



Department for Children and Families

Family Services Division

2025-2029 Child and Family Services Plan

Prepared by,

Carlie Thibault, BSW
Quality Assurance Administrator, FSD
280 State Drive
Waterbury, VT 05671
Phone: (802)-585-4857
E-mail: Carlie.Thibault@vermont.gov

Jennifer Hall
Quality Assurance Administrative Services Coordinator, FSD

Thanks to the following for their contributions:

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

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Section 1: Vision and Collaboration

Vision & Mission

The Vermont Department for Children and Families' (DCF) aims to foster the healthy development, safety, well-being, and self-sufficiency of Vermonters.

Its Family Services Divisions' (FSD) vision is that Vermont's children and youth live free from abuse, neglect, and youth offending, in resilient families that are supported and valued by their communities.

FSD's mission is to engage families, foster and kin caregivers, partner agencies, and the community to increase safety and law abidance for Vermont children and youth. FSD seeks to additionally support staff in the work they do with children/youth, service providers, caregivers, and families as well as create positive worksite cultures and environments within each FSD District Office across the State.

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.

We believe that:

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

Collaboration

The Family Services Division values meaningful partnership with its stakeholders and community partners in every aspect of teaming, system reflection and evaluation, and the development and evolution of policies and practices. We strive to ensure stakeholders are engaged in providing input on practice and policy updates, so the division can best serve the children, youth, and families in Vermont. In Round 4 of the CFSR, Vermont received a Strength rating for Item 32: Coordination of CFSP Services with other Federal Programs.

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

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

To ensure active and intentional collaboration across the broader child welfare system to promote the safety, permanency, and well-being of the children, youth, and families served by the child welfare system in Vermont, FSD will continue to engage with the following stakeholder groups:

- Vermont has been a part of the **Reclaiming Futures** (RF) learning community since 2015. Reclaiming Futures is a national initiative that provides guidance to promote juvenile justice reform, to reduce youth involvement in the criminal justice system and to help youth lead meaningful lives. RF helps young people in trouble with drugs, alcohol, and crime. The work in Vermont is focused on our largest county, Chittenden County. Representatives of the legal community, the judiciary, youth justice, restorative justice, substance use treatment providers, the community, and state agencies serve on the Leadership Team which meets monthly.
- The **Restorative Justice Consortium** is comprised of state government, education, higher education, victim services and community restorative justice providers. The consortium meets monthly and works collaboratively to develop infrastructure and capacity to support, expand, and evaluate community and restorative justice in Vermont.
- The **Balanced and Restorative Justice (BARJ) program** is an arm of the youth justice system that provides support to youth who are at-risk for involvement in the juvenile justice system or have been adjudicated delinquent and may or may not be on probation with DCF- Family Services. Every other month we meet with the BARJ case managers to explore areas of practice that enhance the work with youth.
- The **Juvenile Justice Stakeholders Group** consists of representatives from the Judiciary, Juvenile Defender, Department of Corrections, DCF, States Attorney, and Victim Advocates. The group has been meeting since 2016 to develop legislation to move juvenile jurisdiction reform forward in Vermont.

- The **Coordinating Funds and System Needs** interagency collaboration group consists of representatives of various Agency of Human Services departments (DCF, FSD, DAIL, DMH) and meets monthly. The purpose of this group is to focus on the child/youth system to discuss:
 - where there is alignment across our departments/divisions.
 - coordination about incoming proposals (Foundations, RFPs issued) and think more long-term in our approach as an agency.
 - what is being measured and contracted for? Is this giving AHS the impact they want?
- The **Families Come First Prevention Workgroup** is a workgroup that involves department staff, agency staff, as well as external stakeholders. This group meets to review and weigh in on the progress around implementing the Families First Prevention Services Act in Vermont, as outlined in its 5-year Prevention Plan.
- The **CFSR Steering Committee** is a group that formed in 2022 with the purpose of gathering information for the statewide assessment, to include identifying strengths, areas needing improvement (through root cause analysis) and sharing strategies for the future. This committee will also oversee the CFSR PIP and use data to inform progress on PIP items.
- The **Vermont Commission on Native American Affairs (VCNAA)** is charged by law to recognize the historic and cultural contributions of Native Americans in Vermont, to protect and strengthen Native American heritage, and to address needs in state policy, programs, and actions. The Commission develops policies and programs to benefit Vermont's Native American Indian population. FSD attends VCNAA meetings to collaborate and provide pertinent updates about our intersecting work.
- The **Vermont In-Depth Technical Assistance (IDTA) Core Team** is a multidisciplinary team receiving support from the National Center on Substance Abuse and Child Welfare (NCSACW). The goal of the group's IDTA is to increase Vermont's capacity to improve the safety, health, permanency, and well-being of infants and families affected by prenatal substance exposure.
- The **Foster Care Quality Improvement (QI) Team** is a multidisciplinary team which meets monthly to oversee Vermont's Health Care Oversight and Coordination Plan and the overall status and evolution of policies and practices impacting the health and mental health of children and youth in foster care.
- The **Trends Monitoring Workgroup** is a multidisciplinary team which meets quarterly to oversee and analyze the Psychotropic Medications Quality Improvement Collaborative (PMQIC) in Vermont, with a goal of improving the use of psychotropic medication among children and youth in foster care.
- The DCF-FSD **Human Trafficking Workgroup** is a multidisciplinary child protection team which discusses human trafficking risk factors and prevention, themes of victimization within Vermont communities, the evolution of practice and system responses, and data/trends. Team members bring draft documents and confidential information to the group to process as a think-tank, develop policies and procedures, and enhance coordinated system responses.

- **Vermont Network Against Domestic and Sexual Violence** and Family Services collaborates in various ways to support the work of children protection throughout the state. From 2020-2024 this collaboration has remained strong and is vital to meeting the needs of Vermonters affected by Domestic and Sexual Violence. DCF FSD Domestic Violence Specialists (DVSs) meet with Rural Grant partner organizations quarterly and interact on an as needed basis in cross collaborative work for families working with FSD and needed throughout the year to engage the supportive services of the Rural Grant Network partners.

Section 2: Assessment of Current Performance in Improving Outcomes

Vermont submitted our CFSR Round 4 Statewide Assessment in March of 2024, and completed our CFSR onsite review the week of May 6th, 2024. Vermont chose a Children's Bureau led CFSR and plan to partner closely with the Children's Bureau during the PIP process. At this time, Vermont is awaiting our final report meeting related to the CFSR, which is currently scheduled for September 9th, 2024. Due to the incredibly close timing of the submission of Vermont's CFSR Statewide Assessment, the onsite review, and the submission of this CFSP, Vermont has not conducted additional data analysis from what was provided in the statewide assessment. The OSRI preliminary CFSR Round 4 ratings for Vermont are provided in Figure 1.

Figure 1: Child and Family Services Review Round 4 Outcomes Table

CFSR Round 4	Spring 2024 CFSR *Preliminary Rating (N= 65)
Safety Outcome 1	Timeliness of Initiating Investigations of Reports of Child Maltreatment: Item 1: 65% (N= 13) Applicable: 20 cases
Safety Outcome 2	Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care Item 2: 46% (N=11) Applicable: 24 Cases
	Risk and Safety Assessment and Management Item 3: 52% (N= 34) Applicable: 65 cases
Permanency Outcome 1	Stability of Foster Care Placement Item 4: 75% (N=30) Applicable: 40 cases
	Permanency Goal for Child

	<p>Item 5: 30% (N=12) Applicable: 40 cases</p>
	<p>Achieving Reunification, Guardianship, Adoption, or Another Planned Permanent Living Arrangement</p> <p>Item 6: 35% (N=14) Applicable: 40 cases</p>
Permanency Outcome 2	<p>Placement With Siblings</p> <p>Item 7: 65% (N=13) Applicable: 20 cases</p>
	<p>Visiting With Parents and Siblings in Foster Care</p> <p>Item 8: 47% (N=15) Applicable: 32 cases</p>
	<p>Preserving Connections</p> <p>Item 9: 85% (N=33) Applicable: 39 cases</p>
	<p>Relative Placement</p> <p>Item 10: 76% (N=28) Applicable: 37 cases</p>
	<p>Relationship of Child in Care With Parents</p> <p>Item 11: 55% (N=16) Applicable: 29 cases</p>
Well-Being Outcome 1	<p>Needs and Services of Child, Parents, and Foster Parents</p> <p>Item 12: 23% (N=19) Applicable: 65 cases</p>
	<p>Child and Family Involvement in Case Planning</p> <p>Item 13: 36% (N=23) Applicable: 64 cases</p>
	<p>Caseworker Visits With Child</p> <p>Item 14: 49% (N=32) Applicable: 65 cases</p>
	<p>Caseworker Visits With Parents</p>

	Item 15: 23% (N=13) Applicable: 57 cases
Well-Being Outcome 2	Educational Needs of the Child Item 16: 76% (N=35) Applicable: 46 cases
Well-Being Outcome 3	Physical Health of the Child Item 17: 60% (N=29) Applicable: 48 cases
	Mental/Behavioral Health of the Child Item 18: 47% (N=20) Applicable: 43 cases

As indicated in Figure 1, Vermont did not achieve 95% or greater on any OSRI item. We anticipate working closely with CB, the Capacity Building Center, and the state to create a PIP that targets FSD's greatest areas in need of improvement.

[Child & Family Outcomes & Systemic Factors](#)

As stated above, FSD's capacity has been incredibly limited due to federal reviews and reporting in a very short timeframe. As such, the information in FSD's CFSR Round 4 Statewide Assessment is the most up-to-date document available regarding child and family outcomes and systemic factor functioning and plans for the future. Rather than including a copy of it within this document, we have added it as an attachment to the CFSP. Once Vermont's CFSR Statewide Assessment is publicly available, we will provide a link. Additionally, CFSR PIP goals and strategies will be included in the first APSR submission.

[Plan for Enacting the State's Vision](#)

While Family Services has many approaches to supporting the work of child protection throughout Vermont, six key areas of focus have been identified for the 2025-2029 CFSP to enact our vision of ensuring Vermont's children and youth are living free from abuse, neglect and delinquency, in resilient families that are supported and valued by their communities. The six areas of focus are:

- Racial Equity and Anti Racism
- System of Care (SOC)
- Families Come First (FCF) (formerly FFPSA)
- Safety Culture
- Continuous Quality Improvement (CQI)
- Safety Organized Practice (SOP)

As of the submission of this CFSP, Vermont was awaiting the CFSR Round 4 final results. Vermont's CFSR on-site review was held the week of 5/6/2024 and the final results/PIP kick off meeting is scheduled for 9/9-9/10. With the detailed information the CFSR can provide, Vermont Family Services looks forward to the opportunity to dive deeply into our areas of strength and need to create the CFSR PIP, which will be the driver of practice shifts for the next several years. The following sections provide information about each of the six areas of focus as well as goals, objectives, activities, and measurements.

Vermont plans to provide more goals and activities in the first APSR of this CFSP, due June 30th, 2025, so that we can include CFSR PIP activities. Additionally, we will provide a timeline for the achievement of each activity in the first APSR so that we can align the CFSP and CFSR PIP work.

Racial Equity and Anti Racism

In June 2020, the Vermont Department for Children and Families, Family Services Division (FSD) created a Statewide Racial Equity Workgroup (SREW) and charged it with the following mission: The purpose of the FSD Racial Equity Workgroup is to focus on addressing issues of racial inequity and creating systemic changes within Vermont's child welfare and youth justice system and beyond, as that work intersects with our community partners, to achieve racially just outcomes. The SREW created subcommittees to delve into specific areas of practice and our collection, use, and reporting of race and ethnicity data. The subcommittees are:

- **Tribal Relations/Collaboration**
- **Engaging Families about Race and Culture**
- **Staff Education/Training**
- **Employee Retention, Recruitment, Support and Promotion**
- **Foster Care & Permanency**
- **Centralized Intake and Emergency Services (CIES)**

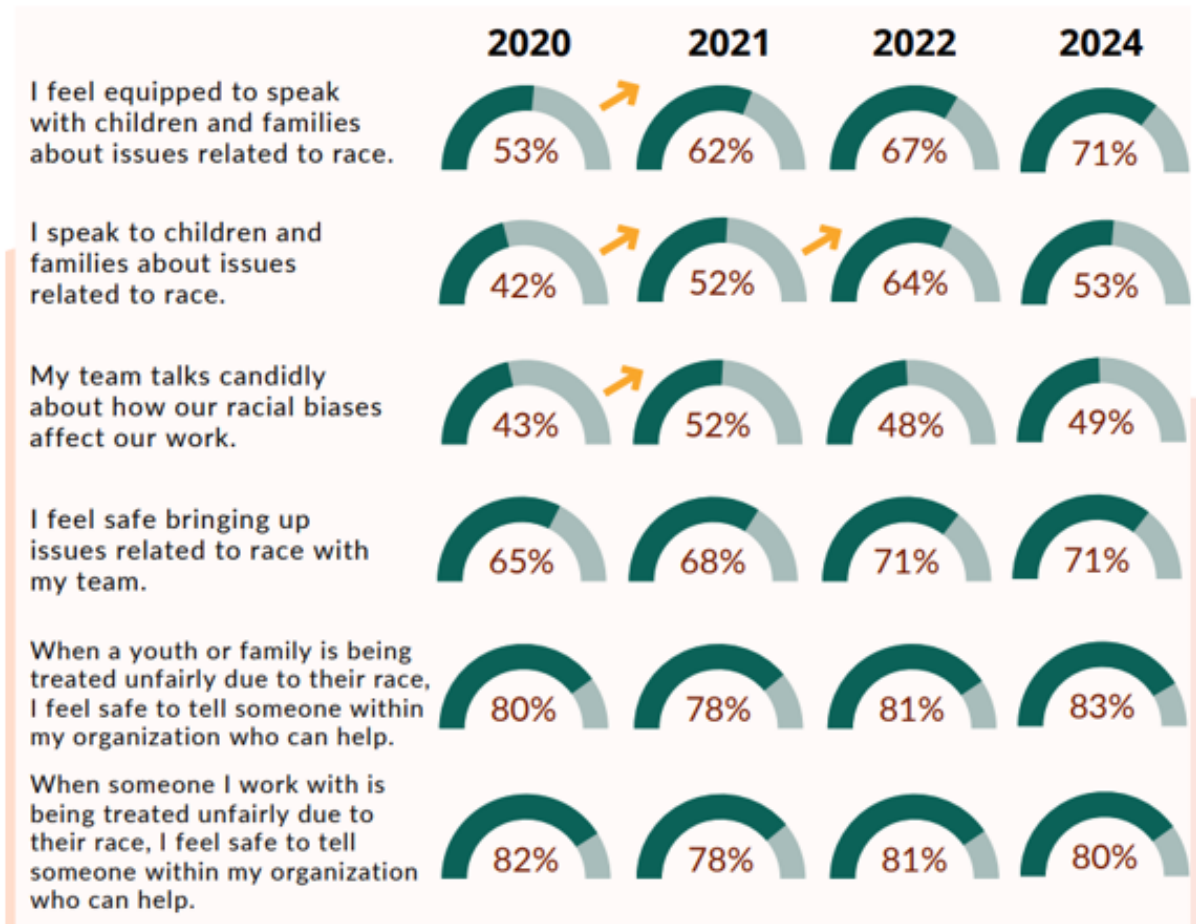
The SREW Executive Sponsors empowered the SREW and its subcommittees to be bold, break out of the Division's traditional top-down approach to changes in practice, and try new approaches in support of its mission.

In January/February 2024, a total of 223 (56% response rate) staff from Vermont FSD completed the Safety Culture Survey, an organizational assessment that examines aspects of an agency's culture and operations. Vermont FSD has chosen to include several race equity questions on the Safety Culture Survey over the years, and the following figures provide some of the response ratings between 2020-2024:

Figure 2: Race Equity Questions from FSD's 2024 Safety Culture Survey

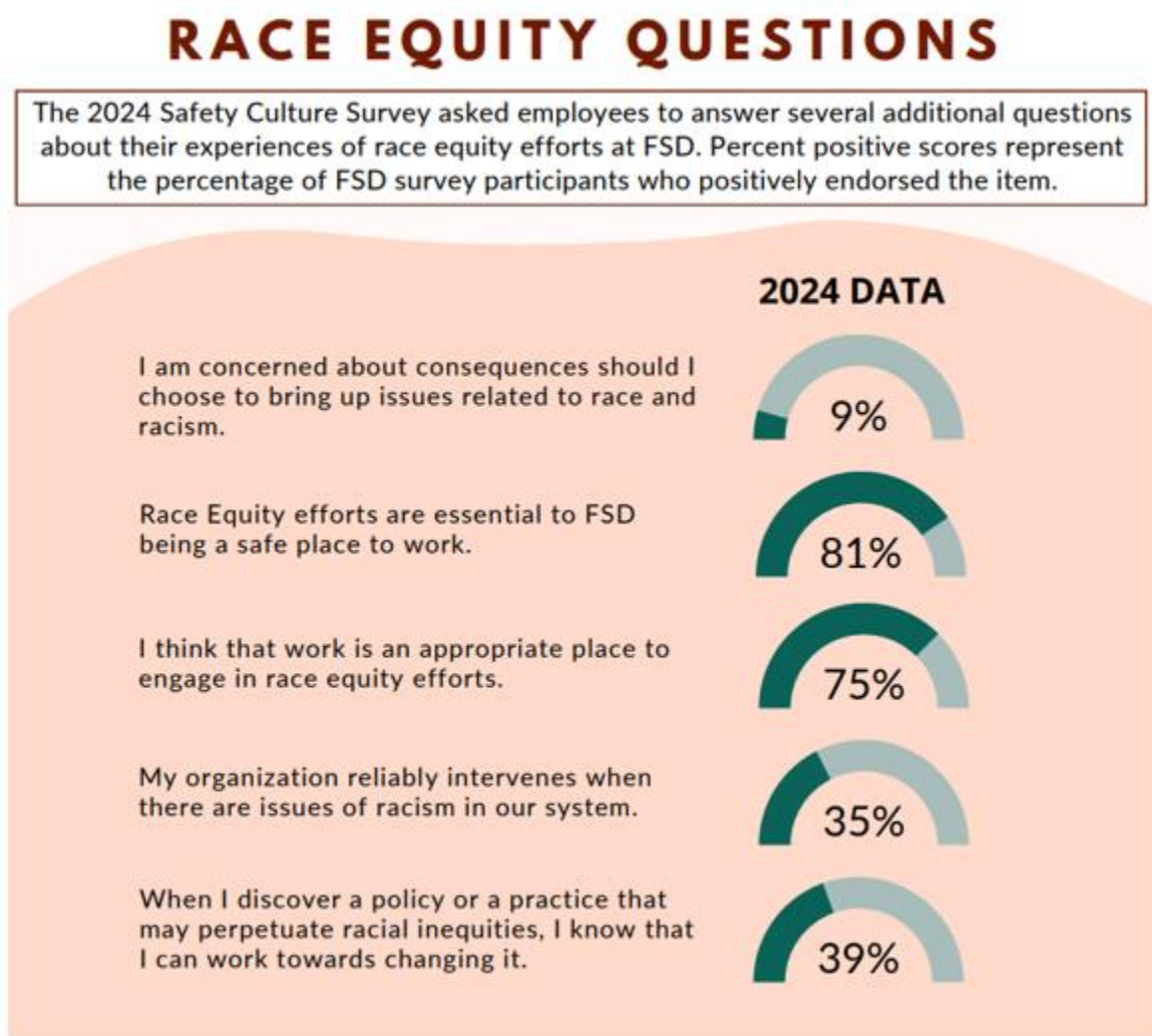
RACE EQUITY QUESTIONS

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



Data Source: 2024 Vermont Safety Culture Survey results

Figure 3: Race Equity Questions from FSD's 2024 Safety Culture Survey

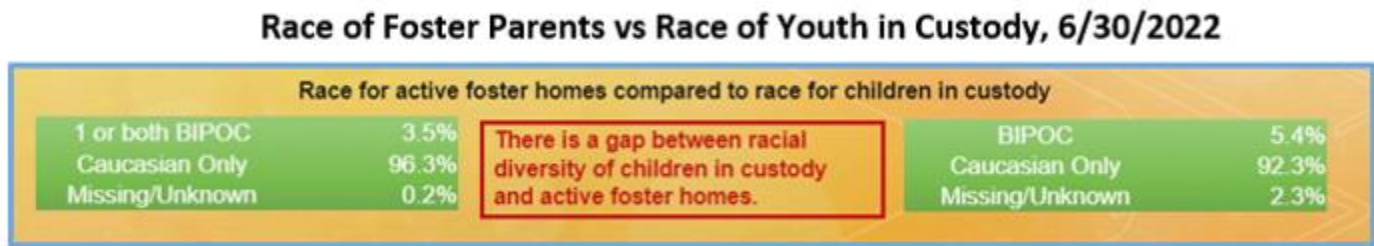


Data Source: 2024 Vermont Safety Culture Survey results

While improvements have been noted in the areas of staff comfortability discussing race issues with children, families, and teammates, there is also much room for growth. This is underlined in the last two questions of Figure 3 as it relates to system response to issues of racism (35% in agreement) and the ability to work toward changing policy and practices that may perpetuate racial inequities (39% in agreement).

