



Department for Children and Families

Family Services Division

Vermont's 2020-2024 Child and Family Services Plan

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Introduction

The 2020-2024 Child and Family Services Plan (CFSP) provides an overview of how the Department for Children and Families, Family Services Division (FSD) is performing in our key outcome areas of safety, permanency, well-being, and law abidance. The plan reflects FSD’s commitment to creating a strong culture of safety within the agency and how this is critical to improving outcomes. Many of the strategies outlined in this document to improve practice and staff resiliency over the next 5 years came from engaging staff in an intense 6-month strategic planning process and hearing from them what they feel should be the division’s priorities. Many of the next steps involve strengthening our collaborations between local partner agencies and the legal community so Vermont’s child welfare system can meet the needs of our children, youth, and families. This report and other federal reports can be found here:

<http://dcf.vermont.gov/fsd/publications>

State agency administering the programs

General Information

This report can be found on the DCF, Family Services website at: <http://dcf.vermont.gov/>

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State Agency Administering the Programs

The Agency of Human Services (AHS) has the widest reach in state government and a critical mission: to improve the conditions and well-being of Vermonters and protect those who cannot protect themselves. The Department for Children and Families (DCF) is the largest department in AHS.

DCF consists of the following:

Commissioner's Office: provides general policy direction for the department's operating programs as well as legislative and political advocacy.

Economic Services Division: is responsible for overall policy, planning and regulatory services for economic and health benefits, including TANF, SNAP, Emergency Assistance, Fuel Assistance and Medicaid.

Child Development Division: oversees all early childhood services formerly spread across various AHS departments. This division includes the childcare financial assistance program, childcare referral, childcare licensing, childcare workforce development, Head Start, Healthy Babies, Kids and Families; Family Infant and Toddler Program; Early Childhood Mental Health programs, etc. Several of these programs now comprise Children's Integrated Services.

Disability Determination: handles eligibility determination for Vermont applicants for Supplemental Security Income (SSI).

Office of Child Support: oversees all aspects of child support, including child support, medical support and child support enforcement.

Office of Economic Opportunity: through contracts with local Community Action Agencies, provides supports to Vermonters to be financially independent. They also fund homeless shelters and low-income weatherization services. The OEO Director also supervises the Reach-Up Director, who in turn oversees all welfare-to-work supports delivered through the Economic Services district offices.

Fiscal Operations/Business Office: assists in budget development, pays all bills, completes cost allocation, submits federal claims, manages space and telecommunications, etc.

The Agency of Digital Services IT Staff dedicated to AHS: is responsible for developing and managing the department's management information systems.

See **Appendix A** for the DCF Organizational Chart.

Collaboration and Vision

Collaboration

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

- The **Vermont Foster and Adoptive Family Association (VFAFA)** hold monthly board meetings and quarterly networking meetings, which division staff attend. At VFAFA's annual conference, an open forum with partners and FSD leadership is traditionally held, as a mechanism for attendees

to have direct access to the commissioner and deputy commissioner. In addition, the **Foster Parent Workgroup** meets bi-monthly and is jointly led by FSD's Deputy Commissioner and foster parents and includes the voices of foster parents, central office, district directors, supervisors, social workers, resource coordinators, youth, and community partners. This group develops and oversees a workplan designed to make practice improvements addressing issues the Department and foster parents have jointly identified.

- The **Forward** is the youth advisory board for current and former foster youth. This group meets monthly to provide input to Family Services around practice and policy related issues.
- **Vermont Kin as Parents (VKAP)** is a state-wide non-profit organization serving grandparents and relatives who are raising a family member's child when the parents are unable. With the increase of kin foster care, Family Services and VKAP continue to work together discuss how to best support family members who are currently raising relatives. Both Family Services post permanency manager and foster and kin care manager are on the board.
- The **Vermont's Citizen Advisory Board** was established by Family Service in 1998 per the federal Child Abuse Prevention and Treatment Act (CAPTA), under the CAPTA Reauthorization Act of 2010. VCAB meets quarterly regarding a variety of issues related to child protection, to review and improve Vermont's child welfare system.
- **Vermont Network Against Domestic and Sexual Violence** and Family Services collaborates in various ways including:
 - Through a collaboration grant, the Rural Domestic Violence and Child Victimization, Teen dating violence and stalking. This project helps to fund 2.5 DV Specialists and the leadership team meets monthly to meet the grant goal expectations.
 - Child Victim Treatment Director coordinates with Sexual Assault Nurse Examiner coordinator who is housed at the VT Network, as well as sexual violence prevention and education efforts with the Youth Advocacy Coordinator.
 - VT Network are members on the VT Citizen Advisory Board.
- The **Vermont Coalition of Residential Programs (VCORP)** meets monthly, with division representatives attending.
- **Justice for Children Task Force** convened by the Chief Justice of the Vermont Supreme Court, is a collaborative, interdisciplinary effort bringing together those in charge of decisions impacting outcomes for children who are not in the custody or guardianship of a parent. The Family Services commissioner and deputy commissioner participate on this task force and collaborate with the Court Improvement Project to improve outcomes for children and families. Other Task Force members include lawmakers, juvenile attorneys, Department of Health, states attorney, mental health, court administrator, Agency of Education, and an assistant attorney general. One of the sub-committees includes the Best-Practices Sub-Committee which focuses on practice related strategies to improve outcomes for children, youth and families.
- **FSD Stakeholders Meetings**- Family Services coordinates quarterly meetings involving various stakeholders to provide policy and practice updates to help strengthen partnerships and the greater child welfare system. Family Services also uses this venue to get feedback on draft policies, practice guidance, and brochures, for example. The quarterly meeting invitation goes

out to individuals from the following fields: court, mental health, corrections, education, local services providers, treatment providers, law enforcement, placement providers, and various advocacy groups.

- **Vermont Center for Crime Victim's Services**- DCF Family Services receives funding from the Department of Justice, Office of Violence Against Women, Rural Domestic Violence and Child Victimization grant and funds from the Office of Victims of Crime. These grants fund 2.5 FTE Domestic Violence Specialists to provide case consultation and expertise to four regional FSD offices, as well as direct service and appropriate referrals to community service providers. In addition, formal Memorandum of Understanding are in place and revisited on an annual basis between the local district office and the community domestic and sexual violence programs to improve collaboration and referrals. Funds from this grant allowed FSD to leverage technical assistance from our statewide experts on LGBTQQ youth, Outright VT.
- The **Vermont Children's Justice Act Task Force**- Members of the Task Force include: Law Enforcement, Criminal/Civil Court Judges, Prosecuting Attorney, Defense Attorney, Child Advocate, Court Appointed Special Advocate (GAL), Mental Health, Child Protective Service, an individual experienced in working with children with disabilities, parent/representative, adult former victim, and an individual experienced in working with homeless children or youth.
- **Multi-Disciplinary Teams 33 VSA § 4917** - The DCF Commissioner may empanel a multidisciplinary team when there may be a probable case of child abuse which warrants the coordinated use of several professional services. The commissioner shall appoint members that may include persons who are trained and engaged in work relating to child abuse or neglect such as medicine, mental health, social work, nursing, childcare, education, law, or law enforcement. Additional persons may be appointed when the services of those persons are appropriate to any particular case. The empaneling of a team shall be authorized in writing and shall specifically list the members of the team.

Teams assist the department in identifying and treating child abuse or neglect cases by providing:

- case diagnosis or identification;
- a comprehensive treatment plan; and
- coordination of services pursuant to the treatment plan.

Teams may also provide public informational and educational services to the community about identification, treatment, and prevention of child abuse and neglect. Team also foster communication and cooperation among professionals and organizations in its communities and provide recommendations or changes in service delivery deemed necessary.

Strategic Planning

In the fall of 2017, the FSD management team agreed that the division would benefit from engaging in a strategic planning process to develop a plan that would highlight the division's priorities and would be a roadmap over the next 3 – 5 years. The strategic plan would act as a lens for reviewing future requests and initiatives to ensure the division was using its finite resources to support the goals and strategies that were identified as priorities by staff.

The division contracted with a local organizational consultant and mapped out a process that would involve a high level of staff engagement. The Strategic Planning Committee was developed and included representation from each of the 12 district offices in various roles and staff from central office.

After 6 months of intense staff engagement through various activities and focus groups, FSD developed a vision statement, and revised the division's mission and value statements. Staff's input created the following 7 goals and helped identify the strategies and activities to achieve them (See **Appendix B** for FSD's Strategic Plan).

Goal 1. Review and clarify scope of work to better align with resources and priorities

Goal 2. Support continuous improvement and reflection of the work

Goal 3. Grow and support a more resilient workforce and improve retention

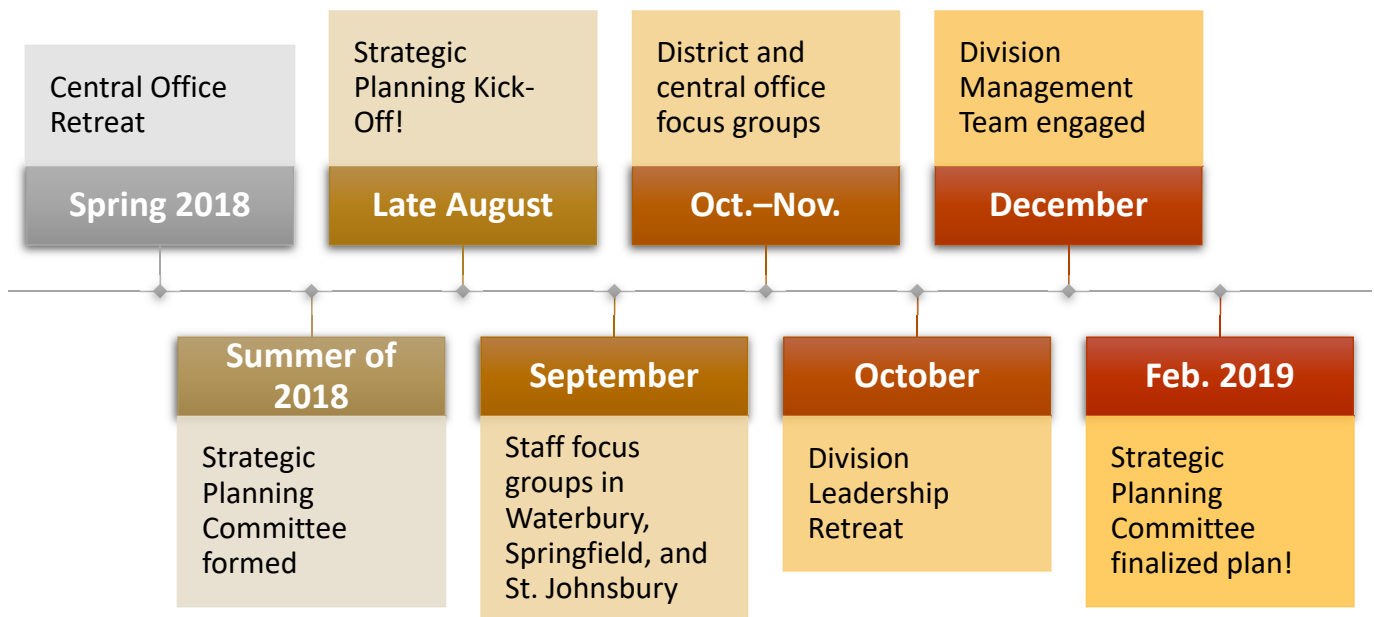
Goal 4. Develop effective communication strategies for staff, community, and contracted employees

Goal 5. Engage community agencies, contracted workers, and other state entities to leverage resources to support children and families

Goal 6. Recruit, develop, support, and retain kinship and foster homes as guided by the Diligent Recruitment Plan

Goal 7. Improve technology and business processes

Strategic Planning Timeline



Vision, Mission, and Values

OUR VISION

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

OUR MISSION

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

We achieve our mission by working with families to:

- Keep children and youth safe

- Keep youth free from delinquent behaviors

And if that is not possible:

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

And if that is not possible:

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

OUR VALUES

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

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

What We Believe

Children, Youth and Families

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

Staff

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

Foster and Kin Families

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

Communities

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

Assessment of Current Performance in Improving Outcomes

Vermont completed Round 3 of the Child and Family Services Review (CFSR) in the spring of 2015. The Division completed a traditional review of 65 cases. The outcome of the review was the following:

Data Element	Required Performance	State Performance
<i>Safety Outcome 1 -- Children are first, and foremost, protected from abuse and neglect.</i>		
Item 1 -- Timeliness of investigations	90% Strength	72% Strength
<i>Safety Outcome 2 -- Children are safely maintained in their homes whenever possible and appropriate.</i>		
Item 2-- Services to protect child(ren) in home and prevent removal or re-entry into foster care	90%	97% STRENGTH
Item 3-- Risk and safety assessment and management	90% Strength	57% Strength
<i>Permanency Outcome 1 -- Children have permanency and stability in their living situations.</i>		
Item 4 -- Stability of foster care placement	90% Strength	75% Strength
Item 5 -- Permanency goal for child	90% Strength	57.5% Strength
Item 6 -- Achieving reunification, guardianship, adoption, or other planned permanent living arrangement	90% Strength	67.5% Strength
Item 7 -- Placement with siblings	90% Strength	90% STRENGTH
<i>Permanency Outcome 2 -- The continuity of family relationships and connections is preserved for children.</i>		
Item 8 -- Visiting with parents and siblings in foster care	90% Strength	76% Strength
Item 9 -- Preserving connections	90% Strength	85% Strength
Item 10 -- Relative placement	90% Strength	80% Strength
Item 11 -- Relationship of child in care with parents	90% Strength	77% Strength
<i>Well-Being Outcome 1 -- Families have enhanced capacity to provide for children's needs.</i>		
Item 12 -- Needs and services of child, parents, and foster parents	90% Strength	52% Strength
• Sub-Item 12A -- Needs assessment and services to children	90% Strength	75% Strength
• Sub-Item 12B -- Needs assessment and services to parents	90% Strength	56% Strength
• Sub-Item 12C -- Needs assessment and services to foster parents	90% Strength	81% Strength
Item 13 -- Child and family involvement in case planning	90% Strength	60% Strength
Item 14 -- Caseworker visits with child	90% Strength	63% Strength
Item 15 -- Caseworker visits with parents	90% Strength	39% Strength
<i>Well-Being Outcome 2-- Children receive appropriate services to meet their educational needs.</i>	95% Substantially Achieved	88% Substantially Achieved

Item 16 -- Educational needs of the child	90% Strength	88% Strength
Well-Being Outcome 3-- Children receive adequate services to meet their physical and mental health needs.	95% Substantially Achieved	74% Substantially Achieved
Item 17 -- Physical health of the child	90% Strength	87% Strength
Item 18 -- Mental/behavioral health of the child	90% Strength	74% Strength

After reviewing the results of the CFSR, the division negotiated with the Children's Bureau to focus on the following item measures for the agency's PIP. In the fall of 2016, the division collected baseline data through another round of case reviews. The chart below highlights the results of our baseline data along with the established PIP goal which was calculated by the Children's Bureau. The chart also reflects what items Vermont has passed as of the 2018 fall case reviews.

CFSR Items	Item Description	Baseline (fall 2016)	PIP Goal	Status as of the 2018 Fall QCRs
Item 1	Timeliness of Initiating Investigations of Reports of Child Safety	79.3%	86.9%	passed
Item 3	Risk and Safety Assessment and Management	60.0%	66.2%	
Item 4	Stability of Foster Care Placement	70.0%	77.3%	passed
Item 5	Permanency Goal for Child	45.0%	53.0%	
Item 6	Achieving Reunification, Guardianship, Adoption, of Other Planned Permanent Living Arrangement	45.0%	53.0%	passed
Item 12	Needs and Services of Child, Parents, Foster Parents	35.4%	41.4%	passed
Item 13	Child and Family Involvement in Case Planning	50.8%	57.1%	passed
Item 14	Caseworker Visits with Child	58.5%	64.7%	passed
Item 15	Caseworker Visits with Parents	44.4%	50.8%	

The 2020 Annual Progress and Services Report provides an overview of FSD's performance from all the reviews since the spring 2015 Child and Family Services Review through the 2018 fall qualitative case review (page 8 of the 2020 APSR).

Child and Family Outcomes

The following charts provide an overview of Vermont's 2018 performance compared to the fall 2016 CFSR baseline review. The 2018 qualitative case review data includes both the PIP QCRs as well as the results from the two districts that were not a part of the PIP reviews. A total of 173 cases were reviewed in 2018.

Child and Family Outcome	2018 Qualitative Case Review Results (173 cases)	Progress made to achieve or maintain substantial conformity since the fall 2016 CFSR baseline review (65 cases)	Current or Planned Activities
Safety Outcome 1	Item 1: 80.3%	Item 1: 1.0% improvement	Continue to shine a light on the area and support districts in understanding policy around contact standards between for an investigation vs an assessment as well as the use of waivers.
Safety Outcome 2	Item 2: 80% Item 3: 54%	Item 2: 3% improvement Item 3: 6% decline	The division continues to perform well in providing safety related services and the priority is focusing on our ongoing assessment of risk and safety. FSD's biggest challenge is with our in-home cases and visiting the home on a consistent basis. With the infusion of 9 additional Family Services staff over the next year, the division is hopeful that we will see an improvement in item 3 over time. We are also hoping some ROM reports will become available within the year to provide case worker visits data on in-home cases.
Permanency Outcome 1	Item 4: 65.93% Item 5: 39.56% Item 6: 49.45%	Item 4: 4% decline Item 5: 5% decline Item 6: 4.5% improvement	The agency is anticipating the diligent recruitment work will make a positive impact on item 4. FSD will continue to educate staff around the need to complete the initial case plan within 60 days and strategize ways to meet this goal which will positively impact item 5. This will also be highlighted in the case plan policy that is being developed. FSD is hoping to engage the Capacity Center for Courts around Parent and Child Representation which will help address some of the challenges in achieving timely permanency related to item 6.
Permanency Outcome 2	Item 7: 91.89% Item 8: 67.57% Item 9: 81.32% Item 10: 68.29% Item 11: 69.57%	Item 7: 3% decline Item 8: 9% decline Item 9: 9% decline Item 10: 7% decline Item 11: 9.5% decline	The agency is anticipating the diligent recruitment work will continue to support FSD's strong practice related to item 7 and improve item 9 and 10. The agency needs to take a deeper dive into the QCR data to analyze factors contributing to the decline in item 8.

Well-Being Outcome 1	Item 12: 33.33% Item 13: 52.38% Item 14: 60% Item 15: 31.3%	Item 12: 2% decline Item 13: 1% improvement Item 14: 1.5% improvement Item 15: 13% decline	FSD's biggest challenge with these items is our in-home cases and visiting the home on a consistent basis to assess for needs and services, and case plan. In many cases, our engagement with the non-custodial parent is lacking. With the infusion of 9 additional Family Services staff over the next year, 1 supervisors, 1 Resource Coordinator, 1 AAG and several case aides, the division is hopeful that we will see an improvement in these items over time.
Well-Being Outcome 2	Item 16: 77.88%	Item 16: 8% decline	FSD is hoping to see an improvement in this item as we continue implementation of the new case plan template.
Well-Being Outcome 3	Item 17: 71.05% Item 18: 69.23%	Item 17: 7% decline Item 18: 8% decline	FSD is hoping to see an improvement in these items as we continue implementation of the new case plan template.

Systemic Factors

Systemic Factor	Current Status	Current or Planned Activities
Information Systems	<ul style="list-style-type: none"> Item 19: <i>Statewide Information System</i> was rated as a <u>Strength</u> in recent CFSR. System has capacity to submit AFCARS, NCANDS and NYTD data to HHS. Low AFCARS error rate Continued development of ROM (Results Oriented Management). 	<ul style="list-style-type: none"> Continue to work with IT to make upgrades and improvements to our current system. FSDs information systems are very antiquated. The division will continue to explore developing a CCWIS. Continued development work to implement ROM.
Case Review System	<ul style="list-style-type: none"> Items 21: <i>Periodic Reviews</i>, Item 22: <i>Permanency Hearings</i>, and Item 23: <i>Termination of Parental Rights</i> were rated as a <u>Strength</u> in Round 3 CFSR. Items 20: <i>Written Case Plan</i> and 24: <i>Notice of Hearings</i> 	<ul style="list-style-type: none"> Implement new case plan format which is more user friendly for both families and staff. Draft new case plan policy. Improve face-to-face contacts with children, youth, and family to improve engagement in case planning process and overall outcomes.

	<p><i>and Reviews to Caregivers</i> were <u>Area Needing Improvement</u> in Round 3 CFSR.</p>	<ul style="list-style-type: none"> • Verify systems are in place in each district to ensure foster parents receive the newly developed foster parent notification rack card prior to all hearings.
Quality Assurance	<ul style="list-style-type: none"> • Item 25: <i>Quality Assurance System</i> was an <u>Area Needing Improvement</u> in Round 3 CFSR due to lack of ongoing qualitative case review process. • Continue to review, evaluate, and modify newly implemented QCR process. • QA team supports the districts with data requests and analysis of their data. • Operations, QA team, and CWTP continue to support districts around their CQI plans. 	<ul style="list-style-type: none"> • Continue to identify and train new case reviewers for the district QCRs. • Explore developing fidelity questions to use during QCRs to measure success in implementation and identify further support/needs. • In July 2019, The Capacity Building Center will be joining Division Leadership to explore how to build FSD's CQI capacity which will include outlining CQI priorities for the districts and central office.
Staff Training	<ul style="list-style-type: none"> • Item 26: <i>Initial Staff Training</i> and Item 27: <i>Ongoing Staff Training</i> were both <u>Areas Needing Improvement</u> in Round 3 CFSR. • Continue to refine new pre-caseload employee training requirements. • Utilizing different formats for delivery of information (online, GoTo Meetings, district consultation and coaching). 	<ul style="list-style-type: none"> • Develop policy around staff training requirements. • Utilize new online training system (LINC) to track successful completion of staff trainings and identify training needs.
Service Array	<ul style="list-style-type: none"> • Item 29: <i>Array of Services</i> and Item 30: <i>Individualizing Services</i> were both <u>Areas Needing Improvement</u> in Round 3 CFSR. • The division continues to analyze priorities needs, identify service gaps, and 	<ul style="list-style-type: none"> • Continue ongoing dialogue with partners and seek opportunities to collaborate with new partners to help address services gaps particularly in the areas of Children's Mental health, Early Childhood Services System, and Adult Substance Use. • Central Office will support districts around having local community conversations around strengthening VT's child welfare

	<p>target those within our budget capacity.</p> <ul style="list-style-type: none"> The division continues to have discussions with community partners about existing service needs and identify ways to address gaps. 	<p>system and how best to use our finite resources.</p>
Agency Responsiveness to the Community	<p>Item 31: <i>Engagement and Consultation with Stakeholders</i> and Item 32: <i>Coordination of CFSP Services with other Federal Programs</i> was rated as a <u>Strength</u> in Round 3 CFSR.</p>	<ul style="list-style-type: none"> Continue to engage and consult with stakeholders on policy and practice. Train and utilize stakeholders for ongoing district QCRs. Identify ways to improve how the division solicits input from youth and families on an ongoing basis.
Foster and Adoptive Parent Licensing, Recruitment, and Retention	<ul style="list-style-type: none"> Item 33: <i>Standards Applied Equally</i>, and Item 34: <i>Requirements for Criminal Background Checks</i> were rated as a <u>Strength</u> in Round 3 CFSR. Item 35: <i>Diligent Recruitment of Foster and Adoptive Homes</i>, and Item 36: <i>State Use of Cross-Jurisdictional Resources for Permanent Placements</i> were both <u>Areas Needing Improvement</u> in Round 3 CFSR. The division is currently receiving technical assistance from Capacity Building Center for States. 	<ul style="list-style-type: none"> Continue to develop and implement a Diligent Recruitment and Retention plan for foster homes. Receive TA from the Capacity Building Center. Analyze data to inform strategies and adjust approaches as needed.

Plan for Enacting the State's Vision

The following 4 goals came directly from the division's newly drafted strategic plan, along with the strategies and activities. For each activity there is a lead group or individual and a timeframe for when this work is targeted to begin. The leads are responsible for taking the identified activity and determine the best way to operationalize it and develop next steps. Therefore, future Annual Progress and Services Reports will provide more details on how the leads moved this work forward over the next 5 years.

