



Department for Children and Families

Family Services Division

Vermont's 2017 Annual Progress and Services Report

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Introduction

This report will focus on changes since the Vermont Department for Children and Families (DCF) Family Services Division (FSD) submitted its 2014 Child and Family Services Plan and 2016 Annual Progress Services Report (APSR). Please see both plans for further information. The CFSP, 2016 APSR, and other federal reports can be found here:

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

In the Spring of 2015, Vermont's Family Services Division was the first state to participate in Round 3 of the Child and Family Services Review (CFSR). Vermont chose to conduct a traditional review of 65 cases and received the final CFSR report in September of 2015:

<http://dcf.vermont.gov/sites/dcf/files/FSD/Docs/CFSR-2015.pdf>

In the upcoming months, Vermont is expecting to enter into an official Program Improvement Period (PIP) once the division's plan has been approved.

In Vermont's proposed PIP, the division has highlighted work related to safety for both child and staff. Vermont continues to update and renew training on safety and risk assessment tools and how integrate the information from these tools into ongoing safety and case planning.

In 2015, FSD formed a staff safety workgroup and was close to issuing new policy last summer when a social worker was shot and killed by a client on August 5, 2015. This tragedy shook the division and individuals throughout the state and beyond. Over the last year, Family Services has focused on ways to improve the division's to assessing and addressing safety issues for not only children and youth but for staff as well. After much intense work, Policy 250: *Staff Safety* was finalized on June 21, 2016: <http://dcf.vermont.gov/sites/dcf/files/FSD/Policies/250.pdf> .

Please refer to **Appendix A** to review the Staff Safety policy memo related which highlights other work the division has completed or working on related to staff safety and worker well-being.

As highlighted in the 2016 APSR, Vermont had two high profile child fatalities that drew a lot of attention to our child welfare system in 2014. As a result, Vermont's Child Protection System underwent a number of reviews and inquiries which included:

- The Vermont Citizen Review Board (VCAB) report dated 11/7/2014 which made systems recommendations based on a comprehensive review of the DS and PG cases.
- The Casey Family Programs (Casey) report dated December 2014, which based its recommendations on Casey's knowledge of national best practices, focus groups for FSD staff and stakeholders, a targeted case review of a sample of cases involving opiate use and young children, and a review of FSD data trends as compared to national trends.

Family Services recently submitted an update to both reports which summarizes the recommendations made from each review and the current status and response:

<http://dcf.vermont.gov/sites/dcf/files/DCF/reports/Casey-Assessment-Report.pdf>

General Information

Collaboration

Family Services continues to strive to ensure key stakeholders are engaged in providing input on practice and policy updates, so the division can best serve the children, youth, and families in Vermont. In round 3 of the CFSR, Vermont received a Strength rating for Item 31:

Engagement and Consultation with Stakeholders and Item 32: *Coordination of CFSP Services with other Federal Programs.*

- The Vermont Foster and Adoptive Family Association (VFAPA) hold monthly board meetings, which division staff attend. They hold quarterly networking meetings, which the commissioner and deputy commissioner attend. At VFAPA's annual conference, an open forum with partners and FSD leadership is traditionally held, as a mechanism for attendees to have direct access to the commissioner and deputy commissioner.
- The Youth Development Committee is the youth advisory board for current and former foster youth. This group meets monthly provide input to Family Services around practice and policy related issues.
- Vermont Kin as Parents (VKAP) is a state wide non-profit organization serving grandparents and relatives who are raising a family member's child when the parents are unable. With the increase of kin foster care, Family Services and VKAP continue to work together discuss how to better support family members who are currently raising relatives. Both Family Services post permanency manager and foster and kin care manager are on the board.
- Vermont's Citizen Advisory Board which meets quarterly
- CHINS Working Group was developed out of Act 60 of 2015 to recommend ways to improve the efficiency, timeliness, and process of Children in Need of Care and Supervision (CHINS) proceedings. The group consists of six members: Chief Superior Judge; Defender General; Attorney General, *Chair*; Commissioner of DCF; Executive Director of State's Attorneys and Sheriffs; and Guardian ad Litem for Chittenden County Superior Court
- Child Protection Oversight Committee was developed out of Act 60 of 2015 which provides a forum for continued legislative attention and commitment between sessions.
- Foster Parent Working Group was developed out of S. 189 of 2016 to recommend legislation, rules or policies pertaining to the rights and protections of foster parents.

Members include DCF Commissioner, FSD Deputy Commissioner, FSD system of care Manager, VFAPA representative, Voices of Vermont's Children, Chief Superior Judge, and two foster parents from different regions.

- Vermont Coalition of Runaway and Homeless Youth Programs (VCRHYP)
- Vermont Network Against Domestic and Sexual Assault
- The Vermont Coalition of Residential Programs (VCORP) meets monthly, with division representatives attending. The commissioner and deputy commissioner meet with VCORP regularly along with others from FSD Management Team.
- Justice for Children Task Force- This Task Force, convened by the Chief Justice of the Vermont Supreme Court, is a collaborative, interdisciplinary effort bringing together those who are in charge of decisions impacting outcomes for children who are not in the custody or guardianship of a parent. Family Services commissioner and deputy commissioner participate on this task force and collaborates with the Court Improvement Project to improve outcomes for children and families. Other Task Force members include lawmakers, juveniles attorney, Department of Health, states attorney, mental health, court administrator, Agency of Education, and an assistant attorney general.
- Stakeholders Workgroup- Family Services coordinates monthly meetings involving various stakeholders to discuss issues related to the child protection system. Family Services also uses this venue to get feedback on draft policies, practice guidance, and brochures for example. The monthly meeting invitation goes out to individuals from the following fields: court, mental health, corrections, education, treatment providers, law enforcement, placement providers, and various advocacy groups.
- Tribal partnerships- Vermont is home to members and descendants of the Abenaki tribe (not federally recognized). The St. Albans district interfaces the most with this tribe and has worked over the years to build a better working partnership. One practice St. Albans implemented was adding to their intake checklist a question verifying whether or not the family identifies with the Abenaki tribe. If it is determined the family has connections, the social worker will work with the family to see who they have connections with or who we can outreach to within the Abenaki tribe.
- Vermont Network Against Domestic Violence- DCF Family Services receives funding from the Department of Justice, Office of Violence Against Women, Rural Domestic Violence and Child Victimization grant. This grant funds 2.5 FTE Domestic Violence Specialists to provide case consultation and expertise to four regional FSD offices, as well as direct service and appropriate referrals to community service providers. In addition, formal Memorandum of Understanding are in place and revisited on an annual basis between the local district office and the community domestic and sexual violence program to improve collaboration and referrals.

Update on Assessment of Performance

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

Data Element	Required Performance	State Performance
<i>Safety Outcome 1 -- Children are first, and foremost, protected from abuse and neglect.</i>		
Item 1 -- Timeliness of investigations	90% Strength	72% Strength
<i>Safety Outcome 2 -- Children are safely maintained in their homes whenever possible and appropriate.</i>		
Item 2 -- Services to protect child(ren) in home and prevent removal or re-entry into foster care	90%	97% STRENGTH
Item 3 -- Risk and safety assessment and management	90% Strength	57% Strength
<i>Permanency Outcome 1 -- Children have permanency and stability in their living situations.</i>		
Item 4 -- Stability of foster care placement	90% Strength	75% Strength
Item 5 -- Permanency goal for child	90% Strength	57.5% Strength
Item 6 -- Achieving reunification, guardianship, adoption, or other planned permanent living arrangement	90% Strength	67.5% Strength
Item 7 -- Placement with siblings	90% Strength	90% STRENGTH
Statewide Data Indicator -- Permanency in 12 months for children entering foster care	40.5%	36.3%
Statewide Data Indicator -- Re-entry into foster care in 12 months	8.3%	14.7%
Statewide Data Indicator -- Placement stability	4.12 Moves	6.02 Moves
<i>Permanency Outcome 2 -- The continuity of family relationships and connections is preserved for children.</i>		
Item 8 -- Visiting with parents and siblings in foster care	90% Strength	76% Strength
Item 9 -- Preserving connections	90% Strength	85% Strength
Item 10 -- Relative placement	90% Strength	80% Strength
Item 11 -- Relationship of child in care with parents	90% Strength	77% Strength
<i>Well-Being Outcome 1 -- Families have enhanced capacity to provide for children's needs.</i>		

Item 12 -- Needs and services of child, parents, and foster parents	90% Strength	52% Strength
• Sub-Item 12A -- Needs assessment and services to children	90% Strength	75% Strength
• Sub-Item 12B -- Needs assessment and services to parents	90% Strength	56% Strength
• Sub-Item 12C -- Needs assessment and services to foster parents	90% Strength	81% Strength
Item 13 -- Child and family involvement in case planning	90% Strength	60% Strength
Item 14 -- Caseworker visits with child	90% Strength	63% Strength
Item 15 -- Caseworker visits with parents	90% Strength	39% Strength
Well-Being Outcome 2-- Children receive appropriate services to meet their educational needs.	95% Substantially Achieved	88% Substantially Achieved
Item 16 -- Educational needs of the child	90% Strength	88% Strength
Well-Being Outcome 3-- Children receive adequate services to meet their physical and mental health needs.	95% Substantially Achieved	74% Substantially Achieved
Item 17 -- Physical health of the child	90% Strength	87% Strength
Item 18 -- Mental/behavioral health of the child	90% Strength	74% Strength

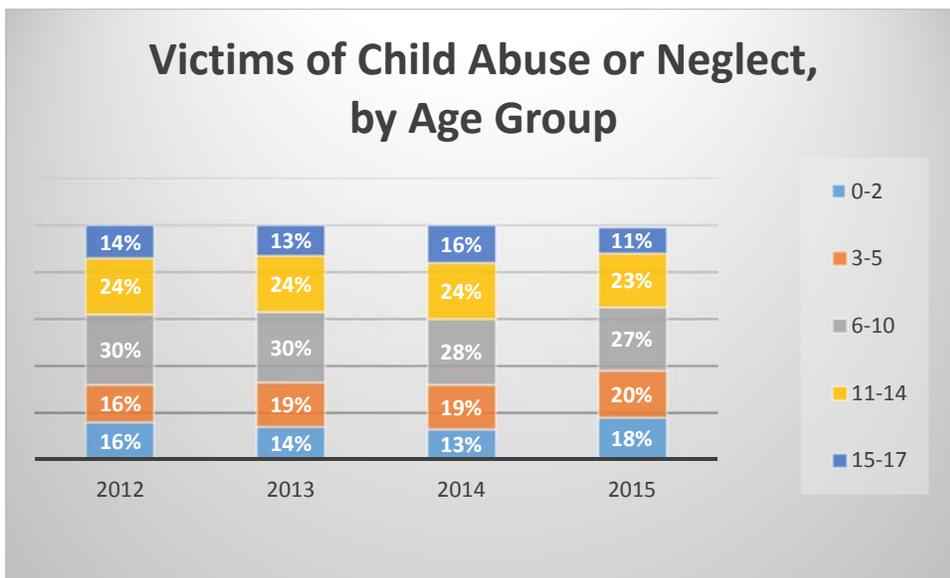
Safety Outcomes

Family Services has historically had positive indicators around safety. With our most recent data profile, the division met the National Standard when it comes to maltreatment in foster care and reoccurrence of maltreatment. The above CFSR results indicate the division did not pass Safety Item 1: *Timeliness of investigations*, but passed Item 2: *Services to protect child(ren) in home and prevent removal or re-entry into foster care*.

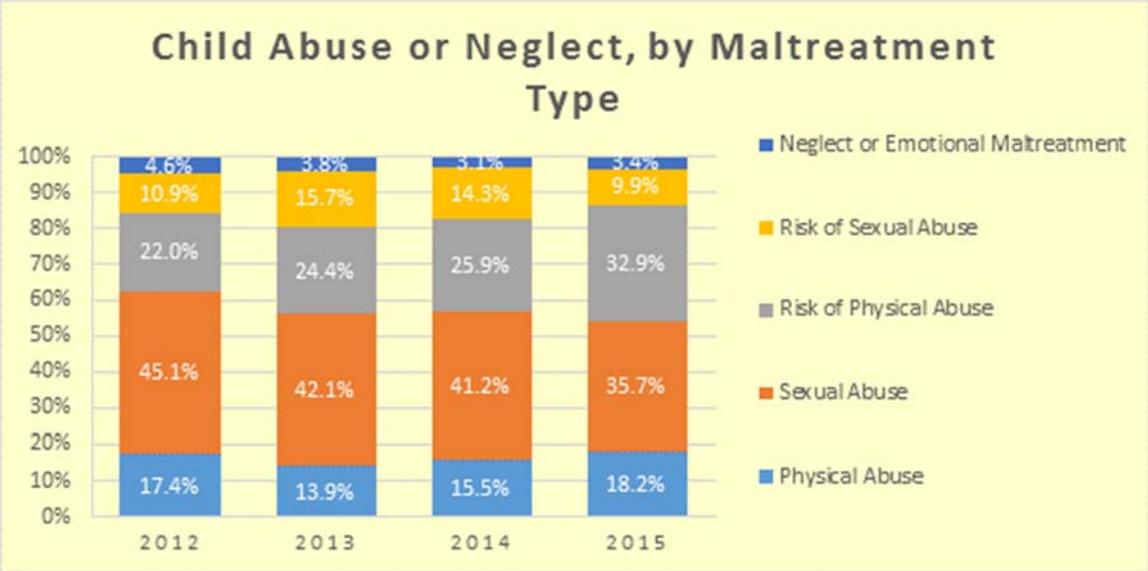
The division continues to make appropriate policy updates around report acceptance and child safety intervention commencement to make sure we are providing clear guidance for social workers who are screening and assessing for safety. As outlined in policy, social workers utilize the SDM tools when assessing immediate safety and danger and the risk assessment tools to inform the decision about opening a case for ongoing services. Family Services has been working with the CRC on revising and implementing a new SDM safety and risk tool which will be rolled out this summer. Training will be provided to all social workers in preparation for this roll out and appropriate polices will be updated (**Appendix B to review CRC/SDM timeline**). Lastly, FSD continues to focus on the timeliness of closures for our child safety interventions (CSI). This is discussed regularly during CSI meetings with front end workers and within the districts to identify ways to improve the percentage of CSI closed within 60 days.

Vermont continues to evaluate data and look to improve our work around safety planning to ensure social workers are competent in creating effective safety plans that involve a network of people. The division trains staff on how to use the front end SMD safety and risk tools to assist in ongoing safety planning with families and the ongoing assessment of safety and risk. FSD has laid a strong foundation with the use of Family Safety Planning meetings and plan to take it to the next level through training on the SDM tools and linking it to ongoing assessment of safety and case planning. The Program Improvement section of the APSR will outline the strategies the Division is focusing on over the upcoming year to improve the Division’s Safety Outcomes for children and youth.

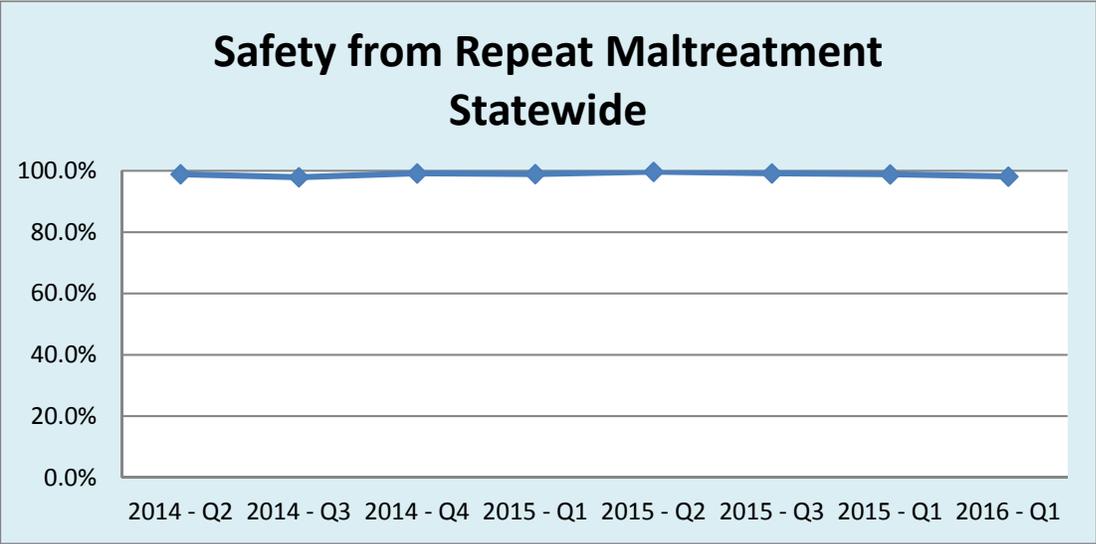
Performance, Safety Chart A.



Performance, Safety Chart B.



Performance, Safety Graph C.



Performance, Safety Chart D.

Reentries to Foster Care from October 2014 through September 2015

District	Reentries to Foster Care		Reentries to Foster Care within 12 months of Previous Discharge	
	Count	Percent	Count	Percent
Barre	18/96	18.8%	12/96	12.5%
Bennington	17/58	29.3%	13/58	22.4%
Brattleboro	11/59	18.6%	7/59	11.9%
Burlington	29/136	21.3%	16/136	11.8%
Hartford	8/66	12.1%	8/66	12.1%
Middlebury	5/64	7.8%	1/64	1.6%
Morrisville	3/40	7.5%	0/40	0.0%
Newport	7/40	17.5%	2/40	5.0%
Rutland	21/95	22.1%	12/95	12.6%
Springfield	19/79	24.1%	14/79	17.7%
St. Albans	28/169	16.6%	8/169	4.7%
St. Johnsbury	17/73	23.3%	12/73	16.4%
Unknown	1/2	50.0%	0/2	0/2%
Statewide	184/977	18.8%	105/977	10.7%

Permanency Outcomes

Family Services fosters a culture for social workers to be thinking about permanency from the beginning when there is an accepted a report for a child safety intervention. If a child is at risk of coming into custody, social workers identify potential relatives and fictive kin as a possible resource that will support reunification if appropriate or possibly be a long term permanent resource. According to our Round 3 data profile, Family Services met the National Standard for achieving permanency within 12-23 months and within 24+ months from entry, however the division did not meet the National Standard for achieving permanency within 12 months from entry. In addition, Family Services did not meet the National Standard for Re-entry within 12 months and Placement Stability. The division will be addressing these areas during the PIP

period as well as the Permanency outcome items that were *Areas Needing Improvement*. The Program Improvement section of the APSR will outline some of the strategies the Division will focus on throughout the PIP period.

Performance: Permanency Graph A.

The graph below is looking at all children and youth in out-of-home placements, not just home-based placements.



Performance: Permanency Chart B.

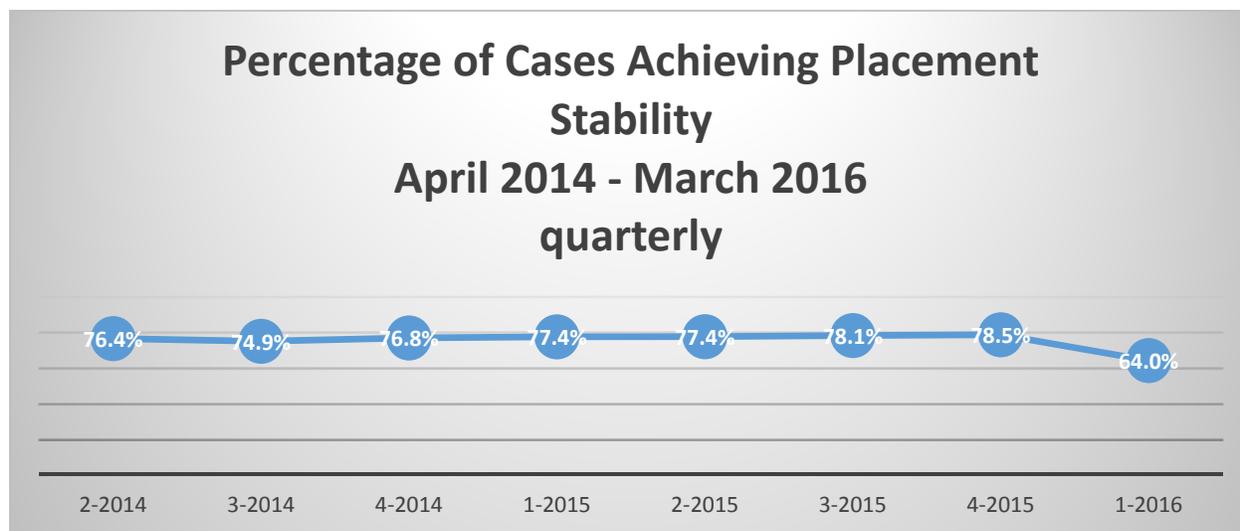
Placement Stability: Percent of children who have no more than 2 placements within the first 12 months of out of home care. Looks at the children in placement on 3/31/2016 to determine the number of placements in the first 12 months of out of home care (excluding runaways and home placements).

	Number of Placements		Count of # Plc Grp	
	0-2	3+	0-2	3+
DO				
ADO	64	18	78.0%	22.0%
HDO	24	8	75.0%	25.0%
LDO	40	13	75.5%	24.5%

RDO	47	10	82.5%	17.5%
SDO	27	9	75.0%	25.0%
TDO	43	5	89.6%	10.4%
VDO	29	3	90.6%	9.4%
YDO	43	1	97.7%	2.3%
MDO	46	4	92.0%	8.0%
BDO	77	12	86.5%	13.5%
JDO	31	1	96.9%	3.1%
NDO	15	4	78.9%	21.1%
Statewide	486	88	84.7%	15.3%

Performance: Permanency Chart C.

