Procedure

Several policies impacting the work of the DRR program have been revised during this reporting period. Unified policies and procedures for the recruitment, development, and support of resource families are central to the implementation

of the DRR program. The DRR plan implementation has been intentionally aligned with our Strategic plan and our Practice model.

Progress to Date

- Policy 93 Foster Kin Adoptive Family training was revised 12/11/2020. The purpose of policy 93 is to outline training requirements for kin, foster, and pre-adoptive parents, and the documentation requirements for resource coordinators. Revisions clarified and simplified the process.
- Policy 94 Foster Care Placement and Collaboration with Caregivers was revised 2/5/2021. The purpose of Policy 94 is to ensure that foster and kinship parents:
 - ❖ Are provided with and have information to meet children and youth's needs;
 - ❖ Understand the working agreement for teamwork between themselves and the division
 - ❖ Understand their role and expectations within the child and family's support team.
- Policy 268 Foster Parent reimbursement was revised 11/1/2020 to incorporate utilization of the Caregiver Responsibilities Form (CRF) into division policy. The overarching goal is to have a process for caregiver reimbursement that is fair, equitable, and consistent across district offices throughout the state. This process supports the initial and ongoing assessment of children's and caregivers' needs for supports and services.
 - ❖ The policy revisions provide information about when a CRF should be considered and how the approval and review process works. Pages 2-4 of policy 268 include the added CRF content. Some important highlights include:
 - ❖ Use of the CRF (FS-268) should be initiated when a child's presentation requires enhanced caregiving beyond what is expected from someone caring for a typical child or youth in foster care. During the first 30 days of a child entering foster care, the family services worker and the caregiver should be communicating regularly to determine if the child has enhanced needs that the caregiver will be supporting.
 - ❖ The decision to initiate a CRF must be initially supported by the supervisor and district director. Ideally, the CRF is completed by the family services worker and the caregiver in a face-to-face meeting. Resource coordinators may team with family services workers to support the CRF process if capacity exists within the office to do so.
 - ❖ At a minimum, the caregiver must be engaged in the information gathering that supports the writing or rewriting of a CRF. The caregiver's signature on the CRF is required and represents agreement with the caregiver responsibilities outlined in each of the eight domains.
 - ❖ No assurances should be given to the caregiver that the CRF will be approved until the district office receives official notification from the CRF Review Team of approval.
 - ❖ If a planned placement change occurs during the six-month period of a CRF, the district office should assess whether the new caregiver also needs a CRF. If a child or youth's placement disrupts while a CRF is in place, the emergency rate should be used, and the district office should initiate the process for a new CRF.
 - ❖ CRFs are required to be reviewed, revised, and re-submitted by district office staff every six months to determine if an enhanced rate is still appropriate for the situation.
- The FSD amended its Child and Family Support Contracts to enhance the Family Time Coordination service deliverables. This Contract amendment supports Family Finding activities and culminates in a Family Safety Network meeting at the end of the service designed to bring families together to enhance connections and possibly to identify a placement resource for a child who is not in relative care. The amendment to this contract marks the resourcing of the Division's Family Finding practice. This work included a small team working on the development of tools and practice guidance to support statewide implementation of Family Finding Practice building on the consultation with Bob Friend and the national Institute for Permanency Family

Connections that we did in the last reporting period. Ongoing consultation with NIPFC and Bob Friend will continue into the next reporting period to support ongoing implementation.

- Vermont has joined the Kin Navigation Cross Site Collaborative sponsored by Casey Family Programs, Generations United and the University of Washington. We are partnering with Vermont Kin As Parents to develop and evaluate a model for Kin Navigation that will be able to be accepted by the Preventions Services Clearing house connected to FFPSA. Growing our practice in this area connects the dots on various areas of practice that we have been focusing on in the last several years.

4. Training and Development

Ongoing development opportunities are available for both caregivers and staff to increase skills, competence, and capacity to support children and youth with more complex needs. Access to adequate and timely training and support correlates with improved placement stability. Caregivers will have access to timely relevant training prior to initial placement and to meet licensing requirements. Trainings will be offered in various modalities to support caregiver learning styles and needs. Caregivers will be engaged in the development of their advanced training program. FSD staff will complete their Foundations training with the basic skills and competencies that prepare them to engage, support and develop caregivers using best practice and trauma informed approaches.

Progress Update:

- We are continuing to partner with the Child Welfare Training Partnership to orient caregivers and move them onto the foundations training. In the last reporting period, COVID required us to develop and stand up an online foundations series and online learning networks. We engineered the process so that those caregivers who complete orientation are automatically enrolled in the online foundations. At our last count on 95 caregivers had completed the foundations series. We are currently in the process of looking into this data to determine how we might improve outcomes.

2020 Caregiver Orientation and Training Satisfaction					
Kin, Foster, & Adoptive Families Course: <u>FOUNDATIONAL</u>	FY 2020 # of Courses	FY 2020 # of Graduates	FY 2020 # of Evaluations	% Meets/Exceeds Expectations	% Agree/Strongly Agree Meets Objectives
Foundations Online (Current Version)	<i>Online</i>	20	20	100%	95%
Foundations Online (Prior Version)	<i>Online</i>	121	121	85%	86%
Foundations Online Pilot	<i>Online</i>	4	4	50%	100%
Foundations Learning Network (In-Person)	2	18	19	100%	100%
Foundations Learning Network	<i>Online</i>	9	9	89%	89%

- A menu of advanced training options exists to support the development of seasoned caregivers.
- In an effort to increase the capacity of kin caregivers to meet the needs of their relative children, three regional series of the Resource Parent Curriculum + TIPS for tuning in curriculum were made available in a ZOOM format for groups of kin only caregivers. 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 continued to participate in virtual coaching related to our family finding practice with Bob Friend from the National Institute for Permanent Family Connections. 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.
- The Division has finalized and will launch the 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.
- Work continued throughout the reporting period to create specialized training for our Resource Coordinators (RC). RC's are essentially responsible for the recruitment, support, development, and retention of caregivers. The turnover trend in this role identified last reporting period seems to be continuing. This next reporting period we are aware of 6 additional transitions impacting this role across our system. Workforce Foundations Training does not provide any specific training to meet the needs of these workers. A small workgroup has been developing 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.

5. A Unified Data Model

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

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

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

Prioritized key data elements will help inform efforts to recruit and maintain a pool of families and will help assess the effectiveness of strategies and efforts. These elements are outlined on the Inquiry Tracking Spreadsheet.

Key Data elements, will help to determine:

- If our current families are being fully utilized?
- How is our process working for getting families licensed/approved?
- What is our current actual capacity? Is that capacity sufficient to meet the need for appropriate placements for children currently in need of a placement and for our anticipated placement needs?
- Are our recruitment strategies effective in finding appropriate families for our children and

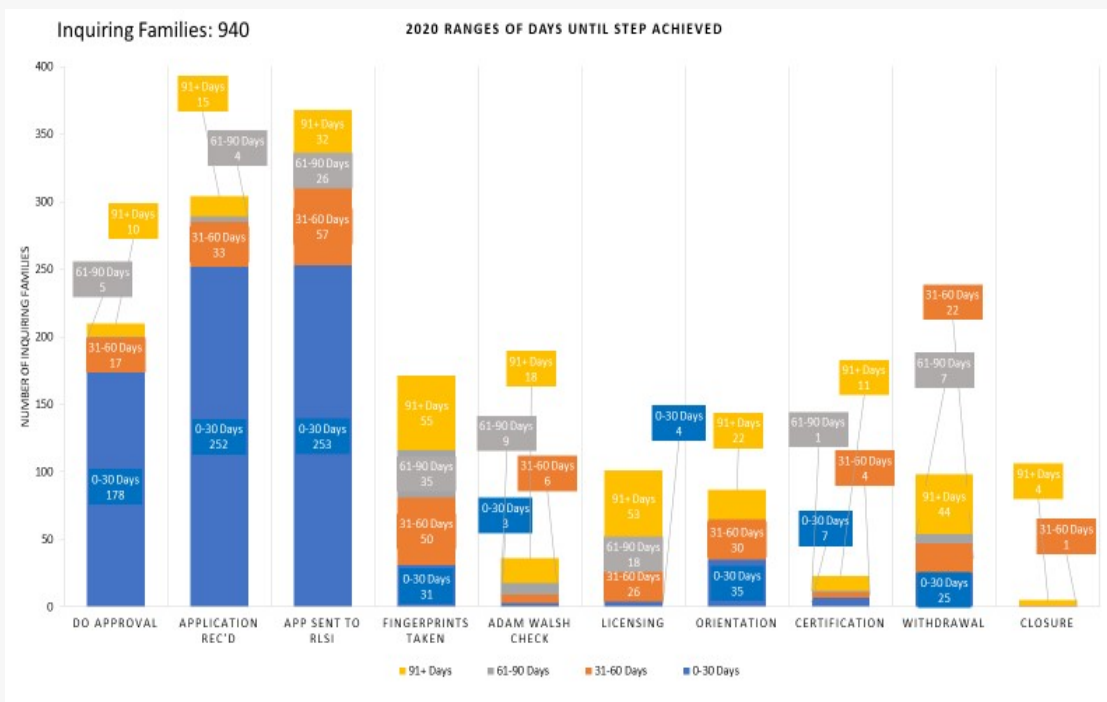
keeping those families engaged both before and after children are placed with them?

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

Progress Update:

- All 12 Districts provide data from their Inquiry Tracking Spreadsheet on a quarterly basis. Unfortunately, our current IT resources do not support this function in any way. It is very time consuming to sustain. Efforts to investigate purchasing 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. We are making use of our administrative data to support this process as well. The chart below details timeframes connected to caregiver's navigating the licensing process.

Statewide Data: Inquiry Tracking Spreadsheet (year end 2020)



- As each District onboarded with the DRR Program, they were provided with baseline outcome data related to their current practice. Each district completed a practice profile tool which encouraged them to pause and reflect on their practices to identify areas of strength and challenge. From there the district selected from a menu of evidence informed / or promising activities that they will implement to strengthen their recruitment and retention efforts. Through ongoing consultation and review of data, progress toward improving outcomes is monitored.
- The chart below captures information about our licensing rates. At first glance, it appears as though we are doing worse with our licensing rates. However, what we know is that the fewer applications are being

submitted as we have tried to better engage with applicants to assess suitability. This process has resulted in fewer applications being received ... but those submitted are more likely to be approved. The 2020 numbers don't seem to reflect that trend. Licensing processes were negatively impacted by COVID. We will continue to monitor this data point.

Foster Care Applications/Foster Care Licenses	2018	2019	2020	2021 First Quarter
Foster Care Applications Received	715	600	534	124
Foster Care Licenses Approved	478	431	305	25
	67% lic	72% lic	57% lic	

- During this reporting period, we incorporated the placement stability indicator as a data point that we will begin monitoring quarterly as a component of our DRR plan. Our placement stability outcomes need improvement. The National Standard is that at least 89% of children have no more than 2 placements within the first 12 months of out of home care. Vermont meets this standard on 62% of our cases.

Placement Stability Rates

(FSD Indicators Q1 2021)

Placement Stability	cator:	Percent of children who have no more than 2 placements within the first 12 months of out-of-home care.					
#4	asure:	Looks at children in placement on 3/31/2021 & those who exited out-of-home care 1/01/2021- 3/31/2021 to determine the number of placements in first 12 months of out-of-home care (excl. runaway & home placements)					
	Tl std:	At least 89% have no more than 2 placements in first 12 months					
	VT This Qtr	Met?	Nti Std Met?	No			
		Data # Plc *					
		Number	Count of # Plc Grp				
	DO *	0-2	3+	0-2	3+		
	A	105	71	59.7%	40.3%		
	B	115	68	62.8%	37.2%		
	H	20	24	45.5%	54.5%		
	J	35	7	83.3%	16.7%		
	L	73	46	61.3%	38.7%		
	M	70	48	59.3%	40.7%		
	N	45	31	59.2%	40.8%		
	R	95	49	66.0%	34.0%		
	S	41	23	64.1%	35.9%		
	T	73	48	60.3%	39.7%		
	V	34	14	70.8%	29.2%		
	Y	49	33	59.8%	40.2%		
	Total	755	462	62.0%	38.0%		

- During the 2020 reporting period a Survey of Kin Caregiver experiences was conducted. The survey was designed to reach both formal and informal caregivers across Vermont to better understand their experiences of

the System of Care. 217 Kin caregivers completed the survey. Data gathered by the survey will serve as baseline data and will be utilized in the development of the Kin Navigator Model in Vermont.