The division will review the strategic plan annually and assess progress and make revisions as needed. Any updates or changes to the following strategies and activities will be reflected in 2021 Annual

Progress and Services Report. The official date for implementation of Family Services Strategic Plan is July 1, 2019.

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	Years 1
2. Review internal district case transfer processes and make recommendations.	Operations	Year 2
3. Develop guidance and expectations on case documentation.	Child Safety Manager	Year 2
4. Develop a standard process for practice implementation that includes staff voices and engaging/informing community agencies.	Policy, Planning & Performance Unit	Year 1
Desired outcomes for children, youth, and families <u>OR</u> Systemic capacity expected to improve		
<ul style="list-style-type: none"> • S2- Item 3: Risk and safety assessment and management • Item 25: Quality Assurance • Item 31: Agency Responsiveness to the Community 		
Rationale for selection of each strategy/activity		
<ul style="list-style-type: none"> • FSD's work around Safety Organized Practice focuses on the use of the evidence-based SDM tools and other tools such as YASI to assess initial and ongoing risk and safety. • FSD continues to struggle around the implementation of new practices. We will use what we know about Implementation Science to create a standard process that will improve the way the division supports staff while improving outcomes. 		

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

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

Activity/Benchmarks	Lead	Begin Work
1. Create a set of key outcome measures for Family Services to highlight and improve.	Management	Year 1
2. Continue to develop clear, measurable performance measures for grants and contracts & review data annually.	Revenue Enhancement Unit	Year 2

3. Continue to evaluate the new Family First Prevention Services Act legislation and possibilities to leverage additional resources.	Management	Years 1
4. Provide training to district leadership teams around obtaining and using data.	Quality Assurance Team	Years 2
Desired outcomes for children, youth, and families <u>OR</u> Systemic capacity expected to improve		
<ul style="list-style-type: none"> Item 25: Quality Assurance Item 29 & 30: Service Array and Resource Development 		
Rationale for selection of each strategy/activity		
<ul style="list-style-type: none"> FSD did not pass Round 3 of the CFSR. The division is working to improve how we review and dialogue about what the data is telling us. We will be working with the Capacity Building Center to identify ways to use data routinely in statewide meetings and therefore building staffs level of comfort and competencies in this area. The division needs to continue to improve how we use data to inform our decision making around our finite resources and to ensure we are getting the services and results we intended for families. FSD will continue to explore and leverage available prevention resources to reduce CPS involvement and get families connected with appropriate services when they need them. 		

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

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

Activity/Benchmarks	Lead	Begin Work
1. Implement ways for staff to provide input to trainings, to include an online anonymous survey after every training where results are reviewed quarterly.	Management	Year 1
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
3. Continue to evaluate and adjust Foundations based on feedback.	Management	Year 1
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

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
3. Review Hope Team model and explore ways to strengthen and increase effectiveness.	HOPE Team	Year 1
4. Use data from FSD staff retention survey and exit data responses to inform next steps for this goal.	CQI Steering Committee	Year 1
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 		
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 Organizational Environment, Incentives and Work Conditions, as well as Supervision and Performance Management. 		

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

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

Activity/Benchmarks	Lead	Begin Work
1. Broaden training access for community and government agencies offered by the Child Welfare Training Partnership.	Management	Year 1
2. Share responsibilities to keep children and youth safe in communities by clarifying roles with local community and government agencies within the context of Vermont’s child welfare system.	Districts	Year 1
3. District and local agencies will identify ways to connect annually to explore trends together, provide program updates, and strengthen relationships.	Districts	Year 2
4. Identify 1-2 key state agency(s) at the central office level to engage with and improve relationships.	Management	Year 2
Desired outcomes for children, youth, and families <u>OR</u> Systemic capacity expected to improve		
<ul style="list-style-type: none"> Item 2: Services to prevent removal and re-entry Item 12: assessment of needs and services Item 29 & 30: Service Array and Resource Development Item 31: Engagement and Consultation with Stakeholders 		
Rationale for selection of each strategy/activity		
<ul style="list-style-type: none"> Research show us that community engagement is key to making sustainable system changes to improve a state’s child welfare system. This includes identifying and developing the appropriate prevention services, and local or statewide gaps in a state’s service array to prevent removal or re-entry. 		

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

Activity/Benchmarks	Lead	Begin Work
1. Develop a GAL PPT training that is updated bi-annually and accessible to districts.	Policy, Planning & Performance Unit	Year 1
2. Use Bench bars meetings to educate our legal partners on new policy and practice areas and key messages.	Districts	Year 2
Desired outcomes for children, youth, and families <u>OR</u> Systemic capacity expected to improve		
<ul style="list-style-type: none"> P1- item: 6 achieve reunification, guardianship, adoption, other planned permanent living arrangement 		
Rationale for selection of each strategy/activity		
<ul style="list-style-type: none"> Outcomes improve and better decisions are made when the legal community has a clear understanding of child welfare policy and practice, and have access to training materials around child development and other key child protection related topics. 		

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

Activity/Benchmarks	Lead	Begin Work
1. Explore using the Vermont Court Improvement Project to improve the courtroom environment.	Policy, Planning & Performance Unit	Year 1
2. Identify strategies to improve relationships with local legal partners.	Districts	Year 1
Desired outcomes for children, youth, and families <u>OR</u> Systemic capacity expected to improve		
P1- item: 6 achieve reunification, guardianship, adoption, other planned permanent living arrangement		
Rationale for selection of each strategy/activity		

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

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

Strategy 4A. Design and implement effective processes and resources that recruit, develop, support and retain kinship and foster homes.		
Activity/Benchmarks	Lead	Begin Work
1. Analyze data from exit surveys & make recommendations to reduce voluntary closures or withdrawals.	Districts/Diligent Recruitment Team	Year 1
2. Define and implement a common best practice system from inquiry to licensure.	Districts/Diligent Recruitment Team	Year 1
3. Work with kinship and foster parents to make sure they are supported and connected (e.g., developing metrics to assess support, increasing communication and collaboration, rate setting & the Placement Stability Project.	Districts/Diligent Recruitment Team/Foster Parent Workgroup	Year 1
4. Increase kin and foster family access to timely, relevant training (e.g., Orientation, Foundations, RPC+, advanced trainings).	Districts/Diligent Recruitment Team	Year 1
Desired outcomes for children, youth, and families <u>OR</u> Systemic capacity expected to improve		
<ul style="list-style-type: none"> • P1- item 4: placement stability • P1- item: 6 achieve reunification, guardianship, adoption, other planned permanent living arrangement • P2- item 7: siblings in foster care are placed together • P2- item 10: placement with relatives • Item 28- Provider Training 		
Rationale for selection of each strategy/activity		
<ul style="list-style-type: none"> • FSD is receiving technical assistance from the Capacity Building Center to create a statewide and local diligent recruitment plans which are rooted in research and reflected in the above activities to improve permanency outcomes for children and youth in custody. 		

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

Activity/Benchmarks	Lead	Begin Work
1. Develop and implement targeted recruitment plans on a statewide and district level to increase the number of homes that can safely care for the diversity of children in care (e.g., complex needs, LGBTQ, racial & ethnic backgrounds, physical and developmental challenges).	Districts/Diligent Recruitment Team	Year 1
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
3. Increase the number of foster homes able to maintain children within their home communities.	Districts/Diligent Recruitment Team	Year 1

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

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

Rationale for selection of each strategy/activity

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

Measures of Progress

Item Measure	Description	Current Performance 2018 Qualitative Case Review Results (173 cases)	Desired Progress Over Next 5 Years
Item: 2	Services to Family to Protect Children in the Home and Prevent Removal or Re-Entry into Foster Care	80%	87%
Item: 3	Risk and Safety Assessment and Management	54%	62%
Item: 4	Stability of Foster Care Placement	65.93%	72%
Item: 5	Permanency Goal for Child	39.56%	47%
Item: 6	Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	49.45%	56%
Item: 7	Placement with Siblings	91.89%	maintain
Item: 10	Relative Placement	68.29%	75%
Item: 12	Needs and Services of Child, Parents, and Foster Parents	33.33%	40%
Item: 13	Child and Family Involvement in Case Planning	52.38%	59%
Item: 14	Caseworker Visits with Child	60%	68%
Item: 15	Caseworker Visits with Parents	31.3%	39%
Item: 25	Quality Assurance	Will be measured ongoing over the next 5 years by the criteria outlined by the Children's Bureau for each of these systemic factors. FSD will explore the use of focus groups and surveys to obtain feedback from stakeholders.	
Item: 26	Initial Staff Training		
Item: 27	Ongoing Staff Training		
Item: 28	Provider Training		
Item: 29	Service Array and Resource Development: accessibility		
Item: 30	Service Array and Resource Development: individualize		
Item: 31	Agency Responsiveness to the Community: ongoing consultation		
Item: 32	Agency Responsiveness to the Community: coordination w/ other federal programs		

Staff Training, Technical Assistance, and Evaluation

Staff Training

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

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

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

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

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

Technical Assistance

FSD continues to receive technical assistance from the Children's Research Center around our Safety Organized Practice Framework and the implementation of our SDM tools.

Capacity Building

FSD will continue to receive support from the Capacity Building Center around the implementation of our Diligent Recruitment Plan. The statewide plan was just finalized in June. In addition, the CBC is providing support around strengthening our CQI framework and will also provide capacity building supports to develop an implementation framework for new practices and procedures later in the fall.

The division also continues to work with a local organizational consultant around the implantation of our new Strategic Plan.

Evaluation and Research

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

- FSD will develop an evaluation plan with the assistance of the Capacity Building Center related to the Diligent Recruitment work.
- LUND RPG Grant Vermont Family Recovery Program is being piloted in Burlington and Newport which has an evaluative component being conducted by Crime Research. The goal of this pilot is to serve substance use involved families of young children at risk of coming into care.
- As part of this past legislative session, UVM will be conducting an evaluation to look at how to reduce the number of children coming into care in response to the fact that per capita Vermont has a higher entry rate than most of the nation. FSD will be providing information and analysis to assist with this evaluation.

- CWTP is modifying the National Child Traumatic Stress Network (NCTSN) Resource Parent Curriculum (RPC) to serve birth parents with substance use issues. UVM will be evaluating the effectiveness of this new approach.

Implementation Supports

As noted above under ‘Capacity Building’ in the section above, FSD will receive technical assistance from the CBC to develop an implementation framework that will help guide the division around developing and implementing new practices and procedures. FSD is aware this is an area of struggle which has been reflected in the QCR data during the PIP.

Services

Child and Family Services Continuum

Due to Vermont’s size, FSD has been able to build strong partnerships with agencies to deliver a variety of statewide services to meet the needs of children and families along the services continuum. The following describes many of Vermont’s services starting with prevention services through post-permanency supports.

Children’s Integrated Services

As part of Vermont’s Child Development Division, Children’s Integrated Services offers early intervention, family support, and prevention services that help ensure the healthy development and well-being of children, pre-birth to age 5. CIS services are family-centered, child-focused, and delivered through a network of providers throughout Vermont.

When families become involved with Family Services, referrals are made to CIS for a developmental screening for 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 in 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.

CIS services could include: parenting support, help during a pregnancy and after delivery (e.g., help finding medical care, breastfeeding support and nutrition counseling), assistance in finding services for your family and child, early intervention services, speech, language, and vision services, home visiting (see **Appendix C** for the CIS Continuum).

In addition, CIS Specialized Child Care provides quality childcare and specific supports to children:

- In families with open cases with DCF's Family Services Division (Protective Services Child Care);
- In families experiencing significant stress in areas such as shelter & safety (Family Support Child Care); and
- With special physical, behavioral, or developmental needs (Special Needs Child Care).

As of March 3, 2019, the Child Care Financial Assistance Program (CCFAP) began making full payment for childcare services for families involved in a Family Services ongoing case when they are placed in

protective services childcare. This means that the co-pay is being covered for cases where children are not in DCF custody. The CCFAP program already makes full payment for DCF custody cases when a child is in protective services childcare.

Parent Child Centers

These are a network of 15 centers that help families make sure children get off to a healthy start. Services include early childhood services, home visits to families with young children, playgroups, parent education, parent support, and information and referral. FSD district offices work closely with their local PCCs and connect families to services when appropriate.

Early Head Start/Head Start

In Vermont, there are seven Head Start programs and four Early Head Start programs serving children and families.

Designated Agencies

The Designated Agencies are organized under the Vermont Care Partners, a collaboration between the Vermont Council and the Vermont Care Network of sixteen non-profit community-based member agencies offer care to Vermont children and families statewide affected by developmental disabilities, mental health conditions, and substance use disorders. FSD works especially close with the Children's Directors of the DA's to continue to look for ways to improve collaboration and the services offered to children and families.

Hub and Spoke

Hub and Spoke is Vermont's system of Medication Assisted Treatment, supporting people in recovery from opioid use disorder. Nine Regional Hubs offer daily support for patients with complex addictions. At over 75 local Spokes, doctors, nurses, and counselors offer ongoing opioid use disorder treatment fully integrated with general healthcare and wellness services. This framework deploys opioid use disorder expertise and helps expand access to opioid use disorder treatment for Vermonters

Substance Use Case managers

Family Services expanded their contract with LUND to provide substance use case managers in all 12 districts. These case managers are co-located and work closely with the front-end workers to screen for substance abuse, address barriers to treatment and/or services, and make referrals as appropriate.

Intensive Family Based Services (IFBS)

Family Services IFBS contract provides family-focused, community-based crisis intervention services designed to maintain children safely in their homes. Services are responsive to the SDM safety and danger assessments, and programs develop a plan to address the needs of the family, their capacity to change, and reduce level of risk of harm to their children. The program is intended to be short-term and to address immediate problems with our high-risk intact families as well as to ensure safety and successful return home of children recently reunified. This intervention can be utilized for non-custody cases, conditional custody cases, and custody cases.

Balanced and Restorative Justice Services (BARJ)

Family Services BARJ contracts provide services to youth who are charged with a delinquency, have been adjudicated delinquent, or are at-risk for involvement in the juvenile justice system. The youth receiving this service could be on probation-not in custody, on probation-in custody, or on probation- in the conditional custody of their parent or another care provider. The services are tailored to address the youth individual needs with the goal of reducing or eliminating further involvement in the juvenile justice system. Some of these services include:

- restorative panels provide victims and community members an opportunity to interact with youth to discuss the harm caused by the delinquent act and the action needed to repair the damage
- restitution services coordinates with the Restitution Unit of the Vermont Center for Crime Victim Services to collect Restitution payments
- individually and in groups, for probationers and at-risk youth, assuring their whereabouts and activities are consistent with their conditions of probation and/or case plan.
- 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.

Prevention and Stabilization Services for Youth and Families (PSSYF)

This contract was developed to serve youth ages 12-23 who are at-risk of child welfare or juvenile justice system involvement, homeless, pregnant or parenting. Referrals for these services come from DCF, community, youth and families.

Child and Family Support (CFS)

This is FSD's largest district contract and supports critical family engagement work in a variety of approaches. In many of the districts, the CFS workers are co-located which enhances communication and collaboration between social workers, CFS workers, families, and other community partners. This contract provides services to children and youth for all ages and can be accessed at various points during Family Services intervention including the investigation/assessment phase, a non-custody open family case, custody, and with conditional custody cases. Some of the specific services include:

- Family Time Coordination (see **Appendix D** for the Family Time Coordination Grid)
- Family Time Coaching (FTC)
- Family Finding
- Care Coordination
- Family Safety Planning meeting facilitation

Youth Development Service

Since 2012, DCF Family Services Division has contracted with the Washington County Youth Service Bureau as the administrative and fiscal agent of the statewide Youth Development Program (YDP). YDP is Vermont's transition and after-care program for youth and young adults who have experience with the foster care system. For more information, please refer to the Chafee section of the CFSP.

Support and Stabilization Services

Family Services contracts with Beckett Family Services to provide services to families when there is a risk of removal to avoid a higher-level placement. These services could be offered to a bio parent or current foster or kin placement. These services are also offered to help support placement when a child or youth is stepping down from a higher level of placement back to their community. Depending on the needs of the youth and family, the Family Services Workers can choose from different levels of services or ask to develop a more tailored support wrap which could include case management, in-home supports, therapy, community skill development, and respite. Services are 90 days in length and include coordinating a community meeting to bridge service delivery with the local designated mental health agency.

Services that help children in foster and adoptive placements achieve permanency

Family Services contracts with LUND for services provided through the Project Family contract. Project Family is in its fifteenth year and continues to provide permanency placement counselors to all 12 FSD district offices. The permanency placement counselors help each district to establish a permanent living arrangement with kinship, foster or adoptive families.

Project Family placement counselors conduct a “Family Find” by mining each child’s foster care records identifying any and all past family connections, provide follow up with those families and for in-state families, complete home studies at no cost to the family when a match is made. For out of state families, Project Family pays for private agencies to complete a home study as many other state’s waiting time for ICPC response was too slow. Project family staff prepares each child for permanency. They can complete life books, do mobility maps, and develop unique individual recruitment plans for each child.

Most district offices hold permanency meetings with Project Family staff on a monthly basis. These permanency meetings address the placement needs of children as they enter foster care, in addition to the ongoing need of children in foster care for long periods of time or who experience placement disruption. FSD partners with PPSP workers to have a seamless transition from foster care to adoption. Project Family also facilitates Permanency Roundtable Meetings for cases in which we are most challenged in achieving permanency.

Post- Permanency Services

Family Services provides contracts for each district to help support the current 2,000+ children and youth who have been adopted through Family Services or assumed guardianship. There are three levels of services, 1) resource and referral information, 2) monthly home visits and connecting with collateral contacts, and 3) more intensive case management when there is a higher level of needs.

Service Coordination

FSD meets monthly with leadership from Economic Services Division (ESD), the Child Development Division (CDD), and as of recently the Vermont Department of Health (VDH). The purpose is to coordinate services, review policies, and new requirements as it relates to other federally funded programs and strategize ways to addresses any identified challenges. This group has recently taken on a mapping exercise to look at all of Vermont’s prevention services by program name, age served, primary

vs. secondary prevention, mandatory vs. voluntary, funding source, location, and whether it is evidence based, evidence-informed, or a promising practice. This process will be helpful as Vermont continues to explore how to best leverage Family First incentives and identify ways to strengthen our prevention service array.

Family Services also has regular meetings with other key partners throughout the year including the Mental Health Children's Directors where we highlight examples of strong collaboration that is occurring throughout the state and explore ways to address challenges around funding, resource capacity, and staff retention that impacts the services we provide families.

As noted above, in addition to working with the Community-Based Child Abuse Prevention (CBCAP) staff through the monthly meetings with CDD, ESD, and VDH, Family Services also continues to explore ways to better collaborate with the Children's Justice Act workgroup. Currently staff from FSD join the CJA group bi-annually to highlight areas of work such as our Program Improvement Plan and FSD's Strategic Plan, to help identify ways the CJA can support the identified priority areas. In addition, FSD also collaborates with the CIP through quarterly Justice for Children's Task Force meetings by identifying strategies to decrease length of time in care. Vermont's CIP is planning to outreach to the Capacity Center for Courts and solicit support around leveraging IV-E dollars to support Parent and Child Representation.

Service Description

Vermont has many strengths as it pertains to our service array. FSD collaborates effectively with partner agencies and individuals are always willing to come to the table to discuss ways to improve how we provide critical services to Vermonsters. Due to Vermont's small size, it can be easier to try new approaches and implement new practices. Vermont also uses a variety of evidence-based and evidenced-informed practices. In terms of the funds FSD uses to support critical services to our population, all those services are accessible statewide in all 12 districts. Most services that FSD relies on to support families that are funded by other agencies are also offered statewide.

What is often the challenge, is a capacity issue for these resources. The following is a list of services and supports that frequently have waitlists which impact the families we serve:

- Affordable housing
- Home visiting services
- Substance abuse treatment
- Mental Health services
- Medical and dental care

Transportation is another barrier. Most of Vermont does not have public transportation which can make it challenging to support parents around addressing the goals outlined in their case plans.

In looking at the services FSD directly funds such as Intensive Family-based Services (IFBS) and services through our Child and Family Services contract to support parent-child contact and family finding, there is a greater demand than can be met with the current allocation due to the increase in cases over the last 10 years.

Resources are finite and that is why in FSD's Strategic Plan there is an emphasis on engaging our partners to evaluate how we are currently using our resources and explore if there are better ways to support our families. There is also a focus on using data to better evaluate if we are getting the outcomes we want from our contracted services and making sure our contract and grants have the correct measurements and data collection structures in place.

[Stephanie Tubbs Jones Child Welfare Services Program \(title IV-B, subpart 1\)](#)

Services for Children Adopted from Other Countries

In September of 2019, Vermont will have completed a five-year project with the Quality Improvement Center for Adoption and Guardianship Support and Preservation (QIC-AG). Goals of this project include the development and implementation of evidence-based interventions and the testing of promising practices. Effective interventions are expected to achieve long-term, stable permanence in adoptive and guardianship homes for waiting children as well as children and families after adoption or guardianship has been finalized.

Vermont was not identified by the QIC-AG as one of the sites that primarily focused its intervention on children or youth who were adopted domestically or internationally. We do, however, have an awareness that these youth can have complex needs that sometimes require similar access to the system of care that a youth who was adopted through foster care. For that reason, the VT Family Services Division, outreached to all private adoption agencies in VT to ask them to engage the families they have relationships with to ask those families to participate in completing a version of the QIC survey, designed by the Vermont team.

The revised survey was administered to 131 families formed by private or international adoption. An astounding 89% response rate provided interesting and robust data.

CHILD DEMOGRAPHICS			
About the Child	Public N=166	Private N=65	International N=47
Child's Current Age	12.4 years	12.6 years	14.0 years
Percent Female	47%	49%	55%
Percent Male	53%	51%	45%
Asian	0.6%	1.5%	53.2%
Black/African-American	3.0%	32.3%	19.1%
White/Caucasian	87.3%	47.7%	14.9%
Multi-racial	6.0%	18.5%	4.3%

QIC-AG 14

The following summarizes findings related to children and their families who adopted domestically as well as details for those children and their families who were joined through an international adoption process.

Domestic Adoption

65 out of 117 families that responded to the Vermont Permanency Survey identified as families formed through private domestic adoption.

Through their survey responses, we learned that 52.3% (34) of caregivers adopted their child 10 or more years ago and 47.7% (31) of those children were White/Caucasian, 32.3% (21) were Black/African-American, and 18.5% (12) were Multi-racial. When asked if they identify their family as a transracial or transcultural family, 53.8% (35) said yes. Of those 35 families, 94.3% (33) of caregivers reported that they talk about being a transracial or transcultural family.

In terms of educational well-being, 33 out of the 65 children were currently enrolled in school (K-12). Of those: 21.2% (7) had an IEP, 78.8% (26) had a teacher who really understands his or her needs, 75.8% (25) were rated as good or excellent in language arts by their caregiver, and 69.7% (23) were rated as good or excellent in math by their caregiver.

We also learned that some of our families have children with special health needs, specifically: 13.8% (9) of the children had a physical health issue, 24.6% (16) had a mental health issue, 18.5% (12) had a physical disability, and 27.7% had been exposed to alcohol or drugs prenatally (18).

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

- 95.5% (62) of caregivers ***strongly agreed*** with the statement “I am committed to my child for life, no matter what.”
- 83.1% (54) of caregivers were ***very to extremely confident*** that they could meet the needs of their child.
- 98.4% (63) of caregivers rated the impact of the adoption as ***slightly to extremely positive***.
- 93.8% (61) of caregivers reported that they ***definitely would have*** adopted their child if they knew then what they know now.

Caregivers were also asked how often they are discussing adoption with their child. The most frequent response was that caregivers are talking about adoption with their child less than monthly (44.6%, 29), followed by monthly (30.8%, 20). Children are less likely to be initiating these conversations with 53.6% (3) asking about adoption less than monthly, and 25% (14) never asking about adoption. Only 7.7% (5) caregivers indicated that they never talk to their child about their adoption story.

Out of the 65 private adoptive families, 43 knew that their child had biological siblings living outside of the home. In most cases, children did not have any contact with their biological sibling(s) (55.8%, 24). An additional 11.6% (5) of caregivers indicated that contact is not possible.

Overall, parents who adopted a child through a private domestic agency felt very or extremely prepared to meet the needs of their child at finalization (78.5%, 51), and rated their adoption agency as good or very good in preparing them to meet the needs of their child (79.7%, 51).