We also know that there are opportunities to increase the number of licensed BIPOC foster parents. As of 6/30/2022, in 3.5% (n=33 homes) of foster homes one or more caregiver was BIPOC and in 96.3% (n=889) of foster homes caregivers were Caucasian only. During the same period, 5.4% (n=58 youth) of youth in custody were BIPOC and 92.3% (n=984 youth) were Caucasian, resulting in more BIPOC youth in custody than BIPOC foster home providers (see Figure 4 below).

Figure 4: Race of Foster Parents vs Race of Youth in Custody, 6/30/2022



Data Source: CFSR Steering Committee slides

With the above information in mind, the following goal was established to support the ongoing work of not only the SREW team, but FSD as a whole as we work to achieve racially just outcomes.

- **Racial Equity and Anti Racism Goal:** Increase the percent of survey participants who positively endorse the race equity questions on the Safety Culture Survey.
 - **Racial Equity and Anti Racism Objective:** The SREW and subcommittees will continue to create space for FSD staff, children, youth, families, foster/kinship providers, and the community, to discuss racial inequities and racial bias that may be perpetuated by our system.

Racial Equity and Anti Racism Measurements of Progress:

Racial Equity and Anti Racism Activity 1: Create a process combining the Statewide Racial Equity Workgroup (SREW) champions with the positional leadership in the Division Management Team (DMT) to inspire, engage, and support this work in a larger scope.

Racial Equity and Anti Racism Activity 1 Measurement

- a. Increase in the percent of survey participants who positively endorse the following question on the race equity scale of the Safety Culture Survey: When I discover a policy or a practice that may perpetuate racial inequities, I know that I can work towards changing it.

Racial Equity and Anti Racism Activity 2: Create a policy related to supporting & affirming BIPOC children.

Racial Equity and Anti Racism Activity 2 Measurement

- a. Have a policy in place by the Final Report of this CFSP that address how FSD supports and affirms BIPOC children.

Racial Equity and Anti Racism Activity 3: Recruit more BIPOC foster caregivers.

Racial Equity and Anti Racism Activity 3 Measurement

- a. 5% or more of licensed foster homes will be comprised of 1 or more BIPOC caregivers.

Racial Equity and Anti Racism Activity 4: Use Exit Interview data to determine the impact of racial equity on FSD employee retention.

Racial Equity and Anti Racism Activity 4 Measurement

- a. The addition of racial equity questions on the FSD Exit Interview template.
- b. Available data on how many FSD staff report racial equity issues as a reason for transitioning out of their position.

Alignment with the CFSR PIP: Desired outcomes for children, youth, and families and Systemic capacity expected to improve (if applicable) related to Racial Equity and Anti Racism work in FSD:

- a. Achieve racially just outcomes for the children, youth, and families we serve as well FSD staff.
- b. CFSR Permanency
- c. CFSR Item 26: Initial Staff Training
- d. CFSR Item 27: Ongoing Staff Training
- e. CFSR Item 35: Diligent Recruitment of Foster and Adoptive Homes

Additional supports needed to implement, achieve and sustain the Racial Equity and Anti Racism goal and objective:

- Funding for consultation with experts in Racial Equity and Anti Racism work
- Collaboration with the FSD Diligent Recruitment team
- Ongoing support of SREW from DCF & FSD leadership

[System of Care](#)

The current system of care (which includes the High-End System of Care (HESOC), as well as other residential care settings within Vermont) continues to operate at reduced capacity as compared to pre-pandemic overall bed count. Though the Department continues to make concerted efforts to support the health and growth of the existing system of care, the overall number of available residential beds remains roughly the same as it was in December of 2022. Residential capacity is currently running at 68% of the licensed capacity. When compared with pre-pandemic levels, the system is running at 55% of the previously contracted capacity. The following table describes the capacity within Vermont's in-state contracted youth system of care. The system described here serves the youth needs of both the Departments for Children and Families and Mental Health. Levels of care are ordered from highest to lowest acuity. This chart continues to reflect incremental growth within the system of care.

Figure 5: Capacity of In-State Contracted Residential Programs as of 11/17/2023, Statewide

Capacity of In-State Contracted Residential Programs as of 11/17/2023, Statewide

Level of Care	Pre- Pandemic Contracted Capacity	Current Licensed Capacity	Actual Capacity- November 17, 2023	Actual Capacity (Percent of Pre-pandemic Contract)	Actual Capacity (Percent of Current Licensed Capacity)
Secure Programming	16	0	0	0%	0%
Crisis Stabilization	20	19	13	65%	68%
Mental Health Emergency Beds	16	18	13	81%	72%
Short Term Stabilization	14	16	6	43%	38%
Intensive residential	75	46	44	59%	96%
Community Based Residential	55	58	31	56%	53%
Total	196	157	107	55%	68%

Data Source: DCF Raise the Age, High-End System of Care Status Update, December 2023

The most significant barrier to restoring full operational capacity to programs serving youth continues to be difficulty hiring and retaining front line staff. Also critical is the acuity of needs of youth as seen by front line staff. Higher acuity needs require programs to support youth with higher staffing ratios. This means some youth require a higher staffing ratio due to acuity. Even where some programs have found some success during this reporting period recruiting and retaining staff, higher needs in the milieu do not necessarily translate to increased bed counts. The need to staff at a higher ratio artificially reduces the “actual capacity.” This is particularly true of crisis stabilization programs, who maintain youth that do not easily fit into other residential settings.

In 2022, Vermont identified four levels of care most critically needed to stabilize the placement system of care. These four levels of programming include: secure stabilization, secure treatment, community-based stabilization and psychiatric residential treatment. Since identification of need, the State has made significant headway on all four fronts.

Short-Term Secure Stabilization and Treatment Programs:

The largest project (and most immediate need) is to develop access to architecturally secure programming within the state. Because both urgency and desire for the highest quality programming are needed for this population, the Department is advancing both temporary and permanent solutions simultaneously.

The permanent solution involves developing a secure campus that contains both short term stabilization and longer-term treatment programs. Both programs will be served by a common core space that houses education, recreation, wellness, and administration components. The campus will include an eight bed stabilization program and a six bed treatment program. The department has selected a project developer and potential building site in Vergennes, Vermont and has begun community engagement and stakeholder feedback activities for facilities permitting, design, oversight, and operations. Construction is anticipated to commence in the summer of 2025, with a goal of program operations commencing in the summer of 2026.

While progressing on the timeline for a permanent secure campus, the state has continued the development of a temporary secure crisis stabilization program in Middlesex, Vermont. This program would only serve up to four youth at a time. Renovations have occurred to “harden” the existing structure and has engaged a service provider to begin operations this summer (August, 2024).

Staff-Secure Crisis Stabilization Beds:

The Department has continued to work with Buildings and General Services (BGS) and the Windham County Sheriff’s Department to develop a three-bed crisis stabilization program in Brattleboro, Vermont. This program is not a locked facility and will be operated by an independent treatment provider. Construction is slated to occur this year. It is anticipated that the program will be operational by this winter (December, 2024).

Psychiatric Residential Treatment Facility (PRTF):

The Department, in conjunction with the Departments of Mental Health and Disabilities, Aging and Independent Living, has issued an RFP to develop a 15 bed PRTF in Vermont. This RFP has yielded a successful bid, and the departments are currently engaging with the bidder in contractual negotiations. The departments hope to see this program operational by the summer of 2024.

The Department continues to stand behind the values that led to the passage of the “Raise the Age” legislation, which expands the age of juvenile jurisdiction beyond the age of 18. Science is clear that the human brain is in development well into a person’s mid-20’s. The adaptability of the adolescent mind is a tremendous strength. Simultaneously, the developing mind is more inclined to prioritize reward over risk. This is typical and healthy of youthful development - but can lead to situations that present danger to families, communities, or the youths themselves. Vermont has implemented the initial phase of the initiative, which is to have most youth up to the age of 19 served by the department and family courts for delinquency.

Given the challenges associated with Vermont’s residential system of care and subsequent impacts, the Department has successfully advocated a temporary delay of the second phase of implementation (to include 19-year-old defendants). To successfully accommodate the anticipated broader population of youth to be served, the Department has identified a pathway including five areas of resource needs. The first four of these resources must be in place prior to continued juvenile jurisdiction expansion, and the last is a sustained project that will take years to complete. The five areas are:

1. An operating secure crisis stabilization program.
2. Additional juvenile services specific family services worker (FSW) positions allocated to the Family Services Division workforce.
3. An expansion of the current BARJ budget - to help offset some of the supervisory responsibilities for non-custodial probation youth.

4. Transition-age-specific residential program access
5. Committed, ongoing financial support for a Comprehensive Child Welfare Information System (CCWIS) system.

The department will continue to update lawmakers via legislative reporting on the five areas of needs and other systemic factors during 2024. Unless the legislature chooses to adjust the timelines of the law, it is set to take full effect on April 2025.

In November 2023, FSD did a data dive into the 21 youth in custody eligible for or receiving developmental services as of 11/22/2023. The following information highlights some of the findings from that work:

- The average # of days in custody for these youth was 1131.3 days.
 - The minimum # of days in custody for these youth was 19 and the maximum was 3687 days.
 - *The average # of days in custody for all kids in custody as of 10/29/2023 was 608.7 days (N=949)*
 - **Takeaway: 66.7% of DS & DS Eligible youth in custody as of November 2023 had been in custody for longer than 501 days**
 - **Takeaway: The average number of days in custody for DS youth is almost 2x that of the overall custody population.**

- The average # of placements (all placements) for those DS youth was 8.2 placements.
 - The minimum # of placements was 2 and the maximum # of placements was 26.
 - *The average number of placements for all kids in custody as of 10/29/2023 was 2.8.*
 - **Takeaway: 61.9% of DS & DS Eligible youth in custody as of November 2023 had 6 or more placements.**
 - **Takeaway: On average, DS youth in custody experience 3x more placements than all youth in custody as of 10/29/2023.**

Figure 6: Number of Placements for all DS & DS Eligible Youth in Custody as of 11/22/2023

Number of Placements for all DS & DS Eligible Youth in Custody as of 11/22/2023											
0-5		6-10		11-15		16-20		21-30		Total	
%	#	%	#	%	#	%	#	%	#	%	#
38.1%	8	38.1%	8	14.3%	3	4.8%	1	4.8%	1	100.0%	21

Data Source: List of DS Youth provided by Specialized Services Unit, as of 11/17/2023. Data pulled from SSMIS and FSDNet.

With the needs of some of Vermont’s most vulnerable youth in mind, FSD has selected the follow goal, objective, measurements, and activities related to our System of Care:

- **System of Care Goal:** FSD will continue to advocate and create service opportunities for youth with developmental disabilities so they can remain safely in their homes and be served in their home state instead of being disproportionately placed out of state

- **System of Care Objective:** DCF-FSD will work with other departments including the Department of Aging and Independent Living (DAIL) and the Agency of Education (AOE) to create a continuum of care for youth that qualify for an intellectual disability or autism.

System of Care Activities and Measurements of Progress:

System of Care Activity 1: DCF-FSD will develop and renew a Memorandum of Understanding with DAIL to include DAIL eligible youth being given quality service in-state to include increased access to developmental services.

System of Care Activity 1 Measurement

- a. This will be measured by an increase in Developmental Services Waivers. As of the writing of this plan, there were 7 youth in custody on DS waivers.
- b. This will also be measured by fewer DS youth in residential care

System of Care Activity 2: DCF will develop a crisis response to DS youth coming into DCF custody (develop a VCIN bed)

System of Care Activity 2 Measurement

- a. Vermont Crisis Intervention Network (VCIN) bed will be functioning
- b. There will be a decrease in the number of HESOC staffings for DCF FSD youth.

System of Care Activity 3: DCF will advocate with AOE to develop appropriate educational opportunities for DS eligible youth

SOC Activity 3 Measurement

- a. This will be measured by less youth being brought to the Case Review Committee (CRC) without an educational placement and less youth being in residential care.

Alignment with the CFSR PIP: Desired outcomes for children, youth, and families and Systemic capacity expected to improve (if applicable) related to System of Care work in FSD:

- a. Youth with developmental disabilities can remain safely in their homes and be served in their home state.
- b. CFSR Permanency & Well-being
- c. CFSR Item 29: Array of Services
- d. CFSR Item 30: Individualizing Services
- e. Item 32: Coordination of CFSP Services with Other Federal Programs

Additional supports needed to implement, achieve and sustain the System of Care goal and objective:

- Ongoing funding for the secure treatment facility and the support of the community
- Mandates from DCF leadership that all Departments collaborate to stabilize the system of care, especially as it relates to youth with developmental disabilities.
- State and federal funding to bring a Comprehensive Child Welfare Information System (CCWIS) to Vermont to allow for data driven decisions around targeted supports needed within the System of Care.

Families Come First


Following the adoption of the Family First Prevention Services Act (FFPSA), the Department for Children and Families (DCF), Family Services Division (FSD), set out to examine improvements needed within our system to support the vision of keeping families together through prevention services. Vermont's 5-Year FFPSA Prevention Plan was approved in April 2022 and includes two Evidence-Based Practices (EBPs) to be provided by our service provider network: Motivational Interviewing (MI) and Parent Child Interactive Therapy (PCIT). As we worked to implement FFPSA, it became evident there are many initiatives underway that all support the goal of keeping families together whenever safely possible. These include, but are not limited to:

- A practice shift to support families who have no danger items identified on their *SDM Safety Assessment* to decline ongoing services
- Intentional inclusion of feedback and expertise from people with lived experience in planning
- Work underway through the Statewide Racial Equity Workgroup (SREW)
- Safety science reviews of child fatalities
- Updates to our mandated reporter training to reduce implicit bias in reporting
- Efforts to make court processes more consistent throughout the state
- Supporting kinship connections

In order to better align with our vision for system-wide practice and cultural shifts, Vermont has rebranded "FFPSA" to "Families Come First" (FCF). This work requires not only a shift in practice, but a shift in values, as our workforce is tasked with both ensuring child safety and elevating the voices of families. This work can be incredibly nuanced and challenging, which sometimes results in variation when implementing new practices, especially as our workforce continues to grapple with diminished capacity.

As part of our FCF practice shifts, it is vital that we continue to include the feedback and knowledge of people with lived experience. We believe people with lived experience deserve fair compensation, as the accrual of knowledge without compensation is exploitative. We have not yet found a simple or consistent avenue to compensate individuals fairly for their time and expertise across all areas of need. Examples range from participation in an ongoing committee or workgroup setting, as a one-time member of a panel conversation, participation in focus groups or surveys, or another method of meaningfully providing feedback. We intend to continue exploring options to elevate voices of lived experience and authentic partnership to improve our work.

 **Families Come First Goal:** Implement Prevention work as outlined in our 5 year Prevention Plan.

 **Families Come First Objective:** Continue to engage with staff, the community, and the Capacity Building Center for States to design, develop, implement, and track Prevention Plan success.

Families Come First Activities and Measurements of Progress:

Families Come First Activity 1: Engage the stakeholder workgroup in making recommendations to the Core Team around QRTP component implementation, starting with Aftercare, to align all in-state congregate care programs with best practice

Families Come First Activity 1 Measurement

- a. The Core team will have a list of Aftercare recommendations, provided by the Implementation Team, that includes robust stakeholder input.

Families Come First Activity 2: Engage the Prevention Implementation Workgroup in making recommendations to the Core Team about strategies, practice changes, and evidence-based interventions necessary for transition to prevention-focused child welfare practice and thereby eliminate children/youth from unnecessarily coming into care

Families Come First Activity 2 Measurement

- a. The Core team will have a list of recommendations, provided by the Implementation Team, that includes robust stakeholder input and focuses on necessary changes to move toward a prevention-focused child welfare system.
- b. Once strategies are implemented, success will also be measured by fewer children entering custody.

Families Come First Activity 3: VT will continue its participation with a multi-state collaboration to design, implement, and evaluate a new Kinship Navigation program for consideration by the Title IV-E Prevention Services Clearinghouse

Families Come First Activity 3 Measurement

- a. Continued FSD presence at the multi-state collaboration meetings
- b. Implementation of the program model
- c. Ability to track and provide program fidelity data
- d. Completion of required evaluation activities.

Families Come First Activity 4: Continue to work with our Center for States partners to develop and implement strategies to effectively engage those with lived expertise at all decision-making points, whenever possible

Families Come First Activity 3 Measurement

- a. A position created within FSD dedicated to lived expertise inclusion and sustainability

Families Come First Activity 5: Continue to communicate and advocate with other levels of state government, including the Agency of Human Services, to ensure policy alignment and necessary resources.

Families Come First Activity 4 Measurement

- a. Scheduled meetings between FSD and AHS throughout the CFPS reporting period to discuss Families Come First work.

Alignment with the CFSR PIP: Desired outcomes for children, youth, and families and Systemic capacity expected to improve (if applicable) related to Families Come First work in FSD:

- a. Increased availability of preventative services in Vermont, with the ultimate outcome of fewer children entering custody.
- b. CFSR Safety, Permanency, and Well-being
- c. CFSR Item 29: Array of Services
- d. CFSR Item 30: Individualizing Services
- e. CFSR Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR

Additional supports needed to implement, achieve and sustain the Families Come First goal and objective:

- DCF and FSD leadership support to move toward a prevention-focused child protection system
- Funding to create a Lived Expertise position in FSD.
- Support from the Center for States

Safety Culture

Safety culture is one in which our values, attitudes, and behaviors support a safe, engaged workforce, and reliable service delivery. It is not just about the safety of our children and families (although that is the ultimate goal); it is also about the physical and psychological safety of our staff to ensure they can make the best decisions possible in support of our children and families. Recent and current efforts to grow Vermont's safety culture include:

- Creation of a Staff Safety Manager position and Safety Specialist position
- Creation of the HOPE (Helping Our Peers Excel) Team including 3 HOPE clinicians
- Allocation of resources when staff safety concerns arise
- Ongoing Safety Culture Workgroup
- Structured Decision-Making Tools
- Mandatory Consults
- Staff Safety Interventions
- Huddles
- Incident Debriefs
- PDSA small tests of change
- Feedback to leadership (Supervisors, DDs, Ops, FSMT) regarding psychological safety
- Use of safety culture survey
- Use of District Listening Sessions
- Feedback and refinement of Staff Safety Interventions and HOPE Team

The field of child protection and youth justice involves high risk, high consequence decision making in an environment that is dynamic and complex. Unlike other professional fields where problem fact patterns can be matched with known solutions, our interventions and outcomes are impacted by the individuals and relationships between those individuals. We know that staff make the best decisions they can with the limited information they have, often in stressful, overwhelming situations, sometimes while tired, and often alone. But we also know that strong decision making requires:

- Systems that recognize and support vulnerabilities at the individual and systems level (for example cognitive biases stress, fatigue, or overwhelm)

- Systems that create “hard stops” to ensure that support is offered at points in time where individuals are vulnerable to making a high risk, high consequence decision that is impacted by a variety of factors such as stress, fatigue or overwhelm

Safety culture means that no one needs to make a decision alone. We do this by paying attention both to safety-organized practices and a safe and resilient workforce.

