



VERMONT

Department for Children and Families

Family Services Division

Vermont's 2024 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 Alliance (VFAPA)** holds 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 meets

annually with the Division Management team and outlines what they see are practice priorities that leadership needs to focus on based on their experience.

- **Vermont Kin as Parents (VKAP)** is a state-wide non-profit organization serving grandparents and relatives who are raising a family member's child when the parents are unable. With the increase of kin foster care, Family Services and VKAP continue to work together to discuss how to best support family members who are currently raising relatives. Both the Family Services post permanency manager and foster and kin care manager serve on the board.
- **Vermont Federation of Families** is a statewide family-run organization that provides support to families at Local Interagency Team meetings and Coordinated Services Plan meetings where Family Services, Department of Mental Health, and the Agency of Education are all present, working in collaboration to support families and child/youth 0-22 experiencing emotional, behavioral, or mental health challenges. The Vermont Federation of Families also joins Family Services Stakeholder meetings which is a venue to hear updates related to policy and practice and to be able to ask questions and provide feedback.
- **Vermont Family Network (VFN)** is an agency whose mission is to empower and support all Vermont families of children with special needs. The VFN joins Family Services Stakeholder meetings which is a venue to hear updates related to policy and practice and to be able to ask questions and provide feedback.
- The **Vermont's Citizen Advisory Board (VCAB)** was established by Family Services in 1998 per the federal Child Abuse Prevention and Treatment Act (CAPTA), under the CAPTA Reauthorization Act of 2010. VCAB meets quarterly regarding a variety of issues related to child protection, with a focus to review and improve Vermont's child welfare system.
- **Vermont Network Against Domestic and Sexual Violence** and Family Services collaborates in various ways, including:
 - The Rural Grant partnership member organization to develop regional trainings with the goals for the next 3 years focusing on the intersections of domestic violence, substance use and mental health and developing ways we as partnership can build our collective knowledge to enhance safety for families and improve service delivery in a holistic manner for families experiencing these challenges.
 - Supporting their local DV/SV member organizations to partner with DCF-FSD DV Specialists in community coordinated response teams which consist of cross discipline professionals developing appropriate domestic and sexual violence responses in regional communities.
 - Vermont Network Against Domestic and Sexual Violence members also serve on the Vermont's Citizen Advisory Board (VCAB).
- The **Vermont Coalition of Residential Programs (VCORP)** meets monthly, with division representatives attending.
- **Justice for Children Task Force (JCTF)** is convened by the Chief Justice of the Vermont Supreme Court. This task force is a collaborative, interdisciplinary effort bringing together those in charge of decisions impacting outcomes for children who are not in the custody or guardianship of a parent. Family Services commissioner and deputy commissioner participate on this task force and collaborates with the Court Improvement Project to improve outcomes for children and families. Other Task Force members include lawmakers, juvenile attorneys, Department of Health, states attorney, mental health, court administrator, Agency of Education, and an assistant attorney general.

- **FSD Stakeholders Meetings** are coordinated by Family Services on a quarterly basis. These meetings involve various stakeholders to provide policy and practice updates to help strengthen partnerships and the greater child welfare system. The quarterly meeting invitation goes out to individuals from the following fields: court, mental health, agencies that support and represent family and youth, corrections, education, local services providers, treatment providers, law enforcement, placement providers, and various advocacy groups. Note that post Covid, Vermont is working to get these meetings back to a quarterly cadence.
- **Vermont Center for Crime Victim's Services**- DCF Family Services receives funding from the Department of Justice, Office of Violence Against Women, Rural Domestic Violence and Child Victimization grant and funds from the Office of Victims of Crime. These grants fund .5 FTE Domestic Violence Specialists to provide case consultation and expertise to regional FSD offices, as well as direct service and appropriate referrals to community service providers. In addition, formal Collaborative Agreements are in place and revisited on an annual basis between the local district office and the community domestic and sexual violence program to improve collaboration and referrals. Funds from this grant allowed FSD to leverage technical assistance from our statewide experts on LGBTQ youth, Outright VT.
- **The Vermont Children's Justice Act Task Force**- members of the Task Force include: Law Enforcement, Criminal/Civil Court Judges, Prosecuting Attorney, Defense Attorney, Child Advocate, Court Appointed Special Advocate (GAL), Mental Health, Child Protective Service, an individual experienced in working with children with disabilities, parent/representative, adult former victim, and an individual experienced in working with homeless children or youth. This group meets quarterly to address system issues.
- **Multi-Disciplinary Teams 33 VSA § 4917** - The DCF Commissioner may empanel a multidisciplinary team when there may be a probable case of child abuse which warrants the coordinated use of several professional services. The commissioner shall appoint members which may include persons who are trained and engaged in work relating to child abuse or neglect such as medicine, mental health, social work, nursing, childcare, education, law, or law enforcement. Additional persons may be appointed when the services of those persons are appropriate to a particular case. Teams assist the department in identifying and treating child abuse or neglect cases by providing:
 - case diagnosis or identification;
 - a comprehensive treatment plan; and
 - coordination of services pursuant to the treatment plan.
 - Teams may also provide public informational and educational services to the community about identification, treatment, and prevention of child abuse and neglect.
 - Team shall also foster communication and cooperation among professionals and organizations in its community and provide such recommendations or changes in service delivery as it deems necessary.
- Vermont has been a part of the **Reclaiming Futures** (RF) learning community since 2015. Reclaiming Futures is a national initiative that provides guidance to promote juvenile justice reform to reduce youth involvement in the criminal justice system and to help youth lead meaningful lives. RF helps young people in trouble with drugs, alcohol, and crime. The work in Vermont is focused on our largest county, Chittenden County. Representatives of the legal community, the judiciary, youth justice, restorative justice, substance use treatment providers, the community, and state agencies serve on the Leadership Team which meets monthly.

- The **Restorative Justice Consortium** is comprised of state government, education, higher education, victim services and community restorative justice providers. The consortium meets monthly and works collaboratively to develop infrastructure and capacity to support, expand, and evaluate community and restorative justice in Vermont.
- The **Balanced and Restorative Justice (BARJ) program** is an arm of the youth justice system that provides support to youth who are at-risk for involvement in the juvenile justice system or have been adjudicated delinquent and may or may not be on probation with DCF- Family Services. Every other month we meet with the BARJ case managers to explore areas of practice that enhance the work with youth.
- The **Juvenile Justice Stakeholders Group** consists of representatives from the Judiciary, Juvenile Defender, Department of Corrections, DCF, States Attorney, and Victim Advocates. The group has been meeting since 2016 to develop legislation to move juvenile jurisdiction reform forward in Vermont.
- The **Coordinating Funds and System Needs** interagency collaboration group consists of representatives of various Agency of Human Services departments (DCF, FSD, DAIL, DMH) and meets monthly. The purpose of this group is to focus on the child/youth system to discuss:
 - where there is alignment across our departments/divisions.
 - coordination about incoming proposals (Foundations, RFPs issued) and think more long-term in our approach as an agency.
 - what is being measured and contracted for? Is this giving AHS the impact they want?
- The **Families Come First Prevention Workgroup** is a workgroup that involves department staff, agency staff, as well as external stakeholders. This group meets to review and weigh in on the progress around implementing the Families First Prevention Act in Vermont.
- The **CFSR Steering Committee** is a group that formed in 2022 with the purpose of gathering information for the statewide assessment, to include identifying strengths, areas needing improvement (through root cause analysis) and sharing strategies for the future. This committee will also oversee the CFSR PIP and use data to inform progress on PIP items.

[Update on Assessment of Current Performance](#)

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

Figure 1: Child and Family Services Review Outcomes Table

Child and Family Outcome	Fall 2016 CFSR baseline review	Fall 2022 QCR data and additional supplemental data (N=14)	Current or Planned Activities												
Safety Outcome 1	<p>Timeliness of Initiating Investigations of Reports of Child Maltreatment:</p> <p>Item 1: 79.3%</p>	<p>Fall 2022 QCR – Item 1: Out of the 5 applicable cases, 14 were a strength (100%)</p>	<p>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. We launched the Results Oriented Management (ROM) toll in Spring 2023, which allows for deeper analysis of commencement of front-end cases.</p>												
Safety Outcome 2	<p>Services to Family to Protect Children in the Home and Prevent Removal or Re-Entry Into Foster Care</p> <p>Item 2: 77%</p> <p>Risk and Safety Assessment and Management</p> <p>Item 3: 60%</p>	<p>Fall 2022 QCR – Item 2: Out of the 6 applicable cases, 4 were a strength (67%)</p> <p>Measure of repeat maltreatment is within 6 months</p> <table border="0" data-bbox="678 772 909 961"> <tr> <td>FFY2017</td> <td>5.5%</td> </tr> <tr> <td>FFY2018</td> <td>5.4%</td> </tr> <tr> <td>FFY2019</td> <td>3.8%</td> </tr> <tr> <td>FFY2020</td> <td>5.0%</td> </tr> <tr> <td>FFY2021</td> <td>4.8%</td> </tr> <tr> <td>FFY2022</td> <td>7.6%</td> </tr> </table> <p><u>Data Notes:</u> Goal = Maintain (1) 2017 Data provided by CFSR 3 Data Profile dated Feb 2020 (2) FFY2018-2022 Data provided by ROM Reporting System; Measure of repeat maltreatment is within 12 months.</p> <p>Fall 2022 QCR- Item 3: Out of the 14 applicable cases, 9 were a strength (64%)</p>	FFY2017	5.5%	FFY2018	5.4%	FFY2019	3.8%	FFY2020	5.0%	FFY2021	4.8%	FFY2022	7.6%	<p>Item 2: The division continues to focus on the implementation of the SDM case reads to support staff around the use of the various SDM tools. During the past year, the division has still been challenged by the full implementation of SDM case reads. Recently, initial discussions have occurred with the Quality Assurance team to assist with the development of a structure to support this work ongoing. In addition, the division is worked with the judiciary to develop a bench guide to give judges a prompt about which SDM and other case planning tools to inquire about in court hearings. The division feels this will help improve our scores for item 2. The bench guide has been shared with the judicial community and the division is now working out a training plan for the bench guide.</p> <p>Item 3: The agency continues to have staffing turnover challenges at all levels within our district offices. Through our internal case reviews, Vermont has learned that at times this turnover can impact safety as not all safety related information is passed on successfully between workers. Currently, many districts have been piloting the use of the SBAR as a helpful tool to use during case transfers to ensure all necessary information is passed on.</p>
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Permanency Outcome 1	<p>Placement Stability</p> <p>Item 4: 70%</p> <p>Permanency Goal</p> <p>Item 5: 45%</p>	<p>Fall 2022 QCR- Item 4: Out of the 9 applicable cases, 7 were a strength (78%)</p> <p>Fall 2022 QCR- Item 5: Out of the 9 applicable cases, 2 were a strength (22%)</p>	<p>Item 4: The division continues to focus on statewide implementation of our diligent recruitment work and believes this will continue to support improvements in this item rating. <i>See the DR section for additional details.</i></p> <p>Item 5: FSD continues to educate and strategize with staff around completion of initial case plans within 60 days. During the past year, our efforts on IV-E candidacy implementation has impressed upon staff the need to complete initial case plans. In addition, we are currently working on a</p>												

	<p>Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement</p> <p>Item 6: 45%</p>	<p>Fall 2022 QCR- Item 6: Out of the 9 applicable cases, 5 were a strength (56%)</p>	<p>document for staff that shows a crosswalk between CFSR outcomes and our policies. This should help to educate staff around important milestones in a case.</p> <p>Item 6: COVID has had a negative impact on our judicial system, and further exasperated the already existing backlogs within many of the courts. This continues to be a challenge as we work to achieve permanency. <i>Please see section Activities to Reduce Length of Time in Care for recommendations from the National Center for State Courts.</i></p>														
<p>Permanency Outcome 2</p>	<p>Placement with Siblings</p> <p>Item 7: 95%</p> <p>Visiting with parents, and siblings in foster care</p> <p>Item 8: 77%</p> <p>Preserving connections</p> <p>Item 9: 90%</p> <p>Relative placement</p> <p>Item 10: 75%</p> <p>Relationship of child in care with parents</p> <p>Item 11: 79%</p>	<p>Fall 2022 QCR- Item 7: Out of the 4 applicable cases, 3 were a strength (75%)</p> <p>Siblings Placed Together (ROM Report)</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Met</th> </tr> </thead> <tbody> <tr> <td>FFY22</td> <td></td> </tr> <tr> <td>FFY21</td> <td>323 (67%)</td> </tr> <tr> <td>FFY20</td> <td>327 (64%)</td> </tr> <tr> <td>FFY19</td> <td>374 (61%)</td> </tr> <tr> <td>FFY18</td> <td>390 (62%)</td> </tr> <tr> <td>FFY17</td> <td>343 (60%)</td> </tr> </tbody> </table> <p>Fall 2022 QCR- Item 8: Out of the 8 applicable cases, 8 were a strength (100%)</p> <p>Fall 2022 QCR- Item 9: Out of the 9 applicable cases, 5 were a strength (56%)</p> <p>Fall 2022 QCR- Item 10: Out of the 8 applicable cases, 5 were a strength (63%)</p> <p>Fall 2022 QCR- Item 11: Out of the 8 applicable cases, 7 were a strength (88%)</p>	Year	Met	FFY22		FFY21	323 (67%)	FFY20	327 (64%)	FFY19	374 (61%)	FFY18	390 (62%)	FFY17	343 (60%)	<p>The division’s diligent recruitment work continues to support FSD’s practice related to all the Permanency Outcome 2 items. See the DR section for additional details.</p> <p>The following policies also support this area or work: Policy 125: Permanency Planning for Children and Youth highlights considerations of sibling relationships. Policy 91: Kinship Care, and Collaboration with Relatives supports placement with relatives and ongoing connects. Policy: 124: Family Time (Parent/Child Contact)</p> <p>Kinship Placement (statewide data): FFY2018 – 29.8% FFY2019 – 27.6% FFY2020—28.4% FFY2021 – 35.9% FFY 2022—34.5%</p> <p>Data Notes: Goal = Increase performance each year FFY2017-2022 data provided by TREND custody report, C5 pivot table section</p>
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FFY21	323 (67%)																
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<p>Well-Being Outcome 1</p>	<p>Needs and Services of child, parents, and foster parents</p> <p>Item 12: 35.4%</p> <p>Case Planning with Parents and Child</p> <p>Item 13: 50.80%</p>	<p>Fall 2022 QCR- Item 12: Out of the 14 applicable cases, 5 were a strength (36%)</p> <p>Fall 2022 QCR- Item 13:</p>	<p>One of FSD’s challenges with the Well-Being Outcome 1 items, is connected to our in-home cases and visiting the home on a consistent basis to assess for needs and services, and case planning. In many cases, our engagement with the non-custodial parent is lacking.</p> <p>We continue to believe with the rollout of ROM, district leadership will be able to better track and support workers around face-to-face contacts with our in-home population. Some ROM reports went</p>														

	Case Worker visit with Child Item 14: 58.50% Case Worker visit with Parents Item 15: 44.40%	Out of the 14 applicable cases, 8 were a strength (57%) Fall 2022 QCR- Item 14: Out of the 14 applicable cases, 7 were a strength (50%) Fall 2022 QCR- Item 15: Out of the 8 applicable cases, 6 were a strength (75%)	live in April 2023 and the QA team has been meeting with leadership in some districts to better understand how to use the reports to increase outcomes. In addition, FSD is still exploring the implementation of the <i>Family Strengths and Needs Assessment</i> SDM tool which could provide staff with additional support on how to assess and document for item 12 and 13. At this time, other priorities and funding issues have delayed exploration.
Well-Being Outcome 2	Educational Needs Item 16: 86%	Fall 2022 QCR- Item 16: Out of the 8 applicable cases, 6 were a strength (75%) FSD Report Manager: % of School Aged Kids Who Had a Placement Change and Maintained Educational Stability = 73.14% (FFY2022: data ran on 02/22/2023)	The following policy supports this area or work: Policy 72: Educational Achievement and Stability for Children and Youth in DCF Custody
Well-Being Outcome 3	Physical Health Needs Item 17: 78% Mental Health Needs Item 18: 77%	Fall 2022 QCR- Item 17: Out of the 12 applicable cases, 5 were a strength (42%) Fall 2022 QCR- Item 18: Out of the 11 applicable cases, 5 were a strength (45%)	The following policies also support this area of work: Policy 76: Supporting and Affirming LGBTQ Children & Youth Policy 77: Medical Care for Children and Youth in DCF Custody Policy 154: Children and Youth in DCF Custody Requiring Mental Health Screening, Mental Health Placement, or Psychiatric Hospitalization In addition, <i>please see healthcare oversight section</i> for more information regarding progress on children seeing physicians.

Systemic Factors

Figure 2: Child and Family Services Review Systemic Factors Table

Systemic Factor	Current Status	Current or Planned Activities
Information Systems	<ul style="list-style-type: none"> Item 19: <i>Statewide Information System</i> was rated as a <u>Strength</u> in recent CFSR. System has capacity to submit AFCARS, NCANDS and NYTD data to HHS. Low AFCARS error rate 	<ul style="list-style-type: none"> Continue to work with IT to make upgrades and improvements to our current system. FSDs information systems are very antiquated. The division continues to highlight the need for a CCWIS. In SFY2022 and 2023, FSD secured initial funding of \$4,000,000 in carryforward funds for pre-planning and readiness assessment activities. A CCWIS PAPD was submitted in May 2023 (still pending as of the writing of this document) and planning activities

	<ul style="list-style-type: none"> Continued development of ROM (Results Oriented Management) Reporting Tool. 	<p>have begun. As of June 2023 however, funding is in jeopardy of being swept due to other priorities within the Agency of Human Services.</p> <ul style="list-style-type: none"> The division rolled out Phase 1 of ROM reports in spring 2023.
Case Review System	<ul style="list-style-type: none"> Items 21: <i>Periodic Reviews</i>, Item 22: <i>Permanency Hearings</i>, and Item 23: <i>Termination of Parental Rights</i> were rated as a <u>Strength</u> in Round 3 CFSR. Items 20: <i>Written Case Plan</i> and 24: <i>Notice of Hearings and Reviews to Caregivers</i> were <u>Area Needing Improvement</u> in Round 3 CFSR. 	<ul style="list-style-type: none"> Maintain success with face-to-face contacts with children, youth, and family to increase engagement in case planning and improve overall outcomes. Continue to verify systems are in place in the districts to ensure foster parents receive the foster parent notification rack card prior to all hearings.
Quality Assurance	<ul style="list-style-type: none"> Item 25: <i>Quality Assurance System</i> was an <u>Area Needing Improvement</u> in Round 3 CFSR due to lack of ongoing qualitative case review process. Continue to review, evaluate, and modify our QCR process. QA team supports the districts with data requests and analysis of their data. Operations and QA team support districts around focused indicators. 	<ul style="list-style-type: none"> During 2022, 5 districts were reviewed as part of our case review process. The Quality Assurance team continued to train staff to review as part of this process and both internal and external staff and stakeholders participate in these reviews. To date, OSRI fidelity has been monitored by use of federal partners to review a sampling of cases, as well as limiting staff conducting Initial QA and Secondary Oversight. Vermont will be going through CFSR round 4 in September of 2023 and we will use this opportunity to receive more intensive, on the spot training regarding Initial QA and Secondary Oversight.
Staff Training	<ul style="list-style-type: none"> Item 26: <i>Initial Staff Training</i> and Item 27: <i>Ongoing Staff Training</i> were both <u>Areas Needing Improvement</u> in Round 3 CFSR. Refining of new employee pre-caseload and training requirements. Utilizing different formats for delivery of information (virtual platforms, district consults and coaching). 	<ul style="list-style-type: none"> FSD and the CWTP continue to improve how we utilize the training system (LINC) to track successful completion of staff trainings and identify training needs. All modules for Foundations training are in the LINC system now. This allows for enhanced tracking for employee trainings. As a back-up to this tracking, CWTP utilizes weekly FSD newsletter (COW), to monitor new employee announcements and prior to a Foundations class starting, reaches out to supervisors to verify new employees are attending trainings. Also, any virtual course offered (including micro-learnings) is automatically put in LINC. The only piece still working on is outside trainings such as Safe & Together, and figuring out how to pull that into the employee training record. In late 2022 the QA team Admin began a knowledge transfer regarding the use of LINC with CWTP staff so that FSD could have access and understanding of training records for their employees. This Admin is now able to pull individual training records or statewide training information as needed. Due to COVID, the CWTP provided trainings virtually which was very well received. During the past year

		and for the upcoming year, the division will continue to offer both in-person and virtual trainings.
Service Array	<ul style="list-style-type: none"> Item 29: <i>Array of Services</i> and Item 30: <i>Individualizing Services</i> were both <u>Areas Needing Improvement</u> in Round 3 CFSR. The division continues to analyze priority needs, identify service gaps, and target those within our budget capacity. The division continues to have discussions with community partners about existing service needs and identify ways to address gaps. 	<ul style="list-style-type: none"> 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. In 2022, FSD stood up a CFSR Steering Committee with 50+ internal department staff, agency staff, and external partners. This committee dove into issues around service array and will continue to monitor progress post on-site review and through the PIP.
Agency Responsiveness to the Community	Item 31: <i>Engagement and Consultation with Stakeholders</i> and Item 32: <i>Coordination of CFSP Services with other Federal Programs</i> was rated as a <u>Strength</u> in Round 3 CFSR.	<ul style="list-style-type: none"> Given the tremendous time devoted to the development of our FFPSA prevention plan, the division shifted to engage and consult with stakeholders through this work. This served as a great venue to discuss our strengths and gaps in services with our stakeholders. We had 90+ community stakeholders engage in the FFPSA Prevention Workgroup and they provided very rich information for our plan. Through our FFPSA implementation work, the division will continue to be inclusive around engagement with our stakeholders regarding our practice. During the 2022 and 2023 QCR process, we again trained and utilized stakeholders for ongoing district QCRs. FSD is currently in the process of securing a position for a lived experience expert so that we can ensure the lived experience lens is included in all aspects of the work. FSD has been working closely with someone with lived experience for both FFPSA and CFSR planning.
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. <i>Please see diligent recruitment section for more information.</i>

[Update to the Plan for Enacting the State’s Vision and Progress Made to Outcomes](#)

Vermont’s 3-year strategic plan expired on June 30, 2022. Since the inception of this plan, the state has embarked on the development of our Family First Prevention and Services Act prevention plan, which does incorporate many elements from our strategic plan. Since the time that our strategic plan was developed, a legislatively mandated report examining the state’s high entry into foster care was completed by the University of Vermont (UVM). This report highlighted important practice and program improvement areas that will need to be incorporated into a blended strategic plan that will guide our work for the next few years. To support this important work, our division re-organized central office programs to better align and prioritize activities and increase collaboration in the areas of FFPSA implementation, policy and practice development and continuous quality improvement. It is our intention that a new strategic plan will incorporate any elements from the expiring plan that are in progress but not yet completed. FSD leadership has been embarking on listening sessions with each district in 2023 as a way to seek input for the next strategic plan.

[Revisions to Goals, Objectives, and Interventions](#)

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

Strategy 1A. Engage district staff around continuous improvement of practice, including the implementation of a strong culture of safety.		
Activity/Benchmarks	Lead	Begin Work
1. Continue staff engagement around the implementation of our Safety Organized Practice framework.	Operations	Year 1 (7/1/19-6/30/20)
<p>Update: The division continues to receive TA from Evident Change to support the implementation of a Safety Organized Practice framework. One area of focus includes implementation of case reads in the districts to support the new SDM tools. The Child Safety Manager has been working with the QA team, division leadership, and Evident Change to brainstorm ways to implement the case read practice across the state. It is hoped that this process will be formalized in 2023. SDM practice related conversations continue to occur at various statewide meetings, though this occurs more regularly at the monthly Supervisors meeting. Additionally, FSD is contracting with Evident Change to validate the tools being used, and created Bench Guides that will be used to ensure collaboration and consistency in decision making with our judicial partners as it relates to the use of SDM tools. These Bench Guides were rolled out in 2023 and the team is now working to implement training around the guides in the judiciary. FSD has been met with some resistance from the judicial community with regards to allowing FSD to provide training or guidance for how to utilize the Bench Guides. The current plan is for Evident Change to train the judicial staff member that has been identified as the point of contact for this process.</p> <p>Vermont is one of 27 States that are part of the National Partnership for Child Safety (NPCS), a national collaboration lead by Michael Cull focused on improving the child abuse/neglect death review process using the Safe Systems Improvement Tool (SSIT). FSD piloted the Safe Systems Learning Review (SSLR) on two events. The SSLR was then paused at the Commissioner level in 2022 due to concerns regarding some aspects of the process. The division is working with the Commissioner’s office around draft legislation to speak to SSLR in effort to strengthen this process within Vermont’s statutes. Districts are voluntarily using the SBAR style in approach to their case transfer, consults and staffing's. Lastly, this past November, the division administered the fourth annual Staff Safety survey.</p>		
2. Review internal district case transfer processes and make recommendations.	Operations	Year 2 (7/1/20-6/30/21)
<p>Update: The supervisors have been supported to use the SBAR as a tool during the case transfer process between front end to ongoing with the office. There are several districts using this format which they feel has helped support the</p>		

transfer process and have shared their feedback and experience with colleagues at monthly division meetings. At this point, management is not mandating this process but rather allowing districts to decide whether 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: CWTP continues to provide guidance and training regarding documentation. Districts work with their individual CWTP trainer if they need more intensive support around case notes and documentation. The Quality Assurance team has also met with some districts regarding how to best document information so that it can be used and understood during the Qualitative Case Reviews.		
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. In 2022 and 2023, Change Management has been applied to some projects to include YO Party Status, Family Needs and Assessment, and the revamp of the Mandated Reporter training. Currently, the Change Management core team continues to monitor the use of the Change Management framework in projects as well as brainstorm how to message Change Management as a useful tool within the division.		
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: In spring 2022, we resumed administering surveys to parents/caregivers as part of our QCR process. As part of our Qualitative Case Reviews, we seek participation from parents/caregivers, youth, kinship caregivers, and other family members who are involved in providing safety, permanency, and overseeing well-being for children and youth served. In addition to our QCR process, we have included people with lived experience in our FFPSA (now referred to as Families Come First/FCF) planning as well as our CFSR steering committee and are using focus groups for the CFSR. Family Services is also pursuing the possibility of creating a new position within the division for a lived experienced expert who can be involved in all aspects of the work and help inform policy and practice. Lastly, FSD has been collaborating with the Capacity Building Center to increase lived experience participation.		
2. Enhance training and guidance on engaging and empowering families through case planning.	Operations	Year 2 (7/1/20-6/30/21)
Update: In 2022, the Child Welfare Training Partnership (CWTP) adjusted the division's Foundations Curriculum to train this topic more deeply. The CWTP took the previous training that was one large case planning module and converted it to 3 discrete smaller ones that cover 1- case notes & documentation, 2- the technical skills of writing a case plan, and 3- the adaptive process of case planning throughout the life of the case. This has allowed us to delve more deeply and effectively into the various skills that support better engagement and clear documentation. The CWTP continues to adjust Foundations to meet the changing needs of the field. They also offer district specific trainings as needed.		
Desired outcomes for children, youth, and families OR Systemic capacity expected to improve		
<ul style="list-style-type: none"> • 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. Currently, other priorities and funding issues have delayed exploration.

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

Activity/Benchmarks	Lead	Begin Work
<p>1. Create a set of key outcome measures for Family Services to highlight and improve.</p>	<p align="center">Management</p>	<p align="center">Year 1 (7/1/19-6/30/20)</p>
<p>Update: The division management team (DMT) worked with the Capacity Center for States during the summer of 2019 and identified a set of focused and monitoring indicators. DMT also developed a process that involved reviewing data related to the 3 focused indicators (face-to-face contacts, timely case closures, and kinship placement) provided by Central Office, having discussions as a management team, then hearing back from the district directors after they reviewed their district data and discussed strategies for improvement with their district leadership teams. These indicators came to a close in 2022 and improvements were seen across all three focused indicators. The Quality Assurance Administrator worked with DMT in fall/winter of 2022 and early 2023 to identify next steps. Through data review and conversations, it was determined that DMT will revisit focused indicators in early 2024 once it is known which items FSD will be required to focus on in their CFSR PIP. DMT agreed that combining focused indicators with CFSR outcomes would be the best approach.</p>		
<p>2. Continue to develop clear, measurable performance measures for grants and contracts & review data annually.</p>	<p align="center">Revenue Enhancement Unit</p>	<p align="center">Year 2 (7/1/20-6/30/21)</p>
<p>Update: All agreements include performance measures with a requirement for providers to submit reports on quarterly, bi-annual, or annual basis. Reports are reviewed by the Revenue Enhancement team and the Program Manager along with the Provider. In the beginning of 2022, the Department (DCF) consolidated the contracting and grant functions for all divisions into one centralized team directly reporting to the Commissioner. This has proved to be a challenging transition and as a result, many contracts lapsed in 2022 and early 2023. The Director of Revenue Enhancement has worked closely with this unit to identify strategies to move the work forward. A representative from the Business Office has also been included to oversee the work and there have been noted improvements over the last couple of months. It is hoped that through diligent attention to this reconfiguration, FSD can move back to a place of timely contract renewals and payments.</p>		
<p>3. Continue to evaluate the new Family First Prevention Services Act legislation and possibilities to leverage additional resources.</p>	<p align="center">Management</p>	<p align="center">Year 1 (7/1/19-6/30/20)</p>
<p>Update: The division is currently receiving TA from the Capacity Building Center to assist with data analytics, lived experience, prevention planning, and general project management. FSD was also able to allocate a position that is solely responsible to lead the FFPSA work along with a FFPSA Prevention Specialist. FSD’s FFPSA Prevention Plan was approved in spring of 2022 and FSD now has several workgroups in place to support the implementation of FFPSA. Recently, 90 day sprint groups have been put in place to move the work forward at a faster pace. Due to staffing needs and other delays, FSD is still working on implementation with the most recent 90 sprint group focusing on field preparedness. Due to system</p>		

limitations, FSD will not have the ability to drawdown IV-E funds for prevention work. Should FSD be successful in implementing a new CCWIS system, FFPSA drawdown will be reassessed.

4. Provide training to district leadership teams around obtaining and using data.	Quality Assurance Team	Year 2 (7/1/20-6/30/21)
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Update: The FSD management team has increased the use of data during regular division management team meetings with district directors to better support data informed decision making and increase directors comfort level in analyzing data. In addition, FSD implemented Phase I of ROM in spring 2023 with the rollout of 20 new reports. The Quality Assurance team hosted a ROM demo in spring 2023 with the support of the KU consultant. Currently, the QA team is working with district leadership as needed to review ROM reports and discuss how to use data to understand and utilize their data to inform practice. Phase II of ROM is projected to rollout at the end of 2023, though that may be delayed due to the CFSR.

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

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

Rationale for selection of each strategy/activity

- FSD came close to not passing Round 3 of the CFSR. The division is focused on how we analyze the QCR data and dialogue about what we are learning to make system changes.
- The division needs to continue to improve how we use data to inform our decision making around our finite resources and to ensure we are getting the services and results we intended for families.
- FSD will continue to explore and leverage available prevention resources to reduce CPS involvement and get families connected with appropriate services when they need them.

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

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

Activity/Benchmarks	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. The CWTP has implemented a 6 month follow up survey for Foundations participants. This evaluation tool helps to determine how training impacted their ability to be prepared to work in their new role. These surveys have tended to have a low response rate and CWTP/FSD are brainstorming how to increase that. Currently, Supervisors share with Operations Managers any training gaps/needs, and they will utilize the Training Team (quarterly) time to share that information for consideration of future training offerings. In addition, the training specialists meet with district leadership regularly to assess training needs.

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)
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Update: During 2022 and 2023, staff have been able to attend out of state trainings more often. This has allowed for greater networking opportunities between FSD staff and other state counterparts. Recently, several FSD leadership and

staff attended a Title IVE trainee conference to better understand how to use and support these funds and staff. FSD leadership will continue to explore funding options for these types of meetings.		
3. Continue to evaluate and adjust Foundations based on feedback.	Management	Year 1 (7/1/19-6/30/20)
Update: During FY23, Foundations was provided via a hybrid model with the majority of sessions occurring virtually and some in person sessions included throughout the course. The CWTP is regularly making adjustments to how foundations is offered to meet the current needs of FSD. There continues to be a plan to have training for both generalized and specialized roles. In the event staff change roles within the system, then they could come back and attend the training days for that specific role.		
Desired outcomes for children, youth, and families <u>OR</u> Systemic capacity expected to improve		
<ul style="list-style-type: none"> To increase staff retention within the first 2 years of employment. Item 26 & Item 27: Staff Training. 		
Rationale for selection of each strategy/activity		
<ul style="list-style-type: none"> The above activities are aligned with recommendations from NCWWI's Workforce Development Framework which highlights the importance of the Professional Development and Training. 		
Strategy 2B. Improve access to different levels of supervision and support including ways to support staff well-being.		
Activity/Benchmarks	Lead	Begin Work
1. Implement policy on case consultation, solicit feedback, and revise as needed.	Operations	Year 1 (7/1/19-6/30/20)
Update: Policy on Central Office case consultation grounded in safety culture principles has been implemented. The division continues to offer coaching training through the CWTP to our Central Office consultants to help support the implementation of this policy. Multiple trainings, coaching of coaches, and coaching practice opportunities have been provided to all central office consultants.		
2. Continue to highlight and revisit the Flexible Workforce guidance document so staff are aware of current AHS policies related to work schedules.	CQI Steering Committee	Year 1 (7/1/19-6/30/20)
Update: Over the last year FSD has continued to support a hybrid work model when the role allows for it. Many people in Central Office have a hybrid schedule as do some staff in district offices. Over the next year FSD will continue to reevaluate the hybrid work model and implement structure to the process as needed. In the area of Flexible Workforce, FSD is largely driven by DCF decisions, and we are currently awaiting further updated guidance in this area to better inform how staff can support a safe work/life balance.		
3. Review Hope Team model and explore ways to strengthen and increase effectiveness.	HOPE Team	Year 1 (7/1/19-6/30/20)
Update: In FY23 a new HOPE team clinician was added in an effort to provide additional support to FSD. The HOPE team meets monthly in a virtual setting and in FY2023, quarterly in person meetings were added to bring people together and out of the workspace. When big events happen within the Department, the HOPE team is engaged and provided with the information needed to support their colleagues. Additionally, the HOPE team receives regular training on topics of interest from the HOPE team clinicians, and an open invitation for any staff to join remains available. HOPE team clinicians have made themselves available to meet with districts and groups of Central Office staff when things occur that could impact these staff.		
4. Use data from FSD staff retention survey and exit data responses to inform next steps for this goal.	CQI Steering Committee	Year 1 (7/1/19-6/30/20)

Update: During 2022, FSD formed a Workforce Development Committee, led by our Deputy Commissioner, and they have been taking a deeper dive into this data and use it to positively impact workforce retention. Initial data shows stress and work life balance as significant reasons for staff departure. As well, a majority of individuals who have left the division have worked for FSD for less than 5 years— which is in line with the findings of the workforce data analytics that the QA team discovered in their 2017 analysis. Also, many of the individuals that left took a reduction in pay. Currently, the Workforce Development Committee is exploring if a reclassification of FSW’s to a higher pay grade would increase staff retention. There are pros and cons to this approach therefore, the committee is exploring all impacts prior to moving forward with a reclassification process. Other projects within this group include reviewing and revamping the hiring and onboarding handbook as well as soliciting staff input for additional ways the division could support better staff retention.

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

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

Rationale for selection of each strategy/activity

- The above activities are aligned with recommendations from NCWWI’s Workforce Development Framework which highlights the importance of the Organizational Environment, Incentives and Work Conditions, as well as Supervision and Performance Management.

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

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

Activity/Benchmarks	Lead	Begin Work
<p>1. Broaden training access for community and government agencies offered by the Child Welfare Training Partnership.</p>	<p>Management</p>	<p>Year 1 (7/1/19-6/30/20)</p>
<p>Update: This continues to be a work in progress though we try to utilize stakeholder meetings and workgroups to highlight available trainings to our community partners. CWTP has a robust array of online learning opportunities which have now been made available to all our Guardians Ad Litem, childcare providers, and many other community partners. This includes an “Adoption Competent”, “Trauma Informed” Practice training that is offered on an interagency level for members of the education, mental health, and child welfare communities. Online training continues grew due to the impact of COVID, creating 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. Currently, The CWTP is leading a change management effort with the mandated reporter training. FSD staff have been involved in this project and will continue to explore how to adjust this training to meet the needs of the mandated reporters within the community.</p>		
<p>2. Share responsibilities to keep children and youth safe in communities by clarifying roles with local community and government agencies within the context of Vermont’s child welfare system.</p>	<p>Districts</p>	<p>Year 1 (7/1/19-6/30/20)</p>
<p>Update: Through our FFPSA planning work, we developed a Prevention Workgroup that consisted of over 90 members, a large share consisting of community partners statewide. This venue provided an excellent opportunity to hear from our community partners as we worked to develop our Prevention Plan. As we move into the implementation phase for FFPSA, there will be a continued role for community partners to engage with the division. Vermont is also part of the National Partnership for Child Safety Communications Workgroup, which is also focused on engaging the wider community and partners in helping to prevent child fatalities. In fall of 2022, FSD created a CFSR Steering Committee to</p>		

include over 50 members of FSD staff, DCF staff, judicial staff and community partners. This committee met four times between November of 2022 to May of 2023 to dive into areas of safety, permanency, wellbeing, and other systemic factors. This committee will continue to meet through the CFSR PIP to monitor the implementation of strategies and share feedback/needs of the community.		
3. District and local agencies will identify ways to connect annually to explore trends together, provide program updates, and strengthen relationships.	Districts	Year 2 (7/1/20-6/30/21)
<p>Update: Many districts have regularly scheduled meetings that include their local agencies and community partners. These meetings are to discuss issues that are identified within the community and FSD, and create plans to support children, youth, and families as these issues arise. At times, members from the FSD Quality Assurance team have joined these meetings to bring data into the conversation. While QA team involvement slowed during COVID as the needs of the districts shifted, this integrated work has picked back up over the last several months and will continue to do so as we head into our CFSR PIP. Additionally, many districts have hosted community events over the last year in effort to not only strengthen relationships with our community partners but with the greater community as a whole. These events are also used as recruitment techniques for foster parents at times. Lastly, many districts create informational booths in their office with a particular topic such as child abuse awareness, domestic violence awareness, and foster parent retention as ways to share information about safe services and the needs of the community. These booths generally contain pamphlets, flyers, bookmarks, stickers, and other things that community members can grab on their way out and share with others.</p>		
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)
<p>Update: This continues to be ongoing, especially since the pandemic and the need to collaborate to support families in Vermont. In addition, our FFPSA and CFSR efforts are providing another opportunity and focus to engage and improve relationships while identifying services to prevent removal and minimize DCF involvement.</p>		
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)
<p>Update: The CIP rolled out a new revised training for GALs the fall of 2020 which has been offered virtually to GALs statewide. The division continues to provide support to the Guardian's Ad Litem program to strengthen their ongoing trainings, so they have access to updated data and are aware of any current practice changes. In the summer of 2021, the division reviewed the new GAL training and provided additional resources/information needed to enhance their new training materials. This was reviewed again in the spring of 2023 and updates were made to the training.</p>		

2. Use Bench bar meetings to educate our legal partners on new policy and practice areas and key messages.	Districts	Year 2 (7/1/20-6/30/21)
<p>Update: During and post the COVID pandemic, bench bars are largely held virtually. Recently, FSD has utilized bench bars to discuss the implementation of SDM bench guides to better inform the judicial community of the purpose and use of SDM tools. District leadership also utilize bench bar meetings as needed to discuss identified topics/areas of concern within individual districts. Many districts report having a strong working relationship with their judiciary and that they feel comfortable facilitating bench bar meetings to inform the judicial communities on new polices, practices, and key messages. Lastly, while not specifically related to bench bars, FSD and judicial partnership has increased during 2022/2023 because of the CFSR process. A Court Administrator is included as part of the core CFSR team and judicial representatives are present on the CFSR Steering Committee. In 2023 a focus group was held with judges to solicit feedback and a survey will be sent out to judges and attorneys as well.</p>		
<p>Desired outcomes for children, youth, and families <u>OR</u> Systemic capacity expected to improve</p>		
<ul style="list-style-type: none"> • P1- item: 6 achieve reunification, guardianship, adoption, other planned permanent living arrangement. 		
<p>Rationale for selection of each strategy/activity</p>		
<ul style="list-style-type: none"> • Outcomes improve and better decisions are made when the legal community has a clear understanding of child welfare policy and practice and have access to training materials around child development and other key child protection related topics. 		
<p>Strategy 3C. Engage legal partners to create a courtroom environment that is mutually respectful and psychologically safe for family services workers.</p>		
Activity/Benchmarks	Lead	Begin Work
1. Explore using the Vermont Court Improvement Project to improve the courtroom environment.	Policy, Planning & Performance Unit	Year 1 (7/1/19-6/30/20)
<p>Update: 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. Recently, AAG 's provided FSD with feedback of concerns they have noticed over the last year. FSD Policy and Operations units are addressing the feedback and providing clarity/recommendations on next steps.</p> <p>A goal of that came out of the 2020 CIP/State Planning meeting was 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 a study conducted by the National Center for State Courts (NCSC) regarding the processing and adjudication of Children in Need of Care or Supervision (CHINS) cases. The CHINS Reform effort is focused on addressing the backlog of CHINS cases. A Judicial Master has been assigned to work to address this need and this position is currently being piloted in Chittenden and Franklin Counties. See section <u>Services for Children Under the Age of Five</u> for more detail. Title IV-E funding is available to improve parent and child representation however, we need an improved data system to be able to facilitate draw down of funds. Additionally, parent and child representation are being explored through the CFSR using surveys and focus groups to solicit additional information and ideas for future strategies.</p>		
2. Identify strategies to improve relationships with local legal partners.	Districts	Year 1 (7/1/19-6/30/20)
<p>Update: This is connected to the above activity. <i>Please refer to the CHINS Reform Workgroup narrative.</i></p>		

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
<p>1. Analyze data from exit surveys & make recommendations to reduce voluntary closures or withdrawals.</p>	<p>Districts/Diligent Recruitment Team</p>	<p>Year 1 (7/1/19-6/30/20)</p>
<p>Update: The DR workgroup developed an exit survey which was implemented during the summer of 2020. <i>Please refer to the Diligent Recruitment Section of the APSR for more details regarding next steps.</i></p>		
<p>2. Define and implement a common best practice system from inquiry to licensure.</p>	<p>Districts/Diligent Recruitment Team</p>	<p>Year 1 (7/1/19-6/30/20)</p>
<p>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. Over the last year, the Residential Licensing and Special Investigations unit has worked closely with a liaison from the Quality Assurance team to better explore how to use our antiquated system to support this work. <i>Please refer to the Diligent Recruitment Section of the APSR for more details.</i></p>		
<p>3. Work with kinship and foster parents to make sure they are supported and connected (e.g., developing metrics to assess support, increasing communication and collaboration, rate setting & the Placement Stability Project.</p>	<p>Districts/Diligent Recruitment Team/Foster Parent Workgroup</p>	<p>Year 1 (7/1/19-6/30/20)</p>
<p>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. The President of the Vermont Kin as Parents group joined the CFSR Steering Committee in the fall of 2022 and has been a very active member of that committee. Additionally, this representative also participated as a reviewer in our spring Qualitative Case Reviews at one of our district offices. This was an excellent opportunity to further strengthen the partnership between FSD and kinship caregivers and provide additional insight and information into the work that FSD is doing. <i>Please refer to the Diligent Recruitment Section of the APSR for more details.</i></p>		

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)
<p>Update: September 2020 marked the implementation of a statewide orientation process where any interested person who wants to move forward can access orientation immediately. Additionally, those individuals who complete orientation can immediately enroll in an online Foundations series. <i>Please refer to the Diligent Recruitment Section of the APSR for more details.</i></p>		
<p>Desired outcomes for children, youth, and families <u>OR</u> Systemic capacity expected to improve</p>		
<ul style="list-style-type: none"> • P1- item 4: placement stability. • P1- item: 6 achieve reunification, guardianship, adoption, other planned permanent living arrangement. • P2- item 7: siblings in foster care are placed together. • P2- item 10: placement with relatives. • Item 28- Provider Training. 		
<p>Rationale for selection of each strategy/activity</p>		
<ul style="list-style-type: none"> • FSD received technical assistance from the Capacity Building Center to create a statewide and local diligent recruitment plan(s) which are rooted in research and reflected in the above activities to improve permanency outcomes for children and youth in custody. 		
<p>Strategy 4B. Increase the availability and capacity of kinship and foster homes that meet the diverse needs of Vermont’s children and youth</p>		
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)
<p>Update: Districts provide data from their Inquiry Tracking Spreadsheet Quarterly. Unfortunately, our current IT resources do not support this function in any way. Despite these barriers, we are using Inquiry tracking Spreadsheet data to inform general recruitment planning activities, to monitor caregiver license closures, to identify where we need targeted recruitment, to monitor placement with kin and to support retention strategies. <i>Please refer to the Diligent Recruitment Section of the APSR for more details.</i></p>		
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)
<p>Update: The CWTP continues to support and train on what we have learned from our work with Bob Friend over the last couple of years. Kinship placement was also 1 of the 3 focused indicators that our division management team shined a light on during 2019-2022 by reviewing data throughout the year and having practice discussions. When our focused indicators came to a close in 2022, data showed that kinship placements had increased since 2019. <i>Please refer to the Diligent Recruitment Section of the APSR for more details.</i></p>		
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. The Quality Assurance team provides the Diligent Recruitment team with updated data quarterly in the areas of foster home closures, placement stability, and placement with kin for all 12 districts. This data is shared during quarterly Diligent Recruitment meetings and used to inform next steps within the work. *Please refer to the Diligent Recruitment Section of the APSR for more details.*

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

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

Rationale for selection of each strategy/activity

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

Implementation & Program Supports

Provided Staff Training

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

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

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

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

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

Provided Technical Assistance

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

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

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

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

Ongoing Technical Assistance and Capacity Building Needs

FSD will continue to receive technical assistance from Evident Change over the upcoming year around our Safety Organized Practice Framework and the implementation of our SDM tools. A core team of FSD and the CWTP staff meet regularly with Heather Meitner regarding implementation, with the most recent focus being on training the judicial community on the SDM bench guides that rolled out in 2023.