After finalization, families turned to a variety of supports and services. The most frequently accessed services for this sample were: individual counseling for the child through a community mental health agency (18.5%, 12), psychiatric medication management for the child (12.3%, 8), and individual counseling through a private provider for the caregiver (12.8%, 3). Caregivers who accessed these services were largely satisfied with them. Of those who used family support services in the past six months, 69.2% (9) said that those services met the needs of their family some of the time to always. Of those who had used mental health services for their child, 81.3% (13) indicated that those services met the needs of their family about half the time to always. Lastly, 72.7% (8) caregivers reported that mental health services for them met their needs about half the time to always.

These findings suggest that caregiver commitment is a strength of the families formed through private domestic adoption, and that these families are supported by strong educational systems. Families report feeling comfortable with and discussing their child's adoption story with their child, and those who have accessed services are satisfied with the support they are receiving. One area of potential improvement for families formed through private domestic adoption is providing more information on the importance of birth sibling contact and tips on how to facilitate those relationships.

Intercountry or International Adoption

Additionally, 47 out of 117 families that provided responses to the Vermont Permanency Survey identified as families formed through intercountry or international adoption.

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

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

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

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

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

- 97.9% (46) caregivers reported that they ***definitely would have*** adopted their child if they know then what they know now.

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

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

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

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

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

Historically, as a state we have operated from a place that indicated that information about the needs of private or internationally adopting families would not be readily available to the state system. We were pleasantly surprised by the willingness of most of our private adoption agencies to support the outreach to their families. Gathering this data will help us to increase our ability to understand and meet the needs of families formed through private or international adoption. Families who have adopted privately or internationally are able to access the same services that are available to families who have adopted through foster care. This is long standing practice in Vermont.

In this last year, Vermont has also implemented a practice of collecting information from private agencies related to any family who has participated in a home study for the purpose of adoption regardless of the outcome of that process.

Vermont is also experiencing a consistent downtrend in the number of families who are adopting privately and internationally.

Services for Children Under the Age of Five

Increased childcare financial assistance to families involved in DCF

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

A child's childcare provider is an important member of the child's team, often spending more time with the child than any other person. Additionally, the childcare provider sees the parent(s) regularly and has informal opportunities to provide support and teaching over time. The presence of a strong and supportive childcare provider in a child and family's life is likely to increase protective factors and allow the family to be free from DCF intervention.

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 shall 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 now run a report of all the Child Safety Interventions in which there is at least 1 child in the household that is under the age of 3. We then cross reference that data with the number of children who were screened by CIS, and the number of children who received Early Intervention (EI) Services. This was introduced in the March Division Management Team where directors were encouraged to go back to their districts and partner with the CIS staff to determine what, if any, families may not have been referred for screening.

Moving forward we plan to run a report on a quarterly basis with current data so that local teams can examine their data and work in collaboration to ensure that 100% of our substantiated, high and very high-risk cases involving children under 3 are referred for an early intervention screen.

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. This past year we have discussed the following topics: Family First Prevention and Services Act, home visiting, strong collaborations, foster care rules and regulations, high risk families, strengthening families and protective factors, mapping prevention programs, etc.

Strong Families Home visiting

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

Sustained Home Visiting

Nurse Home Visiting Program

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

Family Support Home Visiting Program

Trained professionals from Children's Integrated Services partner agencies deliver a long-term, evidence-informed home visiting program for families through regular visits up to age five. The program strengthens the parent-child relationship, builds social connections, prevents child abuse and neglect, and promotes optimal child development and school readiness.

Responsive Home Visits

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

Efforts to Track and Prevent Child Maltreatment Deaths

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

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

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

The mission of the CFRT is to:

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

The Child Fatality Review Team's 2018 Report to the Legislature provides data and analysis regarding Vermont's child and youth population, including death rates by age group for the years 1996-2015, with a more detailed analysis of all child fatalities between for the years 2008 through 2015. 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/Child-Fatality-Review-Team12-2018.pdf>

Partners

In addition to its membership on the child fatality review team, Family Services Division also participates with the Vermont Community Advisory Board, Children's Justice Act Task Force, and Abusive Head

Trauma Advisory Committee; all of which are tasked with making recommendations towards systemic improvement for the state's response to child abuse in general and including child maltreatment fatalities specifically.

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

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

Child Safety and Protection

Intake and Screening:

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

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

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

Vermont utilizes a differential response system codified in state statute and regulation. 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 abusing or neglecting a child, their name is placed on the Vermont Child Protection Registry. Vermont's policies outlining the phases of investigation and assessment and the process for substantiation can be found here:

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

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

Assessment of risk and safety:

Adjacent to court involved cases in which children have been found to need care and supervision, Vermont targets prevention efforts towards families whom 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

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

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

(This protocol is still in draft form.)

In late 2018 Vermont also developed a policy and checklist to aid ongoing family services workers in assessing safety for newborns on open cases. This policy is in draft form.

Primary and Secondary Prevention

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

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

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

Vermont DCF, Family Services Division and Vermont Department of Health partner to contract with a Child Abuse -Physician to provide medical leadership and case-specific consultation.

Additionally, Vermont Department of Health:

- Provides public health leadership in the prevention and approach to child maltreatment
- Supports statewide implementation of evidence-based home visiting programs
- Positions Maternal Child Health Coordinators at the District Office level, who serve as members of local Child Protection Teams and coordinate with DCF, Family Services Division to improve the health status of children in custody

- Participates on the Vermont Citizen's Advisory Board (VCAB) to examine policies, practices, and procedures of the Vermont's child protection agency
- Serves on Vermont's Child Fatality Review Team and works with this team to update data gathering, assessment, and review procedures

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

Promoting Safe and Stable Families (PSSF) (title IV-B, subpart 2)

Service Decision-Making process for Family Support Services

As noted in the *Service Description* section above, one of Vermont's strengths is that critical family support services including services through our CFS contract, IFBS, PSSYF, BARJ, Support and Stabilization contract and Substance Abuse Case managers, are offered in all 12 districts. For each of those contracts, the majority of the contracts were put out to bid for each of the local community partner agencies to respond if they were interested (IFBS, CFS, BARJ, PSSYF) or an RFP was developed for 1 statewide contract to provide services to each of the local communities (Support and Stabilization).

Populations are Greatest Risk of Maltreatment

Family Services continues to work collaboratively with community partners to improve the service array and create policy that best supports populations at greatest risk. These populations include: children ages 0-3 which includes substance exposed newborns, our LGBTQ children and youth, and those at greatest risk for human trafficking. The following are descriptions of specific work the division has focused on over the last year and the plan for over the next year.

Increased childcare financial assistance to families involved in DCF

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

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Since that time, a quarterly report is run with current data so that local teams can examine their data and work in collaboration to ensure that 100% of our substantiated, high and very high-risk cases involving children under 3 are referred for an early intervention screen.

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. This past year we have discussed the following topics: Family First legislation, home visiting, closer collaborations, foster care rules and regulations, high risk families, strengthening families and protective factors, mapping prevention programs, etc. Members of the Health Department Maternal Child Health Division have now joined this meeting for stronger collaboration across departments to best serve families with young children.

Strong Families Home visiting

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

As part of the Strong Families model, Vermont also offers *Parent as Teachers* (PAT) which is an evidence-based home visiting program that promotes the optimal early development, learning, and health of children by supporting and engaging their parents and caregivers. Evidence shows that families engaging in PAT demonstrate:

- Improved child health and development
- Prevention of child abuse and neglect
- Increased school readiness
- Increased parent involvement in children's care and education

Through funding from Substance Abuse and Mental Health Services Administration's Project LAUNCH grant, the Vermont Department of Health Division of Maternal and Child Health piloted PAT at three Parent Child Centers in Chittenden County. Starting in 2016, PAT is expanding to Children's Integrated Services local implementing agencies across Vermont and Central Vermont Community Head Start as part of the Race to the Top, Early Learning Challenge grant (see **Appendix C** for the CIS Continuum).

Sustained Home Visiting

Nurse Home Visiting Program

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

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Trained professionals from Children's Integrated Services partner agencies deliver a long-term, evidence-informed home visiting program for families through regular visits up to age five. The program strengthens the parent-child relationship, builds social connections, prevents child abuse and neglect, and promotes optimal child development and school readiness.

Responsive Home Visits

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

Department Collaboration

FSD and Department of Mental Health continue to work together around the reduction of residential placements. One major outcome from this collaboration has been the increased accessibility of in-home supports by the Becket's Support and Stabilization program to support children and youth returning from residential programs which has been very successful in Vermont. In addition, this collaboration has

also explored the gaps within our local system of care around early childhood mental health which has resulted in the implementation of the following evidence-based models:

Parent-Child Interaction Therapy

Parent-child interaction therapy (PCIT) is an evidence-based treatment for young children with emotional and behavioral disorders that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. Children and their caregivers are seen together in PCIT. Most of the session time is spent coaching caregivers in the application of specific therapy skills.

Howard Center continues to be the leader in this practice in Vermont. The following is a summary of PCIT families they served in 2018 and 2019.

How many families served in 2018: 73

Where the referrals came from:

- 24- Directly from Pediatrician
- 20- HC Early Childhood Program/Intake Supervisor
- 9- Other HC Programs (Intensive Family Based Services; School Services; Outpatient; and First Call)
- 13- Other Community Providers (DCF, Lund, School District; Childcare Program; Children with Special Health Needs; Vermont Family Network)
- 3- Parent self-referred

Average Waiting Length in 2018: 2.5 months for families who have limited flexibility with appointment options.

Moving Forward in 2019:

- In first quarter of calendar year 2019, PCIT has served 37 families.
- Howard is in process of identifying HC ECP clinician who will be trained in PCIT beginning Summer 2019. The plan is to potentially have this clinician provide up to .5FTE of PCIT services once trained, in addition to .5 FTE traditional ECP role.
- 3 staff will attend the National PCIT Symposium in Late Summer 2019
- Will review supporting a PCIT clinician to become PCIT trainer in 2020. Howard Center did not choose to join the current learning collaborative in Spring 2019, in order to focus on building capacity to serve more families with current staff.
- Interest in learning about TCIT for childcare programs to support therapeutic work in these settings.

Child-Parent Psychotherapy

Child-Parent Psychotherapy (CPP) is an evidence based, in home, trauma informed, therapy model for children aged 0-5 who have experienced at least one traumatic event (e.g. maltreatment, the sudden or traumatic death of someone close, a serious accident, sexual abuse, exposure to domestic violence)

and/or are experiencing mental health, attachment, and/or behavioral problems, including posttraumatic stress disorder (PTSD). The treatment is based in attachment theory but also integrates psychodynamic, developmental, trauma, social learning, and cognitive behavioral theories. Therapeutic sessions include the child and parent or primary caregiver. The primary goal of CPP is to support and strengthen the relationship between a child and his or her caregiver as a vehicle for restoring the child's cognitive, behavioral, and social functioning. Treatment also focuses on contextual factors that may affect the caregiver-child relationship (e.g. cultural norms and socioeconomic and immigration-related stressors).

NFI Vermont and Easterseals Co-sponsored the Vermont state-wide Child Parent Psychotherapy Learning Collaborative, which successfully completed in 11/2018. Thirty CPP clinicians and supervisors are now certified CPP providers. The Learning Collaborative trainers were from the National Child Traumatic Stress Network trainers. Clinicians are expected to complete their training in November 2018. In addition to Easterseals and NFI-VT, the training teams included representatives of four community mental health agencies (Howard, NKHS, CSAC, and Rutland), the UVM Medical Center, Community Health Center, three Head Start mental health consultants, and private practice therapists. NFI and Easterseals are currently negotiating with CPP to conduct a second learning collaborative starting in Fall, 2019 that will include more public mental health centers and more private practice clinicians.

Building Flourishing Communities

Since August of 2017, the Building Flourishing Communities (BFC) initiative has been taking the important information about early childhood development to Vermonters. This proven public health model engages average Vermonters in discussion and action to address the factors that lead to poor health outcomes and much of the difficulty so many have in succeeding at work and in family life. We are creating an enduring vision of flourishing communities, and the actions to achieve them.

There are 23 BFC Master Trainers facilitating discussions in all regions of Vermont to increase awareness about how early, overwhelming and/or threatening events can lead to later poor health and well-being. The Master Trainers are generating interest and excitement about the potential for change through conversation based in the NEAR sciences:

- Neuroscience— early brain development and adaptations to experience
- Epigenetics— how our environment influences gene expression
- ACEs study – makes the connections to later outcomes clear
- Resilience – shows that even those who have been deeply affected by adversity can become more resilient and flourish, and those with resilience withstand life's challenges better

The group of Master Trainers is represented by: DCF/Family Services Division, Departments of Mental Health and Health, DCF/Economic Services Division, Health Department ADAP, community mental health, child parent centers, public schools, United Ways, Building Bright Futures, a private physician, restorative justice organizations, a mentoring organization and a domestic and sexual violence prevention program. There have been over 75 community learning events held and over 1300 participants. The movies *Resilience* and *The Faces of Aces* are being shown statewide to an ever-growing number of Vermonters.

The LGBTQ Workgroup

Family Services Policy 76: *Supporting and Affirming LGBTQ Children and Youth*:

<http://dcf.vermont.gov/sites/dcf/files/FSD/Policies/76.pdf> continues to be in effect to guide FSD practice. Through an empaneled child protection team, central office in collaboration with [Outright Vermont](#), continues to provide consultation to the field as support is needed and within circumstances required by the policy:

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

From summer 2017 through fall 2018, FSD, Outright Vermont, the Youth Development Program, and Vermont's UVM Child Welfare Training Partnership collaborated to develop an online training and provide in-person training through a Vermont Community Foundation's Innovations and Collaborations program grant. A news article following one of the in-person trainings is available here:

https://www.stowetoday.com/stowe_reporter/news/local_news/advocate-lgbt-youth-should-feel-accepted-and-important/article_49635d24-f6ec-11e7-a008-fb79d3e881fe.html?fbclid=IwAR3wf4O_GPOs5_F9ZUfAASveXinKupE-CyMg3iWk74DQ0410x42cB0y9Sfl

The online training is available on the Vermont Child Welfare Training Partnership ELearning Portal:

<http://training.vermontcwtp.org/course/index.php?categoryid=3>. The training is approximately 1.5 hours in length and the purpose of *LGBTQ+ 101: Caring for DCF Involved Youth* is to provide Family Services Workers, partner agency staff and foster families with a basic understanding of the experiences and needs of lesbian, gay, bisexual, transgender, queer/questioning (LGBTQ) youth who are involved with the Department of Children and Families (DCF). This training provides an overview of basic information that will help foster an understanding of how to support youth, including:

- Policies and practice requirements
- Developmental milestones and typical gender and sexual identity markers
- Affirmative language
- The statistical landscape of experiences and risks for LGBTQ identified youth
- Strategies for working with LGBTQ youth
- Local and national resources for supporting youth
- Opportunities for self-assessment and practice

The Family Services Human Trafficking Workgroup

Training & Community Response:

Vermont's Human Trafficking Task Force consists of a statewide steering committee and three sub-committees (Training/Outreach, Victim-Based Services, and Law Enforcement). 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 whole state.

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

Prior to obtaining this grant, statewide trainings included: all Special Investigations Units (SIUs) (including child protection workers and investigators), the police academy, SANE nurses, the UVM College of Medicine students, clinicians and mental health workers, and county specific trainings upon request.

DCF Family Services Division offers an advanced practicum on child abuse and neglect, which includes interactive advanced training covering sexual abuse, serious physical injury, human and sex trafficking, and neglect.

Policy & Practice:

Each January for *Human Trafficking Awareness Month*, the designated trafficking consultant shares updated information and statistics with the field. Since 2014, Vermont DCF has accepted 107 child protection reports with concerns about human trafficking.

Within 2018, there have been:

- 23 accepted reports
- 8 unaccepted reports
- Youth victims ranged in age from 8-17 years old
- Cases involving both male and female identifying youth
- Cases involving youth being trafficked by both non-caregivers and caregivers
-

During November of 2018, a new consultation policy was issued. While the policy speaks to more than human trafficking consultations, the requirement was added to policy for the designated consultant to be notified when a child protection report about trafficking is received, when any open/ongoing case involves known or suspected trafficking, and instances where a youth is missing or on the run and suspected to be heading out-of-state. The designated consultant follows up with every family services worker with a missing child or youth to inquire if they think the youth is headed across state lines or if there are any concerns around trafficking. If so, consultation is offered.

This year, emphasis has been placed on supporting consultation and multi-disciplinary team meetings because no one can combat trafficking alone. Consultation and MDTs have supported family services workers in obtaining ideas for potential resources in the community, learning more about a youth's

individual risk factors, developing safety plans and case plans specific to trafficking, connecting youth to victims' services providers, and supporting criminal prosecution processes.

The DCF-FSD Human Trafficking Workgroup has recently been grappling with how to provide practice guidance to the field on human trafficking safety planning and case planning. In addition to child/youth trafficking victims, DCF also works with parents who are victims of trafficking where the non-custodial parent is the alleged trafficker.

Substance Exposed Newborns

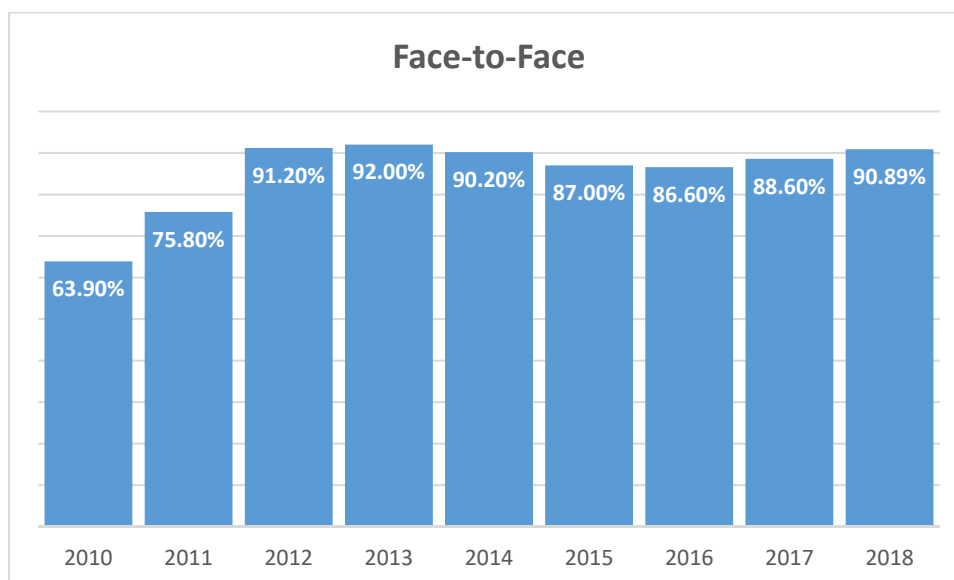
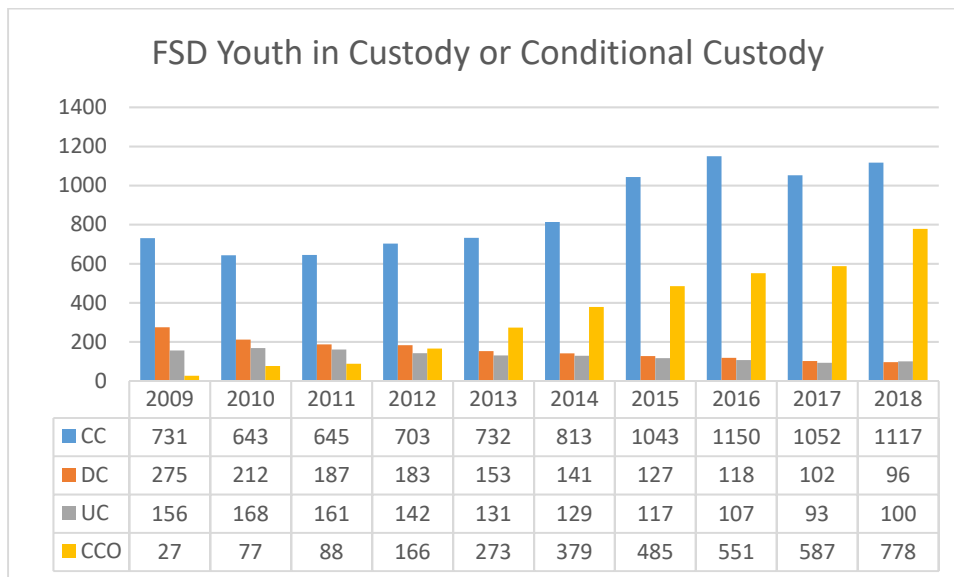
Please refer to page 44 the CAPTA section of the 2020 Annual Progress and Services Report.

Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

Vermont's monthly face-to-face contact data is at 91 %, which is an increase from the 88.60% from the before though still below the national standard of 95%. The division continues to focus on this practice area and identify potential strategies to make improvements. The division however achieved a 55% rate of visits occurring in the placement setting which is a positive highlight. The agency supports the districts and workers to meet the monthly contact requirements by employing a multi-pronged approach that addresses caseload as well as efficiency and effectiveness of our interventions:

- All Family Services workers are equipped with I-phones (with telephone, e-mail, scheduling and wireless modem capacity) and laptop computers. This combination enables them to access division computer applications from remote locations, including from client homes.
- The division continues to promote teaming and group supervision models, to increase the number of social workers who have a relationship with a family and can assist in times of intense service need.
- A report is sent weekly to districts, which assists them in tracking which children and youth have not yet been seen during the month.
- Case aides have added to all districts to take on certain tasks to help free up social workers
- Staff have been provided with the SafeSignal app for their work I-phones and bright yellow tethers that attach to their phones. This technology is downloaded on state issued phones and gives staff to the ability to signal for help 24/7/365 if they are faced with an unsafe situation.

In looking at Vermont's QCR results, we know that staff turnover has contributed to item 14- *caseworker visits with child* in many cases being an 'area needing improvement'. In 2018, our Quality Assurance team worked with the Capacity Building Center for States on a data analytic project focused on staff retention. The data showed that FSD had a 25% turnover rate (which includes internal transfers and promotions). FSD will continue to review our qualitative case review data to identify strategies to build upon to achieve the federal standard. Lastly, Family Services was recently allocated 9 additional FSW positions this past legislative session which will help address some of the challenges, which includes high caseloads.



Additional Information

Child Welfare Waiver Demonstration Activities

Vermont is not operating its IV-E program under a waiver.

Adoption and Legal Guardianship Incentive Payments

2016 Incentive (\$100,500) must be liquidated by 12/31/2019:

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

2) Lund Case Manager Contract (31088) \$21,102:

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

The above spending obligates and will liquidate the entire \$100,500 adoption incentive allocation for 2016.

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

1) Amendment to Project Family Grant \$65,000 to support the addition of the following responsibilities:

- a) Permanency Improvement Project Administrator Lund will provide a Permanency Improvement Project Administrator for the data entry and management of the Permanency Improvement Project.
- b) Post-Adoption Contact Agreement Worker. Lund will provide a Post-Adoption Contact Agreement (PACA) worker to work with prospective adoptive parents and all related parties, to develop a post-adoption contact agreement proposal on behalf of the prospective adoptive parents.

Additional conversation regarding Adoption Incentive Spending purposed to allocate an additional \$57.198 (from the 2017 award) to the Project Family Grant to ensure that the above two functions would be carried out by Lund for the remainder of their grant period.

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

Planning to date includes:

Project Family Grant Allocation \$65,000 to support the following

- a.) Permanency Improvement Project Administrator will provide a Permanency Improvement Project Administrator for the data entry and management of the Permanency Improvement Project.
- b) Post-Adoption Contact Agreement Worker: The subrecipient will provide a Post-Adoption Contact Agreement (PACA) worker to work with prospective

adoptive parents and all related parties, to develop a post-adoption contact agreement proposal on behalf of the prospective adoptive parents.

Adoption Savings

In the next 5 years, Vermont plans to use the Adoption Savings funds according to the required purposes in the following ways:

IVB Pt I purposes: Family Services will continue to partner with the Child Development Division (CDD) to utilize the funds to support childcare enrollment for children across the state. Additionally, CDD may be undertaking structural improvements which will benefit children and their families as they access services through CDD.