Additions to the DRR Plan

At the end of the last reporting period the DRR Workgroup reviewed our DRR Master Action Plan. Based on that review, a number of new objectives were added to the Action Plan. Each of the stated objects has one or more activities that need to be completed to meet the objective.

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

Progress Update

- The DRR plan included a communication plan as well as a plan to market and coordinate use of various media to support of targeted and child specific recruitment efforts. We track every email from the fields that indicates an unmet placement need and we design media messaging based on the stated needs. We have developed over 50 messages that we use to reach various audiences.
- During this reporting period, Vermont closed its only locked juvenile detention setting. This dynamic, together with COVID, has created incredible pressures on the System of Care. the state has purposed to stand up 4-6 stabilization foster homes across the state. Stabilization foster homes will be available on a short-term basis to youth who are experiencing placement instability. Caregivers will be provided an enhanced rate of reimbursement and they will have additional advanced training. Caregivers will also be assigned to a service provider who will deliver intensive wrap level services in the home including 24/7 crisis support. This programming will be stood up over the Summer of 2021.

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

Progress Update

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

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

Progress Update

- Vermont's participation the Adoption Call to Action Initiative led to the addition of this objective to the DRR plan. Our Adoption Call to Action Plan was developed in collaboration with our partners at Lund. Goals of the plan are being implemented through the ongoing permanency planning and child specific recruitment work of Project Family. The co-directors of Project Family consult in every district on at least a monthly basis to ensure that permanency planning goals for children in our care remain a priority focus.

- Vermont is in the process of implementing the NTI training with a cohort of staff across the division. Increase adoption competence and a trauma informed approach to permanency work will lead to better permanency outcomes.

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

Progress Update

- During the 2020 Reporting period, FSD stood up a Statewide Racial Justice Workgroup. A subcommittee of this workgroup is focused on Foster Care and Permanency. Efforts are under way to examine our data, how we engage community partners, policies, and practice.

In Vermont the AHS has a policy which spells out which critical documents need to be translated into other languages. FSD has not been in compliance with this policy. We have recently started implementing a plan to ensure all of our critical information material including foster care regulations and our foster care application are available in non - English formats. As mentioned in an earlier section of the APSR, the current available publications and brochures that FSD has translated are posted on our public website here: <https://dcf.vermont.gov/fsd/publications> . The website includes the following:

- The Child Safety Intervention (CSI) brochure in Nepali;
- The 'what to expect when a FSW visits your home' brochure in Bosnian, Burmese, French, Nepali, Somali, Spanish, and Swahili;
- The Information for Relatives & Friends brochure in Arabic, Burmese, French, Kirundi, Nepali, Somali, Spanish, and Swahili; and
- Licensing Regulations for Foster Homes in Swahili.

We expect to continue to mitigate this deficit in the coming reporting period.

Health Care Oversight and Coordination Plan

Health Care Oversight and Coordination Plan

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

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, physicians affiliated with the American Academy of Pediatrics Vermont Chapter (AAPVT), and staff with the Vermont Child Health Improvement Program (VCHIP).

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 engaged in a quality improvement project in partnership with the Vermont Child Health Improvement Program (VCHIP). While the COVID-19 pandemic has delayed the project's timeframe, the partnership and project includes 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.

Activities for the Planning Phase:

- Determine survey methodology to obtain stakeholder input from the AAPVT Board and Family Physicians.

- *Update: VCHIP met with the VT-AAP Chapter Board to obtain information share the project and obtain approval and direction from the Board. Dr. Metz performed in-depth key informant interviews with 15 pediatric medical providers from around the state.*
- 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.
 - *Update: In addition to the key informant interviews with pediatric medical providers, VCHIP interviewed all Fostering Healthy Families Nurses, eleven DCF district administrative staff who engage with the Fostering Health Families Nurses, two Vermont Department of Health Dental Hygienists and five foster parents about the current system of care to determine gaps and opportunities for improvement.*
- Assess the current use of health information tools being utilized within the 12 statewide DCF offices
 - *Update: Eleven statewide DCF offices shared their process of interaction with the Fostering Healthy Families Nurses, and the tools they use.*
- 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.
 - *Update: The key informant interviews with pediatric medical provider identified an opportunity for improvement providing education regarding the AAP guidelines regarding children in DCF custody. Currently, there is no state data available to determine the rate of children receiving initial assessments or comprehensive medical examinations.*
- 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.
 - *Update: This is currently being assessed. Each DCF district and pediatric medical home have different strengths and areas for opportunity. There is currently not state-wide data available to determine if children and youth are obtaining these services in a timely manner.*
- Assess training needs for pediatric and family practice providers regarding youth in custody.
 - *Update: This has been completed and VCHIP has a plan to work on this moving forward.*
- Conduct a literature review on best practices for providing health care for youth in custody.
 - *Update: This has been completed.*

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.
 - *Update: VCHIP meets regularly with a DCF core team, as well as with Dr. Metz, to plan work regarding two pilots that have begun in two DCF district areas. Leadership from DCF Central Office and each local DCF district, DCF administrative staff, Fostering Healthy Families Nurses, provider champions, care coordinators and social workers from two large pediatric medical practices and VCHIP have met and started the pilot project. The goals of this pilot*

project are to improve communication and streamline processes so that every child and youth has a comprehensive medical examination with the appropriate pediatric medical provider within 30 days, a care plan developed by the medical home and care conferences held by the medical home when possible. If successful, this pilot could spread to other areas.

- 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

Implementation activities continued to be reassessed, and a new scope of work for FY 2022 will begin on July 1. A future area for significant cross-system collaboration and policy/practice work will be on mental health, behavioral health, and substance use.

Additionally, The Department of Vermont Health Access (DVHA) has applied to be part of a CMS Affinity Group focused on *Improving Timely Health Care for Children and Youth in Foster Care Affinity Group Fact Sheet*. They will know within several weeks if they have been accepted. This will focus on obtaining statewide data to look at health for children in DCF custody, focusing on timely health care.

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.

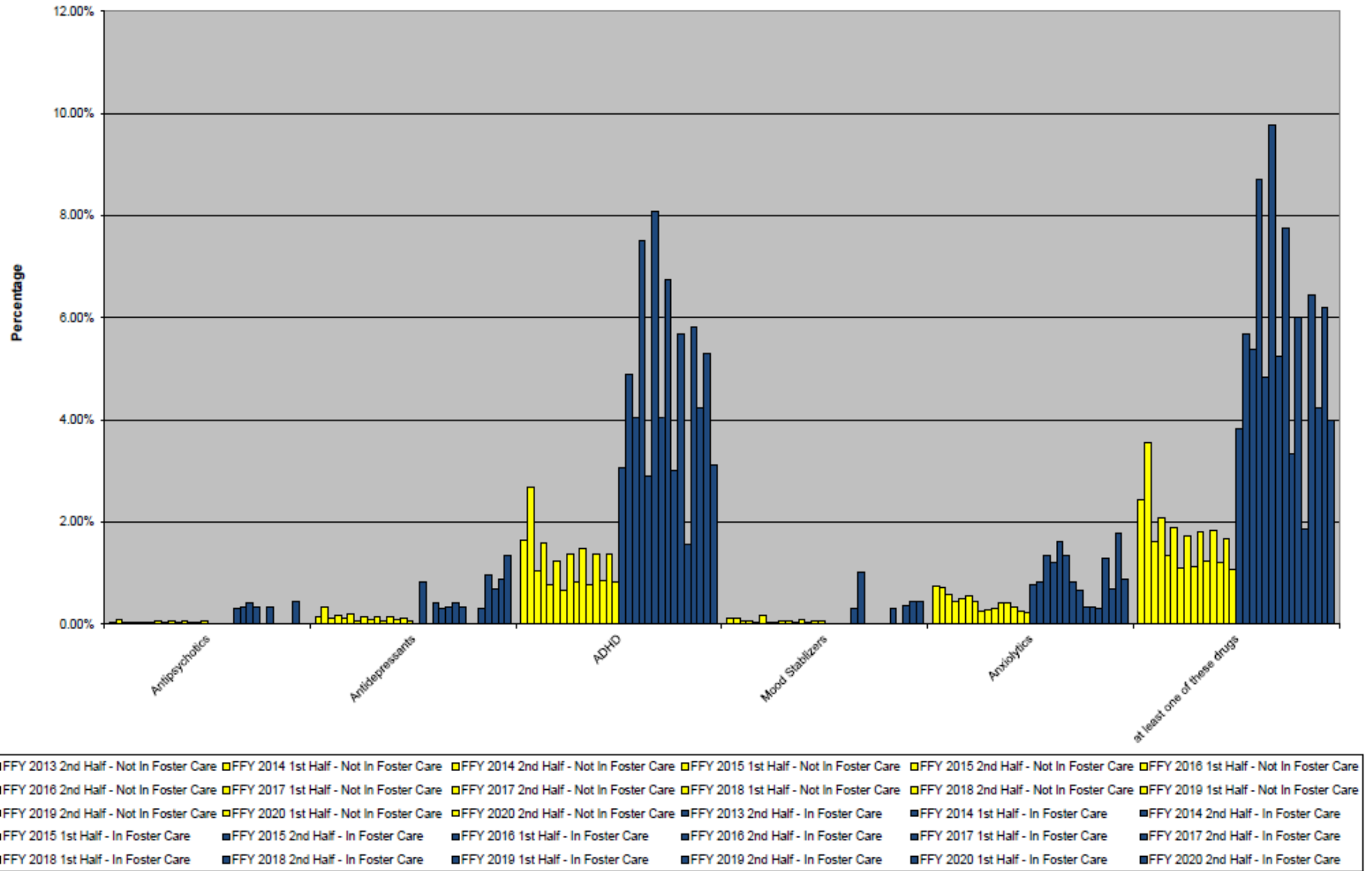
Overall, the use of psychotropic medications for children in foster care has been slightly reducing over time. The percentage of children in foster care on more than one psychotropic medication from the same class simultaneously for 90 days or more has also been reducing over time. Though, when compared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

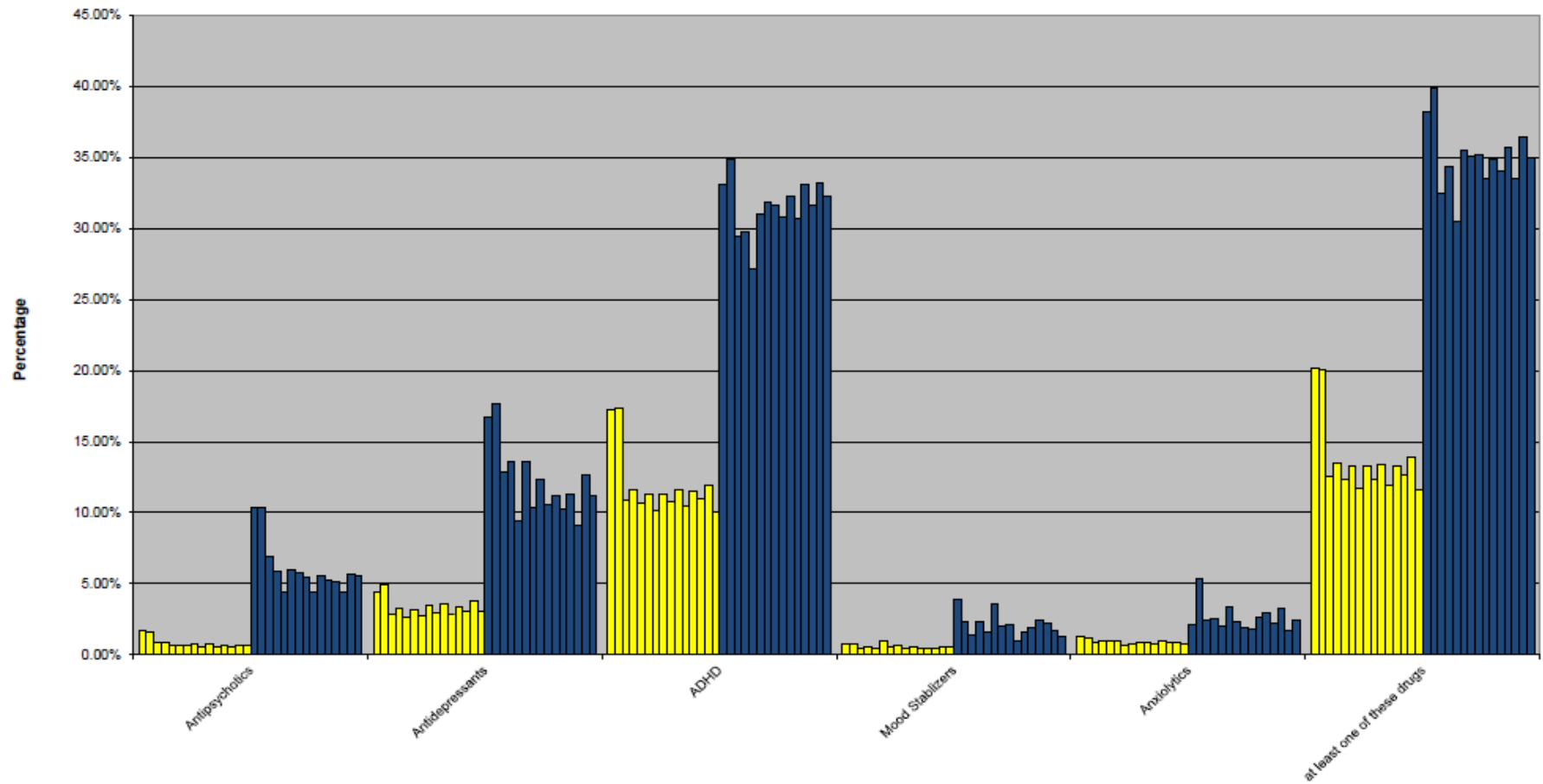
- Recipients Ages 3-5 In and Out of Foster Care
- Recipients Ages 6-12 In and Out of Foster Care
- Recipients Ages 13-17 In and Out of Foster Care