FSD anticipates continued support from the Capacity Building Center (CBC) during the upcoming year as we move into implementation of our FFPSA Prevention Plan. In 2022 and 2023, FSD has accessed CBC support in preparation for Round 4 of the Child and Family Services Reviews (CFSR). Vermont is scheduled for CFSR4 during September 2023. This support has been integral in the creation of the CFSR steering committee as well as the development of the Statewide Assessment.

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

Provided and/or Planned Evaluation and Research

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

- LUND Rural Partnership Grant (RPG) Vermont Family Recovery Program was initially piloted in Burlington and Newport and had an evaluative component being conducted by Crime Research. The goal of this pilot was to serve substance use involved families of young children at risk of coming into care. This program had a slow start due to hiring challenges and then COVID. Another factor that impacted roll out was district challenges, particularly in the Newport district. The focus for the final year will be piloting Homebuilders in BDO, one of the Evidence Based Programs (EBP) from the FFPSA Clearing House. We are currently in the final year of this grant. Data analysis is currently underway to review effectiveness of this program, which found that quicker access to services through the RPG providers did improve outcomes for clients. Additionally, the QA team is in the process of collecting and providing another round of data related to this grant to further understand outcomes.
- As part of the 2019 legislative session, UVM was asked to conduct a multi-phase evaluation to look at how to reduce the number of children coming into care because per capita Vermont has a higher entry rate than most of the nation. Phase 1 (literature review), Phase 2 (gathering of data/staff survey) and Phase 3/final (analysis of the SDM tools) have all been completed and the division will work toward implementation of recommendations during this next year and beyond.

Measures of Progress and Feedback Loops

The division's goal is to use QCR data to inform our progress. The chart below highlights the Fall 2022 QCR data.

Figure 3: Qualitative Case Reviews Results Table

Item Measure	Description	Qualitative Case Review Results (Fall, 2022) *achieved/maintained	Desired Progress Over Next 4 Years of the CFSP
Item: 2	Services to Family to Protect Children in the Home and Prevent Removal or Re-Entry into Foster Care	67%	87%
Item: 3	Risk and Safety Assessment and Management	64%*	62%
Item: 4	Stability of Foster Care Placement	78%*	72%
Item: 5	Permanency Goal for Child	22%	47%
Item: 6	Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	56%*	56%
Item: 7	Placement with Siblings	75%	92%
Item: 10	Relative Placement	63%	75%
Item: 12	Needs and Services of Child, Parents, and Foster Parents	36%	40%
Item: 13	Child and Family Involvement in Case Planning	57%	59%
Item: 14	Caseworker Visits with Child	50%	68%
Item: 15	Caseworker Visits with Parents	75%*	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	
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	focus groups and surveys to obtain feedback from stakeholders.
Item: 32	Agency Responsiveness to the Community: coordination w/ other federal programs	
<p>Feedback loops:</p> <p>Districts: After each round of the QCRs, the QA team prepares a summary of the district results and themes that emerged from the review, which includes feedback from parents and youth during the interviews. The QA team will generally meet with the district leadership team to review results, answer questions, and help strategize ways to improve priority items. In addition, the QA team also pulls together quarterly management reports for directors to review and help inform what is going well and areas that need more attention. The data also helps inform the Collaborative Learning Agreements between the districts and the Child Welfare Training Partnership (more detail provided in the Quality Assurance section below).</p> <p>Contract Providers: Central Office frequently has meetings with contract providers to review data and discuss practice related issues. These meetings often involve the district directors which is helpful to address issues together and ideally come to agreement on contract changes when needed to be more effective and achieve desired outcomes.</p> <p>Stakeholders: FSD has quarterly stakeholder meetings, which has representation from the Court Improvement Project, Vermont Kin as Parents, Vermont Family Network, VT Federation for Families, and the Youth Development Program. This has been a venue to share practice related updates and data, answer questions, and hear feedback. Prior to COVID, the division began hosting these meetings virtually which proved to be successful as our participation numbers have risen from an average of 10 to over 100 stakeholders. The family and youth agencies bring back information to the parents and youth to solicit additional thoughts, comments, and questions. It has been challenging to pull this group back together over the last year due to competing priorities within FSD. Annually, the Division Management team meets with the Youth Advisory Board who prepares a summary of what they feel are priorities for the division. The division then identifies opportunities and strategies to move their priorities forward.</p>		

[Quality Assurance System](#)

The Family Services' Quality Assurance Team consists of 3 Quality Assurance Coordinators, 1 Quality Assurance Application Support (QAAS) staff, a supervisor, and an administrative support staff. The QAAS position was added in fall of 2022 and has put the division in a better position to make necessary upgrades to our current data system and work towards implementation of a CCWIS. The QA team 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 has worked closely with the CBC for support around CFSR Round 4. Some members of the QA team are also part of the Change Management workgroup that oversees the use of Change Management in FSD.

As part of our CQI framework, FSD Leadership continues to utilize the district listening sessions (previously called annual roadshows) to evaluate how the division is doing related to the goals, strategies, and activities outlined in our strategic plan. Staff share the themes they are seeing in their district which informs where we are successful and where we need to revisit our approach. The CQI Steering Committee is comprised of staff from each district office and in different roles, along with central office staff, and had been meeting regularly to review different areas of our strategic plan and identifies ways to keep the district staff informed and connected to this work. During 2022 and 2023, the CQI Steering Committee has not met quarterly due to

staffing challenges within the QA team. It is hoped that in FY2024, this group can return to a quarterly cadence.

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.

During the first part of FY2023 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 was to repeat this process for the 3 indicators each year for 3 years, which ended in summer of 2022. Outcomes data was shared in fall of 2022, which identified increased performance in all three indicators. In spring of 2023, it was determined that FSD would wait until after the CFSR 4 onsite review to identify the next round of focused indicators. This was done so that we could pull from our PIP rather than recreating the wheel. Work on the new focused indicators will begin in 2024.

Our Qualitative Case Reviews is another important way the division measures progress. During our PIP, FSD successfully implemented a case review system which replicates the CFSR process by teaming up FSD staff and community partners who are responsible for reviewing 2 cases over 3 consecutive days. The division has adopted the use of the federal Onsite Review Instrument (OSRI) as part of the case review process. When review teams have completed their review of cases, the assigned initial QA sits with each team and conducts a debrief. This helps to identify any strengths or challenges that may not have been an appropriate fit with questions in the OSRI. The division utilizes several OMS reports to aid both in the real-time review of cases and for detailed summation of challenges experienced at the district level. At the end of each review, the QA team provides each district with a summary of their performance and meet with their staff or leadership team to discuss.

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 effort to pass our PIP which we did. Spring 2021, the division conducted a virtual QCR measuring the following items: 1, 4, 6, 13, 14, and 15. Items 5 and 10 were added in the fall. These items were selected because they focus on areas of practice that we need to continue to shine a light on and it felt manageable given the impact of our QCR reviewer resources during the pandemic and hiring freeze. The division resumed in-person QCR's utilizing all 18 items in the OSRI in the spring of 2022 and have continued in-person reviews of all 18 items since that time. Because FSD continues to experience staff turnover and with the interruption of our review process due to the pandemic, Vermont determined it will not be adequately resourced to conduct a state-led review this year. As such, Vermont is scheduled for a traditional CFSR in September 2023. Work began in 2022 around forming a CFSR steering committee that will guide and oversee the CFSR Round 4 processes including the statewide assessment, stakeholder interviews, CFSR review week, PIP development and ongoing implementation. These discussions began with our federal partners and have grown to include partnering with the Capacity Building Center to support the preparatory work needed for CFSR Round 4.

Evident Change continues to provide TA around our use of case reads to support the implementation of our revised and new SDM tools in districts. Recently, there have been discussions with the quality assurance team to explore the possibility of utilizing their expertise to create a structure for the case read process to occur. In addition to our QCRs, in 2018, the division developed a review tool to review our Centralized Intake and Emergency Services (CIES) intakes. In August 2021, the division conducted a second CIES review. The CIES review is focused on the following questions:

Figure 4. CIES Review Questions

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

For the 2021 review, the decision was to use the same evaluation tool from 2018 as some time had passed, there were new staff, and the tool had worked well and provided information sought. The review was entirely remote, using teams of CSI supervisors and three Quality Assurance Coordinators providing quality assurance oversight. A randomized sample from 6/1/21-6/30/21 of 54 each accepted and not accepted intakes was prepared (see Figure 5 below). The three teams were assigned 34, 33, 33, respectively and several extra for a possible review total of 108. The review was scheduled over four Thursdays during August with a total of 105 intakes reviewed.

Figure 5: Randomized CIES Review Sample

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

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

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

Agreement with Report Screening Determination Results

Figure 6: Agreed With Decision To Accept Report

n=53

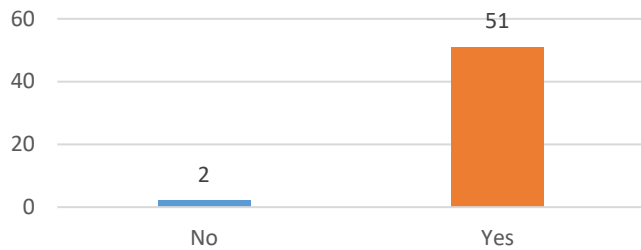


Figure 6: Reviewers determined that they agreed with the decision to accept the report in 51 of 53 accepted reports.

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

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

Figure 7: Agreed With Decision To Not Accept Report

n=52

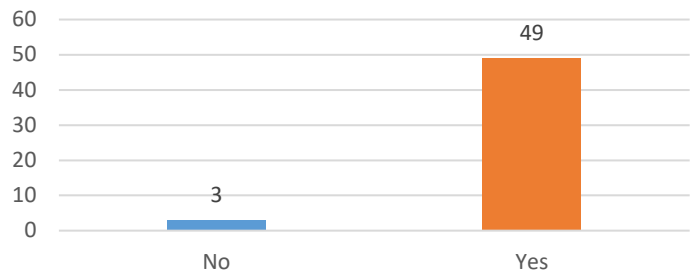


Figure 7: Reviewers determined that they agreed with the decision to not accept the report in 49 of 52 unaccepted reports.

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

Figure 8: Agreement With Acceptance Category Of Abuse and Neglect Report

n=53

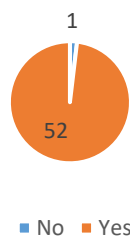


Figure 8: 98% Agreement with Category of Accepted Reports

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

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

Figure 9: Total Intakes reviewed

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

	2018	2021	
Total Intakes Reviewed	62	105	69% ↑

Figure 10: Attempts to obtain necessary information for screening

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

	2018	2021
Attempts to obtain necessary information for screening (both accepted and unaccepted)	77% (48/62)	88% (92/105)

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

Intake Narrative Content & Quality Results:

Figure 11

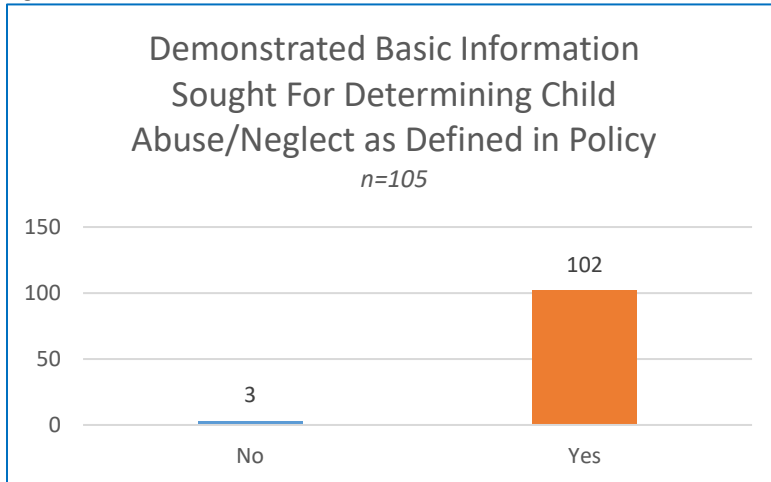


Figure 11: Reviewers determined that of the 105 intakes reviewed, intake workers demonstrated in 102 of them that they sought basic information for determining child abuse and neglect.

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

Figure 12

The Narrative Is Clear & Understandable n=105

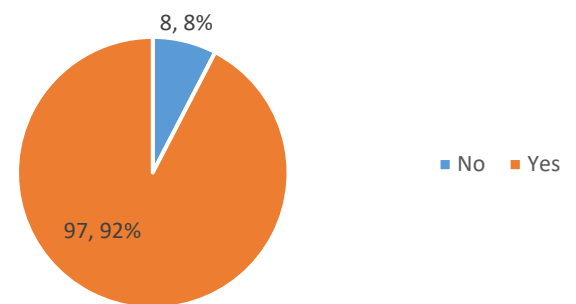


Figure 12: Reviewers determined that intake narratives were clear and understandable in 92% of the intakes reviewed

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

Figure 13

Allegations Are Clearly Explained & Supporting Details Relate To Critical Allegation n=105



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

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

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

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

Vermont's Title IV-B, sub part 1 funds support key services overseen by the DCF Child Development Division. There haven't been any significant changes since the 2023 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.

[Service Updates](#)

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

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

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

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

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

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

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

[Services for Children Adopted from Other Countries](#)

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

available to families who adopt a child who has spent time in foster care. Our post adoption programming is funded in a way that allows every contracted agency to serve all families, including those who do not have Medicaid insurance. Vermont accomplishes this by the use of Global Commitment (Medicaid) for any family insuring their child with Medicaid, and IV-B for non-Medicaid families. Additionally, any family formed by adoption may participate in any activity or service sponsored by the Vermont Consortium for Adoption and Guardianship. The Consortium hosts: a lending library, a Facebook support group, several in-person and virtual support groups, and ongoing training on adoption themes. The Consortium also disseminates an electronic newsletter to both parents and professionals interested in adoption related topics.

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

Parent Child Centers (PCCs) deliver critical and essential state services to families with young children. There are 15 independent PCCs, organized under a statewide network, each providing a wide range of support and services for parents and caregivers with young children. PCCs are unique in design and responsive to the specific needs of our local communities. Holistically, Parent Child Centers use a family-centered, multi-generational, strengths-based approach that both treats and prevents ACEs in families. PCCs are designed to serve every family that walks through their door – and to make sure that parents have the support and resources they need to nurture their children and get them off to a great start in life. PCC's engage in the delivery of 8 Parent Child Center Core Services: Parent Education, Family Support, Home Visits, Early Childhood Services, On-site Concrete Family Supports, Play Groups, Community Development, and Information & Referral. PCCs' goals are to help all Vermont's families with young children get off to a healthy start; promote well-being; build on family strengths, and prevent problems, i.e. illiteracy, poor health, welfare dependency, family violence, sexual, physical and emotional abuse, that have proved to be costly to our society in both human and financial terms.

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

The CHINS Reform Workgroup

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

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

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

Judicial Master

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

After substantial planning efforts with community stakeholders and Family Treatment Court best practice experts, the Family Treatment Docket opened spring of 2021 with a small capacity due to the in-kind services provided by the local treatment agency. Later in 2021, the Vermont Judiciary applied for a federal grant that will fund a full-time clinician to provide the treatment services needed. The grant was recently awarded and will allow the capacity to expand to serve more families in 2022. To date, the Family Treatment Docket has served: 7 adults and 9 children. The team includes wraparound support services for the parent and child with representation on the team from the court case and also community providers. The Family Treatment Docket meets weekly to address the needs, support services, and barriers for the family. Incentives are used to increase engagement and encourage positive behaviors, choices, and changes. One popular incentive used by the Family Treatment Docket is recordable bears. Parents can record a goodnight story onto the bear which plays the story for the child to listen to at night or when they miss their parent.

Alternative Dispute Resolution

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

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

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

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

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

National Center for State Courts

The Vermont Judiciary contracted with the National Center for State Courts (NCSC) to conduct the study of the processing and adjudication of Children in Need of Care or Supervision (CHINS) cases. The specific goals of the study were to gather effective or promising models of case processing and adjudication used in other jurisdictions; solicit input from stakeholders, produce a plan for implementing and sustaining the effective and promising models; and document an evaluation methodology for the judicial master pilot program. Two months after the study began, courts across the country were forced to swiftly adapt operations due to COVID-19. The study plans then shifted to include broadening the policy and practice scan to include practices implemented during and/or because of COVID-19 and replacing on-site data collection with virtual focus groups. The study occurred in two phases. Study activities in the first phase included: a comprehensive policy and practice scan to summarize innovative practices and programs related to dependency courts, series of 13 focus groups and 7 interviews with stakeholders, and analysis of administrative data from 10 years of CHINS cases. The second phase included analysis of administrative court and Department for Children and Families (DCF) data, interviews with judges, observation of virtual CHINS hearings, and a small sample of responses to CourTools' Access and Fairness Survey. The report summarizes findings from both phases and offers recommendations for CHINS case processing and related system improvements. These recommendations are outlined below:

[Phase One Recommendations:](#)

Support High-Quality Legal Representation for Parents and Children

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

Prioritize Meaningful Reasonable Efforts Findings

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

Support High-Quality Legal Representation for Parents through Transparency

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

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

Develop a clear policy supporting a child's opportunity to attend hearings and setting the expectation that substitute caregivers and child welfare agencies will work collaboratively to facilitate participation. Draft

guidance and train judges on how to engage youth in hearings. Assess the extent to which current policies for GALs align with 2020 Standards for Local CASA/GAL Programs and regularly conduct Quality Assurance to assess the state and local programs' alignment. Specifically assess the conflict between the law that requires a GAL to be assigned to all children in CHINS cases and the national standard that the GAL program assigns no more than two cases at a time to a volunteer. Create a full-time statewide oversight position for the Guardian ad Litem Program.

Insist on Timely Hearings

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

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

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

Phase Two Recommendations:

Provide access to technology for virtual hearings

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

Ensure every hearing is meaningful

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

Hold merits and disposition on the same day

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

Ensure data system supports performance measures

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

reasons for continuances, and this information should be reviewed regularly to identify opportunities for improving efficiency.

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

Impacts of COVID on Court Hearings

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

Court Data:

Juvenile Cases

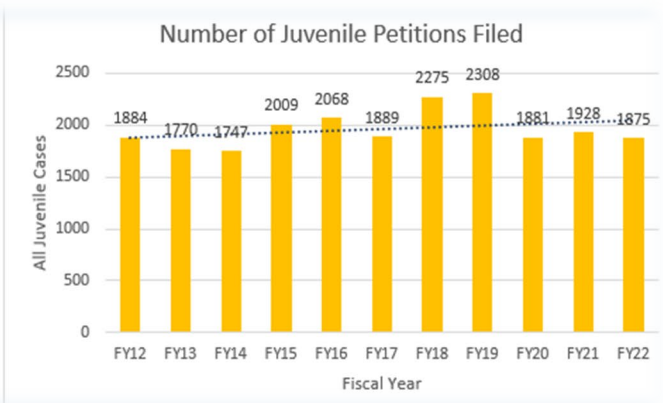
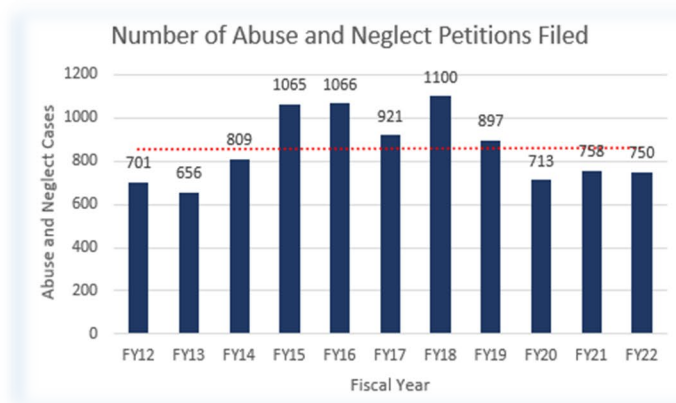
Figure 14: Juvenile Cases Added

Juvenile Cases Added (Multiple Years)

FY12-FY19 have CHINS A and B Combined

	FY'12*	FY'13*	FY'14*	FY'15*	FY'16*	FY'17*	FY'18*	FY'19*	FY'20	FY'21	FY'22
CHINS A - Abandoned or Abused by Parent/Guardian/Custodian	-	-	-	-	-	-	-	-	2	22	53
CHINS B - Without Parental Care or Substance (Neglect)	701	656	809	1065	1066	921	1100	897	711	736	697
CHINS C - Is Without or Beyond the Control of Parent/Guardian/Custodian	93	91	93	84	85	65	75	68	59	57	66
CHINS D - Habitually and Without Justification Truant	117	135	123	112	137	165	183	130	91	115	162
Conversion of Case from VTADS	0	0	0	0	0	0	0	0	0	1	0
Juvenile Delinquency	894	816	668	704	737	705	884	709	647	688	577
Youthful Offender	79	72	54	44	43	33	33	504	371	309	320
TOTALS	1884	1770	1747	2009	2068	1889	2275	2308	1881	1928	1875

Figure 15 & 16: Petitions Filed



II. Custody of Children

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

Figure 17: Cases Added in FY20 (Custody pre-disposition)

FY 20	DCF Custody	Custody to Other	No DCF Custody	Total Cases	Percent DCF Custody
CHINS A - Abuse	0	0	2	2	0.0%
CHINS B - Neglect	148	4	559	711	20.8%
CHINS D - Truant	1	0	90	91	1.1%
CHINS C - Beyond Control	19	0	40	59	32.2%
Juvenile Delinquency	14	0	633	647	2.2%
Youthful Offender	1	0	370	371	0.3%
TOTAL	183	4	1694	1881	9.7%

Figure 18: Cases Added in FY21

FY 21	DCF Custody	Custody to Other	No DCF Custody	Total Cases	Percent DCF Custody
CHINS A - Abuse	8	0	14	22	36.4%
CHINS B - Neglect	242	13	481	736	32.9%
Conversion Default Juvenile Cases	0	0	1	1	0.0%
CHINS D - Truant	0	0	115	115	0.0%
CHINS C - Beyond Control	27	0	30	57	47.4%
Juvenile Delinquency	14	0	674	688	2.0%
Youthful Offender	3	0	306	309	1.0%
TOTALS	294	13	1621	1928	15.2%

Figure 19: Cases Added in FY22

FY 22	DCF Custody	Custody to Other	No DCF Custody	Total Cases	Percent DCF Custody
CHINS A - Abuse	16	0	37	53	30.2%
CHINS B - Neglect	224	26	447	697	32.1%
CHINS D - Truant	22	0	44	66	33.3%
CHINS C - Beyond Control	4	3	155	162	2.5%
Juvenile Delinquency	6	0	571	577	1.0%
Youthful Offender	0	0	320	320	0.0%
TOTALS	272	29	1574	1875	14.5%

III. Abuse Neglect by County

Figure 20: Abuse Neglect by County

CHINS A & B (Abuse and Neglect)	An	Bn	Ca	Cn	Ex	Fr	Gl	Le	Oe	Os	Rd	Wn	Wm	Wr	Vermont
Fiscal Year 2020	42	68	42	175	6	82	14	25	13	45	38	50	77	36	713
Fiscal Year 2021	40	60	51	143	14	107	10	21	19	41	81	47	64	60	758
Fiscal Year 2022	52	42	42	138	13	76	10	58	13	79	86	72	40	29	750
Three Year Total	134	170	135	456	33	265	34	104	45	165	205	169	181	125	

IV. Percentage Changes

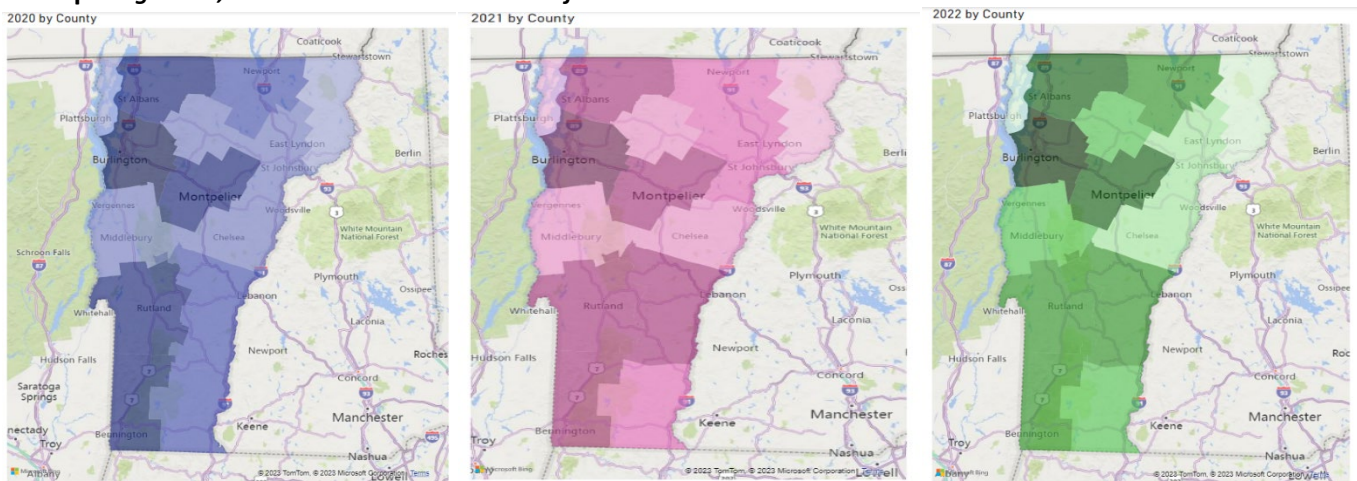
Figures 21 & 22: Percentage changes by CHINS type and County

CHINS Type	FY - 20	FY - 21	FY- 22	Percent Diff FY-21 to FY-22
CHINS A - Abandoned or Abused by Parent/Guardian/Custodian	2	22	53	140.91%
CHINS B - Without Parental Care or Subsistence (Neglect)	711	736	697	-5.30%
CHINS C - Is Without or Beyond the Control of P/G/C	59	57	66	15.79%
CHINS D - Habitually and Without Justification Truant	91	115	162	40.87%
Juvenile Cases Converted from VTADS (Default)	0	1	0	-100.00%
Juvenile Delinquency	647	688	577	-16.13%
Youthful Offender	371	309	320	-16.71%
Total	1881	1928	1875	-2.75%

CHINS DATA by COUNTY

County	FY - 20	FY - 21	FY - 22	Percent Change FY-21 to FY-22
Addison Unit	79	78	114	46.15%
Bennington Unit	216	189	174	-7.94%
Caledonia Unit	63	120	81	-32.50%
Chittenden Unit	439	319	313	-1.88%
Essex Unit	13	26	16	-38.46%
Franklin Unit	205	262	223	-14.89%
Grand Isle Unit	20	22	27	22.73%
Lamoille Unit	74	57	125	119.30%
Orange Unit	53	66	57	-13.64%
Orleans Unit	124	119	132	10.92%
Rutland Unit	152	170	159	-6.47%
Washington Unit	182	183	194	6.01%
Windham Unit	141	142	116	-18.31%
Windsor Unit	120	175	144	-17.71%
Total	1881	1928	1875	-2.75%

V. Maps- Figure 23, 24 & 25: Juvenile Court Cases for FY20 - FY22



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

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

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

Division Collaboration

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

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

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

Effective January 1, 2022, all grants and contracts functions were moved out of individual DCF divisions and into a centralized unit in the DCF business office. The impact of this change is that collaboration is increased on projects that are similar or shared between different DCF divisions. In the past, one division may not have been aware of similar efforts happening in a different division. The goal of the Grants and Contracts Unit is to identify these projects and ensure coordination and efficiency across DCF.

Since 2022, reporting in this area has not occurred due to staffing issues. We expect to have new staff assigned and hope to be reporting on this again in the year ahead.

Parent-Child Interaction Therapy

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

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

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

- 4 additional clinicians were trained as In-Program PCIT trainers—two at WCMHS, 1 at RMHS and 1 at NCSS.

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

Efforts to Track and Prevent Child Maltreatment Deaths

Child Maltreatment Fatality Prevention Plan:

NCANDS and Tracking

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

Child Fatality Review Team

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

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

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

The mission of the CFRT is to:

- Review the individual case circumstances for unnatural fatalities of Vermont children (defined as either Vermont occurrent deaths or out-of-state deaths of Vermont residents where the incident of injury was in Vermont), birth through, and including, 18 years of age.
- Improve collection of data during all phases of investigation and review so that a comprehensive record of these deaths is maintained for the purposes of improved evaluation, research and prevention by the CFRT.
- Analyze aggregate data for Vermont children to identify patterns, trends and risk factors for preventable deaths;
- Evaluate the response of public support systems to the children and families who are reviewed;

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

The Child Fatality Review Team’s 2020 Report to the Legislature provides 10 years of data and analysis regarding Vermont’s child and youth population, including death rates by age group for the years 2008-2017, including some detailed analysis around infant safe sleep, youth suicide and fatalities in childcare settings. Of the total number of unnatural deaths, motor vehicle collisions, asphyxiation and suicide represent the most prevalent form of death for Vermont children and youth. See detailed charts, graphs and analysis at the link below. (This report was written and prepared by Elizabeth A. Bundock, MD., Ph.D. Deputy Chief Medical Examiner)

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

The information below was taken from the 2022 Report of the Child Fatality Review Team to the Vermont Legislature, prepared by Chair and Co-Chairs, Charlotte McCorkel, LICSW Senior Director of Client Services, Howard Center and Emily Fredette MCH Program Manager in Injury and Violence Prevention:

<https://legislature.vermont.gov/assets/Legislative-Reports/CFRT-2022-Annual-Report.Final.pdf>

Summary of 2022 Activities

Statutory Amendment

Following a recommendation from the CFRT in the 2021 report, new legislation was signed into law in 2022, allowing for data sharing between Vermont, other states, and relevant institutions to better inform the case review process by allowing for comparative analyses using regional and national trends. The CFRT is in the process of implementing a Memorandum of Understanding (MOU) with the Michigan Public Health Institute that will allow for this data sharing beginning in 2023.

Child Fatality Case Review

The full CFRT held five meetings in 2021-2022, and reviewed six child fatality cases, identified in Figure 26. Due to the Health Department’s (Department) Covid-19 response, a backlog was created and the CFRT is reviewing cases from 2020-2022. The CFRT’s review of case fatality data, together with Vermont Department of Health surveillance data led to the identification of three areas of particular concern: suicide, infant safe sleep, and firearm safety, each discussed below.

Child Fatality Cases Reviewed 09/2021-09/2022

Figure 26: Child Fatality Cause and Manner of Death

	Cause of Death	Manner of Death
1	Gunshot	Suicide
1	Gunshot	Undetermined
1	Hanging	Suicide
1	Methadone Intoxication	Undetermined
1	Positional Asphyxia	Accident
1	Situational/ Positional Asphyxia	Accident

Suicide

State data indicates that youth who identify as LGBTQ are at higher risk of suicide. According to the 2019 Youth Risk Behavior Survey, 36% of high school aged youth who identify as lesbian, gay, bisexual, or transgender have made a suicide plan in the past year, which is significantly higher compared to heterosexual cisgender youth (9%).

1. While LGBTQ status is not reliably collected for deaths in Vermont, the CFRT concluded that in two of the deaths reviewed, the decedents may have identified as LGBTQ.

The Team consulted with Outright Vermont and the Health Statistics and Informatics Division at the Department to understand suicidality among Vermont LGBTQ youth and support services available to them. Gay Straight Alliances (GSAs) have been proven to reduce suicidality among LGBTQ youth and can therefore be an important source of support for LGBTQ youth in Vermont schools.

2. However, GSAs alone do not provide an adequate resource for students in need of support. Ongoing training and professional development for teachers and administrators are critical to ensuring inclusive policies, practices, facilities, and curricula.

Infant Safe Sleep

Two of the six deaths that the CFRT reviewed were related to unsafe sleep environments among infants and occurred within the first six months of life. According to the American Academy of Pediatrics (AAP), the risk for fatality due to unsafe sleep environments is highest during the first six months of life.

3. The CFRT analysis indicated that socio-economic factors likely contributed the families' inability to adhere to safe sleep guidelines in this critical period. For example, a lack of appropriate childcare was identified as a contributing factor to the infant's unsafe sleep position in one of the cases. Social and economic supports for all families in the first six months after birth, including paid family and medical leave, whole family post-partum care, and economic support for high quality childcare can support child safety by increasing parent-child bonding, decreasing parental stress (emotional and financial), and reducing the need to rely on inadequate childcare during this high-risk period. Additionally, research in Vermont has shown that economic supports for families, particularly paid family and medical leave, can yield significant health benefits for children by increasing the likelihood and duration of breastfeeding and increasing the likelihood that infants will receive recommended immunizations.

4. Both breastfeeding and immunizations are categorized as A level recommendations from the American Academy of Pediatrics to reduce sleep related deaths.

The AAP also identifies caregiver substance use as a factor that increases the risk of infant death from unsafe sleep.

5. The CFRT determined that substance use may have been a contributing factor in at least one of these unsafe sleep-related deaths. The CFRT further determined that while routine screening for a safe sleep environment was adequately implemented within primary care settings, the Department for Children and Families Family Services Division, and Home Visiting Programs, comprehensive education for those at higher risk of unsafe sleep related fatalities due to substance use was not routine. The CFRT believes in-depth education and counseling at substance misuse treatment facilities could help reduce unsafe sleep practices among those using substances.

The CFRT has compiled a list of infant safe sleep resources and programs available through the Department, Safe Kids VT, and the American Academy of Pediatrics, which can help identify gaps in education for families about the importance of a safe sleep environment.

Safe Storage of Firearms

In the two deaths reviewed by the CFRT where a youth died by firearm, the ready access to the firearm was identified as a contributing factor. Additionally, neither youth had direct adult supervision when possessing the firearm immediately preceding death. Research shows that adolescents do not have fully developed pre-frontal cortexes and are therefore more impulsive and lack critical decision-making skills.

6. In one of the firearm deaths reviewed, the youth was experiencing a social crisis. If safe storage and/or adequate adult supervision had been practiced in these instances, the firearm deaths may have been preventable by creating time to mitigate impulsivity related to emotional distress and opportunities for intervention.

In 2021, firearms were used in 69 of 114 deaths, but there were fewer than 6 emergency department visits related to suicide that used a firearm.

7. These data suggests that most suicides using a firearm are fatal and/or do not present in the emergency department.

The following CFRT activities are planned for 2023:

- Pivot from bimonthly meetings to monthly meetings for case reviews and recommendation development.
- Partner with relevant stakeholders and community partners to implement recommendations related to youth suicide prevention and infant safe sleep.
- Review cases of child homicides that have been released from States Attorney's Offices, and therefore newly available to the CFRT.
- Finalize MOU with National Center for Child Death Review/MPH for use of national database. • Develop and implement protocols for data input to national database.
- Finalize work with VDH Health Surveillance and Informatics and VDH Legal Team to develop protocols and procedures for CFRT access to VITL records system.

Recommendations

The Child Fatality Review Team offers the following recommendations to help address and reduce preventable child fatalities in Vermont:

- Ensure the availability of social support groups and programming for LGBTQ youth in all Vermont schools. Evidenced-based strategies such as creating safe and supportive environments, like student-led organizations known as Gay Straight Alliances (GSAs), should be available to students in all middle and high schools in Vermont.
- Allocate financial resources to support families in the first six months after birth when risk for unsafe sleep-related death is highest. Financial support could include paid family and medical leave, economic supports for high quality childcare, and whole family post-partum care.
- Promote safe sleep education in organizations that serve individuals struggling with substance misuse.
- Promote safe storage of firearms including messaging about the importance of adult supervision when adolescents are in possession of a firearm.

- Develop a process for coordination of postvention services and support for siblings of children who die, who are at higher risk for death by suicide.

Partners

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

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

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

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

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

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

The full statute can be found here:

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

Child Safety and Protection

Intake and Screening:

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

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

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

Vermont utilizes a differential response system. At the point of acceptance, a report is assigned either to an investigative route whereby a determination is made whether to substantiate the allegation of abuse and/ or

neglect. When an individual is substantiated for abuse or neglect of a child, their name is placed on the Vermont Child Protection Registry. Vermont's policies outlining the phases of investigation and assessment and the process for substantiation can be found here:

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

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

Assessment:

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

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

Targeted Strategies to prevent child maltreatment fatalities:

Safe System Learning Review:

In 2019 and 2020 Vermont Family Services Division began to develop and piloted a new critical incident review process rooted in safety science. The Safe System Learning Review (SSLR) is a system-focused critical incident review process which is intended to identify areas for learning and systems improvements and places a high value on psychological safety. The SSLR was created in collaboration with the National Partnership for Child Safety (NPCS) and utilizes the Safe System Improvement Tool (SSIT), an information integration tool that is designed to support system improvement activities.

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

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

Primary and Secondary Prevention

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

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

Vermont DCF, Family Services Division and Vermont Department of Health partnered to contract with a Child Abuse Physician to provide medical leadership and case-specific consultation. This physician leads the Child Safe Program at the University of Vermont Medical Center. Family Services works closely with this team to improve identification and intervention efforts around children who present with serious physical abuse,

sentinel injuries, and a myriad of other types of abuse or neglect which require specialized care and a CPS approach.

Additionally, Vermont Department of Health:

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

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

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

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

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

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

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

Family Services has been distributing these funds in two main ways to support children and families; through grants and contracts and through direct supports to families. The first service supported through contracts to community providers is for respite care for families served by Post-Permanence Services, which supports families who have been joined through adoption and guardianship by providing case management and other support services delivered by professionals who are experienced in the dynamics of adoption and guardianship. Safe and Stable Families makes up a small portion of the funding in these contracts, but providing caregivers with a planned break can increase long-term permanence for families.

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

In addition to grants and contracts, Family Services also uses these funds to provide supports to stabilize families in crisis. These supports are intended to assist families in meeting the needs of their children such that their children can remain in the home, or to assist families when their children are returning home after reunification. Examples of these supports includes clothing for children served in open Family Support Cases, transportation support so parents can attend parent child contact and family time coaching, other transportation costs, assistance with payments to support housing through security deposits and rental assistance, and home furnishing replacement or house cleaning to ensure safety for children in the home. These funds have been made available to our district offices so they can utilize the funds to remove barriers for families with whom they are working. Each district has an allocation of funds based on their Family Support caseload.

Percent of IV-B Part 2 Expenditures:

In the FY2021 APSR Vermont estimated that we would spend at least 20% of our Title IV-B Part 2 expenditures in each of the target areas. Unfortunately, our expenditures did not equal 20% in each stated area. Previous efforts to correct this issue have been unsuccessful. As stated previously, Vermont maintains that our expenditures do fall within each of the target areas, however, there have been significant problems with coding expenses correctly. Efforts were initiated this year with the DCF Business Office Analytics Unit to ensure that all contracts that use IV-B Part 2 funds are coded collaboratively with the Family Services Division. The majority of the expenditures of these funds happen through contracts, so this strategy should make a greater impact than working with district office staff on their coding practices. The efforts with the district offices will still continue, but collaborative coding of contracts is expected to yield more dramatic results.

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

Vermont received these funds and considered what one-time investments could be made to increase supports to the children and families we serve. While additional funding is always welcome, Vermont faced barriers in that it was only one time funding, meaning we could not sustain any new programs or projects with this funding. Additionally, because there were multiple streams of additional revenue available to us through Federal supports to States related to the pandemic, several projects that were initially identified as possible recipients of this funding ended up being funded through other funds.

Vermont dedicated these funds to support children and families through increased supports in the form of recruitment of respite providers and foster parents. Respite is an important support to families that can stabilize families in crisis and Vermont is always in need of additional respite providers. Additionally, Vermont is committed to providing more family-based placements for children and youth in foster care. Vermont has been struggling with a lack of appropriate placements, especially for higher-needs youth. The effort to recruit additional families includes targeted recruitment for families with special skills or interest in advanced training that will allow them to successfully care for these youth.

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

Vermont Family Services believes strongly in supporting community-based services and in maintaining close partnerships with community providers. The majority of Vermont's Safe and Stable Families dollars are distributed through grants and contracts to fund services to families by community providers. For contracts, the providers are selected through a competitive procurement process. The bids that Family Services receives are reviewed by State-level, and district staff who have knowledge of what is needed in their particular communities. All bidders are community-based providers. Family Services provides Safe and Stable Families funds through a grant to Lund Project Family to assist with adoption finalizations. Lund is also a community-based provider and offers services locally across the entire state.

The small portion of the Safe and Stable Families funding provided directly to families for concrete supports is managed at the local level through the Family Services district offices. These funds are sometimes identified by other community agencies working with a family as a way to support the family, such as assistance with transportation to appointments. In this way, these funds are a resource at the community level, though approval of the actual use of the funds is maintained by Family Services.