Safety-organized practice (described further in detail in the Safety Organized Practice section) describes a collaborative approach to casework that helps all those involved with the child/youth to stay focused on assessing and supporting child & community safety well after the child protection agency is involved. In VT, this approach includes supported decision-making tools and engagement strategies.

Safe and resilient workforce interventions occur in a way that recognizes needs of the involved staff for support and planning to ensure that they can carry out their duties and make the best decision possible for themselves and those they serve.

A safety culture recognizes the need to be attentive to the needs of the workforce in service to creating the best opportunity for strong decision making. A safety culture monitors and plans for vulnerabilities in the system and works toward continuous improvement and accountability. In VT, we build in opportunities for reflection and learning through:

- Qualitative Case Reviews (QCRs)
- SDM case reads
- Individual and group supervision
- Teaming
- Coaching
- Case consultations
- District plans
- Collaborative Learning Agreements

Threats to staff have many impacts including a detrimental impact on decision making. People who experience threats to their safety can experience impacts in their ability to process information and formulate plans. In VT we currently address these impacts through:

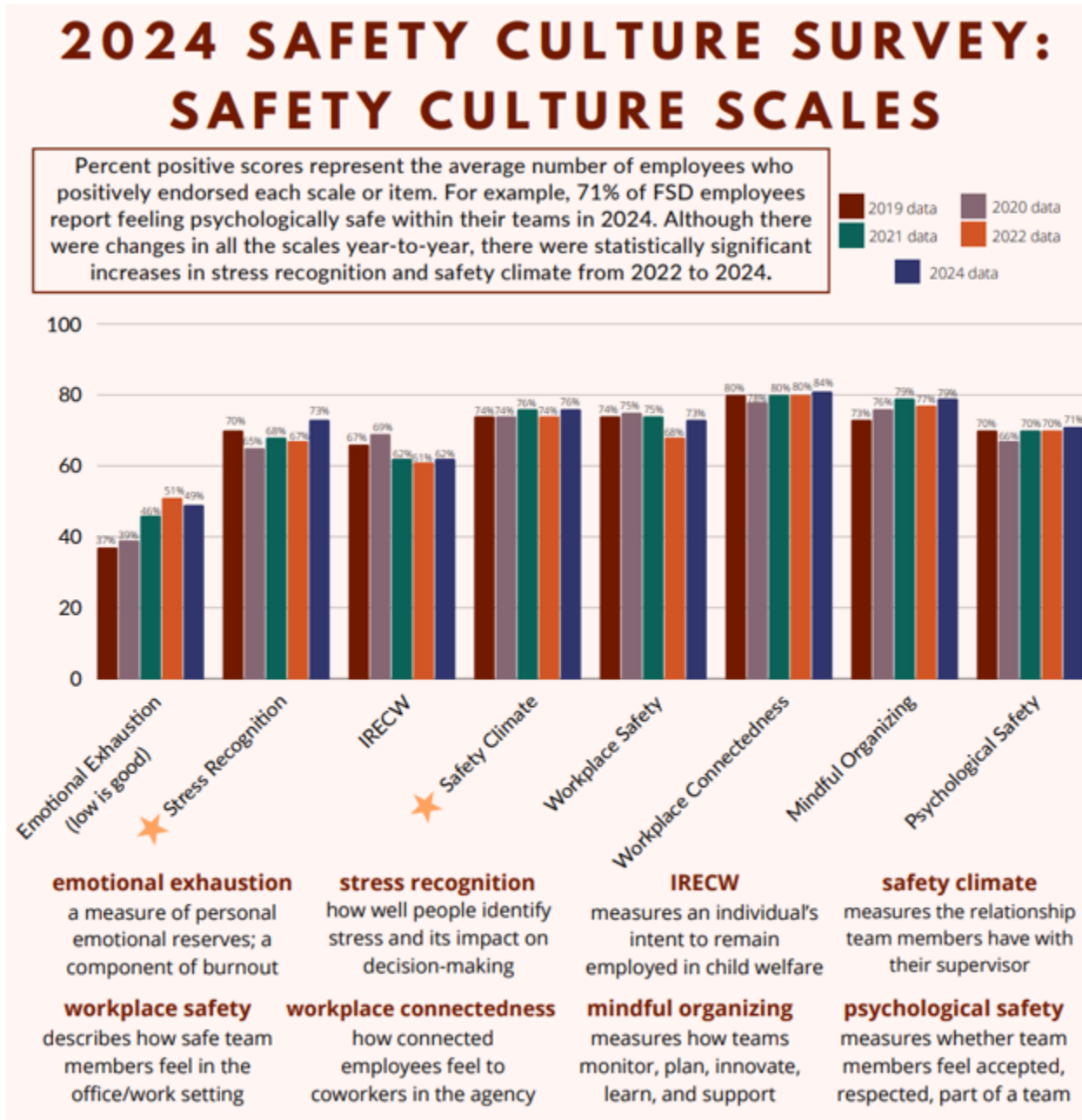
- Clear staff safety policy that outlines reporting and response
- Staff Safety Team intervention to address immediate safety impact and support resiliency

Staff routinely interact with traumatic content in their work and the system must understand and respond with interventions that mitigate the negative impact of these traumatic experiences on decision making. In VT we currently address these impacts through:

- Peer support that is activated any time there is a threat to staff safety or anytime a need is identified by involved staff
- Clinical support for staff that are experiencing the impacts of trauma
- Consultation at key junctures in a case where high risk, high consequence decision making occurs to ensure workers are not alone in the work

In January/February 2024, a total of 223 (56% response rate) staff from Vermont FSD completed the Safety Culture Survey, an organizational assessment that examines aspects of an agency’s culture and operations. Below are the safety culture scales found in the Safety Culture Survey:

Figure 7: 2024 VT Safety Culture Survey Results: Safety Culture Scales



Data Source: 2024 Vermont Safety Culture Survey results

Vermont has seen statistically significant increases in stress recognition and safety climate from 2022 to 2024, and positive movement in all other categories of the safety culture scales from 2023-2024. FSD has committed to administering the Safety Culture Survey annually and using the data gathered to support the ongoing work of safety culture in FSD.

With the information above taken into consideration, Vermont has selected the follow goal, objective, measurements, and activities related to Safety Culture:

- **Safety Culture Goal:** To increase employee’s physical and psychological safety within the Family Services Division, leading to better outcomes for children, youth and families (safety, permanence and well-being).
 - **Safety Culture Objective:** Increase education, training, support and activities to implement mindful organizing, in service of child, youth and staff safety, across the Division.

Safety Culture Activities and Measurements of Progress:

Safety Culture Activity 1: FSD will distribute the Safety Culture Survey annually and foster participation through individual and large group discussions around the importance of employee voice.

Safety Culture Activity 1 Measurement

- a. We will have an increased response rate to the survey, annually.

Safety Culture Activity 2: The FSD Safety Culture Workgroup will meet regularly to share, review, brainstorm and practice approaches to the work.

Safety Culture Activity 2 Measurement

- a. Increased positive responses to the “intent to remain employed in child welfare” and “workplace connectedness” questions in the annual Safety Culture Survey during each year of the CFSP reporting period.

Safety Culture Activity 3: FSD will create a Safe Systems Learning Review Team

- How organizations respond to critical incidents has a ripple effect on organizational culture. When individuals are blamed for problems in casework practice that are rooted in systemic issues, professionals can become fearful and risk averse in their practice, separating families unnecessarily and delaying reunification(s). They can operate in siloes without disclosing their challenges to leaders who can help.

The purpose of Systems-Focused Critical Incident Reviews (SCIR) is to support a culture of safety that leads to improvements for families and the professionals (e.g., caseworkers) who care for them. System-Focused Critical Incident Reviews draw on the sciences of safety, improvement and implementation and operate from a core set of values: family-centered, workforce-informed, and systems-focused. (language provided by National Partnership for Child Safety) <https://nationalpartnershipchildsafty.org/resources/>

Safety Culture Activity 3 Measurement

- a. DCF and FSD leadership will continue to support legislative efforts to provide protections for impacted staff through statutorily defining critical incident review team, and the purpose and functioning thereof.
 - a. In 2023 Representative Brumsted of the House Committee on Human Services sponsored H.696, “An act relating to establishing the Critical Incident Review Team.” <https://legislature.vermont.gov/bill/status/2024/H.696>
- b. FSD leadership will support a unique structural accommodation to allow the Child Safety Director to lead Safe System Learning Reviews, however the team may be made up of

individuals and teams which sit outside the Child Safety Director’s positional authority to supervise and/ or manage, such as members of the Quality Assurance Team, Policy and Planning Managers, the Division’s Human Trafficking Consultant, or external stakeholders such as the Office of the Child, Youth and Family Advocate and Deputy Advocate.

- a. FSD leadership will support prioritization of the development of a data use agreement with Michigan Institute of Public Health and the University of Kentucky for the purpose of complying with agreements with the National Partnership for Child Safety (NPCS) and to continue receiving technical and adaptive support from NPCS.
- b. FSD will support prioritization of policy development to provide much needed structure to this process. Which will include how learning opportunities identified through critical incident reviews will be shared out in an aggregated manner, providing for the psychological safety of impacted staff.

Safety Culture Activity 4: Districts will have targeted training on huddles and practice this before removals.

Safety Culture Activity 4 Measurement

- a. Districts will track the number of huddles they do monthly and debrief its impact on the safety of each child, youth and staff member.

Safety Culture Activity 5: Districts, Operations, Training and Coaching Specialists, and Quality Assurance Liaisons will engage in quarterly meetings regarding District Learning Plans (DLP) to align training, coaching, safety culture and child, youth and family outcomes.

Safety Culture Activity 5 Measurement

- a. DLP’s will include skill building and practice discussions needed to impact the relevant outcome indicators.

Safety Culture Activity 6: Districts and Operations will review case consultation policy together and discuss the benefits of team decision making, mindful organizing, and getting support during high stress times that have high consequences.

Safety Culture Activity 6 Measurement

- a. Increased positive responses to the “stress recognition” and “safety climate” questions in the annual Safety Culture Survey during each year of the CFSP reporting period.

Alignment with the CFSR PIP: Desired outcomes for children, youth, and families and Systemic capacity expected to improve (if applicable) related to Safety Culture work in FSD:

- f. Increase employee’s physical and psychological safety within the Family Services Division, leading to better outcomes for children, youth and families.
- g. CFSR Safety, Permanency, and Well-being
- h. CFSR Item 26: Initial Staff Training
- i. CFSR Item 27: Ongoing Staff Training

Additional supports needed to implement, achieve and sustain the Safety Culture goal and objective:

- DCF and FSD leadership support to create a Safe System Learning Review team
- Continued contracting with our training partner to provide trainings on the use of huddles

Continuous Quality Improvement

Services identified in Vermont's CFSP are implemented around the state by a variety of providers. Vermont's quality assurance systems continuously assess the functioning of services to ensure that the safety, permanency, and well-being of the children, youth, and families we serve is always promoted. Through employing many different methods of quality assurance and continuous quality improvement, Vermont FSD can identify goals for services and supports, collect data to determine if these goals are being met, and evaluate and implement improvement measures as needed. Vermont FSD is limited however, by our antiquated data collection system with regard to being able to provide quantitative outcome data to say that we have a fully functioning CQI system. This is hoped to be remedied over the next several years as Vermont moves closer to implementing a Comprehensive Child Welfare Information System (CCWIS) and has more reporting available through the use of their Results Oriented Management system. FSD supports the work of continuous quality improvement in the following ways:

Oversight of Grants and Contracts: Vermont FSD has a centralized Grants and Contracts Unit that oversees the contracts for all programmatic work. Since CFSR 3, the Grants and Contracts unit has expanded in size, created pathways for more frequent conversations between the Grants and Contracts staff and FSD Program Managers, and has moved toward a more intentional focus on the use of data to make informed decisions. Contracts with providers include expected deliverables, identify what data programs must send to FSD, and how frequently data should be exchanged. By reviewing provider data as it relates to their individual contracts, FSD is able to identify strengths and needs of each service. When areas of need are identified through this process, the Program Manager within FSD works with the Grants and Contracts Unit as well as the service providers to create a clear, measurable plan for improvement. A specific timeframe is set, progress is monitored through the use of surveys and data provided by the programs, and if improvements are not made, the contract is terminated or not renewed. The evaluation of implemented programs is ongoing and driven by ensuring services are meeting their identified expectations.

CQI Steering Committee: The CQI Steering Committee was formed in January of 2014 and is made up of staff from all 12 districts as well as staff from Central Office, thus ensuring full state representation. The Committee met regularly (typically quarterly) from 2014-2021. During this time, the Committee served as reviewers for CFSR R3, supported the implementation of new initiatives within FSD (acting as pilot testers at times as well as gathering feedback from their districts around the state), had critical conversations about the work in FSD, and created a think tank for how to bring CQI to all aspects of FSD.

Due to turnover statewide, a transition in leadership of the group, and capacity issues through all of FSD, the committee only met twice in 2022, and once in 2023. During the 2022 meetings, committee members reworked the mission, vision, commitments, and objectives of the Steering Committee to include racial and cultural equity language, and to better align with the current needs of FSD. Conversations have continued in 2024 regarding how to restart the CQI Steering Committee and ideally, have the CQI Steering Committee support the work of the CFSR Steering Committee to include implementation of PIP related activities, assisting with PIP oversight statewide, and supporting the goals and objectives outlined in the CFSP.

Qualitative Case Reviews: Vermont's PIP Goal 1, Strategy 1B for CFSR 3 was to, "Develop and implement a Qualitative Case Review System to collect and analyze quantitative and qualitative data on current performance and monitor the implementation of performance improvement strategies." Since CFSR 3,

Vermont FSD has created its own internal review system, referred to as the Qualitative Case Reviews (QCRs), which kicked off in 2016 after CFSR 3. The creation of a qualitative case review system supported Vermont in passing all PIP items for CFSR R3 and has allowed us to include key stakeholders as reviewers, thus increasing collaboration across all areas of child welfare in Vermont. Figure 8 provides a breakdown of all the PIP items Vermont was required to work on in CFSR R3, the baseline goal, target goal, and when the goal was met.

Figure 8: Vermont FSD's CFSR Round 3 PIP information

Item Label	Item Description	2015 CFSR or CY2015 State Data	PIP Baseline or CY2016 State Data	PIP Targets	Spring 2017 Reviews or Jan-Jun 2017 Data	Fall 2017 Reviews or Jul-Dec 2017 Data	Spring 2018 Reviews or Jan-Jun 2018 Data	Fall 2018 Reviews or Jul-Dec 2018 Data	Spring 2019 Reviews or Jan-Jun 2019 Data	Jul-Dec 2019 Data Only (no Fall 2019 Reviews)	Sep-Oct 2020 Item 3 Data Only (no Spring 2020 Reviews)
SAFETY		65 Cases	65 Cases	65 Cases	65 Cases	65 Cases	65 Cases	65 Cases	65 Cases	No Review Held	65 Cases-Item 3 Only
OSRI Item 1	Timeliness of Initiating Investigations of Reports of Child Maltreatment	72.00 %	79.30 %	86.90 %	86.10 %	79.31 %	73.33 %	93.10 %	95.24 %	No Review Held	N/A
OSRI Item 3	Risk and Safety Assessment and Management	57.00 %	60.00 %	66.20 %	49.00 %	47.69 %	55.88 %	56.92 %	61.29 %	No Review Held	72.3%
Item Label	Item Description	2015 CFSR or CY2015 State Data	PIP Baseline or CY2016 State Data	PIP Targets	Spring 2017 Reviews or Jan-Jun	Fall 2017 Reviews or Jul-Dec	Spring 2018 Reviews or Jan-Jun	Fall 2018 Reviews or Jul-Dec	Spring 2019 Reviews or Jan-Jun	Jul-Dec 2019 Data Only (no Fall 2019	Sep-Oct 2020 Item 3 Data Only (no

					2017 Data	2017 Data	2018 Data	2018 Data	2019 Data	Review s)	Spring 2020 Review s)
PERMANENCY		65 Cases	65 Cases	65 Cases	65 Cases	65 Cases	65 Cases	65 Cases	65 Cases	No Review Held	65 Cases-Item 3 Only
OSRI Item 4	Stability of Foster Care Placement	75.00 %	70.00 %	77.30 %	60.00 %	80.00 %	55.00 %	80.00 %	80.00 %	No Review Held	N/A
OSRI Item 5	Permanency Goal for Child	58.00 %	45.00 %	53.00 %	28.00 %	55.00 %*	27.50 %	45.00 %	48.28 %	No Review Held	N/A
OSRI Item 6	Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	68.00 %	45.00 %	53.00 %	63.00 %	50.00 %	47.50 %	60.00 %	35.00 %	No Review Held	N/A
Item Label	Item Description	2015 CF SR or CY2015 State Data	PIP Baseline or CY2016 State Data	PIP Targets	Spring 2017 Reviews or Jan-Jun 2017 Data	Fall 2017 Reviews or Jul-Dec 2017 Data	Spring 2018 Reviews or Jan-Jun 2018 Data	Fall 2018 Reviews or Jul-Dec 2018 Data	Spring 2019 Reviews or Jan-Jun 2019 Data	Jul-Dec 2019 Data Only (no Fall 2019 Reviews)	Sep-Oct 2020 Item 3 Data Only (no Spring 2020 Reviews)
WELL-BEING		65 Cases	65 Cases	65 Cases	65 Cases	65 Cases	65 Cases	65 Cases	65 Cases	No Review Held	65 Cases-Item 3 Only

OSRI Item 12	Needs and Services of Child, Parents, and Foster Parents	52.00 %	35.40 %	41.40 %	34.00 %	29.23 %	29.41 %	43.42 %	42.65 %	No Review Held	N/A
OSRI Item 13	Child and Family Involvement in Case Planning	60.00 %	50.80 %	57.10 %	46.00 %	40.00 %	47.06 %	58.46 %	57.81 %	No Review Held	N/A
OSRI Item 14	Caseworker Visits with Child	63.00 %	58.50 %	64.70 %	63.00 %	53.85 %	50.00 %	69.23 %	55.88 %	No Review Held	N/A
OSRI Item 15	Caseworker Visits with Parents	39.00 %	44.40 %	50.80 %	33.00 %	41.38 %	24.59 %	44.93 %	50.55 %*	No Review Held	N/A

Data Note(s): 1) Item 5 (Fall 2017) data changed due to re-review of cases in 2019/2020; 2) Item 15 (Spring 2019) was approved by federal partners as meeting the goal; 3) Vermont participated in an Item 3 only review, approved by federal partners, in 2020; 4) review cycle where Vermont met the identified PIP goals are shaded gray.

Data Source(s): OSRI Item data comes from the federal OMS site

The QCR process closely mirrors the Federal CFSR process and utilizes the Onsite Review Instrument. Each year, Vermont’s Quality Assurance (QA) team leads and plans QCRs in 6-8 districts and each district, based on size, has 8-16 cases reviewed; these cases are a combination of in-home and custody case types. Case reviewers are a combination of Family Services staff and community partners. All reviewers are required to complete a training developed by the QA team, including using a mock case to complete items in the OSRI practice site, prior to an on-site review. At the on-site reviews, new reviewers are paired with experienced reviewers and initial QA and secondary QA is completed by QA team staff, colleagues from the Child Welfare Training Partnership, and Family Services leadership. All initial and secondary QA are experienced with the QCRs, have completed trainings, and have access to new information and training opportunities each review cycle.

Results from QCRs are shared with districts. Quality Assurance Coordinators (QACs) from the QA team partner with their assigned districts to identify strategies to shift the areas in need of improvement and collaborate with districts to implement and monitor these strategies. This collaboration allows input/feedback from all around the state to ensure that strategies are feasible, sustainable, and adhere to best practices. Through the continuous feedback loop that QCRs provide, FSD is able to use qualitative and quantitative data to assess the availability, delivery, strengths, and areas of need of the services identified in the CFSP.

Stakeholder Engagement Meetings: Stakeholder Engagement Meetings are coordinated by Family Services on a quarterly basis. These meetings involve various stakeholders, both internal and external, from around the state, to provide policy and practice updates to help strengthen partnerships and the greater child welfare

system. The quarterly meeting invitation goes out to individuals from the following fields: court, mental health, agencies that support and represent family and youth, corrections, education, local services providers, treatment providers, law enforcement, placement providers, and various advocacy groups. Note that post Covid, Vermont is working to get these meetings back to a quarterly cadence as turnover in FSD and within our stakeholder population has impacted how frequently this group is able to meet.