FSD has experience a decline in placement stability data and will be a focus area in the PIP. Efforts such as the Placement Stability Project, the Statewide Foster Home Recruitment and Retention Plan, and a focus on social worker monthly contacts will assist the division in making an improvement in this outcome area over the next couple of years.



Performance: Permanency Chart D.

Sibling group: point-in-time, June 2016

The division received a *Strength* rating for item 7: *placement with siblings* during round 3 of the CFSR.

Children in Custody as of 3.31.2016	1400
# Children with no siblings	976
# Children with siblings	424

Sibling groups in custody, as of 3/31/2016:

Sibling Groups	
2	178
3	61
4	20
5	6
6	1
Totals	266

Sibling groups in custody, as of 3/31/2016:

Siblings Together	Foster Family Home (Non-Relative)		Foster Family Home (Relative)		Pre-Adoptive Home		Grand Total	
With all siblings	122	41.9%	161	55.33%	8	2.75%	291	100.0%
With some siblings	72	67.3%	31	28.97%	4	3.74%	107	100.0%
Grand Total	194	48.7%	192	48.24%	12	3.02%	398	100.0%

Well Being Outcomes

Family Services collects well-being data through the 6 month administrative and permanency case plan review process. Over the last couple of years, FSD has been faced with a sharp increase in cases which has compromised worker's ability to engage with families to the degree that is needed and required. Recently FSD was allocated additional social worker positions which will help improve the districts' ability to meet contact standards so social workers are able to engage children, youth, and families and have quality contacts on an ongoing basis. The division will be addressing well-being items 12, 13, 14, 15, and 18 during our upcoming PIP period. The Program Improvement section of the APSR will outline some of the strategies the division will focus on over the upcoming year to improve these outcomes for children and youth.

Performance: Well-Being Chart A.

April 1, 2015- March 31, 2016

Item#41b; The child/youth attended the case plan review							Item#41a; The child/youth participated in the development of the case plan						
District	Yes		No or N/A		Total		District	Yes		No or N/A		Total	
St Albans	8	25.8%	23	74.2%	31	100.0%	St Albans	9	90.0%	1	10.0%	10	100.0%
Burlington	35	97.2%	1	2.8%	36	100.0%	Burlington	33	97.1%	1	2.9%	34	100.0%
Hartford	30	18.5%	132	81.5%	162	100.0%	Hartford	46	40.4%	68	59.6%	114	100.0%
St. Johnsbury	14	17.9%	64	82.1%	78	100.0%	St. Johnsbury	33	41.3%	47	58.8%	80	100.0%
Brattleboro	39	30.5%	89	69.5%	128	100.0%	Brattleboro	44	38.9%	69	61.1%	113	100.0%
Barre	30	38.5%	48	61.5%	78	100.0%	Barre	48	57.8%	35	42.2%	83	100.0%
Newport	21	56.8%	16	43.2%	37	100.0%	Newport	15	83.3%	3	16.7%	18	100.0%
Rutland	6	24.0%	19	76.0%	25	100.0%	Rutland	19	76.0%	6	24.0%	25	100.0%
Springfield	7	8.0%	80	92.0%	87	100.0%	Springfield	0	0.0%	0	0.0%	0	0.0%
Bennington	5	19.2%	21	80.8%	26	100.0%	Bennington	6	27.3%	16	72.7%	22	100.0%
Morrisville	11	18.0%	50	82.0%	61	100.0%	Morrisville	28	42.4%	38	57.6%	66	100.0%
Middlebury	31	23.5%	101	76.5%	132	100.0%	Middlebury	35	38.5%	56	61.5%	91	100.0%
Grand Total	237	26.9%	644	73.1%	881	100.0%	Grand Total	316	48.2%	340	51.8%	656	100.0%

Performance: Well-Being Chart B.

April 1, 2015—March 31, 2016; Item #24 Are the child's medical needs being met?

District	Yes		No		Total	
St Albans	32	94.1%	2	5.9%	34	100.0%
Burlington	218	100.0%	0	0.0%	218	100.0%
Hartford	157	98.1%	3	1.9%	160	100.0%
St. Johnsbury	92	100.0%	0	0.0%	92	100.0%
Brattleboro	144	96.0%	6	4.0%	150	100.0%
Barre	104	94.5%	6	5.5%	110	100.0%
Newport	72	97.3%	2	2.7%	74	100.0%
Rutland	24	88.9%	3	11.1%	27	100.0%
Springfield	85	86.7%	13	13.3%	98	100.0%
Bennington	27	100.0%	0	0.0%	27	100.0%
Morrisville	76	92.7%	6	7.3%	82	100.0%
Middlebury	136	98.6%	2	1.4%	138	100.0%
Grand Total	1167	99.3%	8	0.7%	1175	100.0%

Performance: Well-Being Chart C.

April 1, 2015 – March 31, 2016; Item #26 Is the child prescribed medications to treat an ongoing medical/ MH condition?						
District	Yes		No		Total	
St Albans	15	44.1%	19	55.9%	34	100.0%
Burlington	52	23.2%	172	76.8%	224	100.0%
Hartford	55	34.0%	107	66.0%	162	100.0%
St. Johnsbury	28	30.8%	63	69.2%	91	100.0%
Brattleboro	47	32.4%	98	67.6%	145	100.0%
Barre	48	43.2%	63	56.8%	111	100.0%
Newport	38	49.4%	39	50.6%	77	100.0%
Rutland	8	29.6%	19	70.4%	27	100.0%
Springfield	13	13.1%	86	86.9%	99	100.0%
Bennington	5	19.2%	21	80.8%	26	100.0%
Morrisville	31	39.7%	47	60.3%	78	100.0%
Middlebury	52	38.5%	83	61.5%	135	100.0%
Grand Total	392	32.4%	817	67.6%	1209	100.0%

Performance: Well-Being Chart D.

April 1, 2015 – March 31, 2016; Item #27 Is the child prescribed an antipsychotic medication?										
District	Yes		No		N/A or unknown		Non AP		Total	
St Albans	2	5.7%	4	11.4%	20	57.1%	9	25.7%	35	100.0%
Burlington	3	1.3%	8	3.5%	171	75.7%	44	19.5%	226	100.0%
Hartford	12	7.3%	8	4.8%	109	66.1%	36	21.8%	165	100.0%
St. Johnsbury	7	7.5%	10	10.8%	61	65.6%	15	16.1%	93	100.0%
Brattleboro	16	10.5%	29	19.1%	99	65.1%	8	5.3%	152	100.0%
Barre	13	11.1%	9	7.7%	62	53.0%	33	28.2%	117	100.0%
Newport	19	25.3%	1	1.3%	39	52.0%	16	21.3%	75	100.0%
Rutland	1	2.9%	8	23.5%	19	55.9%	6	17.6%	34	100.0%
Springfield	5	5.4%	1	1.1%	85	91.4%	2	2.2%	93	100.0%
Bennington	1	3.0%	9	27.3%	21	63.6%	2	6.1%	33	100.0%
Morrisville	4	5.1%	4	5.1%	47	59.5%	24	30.4%	79	100.0%
Middlebury	14	10.4%	15	11.1%	84	62.2%	22	16.3%	135	100.0%
Grand Total	97	7.8%	106	8.6%	817	66.0%	217	17.5%	1237	100.0%

Performance: Well-Being Chart E.

April 1, 2015 – March 31, 2016; Item #29 Is regular metabolic monitoring occurring?								
District	Yes		No		Unknown		Total	
St Albans	0	0.0%	0	0.0%	2	100.0%	2	100.0%
Burlington	2	66.7%	0	0.0%	1	33.3%	3	100.0%
Hartford	13	61.9%	0	0.0%	8	38.1%	21	100.0%
St. Johnsbury	5	62.5%	0	0.0%	3	37.5%	8	100.0%
Brattleboro	11	73.3%	2	13.3%	2	13.3%	15	100.0%
Barre	5	41.7%	0	0.0%	7	58.3%	12	100.0%
Newport	15	100.0%	0	0.0%	0	0.0%	15	100.0%
Rutland	0	0.0%	0	0.0%	2	100.0%	2	100.0%
Springfield	0	0.0%	0	0.0%	5	100.0%	5	100.0%
Bennington	2	100.0%	0	0.0%	0	0.0%	2	100.0%
Morrisville	0	0.0%	0	0.0%	5	100.0%	5	100.0%
Middlebury	14	87.5%	0	0.0%	2	12.5%	16	100.0%
Grand Total	67	63.2%	2	1.9%	37	34.9%	106	100.0%

Performance: Well-Being Chart F.

April 1, 2015 – March 31, 2016; Item #25 Are the child's dental needs up to date?								
District	Yes		No		N/A or < 2 Years		Total	
St Albans	24	68.6%	9	25.7%	2	5.7%	35	100.0%
Burlington	156	73.9%	28	13.3%	27	12.8%	211	100.0%
Hartford	113	72.0%	19	12.1%	25	15.9%	157	100.0%
St. Johnsbury	67	72.8%	7	7.6%	18	19.6%	92	100.0%
Brattleboro	119	79.9%	15	10.1%	15	10.1%	149	100.0%
Barre	92	83.6%	12	10.9%	6	5.5%	110	100.0%
Newport	59	83.1%	7	9.9%	5	7.0%	71	100.0%
Rutland	19	70.4%	7	25.9%	1	3.7%	27	100.0%
Springfield	36	39.1%	37	40.2%	19	20.7%	92	100.0%
Bennington	13	59.1%	3	13.6%	6	27.3%	22	100.0%
Morrisville	67	84.8%	9	11.4%	3	3.8%	79	100.0%
Middlebury	108	80.6%	10	7.5%	16	11.9%	134	100.0%
Grand Total	873	74.0%	163	13.8%	143	12.1%	1179	100.0%

Performance: Well-Being Chart G

April 1, 2015—March 31, 2016

Item #42b: The mother attended the case plan review							Item #42a; The mother participated in the development of the case plan						
District	Yes or TPR		NO		Total		District	Yes or TPR		NO		Total	
St Albans	23	74.2%	8	25.8%	31	100.0%	St Albans	16	84.2%	3	15.8%	19	100.0%
Burlington	57	100.0%	0	0.0%	57	100.0%	Burlington	52	92.9%	4	7.1%	56	100.0%
Hartford	89	55.3%	72	44.7%	161	100.0%	Hartford	92	76.0%	29	24.0%	121	100.0%
St. Johnsbury	40	66.7%	20	33.3%	60	100.0%	St. Johnsbury	59	72.8%	22	27.2%	81	100.0%
Brattleboro	42	37.5%	70	62.5%	112	100.0%	Brattleboro	69	59.5%	47	40.5%	116	100.0%
Barre	28	52.8%	25	47.2%	53	100.0%	Barre	56	67.5%	27	32.5%	83	100.0%
Newport	40	90.9%	4	9.1%	44	100.0%	Newport	41	97.6%	1	2.4%	42	100.0%
Rutland	14	70.0%	6	30.0%	20	100.0%	Rutland	22	84.6%	4	15.4%	26	100.0%
Springfield	28	36.4%	49	63.6%	77	100.0%	Springfield	11	100.0%		0.0%	11	100.0%
Bennington	15	75.0%	5	25.0%	20	100.0%	Bennington	18	94.7%	1	5.3%	19	100.0%
Morrisville	38	71.7%	15	28.3%	53	100.0%	Morrisville	58	90.6%	6	9.4%	64	100.0%
Middlebury	65	54.6%	54	45.4%	119	100.0%	Middlebury	56	81.2%	13	18.8%	69	100.0%
Grand Total	439	57.2%	328	42.8%	767	100.0%	Grand Total	550	77.8%	157	22.2%	707	100.0%

Performance: Well-Being Chart H.

April 1, 2015—March 31, 2016

Item #43b; The father attended the case plan							Item #43a; The father participated in the development of the case plan						
District	Yes or TPR		NO		Total		District	Yes or TPR		NO		Total	
St Albans	13	43.3%	17	56.7%	30	100.0%	St Albans	11	73.3%	4	26.7%	15	100.0%
Burlington	31	100.0%		0.0%	31	100.0%	Burlington	25	80.6%	6	19.4%	31	100.0%
Hartford	67	42.4%	91	57.6%	158	100.0%	Hartford	70	61.4%	44	38.6%	114	100.0%
St. Johnsbury	46	56.1%	36	43.9%	82	100.0%	St. Johnsbury	44	53.7%	38	46.3%	82	100.0%
Brattleboro	41	32.3%	86	67.7%	127	100.0%	Brattleboro	35	32.7%	72	67.3%	107	100.0%
Barre	38	50.0%	38	50.0%	76	100.0%	Barre	45	56.3%	35	43.8%	80	100.0%
Newport	19	59.4%	13	40.6%	32	100.0%	Newport	4	100.0%	0	0.0%	4	100.0%
Rutland	9	37.5%	15	62.5%	24	100.0%	Rutland	0	0.0%	0	0.0%	0	0.0%
Springfield	29	31.9%	62	68.1%	91	100.0%	Springfield	0	0.0%	0	0.0%	0	0.0%
Bennington	13	50.0%	13	50.0%	26	100.0%	Bennington	0	0.0%	0	0.0%	0	0.0%
Morrisville	25	41.7%	35	58.3%	60	100.0%	Morrisville	0	0.0%	0	0.0%	0	0.0%
Middlebury	52	40.0%	78	60.0%	130	100.0%	Middlebury	0	0.0%	0	0.0%	0	0.0%
Grand Total	383	45.1%	467	54.9%	850	100.0%	Grand Total	234	54.0%	199	46.0%	433	100.0%

Performance: Well-Being Chart I.

Key Indicator: Face to Face Contact			Where to find: Y:\FSD\FSD All Share\FSD Reports\FSD Data & Reports\FSD Indicators				
	National Standard	FFY2010	FFY2011	FFY2012	FFY2013	FFY2014	FFY2015
Statewide	95%	63.90%	75.80%	91.20%	92.00%	90.20%	87.00%

Key Indicator	ADO	BDO	HDO	JDO	LDO	MDO	NDO	RDO	SDO	TDO	VDO	YDO	Statewide
Face to Face Contacts	89.7%	76.1%	97.6%	98.7%	76.8%	90.7%	85.1%	79.3%	80.3%	97.0%	91.8%	93.8%	87.0%

[Update to the Plan for Improvement and Progress Made to Improve Outcomes](#)

Vermont’s Program Improvement Plan (PIP) will likely be approved by August 2016. This June, the division completed the baseline case reviews therefore the next step will be calculating the percentage of improvement needed to pass each item in the PIP. The plan is to conduct PIP case reviews on 65 cases every 6 months starting the fall of 2016 through the fall of 2018. Below is the Division’s updated Program Improvement chart which includes a summary of many of the action steps outlined in our formal PIP.

	Goal	Objectives	Outcomes for Children, Youth and Families OR Service Delivery Elements	Rationale/ Data Analysis/ Measures	Implementation Supports Needed
1	Placement Stability: <i>Increase placement stability for children and youth who are in DCF custody.</i>	<ul style="list-style-type: none"> ➤ The Placement Stability Project continues to roll out in all 12 districts to ensure screening of children/youth entering custody to identify services and supports needed for child/youth and care providers. ➤ Create and implement new Caregiver Assessment tool. ➤ Create and implement a Statewide Recruitment and Retention Plan that is informed by research and state specific data. ➤ Continue work related to goals with our partnership with the Quality Improvement Center for Adoption and Guardianship, with a focus on identifying and implementing best practices for post-permanence services. 	<ul style="list-style-type: none"> ❖ Decrease child/youth trauma. ❖ Placement moves are intentional and support permanency goals ❖ Increase likelihood for children and youth to create life-long connections. 	<p>Moves per 1,000 days in care:</p> <p>FFY2012 – 7.70 FFY2013 – 7.12 FFY2014 – 6.48 FFY2015 – 5.96</p> <p>National Std: 4.12 Tentative PIP Goal: 5.91</p>	<ul style="list-style-type: none"> • Results Oriented Management (ROM) reporting tool will assist in timely availability of data with drill down capability. • Policy & CQI staff to provide best practice information, trend data, and guidance on engaging in CQI practices.
2	Youth Justice: <i>Youth in custody are free from repeat delinquent and/or criminal activity.</i>	<ul style="list-style-type: none"> ➤ Improve service delivery to at risk youth by enhancing BARJ’s role to take on additional responsibilities ➤ Begin the process of creating a validated screening instrument for Woodside ➤ Begin implementation of H95 so youth who are charged with a crime receive a 	<ul style="list-style-type: none"> ❖ Decrease in recidivism rates. ❖ Increase in support to youth at-risk and their families. ❖ Increase likelihood for children and youth to create life-long connections. 	<p>We continue to see a steady decline (40% over the past six years) in youth on probation and in custody for delinquency. This follows national trends and we would like to focus on increasing our efforts to youth at-risk</p>	<ul style="list-style-type: none"> • Work with court to get data to help inform implementation of H95 • Results Oriented Management (ROM) reporting tool will assist in timely availability of data

		response that is aligned with brain development research and best practice		to avoid them interacting with the juvenile justice system.	with drill down capability.
3	Safety <i>Maintain compliance with national standard so that children and youth are safe from repeat maltreatment.</i>	<ul style="list-style-type: none"> ➤ Implement revised SDM tools, provide training and coaching ➤ Expand substance abuse screening capacity to all 12 districts ➤ Strengthen home visiting practices to increase effectiveness of informal needs and safety/risk assessment 	<ul style="list-style-type: none"> ❖ Identify safety and risk related concerns ❖ Identify substance abuse related risks and assist clients in accessing treatment 	<p>FFY2012 – 3.5% FFY2013 – 6.3% FFY2014 – 7.9% FFY2015 – 10.3%</p> <p>National Std: 9.0% Goal: Maintain</p>	<ul style="list-style-type: none"> • Results Oriented Management (ROM) reporting tool will assist in timely availability of data. • Policy & CQI staff to provide best practice, trend data, and guidance on engaging in CQI practices. • Support and training from CRC
4	Permanency	<ul style="list-style-type: none"> ➤ Create and implement new Caregiver Assessment tool. ➤ Create and implement SDM reunification tool, provide training and coaching ➤ Create CQI process to ensure initial case plans are created with parents and filed timely with courts ➤ Continued work related to goals and objectives in our new partnership with the Quality Improvement Center for Adoption and Guardianship, with a focus on identifying and implementing best practices for post-permanence services. ➤ Implementation of S183: <ul style="list-style-type: none"> ○ makes the establishment of Permanent Guardianship easier 	<ul style="list-style-type: none"> ❖ Decrease child/youth trauma ❖ Increase likelihood for children and youth to create life-long connections ❖ Safely reunify when appropriate ❖ Children and youth achieve permanency timely 	Increase discharge to permanence baseline incrementally each year until national median is exceeded.	<ul style="list-style-type: none"> • Results Oriented Management (ROM) reporting tool will assist in timely availability of data • Policy & CQI staff to provide best practice, trend data, and guidance on engaging in CQI practices

		<ul style="list-style-type: none"> ○ enforceable post-adopt contracts available in situations where child is placed with the non-parent ○ provides time limits for CCOs ○ reinstatement of parental rights 			
5	Well-Being	<ul style="list-style-type: none"> ➤ Continue to utilize case review tool to ensure well-being measures are being addressed in case plans for custody cases. ➤ Utilize QRCs to measure WB items in non-custody cases ➤ Youth credit checks have been expanded to all three credit bureaus. See Policy 138, Credit Checks for Youth 14 and Older in DCF Custody for the full scope of how these reports are being completed and the process for remediation when needed. ➤ Improve referral rates for youth over 15 to access services through YDC 	<ul style="list-style-type: none"> ❖ Increase in well-being as measured at 6 month case reviews and QRCs ❖ Resolve credit issues for youth prior to their 18th birthday ❖ Improve supports and outcomes for transitioning youth 	<ul style="list-style-type: none"> ✓ Review case plan review data on a routine basis ✓ Utilize NYTD and YDC data as a source for measuring youth well-being ✓ Review data from QRCs 	<ul style="list-style-type: none"> • Results Oriented Management (ROM) reporting tool will assist in timely availability of data • Policy & CQI staff to provide best practice, trend data, and guidance on engaging in CQI practices

6	<p>CQI System: <i>Family Services Division regularly assesses the quality of services in the CFSP and has measures to address identified problems.</i></p>	<ul style="list-style-type: none"> ➤ Continue development of the statewide CQI Steering Committee including vision, goals and work plan ➤ Data Integrity Team will continue to address and monitor data issues including accuracy and timeliness ➤ Implement Results Oriented Management (ROM) reporting tool to enhance access and ability to analyze data and monitor progress on outcomes ➤ Continue with district CQI Strategic Plans. ➤ Implement sustainable Case Review System 	<ul style="list-style-type: none"> ❖ Staff are aware of CQI efforts and understand their role in these efforts ❖ Staff have support from the QA team on how to access and interpret available data to improve outcomes 	<ul style="list-style-type: none"> ✓ Ongoing data integrity team work. ✓ ROM Implemented. ✓ Case Review process developed. 	<ul style="list-style-type: none"> • Increased staffing resources for implementation of case review process • Training and T/A on review tool • Best practice information on other states to learn from where things are working well.
7	<p>Rate of Kinship Placement: <i>Utilize Placement with Kin when safe and appropriate.</i></p>	<ul style="list-style-type: none"> ❖ Include in district assessment & plan ❖ Implement a consistent statewide approach to assessing caregivers 	<ul style="list-style-type: none"> ✓ Children and youth will experience greater placement stability ✓ Children and youth will maintain life-long connections ✓ Children and youth will experience less trauma by being placed with someone they know 	<p>Increase performance incrementally each year.</p> <p>FFY2012 –19.8% FFY2013 – 27% FFY 2014 (9/30/2014) – 35.62%</p> <p>FFY2015 Goal - 37%</p>	<ul style="list-style-type: none"> • Continued resource allocation for Family Finding