[Populations at Greatest Risk of Maltreatment](#)

Populations at Greatest Risk of Maltreatment by their Parents/Caregivers:

Substance Exposed Newborns

Please refer to the CAPTA section of this report.

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

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

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

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

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

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

Human Trafficking

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

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

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

Practice Updates:

Within the Department for Children and Families (DCF), Family Services Division (FSD), a Human Trafficking of Minors Workgroup exists and consists of internal staff, interagency staff, and community partners. Agenda topics of the workgroup during the past year have included: Risk of Trafficking Screening Tool work/updates, discussions about how to increase survivor engagement in our work, continued work on our runaway policy/procedure, training and prevention curriculums, a consultation template, training support to residential treatment programs, partnership with and resources available through NCMEC, updates and IMs from the Children's Bureau and Office on Trafficking in Persons, data discussions, familial trafficking, safety planning, trafficking of boys, and labor/drug trafficking across state lines.

As a continuation of our work related to the Preventing Sex Trafficking and Strengthening Families Act and associated with our Family First Prevention Services Act implementation, FSD has developed a "risk of sex trafficking" definition through the use of a screening tool. FSD is currently piloting the screening tool and hopes to finalize and validate the product in the future. The screening tool is utilized by our contracted [Vermont Support & Stabilization Program](#), which is a statewide community-based team providing support and counseling for youth and families during a 90-day period of time. Our S&S partners complete the screening tool and share the results with the assigned worker and human trafficking consultant.

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

Training Updates:

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

Data/Tracking Updates:

In 2022, FSD accepted and investigated 42 new reports of child sex trafficking. An additional 23 unaccepted reports were flagged for child sex trafficking. Within the 42 accepted reports, approximately 85.7% of the child victims were female. 37 reports involved girls; 4 reports involved boys; and 1 report involved a transgender youth. In 2022, the youngest child victim was 3 years old. Ages ranged from 3-17. There was a significant increase in accepted trafficking reports within the last two years. Since 2018, there has been an average of 27 cases accepted per year (compared to 42 this year). The number of unaccepted reports has also risen.

National Collaborative Efforts:

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

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

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

Missing/Runaway Youth

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

- 2022 exhibited the highest number of missing juvenile NCIC entries, followed by 2018 and 2021. 2023 is exhibiting a downward trajectory compared to previous years with 99 cases as of the end of May 2023. In the same time frame in 2022, there had been 134 cases.
- The data collected by the VIC between 2018 and early 2023 indicates that DCF custody nearly triples the likelihood that a juvenile will be entered as a missing person more than once before they turn 21.
- Youth in DCF custody are more likely to be on the run for eight or more days compared to juveniles not in DCF custody. Lengthier runaway events are increasing significantly among youth in DCF custody, more so than among juveniles not in DCF custody.
- Youth become more comfortable and resourceful the longer they spend on the run. The data shows that juveniles in DCF custody are running for longer periods of time in the last two years. However, it should be noted that these individuals usually start with runaway events that last between zero and three days. They progress each time, learning what it takes to avoid returning to the circumstances from which they are running.

- There is a statistically significant difference between statewide race data, and race data of missing juveniles. According to 2020 census data, approximately 2.2% of Vermont's population is Black or African American alone or in combination. Meanwhile, 15% of missing juvenile cases in the last several years involved juveniles that were Black or African American alone or in combination. This includes missing juvenile cases where the juvenile was or was not in DCF custody.

The alarming patterns beginning to emerge are informing FSD's [Policy 155](#) revisions, may inform the expansion of an existing "high end" protocol for runaway responses/efforts, and prompt us to reexamine roles and responsibilities when a youth is missing. We are also exploring closer collaborative efforts with the VIC, and automated data tracking utilizing technology and existing reporting requirements.

LGBTQI+ Children/Youth

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

[Kinship Navigator Funding](#)

Kin Navigation: Brief History and Current Status Updates

Vermont has requested and received \$833,780 in Kin Navigator (KN) allocations since 2018. Vermont has to request the \$200,000 2022 allocation as well. Previous Kinship Navigator allocations created an opportunity for DCF to assess and improve our system of care as it relates to formal and informal kin and fictive kin caregivers.

Beginning in 2007, prior to enactment of the Fostering Connections Act legislation, Casey Family Services partnered with a group of grandparents caring for their grandchildren to form a grandparent support and advocacy group. In the ensuing years, this grassroots organization called Vermont Kin as Parents (VKAP) has developed a statewide presence. 2020 marked a period of leadership transition and restructuring for VKAP. VKAP is a vital partner to DCF and to all Vermont families caring for kin. In its by-laws, VKAP commits to family-centered practice by requiring most the board to have lived experience as kin caregivers. In the last several years VKAP has expanded its reach by training a pool of kin navigators who are located across all regions of Vermont. Kin navigators are trained volunteers who sometimes receive a stipend for their work. Just prior to COVID, VKAP transitioned to an answering service response to improve customer service. Callers receive a personalized response immediately and then a call back from a VKAP team member usually within 24 hours. VKAP's Kin Navigator Program is recognized by Grandfamilies United at [grandfamilies.org](http://www.grandfamilies.org) (<http://www.grandfamilies.org/Topics/Kinship-Navigator-Programs/Kinship-Navigator-Programs-Resources>). Family Services continues to be focused on stabilizing and growing our partnership with VKAP.

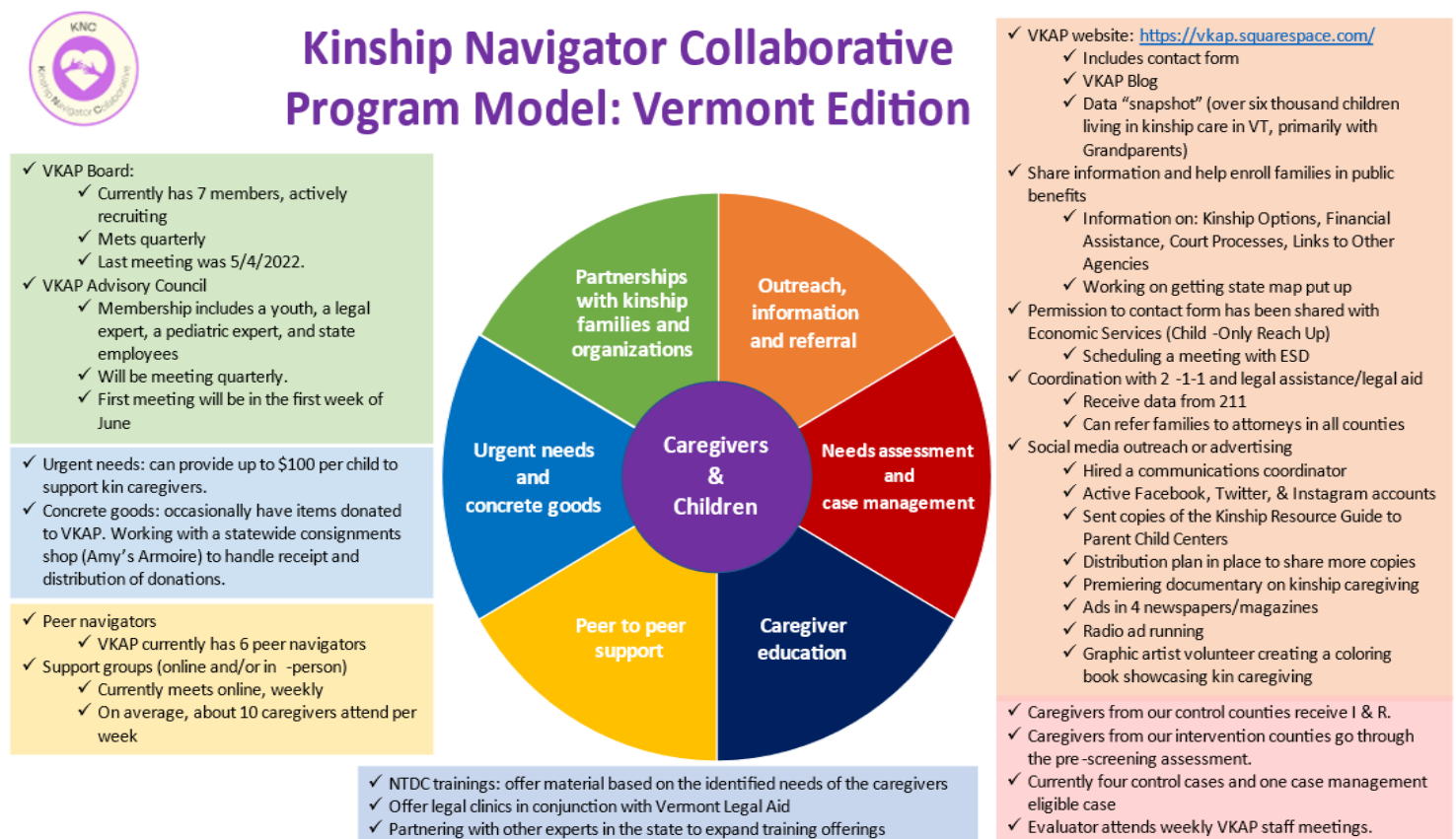
[1. Develop, Implement and Evaluate an Evidence Based Model of Kinship Navigation](#)

In the past year, Family Services has continued to partner with VKAP in the Kinship Navigator Collaborative. For the last year, the collaborative has been working to develop, implement and monitor the implementation of a model of Kinship Navigation Services that will be evaluated for inclusion on the Prevention Services Evidence Based Clearinghouse. We have enlisted the expertise Dr Valerie Wood, PhD to develop and implement an evaluation plan for Vermont's model. Dr. Wood is a Research Assistant Professor for the Center on Disability and Community Inclusion, Department of Education College of Education and Social Services at the University of Vermont. As a participating jurisdiction Vermont agreed to:

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

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

Figure 27: Kinship Navigator Collaborative Program Model



Evaluation of the model has been supported by Dr Valerie Wood Ph.D., Research Professor, UVM Center on Disabilities and Community Inclusion.

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

Navigation funding is also supporting the intensive evaluation component of this model. Ultimately, Vermont anticipates that this model will be accepted into the FFPSA evidence-based practice clearinghouse which will lead to sustainability using Title IVE prevention funding.

2. Racial Equity Work

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

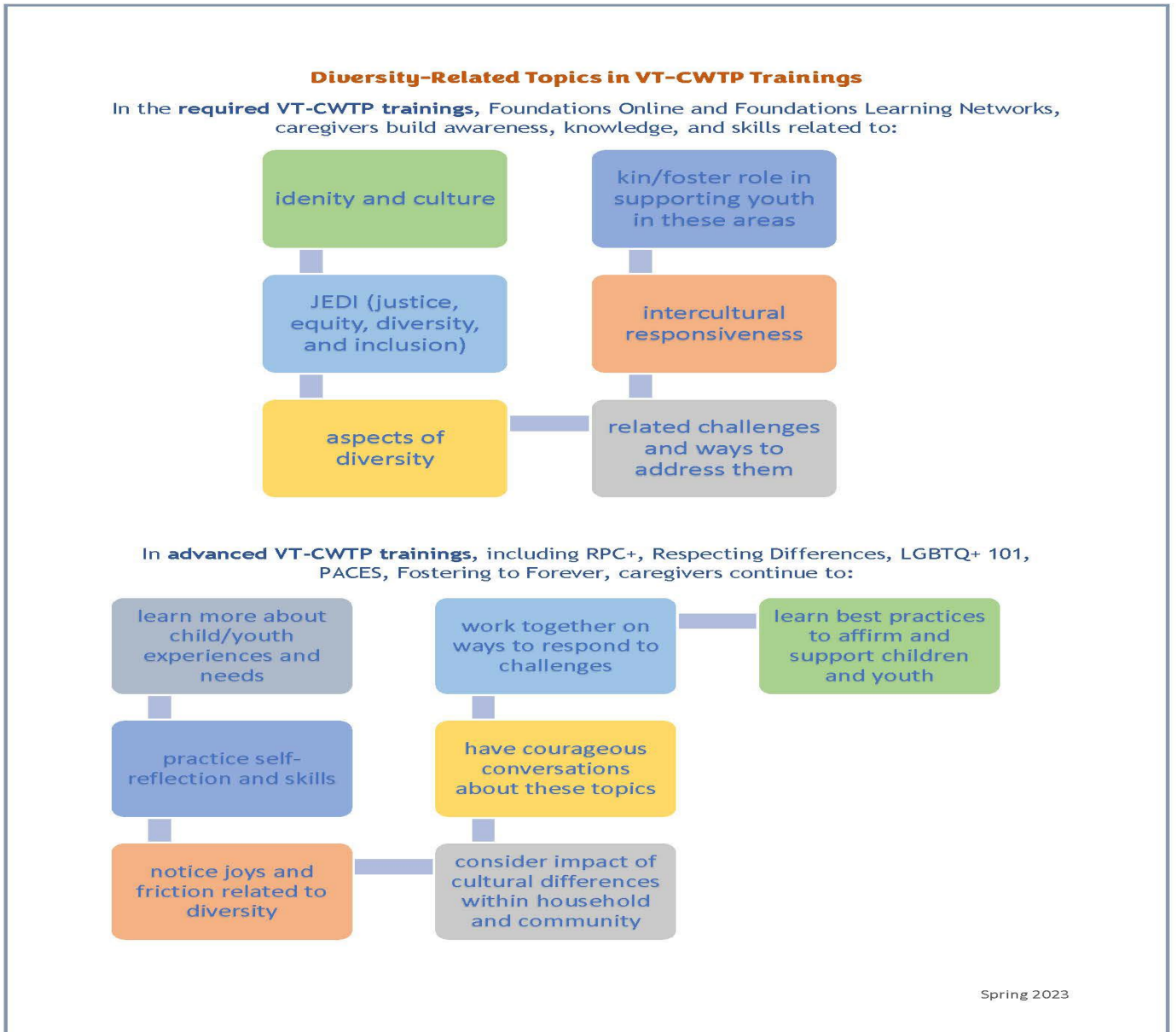
Immediately we were impacted by the lack of available race data that could help inform our system about strengths and challenges. Efforts have been made to support our workforce in increasing their competence in asking questions and following up with families related to which racial groups they may identify.

A growing number of non-English speaking new Americans have settled in Vermont.

One of the barriers previously identified by the Permanency and Foster Care Subcommittee of the Racial Equity Workgroup is that vital documents to support family engagement had not been translated into the seven common non-English languages spoken in Vermont as outlined by our Agency of Human Services policy. Translation of many these vital documents has been completed and are available to the public on our website at <https://dcf.vermont.gov/fsd/resources/pubs> . We have allocated a modest amount of Kin Navigator funding to continue to support the translation of relevant documents.

Additionally, the Child Welfare Training Partnership has supported translation of our caregiver foundations training into Spanish and Portuguese. All the Caregiver training(s) have been reviewed to ensure that justice, equality, diversity and inclusion content has been incorporated into trainings.

Figure 28: Diversity-Related Topics in VT- CWTP Trainings



Data Source: CWTP

Monthly Caseworker Visits Formula Grants and Standards for Caseworker Visits

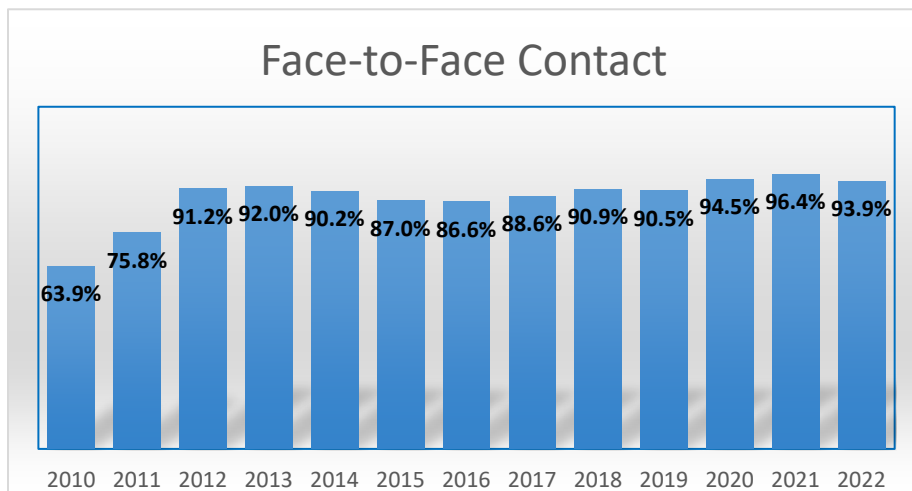
For CY2022, Vermont reported a decrease in monthly face-to-face contact of 93.9 %, not meeting the 95% standard. The division continues to focus on this practice area and identify strategies to sustain in the districts where we are at 95% and above as well as identify improvements in the few districts where we are below the national standard. In addition, the division had a rate of 71.5% of visits occurring in the placement setting, far exceeding the goal of 50%.

Figure 29: Face-to-Face Contact

Since CY2010, Vermont has improved monthly face-to-face contact.

Data Source: FSDNet, ROM F2F Contact in Placement Report

Data note: Percentages are captured at a point in time. Data extracted for the year 2022 represented: 6/22/23.



Monthly Caseworker Visit Grant:

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

- All Family Services workers are equipped with I-phones (with telephone, e-mail, scheduling and wireless modem capacity) and laptop computers. This combination enables them to access division computer applications from remote locations, including from client homes.
- During the pandemic, Family Services Workers often took advantage of videoconferencing when visiting with children and youth.
- The division continues to promote teaming and group supervision models, to increase the number of Family Services Workers who have a relationship with a family and can assist in times of intense service need.
- A report is sent weekly to districts, which assists them in tracking which children and youth have not yet been seen during the month.
- A report is sent to directors bi-monthly that identifies all children without a face-to-face contact note entered and asks that workers go in and enter their late notes or indicate on the spreadsheet that the youth was not seen.
- Case aides have been added to all districts to assist with certain tasks to help support Family Services Workers. At this time these are part-time temporary positions, and all districts have them. The division has recently submitted a proposal to shift these positions to full-time permanent positions over a 3 to 5-year period. This proposal should reduce turnover that districts experience when filling these part-time temporary positions. It should be noted that during and post Covid, there have been many vacancies in the case aide positions and districts are sharing the impact this has had, such as a delay in timely entry of case notes.
- 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.

In 2021 Vermont hit the goal of 95% face to face contact. This was largely due to the ability to see children virtually during the COVID-19 pandemic. As we've begun to return to in-person visiting, face to face contact dropped a bit in 2022. Additional impacts include significant staff turnover and vacancies during the last couple of years. Many districts were and still are experiencing more than one vacancy at a time in their office as well as a high-end system of care crisis. During FY24, Vermont will continue to utilize the strategies outline above to improve face to face contact data for children in custody.

[Adoption and Legal Guardianship Incentive Payments](#)

At the time of the 2022 APSR, there were proposals for spending of several years of past allocations of Adoption and Legal Guardianship Incentive Payments.

Funds have been used to directly reduce the number of children and youth awaiting adoption by funding our Project Family Grant (28475- \$53,800.00): This grant funds a partnership established in 2000 that Vermont utilizes to fund services to finalize adoptions and guardianships and then support families formed through adoption via services of the Vermont Adoption Registry. The combined grant has the grantee (Lund: Vermont's oldest adoption agency also providing an array of other services to expectant parents and parents) providing the following services: permanency consultation, home finding services, home studies for prospective adoptive parents, including ICPC home studies, recruitment activities, training for prospective adoptive parents, support for families with the administrative tasks of finalizing a guardianship or adoption, social work consultation for families considering any form of post-adoption contact with prior parents, and the administration of the Vermont Adoption Registry, which provides information and facilitates contact among individuals of the adoption constellation.

Since the last APSR, \$47,272 has been used to support Vermont children placed in other states. There are occasions when public child welfares in other states are not able to provide all the services needed to support children placed in their states, or occasions when children are matched with families working with private agencies in another state. The Division uses incentive payments when contracts are needed out-of-state to achieve permanency for an individual child and has engaged in contracts with other agencies for approximately ten Vermont children this year, and there are a few of these contracts additionally in process.

In the coming year, adoption incentive payments will be utilized to fund a contract amendment for Vermont's post-permanency services, to be in effect from October of 2023 to September of 2024. Vermont's contracted post-permanency providers are reporting that deficiencies in the mental health system of care are resulting in increased needs for families formed through adoption. We are offering a time limited increased case cost for post-permanency families needing higher levels of contact. This is anticipated to liquidate approximately \$90,000 of adoption incentive awards.

[Adoption Savings](#)

Vermont calculates Adoption Savings using the CB method with actual amounts. Vermont has accrued \$5,714,710 in Adoption Savings since the expansion of IV-E eligibility for adoption assistance leading to the inception of the Adoption Savings Program. For FFY 2022, Vermont accrued \$1,649,536 in adoption savings. There was \$176,527 remaining at the time of the last APSR.

Vermont's CB 496, Part 4 report was rejected for FFY 2022. We are working to clarify with the Children's Bureau and make corrections, if needed. At the writing of this report, FFY 2022 expenditures were as follows:

Title IV-B Part I Purposes

Room and board for children in foster care who are not IV-E eligible: Vermont expended considerable resources (\$1,154,676) to provide room and board for children in foster care as the maximum allowable expenditures for Title IV-B and Title IV-E allowable services not related to post-adoption or post-guardianship services or service for children at risk of foster care. This is the maximum allowable expenditure in this category and Vermont expended more than \$8,000,000 of state funds for these expenditures but categorized the maximum allowable amount as adoption savings expenditures.

Post-Permanence Services

Vermont used \$173,693 since the last reporting period to provide actual items and services allowable under IVB to meet the individual needs of children who have been adopted. These requests are often for things such as camp or music lessons which help children to thrive in their adoptive families, but which would be financially prohibitive for parents to provide. Parents make individual requests for reimbursement which are individually assessed and approved or denied.

Approximately \$483,250 remains to be expended. The Vermont Legislature last year approved an allocation of \$173,962 annually for use on Adoption Savings expenditures. The Family Services Division intends to use \$100,000 of these funds for services to promote racial equity within child welfare services in Vermont. This has not happened yet due to contracting complications, but once contracts are initiated, Vermont will expend at least \$100,000 on these services annually, impacting children at risk of foster care and post-adoption and guardianship. Specifically, we intend to employ consultant(s) to assist with policy and program development and offer Division staff who identify as BIPOC a facilitated affinity group. There will also be a support group for youth. We hope these efforts will help with staff retention, staff culture shifts, and overall, more equitable practices for BIPOC children and families being served. The Family Services Division currently has a large racial justice equity workgroup with several subcommittees examining areas for practice improvement within the Division and is embarking on a program assessment with a consulting agency.

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

Lastly, in the coming year, expenses will be incurred to support adopting parents with legal expenses associated with encouraging post-adoption contact more than what Vermont currently provides via reimbursement for non-recurring adoption expenses.

[Family First Prevention Services Act Transition Grants](#)

Vermont received \$900k in FFTA funds, and to date we have spent \$469k of these funds. The monies spent thus far have been expended on essential staffing needs in the form of a project manager to assist with the work plan and focused on implementation of our CHINS Reform effort which is completely aligned with the FFPSA goal of preventing candidates for foster care from coming into DCF custody. \$178k of these funds were utilized for the report by the Public Consulting Group that is the Analysis of the Residential System of Care for Youth in Vermont, previously mentioned. Additionally, this past year, some funding has been allocated toward creating an additional option for accreditation in VT to align with the QRTP requirements.

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

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

FFTA and Improvement of residential system of care

Vermont draws down approximately \$2 million annually of IVE dollars related to the in state and out of state placement of children and youth. As described in detail in the former report *10K View In-State Residential*

QRTP Analysis 05/31/2019, there are a number of major “lifts” we must resolve in order to continue to begin drawing down IV-E funds since October 2021 as outlined below:

Judicial approval of residential placement

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

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

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

Independent Assessment of need for residential level of care placement

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

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

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

QRTP Requirements under FFPSA

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

Projection: \$100,000

Progress: A readiness assessment was completed, and each program was assessed. However, due to challenges with COVID outbreaks and staffing challenges within programs, that work was temporarily suspended. It is hoped that this will continue to progress. DCF is currently working within the Federal Statute to further define the requirements for VT. We did invest, however, in a project working toward creating an additional accreditation body under QRTP based on a resounding theme from providers that the current options were not feasible. This work is under way.

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

Projection: \$178,000

Progress: Completed

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

The primary goal of FFPSA is to prevent children and youth from entering foster care: to keep families intact. This implies identifying, seeding, supporting, and standing up evidence-based prevention practices in our communities. It then implies ensuring a data and financial infrastructure to support and monitor the tracking and support of cases between FSD and these prevention 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 was comprised of approximately 80 members went on hiatus when the Plan was

submitted. The workgroup is set to reconvene with a focus on implementation including planning the training and support around the Year 1 EBP's.

Projection: \$100,000

FFTA and Structural Support of Implementation

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

Projection: \$125,000

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

Chafee Foster Care Independence Program for Successful Transition to Adulthood

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

Services provided since the submission of the 2022 APSR

The Family Services Division (DCF-FSD) continues to contract with Elevate Youth Services (formerly Washington County Youth Service Bureau) 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. Elevate subcontracts with eight agencies across the state to provide services in coordination with each of the 12 DCF districts. In total, YDP staffs 16 full-time equivalent Youth Development Coordinators (YDCs) that provide goal-oriented case management to youth. Across the state of Vermont, YDP serves approximately 450 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 2024 with continued emphasis on serving more youth and supporting direct service staff through training, oversight, and technical assistance.

In 2020, DCF Central Office restructured to develop an Adolescent Services Unit (ASU). Beginning in 2021, the unit has emphasized supporting the 12 district offices with adolescent case work. The ASU facilitates a monthly meeting for DCF management to provide updates and training around issues impacting our practice with older adolescents involved with the Department. The Adolescent Policy and Practice Specialist has also continued to meet regularly with each of the twelve DCF District Offices to review the caseload of transition-age youth to discuss specific youth circumstances, referrals for transition and adult services (developmental and mental health), options for extended care services, and resources for post-secondary education and training. This concerted effort increases the knowledge of DCF staff and supervisors about youth needs, available resources, and policy requirements for older youth in (or formerly in) custody and reduces the risk for youth to "fall through the cracks." The Adolescent Policy and Practice Specialist also participates in district permanency meetings for older youth across the state. Many of the youth being consulted on have been in custody for many years and have APPLA case plan permanency goals. The focus of these conversations is to broaden workers understanding and approach

to helping older youth in care by developing connections through natural supports, access to peers, enrichment opportunities, school and work, family of origin, and use of permanency tools. In addition to this support, the ASU also sends monthly emails to district offices with a list of the oldest youth on the caseload, the policy requirements, and supports available to districts in their work with this population.

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

DCF, with YDP partners, continue to pursue opportunities to expand Extended Care services for former foster youth under the federal definition. At this time, Vermont's foster care services for youth ages 18-23 continue to be supported solely through State resources. The primary barriers to fully implementing federal extended foster care in Vermont continue to be around judicial oversight for the population of youth over age 18 and adjusting DCF's antiquated database to ensure the Department is appropriately tracking the requirements for extended care and reporting youth correctly. Historically, the judiciary expressed that they did not have capacity or statutory authority to oversee extended foster care. To address this, DCF has worked with the judiciary and the legislature to identify a "judicial master" position that could support this work in the future. DCF has also taken steps toward the development of a new CCWIS system that, over time, will enable DCF to track extended care cases and associated federal requirements.

Two years ago, DCF worked closely with YDP and two Public Housing Authorities (PHA), including Vermont's statewide PHA (Vermont State Housing Authority) and the PHA for our largest metropolitan area (Burlington Housing Authority), to develop Collaboration Protocols (Memoranda of Understanding) and submit applications to HUD for administration of the FYI Voucher Program. Vermont was awarded under both applications. These programs are now fully implemented and youth with former foster care experience and housing instability are being awarded vouchers and leasing apartments with rental subsidies.

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

After a four-year hiatus from the annual tradition, this year, YDP hosted their 30th Turning Dreams into Plans Youth Conference. Over 80 youth and adult supporters attended the event at U-32 High School in Montpelier. The youth conference included a resource fair, a dance party, many art activities, and an inspiring

keynote speech from Vermont Representative Taylor Small on the topic of being authentic and believing in yourself. The event also hosted ten workshops for young people, with topics ranging from values and money, college and career options, racial equity and anti-racism, healthy relationships, yoga, journaling, and bicycle repair. One workshop option for youth included a question-and-answer session with leadership from DCF-Family Services. This was a great opportunity for young people to engage directly with DCF on topics important to them. Feedback from the event has been overwhelmingly positive and we are all looking forward to next year's event.

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

The three person YDP administrative team includes a full-time Youth Advocacy Coordinator with lived experience of the child welfare system. The Youth Advocacy Coordinator's role is to bolster existing efforts to lift up youth voices and increase youth access to leadership and advocacy opportunities. A primary role for the Youth Advocacy Coordinator is promoting the Youth Advisory Board (YAB) and facilitating YAB meetings. The Youth Advocacy Coordinator also coordinates youth panels with the Child Welfare Training Partnership, the Guardian ad Litem network, YDP staff, and DCF. The Youth Advocacy Coordinator, recruits youth, develops questions, prepares youth, facilitates events, and other coordination activities. This position is also the point person for YDP regional and national partnerships with the New England Youth Coalition, Foster Youth in Action, and Foster Club. They also manage the YDP youth listserv and communicates activities and opportunities for youth. The Youth Advocacy Coordinator organizes and hosts the annual Youth Conference and Youth Picnic events in coordination with youth.

In 2022, the Youth Development Program (YDP) coordinated with Foster Club to develop and implement a strategic plan for the Youth Advisory Board (YAB). Foster Club is a national organization that provides leadership and support to provider agencies and youth with foster care experience. Foster Club supported YDP with strategic planning for the YAB. Foster Club also provided start up training for YAB members and is available for coaching and consultation meetings around YAB strategic plan implementation and ensuring the model is in alignment with Foster Club best practices as needed. The new YAB model is grounded in the principle of youth-adult partnership. Its mission is to empower youth to create positive changes in the foster care system. The YAB will elevate youth voices, build leadership and advocacy skills, and partner with DCF and YDP leadership to promote better outcomes for youth in care. The new infrastructure will support more effective youth and young adult participation and will include a feedback loop between youth leaders and adult supporters comprised of YDP and DCF leadership. The collaborative nature of the new YAB will result in more meaningful system change and more transparency to help youth see the direct impact of their efforts.

The YAB was relaunched in September 2022. The group includes four adult supporters, including two staff from DCF's Adolescent Services Unit. YAB meetings are held virtually to support more youth to attend, including youth who may be attending colleges out of state. Youth are compensated for their participation in monthly YAB meetings and for work they conduct outside of meetings. Youth have identified several projects they are interested in working on, including specific recruitment of foster parents for LGBTQ+ identified children and youth and development of a guide to higher education and other opportunities for youth after high school. The YAB also informed the planning of the Annual Youth Conference and provided many recommendations for the event, including workshops of interest and including a question-and-answer panel event with leadership from DCF-Family Services.

In addition to the effort to develop a new and more effective YAB, YDP continued to engage youth in several leadership, advocacy, and engagement opportunities. At the time of this report, YDP has supported approximately 37 youth this year to engage in 16 leadership, advocacy, and training events. Leadership

opportunities included attending the New England Youth Coalition (NEYC) summer and winter conferences and monthly meetings, trainings for Guardians ad Litem, trainings for new DCF staff and caregivers (Foundations), a facilitated youth panel at the annual Youth Justice Summit, the YDP Youth Conference, interviews with Vermont Public Radio on the topic of record sharing with adults with lived experience of the foster care system and giving feedback on informative flyers. Youth from all 12 DCF districts were recruited and supported to participate in advocacy opportunities.

YDP has a service agreement with the University of Vermont (UVM) Child Welfare Training Partnership (CWTP) that includes supporting youth to share their perspectives and insights with professionals and caregivers several times annually. The YDP Director meets quarterly with the CWTP to identify systemic ways to weave youth engagement into the CWTP curricula.

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

YDP subcontracts now include an outcome measure around engaging youth in leadership and advocacy activities. Each of the 12 programs are required to recruit and support a minimum of two youth to participate in leadership/advocacy opportunities annually. The administrative team has noted that because of this focus and inclusion in the subcontracts, programs are now further prioritizing youth engagement. This outcome is also reviewed through annual YDP program evaluations and highlighted in the final reports.

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

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 the on-site NYTD Review. In January 2021, DCF received "Appendix C" and the final NYTD report in July 2021. Vermont was asked to improve practices around five (of seven) of the general requirements, and 51 (of 58) data elements. We submitted our initial NYTD Performance Improvement Plan in November 2021 and PIP updates in July 2022 and April/May 2023. At the time of this report, Vermont had addressed many findings and had significantly improved our ratings, but we anticipate being in compliance with several general requirements and data elements with the most recent Improvement Plan submission.

Progress on our Improvement Plan has included:

- Development of a Vermont NYTD manual that includes our complete NYTD data collection and reporting protocol, including a guidance document that fully describes the NYTD data elements as they relate to resources available in Vermont. We have also held initial trainings and committed to ongoing delivery of associated NYTD training to the DCF and YDP field and relevant stakeholders.
- We have made the required changes to the YDP database and the DCF Webtool.
- We developed online surveys for 17-, 19-, and 21-year-old youth that are user-friendly and include the necessary skip logic to support error-free reporting.

- DCF and the YDP administrative team have been meeting monthly to review YDP and NYTD data to analyze trends and areas to bring attention to program staff, DCF leadership, funders, and other stakeholders.

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

- Revision of our DCF and YDP data collection and reporting systems to ensure we are providing all required social demographic information, including providing accurate self-identified race, ethnicity, and federally recognized tribe membership data.
- Development of a Comprehensive Child Welfare Information System (CCWIS) that will eventually support the tracking and reporting of independent living services that youth receive from sources other than our Chafee-funded Youth Development Program. Family Services Division (FSD) and the Agency of Digital Services (ADS) have been making concerted progress toward bringing a new CCWIS to Vermont. We are currently the last state to do so, and still in the very early stages of planning. At this time, we’ve received partial funding toward this infrastructure development.

This year, a monthly review of DCF, YDP, and NYTD data has been implemented. Below includes some examples of the information that we have examined. Outcomes in many areas worsened over the pandemic period have since started to stabilize and improve. We have targeted the areas of employment, education, and housing for ongoing program development. To start, DCF and YDP teamed with workforce development service providers and also the state public housing authority to develop one-page flyers that describe services, eligibility, and access points to more efficiently connect young people to available resources.

Figure 30: YDP Outcomes

YDP OUTCOMES	FY19	FY20	FY21	FY22
Total youth served	535	460	454	458
Medicaid insured	98%	99%	99%	98%
Licensed drivers (16+)	34%	33%	31%	35%
Stable housing all year	84%	79%	82%	86%
Youth who have children	8%	10%	12%	13%
Youth enrolled and attending an education program	73%	67%	58%	59%
Youth 18+ enrolled	61%	56%	47%	48%
Youth 18+ with 1+ semester of college	13%	14%	11%	11%
Youth who were employed	57%	62%	54%	57%
Youth 18+ who were employed	70%	71%	60%	69%
Enrolled OR employed	90%	90%	81%	83%
Youth 18+ enrolled or employed	88%	87%	77%	80%

In Vermont, we collect outcome data for all YDP youth and for NYTD-specified cohorts of youth that include young people who are disconnected from services. Although the total number of survey participants is small, this practice enables DCF to compare outcomes for youth who access transition and aftercare services with youth who do not. This data confirms that youth who access YDP services are better off and compels DCF to strive toward building an aftercare system that supports all youth who are eligible and amenable.

Figure 31: NYTD Survey Outcomes

NYTD SURVEY OUTCOMES FOR YOUTH AT AGES 19 AND 21 (FY21+22)	YDP	Non-YDP
	(n=31)	(n=13)
Employed	65%	46%
Connection to adult	94%	85%
Homelessness	35%	38%
Health insurance	100%	54%
High school diploma/GED	65%	54%

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

On a district level, DCF and YDP continue to participate in collaborative team meetings and community conversations with partner agencies and programs including, but not limited to: DCF, PHAs and other housing providers, DOL and HireAbility (Vocational Rehabilitation), VSAC, schools, mental health providers, developmental services, Compass, and Balanced and Restorative Justice (BARJ) providers. Statewide YDP network meetings host trainers from the agencies listed above in effort to enhance networking and to build YDP understanding of the safety net for young people in Vermont. Leadership at DCF, YDP, and community partners communicate regularly and share resources for staff and young people across newsletters and listservs. YDP staff also benefit from statewide oversight of Plans of Care, Extended Care Agreements, and Youth Investment Grants. Through this relationship, suggestions for referrals to additional available services is provided.

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

In 2021, DCF worked closely with YDP and two Public Housing Authorities (PHA), including Vermont’s statewide PHA (Vermont State Housing Authority) and the PHA for our largest metropolitan area (Burlington Housing Authority), to develop Collaboration Protocols (Memoranda of Understanding) and submit applications to HUD for administration of the FYI Voucher Program. Vermont was awarded under both applications. These programs are now fully implemented and youth with former foster care experience and housing instability are being awarded vouchers and leasing apartments with rental subsidies.

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

DCF and YDP continue to team with the Vermont Student Assistance Corporation (VSAC) to address post-secondary education and training on a regional and statewide basis. Through a memorandum of understanding, DCF shares information with VSAC about youth who should be connected to their outreach

services. VSAC meets with school age adolescents in their schools to explore educational interests, college and vocational options, and funding resources.

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

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

Services to support LGBTQI+ youth/ young adults

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

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

The Committee has provided over 75 consultations in the six years since its inception, including 15 in the last year. Consultations were primarily on behalf of transgender-identified youth and focused on gender-affirming medical care, gender-affirming placement, mental health, parent acceptance, and access to community and peer support. The committee has also provided feedback on appropriate language for case planning and affidavits. This empaneled committee always includes a representative from Outright Vermont, a statewide organization focused on the health and well-being of LGBTQ+ youth and community. Outright Vermont's mission is to "build a Vermont where all LGBTQ+ youth have hope, equality, and power. DCF contracts with Outright Vermont to provide consultation on individual cases and policy and practice. They also provide training to our staff as needed. YDP also contracted with Outright Vermont to provide training to the statewide network.

This year, DCF also updated our foster care licensing regulations to reflect:

- Prohibition of a foster parent from discriminating against a foster child based on race, religion, color, national origin, sex, sexual orientation, gender identity, age, or disability.
- Requirements for foster parents to support children in wearing hairstyles, clothing, and accessories affirming of the child's racial, cultural, tribal, religious, or gender identity.
- Prohibit of DCF to grant variances to the nondiscrimination provisions of the rules.

YDP is also committed to creating a culture of inclusion, safety, and acceptance for all marginalized youth and staff. Program leadership emphasizes representation in their hiring practices and has also implemented a practice of acknowledging important events such as Pride month, Transgender Day of Visibility, and other days that celebrate marginalized communities. In times of local or national crisis and when necessary, YDP has offered support groups to those who may be impacted, such as the shooting that occurred in Colorado Springs earlier this year. In the future, YDP hopes to create affinity spaces for youth who navigate the intersection of different marginalized identities, including being a person who has experience foster care and being LGBTQ+. This is an integral part of helping youth build connections with others in a safe space monitored by a clinical provider.

In this fiscal year, YDP secured a training partnership with Outright Vermont to bring two cultural competency trainings to the staff. YDP worked with Outright to develop a training curriculum specific to the needs of YDP case managers and scenarios they encounter in their work, including navigating situations where other service providers or caregivers may be transphobic or homophobic.

Specific trainings including the Advanced Practicum, RLSI, plans for the GAL network

RLSI license application updates

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

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

YDP also maintains the following partnerships:

- The YDP Director provides training and workshops to private and public agencies on topics including YDP and youth engagement.

- YDP partners with the UVM CWTP to recruit, prepare, and facilitate youth involvement in trainings for DCF and resource families.

This year, DCF partnered with the Department of Mental Health to develop a protocol for supporting eligible youth involved with DCF-FSD to transition to adult mental health services when necessary.

Services to support youth and young adults in or formerly in foster care to promote wellness and proactively address mental health needs

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

DCF and YDP have partnered with the Vermont Child Health Improvement Program (VCHIP) and the Vermont Department of Health (VDH) to develop materials for youth that positively promote medical care and oral health. YDP's Youth Advisory Board provided input and advice around the development of these materials.

Access to Medicaid for Former Foster Youth: Section 1002 of the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act

DCF and the Department of Vermont Health Access (DVHA) have coordinated efforts to implement the requirement to provide Medicaid to youth who age out of foster care in other states.

DVHA has updated their administrative rules to include the population of former foster youth from other states. They have also updated their policies to ensure compliance and Vermont's Medicaid State Plan aligns with the federal expectations.

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

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

Websites for DVHA and Vermont Health Connect, Vermont's health insurance marketplace, have clear information about Medicaid for youth who turn 18 in foster care.

DCF intends to update our [Policy 160: Supporting Adolescents in DCF Custody](#) and our Transition to Adulthood (90-Day) Plan) with an expectation that Family Services Workers inform youth of their ability to enroll in Medicaid in other states if they choose to leave Vermont. YDP, our transition and aftercare program, will also ensure that youth who move to Vermont and access YDP will be supported to apply for Medicaid. Youth from Vermont will be informed of their ability (and supported) to apply for Medicaid if they move to other states. DCF and YDP have already begun sharing this information with stakeholders and we will continue to do so as needed.

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

Plans of care developed with YDP youth identify securing stable housing as the most frequent and most important goal for program participants. YDP staff report they are frequently providing housing case

management services due to a lack of other available services in Vermont. Housing case management is often very intensive, including supporting youth with completing applications, apartment searching, budgeting, etc. Because many youth on the caseload are often experiencing housing instability or homelessness, a great deal of overall YDP capacity is devoted to housing.

Figure 32: Housing for Youth with Foster Case Experience in VT

Housing for Youth with Foster Care Experience in Vermont		
RESOURCE	ELIGIBILITY	DETAIL
DCF Extended Care Agreement (ECA)	Ages 18-23 Must turn 18 in foster care In high school full-time	DCF supports continued placement (foster care, residential, independent)
YDP ECA Adult Living Program	Ages 18-23 Must experience foster care after 16 Broad productive time criteria	DCF case is closed Approved Adult Living Partners receive monthly stipend (\$18.70/day) Lots of capacity in this program, underutilized
YDP ECA Independent Living Stipend	Ages 18-23 Must experience foster care after 16 Broad productive time criteria	DCF case is closed Youth in approved living environments receive \$500/month toward expenses Funding is expiring
YDP Youth Investment Grant (YIG)	Ages 18-23 Must experience foster care after 16	YDP can support “youth investment grants” that may include funding for housing start-up or rental subsidies Budget is limited
FYI Voucher	Ages 18-26 Must experience foster care after 16	DCF/YDP/VSHA partnership Up to 36 months Requires YDP case management Lots of capacity in this program Youth struggle to secure rental units

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

YDP statewide is administering the 20 voucher FYI Program, in partnership with DCF and VSHA. We have received 27 eligible referrals so far in FY23, and 22 applications have progressed to the point of voucher issuance since program inception in January 2022. YDP provides a high level of coordination between youth housing applicants, YDP case managers, DCF, and VSHA. This system has significantly reduced the administrative burden for referring staff and youth as compared to other voucher programs and as a result of these changes, vouchers are being issued in a timely manner, often as quickly as one month from the initial referral. Although 22 youth have been awarded vouchers, a smaller number has obtained leases, and this program continues to have capacity.