CFSR Steering Committee: The CFSR Steering Committee was created in 2022 and consists of a combination of Family Services staff, Department for Children and Families staff, legal and judicial staff, people with lived experience, stakeholders, and community partners connected to the services identified within the CFSP. There is statewide representation to ensure all geographical needs are reviewed and considered at all times. The group charter outlines the objectives as: “Collaborate with DCF-FSD and other stakeholders to assess systemic factors and provide input, insight, and feedback regarding VT’s child welfare system and its impact on the children, youth, and families served. Create a statewide assessment that is holistic and includes perspectives obtained from state child welfare partners and stakeholders. Provide insight on the policies and practices that are working to improve safety, permanency, and well-being outcomes in VT and those that may need review.”

Meetings were held virtually in November 2022, January 2023, March 2023, and April 2023, and ranged from 4-7 hours long. In these meetings, the FSD QA team and other stakeholders presented data related to permanency, safety, well-being, and each systemic factor in the statewide assessment. After data presentations, the Committee broke into smaller focus groups led by two facilitators. The focus group sessions allowed members to take a deeper look at the data provided by FSD and providers, gather qualitative data through facilitated questions, discuss strengths and barriers of CFSP services, FSD policies and practices, review current initiatives, and develop strategies for moving work forward.

The CFSR Steering Committee was instrumental in providing input and perspective for the statewide assessment and will be involved with the creation and implementation of Vermont’s PIP. Through the development of this QA/CQI resource, Vermont has another avenue of assessing the statewide functioning of services identified in the CFSP.

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

Admin Meetings: Admin meetings are held several times a year (typically bi-monthly) and provide a space for administrative staff from around the state to come together and provide feedback about contracted services such as transportation, supervised visitation, and access to vouchers, as a few examples. These conversations serve to gather qualitative data about the functioning of CFSP services, which is used to identify strengths and needs of the service CFSP delivery system statewide. Members of the Quality Assurance team attend these meetings as well to provide additional quality improvement opportunities. Data entry/integrity issues are discussed and training is provided during the meetings, as needed, so that data conversations and data driven practices are occurring at all levels of staff.

Quality Assurance Liaisons: The Quality Assurance team's three Quality Assurance Coordinators each act as a liaison to four of the twelve district offices in the state. The work liaisons do with districts is customized to each district's individualized needs and can include sharing and analyzing outcomes data, helping develop strategies to meet goals in specific areas (such as timely investigation closures of worker's face to face contact with the youth on their caseload), providing requested data, and help preparing for internal Qualitative Case Reviews, as well as preparing for the CFSR and developing PIP strategies. The information collected through this collaborative work is used to design and select implementation strategies specific to the district's needs, and measure those needs over time. The QA team also has a liaison for each unit within Central Office, which is a new approach taken since the last CFSP.

Child Fatality Reviews: FSD policy 133, Death of a Child Served by the Division, states that, "When a child receiving services or a child who has received services within the last twelve months dies, there will be an internal review of the child's overall case plan and the events leading to the child's death. At the discretion of the Commissioner, the case may also be reviewed by the Child Fatality Review Team and the Vermont Citizen's Advisory Board." This quality assurance process allows FSD to dive deeply into practice, evaluate the service delivery systems around the state, identify gaps in CFSP services, and create program improvement goals to better support the needs of the children, youth, and families served.

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

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

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

The mission of the CFRT is to:

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

- Recommend legislation, rules, policies, procedures, practices, or trainings that promote coordination of services to children and families and improve the safety and well-being of children overall.

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

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

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

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

Figure 9: Unnatural, Undetermined, or Preventable Child Fatalities in Vermont: Manner of Death,

Biological Sex, Age, and Cause of Death, 2013-2022 Vermont Vital Statistics

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

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

Data Source: Vermont Vital Statistics 2013-2022. 2022 data are preliminary. Vermont occurrent unnatural, undetermined, or preventable deaths among people aged 17 or younger.

Data Note: The manner of death is coded as “could not be determined when there is no compelling evidence for one manner over another”. In most cases of sudden unexpected infant death, the etiology of death is unknown, undetermined, or unspecified, so the manner of death is “could not be determined”.

Vermont Citizen Advisory Board: The Vermont’s Citizen Advisory Board (VCAB) was established by Family Services in 1998 per the federal Child Abuse Prevention and Treatment Act (CAPTA), under the CAPTA

Reauthorization Act of 2010. VCAB meets quarterly regarding a variety of issues related to child protection, with a focus to review and improve Vermont's child welfare system.

Case Plan Review Facilitator Meetings: Case Plan Review Facilitator meetings have been in place for several years, includes case plan reviewers from around the state, and in 2023 moved from meeting 1-2x per year, to quarterly. Historically, Case Plan Reviewers had used a form during case plan reviews to track information such as who attended the reviews, what the case plan goal was, family assistance in developing the plan, etc. While a paired down version of this form still exists, the information collected does not get disseminated beyond District Directors, and there has been no way to collect or analyze the data at a statewide level for the last few years. In 2023, the group began thinking critically about what information is currently being collected, what information could be collected to support more data driven decisions, and how to bring value back to the data collected by Case Plan Review Facilitators. The group has also begun to review policies and other forms related to case planning to ensure they align with the federal requirements as well as best practice for working with children, youth, and families. After the quarterly meetings, the co-facilitators share pertinent information with the Operations Managers to create a continuous feedback loop to inform practice shifts and areas of success.

Results Oriented Management (ROM): ROM is a data reporting application created by the University of Kansas (KU) to be used by child welfare agencies. Vermont has had a contract with KU for several years, and after hundreds of hours testing, the VT Quality Assurance team went live with ROM data for the first time in 2023. All FSD staff have access to ROM and the reporting it offers, and there are currently reports available for all case types and most areas of practice. The Quality Assurance team meets weekly with the KU developer to make adjustments to reports that are in production, provide testing feedback for reports not yet live, and work toward rolling out new reports to support the quality assurance efforts throughout the state.

ROM can provide data tracking and reporting in areas that VT FSD has never had access to before due to our antiquated data collection system. It has also proved to be a powerful data integrity tool. For example, during the testing phases, the Quality Assurance Team found several instances where data was entered inaccurately into FSD's antiquated data collection system, thus impacting the reliability and usability of the data. In these situations, the QA team reaches out to the district(s) where errors have been identified and requests the data be updated. The testing and implementation of ROM has allowed FSD to more deeply evaluate the efficacy and alignment of policies, practices, CFSP services, and guidance documents.

The QA team holds a monthly ROM demo at the Division Management Team meetings in addition to district, unit, or staff specific ROM trainings, as requested. FSD is working closely to align the ROM site with state and federal standards and will begin shifting to using ROM for state and federal reporting in the future. Currently, much of FSD's data is required to be manually extracted from the antiquated data collection system and manually adjusted by staff before being ready for dissemination. This is an incredible burden on staff and while meticulous in our work, the manual nature of our systems leaves room for error. Utilizing ROM for reporting will reduce staff time, increase the accuracy of the data, and create another level of quality assurance for FSD.

While FSD has a robust array of quality assurance and continuous quality improvement strategies in use, there is still continued space for growth in both areas. With this in mind, the following goal, strategy, and activities have been established related to FSD's commitment to continuous quality improvement:

- **Continuous Quality Improvement Goal:** Establish an automated case management system in Family Service.
 - **Continuous Quality Improvement Objective:** Implement a Comprehensive Child Welfare Information System (CCWIS).

Continuous Quality Improvement Activities and Measurements of Progress:

Continuous Quality Improvement Activity 1: FSD will continue to partner with stakeholders to highlight the need for an automated case management system.

Continuous Quality Improvement Activity 1 Measurement

- 3 or more stakeholder agencies include references to FSD’s need for a new system in their annual reporting or outward facing communications.

Continuous Quality Improvement Activity 2: FSD will continue to advocate for additional funding from the Agency of Human Services (AHS) and the Legislature, and peruse grant funding when available, to fund a CCWIS.

Continuous Quality Improvement Activity 2 Measurement

- Incremental growth in the available protected funding for CCWIS (currently at \$3 million).

Continuous Quality Improvement Activity 3: FSD will continue to allocate resources to the design, development, and implementation of CCWIS.

Continuous Quality Improvement Activity 3 Measurement

- Increased number of part-time positions allocated to CCWIS (there is currently one part-time position in FSD tied to CCWIS).
- Increased number of temporary or permanent full-time positions allocated to CCWIS (there are currently no temporary or permanent full-time positions allocated to CCWIS).

Alignment with the CFSR PIP: Desired outcomes for children, youth, and families and Systemic capacity expected to improve (if applicable) related to Continuous Quality Improvement work in FSD:

- An automated case management system for FSD staff that allows them to offer comprehensive case management services, thus resulting in better outcomes for children, youth, families, and staff.
- CFSR Safety, Permanency, and Well-being
- CFSR Item 19: Statewide Information System
- CFSR Item 20: Written Case Plan
- CFSR Item 21: Periodic Reviews
- CFSR Item 24: Notice of Hearings and Reviews to Caregivers
- CFSR Item 25: Quality Assurance System
- CFSR Item 29: Array of Services
- CFSR Item 30: Individualizing Services

While a robust casement management system would impact nearly all CFSR outcomes and systemic factors, the items above are the ones we’ve assessed would benefit the most.

Additional supports needed to implement, achieve and sustain the Continuous Quality Improvement goal and objective:

- Legislative, community, AHS, DCF, and FSD level of support
- Continued ability to drawdown federal funding (currently in place)
- Continued state level funding

[Safety Organized Practice](#)

Family Services Division is committed to safety; the safety of children, the safety of youth and families and the safety of our workforce. As a child protection and youth justice agency, we often enter in to people’s lives when something has gone wrong, and our mission is to attend to the safety, permanency and well-being for those children and youth who require some level of intervention. The overarching culture within which we carry out our mission is that of a safety culture. Our commitment to safety culture means that we value strong communication, transparency, trust and a continuous learning environment. We strive to balance individual accountability within system accountability. High risk, high consequence decision making benefits from a work culture that fosters not just physical safety, but also psychological safety- amongst colleagues, with supervisors and managers and most importantly- family services workers feeling like they can speak up when they’ve made a mistake or need help. Staff that are well trained, feel secure and feel supported, are able to do a comprehensive, thorough job and be more responsive to families and children.

The tools of Safety Culture are tools that support mindful organizing, strong communication, are data driven and foster transparency (see above Safety Culture section for more information on Safety Culture in FSD).

Safety Organized Practice (SOP) is a set of tools and strategies that allow us to be mindfully organized, data driven, and transparent when working with a family to support the safety of their children. The tools of safety organized practice are standardized and data driven, and the strategies foster child, youth and family engagement and voice in the processes that they are involved in when they come to the attention of the Division. Structured Decision Making® tools, alongside strategies like the Three Houses, the ‘Three W’s’, Network Support Grids, and Safety Circles help our Family Services Workers to incorporate a truly collaborative practice approach that emphasizes the importance of teamwork, and builds and strengthen partnerships with the families we serve. The following figures provide context for how FSD enacts Safety Organized Practice as it relates to child protection, juvenile justice, and safe and resilient workforce:

Figure 10: SOP Child Protective Services Model

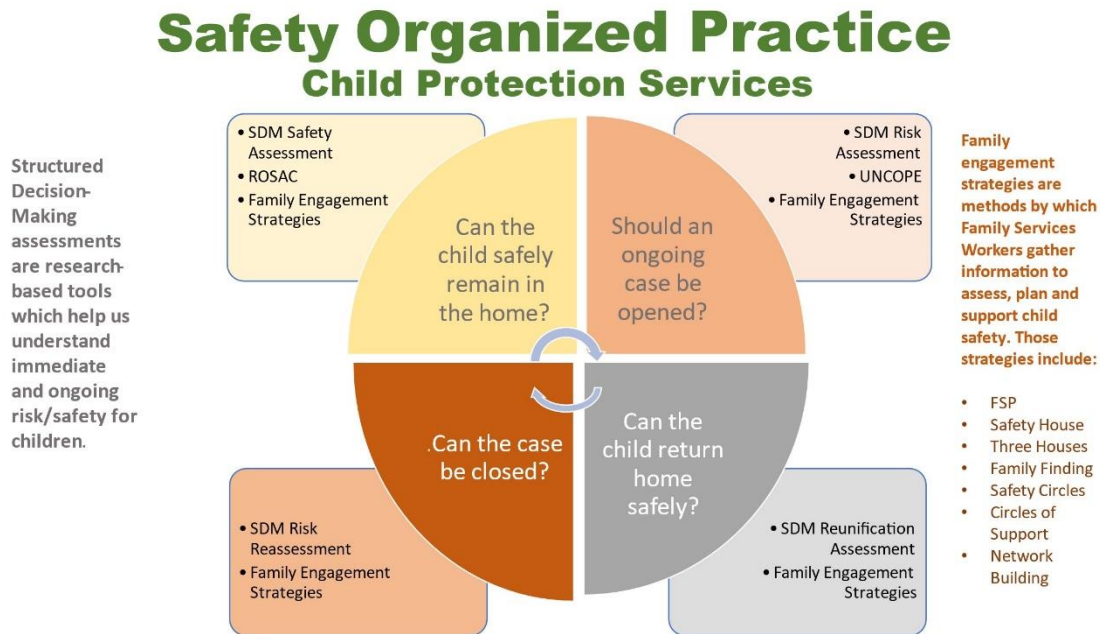
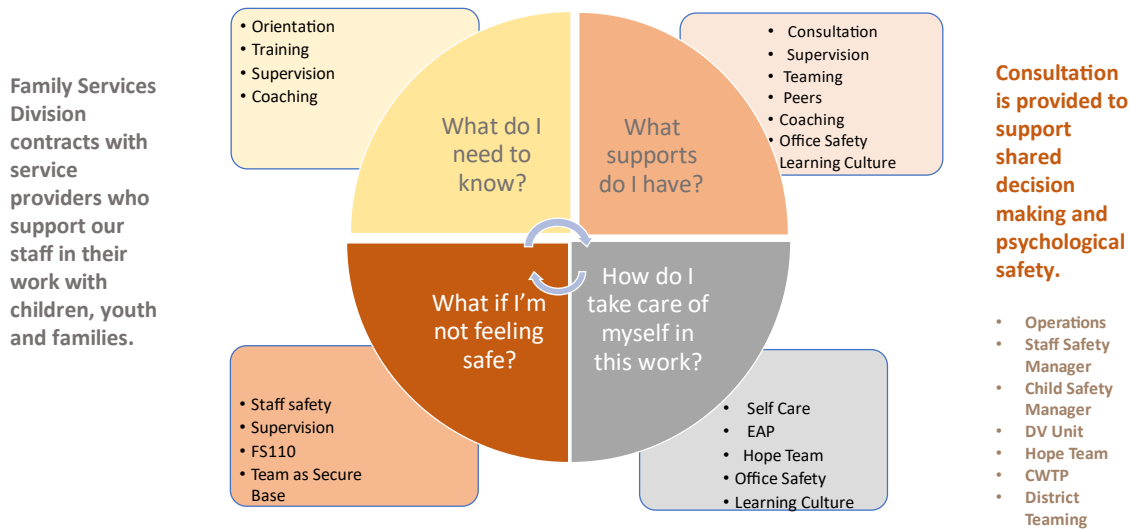


Figure 11: SOP At Risk/Justice Involved Youth Model



Figure 12: SOP Safe and Resilient Workforce Model

Safe and Resilient Workforce



Vermont has selected the follow goal, objective, measurements, and activities related to Safety Organized Practice:

- **Safety Organized Practice Goal:** Children are safely maintained in their homes whenever possible.
 - **Safety Organized Practice Objective:** Increased utilization and proficiency with Structured Decision-Making (SDM) tools.
 - Vermont requires child welfare professionals to systematically assess child safety and risk using the structured decision making® (SDM) tools. These tools are designed to guide decision making in the realms of identifying danger, assessing risk and to support reunification decisions.
 - In 2021, legislatively commissioned report, Drivers of Custody Rates in Vermont, Strolin-Goltzman, J., Holbrook, H., & Kolbe, T. (2021) <https://legislature.vermont.gov/Documents/2022/WorkGroups/Child%20Protection%20Oversight/Custody%20Issues/W~Jessica%20Strolin-Goltzman~Drivers%20of%20Custody-Final%20Report~10-29-2021.pdf> found that child welfare personnel do not uniformly or consistently apply this tool in their practice, especially when making decisions related to child custody. Additionally, the study found that child welfare caseworkers’ background, training, and potential bias can influence removal decisions. The study provided the following considerations and recommendations for policy and practice: Develop expanded practice guidance for caseworkers to use when applying the SDM safety assessment to decision making.
 - The SDM safety assessment is inconsistently applied in decision making. FSD should develop new, explicit practice guidance that establishes guidelines for what circumstances do and do not apply to each specific danger item identified on the tool. This may be undertaken in partnership with Evidence Change.

Additionally, DCF should establish policies that promote regular aggregated reviews of the safety assessment data for the specific purpose of reviewing how these data are influencing decision making at the system level.

Safety Organized Practice Activities and Measurements of Progress:

Safety Organized Practice Activity 1: With support from the FSD Quality Assurance team, supervisors in each district will complete one case read per month, per worker.

- The Case Read Tool is a supervisory aid which supports learning for family services workers in the realms of increasing understanding and skill with the SDM® Tools. As workers proficiency evolves, they are assessing danger and risk more accurately, consistency in decision making is increased statewide, family engagement in the assessment and decision-making processes is increased, and documentation is improved.

Safety Organized Practice Activity 1 Measurement

- a. Over time, workers should display increased evidence of technical skills with using the tools accurately and consistently and increased evidence of the identified practice elements which demonstrate family engagement skills. *Areas of opportunity* will evolve into *areas of demonstrated growth*, and ultimately *areas of strength*.

Safety Organized Practice Activity 2: Increase training and exposure of the Court Hearing Guide and companion guide for Vermont's Judges, attorney's, Guardian ad Litem's and family services workers

- The VERMONT COURT HEARING SDM® GUIDE provides judicial officers with concise information and key questions they can use in considering and clarifying Vermont DCF Family Services Division (FSD) recommendations regarding children under its jurisdiction based on information that FSD staff should have from the relevant Structured Decision Making® (SDM) assessments. This guide was developed in response to recommendations from a legislatively commissioned study conducted by the University of Vermont to look at higher than average custody entrance rates in Vermont. The SDM® COURT REFERENCE SHEET: VERMONT FSD STAFF, DEPUTY STATE ATTORNEYS, AND ASSISTANT ATTORNEYS GENERAL is a companion document which provides a practice model reference guide that helps workers and Vermont DCF Family Services Division (FSD) attorneys to prepare for testifying in court hearings about the purpose, structure, and findings of the Structured Decision Making® (SDM) decision-support assessments as well as information gathered and discussed with families using practice model approaches and tools.
- The Drivers of Custody Rates study also included the following recommendations and considerations for court systems: Request and incorporate documented evidence of immediate danger prior to making custody decisions.
- The case studies undertaken for the study revealed that children frequently entered custody before an updated SDM® safety assessment was completed. The SDM® was designed to be used prior to custody decisions, particularly whether safety concerns and threats to imminent danger for a child can be adequately mitigated by implementing a safety plan. Whether danger can be mitigated is a necessary consideration for the courts prior to placing a child in custody. Judges should request documented evidence of completed safety assessments (e.g., updated SDM) at the time they are asked to consider a child's case.

- The study showed that incorporating documented evidence of immediate danger is not standard practice in judicial proceedings for child custody cases. As noted above, whether danger can be mitigated is a necessary consideration for the courts prior to placing a child in custody. Time pressure and emergency situations may place pressure on the process to skip this step, or the data may not have been requested by the courts at the time of adjudication.