UPDATE Systemic Factors

	Systemic Factor	Current Status	Planned work for next year
1	<p>Information System <i>The state is operating a statewide information system that, at a minimum can, readily identify the status, demographic characteristics, location and goals of every child who is in foster care.</i></p>	<ul style="list-style-type: none"> • FSD passed item 19 in recent CFSR • Implementation of ROM (Results Oriented Management) with a projected implementation date of early winter 2016. • System has capacity to submit AFCARS, NCANDS and NYTD data to HHS. • Low AFCARS error rate 	<ul style="list-style-type: none"> • Continue to work with IT to make upgrades and improvements to our current system. • Our information systems are very antiquated. We will continue to discuss options and next steps to evaluating a potential new case management system.
2	<p>Case Review System <i>The state provides a process that ensures each child has a written case plan, to be developed jointly with the child's parents, that includes the required provisions.</i></p>	<ul style="list-style-type: none"> • Items 21: <i>Periodic Reviews</i>, Item 22: <i>Permanency Hearings</i>, and Item 23: <i>Termination of Parental Rights</i> were rated as a <i>Strength</i> in round 3 CFSR. • Items 20: <i>Written Case Plan</i> and 24: <i>Notice of Hearings and Reviews to Caregivers</i> were <i>Areas Needing Improvement</i> in round 3 CFSR • Continue to utilize case review form and review data 	<ul style="list-style-type: none"> • Update case plans to make them user friendly for both families and staff • Draft new case plan policy • Improve face-to-face contacts with children, youth, and family to improve engagement in case planning process and overall outcomes.
	Systemic Factor	Current Status	Planned work for next year

3	<p>Quality Assurance System <i>The state is operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the CFSP are provided, evaluates the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates implemented program improvement measures.</i></p>	<ul style="list-style-type: none"> • Item 25: <i>Quality Assurance System</i> was an <i>Area Needing Improvement</i> in round 3 CFSR due to lack of ongoing case review system • Increase in QA capacity to assist with implementation of ongoing case review system and support ongoing statewide CQI efforts • QA team supports the districts with data requests and analysis of their data 	<ul style="list-style-type: none"> • Continue to implement and refine ongoing case review system • Revise district CQI plan to support items addressed in round 3 PIP • Create fidelity questions to use during QRCs to measure success in implementation and identify further support needs
4	<p>Staff Training <i>The state is operating a staff development and training program that provides ongoing training for staff that addresses the skills and knowledge needed to carry out their duties with regard to services included in the CFSP.</i></p>	<ul style="list-style-type: none"> • Item 26: <i>Initial Staff Training</i> and Item 27: <i>Ongoing Staff Training</i> were both <i>Areas Needing Improvement</i> in round 3 CFSR. • Strong partnership with Child Welfare Training Partnership • Utilizing different formats for delivery of information (online, GoTo Meetings, district consultation and coaching) 	<ul style="list-style-type: none"> • Implement new pre-caseload employee training requirements summer 2016 • Implement a method to track employee training records, including unmet requirements
	Systemic Factor	Current Status	Planned work for next year
5	<p>Services Array and Resource Development <i>The state has services that are accessible in all districts that assess the</i></p>	<ul style="list-style-type: none"> • Item 29: <i>Array of Services</i> and Item 30: <i>Individualizing Services</i> were both <i>Areas Needing Improvement</i> in round 3 CFSR. • The division continues to analyze priorities needs, identify service gaps, and target those within our budget capacity. 	<ul style="list-style-type: none"> • Continue ongoing dialogue with partners, and seek opportunities to collaborate with new partners to help address services gaps.

	<i>strengths and needs of children and families</i>	<ul style="list-style-type: none"> The division continue to have discussions with community partners about existing service needs and identify ways to address gaps. 	
6	Agency Responsiveness to the Community <i>The state engages in ongoing consultation with our partners and consumers about services delivery.</i>	<ul style="list-style-type: none"> Item 31: <i>Engagement and Consultation with Stakeholders</i> and Item 32: <i>Coordination of CFSP Services with other Federal Programs</i> was rated as a <i>Strength</i> in round 3 CFSR. 	<ul style="list-style-type: none"> Continue to engage and consult with stakeholders on policy and practice Train and utilize stakeholders for ongoing district QRCs Identify ways to improve how the division solicits input from youth and families on an ongoing basis.
	Systemic Factor	Current Status	Planned work for next year
7	Foster and Adoptive Parent Licensing Recruitment, and Retention <i>The state licensing standards are aligned with national standards and are applied to all approved FHs and child care institutions receiving IV-E or IV-B funds. In addition the state complies with Federal background check requirements, has a diligent recruitment plan in place, and has an effective process to handle cross-jurisdictional placements.</i>	<ul style="list-style-type: none"> Item 33: <i>Standards Applied Equally</i>, and Item 34: <i>Requirements for Criminal Background Checks</i> were rated as a <i>Strength</i> in round 3 CFSR. Item 35: <i>Diligent Recruitment of Foster and Adoptive Homes</i>, and Item 36: <i>State Use of Cross-Jurisdictional Resources for Permanent Placements</i> were both <i>Areas Needing Improvement</i> in round 3 CFSR. The division is in the early phases developing a Diligent Recruitment and Retention plan for foster homes 	<ul style="list-style-type: none"> Continue to develop and then implement a Diligent Recruitment and Retention plan for foster homes Analyze data to inform strategies and adjust approaches as needed

Update on Service Description

Populations at Greatest Risk of Maltreatment

Referral to Children's Integrated Services

Family Services Policy 52- Child Safety Interventions, includes guidance on referrals to Children's Integrated Services (CIS) which are required for all children under the age of 3 years who reside in a family where there is a substantiation of abuse or neglect. If the child remains in the home, information about services available through the early intervention program will be included in the determination letter. Additionally, social workers are required to discuss a referral to Children's Integrated Services and/or Head Start and Early Start as a resource to the family when:

- A Family Support case will be opened on a family with children under the age of 3; or,
- There is a pregnant woman and/or child under age 6 and the social worker or the family identifies possible concerns around health, developmental or mental health.

Vermont's Child Care Challenge

According to the US Census Bureau, more than 70% of Vermont children under the age of six live in families where all available parents are in the workforce. That's more than 2 out of 3 children. Issues of access, affordability and quality can be serious challenges, particularly for infants and toddlers in States' custody.

DCF's Child Development Division recently partnered with *Let's Grow Kids* to publish an analysis of the supply and demand for regulated infant and toddler care in Vermont called STALLED at the START Vermont's child care challenge. The results of the analysis reflect that too many children do not have access to high-quality, affordable child care in VT.

The challenge ahead of us is to ensure we have an adequate supply of early care and education providers who meet the criteria to provide Protective Services child care. These providers have met criteria which includes training on the needs of children who have been abused and/or neglected. One goal is to increase incentives for providers to participate in the STep Ahead Recognition System (STARS) program and Protective Services training.

Improving Outcomes for Vermont Children and Families through Evidence Based Home Visiting Programs

Vermont has a long and strong tradition of home visiting (HV) as a strategy for parent education, family support, developmental screening and connection to community services. Services provided in the home generally strengthen positive personal relationships between families and service providers, increasing the impact of delivered services. A home visitor often

detects issues early and can provide needed and timely support to address them. Home visits are an essential component of an early childhood system of support, especially in a rural state like Vermont.

Since 2012, with the support of the Vermont Business Roundtable and the Pew Foundation, Vermont’s Home Visiting Alliance, comprised of private service providers, state staff and other stakeholders, have been working to assure that HV programs are high quality and effective. In June of 2013, Vermont passed legislation to create standards for Vermont’s home visiting programs. The law defines Home Visiting as an intentional, evidence informed program of regular, voluntary visits with a pregnant woman or family with a young child 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, and enhance coordination and referrals among community resources and supports such as medical insurance and treatment, food, housing, and transportation.

Subsequently, regulations were promulgated and approved and a home visiting program manual to insure quality, training and common outcomes for accountability was created. The Agency of Human Service (AHS), specifically the Maternal and Child Health Division (MCH in Department of Health and the Child Development Division (CDD) in the Department for Children and Families are jointly responsible for administering this law.

Vermont’s Substance Abuse Crisis

Although not necessarily reflected in substantiation data, Vermont continues to see an increase in young children coming into custody. The primary driver for this increase is the use of heroin in Vermont. The following shows children, point in time, who are in out-of-home care.

	1/1/2012	1/1/2013	1/1/2014	5/27/2015	6/14/2016
Age 0-5	253	246	281	504	527
Age 6-11	186	181	212	277	349
Age 12-17	508	448	462	487	469
Total	947	915	955	1268	1345

The division has recently expanded the use of LUND substance use screeners from 6 to 12 districts. This collaboration will assist social workers in the identification of risk and safety concerns related to substance use and helping clients assess treatment. **(Appendix C: an**

overview of FSDs partnership with LUND as it relates to the use of screeners). In addition, ADAP and FSD collaborated over this last year to develop a risk triage tool for providers when an individuals are placed on a waitlist. One of the risks identified on the tool, is the risk of a child coming into custody.

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

For children in care on 6/14/2016, the following chart shows their age at entry into foster care. (Note: Unlike the chart above, the chart below includes children in custody who are placed at home.)

Age at Entry	Abuse/Neglect	Delinquent	Child Behavior	Voluntary	Total
<1	206				206
1	102				102
2	87				87
3	85				85
4	66				66
5	69				69
6	72		1		73
7	67	2	1		70
8	49		2		51
9	58		1		59
10	45	1	6		52
11	44	7	5		56
12	50	13	16		79
13	39	23	20		82
14	40	18	25		83
15	41	33	16		90

16	27	20	13		60
17	15	7	3		25
Total	1162	124	109	0	1395

The Vermont court system has also felt the impact of the increase number of children in care. In order to try and impact current court delays, the judicial system will be looking into creating a regional venue to take on TPR cases when the family court is unable to schedule a hearing within a reasonable amount of time. This is in the early planning phases so it's unclear at this time where the regional court will be located and which districts will be impacted.

Time to Permanency for Children Ages 0-5, Exit by Calendar Year

	#	Time (years)
2015	307	0.85
2014	236	0.88
2013	215	0.96
2012	203	1.06
2011	208	0.92
2010	191	0.97

Time from Case filing to TPR filing:

FY Avg mo. Case count

2006	13.6	209
2007	13.7	196
2008	14.8	191
2009	13.4	182
2010	15.1	193
2011	14.4	187
2012	12.1	214

2013	12.7	226
2014	13.8	238
2015	11.8	319

Legislative Update: S.183 – Act Relating to Permanency for Children in the Child Welfare System

This bill was proposed by the Best Practice Sub-Committee of the Justice for Children Task Force. The Sub-Committee identified several strategies that would address delays in the flow of CHINS proceedings, and permanency for children subject to those proceedings:

- Permanent Guardianship easier to create when clear and compelling evidence shows that neither parent is able to resume parental duties within reasonable time, child has resided with permanent guardian for 6 months and permanent guardianship is in best interests of child
- Includes a provision that would allow FSD to name a successor permanent guardian in initial guardianship order
 - If a successor guardian is named and the permanent guardian dies, custody shall transfer to the successor guardian without reverting first to the Commissioner
 - Probate Division has a six-month window period of time to review, upon its own motion only, whether the successor guardian continues to meet the requirements of being emotionally, mentally, physically and financially suitable, etc. of being the child’s guardian
- Post-Adoption Contact Agreements expanded to include children in custody of a nonparent (was originally limited to just children in DCF custody)

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

Vermont is about to complete year one of five with the Quality Improvement Center for Adoption and Guardianship Support and Preservation (QIC-AG). The goal is to implement evidence-based interventions or develop and test promising practices. Effective interventions are expected to achieve long-term, stable permanence in adoptive and guardianship homes for waiting children as well as children and families after adoption or guardianship has been finalized. Although the focus is on children and youth adopted through the Vermont system, the hope is families with adopted children from other countries will also be supported by these interventions. Work is being done to try and identify these families. In addition, any family can access post-permanency support.

[Program Support](#)

Training and Technical Assistance to Districts

Vermont is a state-supervised, state-operated system. Our central office operations team provides regular ongoing consultation and support to the 12 districts. Policy also

directs staff to contact operations for certain case situations. For example, policy 68: *Serious Physical Injury: Investigation and Case Planning*, states: In serious abuse cases, consultation and review of case determinations will occur with the assigned policy and operations manager prior to finalization of the case determination.

Over the last year, Vermont received TA from the Children's Resource Center (CRC) around our SDM tools. They have assisted us in revising our existing risk and safety tools which will be implemented this summer.

Lastly, in September 2015 the National Center for Substance Abuse provided TA to the Division and local partners focused on cross collaboration around the implementation of policy 65: *Substance Use Disorder Screening & Drug Testing for Caretakers* (**See Appendix D to review meeting agenda**).

Technical Assistance and Capacity Building Needs

Over the next year, the CRC will continue to provide TA with the implementation of our revised SDM tools as well as the implementation of a reunification tool.

The Center for the Study of Social Policy will also begin providing Vermont TA to implement a research-informed framework, *Youth Thrive*, based on a synthesis of research on positive youth development, resilience, neuroscience, stress and impact of trauma on brain development to improve the well-being outcomes of all youth and young adults. Vermont was a recipient of this 5-year technical assistance grant.

The Quality Assurance Team will also be receiving TA from the Capacity Building Center over the upcoming year. The division will be working with the CBC this summer to complete the initial assessment required by the CBC.

Child and Family Services related research or evaluation, management information systems, and/or quality assurance systems

Over the last year Vermont did not conduct any research or evaluations. However, the division did invest more resources to our Quality Assurance team. For more detail, please see the Quality Assurance section on page 38 of this report.

[Consultant and Coordination between States and Tribes](#)

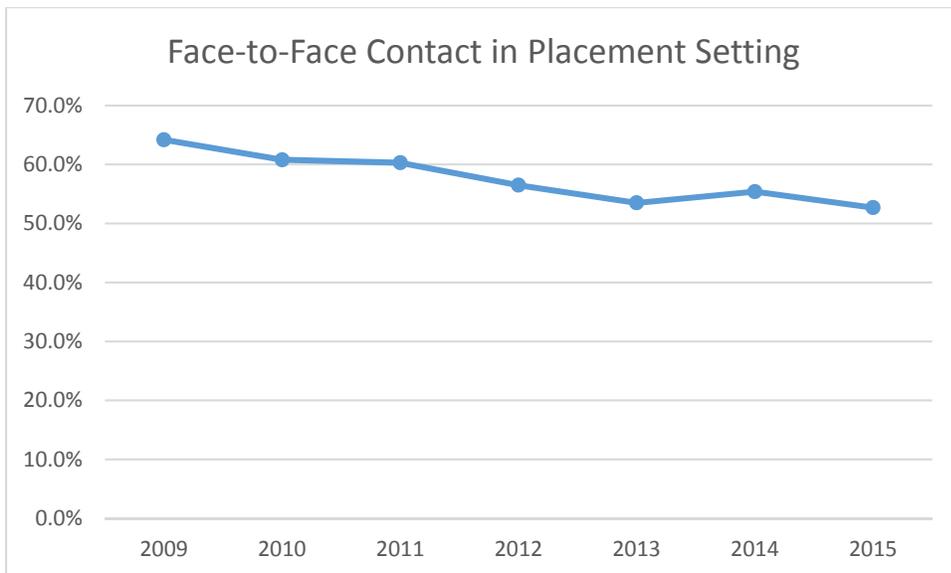
There are no changes since our CFSP was submitted. Further information was included in our Statewide Assessment, please see page 101 of the document. Note that there are no federally recognized tribes within Vermont's borders. The St. Albans districts continues to work and collaborate with advocates in the Abenaki community when appropriate.

Monthly Caseworker Visits

Vermont's monthly face-to-face contact data has declined from previous years and is below the national standard. The division attributes this decrease to the increase number of children in custody over the last several years which has made it challenging for workers to meet their monthly contact requirements. The division is prepared to focus on this requirement during the PIP and is optimistic the increase in social worker positions in the districts will assist in improving FSD's data. The division continues to strategize with districts and workers to meet the monthly contact requirements by employing a multi-pronged approach that addresses caseload as well as efficiency and effectiveness of our interventions:

- All social workers are equipped with I-phones (with telephone, e-mail, scheduling and wireless modem capacity) and laptop computers. This combination enables them to access division computer applications from remote locations, including from client homes.
- The division continues to promote teaming and group supervision models, to increase the number of social workers who have a relationship with a family, and can assist in times of intense service need.
- A report is sent quarterly to districts, which assists them in tracking which children and youth have not yet been seen during the month.





Adoption and Legal Guardianship Incentive Payments

Vermont has not received incentive payments in recent years.

Child Welfare Waiver Demonstration Activities

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

Quality Assurance

Vermont’s child welfare quality assurance system functions at a statewide level, as well as at the district level, with 12 district offices operating with Central Office oversight. The division has various ways systems in place to measure performance and provide feedback at all levels. Over the year, FSD increased staff capacity within our Quality Assurance team which will continue to support and enhance Vermont’s CQI system.

As noted throughout the APSR, Vermont completed the Round 3 CFSR in the Spring of 2015. One key aspect missing in FSDs CQI system was an ongoing case review system. Over the last year, it was determined Vermont would adopt the OSRI and utilize the OMS to support the division’s case review system. Vermont just completed collecting baseline data after the review of 65 cases in 4 districts. New reviewers were trained and paired up with individuals who had previous review experience. The plan is to review 65 case every fall and spring throughout the PIP period and continue to train new reviewers not only from within FSD but community stakeholders as well (see **Appendix E** to review PIP QRC schedule). After the PIP is completed, Vermont’s plans to maintain an ongoing case review process. How this process will look, will be determined during the PIP period and will be refined ongoing as needed.

Another component of the state's quality assurance system are bi-monthly CQI Steering Committee meetings. These meetings bring together approximately 20 Family Services staff members, with representation from each district office, and Central Office. Staff members from all levels of the organization are represented on the committee including admins, social workers, supervisors, and district directors. The groups act as a 'think tank' around issues relating to policy, practice, and workforce development and makes recommendations for management to consider.

Vermont requires districts to complete annual CQI strategic plans that are informed by case review data as well as other accessible data. During the PIP period, districts will be required to focus on the items identified in the PIP. Operations, members of the QA team, and CWTP will provide support in the development of each district CQI plan.

The state also conducts quarterly Data Integrity meetings. Like the CQI Steering Committee, these meetings bring together staff from all 12 district offices, in this case the district administrative assistants who are responsible for entering data on children and families involved with family services. At these quarterly meetings, data integrity reports, which are on our internal report manager site, are highlighted, and staff are asked to review the reports in order to identify and correct missing or incorrect information in our database. Some of the reports that are available and covered during these meetings are (the following list is a sample):

- Custody – Missing Custody Dates
- Face Sheet – SSN-DOB corrections needed
- Incident – Child not marked as returned from run
- Incorrect Perpetrator Victim Relationship on the 590
- Missing Docket #s
- Placement – No initial entry date
- Supervisory tracking form – closure date overlaps with following effective date
- What's Here – Report descriptions

After the quarterly Data Integrity meetings, district directors are asked to review the information that was presented with the district administrative staff and put a plan in place to ensure that the required data corrections are made.

Another component of the state's QA system is the case plan review facilitator's form, which is used to collect and track data related to a number of outcome items including whether the child's parents have been located, extended family have been informed of their custody status, case plan goal, whether TPR's have been issued, whether children are up to date on their medical and dental visits, and who participated in the case plan review meeting. The data

collected here along with the results from the case reviews will help inform where the division is performing well and what practice areas need a deeper dive.

Lastly, the division uses various venues to train and keep staff informed of new policy and practice changes including Division Leadership meetings, Supervisors meetings, CSI meetings, and Resource Coordinators meetings. Over the last couple of years, FSD has increased the use of statewide GoTo meetings as a way to keep staff informed (see **Appendix F** for the 2016 GoTo schedule).

Vermont's plan to work with the Capacity Building Center to access additional support with the state CQI system. An initial meeting has been set up in July 2016.

Child Abuse Prevention and Treatment

CAPTA Updates

In November 2015, DCF submitted a report to the Vermont legislature on Implementing Policy, Procedure and Practice Changes in the Family Services Division. This report was in accordance with 2015 Act 60 Sec 22(b): An act relating to improving Vermont's system for protecting children from abuse and neglect which was effective July 1, 2015.

As reported in last year's CAPTA report, Act 60 made changes to the definitions of child abuse and thus impacted how the division screens intakes, conducts child safety interventions, and makes substantiation decisions. Several interim policies were posted on July 1, 2015 and distributed to Family Services Division staff and partners for comment. The final policies, briefly mentioned below, were issued in April 2016 and can be viewed at <http://dcf.vermont.gov/fsd/policies>

Family Services Policy 50 was promptly updated upon the enactment of Act 60 in order to adapt criminal code definitions for use in child welfare context. Existing definitions of incest and risk of harm were revised to be consistent with statute. New definitions were created for child pornography, lewd and lascivious conduct, luring, sex trafficking of minors, molestation, obscenity, serious physical injury, sexual act, sexual assault, and voyeurism.

Family Services Policy 51 was updated to reflect language from statute and the newly adopted definitions as guidance for screening reports of child abuse and neglect. This policy clarifies that staff from Centralized Intake and Emergency Services (CIES) will notify mandated reporters if a report is not accepted for intervention. Family Services district offices and Residential Licensing and Special Investigations (RLSI) will provide notification about accepted reports.