Post-Permanence Services:

- Family Services is in the final stages of a 5-year project through the Quality Improvement Center for Adoption and Guardianship Support and Preservation (QIC-AG). Goals of this project include the development and implementation of evidence-based interventions and the testing of promising practices. Effective interventions are expected to achieve long-term, stable permanence in adoptive and guardianship homes for waiting children as well as children and families after adoption or guardianship has been finalized. Over the next 5 years, Family Services will commit Adoption Savings funds to sustain the promising practices that were tested during the project period; namely, FSD will distribute surveys to all families joined through adoption to inquire about their well-being and needs for services. These surveys will be administered the data analyzed by FSD. The results of the surveys will be used to inform adjustments to the post-permanence system of care.
- Family Services has recently increased funding to the Child Welfare Training Partnership. Some of those funds have been used to update the Fostering to Forever curriculum for pre-adoptive caregivers. This curriculum provides information about what to expect after permanence. Additionally, the CWTP has implemented a comprehensive online curriculum dedicated to training child welfare professionals and caregivers in adoption competence. The development of these modules was initially funded through a grant-funded project, but all maintenance and curricula updates are the new responsibility of the State through the contract with the CWTP.
- Family Services will be increasing the program by which children who have been adopted are able to receive comprehensive trauma evaluations from a clinician. This service is funded through a contract with the mental health agency. The trauma evaluations direct the child's team to the appropriate, trauma-informed services. Additionally, the evaluation provides guidance on trauma-informed caretaking/parenting to be used by the child's family.

Services to Children at Risk of Foster Care:

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

Vermont will endeavor to expend the unspent Adoption Savings funds by the end of SFY 2122.

Because our budgets are built 2 years in advance of the fiscal year and the amount of Adoption Savings for that year is not known at that time, Vermont faces challenges in spending the funds due to timing issues. While we always have ideas about how these funds will be spent, the ability to create this plan for the next 5 years will likely be very helpful to us.

Consultations between States and Tribes

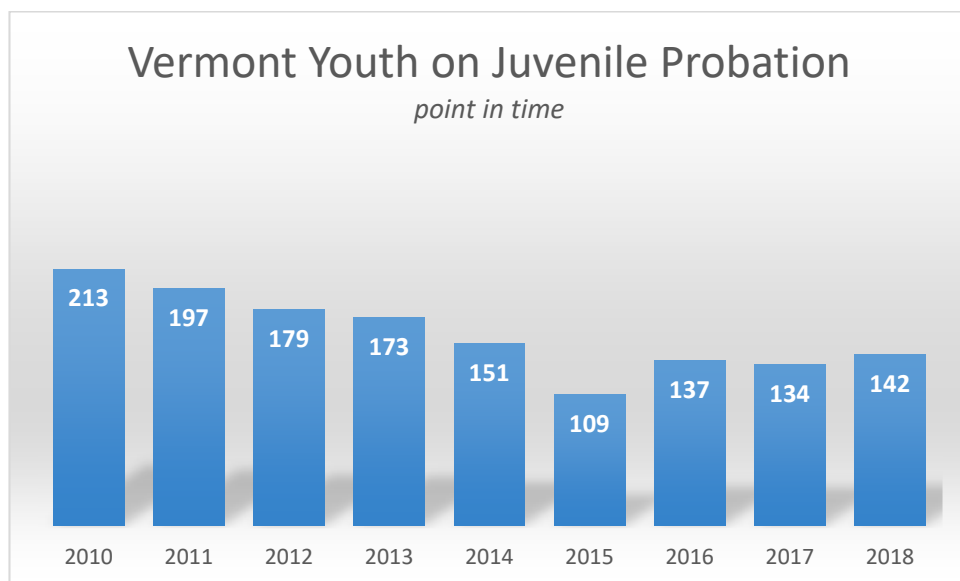
Vermont does not have a federally recognized Indian Tribe within its borders.

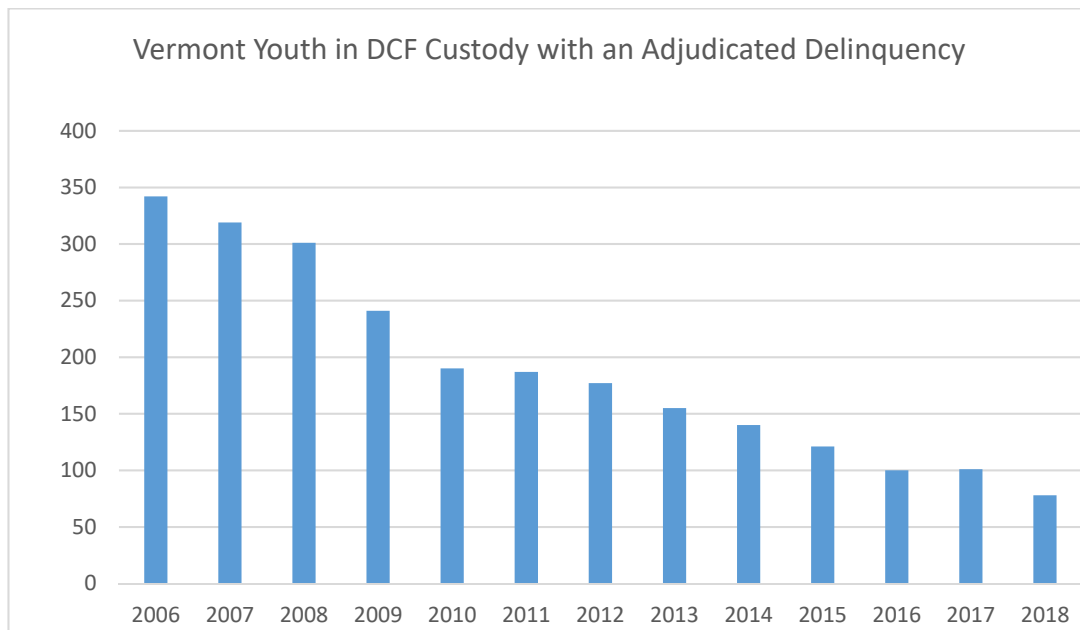
Vermont statute requires Family Services Workers to provide information required by the Indian Child Welfare Act at the Temporary Care Hearing which is held within 72 hours of custody. Vermont's adoption statute also supports compliance with the Indian Child Welfare Act. Adoptive parents must disclose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

Family Services Policy 300, Title IV-E Programs Policy also outlines the process as to how Vermont will work with Indian tribes in other states to meet the permanency, safety, well-being and law abidance of a child Indian tribe member or child eligible to be a member of an Indian tribe.

Youth Justice

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





Juvenile Jurisdiction

Since 2016 Vermont has had significant changes in the juvenile justice system with the passage of Acts 153, 72, and 201 Juvenile Jurisdiction bills. These Acts transformed Vermont’s juvenile jurisdiction system to more closely align our system with brain development research and best practices for serving youth. Vermont was one of the few states where 16 and 17-year old’s 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 chart below outlines filing options now available for delinquency and youthful offender cases:

Age at the time of alleged offense	Delinquency Filing Options 33 V.S.A. Chapter 52	
	All Offenses (Other than Big 12)	Big 12 (33 V.S.A. § 5204(a))
10 and 11	Proceedings originate in Family Division. 33 V.S.A. § 5201(d) & (e).	Proceedings originate in Family Division. 33 V.S.A. § 5201(c).
	No transfer to Criminal Division allowed. 33 V.S.A. § 5204(a).	No transfer to Criminal Division allowed. 33 V.S.A. § 5204(a).

12 and 13	<p>Proceedings originate in Family Division. 33 V.S.A. § 5201(d) & (e).</p> <p>No transfer to Criminal Division allowed. 33 V.S.A. 5204(a).</p>	<p>Proceedings originate in Family Division. 33 V.S.A. § 5201(c).</p> <p>Court may transfer to Criminal Division. 33 V.S. A. § 5204(a).</p>
14 and 15	<p>Proceedings originate in Family Division. 33 V.S.A. § 5201(d) & (e).</p> <p>No transfer to Criminal Division allowed. 33 V.S.A. § 5204(a).</p>	<p>Proceedings originate in Criminal Division. 33 V.S.A. § 5201(c).</p> <p>Court may transfer to Family Division per § 5203(b)*.</p>
16 and 17	<p>Proceedings originate in Family Division. 33 V.S.A. § 5201(d) & (e).</p> <p>Misdemeanors cannot be transferred to Criminal Division. 33 V.S.A. 5204(a).</p> <p>Felonies may be transferred to Criminal Division upon motion and judicial approval. 33 V.S.A. § 5204(b).</p> <p>Juvenile probation may be extended to age 19.5 if 16 or 17 years old when offense was committed. 33 V.S.A. §5103(c)(2)(A).</p>	<p>Proceedings originate in Criminal Division. 33 V.S.A. § 5201(c).</p> <p>Court may transfer to Family Division per § 5203(b)*.</p>

Age at the time of the alleged offense	<p>Youthful Offender Options (effective 7/1/18)</p> <p>33 V.S.A. Chapter 52A</p> <p>* not available for 10 and 11-year old's</p>
12 and 13	All proceedings start in Family Division. Only Big 12 offenses may be transferred to Criminal Division, and then transferred back down to Family Division for YO consideration.
14 and 15	All proceedings start in Family Division except Big 12 offenses. Only Big 12 offenses filed in the Criminal Division may be transferred back down to the Family Division for YO consideration.
16 and 17	All proceedings start in Family Division except Big 12 offenses. Felonies may be transferred to Criminal Division, and then transferred back down to Family Division for YO consideration. Big 12 offenses filed in Criminal Division may be transferred to Family Division for YO consideration.

18 - 21	Any offense filed in the Criminal Division may be transferred to Family Division for YO consideration. In the alternative, the charge may be filed as a YO petition directly in the Family Division.
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Beginning in July 2018 the following aspects of the policy changes went into effect:

Act 153	<p><u>Jurisdiction</u></p> <ul style="list-style-type: none"> • Age of Youthful Offender status extended from 17 years old to 21 years old (7.1.2018) • Youthful Offenders can start in either criminal or family division (7.1.2018) <p><u>Supervision</u></p> <ul style="list-style-type: none"> • DCF extended supervision for 16- and 17-year old's charged in family court – youth up to 19.5 (1.1.2018) • YOs who violate DCF conditions of probation can be referred to DOC where any terms of probation may be applied including graduated sanctions and electronic monitoring 18 – 25-year old's who are incarcerated will be housed in a DOC facility dedicated for youth (S.23 changed this effective date from 7.1.2017 to 7.1.2018)
Act 72	<p><u>Youthful offender (YO) cases</u></p> <ul style="list-style-type: none"> • Section 2 creates a new YO chapter in title 28 that clarifies DOC's roles and responsibilities in YO cases (7.1.2018): <ul style="list-style-type: none"> ○ DOC is required to: <ul style="list-style-type: none"> ▪ designate a case manager to work with DCF (DOC and DCF will determine the lead case manager to preside over the YO case plan and provision of services) ▪ maintain general supervision, along with DCF, over YOs ▪ supervise probation and establish policies and standards for YO probation, supervision, case work, record keeping and qualification of YO probation officers ○ Outlines methods of DOC YO supervision, including: <ul style="list-style-type: none"> ▪ Electronic monitoring ▪ Graduated sanctions in cases of modifications to YO dispo orders <ul style="list-style-type: none"> • Requires DOC rulemaking to establish graduated sanctions guidelines for YO • Section 5 creates a new YO chapter 52A in title 33 (7.1.2018) <ul style="list-style-type: none"> ○ Consolidates provisions of YO that were included in title 33 and Act 153 into one YO chapter and removed inconsistent language ○ Makes clear that all YO hearings in the Family Division are confidential, including the hearing in the Family Division on whether YO status is appropriate (YO consideration hearings are currently open to the public) ○ Makes changes to the requirements of the DCF report, which is due 30 days after a YO petition is filed in juvenile court or a case is transferred from the criminal to the juvenile court. The DCF report shall now require: <ul style="list-style-type: none"> ▪ Recommendation as to whether diversion is appropriate for the youth because the youth is at a low to moderate risk to reoffend, ▪ Recommendation as to whether YO status is appropriate for the youth, and

	<ul style="list-style-type: none"> ▪ Description of services that may be available <ul style="list-style-type: none"> * language was also added that would bar access of the DCF report to parents/guardians/custodians if the court finds that disclosure would be contrary to the best interests of the child ○ Provides that DCF and DOC are jointly responsible for supervision and services until a youth reaches 22 <ul style="list-style-type: none"> ▪ DCF and DOC designate a lead case manager and lead department to have final decision-making authority over the case plan and provision of services ○ Clarifies process when YO status is revoked <ul style="list-style-type: none"> ▪ case is transferred to the criminal division for sentencing along with a record of the petition, affidavit, adjudication, disposition and revocation ▪ criminal court may take into consideration a youth's progress towards or regression from rehabilitation while on YO status ○ Clarifies process for reviewing a youth's case and determining whether the family division's jurisdiction over the case should continue past the age of 18 when a youth is adjudicated as a YO prior to reaching 18th birthday • Section 7 of the bill is session law that directs the Vermont Supreme Court to review the YO laws and consider a proposed new or amended rule for adoption prior to July 1, 2018, when the new YO laws go into effect, that would make clear that a youth is waiving his or her right to a jury trial in cases where a YO is adjudicated in the family division (which will be all YO cases beginning in 2018) and YO status is revoked and the case is sent to the criminal division for sentencing
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Act 201 was passed in 2018 and provided the following policy changes:

Act 201	<ul style="list-style-type: none"> • Based on the results of the risk and needs screening, if a child presents a low to moderate risk to reoffend, the State's Attorney shall refer the child directly to court diversion unless the State's Attorney states on the record why a referral to court diversion would not serve the ends of justice. (pertains to both delinquency and youthful offender cases) • A person already placed at Woodside may voluntarily continue residing at Woodside beyond their 18th birthday, provided they continue to meet criteria. • The Family Division of the Superior Court will have jurisdiction up to age 18, effective 7/1/20. • The Family Division of the Superior Court will have jurisdiction up to age 19, effective 7/1/22 • The Department for Children and Families, in consultation with the Department of State's Attorneys and Sheriffs, the Office of the Defender General, the Court Administrator, and the Commissioner of Corrections, shall: <ol style="list-style-type: none"> 1. Consider the implications of expanding juvenile jurisdiction to encompass 18 and 19-year old's beginning in fiscal year 2021;
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	<ol style="list-style-type: none"> 2. Report on the status and plan for the expansion, including necessary funding, to the Joint Legislative Justice Oversight Committee on or before November 1, 2018; and 3. Provide status update reports to the Joint Legislative Justice Oversight Committee on or before November 1, 2019 and November 1, 2020.
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The changes in youthful offender legislation has significantly increased the amount of youthful offender (YO) case filings significantly. In 2017 there were 33 YO cases disposed for the entire year. As of April 2019, there have been 394 YO cases filed. With Act 201, Vermont took a bold step during this past legislative session to further its juvenile justice reform efforts to include 18 and 19-year-old's under family court jurisdiction. The legislation stages the implementation of these changes so that raising the age of juvenile jurisdiction will go into effect for 18-year-old's on July 1, 2020 and for 19-year-old's on July 1, 2022. This change represents a significant shift for Vermont's courts, the blended child protection and juvenile justice system, prosecutors and public defenders. As such Act 201 lays out a robust planning and reporting process to ensure that resource allocation, policy adjustments and an operations plan are mapped out well in advance of July 1, 2020 if the legislation needs modifications.

We are currently working on mapping solutions that consider the current pressures in our combined child welfare and youth justice system including those experienced by DCF-FSD and the family court stakeholders including prosecutors, public defenders and judges. We recognize that this change is transformative and are working with the Columbia University Justice Lab to help guide this transformation so that it is consistent with best practices and fits within the limited resources of DCF and its stakeholder partners. Starting from the premise that we want to divert many cases that would be filed in criminal court, the system transformation will need to build upon the robust network of community based restorative justice programs that already redirect cases from aspects of the criminal and juvenile justice systems.

Annual Youth Justice Summit

On May 3, 2019, we held our 7th Annual Youth Justice Summit. The Summit brings together social workers, restorative justice partners, attorneys, GALs, educators and judges from across the state to train together and work collaboratively around current issues affecting youth. This year we brought experts in to discuss the topic of "*Leading the Way in Creating a Developmentally Appropriate Youth Justice System*". These experts included Lyman Legters, Senior Director Strategic Consulting, Casey Family Programs, and Stewart Barry, Strategic Consultant with Casey Foundation and the John D. and Catherine T. MacArthur Foundation. The day-long Summit provided a rare opportunity for collaboration and engagement between multiple stakeholders in Vermont's Youth Justice System to move towards best practice when working with the emerging adult population who are involved in the justice system.

Youth Thrive

In March 2016, we were awarded a Youth Thrive technical assistance grant from the Center for the Study of Social Policy. Youth Thrive is both a research-informed framework based on a synthesis of research on positive youth development, resilience, neuroscience, stress and impact of trauma on brain development, and the name of the Center for the Study of Social Policy's national initiative to improve

the well-being outcomes of all youth and young adults (ages 9-26), with a focus on those in, or transitioning from, foster care. Like the Strengthening Families (SF) framework, the Youth Thrive framework is focused on building the following protective and promotive factors:

- Youth resilience
- Social connections
- Knowledge of adolescent development
- Concrete supports in times of need
- Social and emotional competence

We are currently working in collaboration with youth-serving agencies and programs in Vermont on determining the most effective way to integrate Youth Thrive in Vermont's practice with youth. The initial stages of integration included a Train-the-trainer event for 39 youth care workers from across the state on the Youth Thrive framework. The focus over the last year has been on supporting the Youth Thrive trainers in facilitating local trainings and building regional communities of practice across Vermont. At this time, over 175 people have been trained in the framework. The Youth Thrive State Coordination team hosted quarterly webinars/conference calls to support local trainers in their work and to build a statewide learning community. The State Coordination Team also developed a resource packet to support trainers with training logistics and supplied training manuals and a website for the initiative. The Department is currently working with the University of Vermont Child Welfare Training Partnership around integrating Youth Thrive into the Foundations training for staff and kin/foster care providers, in addition to planning a two-day training for FSD staff.

To further Youth Thrive implementation efforts, we have also incorporated the framework into several FSD polices, subcontracts, and our case consultation template. The FSD-supported Youth Advisory Board, "Forward," has also been incorporating the Youth Thrive training at their regular meetings. In February 2019 the Youth Thrive collaboration with the Center for the Study of Social Policy ended. The implementation team will continue to support Youth Thrive efforts in Vermont through the Youth Services Enhancement Council.

Reclaiming Futures

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

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

- Youth and family strengths
- Early screening, assessment, and access to services and support for mental health and substance issues.
- Development of cross-agency teams to align local policies and practices with state-of-the art approaches.

The Reclaiming Futures Leadership teams' efforts have focused on:

Truancy:

- Who are we focused on? (solely absences, at school but not attending class?)
- Do we want the court involved?
- How are we identifying the root cause /need?

Tier II (How/tasks):

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

Tier III (reintegration/re-engagement):

- How do we shift focus from the desire for compliance and social control to one of social engagement and relationship?

Youth Risk/Need Screening:

1. Have letter and information about screening provided by (1) law enforcement at citation and (2) by the State's Attorney via letter.
2. In the event there has been no risk assessment, the Court would speak to the defense and state's attorney to request the use of the screen at preliminary hearing. If there has been a risk assessment, the state's attorney should share the risk level results with the recommendation provided by BARJ with defense, youth, and family.

3. Create the written protocol and either have judge, state's attorney, and defense bar sign, or be more directive and indicate that this is your community protocol, not requiring signature.
4. Systemize Bench Bar – Annual bench bar to inform and review the screening tool and referral data with judges and area youth attorneys.

Restorative Justice Consortium

The restorative justice consortium is comprised of state government, education, higher education, victim services and community restorative justice providers that meet monthly. The Consortium works collaboratively to develop infrastructure and capacity to support, expand, and evaluate community and restorative justice in Vermont.

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

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

The work of the Consortium is on the following areas:

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

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

Balanced and Restorative Justice Program

Balanced and Restorative Justice is a philosophy that has been embraced by the youth justice system in Vermont. It is different from a traditional juvenile justice approach because it includes the victims and the community in creating a response to crime. Its focus is on accountability and competency development of the offender and community safety. Originally funded with Juvenile Accountability Block Grant federal dollars in 1998, BARJ programs became funded by general fund dollars on October 1, 2005. BARJ services are found in each of the AHS districts, there are 11 programs throughout the state, 10 are housed within Court Diversion programs and one in another non-profit organization.

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

be on probation with DCF- Family Services. The primary goal of the BARJ program is to support youth involved in, or at risk of becoming involved in the juvenile justice system by providing restorative interventions that reduce and eliminate further involvement in the system. BARJ providers worked with 760 youth during the 2018 contract year.

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

Restorative Process

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

Restitution Services

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

Screening and Restorative Services

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

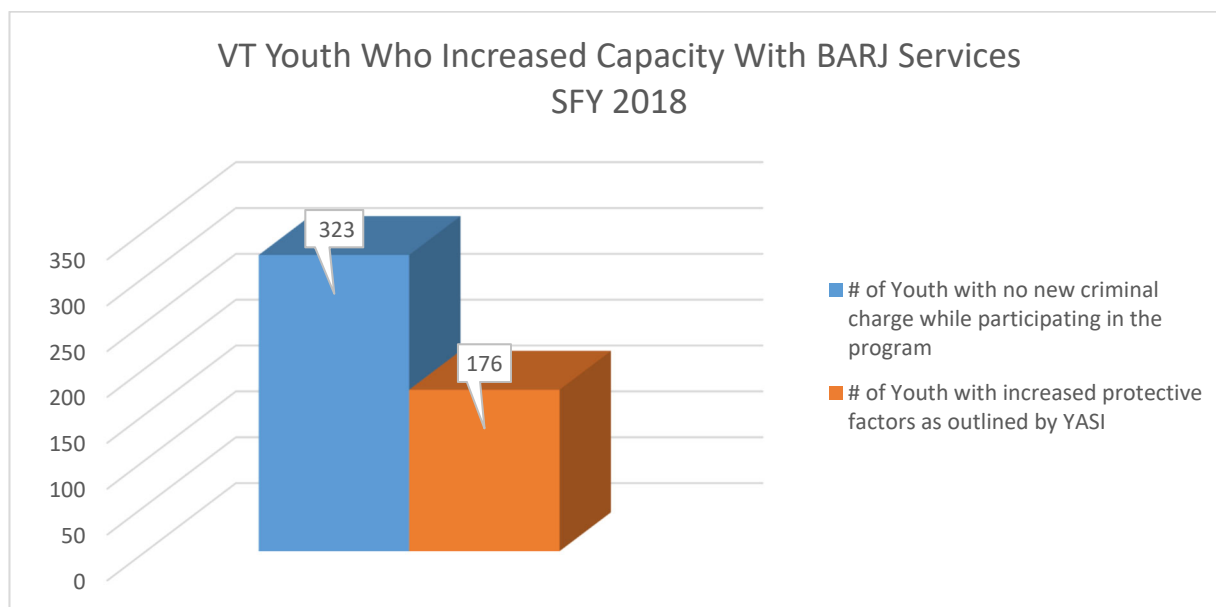
Case Management

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

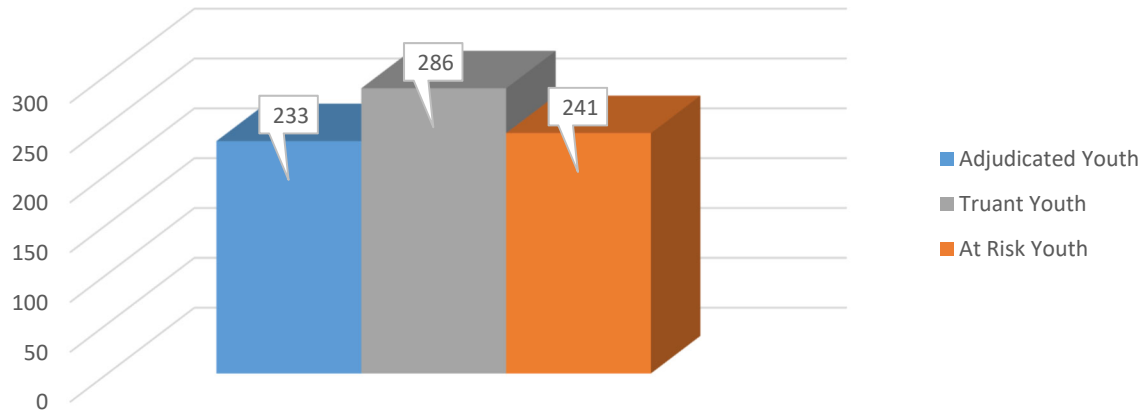
Restorative Classes/Skills Development/Prevention and Community Outreach

- Restorative Classes and Skills Development convenes skill building groups and/or activities that may include but not limited to:
 - conflict resolution;
 - social skills development;
 - problem solving and decision making;
 - community service/leadership skills and other integrative activities;
 - victim issues;
 - effective communication;
 - one-to-one support to youth;
 - other subjects pertaining to individual group needs; and
 - community based groups/activities/prevention efforts.