From left to right, the charts are exploring use of antipsychotics, antidepressants, ADHD medications, mood stabilizers, anxiolytics, and at least one of these drugs.

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

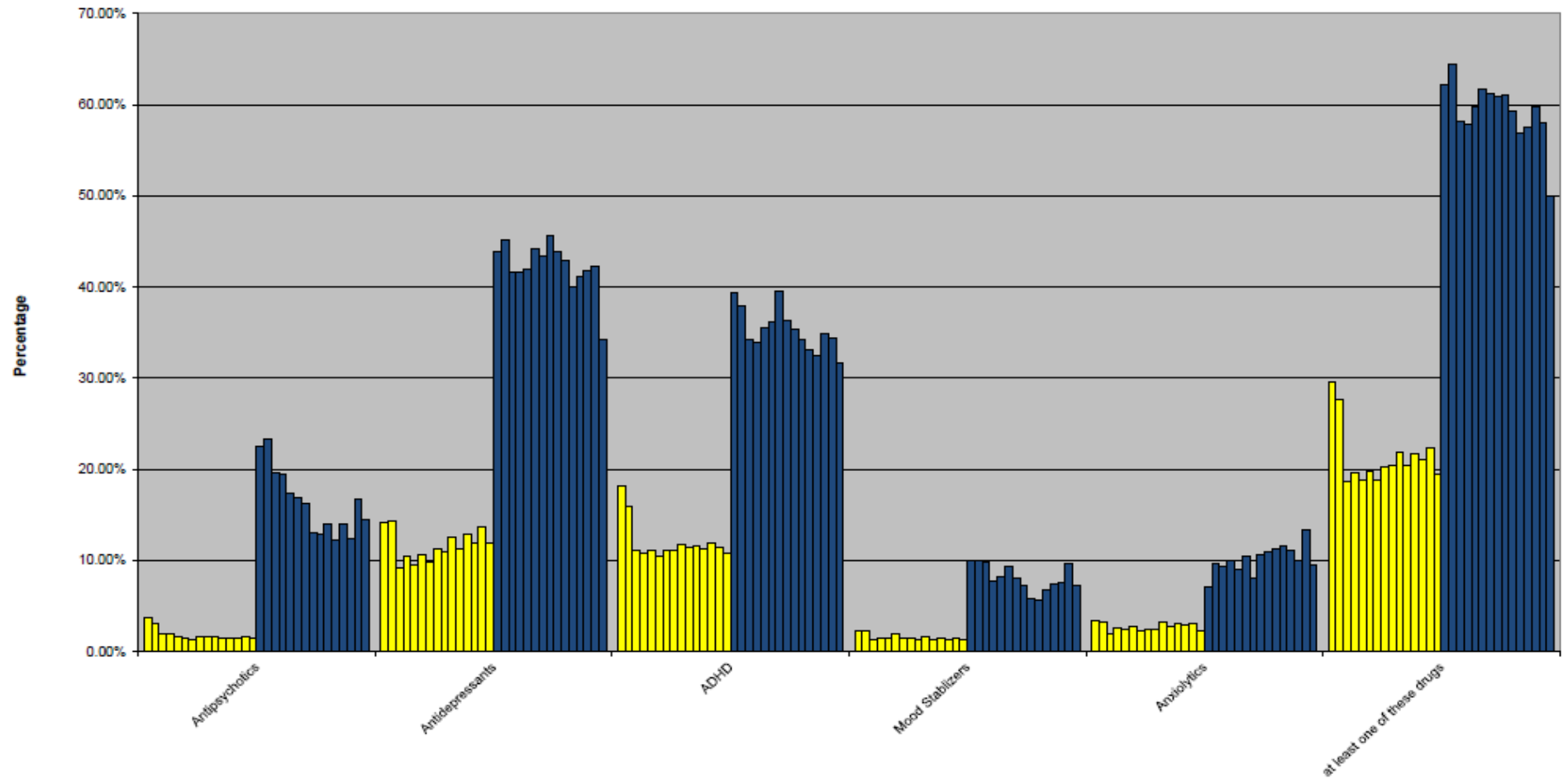


Utilization of Mental Health Drugs in
Recipients Ages 6-12
Percentage In and Out of Foster Care



■ 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 2020 2nd 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 ■ FFY 2020 2nd Half - In Foster Care

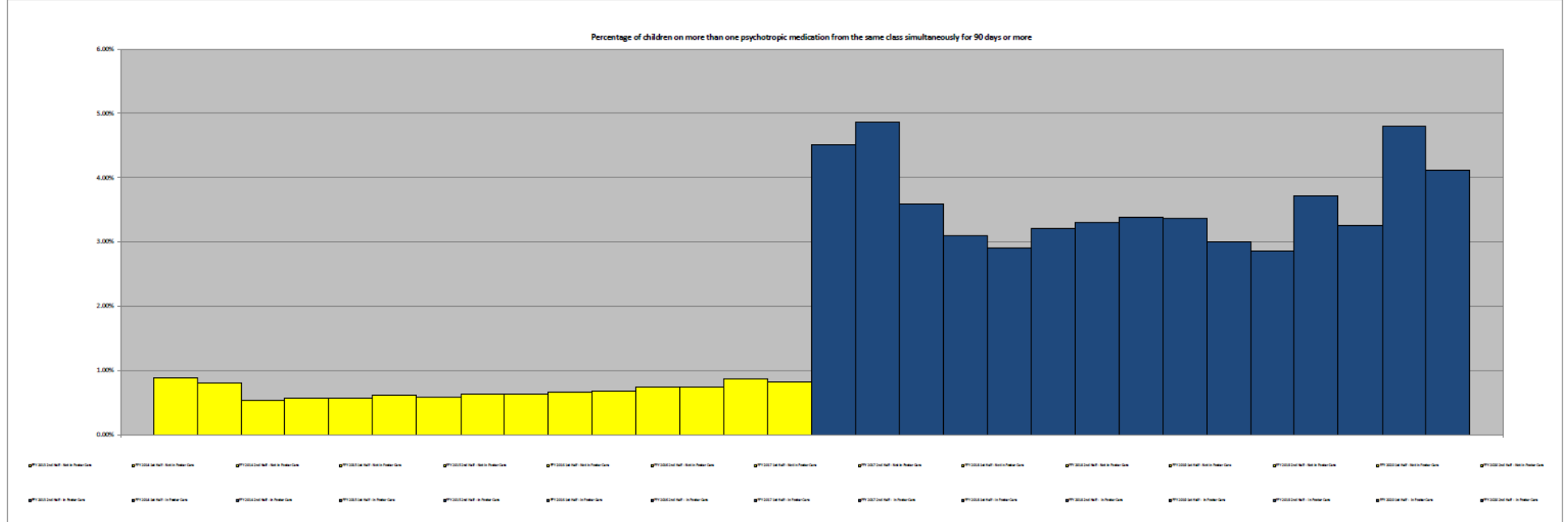
Utilization of Mental Health Drugs in
Recipients Ages 13-17
Percentage In and Out of Foster Care



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 2020 2nd 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	FFY 2020 2nd Half - In Foster Care

Measure 3
Chart: m3 total in and out foster
TOTAL POPULATION (Male and Female)

	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 2020 2nd 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	FFY 2020 2nd Half - In Foster Care
Percentage of children on more than one psychotropic medication from the same class simultaneously for 90 days or more	0.88%	0.81%	0.54%	0.57%	0.57%	0.62%	0.59%	0.64%	0.64%	0.67%	0.68%	0.74%	0.74%	0.87%	0.82%	4.51%	4.86%	3.59%	3.09%	2.91%	3.20%	3.30%	3.39%	3.36%	3.00%	2.86%	3.72%	3.25%	4.80%	4.12%
Total # of children on more than one psychotropic medication from the same class simultaneously for 90 days or more	416	411	393	426	439	488	470	487	474	498	502	539	530	613	580	43	49	52	48	50	53	43	55	57	51	49	62	48	61	48



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

FSD partnered closely with the Vermont Department of Health throughout the entire pandemic, which allowed us to provide informative and up-to-date guidance to our staff, caregivers, and partners pertaining to our work with families and meeting children and youth's health needs during the pandemic.

Early in the COVID-19 pandemic, the Governor's Stay at Home Order created some disruptions in access to in-person individual and group mental health treatment while providers re-tooled under those unique circumstances. All FSD staff were instructed to determine whether the current therapeutic relationship could continue in a virtual space for every child/youth and families served by the division. If this was not an option, a decision was made on whether to wait for in-person contact to be allowed again or to create a new therapeutic relationship with a treatment provider who can work virtually. This was assessed on a case-by-case basis and in consultation with the treatment team, client, caregiver, and clinician. At the time, considerations included:

- Acuity of need;
- Value of present in-person therapeutic relationship;
- Availability and fit of an alternate clinician who can provide telehealth;
- Whether the client has access to tablet, smart phone or laptop with camera and internet.

Disruptions in mental health services were more prominent than disruptions in physical health access to services. Generally, children and youth in Vermont (including those in foster care) continued to have access to their medical homes and pediatricians – either in-person or through telemedicine. Telemedicine was prominent for health care services from March-May of 2020. Per the Governor's orders, physicians and other health care professionals reopened their practices sooner than dentists were able to.

The Vermont Chapter of the American Academy of Pediatrics (AAP) solicited input from pediatricians throughout the pandemic to seek their feedback on how telehealth is working for their practice and what barriers the Vermont Medical Society (VMS) could help them overcome to provide broader access to quality care during and after Vermont's State of Emergency has passed. Early on, advocacy emerged for long-term reimbursement of telehealth services and assess if patients need assistance in getting video capability.

Vaccines are widely accessible within Vermont and the state has had tremendous success vaccinating the broader population. FSD has been tracking whether children and youth in DCF custody aged 12 and older have been vaccinated against COVID-19. As of 6/1/2021, there were 409 youth in DCF custody aged 12 and older. Out of those 409:

- 205 were either partially or fully vaccinated
- 204 were not yet vaccinated
- Out of the 204 not yet vaccinated, some reasons noted include:
 - 65 Child Refuses
 - 12 Parent Refuses
 - 27 Child Willing and/or Being Scheduled
 - 22 Other Reasons
 - 8 Children Unsure or Unmotivated
 - 5 Children have Medical Reasons

Disaster Plan

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

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

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

Training Plan

Please refer to **Appendix D**.