Family Services Policy 52 describes the requirements for conducting child safety interventions. Considerable revisions were made to this policy, including the following processes:

- reporting to and receiving assistance from law enforcement;

- conducting child safety interventions in cases with no identifiable victim (ex: child pornography cases, see policy 58 below);
- sharing information with mandated reporters who have ongoing working relationships with the child or youth and family; and
- tracking law enforcement notifications.

Family Services Policy 56 provides information on processes for substantiating child abuse and neglect. Definitions were updated to be consistent with statute and other policy revisions.

Family Services Policy 58 was newly developed to provide guidance on child safety interventions when there are no children or no identified children. Examples of these types of situations include luring when the “victim” is a police officer impersonating a child or possession of child pornography when the child is not identifiable.

Family Services Policy 68 provides specific policy guidelines for investigating allegations of serious physical injury to a child caused by abuse, as well as guidance on engaging in case planning for victims of serious physical injury. This policy was amended to incorporate the new definition of serious physical injury from statute.

Family Services Policy 157 was created to inform division staff about what information must be shared with whom, and in what time frame. The policy covers redacted investigation files, guidance on redacting, records, and information for families, professionals involved with the family, and other stakeholders.

Family Services Policy 98 was developed to ensure focus on the continued safety and well-being of children who have been physically returned to the parent from whom they were removed due to abuse or neglect. The policy provides a thoughtful approach to reunification including a reunification case plan, the establishment of a safety network, and a “step-down” to a Conditional Custody Order for the child and family.

Assessment of Child Safety

As previously discussed in this document, the division is consulting with the Children’s Research Center (CRC), to revise our Structured Decision Making (SDM) tools. CRC works in partnership with child-serving agencies to improve direct practice and organizational operations through models that integrate evidence-based assessments, family-centered engagement strategies, and implementation science. CRC created the SDM system used by division staff to assess risk.

Vermont Mandated Reporter Webpage

A new webpage was created for Vermont’s mandated reporters containing the latest information on reporting child abuse and neglect; a sign-up option for email updates; and links to relevant information, including the online mandated reporter training.

The online mandated reporter training, open to the public in March 2016, informs mandated reporters of their legal obligations and highlights the changes related to Act 60 and explains the process for making a report to the Child Protections Hotline. This was done in partnership with a local non-profit and provides extensive information on abuse and neglect.

Additionally, an online portal is being developed to provide mandated reporters information regarding their reports or calls. Through this IT solution, they will be able to log in using their unique email address and password and check the status of reports they've made. We are in Phase 1 of this project which will automate the generation of letters to mandated reporters.

The mandated reporter webpage may be viewed here:

<http://dcf.vermont.gov/fsd/reporting/mandated>

Changes to State Law or Regulations Concerning Child Protection

There were no changes in State law that could affect Vermont's eligibility for the CAPTA State grant during this reporting period.

Significant Changes in CAPTA Plan

There have been no significant changes from the state's previously approved CAPTA plan in how Vermont proposes to use funds to support the 14 program areas.

Use of CAPTA Funds

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

Since the submission of the 2014 Child and Family Services Plan, Vermont has continued to use the CAPTA funds in the following manner:

- I. Utilize joint funding in partnership with VDOH and UVM Medical Center (UVMMC) to provide consultation with medical professionals on complex child abuse/neglect investigations.
- II. To support the development and spread the model of joint investigation that includes the use of a forensic interviewer. \$20,000 has been used to pay for a part time forensic interviewer.
- III. To support the partial funding of drug and alcohol screening positions in our 2 largest districts. Substance Abuse Screeners accompany the social worker on investigations and assessments and identified substance abuse issues early in the case. The screener assists the parent in getting further clinical assessment and treatment as needed. \$50,000 has been used to pay for two screeners.
- IV. To pay for investigations and assessment training for staff. These funds are used to finance foundation and core training related to child safety interventions

provided by the University of Vermont Child Welfare Training Partnership. \$7,000 is spent to cover this cost.

- V. Finance the activities of the Child Fatality Review Team. This team meets monthly and reviews all child deaths in the state to understand the public health and system issues needing attention. The team enhances interagency collaboration and information sharing. \$5,000 is spent to cover this cost.

DCF Family Services anticipates using CAPTA funds to address some or all of the following program areas.

	Program Area	Activity
	1. The intake, assessment, screening, and investigation of reports of child abuse or neglect;	
	2. Creating and improving the use of multidisciplinary teams and interagency, intra-agency, interstate, and intrastate protocols to enhance investigations; and improving legal preparation and representation, including procedures for appealing and responding to appeals of substantiated reports of child abuse or neglect; and provisions for the appointment of an individual appointed to represent a child in judicial proceedings;	
	3. Case management, including ongoing case monitoring, and delivery of services and treatment provided to children and their families;	
X	4. Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols, including the use of differential response;	We are in the process of revising our safety and risk assessment tools and CAPTA funds may be used to further refine, train and automate these tools.
X	5. Developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange;	See #4.

	Program Area	Activity
X	6. Developing, strengthening, and facilitating training including— <ul style="list-style-type: none"> • training regarding research-based strategies, including the use of differential response, to promote collaboration with the families; • training regarding the legal duties of such individuals; • personal safety training for case workers; and • training in early childhood, child, and adolescent development; 	Parts of our foundation and core training for social work staff is funded by CAPTA, when specific to training staff how to conduct child abuse and neglect assessments and investigations.
	7. Improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers;	
X	8. Developing, facilitating the use of, and implementing research-based strategies and training protocols for individuals mandated to report child abuse and neglect;	We continue to refine and improve training for mandated reporters. Funds may be used for consultation, the purchase of equipment needed for trainings, and for training and education materials.
	9. Developing, implementing, or operating programs to assist in obtaining or coordinating necessary services for families of disabled infants with life-threatening conditions, including— <ul style="list-style-type: none"> • existing social and health services; • financial assistance; • services necessary to facilitate adoptive placement of any such infants who have been relinquished for adoption; and • the use of differential response in preventing child abuse and neglect. 	
X	10. Developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect, including the use of differential response;	We continue to refine and improve training for the public and for non-mandated reporters. Funds may be used for consultation, the purchase of equipment needed for trainings, and for training and education materials.

	Program Area	Activity
	11. Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level;	
	12. Supporting and enhancing interagency collaboration between the child protection system and the juvenile justice system for improved delivery of services and treatment, including methods for continuity of treatment plan and services as children transition between systems;	
X	<p>13. Supporting and enhancing interagency collaboration among public health agencies, agencies in the child protective service system, and agencies carrying out private community-based programs—</p> <ul style="list-style-type: none"> • to provide child abuse and neglect prevention and treatment services (including linkages with education systems), and the use of differential response; and • to address the health needs, including mental health needs, of children identified as victims of child abuse or neglect, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports; or 	This includes our partnership with LUND and the expansion of hiring screeners throughout all 12 districts, and our work with UVMMC providing consultation on complex cases.
	<p>14. Developing and implementing procedures for collaboration among child protective services, domestic violence services, and other agencies in—</p> <ul style="list-style-type: none"> • investigations, interventions, and the delivery of services and treatment provided to children and families, including the use of differential response, where appropriate; and • the provision of services that assist children exposed to domestic violence, and that also support the caregiving role of their non-abusing parents. 	

Children's Justice Act

Vermont receives approximately \$73,000 per year of Federal Funding through the Children's Justice Act (CJA a section of the Child Abuse Prevention and Treatment Act (CAPTA) funding). The CJA requires that these funds are **not** allocated for prevention or direct service activities. CJA funds should be used for programs to reform state systems and improve the process by which Vermont responds to cases of child abuse and neglect, including child sexual abuse and exploitation and cases of suspected child abuse or neglect related fatalities. Projects should focus on creating more effective responses for both the child victim and the offender and to limit additional trauma to the child victim.

The Vermont Task Force Three Year Assessment Plan focuses efforts on improving the system wide response to child maltreatment. Projects and focus areas are:

- Maintain and further develop the Vermont Sexual Assault Nurse Examiner Program. Emphasis continues on the Pediatric SANE Program.
- Provide professional training on various aspects of child abuse and neglect for VT Professionals who work with child abuse and neglect.
- Provide support to the Child Fatality Review Committee and recommend continuation of providing relevant statistics, information and recommendations to relevant professionals and agencies.
- 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 state wide, department and division policy and response systems.
- Make recommendations to strengthen the Vermont Department for Children and Families (DCF) procedures for reviewing reported abuse and neglect as well as examine treatment service access and delivery. The CJA Task Force is actively seeking information about ways they can fund projects linked to the FSD Child and Family Services Review and Continuous Quality Improvement work.
- Maintain and further develop the Vermont Children's Justice Act Task Force and ensure participation in the Annual Meetings.
- 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 particular 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.

Annual reports from VCAB

Please see separate VCAB attachment.

Identification and Services to Substance-Exposed Newborns

In the new online Mandated Reporter training, guidance is provided around cases requiring notification related to substance exposed newborns.

Family Services Policy 52- Child Safety Interventions, includes guidance on cases that are accepted due to a concern that an infant is identified as being affected by illegal substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder. In such cases policy requires that a plan of safe care be created and documented in the case determination. The plan of safe care will include information about referrals made to Children's Integrated Services or other necessary services. The need to notify in these situations is also covered in the new online mandated reporter training.

In January 2015, the division conducted a Go to Meeting on Neo-Natal Abstinence Syndrome and Medically Assisted Treatment. Dr. Johnson, Associate Professor of Pediatrics from the University of Vermont, Dr. Brooklyn, Clinical Assistant Professor of Department of Family Medicine and staff from the division of Alcohol and Drug Prevention presented information to staff around the state. This presentation helped staff to understand the current status opioid addition and treatment options in VT with a focus on woman and their opiate exposed infants.

As previously mentioned, the division was also recently able to expand the use of substance use screeners from 6 to all 12 districts. This will continue to increase our ability to assess risk and safety related to substance use and assist clients assessing treatment.

Lastly, in March 2016, a statewide GoTo meeting was conducted by Tarah Woolgar, LADC from LUND to review the ASAM criteria as it relates to Substance Use Disorder Assessments and recommendations for levels of care. The training covered what information may be important to communicate when you refer someone for an assessment as well as how this relates to child welfare.

At this time, the Division is not seeking T/A in this area.

Human Trafficking

Vermont has historically accepted non-caretaker sexual abuse cases. In 2011, Vermont enacted laws related to human trafficking, which can be found at:

<http://www.leg.state.vt.us/docs/2012/Acts/ACT055.PDF> . Family Services convened a Sex Trafficking of Minors Workgroup that has developed an informational sheet for staff and is currently working on policy recommendations based on best practice. Until all new and revised policies related to human trafficking are in place in place, staff can contact members of the workgroup at an established email alias if they have questions about best practice and available resources.

FSD will continue to apply the sex trafficking portion of the definition of “child abuse and neglect” and “sexual abuse” to children and youth under the age of 18. At this time, we are not seeking T/A in this area.

Due	Requirement	Existing Efforts	Planned Efforts
September 29, 2015	<p>FSD must be able to demonstrate we have:</p> <ol style="list-style-type: none"> 1) Consulted with agencies having experience with at-risk youth; and 2) Developed policies and procedures, including case worker training, to identify document, and determine appropriate services for: Any child/youth in case or supervisions of FSD who is at risk of becoming a sex trafficking victim or who is a sex trafficking victim (including those not removed from the home; those who have run away from foster care, youth not in foster care who are receiving services under Chafee) 	<ul style="list-style-type: none"> • Statewide Human Trafficking Taskforce + several sub-groups (ongoing) • FSD Sex Trafficking of Minors Workgroup (ongoing) • Training for LE, medical, community providers, court officials, victims’ advocates (ongoing) • Statewide PSA (done) • Pilot grant in Chittenden County / multi-disciplinary teamed approach to trafficking cases (ongoing) • Screening/Assessment – revisions to Woodside intake forms (done) • FSD Information Sheet created for staff and community partners/ spreading of awareness (done) • Update to Policy 155 (done) • “Return from Run Checklist” (in progress) • Training is being provided to the courts this summer 	<ul style="list-style-type: none"> • Collaborate with RTPs around screening and trauma informed treatment • Draft Human Trafficking policy by September 2016 • Statewide GoToMeeting on 7/13 to educate staff • 1-day staff training in fall 2016 (condensing the Capacity Building Centers curriculum) • Develop training for staff and caregivers (use Capacity Building Centers’ training for staff, partners, caregivers) by fall 2016 • Review policy 51: Screening Reports, and 52: Child Safety Interventions for trafficking content, by September 2016
September 29, 2016	FSD must demonstrate we are implementing these policies		See above
September 29, 2016 (No later than two years after enactment)	FSD must report within 24 hours to law enforcement any children/youth who we’ve identified as being a sex trafficking victim	Currently in policy but will also be included stand-alone sex trafficking policy	N/A- Currently in policy.
September 29, 2017 (No later than three years after enactment,	FSD will report annually the total number of child/youth sex trafficking victims to the Secretary of Health and Human Services (HHS).	<ul style="list-style-type: none"> • Internal tracking (mostly tied to ICPC & ICJ cases) • IT request made to capture sex trafficking info when closing CSIs (add check box 590) 	<ul style="list-style-type: none"> • add question / check box to CIES intake • CB stated there will be a follow up IM clarifying the data expectations •

and annually thereafter)		<ul style="list-style-type: none"> • Capture sex trafficking substantiations by selecting 'exploitation' (done) 	
September 29, 2015	<p>FSD must develop and implement protocols to:</p> <ul style="list-style-type: none"> • Locate children missing from foster care • Determine factors leading to child's absence from foster care and to the extent possible address those factors in subsequent placements • Determine child's experience while absent from care, including whether the child is a sex trafficking victim • Report information as required by HHS 	<ul style="list-style-type: none"> • Update to Policy 155 (done) • "Return from Run Checklist" (in progress)- estimated date September 2016 	
September 2016	<p>FSD will develop and implement protocols to report if any children/youth are missing/abducted within 24 hours to law enforcement for entry into NCIC database and to the National Center for Missing and Exploited Children</p>	<ul style="list-style-type: none"> • Update to Policy 155 (done) 	
September 29, 2018 (No later than four years after enactment, and annually thereafter)	<p>The HHS Secretary must annually report to Congress the number of children/youth reported as sex trafficking victims (including the number of children who were victims before entering foster care and those who became victims while in foster care.)</p>		

Chafee Foster Care Independence Program

Supports for Normalcy

Vermont is supporting its normalcy efforts for youth in care through revisions and expansions to policy, casework, foster parent and residential program staff training and the direct funding and coordination of activities for foster youth through the Youth Development Program which administers our Chafee Foster Care Independence Program. Expanded descriptions of the overall program and its efforts in the area of normalcy are contained in our 2015-2019 Five Year Plan and 2016 APSR.

Since the 2016 APSR, DCF Family Services Division (FSD) has increased its focus on normalcy by endorsing the New England Commissioners' Normalcy Bill of Rights and convened a state work group to define casework policy, practice guidance, and foster/residential regulations to guide the department's approach to providing opportunities for normal developmental opportunities for children and youth in out of home care.

The FSD workgroup on normalcy and the prudent parenting standards is partnering closely with the Chafee Youth Development Program. Conversations and brainstorming related to system-improvements are also occurring with the division management team and CQI steering committee.

As part of its efforts to expand experiences for children and youth in care, FSD is also revising case plans to normalize activities for children and youth. A standalone case planning policy is in development to provide guidance for staff in this area. The policy will require referrals to the Youth Development Program for all youth in care ages 15 and older. Additionally, FSD also plans to revise its respite care policy to provide flexibility for normalized experiences for children and youth.

Normalcy activity checklists and guides on how to apply prudent parenting standards are in development. A page on FSD's public website is in development for foster parents and caregivers. FSD plans to have a section dedicated to providing guidance to caregivers. Training will follow.

FSD is currently revising regulations for residential treatment programs which will include normalcy activities and expectations. FSD also plans to significantly revise the foster care regulations. FSD is also collaborating with court staff on revisions to case plans and how to best document the utilization of prudent parenting standards at the permanency hearing.

As this practice forward, the division anticipates some challenges around balancing engagement with the birth parents and situations where the birth parent disagrees with "prudent parenting decisions" made by the foster parents; questions related to liability waivers and who has the authority to sign them; state statutory change similar to Washington State may be needed regarding liability.

While the broader policy efforts have been underway, direct efforts for providing youth with normalcy and enrichment activities have been taking place statewide through the youth investment grants component of our youth development program. Youth served by YDP as part of their personal plan may request funds to support a wide range of educational, career, employment or other to support them with experiences that will help them explore interests, build strengths and establish relationships and connections to community.

In the last year, 463 youth collectively received \$363,780.04 for 742 activities including (work clothes for a new job, art classes, prom expenses, purchase of a bike, rock climbing classes, driver’s education, textbooks and a laptop for college)

The program recognizes through its own experience and the research on youth development that preserving and strengthening personal relationships with caring adults and peers is a vital part of building success for youth, so we also encourage and provide financial support for youth connecting with family and friends and participating in activities that build and reinforce those relationships. (bus passes, gas money, plane tickets, pizza and bowling money)

The Youth Development Program provided training by Outright Vermont a LGBTQ advocacy and support network to both Youth Development Coordinators (YDC’s) and conducts workshops for youth and supportive adults at the statewide annual youth conference directed and held by current and former foster youth led by the Youth Development Committee (leadership group led of current and former foster youth).

This group has participated in several conversations at the state regional level of normalcy issues related policy and practice that have incorporated into policy and staff training for YDC’s and DCF Family Services Staff.

Due	FSD licensing is required to:	Existing Effort	Planned Efforts
September 29, 2015	Permit the use of the ‘reasonable parenting standard’ in their standards for foster homes and child care institutions	Workgroup has been developed- preliminary discussions have begun around the development/updating of policy for staff and updating licensing regulations	<ul style="list-style-type: none"> • Policies will be developed/updated • Licensing regulations will be updated • Spring 2017
	Require child care institutions to have an onsite official authorized to apply the ‘reasonable and prudent parent standard’	Workgroup has been developed and will make recommendations regarding updates to licensing regulations	Update licensing regulations Spring 2017
	Have policies for foster parents and private	Workgroup has discussed updating licensing	<ul style="list-style-type: none"> • Update licensing regulations

	entities (under contract) applying the 'reasonable and prudent standard' to ensure appropriate caregiver liability when approving an activity for a foster youth	regulations to address issue around liability. Policy will be developed to guide staff.	<ul style="list-style-type: none"> • Statutory changes – possible long term goal • Spring 2017
	Ensure each child care institutions authorized official has the same training on the 'reasonable and prudent parenting standard'	Make recommendations for licensing regulations	Update licensing regulations Spring 2017
	To ensure foster parents have the skills and knowledge on the 'reasonable and prudent parenting standard'	CWTP is developing a caregiver training. Will be added to their initial training. CWTP is part of the workgroup. Spring 2017	

National Youth in Transition Database (NYTD)

Vermont’s Chafee Youth Development Program administered statewide through its’s sub-recipient the Washington County Youth Services Bureau, has developed a robust database which tracks and reports all of the demographics, services, and survey outcome data required by NYTD as well as expenditure, utilization and practice data tracking outcomes related to housing, education, permanency healthcare, incarceration, parenting, youth leadership, and normalcy experiences. Data is shared through the YDP annual report distributed statewide to state and private agencies and the public. In addition to this effort, WCYSB provides this data quarterly to DCF Family Services as a statewide aggregate and by state administrative district to support improve collaboration and outcomes at the local level for youth served by DCF and YDP. In partnership with DCF Family Services, WCYSB participates in a significant number of state/privates to improve outcomes for disconnected youth in Vermont. Their agency role of administering both the Chafee Youth Development Program and FYSB Runaway and Homeless Youth Network provides them with a unique scope and data view that they are able to bring to the table in all their statewide collaborations.

Data reports from WCYSB on the Youth Development Program are provided quarterly to DCF Family Services on outcomes and utilization to inform the state on youth outcomes and utilization of the program to assist them in maximizing participation by youth and achievement of the goals and purposes of the program for individual youth.

DCF Family Services continues to partner with its sub-recipient WCYSB on the collection and submission of NYTD served and surveyed youth enrolled in YDP. Details of that effort are

provided below and reflect enhanced collection and quality assurance efforts pursued during the current year.

The WCYSB Youth Development program provided data for 382 youth who were served by YDP in the most recent six month reporting period.

The methods used to collect surveys were:

- sharing the list of youth with YDCs at monthly network meetings,
- shared the list of youth with YDCs and their supervisors via email monthly
- regularly stressed to YDCs the importance of survey collection and probability of program funds being sanctioned
- provided a \$25 Visa gift card for youth to participate
- mined client files and "Participant Locator Forms" for contact information for youth and natural supports
- contacted local DCF offices in attempt to identify contact info for youth or natural supports
- contacted youth and family/friends repeatedly at available contact info
- searched online and through social media for youth, sent messages to youth on Facebook with information about the survey and the incentive
- searched the Vermont Inmate Locator website and contacted assigned probation officers

There are 29 surveys needed for the 2016B reporting period. We have collected 6 surveys so far. We will continue to use the above mentioned methods to locate youth and collect survey information. Of the 23 youth left to be surveyed before October 1st, only 6 youth (26%) have been served since January. Because of this, and a fairly high rate of staff turnover at YDP and DCF we are making more of an effort centrally to find these youth. YDP is also now collecting and retaining updated "Participant Locator Forms" at the time of survey completion to hopefully increase response rate at the time 21-year-old follow up surveys are due. These forms are also completed with youth at intake and annually.