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

In general, identifying available housing and securing leases is very challenging in Vermont, but particularly for youth. Our staff, in partnership with our PHAs, work closely with young people to navigate this process and to help youth to meet their housing needs. YDP has provided information and training to help case managers request extensions when youth do not obtain leases in the allotted time and around leasing in non-traditional housing arrangements. YDP and VSHA also continue to explore the possibility of developing project-based housing units specifically for youth with FYI vouchers.

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

DCF's efforts to engage students in post-secondary education is primarily facilitated through our contracts with the Youth Development Program (YDP) and the Vermont Student Assistance Corporation (VSAC). YDP provides outreach and case management services to youth who are currently in foster care or were formerly in foster care. They work with youth to identify their education and career goals and to identify the barriers, next steps, and resources associated with their plans. VSAC is well known in Vermont for being the primary organization helping people to plan, navigate, and pay for college and career planning. VSAC's vision is "to create opportunities for all Vermont students, but particularly for those – of any age - who believe that the doors to higher education are closed to them."

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

In the Spring of 2023, DCF met with Vermont State University (VSU) to discuss opportunities to partner and ways in which VSU may be able to support youth exiting foster care in a targeted way. These conversations are preliminary and are currently focused on existing barriers for youth and resources already available to support this population. DCF anticipates continuing these conversations and identifying pathways for additional youth with foster care experience to participate in post-secondary education.

Division X Additional Funding from the Supporting Foster Youth and Families Through the Pandemic Act.

In fiscal year 2021, Vermont received \$145,807 in supplemental Division X ETV funds. The additional ETV award was combined with our regular ETV award and sub-granted to VSAC to disburse to former foster youth in the usual manner for the same population of youth and for the same purposes (enrollment in a post-secondary education program). DCF determined with VSAC that they would award 90 students \$5,000 Chafee/ETV scholarships. This decision was based on a typical 60% persistence rate. If the

persistence rate is higher this year, awards will be adjusted to a lower amount to ensure all youth receive a scholarship to support their higher education expenses.

The supplemental funding enabled DCF and VSAC to increase the typical scholarship amounts for youth enrolled in a post-secondary education program. In the 2021-2022 school year there were 72 ETVs awarded. We did not experience challenges or barriers in using the additional ETV funds and were grateful to increase the level of meaningful financial support for youth attending college with foster care experience.

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

Vermont was awarded \$1,003,153 in supplemental Chafee funding from the Supporting Foster Youth and Families through the Pandemic Act. DCF made the decision to use approximately half of the supplemental funding to build up YDP direct services and the other half to provide independent living stipends to youth ages 18-23.

This plan was chosen because YDP was level funded for many years, case manager vacancy and turnover rates were high, and youth outcome data showed that there were population impacts associated with staffing challenges. By increasing financial support for direct services, we have been able to increase the number of years that YDP retains staff. An analysis of YDP staffing patterns showed that the program has historically experienced an average of seven positions (43%) turning over annually. In the fiscal years 2022 and 2023, the program experienced three changes (19%) each year in the statewide staff network. The data shows that reducing case manager turnover significantly improves outcomes for youth, stabilizes the caseload, and reduces the administrative burden associated with hiring and training new staff. This is particularly important given the ongoing statewide and national challenges around hiring qualified staff.

The other half of the supplemental funds were used to provide independent living stipends for **129** youth engaged in YDP services. YDP already had a limited budget for “youth investment grants” that could be used to support incidental living costs such as security deposits, rent and utilities, education expenses, normalcy and enrichment activities, fees associated with driver’s licensing and insurance, and more, but the supplemental funding has been used to provide a higher level of regular financial support for youth that are over 18 and living on their own. Monthly stipends were set at \$500 per month per youth. Surveys demonstrated that stipends were overwhelmingly used to pay landlords directly or for youth to pay rent/utilities on their own. Funding has supported parenting youth, youth experiencing health and mental health barriers, youth attending education programs, and youth with unaffordable living expenses.

Youth provided direct feedback in their Independent Living Agreements about what the funding represents for them:

- ***“This will really help me to put money aside for my apartment and other things coming up this summer. I just started my new job so this will help me to increase my savings faster while I start to save money from working.”***

- ***“I’ve been working hard to achieve my goals of getting an apartment and a car, and it just feels like things keep getting in the way. This living stipend would really help me to be able to afford my basic needs, and to put towards my savings for a security deposit on an apartment.”***
- ***“It helps pay for a place to stay, which helps me do anything.”***
- ***“It allows me to attend college and receive training for my desired job field.”***
- ***“Right now I don’t have a job, It would help me get my prenatal vitamins, groceries that are not junk food.”***
- ***“So I don’t die. It allows me to be able to fix my car so I don’t die. Allows me to catch up on bills. Winter’s coming up and I cannot be homeless.”***

Homelessness data over the last two years demonstrates that youth involved with YDP are more stably housed than they have been historically. DCF and YDP attribute this to the launch of the independent living stipends that were made available through Division X funding that has flexibly met youth where they are at, housing-wise.

Figure 33: YDP Outcomes

YDP OUTCOMES	FY20	FY21	FY22
Stable housing all year	79%	82%	86%

DCF has appealed to the legislature to sustain this critical funding for direct services and independent living stipends for youth into the future. At the time of this report, it is not yet known whether this request will be funded.

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

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

In the 2021-2022 school year there were 72 ETVs awarded. In the 2022-2023 school year (current) there have been 53 ETVs awarded at the time of this report.

Chafee Training

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

- Motivational Interviewing
 - Motivational Interviewing (MI) has continued to be a primary focus of training for YDP. In partnership with HETI Maine, YDP offered training, a certificate program, and ongoing support groups. YDP subcontracts now include expectations about use of best practice approaches like MI. An MI overview is included in the YDP Manual and is included in new staff orientation.
- LGBTQ+ Cultural Competency (2 parts) from Outright Vermont
- 3Squares (SNAP) Refresher and Q&A
- DV/SV prevention/intervention
- Genograms and identifying social connections
- Housing Voucher Utilization
- Intersectionality in Adoption and Foster Care: Managing Multiple Identities

Consultation and Coordination between States and Tribes

As stated in Vermont's prior CFSPs and APSRs, our state does not have any federally recognized tribes within its borders; however, the division has maintained policy statements and practice guidance regarding compliance with the Indian Child Welfare Act (ICWA) for many years. It is FSD's obligation to work with Indian tribes in other states to meet the safety, permanency, well-being, and law abidance of any child eligible for membership with an Indian tribe. Through FSD's legal content within foundations training and written case planning instructions and guidance, staff are tasked with determining as soon as possible whether children/youth or family members have tribal affiliation or may be eligible to be members of a federally recognized tribe. FSD applies ICWA applicability to both conditional custody orders (CCOs) and DCF custody/foster care cases as all CHINS proceedings are involuntary actions done onto parents and could come with the same consequence of TPR if parents are unable to accomplish the case plan objectives within the specified time. All parents are asked this question and staff also ask extended family members about tribal affiliation. Division staff are expected to continually confirm tribal heritage and affiliation with every revised case plan. [33 V.S.A. § 5307](#) requires Family Services Workers to provide information required by the Indian Child Welfare Act at the Temporary Care Hearing which is held within 72 hours of custody. Vermont's Adoption Act also supports compliance with the Indian Child Welfare Act per [15A V.S.A. § 1-107](#). Adoptive parents must disclose a child's membership in a tribe when they file a petition to adopt.

In May of 2022, the division allocated funding to hire a part-time temporary position dedicated to the coordination of ICWA. The job posting and vision for the position garnered local media attention:

- <https://vtdigger.org/2022/08/30/dcf-creates-new-position-for-state-custody-proceedings-involving-native-american-children/?fbclid=IwAR3bV05BRYrPKfWWUuYa33T8qsPLuI04CAIKVPeaufw6qV5nTtjmPnbwfA0>
- <https://www.wcax.com/2022/11/13/vt-dcf-creates-new-position-help-abenaki-children/?fbclid=IwAR2qv5SzJhtdnq8OpnmoEojNiUqEB-WmOq47DYWNLpqVLZ7ZZ-Jott8J89Q>
- <https://www.wcax.com/2022/09/05/building-better-relationships-with-vermonts-abenaki-tribes/?fbclid=IwAR0JRidJNJFU6Epg-YTsek4vaD5uHXWBszESCo-rolrBQuMOTd0BCDiH8kc>

While our state does not have any federally recognized tribes, Vermont does have state-recognized tribes. Our state's native history started approximately 12,900 years ago when people called the Paleo-Indians first moved into the land we now call Vermont. Native knowledge, experience, and traditions have deeply influenced many aspects of Vermont's rich history. [The Vermont Commission on Native American Affairs](#) is

charged by law to recognize the historic and cultural contributions of Native Americans in Vermont, to protect and strengthen Native American heritage, and to address needs in state policy, programs, and actions. The Commission provides technical assistance on the application process for state recognition of Native American Indian tribes and reviews the documentation of applicants. The Commission develops policies and programs to benefit Vermont's Native American Indian population. [Four Vermont tribes](#) are currently recognized by the State of Vermont.

Figure 34: Tribes recognized by the State of Vermont

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

The division is concurrently developing standalone policy dedicated to ICWA and exploring working agreements with Vermont's Abenaki tribes to apply the spirit of ICWA locally through our commitment to kinship care, family finding, and maintaining important familial and cultural connections. In August of 2022, FSD issued practice guidance for assessing cultural context with families alongside the update to our [SDM Policy & Procedures Manual](#). In future policy work, we are drawing inspiration from Maine's truth and reconciliation work, as well as their policies and approach to both federally recognized tribes and state recognized tribes.

In November of 2022, the division's new ICWA Coordinator began in the role. He is a registered member of the Abenaki Nation of Missisquoi and has enjoyed reconnecting with his own culture through this role. Within the first seven months of the position, he has spent time onboarding, learning about the federal requirements of ICWA, shadowing the person previously holding the work, and participating in FSD's foundations training. As stated previously, he is in a part-time role and limited to 20 hours per week, with some flexibility week by week depending on cases and demands. We have implemented use of an alias for district and staff outreach related to ICWA and we have used this for tracking purposes as well: [AHS - DCF FSD ICWA](#). Within part-time hours, our new ICWA Coordinator has been triaging case consultations and required notifications to federal tribes, record keeping and tracking within our database related to AFCARS (Adoption and Foster Care Analysis and Reporting System), participating in FSD's Racial Equity Workgroup and Ongoing Subcommittee, and

making connections with our 12 district offices, AAGs, federal tribes, Vermont tribes, the Vermont Commission on Native American Affairs (VCNAA), and the Bureau of Indian Affairs (BIA).

Since the beginning of 2023, approximately 66 notices have been sent to federally recognized tribes and one tribe has made their own placement in Vermont. There are approximately five children in DCF custody who meet the federal definition of "Indian child" and are confirmed members of tribes. While tribal workers have been assigned to the various cases, no tribes have intervened in Vermont's CHINS proceedings or taken jurisdiction. The volume of parents making tribal claims is trending upward; however, this has not been linked to valid tribal connections or membership. Some families make tribal claims without being able to identify a tribe; others claim to be affiliated with multiple tribes ranging from state-recognized to federally recognized to international tribes. We are currently focused on policy development and a robust inquiry process prior to formal notice to be sensitive to the amount of notices we are sending to tribes containing minimal to no information supporting a family's claim.

FSD's quality assurance team is partnering with the Agency of Digital Services staff and our ICWA Coordinator to develop and implement ICWA data collection capabilities within the current SSMS system to comply with AFCARS implementation.

Youth Justice

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

Figure 35: Juvenile Jurisdiction Chart

Juvenile Jurisdiction beginning 7/1/22		
AGE at time of alleged offense	OFFENSE	
	OFFENSES other than big 12	BIG TWELVE
10-11	Proceedings start in Family, NO Transfer 33 VSA 5201(d) & (e)	Proceedings start in Family, NO Transfer 33 VSA 5201(c)

12-13	33 VSA 5204(a)	Proceedings start in Family (5201(c)); Transfer to Criminal is an option (5204(a))
14-15		Proceedings start in Crim. (5201(c)); Transfer to Family as a delinquency is an option (5203(b)) or as YO (see chart below)
16-18	All Proceedings start in Family (5201(d) & (e)) Misdemeanors: NO Transfer Felonies: Transfer to Criminal upon motion (5204(a))	Proceedings start in Crim. (5201(c)) Transfer to Family as a delinquency is an option (5203(b)) or as YO (see chart below)
19-21	Only juvenile jurisdiction now is through YO 19-year-olds will be treated as delinquents in 2023	

Figure 36: Youthful Offender Jurisdiction Chart

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

The changes in youthful offender legislation significantly increased the amount of youthful offender (YO) case filings significantly. In 2018 there were 33 YO disposed for the entire year, in 2019 there were 505 YO cases filed. This growing trend has continued despite the pandemic. With Act 201, Vermont took a bold step in the

2019 legislative session to further its juvenile justice reform efforts to include 18 and 19-year-olds under family court jurisdiction.

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

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

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

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

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

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

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

The residential system of care is just one system impacted by the pandemic. Many providers along the continuum of care face unprecedented challenges along their service pathways. Moreover, systemic barriers

that existed before COVID-19 crisis have become magnified during the pandemic. There has been an increase in funding due to federal and state action in response to the COVID-19 pandemic, yet there needs to be longer-term solutions for supporting adaptability in the system, including but not limited to a concerted effort to support the staffing needs within health and human services, specifically in residential treatment settings. The state and communities face obstacles to siting and supporting new facilities. To address the needs of each youth, the solutions are not limited to DCF. Addressing identified challenges across state agencies, delivery models, and throughout partner organizations will be imperative to the success of youth in treatment programs, and the sustainability of that success along community pathways. With this in mind, Senate Bill 4 is proposing to delay the implementation of the final stage of the raise the age initiative, 19-year-olds in the juvenile justice system, until July 1, 2024.

Youth Justice Practicum

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

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. Ways to bring restorative practices in the field include:

- Use circles to address the discrepancies between consultation practices across districts.
- Use a restorative process for families during family time.
- Use to support partnerships and relationships with community partners.
- Use to improve communication between DCF and schools.
- Use as a way to learn more about the foster parent perspectives.
- Integrate as a practice to come to more thoughtful decisions and as a way to regulate and process conflict.
- Naming staff sustainability and consistency as an ongoing issue.

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. Exploration of the history of harm reduction, and its origins. What successes with harm reduction within our current JJ system should we expect.

Supporting LGBTQ+ Youth through Case Planning

The objectives of the training are:

- To increase participants' awareness of the needs of LGBTQIA identifying youth and their families.
- Participants will apply their knowledge of supporting LGBTQIA identifying youth to case planning.

Exploration of common themes of support provided:

- Gender affirming care (helping grow awareness of the impact of not having this care, and the lengths that youth will go to if they aren't provided the support they need).
- Name changes.
- What are affirming caregivers (how do they demonstrate their support through their behaviors and actions).

Youth Justice Summit

The 10th Annual Youth Justice Summit: Shared Community, Shared Responsibility: Working restoratively with our youth, families and communities was a great success. The Summit brought together FSD staff, Family Court judges, GALs, BARJ staff, diversion staff, and attorneys to increase knowledge in youth justice practice. The Summit provided participants the opportunity to:

- Form connections, learn from, and be inspired by each other.
- Consider the restorative way of doing things.
- Explore what the restorative way means in the context of our respective roles and responsibilities.
- Explore opportunities to bring restorative values, principles, and practices into our work with young people.

Integrating Practice

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

Reclaiming Futures

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

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

- Youth and family strengths
- Early screening, assessment, and access to services and support for mental health and
- substance issues

- Development of cross-agency teams to align local policies and practices with state-of-the art approaches.

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

Truancy	Tier II (How/tasks)	Tier III (reintegration/re-engagement)
<ul style="list-style-type: none"> •Who are we focused on? (solely absences, at school but not attending class?) •Do we want the court involved? •How are we identifying the root cause/need? 	<ul style="list-style-type: none"> •Screening to triage •Coordination •Engage natural Family Supports •Communication •If case goes to court •Connect to DCF 	<ul style="list-style-type: none"> •How do we shift focus from the desire for compliance and social control to one of social engagement and relationship? •What is our role in the Raise the Age initiative? •Better tracking of ethnic and racial disparity (ERD) data (potential overlap with DCF ERD Committee)

Restorative Justice Consortium

The restorative justice consortium is comprised of state government, education, higher education, victim services and community restorative justice providers that meet monthly. The Consortium works collaboratively to develop infrastructure and capacity to support, expand, and evaluate community and restorative justice in Vermont. The pandemic disrupted the consortium meetings initially, however, the group has resumed their monthly meetings in a hybrid fashion.

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

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

The Consortium continues to focus on the following areas:

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

Balanced and Restorative Justice Program

Balanced and Restorative Justice (BARJ) is a philosophy that has been embraced by the youth justice system in Vermont. It is different from a traditional juvenile justice approach because it includes the victims and the community in creating a response to crime. Its focus is on accountability and competency development of the offender and community safety. Originally funded with Juvenile Accountability Block Grant federal dollars in 1998, BARJ programs became funded by general fund dollars on October 1, 2005. BARJ services are found in each of the AHS districts, there are 10 programs throughout the state, 9 are housed within Court Diversion programs and one in another non-profit organization.

The BARJ program is an arm of the youth justice system that provides support to youth who are at-risk for involvement in the juvenile justice system or have been adjudicated delinquent and may or may not be on

probation with DCF- Family Services. The primary goal of the BARJ program is to support youth involved in, or at risk of becoming involved in the juvenile justice system by providing restorative interventions that reduce and eliminate further involvement in the system. BARJ providers provided ongoing support to 749 youth during the 2022 contract year.

The pandemic disrupted the in-person services that BARJ provides, however, they were quickly able to adjust to virtual youth engagement. This style of engagement worked well for some youth, and not so much for others. The providers continue to engage in a hybrid model of engagement with youth, who prefer to engage virtually. In person support, however, is the preferred model for most youth and all providers are back to offering this as the norm.

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.

Screening and Restorative Services

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

Case Management

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

- attendance at family and school team meetings.
- therapeutic treatment meetings.
- supporting youth who are at risk or are truant.
- home visits.
- attendance at court hearings.
- drug and alcohol testing.

Restorative Classes/Skills Development/Prevention and Community Outreach

Restorative Classes and Skills Development convenes skill building groups and/or activities that may include but not limited to:

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

- one-to-one support to youth.
- other subjects pertaining to individual group needs.
- community based groups/activities/prevention efforts.

Restorative Justice Certificate Program at Vermont Law School

For the second time we offered a unique opportunity for DCF-FSD and BARJ staff to pursue a Professional Certificate in Restorative Justice (PCRJ). DCF-FSD in collaboration with the Vermont Law School is offering this opportunity to family services workers/BARJ case managers and supervisory staff. The Professional Certificate in Restorative Justice allows recent college graduates and early and mid-career professionals to learn about restorative justice and how it applies to the field of child protection/youth justice. People who work in the child and family protection/youth justice field need an understanding of the legal environment in which they work as well as how to support and devise creative responses for children and families through challenging times. The Professional Certificate in Restorative Justice provides the opportunity to gain an understanding of restorative justice responses to harm and the ways that restorative responses to family trauma can build on family strengths and keeps families unified to the extent consistent with the child and family's best interests. Through enrollment in three courses (9 credits) students will obtain the PCRJ. These 9 credits may be transferred to the Master of Arts in Restorative Justice degree at VLS for a student who decides to pursue further education and training in Restorative Justice. The courses that participants take are:

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

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

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

There first cohort consisted of eight people, five of which are FSD staff and three are BARJ providers. Cohort one "graduated" from the Certificate program in September 2022. The group had the opportunity to learn about restorative justice and how it applies to the field of child protection/youth justice. Additionally, they were able to gain an understanding of the legal environment in which they work as well as how to support and devise creative responses for children and families through challenging times. The program also afforded the opportunity to gain an understanding of restorative justice responses to harm and the ways that restorative responses to family trauma can build on family strengths and keeps families unified to the extent consistent with the child and family's best interests.

In October 2022 the second cohort of participants began the Certificate program. This consists of six people all of whom work for FSD.

Youth Justice Data

Figure 37 Youth on Juvenile Probation (point-in-time)

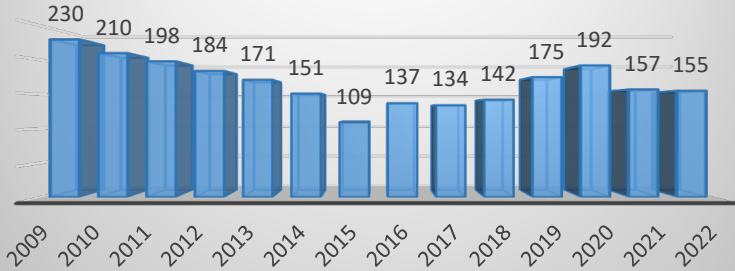


Figure 37: Juvenile Probation cases were on the rise between 2016 and 2020. 2021 and 2022 are the first time in several that has seen a decrease in juvenile probation cases.

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

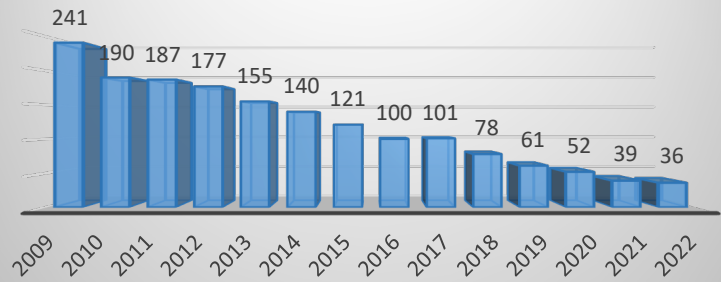
Data Note: Numbers of youth are captured at a point in time not always on the same date each month or year. Data extracted for the year represented: July 6, 2010, April 4, 2011, June 2, 2012, June 5, 2013, April 2, 2014, July 6, 2015, June 9, 2016, July 31, 2017, June 6, 2018, May 28, 2019, June 1, 2020, June 1, 2021, 6/21/23.

Figure 38: DCF custody delinquency cases continue to be on a decline.

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

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

Figure 38 DCF Custody as a Result of Delinquency



Review of the 2022 BARJ contract year:

Figure 39: The number of youth with no new criminal charges was 400 and the number of youth with increased protective factors was 113.

Figure 39: VT Youth Who Increased Capacity With BARJ Services SFY 2022

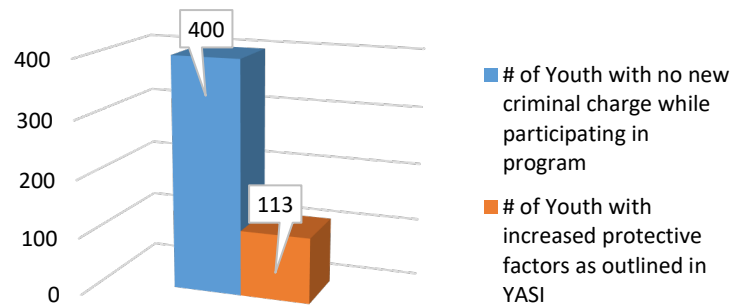


Figure 40: BARJ Summary of Youth Served by Referral Type SFY 2022

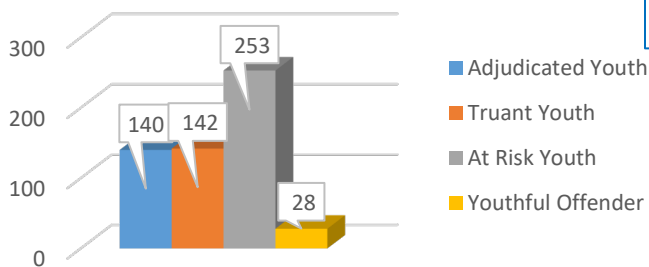


Figure 40: reported in last year's report:

- 140 Adjudicated Youth referred
- 253 At Risk Youth referred
- 142 Truant Youth referred
- 28 Youthful Offender referred

Figure 41: Summary of BARJ Service Hours SFY 2022

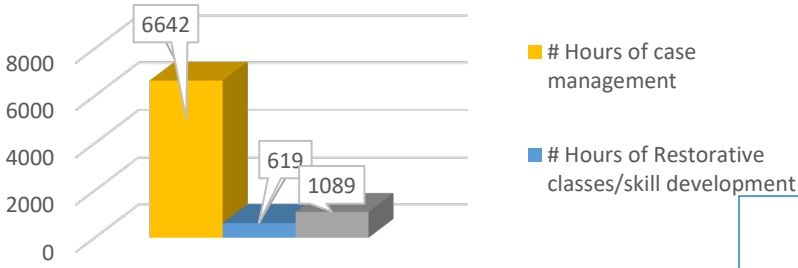


Figure 41: reported in last year's report:

- 6642 Hours of case management
- 619 Hours of Restorative classes/skill development
- 1089 Hours of Community outreach/prevention of activities

Figure 42: reported in last year's report:

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

Figure 42: BARJ Restorative Processes with Victim Participation SFY 2022

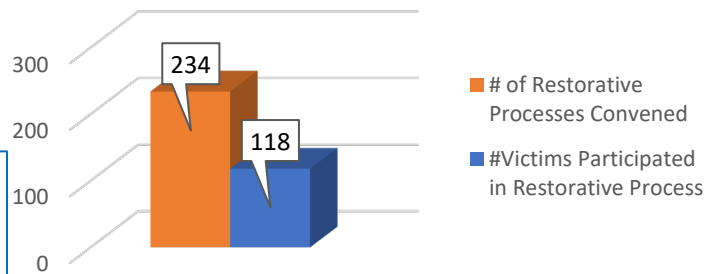


Figure 43: YASI Prescreens SFY 2020-2022:

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

Figure 43: BARJ YASI Prescreens Administered SFY 2020-2022

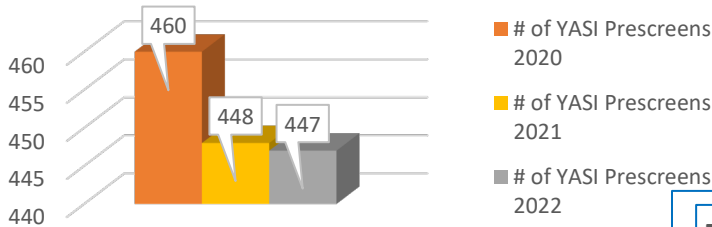
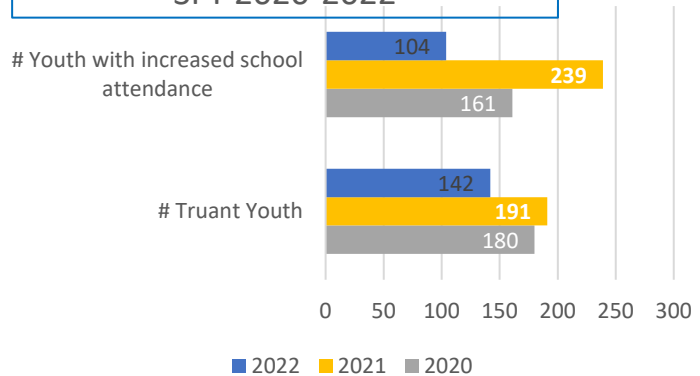


Figure 44: Truancy and Increased School Attendance:

- # of Youth with increased school attendance:**
- 104 youth with increased school attendance in 2022
 - 239 youth with increased school attendance in 2021
 - 161 youth with increased school attendance in 2020
- # of Youth Truant:**
- 142 youth truant in 2022
 - 191 youth truant in 2021
 - 180 youth truant in 2020

Figure 44: BARJ Truancy & Increased School Attendance SFY 2020-2022



Data Source: (Figures 39-44) VT Family Service Division- REU BARJ_20-22_Data worksheet, BARJ Agg Annual & Quarterly FY20-22

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:

CAPTA State Plan Requirements and Updates

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

Use of CAPTA Funds

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

Figure 45: CAPTA Funds Table

		Program Area	Activity
X	1	The intake, assessment, screening, and investigation of reports of child abuse or neglect;	With the updated RMTS, we are now capturing staff time spent of child safety interventions.
X	2	Creating and improving the use of multidisciplinary teams and interagency, intra-agency, interstate, and intrastate protocols to enhance investigations; and improving legal preparation and representation, including procedures for appealing and responding to appeals of substantiated reports of child abuse or neglect; and provisions for the appointment of an individual appointed to represent a child in judicial proceedings;	Utilize joint funding in partnership with VDH and UVM Medical Center (UVMC) to provide consultation with medical professionals on complex child abuse/neglect investigations.
X	3	Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families;	Funds are used to support the work of Lund Substance Abuse Case managers that work with our front-end staff during child safety interventions to ensure proper assessment of risk factors and referrals to ongoing services to address family needs.
	4	Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response;	
	5	Developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange;	
X	6	Developing, strengthening, and facilitating training including— <ul style="list-style-type: none"> • training regarding research-based strategies, including the use of differential response, to promote collaboration with the families; • training regarding the legal duties of such individuals; • personal safety training for case workers; and training in early childhood, child, and adolescent development; 	Parts of our foundation and core training for social work staff is funded by CAPTA, when specific to training staff how to conduct child abuse and neglect assessments and investigations. Collaborate with UVM regarding RPC+ and some work they are interested in doing to create CPC (caregiver plus care) – a complimentary program that would be targeted at parents. Support the UVM CWTP agreement specifically for (1) Safety Organized Practice, (2) staff safety and (3) RPC+ training if the division doesn't get an increase in our CWTP funds in the next year.
	7	Improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers;	
	8	Developing, facilitating the use of, and implementing research-based strategies and training protocols for individuals mandated to report child abuse and neglect;	
	9	Developing, implementing, or operating programs to assist in obtaining or coordinating necessary services for families of disabled infants with life-threatening conditions, including— <ul style="list-style-type: none"> • existing social and health services; • financial assistance; • services necessary to facilitate adoptive placement of any such infants who have been relinquished for adoption; and • the use of differential response in preventing child abuse and neglect. 	
X	10	Developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect, including the use of differential response;	Funds used to support the Vermont Citizens Advisory Board which is an interdisciplinary team that oversees the child protection system and also serves to educate others about the child protection system.
	11	Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level;	
	12	Supporting and enhancing interagency collaboration between the child protection system and the juvenile justice system for improved delivery of services and treatment, including	

		methods for continuity of treatment plan and services as children transition between systems;	
X	13	Supporting and enhancing interagency collaboration among public health agencies, agencies in the child protective service system, and agencies carrying out private community-based programs— <ul style="list-style-type: none"> to provide child abuse and neglect prevention and treatment services (including linkages with education systems), and the use of differential response; and to address the health needs, including mental health needs, of children identified as victims of child abuse or neglect, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports; or 	This includes our work with UVMHC providing consultation on complex cases. Also includes work of the CHARM team through Kidsafe.
	14	Developing and implementing procedures for collaboration among child protective services, domestic violence services, and other agencies in— <ul style="list-style-type: none"> investigations, interventions, and the delivery of services and treatment provided to children and families, including the use of differential response, where appropriate; and the provision of services that assist children exposed to domestic violence, and that also support the caregiving role of their non-abusing parents. 	

[CAPTA American Rescue Plan Funding](#)

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

[Substance Exposed Newborns](#)

Vermont continues to focus on supporting infants affected by substance use during pregnancy. The engagement of the birth parent in services prior to birth, new referrals placed after infant birth, and Vermont Plan of Safe Care (VT POSC) completion are tracked using the de-identified CAPTA notification form which is faxed by birth hospitals securely to the Department for Children and Families, Family Services Division (DCF FSD) after infant birth. The number of CAPTA notifications from each birth hospital is tracked along with the reason for notification as defined by DCF FSD policy: (medications for addiction treatment, prescribed opioid medication, prescribed benzodiazepine, marijuana use, and combinations of these substances). No new policies or legislation were passed or amended in 2022.

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

- [Vermont Newborn Plan of Safe Care: downloadable form and fillable document](#)
- [Vermont CAPTA notification: downloadable form and fillable document](#)
- [Frequently Asked Questions: Vermont Newborn Plan of Safe Care](#)
- [Frequently Asked Questions: Vermont CAPTA Notifications](#)
- [Frequently Asked Questions: Marijuana Use in Pregnancy](#)

- [Vermont Plan of Safe Care for Families Handout](#)
- [Vermont CAPTA Requirements Related to Newborns Exposed to Substances During Pregnancy](#)

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

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

1. Hospital staff were provided with direct technical assistance on a case-by-case basis for questions related to CAPTA notifications and plan of safe care development. This also includes reviewing cases to determine whether prenatal substance use qualified for reporting to the Vermont Department for Children and Families intake line or de-identified CAPTA notification completion after infant birth.
2. Several educational sessions and webinars were provided by the Improving Care for Opioid-Exposed Newborns (ICON) team in the past year on topics including:
 - Cannabis, Pregnancy, and Human Milk Feeding
 - Neonatal Opioid Withdrawal Syndrome
 - Best Practices on Substance Use Screening
 - Post Pandemic Care of Pregnant People and Infants Affected by Opioid Use Disorder
3. A Statewide Teleconference was also provided by the Improving Care for Opioid-Exposed Newborns (ICON) team on April 11, 2023. Attendees of this conference came from 34 different organizations throughout the State including: birth hospital staff, community medical providers, home health agencies, Easter seals, United Way, Department for Children and Families, and the Vermont Department of Health. The agenda included speakers from the State as well as a nationally renowned expert, Dr. Mishka Terplan.
 - Screening, Assessing, and Treating Pregnant Women with Substance Use Disorder
 - Panel discussion - Vermont Home-Based Systems of Support for Women with Substance Use Disorder
 - Connecting over Coffee: Engaging patients and families affected by SUD in your region.
 - Lived experience: Our Voices to Support Women with Substance Use Disorder and Health Care Professionals
4. Additional resources available on the Improving Care for Opioid-exposed Newborns (ICON) public website: [Improving Care for Opioid-exposed Newborns \(ICON\) | College of Medicine | University of Vermont \(uvm.edu\)](#)
 - Video for families: Preparing for your hospital stay and what to expect after your baby is born.
 - Updated statewide resource for families affected by opioid-use disorder: [Our Care Notebook](#)

Links to additional resources:

- [Pregnancy and Addiction Brochure \(pdf\)](#)
- [Screening for Substance Abuse in Pregnancy \(pdf\)](#)

- [Treatment of Opioid Dependence in Pregnancy \(Full Document-pdf\)](#)
- [Sec 1: Vermont Buprenorphine Practice Guidelines \(pdf\)](#)
- [Sec 2: Vermont Guidelines for MAT Treatment \(pdf\)](#)
- [Sec 3: Vermont Guidelines for Obstetric Providers \(pdf\)](#)
- [Sec 4: Management of Neonatal Opioid Withdrawal \(pdf\)](#)

Key points from the data:

- We continue to see a downward trend in the total of opioid-exposed newborns followed at the University of Vermont Medical Center (UVMCC). Other community birth hospitals in Vermont also continue to experience this downward trend.
- CAPTA notifications also continued to decline in 2022, prompting increased educational sessions with birth hospitals which began in June 2023.
- In 2022, half of all CAPTA notifications were for marijuana use, the other half were related to prescribed MAT, an increase back to pre-pandemic (2019) levels.

Figure 46: Total Opioid-Exposed Newborns at UVMCC

Total Opioid-Exposed Newborns (OEN) Followed at UVMCC

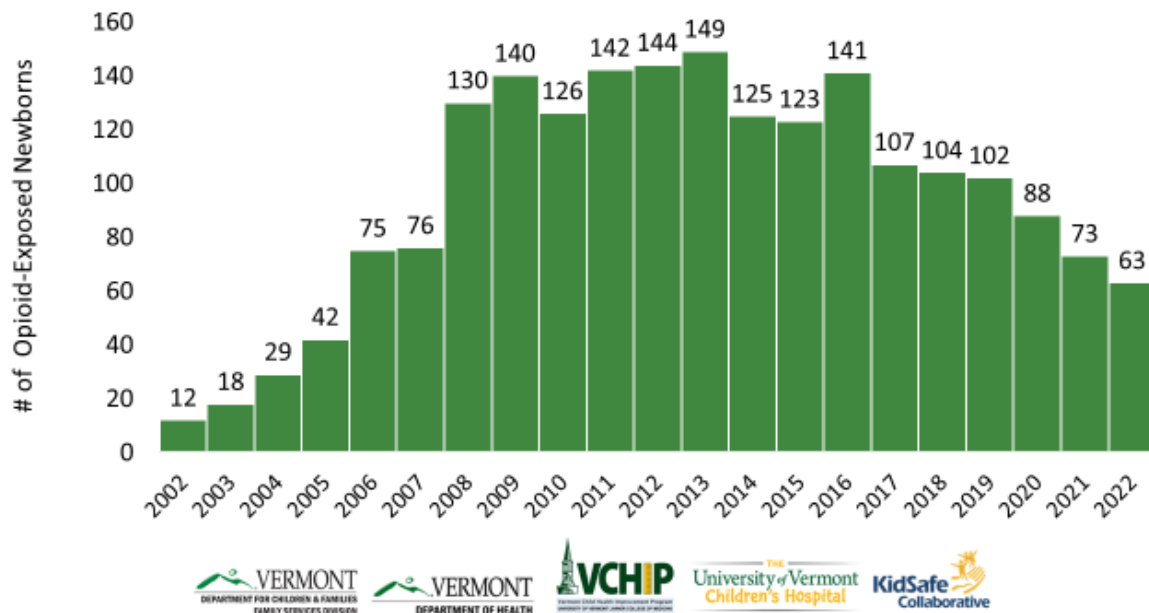


Figure 47: Total Opioid-Exposed Newborns born at VT Hospitals

Total Opioid-Exposed Newborns (OEN) Born at VT Hospitals

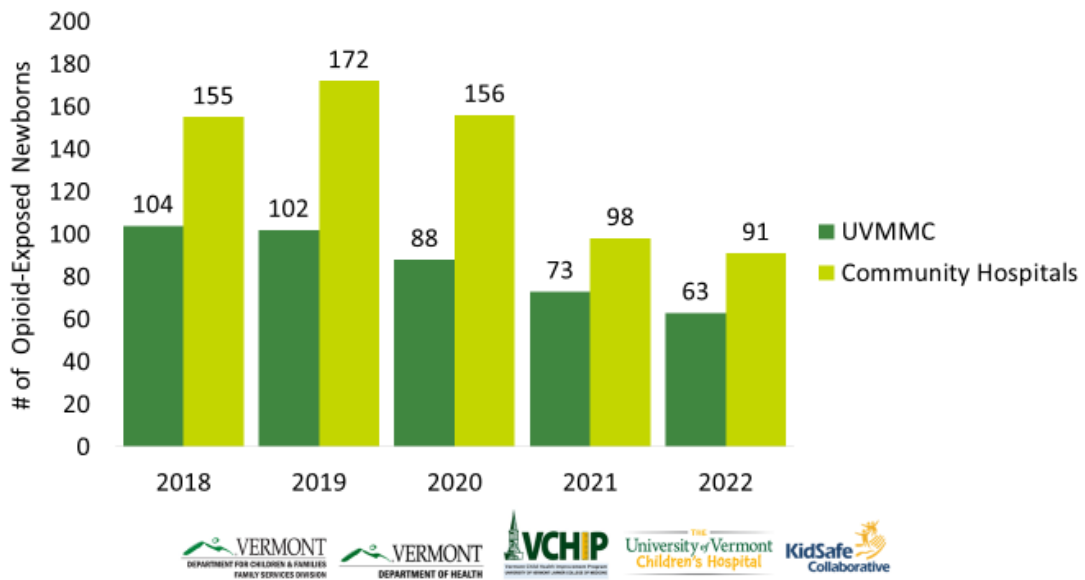


Figure 48: Total Opioid-Exposed Newborns born at VT Hospitals

Proportion Opioid-Exposed Newborns (OEN) of All Live Births at VT Hospitals

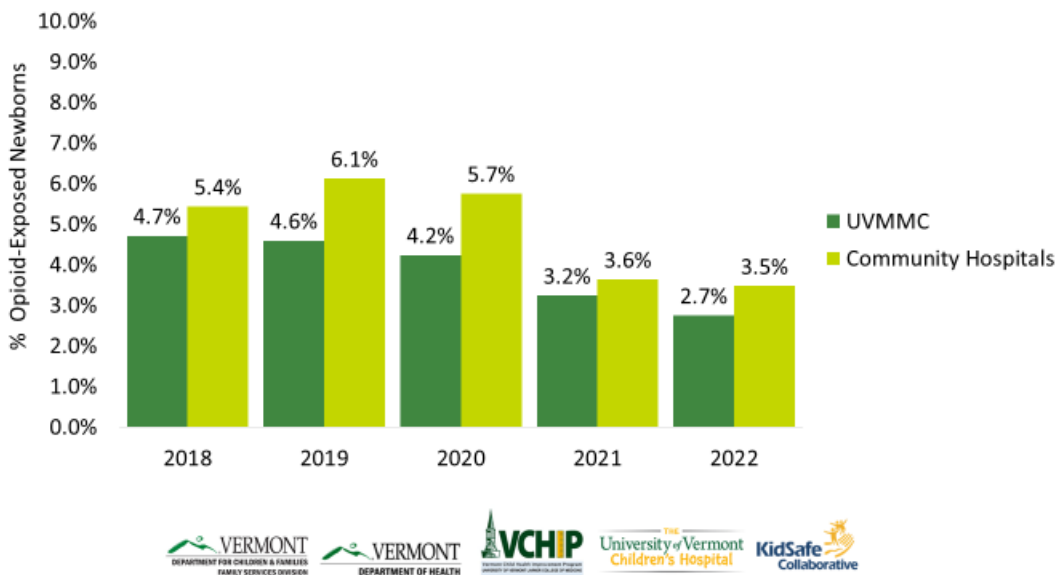


Figure 49: Proportion Opioid-Exposed Newborns born Treated with Medications for NAS

Proportion Opioid-Exposed Newborns (OEN) Treated with Medications for NAS

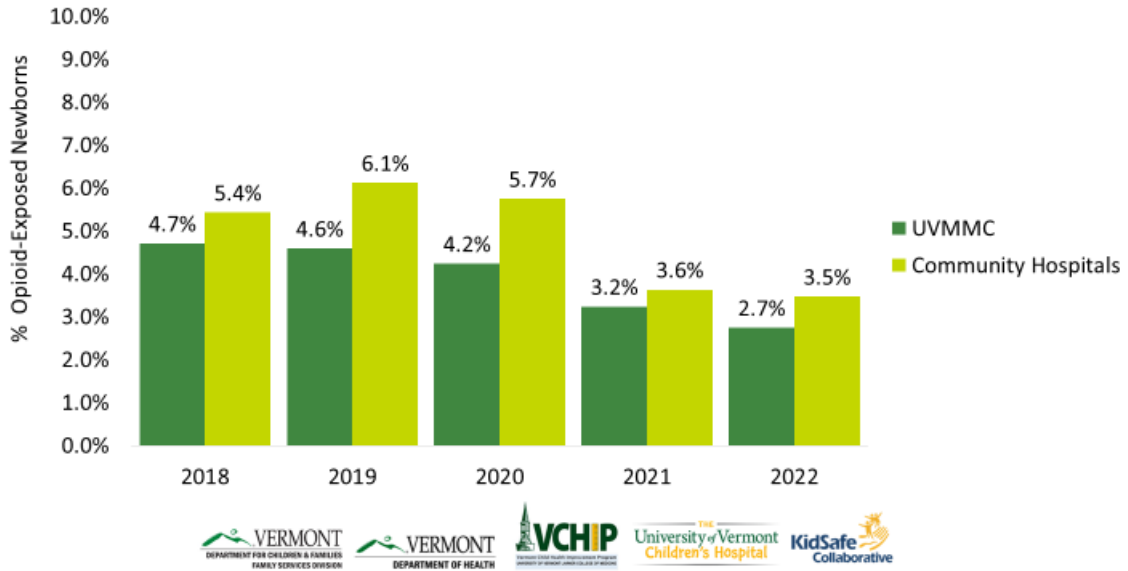


Figure 50: Total CAPTA Notifications by Year

Total CAPTA Notifications by Year

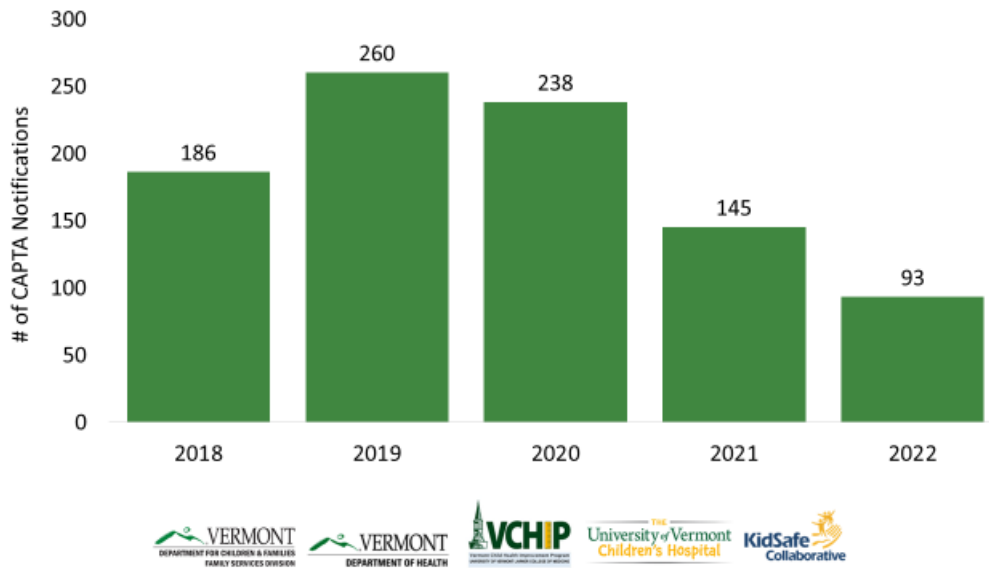
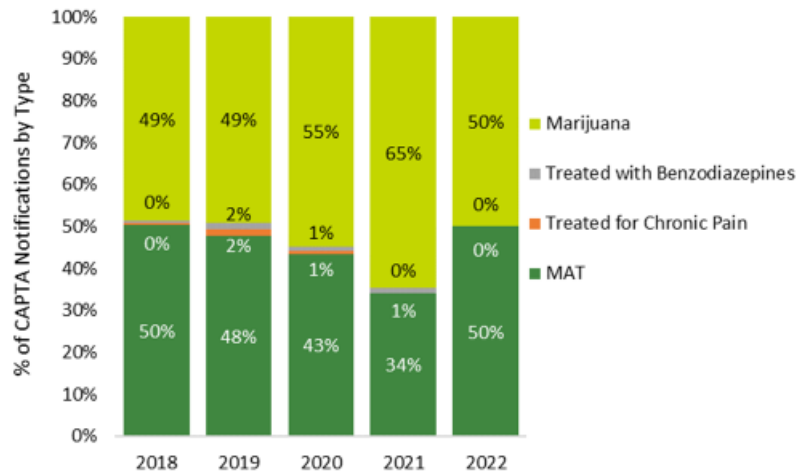


Figure 51: 2018-2022 CAPTA Notifications by Type

2018-2022 CAPTA Notification by Type



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

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

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

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

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

1. Launch best practice guidelines for CHARM model,

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

Goal 3: Apply a health equity approach to the issue of substance use in pregnancy and in families, including a review of policy and structural factors that contribute to health disparities.