Statistical and Supporting Information

1. CAPTA Annual State 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 the Family Services Workers on co-occurring child maltreatment and intimate partner violence case situations. DV Specialists screen all new reports of child maltreatment that are flagged with domestic violence, assist with background checks, safety planning and assessments with Family Services Workers on making engagement with families safer and for more accurately assessing the dangers to children caused by the pattern of coercive control by the perpetrating parent. DV Specialists when appropriate provide direct services to both victim and perpetrator 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 due to FSD's antiquated IT systems. In the past we have pulled information from various staff survey's that have asked certain demographic questions and have incorporated the results in previous APSR's, though we have never achieved 100% participation on any survey, so the results only provide an approximation. Over the last year, FSD administered our second annual Safety Culture survey and integrated some demographic questions. Here are the results:

In December 2020, a total of 292 staff from Vermont's Family Services Division completed the Culture of Safety Survey (75% participation rate); this is comparable to the 2019 survey, in which 288 staff from Vermont FSD participated in the survey (70% response rate). This survey is an organizational assessment that examines various aspects of an agency's culture:

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

The chart below shows the percentage of survey respondents by gender, race, and sexual orientation within each job category; there are additional categories not captured here (e.g., option for "none of these describe me). Very few individuals provided information on the open text box related to demographic information. One individual commented that they felt the questions were not relevant to work or appropriate.

	FEMALE (235 staff)	MALE (38 staff)	BLACK (4 staff)	WHITE (251 staff)	NON-BLACK POC (19 staff)	HETEROSEXUAL (226 staff)	LGBTQ+ (32 staff)	DECLINED TO ANSWER (25 staff)
Direct Service (155 staff)	78%	17%	2%	84%	8%	78%	12%	7%
Support (27 staff)	85%	4%	none	78%	11%	82%	none	15%
Administrative (40 staff)	90%	none	none	88%	3%	68%	20%	10%
Management (70 staff)	79%	14%	1%	89%	4%	80%	9%	9%
All FSD (292 staff)	81%	13%	1%	86%	7%	77%	11%	9%

Additional Demographic Information

Agency Tenure (all employees)	Years in Child Welfare	Years at FSD	Years in department	Years in position	Highest level of education	All employees
Less than 1 year	2%	6%	6%	11%	High school or GED	8%
1-5 years	28%	43%	47%	60%	Bachelor's: BSW	9%
6-10 years	23%	21%	23%	19%	Bachelors: another field	48%
11-15 years	15%	10%	7%	5%	Master's: MSW	20%
16-20 years	14%	9%	7%	4%	Bachelors: another field	13%
21+ years	18%	11%	10%	3%	Doctorate: another field	< 1%

	Average number of hours worked/week*
All FSD employees	43.50
Job type: Direct Service	44.20
Job type: Support	38.62
Job type: Administration	40.52
Job type: Management	45.46

Age	All employees
18 – 24	1%
25 – 34	26%
35 – 44	32%
45 – 55	26%
55 +	15%

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

Caseload Size

Caseload is measured in different ways depending on the duties of the Family Services Worker (FSW). Family Services Workers who conduct child safety interventions (investigations and assessment) are expected to conduct 80 interventions per year. The Division Management Team changed this caseload measurement in the spring of 2020 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.

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 6/1/2021, caseload per district were as follows:

District	Total # FSW	Allowable CSI FSW	Ongoing FSW	Vacancies	FSW with less than 6 mos.	Actual Ongoing FSW
ADO-St Albans	25	7	18	2	0	16
BDO-Burlington	34	10	24	3	3	19.5
HDO-Hartford	10	4	6	0	0	6
JDO-St Johnsbury	8	3	5	0	0	5
LDO-Brattleboro	15.5	5	10.5	1	0	9.5
MDO-Barre	19	6	13	4	3	7.5
NDO-Newport	11.5	4	7.5	1	4	4.5
RDO-Rutland	19.5	6	13.5	1	1	12
SDO-Springfield	9.5	3	6.5	2	0	4.5
TDO-Bennington	15	5	10	2	3	6.5
V-Morrisville	7.5	2	5.5	0	1	5
YDO-Middlebury	9	2	7	0	0	7
Total	183.5	57	126.5	16	15	103

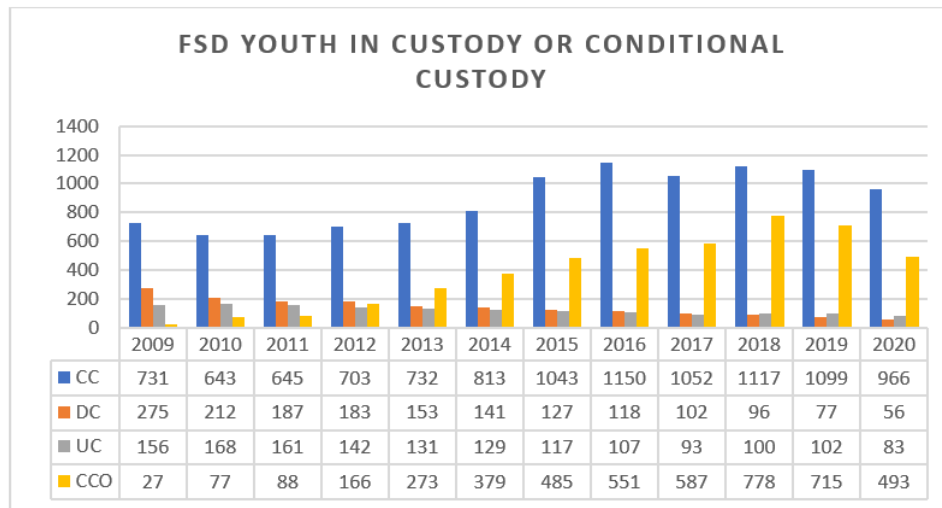
Data Source: FSD Org charts (Vacancies and FSW with less than 6 months experience).

Data Note: data is point-in-time as of the time in which the report is compiled, with vacancies and FSW with less than 6 months identified by Ruth and Amanda.

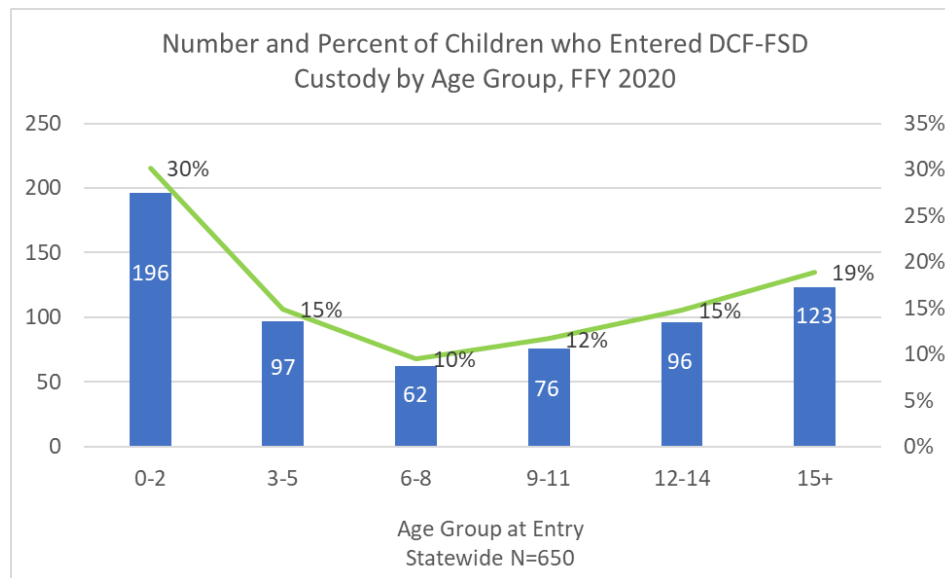
Allowable CSI FSW based on 2019 CSI totals since 2020 totals were an anomaly due to COVID 19.

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	18	2.0	0.0	2.0	16	13.5	17.9	15.2	98.77%
BDO-Burlington	24	3.0	3.0	4.5	19.5	14.3	18.9	17.5	85.53%
HDO-Hartford	6	0.0	0.0	0.0	6	11.0	14.5	11.0	136.36%
JDO-St Johnsbury	5	0.0	0.0	0.0	5	14.2	19.4	14.2	105.63%
LDO-Brattleboro	10.5	1.0	0.0	1.0	9.5	12.4	16.7	13.7	109.62%
MDO-Barre	13	4.0	3.0	5.5	7.5	10.8	13.4	18.8	79.79%
NDO-Newport	7.5	1.0	4.0	3.0	4.5	16.3	21.3	27.1	55.33%
RDO-Rutland	13.5	1.0	1.0	1.5	12	14.8	19.0	16.7	90.00%
SDO-Springfield	6.5	2.0	0.0	2.0	4.5	10.0	13.7	14.4	103.85%
TDO-Bennington	10	2.0	3.0	3.5	6.5	15.5	21.7	23.8	62.90%
V-Morrisville	5.5	0.0	1.0	0.5	5	10.5	15.5	11.6	129.31%
YDO-Middlebury	7	0.0	0.0	0.0	7	10.3	14.9	10.3	145.83%
Total	126.5	16.0	15.0	23.5	103	13.2	17.6	16.2	100.24%

Data Source: FSD Caseload Report. Data is PIT as of 6/1/21.



Data Source: FSD Quarterly Management Reports and Quarterly CCO Report; Q2 PIT



Data Source: FSD Custody Management Reports, identifying youth entering foster care during FFY19 10/1/2019-9/30/2020
Data Details: Includes an unduplicated count, capturing the first entry if multiple entries for a single child exists.

1b. Juvenile Justice Transfers

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

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
2020	30	2

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
<u>Final Number: 2019-2020 School Year</u> (July 1, 2019 to June 30, 2020)	54	32
2020-2021 School Year* (July 1, 2020 to June 30, 2021)	59	34

3. Inter-Country Adoptions

Vermont did not have any children who were adopted from other countries and who entered into state custody in FY 2020 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, Subpart 1 funds spent on child care, foster care maintenance and adoption assistance payments	\$647,047
FY 2005 non-federal funds expended on foster care maintenance and used as part of Title IV-B Subpart state match.	\$215,682

Payment Limitations – Title IV-B, Subpart 2

FY 2019 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	\$139,194
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The CFS-101 part III shows that for FY 19 approximately 13% of IV-B part 2 funds were spent on family reunification and 13.5% on family support services. The division does not feel this is an accurate reflection of percentages and continues to work on resolving the coding issues in the districts. The division is optimistic these efforts will be reflected in FY23 CFS-101 part III.

Appendix A

CHANGE MANAGEMENT & IMPLEMENTATION PRACTICE

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

Step 1. Problem Identification, Readiness, Teaming

- Once a problem has been identified, FSMT will decide whether to explore the problem further by considering readiness factors such as: the complexity of an issue, leadership capacity, staff capacity, budgetary resources
- If the decision is to move forward, then the next step is to identify a small team to begin the exploration and analysis of the available data

Step 2. Data

- Identify available quantitative and qualitative data
- Analyze patterns, trends, and relationships. Data will help the team:
 - Demonstrate there is a problem
 - Understand the nature of the problem
 - Explore the underlying root cause(s) of the problem and contributing factors
 - Identify the target population

Step 3. Contributing Factors and Root Causes

- Identify the contributing factors such as organizational resources, policy and processes, knowledge and skills, culture, and climate
- Look at the underlying root causes- consider using 'The 5 Whys Method'

Step 4. Communication and Decision Making

- Share findings with FSMT
- FSMT will determine: 1) if a change is needed and 2) the division's readiness to potentially implement a new practice.
- FSMT may agree that change is needed but there may not be capacity and will revisit in 6 months to a year.

Phase 2. Theory of Change is about developing a road map that starts with the identified problem and maps out a path to the desired outcomes. It states through a series of logical steps, potential interventions that are expected to address the problem and achieve short and long-term outcomes. The TOC is an important part of the change management process that assists teams to achieve buy-in, select the best intervention, guide implementation planning, and informs the plan for ongoing assessment and monitoring.

Step 1. Problem Statement, Root Cause, and Target Population

Teams review the problem statement, root causes, and target population which is supported by the data.