As a component of our sub-recipient, WCYSB's role in administering statewide networks of youth serving agencies a number of state, federal and private collaborative initiative are taking place to expand opportunities and improve outcomes for foster and other disconnected youth. A state, federal, private initiative sponsored by a federal SAMSHA grant, is meeting as a planning group named the Youth Systems Enhancement Council to foster shared coordinated services and support for disconnected youth across the population. Meeting quarterly for the last two years, the group is comprised of representatives from education, labor, child welfare, corrections, state colleges, adult education, health, mental health, substance abuse treatment and representative private agencies serving all of these groups.

The group has focused much of its energy thus far at arriving at a unified perspective, philosophy and practice approach to working with youth.

In addition to and in coordination with the Enhancement DCF sought and was awarded a technical assistance grant from the Center for the Study of Social Policy. The Youth Thrive

initiative is designed to provide statewide training and on-going coaching of this research based Strengthening Families approach for agencies and communities serving youth. This effort will provide an important strength and research-based foundation to unify our collective approach to the well-being of youth.

Workforce Investment Opportunities Act (WIOA) Substantial changes at the federal Department of Labor to provide greater opportunities for disconnected and out of school youth are being aggressively pursued at the state and local levels by the statewide partners the Vermont Coalition of Homeless and Runaway Youth Programs (VCRHYP-FYSB funded) and Chafee Youth Development. This initiative and the federal changes are in the early stages and will be reported in next year's APSR.

Homelessness Prevention

- A. Vermont's DCF Family Services is approaching the issue of preventing youth homelessness by embracing the Strengthening Families Principles of Increasing Protective Factors and Lowering Risk by providing opportunities and supports to enable them to acquire the skills and assets to become resilient, supported, successful members of their communities.
- B. Positive Youth Development-a progression of opportunities leading to adulthood
DCF Family Services has, over the last six years, implemented a number of practices, services, and resources to assist the transition to adulthood of youth exiting the foster care system, and other at-risk youth supported the department. These efforts are targeted at a number of outcomes, housing, education, employment, access to healthcare, safety, connections to friends, family, and community which form the foundation of success in adulthood.
- C. The practice side of this effort involves a progressive approach to case planning anchored in the principles of positive youth development which begins in early adolescence (a developmental approach emphasizing the progression of tasks and opportunities which prepare youth for adulthood) partnering with youth planning for their future and creating opportunities for them to practice independence.
- D. The case plan for youth ages 14 and over is structured to support this approach and the activities it calls for are a specific progression of tasks leading to fuller independence. Research indicates that there is no stronger protective factor to prevent youth homelessness than the support of a network of caring adults and a family committed to them into adulthood. All of the developmental work described earlier takes place whenever possible in the context of building and reinforcing the supportive relationships of our youth.
- D. Social work practice with youth in custody is a partnership between their DCF Family Services Social Worker and their Youth Development Coordinator (YDC). In earlier adolescence, social workers work with youth on addressing the treatment issues associated with trauma and work to build permanency options for youth, while Youth Development

Coordinators consult on engaging youth as partners and planning of progressive steps leading to adulthood.

- E. Financial and Casework Support as a Bridge into Adulthood
- F. As youth approach their age of majority, they partner with their social worker and YDC to explore and pursue their plans to prepare for, transition to, and enter into adulthood. Brain research shows us that no youth is ready to live as a fully developed adult at 18 and those with trauma history are less prepared. Recognizing this, our transition is structured to allow for youth to continue the relationship and support of their social worker, YDC and current living situation until they have graduated from high school or turn 22.
- G. If youth have completed high school by 18 they can still receive financial support to continue living with the family where they are living or be supported by another family. Their DCF case is closed at that time but they continue to receive case work support from their YDC who can help them with their current living situation, exploring a more independent living situation, pursuing college, training, employment, healthcare and other building blocks of living as an adult. In the context of these other activities, the YDC continues to support the youth in building and supporting that all important network of connections.
- H. The third financial component of our “transition bridge” to adulthood is our housing supports and incidental living grants. The housing support component provides monthly housing stipends for youth who are generally more independent. The stipend requires the youth to contribute to their living costs based on a budget and a specified plan they create with the YDC designed to increase their earning power over time (through education, training), requires active participation in the Youth Development Program, are reviewed every 6 months and presume a descending level of support based on the plan. Incidental living grants are provided through a formal application process and require involvement with the local YDC and integration into the youth’s overall plan. These may be targeted costs associated with housing (e.g. funds for part of the cost of furniture, dishes) or costs for supplies, work equipment driver’s education, transportation to maintain family connections.
- I. There is no question that youth exiting foster care have experienced trauma and many will experience crises that threaten their access to safe and stable housing but the process described here is designed to help them develop the internal and external resources to face these difficulties without falling prey to the consequences often faced by youth without them.

[Services and supports provided to youth in transition from foster care](#)

DCF Family Services Youth Development Program has a long history (over a decade) of statewide and local collaboration with FYSB funded VCRHYP. This collaboration extends into employment preparation (see section on WIOA), training (see Youth Thrive, Working With Youth Conference) in addition to these efforts, DCF Family Services will be reconvening its efforts to complete an MOU with VCRHYP to better define our individual areas of responsibility,

our collective efforts, and how best to collaborate in ways that serve all youth and families efforts and avoid the “not our problem” dynamic that can happen in larger system.

Family Unification Program (FUP) vouchers for youth

In addition to the programming run directly through DCF Family Services, a number of youth formerly in care have received housing support Section 8 vouchers through the expansion of the Family Unification Program (FUP) which assists youth and families at risk of homelessness or living in substandard or unhealthy environments. The federal rules governing this program creates a drawback to the program and limits the number of youth taking advantage of it. Specifically, youth who enroll and then are unsuccessful or withdrawn from the program, lose their Section 8 eligibility for life! This is a substantial jeopardy for youth who are developmentally not full adults and make mistakes. As a program, we are hesitant to encourage them to participate. The program would be much more successful if it were structured to reward incremental successes, not punish mistakes.

Pregnancy Prevention

Research indicates that every year that youth postpone the decision to become a parent, the better prepared they are to meet those challenges and the better their economic and social future is likely to be. DCF Family Services Youth Development supports making parenting a choice by ensuring eligibility and participation in preventative healthcare for 98% of youth served by the program and a range of services and support for enrichment, career exploration, education and housing to help them build a life based on informed choices. Of the youth served by YDP ages 15-22, 1 in ten are parenting. On a national level 1 in 7 foster youth in this age group are parenting. We will continue to refine our practice in this area and trends impacting this area.

Identifying and Protecting Children and Youth at Risk of Sex Trafficking

- FSD has developed a sex trafficking information sheet for staff and community partners which explains how a child may become a victim of trafficking, signs and common indicators of trafficking, guidance on reporting suspected trafficking, and contact information for questions and resources until policy guidance is in place.
- A statewide GoToMeeting training is planned for 7/13/2016 to educate division staff on sex trafficking. In-person training on trafficking using the curriculum developed by the Capacity Building Center for States will be offered during fall 2016.
- FSD is currently revising its existing policy on runaway, abducted, and missing youth to provide guidance on working with suspected victims of trafficking. A screening tool for use when youth return from run is in development. Additionally, a standalone policy on sex trafficking cases and working with victims is currently in development. FSD hopes to implement these policies by mid-July along with the statewide training.

- FSD is developing a mechanism for identifying suspected victims of trafficking upon the initial report/phone call, and has identified a case substantiation code for exploitation and trafficking.
- FSD is collaborating with partners from the court, residential treatment programs, and other community providers to work together in identifying and supporting at-risk youth.
- Sex trafficking training for the courts is being provided this summer. Topics include: how law enforcement responds, services for victims, challenges in prosecuting the traffickers, and approaches to respond to these cases.
- *Challenges include:* Identifying and developing least restrictive placement options for victims of trafficking who are prone to running away; identifying a trafficking-specific victim advocacy organization to partner with FSD statewide; community awareness of state and federal laws and understanding of child/youth sex trafficking; possible caseload implications.

Training

Vermont's DCF Family Services Youth Development Program partners regularly with the department on foster parent and staff training and regularly provides panels of youth for orientations of both groups. The program also collaborates annually on the Working with Youth Training Conference which provides this kind of information to a wide range of direct service staff including these groups. In FFY 2016 the YDP Youth Leadership Program supported 790 hours of leadership training for youth who then provided 50 hours of training to 200 DCF social workers, foster parents, guardian ad litem, and community partners. DCF Family Services Division staff and staff in the youth development program received training from Outright Vermont, an LGBTQ education and advocacy on issues and challenges.

These efforts are not funded by federal CFCIP program funds or other IV-E or IV-B funds.

APPLA and the Importance of Sustained Relationships with Caring Adults

There is a growing recognition of the vital importance of the support of a network of sustained relationships with caring adults for youth in foster care as they move into adulthood. In an ideal world all youth would leave foster care for adulthood with both a legal family of their own and a network of caring adults and peers to support them. When Another Planned Permanent Living Arrangement needs to be just that, planned and permanent, always watchful for opportunities for legal permanence. Our Youth Development Program embraces the building of these connections through the principles of Youth Thrive and the application of ANU Youth Connections Scale and Permanency Pacts in its practices. In the coming year we will report out data from the use and outcomes of these efforts.

Below are updates to the new case review provisions require the title IV-B/IV-E agency:

Due	Requirement	Existing Effort	Planned Efforts
September 29, 2015	Limits APPLA as a permanency plan for youth age 16 and older	Policy 125 has been updated	N/A
	Requires additional case review and case plan requirements for youth with a permanency plan of APPLA:		
	<ul style="list-style-type: none"> Document at each perm hearing efforts to place child permanently with parent, relative, or in a guardianship or adoptive placement 	Policy 125 has been updated	N/A
	<ul style="list-style-type: none"> Implement procedures to ensure court asks the child about his/her desired permanency outcome and make judicial determination at each perm hearing that APPLA is the best perm plan and compelling reasons why it's not in the best interest to be placed permanently with a parent, relative, guardianship, or adoptive placement 	Courts are currently seeking clarity on this expectation to inform next steps.	
	<ul style="list-style-type: none"> Document at permanency hearing and 6-month review steps FSD is taking to ensure foster family follows the 'reasonable and prudent parent standard' and if the child has opportunities to engage in age or developmentally appropriate activities. 	Case plan workgroup is meeting regularly and will recommend revisions to case plans to capture this information for all children and youth in custody, not just those with APPLA case plan goals. Winter 2016	
	For children age 14 and older:		
	<ul style="list-style-type: none"> Case plan must document child's education, visitation, and court participation rights, right to receive a credit report annually, and signed acknowledgement that a child was provided these rights in an age appropriate way. 	Case plan workgroup will make recommendations on case plan revisions as well as the best approach to having the youth sign an acknowledgement.	Over 14 case plan will be updated. Case plan policy will be developed and capture these requirements. Winter 2016
	<ul style="list-style-type: none"> Case plan must be developed in consultation with child, and they have the option 	Case plan workgroup will make recommendations on how to implement this requirement.	The over 14 case plan will reflect the youths 2 participants on their case planning team (or their choice to decline).

	to include 2 people to the case planning team of their choice who are not the SW or FP.		Case planning policy will be developed and capture this requirement. Winter 2016
	<ul style="list-style-type: none"> Case plan and perm hearing must describe the services to help the youth transition to successful adulthood 	Case plan workgroup will make recommendations on how to implement this requirement.	The over 14 case plan will be revised. Case planning policy will be developed and capture this requirement. Winter 2016
	<ul style="list-style-type: none"> Provide a copy of his/her credit report annually and assistance in fixing inaccuracies 	Credit checks are being conducted, FSD is following up in fixing inaccuracies.	The over 14 case plan will be revised. Case planning policy will be developed and capture this requirement and make sure we are providing a copy of the youth's credit report when they want one. Winter 2016

Education and Training Voucher Program

Our plan for this area, described in our APSR for last year is still the way we are committed going this year but efforts with the state Agency of Education around improving secondary outcomes and post-secondary preparation have been slowed by the fact that Vermont is struggling with a major reorganization of way education is administered at the state and local level, the first in 175 years. Add to that the establishment of personal learning plans for all students, proficiency based graduation requirements as a part of a total evolution in the way students are evaluated and you begin to see the magnitude of what is going on. We will continue to focus on the goals we set last year for secondary and post-secondary education, but we are not where we had hoped to be on this one.

The issues that underlie this are:

- a. Lack of sufficient academic preparation
- b. Lack of informal and formal social and emotional supports
- c. Stress of social and academic pressures of college
- d. Financing strategies for college that create too great a jeopardy for youth

Our strategy to address these issues is to attack the root causes that seem to be behind the dynamic.

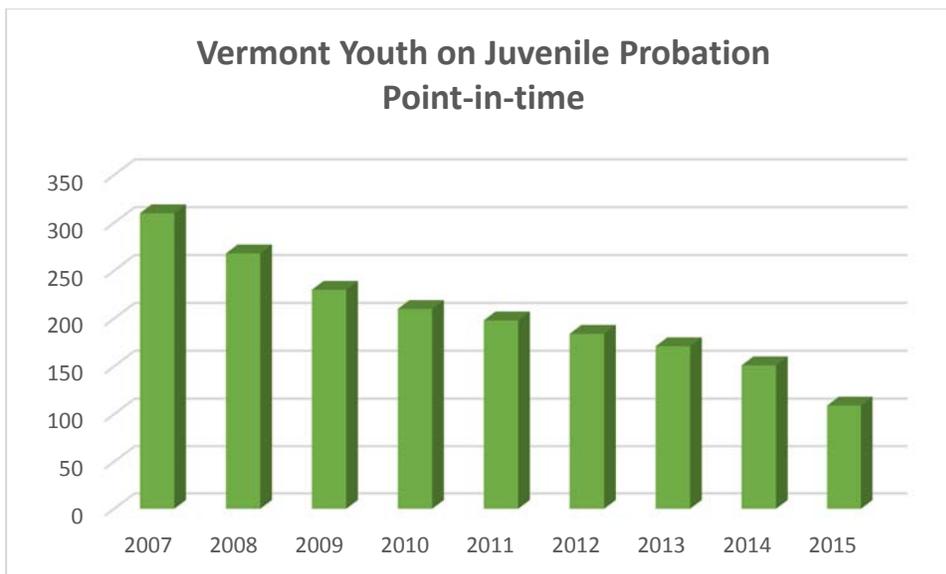
- a. Greater engagement, advocacy and information on the academic progress and preparation of children and youth to (as much as possible) know and support that they are succeeding socially and academically in school from very early on.
- b. Help children and youth build informal and formal networks of supportive adults actively engaged in supporting their educational success
- c. With the support of (b) establish a manageable plan for youth entering college to enable them to enter, remain and complete
- d. Create pathways that limit costs to lower stress on youth and make it possible for them to withdraw if necessary and still be able to “get back on track” for graduation later. We

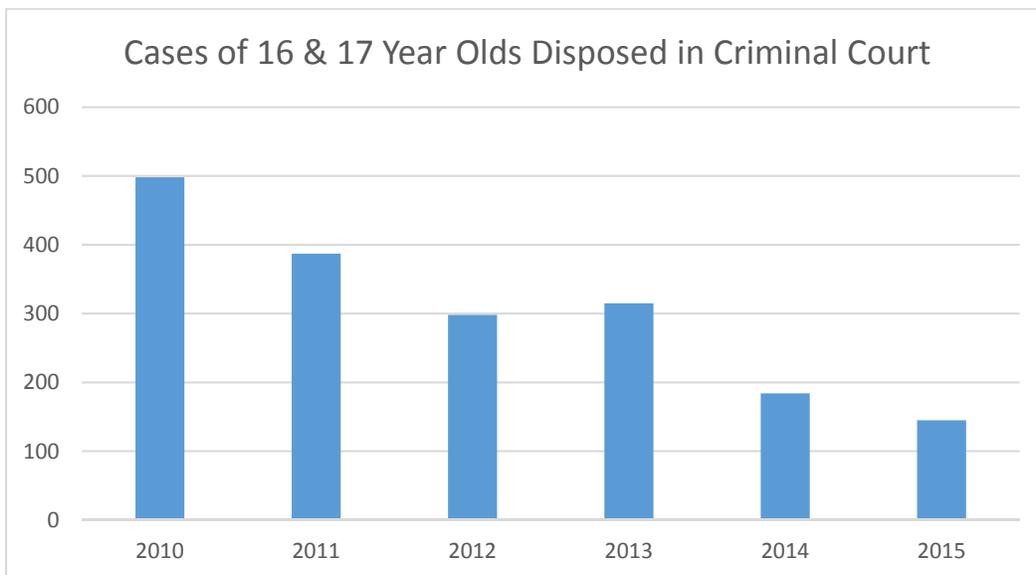
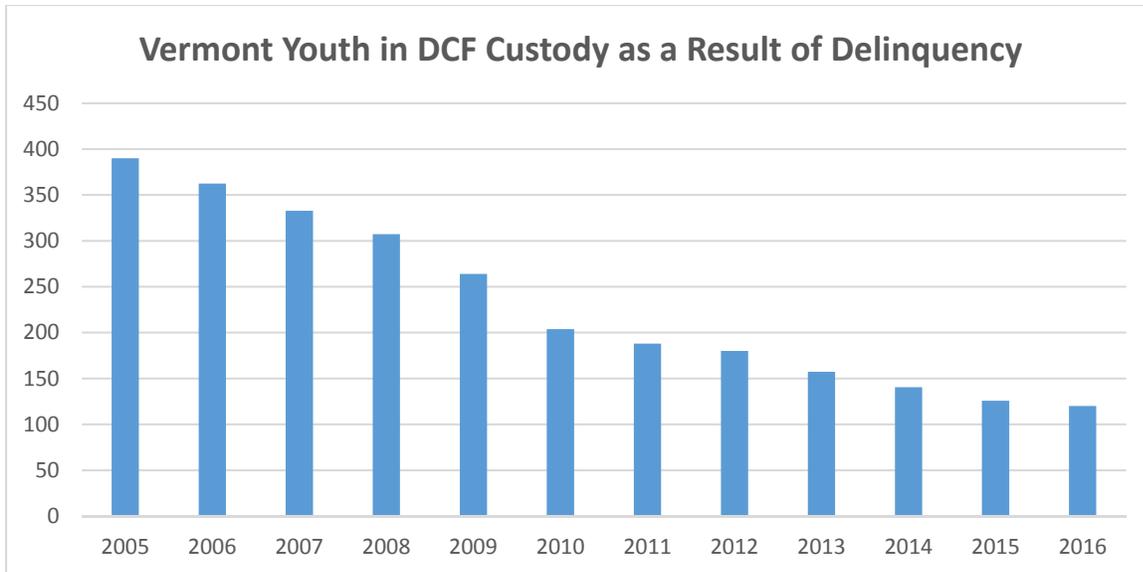
see that many need this and are working with schools and funders to create this opportunity (See PI p. 19, ETV, bullet #1)

The initiative involves the use of connections mapping techniques with older youth, an emphasis on improved academic preparation of youth, greater use of community college as an entry path to post-secondary education, and increased participation of in-school youth in career exploration and progressive employment opportunities. The first effort is being conducted by the Youth Development Coordinators; the second and third are statewide and local collaborations with the Agency of Education, local schools and the State Department of Vocational Rehabilitation.

Youth Justice

Planning for Youth Justice is not required in the CFSP. However, Vermont's Family Services is both the state's Child Welfare and Youth Justice Agency, guided by a single practice model. Therefore, it is important to highlight and include this population in our report. The charts below show the division's youth justice numbers have been on a downward trend. While this is also a national trend, Vermont attributes this to better practice around charging youth (i.e. utilizing risk assessment to inform appropriate next steps).





Annual Youth Justice Summit

On May 20, 2016 we held our 4th Annual Youth Justice Summit. The Summit brings together social workers, restorative justice partners, attorneys, GALs, educators and judges from across the state to train together and work collaboratively around current issues affecting youth. This year we brought experts from around the country to discuss the topic of “Collaboration and Engagement with Better Results”. These experts include Shay Bilchik, Founder and Director of Georgetown University’s Center for Juvenile Justice Reform; Judge Patricia Macias, Managing Director of Casey Family Programs Judicial Engagement Team and retired Judge of the 388th Judicial District Family Court in El Paso, Texas; Judge Brian Grearson, Vermont Chief Superior Judge; Tim Decker, Director of Children’s Division of the Missouri Department of Social Services

and Judge Colleen McNally, Superior Court Judge, Maricopa County, Arizona. The day-long Summit provided a rare opportunity for collaboration and engagement between multiple stakeholders in Vermont's Youth Justice System in order to move towards best practice when working with youth at risk.

Legislative updates (H.95)

The 2016 legislative session brought about the passage of H.95 the Juvenile Jurisdiction bill. H.95 reforms Vermont's juvenile jurisdiction system to more closely align our system with brain development research and best practices for serving youth. Vermont is one of the few states where 16 and 17 year olds are 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.