1. Understand the scope of the problem by accessing available data across systems,
2. Review state examples/best practices for addressing health equity for pregnant women with SUDs,
3. Review partner policies and equity impacts,
4. Update FSD policies/engagement practices with families,
5. Implement data collection measures as possible within CHARM teams,
6. Determine how data connects with best practice framework to develop a data dashboard.

Goal 4: Improve data collection as a strategy to apply quality improvement methods in clinical and community care towards the goal of increased care coordination systems integration.

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

[Annual reports from VCAB](#)

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

[CAPTA Coordinator](#)

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

[Children's Justice Act](#)

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

The 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.

Area A.

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

Area B.

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

Area C.

The Vermont CJA Task Force recommends that we educate ourselves further about efforts underway to reform state laws, ordinances, regulations, protocols, and procedures to provide comprehensive protection for children as described in area C of the CJA program instructions. This includes continuing to learn about the efforts and recommendations from efforts such as the CHINS reform workgroup, the Court Improvement

Program, or the Vermont Parent Representation Center. This could also include learning more about recent statutory changes in Vermont such as the passage of a bill related to the Office of Child Advocate, and a bill related to Vermont's participation in the Interstate Compact on the Placement of Children.

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

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

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

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

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

During this reporting period, we have experienced significant leadership change at all levels of our system. We have a new Commissioner, several new district directors, several Resource Coordinators, several new Recruitment and Retention Specialists in the districts, not to mention the line staff turnover in all areas of the state. These transitions have required us to regroup as staff, new to their positions, are having to come up to speed in all aspects of their job including the DRR plan. We developed an DRR orientation process for Directors early on our implementation and we have continued to use this tool as new Directors have taken their seats. Additionally, members of the DRR team have developed a training series for new Resource Coordinators to support their onboarding. Until now, there has been no job specific training offered to staff in these roles. We hope that this approach will help with employee feelings of job satisfaction and competence and will help us to retain staff over time.

Vermont is continuing to recover from the effects of COVID and the impact that it had on our overall System of Care. Our colleagues in the Department of Mental Health and the Department of Aging and Independent Living which support community-based programming continue to report numerous vacancies across their systems. Our Residential System of Care has been slowly recovering on due to the double whammy of COVID and unprecedented staff shortages. These dynamics have resulted in increased pressure on the foster care system as we try to meet more and more complex needs of children for whom there are no other placement options.

Our approach to DRR implementation has been impacted as well. Looking to our districts to carry out the lion's share of implementation has proven challenging as they were grappling with staff turnover and the placement related challenges in the High-End System of Care. Instead, we pivoted to an approach where most

of our larger targeted recruitment activities were coordinated and implemented primarily through our central office. We believe that this approach ensured that the work of Diligent Recruitment and Retention could be sustained while much of the district focus was aimed elsewhere.

Key Concepts for Diligent Recruitment and Retention

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

1. A Responsive Model of Engagement and Support

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

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

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

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

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

Progress Update

The Division continues to utilize the inquiry tracking tool that we developed which allows us to systematically collect data about all parties who are interested in considering providing foster care. On average, FSD receives 200 new inquiries per quarter from individuals considering foster care. Over 90% of those individuals are receiving a follow up call from the division within 5 days.

Since the inception of the current DRR plan we have bolstered our usage of marketing and media to promote recruitment. We collect data from inquirers to learn how they heard of the need for foster care.

Overwhelmingly, inquirers note that they heard about the need for foster care from another foster parent or by word of mouth. In order, to further encourage foster parents to “refer a friend” we have stood up an incentive program where an inquiring caregiver is able to note if a foster parent referred them. When that inquiring caregiver becomes licensed, the person who referred them receives a referral bonus.

Our Foster Parent Workgroup was relaunched in June 2021. The Foster Parent workgroup has been meeting every other month with an average attendance of 40 participants. Additionally, a Survey Monkey survey has been created to encourage feedback and suggestions at any time from caregiver who might not have been able to attend a meeting but who still wish to participate. This Workgroup’s charge is:

- To establish a permanent and ongoing working group that will focus on improving the experiences of caregivers and strengthening the relationships between DCF-FSD and foster

parents throughout Vermont – all in service to the overarching goal of promoting better experiences and outcomes for children and youth in foster care.

- Through this work, DCF-FSD will partner with foster parents to meaningfully listen to their most pressing needs, enhance collaboration, address hassle factors, and promote improvements to Vermont’s child protection and youth justice system.
- Workgroup membership is intended to include foster/kinship parents, central office, district directors, supervisors, family services workers, resource coordinators, youth, and community partners.

The division continues to administer a Caregiver Exit Survey to provide an opportunity for caregivers who close their license to provide feedback to the system about these experiences. Survey dissemination was disrupted when the admin responsible for its administration retired. When we learned that it had not been being disseminated, worked to revise the process and get it going again. The DR working group together with the Foster Parent Workgroup has also created a Stay Survey for Caregivers. Survey results will provide an opportunity for the division to monitor progress on caregiver satisfaction with their experience. It will also point to areas where we need to continue to improve our practice. We plan to take this product to scale statewide in 2023.

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, Resource Coordinator and Recruitment and Retention Specialist meeting, Operations Team meetings as well as the Division Management Team meetings to provide routine updates on DRR progress.

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

The Division provided a 5% increase to all foster care reimbursement rates beginning in July 2022. \$200,000 was added to the Respite line in our budget to support our belief that caregivers should have access to planned breaks. To encourage seasoned caregivers to consider caring for an especially complex youth experiencing destabilization, a special 30-day Crisis Stabilization reimbursement rate was established. To date, 48 youth have been cared for under this designation. The division continues to extend a 7day enhanced rate to any caregiver who is supporting a youth who has been diagnosed with COVID. To date 399 caregivers have received this special rate.

One final new strategy related to onboarding new caregivers we are piloting is the purchase of a limited number of subscriptions to the “Foster Parent Partner” service. We have established a relationship with “Laura” who is a seasoned therapeutic foster caregiver who created a mentoring service online as a way to give back to the fostering community. This online resource provides trauma informed tips for new caregivers to support their skill development as they navigate the early days of caregiving. Vermont has purchased a limited number of subscriptions and made them available to each district office.

2. Community Engagement

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

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

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

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

Progress to Date

- The FSD partners with a community building service known as Front Porch Forum. We have used this platform to deliver broad messages to increase awareness about foster care and to recruit new interested caregivers. Additionally, the Front Porch Forum has become a primary a vehicle for child specific recruitment. We notice an uptick of new inquirers each month just after our posts on the Forum.
- This year marks the second year of formal partnership with a local Marketing firm to support the development of our marketing plan and media placement. This partnership has allowed us to expand our media presence into TV, and some forms of social media including Google Ads. An on-going partnership with the Vermont Association of Broadcasters has allowed us access to radio airtime at a significantly reduced cost. This year we have initiated a working relationship Nu-Wave Marketing company to develop gas station recruitment advertising. Incidentally, this company identified themselves as a black owned business and they believe that they can help us with our engagement of BIPOC communities.
- During a DRR working group meeting we developed a calendar of recruitment activities for 2023. Targeted Recruitment will include nursing professionals, law enforcement and education professionals.
- May 2023 will wrap up a campaign with California based Raise a Child to engage the Vermont LGBTQ community. These efforts were costly and did not yield significant results. Efforts did however provide a formal opportunity to partner with Vermont Pride. We will launch a recruitment campaign with the LGBTQ community on an every other year basis.
- We are working to grow to our Outreach Toolkit. The toolkit contains, scripts for interviews, graphics that support our brand, print advertisements, targeted recruitment blurbs for the most common needs identified by our districts and a multitude of products that have been developed over time. The idea is that we want materials readily available to support any kind of activity that a district might need to support the recruitment of caregivers.

3. Unified Policy and Procedure

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

Progress to Date

- Policy 95: Respite Care has been under review and is one of the topics being addressed by the Foster Parent Workgroup

- Policy 77: Medical Care for Children and Youth in Custody was adopted in 2020 but implementation was negatively impacted by COVID. Efforts are underway to revisit rollout.
- Vermont has adopted a Foster Care Rule to include an anti-discrimination clause.
- Vermont submitted feedback to the Children Bureau about the proposed federal rule change related to separate standards for licensing kin caregivers.

4. Training and Development

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

Progress Update:

- We are continuing to collaborate closely with the University of Vermont’s Child Welfare Training Partnership (CWTP) to orient caregivers and move them into online Caregiver Foundations training. We engineered the process so that those caregivers who complete online orientation are automatically enrolled in the online foundations.
- Timely completion of Orientation and Foundations training allows us to certify a caregiver which allows us to begin to claim Title IV-E funding for any eligible child placed in the home. The Division has been having difficulty getting all potential caregivers through the Orientation and Training process. After much effort to understand where the challenges are coming from, we have created a tracking system which highlights which caregivers have not completed required training, and we are working collaboratively with the CWTP, our licensing unit and our District staff to identify and mitigate the barriers to orientation and training completion. The Division had previously estimated that we are losing as much as \$60,000/ month in Title IV-E funding as a result of this challenge. This reporting period marked an overhaul of our Caregiver Foundations Training. Caregivers can now complete foundations training online in approximately 10 hours. We have also started to incentivize training completion, each caregiver who completes foundations training receives \$100 dollars. We are starting to see an uptick in the number of completers. It has also been noted that approximately 60% of the caregivers who have not completed required training are kin caregivers.
- A menu of advanced training options is shared each month with Caregivers via the Foster Parent e-news to grow the capacity of all caregivers.
- The division continued to experience an unusual and significant turnover in our group of employees known as Resource Coordinators (RCs). Each district has at least one or two RCs based on the district’s caseload. RCs are essentially responsible for the recruitment, support, development, and retention of caregivers. Workforce Foundations Training does not provide any specific training to meet the needs of these workers. A small workgroup developed an RC manual that will also serve as a training guide for RC’s. This manual has been digitized and is available on the FSD SharePoint site. Additionally, a series of four role specific trainings were provided to the new group of RCs followed by opportunities for group coaching. These training have now been recorded and are available in a video format. In the

next year, the CWTP will create a series of RC trainings to ensure that this part of our workforce is receiving relevant training. It is expected that by having a training plan for RCs that can be supported with coaching, the division will increase skills and support a common approach to practice which hopefully will improve caregiver experience across the division.

5. A Unified Data Model

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

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

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

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

Key Data elements, help to determine:

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

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

Progress Update:

- All 12 Districts provide data from their Inquiry Tracking Spreadsheet on a quarterly basis. Unfortunately, our current IT resources do not support this function in any way. It is very time consuming to sustain. Despite these barriers, we continue to use the Inquiry Tracking Spreadsheet that we developed to collect data to inform general recruitment planning activities, to monitor caregiver engagement and licensing activities, to identify where we need targeted recruitment, to monitor placement with kin and to support retention strategies. We are making use of our administrative data to support this process as well.
- Access to real time data related to any information related to caregivers is a challenge given the limitations of our current MIS. We manage most of our information for DRR via spreadsheets. The division now has access to the ROM database which will be helpful. The Division has advocated and received partial funding to support the development of our CCWIS.

- Districts are provided with baseline outcome data related to their current practice. At DRR onboarding, each district completed a practice profile tool which encouraged them to pause and reflect on their practices to identify areas of strength and challenge. From there, the district selected from a menu of evidence informed / or promising activities that they will implement to strengthen their recruitment and retention efforts. Through ongoing consultation and review of data, progress toward improving outcomes is monitored. These processes have been impacted by staff turnover and challenges with the high-end system of care. Efforts are underway to reassess what we need to do to impact district engagement related to DRR plan implementation. As referenced above, we have restructured many of our plans to reduce the ask at the district level.
- The chart below captures information about our licensing rates. We know that we have approximately 150 families where caregivers have not completed their training components. Their data will not be reflected in this chart as licensed home until they have completed Orientation and Caregiver Foundations. Some of the families who have not yet completed orientation and training do have children placed. As stated above, efforts to increase the number of completers is a priority. We will continue to monitor this data point.

Figure 52: foster care applications received and foster care licenses granted

Foster Care Applications/Foster Care Licenses	2015	2016	2017	2018	2019	2020	2021	2022
Foster Care Applications Received	689	732	735	715	748	534	539	572
Foster Care Licenses Approved	437	405	471	478	431	305	160	138

- Our DRR data monitoring plan includes a placement stability indicator as a data point. This indicator differs from the federal placement stability indicator in that it looks at placement stability for the duration a child or youth is in custody. We felt this was an important measure to track as we have evidence that the longer a child or youth is in our care, the more likely they are to experience placement instability including in non-community-based settings. Our placement stability outcomes need improvement. We believe that some children in our care are experiencing a high number of placement disruption. We are reporting a decreased number of children and youth in congregate care settings, but we wonder if that is because those settings are not available rather than the needs of those children and youth require a lower level of care. We have committed to taking a deeper dive into this data during 2023.

[Health Care Oversight and Coordination Plan](#)

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

As indicated in the last update, FSD has focused on growing and improving our efforts of meeting the health needs of children and youth in DCF custody and grounding our practice in the perspective of child abuse and neglect as a public health issue. We continue to partner closely with staff from the Maternal Child Health Division (MCH) of the Vermont Department of Health (VDH), the Child Safe Program and their Board-Certified Child Abuse Pediatrician, key stakeholders at UVM Medical Center and Dartmouth-Hitchcock Medical Center, physicians affiliated with the American Academy of Pediatrics Vermont Chapter (AAPVT), and staff with the Vermont Child Health Improvement Program (VCHIP). Since the last update, we have continued to strengthen

our close partnership with the Department of Vermont Health Access (DVHA) through the *Foster Care Learning Collaborative Affinity Group* described below. It has been invaluable to partner with DVHA to compare datasets, develop a more accurate baseline of data based on Medicaid billing codes, and use this data to inform continuous quality improvement efforts and tests of change in practice.

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

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

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

Other policies relevant to our health care oversight plan include:

- [Policy 68](#): Serious Physical Injury – Investigation and Case Planning
- [Policy 75](#): Normalcy and the Reasonable and Prudent Parent Standard
- [Policy 76](#): Supporting and Affirming LGBTQ Children & Youth
- [Policy 97](#): Case Review Committee Referrals
- [Policy 137](#): Antipsychotic Medications for Children in the Care of DCF
- [Policy 154](#): Children and Youth in DCF Custody Requiring Mental Health Screening, Mental Health Placement, or Psychiatric Hospitalization
- [Policy 160](#): Supporting Adolescents in DCF Custody

Foster Care Learning Collaborative Affinity Group

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

entry into foster care placement) among children and youth newly enrolled in Title IV-E foster care and Medicaid. Participation includes:

Figure 53: Foster Care Affinity Group



The work of the learning collaborative has primarily focused on a partnership and pilot with the Middlebury District Office, where we are testing an initial fax/email alert sent from the FSD admin to the foster child's pediatric office

that includes a prompt for the medical home to outreach to the foster/kinship caregiver to schedule a comprehensive visit within 30 days. Our findings indicate that when initial notifications are sent within 1 day and provider outreach occurs within 3 days of child or youth entering DCF custody, comprehensive health exams are more likely to occur within 30 days.

We are now expanding our test of change into other districts to gather more data and continue to improve processes. We are striving to allow for district-specific adaptations to the process to meet the needs of both large and small districts. Additionally, our core group of partners is discussing the mental health lens on comprehensive health visits and whether we need to add additional partners to the team. We hope to:

- Continue to onboard more districts to improve statewide consistency.
- Continue spreading successful strategies through Fostering Healthy Family Nurses across all districts.
- Explore the possibility of flagging children entering foster care in Medicaid to support tracking.
- Promotion to pediatric medical providers statewide.

Statewide data:

Figure 54

Table 1. Foster Child Comprehensive Assessment² or Evaluation and Management Encounters Within Thirty Days³ of Entering Custody

DISTRICT OFFICE	AGE CLASSIFICATION	CY											
		2019			2020			2021			2022		
		# of Children ⁵	Comprehensive Assessment (0-30 Days)	Any Visit ⁶ (0-30 Days)	# of Children	Comprehensive Assessment (0-30 Days)	Any Visit (0-30 Days)	# of Children	Comprehensive Assessment (0-30 Days)	Any Visit (0-30 Days)	# of Children	Comprehensive Assessment (0-30 Days)	Any Visit (0-30 Days)
ALL DISTRICTS	INFANT	113	74%	82%	99	81%	85%	98	67%	74%	66	74%	77%
	YOUNG CHILDHOOD	179	39%	53%	108	44%	55%	124	44%	59%	118	44%	56%
	LATE CHILDHOOD	197	25%	37%	159	25%	31%	169	38%	48%	169	33%	48%
	ADOLESCENT	230	21%	30%	167	16%	20%	153	29%	33%	157	28%	36%
	EIGHTEEN AND OLDER	0	—	—	0	—	—	12	17%	25%	0	—	—
	ALL DISTRICTS TOTAL	719	35%	45%	533	36%	43%	556	42%	51%	510	39%	50%

Figure 55

Table 2. Encountered Data for Children Without Comprehensive Assessments Within 30 Days of Entering Custody

DISTRICT OFFICE	AGE CLASSIFICATION	CY											
		2019			2020			2021			2022		
		# of Children	Comprehensive Assessment (31-60 Days)	Any Visit (31-60 Days)	# of Children	Comprehensive Assessment (31-60 Days)	Any Visit (31-60 Days)	# of Children	Comprehensive Assessment (31-60 Days)	Any Visit (31-60 Days)	# of Children	Comprehensive Assessment (31-60 Days)	Any Visit (31-60 Days)
ALL DISTRICTS	INFANT	29	45%	48%	19	32%	32%	32	34%	41%	17	24%	41%
	YOUNG CHILDHOOD	109	25%	39%	60	32%	37%	70	16%	26%	66	32%	48%
	LATE CHILDHOOD	148	21%	33%	119	24%	31%	104	18%	22%	113	35%	44%
	ADOLESCENT	182	22%	31%	141	20%	24%	109	20%	25%	113	26%	34%
	EIGHTEEN AND OLDER	0	—	—	0	—	—	10	10%	10%	0	—	—
	ALL DISTRICTS TOTAL	468	24%	35%	339	24%	29%	325	20%	25%	309	30%	41%

Vermont Child Health Improvement Program (VCHIP) Collaboration

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

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

Project Description

The American Academy of Pediatrics (AAP) classifies children in foster care as a population of children with special health care needs. Most children and youth in foster care have been abused, neglected, or have experienced prenatal harm, which places them at higher risk for developing poor health outcomes. The federal Early Periodic Screening Diagnosis and Treatment (EPSDT) mandate requires states to outreach and provide services to Medicaid eligible children, coordinate care, and focus on vulnerable or underserved populations of these children.

The AAP issued a [policy statement](#) with recommendations regarding ensuring high-quality health services and care coordination in a timely manner for children in foster or kinship care. The Vermont Department for Children and Families (DCF) supports children and youth receiving medical care as recommended by EPSDT and AAP guidelines.

Data obtained while participating in the CMS Affinity Group, *Improving Timely Health Care for Children and Youth in Foster Care*, revealed that Vermont children, and particularly adolescents, are not obtaining AAP recommended health care. The Vermont Child Health Improvement Program (VCHIP) team will collaborate with DCF, Maternal and Child Health Coordinators (MCHC), Department of Vermont Health Access (DHVA), pediatricians, other pediatric medical providers, and stakeholders to address identified barriers for improving the health care delivery systems for children and youth in DCF custody.

Specific Activities

Technical Assistance and Data Analysis:

- Leverage ongoing participation in the CMS Affinity Group *Improving Timely Health Care for Children and Youth in Foster Care* (in collaboration with DHVA, DCF and the Vermont Department of Health (VDH)) through December 2023 to promote successful strategies and identified systems changes to increase timely comprehensive medical assessments for children and youth entering foster care in Vermont.
- Draw on information gleaned from Affinity Group to offer pediatric and family medicine practices in Vermont support and technical assistance in providing comprehensive medical assessments for children and youth entering custody within 30 days in collaboration with DCF and MCHC when possible. Activities under this work may include:
 - Undertaking process flow mapping and creating new workflows.
 - Identifying a person or team within the practice to coordinate appointments, communicate with providers, foster parents and DCF.
 - Facilitating care plans/ care conferences for children in DCF custody to be shared with foster parents/parents/DCF.
- Participate in a data subgroup with DHVA and DCF to assist with developing a system for tracking medical care of children and youth in DCF custody.
- Explore opportunities to assess both visit type and diagnoses through available claims data for physical, mental, and oral health to identify gaps in care for the Vermont foster care population.

Learning Opportunities for Practices and Stakeholders:

- Create at least one learning opportunity for medical practices and community partners regarding topics of interest that seek to improve the health and well-being of youth in foster care.

Coordination across State Agencies and Activities:

- Meet regularly with DCF to establish pathways for providing clinical expertise and technical assistance.
- Meet with MCHC as needed to collaborate on promotion of comprehensive medical evaluations and medical care following the AAP recommendations.
- Connect with state entities and agencies to explore collaboration that supports children and youth entering foster care to obtain comprehensive medical evaluations and to receive enhanced health supervision visits as recommended by the AAP.

Focus on Youth:

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

Data Plan

Practices participating in quality improvement may provide data regarding the percentage of children and youth entering DCF custody who have a comprehensive health assessment within 30 days, a completed shared plan of care within 45 days and additional process measures. The FHF Nurse engaging with practices may submit data regarding timeliness of notification when a child enters custody and placement changes within 30 days of entering foster care.

This data will be used for practice quality improvement and may be used for systems improvement within a community.

Any data obtained by DHVA and DCF about medical care for children and youth in custody will be held by those entities, and only non-identifiable, aggregate data will be shared with VCHIP unless otherwise negotiated under a data use agreement or other formal data sharing contract.

Diversity, Equity, and Inclusion

This project seeks to ensure these vulnerable and often underserved children have equitable health care through promotion of comprehensive assessments, care coordination and enhanced well visits. We will include the voice of youth with lived experience and foster parents in our work.

Deliverables/Products

- Progress report of available data for analysis (September 2023)
- Brief progress report summarizing work with the Foster Parent Workgroup and Youth Advisory Board (December 2023)
- Report describing learning opportunities provided to pediatric medical homes and other community partners during the grant period (March 2024)
- Key findings from work with the CMS Affinity Group (June 2024)

Timeline:

- I. Planning Phase (*July 2023 – September 2023*)
- II. Implementation Phase (*October 2023 – June, 2024*)
- III. Results and Analysis (*January 2024 – June 2024*)

Family Partnership and Engagement

Collaborate with DCF's youth and foster parent advisory groups around ways to increase youth involvement in health care and share information with foster and kinship caregivers, DCF and medical professionals.

Dissemination Strategy

Efforts related to this project will be shared with Vermont stakeholders, which may include the Department for Children and Families, Vermont Department of Health, Medicaid, OneCare Vermont, the Vermont Chapter of the AAP, medical providers, and the CMS Affinity Group.

Performance Measures to be delivered by the End of the Grant

- Attend up to 5 CMS Affinity Group Learning Sessions.
- Project team members will disseminate key findings of CMS Affinity Group to the Vermont AAP and American Academy of Family Physicians (AAFP), DCF and at least one other stakeholder.

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

The date of the initial state of emergency declaration in Vermont was March 13, 2020 (EXECUTIVE ORDER NO. 01-20). The state of emergency executive order was extended month-by-month until the governor allowed it to expire on June 15, 2021 (once 80% of eligible Vermonters received at least one dose of a COVID-19 vaccine) which is when all mitigation strategies became optional. The extent of the restrictions have varied over time based on the spread of COVID-19 within Vermont. Throughout the COVID-19 pandemic FSD issued and

updated guidance intended to supplement existing policies, which was sensitized to ensure compliance with statute and rule requirements. This guidance allowed for some flexibility within policies not mandated by statute or rule.

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

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

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

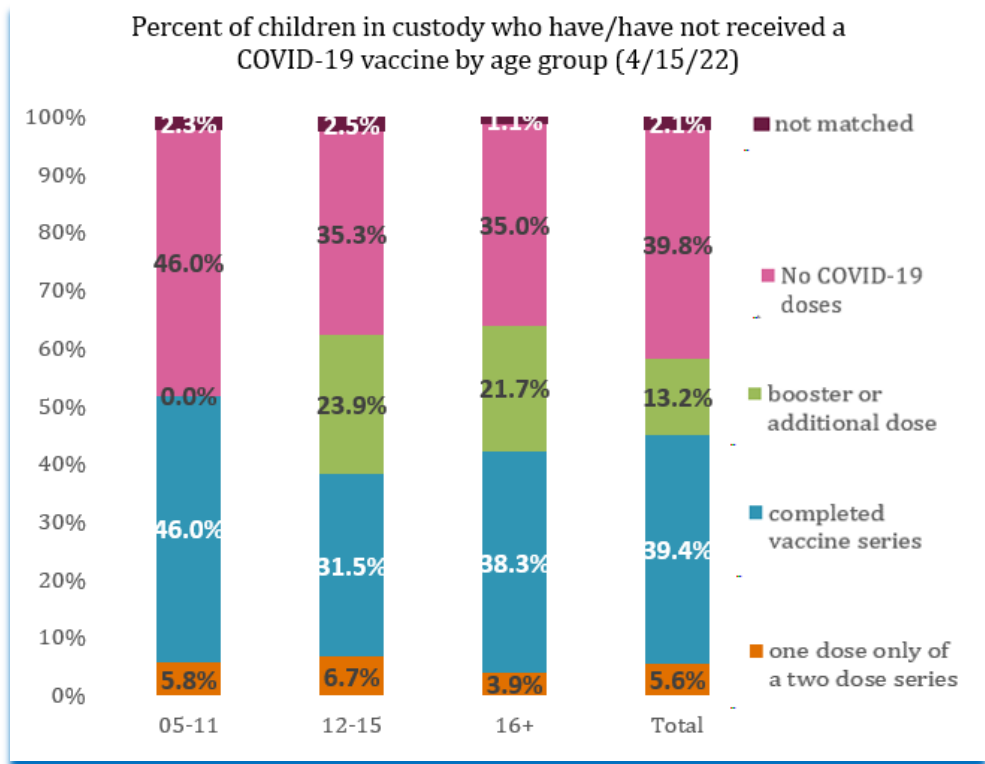
Vaccines have been widely accessible within Vermont and the state has had tremendous success vaccinating the broader population. Unfortunately, the data trend of Vermont's high vaccination rates do not translate over to vaccination rates for children and youth in foster care. The Vermont Department of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

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

During a one-time snapshot (4/15/2022), 290 out of the eligible 729 children in DCF custody – approximately 40% – had not received any COVID-19 doses. Efforts were made to increase vaccine access to all eligible children in DCF custody during the public health emergency. As society has shifted from pandemic to endemic, FSD has not continued to track COVID vaccine data.

Figure 56: Custody children and COVID-19 Vaccine

In addition to the re-issuing of policy 77, FSD is revising the vaccine protocol that applies our standard policy position for CDC recommended vaccines to include the COVID-19 vaccine. The protocol addresses both child/youth refusals and parent objection to vaccination.



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.

There is a new Medical Director for the Child, Adolescent, and Family Unit of DMH, which has contributed to a renewed collaboration and focus on this work. We have re-started a Trends Monitoring Workgroup comprised by DMH, DVHA, and FSD.

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

To evaluate the PMQIC common measures, Change Healthcare conducted this study, which includes the information in the remainder of the Health Care Oversight and Coordination Plan.

Objective: The primary goal of this study was to estimate and analyze PMQIC common measures in Vermont Medicaid pharmacy program over time for the most recent 3 years: from the 2nd half of FFY 2022 through the 1st half of FFY 2023.

Method: Pharmacy claims for psychotropic medications paid by the Department of Vermont Health Access (DVHA), Vermont Medicaid pharmacy program, with dates of services between April 1, 2020 and March 31, 2023 were analyzed.

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

- 1) 2nd half of FFY 2020: 4/1/2020-09/30/2020
- 2) 1st half of FFY 2021: 10/1/2020-03/31/2021
- 3) 2nd half of FFY 2021: 4/1/2021-09/30/2021
- 4) 1st half of FFY 2022: 10/1/2021-03/31/2022
- 5) 2nd half of FFY 2022: 4/1/2022-09/30/2022
- 6) 1st half of FFY 2023: 10/1/2022-03/31/2023

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

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

The study also estimated the above-mentioned measures for non-foster care children as a comparison group.

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

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

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

Results Summary:

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

- Co-pharmacy is higher in foster care children than in non-foster care children. However, this measure has been slightly reduced in the last years.
- The percentage of children on 2 psychotropic medications, 3 psychotropic medications and 4 plus psychotropic medications (regardless of their drug class) is much higher in foster care children, but it has been slightly reduced and staying almost on the same low level for the last years.
- Among children < 6 years old, the percentage on any psychotropic medication is slightly higher in foster care children with some increases in the following reporting periods suggesting some seasonality: in 1st half of FFY 2021, in 1st half of FFY 2022, and in 1st half of FFY 2023.
- The percentage of children < 6 years on 2 psychotropic medications (regardless of their drug class) was initially higher in foster care children, but in some reporting periods there were no such foster care children at all. Moreover, there were no any foster care children < 6 years on 3 psychotropic medications (except for the 2nd half of FFY 2020) and on 4 plus psychotropic medications.
- Regarding antipsychotic utilization, only in FFY 2022 there were some very small numbers of foster care children < 6 years old on any antipsychotic medication.
- The percentage of children on more than one antipsychotic simultaneously for 45 days or more has been slightly higher for the foster care versus the non-foster care children, but for the foster care kids this measure has been staying on the same low level for the last reporting periods.
- The percentage of children who are continuously on an antipsychotic for more than 1 year has been slightly higher for the foster care versus the non-foster care children, but for the foster care kids this measure has been dropping for the last reporting periods.

Full Results:

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

The below-presented Figures 56, 57 and 58 show the utilization of psychotropic medications by the foster care versus non-foster care children over time. In addition to showing the overall percentage of children on any psychotropic medication labeled as “at least one of these drugs”, the figures also demonstrate trends for each of the above-mentioned classes of psychotropic medications. It is important to mention that while for the age groups of 6-12 and 13-17 the overall percentage of children on any psychotropic medication has been staying on the same level, but for the age group of 3-5 there are some significant increases in the 1st half of FFY 2021, the 1st half of FFY 2022, and the 1st half of FFY 2023 associated primarily with an increase in ADHD medication utilization. Compared to the non-foster care children, significantly more foster care children are on psychotropic medications.

Figure 56

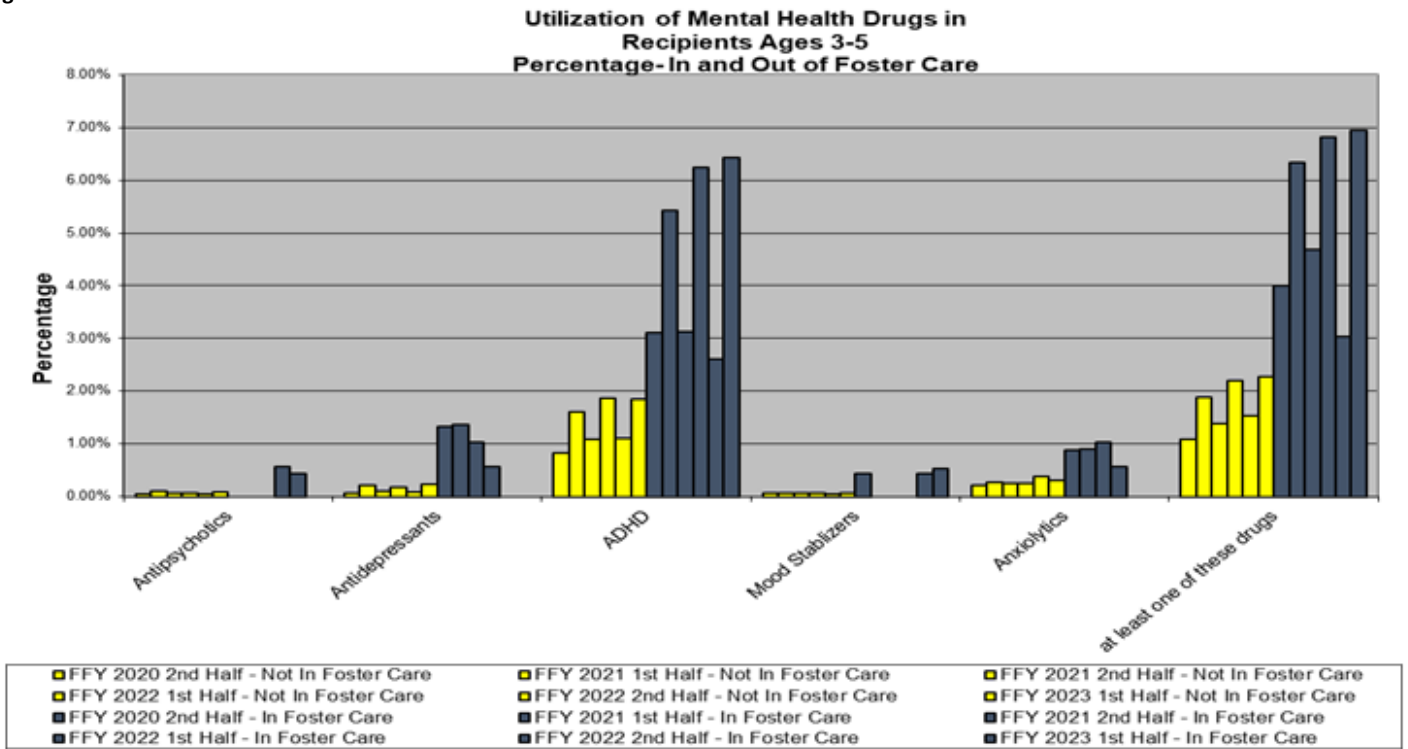


Figure 57

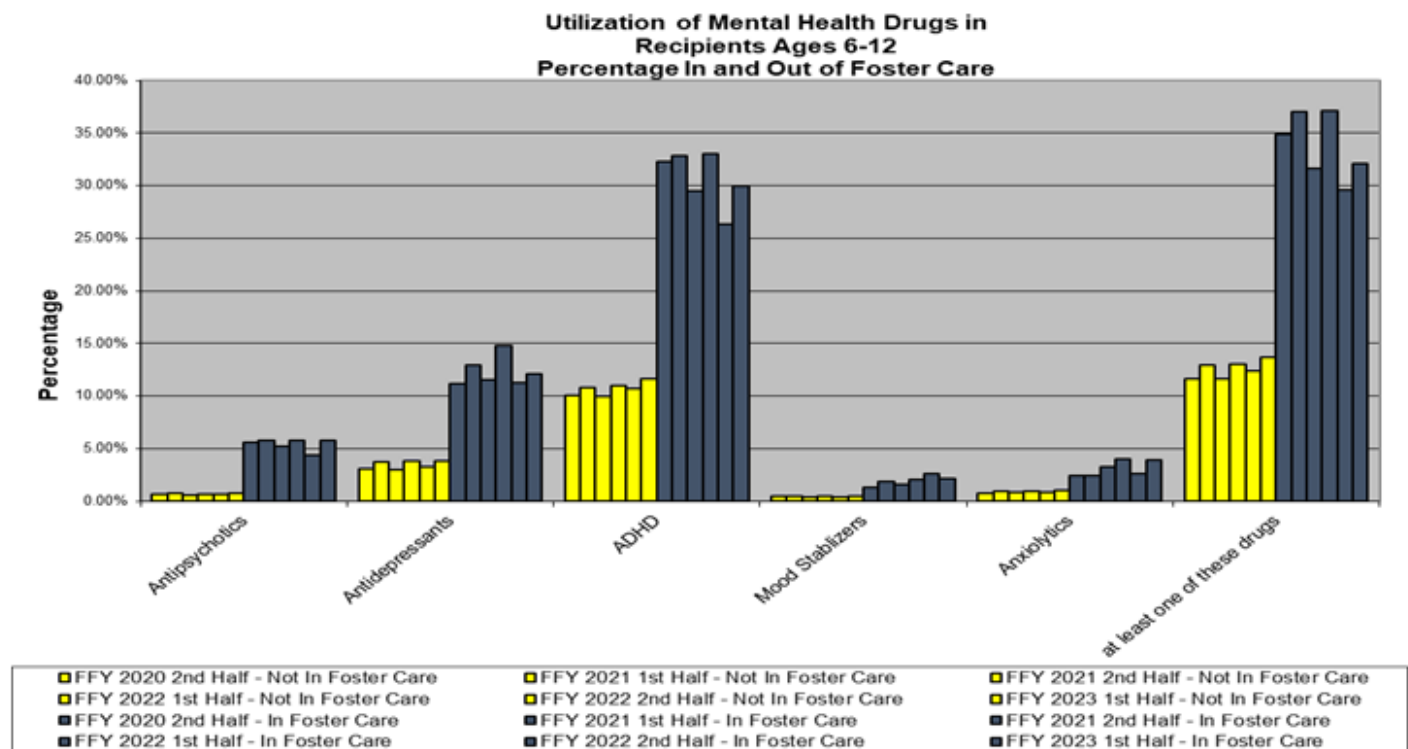
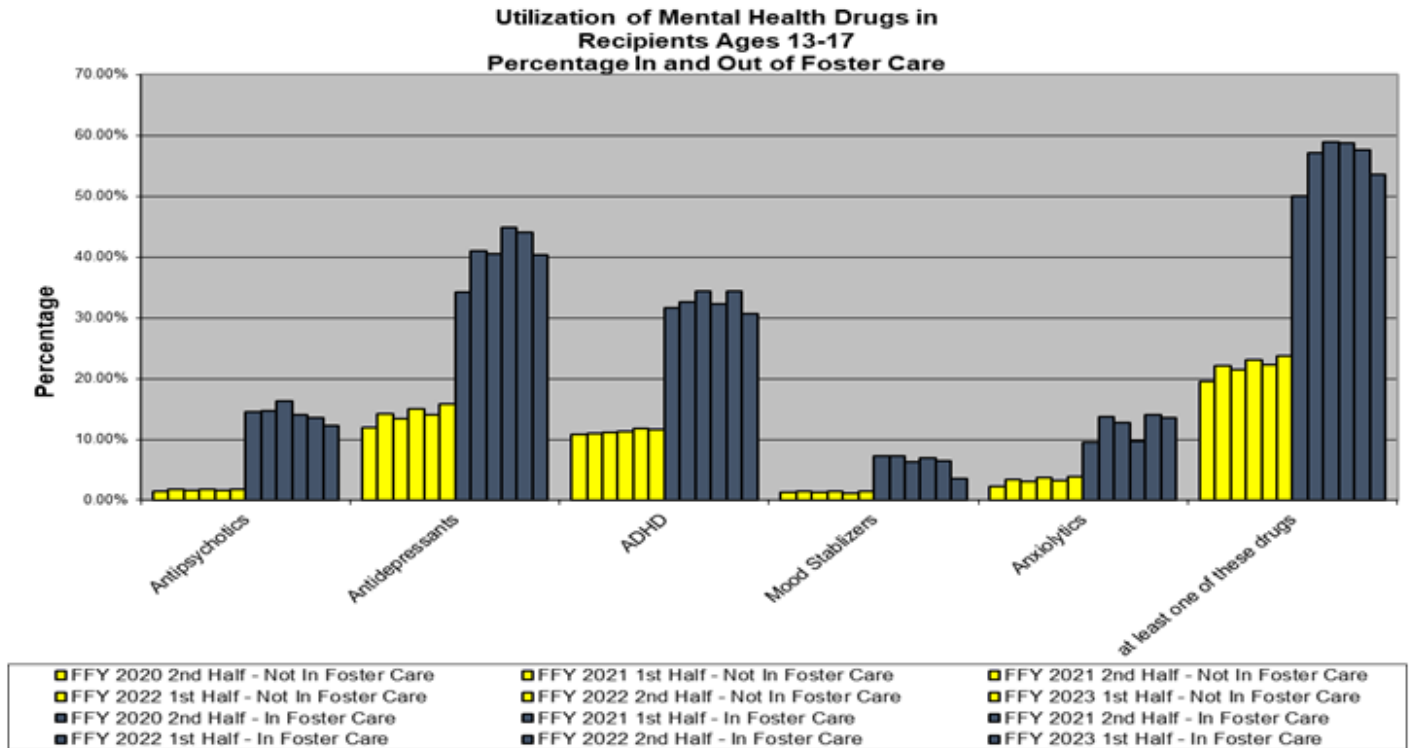


Figure 58



The below-presented Figures 59-64 show the utilization of psychotropic medications by the male versus the female children in the foster care versus non-foster care children in different age groups over time. As it is shown, there are more males than females in all age groups in all drug classes, except for Antidepressants and Anxiolytics in the age group of 13-17 where the prevalence of the females is noted.