Safety Organized Practice Activity 2 Measurement

- a. With increased training and exposure of the Court Hearing Guide and companion guide for Vermont's Judges, attorney's, Guardian ad Litem's and family services workers, there will be more informed discussion in the courtroom of the identified risks and dangers associated with CHINS petitions.
- b. With the layer of formal accountability, custody rates in Vermont should reflect those children that are truly in need of removal from their homes to be safe.

Safety Organized Practice Activity 3: Provide initial and ongoing training to staff on the SDM assessments, (Safety Assessment, Risk Assessment, Risk Reassessment, and Reunification Assessment) tools.

Safety Organized Practice Activity 3 Measurement

- a. Structured Decision Making® will be taught to all new Family Services Workers and supervisors who will be working in the realm of child protection, as measured by the presence of SDM specific sessions in Foundations
- b. Data available to indicate that each district office reviews each of the four SDM Tools annually.
- c. The establishment of a practice of internal review of one completed tool per month in each unit, ensuring that each Family Services Worker in the unit has an opportunity to present their work in this realm.
- d. Create guidance for how Supervisors and District Directors will be assessed for training needs and coaching offered as needed.

Alignment with the CFSR PIP: Desired outcomes for children, youth, and families and Systemic capacity expected to improve (if applicable) related to Safety Organized Practice work in FSD:

- a. Staff will complete the SDM assessments with accuracy, fidelity, and utilizing enhanced practices to guide decisions so that only children that are truly in need of removal from their homes to be safe enter custody.
- b. CFSR Safety and Permanency
- c. CFSR Item 25: Quality Assurance System
- d. CFSR Item 26: Initial Staff Training
- e. CFSR Item 27: Ongoing Staff Training

Additional supports needed to implement, achieve and sustain the Safety Organized Practice goal and objective:

- Funding for consultation and training with Evident Change around the use of SDM tools and Bench Guides
- Engagement from our legal/judicial partners
- Continued funding to include Structured Decision Making® training in Foundations

In addition to the 6 areas of focus above, DCF is seeking to enter a contract or contracts with one or more vendors who have demonstrated experience in restorative practice and organizational consultation services that will embed practices more deeply into the work of the division, for the betterment of the workforce and the families served. DCF/FSD would like to explore and identify action steps and/or a strategic plan to achieve the desired state. Contracts arising from this RFP will be for a period of 2 years with an option to renew for up to three additional twelve-month periods.

The State of Vermont is interested in obtaining bids to meet the following business need(s): the State seeks a partner vendor capable of providing organizational consultation services to include:

- a. Review of FSD policies and practices to ensure the general overarching principles of repairing harm, accountability, reducing risk, and building community connections exist through restorative practices
- b. Support the State in exploring the development of policy and practices of the FSD, and to build and identify action steps or a strategic plan to achieve the desired state.

The purpose of this work is to improve services by developing a framework that will ensure the division actively engages in strategies to restore power and positive relationships at the workforce, community, and family level.

Paul Nixon will be the lead contract working in partnership with Professor Jennifer Llewellyn and Dr Gale Burford to create a *Restorative Advisory Panel (RAP)* to help advise and support leaders and practitioners in Vermont Family Services Division to establish and support a restorative approach to practice and decision making. This approach will include new strategic partnerships with other agencies in Vermont and practice partnerships with children, families and communities. Gale, Jennifer and Paul have all have an extensive track record in designing and implementing a restorative approach in numerous contexts internationally over many years, and collectively have a wealth of knowledge and recognized expertise on implementing a restorative approach through practices, leadership models, governance mechanisms, organizational change processes and pathways, strategy, policy and research and evaluation.

In this project our key aim is to grow a restorative approach in a *sustainable* way. Our goal is to help develop professional and organizational knowledge, confidence, capacities and culture for a restorative approach to practice and leadership. This will help support Vermont Family Services Division embed a restorative approach in practices, policies and strategies of the organization with the intention that over time it will become the central feature of Vermont's day-to-day practice with families working with Family Services.

The work will focus on how the State of Vermont can build new relationships, alliances, strategies and practices both internally and with a range of government, non-government and community groups, to organize help and support with families and communities to improve outcomes for children and young people.

The goal is to create *sustainable change* in which the leaders and practitioners take responsibility, lead themselves and want to carry into the future. The RAP role is to advise, enable, facilitate, *challenge and support*, and bring knowledge on Restorative practices. We aim to help international evidence with local knowledge and expertise, so when the work is done, leaders and practitioners have created this change themselves, with some support from outside.

We will engage Vermont leaders and practitioners to set new expectations and goals for developing restorative practices that will create ownership, understanding and a commitment to change. Staff

engagement and understanding is at the heart of this change process, and it will provide the foundations that make it more effective and sustainable in the long term.

Phase one:

- Designing a review process that is inclusive and restorative, reflecting restorative principles and practices.
- Developing a bespoke self-assessment tool for Vermont FSD and evaluation model that would inform judgements on the current state of Restorative practices in FSD VT.
- Evaluation and analysis of current policy, procedures and practice guidance identifying of future opportunities for developing restorative work. This would include.
- Review of recent evaluations and audits on practice and policy.
- Evaluation of performance data on practice and outcomes for children
- Evaluation of some day-to-day practice through a sample of cases on FSD. This can be done alongside practice manager to enhance the learning.
- Evaluating key legislative and strategic priorities and the opportunities for restorative practice to address those priorities.

Phase two

- Engaging staff and key stakeholders in the review and future design process through face to face and online meetings and facilitated workshops
- Setting up and establishing the Restorative Advisory Panel with FSD leaders and mapping key partnerships for consultation and planning
- Work with practitioners and managers in workshop formats to examine current practice culture and methods and design restorative practice improvements
- Working with leaders to explore current leadership and organizational culture and identify changes needed to build a restorative ethos and culture

Phase three

- Presenting and writing update briefings for managers in FSD during the process
- Writing Interim Report for FSD on Reviewing key methods, findings and recommendations for restorative practices implementation.
- Establishing a strategic planning process that sets up implementation plan for restorative practices in Vermont FSD.
- Supporting the implementation of Strategic plans, priorities and changes to practice in FSD.

[Provided Staff Training, Technical Assistance and Evaluation](#)

Vermont FSD collaborates with the Child Welfare Training Partnership (CWTP) to design, develop, and implement initial and ongoing training to staff and foster parents. The Training Plan supports the goals and objectives of the CFSP as the curriculum is always evolving with the shifts in child welfare. This is to ensure the activities outlined within the Training Plan align with the current needs of FSD.

All new Family Service Division employees are required to attend two division level trainings (there are other mandatory trainings at the Department for Children and Family level and Agency of Human Services levels, both of which focus on HR & Personnel matters). The first mandatory training is the New Employee Orientation. This orientation was first launched in May 2014 and is a two-day course providing introductory

information relevant to being an FSD employee. The course is offered every other month, in order to provide the information in a timely manner to all new employees.

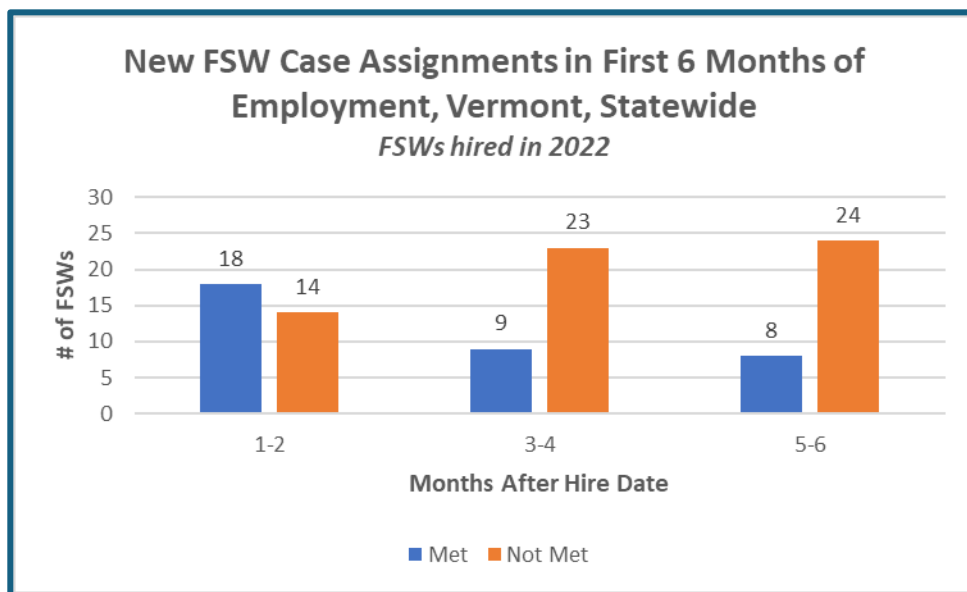
Family Services Workers (FSWs), Resource Coordinators (RCs), and Managers & Supervisors new to the Family Services Division are required to attend an eight-week course titled “Foundations for Family Centered Practice” (FFCP) during their first four months of hire. At a minimum, all new Family Service Division (non-social worker) employees are required to attend 25 class hours of FFCP. Those staff members work with their supervisor to choose the class hours that are most relevant to their daily work.

Staff are required to complete Foundations within the first 4 months of hire. To assist with the timely completion of initial training, FSD has a policy (Policy 203) that outlines caseload requirements during the first 6 months of hire:

- 0 cases in months 1-2
- 2-3 cases in months 3-4
- No more than 6 cases in months 4-6

Unfortunately, due to vacancies throughout the state, FSD has struggled to maintain the allowable caseload within the first six months of hire. Figure 13 below shows whether the case assignment standard outlined in policy 203 (and listed above) was met in practice with an entry cohort of all FSWs hired between 1/1/2022 and 12/31/2022. During this timeframe, 36 new FSWs were hired. Of those 36, 1 worker left before the end of the 6-month period and 3 were removed due to data integrity issues caused by our antiquated SSMS system, leaving us with 32 FSWs included in the data. Overall, case assignment was in line with policy 12.5% of the time (n=4) and case assignments exceeded policy 87.7% of the time (n=28).

Figure 13: New FSW Case Assignments in First 6 Months of Employment, Vermont, Statewide



Vermont will seek out additional technical assistance from the Capacity Building Center and Casey Family Services, as needed, to support balancing caseloads within the first 6 months of hire to achieve timely completion of Foundations for staff.

To obtain employee feedback related to Foundations, employees are given surveys after each module they complete. For the Spring 2022 FFCP course, 24 participants attended, and 99.5% of participants rated the training as meeting or exceeding their expectations. Additionally, 92.3% of participants agreed that the training achieved stated objectives.

Currently, FSD does not have a way to track how many employees should have completed Foundations or how many completed Foundations within the first four months of employment. This is an identified area in need of capacity building throughout the life of this CFSP so that Vermont can make data driven decisions that support the ongoing updates and success of our Training Plan and the achievement of the goals outlined in this CFSP as well as the goals that will be created for our CFSR PIP. FSD will engage with the CWTP, the Agency of Digital Services, and the Capacity Building Center (if needed), to explore how we can begin to track number of employees who should have completed Foundations and number of employees who completed Foundations within their first 4 months. Once FSD is able to track these two things, we will evaluate entry cohorts of new employees to determine any shifts needed in policy and practice to achieve the goals and objectives outlined in the CFSP and CFSR PIP.

Additionally, Vermont FSD has been able to offer a Professional Certificate in Restorative Justice through a partnership with the Vermont Law School:

Restorative Justice Certificate Program at Vermont Law School

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

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

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

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

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

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

Implementation Supports

Please see the "Plan for Enacting the State's Vision" section of this document for information regarding specific implementation supports needed to achieve the identified goals, as well as how the goals and objectives in the CFSP align with the CFSR (found at the bottom of each area of focus section).

Section 4: Services

Child and Family Services Continuum

Vermont FSD wants to ensure that children, youth, and families have access to all the services and supports they need to live safe and stable lives. To do this, we hold contracts with various providers around the state and regularly assess outcomes of services to ensure contract obligations are being met and adequate services are being provided.

While Vermont has a broad service continuum throughout the state to meet needs from prevention to post-adoption, information gathered through the CFSR Steering Committee, focus groups, and surveys indicated that the Covid-19 pandemic significantly impacted service delivery across the state (see the Service Array item of the Systemic Factor section of this document for more information on impacts to current functioning).

FSD's current service continuum is inclusive of (though not limited to):

Child and Family Support (CFS): The CFS contract is the largest district contract and supports critical family engagement work in a variety of approaches. In some districts, the CFS workers are co-located which enhances communication and collaboration between Family Services 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:** To help the family and the FSW create a holistic, family time plan for the child and family that can include various supports rather than just Family Time Coaching. This service includes:
 - **Family Finding:** Utilizes Genograms and Ecomaps and provides a Final Report with contact information. Identifies and grows natural supports around families. Identifies resources for

placement and connection for the child as well as bringing in more people to be part of the family's safety network.

- **Together Time:** Offers parents and children immediate and predictable times to be together in a safe environment. This is a 60-day service that allows parents to have immediate and predictable contact with their children while the details of Family Time Coordination are worked out.
- **Family Safety Planning (FSP) meetings:** CFS workers facilitate family safety planning meetings to help assess children/youth's safety, better understand and identify child/youth's needs, hear the thoughts of family members, identify family's strengths and natural supports, hear thoughts and concerns of service providers, and develop a plan to address safety concerns. Other meetings included under FSP services include:
 - FSP with family members
 - Initial Caregiver Meeting Facilitation- with no Family Time Coaching
 - Ongoing Shared Parenting Meeting Facilitation- with no Family Time Coaching
 - Other Facilitated Meetings (3 W's model- What is working? What are people worried about? What are next steps?) – also with family, DCF and safety network, other professionals
 - Ongoing Family Safety Network Meetings
 - Youth Transition Meetings (17+) – for youth 17 years and older; with youth's supports and other providers present at the meeting.
- **Care Coordination** (In Home support to Kinship and Foster homes): assess child and family needs, provide referrals to other related services, and coordinate with other service providers.
- **Family Time Coaching:** Support parents/child(ren) in having safe family contact, develop safe parenting skills and the ability to meet the needs of the child, and address the reason the child came into custody. Family Time Coaching will consistently address the specific danger and risk reasons a child entered custody and help parents address those issues, as well as new risks that may arise over time.
- **Supervised Visits:** are provided to parents and caregivers who may not be working toward reunification but still require supervised visits with their children. This service is less about skill building and more about ensuring child safety during contact. At times, the service is also available to extended family who wish to have contact with the child being served.

Intensive Family Based Services (IFBS): IFBS provides family-focused, community-based crisis intervention services designed to maintain children safely in their homes. Services are provided based on a thorough assessment of the needs of the family, their capacity to change, and the current level of risk assessment of their children. The program is intended to be short-term and to address immediate problems with our high-risk intact families. This intervention can be utilized for non-custody cases, conditional custody cases, and custody cases. These services are typically provided in the home but can expand to the community based on the child's needs. Additionally, the service is often provided more than once a week due to the intensive nature of it.

Balanced and Restorative Justice (BARJ): Balanced and Restorative Justice (BARJ) is a philosophy that has been embraced by the youth justice system in Vermont. It is different from a traditional juvenile justice approach because it includes the victims and the community in creating a response to crime. Its focus is on

accountability and competency development of the offender and community safety. Originally funded with Juvenile Accountability Block Grant federal dollars in 1998, BARJ programs became funded by general fund dollars on October 1, 2005. BARJ services are found in each of the AHS districts, there are 11 programs throughout the state, 10 are housed within Court Diversion programs and one in another non-profit organization.

The BARJ program is an arm of the youth justice system that provides support to youth who are at-risk for involvement in the juvenile justice system or have been adjudicated delinquent and may or may not be on probation with DCF- Family Services. The primary goal of the BARJ program is to support youth involved in, or at risk of becoming involved in the juvenile justice system by providing restorative interventions that reduce and eliminate further involvement in the system. BARJ providers provided ongoing support to 846 youth during the 2023 contract year.

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

Restorative Process

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

Screening and Restorative Services

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

Case Management

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

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

Restorative Classes/Skills Development/Prevention and Community Outreach

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

- conflict resolution.
- social skills development.
- problem solving and decision making.

- community service/leadership skills and other integrative activities.
- victim issues.
- effective communication.
- one-to-one support to youth.
- other subjects pertaining to individual group needs.
- community based groups/activities/prevention efforts.

Evaluator Contracts: Formerly known as Consultation, Assessment, Screening, and Treatment (CAST) contracts, Evaluator Contracts allow FSD to partner with licensed clinical mental health professionals statewide to provide child victims of physical, psychological, and/or sexual abuse and neglect, as well as those who demonstrate sexually harmful behaviors, with trauma informed consultation, assessment, screening, and/or treatment services. FSD utilizes the knowledge and expertise of these professionals to provide expert testimony in court as well as treatment recommendations that assist DCF/FSD staff in developing case plan goals and making appropriate service referrals based on the individualized needs of children/youth and their families. These services support DCF/FSD’s mission of increasing safety, stability, and permanency for children and youth in Vermont. There are currently over 20 Evaluators statewide providing these services.

Youth Development Service (YDP): YDP contracts assist at risk youth in custody statewide so they can be successful and supported by healthy and safe connections as they age into early adulthood. Please refer to the Service Coordination and Chafee sections of this document for more detailed information on YDP.

Vermont Family’s Support and Stabilization Initiative (VTSS): Family Services has a contract with Becket Family Services to provide intensive short-term wraps (90 days) to up to 12 families at any given time statewide. VTSS works to stabilize youth living in the community to prevent entry into custody as well as transition youth out of residential settings back into the community, often into a foster home or the home of their caregivers. Youth can be in custody or still with their family to access these services. There are several individualized services offered through VTSS to include formal and informal assessment of needs and services, safety and support plans, individual treatment plans, anger management, parent education, monthly progress reports, and more.

Substance Abuse Screeners: Family Services has a contract with the Regional Partnership Program (RPP) through LUND to provide substance abuse screeners to families involved with FSD. As of CFSR Round 3, only 6 districts had substance abuse screeners. However, these services have expanded and are now available in all 12 districts. These services began as a result of the opioid pandemic and continue to be available to families both at the point of investigation or assessment or at any point during the ongoing case if substance use is suspected. Caregivers and youth are able to engage in conversations and a brief assessment with the Substance Abuse Screener to indicate what level of treatment would be helpful for their identified substance use needs. Substance use screeners can also assist with the referral process as well as support clients up to the point of engagement in an ongoing substance use service.

Post-Permanence Services: Supports families who have been joined through adoption and guardianship by providing case management and other support services delivered by professionals who are experienced in the dynamics of adoption and guardianship. Adoption incentive payments will be utilized to fund a contract amendment for Vermont’s post-permanency services, to be in effect from October of 2023 to September of 2024. Vermont’s contracted post-permanency providers are reporting that deficiencies in the mental health

system of care are resulting in increased needs for families formed through adoption. We are offering a time limited increased case cost for post-permanency families needing higher levels of contact.

Project Family: Project Family is a partnership between Family Services and LUND that was established in 2000. Project Family provides matching services, home studies, and support to families seeking to adopt a child, including assisting with payment for court filings and background checks, supporting a family in filling out the court forms, helping families understand the process, and more. In the last two years Vermont has found that the work required with many adoptive families has become more time consuming and complicated. We attribute this to the increase in finding permanency with kin. Kin families being joined through adoption often need more targeted support to successfully move through the adoption process.

There are 3 main services provided by Project Family:

- **Child Focused Recruitment:** is utilized when a child does not have an identified permanent home. LUND staff work closely with the Family Services Worker as well as other service providers connected to the child to understand the child's individual needs and recruit permanent home providers to meet those needs.
- **Legal Permanence Services:** when youth in DCF custody are already placed with a potential permanent family, or when a conditional custodian is identified to adopt a child. LUND's Finalization Case Managers work with families to facilitate legal permanence in the form of adoption or Permanent Guardianship (for children eligible for the Guardianship Assistance Program).
- **Central Office Team:** assists with the receipt and review of legal documents (Adoption Assistants), and then the administration of the adoption and guardianship assistance programs (Adoption Administrative Services Coordinator). The DCF Permanency Planning Program Manager also co-directs Project Family and oversees the Central Office Team.