DCF collaborated with the Vermont Defender General's Office, State's Attorney's Office, Department of Corrections, Victims' rights organizations, the Vermont Judiciary, Vermont ACLU and members of the Vermont House and Senate in drafting the bill. The big policy changes in this bill include (with graduated implementation dates):

Jurisdiction

- 10 and 11 year olds – only charged and adjudicated in family court (Big 12 offense can only be charged and adjudicated in the family division effective 7.1.2016)
- 12 and 13 year olds – all cases charged in family division. Big 12 cases can be transferred to criminal court (7.1.2016)
- 16 year olds who commit a misdemeanor or felony offense (except Big 12) must be charged in the family division. Felonies can be transferred to criminal court (misdemeanors cannot). Big 12 offenses may still only be charged in criminal court (1.1.2017)
- 17 year olds treated the same way as 16 year olds (1.1.2018)
- Age of Youthful Offender status extended from 17 years old to 21 years old (7.1.2018)
- Misdemeanor motor vehicle offenses will be filed in family division. The court will forward motor vehicle offense conviction records to DMV. (7.1.2016)

Pre-filing alternatives

- States Attorneys have the option to refer a youth to a DCF approved community-based restorative justice program in lieu of filing charges in family court (youth can

be referred back to SA if not accepted or if unsuccessful in completing the program)
(7.1.2016)

Supervision

- DCF extended supervision for 16 and 17 year olds charged in family court – youth up to 19.5 (1.1.2018)
- DCF supervision enhanced to include graduated sanctions for violations of probation (7.1.2016)
- YOs who violate DCF conditions of probation can be referred to DOC where any terms of probation may be applied including graduated sanctions and electronic monitoring
- 18-25 year olds who are incarcerated will be housed in a DOC facility dedicated for youth (1.1.2017)

Rights of Victims

- Victim will be notified of the name of the youth and any conditions of release that are related to the victim or member of the victim's family or household. (Listed crimes.) (7.1.2016)
- Victim may file an impact statement with the court, attend the disposition hearing and provide a statement and the court shall consider the statement at the disposition stage. The victim shall attend the hearing if the court finds the victim's presence is necessary. (Listed crime) (7.1.2016)
- Victim will be notified of the name of the youth and any probation conditions that are related to the victim or member of the victim's family or household. (Non-listed crimes.) (7.1.2016)

Merits Stipulation

- At any time after the filing of the CHINS petition and prior to an order of adjudication on the merits, the court may approve a written stipulation to the merits of the petition and any or all elements of the disposition plan, including the permanency goal, placement, visitation, or services. (7.1.2016)
- The court may approve a written stipulation if:
 - the parties to the petition, as defined in subdivision 5102(22) of this title, agree to the terms of the stipulation; and
 - the court determines that:
 - the agreement between the parties is voluntary;
 - the parties to the agreement understand the nature of the allegation; and
 - the parties to the agreement understand the rights waived if the court approves of and issues an order based upon the stipulation (7.1.2016)

Agency of Education: Restorative Justice Practices

- The Agency of Education shall explore the use of restorative and similar practices regarding school climate and culture, truancy, bullying and harassment, and school discipline. The Agency shall consider the research that demonstrates that restorative approaches lead to reductions in absenteeism, suspensions, and expulsions and to improved educational outcomes. (12.2016)

Study topics for Justice Oversight Committee

- Fiscal implications of adjudicating in family court all offenders 18-20 years old (except Big 12 offenses)
- Consider the creation of an Office of Youth Justice for youth 25 years and younger
- Expanding YO status to age 24 (from 21)
- Allowing SAs discretion to charge 14 and 15 year olds who commit Big 12 offenses in either family or criminal court
- Housing options for 16 and 17-year-old Big 12 offenders
- Resources necessary to expand juvenile jurisdiction to 21-year-old

The passing of H.95 follows many years of discussion and debate about the best way to engage with youth under the age of 18. The changes that H.95 proposes will have many implications for our practice with youth now and over the next two years.

Restorative Justice Conference

In November 2015, DCF supported a two-day conference that brought two international experts on Restorative Justice to Vermont with the following focus:

1. Hear about and practice restorative governance processes as it relates to local governance groups to deal with tough issues, e.g., conflict, or an underperforming partner.
2. Practice using restorative governance principles to frame issues with, and expectations of, community partners, including but not limited to, group norms and how governance groups will address behaviors not consistent with agreed upon norms.
3. Identify the reasons for “reintegrating” community and state partners when harm occurs, and verbalize a commitment to this practice.

The two days were highly successful and Vermont has been asked to be a part of an international learning community, *Exploring Possibilities: A Restorative Approach to Climate and Culture in Education, Workplaces and Professions*. Jurisdictions around the globe including Nova Scotia, Canberra Australia, Leeds and Hull UK, Vermont and Maine USA and New Zealand taking a restorative approach across their social systems and services have formed the Restorative Approach International Learning Community (ILC) to learn from one another,

undertake collaborative research and share expertise. The application for Vermont to join the International Learning Community is pending at this time.

PREA

FSD is committed to meeting the requirements of the 2003 Prison Rape Elimination Act (PREA) and ensuring that all youth are safe and free from sexual abuse and harassment. Vermont had four programs that met the threshold for PREA compliance, those programs are:

PREA audits began in June 2015 and concluded in March 2016 at which point all four required programs achieved 100% PREA compliance.

Youth Thrive

In March 2016 we were granted the Youth Thrive technical assistance grant from the Center for the Study of Social Policy. Youth Thrive is both a research-informed framework based on a synthesis of research on positive youth development, resilience, neuroscience, stress and impact of trauma on brain development, and the name of the Center for the Study of Social Policy's national initiative to improve the well-being outcomes of all youth and young adults (ages 9-26), with a particular focus on those in, or transitioning from, foster care. Like the Strengthening Families (SF) framework, the Youth Thrive framework is focused on building the following protective and promotive factors:

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

We are currently working in collaboration with the Vermont Coalition for Runaway and Homeless Youth, Youth Development Program and other youth-serving agencies and programs in Vermont on determining the most effective way to also integrate Youth Thrive in Vermont's practice with youth.

Reclaiming Futures

In 2015, Vermont, joined the Reclaiming Futures (RF) learning community. Reclaiming Futures is a national initiative that provides guidance to promote juvenile justice reform in order to reduce youth involvement in the criminal justice system and to help youth lead meaningful lives. RF helps young people in trouble with drugs, alcohol, and crime. The work in Vermont is focused on our largest county, Chittenden County. RF support serves as a catalyst to create a more effective county-wide youth justice system: one that identifies and addresses substance use and mental

health needs as early as possible; establishes greater opportunities for youth, family, and community engagement; and builds on youth and families' assets and strengths. The Chittenden County Reclaiming Futures Leadership Team is convening inter-disciplinary teams that will (a) examine youth justice policy and practice, (b) ensure that policies and practices that impact youth are driven by youth and family needs, and (c) strengthen the coordination of services. Representatives of the legal community, the judiciary, youth justice, restorative justice, substance use treatment providers, the community, and state agencies serve on the Leadership Team.

As a Reclaiming Futures site, Chittenden County is able to tap into a national learning community, receive training and technical assistance, and contribute to national youth justice innovation. RF guides local jurisdictions to develop evidence-based approaches to juvenile justice that focus on:

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

Strengthening the community-based restorative justice delivery system (H.530)

The FY 2014 budget (H.530) requested the Steering Committee of the Vermont Community Justice Network and the Vermont Association of Court Diversion Programs, in consultation with their funders, stakeholders, and other providers of community-based restorative justice, report to the Joint Committee on Corrections, on the work they are doing to strengthen the coordination of and access to the community-based restorative justice delivery system.

Working together, the members of VACDP and CJNVT planned for three workgroups:

- Imagine a seamless delivery system of restorative justice services.
- Outline in detail practical steps to support such a delivery system.
- Develop a plan to build relationships and collaboration among criminal justice stakeholders on all levels in order to increase accessibility, increase public awareness, and remove systemic barriers to community-based restorative justice services.

The workgroups have included representation from: Vermont Association of Court Diversion Programs, The Community Justice Network of Vermont, Balanced and Restorative Justice Providers, The Department for Children and Families, The Department of Corrections, The Attorney General's Office, Vermont Center for Crime Victim Services, and Individual Restorative Justice Practitioners

1. Imagine Work Group

The Imagine Work Group was the first of the three-phase initiative. The committee's task was to imagine a delivery system, unhindered by the architecture of what is now in place, to design

a more comprehensive and integrated system to build on the existing foundation. The vision was also informed by best practices as validated by evaluation of programs in Vermont and beyond. The group drafted submitted a report in March 2014 to the Joint Committee on Corrections Oversight, *Strengthening Restorative Justice: A Progress Report*. The report envisions and recommends using restorative justice options at all intercept points as a means of increasing offender accountability and victim satisfaction, decreasing recidivism, and saving money.

2. Practical Steps Work Group

Phase two of this initiative—the Practical Steps Work Group (PSWG)—began meeting soon after the presentation of the *Strengthening Restorative Justice* report. In the subsequent nine months, PSWG has identified opportunities to expand Vermont’s restorative services and begun to build the collaborative environment to meet these opportunities. The second report, *Advancing Restorative Justice*, was made public in April 2015. The report details the findings of the PSWG and provides specific action steps to enhance statewide restorative justice coordination; address current service gaps; and suggest legislative actions that will ensure equal access to restorative justice services and interventions.

3. Scaling Up Restorative Justice Work Group

The planning for implementation of these recommendations have been led by the group tasked with the third phase of this initiative: Scaling Up Restorative Justice Work Group. This group, which could form the basis for the Statewide Restorative Justice Council, began meeting in the spring of 2015 and continues to explore the implementation of the recommendations of the Practical Steps work group.

Woodside screening instrument

The division currently seeking assistance to create and validate a Vermont-specific screening instrument/tool that will be used to determine, before admission, whether youth meet criteria for placement in our one detention program, Woodside Juvenile Rehabilitation Center. This tool will be used to determine whether initial placement at the program is appropriate as well as be used to evaluate the appropriateness of continued placement, including in the context of requests for due process reviews of placement. FSD would like to include community input and stakeholder feedback in the development of this tool. As part of this project, FSD would like to invite stakeholders to a workgroup to review the current laws and policies regarding placement of youth at Woodside and make recommendations for any proposed changes as appropriate. FSD is also in the process of seeking assistance and feedback on the current system of care in Vermont for youth who are currently placed in residential care, including Woodside, and in identifying options for placement of youth who may be screened out of Woodside placement using the new tool but for whom other placement options are not readily available.

Updates to Targeted Plans

Diligent Recruitment Plan for Foster and Adoptive Parents

The development and implementation of a statewide recruitment plan for foster families has made significant progress during 2015.

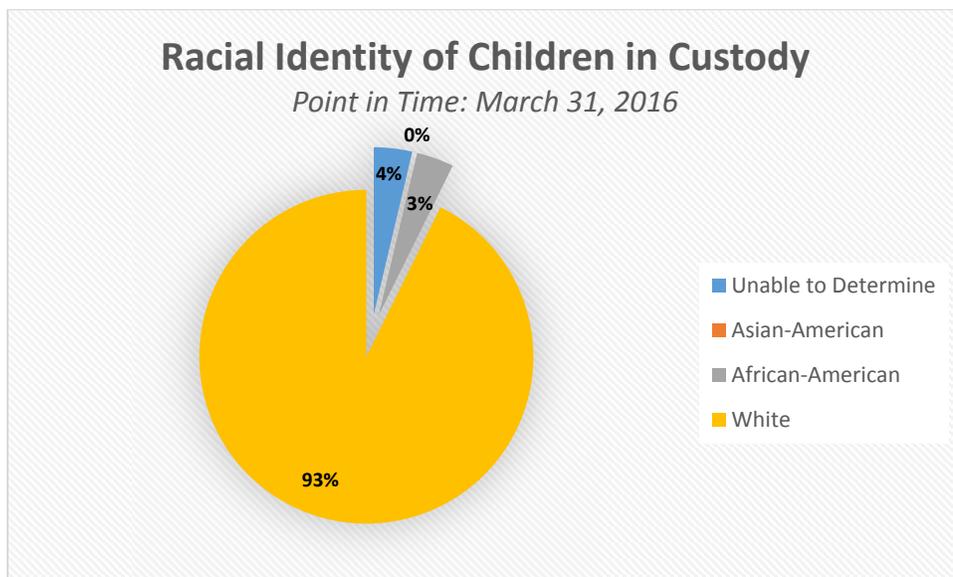
DCF/ Family Services staff engaged a consulting team from the Vermont Certified Public Managers to research recruitment strategies and their outcomes from five states with similar demographics to VT. In addition, VCPM surveyed and held focus groups with Vermont's foster families and the staff responsible for recruitment to identify what are the most effective means currently being used to recruit new and retain older foster families. VCPM developed an Action Priority Matrix that delineated steps by High and Low impact as measured against High and Low effort. Many of the suggestions correlate well with useful strategies and tools identified by the NRCDR (National Resource Center for Diligent Recruitment) and their Peer to Peer consulting groups that we are actively engaged with.

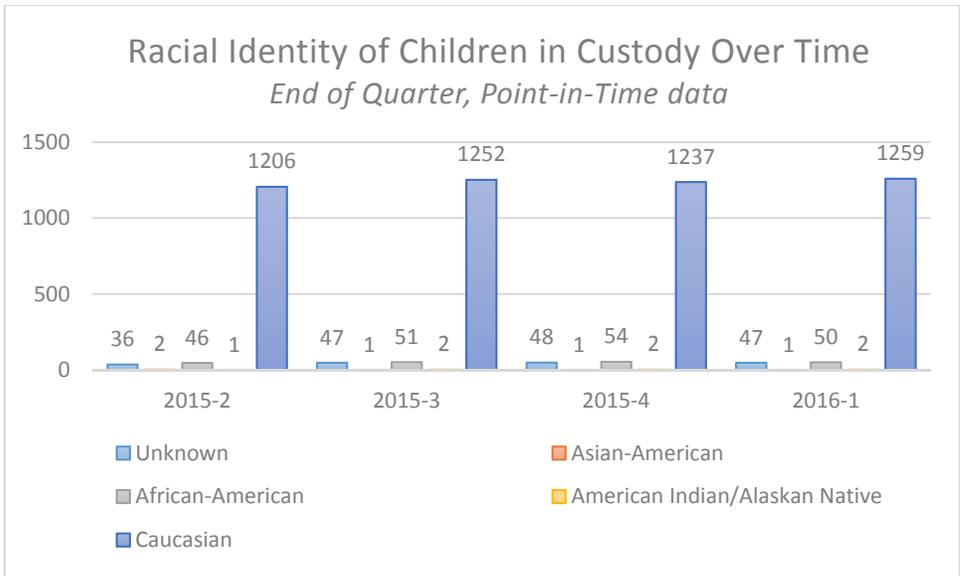
In addition to our traditional recruitment strategies our current action steps include;

1. Getting the message out to Vermonters through traditional and online media about the need for foster families.
 - a. We have worked closely with the Vermont Association of Broadcasters to develop a series of NCSAs – Non -Commercial Sustaining Announcements, similar to PSAs, which allow us to deliver important public interest messages effectively and affordably on commercial radio stations.
 - b. Public Access TV and local news station interviews have put a “face” to foster care; allowing the public to understand the supports available to parents along with the need.
 - c. We are currently piloting a social media campaigns in 2 districts to assess the effectiveness of this targeted “listserv” platform. Roll out to the remaining 10 districts will be based upon a data driven cost/benefit analysis at the conclusion of the pilot.
2. Efforts are underway to increase ethnically diverse homes in Vermont, particularly in the most urban centers. Outreach to “New American” and “LGBTQ” groups show promise. They are anxious to have homes that are sensitive to the needs of these children and are eager to work with us to develop stronger networks into these communities. Our most effective strategies to date have been to utilize family finding to identify kin or fictive kin families. Collaborating with school staff to find racially diverse families within local communities is another effective tool.
3. VT's Educational Stability Grant (2012 – 2014) raised awareness of the importance of educational stability for youth in care. Partnerships, policy and tools created during this

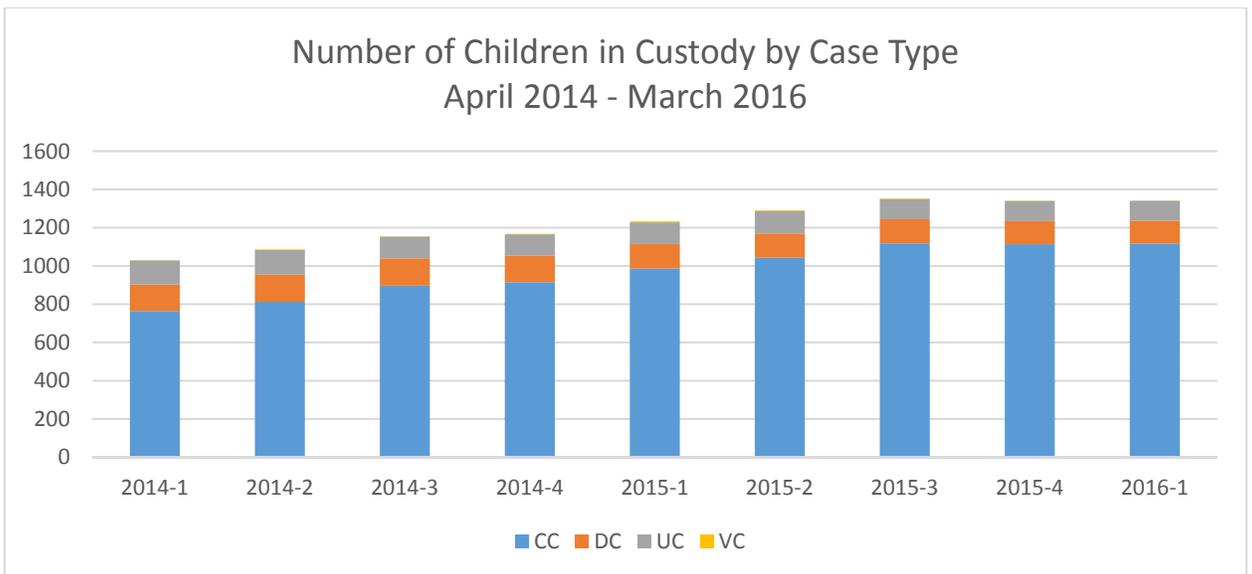
grant are essential elements of our diligent recruitment plan and are actively maintained throughout our districts.

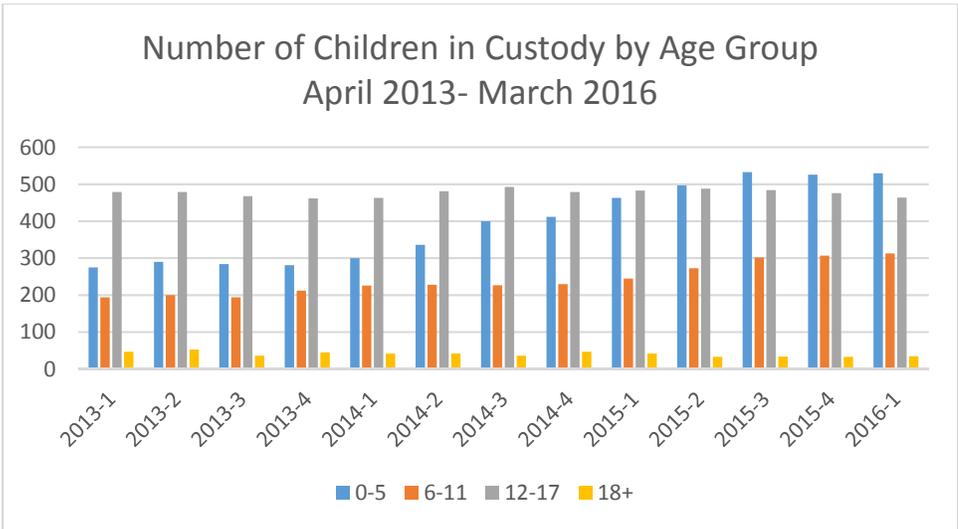
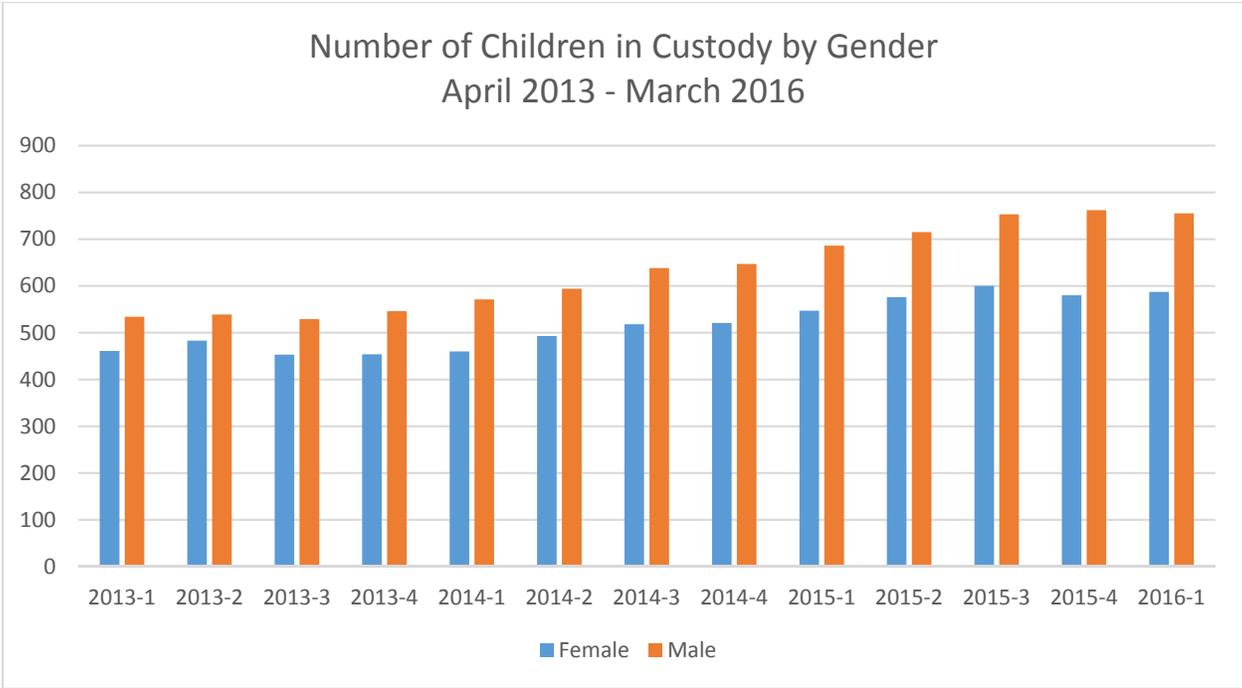
4. Project Family (collaboration between DCF and the LUND Center for Adoption) provides additional human and financial resources to address recruitment needs, particularly for children moving toward permanency and adoption.
5. Statewide Recruitment meetings bring together the 12 District Resource Coordinators and their support people, along with Project Family workers and recruiters from a variety of Child Placing Agencies. These meetings provide an opportunity to share ideas and to initiate projects. They are also the precursor to the development of “Regional Recruitment Teams,” one of the long range goals of our diligent recruitment plan.
6. Acknowledging that our current foster families are our greatest resource we are working to provide more robust supports for them such as:
 - a. establishing a “mentoring system”
 - b. increasing access to training and support groups
 - c. encouraging a “Treat them like Gold” culture