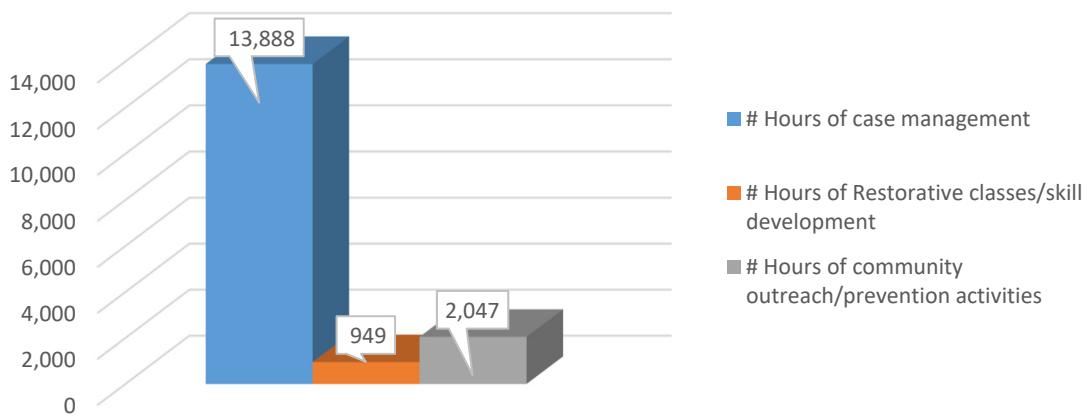
Review of the 2018 BARJ contract year:

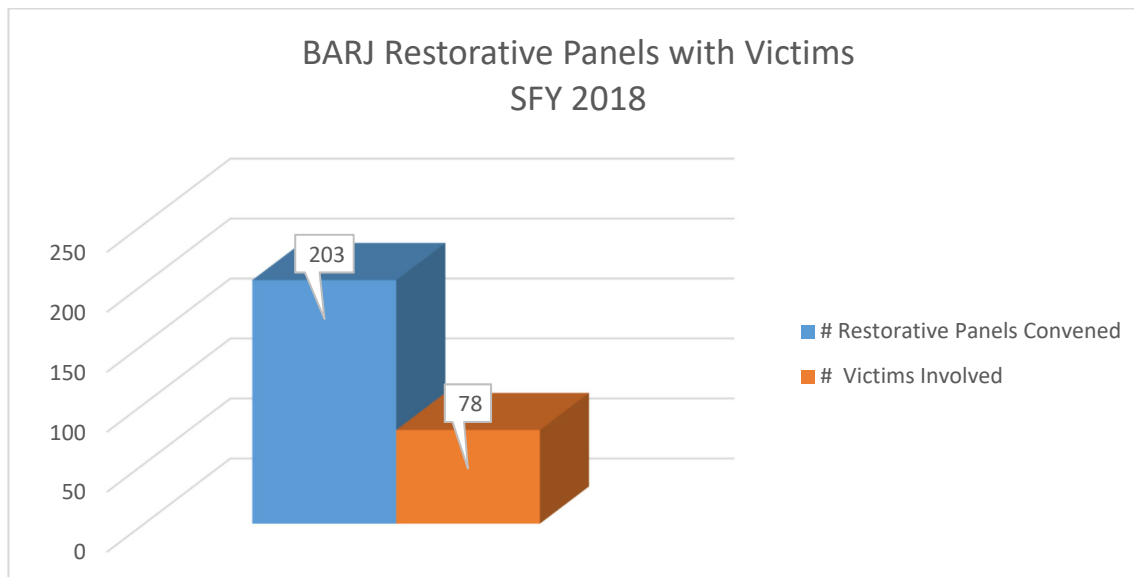


BARJ Summary of Youth Served by Referral Type SFY 2018



Summary of BARJ Service Hours SFY 2018





Chafee

Agency Administering Chafee

Since 2012, DCF Family Services Division has contracted with the Washington County Youth Service Bureau as the administrative and fiscal agent of the statewide Youth Development Program (YDP). YDP is Vermont's transition and after-care program for youth and young adults who have experience with the foster care system. WCYSB subcontracts with eight agencies across the state to provide services in coordination with each of the 12 DCF districts. In total, YDP staffs 16 full-time equivalent Youth Development Coordinators (YDCs) that provide goal-oriented case management to youth. Across the state of Vermont, YDP serves over 500 youth per year.

Program Design and Delivery

How the Vermont designed and intends to deliver and strengthen programs to achieve the purposes of the Chafee program over the next five years

YDP's mission is to ensure that youth with foster care experience enter adulthood with the necessary supports to build productive and fulfilling lives. By investing in youth, YDP promotes healthier and better-connected young adults, families, and communities. YDP's philosophy is focused on a belief in providing services that are strengths-based and fully driven by youths' own identified goals. YDCs partner with youth to help them set goals, explore interests, and connect with natural supports and vital resources. YDP provides voluntary services to youth ages 14-23 years old. Youth may opt to engage, disconnect, and reengage at any time prior to turning 23 years old.

In addition to case management, YDP also facilitates extended foster care agreements for youth who opt to remain in stable living arrangements with supportive adults past their 18th birthdays. These agreements ensure that youth (up to age 23) have access to safe and stable housing during a time where they may be securing financial stability and laying the groundwork for their educational and/or vocational path.

YDCs are also able to offer flexible youth investment grants to support program participants to reach goals, pursue interests, and to help maintain safety and stability. Youth investment grants support youth goals in the following areas: education, relationships, housing, health, transportation, identification, enrichment, normalcy, employment, and basic needs. This funding directly supports the goals of the Chafee program, as it helps youth overcome obstacles to reaching long term goals, which promote successful transitions to adulthood.

The leadership and advocacy opportunities YDP offers, such as a youth advisory board (FORWARD), training opportunities, the annual youth conference, and participation in several other committees and task forces, are meant to empower youth and inspire them to advocate for change. These opportunities support youth to participate in age and developmentally appropriate activities, help build and strengthen natural supports and peer connections, provide professional development training, and also help build important life skills.

A strength of YDP is around data collection program and participant activities. Services and outcomes data required through Chafee (NYTD) are collected for all served youth on a monthly basis. This data is used to evaluate effectiveness of program interventions as well as outcome trends among served youth. YDP maintains a database utilized by all YDP staff and monitored by the YDP administrative team.

Youth/young adult engagement in the development of the Chafee plan

YDP consistently involves the youth advisory board, FORWARD, in the ongoing development of the program. FORWARD members are provided financial incentives for their participation in monthly meetings and other volunteer leadership opportunities. The YDP Youth Engagement Coordinator position is dedicated to facilitating this group, engaging with individual youth, promoting leadership skills, connecting youth to professional development opportunities, and ensuring that youth voices are heard within the program and beyond. Regular interactions between FORWARD and the larger YDP staff network occur on a monthly basis. The FORWARD and YDP staff meetings overlap, ensuring ease of collaboration. FORWARD also presents to DCF on an annual basis, sharing their priority areas for policy and practice change within Vermont's child welfare system.

Principles of Positive Youth Development

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

Sharing and using the results of NYTD data collection with stakeholder and improving service delivery

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

Data collected through the YDP database is also shared with stakeholders at frequent intervals and in multiple formats. The YDP administrator provides detailed service, outcome, and funding related data to program staff, supervisors, and to the DCF Program Manager on a monthly basis. This data includes information about variances in utilization, services, and outcomes by district and statewide. Annual data is shared with the general public, including youth and families, through an annual report/program brochure, and also through DCF outcomes reporting to the public.

Plan to strengthen the collection of high-quality data through NYTD over the next five years

In 2018, YDP contracted with a new database developer in effort to maintain and further enhance capacity within the existing database. Since contracting with this new company, additional reports and tracking mechanisms have been put into place to promote efficiencies within the program and to better enable the YDP administrator to monitor program data.

Vermont is also scheduled to participate in a federal NYTD Review this coming September 2019. We anticipate using this process to learn more about our system, to receive feedback from the federal reviewers, and to strengthen our data collection and reporting protocols based on the resulting performance improvement plan that is developed.

Serving Youth Across the State

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

YDP Utilization & Services by District (FY18)

District	Youth Served	Independent Living Needs Assessment	Academic Support	Post-Secondary Educational Support	Career Preparation	Employment Programs/ Vocational Training	Budget and Financial Management	Housing Education and Home Management Training	Health Education and Risk Prevention	Family Support/ Healthy Marriage Education	Mentoring	Supervised Independent Living	Room and Board Financial Assistance	Education Financial Assistance	Other Financial Assistance
A	60	57%	47%	38%	45%	17%	71%	43%	43%	29%	2%	0%	16%	2%	79%
B	98	57%	38%	18%	42%	13%	52%	53%	59%	57%	1%	2%	18%	10%	48%
H	32	7%	83%	41%	34%	31%	31%	24%	90%	83%	7%	0%	0%	0%	7%
J	36	12%	6%	12%	12%	12%	24%	29%	32%	24%	0%	6%	9%	0%	26%
L	36	3%	47%	8%	3%	17%	33%	28%	6%	8%	3%	6%	3%	0%	3%
M	53	17%	54%	33%	56%	23%	71%	42%	58%	60%	12%	2%	6%	4%	15%
N	26	12%	23%	12%	8%	50%	46%	19%	27%	19%	4%	8%	8%	4%	19%
R	44	73%	45%	5%	55%	38%	43%	40%	43%	15%	0%	5%	5%	1%	63%
S	38	3%	63%	6%	6%	34%	9%	14%	100%	3%	0%	11%	14%	9%	60%
T	35	43%	0%	3%	20%	3%	9%	11%	43%	3%	0%	0%	6%	0%	34%
V	35	0%	74%	3%	58%	13%	61%	97%	97%	71%	52%	0%	3%	0%	3%
Y	56	81%	44%	25%	19%	52%	62%	40%	54%	29%	2%	0%	4%	6%	63%

Serving Youth of Various Ages and Stages of Achieving Independence

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

Implementation of Chafee services targeted to support the successful transition to adulthood

YDP services and extended foster care is currently available to youth up to age 23. Prior to the Family First Prevention Services Act of 2018, and since 2007, YDP services and extended foster care were already available to youth up to age 22. Based on the trends around age and level of engagement with the program, expanding eligibility to 14 and 22-year-old youth has not significantly impacted the capacity of YDP. YDP is a vital resource for youth preparing for and newly transitioning from the DCF system. It is for that reason, that there is a Roles and Responsibilities guidance document that outlines the expectation that 17-year-old youth will be prioritized for referral to and services from YDP.

Percent of total youth served by age (FY18)	
14	3%
15	7%
16	13%
17	20%
18	17%
19	15%
20	10%
21	10%
22	5%
23	1%

Description of the services offered or to be offered to youth ages 21 – 22 (up through 23rd birthday)

As mentioned previously, increased eligibility to age 23 has already taken effect. DCF policy and YDP marketing materials have been updated accordingly. YDP, DCF, and other community partners are aware of the eligibility criteria for YDP. Ongoing training and outreach ensure that all partners and participants understand the services, including opportunities for youth based on youth age.

Assessments or other tools used to determine the individualized needs of youth and to evaluate young peoples' stage of development

YDP staff developed an intake assessment tool which collects demographic information of youth, family information, spiritual and cultural connections and affiliations, recreational/enrichment activities and interests, housing, education, employment, financial, transportation, medical information, and legal involvement. The form also includes sections for the youth's goals for work with the program, future plans, interests, skills, resources, strengths, challenges, and barriers. This form is completed by YDP staff with youth participants at intake and annually. This tool has been used by the program for approximately seven years. YDP also uses permanency tools, including the Youth Connection Scale, the Permanency Pact, and Connections Circles to inform case planning.

Collaboration with Other Private and Public Agencies

Public and private sector engagement in helping youth in foster care achieve independence

YDP regularly provides training and workshops to private and public agencies. Data regarding YDP services and outcomes can be shared with community partners upon request. YDP maintains a public website and social media presence.

DCF Partnerships with the Youth Development Program, Balanced & Restorative Justice & Prevention and Stabilization Services for Youth & Families

DCF is committed to building stronger, more effective relationships between the agency, the Youth Development Program (YDP), Balanced and Restorative Justice (BARJ), and the Prevention and Stabilization for Youth & Families Program (PSSYF). DCF formed an Adolescent Services/Juvenile Justice Unit in 2016 that oversees these three statewide programs and additional services. Over time, management of youth services in Vermont has become more consolidated, coordinated, and responsive to the needs of the Division. Roles and responsibilities have been mapped between DCF and all three contracted support services. Much effort has gone into strengthening contracts and services to ensure that youth and families have access preventative case management services for youth and families at-risk of becoming involved with the child welfare/juvenile justice system. We have a goal of ensuring that all youth-serving providers and community members understand the services that are available and that key stakeholders are clear about when and how to make referrals to our partnering agencies.

Education

The Youth Development Program continues to team with the Vermont Student Assistance Corporation (VSAC) to address post-secondary education and training on a regional and statewide basis. Through a memorandum of understanding, DCF shares information with VSAC about youth that should be connected to their services. VSAC meets with younger adolescents in their schools to explore educational interests, college and vocational options, and funding resources.

DCF has engaged in stakeholder meetings to further explore the possibility of developing a tuition waiver/benefit program for former foster youth. We have had initial meetings with key individuals from our agency leadership, VSAC, higher education institutions in Vermont, Department of Labor, Economic Services, and YDP. We have reached out to our federal partners and our national colleagues for information about how this resource has been realized in other parts of the country. We anticipate continuing this work in the year ahead.

Our concerns and areas for focused system improvement are primarily around encouraging youth aspiration for post-secondary education and training, increased retention in education and training programs, and decreasing levels of indebtedness and overborrowing of education loans. One strategy we will use to address these areas includes strengthening our partnership with the statewide Community College of Vermont and further promoting this flexible, affordable, and supportive post-secondary education opportunity. Other strategies we will use include ensuring that our program staff are fully aware of all financial assistance opportunities available to former foster and at-risk youth, continuing to bring focus to supporting normalcy and enrichment activities for youth ages 14-18, and

identifying mentoring opportunities for young people involved with our system. We will continue to engage in efforts to strengthen our workforce development system of care to ensure that all young people have meaningful, early, and progressive employment experiences.

Employment

DCF remains committed to strengthening our collaboration with Department of Labor (including WIOA) and Vocational Rehabilitation services in Vermont to further leverage new and existing opportunities for youth in Vermont to access employment. A work was recently developed to cross train YDP, DCF, and DOL staff on the career preparation, employment, and training related resources and services that exist in Vermont.

Housing

DCF and YDP continue to emphasize permanency for older adolescents at all stages of involvement in services. Over the past five years, DCF has seen an over 45% reduction in the number of youth aging out of the Vermont foster care system. Our understanding of this decrease is that we expanded access to YDP services for younger youth in care, we discourage the use of APPLA in case planning, and we have decreased use of residential care while increasing use of foster homes, kin care, open family cases, and conditional custody options. While we decreased the number of youth turning 18 in care, we have also seen an increase in youth accessing our Extended Foster Care program. In fiscal year 2017, 39 chose to live with “Adult Living Partners” after the age of 18 while continuing to pursue education, employment, health, permanency, and independent living goals. YDP agencies are scored on their attention to permanency in annual file reviews. YDP is expected to complete Youth Connections Scales and Permanency Pacts with youth and their families and they are inquiring about and tracking natural supports at intake, plan of care development and renewal, and at NYTD survey collection.

DCF participates in the Family Unification workgroup, a group that manages the protocol for accessing Family Unification Program (FUP) vouchers in Vermont. In the past year, there has been a dramatic increase in the number of vouchers that were granted to adolescents transitioning from DCF care. DCF has a memorandum of understanding between the state housing provider, DCF Family Services and Economic Services, YDP, and the Office of Economic Opportunity. There is a process for educating stakeholders about the resource, making referrals, holding and triaging a waitlist. Historically, families at risk of disruption or those reunifying with their children have received most of these vouchers in Vermont and youth have not been referred for this affordable, stable housing option.

Determining Eligibility for Benefits and Services

Youth who fall within eligibility criteria (mentioned above in program overview section) may access the program. YDP has established a protocol to follow when youth are transferred to other regions of Vermont or to other states to ensure that youth who move maintain access to services. YDP and DCF also developed a roles and responsibilities document that states that where there are capacity challenges within a given YDP district, youth that are age 17 will be prioritized for services within the program. From time to time, when there may be staff vacancies in a given district, YDP may be required to develop a waitlist for a short period. This is a rare occurrence, and DCF and other providers, including placements, are often able to support youth with their YDP goals in the interim.

Cooperation in National Evaluations

DCF and YDP agree to cooperate in national evaluations of the Chafee Program. We are interested in participating in national program research and we will comply with requests for available program data. Vermont also looks forward to participation in the federal NYTD review in the Fall of 2019.

Chafee Training

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

- Best practices for serving youth including supporting permanency and lifelong connections, completing documentation, collecting data, and complying with NYTD requirements,
- Overviews of relevant community resources (i.e., education opportunities, housing providers, state financial assistance, Department of Labor, Vocational Rehabilitation, access to health care, etc.)
- Training on clinical practice for special populations such as youth facing substance misuse issues, developmental barriers, mental health challenges, LGBTQ needs, etc.,
- Focus groups to promote case coordination and peer learning

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

Education and Training Vouchers (ETV) Program

Vermont continues to contract with Vermont Student Assistance Corporation (VSAC) for ETV administration. VSAC has been successfully administering the Chafee/ETV scholarship for Vermont for many years. This partnership is particularly effective because VSAC also provides post-secondary education exploration and aspiration services to this same population, as well as support for college applications, funding, and successful transitions to post-secondary education.

VSAC provides the completed report for the annual reporting to the Children's Bureau. VSAC also provides a list to DCF of the specific youth that receive the ETV awards each year. The number of identified youth aligns with their reporting of the total number of ETVs awarded each year.

As part of 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.

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

Vermont continues to provide some additional scholarship opportunities through the Emily Lester Scholarship (also administered by VSAC) and the Vermont Foster & Adoptive Families (VFAFA) Scholarship. Some funding for supporting post-secondary education and training is also provided by our Chafee-funded Youth Development Program.

Coordination with Indian Tribes

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

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

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

Financial Information

The CFS-101 forms were submitted separate from this document.

Payment Limitations – Title IV-B, Subpart 1

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

Payment Limitations – Title IV-B, Subpart 2

FY 2017 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	\$0.
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Family Services reported a Family Support Services to be less than 20%. This percentage is not reflecting the accurate and appropriate percentage. The Department has recently corrected this coding issue and should be accurately reflected in the 2021 APSR.

Targeted Plans

Foster and Adoptive Parent Diligent Recruitment Plan

Please email Barbara Joyal, System of Care Manager, for a copy of the plan at barbara.joyal@vermont.gov.

Health Care Oversight and Coordination Plan

Since the development of the 2015-2019 Child and Family Services Plan, FSD's approach to developing an effective Health Care Oversight and Coordination plan has been influenced by number of factors over the last five years. Some of these factors and lessons learned include:

- Looking at the impacts of child abuse and neglect as a public health issue through stronger collaborations with Vermont's Department of Health, Maternal Child Health.
- Identifying the need and providing more direction to field staff regarding children with complex medical issues.
- Shining a light on the use of anti-psychotic medication for children and youth in custody led to a decrease use and stronger collaboration with UVMC and DMH.
- Revising FSD's case plan and policy to better capture critical medical information, including requirements for transitioned age youth.

The division continues to use the Health Information Questionnaire (HIQ), in collaboration with Vermont Department of Health (VDH), which is a tool designed to assist in the screening and monitoring of health issues and health needs. When a child enters DCF custody and is expected to stay at least 30 days, the Family Services Worker will refer the child to VDH by completing as much information as possible on the HIQ and submitting it to VDH.

In addition to the HIQ, in February of 2018, the division issued Policy 77: *Medical Care for Children and Youth in DCF custody*. This policy provides guidance to staff regarding the authorization of medical care for children and youth in custody. FSD is in the process of expanding this policy to address children and youth with complex medical needs as well as making sure they are not inappropriately diagnosed. The division has been collaborating with UVM Medical Center and Dartmouth Hitchcock to create a comprehensive policy that addresses these issues. The goal is to have policy in place in the fall of 2019.

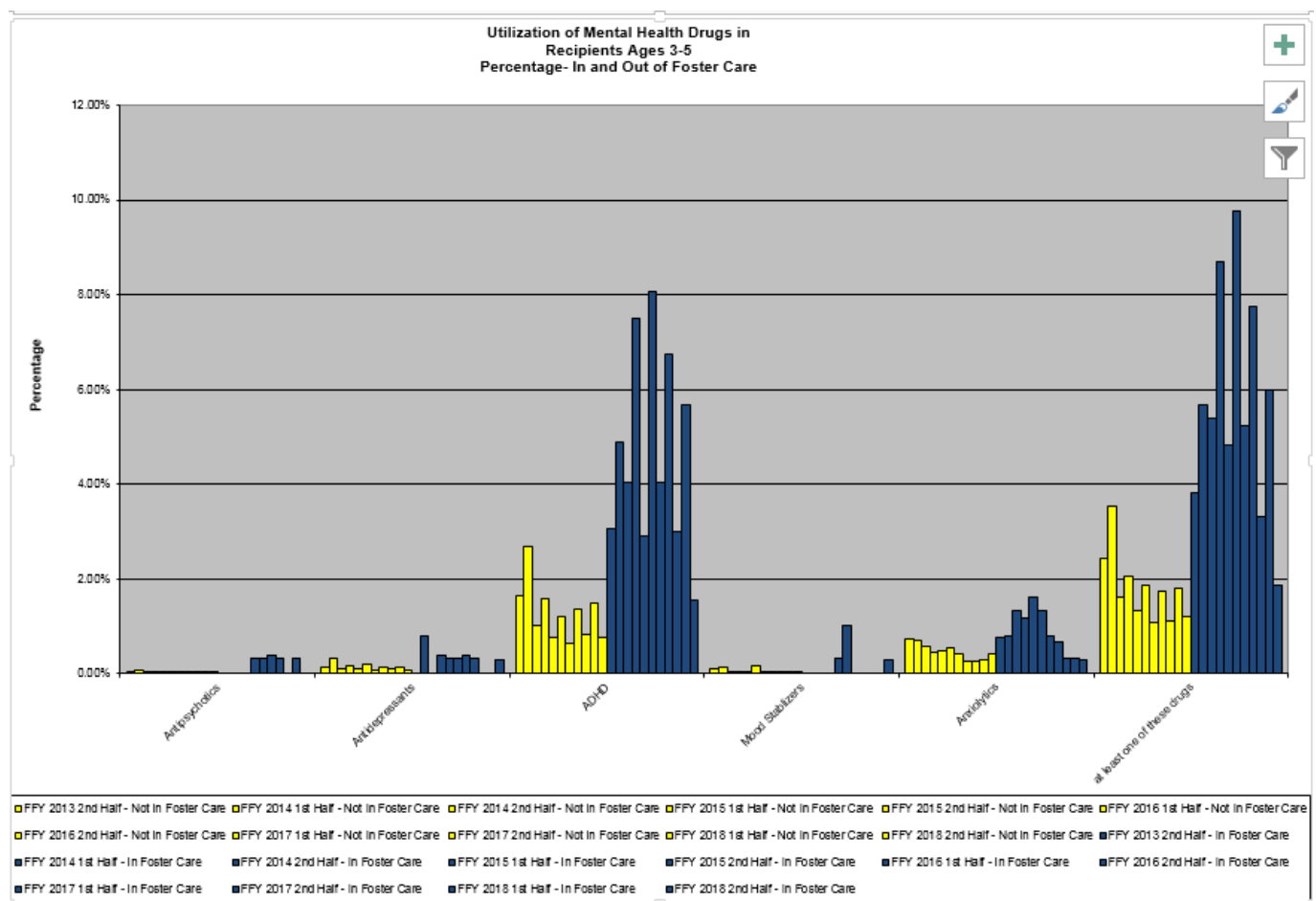
Policy 97: *Case Review Committee Referrals*, outlines the process and criteria for placement of children and youth in residential placements. Vermont has a Case Review Committee that is statutorily required consisting of members from the Agency of Education; the Department of Mental Health; the Department of Children and Families; the Department of Disability, Aging and Independent Living; and the Vermont Federation of Families for Children's Mental Health. This committee reviews all applications to in and out-of-state residential programs to assure children and youth are not getting inappropriately placed in non-foster home settings.