Figure 59

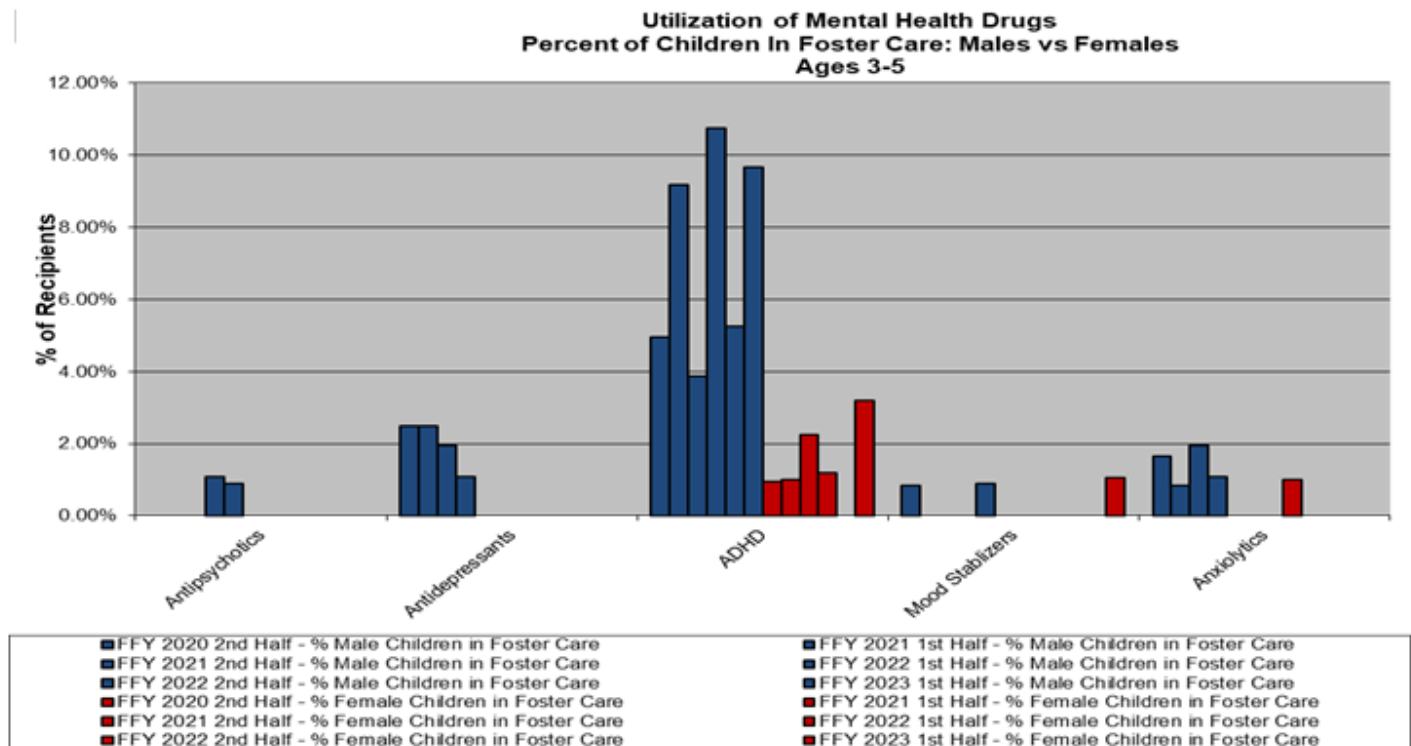


Figure 60

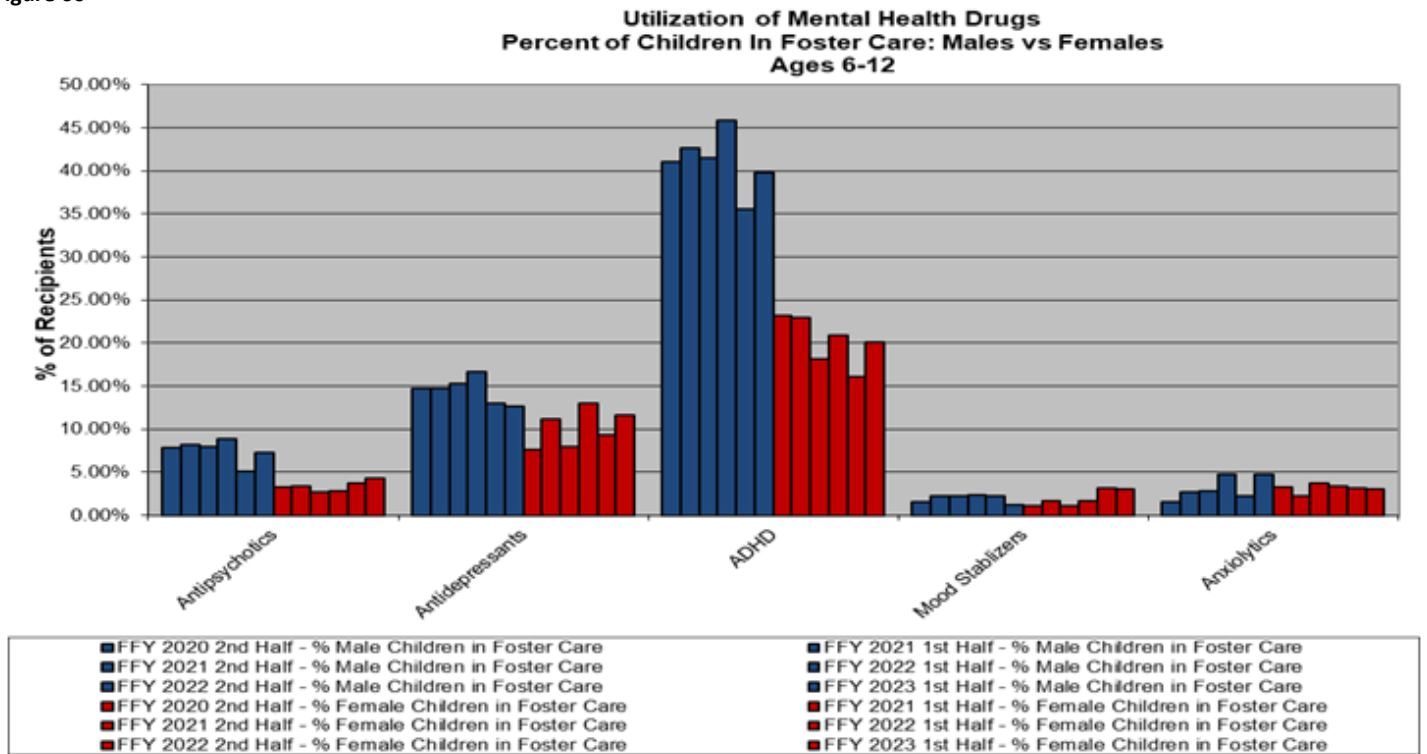


Figure 61

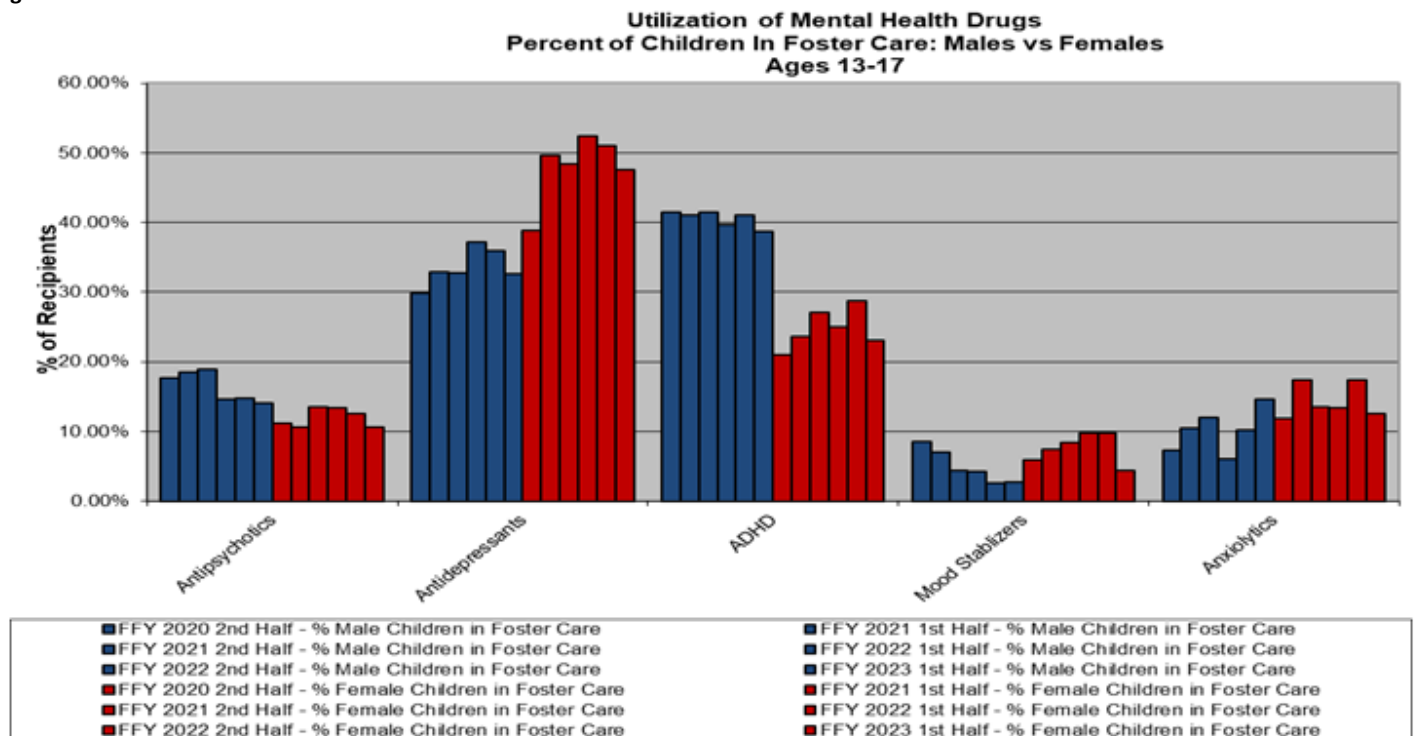


Figure 62

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

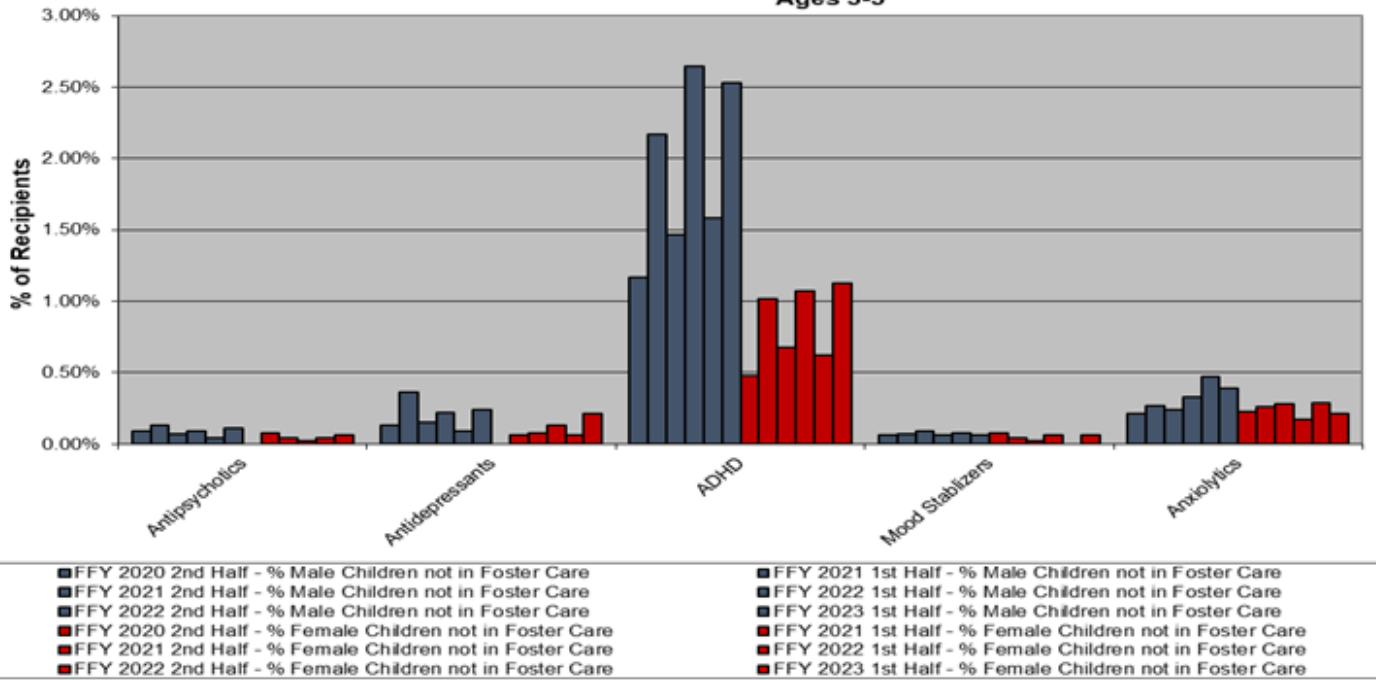


Figure 63

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

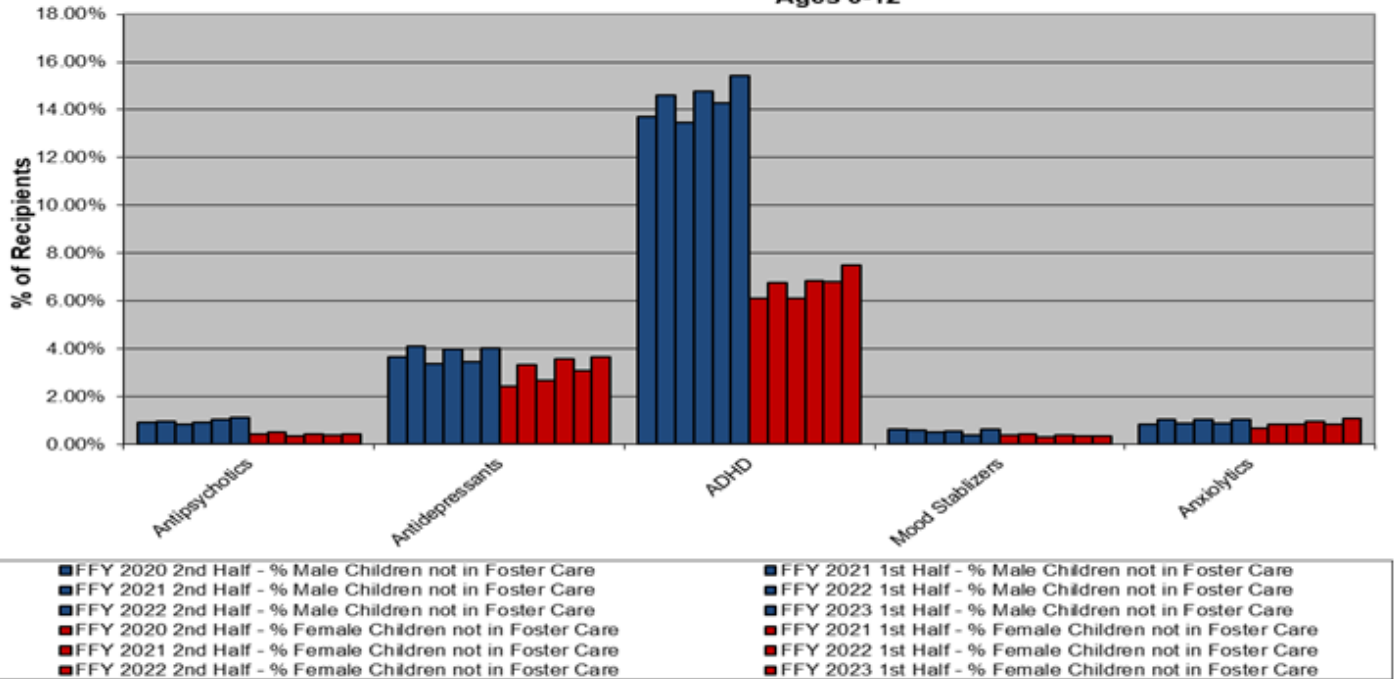
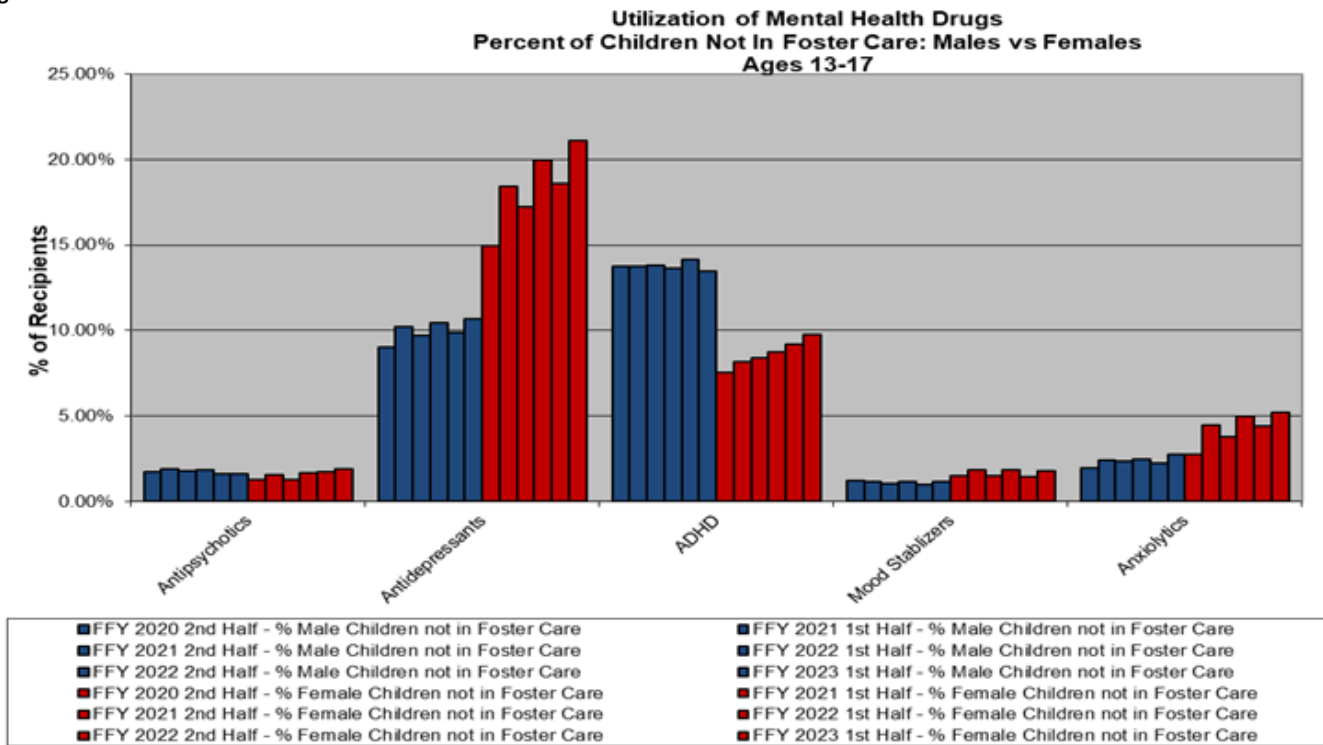


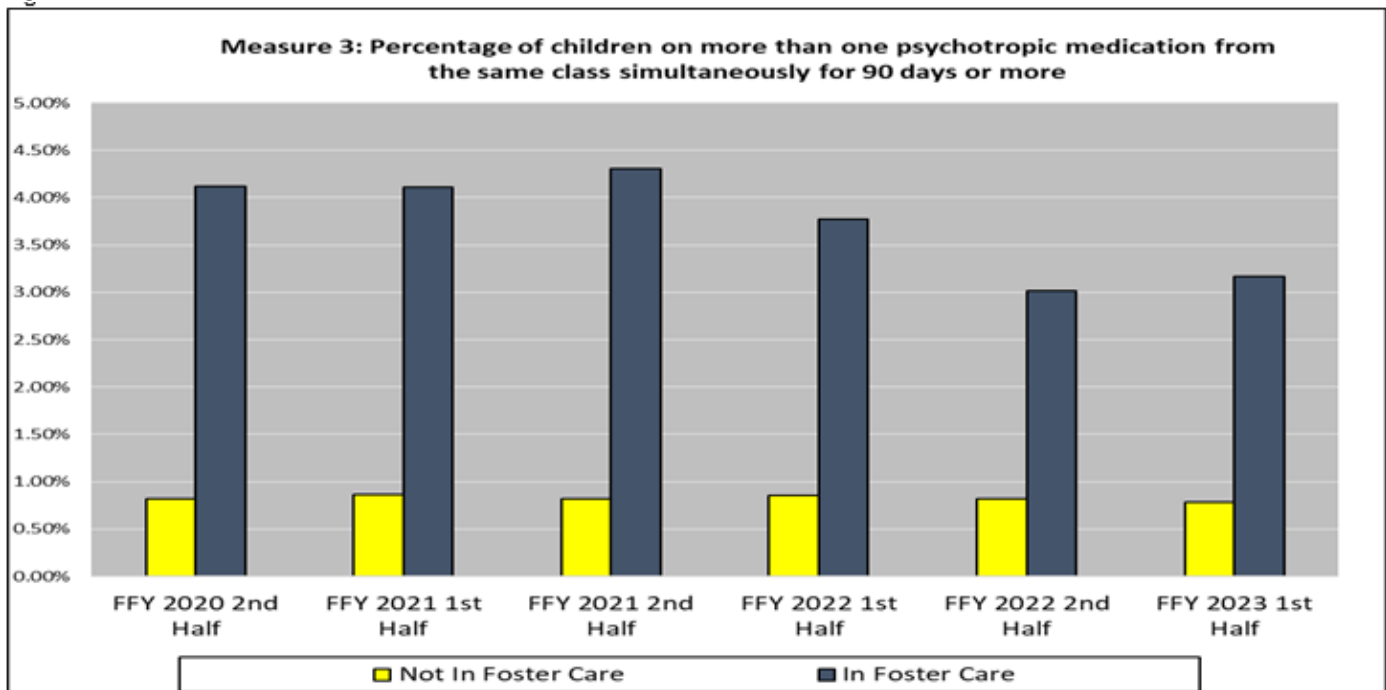
Figure 64



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

As depicted in Figure 65, the percentage of children on more than one psychotropic medication from the same class simultaneously for 90 days or more (defined above as co-pharmacy) is higher among the foster care versus the non-foster care children. Since the 2nd half of FFY 2021, this measure has been reduced over time.

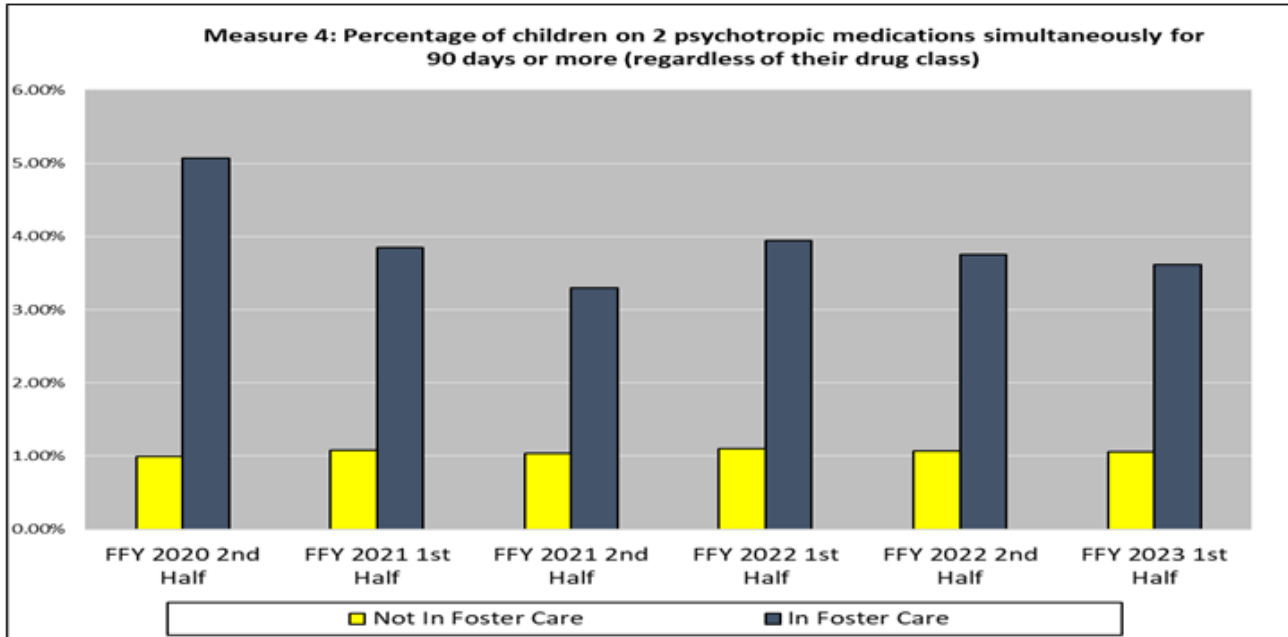
Figure 65



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

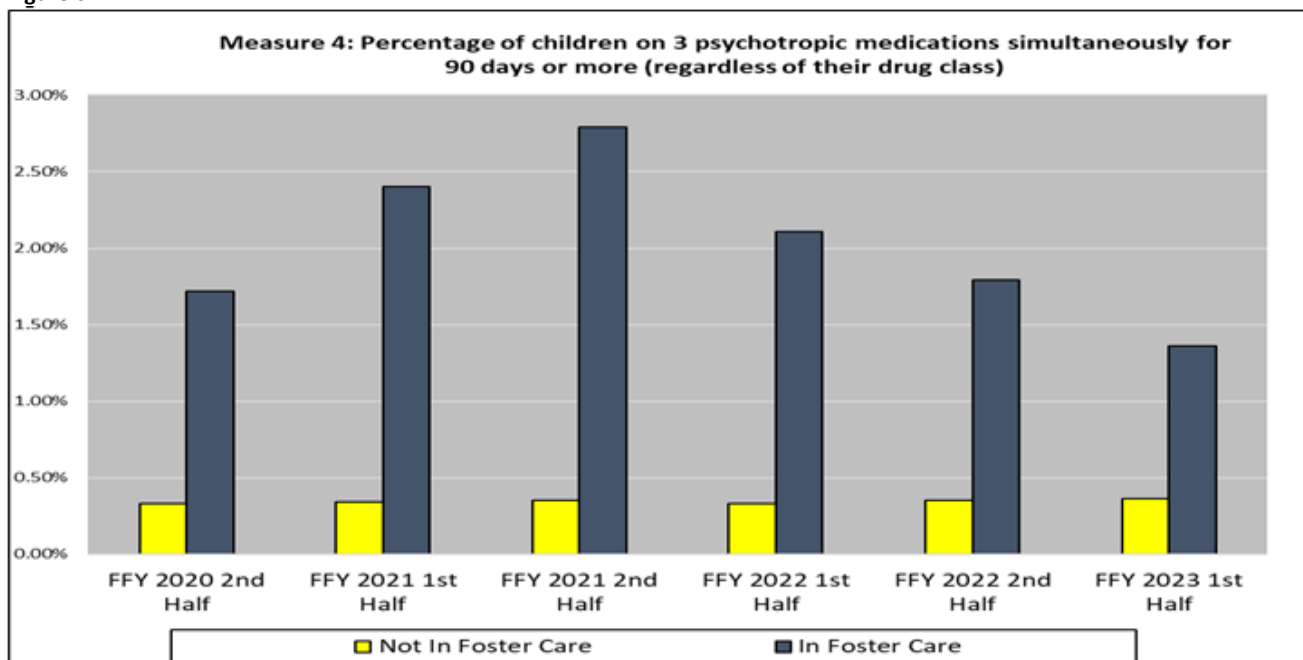
As shown in Figure 66, the percentage of children on 2 psychotropic medications (regardless of their drug class) simultaneously for 90 days or more is higher for foster care versus non-foster care children. However, since FFY 2020 this measure has been reduced and stayed almost on the same level.

Figure 66



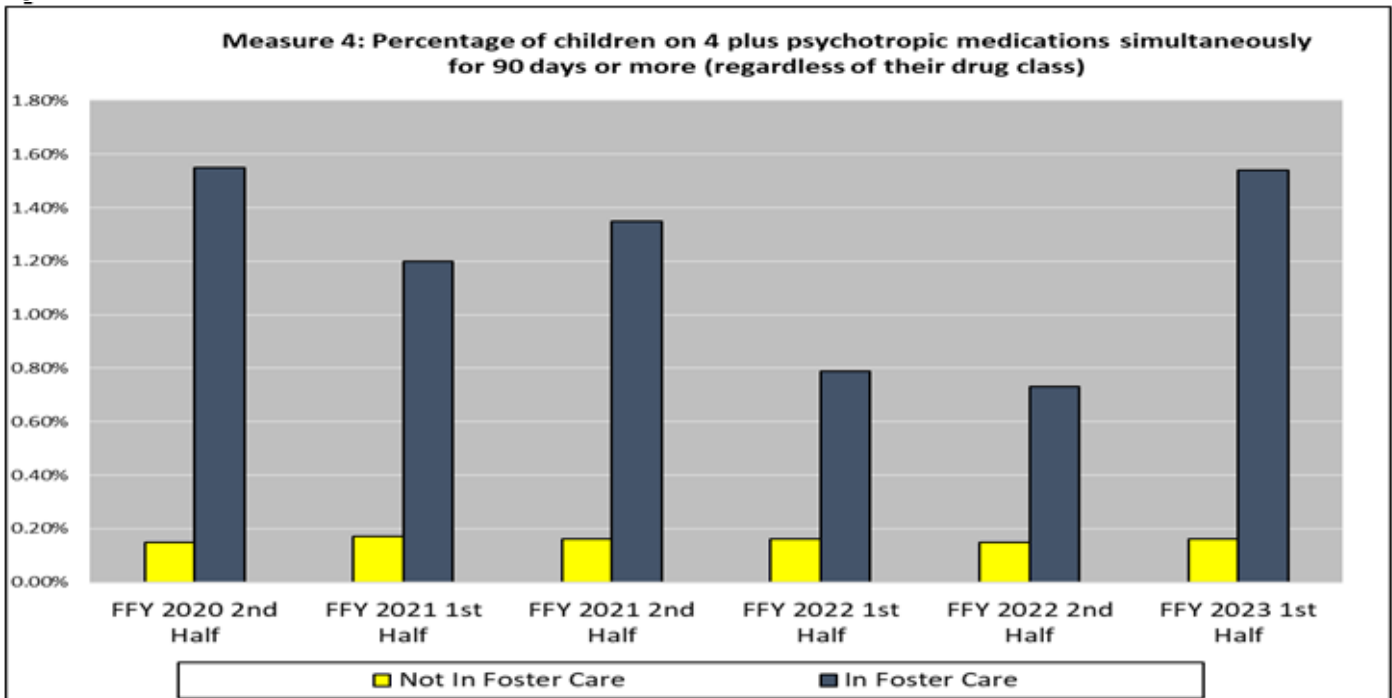
As Figure 67 shows below, the percentage of children on 3 psychotropic medications (regardless of their drug class) simultaneously for 90 days or more is also higher among the foster care versus the non-foster care children. Since the 2nd half of FFY 2021, this measure has slightly reduced.

Figure 67



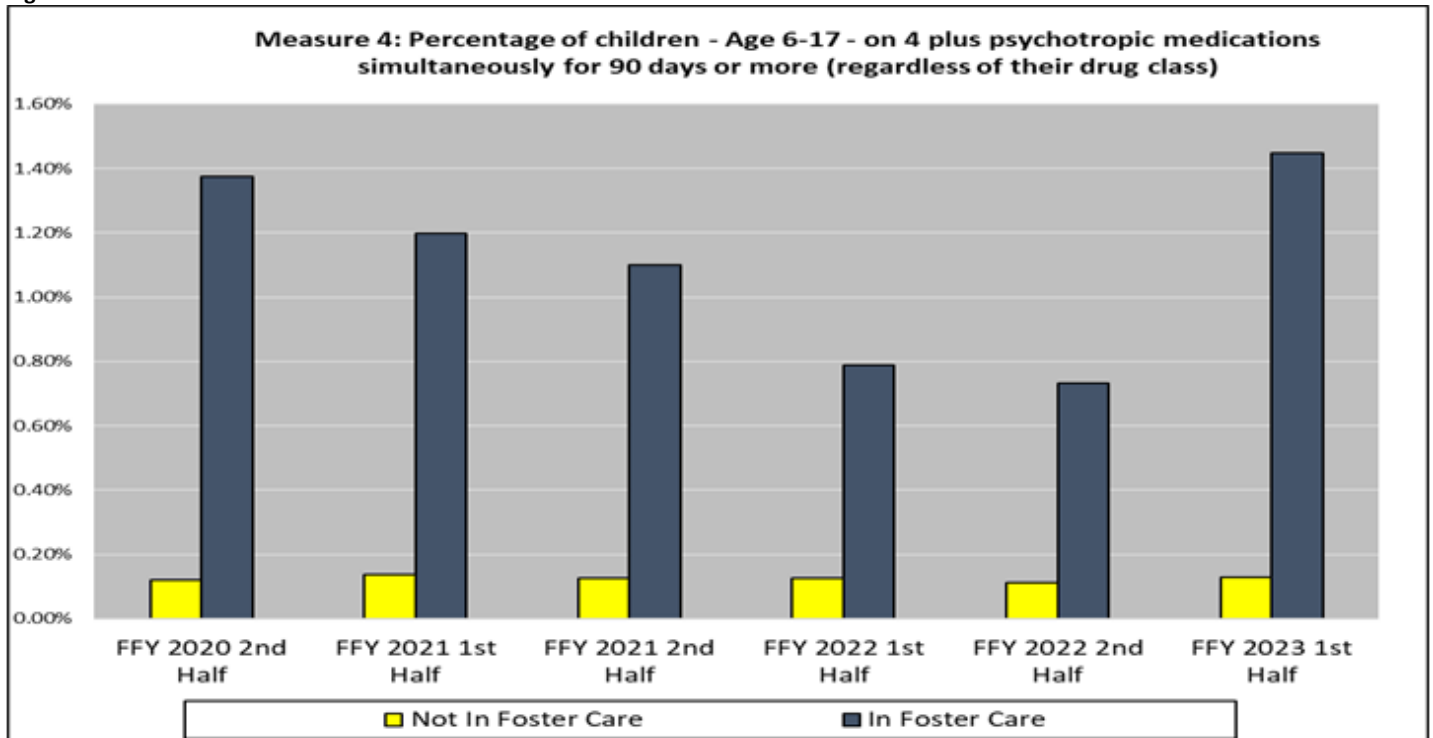
As Figure 68 shows below, the percentage of children on 4 plus psychotropic medications (regardless of their drug class) simultaneously for 90 days or more is also higher for foster care versus non-foster care children. This measure stayed almost at the same level over time, except for the most recent six-month period where a noticeable increase is mentioned.

Figure 68



Narrowing to only the age group of 6-17, as Figure 69 shows below, this measure is also higher for foster care versus non-foster care children. The noticeable increase for the most recent period is more prominent here.

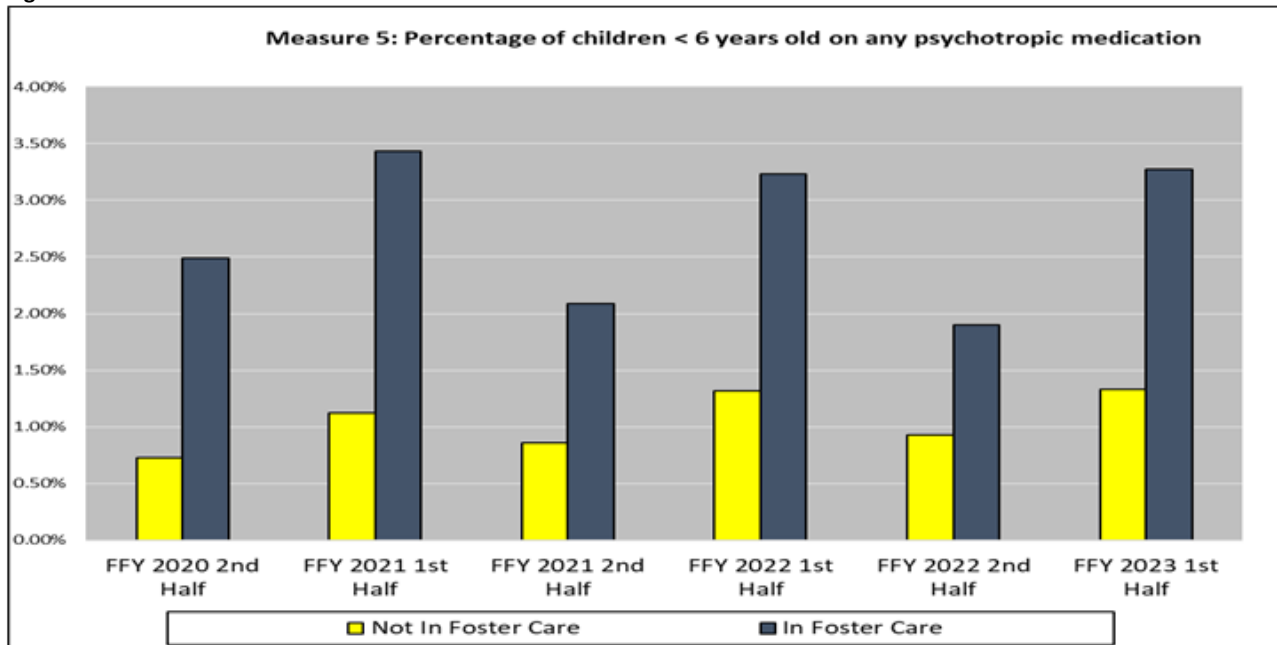
Figure 69



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

As shown in Figure 70 below, the percentage of children < 6 years old on any psychotropic medication is higher for the foster care versus the non-foster care children. Moreover, there are some increases in the following reporting periods: in 1st half of FFY 2021, in 1st half of FFY 2022, and in 1st half of FFY 2023.

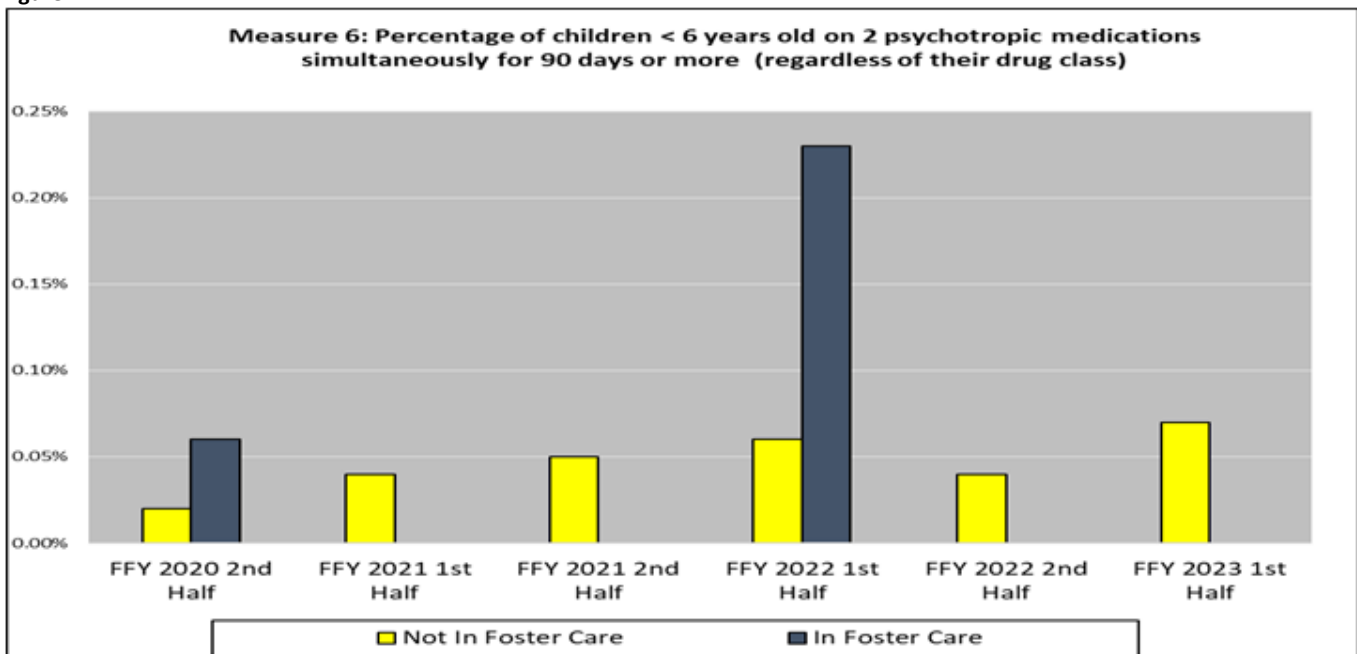
Figure 70



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

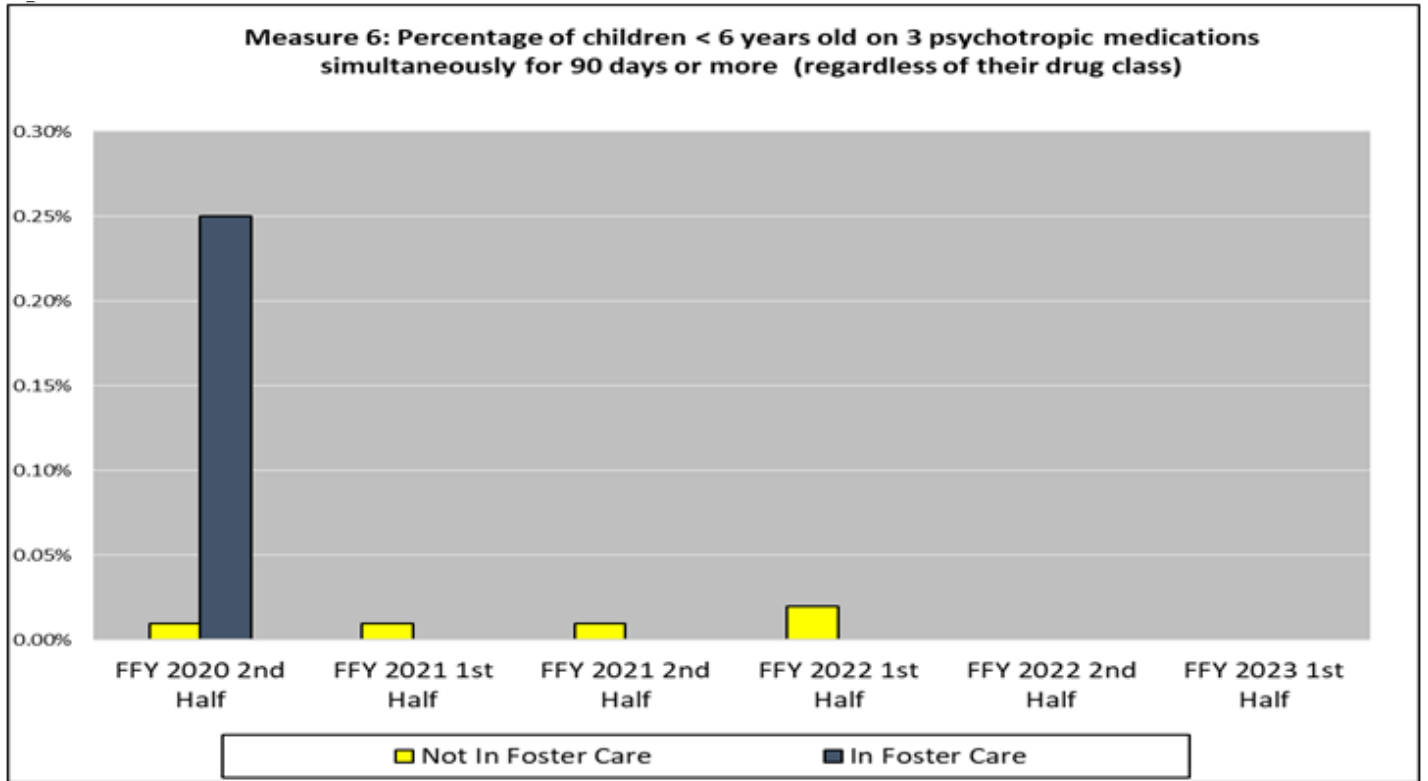
As demonstrated in Figure 71, the percentage of children < 6 years old on 2 psychotropic medications was higher for foster care versus non-foster care children. However, in some reporting periods, there were no foster care children < 6 years old on 2 psychotropic medications.