Step 2. Long-Term Outcome

- Determines where the division wants to end up in relation to the current state.
- Outcomes are **Specific, Measurable, Achievable, and Relevant, and Time-bound (SMART goals)**.

Step 3. Pathway of Change

The pathway(s) of change, which are the causal links, or conditions for change that are needed to achieve our goal.

Step 4. Actions Steps

- Define action steps that needs to happen before each causal link can take place.
- Actions for the causal links are defined through brainstorming sessions

Step 5. Assumptions

- Clarify beliefs and expectations about why TOC will work
- Include contextual information (ex: legislative or federal requirements)
- Identify the data and research that support the TOC

Step 6. Communication and Readiness

- The TOC assists teams to achieve buy-in.
- Teams should communicate back to FSMT their TOC.
- FSMT should continue to keep a pulse on the division's readiness.

Phase 3. Intervention Selection outlines how to explore whether the selected intervention will address the identified problems and root causes, and lines up with the articulated theory of change. Choosing an appropriate solution requires critical thinking about whether an existing intervention is a good fit as is, requires adaptation or if an entirely new approach is needed.

<u>Step 1. Research Interventions and Assess Evidence</u>	<u>Step 2. Well-Defined & Transferable</u>	<u>Step 3. Fit with Family Services</u>	<u>Step 4. Replicate, Adapt, or Design</u>	<u>Step 5. Communication and Decision Making</u>
<p>To select the best possible intervention, reflect on:</p> <ul style="list-style-type: none"> Root cause(s) The theory of change Target population Desired outcomes <p>Begin researching interventions and evidence of effectiveness</p>	<ol style="list-style-type: none"> Does the intervention have a clear definition, core components, operational definitions? Is there enough information to replicate the intervention? 	<ul style="list-style-type: none"> Does the intervention address the root cause(s) of the problem and align with the theory of change? How does the intervention fit with policies, procedures, or contracting relationships? 	<ul style="list-style-type: none"> Usually requires adaptations Need to consider the impact to the core components, and the integrity and effectiveness of the intervention the division may opt to design a new intervention 	<ul style="list-style-type: none"> The team provides an overview of their findings to FSMT Look to see if there is agreement that the intervention addresses the identified problem and there is capacity to move forward

Phase 4. Implementation Planning and Capacity Building are essential to effective change efforts and provides FSD a structured approach to getting ready for change. An implementation plan is a document that describes key steps and activities needed before and during implementation of a selected intervention. “Capacity building” refers to ongoing, evidence-informed activities used to develop FSD’s potential to be productive and effective. This phase helps assess FSD’s readiness and looks for ways to build capacity. Implementation planning also guides next steps in testing, piloting, and staging as well as identifies anticipated challenges.

<u>Step 1. Teaming, Readiness, Staff Engagement</u>	<u>Step 2. Implementation Planning</u>	<u>Step 3. Communication and Engagement</u>
<ul style="list-style-type: none"> Reevaluate the team for diverse representation of expertise/perspectives to support this critical phase Assess the division’s readiness by identifying strengths and gaps Engage staff: survey, facilitated discussions 	<ul style="list-style-type: none"> Outline pre-implementation and initial implementation activities The implementation plan serves as a communication tool The plan should include ways to support sustainability 	<ul style="list-style-type: none"> FSMT will review the plan and ensure it is doable and understandable. Other stakeholders may need to be involved as well.

Phase 5: Monitor, Assess, and Improve supports the different stages of implementation by identifying progress and potential problems, as well as how these fit within the division’s continuous quality improvement (CQI) structure. Teams should be able to determine if they are on the right path to achieve the desired outcomes. These efforts will help teams identify what needs to be adjusted, continued, expanded, or phase out. The overarching goal is to continuously improve implementation processes and ensure that each intervention is fully implemented as intended.

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

Appendix B.

DMT CQI Indicator Schedule 2021		
Focused Indicator	Activity	Target Month
Face-to-Face	1. DMT ➤ Central Office shares data	December
	2. Directors will follow up with their leadership team/staff: ➤ Discuss data and identify primary issue(s) for not meeting the monthly contact standard ➤ Review current strategies and a plan to evaluate progress	January/February
	3. DMT ➤ Central Office shares updated data ➤ Directors report out on: <ul style="list-style-type: none"> What you learned from discussing with leadership team/staff Strategies and how you are evaluating them Any changes/results Additional supports you need 	March
Length of Time Open (Timely Closure) <ul style="list-style-type: none"> CSI CF CCO Custody 	1. DMT ➤ Central Office presents new quarterly data	April
	2. Directors will follow up with their leadership team/staff: ➤ CSI <ul style="list-style-type: none"> Discuss and identify primary barrier for not meeting 60-day timeframe Review current strategies and a plan to evaluate progress ➤ CF <ul style="list-style-type: none"> Review policy on risk reassessments and closing CF cases with staff Discuss how your district reviews open CF cases and determines if they should be closed Review current strategies and a plan to evaluate progress ➤ CCO <ul style="list-style-type: none"> Discuss how your district reviews open CCOs cases and determines if any should be closed Identify primary barrier for not closing CCOs timely Review current strategies and a plan to evaluate progress ➤ Custody <ul style="list-style-type: none"> Review data and follow up as needed on specific cases 	May/June
	3. DMT ➤ Central Office shares updated data ➤ Directors report out on: <ul style="list-style-type: none"> What you learned from discussing with leadership team/staff Strategies and how you are evaluating them Any changes/results Additional supports you need 	July
Kinship Placements	1. DMT ➤ Central Office presents new quarterly data	July
	2. Directors will follow up with their leadership team/staff: ➤ Review current strategies and a plan to evaluate progress	August/September
	3. DMT ➤ Central Office shares updated data ➤ Directors report on: <ul style="list-style-type: none"> What you learned from discussing with leadership team/staff Strategies and how you are evaluating them Any changes/results Additional supports you need 	November

Vermont Newborn Plan of Safe Care (POSC)

INSTRUCTIONS

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

POSC INDICATION

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

DEMOGRAPHIC INFORMATION

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

HOUSEHOLD MEMBERS

Name	Relationship to Infant	Age	Name	Relationship to Infant	Age

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

Name	Role	Contact information

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

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SERVICES, SUPPORTS, and REFERRALS

Infant Supports

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

Vermont POSC (continued)

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

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

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

PARENT/CAREGIVER PARTICIPATION	
I participated in the development of this Plan of Safe Care, have received a copy, and understand it will be shared with my baby's primary care provider.	
Parent/Caregiver Signature: _____	Date: _____ <input type="checkbox"/> Parent/caregiver declined participation
Staff Signature: _____	Date: _____

NOTES/FOLLOW-UP NEEDED

TRACKING
Date POSC initiated: _____ Date(s) Revised: _____ Date Completed: _____
<input type="checkbox"/> Sent to infant's PCP <input type="checkbox"/> Copy in infant's chart <input type="checkbox"/> Copy given to family <input type="checkbox"/> CAPTA notification completed

Appendix D.

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 synchronous learning on Zoom, Microsoft Teams and/or Moodle, **AL** indicates Asynchronous Learning: Online Courses that can be taken at any time by an individual on Moodle.

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

New Employee Training for Family Service Workers

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

Topic	Syllabus	IV-E Functions	Venue	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	<p>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.</p>	N/A	DL		VT AHS E-Learning	Funded by AHS
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Foundations for Child Welfare and Youth Justice Casework Practice,

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

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

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

This 8 week, 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
- JEDI: Justice, Equity, Diversity & Inclusion
- Trauma Informed Practice
- Engagement
- Permanency

2. Foundations Field – Based Practice

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

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

Integrated Foundations Learning Program for Child Protection & Youth Justice

Topic	Syllabus	IV-E Functions	Venue	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	7 hours total 2.5 hours Zoom 4.5 online courses 1 Hr worksheet	VT CWTP	100% IVE @ 75% FFP
Introduction to Foundations	Understand how to navigate through virtual Foundations. Understand who CWTP is and how we fit into the FSD picture.	Introduction to the Foundations for Child Welfare & Youth Justice Practice, expectations, resources	AL	See above	VT CWTP	100% IVE @ 75% FFP
Introduction to Child Welfare & Youth Justice	Examine the Vermont child welfare system, it's mission, vision, practice, principles and guidelines.	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
	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.					
JEDI: Justice, Equity, Diversity & Inclusion	Develop an understanding of the concepts of justice, equity, diversity and inclusion and their impacts on our values, practices and approaches to child welfare Practice JEDI concepts in child welfare interactions such as assessment, case planning, and family meetings.	Case planning, case management, placement of the child	AL	1 hour per week, 8 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
<u>Module 2:</u> 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	11 Hours Total 5 hrs Zoom 5 hrs online 1 worksheet	VT CWTP	100% IVE @ 75% FFP
Motivational Interviewing	Understand the trans-theoretical model of change; explore solution-focused skills, become familiar with the application of MI in casework practice.	Case planning, case management Social work practice, such as family centered practice & social work methods including interviewing and assessment; general overview of child abuse and neglect investigations, risk and protective factors.	AL	See above	VT CWTP	100% IVE @ 75% FFP

Engagement Skills	<p>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.</p>	Case Planning & Assessment	AL	4	VT CWTP	100% IVE @ 75% FFP
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Integrated Foundations Learning Program for Child Protection & Youth Justice

Topic	Syllabus	IV-E Functions	Venue	Hrs	Provider	Cost/Funding Source
<u>Module 3:</u> Recognizing Child Abuse	Recognizing and assessing physical Abuse, Sexual Abuse (including Sex Trafficking) & Neglect and developing an understanding of our personal knowledge, values and biases of these issues and the impact our personal orientation to these topics has on child welfare practice.	Child abuse and neglect issues, such as the impact on a child's development and well-being, impact of trauma; resilience, social work methods including interviewing and assessment; preparation for judicial determinations; placement of a child; case supervision & management; development of case plan.	RSL	16 hours total Live Zoom – 10.5 hours Worksheets - 2 Online- 3.5	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

Integrated Foundations Learning Program for Child Protection & Youth Justice

Topic	Syllabus	IV-E Functions	Venue	Hrs	Provider	Cost/Funding Source
<u>Module 4:</u> 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	16- 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>5.5 hr live day</p> <p>5 hour Zoom</p> <p>5 hours online</p> <p>2 Homework/S up pages</p>	CRC & 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
<u>Module 5:</u> Risk Assessment	SDM Risk & Risk Reassessment, Danger, Safety & Risk statements, Family Safety Planning Framework & 3 W's	Case Planning, Assessment and Reunification	RSL	14 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>5 hour Zoom</p> <p>2 hours online</p> <p>2 Homework/S up pages</p>	Children's Research Center & 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
<u>Module 6:</u> Case Planning	Child Safety Intervention (CSI) documentation, Adaptive Case Planning Processes throughout the life of the case, SMART goals, behaviorally descriptive language, Technical Case Plan Writing & Case Documentation: case plan goals, documentation of visits, and face to face contact and case notes.	Development of case plan	RSL	16 hours Total 7 hours Zoom 7 hours online 2 hours worksheets/ supervision	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	See above	VT CWTP	100% CAPTA
Case Planning & Documentation	Review Case Planning policy and practice. Highlight important features of FSD's Case Plan template. Practice drafting SMART objectives and behaviorally descriptive action steps	Development of case plan;	AL	See above	VT CWTP	100% IVE @ 75% FFP

Integrated Foundations Learning Program for Child Protection & Youth Justice

Topic	Syllabus	IV-E Functions	Venue	Hrs	Provider	Cost/Funding Source
<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- 3 hours	VT CWTP	100% IVE @ 75% FFP
Affidavit Writing	Practice writing a complete affidavit. Observe an excellent example (Golden Example) of an affidavit. Receive and give helpful feedback about affidavit writing and process. Gain a deeper understanding of merits, disposition, and TPR hearings	Preparation for judicial determination	AL	3 hours (Includes home- work & 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
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
<u>Module 8:</u> Permanency	Permanency from day 1, Family finding, Family Time Coaching, Working with Kin, reunification review of and practice with tools.	Permanency planning; case management & supervision; referral to service; placement of child.	RSL	11 hours Total	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
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 5 hours Zoom 5 hours 1- worksheet/S P	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
<u>Module 9:</u> Youth Development	Resources & services for Youth, overview of Youth Development Program, engagement skills for working with adolescents, inclusion of youth voice/perspective, positive youth development frame.	Screening and assessment, risk, and protective factors, social work practice, such as social work methods including interviewing and assessment; development of case plan; case management and supervision; permanency planning; referral to service.	RSL	10 hours Total 4 hour Zoom call (JJ) 3 hour Online (JJ) 1 youth interviews 2 hours worksheet/homework	VT CWTP & FSD Staff	100% IVE @ 75% FFP
Resources for Youth	Overview of Youth Development Program, Youth interviews	Development of case plan; case management and supervision; permanency planning; referral to service.	AL	See above	VT CWTP	100% IVE @ 75% FFP