Policy137: *Antipsychotic Medications for Children in the Care of DCF* continues to inform staff how handle the prescribing of antipsychotic medication for children and youth. The division is currently working on updating related forms and providing some clarifying language to the policy.

This policy highlights the following:

1. Creates a workable process for informed consent, to be completed every 180 days.
2. Expands capacity for the UVM Department of Child Psychiatry to provide consultation to DCF Family Services social workers.
3. Requires Family Services workers to obtain consultation before consenting to the antipsychotic medication under any of the following circumstances:
 - a. Child is under the age of six;
 - b. Two or more anti-psychotic medications are recommended concurrently, except during a phase-in or phase-out period;
 - c. Dosage exceeds maximum recommended;
 - d. The child's parent(s) objects to the administration of antipsychotic medication.

The graph below shows promising data in the decrease use in psychotropic medication for both male and females in the foster care system.



Lastly, on April 1, 2019, FSD issued policy Family Services Policy 154: *Children and Youth in DCF Custody Requiring Mental Health Screening, Mental Health Placement, or Psychiatric Hospitalization*. During 2018, the division had 44 children and youth in our custody waiting in emergency departments for placement in a hospital setting (most commonly the Brattleboro Retreat). Family Services Policy 154 is a new policy which was developed in response to the rising occurrence of children and youth in DCF custody requiring mental health screening, mental health placement, or psychiatric hospitalization. This policy was drafted in collaboration with the Children's Mental Health Emergency Services Directors and the Department of Mental Health.

Policy 154:

- Aims to ensure appropriate procedures are followed by division staff when a child or youth is experiencing a mental health crisis;
- Provides clarity on the roles, responsibilities, and expected collaboration across mental health screeners, family services workers, and the division's specialized services manager; and
- Provides guidance and information on mental health screening, the types of admissions, procedures when a bed is/is not available, and communication and support plans.

DCF Family Services Division Policy 160: Supporting Adolescents in DCF Custody includes the following requirements related to the health care needs of youth aging out of foster care:

- Within 90 days of a youth turning 18 in DCF custody, Family Services Workers shall work collaboratively with the youth, other professionals, and individuals the youth has identified as supports to complete a Transition to Adulthood Plan. The plan shall outline specific plans and information regarding health care and insurance.
- Family Services Workers are responsible for encouraging access to preventative health care with a primary care physician at least once per year, preventative dental health care every six-months, access to mental health care as appropriate, and to document these efforts in case plans and case notes. Family Services Workers shall ensure that youth have information about reapplying for Medicaid before turning 18. The Affordable Care Act guarantees Medicaid eligibility for youth that leave foster care at age 18 until they turn 26, regardless of income. Family Services Workers are responsible for ensuring that prior to exiting foster care at 18, youth shall receive their documents relating to health insurance information.
- Family Services Workers shall provide youth with a written explanation of how to Appoint a Health Care Agent. This discussion is noted in case notes, case plans, and in the youth's final Transition to Adulthood Plan. Additional guidance is provided for sharing this information with youth.

Disaster Plan

Disaster Planning

FSD's Continuity of Operations Plan (COOP) establishes policy and guidance to ensure the execution of the mission-essential functions if an emergency threatens or incapacitates operations and /or the relocation of selected personnel and functions of any essential facilities are required. Specifically, the COOP is designed to:

- Ensure that we are prepared to respond to emergencies, recover from them, and mitigate against their impacts. Ensure that we are prepared to provide critical services in an environment that is threatened, diminished, or incapacitated.
- Provide timely direction, control, and coordination to leadership and other critical customers before, during, and after an event or upon notification of a credible threat.
- Establish and enact time-phased implementation procedures to activate various components of the "Plan".
- Facilitate the return to normal operating conditions as soon as practical, based on circumstances and the threat environment.
- Ensure that the COOP is viable and operational and is compliant with all guidance documents.
- Ensure that the COOP is fully capable of addressing all types of emergencies, or "all hazards" and that mission-essential functions can continue with minimal or no disruption during all types of emergencies.

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

Priority Function

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

#2 Provide safe care for all children in DCF custody. Respond to any need for an emergency change in placement.

#3 Screen and investigate abuse allegations:

The department shall conduct an investigation when an accepted report involves allegations indicating substantial child endangerment. For purposes of this section, "substantial child endangerment" includes conduct by an adult involving or resulting in sexual abuse, and conduct by a person responsible for a child's welfare involving or resulting in abandonment, child fatality, malicious punishment, or abuse or neglect that causes serious physical injury.

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

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

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

Priority	Function
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#1	Identify and verify the location of children/youth in foster homes and residential placements.
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In the event of a flu pandemic foster parents and residential facilities will be contacted to request that they notify district staff of the status of infection of foster children and household members and any need for replacement of children.

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

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

#3	Locate and contact biological/primary parents of children/youth in out-of-home care in the event of the need for relocation of their children.
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In the event of a flu situation parents will be notified of serious illness of their child or the need for a new placement.

#4	On-going court ordered visitation
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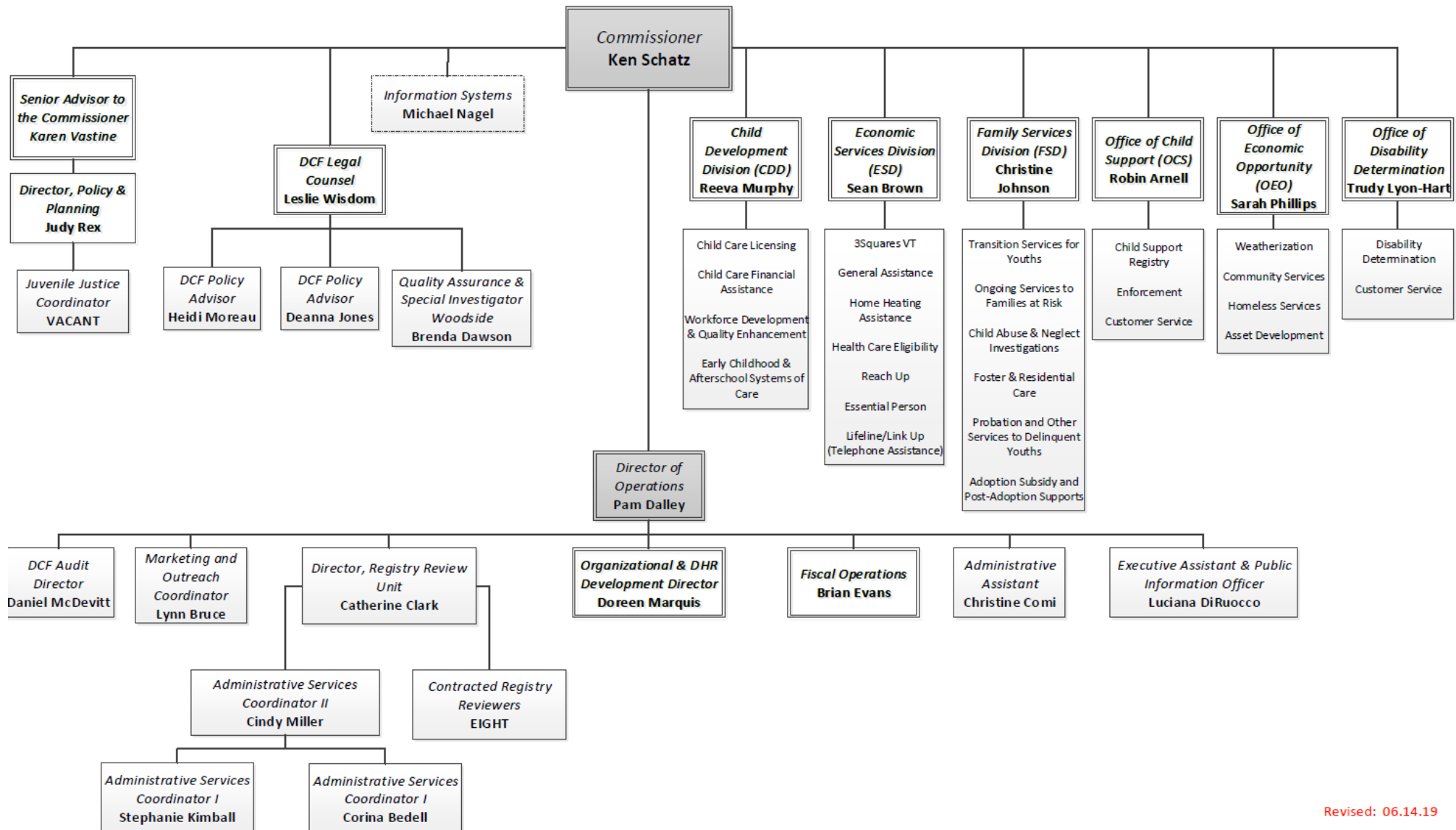
Tier 3 - Functions to be performed, given a *One Week - One Month* disruption. (Highest priority to lowest)

Priority	Function
#1	Ongoing casework services/activities Program services/activities in districts and central office units Routine Licensing of foster care, residential care and child placing agencies

[Training Plan](#)

Please see **Appendix E.**

Appendix A. DCF Organizational Chart



Revised: 06.14.19



STRATEGIC PLAN: 2019 - 2021

OUR VISION

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

OUR MISSION

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

We achieve our mission by working with families to:

- ➔ Keep children and youth safe
- ➔ Keep youth free from delinquent behaviors

And if that is not possible:

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

And if that is not possible:

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

OUR VALUES

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

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

WHAT WE BELIEVE

Children, Youth and Families

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

Staff

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

Foster and Kin Families

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

Communities

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

WHAT WE DO

- Operate a 24-hour Child Protection Hotline
- Investigate and assess reports of abuse and neglect
- Engage families to meet their goals to increase safety
- Seek court involvement when required to keep children and communities safe
- Supervise youth on probation and help repair harm caused by their behavior
- Identify extended family and community supports
- Support safe placements for children and youth
- License and regulate foster homes, residential treatment programs and child placing and adoptions agencies
- Achieve permanency options that are in the best interest of children and youth
- Collaborate within districts, across districts and with central office
- Partner with service providers and other state agencies
- Operate Woodside, the state's only secure facility that serves youth exhibiting harmful behaviors

Goal 1: Review and clarify scope of work to better align with existing resources and priorities.

Strategies

- A.** Review current child safety intervention practices to ensure alignment with our vision, mission and values.
- B.** Review family support case practice to ensure alignment with our vision, mission and values.
- C.** Review current truancy practices to ensure alignment with our vision, mission and values.
- D.** Review impact of recent legislative and policy changes related to our juvenile justice population.

Goal 2: Support continuous improvement and reflection of the work.

Strategies

- A.** Engage district staff around continuous improvement of practice, including the implementation of a strong culture of safety.
- B.** Examine and define expectations for staff to promote consistency across districts.
- C.** Develop and apply processes that support effective implementation of new practice.
- D.** Create opportunities to engage and solicit input from families, youth and children to inform policy and improve practice.
- E.** Review performance and outcome data and contract measurements to inform practice and resource needs.
- F.** Evaluate current contracts to determine the most effective ways to utilize existing funds.

Goal 3: Grow and support a more resilient workforce and improve retention.

Strategies

- A.** Increase access to high quality and effective professional development opportunities for all FSD positions.
- B.** Offer relevant onboarding training and mentoring specific to positions.
- C.** Highlight resource needs that impact Family Services worker's ability to meet the demands of the work.
- D.** Address coverage needs for Family Services workers.
- E.** Improve access to different levels of supervision and support.
- F.** Improve ways to support staff well-being.

Goal 4: Develop effective communication strategies for staff, community and contracted employees.

Strategies

- A.** Identify and implement effective ways staff receive information they need to do their jobs and feel connected to the larger division.
- B.** Create intentional focused messages for the legislature, partners, communities and families.

Goal 5: Engage community agencies, contracted workers and other state entities to leverage resources to support children and families.

Strategies

- A.** Identify & implement ways to create stronger partnerships with community and government agencies and use a shared vision of Vermont's child welfare system.
- B.** Engage and strengthen relationships with other state agencies to identify ways to share resources to support families.
- C.** Create activities that increase judges, lawyers and GALs understanding of our policy, practice and resources that guide our work.
- D.** Engage legal partners to create a courtroom environment that is mutually respectful and psychologically safe for Family Services workers.

Goal 6: Recruit, develop, support and retain kinship and foster homes as guided by the Diligent Recruitment Plan.

Strategies

- A.** Design and implement effective processes and resources that recruit, develop, support and retain kinship and foster homes.
- B.** Increase the availability and capacity of kinship and foster homes that meet the diverse needs of Vermont's children and youth.

Goal 7: Improve technology and business processes.

Strategies

- A.** Highlight the division's need for new IT systems and resources.
- B.** Identify and implement ways to improve case work processes.
- C.** Explore and implement ways to improve business processes.



SUSTAINED HOME VISITING

Nurse Home Visiting Program

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

Family Support Home Visiting Program

Trained professionals from CIS partner agencies deliver a long-term, evidence-informed home visiting program for families through regular visits up to age five. The program strengthens the parent-child relationship, builds social connections, prevents child abuse and neglect, and promotes optimal child development and school readiness.

RESPONSIVE HOME VISITS

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

UNIVERSAL HOME VISITS

Many communities in Vermont offer universal home visits through a range of community partners working together to ensure every family receives 1-3 visits during pregnancy and in the first months of parenting. These visits take many forms to provide a warm welcome and promote social connections, check in on the health and wellbeing of parents and baby, and share information about community resources to meet their needs.

Delivered in partnership with Children's Integrated Services, Vermont Department of Health Division of Maternal and Child Health, and your local community.

Family Time Coordination

The purpose of this document is to provide guidance for family time coordination. When a child enters DCF custody, the family services worker will likely make a referral for this service that will clarify the danger and risk items present in this case. Given this information the coordinator will coordinate the appropriate support needed for family time and will develop a family time plan within 60 days. There may be multiple options for family time utilized at the same time. Specifically, the coordinator will:

- Use information available, including results of family finding, and consider options for family time;
- Address financial challenges including transportation that may be a barrier;
- Identify community-based options to support family time and help connect families to these resources; and
- Conduct a meeting to formalize a plan for the most appropriate option for family time, including location, and how that may change over time.
- This family time plan should include benchmarks for the family to move from one form of support to another.

The goals of family time coordination are to:

- Use the results of family finding efforts to identify natural supports which may directly support the plan for safe and the most appropriate form of contact;
- Determine the most natural, safe setting in which contact may occur. This process shall include the consideration of alternatives to family time coaching; and
- Formulate a family time plan that outlines the most appropriate form of contact, and how the form of contact may change over time.

Please see the Family Services Division's Initial Caregiver Meeting, Shared Parenting Meeting, and Family Time Guidelines Practice Guidance for additional information.

Options for Family Time

Natural Supports – These are people who have a caring connection with the child and parent, are willing to meet with family services staff and contracted providers, understand the harm/danger concerns that exist, and are willing to take action that supports the family and helps keep the child safe. It is important to meet with natural supports and parents to be clear about boundaries, expectations, and detailed logistics about family time. Family and friends can support a parent to participate in community activities. It is important that they have information about any specific needs or other work the parent is doing in family time. Family finding may be an important activity to identify natural supports.

Foster Parent/Kin Caregiver Support – Family time with the foster parent should only occur after a thoughtful process of has occurred. There must be a belief that it can occur safely based on the caregiver having a clear understanding of what is being asked of them and positive regard between the parent and foster parent/kin caregiver. There should be a meeting with the caregiver and family services worker, resource coordinator and/or CFS staff to discuss specific danger and risk factors, abilities, availability, expectations, and boundaries. Following this, there should be a meeting with the parent, caregiver, family services worker, and others if necessary, to discuss expectations and logistics for family time. There needs to be confidence that supporting family time will not destabilize the child’s placement. Shared Parenting Meetings are a useful tool to facilitate the development of relationships between caregivers and parents and can be used to prepare a caregiver to support family time in some way. This option should not be put in place with a new caregiver until a meeting with the caregiver occurs to establish role clarity, clear boundaries and appropriate supports.

Community Activities – The CFS contractor that is helping coordinate and plan family time should have knowledge of community activities that are available and appropriate to support parent child contact. They may include playgroups, library activities, community events such as fairs or holiday celebrations, and/or activities specific to the child – sporting events, extracurricular activities, school events, or appointments. The parent may or may not need support to attend these activities or events with their child. These may present opportunities for unsupported yet structured time.

Monitored – When safety cannot be assured in any other way, a family time monitor that is a paid staff person of either the division or a contractor is present for family time. This staff member is there to make sure that the time is safe for the child. Monitoring is also used when natural supports, the foster parent, or kin caregiver are not available to support family time. Efforts should still be made for the environment to be natural and least restrictive. The parent may have been the subject of an FS-110 and consultation with Staff Safety Manager. This information must be shared with any contracted partner being asked to assist with family time.

Supported – The word “supported” is used in a broad manner throughout this document to mean the many ways that an individual such as a coach, foster parent, natural support, case aide, worker or others might deliver parent child contact.

Supervised Visitation Center – This is a community agency (sometimes the domestic and sexual violence agency or other local providers) that adheres to specific guidelines to promote safe family time or exchange of a child when there is a history of violence perpetrated on one parent, usually the mother, by the other. In some parts of the state, the division has contracts with these centers and family time occurs there when this level of safety and security is necessary.

Court/DCF-FSD Office – There are times when family time needs to be held in these locations due to safety concerns. The parent may have been the subject of an FS-110 and consultation with Staff Safety Manager. This information must be shared with any contracted partner being asked to assist with family time. These are the least desirable locations for family time.

Family Time Coaching (FTC) – This is a highly skilled, primary intervention service designed to help the parent learn to identify and meet their children's needs. Family time coaches develop, through training and practice, a set of parenting coaching skills. There is clinical oversight of the coaches that supports the identification of a child's needs and intervention with the parent aimed at helping them learn how to meet their child's needs. A parent must be ready to engage and benefit from this intervention. This is a time limited service. If a parent is demonstrating new skills, they move beyond this primary intervention. If they are not demonstrating new skills, the service is not having the desired outcome and is discontinued. FTC is not necessary or appropriate for all family time – for instance, if family time is happening 5 days per week, it is not appropriate for all that time to be coached. Natural supports and foster parent/kin caregiver support may augment the parent-child contact plan, and the family time plan should encompass all aspects of contact. Please refer to the Family Time Guidelines for more in-depth guidance regarding the Family Time Coaching model.

	OPTIONS FOR FAMILY TIME			
	GREEN – Unsupported	YELLOW – Natural supports; community activities	ORANGE – Supported through coaching	RED – Most restrictive 1. No contact (typically court ordered); or 2. Monitored via visitation center, court, therapeutic setting, or DCF-FSD office
Level of Collaboration	<ul style="list-style-type: none"> Parent demonstrates willingness and ability to consistently follow the safety plan, work with DCF-FSD, foster parents, and natural supports to ensure child safety 	<ul style="list-style-type: none"> Natural supports have been identified and are willing to support parent/child contact; the parent is willing to work with natural supports and, if applicable, challenging dynamics have been addressed 	<ul style="list-style-type: none"> Relationship dynamics between parents and natural supports may impact reunification efforts Parent demonstrates willingness to engage with coach and develop capacity to safely parent child. 	<ul style="list-style-type: none"> Parent openly refuses, has demonstrated refusal in the past, or is unable to work safely with the Family Time Coach, natural supports, DCF-FSD, or court partners demonstrated by a staff safety incident with the parent requiring an FS-110 and consultation with the Staff Safety Manager
DANGER CATEGORY				
Substance Use	<ul style="list-style-type: none"> Parent is committed to recovery as demonstrated by sustained sobriety/successful MAT, development of a support system in recovery, distance from those engaged in substance misuse, and success in coaching/with natural supports 	<ul style="list-style-type: none"> Parent is not engaged in treatment or there is denial of substance use as an issue Parent is new to treatment and sobriety Natural supports have been (or are willing to be) an active part of supporting safe family time and the FSW has met with the support and the parent to establish clear expectations for safe contact 	<ul style="list-style-type: none"> Parent substance use is primary factor in custody status and parent is actively engaged in treatment and open to working with a coach 	<ul style="list-style-type: none"> Parent is actively using, has attended family time under the influence and impaired, which has had a negative impact on the child Other supportive interventions have not been successful in mitigating this
Domestic Violence (DV) / Intimate Partner Violence (IPV)	<ul style="list-style-type: none"> Parent who is a perpetrator of domestic violence has successfully completed certified Domestic Violence Accountability Program (DVAP) or DV specific parenting program (Caring Dads, Parenting with Respect, etc.) and engaged successfully in coaching where they have done reparative work with the child Parent who is a perpetrator of domestic violence owns the impact of the behavior and demonstrates respect for non-offending parent and the ability to 	<ul style="list-style-type: none"> Parent who is a perpetrator of domestic violence has natural supports that hold him/her accountable for his/her coercive or controlling behavior and are willing to be an active part of supporting contact that is safe for both the child and non-offending parent Natural support has met with FSW and DV Specialist to develop a plan regarding what the above bullet entails 	<ul style="list-style-type: none"> Parent who is a perpetrator of domestic violence has successfully completed certified DV Accountability Program and DV Specialist recommends the parent is ready to engage in the coaching model Parent demonstrates a focus on child well-being and restoring a relationship without undermining the other parent 	<ul style="list-style-type: none"> Parent who is a perpetrator of domestic violence denies harmful impact on the child and family; or has used family time to intimidate the non-offending parent; or has attempted to involve child in controlling the non-offending parent Child is fearful of the perpetrator parent and the child's therapeutic needs indicate that contact is not warranted Parent has criminal court order conditions, RFAs, or other previous

	<ul style="list-style-type: none"> co-parent in a way that is devoid of coercive or controlling behavior Note: Initial consult with DV Specialist should occur 			contact restrictions prior to custody should be considered
Serious Physical Injury	<ul style="list-style-type: none"> If the parent is the perpetrator, successful period in coaching demonstrating safe parenting strategies while parenting under stress/in situation that simulates when the abuse occurred 	<ul style="list-style-type: none"> During CSI phase and parent is alleged perpetrator of serious physical injury Natural supports understand the danger and are a safety 	<ul style="list-style-type: none"> Admission/cause of injury is known, and parent demonstrates willingness to engaging educational model 	<ul style="list-style-type: none"> Denied child abuse Parent that perpetrated the abuse continues to pose a physical and/or emotional threat to the child
Physical & Mental Health	<ul style="list-style-type: none"> Parent has no significant health concerns that impact the ability to care for a child Parent has no significant mental health concerns that impact the ability to care for a child Any health or mental health concerns of parent are adequately managed with recommended treatment 	<ul style="list-style-type: none"> Parent has diagnosed disability with an evaluation that has determined the individual is unable to care for children (for example a seizure disorder that is not managed by medication). Parent has physical limitations associated with meeting the age and developmental needs of the child 	<ul style="list-style-type: none"> Parent has mental health diagnosis of a mood disorder, psychotic disorder, or dissociative disorder (i.e., major depression, bipolar disorder, schizophrenia, dissociative identity disorder) requires third-party verification of treatment and ability to meet child's needs 	<ul style="list-style-type: none"> Parent has a serious, untreated disorder that leads them to be volatile, verbally or physically aggressive, or out of touch with reality; and therefore, presents a danger to the child or others that support family time
Sexual Abuse	<ul style="list-style-type: none"> Parent that perpetrated sexual abuse has successfully completed treatment for sexually harmful behaviors, has done therapeutic reparative work with victim and non-offending parent, and is deemed to be a low risk to reoffend by an expert Protective parent and child have safety plan in place Child is in treatment where disclosures could occur 	<ul style="list-style-type: none"> Parent that perpetrated sexual abuse is actively engaged in treatment to address offending behavior, natural supports have been trained as family time monitors specific to sexual abuse, victim wants contact and reparative work with victim is ongoing (overseen by treatment provider), and victim has safety plan Child is in treatment where disclosures could occur 	<ul style="list-style-type: none"> Child is requesting contact, the treatment provider supports this, and is working with the parent and child to ensure contact can occur in safe and healthy manner 	<ul style="list-style-type: none"> Parent that perpetrated sexual abuse denies child sexual abuse Parent that perpetrated sexual abuse has tried to get the child to recant or re-victimized the child in some way Child does not want contact Child's therapeutic needs indicate that contact is not warranted
Neglect	<ul style="list-style-type: none"> Parent has mitigated the situation that created neglect, understands the risk factors, and has demonstrated an ability to meet child's needs over time 	<ul style="list-style-type: none"> Parent is actively working to address concerns and has demonstrated some new skills in understanding and meeting the child's needs 	<ul style="list-style-type: none"> Parent is ready to engage in parenting skill development, learn about the developmental needs of their child, and engage in the coaching model 	<ul style="list-style-type: none"> Parent is not meeting the needs of the child in family time Parent has demonstrated an inability to develop skills through other interventions
Risk of Harm	<ul style="list-style-type: none"> Parent clearly understands what caused the risk of harm and has mitigated that situation 	<ul style="list-style-type: none"> Parent has awareness of what created the risk of harm, is working towards resolution, and continues to need support to address the risk 	<ul style="list-style-type: none"> Parent is ready to engage in parenting skill development / education to understand and remedy the circumstances that created the risk 	<ul style="list-style-type: none"> Parent does not believe that there is a risk Parent has not benefitted from other interventions

Appendix E. Family Services IVB Training Plan 2020-2024

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

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

Long-Term Training

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

Employees are selected based on experience in public child welfare, job performance and commitment to children and families. They contract to work for the division for 2-4 years following graduation, depending on the level of support provided. Potential employees are selected from a pool of applicants accepted into the MSW/BSW programs based on their work experience and suitability for and

commitment to public child welfare work. They contract to work for the division for 3 years following graduation. There are no changes to the MSW training opportunities.