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

Figure 14: Juvenile Jurisdiction Chart

Juvenile Jurisdiction Chart		
AGE at time of alleged offense	OFFENSE	
	OFFENSES other than big 12	BIG TWELVE
10-11	Proceedings start in Family; NO Transfer	Proceedings start in Family; NO Transfer 33 VSA 5201(c)
12-13	33 VSA 5201(d) & (e) 33 VSA 5204(a)	Proceedings start in Family (5201(c)); Transfer to Criminal is an option (5204(a))
14-15		Proceedings start in Crim. (5201(c)); Transfer to Family as a delinquency is an option (5203(b)) or as YO (see chart below)
16-18		Proceedings start in Crim. (5201(c)) Transfer to Family as a delinquency is an option (5203(b)) or as YO (see chart below)
	All Proceedings start in Family (5201(d) & (e)) Misdemeanors: NO Transfer Felonies: Transfer to Criminal upon motion (5204(a))	
19-21	Only juvenile jurisdiction now is through YO (see chart below) <ul style="list-style-type: none"> 19-year-olds will be treated as delinquents on 4/1/25 	

Figure 15: Youthful Offender Jurisdiction Chart

Youthful Offender Jurisdiction Chart (Cases that may be eligible for YO consideration)		
Age at time of alleged offense	Cases with Criminal Court Jurisdiction	YO Eligibility
10 -11	None	Not applicable
12 -13	Big 12	Big 12 cases must be filed in the Family Division per 33 VSA 5201(c) Court may transfer to Criminal per 33 VSA 5204(a) Can be transferred back down as YO per 33 VSA 5281(a)
14-15	Big 12	Big 12 must be filed in Criminal per 33 VSA 5201(c), but may be transferred to Family as YO per 33 VSA 5281(a) & 5280(a) Alternatively, SAs may directly file Big 12 cases for 14 and 15 year-olds in the Family Division as a YO (33 VSA 5280(b) & 5280(a)(1)) – this is new per Act 45 of 2019
16-18*	Felonies Big 12	Felonies must be filed in Family per 33 VSA 5201(e), but can be transferred to Criminal per 33 VSA 5204(a) and then transferred back down as YO (33 VSA 5281(a)) Big 12 shall be filed in Criminal per 33 VSA 5201(c), but may be transferred to Family as YO per 33 VSA 5281(a) & 5280(a) Alternatively, SAs may directly file Big 12 cases for 16 and 17 year-olds in the Family Division as a YO per 33 VSA 5280(b) & 5280(a)(1) * This will include 19 year-olds on 4/1/25.
19-21	Any offense	All cases start in Criminal unless SA decides to file YO petition directly in Family (33 VSA 5280(b) & 5280(a)(1). Applies to any alleged offense. Any case that starts in Criminal may be transferred to Family for YO status consideration upon motion (33 VSA 5281(a) & 5280(a)(2))

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

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

1. An operating secure crisis stabilization program.
 - a. *Recommendation:* Expand juvenile jurisdiction only when the in-state secure facility is

operational.

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

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

[Service Coordination](#)

Family Services regularly engages with stakeholders statewide to identify areas of strengths and concerns as they relate to the goals and objectives of CFSP services and supports. This engagement supports the coordination of services throughout Vermont. Stakeholder groups consist of service providers, community partners, staff from the Department for Children and Families, people with lived experience (both adults and minors), Tribal affiliates, and other community partners. These collaborations provide opportunities for Family Services to tap into the expertise of our stakeholders and create a space for stakeholders to share feedback that is used to coordinate services to increase outcomes for the children, youth, and families Vermont serves. For a list of stakeholders and how we engage them, please refer to the Collaboration section of this document. It should be also be noted that Vermont received a strength rating for Item 32: Coordination of CFSP Services with Other Federal Programs in their CFSR 4 Statewide Assessment.

While Vermont does not have any federally recognized tribes, FSD continues to include members of our state recognized tribes in the stakeholder groups described below. With the passage of the AFCARS 2020 rule to include more ICWA elements, the FSD Policy and Planning Manager has worked closely with the state recognized tribes to build upon existing relationships, create new ones, and identify processes for our work together. This has resulted in an even greater integration of tribal input into the statewide responsiveness to community needs, which is then utilized to inform the development of APSRs and the coordination of services

described in the CFSP. Please see the “Consultation and Coordination Between States and Tribes” section of this document for additional information regarding how we engage with Tribes in Vermont.

Partners and representatives from Vermont’s state-recognized tribes have signaled a gap in insurance-covered mental health modalities to meet the needs of indigenous young people in our communities. This is briefly spoken to in the *Health Care Oversight and Coordination Plan* section of the CFSP. We are curious about culturally sensitized alternative types of therapeutic supports that fall outside of traditional “talk therapy” (i.e., art, drumming, equine, gardening, and music therapies or other mind-body practices).

Family Services Division (FSD) collaborates with many federal and federally assisted programs throughout the state to ensure that the delivery of CFSP services is responsive to the needs of the community. While much of the coordination is with other departments within the Department for Children and Families, FSD also interacts with federally funded providers outside of the agency. The information below outlines the ways in which FSD collaborates and coordinates with these programs and providers to meet the needs of the children and families we serve.

Youth Development Services: FSD continues to contract with Elevate Youth Services (formerly Washington County Youth Service Bureau) as the administrative and fiscal agent of the Chafee subgrant and the statewide 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. Elevate subcontracts with eight agencies across the state to provide services in coordination with each of the 12 FSD districts. In total, YDP staffs 16 full-time equivalent Youth Development Coordinators (YDCs) that provide goal-oriented case management to youth. Across the state of Vermont, YDP serves approximately 450 youth per year. YDP maintains an array of services and supports for eligible youth, including strengths-based, youth-driven case management; flexible funding to help youth achieve goals; extended foster care; and access to leadership and advocacy opportunities. Figure 16 provides YDP outcome data for FY19-FY22.

Figure 16: Youth Development Program Outcomes, FY19-FY22

Youth Development Program Outcomes, FY19-FY22				
	FY19	FY20	FY21	FY22
Total Youth Served	535	460	454	458
Medicaid Insured	98%	99%	99%	98%
Licensed Drivers (16+)	34%	33%	31%	35%
Stable Housing all Year	84%	79%	82%	86%
Youth who Have Children	8%	10%	12%	13%
Youth Enrolled and Attending an Education Program	73%	67%	58%	59%
Youth 18+ Enrolled	61%	56%	47%	48%
Youth 18+ with 1+ Semester of College	13%	14%	11%	11%
Youth who were Employed	57%	62%	54%	57%
Youth 18+ who were Employed	70%	71%	60%	69%
Enrolled OR Employed	90%	90%	81%	83%
Youth 18+ Enrolled OR Employed	88%	87%	77%	80%

Data Source: VT APSR FY2024

Figure 17 provides YDP outcome data for FY 2023 at the district level.

Figure17: YDP FY 2023 Outcomes table

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

Data Note: VT= Statewide, A= St. Albans, B= Burlington, H= Hartford, J= St. Johnsbury, L= Brattleboro, M= Barre, N= Newport, R= Rutland, S= Springfield, T= Bennington, V= Morrisville, Y= Middlebury.

FSD provides “Youth Transition Meetings” for families involved with the Department and their support systems. These facilitated meetings support 17-year-old youth in custody in developing comprehensive transition plans. The framework provides a structure that is youth-led and helps youth to share their unique goals as they relate to housing, education, career planning, and more; builds connections and supports for the youth; and identifies and addresses challenges and barriers. These meetings and the framework are intended to be used when youth turn 17 in FSD custody, prior to discharge from services, and/or anytime there is a significant change in the youth’s life or plans. These meetings can be broken into multiple shorter meetings or one longer meeting, depending on youth preference and capacity for participation. These meetings are offered for youth being served in all 12 districts across the state. It is anticipated that all of the YDP services referenced here will continue into the coming years.

Additional information about YDP can be found in the Chafee section of this document.

Economic Services: FSD has continued to strengthen our partnership with Economic Services, especially those being served through their Reach-Up Program (TANF). Reach-Up helps families with children by providing cash assistance for basic needs and services that support work and self-sufficiency.

Effective on 2/1/2013, Economic Services promulgated a rule that allowed families to continue to receive their Reach-Up benefits up to 180 days if their child who was a beneficiary came into custody in situations where the child would likely be reunified within that timeframe. The desired goal was to support families in maintaining their housing so they could focus on addressing the issues that resulted in the child coming into custody. This rule has remained in place since 2013 and has allowed for better collaboration between FSD, Economic Services, and the families served by both departments.

In January 2024, an FSD Operations Manager partnered with the Reach-Up Benefits Programs Assistant Administrator to create 4 surveys:

- One for FSD Family Services Workers (FSWs)

- One for FSD district Supervisors
- One for Reach-Up Case Managers
- One for Reach-Up Supervisors

The goal of the surveys was to gauge the partnership between the departments as well as awareness of the programs each department can provide. The FSD Family Services Workers survey was sent to roughly 122 FSWs and 28 FSWs took the survey, for a response rate of 22%. When asked how frequently FSWs were meeting with Reach-Up Case Managers when they shared clients, 57.1% (N=16) of the respondents indicated “Less than Monthly” or “Never” (see Figure 18 for additional response information).

Figure 18: Response to FSD/Reach-Up Survey

ANSWER CHOICES	RESPONSES	
Weekly	3.57%	1
Monthly	39.29%	11
Less Than Monthly	35.71%	10
Never	21.43%	6
TOTAL		28

When asked an open-ended question regarding what gets in the way of regular meetings with Reach-Up Case Managers, many responses cited turnover in FSD and Economic Services as well as overwhelming caseloads as barriers to regular meetings.

When asked if FSWs were familiar with the supports provided to families by Reach-Up Case Managers, 88.8% (N=24) responded that they were not familiar or only somewhat familiar with the services (see Figure 19 below for additional response information; note that only 27 FSWs responded to this question).

Figure 19: Response to FSD/Reach-Up Survey

ANSWER CHOICES	RESPONSES	
I am not familiar with the supports Reach Up (ESD) Case Managers can provide to families	11.11%	3
I am somewhat familiar with the supports Reach Up (ESD) Case Managers can provide families	77.78%	21
I am very familiar with the supports Reach Up Case (ESD)Managers can provide families	11.11%	3
TOTAL		27

The responses from these two questions alone indicate that more work is needed to increase the knowledge and collaboration between FSD and Economic Services Reach-Up programs, especially as FSD continues to experience a high volume of turnover in the FSW position. At a meeting held on 2/6/2024, the FSD Operations Manager and Reach-Up Benefits Programs Assistant Administrator met with the FSD Quality Assurance Administrator to analyze the results of all four surveys and begin to brainstorm next steps. The FSD Operations Manager and the Reach-Up Benefits Programs Assistant Administrator will meet ongoing over the next several months to create and implement plans in each of the 12 district offices to ensure all staff are aware of the services and opportunities their counterparts can provide.

Child Development Division:

Vermont's Title IV-B, sub part 1 funds support key services overseen by the DCF Child Development Division (CDD). Some programs included in Vermont's Community-Based Child Abuse Prevention (CBCAP) grant and overseen by CDD include:

- **Strong Families Home visiting:** Under state law, Vermont home visiting services are regular, voluntary visits with a pregnant individual or family with a young child for the purpose of providing a continuum of services designed to:
 - Improve maternal and child health
 - Prevent child injuries, abuse, or maltreatment
 - Promote social and emotional health of children and their families
 - Improve school readiness
 - Reduce crime or domestic violence
 - Improve parent education and economic self-sufficiency
 - Enhance coordination and referrals among community resources and supports such as food, housing, and transportation

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

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

- **Nurse Home Visiting Program:** Maternal Early Childhood Home Visiting (MECSH)- Registered nurses from home health agencies deliver a long-term, structured, evidence-based home visiting program for families including at least 25 visits during pregnancy up to age two. The program improves maternal and child health and family economic self-sufficiency, promotes optimal child development, prevents child abuse and neglect, and coordinates referrals to community resources.
- **Family Support Home Visiting Program:** Parents as Teachers (PAT)- Trained professionals from CIS partner agencies deliver a long-term, evidence-based home visiting program for families through regular visits up to age five. The program strengthens the parent-child relationship, builds social connections, prevents child abuse and neglect, and promotes optimal child development and school readiness. In late 2019, PAT was endorsed by Vermont's Home Visiting Alliance (comprised of state and community agencies to inform the direction of Vermont's home visiting system) as the Sustained Family Support Home Visiting model.
- **Children's Integrated Services (CIS):** The Child Abuse Prevention and Treatment Act (CAPTA) requires states to make referrals to early intervention services funded under Part C of the Individuals with Disabilities Education Act (IDEA) for all children under the age of 3 who are involved in a substantiated

case of abuse or neglect. In Vermont, referrals to Children’s Integrated Services (CIS) for developmental screening continues to occur in the following instances:

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

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

- **Head Start:** FSD collaborates with Head Start/Early Head Start and continues to promote the MOU which was created in 2011. This MOU also includes Economic Services Reach Up and the Child Development Division and is designed to reinforce the commitment between the agencies to improve access and provide high quality services to children and families throughout Vermont.

Agency of Education (AOE): Over the last several years, FSD has continued to focus on educational stability for children and youth in foster care. We continue to work closely with AOE under the 2009 MOU which allows children and youth to stay in their schools throughout the year in most situations. Since the last CFSR, FSD has created reporting to allow for better monitoring of educational stability as it relates to placement in foster care. Members from AOE are also included in many of the stakeholder groups listed in the Collaboration section of this document.

Vermont Health Department: FSD district offices work closely with Health Department (VDH) partners in many capacities including connecting mothers to the WIC program, providing consultation when there are medical issues, reinforcing safe sleep with shared clients, collecting health information, and identifying the medical home for each child entering custody. When a child enters custody through FSD, the VDH Public Health Nurses connected to each of the 12 districts receive a notification and begin collecting the medical and dental information regarding the child. This information is then put into FSDs case note system and a copy is printed and put in the child's file. This ensures timely access to medical and dental information for FSD staff as well as the foster parents caring for the child.

Vermont State Housing Authority (VSHA): VSHA offers a Family Unification program which promotes family reunification by providing rental assistance to families that lack adequate housing as a primary factor in the separation, or threat of imminent separation, of children from their families. Family Services and Economic Services refer families to VSHA. As mentioned above in the YDP section of this item, VSHA also provides housing vouchers for youth ages 18-26 who experienced a foster care episode at some point after age 16.

Human Trafficking: In 2018, Vermont was awarded a \$1.2 million grant to combat human trafficking. Phase I of this grant was designed to support the delivery of comprehensive and specialized services for all victims of

human trafficking and the investigation and prosecution of sex and labor trafficking cases. Through the grant, three positions entirely dedicated to promoting victim-centered and trauma-informed investigations and comprehensive service delivery were developed and funded. The \$1.2 million grant covered a three-year period beginning October 1, 2018. Vermont did not apply for Phase II of the grant; however, applied for a one-year extension. With the remaining funding from Phase I, Vermont made a request to focus on building and strengthening multi-disciplinary teams through a pilot in three areas (Newport, Brattleboro, and Rutland). Additionally, the multi-disciplinary team in Chittenden County (Burlington area) was reconvened.

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

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

To collaboratively approach CJA work, Vermont stood up the Children’s Justice Act Task Force (CJATF). The CJATF’s role is to assess and make recommendations for system improvement in the realm of investigative, administrative, and judicial handling of cases of child abuse and neglect, and support designation and appropriation of CJA funding.

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

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

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

- Maintain and further develop the Vermont Sexual Assault Nurse Examiner Program and SANE professional development. Emphasis continues on the Pediatric SANE Program.
- Provide professional training on various aspects of child abuse and neglect for professionals who work with child abuse and neglect.
- Support the existence of statewide Children’s Advocacy Centers (CACs) and Special Investigation Units (SIUs) and assist in funding the necessary training, investigative equipment, and technological resources for them to function effectively. Currently a strong focus is on sex trafficking of minors, strengthening statewide, department and division policy and response systems.

- Assist in strengthening the Vermont’s Guardian ad Litem (GAL) Program through funding regular training and increased outreach for active volunteers.
- Provide funding to Vermont professionals who engage in research and model project testing to determine best practice standards for the professional response to child abuse and neglect cases, with emphasis on child sexual abuse.
- Provide funding to professionals and organizations working with child abuse and neglect cases for the necessary equipment and technology required to enhance performance in investigation, prosecution, and treatment.

The Vermont Task Force Three Year Assessment Plan from 2021 through 2024 focused efforts on improving the system wide response to child maltreatment.

Area A.

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

Area B.

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

Area C.

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

The initial recommendations from the previous three-year assessment (2021 through 2024) focused on continued grant funding for the Vermont Children’s Alliance, The Vermont Forensic Nursing Program and

Vermont's Guardian ad Litem Program. Additionally, the Task Force recommended ongoing review of processes related to Vermont's Child Protection Registry.

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

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

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

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

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

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

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

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

Changes considered included:

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

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

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

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

Vermont Juvenile Court Improvement Program (CIP): The Vermont Juvenile Court Improvement Program seeks to improve outcomes for children and youth in foster care or who are at risk of being removed from home. The program does this by proposing changes to how courts process juvenile abuse and neglect cases and adoption cases. The program's goals are to help ensure children's safety and well-being and to help children find safe, permanent homes.

In Vermont, the program provides training for judges, public defenders, prosecutors, and court employees. It also helps pay the costs of developing, implementing, and evaluating improvements to how the courts process cases in the juvenile docket.

The Vermont Juvenile Court Improvement Program works to:

- Improve the timeliness of court proceedings to terminate parental rights
- Improve the timeliness and quality of Probate Division adoption finalization hearings for children in the child welfare system
- Identify and implement efficiencies in processing abuse/neglect cases
- Improve the quality of court data
- Continue collaboration between the Judiciary, the Department for Children and Families, and other partners in the child welfare system
- Promote high-quality legal representation
- Ensure that judges and court personnel are knowledgeable and prepared to work with child welfare cases
- Ensure that volunteer guardians ad litem who advocate in juvenile proceedings are adequately trained and supervised

FSD collaborates closely with our Judiciary to move CIP work forward and ensure a strong partnership throughout the state. During the previous CFSP reporting period, FSD supported the implementation of a CIP strategy by beginning to provide an annual GAL orientation meeting where the FSD Deputy Commissioner provides an overview of FSD as a way to more intentionally onboard GALs to the work of child protection and their role in it. Since the inception of this annual meeting, FSD and the Judiciary has received positive feedback from GALs and plan to continue with this strategy throughout this CFSP reporting period.

Vermont continues to recognize that children and families involved in our child welfare system often have complex needs and require access to a variety of services and supports. Through extensive collaboration with state funded and federal/federally assisted programs throughout the state, Vermont is able to offer services and supports to children and families of all ages and all needs.

[Service Description](#)

Please see the Service Array item in the System Factor section in the attached Vermont CFSR R4 Statewide Assessment March 2024 document for a description of services and areas of strengths in need of improvement.

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

Please see the Child Development subsection of the Service Coordination section of this document for specific information regarding services offered in Vermont under title IV-B, subpart 1.

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

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

FSD plans to continue to provide the following adoption and post adoption services to children adopted from other countries during the FFY 2025-2029 CFSP reporting period:

- In-home adjusted parent education, identifying strengths and challenges and developing plans that foster growth
- Consultation to treatment teams and advocacy, providing education supports within schools and collaborating with treatment teams
- Referrals to community resources
- General adoption/guardianship information
- Kinship placement support

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

Children adopted from other countries also have access to any service provided by the Vermont Consortium for Adoption and Guardianship, which is funded by the Department. The Consortium offers trainings, support

groups, a newsletter and a lending library which are universally available to all families formed through adoption or guardianship who are living in Vermont.