Integrated Foundations Learning Program for Child Protection & Youth Justice

Topic	Syllabus	IV-E Functions	Venue	Hrs	Provider	Cost/Funding Source
<p><u>Module 10:</u></p> <p>Substance Abuse & Domestic Violence</p>	<p>Identify different substances of abuse and the potential implications for safe parenting; Review the challenges in engaging with families affected by substance abuse and strategies to overcome the barriers to engagement.</p> <p>DV team and resources, Lund case managers and best practices. Identify behaviors and activities that contribute to and impede child safety, safe parenting and accountability of battering parents.</p>	<p>General substance abuse issues related to children 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.</p> <p>Screening and assessment, risk, and protective factors, social work practice, such as social work methods including interviewing and assessment; development of case plan; case management and supervision; permanency planning; referral to service.</p>	RSL	<p>10 hours Total</p> <p>3 -Zoom (DV)</p> <p>7 -Online (S&T & SAMHSA)</p>	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
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	9 hours Total Online- 2 hours Zoom- 3 hour (Safety) Zoom -2.5 (Self as practitioner) Worksheets -1.5	VT CWTP	100% IVE @ 50% FFP

Integrated Foundations Learning Program for Child Protection & Youth Justice

Topic	Syllabus	IV-E Functions	Venue	Hrs	Provider	Cost/Funding Source
Self-Care and Secondary Traumatic Stress	Learn the symptoms of secondary traumatic stress. Discuss and identify strategies for self-care in the context of child protection work. Review resources available to help cope with secondary trauma.	Job Performance & Enhancement Skills	AL	See Above	VT CWTP	100% IVE @ 50% FFP
<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	20 hours 12 Zoom 8 pre-work	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
<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
<u>Advanced Practicum #1: Child Abuse and Neglect Series</u>						
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,	Case Planning, engagement and assessment	C or RSL	6	Hired Subject Expert, FSD Staff & CWTP	100% IVE @ 75% FFP

Topic	Syllabus	IV-E Functions Addressed	Venue	Hrs.	Provider	Cost/Funding Source
	assessment and case planning strategies for cases of chronic neglect.					
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 &	Knowledge of children and youth who are victims of, or at risk of, sex trafficking. Understands impact, laws,					

Topic	Syllabus	IV-E Functions Addressed	Venue	Hrs.	Provider	Cost/Funding Source
Commercial Sexual Exploitation	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. ^[1] 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

Topic	Syllabus	IV-E Functions Addressed	Venue	Hrs.	Provider	Cost/Funding Source
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	6 hrs	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	Learn the elements, values, and principles of Motivational Interviewing; Understand the nuances of MI with different age youth; Identify individual MI strengths and areas for growth; Practice	Increase protective factors of youth, casework practices, case planning, well-being assessment	C or RSL	5	VT CWTP	100% IVE @ 75% FFP

Topic	Syllabus	IV-E Functions Addressed	Venue	Hrs.	Provider	Cost/Funding Source
Connections with Youth	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
Working with Youth in Care	Learn the elements, values and principles of best practices when working with youth in care or at risk of foster care; Become familiar with the emerging best practices in VT ; Identify the impact and role of trauma for youth preparing for or participating in judicial processes; Methods and practices for the implementation of best practices in working with youth in foster care ; Youth Thrive: Supporting Youth Resilience	Working with youth who are in foster care or at risk of foster care	C or RSL	5 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	Working with delinquent youth who are in foster	C or RSL	5 Hrs	Hired subject experts, FSD and CWTP	Topic is Pending

Topic	Syllabus	IV-E Functions Addressed	Venue	Hrs.	Provider	Cost/Funding Source
	practice with delinquent youth in state's custody. FY21 Positive Youth Development Framework and cross-team approaches to the PYDF.	care or at risk of being in foster care. Increase protective factors of youth, casework practices, case planning, well-being assessment				
Advance Practicum #3 Permanency & Case Planning Practicum (Curriculum Design FY22)						
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

Topic	Syllabus	IV-E Functions Addressed	Venue	Hrs.	Provider	Cost/Funding Source
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
<p style="text-align: center;">Advanced Training Series: Safety Organized Practice Series</p> <p style="text-align: center;">District Based Focus/Training & Coaching</p>						
Case Reading	Deepen supervisor skills on effective and efficient case reading to elicit practice themes and ensure proper tool completion.	Case Planning, Foster Care	District Support in person or Remote	Varies by district	VT CWTP	100% IVE @ 75% FFP

Topic	Syllabus	IV-E Functions Addressed	Venue	Hrs.	Provider	Cost/Funding Source
SDM Tool Skill Labs	District Based Skill Labs to refresh on proper tool procedures and protocols for SDM Safety Assessment, Risk Assessment, Risk Reassessment & Reunification tools.	Assessment, Case Planning	District Support in person or Remote	Varies by district	VT CWTP	100% IVE @ 75% FFP
New Manual Roll Out & Cultural Context Guidance	Review changes to the SDM manual to ensure tool fidelity and accurate usage. Special attention paid to the Cultural Context box and the new guidance issued.	Assessment and Case Planning	Regional Virtual Trainings and District Support in person or Remote	Varies by district	VT CWTP	100% IVE @ 75% FFP
Building and Monitoring Effective Safety Plans	Explore safety planning in more depth. Deepen your skills in articulating clear risk statements and working with families to formulate individualized safety plans. Learn and practice questioning and coaching techniques and key questions to assist families in developing solid safety plans. Develop skills for monitoring and measuring the movement of a plan and the ongoing needs for safety	Social work practice, such as family centered practice and social work methods including interviewing and assessment; risk and protective factors, assessments to determine whether a situation requires a child's removal from the home; activities designed to preserve and reunify	District Support in person or Remote	Based on need	VT CWTP	100% IV-E @ 75% FFP

Topic	Syllabus	IV-E Functions Addressed	Venue	Hrs.	Provider	Cost/Funding Source
		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.				
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	District Support in person or Remote	Based on need	VT CWTP	100% IV-E @ 75% FFP

Topic	Syllabus	IV-E Functions Addressed	Venue	Hrs.	Provider	Cost/Funding Source
		supervision; referral to services				
Case Planning for Change	Utilize the tools and strategies for case planning and such as Case Plan format, Reunification Structured Decision Making Tool, focus on developing behaviorally based plans that address parenting risks and plan for safety	Case Planning	District Support in person or Remote	Based on need	VT CWTP	100% IV-E @ 75% FFP
Restorative Justice Certificate Program Partnership with the Vermont Law School						
Origins, Evolution, and Critical Issues in Restorative Justice	<ul style="list-style-type: none"> Analyze the foundational theory of restorative justice to issues in contrast with the current criminal justice system. Recognize the significance of traditional indigenous practices within the current context of the restorative justice movement. Identify challenges and apply solutions to current, complex issues within modern society using restorative justice practices. 		RSL or AL	3 credit hours	Vermont Law School Faculty	100% State funds
	<ul style="list-style-type: none"> Critically examine the way we as society and individuals respond to crime and wrongdoing. Define restorative justice 		RSL or AL	3 credit hours	Vermont Law School Faculty	100% State funds

Topic	Syllabus	IV-E Functions Addressed	Venue	Hrs.	Provider	Cost/Funding Source
Principles of Restorative Justice	<ul style="list-style-type: none"> • Explore alternative ways of looking at and responding to crime and wrongdoing from the restorative justice perspective. • Critically assess the strengths and shortcomings of restorative justice theory and practice. • Understand several different restorative practices and how they typically interact with state systems. • Facilitate a learning experience for peers on an area of interest in the restorative justice field. 					
Juvenile Justice	<p>Course explores:</p> <ul style="list-style-type: none"> • Current juvenile justice system and the particular needs of youth served by that system. • Impact of trauma on youth in the juvenile justice system • Racial equity in the juvenile justice system 	Social work practice & social work methods, case management and supervision	RSL or AL	3 credit hours	Vermont Law School Faculty	100% IV-E @ 75% FFP
Juvenile Justice Reimagined	<ul style="list-style-type: none"> • Limiting system involvement for youth • Exploring the historical and ongoing significance of effective supervision of youth on probation • Recognizing the role of families and family engagement as imperatives for the efficacy of the system • Improving long term outcomes by reducing out of home placement of youth • Reducing length of system involvement • Reducing racial disparity • Focusing on community-based positive youth development practice 	Activities designed to preserve, strengthen, and reunify the family; case management and supervision; youth development and permanency practice; youth and family engagement; referral to services	RSL or AL	3 credit hours	Vermont Law School Faculty	100% IV-E @ 75% FFP

Topic	Syllabus	IV-E Functions Addressed	Venue	Hrs.	Provider	Cost/Funding Source
	<ul style="list-style-type: none"> Engagement with youth and family 					
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	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

Topic	Syllabus	IV-E Functions Addressed	Venue	Hrs.	Provider	Cost/Funding Source
		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.				
Safe & Together	1: Introduction to the Model 2: Multiple Pathways to Harm: A Comprehensive Assessment Framework 3: Working with Men as Parents: Fathers' Parenting Choices Matter 4: Intersections: When Domestic Violence Perpetration, Mental Health and Substance Abuse Meet	Case Planning with Families, permanency	AL	9-12 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	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	Adoption/Foster Care	AL	25 hours	VT CWTP	100% IVE @ 75% FFP Adoption

Topic	Syllabus	IV-E Functions Addressed	Venue	Hrs.	Provider	Cost/Funding Source
	<p>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>					
Child & Adolescent Needs & Strengths (CANS) Tool	<p>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</p>	Case Planning with Children in Foster Care	AL	2 hours	VT CWTP	100% IVE @ 75% FFP

Topic	Syllabus	IV-E Functions Addressed	Venue	Hrs.	Provider	Cost/Funding Source
	anyone better understand the CANS tool					
Vermont Case Reviewer Training	Overview of the OSRI Case Review Tool, the role of a case reviewer in the FSD Case Review process, terminology and key strategies for completing a case review on-site. Foster Care and in-home cases reviewed for the CQI system.	Case Reviews, CQI, custody, foster care, in-home services, assessment and delivery	C or RSL	5 2 x per year	FSD Staff CWTP provides admin support to enter classes into AHS Linc	100% IVE at 50% FFP
Family Finding	Learn information about current Family Finding best practices; Identify strategies for Vermont to increase the impact of Family Finding on case outcomes; Understand how to address challenges inherent in Family Finding to build engagement with families	Case Planning, Placements, case management, foster care	C or RSL	12	Expert Consultant & VT CWTP Staff	Kinship Navigator Funds & IVE @ 75% FFP
JEDI: Justice, Equity, Diversity & Inclusion	Develop an understanding of the concepts of justice, equity, diversity and inclusion and their impacts on our values, practices and approaches to child welfare Practice JEDI concepts in	Case management skills, Assessment and planning and engagement with families	C or RSL & AL	6-24	VT CWTP	100 % IVE @75% FFP

Topic	Syllabus	IV-E Functions Addressed	Venue	Hrs.	Provider	Cost/Funding Source
	child welfare interactions such as assessment, case planning, and family meetings.					
Micro-Learnings for Family Services Staff	<p>Remote learning opportunities to explore best practices on child protection and youth justice topics and build knowledge about engaging with children, youth and families. Topics include:</p> <ul style="list-style-type: none"> • Bias & Disproportionality in Child Welfare** • Working w/ Interpreters 3 & 4** • Crisis management in child welfare and youth justice* • Network Building with Kin* • Working with Domestic Violence • Ethical Practices in Documentation • Ethical Practices in Child Welfare 	Case management skills, Assessment and planning and engagement with families	RSL	1-2 hours 2x per month	VT CWTP & subject matter experts	100% IVE @ 75% FFP
Just in Time Series	Stand alone, on-demand, online learning opportunities for topical overviews on the following practice	Foster Care, Case Planning, Safety Planning	RSL			