Figure 71



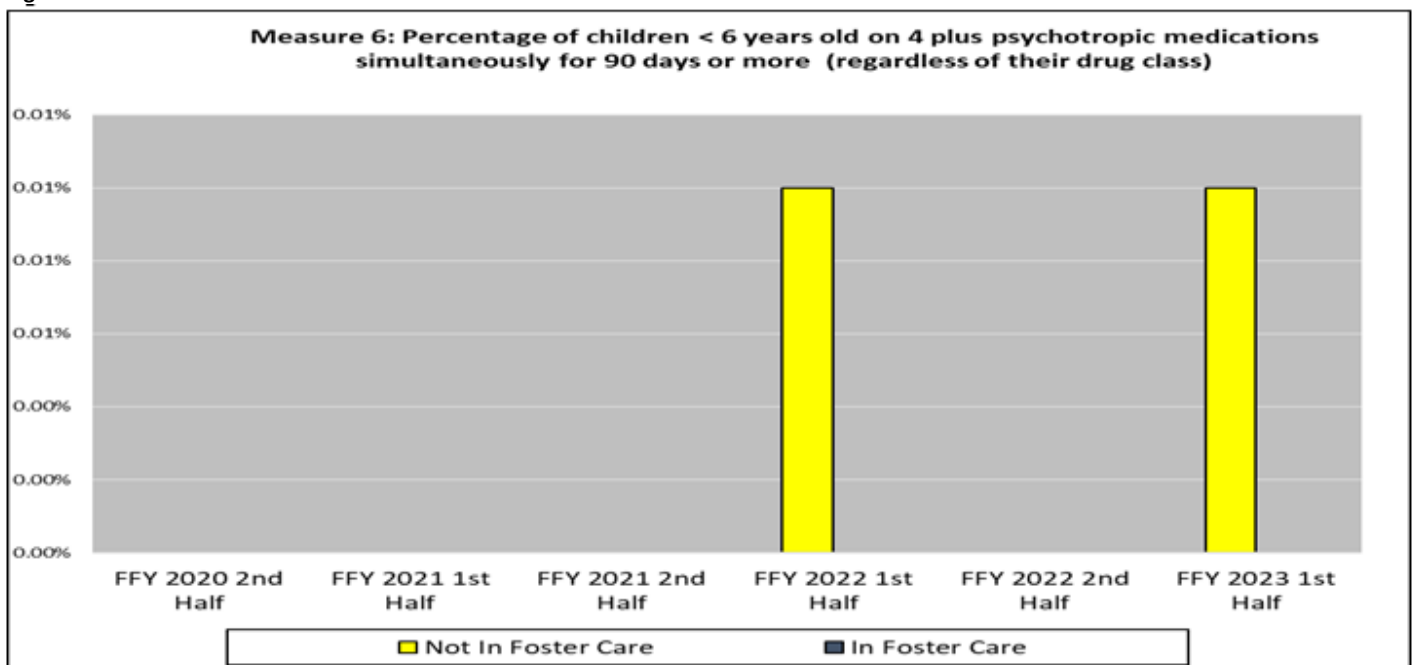
As Figure 72 shows below, in all reporting periods, except for the 1st half of FFY 2018, the 1st and 2nd halves of FFY 2019, and 2nd halves of FFY 2020, there was no any foster care child < 6 years old on 3 psychotropic medications.

Figure 72



As Figure 73 depicts below, there were no any foster care children < 6 years old on 4 plus psychotropic medications.

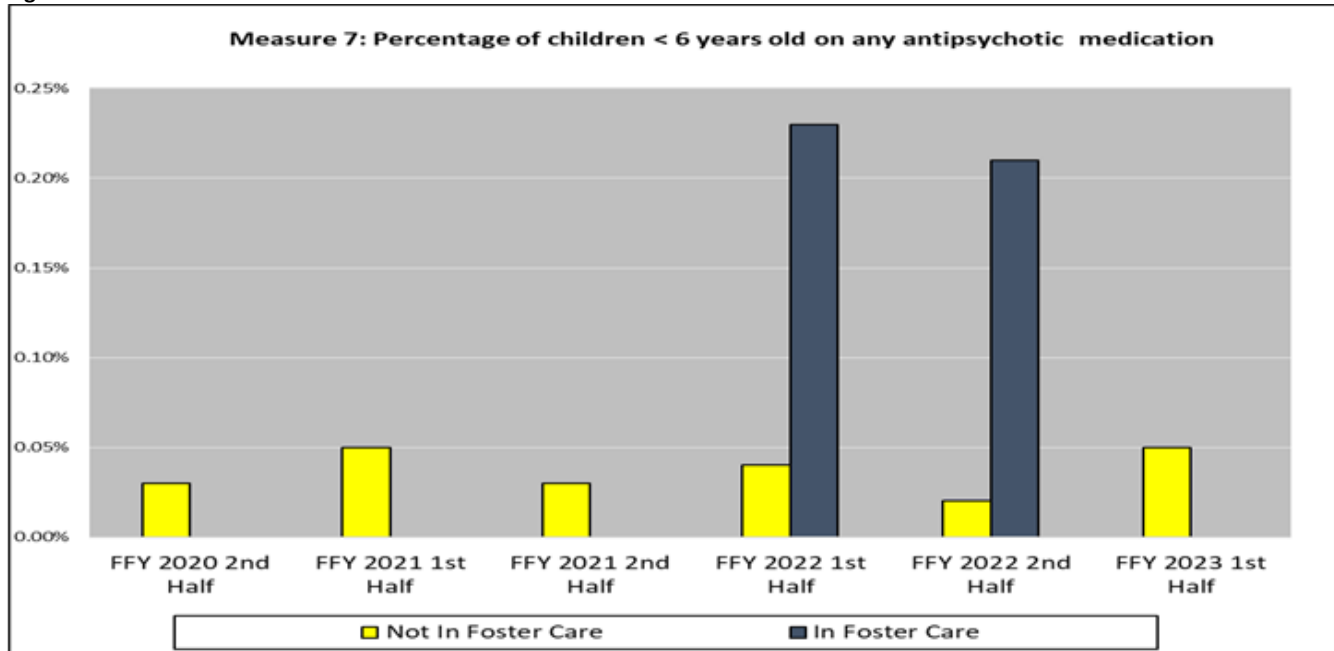
Figure 73



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

As demonstrated in Figure 74, only in FFY 2022 there were foster children < 6 years old on any antipsychotic medication.

Figure 74



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

As shown in Figures 75 and 76 below, the percentage of children on more than one antipsychotic simultaneously for 45 days or more has been slightly higher among foster care versus non-foster care children. This measure has stayed on the same level for the last reporting periods.

Figure 75

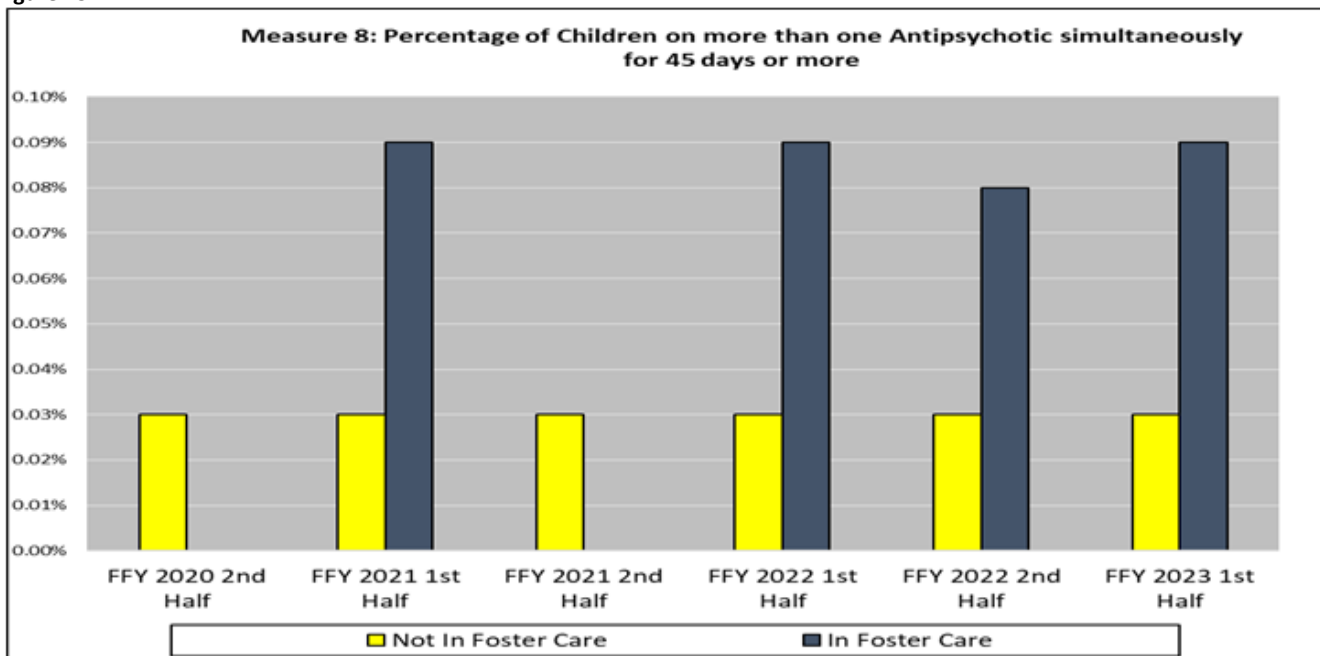
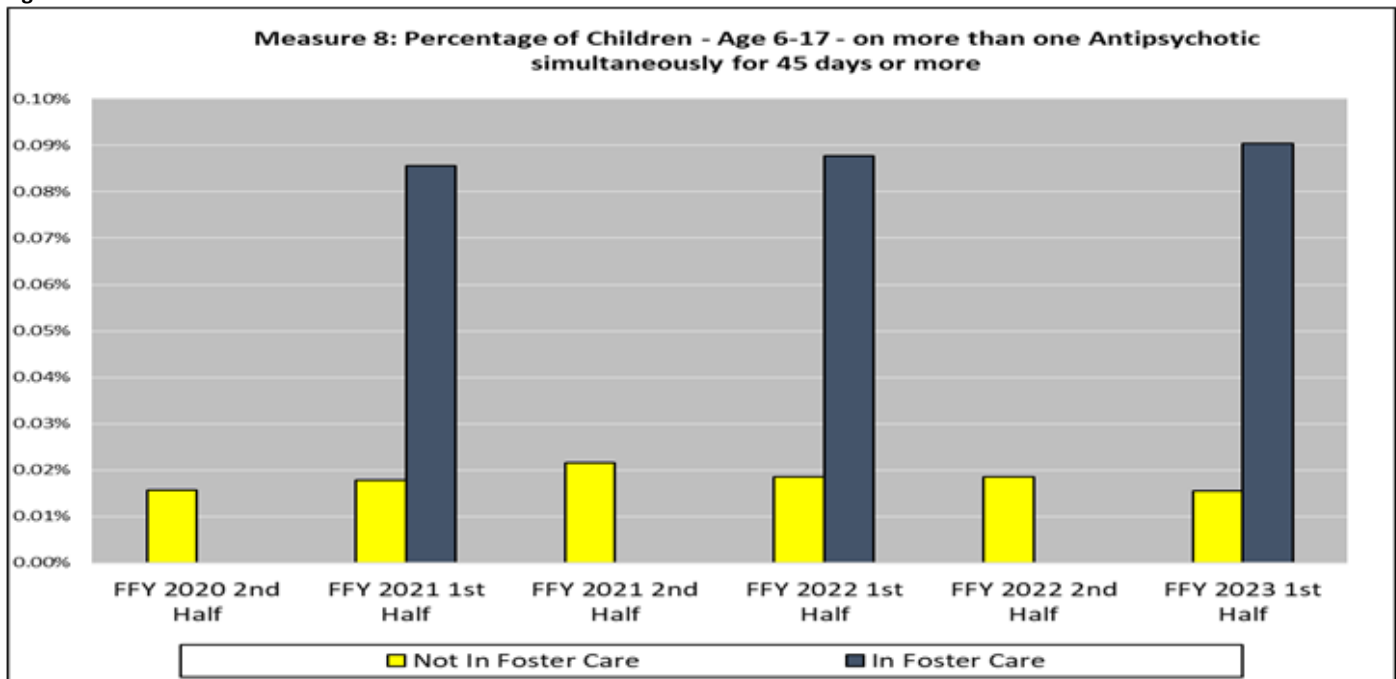


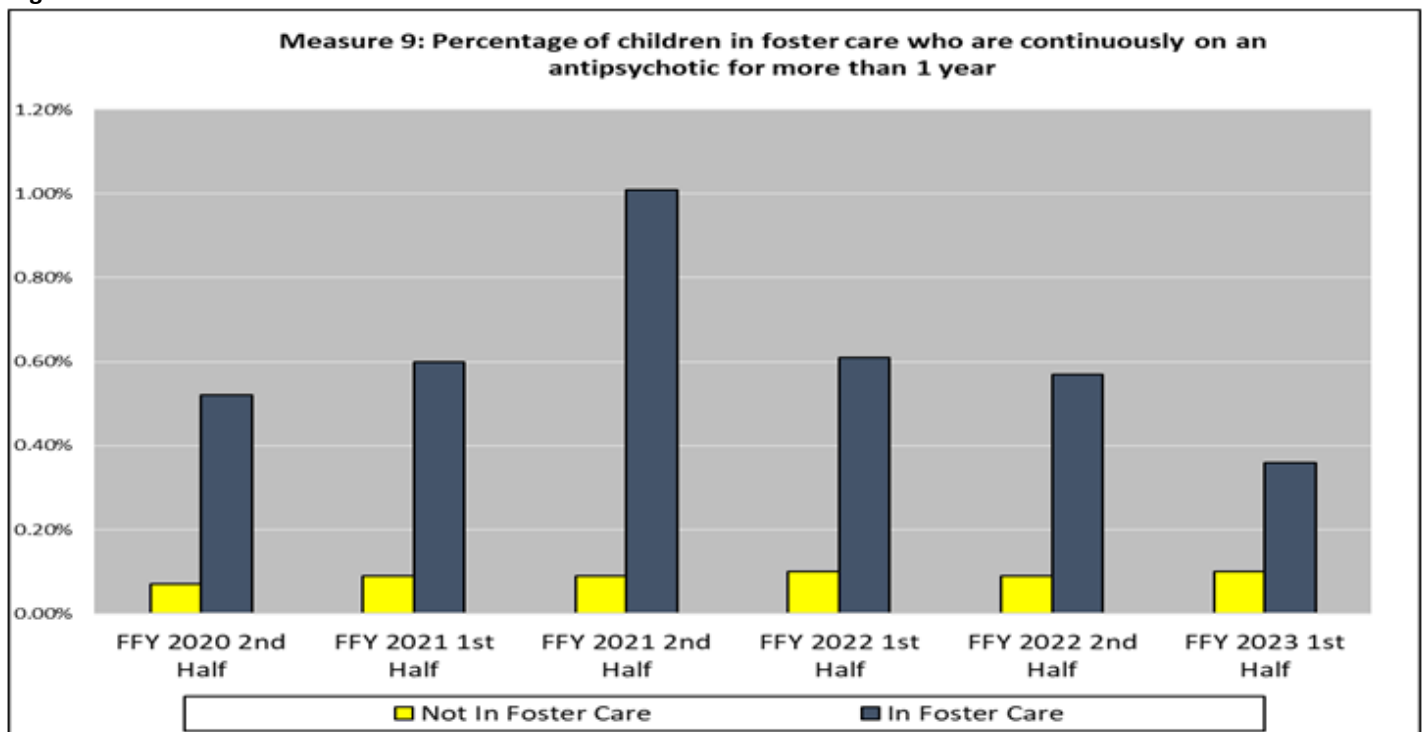
Figure 76



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

The below-presented Figure 77 demonstrates that the percentage of children in foster care who are continuously on an antipsychotic for more than 1 year has been slightly higher among foster care versus non-foster care children. However, after the mentioned slight increase in the 2nd half of FFY 2021, for foster care kids this measure has been dropping for the last reporting periods.

Figure 77



[Disaster Plan](#)

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

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

During the pandemic, there was heavy reliance on the use of virtual contact for both child safety interventions and ongoing case work including face-to-face contacts as permitted under the federal disaster declaration. Virtual work was also relied upon for the business aspects (foster care payments, contracts etc.) and worked well without a significant gap in any essential services. This specific function (the addition of virtual work) has not yet been adopted into the disaster plan but isn't excluded at this time either. When things are more settled, and it is time for another update the utilization of remote/virtual work will be included in our disaster plan.

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

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

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

[Training Plan](#)

Please refer to **Appendix D**.

Statistical and Supporting Information:

1. CAPTA Annual State Date Report Items:

1a. Child Protective Service Workforce Overview

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

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

DV Specialists also team with Family Services Workers on home visits and family safety meetings. In court involved cases, DV Specialists are often called to provide expert testimony on the impact to children due to exposure to domestic violence as well as appropriate service referrals for the caregiver using coercive control. These positions play a key role in coordination of services for families with the criminal justice system as well as the domestic and sexual advocacy service system.

Qualifications for Child Welfare and Youth Justice Staff

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

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

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

The minimum qualifications for Family Services Workers are:

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

The minimum qualifications for Family Services Supervisors are as follows:

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

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

Demographic Information for Child Welfare and Youth Justice Staff

The division continues to be challenged around collecting demographic information on the workforce due to FSD’s antiquated IT systems. In the past we have pulled information from various staff survey’s that have asked certain demographic questions and have incorporated the results in previous APSR’s, though we have never achieved 100% participation on any survey, so the results only provide an approximation. Over the last year, FSD administered our third annual Safety Culture survey and integrated some demographic questions. In December 2021, a total of 276 staff from Vermont’s Family Services Division completed the Culture of Safety Survey (73% participation rate); this is comparable to the 2020 survey, in which 292 staff from Vermont FSD participated in the survey (75% response rate). In 2022, the response rate continued to decrease with 231 staff responding (67% response rate)

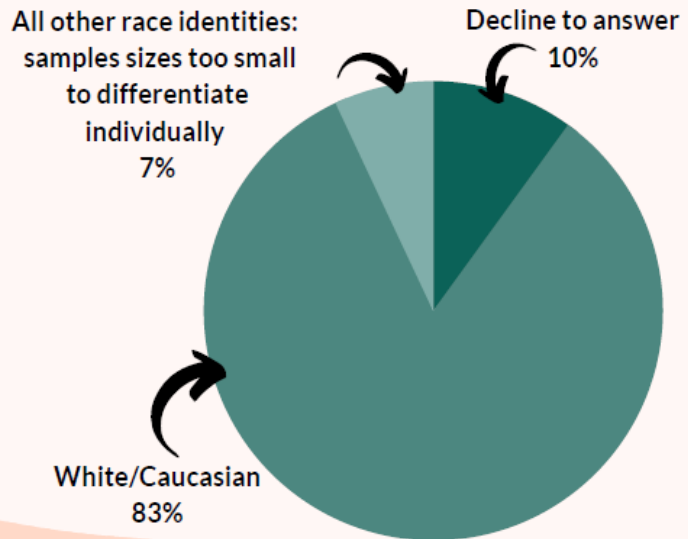
This survey is an organizational assessment that examines various aspects of an agency’s culture:

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 following visuals provide the demographic information for survey respondents.

JOB TYPE/POSITION	
Direct Service (n=158)	69%
Support (n=33)	14%
Administration (n=40)	17%

26% respondents reported working in a management position; 72% reported working directly with children and families



In all demographic categories, there was an option that stated, "none of these describe me." This answer was infrequently endorsed.

Gender Identity and Sexual Orientation



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

- 76% identified as female
- 10% identified as male
- <1% identified as a gender identity other than cisgender male or female
- 13% declined to answer

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

- 65% identified as heterosexual
- 15% identified with a sexual orientation other than heterosexual (LGBQ+)
- 20% declined to answer

Average Hours Worked per Week

FULL TIME FSD EMPLOYEES WORK APPROXIMATELY

46 hours/week

COMPARABLY, FULL TIME FSD EMPLOYEES REPORTED WORKING ABOUT 44 HOURS/WEEK IN 2020 AND 44 HOURS/WEEK IN 2021

AGE GROUPS

18-24 years	4%
25-34 years	23%
35-44 years	31%
45-54 years	30%
55+ years	12%
Decline to answer	4%

AGENCY TENURE

Less than 1 year	8%
1-5 years	36%
6-10 years	23%
11-15 years	12%
16-20 years	7%
21 years or more	14%

EDUCATION

High School/GED	10%
Bachelor's Degree: BSW	11%
Other Bachelor's Degree	49%
Master's Degree: MSW	20%
Other Master's Degree	10%
Doctorate	1%

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

Caseload Size

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

FSD calculates district capacity by using the following equation:

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

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

As of 04/03/2023, caseload per district were as follows:

Figure 78: FSW Allocation for Child Safety Interventions and Ongoing Casework

District	Total # FSW	Allowable CSI FSW	Ongoing FSW	Vacancies	FSW with less than 6 mos.	Actual Ongoing FSW
ADO-St Albans	24	6	19	8	1	10.5
BDO-Burlington	33.5	10	23.5	3	2	19.5
HDO-Hartford	10	5	5	1	2	3
JDO-St Johnsbury	8	3	5	1	0	4
LDO-Brattleboro	14	5	9	0	0	9
MDO-Barre	19	6	13	5	3	6.5
NDO-Newport	12.5	4	7.5	1	3	5
RDO-Rutland	19.5	6	13.5	3	1	10
SDO-Springfield	9	3	6	0	0	6
TDO-Bennington	15	4	11	0	4	9
VDO-Morrisville	7.5	2	5.5	1	1	4
YDO-Middlebury	9	2	7	0	0	7
Total	181	56	125	23	17	93.5

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

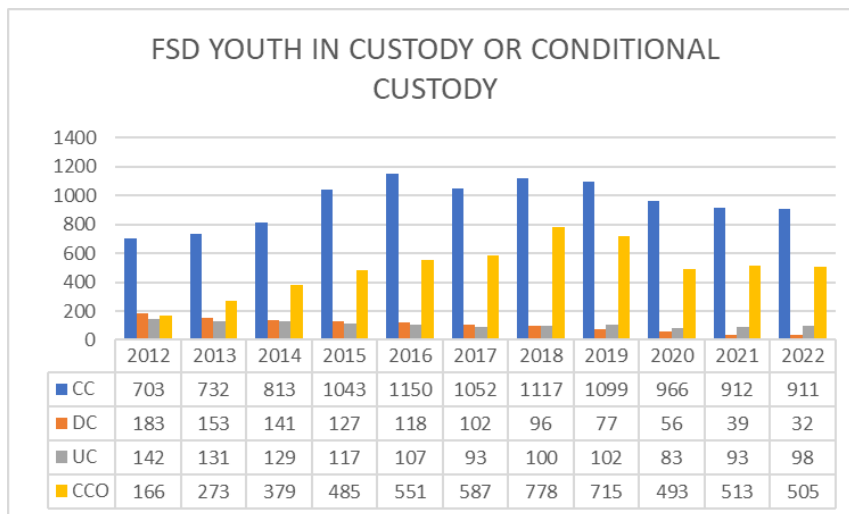
Data Note: data is point-in-time as of the time in which the report is compiled, with vacancies and FSW with less than 6 months identified by Operations staff. Allowable CSI FSW count is calculated using the number of accepted CSIs from 1/1/2022-12/31/22 @ 80 cases per year.

Figure 79: FSW Average Caseload per Ongoing Caseworker and District Capacity

District	Ongoing FSW FTEs	# Vacant Positions	# Less Staff (count @ 0.5 reduction)	Total FTE Capacity Reduction	Adjusted Ongoing FSW Count	FAMILY Caseload Avg Per Auth FSW	CHILD / FAMILY Avg Per Auth FSW	Adjusted Family Caseload Average	FSW Capacity
ADO-St Albans	19	8.0	1.0	8.5	10.5	8.9	12.2	16.2	92.65%
BDO-Burlington	23.5	3.0	2.0	4.0	19.5	11.4	15.5	13.7	109.55%
HDO-Hartford	5	1.0	2.0	2.0	3	9.4	11.6	15.7	95.74%
JDO-St Johnsbury	5	1.0	0.0	1.0	4	11.4	16.6	14.3	105.26%
LDO-Brattleboro	9	0.0	0.0	0.0	9	11.1	18.3	11.1	135.00%
MDO-Barre	13	5.0	3.0	6.5	6.5	10.9	13.6	21.8	68.66%
NDO-Newport	7.5	1.0	3.0	2.5	5	15.2	23.6	22.8	65.79%
RDO-Rutland	13.5	3.0	1.0	3.5	10	12.6	16.1	17.0	88.24%
SDO-Springfield	6	0.0	0.0	0.0	6	8.0	11.0	8.0	187.50%
TDO-Bennington	11	0.0	4.0	2.0	9	11.2	14.6	13.7	109.76%
VDO-Morrisville	5.5	1.0	1.0	1.5	4	11.5	17.8	15.8	95.24%
YDO-Middlebury	7	0.0	0.0	0.0	7	13.4	16.4	13.4	111.70%
Total	125	23.0	17.0	31.5	93.5	11.2	15.3	14.9	105.42%

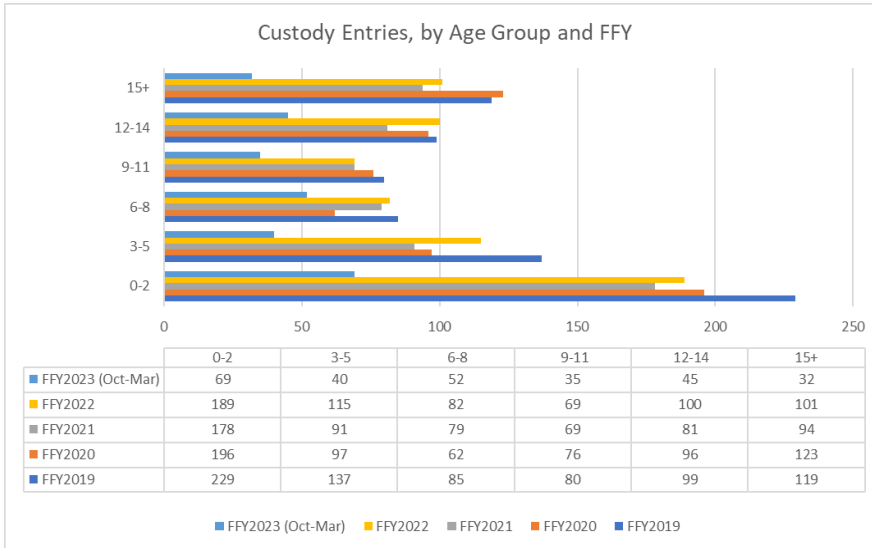
Data Source: FSD Caseload Report. Data is point-in-time as of 04/03/23.

Figure 80: Overall, the total number of cases from 2021 to 2022 decreased slightly by 8 cases.



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

Figure 81: There has been a decline in custody entries in each age group from FFY2019 to FFY2021. With some increases in FFY2022 and from Oct – Mar of 2023



Data Source: ROM Reporting Tool – Foster Care Counts, identifying youth entering foster care during FFY19, FFY20, FFY21 FFY22 and FFY23 Oct-Mar. Data Notes: Includes an unduplicated count, capturing the first entry if multiple entries for a single child exists.

1.b. Juvenile Justice Transfers

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

Figure 82: Juvenile Justice Transfers by Calendar Year

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

Data note: FSD Quarterly Management Reports custody cases opened during period for DC case type; Q1-Q4,2022; and Juvenile Justice Transfer (prior custody) data from AHS Report Catalog, Child Welfare Custody with Subsequent Delinquency

2. Education and Training Vouchers

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

Figure 83	Total ETVs Awarded	Number of New ETVs
Final Number: 2021-2022 School Year (July 1, 2021 to June 30, 2022)	72	32

2022-2023 School Year*
(July 1, 2022 to June 30, 2023)

53

21

*To date as of 5/9/2023

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

3. Inter-Country Adoptions

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

Financial Information

Figure 84. Payment Limitations – Title IV-B, Subpart 1	
Item	Amount Spent
FY 2005 Title IV-B, Subpart1 funds spent on child care, foster care maintenance and adoption assistance payments	\$647,047
FY 2005 non-federal funds expended on foster care maintenance and used as part of Title IV-B Subpart state match.	\$215,682

Figure 85. Payment Limitations – Title IV-B, Subpart 2	
Item	Amount Spent
FY 2020 state and local share expenditure amounts for the purposes of title IV-B, subpart 2 for comparison with the state’s 1992 base year amount, as required to meet the non-supplantation requirements	\$138,406

Vermont’s [Annual Progress and Services Review](#) plan can be found on our website, along with previous reports, at:

[FSD Publications | Department for Children and Families \(vermont.gov\)](#)

Appendix A

CHANGE MANAGEMENT & IMPLEMENTATION PRACTICE

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

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

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

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

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

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

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

Appendix C

Vermont Newborn Plan of Safe Care (POSC)

INSTRUCTIONS

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

POSC INDICATION

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)

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

Vermont POSC (continued)

Caregiver Supports			
	Contact information	Status	
Medications for Addiction Treatment (MAT)	**	<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable
Mental Health Counseling	**	<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable
Substance Use Counseling	**	<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable
Community Empaneled Team (ex. ChARM)	**	<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable
Recovery Supports (ex. Recovery coaching, 12-step group)		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable
Case Management		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable
Smoking Cessation		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable
Parenting Supports		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable
Financial Supports (WIC, Fuel, Reach Up)		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable
Housing Supports		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable
Childcare Resources (Children's Integrated Services: Specialized Child Care)		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable
Transportation		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable
Legal Assistance		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable
Other		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> New referral placed	<input type="checkbox"/> Discussed <input type="checkbox"/> Not applicable

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

PARENT/CAREGIVER PARTICIPATION

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

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

Staff Signature: _____ **Date:** _____

NOTES/FOLLOW-UP NEEDED

TRACKING

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

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

Appendix D.

Training Plan

FSD's development and delivery of comprehensive education and training programs for the child welfare system, including, but not limited to, agency workforce and foster/kin/adoptive parents. This plan is accomplished in collaboration with the University of Vermont (UVM) Department of Social Work through our Child Welfare Training Partnership (CWTP).

Definition of the Child Welfare System

The Vermont Department for Children and Families, Family Services Division has defined "state-licensed or state-approved child welfare agencies" in this context to include all entities and organizations that may directly engage in the development and/or implementation of the case plan for current foster and adoptive children who receive Title IV-E assistance. "Staff" of these agencies includes any individuals who are invited, contracted, or voluntarily participate in support of the child and family so long as they are doing so at the behest of a state-licensed or state-approved child welfare agency.

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

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

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

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

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

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

Long-Term Training

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

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

Short-Term Training for Workforce

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

Court Related Short-Term Training

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

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

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

New Employee Training for Family Service Workers

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

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

Foundations for Child Welfare and Youth Justice Casework Practice:

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

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

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

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

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

The 5 core tenets are:

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

2. Foundations Field – Based Practice

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

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

Integrated Foundations Learning Program for Child Protection & Youth Justice

Topic	Syllabus	IV-E Functions	Venue	Hours	Provider	Cost/Funding Source
Module 1: Introduction	Introductory information on child welfare & youth justice history, child welfare & youth justice in VT, SOP and Safety Culture, overview of interplay between laws and policies etc.	Child Welfare and Youth Justice System overview, professional enhancement skills	RSL	5.5 hours total 4.5 hrs Zoom 1 hr worksheet	VT CWTP	100% IVE @ 75% FFP
Introduction to Foundations	Understand how to navigate through virtual Foundations. Understand who CWTP is and how we fit into the FSD picture.	Introduction to the Foundations for Child Welfare & Youth Justice Practice, expectations, resources	AL	See above	VT CWTP	100% IVE @ 75% FFP
Introduction to Child Welfare & Youth Justice	Examine the Vermont child welfare system, it's mission, vision, practice, principles and guidelines. Become acquainted with the roles and responsibilities of those within the Division of FSD. Identify key federal laws and regulations that govern child welfare practice in VT.	Overview of Child Welfare & Youth Justice System in VT	AL	See above	VT CWTP	100% IVE @ 75% FFP
JEDI: Justice, Equity, Diversity & Inclusion	Develop an understanding of the concepts of justice, equity, diversity and inclusion and their impacts on our values, practices and approaches to child welfare Practice JEDI concepts in child welfare interactions such as assessment, case planning, and family meetings.	Case planning, case management, placement of the child	AL	See above	VT CWTP	100% IVE @ 75% FFP

Integrated Foundations Learning Program for Child Protection & Youth Justice

Topic	Syllabus	IV-E Functions	Venue	Hours	Provider	Cost/Funding Source
Module 2: Engagement	Tuning in to self and others, Interactional help skills, feedback, questioning, interviewing, resistant parents, practicing interviews, select tools (ecomaps, genogram etc).	Case Planning & Assessment	RSL	9 Hours Total 5 hours Zoom 3 online pre work 1 hr supervision/ worksheet	VT CWTP	100% IVE @ 75% FFP
Motivational Interviewing	Understand the trans-theoretical model of change; explore solution-focused skills, become familiar with the application of MI in casework practice.	Case planning, case management, social work practice, such as family centered practice & social work methods including interviewing and assessment; general overview of child abuse and neglect investigations, risk and protective factors.	AL	See above	VT CWTP	100% IVE @ 75% FFP
Engagement Skills	Identify the four phases of the casework process as well as the Interactional Skills most prevalently used in each of the four phases. Describe the purpose of the Interactional Skills and how to use them. Describe the types of information associated with the 3 Ws. Distinguish the purpose of an identify an appropriate plan and strategy for conducting a quality interview of a child according to the child's chronological and emotional development and special conditions. Appropriate plan and strategy for conducting quality interviews of custodial and non-custodial caregivers. Identify strategies for engaging absent parents with particular emphasis on absent fathers.	Case Planning & Assessment	AL	See above	VT CWTP	100% IVE @ 75% FFP

Integrated Foundations Learning Program for Child Protection & Youth Justice

Topic	Syllabus	IV-E Functions	Venue	Hours	Provider	Cost/Funding Source
<p align="center"><u>Module 3:</u> Recognizing Child Abuse</p>	<p>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.</p>	<p>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.</p>	<p align="center">RSL</p>	<p>21.5 Hours Total 6 hrs pre work 12.5 hrs Zoom 3 hrs supervision/ worksheet</p>	<p align="center">VT CWTP</p>	<p>50% CAPTA 50% IVE @ 75% FFP</p>
<p>Introduction to Child & Adolescent Development</p>	<p>Understand normal child and adolescent development, including brain development. Explore the impact of trauma.</p>	<p>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.</p>	<p align="center">AL</p>	<p align="center">See above</p>	<p align="center">VT CWTP</p>	<p>100% IVE @ 75% FFP</p>
<p align="center"><u>Module 4:</u> Safety Assessment & Safety Planning</p>	<p>Safety Organized Practice overview, Child Safety Interventions Policy & Practice, Structured Decision-Making Safety Assessments & Safety Planning, Introduction to ROSAC, Network grid, Safety circles</p>	<p>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>	<p align="center">RSL</p>	<p>21 Hours Total 7 hrs pre work 12 hrs Zoom 2 hrs supervision/ worksheet</p>	<p align="center">VT CWTP</p>	<p>50% CAPTA 50% IVE @ 75% FFP</p>

Integrated Foundations Learning Program for Child Protection & Youth Justice

Topic	Syllabus	IV-E Functions	Venue	Hours	Provider	Cost/Funding Source
Structured Decision-Making Course	Overview of SDM Tools and how to use them. Improve assessments of family situations to better ascertain the protection needs of children. Increase consistency and accuracy . Increase consistency in identification of safety and danger. Identifying and Involving Communities and extra-familial Networks. Behaviorally-based Collaborative Planning	Case Planning, Assessment and Reunification	AL	See above	Evident Change & VT CWTP	100% IVE @ 75% FFP
Module 5: Risk Assessment	SDM Risk & Risk Reassessment, Danger, Safety & Risk statements, Family Safety Planning Framework & 3 W's	Case Planning, Assessment and Reunification	RSL	18 Hours Total 5 hrs pre work 11 hrs Zoom 2 hrs supervision/ worksheet	VT CWTP	50% CAPTA 50% IVE @ 75% FFP
Structured Decision-Making Course	Overview of SDM Tools and how to use them. Improve assessments of family situations to better ascertain the protection needs of children. Increase consistency and accuracy . Increase consistency in identification of safety and danger. Identifying and Involving Communities and extra-familial Networks. Behaviorally-based Collaborative Planning	Case Planning, Assessment and Reunification	AL	See above	Evident Change & VT CWTP	100% IVE @ 75% FFP

Integrated Foundations Learning Program for Child Protection & Youth Justice

Topic	Syllabus	IV-E Functions	Venue	Hours	Provider	Cost/Funding Source
Module 6: Case Planning	Child Safety Intervention (CSI) documentation, Adaptive Case Planning Processes throughout the life of the case, SMART goals, behaviorally descriptive language, Technical Case Plan Writing & Case Documentation: case plan goals, documentation of visits, and face to face contact and case notes.	Development of case plan	RSL	22.5 Hours Total 8 hrs pre work 9 hrs Zoom 2 hrs supervision/worksheets	VT CWTP	100% IVE @ 75% FFP
CSI Documentation	Review relevant information, policy and timelines for CSI documentation. Practice drafting and writing explicit language to link SDM and SOP practices within documentation.	Child Safety Intervention Documentation; Case Summaries, Initial Case Plans	AL	See above	VT CWTP	100% CAPTA
Case Planning & Documentation	Review Case Planning policy and practice. Highlight important features of FSD's Case Plan template. Practice drafting SMART objectives and behaviorally descriptive action steps	Development of case plan;	AL	See above	VT CWTP	100% IVE @ 75% FFP
Module 7: Working with Courts	Affidavit writing, court procedures, testifying, policies and relevant statutes. Understand role of social worker in court. Learn about state and national statutes. Understand how cases flow through court system.	Preparation for judicial determinations; placement of child; permanency planning; case management and supervision	AL	17 Hours Total 7 hrs pre work 1 hr post work 7 hrs Zoom 2 hrs supervision/worksheets	VT CWTP	100% IVE @ 75% FFP

Integrated Foundations Learning Program for Child Protection & Youth Justice

Topic	Syllabus	IV-E Functions	Venue	Hours	Provider	Cost/Funding Source
Affidavit Writing	Practice writing a complete affidavit. Observe an excellent example (Golden Example) of an affidavit. Receive and give helpful feedback about affidavit writing and process. Gain a deeper understanding of merits, disposition, and TPR hearings.	Preparation for judicial determination	AL	See above	VT CWTP	100% IVE @ 75% FFP
Courts Online	Become familiar with acronyms and other legal terms. Understand the Life of a Case in DCF - Timelines, Types of Hearings, Trajectories of Cases that social workers will see.	Preparation for judicial determinations; placement of child; permanency planning; case management and supervision	AL	See above	VT CWTP	100% IVE @ 75% FFP
Module 8: Permanency	Permanency from day 1, Family finding, Family Time Coaching, Working with Kin, reunification review of and practice with tools.	Permanency planning; case management & supervision; referral to service; placement of child.	RSL	11 Hours Total 8 hrs pre work 2 hrs Zoom 1 hr supervision/ worksheets	VT CWTP	100% IVE @ 75% FFP
Permanency Course	Understand the policy framework for achieving permanency for children and youth in state custody by way of adoption and guardianship. The course will review relevant research, policy requirements and best practices that inform case planning and decision-making for permanency.	Permanency planning; case management & supervision; referral to service; placement of child.	AL	See above	VT CWTP	100% IVE @ 75% FFP

Integrated Foundations Learning Program for Child Protection & Youth Justice

Topic	Syllabus	IV-E Functions	Venue	Hours	Provider	Cost/Funding Source
Module 9: Youth Development	Resources & services for Youth, overview of Youth Development Program, engagement skills for working with adolescents, inclusion of youth voice/perspective, positive youth development frame.	Screening and assessment, risk, and protective factors, social work practice, such as social work methods including interviewing and assessment; development of case plan; case management and supervision; permanency planning; referral to service.	RSL	14 Hours Total 5.5 hrs pre work 7.5 hrs Zoom 1 hr supervision/ worksheet	VT CWTP & FSD Staff	100% IVE @ 75% FFP
Resources for Youth	Overview of Youth Development Program, Youth interviews.	Development of case plan; case management and supervision; permanency planning; referral to service.	AL	See above	VT CWTP	100% IVE @ 75% FFP
Module 10: Substance Abuse & Domestic Violence	Identify different substances of abuse and the potential implications for safe parenting; Review the challenges in engaging with families affected by substance abuse and strategies to overcome the barriers to engagement. DV team and resources, Lund case managers and best practices. Identify behaviors and activities that contribute to and impede child safety, safe parenting and accountability of battering parents.	General substance abuse issues related to children & families in child welfare; social work practice, family centered practice, social work methods including interviewing and assessment. Training is not related to conducting an investigation of child abuse & neglect. Screening and assessment, risk, and protective factors, social work practice, such as social work methods including interviewing and assessment; development of case plan; case management and supervision; permanency planning; referral to service.	RSL	11.5 Hours Total 3 hrs pre work 3hrs Zoom (DV) 4 hrs Online (S&T & SAMHSA) 1 hr supervision/ worksheet	VT CWTP	100% IVE @ 75% FFP

Integrated Foundations Learning Program for Child Protection & Youth Justice

Topic	Syllabus	IV-E Functions	Venue	Hours	Provider	Cost/Funding Source
Safe & Together Module 1	Review the Guiding principles of the adult & child survivor centered approach to DV.	Screening and assessment, risk, and protective factors, social work practice; development of case plan; case management and supervision	AL	See above	VT CWTP	100% IVE @ 75% FFP
Substance Abuse for Child Welfare Professionals	This tutorial provides a primer on alcohol and drug addiction, substance abuse treatment and recovery, enhancing treatment readiness and treatment effectiveness, as well as discuss cross-system communication and collaboration, as well as provide contact information for other national resources.	General substance abuse issues related to children and families in the child welfare system; This training is not related to how to conduct an investigation of child abuse and neglect.	AL	See above	NCSA&CW SAMHSA	100% IVE @ 75% FFP
<u>Module 11:</u> Professional Self	Safety Culture in Family Services Division, Staff Safety, Realistic self-care & professional dangerousness, longevity in the field, plan for ongoing professional development.	Job Performance & Enhancement Skills	RSL	9 Hours Total 1.5 hrs pre work 11 hrs in-person 2.5 hrs Zoom (Self as practitioner) 1 hr supervision/worksheets	VT CWTP	100% IVE @ 50% FFP

Integrated Foundations Learning Program for Child Protection & Youth Justice

Topic	Syllabus	IV-E Functions	Venue	Hours	Provider	Cost/Funding Source
Self-Care and Secondary Traumatic Stress	Learn the symptoms of secondary traumatic stress. Discuss and identify strategies for self-care in the context of child protection work. Review resources available to help cope with secondary trauma.	Job Performance & Enhancement Skills	AL	See Above	VT CWTP	100% IVE @ 50% FFP
<u>Modules 1-11:</u> Embedded Simulation Lab	Commencement and Engagement (Mod 5), Case Planning (Mod 6), Initial Home Visit, Interviewing the Child, Removals, Completing Suitability Assessments, engaging and assessing the non-custodial parent (Mod 7), completing family finding tools, Practicing Inter-Cultural Agility, Witnessing, Interviewing Youth (Mod 9).	Social work practice, such as social work methods including interviewing and assessment; development of case plan	C or RSL	12.5 Hours	VT CWTP	100% IVE @ 75 % FFP
<u>Role Specific Foundations Modules:</u> <ul style="list-style-type: none"> • Juvenile Justice FSW • Ongoing FSW • Resource Coordinator 	Overview of specific functions of role including: child placement, assessment and training of foster families, navigating payments for caregivers, ongoing casework, engagement of families and permanency planning.	Placement, Permanency, Case Planning	AL & RSL	2-6 hrs	VT CWTP	100% IVE @ 75% FFP
<u>Role Specific Foundations Modules:</u> Child Safety Intervention FSW	Overview of specific functions of role including: investigation and assessment of child abuse and neglect reports.	Intake, Assessment and Investigation	AL & RSL	2-6 hrs	VT CWTP	100% CAPTA

Advanced Practicum Courses

The advanced practicum course content is regularly updated to reflect current knowledge in the field. Each practicum series focuses on a specific competency area and targets areas of training needed to achieve proficiency within that competency. This structure allows for the intended audience of FSD employees and community partners to structure their professional development according to specialty areas and/or skill building areas.