Services for Children Under the Age of Five

Vermont FSD has two main service delivery systems for children under five. Well there are many other supports available that vary by district, statewide Vermont collaborates with parent child centers to provides services and support to young children and their families. Additionally, Vermont utilizes early intervention referrals to children's integrated services as a way to assess developmental needs of young children. More information about these two services is provided below. Last

Parent Child Centers (PCCs): PCCs will continue to deliver critical and essential state services to families with young children. There are 15 independent PCCs, organized under a statewide network, each providing a wide range of support and services for parents and caregivers with young children. PCCs are unique in design and responsive to the specific needs of our local communities. Holistically, Parent Child Centers use a family-centered, multi-generational, strengths-based approach that both treats and prevents ACEs in families. PCCs are designed to serve every family that walks through their door – and to make sure that parents have the support and resources they need to nurture their children and get them off to a great start in life. PCC's served 18,656 children and 17,696 parents* from January-June 2023 and made 15,800 home visits. PCC's engage in the delivery of 8 Parent Child Center Core Services: Parent Education, Family Support, Home Visits, Early Childhood Services, On-site Concrete Family Supports, Play Groups, Community Development, and Information & Referral. PCCs' goals are to help all Vermont's families with young children get off to a healthy start; promote well-being; build on family strengths, and prevent problems, i.e. illiteracy, poor health, welfare dependency, family violence, sexual, physical and emotional abuse, that have proved to be costly to our society in both human and financial terms. 94% of parents reported feeling strong and more confident as a parent after working with a PPC in 2023 and 98% or parents feel they received the help they needed and that was right for them.

Data Source: Parent Child Center Impact report from January-June 2023

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

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

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

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

FSD runs a report of all the Child Safety Interventions in which there is at least 1 child in the household who is under the age of 3. We then cross-reference that data with the number of children who were screened by CIS, and the number of children who received Early Intervention (EI) Services. District Directors provides this

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

Child Parent Interactive Therapy (PCIT): PCIT is one of the Evidence Based Practice (EBP) models Vermont FSD has selected to implement through Families Come First (FFPSA). Vermont will implement PCIT in accordance with the model as offered by PCIT International. The Clearinghouse summary of PCIT is as follows: In Parent-Child Interaction Therapy (PCIT), parents are coached by a trained therapist in behavior-management and relationship skills. PCIT is a program for two-to-seven-year-old children and their parents or caregivers that aims to decrease externalizing child behavior problems (e.g., defiance, aggression), increase positive parenting behaviors, and improve the quality of the parent-child relationship. During weekly sessions, therapists coach caregivers in skills such as child-centered play, communication, increasing child compliance, and problem-solving. Parents or caregivers progress through treatment as they master specific competencies, thus there is no fixed length of treatment. Most families can achieve mastery of the program content in 12 to 20 one-hour sessions. Master's level therapists who have received specialized training provide PCIT services to children and caregivers.

The target population for this service in Vermont will be families with children between 2 and 7 years who experience emotional and behavior problems that are intense and frequent. The intended outcome from this service is to increase the percent of youth living at home at 12 and 24 months. Additional outcomes include a reduction in custody entrants in the 0-7 population, and increased parental well-being with an improvement in their mental and emotional health, and family functioning.

Due to continued vacancies and other staffing impacts over the last few years, Vermont is still in the process of implementing PCIT. A core team meets weekly to discuss prevention work in Vermont, and we anticipate implementing PCIT as a prevention service for young children during this CFSP reporting period.

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

Through the use of the Child Maltreatment Fatality Prevention Plan, Vermont FSD is able to track, prevent, and learn from child maltreatment deaths. The following section includes details on the Child Maltreatment Fatality Prevention Plan as well as planned initiatives during this CFSP reporting period related to tracking and preventing child maltreatment deaths in Vermont.

Child Maltreatment Fatality Prevention Plan:

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

Child Fatality Review Team: Family Services Division participates in the state's child fatality review team which meets monthly to review all unnatural child deaths. In April of 2018 Vermont passed H. 686 An Act Relating to Establishing the Child Fatality Review Team. While this team has been reviewing unexpected, unexplained, or preventable child deaths since 1985 as an empaneled child protection team, H. 686 codified the existing CFRT under the Vermont Department of Health. The Act, as passed, can be found here: <https://legislature.vermont.gov/Documents/2018/Docs/ACTS/ACT103/ACT103%20As%20Enacted.pdf>

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

The mission of the CFRT is to:

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

The Child Fatality Review Team's 2020 Report to the Legislature provides 10 years of data and analysis regarding Vermont's child and youth population, including death rates by age group for the years 2008-2017, including some detailed analysis around infant safe sleep, youth suicide and fatalities in childcare settings. Of the total number of unnatural deaths, motor vehicle collisions, asphyxiation and suicide represented the most prevalent form of death for Vermont children and youth.

Infant Safe Sleep Committee

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

The Committee's focus was centered around designing accessible educational materials on safe-sleep messaging while adhering to safe-sleep guidelines. The materials were written in plain language to help with ease of understanding at most reading levels and will be translated into a variety of languages before being disseminated widely throughout the community. The content focuses on practical tips to improve sleep for caregivers and babies, guidance on products to avoid, and realigns expectations around what is infant sleep. Final materials and a messaging toolkit have been distributed by partners across the state to help statewide alignment on safe sleep messaging. Family Services Division policy require these materials be provided to caretakers during a child safety intervention when there is a child under 12 months in the home. With this in mind, FSD plans to continue our partnership with the Infant Safe Sleep Committee during this CFSP reporting period. If additional initiatives are implemented by this committee, they will be included in upcoming APSRs.

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

In 2023, the Vermont Department of Health was awarded a five-year grant from the Centers for Disease Control and Prevention to participate in the Sudden Unexpected Infant Death Case Registry. The participation

in the Registry gives access to the CFRT to input Vermont's child fatality data into the National Center for Fatality Review and Prevention's Case Reporting System, allowing the CFRT to compare national trends with Vermont data. Participation in the Case Registry improves the CFRT's understanding of trends and risk factors of sudden unexpected infant death and will subsequently improve the CFRT's recommendations for evidenced-based interventions and strategies for prevention of SUID. The participation in this analysis remains important as there were seven sudden unexpected infant deaths in Vermont in 2022.

Child Fatality Case Review

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

The CFRT's review of case fatality data, together with Vermont Department of Health surveillance data, led to the identification of several areas of particular concern: water safety, suicide prevention and postvention response, infant safe sleep, child abuse and maltreatment, and motor vehicle and ATV safety, each discussed in detail in the 2023 CFRT annual report.

CFRT Planned Activities for 2024

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

Partners in Tracking and Preventing Child Maltreatment Deaths

In addition to its membership on the Child Fatality Review Team, Family Services Division also participates on the Vermont Citizens Advisory Board (VCAB), and the Children's Justice Act Task Force (CJATF), all of which are tasked with making recommendations toward systemic improvements for the state's response to child abuse in general and including child maltreatment fatalities specifically.

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

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

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

- Reduced numbers of child fatalities and near fatalities,

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

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

In 2023 FSD was successful in obtaining the support of a legislator to sponsor a bill, proposing the creation of a Critical Incident Review Team within Family Services.

<https://legislature.vermont.gov/bill/status/2024/H.696>

The bill would create a Critical Incident Review Team within Family Services Division for the purpose of internally evaluating and improving the services provided by the Division, offer confidentiality protections around the review process, and would formalize a collaborative partnership with the OCYFA specific to the review of critical incidents such as child fatalities and near fatalities. The OCYFA has expressed a commitment to learning the principals of safety science and a willingness to attend trainings provided by the NPCCS.

Family Services Division has contracted with Kidsafe Vermont to hold a special joint meeting with VCAB and CFRT, inviting the OCYFA and other stakeholders to provide education around Safety Science, the purpose of the bill and to begin to build a foundation of agreements for information and participation in our critical incident review process for fatalities and near fatalities. National experts in Safety Science and child fatality review will provide training and education on critical incident review tools such as the Safe Systems Improvement Tool. Please see the Collaboration section for more information about VCAB.

Safe System Learning Review (SSLR)

Vermont is one of 37 States and jurisdictions that are part of the National Partnership for Child Safety (NPCS), a national collaboration focused on improving the child abuse/neglect death review process. As part of our collaboration with NPCCS, FSD utilizes the Safe Systems Improvement Tool (SSIT) and agrees to have a critical incident review process which supports psychological safety and system-oriented thinking. This critical incident review process is family centered, workforce informed, and systems focused and the tool reinforces important organizational values (safety culture, workforce resilience, systems improvement).

During the FFY 2025-2029 CFSP reporting period, the FSD Quality Assurance team will support the SSLR reviews, data gathering, and any data analytics work occurring in this realm, thus formalize QA’s role in fatality reviews. FSD plans to continue to develop a process by which the division reviews child fatalities, provides data to the NPCCS and creates a culture of safety surrounding this work.

Additional Planned Activities to Track and Prevent Child Maltreatment Deaths during FFY 2025-2029

- Continue to utilize the SSIT in reviewing cases and providing VCAB with a system focused lens. The SSIT will provide a solution focused framework by which the group may engage collaboratively in data driven response to child fatality and other poor outcomes.
- Continue to work with Grants & Contracts and Agency of Digital Services regarding data use agreements.
- Participate in Vermont Intelligence Center's (VIC) review of youth impacted by overdose
- Design, develop, and implement statewide educational efforts regarding Safety Science and SSLR.
- Increase coordination between NPCS, Safety Culture Workgroup and SSLR process.
- Implement data use agreement with Michigan Public Health Institute and University of Kentucky to upload data elements.
- Connecting SSLR process and Hope Team/Debriefs

[MaryLee Allen Promoting Safe and Stable Families \(PSSF\)](#)

Vermont Family Services believes strongly in supporting community-based services and in maintaining close partnerships with community providers. Most of Vermont's Safe and Stable Families dollars are distributed through grants and contracts to fund services to families by community providers. Vermont has been using Safe and Stable Families funding in the same way for a long time and will continue the same path for this CFSP reporting period. The services we plan to fund over the next 5 years includes respite care to families, transportation costs to assist families in crisis, services to support families in crisis to avoid custody or to support them when their children are returned from custody. In addition, we will continue to support Project Family in providing adoption services ensure children/youth have the opportunity for timely permanency through adoption or permanent guardianship. With that being said, we will continue to review what is being coded to Safe and Stable Families to ensure there are no other funding sources that could support the activities.

Post-Permanence Services support families who have been joined through adoption and guardianship by providing case management and other support services delivered by professionals who are experienced in the dynamics of adoption and guardianship. Safe and Stable Families makes up a small portion of the funding in these contracts, by providing caregivers with a planned break, which increases long-term permanence for families.

FSD will continue to distribute a portion of the Safe and Stable Families funds to Lund Family Center to support families who are in the process of adopting a child/youth. These funds are one of multiple sources of funding in the contract with Lund Project Family, which provides matching services, home studies, and support to families seeking to adopt a child, including assisting with payment for court filings and background checks, supporting a family in filling out the court forms, helping families understand the process, and more.

Project Family has partnered with Family Services to provide these services for many years and in the last two years, Vermont has found that the work required with many adoptive families has become more time consuming and complicated. We attribute this to the increase in finding permanency with kin.

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

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

These funds will continue to be available to our district offices so they can utilize the funds to remove barriers for families with whom they are working.

Percent of IV-B Part 2 Expenditures:

Correctly coding expenses funded by Safe and Stable Families continues to be an issue. As stated previously, Family Services has been working closely with the DCF Business Office to ensure agreements are coded correctly. This has been somewhat successful, but because of staff turnover and competing priorities, this has not fully addressed the issue. Because the goal areas of the Family Preservation, Family Preservation Support, and Family Preservation Reunification categories are fairly similar, Vermont contends that the reality of the expenditures more closely match the percentage goals than the coding of such expenses suggests. Family Services will continue to work closely with the Business Office and with administrative staff in the districts to continue to educate about the different categories and evaluate the coding as expenses come in. Additionally, Safe and Stable Adoptions has historically been overrepresented in the Safe and Stable expenditures.

For more information on PSSF, please see the Vermont FY 2025 CFS-101 document.

[Service Decision Making Process for Family Support Services](#)

Family Services will continue to offer community-based services to support families using Safe and Stable Families funding. There will be a competitive procurement process for funds administered through contracts. Bids will be encouraged from any community provider that wishes to participate. Scoring bids always includes representatives of the community to be served, usually the staff of a district office, but sometimes other community members. Family Services is endeavoring to both provide consistent services around the state so that no matter where a family lives, they can receive the same types of supports, and ensuring that the services offered are reflective of the community in which they will happen. DCF as an entity has been grappling with how to include more family and youth voice in our work, and participation in choosing what services will be offered and who will provide them will be an important factor to include in that work.

Populations at Greatest Risk of Maltreatment

Substance Exposed Newborns

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

Educational materials for hospital providers and families are available on the DCF FSD webpage

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

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

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

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

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

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

- *Children who die from abuse and neglect are overwhelmingly young (approximately 50% are less than 1 year old and 75% are under 3 years old); and*

- *A call to a child protection hotline is the best predictor of a child's potential risk of injury death before age 5.*

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

Human Trafficking

FSD recognizes the vulnerability of young people who are victims or at high-risk for human trafficking. In response to The Trafficking Victims Prevention and Protection Reauthorization Act of 2022 (P.L. 117-348), we amended the following policies (mostly related to Title IV-E):

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

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

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

Vermont’s definition aligns with the CAPTA Reauthorization Act of 2010 but is not inclusive of the optional expansion to labor trafficking under The Trafficking Victims Prevention and Protection Reauthorization Act of 2022 (P.L. 117-348). Like the federal definition, Vermont’s definition encompasses physical harm, including death, psychological or emotional harm, sexual abuse, and a substantial risk of harm caused by a child’s parent or caretaker.

Even though human trafficking is included in our definition of child abuse, it exists within the sexual abuse category of definitions and is not inclusive of labor trafficking. The Vermont Legislature has not formally amended child abuse definitions within Chapter 49 (Child Welfare Services) of Title 33 (Human Services) of the Vermont Statutes with consideration of labor trafficking. We do not formally have a child abuse definition or intake screening criteria for labor trafficking. However, we are beginning to recognize and interface with labor trafficking cases through other means such as juvenile delinquency charges, youth held from other states through the Interstate Compact on Juveniles (ICJ), assessments under the authority of Chapter 51 (General

Provisions), and court proceedings under Chapter 53 (Children in Need of Care or Supervision). We are partnering with law enforcement, State's Attorneys, the Vermont Judiciary, other state's child protection and juvenile justice agencies, and other partners with these youth and families outside of labor trafficking child abuse investigations.

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

Missing/Runaway Youth

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

- 2022 exhibited the highest number of missing juvenile NCIC entries, followed by 2021 and 2023. 2024 is exhibiting a trend slightly upward compared to previous years with 123 cases as of May 31, 2023. In the same time frame in 2022, there had been 111 cases.
- The data collected by the VIC between 2019 and early 2024 indicates that DCF custody nearly triples the likelihood that a juvenile will be entered as a missing person more than once before they turn 21.
- Youth in DCF custody are more likely to be on the run for eight or more days compared to juveniles not in DCF custody. Lengthier runaway events are increasing significantly among youth in DCF custody, more so than among juveniles not in DCF custody.
- Youth become more comfortable and resourceful the longer they spend on the run. The data shows that juveniles in DCF custody are running for longer periods of time in the last two years. However, it should be noted that these individuals usually start with runaway events that last between zero and three days. They progress each time, learning what it takes to avoid returning to the circumstances from which they are running.
- There is a statistically significant difference between statewide race data, and race data of missing juveniles. According to 2020 census data, approximately 2.2% of Vermont's population is Black or African American alone or in combination. Meanwhile, 14% of missing juvenile cases in the last several years involved juveniles that were Black or African American alone or in combination. This includes missing juvenile cases where the juvenile was or was not in DCF custody.

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

LGBTQI+ Children/Youth

Please refer to the Chafee Foster Care Program for Successful Transition to adulthood section for more updates about DCF-FSD's work regarding services and support to LGBTQI+ youth and young adults.

Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

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

- All Family Services workers are equipped with I-phones (with telephone, e-mail, scheduling and wireless modem capacity) and laptop computers. This combination enables them to access division computer applications from remote locations, including from client homes.
- During the pandemic, Family Services Workers often took advantage of videoconferencing when visiting with children and youth.
- The division continues to promote teaming and group supervision models, to increase the number of Family Services Workers who have a relationship with a family and can assist in times of intense service need.
- A report is sent weekly to districts, which assists them in tracking which children and youth have not yet been seen during the month.
- A report is sent to directors bi-monthly that identifies all children without a face-to-face contact note entered and asks that workers go in and enter their late notes or indicate on the spreadsheet that the youth was not seen.
- The following prompts seen in Figure 20 generate when a caseworker goes to enter a face to face case note in FSD's case note entry system. These prompts were coded into the system to align with CFSR requirements and support staff in meeting not just the frequency standard, but quality as well.

Figure 20: Face to Face Case Note Prompts in FSDNet

The screenshot shows the 'Add Casenote' form in FSDNet. The form is divided into several sections:

- Enter Case Note:** Includes a 'Date of contact' field with the value '04/10/2024'. Below it are two checkboxes: 'Monthly home visit?' (checked) and 'Domestic Violence Alert?' (unchecked).
- Contact made by:** A dropdown menu with a blue bar.
- Client Contact:** A table with four columns: 'Present?', 'Regarding?', 'MCM?', and 'by assigned?'. The first two columns are highlighted in yellow. There are two rows of data, (0) and (1), each with checkboxes under the columns.
- Contact Note:** A text area with a red border. It contains the following prompts:
 - Safety/Risk Assessment:
 - Progress towards case plan goals:
 - Well-being (including physical & mental health, and education if ??)
 - Private discussion (include adjustment to placement, visits with family, concerns, etc)
- Send Email:** A checkbox.
- Save:** A button at the bottom.

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

John H. Caffee Foster Care Program for Successful Transition to Adulthood Transition Planning Process

FSD utilizes a 90-day transition case plan to be completed with a youth 90 days prior to their 18th birthday. This plan can be completed as part of an administrative case plan review or as a stand-alone plan, depending on timing. It was shared at a recent case plan review facilitator meeting that the 90-day transition to adulthood plans are not often seen in reviews. It may be helpful for FSD to explore tracking and completion of

90-day transition to adulthood plans during this CFSP reporting. Figure 21 provides the 90-day transition to adulthood plan utilized by FSD.

Figure 21: Department for Children & Families/Family Services Division Transition to Adulthood (90-Day) Plan

Date plan completed:		Youth date of birth:		Youth Age:	
Youth name:			Family/Child #:		
Physical and mailing address:					
Phone numbers:					
E-mail address:					

Family Services Worker:	
Youth Development Coordinator:	

My Family Information: (family is defined as people youth considers to be family)			
Name	Relationship	Support Provided	I Plan to Stay Connected By
Other Important People, Mentors, Caring Adults, Friends, and Peers:			
My Strengths, Interests, Hobbies, and Recreational/Enrichment Activities:			
My Spiritual and Cultural Connections or Affiliations:			

Housing:	
Current living situation:	

Short-term and long-term housing goals:	
Steps to achieving my housing goals:	
People that will help me achieve my housing goals:	

Education:					
Currently enrolled?		Expected graduation/ current grade:		IEP/504 Plan:	
School name and address:					
Academic supports (tutor, school counselor, VSAC, advisor, etc.):					
Short-term and long-term education goals:					
Steps to achieving my education goals:					
People that will help me achieve my education goals:					

Employment:					
Currently employed?		Location:		Do you have a resumé?	
Career preparation services (JOBS, VR, DOL, etc.):					
Post-secondary education or vocational training:					
Short-term and long-term employment goals:					
Steps to achieving my employment goals:					

People that will help me achieve my employment goals:	
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Financial	
Do you have a bank account?	
Do you have a budget?	
Do you currently receive any financial assistance?	
Do you receive Social Security payments?	
Do you have any debt?	
Do you have your credit report? Are there issues that need to be resolved?	

Medical Information:	
Health insurance:	
Doctor and last routine visit:	
Dentist and last routine visit:	
Special health needs:	
Currently in mental health/substance abuse treatment? Or in the past? If so, counselor/therapist:	
Past mental health diagnosis:	
Current mental health symptoms:	
Current medication:	

ACKNOWLEDGEMENTS:

I have participated in the development of this plan.

_____ Youth's initials

I have been told that I can access the Youth Development Program for case management and financial services from age 14 to 23. I am aware of the Extended Care resources for which I may be eligible.

_____ Youth's initials

I have received the list of rights for children and youth in DCF custody and they were explained to me in an understandable way.