Short-Term Training for Workforce

The short-term training program for employees and other members of the child welfare system includes classroom and online 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. Any updates that substantially change this plan will result in an updated plan being submitted. CWTP staff participates in various policy and planning groups to ensure training accurately reflects the policy and priorities of the FSD. All social workers, supervisors, resource coordinators and directors are required to complete training requirements in compliance with Family Services Policy 203.

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.

Training Provided by FSD Staff

While most training provided is through collaboration with the CWTP, FSD has staff who are subject matter experts and provide training to FSD staff and other members of the child welfare system outside of the collaboration with CWTP. Some of these trainings are eligible for Title IVE funding, some are funded using other Federal funds, and some are funded entirely through State funds. The staff that provide these trainings positive report their time on their time sheets to the same funding sources listed in the table below.

Short-Term Training for Workforce

New Employee Training

Orientation to Family Services: These five courses are offered online and is open and available to all staff from date of hire.

Topic	Syllabus	IV-E Functions	Venue (C-classroom, OL- online learning)	Hours	Provider	Cost/ Funding Source
*Family Services Division (FSD) Orientation	FSD overview, mission, policy framework, practice model, legal basis, court system, case flow, database navigation, learning culture.	Social work practice, such as family centered practice and social work methods including interviewing and assessment; general overview of child abuse and neglect investigations, cultural competency; development of case plan.	OL	4	CWTP & FSD	100% IV-E @ 75%

Topic	Syllabus	IV-E Functions	Venue (C-classroom, OL- online learning)	Hours	Provider	Cost/ Funding Source
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	OL	3	VT AHS E-Learning	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	OL	2	VT AHS E-Learning	Funded by AHS
Mandatory Reporter Training (Orientation)	Understanding responsibility as a mandated reporter in Child Abuse and Neglect	N/A	OL	2	VT AHS E-Learning	Funded by AHS

Topic	Syllabus	IV-E Functions	Venue (C-classroom, OL- online learning)	Hours	Provider	Cost/ Funding Source
AHS Safety Awareness	<p>The AHS Staff Safety Awareness Training aims to orient new AHS staff to effective strategies for safety and preventing workplace violence. The training defines workplace violence and highlights why AHS employees should pay attention to and participate in prevention efforts. These strategies are highlighted through reporting and intervention which is covered via policy review and reporting mechanisms. The training explains the definition and purpose of being an active bystander and follows the national standard. Recognition of pre-violence indicators as well as some de-escalation techniques are covered.</p>	N/A	OL	3	VT AHS E-Learning	Funded by AHS

Foundations for Child Welfare and Youth Justice Casework Practice, a comprehensive training program for new Family Services Workers and other 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;
- 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.
- Robust feed-back loop between CWTP and FSD related to new employee training expectations, completion of training requirements, and performance in training.

1. Foundations Classroom

This 4 week, 18-day course (108 hours) will be offered **3 times/year**. Training sessions are full-day and will capitalize on interactive, cohort-focused learning. Ideally, staff will begin the classroom session at the onset of week one, however, it is also possible to join mid-stream and complete the classroom requirement in the subsequent session. The curriculum for the classroom portion of Foundations is structured similar to the evolution of the case process, beginning at the start of a case and moving through to case closure. A Foundations Coaching Workbook is in development for SFY2020 for supervisors in order to support the learning of their staff when they come back to the office between and after Foundations training.

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 online 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 Family Services Worker.

All other new FSD staff (administrative support staff, central office staff) complete the Orientation to Family Services Division* course within 4 months of employment as well as 25 hours of Foundations Classroom specific to their job function, and 4 stand-alone distance learning courses within 12 months of hire.

All costs included in the charts below include fees for training space and/or for outside trainers and/or honoraria for parents and youth who are part of panel presentations for training sessions.

Topic	Syllabus	IV-E Functions	Venue (C-classroom, OL- online learning)	Hours	Provider	Cost/ Funding Source
Child Development and Developmental Trauma	Review normal child development, Understand risk and protective factors.	Child development, child social and emotional development, impact of trauma, social work practice including, assessment, development of case plan, cultural competency related to children and families, development of case plan.	C	3	Hired subject expert and CWTP	100% IV-E @ 75% FFP

Topic	Syllabus	IV-E Functions	Venue (C-classroom, OL- online learning)	Hours	Provider	Cost/ Funding Source
Assessment and Investigation Policy and Practice	Mandated reporting law, intake process, policy and practice on conducting assessments and investigations, interviewing children and adults.	N/A	C	12	FSD staff and CWTP	100% CAPTA
Assessment and Engagement Skills and Strategies	Solution-focused skills and strategies, family centered practice. Understanding range of assessment tools. Family Safety Planning, family finding, structured decision-making tools. Avoiding professional dangerousness.	Social work practice, such as family centered practice & social work methods including interviewing and assessment; general overview of child abuse and neglect investigations, risk and protective factors.	C	9	CWTP	100% IV-E @ 75% FFP

Topic	Syllabus	IV-E Functions	Venue (C-classroom, OL- online learning)	Hours	Provider	Cost/ Funding Source
Physical Abuse	Develop ability to assess injuries for physical abuse, understand basic medical terminology, impact of physical abuse on children and families.	Impact of trauma on child development and wellbeing.	C	3	Hired subject expert and CWTP	50% CAPTA 50% IV-E @ 75% FFP
Sexual Abuse	Understand the scope of behaviors and outcomes associated with child sexual abuse. Understand impact on victims. Learn skills for working with children and families impacted by sexual abuse.	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.	C	3	Hired subject experts and CWTP	100% IV-E @ 75% FFP

Topic	Syllabus	IV-E Functions	Venue (C-classroom, OL- online learning)	Hours	Provider	Cost/ Funding Source
Chronic Neglect	Forms of neglect, impact on brain development, complex trauma, attachment, related research, causes, how to assess and address. Working with relative caregivers	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.	C	3	Hired subject expert and CWTP	100% IV-E @ 75% FFP
Case Planning and Permanency	Solution focused decision making through life of a case, developing clear case goals; concurrent planning, safety planning, values of permanency. FSD permanency position paper and related policies. Skills to facilitate	Development of case plan; permanency planning; case management & supervision; referral to service; placement of child.	C	12	CWTP	100% IV-E @ 75% FFP

Topic	Syllabus	IV-E Functions	Venue (C-classroom, OL- online learning)	Hours	Provider	Cost/ Funding Source
	permanency. Family Group conferencing					
Working with Adolescents	Adolescent development/brain development, understand research based interventions for working with youth; learn about the Youth Assessment Screening Instrument (YASI) and motivational interviewing; case planning with youth. Restorative practice, extended care, residential care.	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.	C	6	CWTP, FSD Staff, youth panel, hired subject experts	100% IV-E @ 75% FFP
Working with the Court	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;	C	12	FSD Staff and CWTP	100% IV-E @ 75% FFP

Topic	Syllabus	IV-E Functions	Venue (C-classroom, OL- online learning)	Hours	Provider	Cost/ Funding Source
	Understand and practice witnessing skills. Probation, Woodside & 8 Day Hearings.,	case management and supervision				
Introduction to Domestic Violence and Child Welfare	Increase understanding of the connection between child welfare and domestic violence. Develop understanding of the practice principles for effective response to domestic violence in the context of child protection.	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.	C	3	CWTP and FSD staff.	100% IV-E @ 75% FFP
Introduction to Substance Abuse and Child Welfare	Identify different substances of abuse and the potential implications for safe parenting; Review the	General substance abuse issues related to children and families in the child welfare system; social	C	3	Hired subject matter	100% IV-E @ 75% FFP

Topic	Syllabus	IV-E Functions	Venue (C-classroom, OL- online learning)	Hours	Provider	Cost/ Funding Source
	challenges in engaging with families affected by substance abuse and strategies to overcome the barriers to engagement. Practice screening for substance abuse and identifying possible responses to caretakers impacted by substance abuse.	work practice, such as family centered practice and social work methods including interviewing and assessment. This training is not related to how to conduct an investigation of child abuse and neglect.			expert, CWTP and FSD staff	
Family Time Coaching	Explore policy, principles and philosophy of Family Time Coaching (FTC) and Shared Parenting meetings, learn how to convene and facilitate a Shared Parenting meeting.	Case planning, permanency planning, assessment, impact of trauma on child development and well-being, effects of separation, grief and loss, child development, and visitation.	C	3	CWTP	100% IV-E @ 75% FFP

Topic	Syllabus	IV-E Functions	Venue (C-classroom, OL- online learning)	Hours	Provider	Cost/ Funding Source
Working with Kin	Explore values and practice of engaging extended family in case planning and decisions. 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.	Placement, case planning, permanency planning, working with kin	C	3	FSD staff and CWTP	100% IV-E @ 75% FFP

Topic	Syllabus	IV-E Functions	Venue (C-classroom, OL- online learning)	Hours	Provider	Cost/ Funding Source
Facilitating Successful Placements	Understand practice of selecting and facilitating successful placements to promote successful permanency outcomes. Review placement options for children and youth. Understand ICPC, residential licensing, kinship placements.	Placement, case planning, permanency planning, child development, impact of trauma, working with foster parents and kin.	C	6	FSD staff and CWTP	100% IV-E @ 75% FFP
Monitoring and Planning for Change	Practice the various aspects of child welfare/youth justice social work practice. Put all the topics learned in FFCP together in an experiential day covering the life of a case, with various case types.	Social work practice, such as family centered practice and social work methods including interviewing and assessment.	C	6	CWTP	100% IV-E @ 75% FFP

Topic	Syllabus	IV-E Functions	Venue (C-classroom, OL- online learning)	Hours	Provider	Cost/ Funding Source
Staff Safety	Develop a foundational knowledge of de-escalation strategies and a practical skill set to employ before, during, and after meeting with families in the field and community. Have a working understanding of the child welfare policies that impact and support worker safety daily. Learn how to best utilize coaching, teaming, and supervision to promote and maintain worker, child, and family safety.	Case planning, social work practice, assessment, cultural competence.	C	6	CWTP	50% IV-E @ 75% FFP 50% IV-E @ 50% FFP

Topic	Syllabus	IV-E Functions	Venue (C-classroom, OL- online learning)	Hours	Provider	Cost/ Funding Source
Culturally Responsive Casework	Develop a culturally competent workforce that reviews /examines its work through an anti-racist and humanistic lens; reduce disproportionality and disparity of case outcomes, services and treatment; improve case practice by increasing caseworker knowledge, appreciation of and sensitivity to different cultures; help caseworkers more fully engage with families, better understand family actions/interactions, make culturally appropriate decisions.	Case planning, case work practice, family engagement, cultural competence	C	3	CWTP	100% IV-E @ 75% FFP
Ethics, Power, Supervision, Teaming and Self-Care	Understand the ethics of social work practice in public child welfare and apply the NASW Code of Ethics to ethical dilemmas. Name	Ethics related to public child welfare practice, development of case plan; placement of the child; permanency planning;	C	3	CWTP	100% IV-E @ 75% FFP

Topic	Syllabus	IV-E Functions	Venue (C-classroom, OL- online learning)	Hours	Provider	Cost/ Funding Source
	specific strategies for self-care in the field. Discuss the ethics of closure with children, youth and families. Examine teaming in the child welfare context.	case management and supervision; referral to service, cultural competence.				
Safety Organized Practice: Putting the Tools to Work	Utilizing evidence based structured decision-making tools for reunification planning with children/youth and families when children are in foster care. Using Risk Reassessment tool and Reunification tool identify strategies to ensure that plans are developed to ensure legal permanence whether it be reunification, TPR, or adoption.	Case planning, case management and supervision	C	15	Hired subject experts and CWTP	100% IV-E @75% FFP

Topic	Syllabus	IV-E Functions	Venue (C-classroom, OL- online learning)	Hours	Provider	Cost/ Funding Source

<p>Building and Monitoring Effective Safety Plans</p>	<p>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</p>	<p>Social work practice, such as family centered practice and social work methods including interviewing and assessment; risk and protective factors, assessments to determine whether a situation requires a child's removal from the home; activities designed to preserve and reunify families communication skills required to work with children and families; placement of the child; development of case plan for children in foster care/ at risk of foster care; permanency planning; case management and supervision; referral to services.</p>	<p>C</p>	<p>10</p>	<p>CWTP</p>	<p>100% IV-E @75% FFP</p>
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Topic	Syllabus	IV-E Functions	Venue (C-classroom, OL- online learning)	Hours	Provider	Cost/ Funding Source
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	C	5	CWTP and panel of kin providers	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	Case Planning	C	5	CWTP	100% IV-E @75% FFP

Topic	Syllabus	IV-E Functions	Venue (C-classroom, OL- online learning)	Hours	Provider	Cost/ Funding Source
	Decision-Making Tool, focus on developing behaviorally based plans that address parenting risks and plan for safety					
Safety Organized Practice: Putting the Tools to Work	Utilizing evidence based structured decision-making tools for reunification planning with children/youth and families when children are in foster care. Using Risk Reassessment tool and Reunification tool identify strategies to ensure that plans are developed to ensure legal permanence whether it be reunification, TPR, or adoption.	Case planning, case management and supervision	C	15	Hired subject experts and CWTP	100% IV-E @75% FFP

<p>Building and Monitoring Effective Safety Plans</p>	<p>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</p>	<p>Social work practice, such as family centered practice and social work methods including interviewing and assessment; risk and protective factors, assessments to determine whether a situation requires a child's removal from the home; activities designed to preserve and reunify families communication skills required to work with children and families; placement of the child; development of case plan for children in foster care/ at risk of foster care; permanency planning; case management and supervision; referral to services.</p>	<p>C</p>	<p>10</p>	<p>CWTP</p>	<p>100% IV-E @75% FFP</p>
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Topic	Syllabus	IV-E Functions	Venue (C-classroom, OL- online learning)	Hours	Provider	Cost/ Funding Source
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	C	5	CWTP and panel of kin providers	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	Case Planning	C	5	CWTP	100% IV-E @75% FFP

Topic	Syllabus	IV-E Functions	Venue (C-classroom, OL- online learning)	Hours	Provider	Cost/ Funding Source
	Decision-Making Tool, focus on developing behaviorally based plans that address parenting risks and plan for safety					
Safety Organized Practice: Putting the Tools to Work	Utilizing evidence based structured decision-making tools for reunification planning with children/youth and families when children are in foster care. Using Risk Reassessment tool and Reunification tool identify strategies to ensure that plans are developed to ensure legal permanence whether it be reunification, TPR, or adoption.	Case planning, case management and supervision	C	15	Hired subject experts and CWTP	100% IV-E @75% FFP

3. **Foundations Online**

Currently, the online program consists of 8 online courses that are available through the CWTP online platform and embedded web-based portals.

A. Instructor – Led Courses

Five of these courses are instructor-led course; caseworkers will engage with specific content with an instructor and other learners through the online platform. There are various assignments and discussions in which caseworkers will participate in order to meet the objectives of the course.

B. Self-Directed Courses

3 of these courses are self-directed, which means caseworkers will log-in and proceed according to embedded instructions and prompts. Caseworkers can complete these classes at their own pace and focus on gathering and integrating the information provided in each content area.

Topic	Syllabus	IV-E Functions	Venue (C-classroom, OL- online learning)	Hours	Provider	Cost/Funding Source
Intro to Case Documentation	Understand the importance of and types of documentation throughout the casework process; become familiar with related DCF policies and relevant timelines; document clearly, concisely and objectively.	Job performance enhancement skills, general skills	OL	6	CWTP	100% IV-E at 50% FFP
Domestic Violence Training	Hear about the principles of the Safe and Together Model for assessment of risk, safety and protection specific to domestic violence; Identify behaviors and activities that contribute to and impede child safety, safe parenting and accountability of battering parents.	Assessment and Case Planning with families, referral to services, case management	OL	6	CWTP/Vendor for licenses for course	100% IV-E @ 75% FFP
Intro to Child & Adolescent Development	Understand normal child and adolescent development, including brain development. Explore the impact of trauma.	Case planning, referral to services, case management	OL	6	CWTP	100% IV-E @ 75% FFP

Topic	Syllabus	IV-E Functions	Venue (C-classroom, OL- online learning)	Hours	Provider	Cost/Funding Source
Motivational Interviewing – Introduction to Theory & Practice	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	OL	3	CWTP	100% IV-E @ 75% FFP
Intercultural Responsiveness	Understand the difference between and value of cultural competence and cultural humility and the value of cultural humility in child welfare and youth justice practice; Assess their own degree of cultural competence and strategies to continue to develop. Practice cultural humility in child welfare interactions such as assessment, case planning, and family meetings.	Case planning, case management, placement of the child	OL	4	CWTP & FSD	100% IV-E @ 75% FFP

Topic	Syllabus	IV-E Functions	Venue (C-classroom, OL- online learning)	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	OL	6	CWTP	100% IV-E @ 75% FFP
Permanency for Children in Child Welfare & Youth Justice	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.	Case Planning, permanency, adoption	OL	6	CWTP	100% IV-E @ 75% FFP
The Structured Decision-Making System for Child Protection	Overview of the Structured Decision-Making Tools and how to utilize them in case planning practice with children and families.	Case Planning, Assessment and Reunification	OL	2	CWTP	100% IV-E @ 75% FFP

Topic	Syllabus	IV-E Functions	Venue (C-classroom, OL- online learning)	Hours	Provider	Cost/Funding Source
Substance Abuse for Child Welfare Professionals	This tutorial provides a primer on alcohol and drug addiction, substance abuse treatment and recovery, enhancing treatment readiness and treatment effectiveness, as well as discuss cross-system communication and collaboration, as well as provide contact information for other national resources.	N/A	OL	3	NCSA&CW/ SAMHSA	Free
Introduction to YASI	Preparation for utilizing the Youth Assessment Screening Instrument online and understand best practices for application of effective casework principles and the use of YASI.	Case Planning	OL	4	CWTP	100% IV-E @ 75% FFP

Topic	Syllabus	IV-E Functions	Venue (C-classroom, OL- online learning)	Hours	Provider	Cost/Funding Source
Adoption Competency Training	Cultural Competence Motivational Interviewing for Family Engagement Adoption Competency Secondary Traumatic Stress Core Competencies of trauma informed practice Assessment, formulation, and treatment planning Developmental Trauma Lifespan Development and the Brain Attachment Family Systems	Case Planning	OL	60	CWTP & National Training Institute	100% IV-E @ Adoption Rate

Advanced Practicum Courses

The advanced practicum course content is regularly updated to reflect current knowledge in the field. Advanced training is categorized into 5 training series practicums. Each 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. CWTP and FSD are working on the development of Simulation Lab for Foundations & Foundations Coaching Workbook for supervisors for SFY2020

Topic	Syllabus	IV-E Functions Addressed	Venue (C-classroom, OL- online learning)	Hours	Provider	Cost/ Funding Source
<u>Advanced Practicum #1: Child Abuse and Neglect Series</u>						
Serious Physical Injury	This classroom training will provide opportunities for participants to 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	6	Hired Subject Experts & CWTP	50% CAPTA 50% IVE @ 75% FFP

Topic	Syllabus	IV-E Functions Addressed	Venue (C-classroom, OL- online learning)	Hours	Provider	Cost/ Funding Source
Chronic Neglect	<p>This classroom training will provide opportunities for participants to 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.</p> <p>Participants will explore engagement, assessment and case planning strategies for cases of chronic neglect.</p>	Case Planning, engagement and assessment	C	6	hired Subject Expert, FSD Staff & CWTP	100% IVE @ 75% FFP

Topic	Syllabus	IV-E Functions Addressed	Venue (C-classroom, OL- online learning)	Hours	Provider	Cost/ Funding Source
Sexual abuse assessment, safety planning and case planning	Identify key areas of assessment in safety planning when sexual abuse is a factor in the home environment. Develop engagement strategies for inviting parents to participate in planning for their children when these issues are complicating the relationship between the family and the professionals. Evaluate risk and protective factors as they relate to the context of prevention of placement and reunification. Unpack our values that are surfaced when considering the long term. Generate thoughtful case plans utilizing	Child abuse and neglect issues, such as the impact of child abuse and neglect on a child; assessments to determine whether a situation requires a child's removal from the home; development of case plan for children in foster care/ at risk of foster care; permanency planning; case management and supervision; referral to services, impact of trauma, relational competence. This training is not related to how to conduct an investigation of child abuse and neglect.	C	12	Hired subject expert and CWTP	100% IV-E @ 75% FFP

	assessment skills and collaborative planning.					
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Topic	Syllabus	IV-E Functions Addressed	Venue (C-classroom, OL- online learning)	Hours	Provider	Cost/ Funding Source
Human and Sex Trafficking	<p>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.</p> <p>Identifies the characteristics that place children and youth at risk of sex trafficking. Identifies the needs of children and youth sex trafficking victims or survivors. Identifies the characteristics that place children and youth at risk of sex trafficking. Identifies the needs of children and youth sex trafficking victims or survivors. ^[1]_{SEP} Uses trauma-informed, gender-specific, and culturally responsive approaches.</p>	Case planning, risk factors, policy & planning.	C	6	CWTP	100% IV-E @ 75% FFP

Topic	Syllabus	IV-E Functions Addressed	Venue (C-classroom, OL- online learning)	Hours	Provider	Cost/ Funding Source
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	6	Hired Subject Experts & CWTP	100% IVE @ 75% FFP
Advanced Practicum #2: Trauma Informed Practice and Resilience Series						
Developmental Trauma	Understand and identify the key signs, symptoms, impacts and manifestations of trauma, disrupted attachment, and childhood adversity in children and adults. Understand, recognize, and responding to the effects of all types of <i>trauma</i> .in case and safety plans.	Assessment, engagement, case planning	C	6	CWTP	100% IVE @ 75% FFP