Topic	Syllabus	IV-E Functions Addressed	Venue	Hrs.	Provider	Cost/Funding Source
Advanced Practicum #1: Child Abuse and Neglect Series						
Medical Aspects of Child Abuse	Develop understanding of the risk factors that are likely to lead to serious physical abuse. Participants will review policy requirements, practice guidelines and research that informs work on serious physical abuse cases. Participants will also examine strategies for interviewing, collaborative investigations, documentation and case planning in cases of serious physical abuse.	Case Planning, risk factors, policy and practice	C or RSL	6	Hired Subject Expert(s) & CWTP	50% CAPTA 50% IVE @ 75% FFP
Neglect: Medical, Physical & Chronic	Develop understanding of the risk factors that are likely to contribute to chronic neglect. Participants will review relevant policy requirements, practice guidance and research that inform work with children and families experiencing chronic neglect. Participants will explore engagement, assessment and case planning strategies for cases of chronic neglect.	Case Planning, engagement and assessment	C or RSL	6	Hired Subject Expert(s), FSD Staff & CWTP	100% IVE @ 75% FFP
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	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	C or RSL	12		100% IV-E @ 75% FFP

Topic	Syllabus	IV-E Functions Addressed	Venue	Hrs.	Provider	Cost/Funding Source
	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.	planning; case management and supervision; referral to services, impact of trauma, relational competence. This training is not related to how to conduct an investigation of child abuse and neglect.			Hired subject expert(s) and CWTP	
Human Trafficking & Commercial Sexual Exploitation	Knowledge of children and youth who are victims of, or at risk of, sex trafficking. Understands impact, laws, and policies related to protecting children and youth at risk of sex trafficking. Identifies the characteristics that place children and youth at risk of sex trafficking. Knowledge of children and youth who are victims of, or at risk of, sex trafficking. Identifies the characteristics that place children and youth at risk of sex trafficking. Identifies the needs of children and youth sex trafficking victims or survivors. Identifies the characteristics that place children and youth at risk of sex trafficking. Identifies the needs of children and youth sex trafficking victims or survivors. Uses trauma-informed, gender-specific, and culturally responsive approaches.	Case planning, risk factors, policy & planning.	C or RSL	6	VT CWTP	100% IV-E @ 75% FFP
Adult Offenders & Risk of Sexual Abuse Course (ROSAC)	MI interviewing and use of the ROSAC Tool for making appropriate referrals for services.	Case Planning, Case management	C or RSL	6	Hired Subject Experts & CWTP	100% IVE @ 75% FFP
Affidavit Writing, Safety Planning & Case Planning	Practice writing effective affidavits, safety plans and case plans using case scenarios and actual family situations. Clearly articulate behavioral changes that are expected to meet the safety needs of children.	Case Planning, Disposition, court	C or RSL	6	VT CWTP & Subject Experts	100% IVE @ 75% FFP

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

Topic	Syllabus	IV-E Functions Addressed	Venue	Hrs.	Provider	Cost/Funding Source
Working with Youth in Care	Learn the elements, values and principles of best practices when working with youth in care or at risk of foster care; Become familiar with the emerging best practices in VT ; Identify the impact and role of trauma for youth preparing for or participating in judicial processes; Methods and practices for the implementation of best practices in working with youth in foster care ; Youth Thrive: Supporting Youth Resilience.	Working with youth who are in foster care or at risk of foster care	C or RSL	5	VT CWTP	100% IVE @ 75% FFP
Youth Justice Summit Restorative Practices	This conference brings together FSD staff, Family Court judges, GALs, BARJ staff, diversion staff, Corrections and attorneys to increase knowledge in youth justice practice, including with delinquent youth in state’s custody. Topics covered: Case planning using restorative practices as an approach to engage youth and caregivers. Engagement as a strategy to increase well-being, maintain safe and stable out of home care and, when possible, ensure timely reunification. Engagement strategies to support permanency.	Working with delinquent youth who are in foster care or at risk of being in foster care. Increase protective factors of youth, casework practices, case planning, well-being assessment	C or RSL	5	Hired subject expert(s), FSD Staff and CWTP	100% IVE @ 75% FFP
Advance Practicum #3 Permanency & Case Planning Practicum (Curriculum Design FY24)						

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

Advanced Training Series: Safety Organized Practice Series

District Based Focus/Training & Coaching

Audience: District Office Staff

Topic	Syllabus	IV-E Functions Addressed	Venue	Hrs.	Provider	Cost/Funding Source
Case Reading	Deepen supervisor skills on effective and efficient case reading to elicit practice themes and ensure proper tool completion.	Case Planning, Foster Care	District Support in person or Remote	Varies by district	VT CWTP	100% IVE @ 75% FFP
SDM Tool Skill Labs	District Based Skill Labs to refresh on proper tool procedures and protocols for SDM Safety Assessment, Risk Assessment, Risk Reassessment & Reunification tools.	Assessment, Case Planning	District Support in person or Remote	Varies by district	VT CWTP	100% IVE @ 75% FFP
New Manual Roll Out, Cultural Context Guidance, and Judiciary Bench Book Training	Review changes to the SDM manual to ensure tool fidelity and accurate usage. Special attention paid to the Cultural Context box and the new guidance issued. Educating workforce on what Judiciary is receiving regarding safety organized practices and judicial expectations.	Assessment and Case Planning	Regional Virtual Trainings and District Support in person or Remote	Varies by district	VT CWTP	100% IVE @ 75% FFP
Building and Monitoring Effective Safety Plans	Explore safety planning in more depth. Deepen your skills in articulating clear risk statements and working with families to formulate individualized safety plans. Learn and practice questioning and coaching techniques and key questions to assist families in developing solid safety plans. Develop skills for monitoring and measuring the movement of a plan and the ongoing needs for safety	Social work practice, such as family centered practice and social work methods including interviewing and assessment; risk and protective factors, assessments to determine whether a situation requires a child's removal from the home; activities designed to preserve and reunify families communication skills required to work with children and families; placement of the child; development	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
		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 supervision; referral to services	District Support in person or Remote	Based on need	VT CWTP	100% IV-E @ 75% FFP
Case Planning for Change	Utilize the tools and strategies for case planning and such as Case Plan format, Reunification Structured Decision Making Tool, focus on developing behaviorally based plans that address parenting risks and plan for safety	Case Planning	District Support in person or Remote	Based on need	VT CWTP	100% IV-E @ 75% FFP
Restorative Justice Certificate Program						
Partnership with the Vermont Law School						
Origins, Evolution, and Critical Issues in Restorative Justice	<ul style="list-style-type: none"> Analyze the foundational theory of restorative justice to issues in contrast with the current criminal justice system. Recognize the significance of traditional indigenous practices within the current context of the restorative justice movement. 		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
	<ul style="list-style-type: none"> Identify challenges and apply solutions to current, complex issues within modern society using restorative justice practices. 					
Principles of Restorative Justice	<ul style="list-style-type: none"> Critically examine the way we as society and individuals respond to crime and wrongdoing. Define restorative justice Explore alternative ways of looking at and responding to crime and wrongdoing from the restorative justice perspective. Critically assess the strengths and shortcomings of restorative justice theory and practice. Understand several different restorative practices and how they typically interact with state systems. Facilitate a learning experience for peers on an area of interest in the restorative justice field. 		RSL or AL	3 credit hours	Vermont Law School Faculty	100% State funds
Juvenile Justice	<p>Course explores:</p> <ul style="list-style-type: none"> Current juvenile justice system and the particular needs of youth served by that system. Impact of trauma on youth in the juvenile justice system Racial equity in the juvenile justice system 	Social work practice & social work methods, case management and supervision	RSL or AL	3 credit hours	Vermont Law School Faculty	100% IV-E @ 75% FFP
Juvenile Justice Reimagined	<ul style="list-style-type: none"> Limiting system involvement for youth Exploring the historical and ongoing significance of effective supervision of youth on probation Recognizing the role of families and family engagement as imperatives for the efficacy of the system Improving long term outcomes by reducing out of home placement of youth 	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"> Reducing length of system involvement Reducing racial disparity Focusing on community-based positive youth development practice Engagement with youth and family 					
Stand Alone Advanced Trainings						
Audience: FSD staff and community partners						
Basic Forensic Interviewing	Basic forensic interviewing skills for social workers conducting interviews as part of a child abuse investigation.	N/A	C	16.5	National Child Advocacy Center	100% CAPTA
Advanced Forensic Interviewing	Advance forensic interviewing skills for social workers conducting interviews as part of a child abuse investigation.	N/A	C	16.5	National Child Advocacy Center	100% CAPTA
Adult Offenders & Risk of Sexual Abuse Course (ROSAC)	MI interviewing and use of the ROSAC Tool for making appropriate referrals for services	Case Planning, Case management	C or RSL	6	Hired Subject Experts & CWTP	100% IVE @ 75% FFP
Youth Assessment Screening Instrument Case Planning	Using Youth Assessment Screening Instrument (YASI), understand the research, philosophy and practice of engaging with and assessing risk and protective factors for youth. Practice motivational interviewing skills. Understand case planning with youth and their families that focuses specifically on risk and needs.	Social work practice, such as family centered practice and social work methods including interviewing and assessment; assessments to determine whether a situation requires a child's removal from the home; development of case plan for children in foster care/ at risk of foster care; permanency planning; case management and supervision; referral to services, risk and protective factors.	AL & coaching with subject expert	7	Licenses for AL classes purchased from Orbis and distributed through CWTP to FSD Staff.	100% IV-E @ 75% FFP

Topic	Syllabus	IV-E Functions Addressed	Venue	Hrs.	Provider	Cost/Funding Source
Safe & Together	1: Introduction to the Model 2: Multiple Pathways to Harm: A Comprehensive Assessment Framework 3: Working with Men as Parents: Fathers' Parenting Choices Matter 4: Intersections: When Domestic Violence Perpetration, Mental Health and Substance Abuse Meet	Case Planning with Families, permanency	AL	9-12	Licenses for DL classes purchased from Safe & Together Institute & distributed to FSD Staff	100% IV-E @ 75% FFP
National Adoption Competency for Child Welfare Professionals	Module 1: A Case for Adoption Competency Module 2: Understanding and Addressing Mental Health Needs of Children Moving Towards or Having Achieved Permanence through Adoption or Guardianship Module 3: Enhancing Attachment and Bonding for Children Moving Towards/Having Achieved Permanence through Adoption and Guardianship Module 4: How Race, Ethnicity, Culture, Class and Diversity Impact the Adoption and Guardianship Experience and Mental Health Needs of Children Module 5: The Impact of Loss and Grief Experience on Children's Mental Health Module 6: The Impact of Early and Ongoing Trauma on Child and Family Development, Brain Growth and Development, and Mental Health Module 7: Positive Identity Formation and the Impact of Adoption and Guardianship Module 8: The Lifelong Journey: Maintaining Children's Stability and Well-being in Adoptive and Guardianship Families	Adoption/Foster Care	AL	25	VT CWTP	100% IVE @ 75% FFP Adoption
Child & Adolescent Needs &	This online CANS Overview is intended to provide an accessible, multidisciplinary orientation to the CANS, its utility as a	Case Planning with Children in Foster Care				

Topic	Syllabus	IV-E Functions Addressed	Venue	Hrs.	Provider	Cost/Funding Source
Strengths (CANS) Tool	collaborative case planning tool, as well as resources for further information, training, and certification. While geared towards professionals, this overview will help anyone better understand the CANS tool		AL	2	VT CWTP	100% IVE @ 75% FFP
Vermont Case Reviewer Training	Overview of the OSRI Case Review Tool, the role of a case reviewer in the FSD Case Review process, terminology and key strategies for completing a case review on-site. Foster Care and in-home cases reviewed for the CQI system.	Case Reviews, CQI, custody, foster care, in-home services, assessment and delivery	C or RSL	5 2-4 times annually	FSD Staff CWTP provides admin support to enter classes into AHS Linc	100% IVE at 75% FFP
JEDI: Justice, Equity, Diversity & Inclusion	Develop an understanding of the concepts of justice, equity, diversity and inclusion and their impacts on our values, practices and approaches to child welfare Practice JEDI concepts in child welfare interactions such as assessment, case planning, and family meetings.	Case management skills, Assessment and planning and engagement with families	C or RSL & AL	6-24	VT CWTP	100 % IVE @75% FFP
Micro-Learnings for Family Services Staff	Remote learning opportunities to explore best practices on child protection and youth justice topics and build knowledge about engaging with children, youth and families. Topics include: <ul style="list-style-type: none"> • Bias & Disproportionality in Child Welfare** • Working w/ Interpreters 3 & 4** • Crisis management in child welfare and youth justice* • Network Building with Kin* • Working with Domestic Violence 	Case management skills, Assessment and planning and engagement with families	RSL	1-2 hours 2x per month	VT CWTP & subject matter expert(s)	100% IVE @ 75% FFP

Topic	Syllabus	IV-E Functions Addressed	Venue	Hrs.	Provider	Cost/Funding Source
	<ul style="list-style-type: none"> • Ethical Practices in Documentation • Ethical Practices in Child Welfare 					
Just in Time Series	<p>Stand alone, on-demand, online learning opportunities for topical overviews on the following practice areas:</p> <ul style="list-style-type: none"> • Indian Child Welfare Act • Interstate Compact on the Placement of Children • Coordination of safe and appropriate parent child contact • Assessment strategies, family meetings, safety planning; • Case planning; • Placement practice 	Foster Care, Case Planning, Safety Planning	RSL	1 hour each	VT CWTP & Subject matter expert(s)	100% IVE @ 75% FFP
Welcome to the Field Podcast A	<p>Child Welfare & youth justice discussions, recorded and shared to the FSD workforce and Foster Parents, and community providers across the state of VT. Podcast topics:</p> <ul style="list-style-type: none"> • Family Network engagement • Use of parent perspective in case planning • Transition Planning for youth • Strategies for effective engagement and De-Escalation • Substance Abuse • Mental Health 	Case management skills, Assessment and planning and engagement with families	AL	1 hour 6-8 episodes per season	VT CWTP & Subject Matter Expert(s)	100% IV-E @ 75% FFP

Topic	Syllabus	IV-E Functions Addressed	Venue	Hrs.	Provider	Cost/Funding Source
Welcome to the Field Podcast B	<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> <ul style="list-style-type: none"> • Psychological safety/connection in the workplace/team as a secure base model for caregivers and workforce • Professional dangerousness and transformative supervision • Stress scaling • Moral Injury and impact of vicarious trauma 	Case management skills, Assessment and planning and engagement with families, professional skills	AL	1 hour	VT CWTP & Subject Matter Expert(s)	100% IV-E @ 50% FFP

Statewide Workforce Conferences						
<p>FSD Statewide Conference</p> <p>Audience: FSD staff</p>	<p>Develop and plan conference to be held in Fall 2024</p> <p>Support participation of Family Services staff in a Division-wide conference, which will offer a wide variety of workshops related to engaging children, youth, and families, staff safety, and staff wellness.</p>	<p>Social work practice, such as family centered practice and social work methods Activities designed to preserve, strengthen, and reunify the family; case management skills.</p>	C	5-10	Hired subject experts, CWTP trainers, community partners	<p>Staff time</p> <p>75% IV-E @ 75% FFP</p> <p>25% IVE @ 50% FFP</p>
<p>National IV-E Roundtable</p> <p>Audience: State child welfare fiscal administrators University based child welfare partnership administrators University child welfare program leaders Tribal or state tribal agency training program managers</p>	<p>Increase understanding of federal, public, tribal, and university funds can blend to fund child welfare education and training programs.</p>	<p>Current federal policies and guidance on child welfare training and child welfare education programming and funding</p> <p>Best practices in training and education for partnerships between child welfare agencies and child welfare training partnerships.</p>	C	12-14	Hired subject experts, CWTP trainers, community partners	<p>50% IV-E @ 75% FFP</p> <p>50% State or other non-Federal funds</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	Hours	Cost/ Funding source
Leadership Training Series						
Audience: FSD Supervisors and Directors						
Supervisor's Practicum: <ul style="list-style-type: none"> Coaching to Supervise Family Finding/ Networks* Coaching to Case Reading** Secure Base and Safety Culture** Courageous Conversations/Effective Feedback in Child Welfare Practice Supervising through Secondary Traumatic Stress/Burnout Use of JEDI practices and values in supervision 	Provide coaching to support case planning with families and children, utilizing the case read tool for effective supervision and decision-making	Case Management and case planning; decision-making and assessment skills in child welfare and youth justice cases; family-centered and youth-centered practice; worker retention; worker safety; team building	C or RSL	VT CWTP & Subject Matter Experts	6-18 hours	75% IV-E @ 75% FFP 25% IV-E @ 50% FFP
Child Welfare Coaching Institute For Supervisors, Coaches and Central Office Consultants	Be able to use methods of inquiry to elicit the experience of the learner. Use coaching as a strategy to improve family engagement skills; family and youth centered practice; Provide coaching to Supervisors and SME's to improve consultation skills, transfer of learning and knowledge and improve decision-making in case management, safety	Social work practice, family centered practice and social work methods including interviewing and assessment; communication skills required to work with children and families; placement of child, development of case plan for children in foster	C or RSL	VT CWTP and Family Services staff	6-12 2 x per year	100% IV-E @ 75% FFP

Course	Syllabus	IV-E Functions Addressed	Venue	Provider	Hours	Cost/ Funding source
	planning and permanency activities.	care & at risk of foster care, case management and supervision				
National Adoption Competency for Child Welfare Professional Supervisors NTI	<p>Module 1: A Case for Adoption Competency</p> <p>Module 2: Understanding and Addressing Mental Health Needs of Children Moving Towards or Having Achieved Permanence through Adoption or Guardianship</p> <p>Module 3: Enhancing Attachment and Bonding for Children Moving Towards/Having Achieved Permanence through Adoption and Guardianship</p> <p>Module 4: How Race, Ethnicity, Culture, Class and Diversity Impact the Adoption and Guardianship Experience and Mental Health Needs of Children</p> <p>Module 5: The Impact of Loss and Grief Experience on Children’s Mental Health</p> <p>Module 6: The Impact of Early and Ongoing Trauma on Child and Family Development, Brain Growth and Development, and Mental Health</p> <p>Module 7: Positive Identity Formation and the Impact of Adoption and Guardianship</p> <p>Module 8: The Lifelong Journey: Maintaining Children’s Stability and Well-being in Adoptive and Guardianship Families</p>	Adoption/Foster Care	AL	28 hours	VT CWTP	100% IVE @ 75% FFP Adoption
SDM Case Reading Training & Coaching	Develop skills to provide Quality Assurance of SDM tool implementation, reading and assessing competence of staff.	Supervision, oversight of casework practice and case work skills.	Goto, RSL or C District Coaching	CWTP & Evident Change	5-25 1-2 x year statewide and	100% IVE @ 50% FFP

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

Training Provided by FSD Staff

Training provided by Family Services Staff				
Topic/Title of Training	Brief Description of Training	IV-E Functions Addressed	Audience for Training	Funding Source
Child Safety	Assessing risk, safety planning, seeking court involvement	Child abuse and neglect issues, such as the impact on a child's development and well-being, impact of trauma; resilience, social work methods including interviewing and assessment; preparation for judicial determinations; placement of a child; case supervision & management; development of case plan.	Family Services Workers and Family Services Supervisors	100% IVE @ 75% FFP
Mandated Reporter Training	Child abuse/ neglect definitions, CSI trajectories	Recognizing child abuse and neglect; impact of child abuse and neglect; current laws governing reporting child abuse and neglect concerns	Community Partners	100% State Funds
ALICE	Pro-active multi option response to targeted violence	General training related to staff safety in child welfare	AHS	100% IVE @ 50% FFP
SafeSignal	Training on safety technology	N/A	DCF (CDD, ESD, FSD)	100% State Funds
Human Trafficking 101	Definition of human trafficking, red flags, trauma informed response	Child abuse and neglect issues; substance abuse, domestic violence, mental health issues; impact of trauma on children youth development	DCF workers, law enforcement, victim advocates, community, educators (across the state)	75% IVE @ 75% FFP 25% State funds to support law enforcement and educator participants

ICPC/ICJ 101	Highlights about both compacts, their rules and regulations	Preparation for and participation in judicial determinations, placement practice, Permanency planning including use of kinship care as a resource for children involved with the child welfare system	DCF staff	100% IVE @ 75% FFP
ICPC/ICJ Bench Bars	Highlights about both compacts, their rules and regulations, the role of the court and attorneys	Preparation for and participation in judicial determinations, placement practice, Permanency planning including use of kinship care as a resource for children involved with the child welfare system	Judges, attorneys and DCF	100% IVE @ 75% FFP
Human Trafficking Investigations	Definition of human trafficking, red flags, how to conduct human trafficking investigations	N/A	SIU/MDT's (Law enforcement, DCF, and Victim Advocates)	100% State Funds

Additional Courses offered at University of Vermont eligible for IVE

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

Course	Syllabus	IV-E Functions addressed	Venue	Hrs	Provider	Cost /Funding Source
EDSP 330 The Trauma Lens: <i>Understanding core concepts of trauma informed practice in health and human services</i>	Identify how trauma and adversity affects learning, brain development, and social-emotional and behavioral health. Understand the core concepts of trauma informed practice. Understand foundational concepts of attachment, resiliency, development, trauma, learning, cultural humility and secondary traumatic stress. Identify key components of family-engaged, collaborative, inter-professional practices in screening, assessment, and case planning.	Case Planning, Trauma, Workforce Development	RSL & AL	60 Hours	CESS Dept. of Education Faculty	100% IVE @ 75% FFP
EDSP 332 <i>Resilience, Equity and Interprofessional practices for</i>	Understand the impacts of racial and historical trauma.	Case planning, trauma and resilience, interprofessional collaboration to support child and youth in care, engagement skills.	RSL & AL	60 hours	CESS Dept of Educational Faculty	100% IVE @ 75% FFP

<p><i>enhancing well-being among children and families in social service agencies.</i></p>	<p>Identify structural inequities that perpetuate oppression and inequities and lead to trauma.</p> <p>Understand and identify strengths and opportunities related to how collaborative & interprofessional practices can enhance resilience and can wrap families.</p> <p>Identify the roles and responsibilities of various professionals who support children and families who have experienced trauma and adversity.</p> <p>Learn skills including cultural humility, reflective supervision, vicarious trauma (secondary traumatic stress), and resiliency.</p> <p>Learn family-engagement and case planning skills.</p>					
<p>EDSP 333 Trauma Informed System Change</p>	<p>Identify key components of a trauma informed system in education and community partner organizations (approved child welfare agencies)</p>	<p>Referral to services; Resources for children in foster care; Case plan coordination</p>	<p>RSL</p>	<p>60 hours</p>	<p>CESS Education Department Faculty</p>	<p>100% IVE @ 75% FFP</p>
<p>PSYS 252: <i>Emotional Development and Temperament</i></p>	<p>Understand implications of development and temperament.</p> <p>Identify connections between physiology and temperament.</p> <p>Explore connections between implications of development and temperament and how to engage</p>	<p>Child abuse and neglect issues; child development, both typical and problematic, impact of trauma on children youth development; engagement skills</p>	<p>RSL</p>	<p>60 hours</p>	<p>CASS Psychology Department Faculty</p>	<p>100% IVE @ 75% FFP</p>

	with individual children, youth and families.					
PSYS 278 A: Science of Traumatic Stress	<p>Understand how a traumatic event is defined</p> <p>Identify the various outcomes associated with trauma exposure across the lifespan</p> <p>Learn how to competently assess for traumatic events</p> <p>Develop skills necessary to engage with and provide casework for those impacted by trauma</p>	Child abuse and neglect issues; substance abuse, domestic violence, mental health issues; impact of trauma on children youth development; trauma and resilience; case management and engagement skills	RSL	60 hours	CASS Psychology Department Faculty	100% IVE @ 75%FFP

Training for Staff of State-Approved Child Welfare Agencies Providing Services to Children Receiving Assistance Under Title IV-E

Course	Syllabus	IV-E Functions addressed	Venue	Hrs	Provider	Cost /Funding Source
Judicial Branch GAL Training	Overview of Vermont Judicial system, juvenile law and policy and child welfare practice; role of GAL in court CHINS case; understanding children and families; cultural competency; conflict resolution and principles of collaboration; Judicial ethics and professionalism	Judicial Branch/Guardian Ad Litem, case planning court	AL	32 hours per event 4 times yearly 4 events per fiscal year	National CASA (under VOCA) and Court Improvement Program.	N/A
FUNDAMENTALS in Trauma Informed Care	Two separate FUNDAMENTALS (online modules) are available: one in Trauma Informed Practice (with a total of 11 modules) and one in	Improve placement stability and permanence by enhancing the social and emotional well-being of	AL	VT CWTP	30 hrs Available ongoing	100% IVE @ 75%

Training for Staff of State-Approved Child Welfare Agencies Providing Services to Children Receiving Assistance Under Title IV-E						
Course	Syllabus	IV-E Functions addressed	Venue	Hrs	Provider	Cost /Funding Source
and Adoption Competence	Adoption Competency (with a total of 4 modules). This training provides the fundamental knowledge necessary to effectively work with children and families through a trauma informed and adoption competent lens, while providing concrete skills that will improve a caregiver's capacity to effectively implement evidence informed treatments.	Vermont's Children and youth through the implementation of family engaged, adoption competent, trauma informed and evidence-based services and supports.				
National Adoption Competency Mental Health Training for Mental Health Professionals (NTI)	<p>Module 1: A Case for Adoption Competency</p> <p>Module 2: Understanding and Addressing Mental Health Needs of Children Moving Towards or Having Achieved Permanence through Adoption or Guardianship</p> <p>Module 3: Enhancing Attachment and Bonding for Children Moving Towards/Having Achieved Permanence through Adoption and Guardianship</p> <p>Module 4: How Race, Ethnicity, Culture, Class and Diversity Impact the Adoption and Guardianship Experience and Mental Health Needs of Children</p> <p>Module 5: The Impact of Loss and Grief Experience on Children's Mental Health</p> <p>Module 6: The Impact of Early and Ongoing Trauma on Child and</p>	Adoption, Foster Care	AL	25-30	VT CWTP	100% IVE @ 75% FFP

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

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

Training for Staff of State-Approved Child Welfare Agencies Providing Services to Children Receiving Assistance Under Title IV-E						
Course	Syllabus	IV-E Functions addressed	Venue	Hrs	Provider	Cost /Funding Source
Genograms and Ecomaps	Discuss genograms & ecomaps as a methods of understanding family systems, finding strengths and accessing sources of support Explore the practice of Family Finding Learn how to complete genograms and ecomaps		RSL	6 hours	Contracted Subject Matter Experts	100% IVE @ 75% FFP
Advanced Family Safety Planning Meeting Facilitation	Youth participation in FSPs Overcoming barriers Preparation Engagement Scenario practice Widening the net Managing difficult dynamics in the room Virtual FSP facilitation Develop additional skills in preparing families and professionals for FSPs. Learn techniques to: <ul style="list-style-type: none"> ▪ Widen the net ▪ Maintain a safe and productive meeting environment ▪ Capture what participants are sharing adequately on the board, as well as know how to follow up with additional solution-focused questions. 	Social work practice, such as family centered practice and social work methods including interviewing and assessment; communication skills required to work with children and families	RSL	6 hours	Contracted Subject Matter Experts	100% IVE @ 75% FFP

Training for Staff of State-Approved Child Welfare Agencies Providing Services to Children Receiving Assistance Under Title IV-E						
Course	Syllabus	IV-E Functions addressed	Venue	Hrs	Provider	Cost /Funding Source
Motivational Interviewing	Understand the trans-theoretical model of change; explore solution-focused skills, become familiar with the application of MI in casework practice.	Case planning, case management Social work practice, such as family centered practice & social work methods including interviewing and assessment; general overview of child abuse and neglect investigations, risk and protective factors.		See above	Contracted Subject Matter Experts	100% IVE @ 75% FFP

Training for Child Welfare System

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

Cost Allocation Methodology for Workforce Training

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

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

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

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

Caregiver Training

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

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

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

Course	Syllabus	IV-E Functions Addressed	Venue	Provider	Hrs	Cost/ Funding source
Foundations Online	RLSI Overview, Role and Resource Utilization, Fundamental Relationships, Safety, Development, Attachment, Trauma, Trauma Informed Parenting Skills, Court, Permanency, Respecting Differences, Impact of Culture, Aspects of Diversity and Intercultural Responsiveness.	Preparation of foster, kin and potential adoptive caregivers to care for children in state's custody.	AL	CWTP	12-14 hrs	100% IV-E @ 75% FFP
Foundations Learning Networks	RLSI Overview, Role and Resource Utilization, Fundamental Relationships, Safety, Development, Attachment, Trauma, Trauma Informed Parenting Skills, Court, Permanency, Respecting Differences, Impact of Culture, Aspects of Diversity and Intercultural Responsiveness.	Preparation of foster, kin and potential adoptive caregivers to care for children in state's custody.	C or RSL	CWTP Staff and/or Temp Trainers	9 hrs Classroom Offered when 6 or more FP complete online in District or region	100% IVE @ 75% FFP
Orientation for New Foster Parents	Learn about FSD's overarching goal of reunification and the role of the foster parent within it. Gain an understanding of the licensure process. Increase knowledge about expectations of foster caregivers. Explore "a day in the life" of being a foster caregiver. Begin to understand how trauma impacts children/youth that are in foster care. Identify supports and resources available to caregivers. Receive next steps regarding training requirements if moving forward.	Foster Care, Placement Stability, Recruitment and Retention	AL	CWTP	1 hour	100% IVE @75% FFP
Fostering to Forever	Making the Move to Permanency; Working with Families; Adoption; Permanent Guardianship; Local connections and Additional resources	Preparation of families who will adopt children from the foster care system.	C, RSL & AL	Hired trainers & CWTP	3.5 hours Classroom up to 4 x per year; DL on going	100% IV-E Adoption Rate

Advanced Training for Caregivers

The CWTP works with FSD Central Office Staff, District staff and caregiver groups to identify topics for regional advanced training for kin, foster and adoptive caregivers. Advanced online training will include : Mentoring online training, LGBTQ+ 101, Commercial Sex Trafficking, Court Overview, You Kin Do It, Safety Awareness for Caregivers, Caring for Opioid Exposed Infants, Adoption Advanced Topics, Beyond the Basics Kinship, Considerations When Caring for Youth, Normalcy/RPPS, Fundamentals in Trauma Informed Practice and Fundamentals in Adoption Competence. Advanced virtual and/or in person courses that will be offered after the completion of Foundations include Deeper Dive Advanced courses (6 topics offered twice a year), Supporting Children and Youth Impacted by Parental Incarceration, Kinship Connections, Creating Connections, RPC+ training of trainers, and RPC+ regional offerings, . The KFAF Team offers coaching support to temp-trainers, Resource Coordinators, related to caregiver training and increasing capacity of caregivers, and transfer of learning coaching to caregivers connected to Advanced Training topics.

Advanced Foster Parent Training

Course	Syllabus	IVE Function Addressed	Venue	Provider	Hours	Cost/ Funding Source
Resource Parent Curriculum+ TIPS Train the trainer	For professional community partners. Develop clear understanding of the RPC, and how to effectively train caregivers with it.	Preparation of trainers to deliver Resource Parent Curriculum, which focuses on increasing caregiver skills for those caring for children in state's custody with histories of trauma.	C or RSL	CWTP	8-16 hrs Up to 2 x per year	100% IV-E @ 75% FFP
Resource Parent Curriculum (RPC) + TIPS (Trauma Informed Parenting Skills)	The RPC curriculum provides resource parents with the knowledge and skills needed to more effectively care for children and youth who have experienced trauma. Participants will learn how trauma-informed parenting can support children's safety, permanency, and well-being, and engage in skill-building exercises that will help them apply this knowledge to the children in their care.	Delivery of Resource Parent Curriculum, which focuses on increasing caregiver skills for those caring for children in state's custody with histories of trauma.	C or RSL	CWTP	25 hrs 10 weeks in person or Remote 3 X per year	100% IV-E @ 75% FFP
Resource Parent Curriculum+ TIPS (Trauma Informed Parenting Skills) For VCORP- VT Coalition of Residential Programs	The Resource Parent Curriculum provides resource parents with the knowledge and skills needed to more effectively care for children and youth who have experienced trauma. Participants will learn how trauma-informed parenting can support children's safety, permanency, and well-being, and engage in skill-building exercises that will help them apply this knowledge to the children in their care.	Residential Staff Training on Trauma related to children and youth in foster care	C or RSL	VT CWTP	25 hours 10 weeks in person or Remote 1-2 X per year	100% IVE @ 75% FFP

Charting the Course	Develop skills and abilities of caregivers to support youth toward independent living. Able to actively support older youth in accessing transitional services towards independence/adulthood in attempt to support permanency.	Fostering youth who are approaching independence and require an independent living plan	C or RSL	VT CWTP	3 -6hrs 1 X this year	100% IVE @ 75% FFP
Substance Use/Misuse	This training supports caregivers in understanding terminology and slang term for street drugs. Increases their ability to work with adolescents and family members of child/youth who are actively using – safety plan, treatment options, harm reduction, interventions, etc. And increases their ability to discuss and support prevention of substance abuse with youth	Developing skills to care for children and youth affected by substance use	C or RSL	VT CWTP	3-6 hrs 2 x this year	100% IVE @ 75% FFP
Youth Mental Health First Aid	Increases caregiver’s ability to understand and work with a parent who has a severe and persistent mental illness. Also supports caregiver understanding of age-specific ways to support a child or youth whose parent is mentally ill.	Developing skills to care for children and youth affected by mental health concerns	C or RSL	VT CWTP	3-6 hrs 2 X this year	100% IVE @ 75% FFP

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

CPR & First Aid	This training will provide opportunities to learn and practice the basic first aid and CPR skills.	Developing first aid and cpr skills to support care and response to children and youth in care.	C or RSL	Hired Subject Experts	3-6 hours 4 x per year in regions	100% IVE @ 75% FFP
Supporting youth and children impacted by parental incarceration	This training provides information that assists caregivers in better understanding how children and youth can be affected by parental incarceration. Caregivers receive resources, and share insights.	Develop and practice skills to better support children and youth feel safe, supported and connected when impacted by parental incarceration.	AL or RSL	VT-CWTP	4 hours	100% IVE @ 75% FFP
Fostering to Forever: Deeper Dive Into Adoption	Training on topics such as: Siblings in Adoption (bio, foster, adopted), Extended Families (how adoption impacts the whole family) and Adoption and School (unique issues for children/youth in school)	Adoption	RSL	VT CWTP	1 hour each Up to 4 x per year	100% IVE @ 75% FFP
Creating Connections	Training on topics such as: how to talk to and support children and youth impacted by substance misuse and grief and loss	Placement, Foster Care, Permanency, Developing and practicing Trauma Informed Skills	RSL	VT CWTP	1 hour 3-6 times per year	100% IVE @ 75% FFP
Kinship Connections	Training and coaching on topics such as: Shifts in Kinship Caregiver roles, navigating court processes, working with FSWs, navigating changing roles of being a kin provider.	Placement, Foster Care, Permanency	RSL	VT CWTP & VKAP	1 hour 6-9 times per year	100% IVE @ 75% FFP
Beyond the Basics kinship specific	This training will provide tools for kinship caregivers to explore and support healthy relationships between the child/youth and family connections. The training assists in building perspective	Developing skills, knowledge and understanding among kin caregivers to support care of and promote stability for children/youth in kinship care.	AL	VT CWTP	1 hr	100% IVE @ 75% FFP

	and skills needed to take on a new role as a kin caregiver while navigating changes in family dynamics, relationships and related feelings.					
Caregiver Peer Mentoring	Train mentors on evidence of how to support new and existing foster parents and assist foster parents in successfully navigating through the child welfare system with the goal of improved placement stability and foster parent retention.	Develop skills among mentors to promote placement stability for children in foster and kinship care.	AL	CWTP	3 hrs	100% IV-E @ 75% FFP
Commercial Sexual Exploitation of Children Training for Caregivers	Raise awareness of the child welfare system response to child sex trafficking (CST) and the role of foster parents/caregivers Raise awareness of the Federal definition of sex trafficking Recognize the risk factors associated with children and youth who are victims of, or at risk for, sex trafficking Recognize the impact of sex trafficking on survivors Respond to youth who are in care and who are victims of, or at risk for, sex trafficking	Develop knowledge and skills necessary to recognize CYST and appropriately care for possible victims/survivors of CYST placed in their care.	AL	CWTP	3 hrs	100% IVE @ 75% FFP
Safety Awareness for Caregivers	Understand preventive strategies to preserve safety, reduce threats/risks, and promote well-being and self-care. Explain the importance of awareness, assessment, anticipation, and action as they relate to caregiver safety.	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>Define the common stages of threat/violence escalation, including when not to engage. Describe potentially dangerous scenarios/ situations caregivers may encounter.</p> <p>Understand and increases knowledge of de- escalation techniques that may reduce vulnerability during tense interactions.</p> <p>Identify components of policy and practice that keep caregivers safe and learn how policy actively supports caregiver safety.</p> <p>Identify local resources and steps to enhance your personal safety and safety of children in your home.</p>					
Caring for Opioid Exposed Infants	<p>Provide education about addiction and recovery for those with Substance Use Disorder relating to Opiates</p> <p>Prepare foster/kin/adoptive parents for caring for opiate exposed infants through instruction in NAS (Neonatal Abstinence Syndrome), caring of newborns, and overview of physiological/psycho/social development</p> <p>Define role of the DCF foster parent in caring for NAS babies</p> <p>Provide participants with community resources to assist them in this responsibility</p>	Develop knowledge and skills among caregivers to be able to provide care for infants and young children that have been exposed to opiates.	AL	CWTP	6	100% IVE @ 75% FFP

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

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

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

<p>Considerations when caring for youth</p>	<p>Understand the importance of normalcy for children in out of home care (allowing them to participate in the same age appropriate normative activities, experiences as their peers.</p> <p>Understand the resources available for caregivers to support youth/adolescents.</p> <p>Understand the rights of youth that are imperative to develop normalcy, resilience, and culture.</p> <p>Understand the unique aspects of working with an adolescent (namely the need for connections and permanency regardless of age, normal developmentally appropriate behavior versus trauma behavior, and how substance use affects brain development and decision making.</p> <p>Understand the Reasonable and Prudent Parenting Standard (RPPS)</p>	<p>Foster Care, Placement, Permanency</p>	<p>AL</p>	<p>VT CWTP</p>	<p>3 hrs</p>	<p>100% IVE @ 75% FFP</p>
<p>Normalcy and Prudent Parenting</p>	<p>Identify the key aspects of the federal Preventing Sex Trafficking and Strengthening Families Act, recognize how participation in social, extracurricular, and recreational activities promotes a more normal life experience for youth in foster care, use knowledge of cognitive, emotional, physical, and behavior development when considering the</p>	<p>Differentiate between decisions that can be made by foster/kinship caregivers and those that need to be authorized by parents/legal guardians or DCF; placement practice, child development, placement stability</p>	<p>AL</p>	<p>VT CWTP</p>	<p>2 hrs</p>	<p>100% IV-E @75% FFP</p>

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

Statewide Conferences						
Vermont Foster and Adoptive Families Association Conference	Support participation of foster parents, adoptive parents, social workers and other staff in the annual conference of the Vermont Foster and Adoptive Families Association, which offers a wide variety of workshops related to children and youth in care.	Recruitment of foster parents, kinship care as a resource, placement of child, development of case plan, case management and supervision, permanency planning, referral to services.	C or RSL	5-10	Hired subject experts, CWTP trainers, community partners	Staff time 100% IV-E @ 75% FFP
Vermont Kin as Parents Conference	Support participation of kin caregivers, social workers and other staff in the annual conference of Vermont Kin as Parents, which offers a wide variety of workshops related to children and youth in care.	Recruitment of foster parents, kinship care as a resource, placement of child, development of case plan, case management and supervision, permanency planning, referral to services.	C or RSL	5	Hired subject experts, CWTP trainers, community partners	100% IV-E @ 75% FFP
VT Consortium for Adoption & Guardianship Conference & Committee Mtgs	Support & design materials for caregivers who have decided to adopt a child(ren) through Family Services Division	Recruitment of Adoptive Parents as a permanency placement for children who are in foster care.	C or RSL	25	Hired subject experts, CWTP trainers, community Partners	100% IV-E @ 75% @ FFP

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

Cost Allocation Methodology for Caregiver Training

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

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

The exceptions are the 3-hour training Fostering to Forever offered in person and online, 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 eligibility rate.

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