_____ Youth's initials

I have received a certified birth certificate, Social Security card, state-issued identification card, and education and medical records held by DCF.

_____ Youth's initials

I know that I must re-apply to continue Medicaid health insurance benefits when I exit DCF custody, and again each year. I am aware that when I move I must submit a verification form with my new address.

_____ Youth's initials

I have been told that when I am 18, I can choose a "health care agent" that can make medical choices for me if I am not able. I have received information and a form that I can fill out if I want to choose a health care agent.

_____ Youth's initials

I know that 30 days prior to leaving foster care, I am eligible to apply for 3Squares (food stamps).

_____ Youth's initials

By signing below, this means we will all work to complete the steps necessary to help the youth complete their transition plan.

	Signature	Date
Youth:		
DCF Family Services Worker:		
Youth Development Coordinator:		
Other Caregiver/Advocate:		

Other Caregiver/Advocate:		

LEGISLATIVE & REGULATORY REFERENCES:

- Public Law (P.L.) 110-351, which states that a Transition Plan must be developed at the direction of the youth during the 90-day period prior to the youth aging out. The plan must contain specific options on housing, health insurance, education, local opportunities for mentors/continuing support services and workforce support/employment services. P.L. 111-148 requires providing foster youth with the information about a Power of Attorney for Health Care.

Copies to: Youth - DCF Case File - YDP – Others identified by the youth

PARTICIPANT LOCATOR FORM

How do we keep in touch with you?

Youth Name:		
Address:		
Email:		
Social Networks:		
Phone Numbers:	Home:	
	Cell:	
	Work:	

Significant people who always know how to reach you (parents, relatives, friends, mentors):

1. Name:			2. Name:		
Relationship:			Relationship:		
Address:			Address:		
Email:			Email:		
Phone Numbers:			Phone Numbers:		
Home:			Home:		
Cell:			Cell:		
Work:			Work:		

3. Name:		4. Name:	
Relationship:		Relationship:	
Address:		Address:	
Email:		Email:	
Phone Numbers:		Phone Numbers:	
Home:		Home:	
Cell:		Cell:	
Work:		Work:	

Signatures:

By signing this, I give YDP permission to contact the people I have listed here for the purpose of getting in touch with me for activities related to the Youth Development Program. I understand that they will ask for me and that I gave them permission to call. They will leave messages for me if needed. They will not release any personal information about me other than I agreed to work with YDP. This information may be used to contact me as part of a study for foster care outcomes over time, also known as the National Youth in Transition Database (NYTD).	
Youth Signature:	Date:
Signature of Guardian (as needed):	Date:

[Integration of Chafee with CFSP/CFSR](#)

FSD is committed to aligning Chafee services identified within the CFSP with the goals in the CFSR PIP. In Vermont first APSR submission of this CFSP, we will provide further information about how and where Chafee goals align across plans.

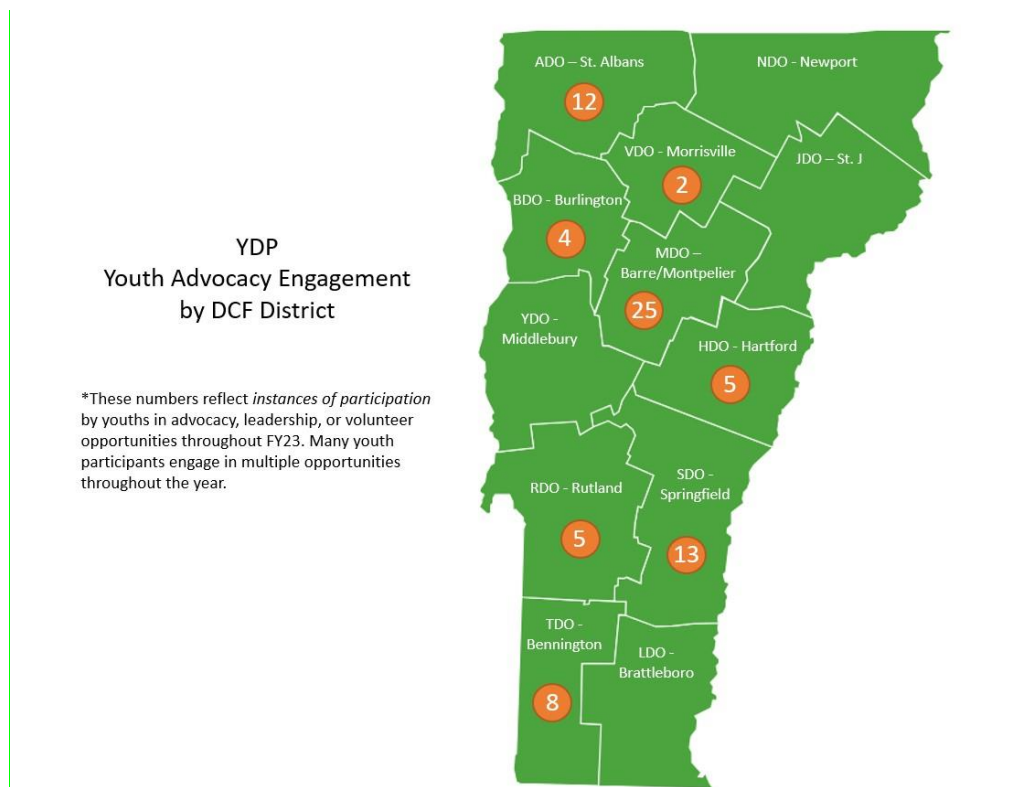
[Agency Administering Chafee](#)

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

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

network meetings and quarterly YDP leadership meetings, and oversight of the Youth Advisory Board and all other youth advocacy activities, including the annual youth conference.

Figure 22: YDP Engagement by District



YDP maintains an array of services and supports for eligible youth, including strengths-based, youth-driven case management; flexible funding to help youth achieve goals; extended foster care; and access to leadership and advocacy opportunities. Overall, services are expected to remain consistent through FY 2029 with continued emphasis on serving more youth and supporting direct service staff through training, oversight, and technical assistance.

Description of Program Design and Delivery

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 aged 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 the Youth Advisory Board, 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.

Over the next five year, the goals for Vermont's Chafee program include:

- Further develop youth leadership opportunities (especially the Youth Advisory Board) and engaging youth in system and program evaluation and design. Support the YAB to engage with the legislature, inform policy development, and continue training DCF workforce and caregivers.
- Host more events and expand participation for youth. Ideas include a summer camp, a dance, online hang out spaces, and LGBTQ+ and BIPOC affinity groups.
- Develop and advocate for additional housing resources for transition-age youth. Strategies include applying for additional housing vouchers in partnership with Vermont Public Housing Authorities (PHAs), partnering with PHAs and other public and private entities to project-base housing vouchers, and recruiting for extended care foster parents (Adult Living Partners).
- Explore other expanded resources for youth, including access to drivers' education and car insurance, and post-secondary education and training resources. Develop and implement youth programming for media literacy, social media advocacy, internet safety, and strategic sharing.
- Support YDP staff retention. Ideas include holding a "Youth Development Coordinator Appreciation Day," hosting monthly online peer-support meetings for staff, developing safety protocols and/or launching a safety committee, facilitating exit/stay interviews, and soliciting targeted feedback from staff with staff around their recommendations and ideas for program development.
- Implement discharge/satisfaction surveys for youth participants as well as a statewide grievance policy to ensure youth voices are heard and taken seriously.
- Consider methods for engaging additional youth in transition and aftercare services. Strategies include creating a hotline or text line for youth to call for information/guidance about post-18 resources, implementing a more robust social media presence to ensure youth and the general public are aware of YDP services, and exploring ways in which to serve the highest-risk youth in low-barrier ways.

The Youth Advisory Board (YAB) was reinvigorated post-pandemic with consultation from Foster Club in Oregon. The group meets monthly online for two hours and has an average participation of about seven youth. Lived experience leaders drive the agenda and project areas. YAB members are compensated for their

participation in monthly meetings and all other volunteer leadership opportunities. The YDP Youth Advocacy Coordinator position is dedicated to facilitating this group, engaging with individual youth, promoting leadership skills, connecting youth to professional development opportunities, and ensuring that youth voices are heard within the program and beyond. The YAB includes three additional “Adult Supporters” from YDP and also from DCF’s Adolescent Services Unit. The Adult Supporters provide general encouragement, next step recommendations, and information as requested about existing resources, policies, and practices. The YAB discusses areas for improvement in the YDP and DCF systems and develops projects and/or provides feedback and partnership on initiatives brought to the YAB by YDP, DCF, or other community partners.

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

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

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

FSD’s Quality Assurance team partnered with FSD’s Policy & Adolescent Services Unit Practice Specialist and the WCYSB’s Youth Development Program Director to include YAB input in the CFSR Statewide Assessment. Representatives from the QA team held a focus group with members of the YAB and plan to invite the Youth Development Program Director and members of the YAB to join the CFSR Steering Committee.

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.

YDCs track NYTD services and outcome data every month for every youth actively served by the program. The program uses a secure web-based database that includes each of the NYTD data elements. The NYTD

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

Data collected through the YDP database is shared with stakeholders regularly. The YDP administrator provides detailed service, outcome, and funding related data to program staff, supervisors, and to the DCF Program Manager on a monthly basis. This data includes information about utilization, services, and outcomes by district and statewide. Subsets of the NYTD data is also provided in community presentations and newsletters each year. 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. DCF and YDP engage in regular discussion about the NYTD data and opportunities for disseminating to the public.

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

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

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

and engagement of all eligible youth. YDP is also developing affinity groups for BIPOC youth with foster care experience to ensure beneficial and appropriate services are provided and all youth voices are heard.

Figure 23: YDP FY23 Race/Ethnicity Data

YDP FY23 Race/Ethnicity Data	
American Indian/Alaska Native	4%
Asian	0%
Black/African American	8%
Native Hawaiian/Other Pacific Islander	0%
White	86%
Unknown	5%
Declined	1%
Hispanic or Latino Ethnicity	4%

Serving Youth Across the State

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

Some examples of how these factors impact caseload are:

- Two DCF districts have especially small caseload sizes. This is primarily due to a lower population in these areas of the state, as well as socioeconomic protective factors. The YDP staff in these districts receive referrals for all youth in custody, but still maintain small caseloads. To ensure capacity is met, these case managers support youth in neighboring districts, particularly where caseloads are large and there may be a waiting list for YDP services. This has proved to be a creative solution for ensuring additional youth are served and YDP staff maintain full caseloads.
- In another region, a long-term and very effective YDP case manager has a very large caseload despite a low-average population size and number of youth in DCF custody. This staff person has excellent rapport and long-standing relationships with DCF and community partners and receives many referrals. Likewise, many youth opt to remain consistently connected to services for many years, whereas in other regions, youth may access services periodically, or drop off altogether if there is staff turnover. This district also sites most of the State’s residential care beds and the local YDP engages with youth placed in these settings.

- In one rural district that lacks robust public transportation, a YDP provider maintains a smaller caseload because they are spending much of their time driving long distances to meet individual young people where they are at and transporting them as needed for important meetings.
- The largest district in Vermont tends to maintain a waitlist for YDP services. Not only are there comparatively more youth in care in this region, but many young people also migrate to this area after age 18 because it is known for having more available services, community amenities, and is generally seen as a youth friendly location. This program is housed within a large youth-serving organization which has implemented central intake strategies and standardized protocols for engaging youth.

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

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

Figure 24: YDP FY 2023 Outcomes table

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

Data Note: VT= Statewide, A= St. Albans, B= Burlington, H= Hartford, J= St. Johnsbury, L= Brattleboro, M= Barre, N= Newport, R= Rutland, S= Springfield, T= Bennington, V= Morrisville, Y= Middlebury.

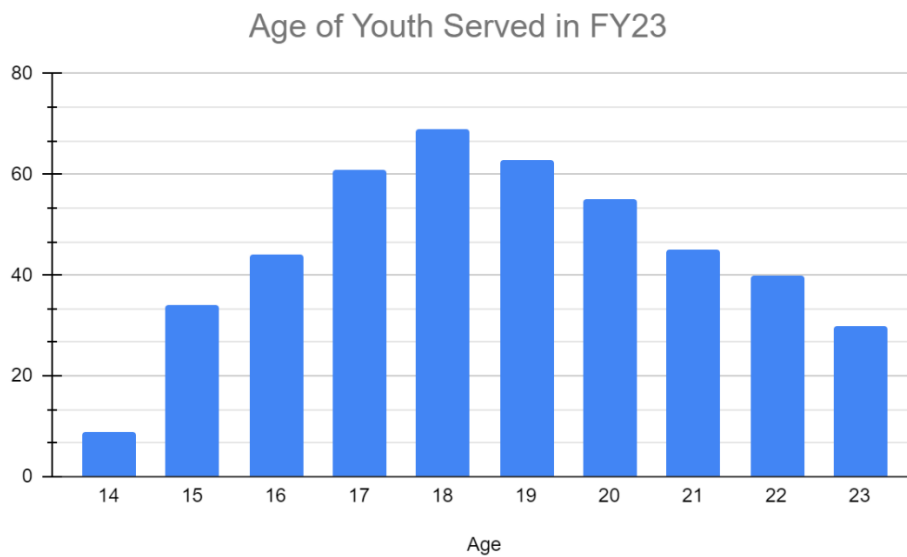
Serving Youth of Various Ages and Stages of Achieving Independence

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. YDP uses a strengths based, client centered approach to working with youth that meets youth where they are in terms of stages of development and level of independence. YDCs work with youth, their natural supports, and team members to identify goals

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

With youth, YDP develop plans of care at least every six months that reflect the individual needs and goals of youth and demonstrate each participant’s developmental progress. Generally, work with younger youth (14-16 years old) is focused on normalcy, career exploration, education, and connection with natural supports and community activities. Work with transitioning youth (17-18 years old) is often focused on making plans for 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 identifying future housing options. The work with older youth (18-23 years old) is often centered on helping youth achieve their plans for education, employment, housing, connections to natural supports and permanency, and access to health care.

Figure25: Age of Youth Served by YDP, FY23



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

YDP services and Vermont Extended Foster Care are currently available to youth up to age 23. Prior to the Family First Prevention Services Act of 2018 (since 2007), YDP services and extended foster care were already available to youth through age 21. Based on the trends around age and level of engagement with the program, expanding eligibility to 14 and 22-year-old youth did not significantly impact the capacity of YDP. In Vermont, accessing services through YDP is a vital support for youth preparing for and newly transitioning from the DCF

system. It is for that reason, that YDP contracts and DCF policy require that 17-year-old youth are prioritized for referral to and services from YDP.

At this time, Vermont's foster care services for youth ages 18-23 continue to be supported solely through State resources. The primary barriers to fully implementing federal extended foster care in Vermont continue to be around judicial oversight for the population of youth over age 18 and adjusting DCFs antiquated database to ensure the Department is appropriately tracking the requirements for extended care and reporting youth correctly. Historically, the judiciary has expressed that they do not have capacity or statutory authority to oversee extended foster care. DCF remains committed to engaging with the judiciary and the legislature to identify solutions to support this work in the future. DCF is also in the planning phases of a CCWIS system that, over time, will enable DCF to track extended care cases and associated federal requirements.

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

[Collaboration with Other Private and Public Agencies](#)

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

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

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

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

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

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

Housing

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

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

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

Transportation

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

Banking

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

Education

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

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

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

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

Employment

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

LGBTQ+

DCF's [Policy 76: Supporting and Affirming LGBTQ Children + Youth](#) states that exploration of gender identity, sexual orientation, and gender expression is a normal and healthy part of adolescent and human development. Policy 76 stipulates the "DCF Commissioner's Committee on LGBTQ Issues." The Committee provides support to staff and shall be consulted about legal name and gender marker changes, situations where a young person feels unsafe, uncomfortable, or disagrees with a placement because of their identity, and medical treatment decisions, or any other related concern.

The Committee has provided over 80 consultations in the seven years since its inception. Consultations are primarily on behalf of transgender-identified youth and focused on gender-affirming medical care, gender-affirming placement, mental health, parent acceptance, and access to community and peer support. The committee has also provided feedback on appropriate language for case planning and affidavits. This empaneled committee always includes a representative from Outright Vermont, a statewide organization

focused on the health and well-being of LGBTQ+ youth and community. Outright Vermont's mission is to "build a Vermont where all LGBTQ+ youth have hope, equality, and power." DCF contracts with Outright Vermont to provide consultation on individual cases and policy and practice. They also provide training to DCF and YDP staff as needed. YDP also contracted with Outright Vermont to provide training to the statewide network.

Health Insurance

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

DCF intends to update [Policy 160: Supporting Adolescents in DCF Custody](#) and the Transition to Adulthood (90-Day) Plan) with an expectation that Family Services Workers inform youth of their ability to enroll in Medicaid in other states if they choose to leave Vermont. YDP ensures that youth who move to Vermont and access YDP are supported to apply for Medicaid. Youth from Vermont are informed of their ability (and supported) to apply for Medicaid if they move to other states. DCF and YDP share this information with stakeholders as needed.

[Determining Eligibility for Benefits and Services](#)

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

[Cooperation in National Evaluations](#)

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

[Education and Training Vouchers \(ETV\) Program:](#)

Vermont continues to contract with Vermont Student Assistance Corporation (VSAC) for ETV administration. VSAC has been successfully administering the Chafee/ETV scholarship for Vermont for many years. This

partnership is particularly effective because VSAC is well known in Vermont for being the primary organization helping people to plan, navigate, and pay for college and career planning. VSAC's vision is "to create opportunities for all Vermont students, but particularly for those – of any age - who believe that the doors to higher education are closed to them."

As part of DCF's subgrant with VSAC is the expectation that VSAC will ensure that youth do not receive educational assistance 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 an additional scholarship opportunity for former foster youth through the Emily Lester Scholarship (also administered by VSAC). Some funding for supporting post-secondary education and training is also provided by the Chafee-funded Youth Development Program.

[Chafee Training](#)

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

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

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

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

- Anti-racism, and
- Monthly peer support meetings to promote case coordination and peer learning.

[Consultation with Tribes](#)

Information regarding how Vermont coordinates with tribes to determine eligibility for Chafee/ETV benefits.

Section 5: Consultation and Coordination Between States and Tribes





Vermont does not have any federally recognized tribes within its borders. The division has maintained policy statements and practice guidance regarding compliance with the Indian Child Welfare Act (ICWA) for many years. It is FSD's obligation to work with Indian tribes in other states to meet the safety, permanency, well-being, and law abidance of any child eligible for membership with an Indian tribe. With the creation of a part-time position dedicated to the coordination of ICWA, it has been helpful to centralize this aspect of the work, provide support to our district office staff and court partners, and develop relationships with the Bureau of Indian Affairs (BIA) and tribal partners. With a dedicated position focused on ICWA, there is more predictability in how we approach this work, more consistency in our practice statewide, a focus on data and tracking, and expertise we are growing over time.

Within the next five-year period, we intend to continue building upon the efforts articulated in our 2020-2024 Final Report. Methods of consulting, collaborating, coordinating, and engaging with federally recognized tribes include accessing each tribe's latest contact information through the BIA's website, exploring the tribe's website (if one exists) to access additional contact information, sending letters to the listed address, making phone calls for urgent or quickly emerging child safety matters, utilizing video conferencing for team meetings when membership has been confirmed, and partnering with a BIA representative on questions or situations that fall outside of the typical notification process.

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




Section 6: Targeted Plans within the 2025-2029 CFSP

Vermont has submitted the following targeted plans as separate documents, per the PI instructions:

-  VT 2025-2029 Diligent Recruitment Plan
-  VT 2025-2029 Health Care Oversight Plan
-  VT 2025-2029 Disaster Plan
-  Vermont's Training Plan

Section 7: Financial Information

Vermont has submitted the following financial information as separate documents:

-  VT 2025-2029 Title IV-B Assurances
-  Vermont FY 2025 CFS-101 Excel
-  Vermont FY 2025 CFS 101 PDF

Section 8: Additional Attachment

Vermont's CFSR Round 4 Statewide Assessment is not yet publicly available online. As a result, we've provided it as a separate document to this CFSP. We will provide updated links in the first APSR.