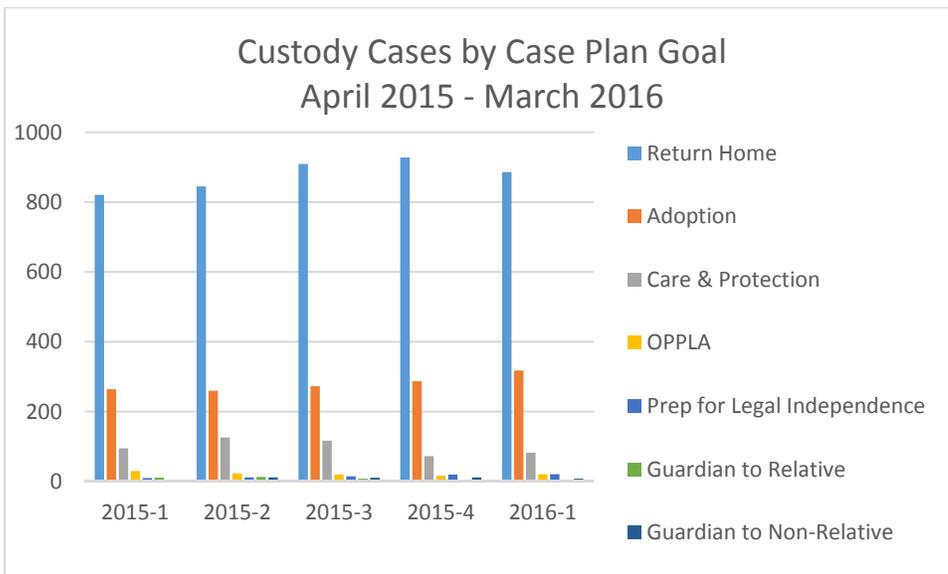
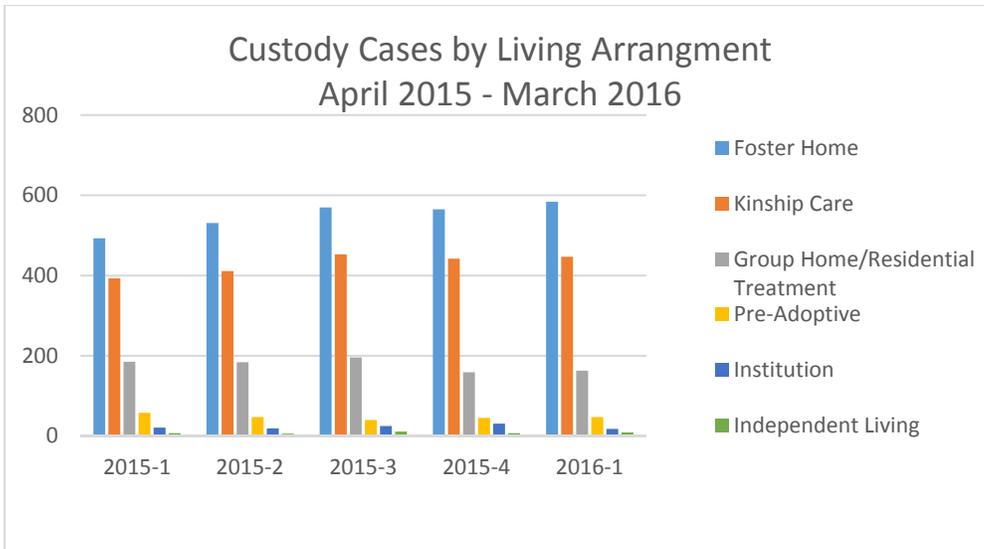




Number of Children in Custody by Case Type (Apr 2014 – Mar 2016):







Health Care Oversight and Coordination Plan

There are no changes to our Health Care Oversight and Coordination Plan.

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

children are automatically referred to VDH on the 7th day in custody, but an earlier referral is preferred.

In addition, Policy137: *Anti-Psychotic Medications for Children in the Care of DCF* continue to inform staff how handle the prescribing of anti-psychotropic medication for children and youth. This policy highlights the following:

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

Disaster Plan

There are no changes to our Disaster Plan. Fortunately, we have not been affected by a disaster in the last 12 months.

Training Plan

Please refer to **Appendix G**.

All employees who are new to the divisions, including supervisors and managers, complete the same Foundations and Core training as social workers. New managers and supervisors are paired with a formal mentor in another office. In addition, other opportunities are available, but not required. These include:

- Supervising in State Government- a 4-day course offered by AHS
- Supervisory Training Program (STAR) provided by the Vermont Human Resources Department;
- Vermont Public Manager Program;
- AHS Leadership Development Program

Statistical and Supporting Information

Child Protective Service Workforce

There are no new updates around the education and qualifications requirements for social worker staff. The division is still however challenged around collecting demographic information on our workforce. In the past, we have used the Survey of Employee Engagement (SEE) to assist in collecting this information, though it only provided data from those who responded to the survey. Over the last year, we did not conduct a new survey.

Direct Service Work Force

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

- Social Workers and Social Worker Trainees – Social Workers typically specialized in one of four areas of focus:
 - Centralized intake and emergency (after hours) services;
 - Front-end investigation and assessment work;
 - Ongoing work with families in child protection, child welfare and/or youth justice. This may include child protective services cases, children in foster care, and/or supervision of youth on juvenile probation.
 - Foster and residential licensing and special investigations.
- Senior Social Workers – Senior Social Workers also perform in one of the four areas of specialty listed above. They also supervise one to three social workers as part of their duties.
- Domestic Violence Specialists- Domestic Violence Specialists- Regionally based DV Specialists team with Social Workers on co-occurring child maltreatment and intimate partner violence case situations. DV Specialists assist with background checks, safety planning and assessments with Social Workers on making engagement with families safer and for more accurately assessing the dangers to children caused by the pattern of coercive control by the perpetrating parent. DV Specialists also team with Social Workers on home visits and family safety meetings.

Qualifications for Child Welfare and Youth Justice Staff

The minimum qualifications for Social Worker Trainees are:

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

The minimum qualifications for Social Workers are:

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

The minimum qualifications for supervisors are as follows:

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

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

Caseload Size

Caseload is measured in different ways, depending up the duties of the social worker. Social workers who conduct child safety interventions (investigations and assessment) are expected to be able to conduct 100 interventions per year.

The caseloads of ongoing social workers are measured by the number of families per worker, regardless of the type of case. As of 4/6/2016, caseload per district were as follows:

District	Ongoing Social Worker Count	FAMILY Caseload Avg Per Auth SW	CHILD/ FAMILY Avg Per Auth SW
ADO-St Albans	15.5	18.7	27.3
BDO-Burlington	19	17.6	23.8
HDO-Hartford	8	16.6	22.5
JDO-St Johnsbury	6	18.3	25.5
LDO-Brattleboro	8	18.0	24.3
MDO-Barre	8	16.4	24.9

NDO-Newport	5	17.8	24.4
RDO-Rutland	9.5	19.5	25.4
SDO-Springfield	8	13.9	16.4
TDO-Bennington	7	17.7	25.4
V-Morrisville	6.5	15.7	18.9
YDO-Middlebury	7	16.9	22.1
Total	107.5	17.4	23.7

District	Total # SW	Allowable CSI SW	Ongoing SW	Vacancies	SW with less than 6 mos.
ADO-St Albans	21.5	6	15.5	1	1
BDO-Burlington	28	9	19	2	0
HDO-Hartford	11	3	8	1	1
JDO-St Johnsbury	9	3	6	0	2
LDO-Brattleboro	12	4	8	2	2
MDO-Barre	15	6	9	2	2
NDO-Newport	8	3	5	0	2
RDO-Rutland	15.5	6	9.5	1	0
SDO-Springfield	11	3	8	1	2
TDO-Bennington	11	4	7	3	0
V-Morrisville	7.5	2	5.5	1	1
YDO-Middlebury	10	3	7	0	2
Total	159.5	52	107.5	14	15

When vacancies occur, caseloads are reviewed. When a district has a sustained increase or decrease in caseload, vacant positions may be shifted to other districts. Our state employees' contract does allow us to transfer staff to other locations within 35 miles, but we rarely do.

Juvenile Justice Transfers

Vermont is both the state child welfare agency and the youth justice agency. The following report show youth in custody for reasons of delinquency who were previously in custody as children in need of care and supervision.

Previous Custody Status	# Youth
Abuse/Neglect	14
Child Behavior	8
Total	22

Source of Data on Child Maltreatment Deaths

There are no new updates to this section. Vermont continues to use the following sources of information relating to child maltreatment fatalities to report data to NCANDS; the state's vital statistics department, child death review teams, law enforcement agencies and medical examiners' offices.

Education and Training Vouchers

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

	FFY2005 10/01/04-09/30/05	FFY2006 10/01/05- 09/30/06	FFY2007 10/01/06- 09/30/07	FFY2008 10/01/07- 09/30/08	FFY2009 10/01/08- 09/30/09	FFY2010 10/01/09- 09/30/10
CHAFEE SCHOLARSHIP	(ACTUAL)	(ACTUAL)	(ACTUAL)	(ACTUAL)	(ACTUAL)	(ACTUAL)
# new Chafee recipients disbursed (received for the first year)	34	36	17	27	34	30
# on-going Chafee recipients disbursed (received in a previous year)	0	18	20	27	30	26
Total # Chafee recipients disbursed	34	54	37	54	64	56
Total \$ Chafee funds disbursed	\$118,187	\$77,778	\$101,624	\$94,111	\$118,836	\$108,467

	FFY2011 10/01/10- 09/30/11	FFY2012 10/01/11- 09/30/12	FFY2013 10/01/12- 09/30/13	FFY2014 10/01/13- 09/30/14	FFY2015 10/01/14- 09/30/15	FFY2016 10/01/15- 09/30/16
CHAFEE SCHOLARSHIP	(ACTUAL)	(ACTUAL)	(ACTUAL)	(ACTUAL)	(ACTUAL)	(PROJECTED)
# new Chafee recipients disbursed (received for the first year)	21	35	13	31	21	25
# on-going Chafee recipients disbursed (received in a previous year)	19	34	23	18	22	15
Total # Chafee recipients disbursed	40	69	36	49	43	40
Total \$ Chafee funds disbursed	\$114,841	\$116,546	\$58,247	\$117,042	\$109,373	\$92,666

Inter-Country Adoptions

Vermont did not have any children who were adopted from other countries and who entered into state custody in FY 2015 as a result of the disruption of a placement for adoption or the dissolution of an adoption.

Financial Information

Payment Limitations – Title IV-B, Subpart 1

Item	Percent Spent	Amount Spent
FY 2005 Title IV-B, Subpart1 funds spent on child care, foster care maintenance and adoption assistance payments	100%	\$647,047
FY 2005 non-federal funds expended on foster care maintenance and used as part of Title IV-B Subpart state match.	Zero	\$0.00
Title IV-B, Subpart1 funds spent on administrative costs.	Zero	\$0.00

Payment Limitations – Title IV-B, Subpart 2

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

For comparison purposes, submit the amount of title IV-B, subpart 1 funds that the State expended for child care, foster care maintenance and adoption assistance payments in FY 2005.	\$0.
For comparison purposes, submit the amount of non-Federal funds the state expended for foster care maintenance payments and applied as match for the title IV-B, subpart 1 program in FY 2005.	\$0.
Provide State and local expenditure amounts for title IV-B, Subpart 2 for FY 2013 for comparison with the State's 1992 base year amount, as required to meet non-supplantation requirements.	\$460,995

The 2017 APSR and other federal reports can be found here:

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

If there any questions, feel free to contact Suzanne Shibley, Policy and Operations Manager at suzanne.shibley@vermont.gov.



To: DCF Family Services Division Staff

From: Lindsay Barron, Policy & Planning Coordinator, Family Services Division
Suzanne Shibley, Policy & Planning Manager, Family Services Division
Brenda Gooley, Senior Policy & Operations Manager, Family Services Division
Shannon Morton, Staff Safety Coordinator, Family Services Division

Date: Tuesday, June 21, 2016

Subject: Staff Safety & Well-Being Policies & Updates

Staff Safety & Well-Being Intranet Page

The Family Services Division’s [Staff Safety & Well-Being Intranet Page](#) was developed as a resource for staff and we are pleased to announce that it is published and available for everyone’s use! The page is divided into four sections:

- **Get Help** – which contains information on reporting an incident and our response protocol
- **Stay Safe** – which contains links to policy 250, our safety checklists, and additional tips
- **Learn More** – which contains links to trainings, trauma/stress resources, videos, etc.
- **Be Well** – which contains information on the HOPE Team, EAP, Live Well Vermont, etc.

Family Services Policy 250: Staff Safety

Policy 250 is no longer found in the *Administrative Issues* chapter of the policy manual. A new chapter within the policy manual was created for policies 250 and 251 (after the draft is finalized). The new chapter is titled *Staff Safety, Well-Being and Resiliency*.

Policy 250 is issued as final. The intent of policy 250 remains the same. Revisions were made to reflect the role and tasks of the Staff Safety Coordinator, and to improve usability for division staff. Additional revisions to this policy include:

Page 1	A related policies section was added.
Page 2	The last sentence of the introduction was revised to read: <i>This policy guides staff in how to:</i> <ul style="list-style-type: none">• <i>respond to threats, violence, and other safety or security issues;</i>• <i>assess potential risk and the need for teamed responses; and</i>• <i>properly document safety related concerns.</i>

Page 2	If a supervisor or district director is unavailable, staff may seek consultation directly from the staff safety coordinator or a policy and operations manager.
Page 2	A one-page summary of the division's response to staff safety incidents was added (Family Services Appendix 12).
Pages 3-4	An "Immediate Safety Concerns" section and "All Other Safety Concerns" section was added.
Page 4	A new section was added titled "Threats Received by CIES".
Page 4	If the district director or designee determines onsite BGS security is needed, they will indicate this in the subject line of the FS-110 email.
Page 7	Examples were added to the last bullet on self-protection plans to include examples of discussing the need for additional security or a law enforcement escort when going to court.
Page 8	Resource coordinators and human services aides were added to the bulleted list for teamed responses.
Page 11	A section was added on "After Hours Responses from CIES". This section mirrors the language used in policy 140.
Page 12	Content was added on safety-related case transfers between district offices.
Pages 12-13	Additional resources were added.
Pages 13-14	The task lists were updated.

FS-110: Staff Safety Incident Form

Minor revisions were made to the FS-110 form and the updated version has been uploaded to the intranet.

DRAFT Family Services Policy 251: HOPE (Helping Our Peers Excel) Team

The division recognizes the impact of trauma exposure and significant events experienced by staff in the performance of their job duties. We are committed to ensuring the long-term emotional health and well-being of our employees. The HOPE Team and this policy were developed to provide confidential assistance to division staff in response to significant events, stressful situations, or employees in need of support. The HOPE Team provides training and consultation in the areas of education, support, and referral services to staff supporting their peers. The policy draft provides information on the following:

- HOPE team agreements;
- supervision;
- the referral process;
- HOPE team supports provided;
- circumstances mandating HOPE team activation;
- planned responses;
- confidentiality and mandated reporting;
- documentation;

Appendix B.



2015–2016 CRC/Vermont Contract Timeline
Revised February 22, 2016

Date	Meeting/Event
May 8, 2015	CRC presents project plan and timeline at VT Leadership Team Meeting
PHASE I	SDM Safety, Risk, Re-Risk
June 22, 2015	One Day Leadership Coaching Overview w/ UCD (Cohort 1: UCD Coaching Institute 6/23-24, 2015)
July 10, 2015	CRC attends VT Leadership Team Meeting – Coaching Program next steps (10-12 onsite)
August 18-19, 2015	Two Day Onsite SDM tool Enhancement Workgroup
September 29-30, 2015	SDM Workgroup Follow-up Meeting to finalize safety assessment/plan
October 22-23, 2015	Two Day Coaching Institute for Directors (planning calls Sept/Oct)
January 26-28, 2016	Cohort 2: 2 Day Coaching Institute (Jan 26-27) & One Day Coaching Refresher (Jan 28, Cohort 1)
PHASE II	Risk Assessment Data Analysis & Calibration Study
November 12 – March 2016	Data extract and analysis
April 1, 2016	Risk Analytics and Calibration Memo
April 6-7, 2016	SDM Workgroup 2 Day Meeting to Enhance risk and risk re-assessments (2 hour follow up call on April 15 if needed)
May 2-13, 2016	IRR of new tools (results due May 20)
May 23, 2016	Final SDM P&P Manual due
PHASE III	SDM Training & Coaching
May 31-June 2, 2016	Cohort 1: 3 Day SDM Module Training (safety, safety planning, risk, risk-reassess)
June 28-30, 2016	Cohort 2: 3 Day SDM Module Training (safety, safety planning, risk, risk-reassess)
June 2016	CRC Monthly SDM Coaching Calls begin
July 18, 2016	DCS automation GoLive date for safety, risk, risk-reassess
PHASE IV	SDM Reunification
July 12-13, 2016	Two day Onsite SDM Reunification Workgroup, Validation Study planning meeting with CRC Research Team via web
July 2, 2016	SDM Workgroup Follow-up Web Meeting (2 hr) if needed
August 31, 2016	Final SDM P&P Manual due
September 2, 2016	IRR/Mini field test of new tools
October 17-19, 2016	Case Reading #1: Onsite 2 days for safety, risk, risk re-assess (memo Nov 23, 2016)
October 17, 2016	DCS automation GoLive date for reunification
October 2, 2016	2 Day SDM Reunification Module Training – Cohort 1 & 2 together*
Fall 2016 (TBD)	State conference and align with ½ day celebration & ½ day sustainability planning meeting
Early 2017	Case Reading #2: Onsite 2 days for all tools (memo 1 month later)



The Regional Partnership Program

The Screener

Primary Objective:

The screener is responsible for screening caregivers that have been identified by the Family Services intake unit, for potential substance use and to help remove barriers to treatment as they relate to the child welfare case. The screener is responsible for coordinating services essential for engagement in treatment. These areas include, but are not limited to access and referral to assessment, treatment, transportation and collaboration amongst the team during the investigation and assessment proceedings. The screener may also provide supervision of adherence to assessment and treatment as appropriate.

Primary responsibilities:

- Responsible for screening caregivers for potential substance use during a FSD investigation/assessment in order to provide early identification and frontload services to families. Coordinates with SW to meet with client upon commencement of case when possible.
- Engage caregiver(s) into and assessment and/or treatment as quickly as possible.
- Responsible for coordinating services essential for assessment and treatment, and collaboration among the FSD staff and treatment and service providers to help remove barriers to treatment as they relate to the child welfare case and facilitate communication amongst the team.
- Complete required case documentation and routinely communicate updates with FSD staff- provide discharge summaries following case closing with RPP services.
- The screener may also provide short term supervision of adherence to treatment, as appropriate.
- Participate in group supervision and case consultation meetings with FSD staff, intake unit meetings as appropriate, weekly individual and group supervision with Lund supervisor.
- Work collaboratively with members of the FSD staff and RPP team.

Additionally, The Lund Screener participates in:

- Consultations to other FSD SW's in the ongoing unit
- Participates in weekly and monthly FSD staff meetings, supervision and trainings
- Monthly group supervision at Lund
- Monthly check in meeting with Lund Screener, Lund Supervisor and FSD Supervisor(s)
- Weekly case reviews and supervision with Lund Supervisor
- SUD Trainings and FSD trainings
- Meetings with community providers
- Data collection on each client for grant reporting

FLOW OF SCREENER'S WORK

STEP ONE:

FSD accepts report and caregiver(s) are identified as engaging in possible substance use (alcohol and/or drugs) or engaging in substance use treatment such as outpatient, MAT, IOP



STEP TWO: Intake Supervisor assigns this case to the FSD SW and the Screener by utilizing State email to send copy of intake (or link to FSDNet-near future). Additionally, if a case is commenced and it is learned after that SA is a factor, DCF SW can ask Lund Screener to join the case.



STEP THREE: After case is assigned, both the SW and Screener communicate to coordinate a time to meet with caregiver(s) in the home or the office if screener unable to join in the first home visit. Screener is able to meet with caregiver(s) in the home without SW only if the case has been commenced in person with FSD SW. Note: the SW commencing a case along with the Lund Screener is highly recommended and should be done whenever possible



STEP FOUR: Screener meets with caregiver(s) and utilizes the UNCOPE (unless a caregiver identifies as already being in treatment), as well as a verbal interview to compile current and past substance use and treatment history. If there are no concerns of substance use (i.e. false report) or if the caregiver(s) refuse, Lund Screener does not provide services.

Note: when caregiver(s) refuses, Lund Screener will reach out 24-48 hours later to offer services again in the case they are ready for support. Additionally, Lund Screener also relies on the support of the FSD SW to engage caregiver(s) into RPP Services.



AFTER THE INITIAL FOUR STEPS, the process becomes different depending on whether the caregiver currently identifies as being in treatment. The following page (3) outlines the process if the caregiver is not in treatment. The process for a caregiver who is in treatment is shown on page 4.