Topic	Syllabus	IV-E Functions Addressed	Venue (C-classroom, OL- online learning)	Hours	Provider	Cost/ Funding Source
Motivational Interviewing	<p>Review the stages of change and key elements of the motivational interviewing framework;</p> <p>Identify areas within casework where a motivational interviewing can be useful;</p> <p>Apply motivational interviewing skills and techniques in a variety of situations;</p> <p>Demonstrate understanding of the various aspects of motivational interviewing and be able to select the best technique for a given situation.</p>	Assessment, Case planning, facilitating meetings, permanency	C	5	CWTP & focus expert	100% IVE @ 75% FFP
Early Childhood Development	Understand research on the impact of early maltreatment and trauma on the developing brain. Understand early child development and ways to intervene to protect this vulnerable population.	Child social and emotional development and well-being; impact of trauma	C	5	Hired subject expert, FSD staff and CWTP	100% IVE @ 75% FFP

Topic	Syllabus	IV-E Functions Addressed	Venue (C-classroom, OL- online learning)	Hours	Provider	Cost/ Funding Source
Using CANS to assess and plan	Understand how to use the CANS to understand the needs and strengths of the children, youth and families; apply knowledge of this assessment tool to effective decision -making and ongoing assessment activities.	Assess, engagement and decision making	OL	3	CWTP	100% IVE @ 75% FFP
Normalcy and Prudent Parenting	Provide an introduction to Normalcy. Provide an overview of legal definitions and guidelines for normalcy. Identify the Primary Stakeholders and their roles and responsibilities. Identify how to put the requirements into case work practice.	Case planning, facilitating placements, permanency, well-being	OL	4	CWTP	100% IVE @ 75% FFP
Advanced Practicum #4: Youth Justice Series						

Topic	Syllabus	IV-E Functions Addressed	Venue (C-classroom, OL- online learning)	Hours	Provider	Cost/ Funding Source
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.	OL & coaching with subject expert	30	Licenses for OL classes purchased from Orbis and distributed through CWTP to FSD Staff.	100% IV-E @75% FFP
8 Day Hearings	Learn the process, roles, and criteria for 8-day hearings when a child is placed a Woodside Learn the process, roles, criteria and criteria for 8-day hearings.	Delinquent youth in foster care	OL	4	FSD Staff	100% State Funds

Topic	Syllabus	IV-E Functions Addressed	Venue (C-classroom, OL- online learning)	Hours	Provider	Cost/ Funding Source
Gang Violence	Identifying gang-related behaviors in youth, prevention strategies and ways to work with law enforcement	Interventions and strategies for working with gang-involved youth	OL/C	3	FSD Staff & Focused Expert	100% State Funds
Harm Reduction/ Motivational Interviewing and Rapport Building with High Risk Youth	Learn about the history of Harm Reduction Practice. Explored examples of applied Harm Reduction around the world. Discussed how personal bias could impact the use of Harm Reduction. Identified how policy, law and service intent can both support and hinder the use of Harm Reduction. Understand the risks and rewards of practicing Harm Reduction	Delinquent youth at risk of or in foster care, Increase protective factors, case planning	C	5	CWTP & FSD Staff	100% State Funds

Topic	Syllabus	IV-E Functions Addressed	Venue (C-classroom, OL- online learning)	Hours	Provider	Cost/ Funding Source
Youth Thrive	Understand the impact of trauma on adolescent development, assets and strengths-based youth development approaches, relational youth work, and culturally responsive services. More time is allowed for discussion, thinking through implications, and reflecting on how to integrate the Youth Thrive™ concepts into current practices	Increase protective factors of youth, casework practices, case planning, well-being assessment	C	12	CWTP & Hired Subject Experts for TOT	100% IVE @ 75% FFP
Restorative Family Group Conferences & Circles	Practice-based training to understand and run circles, Review and explore the values of Restorative Justice and the positive impact it can have in your work, Explore the concept of family as it connects to the Restorative Family Group Conferencing model, Explain the Restorative Family Group Conferencing model and the values, principles and skills that underpin it and when and why you would convene one,	Working with youth who are in foster care or at risk of foster care	C	3-5 days	Hired Subject Experts & CWTP	100% IVE @ 75% FFP

Topic	Syllabus	IV-E Functions Addressed	Venue (C-classroom, OL- online learning)	Hours	Provider	Cost/ Funding Source
Youth Justice Summit	This conference brings together FSD staff, Family Court judges, GALs, BARJ staff, diversion staff, Corrections and attorneys to increase knowledge in youth justice practice, including practice with delinquent youth in state's custody. Workshop topics may include restorative justice, adolescent brain development and others.	Working with delinquent youth who are in foster care or at risk of being in foster care.	C	5	Hired subject experts, FSD and CWTP	100% IVE @ 75% FFP
Advance Practicum #5 Permanency & Case Planning Practicum						
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
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	12	FSD/CWTP	100% IVE @ 75% FFP

Topic	Syllabus	IV-E Functions Addressed	Venue (C-classroom, OL- online learning)	Hours	Provider	Cost/ Funding Source
Planning for permanency: legal permanency, family engagement, and working with transition age youth	Understanding how to build collaboration to achieve permanence for youth who may age out of the foster care system. Identifying independent living plans	Foster Care, Adoption, Guardianship	C	6		100% IVE @ 75% FFP
Stand Alone Advanced Trainings						
Basic Forensic Interviewing	Basic forensic interviewing skills for social workers conducting interviews as part of a child abuse investigation.	N/A	C	16.5	National Child Advocacy Center	100% CAPTA
Advanced Forensic Interviewing	Advance forensic interviewing skills for social workers conducting interviews as part of a child abuse investigation.	N/A	C	16.5 hours	National Child Advocacy Center	100% CAPTA

Topic	Syllabus	IV-E Functions Addressed	Venue (C-classroom, OL- online learning)	Hours	Provider	Cost/ Funding Source
Family Services Division Conference	<p>Responding to and developing a Safety Culture</p> <p>Identify strategies from high reliability organizations to apply to child welfare</p> <p>Connection between the vulnerability of a worker and the vulnerability of a child within their family.</p>	<p>Worker safety and resiliency, child safety, organizational culture</p> <p>The Safety Culture toolkit provides certain strategies and tactics such as: huddles, distraction free zones, checklists, SBAR, the red ball, resilience rounds, spaced education, etc.</p>	C	<p>12</p> <p>1 6-day conference Offered twice</p>	Expert Consultant and CWTP	100% IVE at 50% FFP
Ethics	<p>Understand the ethical and professional expectation of your role as FSW; Identify ethical challenges/tensions that emerge in child welfare work; strategize responses to ensuring adherence to the code of conduct and ethical standards.</p>	<p>Assessment, engagement, decision-making, case planning</p>	C	3	Expert Consultant and CWYP	100% IVE at 50% FFP

Topic	Syllabus	IV-E Functions Addressed	Venue (C-classroom, OL- online learning)	Hours	Provider	Cost/ Funding Source
Working with LGBTQ Youth	Understand the unique needs of LGBTQ youth in custody or at risk; Create equity and responsivity to these needs; Identify strategies to minimize bias in decision-making.	Assessment, engagement, placement	OL and District office	5	Expert consultant and 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	5 2 x per year	FSD Staff CWTP provides admin support to enter classes into AHS Linc	100% IVE at 50% FFP

Topic	Syllabus	IV-E Functions Addressed	Venue (C-classroom, OL- online learning)	Hours	Provider	Cost/ Funding Source
Family Finding	<p>Learn information about current Family Finding best practices;</p> <p>Identify strategies for Vermont to increase the impact of Family Finding on case outcomes;</p> <p>Understand how to address challenges inherent in Family Finding to build engagement with families</p>	Case Planning, Placements, case management, foster care	C	12	Expert Consultant & CWTP Staff	<p>75% Kinship Navigator Funding</p> <p>25% IVE @ 75% FFP</p>
Database Training	<p>Utilizing data to support best practices</p> <p>Learn how to access key database portals for casework;</p> <p>Understand the various utility of each database;</p> <p>Provide information regarding confidentiality, information sharing and documentation for ongoing casework activities.</p>	Case Planning, case management	OL & C	3	CWTP & FSD CQI staff	100% IVE @ 50% FFP

Topic	Syllabus	IV-E Functions Addressed	Venue (C-classroom, OL- online learning)	Hours	Provider	Cost/ Funding Source
Inter-cultural Agility	Develop skills to increase success in interactions with people from cultures different from one's own with the objective of building positive, respectful relationships and minimizing the possible negative impacts caused by cultural differences.	Case management skills, Assessment and planning and engagement with families	OL & C	6-24	CWTP	100% IVE @ 75% FFP
Using Restorative Justice Practices in Child Welfare and Youth Justice Practice	Explore the use of a range of circle meetings held to build and maintain relationships and to repair harm and deal with conflict. Understanding the purpose of the meeting; Being able to identify relevant participants	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.	C	5	CWTP	100% IVE @ 75% FFP

Topic	Syllabus	IV-E Functions Addressed	Venue (C-classroom, OL- online learning)	Hours	Provider	Cost/ Funding Source
Staff Safety in the Field	<p>Deepen knowledge of de-escalation strategies and a practical skill set to employ before, during, and after meeting with families in the field and community. Have a working understanding of the child welfare policies that impact and support worker safety daily.</p> <p>Learn how to best utilize coaching, teaming, and supervision to promote and maintain worker, child, and family safety.</p>	Case planning, social work practice, assessment, worker retention and worker safety	C	5	CWTP	<p>50% IV-E at 50% FFP</p> <p>50% IV-E at 75% FFP</p>

District-Based Training & Coaching for FSD Workforce

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

Within the context of the Family Services Practice Model, topic areas, frequency, and duration of training and coaching in districts is mutually agreed upon by CWTP, the FSD Operations Manager, and each district's leadership team by completing a Collaborative Learning Agreement. A menu of topic areas will be identified such as: Cultural Responsiveness, Ethics, Advance Practicum Series, and Substance Abuse & Domestic Violence. Districts will use their outcome data to direct the development of their Collaborative Learning Agreements with CWTP with the goal of improving the outcome data. CWTP will support collaboration and learning with FSD contracted experts such as LUND Substance Abuse Case Managers and Domestic Violence Specialists, as needed. Community partners and other DCF department staff are invited and welcome at the discretion of the district director.

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 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 Title IV-E program.

Course	Syllabus	IV-E Functions Addressed	Venue (C-classroom, OL- online learning)	Hours	Provider	Cost/ Funding source
Leadership Training Series						
FSD Orientation for Directors, Supervisors & Managers*	Discuss the various policies key to the leadership role. Identify ways to provide leadership with the district. Clarify effective ways to collaborate and partner within the division. Develop techniques and strategies to enhance supervision of staff. Develop skills to be effective Directors, Supervisors & managers.	Budget, Management, Supervision, Team Leadership	OL	5	CWTP	100% IV-E at 50% FFP
Supervisors Foundations Overview	Overview of Foundations for Child Welfare and Youth Justice Practice Course, Coaching FAQ, and Training Check list for use with new Family Services Workers	Supervising Case Work Practice in Family Services	OL	6	CWTP & Family Services Staff	100% IV-E at 50% FFP

Course	Syllabus	IV-E Functions Addressed	Venue (C-classroom, OL- online learning)	Hours	Provider	Cost/ Funding source
Child Welfare Coaching Institute	Apply methods of inquiry to elicit the experience of the learner, support learners in developing learning goals, recognize specified coaching skills demonstrated during video or live coaching sessions, practice self-reflection in coaching learners, facilitate effective interactive feedback with learners following learning activities, create plan and goals for integrating coaching skills into daily practice.	Social work practice, such as family centered practice and social work methods including interviewing and assessment; communication skills required to work with children and families; placement of child, development of case plan for children in foster care and at risk of foster care, case management and supervision	C	12 2 x per year	CWTP and Family Services staff	100% IV-E @ 75% FFP

Course	Syllabus	IV-E Functions Addressed	Venue (C-classroom, OL- online learning)	Hours	Provider	Cost/ Funding source
Advanced Coaching Clinics	Increase knowledge, skills and confidence in coaching skills	Social work practice, such as family centered practice and social work methods including interviewing and assessment; communication skills required to work with children and families; placement of child, development of case plan for children in foster care and at risk of foster care, case management and supervision	C	5 1-3 x per year	CWTP	100% IVE @ 75% FFP
Leadership Academy for Supervisors	Leading in Context, Leading People, Leading Change, Leading for Results	Leadership Development in Child Welfare Practice	OL & Learning Networks	50	CWTP	100% IVE @ 50% FFP
Leadership Academy for Middle Managers	Leading in Context, Leading People, Leading Change, Leading for Results	Middle Management Leadership Development in Child Welfare Organizations	C	24	CWTP & Subject Matter Experts	100% IVE @ 50% FFP

Course	Syllabus	IV-E Functions Addressed	Venue (C-classroom, OL- online learning)	Hours	Provider	Cost/ Funding source
SDM Case Reading Training & Coaching	Develop skills to provide Quality Assurance of SDM tool implementation, reading and assessing competence of staff.	Supervision, oversight of casework practice and case work skills.	Go To meeting, OL and C	5-25 1-2 x year statewide and up to 12 times in each district	CWTP & NCCD	100% IVE @ 50% FFP
Additional Courses						

Course	Syllabus	IV-E Functions Addressed	Venue (C-classroom, OL- online learning)	Hours	Provider	Cost/ Funding source
Building Effective Strategies for Teaching	Supporting Educational Teams to build strategies for working with children who are at risk of or who have emotional/behavioral challenges, using multi-tiered systems of supports	This course will expose students to the components necessary to implement a successful multi-tiered system of supports framework within an academic or social context area. Students will focus on developing and understanding the data, systems, and practices to work with children who are at risk of foster care	OL & C	60	Center on Disability and Community Inclusion faculty	100% IVE @ 75% FFP

Court Related Short-Term Training

Training for Guardians ad Litem, Provided by Judicial Branch

Course	Syllabus	IV-E Functions addressed	Hours	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	N/A	32 4 times yearly	National CASA (under VOCA) and Court Improvement Program	4 events per fiscal year National CASA (under VOCA) and Court Improvement Program.

Training Provided by FSD Staff

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

Training for IV-E System of Care Service Providers

Most of the above trainings are also available to foster parents, kin caregivers, adoptive parents, workers in residential programs, case managers, state employees in other departments, and other community practitioners providing services to children in custody, assuming slots are available. The training calendar is available online with links provided to those in the child welfare system.

Cost Allocation Methodology for Workforce Training

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

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

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

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

Caregiver Training

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

Foundations for Kin, Foster and Adoptive Families is required for all families providing care for children and youth in custody. Family Services Division offers regular orientation for perspective foster parents, at Orientation perspective foster families are provided the contact and information to access Foundations Online. For new foster parents who do not attend orientation, the district resource coordinator is responsible for providing the information to access Foundations Online. Once a new foster parent completes the Online classes, they are invited to the Foundations [Learning Network \(in person\) Sessions](#). These must be completed

within the first year of a placement. Additional advanced online courses are available for foster parents and Fostering to Forever is required for families that will be adopting through the foster care system and is offered as a classroom training and an online course.

Course	Syllabus	IV-E Functions Addressed	Venue (C-classroom, OL- online learning)	Hours	Provider	Cost/ Funding source
Foundations Online & Classroom	Licensing Overview, Role and Resource Utilization, Fundamental Relationships, Safety, Development, Attachment, Trauma, Trauma Informed Parenting Skills, Court, Permanency	Preparation of foster, kin and potential adoptive caregivers to care for children in state's custody	OL & C	20 OL 9 C 4 x per year in each of 12 districts	Hired trainers	100% IV-E @ 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 & OL	3.5 C up to 24 x per year 3.5 OL	Hired trainers & CWTP	100% IV-E Adoption Rate

Advanced Training for Caregivers

The CWTP works with FSD Central Office Staff, District staff and caregiver groups to identify topics for regional advanced training for kin, foster and adoptive caregivers. Advanced training will include Resource Parent Curriculum Plus (RPC+) training of trainers, RPC+ regional offerings, Mentoring online training, LGBTQ+ 101, Commercial Sex Trafficking, Court Overview, Safety Awareness for Caregivers and Normalcy/RPPS, Fundamentals in Trauma Informed Practice and Adoption Competence, and already existent online offerings. Deeper Dive courses will be offered after the completion of Foundations. These regional classes will be offered once or

twice per year. The KFAF Team will be developing their professional skills in coaching over FY20 to offer coaching to temp-trainers and the system of care.

Course	Syllabus	IV-E Functions Addressed	Venue (C-classroom, OL- online learning)	Hours	Provider	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	8-16 2 x per year	CWTP	100% IV-E @ 75% FFP

Course	Syllabus	IV-E Functions Addressed	Venue (C-classroom, OL- online learning)	Hours	Provider	Cost/ Funding source
Resource Parent Curriculum+ TIPS (Trauma Informed Parenting Skills)	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	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	30 2 regional x per year	CWTP	100% IV-E @ 75% FFP

Course	Syllabus	IV-E Functions Addressed	Venue (C-classroom, OL- online learning)	Hours	Provider	Cost/ Funding source
Youth Life Skills	<p>Develop skills and abilities of caregivers to support youth toward independent living.</p> <p>Able to actively support older youth in accessing transitional services towards independence/adulthood in attempt to support permanency</p>	Fostering youth who are approaching independence and require an independent living plan	C	3 -6	CWTP	100% IV-E @ 75% FFP
Substance Use	<p>Covers terminology and slang term for street drugs, increases 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 ability to discuss and support prevention of substance abuse with youth</p>	Developing skills to care for children and youth affected by substance use	C	3-6	CWTP	100% IV-E @ 75% FFP

Course	Syllabus	IV-E Functions Addressed	Venue (C-classroom, OL- online learning)	Hours	Provider	Cost/ Funding source
Mental Health	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	3-6	CWTP	100% IV-E @ 75% FFP

Course	Syllabus	IV-E Functions Addressed	Venue (C-classroom, OL- online learning)	Hours	Provider	Cost/ Funding source
Respecting Differences	Covers cultural responsiveness, bias, racism, the concept of culture and one's own experience and the impact it can have on caregiving. Additionally, covers issues specific to refugees and immigrants, resources for supporting a non-English language speaker/reader, ability to help children resolve issues related to cultural differences	Developing skills to enhance the care for children and youth who have different cultural backgrounds	C	3-6	CWTP	100% IV-E @ 75% FFP

Course	Syllabus	IV-E Functions Addressed	Venue (C-classroom, OL- online learning)	Hours	Provider	Cost/ Funding source
Adverse Childhood Experiences	Covers 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 explain different types of early childhood adversity/trauma and may focus on one specific type of adversity per training (i.e. childhood sexual abuse, witnessing domestic violence)	Developing skills to better provide care for and support permanency for children and youth impacted by early childhood adversity	C	3-6	CWTP	100% IV-E @ 75% FFP
Vicarious Trauma & Self Care	Exploration of vicarious trauma and the importance of self-care for caregivers, assists caregivers in developing and maintaining self-regulation plan	Developing and practicing skills to decrease vicarious trauma impact, increase self-care and assist in decreasing burnout (increase retention)	C	3-6	CWTP	100% IV-E @ 75% FFP

Course	Syllabus	IV-E Functions Addressed	Venue (C-classroom, OL- online learning)	Hours	Provider	Cost/ Funding source
CPR & First Aid	Provide opportunity 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	3-6	Hired Subject Experts	100% IV-E @ 50% FFP
Caregiver Peer Mentoring	Train mentors on 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	OL	3	CWTP	100% IV-E @ 75% FFP

Course	Syllabus	IV-E Functions Addressed	Venue (C-classroom, OL- online learning)	Hours	Provider	Cost/ Funding source
Commercial Sexual Exploitation of Children Training for Caregivers	Covers the child welfare system response to child sex trafficking (CST) and the role of foster parents/caregivers, explains Federal definition of sex trafficking, the risk factors associated with children and youth who are victims of, or at risk for, sex trafficking, the impact of sex trafficking on survivors, response to youth who are in foster 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.	OL	3 Self-Guided OL ongoing	CWTP	100% IV-E @ 75% FFP

<p>Safety Awareness for Caregivers</p>	<p>Covers preventive strategies to preserve safety, reduce threats/risks, and promote well-being and self-care, the importance of awareness, assessment, anticipation, and action as they relate to caregiver safety, define the common stages of threat/violence escalation, including when not to engage, describe potentially dangerous scenarios/ situations caregivers may encounter, increases knowledge of de-escalation techniques that may reduce vulnerability during tense interactions, identify components of policy and practice that keep caregivers safe and learn how policy actively supports caregiver safety, identify local resources and steps to enhance personal</p>	<p>Preparation of foster caregivers to care for children in state's custody through increasing safety awareness and development of de-escalation and safety planning skills.</p>	<p>OL</p>	<p>3</p> <p>Self-Guided OL ongoing</p>	<p>CWTP</p>	<p>100% IV-E @ 75% FFP</p>
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Course	Syllabus	IV-E Functions Addressed	Venue (C-classroom, OL- online learning)	Hours	Provider	Cost/ Funding source
	safety and safety of children in the home.					
Caring for Opioid Exposed Infants	Covers addiction and recovery for those with Substance Use Disorder relating to Opiates, prepare foster/kin/adoptive parents for caring for opiate exposed infants through instruction in NAS (Neonatal Abstinence Syndrome), overview of physiological/ psycho/social development of infants, defines role of the DCF foster parent in caring for NAS babies, provides community resources to assist in this responsibility	Develop knowledge and skills among caregivers to be able to provide care for infants and young children that have been exposed to opiates.	OL	6 OL avail ongoing	CWTP	100% IV-E @ 75% FFP

Course	Syllabus	IV-E Functions Addressed	Venue (C-classroom, OL- online learning)	Hours	Provider	Cost/ Funding source
LGBTQ+ 101: Caring for LGBTQ youth in care	Covers support and affirmation of 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 foster, kinship or adoptive caregivers may encounter.	Develop knowledge and skills among caregivers to provide care for LGBTQ youth in custody and promote placement stability.	OL	3 online	CWTP & Hired Expert	100% IV-E @ 75% FFP

Course	Syllabus	IV-E Functions Addressed	Venue (C-classroom, OL- online learning)	Hours	Provider	Cost/ Funding source
FUNDAMENTALS in Trauma Informed Care and Adoption Competence	Two separate FUNDAMENTALS (online modules) are available: one in Trauma Informed Practice (with a total of 11 modules) and one in Adoption Competency (with a total of 4 modules). This training provides the fundamental knowledge necessary to effectively work with children and families through a trauma informed and adoption competent lens, while providing concrete skills that will improve a caregiver's capacity to effectively implement evidence informed treatments	Improve placement stability and permanence by enhancing the social and emotional well-being of Vermont's Children and youth through the implementation of family engaged, adoption competent, trauma informed and evidence-based services and supports	OL	30 Avail ongoing	CWTP	100% IVE Adoption Rate



Course	Syllabus	IV-E Functions Addressed	Venue (C-classroom, OL- online learning)	Hours	Provider	Cost/ Funding source
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	12	Hired subject experts, CWTP, community Partners	\$54,000 100% 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	5	Hired subject experts, CWTP, community Partners	\$2,000 100% IV-E @ 75% FFP

Course	Syllabus	IV-E Functions Addressed	Venue (C-classroom, OL-online learning)	Hours	Provider	Cost/ Funding source
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	5	Hired subject experts, CWTP, community Partners	100% IV-E @ 75% FFP

Additionally, foster/adoptive parents are offered additional classroom advanced training available through external trainers such as CPR/First Aid, trainings through Prevent Child Abuse Vermont and the full day training Mental Health First Aid. Additional online training from CWTP through the FUNDAMENTALS in Trauma Informed Practice and Adoption Competency online modules (a total of 15). Both Foster Parent College and Adoption Learning Partners courses are purchased using approximately \$1000 and distributed by Resource Coordinators in each district.

[Cost Allocation Methodology for Caregiver Training](#)

The Family Services Division has a single system for application, home study and approval of foster parents, kinship care providers, and adoptive parents. Caregivers who participate in caregiver training have often indicated their interest in both short-term care, and adoption. In Vermont, over 90% of adoptions are by foster parents even when these same foster parents did not initially become involved to be

adoptive parents. All guardianship assistance families are relatives who are licensed foster parents. For these reasons, through our caregiver training, we prepare caregivers for all kinds of care, including permanent care through adoption or guardianship.

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

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

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