Topic	Syllabus	IV-E Functions Addressed	Venue	Hrs.	Provider	Cost/Funding Source
	<p>areas:</p> <p>Indian Child Welfare Act</p> <ul style="list-style-type: none"> • Interstate Compact on the Placement of Children • Coordination of safe and appropriate parent child contact • Assessment strategies, family meetings, safety planning; • Case planning; • Placement practice 			1 hour each	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>Season 2 sessions are:</p> <p>Antiracist Practices in Child Welfare;</p> <p>Safety Culture</p> <p>Trauma Exposure Response;</p> <p>Sustainability in Child Welfare;</p>	Case management skills, Assessment and planning and engagement with families	AL	1 hour 6-8 episodes per season	VT CWTP & Subject Matter Experts	<p>78% IV-E @ 75% FFP</p> <p>22% IV-E @50% FFP</p>

Topic	Syllabus	IV-E Functions Addressed	Venue	Hrs.	Provider	Cost/Funding Source
	<p>Birth parent and Caregiver relationships;</p> <p>Working with youth with vulnerable identities;</p> <p>Youth voice- Stigma in foster care;</p> <p>Foster Parent & Kin Relationships;</p> <p>and Domestic Violence in Child Welfare.</p>					
NTI Child Welfare Workforce Adoption Training	<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>	Adoption/Foster Care	AL	24 hours	VT CWTP	<p>100% IV-E @ 75% FFP</p> <p>Adoption</p>

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

District-Based Training & Coaching for FSD Workforce

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

Delivery of training and coaching in districts, with RLSI and CIES is mutually agreed upon by CWTP, the FSD Operations manager, and each district's leadership team by completing a Collaborative Learning Agreement for the development of practice, in the context of the Family Services Practice Model. A menu of focus areas will be identified such as: Cultural Agility, JEDI issues, Safety Culture, Ethics, Advance Practicum Series, Substance Abuse & Domestic Violence. Districts will use their CQI data to assist in developing Collaborative Learning Agreements with CWTP that will improve their outcome data. CWTP will support collaboration and learning with FSD contracted expertise such as LUND Substance Assessment workers and DV Specialists as needed. Community partners and other DCF department staff are invited and welcome at the discretion of the district.

Additionally, central office consultants, leadership, resource coordinators and, caregivers and caregiver mentors may benefit from coaching. This will be provided on an as needed basis in conjunction with furthering the goals of the Family Services Division and with capacity of VT CWTP for such programs as: LAMM, SOP, Consultant & Supervisory Coaching Skills, Resource Coordinator professional development, Caregiver Mentor skills, etc.

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

Supervisor & Leadership Training

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

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

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

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

Course	Syllabus	IV-E Functions Addressed	Venue	Provider	Hrs	Cost/ Funding source
Leadership Training Series						
Supervisor's Practicum: Coaching to Supervise Family Finding/ Networks* Coaching to Case Reading** Secure Base and Safety Culture** Courageous Conversations/Effective Feedback in Child Welfare Practice Supervising through Secondary Traumatic Stress/Burnout	Provide coaching to support case planning with families and children, utilizing the case read tool for effective supervision and decision-making	Case Management and case planning; decision-making and assessment skills in child welfare and youth justice cases; family-centered and youth-centered practice; worker retention; worker safety; team building	C or RSL	VT CWTP & Subject Matter Experts	6-18 hours	75% IV-E @ 75% FFP 25% IV-E @ 50% FFP
Child Welfare Coaching Institute For Supervisors, Coaches and Central Office Consultants	Be able to use methods of inquiry to elicit the experience of the learner. Know how to support learners in	Social work practice, such as family centered practice and social work methods including interviewing and assessment; communication			6-12	

Course	Syllabus	IV-E Functions Addressed	Venue	Provider	Hrs	Cost/ Funding source
	<p>developing learning goals;</p> <p>Use coaching as a strategy to improve family engagement skills; family and youth centered practice; Provide coaching to Supervisors and SME's to improve consultation skills, transfer of learning and knowledge and improve decision-making in case management, safety planning and permanency activities.</p>	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	2 x per year	100% IV-E @ 75% FFP
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</p>	Adoption/Foster Care	AL	28 hours	VT CWTP	100% IVE @ 75% FFP Adoption

Course	Syllabus	IV-E Functions Addressed	Venue	Provider	Hrs	Cost/ Funding source
	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					

Course	Syllabus	IV-E Functions Addressed	Venue	Provider	Hrs	Cost/ Funding source
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 statewi de and in each district	100% IVE @ 50% FFP
Leadership Training: Coaching to Enhance Safety Culture for Consultants	Develop Skills to use consultation as a driver of safety culture implementation , enhancing secure base and increasing psychological safety in order to drive more effective consultation and support high consequence decision making. Particular emphasis on skill building for planning forward and reflecting back.	Supervision, oversight of case work, supporting a secure base for staff,	RSL	CWTP	6 hrs	100% IV- E @ 50% FFP

Training Provided by FSD Staff

Training provided
by Family Services Staff

Topic/Title of Training	Brief Description of Training	IV-E Functions Addressed	Audience for Training	Funding Source
Child Safety	Assessing risk, safety planning, seeking court involvement	Child abuse and neglect issues, such as the impact on a child's development and well-being, impact of trauma; resilience, social work methods including interviewing and assessment; preparation for judicial determinations; placement of a child; case supervision & management; development of case plan.	Family Services Workers and Family Services Supervisors	100% IVE @ 75% FFP
Mandated Reporter Training	Child abuse/ neglect definitions, CSI trajectories	Recognizing child abuse and neglect; impact of child abuse and neglect; current laws governing	Community Partners	100% CAPTA

		reporting child abuse and neglect concerns		
ALICE	Pro-active multi option response to targeted violence	General training related to staff safety in child welfare	AHS	100% IVE @ 50% FFP
SafeSignal	Training on safety technology	N/A	DCF (CDD, ESD, FSD)	100% State Funds
Human Trafficking 101	Definition of human trafficking, red flags, trauma informed response	Child abuse and neglect issues; substance abuse, domestic violence, and mental health issues; impact of trauma on children and youth development	DCF workers, law enforcement, victim advocates, community, educators (across the state)	100% IVE @ 75% FFP
ICPC/ICJ 101	Highlights about both compacts, their rules and regulations	Preparation for and participation in judicial determinations, placement practice, Permanency planning including use of kinship care as a resource for children involved with the child welfare system	DCF staff	100% IVE @ 75% FFP
ICPC/ICJ Bench Bars	Highlights about both compacts, their rules and regulations, the role of the court and attorneys	Preparation for and participation in judicial determinations, placement practice, Permanency planning including use of kinship	Judges, attorneys and DCF	100% IVE @ 75% FFP

		care as a resource for children involved with the child welfare system		
Human Trafficking Investigations	Definition of human trafficking, red flags, how to conduct human trafficking investigations	N/A	SIU/MDT's (Law enforcement, DCF, and Victim Advocates)	100% State Funds

Additional Courses offered at University of Vermont eligible for IVE						
Course	Syllabus	IV-E Functions addressed	Venue	Hrs	Provider	Cost /Funding Source
Building Effective Strategies for Teaching EDSP 295	Supporting Educational Teams to build strategies for working with children who are at risk of or who have emotional/behavioral challenges, using multi-tiered systems of supports	- Referral to services; General substance abuse, domestic violence, and mental health issues related to children and families in the child welfare system; Communication skills required to work with children and families; Trauma; Case Planning	DL & C	60 hrs	Center on Disability and Community Inclusion faculty	100% IVE @ 75% FFP

EDSP 330 The Trauma Lens: Understanding core concepts of trauma informed practice in health and human services	Identify how trauma and adversity affects learning, brain development, and social-emotional and behavioral health. Understand the core concepts of trauma informed practice. Understand foundational concepts of attachment, resiliency, development, trauma, learning, cultural humility and secondary traumatic stress. Identify key components of family-engaged, collaborative, inter-professional practices in screening, assessment, and case planning.	Case Planning, Trauma, Workforce Development	RSL & AL	60 Hours	CESS Dept. of Education Faculty	100% IVE @ 75% FFP
EDSP 333 Trauma Informed System Change	Identify key components of a trauma informed system in education and community partner organizations	Referral to services; Resources for children in foster care; Case plan coordination	RSL	60 hours	CESS 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	AL	32 hours per event 4 times yearly 4 events per fiscal year	National CASA (under VOCA) and Court Improvement Program.	N/A
FUNDAMENTALS in Trauma Informed Care and Adoption Competence	Two separate FUNDAMENTALS (online modules) are available: one in Trauma Informed Practice (with a total of 11 modules) and one in Adoption Competency (with a total of 4 modules). This training provides the fundamental knowledge necessary to effectively work with	Improve placement stability and permanence by enhancing the social and emotional well-being of Vermont's Children and youth through the implementation of family engaged, adoption competent,	AL	VT CWTP	30 hrs Avail ongoing	100% IVE @ 75%

Training for Community Partners						
Course	Syllabus	IV-E Functions addressed	Venue	Hrs	Provider	Cost /Funding Source
	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.	trauma informed and evidence-based services and supports.				
National Adoption Competency Mental Health Training for Mental Health Professionals (NTI)	Module 1: A Case for Adoption Competency Module 2: Understanding and Addressing Mental Health Needs of Children Moving Towards or Having Achieved Permanence through Adoption or Guardianship Module 3: Enhancing Attachment and Bonding for Children Moving Towards/Having Achieved Permanence through Adoption and Guardianship Module 4: How Race, Ethnicity, Culture, Class and	Adoption, Foster Care	AL	25-30	VT CWTP	100% IVE @ 75% FFP

Training for Community Partners						
Course	Syllabus	IV-E Functions addressed	Venue	Hrs	Provider	Cost /Funding Source
	<p>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>					

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	Social work practice, such as family centered practice and social work methods including interviewing and assessment; communication skills	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
	support through peer and trainer consultation. trainers will lay groundwork for actual FSP referral and preparation	required to work with children and families				
Genograms and Ecomaps	Discuss genograms & ecomaps as a methods of understanding family systems, finding strengths and accessing sources of support Explore the practice of Family Finding Learn how to complete genograms and ecomaps		RSL	6 hours	Easter Seals	100% IVE @ 75% FFP
Advanced Family Safety Planning Meeting Facilitation	Youth participation in FSPs Overcoming barriers Preparation Engagement Scenario practice Widening the net Managing difficult dynamics in the room Virtual FSP facilitation	Social work practice, such as family centered practice and social work methods including interviewing and assessment; communication skills required to work with children and families	RSL	6 hours	Easter Seals	100% IVE @ 75% FFP

Training for Community Partners						
Course	Syllabus	IV-E Functions addressed	Venue	Hrs	Provider	Cost /Funding Source
	<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>					
Motivational Interviewing	<p>Understand the trans-theoretical model of change; explore solution-focused skills, become familiar with the application of MI in casework practice.</p>	<p>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.</p>		See above	Contracted provider	100% IVE @ 75% FFP

Training for IV-E System of Care Service Providers

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

Cost Allocation Methodology for Workforce Training

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

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

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

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

Caregiver Training

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

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

Fostering to Forever online offered continuously and offered virtually and in-person regionally in four districts as the minimum number of pre-adoptive parents, needed for a class in a district is met.

Course	Syllabus	IV-E Functions Addressed	Venue	Provider	Hrs	Cost/ Funding source
Foundations Online	RLSI Overview, Role and Resource Utilization, Fundamental Relationships, Safety, Development, Attachment, Trauma, Trauma Informed Parenting Skills, Court, Permanency, Respecting Differences, Impact of Culture, Aspects of Diversity and Intercultural Responsiveness.	Preparation of foster, kin and potential adoptive caregivers to care for children in state's custody.	AL	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.	Foster Care, Placement Stability, Recruitment and Retention	RSL	VT CWTP & RCs	2-4 hours monthly	100% IVE @75% FFP

Course	Syllabus	IV-E Functions Addressed	Venue	Provider	Hrs	Cost/ Funding source
	Identify supports and resources available to caregivers. Receive next steps regarding training requirements if moving forward.					
Fostering to Forever	Making the Move to Permanency; Working with Families; Adoption; Permanent Guardianship; Local connections and Additional resources	Preparation of families who will adopt children from the foster care system.	C, RSL & AL	Hired trainers & CWTP	3.5 hours Classroom up to 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 online training will include : Mentoring online training, LGBTQ+ 101, Commercial Sex Trafficking, Court Overview, You Kin Do It, Safety Awareness for Caregivers, Caring for Opioid Exposed Infants, Adoption Advanced Topics, Beyond the Basics Kinship, Considerations When Caring for Youth, Normalcy/RPPS, Fundamentals in Trauma Informed Practice and Fundamentals in Adoption Competence. Advanced virtual and/or in person courses that will be offered after the completion of Foundations include Deeper Dive Advanced courses (6 topics offered twice a year), Supporting Children and Youth Impacted by Parental Incarceration, Kinship Connections, Creating Connections, RPC+ training of trainers, and RPC+ regional offerings, . The KFAF Team offers coaching support to temp-trainers, Resource Coordinators, related to caregiver training and increasing capacity of caregivers, and transfer of learning coaching to caregivers connected to Advanced Training topics.

Advanced Foster Parent Training						
Course	Syllabus	IVE Function Addressed	Venue	Provider	Hours	Cost/ Funding Source
Resource Parent Curriculum+ TIPS Train the trainer	For professional community partners. Develop clear understanding of the RPC, and how to effectively train caregivers with it.	Preparation of trainers to deliver Resource Parent Curriculum, which focuses on increasing caregiver skills for those caring for children in state's custody with histories of trauma.	C or RSL	VT CWTP	8-16 hrs 2 x per year	100% IV-E @ 75% FFP
Resource Parent Curriculum+ TIPS (Trauma Informed Parenting Skills) Caregivers of Adolescents 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	25 hrs 10 weeks in person or Remote 1 X per year	100% IV-E @ 75% FFP
Resource Parent Curriculum+ TIPS (Trauma	The Resource Parent Curriculum provides resource parents with the	Deliver of Resource Parent Curriculum, which focuses on increasing caregiver skills for	C or RSL	DCF Contract	25 hrs	

Informed Parenting Skills)	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.	those caring for children in state's custody with histories of trauma.		or- Behavioral Health Network	10 weeks in person or Remote	100% IV-E @ 75% FFP
Resource Parent Curriculum+ TIPS (Trauma Informed Parenting Skills) For VCORP- VT Coalition of Residential Programs	The Resource Parent Curriculum provides resource parents with the knowledge and skills needed to more effectively care for children and youth who have experienced trauma. Participants will learn how trauma-informed parenting can support children's safety, permanency, and well-being, and engage in skill-building exercises that will help them apply this knowledge to the children in their care	Residential Staff Training on Trauma related to children and youth in foster care	C or RSL	VT CWTP	25 hours 10 weeks in person or Remote 1 X per year	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 towards independence/adulthood in attempt to support permanency.	Fostering youth who are approaching independence and require an independent living plan	C or RSL	VT CWTP	3 -6hrs 1 X this year	100% IVE @ 75% FFP
Substance Use	This training supports caregivers in understanding terminology and slang term for street drugs. Increases their ability to work with adolescents and family members of child/youth who are actively using – safety plan, treatment options, harm reduction, interventions, etc. And increases their ability to discuss and support prevention of substance abuse with youth	Developing skills to care for children and youth affected by substance use	C or RSL	VT CWTP	3-6 hrs 2 x this year	100% IVE @ 75% FFP
Youth Mental Health First Aid	Increases caregiver's ability to understand and work with a parent who has a severe and persistent mental illness.	Developing skills to care for children and youth affected by mental health concerns	C or RSL	VT CWTP	3-6 hrs 2 X this year	100% IVE @ 75% FFP

	Also supports caregiver understanding of age-specific ways to support a child or youth whose parent is mentally ill.					
Respecting Differences	This course supports caregivers in taking a deeper dive into cultural responsiveness, while supporting advanced level training around bias, racism, the concept of culture and one's own experience and the impact it can have on caregiving. Additionally this training will: Increase ability to understand issues specific refugees and immigrants. Increase awareness of resources for supporting a non-English language speaker/reader Increase ability to help children resolve issues related to cultural differences	Developing skills to enhance the care for children and youth who have different cultural backgrounds	C or RSL	CWTP	3-6 hrs 1 X this year	100% IVE @ 75% FFP
Positive and Adverse Childhood Experiences (PACES):	This training offers a deepened training to truly understand trauma, impact on self, child/youth and families as well as assists	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 2 Xs this year	100% IVE 2 75% FFP

Nurturing Resilience	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).					
<u>Preventing and Overcoming Secondary Traumatic Stress Through Awareness and Self-Care</u>	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 2 X this year	100% IVE @ 75% FFP
CPR & First Aid	This training will provide opportunities to learn and practice the basic first aid and CPR skills.	Developing first aid and cpr skills to support care and response to children and youth in care.	C or RSL	Hired Subject Experts	3-6 hours 4 x per year in regions	100% IVE @ 75% FFP
Supporting youth and children impacted by parental incarceration	This training provides information that assists caregivers in better understanding how children and youth can be affected by parental	Develop and practice skills to better support children and youth feel safe, supported and connected when impacted by parental incarceration.	AL or RSL	VT-CWTP	4 hours	100% IVE @ 75% FFP

	incarceration. Caregivers receive resources, and share insights.					
Fostering to Forever: Deeper Dive Into Adoption	Training on topics such as: Siblings in Adoption (bio, foster, adopted), Extended Families (how adoption impacts the whole family) and Adoption and School (unique issues for children/youth in school)	Adoption	RSL	VT CWTP	1 hour each Up to 4 x per year	100% IVE @ 75% FFP
Creating Connections	Training on topics such as: how to talk to and support children and youth impacted by substance misuse and grief and loss	Placement, Foster Care, Permanency, Developing and practicing Trauma Informed Skills	RSL	VT CWTP	1 hour 8-12 times per year	100% IVE @ 75% FFP
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	Developing skills, knowledge and understanding among kin caregivers to support care of and promote stability for children/youth in kinship care.	AL	VT CWTP	1 hr	100% IVE @ 75% FFP

	assists in building perspective and skills needed to take on a new role as a kin caregiver while navigating changes in family dynamics, relationships and related feelings.					
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</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

	<p>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>					
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 increase knowledge of de-escalation techniques that</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>may reduce vulnerability during tense interactions. Identify components of policy and practice that keep caregivers safe and learn how policy actively supports caregiver safety. 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</p>	<p>Develop knowledge and skills among caregivers to be able to provide care for infants and young children that have been exposed to opiates.</p>	AL	CWTP	6	100% IVE @ 75% FFP

	with community resources to assist them in this responsibility					
LGBTQ+ 101: Caring for LGBTQ youth in care	Learn how to better support and affirm LGBTQ youth. Introduction to gender identity and sexuality. Identify the unique needs and challenges for LGBTQ youth in DCF custody. Consider specific situations/scenarios that you might encounter as a foster, kinship or adoptive caregiver.	Develop knowledge and skills among caregivers to provide care for LGBTQ youth in custody and promote placement stability.	AL	CWTP & Hired Expert	3 hrs	100% IVE @75% FFP
It's a Rainbow World; Parenting LGBTQ+ Children/Youth	This virtual workshop is open to all who have formed, or may form their family through adoption, guardianship, or foster care and their extended support system.	Develop knowledge and skills among caregivers to provide care for LGBTQ youth in custody and promote placement stability.	AL	DCF contract or: Lund Family Center	4.5 hrs Online	100% IVE @ 75% FFP

	<p>Participants will increase their fluency with LGBTQ+ inclusive concepts, terminology, and practices; and identify specific opportunities for, and challenges to, inclusivity and the unique issues for children who join their families through adoption, guardianship, kinship, or are in foster care.</p> <p>Learn and practice approaches for making our homes and community environments affirming and supportive for children and youth of all genders and sexual identities</p> <p>Hear from a panel of youth and parents</p>					
Creating an Adoption Sensitive School	<p>Open to parents and educators</p> <p>Increase understanding of the 7 Core Issues of Adoption</p> <p>Increase understanding of the impact of Developmental Trauma</p> <p>Learn how these might present in the classroom</p>	Adoption; Developing skills to better provide care for and support permanency for children and youth impacted by early childhood adversity; Develop skills, knowledge and understanding among adoptive caregivers to support care of and promote stability	AL	DCF Contract or: Lund Family Center	2 hrs	100% IVE @ 75% FFP

	and what strategies can help these children and youth succeed in school					
Talking to Our Children about Adoption/ Guardianship	<p>Learn why it's important to talk with your child and to practice these conversations safely (and with support)</p> <p>How to provide your child with their history—even if it is a difficult one and</p> <p>Learn how to talk about your child's birth family honestly and proactively.</p> <p>How to empower your child in telling and/or keeping their story private.</p>	Adoption; Developing skills to better provide care for and support permanency for children and youth impacted by early childhood adversity; Develop skills, knowledge and understanding among adoptive caregivers to support care of and promote stability	AL	DCF Contract or: Lund Family Center	4.5 hrs	100% IVE @ 75% FFP
Taking the Long View: Thriving as a Transracial/ Transcultural Family	<p>Open to caregivers, siblings, and other family members</p> <p>This course supports caregivers in taking a deeper dive into cultural responsiveness, bias, racism, the concept of culture and one's own experience and the impact it can have on caregiving.</p> <p>Increase ability to help children resolve issues related to cultural differences</p>	Adoption; Developing skills to enhance the care for children and youth who have different cultural backgrounds; Develop skills, knowledge and understanding among adoptive caregivers to support care of and promote stability	AL	DCF Contract or: Lund Family Center	6 hrs	100% IVE @ 75% FFP

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.</p> <p>Understanding value of open communication.</p> <p>Learn guiding principles for open communication.</p> <p>Gain awareness about impact of not sharing crucial information.</p> <p>Topics covered will include: Talking with children about adoption, talking about more difficult things in adoption and connecting with birth families.</p>	Develop skills, knowledge and understanding among adoptive caregivers to support care of and promote stability	AL	VT CWTP	2 hours	100% IVE Adoption Rate
You Kin Do It, Kinship Specific Advanced	<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>	Developing skills, knowledge and understanding among kin caregivers to support care of and promote stability for children/youth in kinship care.	AL	VT CWTP	2 hrs	100% IVE @ 75% FFP

	<p>Explore importance of self care.</p> <p>Learn what trauma informed parenting is and develop skills related.</p>					
Considerations when caring for youth	<p>Understand the importance of normalcy for children in out of home care (allowing them to participate in the same age appropriate normative activities, experiences as their peers.</p> <p>Understand the resources available for caregivers to support youth/adolescents.</p> <p>Understand the rights of youth that are imperative to develop normalcy, resilience and culture.</p> <p>Understand the unique aspects of working with an adolescent (namely the need for connections and permanency regardless of age, normal developmentally appropriate behavior versus trauma behavior, and how substance use</p>	Foster Care, Placement, Permanency	AL	VT CWTP	3 hrs	100% IVE @ 75% FFP

	affects brain development and decision making. Understand the Reasonable and Prudent Parenting Standard (RPPS)					
Just in Time Series	<p>Stand Alone on-demand online learning opportunities for quick topical overviews. Topics may include deep dives into:</p> <ul style="list-style-type: none"> • What is an FSP? And What is my role? • What is Shared Parenting? • What is my role in supporting Family Time/Parent Child Contact? <p>CFS Coordination</p>	Foster Care, Placement Stability, Case planning, Safety Planning	AL	VT CWTP	1 hr per session	100% IVE @ 75% FFP

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	25	Hired subject experts, CWTP trainers, community Partners	100% IV-E @ 75% @ FFP

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

Cost Allocation Methodology for Caregiver Training

The Family Services Division has a single system for application, home study and approval of foster parents, kinship care providers, and adoptive parents. Caregivers who participate in caregiver training have often indicated their interest in both short-term care, and adoption. In Vermont, over 90% of adoptions are by foster parents even when these same foster parents did not initially become involved to be adoptive parents. All guardianship assistance families are relatives who are licensed foster parents. For these reasons, through our caregiver training, we prepare caregivers for all kinds of care, including permanent care through adoption or guardianship.

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

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

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