If Caregiver(s) are not in treatment and concerns of potential substance abuse are present

Lund Screener recommends that caregiver(s) engage in a comprehensive substance use disorder assessment and schedules this assessment during this visit if able to (depending on local agency and ability). The screener can assist with barriers to the caregiver attending the assessment appointment, including addressing transportation if necessary. This is to determine whether treatment is warranted and what level of care that is. Additionally, at times it is apparent that a caregiver(s) is in need of detox, residential or crisis services. The screener can assist the caregivers in addressing barriers to engaging in these services at this time as well, including transportation. The Lund Screener can determine this with the caregiver(s) and bypass an assessment. Note: Again, the Lund Screener also relies on the support of the FSD SW to engage caregiver(s) into RPP Services



Once the caregiver has completed the comprehensive substance abuse assessment, the Lund Screener reaches out to the agency/provider to confirm attendance and to get treatment recommendations. Lund Screener then contacts caregiver(s) to support accessing treatment. The screener will assist with addressing barriers that may exist to engaging in treatment and can also be an advocate to get the caregiver into treatment as quickly as possible when necessary. The Lund screener continues communication with both the FSD SW and the caregiver(s) during this process



Once the Lund Screener confirms that the caregiver(s) is engaged in the recommended level of care (first appointment with outpatient, IOP), this case is closed with RPP services and a discharge summary is completed within 2 weeks. This discharge summary is given to the FSD SW assigned to this case.



If a case moves into ongoing unit and the caregiver(s) is still open to working with the Lund Screener and treatment engagement has not been confirmed, the Lund Screener may keep the case open through the completion of this task. If the caregiver(s) is not engaging with the Lund Screener despite all attempts, and FSD SW also supporting this, the case will be closed.



If FSD closes a case prior to the Lund Screener confirming treatment engagement and the caregiver(s) is still open to working with the Lund Screener, the case may still be kept open through the caregiver (s) initial engagement in treatment. If the caregiver(s) is not engaging with the Lund Screener despite all attempts the case will also be closed with RPP Services.



When a caregiver enters a residential level of care, the screener will review the case with the Lund Supervisor to determine whether the case will remain open with RPP. In most cases the Lund Screener may hold these cases open to support gathering discharge treatment plan and supporting additional referrals once residential is completed.

If caregiver identifies currently being in treatment



At time of meeting with Caregiver(s) whether in the home or office, Lund Screener has caregiver(s) sign releases for identified current treatment providers and when appropriate releases for providers in the past. The UNCOPE is bypassed. The Lund Screener faxes these releases of information to provider along with a short detail of why they are involved in the case. The Lund Screener gather's collateral information and assesses whether they are compliant with current treatment providers. Note: It is important for FSD SW to also get releases for the same providers as the Lund Screener so if the case moves to ongoing unit, FSD is able to continue contact and communication.



In cases where treatment providers have been contacted and the caregiver(s) is confirmed to be in compliance with their program and there are no concerns from the providers, Lund Screener will close the RPP case. At times the Lund Screener will keep a case open if it is still open with Intake unit in the case more information of concern or contrary to the providers report comes forward.



In cases where these providers have been contacted and the caregiver(s) are confirmed to not be in compliance with reported provider (i.e. not actually in treatment, using illicit substances or misusing prescriptions, not showing, cancellations), Lund Screener will work with the provider and caregiver(s) to re-engage them, address barriers to successful engagement, or look at other referral sources to enable this, along with supporting provider's in referring to a higher level of care.



Department for Children and Families, Family Services Division
Department of Health, Alcohol & Drug Abuse Programs

**State of Vermont Cross Systems Leadership Meeting
Implementing Policy 65:
Substance Use Disorder Screening & Drug Testing for Caretakers**

Thursday, September 17, 2015 9:00-4:00
Chandler Center for the Arts
71-73 Main St. | Randolph, VT | 05060

- I) Welcome and Opening Remarks** **9:00 am**
Cindy Walcott, Deputy Commissioner, Department for Children and Families, Family Services Division
Cindy Thomas, Division Director, Department of Health, Division of Alcohol and Drug Abuse Programs
- II) System Overview** **9:15 am**
Karen Shea, Director of Operations, Department for Children and Families, Family Services Division
Tony Folland, Clinical Services Manager, Department of Health, Division of Alcohol and Drug Abuse Programs
- III) Stronger Together: A Collaborative Approach to Working with Families** **10:00 am**
National and State Perspectives
Nancy K. Young, PhD, MSW
Executive Director, National Center on Substance Abuse and Child Welfare
- IV) The Importance of this Work** **10:30 am**
Secretary Hal Cohen, Agency of Human Services
- Break* **10:45 am**
- V) Stronger Together: A Collaborative Approach to Working with Families** **11:00 am**
A Coordinated Response
Nancy K. Young, PhD, MSW
Executive Director, National Center on Substance Abuse and Child Welfare
- VI) Working Lunch: Good Things Going On in Vermont - District Updates** **12:00 pm**
Morrisville/Lamoille County: Substance use treatment clinician provides in-person screening and consultation to child protection clients & staff. Clinician facilitates access to an immediate clinical assessment.
Deb Caruso, District Director, Morrisville DCF FSD
Hailey Hamilton, Clinical Director, Community Health Services of Lamoille County
- Barre: Full-time co-located substance use treatment screener placed at DCF FSD offices to build bridges for clients to access assessment and treatment.
Catherine Harris, District Director, Barre DCF FSD
Georgia Hadley, LUND Substance Abuse Screener

VII) Workgroups - By Service Area

1:00 pm

Purpose: Chart a course for the implementation of Policy 65: Substance Use Disorder Screening & Drug Testing for Caretakers

- What resources are necessary?
- Are the necessary partners involved?
- What leverage points exist? Successes? What has been working well?
- What have been challenges in implementation? Anticipated challenges? Sample challenges include:
 - Cross-System Information Sharing
 - Is information shared across systems? What type of information? For what purpose?
 - What information is needed by each partner?
 - What are the challenges in sharing information? Are Federal and state confidentiality regulations barrier?
 - What structures are in place to facilitate information sharing? What is needed?
 - Resource/Capacity
 - How are substance use treatment services made available to child welfare families? What is the range of services available (clinical assessment and diagnosis, appropriate level of care, etc.)
 - How is substance abuse care coordinated?
 - How do you plan together for addressing service needs?
 - What are the barriers that prevent child welfare families from accessing treatment services (assessment and diagnosis, substance use treatment)?

Break

2:15 pm

VIII) Workgroup Report Out

2:30 pm

- Key milestones for implementation of Policy 65
- Successes? What has been working well?
- Challenges? How will they be addressed?

IX) Wrap-Up: Setting Expectations for Next Steps

3:15 pm

Cindy Walcott, Deputy Commissioner, Department for Children and Families, Family Services Division

Cindy Thomas, Division Director, Department of Health, Division of Alcohol and Drug Abuse Programs

Nancy K. Young, PhD, MSW, Executive Director, National Center on Substance Abuse and Child Welfare

Qualitative Case Reviews Schedule for PIP period

(May, 2016 up to Fall, 2018, if necessary)

Considerations for determining the qualitative case review schedule included geography, district caseload size and district indicator performance.

	Largest	Northern	Central	Southern	% State Caseload
Baseline, Spring 2016	Burlington (17.9%)	Newport (4.8%)	Hartford (7.1%)	Springfield (5.9%)	(35.7%)
Fall 2016	Burlington (17.9%)	St. Albans (15.5%)	Middlebury (6.3%)	Brattleboro (7.7%)	(47.4%)
Spring 2017	Burlington (17.9%)	Morrisville (5.4%)	Rutland (9.9%)	Bennington (6.6%)	(39.9%)
Fall 2017	Burlington (17.9%)	Newport (4.8%)	Hartford (7.1%)	Springfield (5.9%)	(35.7%)
Spring 2018	Burlington (17.9%)	St. Albans (15.5%)	Middlebury (6.3%)	Brattleboro (7.7%)	(47.4%)
Fall 2018	Burlington (17.9%)	Morrisville (5.4%)	Rutland (9.9%)	Bennington (6.6%)	(39.9%)

Separate from our PIP qualitative case review process, we will also be conducting a pilot review involving two of our twelve districts. We wanted to explore another method that we feel may be more sustainable and will better fit within our learning culture. We do not anticipate additional staffing resources to support a qualitative case review process so we will continue to draw upon existing staff including social workers, supervisors, directors and central office program managers. We will also be looking for community stakeholders to volunteer their time to support this work. The pilot involves reviewing one case per district every other month, utilizing the same process. This data will not be included in our measurement plan but rather is a strategy for us to employ to determine which review method will be sustainable post the PIP period.

Case Selection Criteria, PUR and Case Types Breakdown

Period Under Review (PUR) = 4/1/15 up to 6/23/16		
Case Type	Sampling Period	Exclusions
CF	Cases that were open for at least 45 days during 04/01/15 and 11/15/15	Do not include any cases that were/are also a custody case or a conditional custody case.
CCO	Cases that were open for at least 45 days during 04/01/15 and 11/15/15	Do not include any cases that were/are also a custody case.
DP	Cases that were open for at least 45 days during 04/01/15 and 11/15/15	Do not include any cases that were/are also a custody case or a conditional custody case.
CA	Cases that were open for at least 45 days during 04/01/15 and 11/15/15	Do not include any cases that opened for ongoing involvement of any kind (CC, DC, UC, CS, CF, DP, DY, UY, US, DS).
CC, DC, UC	Custody Cases that were open during 04/01/15 and 09/30/15	AFCARS 2015B File

Qualitative Case Review (QCR), Spring 2016
 Case Selection Criteria, PUR and Case Types Breakdown
 Page 1
 Last revision date: January 26, 2016



Case Types Breakdown

<i>Case Type</i>	Burlington	Newport	Hartford	Springfield	Total
CA	1	1	1	1	4
CCO	4	1	2	2	9
CF	4	2	1	1	8
DP	1	1	1	1	4
CC	12	6	6	6	30
DC	2	1	1	1	5
UC	2	1	1	1	5
Total	26	13	13	13	65

Sampling Notes

Stratification of case sample will occur as noted above. In the event that a smaller district does not have a case type necessary to complete their sample, we will substitute the missing case type with one from Burlington and shift a case from Burlington back to that district. For example, if Hartford does not have a CA case to complete their case sample, we would look to the next case type down in the grid (see in red below).

<i>Case Type</i>	Burlington	Newport	Hartford	Springfield	Total
CA	2	1	0	1	4
CCO	3	1	3	2	9

DCF-Family Services: Policy, Practice, Data & CQI Activities for 2016- revised 2.8.16

Month	Activities	Areas of Focus
January– May	<p>January – May will be dedicated to staff and child safety related trainings</p> <p>■ Staff Safety Trainings: 1/6-1/7: BDO 1/19-1/20: LDO 1/20-1/21: VDO 2/10-2/11: ADO 2/16-2/17: RDO 2/18-2/19: NDO 3/10-3/11: HDO 3/15-3/16: MDO 3/14-3/15: RLSI 4/7-4/8: SDO 5/3-5/4: TDO 5/16-5/17: JDO 5/26-5/27: YDO 7/26: CO</p> <p>■ Child Safety Trainings: Coaching: Cohort 2: 1/26-1/27, Refresher: 1/28 Cohort 1: SDM Module Training: 5/31-6/2 Cohort 2: SDM Module Training: 6/28-6/30</p>	<ul style="list-style-type: none"> ◆ Child and Staff Safety ◆ CFSR Program Improvement Plan (PIP) ◆ Workforce Development ◆ Safety Assessments and SDM tools ◆ Substance Abuse Education, Technical Assistance, Policy, and Practice ◆ IFS Implementation ◆ Youth Sex Trafficking ◆ Implementation of ROM Data Reporting ◆ District CQI Plans ◆ Placement Stability Project (PSP) with UVM ◆ QIC-AD (Quality Improvement Center-Adoption and Guardianship) ◆ Policy Development and Revisions
March	<p>■ Wednesday, March 16th, from 12:00-1:00, Lunch and Learn Series, ASAM (American Society of Addiction Medication): Understanding the assessment process and how treatment recommendations are developed <i>by Tarah Woolgar, Substance Abuse Supervisor, LUND</i></p>	
April	<p>■ Thursday, April 14th, from 11:30-12:30, Lunch and Learn Series, Updates on services provide by the Child Safe Clinic <i>with Dr. Hagan</i></p> <p>■ Wednesday, April 20th, from 1200-1:00, Lunch and Learn Series, DOC Database Refresher <i>with Randy Coble</i></p>	Ongoing Professional Development
May	<p>■ Thursday, May 5th from 11:30-12:30, Lunch and Learn Series, Case Consult <i>with Dr. Hagan</i> (rescheduled for September)</p>	
June	<p>■ Wednesday, June 15th from 8:30-9:30, Go To Meeting, The importance of identification and case documentation related to the ADA (Americans with Disabilities Act) <i>with Martha Csala and Jody Racht</i></p>	
July	<p>■ Wednesday, July 13th from 12:00-1:00, Lunch and Learn Series, What you need to know about Human Trafficking, <i>presented by members of the Human Trafficking Workgroup</i></p>	
August	<p>SUMMER VACATION ★</p>	
September	<p>■ Thursday, September 8th from 11:30-12:30, Lunch and Learn Series, Case Consult <i>with Dr. Hagan</i></p> <p>■ Statewide Conference, Lake Morey, Thursday the 15th and Friday the 16th</p>	
October	<p>■ Wednesday, October 19th from 8:30-9:30, Go To Meeting, topic to be announced</p>	
November	<p>■ Wednesday, November 9th, 12:00-1:00, Lunch and Learn Series, topic to be announced</p>	
December	<p>■ Wednesday, December 7th from 8:30-9:30, Go To Meeting, topic to be announced</p>	<ul style="list-style-type: none"> ◆ Division Leadership Team Meetings ◆ Division Management Team Meetings ◆ Youth Justice Work Group ◆ CQI Steering Committee ◆ Data Integrity Team ◆ CSI Supervisor and Worker Meetings ◆ Resource Coordinator Meetings ◆ Ongoing Supervisors Learning Circles ◆ CWTP Trainings ◆ District Permanency Consultations ◆ Lunch and Learn Series-voluntary professional development opportunities to learn more about specific areas of practice ◆ Go To Meetings-mandatory statewide dissemination of policy, data and practice for all staff

VERMONT, Family Services IVB Training Plan 2016-17

Training Plan

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

Long-Term Training

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

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

Short-Term Training

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

Court Related Short-Term Training

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

Short-term training is directed to Family Services Division employees, though on occasion close community partners may attend portions. In the Venue column, C indicates classroom, DL indicated Distance Learning.

New Employee Training

Orientation to Family Services

This course is offered online and is open and available to all staff when they are hired beginning July 1, 2016.

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

Foundations for Child Welfare and Youth Justice Casework Practice, a comprehensive training program for new Social Work Staff. Key components of the program include:

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

1. Foundations Classroom

This 6 week, 3 day/week course (108 hours) will be offered 3 times/year rotating every two months. Training sessions will run from 9:00 – 4:00 daily and will capitalize on interactive, cohort-focused learning. Ideally, staff will begin the classroom session at the onset of week one, however, it is also possible to join mid-stream and complete the classroom requirement in the subsequent session. The curriculum for the classroom portion of Foundations is structured similar to the evolution of the case process, beginning at the front-end of a case and moving through to case closure.

2. Foundations Field – Based Practice

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

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

Also, all newly hired directors, supervisors, social workers and resource coordinators must complete 10 out of the 15 Advanced Practice classroom courses and all six of the advanced practice distance learning courses (detailed below) within 24 months of employment.

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

Topic	Syllabus	IV-E Functions	Venue	Hrs	Provider	Cost/ Funding Source
Child Development and Developmental Trauma	Review normal child development, Understand risk and protective factors.	Child development, child social and emotional development, impact of trauma, social work practice including, assessment, development of case plan, cultural competency related to children and families, development of case plan.	C	6	Hired subject expert and CWTP	\$400 100% IV-E
Assessment and Investigation Policy and Practice	Mandated reporting law, intake process, policy on conducting assessments and investigations, interviewing children and adults.	N/A	C	12	FSD staff and CWTP	\$200 100% CAPTA
Assessment and Engagement Skills and Strategies	Solution-focused skills and strategies, family centered practice. Understanding range of assessment tools. Family Safety Planning, family finding, structured decision-making tools. Avoiding professional dangerousness.	Social work practice, such as family centered practice & social work methods including interviewing and assessment; general overview of child abuse and neglect investigations, risk and protective factors.	C	6	CWTP	\$100 100% IV-E

Topic	Syllabus	IV-E Functions	Venue	Hrs	Provider	Cost/ Funding Source
Physical Abuse	Develop ability to assess injuries for physical abuse, understand basic medical terminology, impact of physical abuse on children and families.	Impact of trauma on child development and wellbeing.	C	3	Hired subject expert and CWTP	\$500 50% CAPTA 50% IV-E
Sexual Abuse	Understand the scope of behaviors and outcomes associated with child sexual abuse. Understand impact on victims. Learn skills for working with children and families impacted by sexual abuse.	Child abuse and neglect issues, such as the impact on a child's development and well-being, impact of trauma; resilience, social work methods including interviewing and assessment; preparation for judicial determinations; placement of a child; case supervision & management; development of case plan.	C	6	Hired subject experts and CWTP	\$1000 100% IV-E
Chronic Neglect	Forms of neglect, impact on brain development, complex trauma, attachment, related research, causes, how to assess and address. Working with relative caregivers	Child abuse and neglect issues, such as the impact on a child's development and wellbeing, impact of trauma, resilience; social work methods including interviewing & assessment; developing case plans; case supervision & management.	C	3	Hired subject expert and CWTP	\$500 100% IV-E

Topic	Syllabus	IV-E Functions	Venue	Hrs	Provider	Cost/ Funding Source
Case Planning and Permanency	Solution focused decision making through life of a case, developing clear case goals; concurrent planning, safety planning, values of permanency. FSD permanency position paper and related policies. Skills to facilitate permanency. Family Group conferencing	Development of case plan; permanency planning; case management & supervision; referral to service; placement of child.	C	12	CWTP	\$100 100% IV-E
Working with Adolescents	Adolescent development/brain development, understand research based interventions for working with youth; learn about the Youth Assessment Screening Instrument (YASI) and motivational interviewing; case planning with youth. Restorative practice, extended care, residential care.	Screening and assessment, risk, and protective factors, social work practice, such as social work methods including interviewing and assessment; development of case plan; case management and supervision; permanency planning; referral to service.	C	12	CWTP, FSD Staff, youth panel, hired subject experts	\$250 100% IV-E

Topic	Syllabus	IV-E Functions	Venue	Hrs	Provider	Cost/ Funding Source
Working with the Court	Understand role of social worker in court. Learn about state and national statutes. Understand how cases flow through court system. Understand and practice witnessing skills. Probation, Woodside & 8 Day Hearings.,	Preparation for judicial determinations; placement of child; permanency planning; case management and supervision	C	12	FSD Staff and CWTP	\$100 100% IV-E
Introduction to Domestic Violence and Child Welfare	Increase understanding of the connection between child welfare and domestic violence. Develop understanding of the practice principles for effective response to domestic violence in the context of child protection.	Screening and assessment, risk, and protective factors, social work practice, such as social work methods including interviewing and assessment; development of case plan; case management and supervision; permanency planning; referral to service.	C	3	CWTP and FSD staff.	\$300 100% IV-E

Introduction to Substance Abuse and Child Welfare	Identify different substances of abuse and the potential implications for safe parenting; Review the challenges in engaging with families affected by substance abuse and strategies to overcome the barriers to engagement. Practice screening for substance abuse and identifying possible responses to caretakers impacted by substance abuse.	General substance abuse issues related to children and families in the child welfare system; social work practice, such as family centered practice and social work methods including interviewing and assessment. This training is not related to how to conduct an investigation of child abuse and neglect.	C	3	Hired subject matter expert, CWTP and FSD staff	\$400 100% IV-E
Family Time Coaching	Explore policy, principles and philosophy of Family Time Coaching (FTC) and Shared Parenting meetings, learn how to convene and facilitate a Shared Parenting meeting.	Case planning, permanency planning, assessment, impact of trauma on child development and well-being, effects of separation, grief and loss, child development, and visitation.	C	3	CWTP	\$100 100% IV-E

<p>Working with Kin</p>	<p>Explore values and practice of engaging extended family in case planning and decisions. look at how working with kin impacts safety planning, the tensions that may exist in engaging kin, assessing for risk and identifying strengths and protective factors. Explore strategies to support successful kin placements and permanence with kin.</p>	<p>Placement, case planning, permanency planning, working with kin</p>	<p>C</p>	<p>3</p>	<p>FSD staff and CWTP</p>	<p>\$350 100% IV-E</p>
<p>Facilitating Successful Placements</p>	<p>Understand practice of selecting and facilitating successful placements to promote successful permanency outcomes. Review placement options for children and youth. Understand ICPC, residential licensing, kinship placements.</p>	<p>Placement, case planning, permanency planning, child development, impact of trauma, working with foster parents and kin.</p>	<p>C</p>	<p>6</p>	<p>FSD staff and CWTP</p>	<p>\$100 100% IV-E</p>

Monitoring and Planning for Change	Practice the various aspects of child welfare/youth justice social work practice. Put all the topics learned in FFCP together in an experiential day covering the life of a case, with various case types.	Social work practice, such as family centered practice and social work methods including interviewing and assessment.	C	6	CWTP	\$350 100% IV-E
Staff Safety	Develop a foundational knowledge of de-escalation strategies and a practical skill set to employ before, during, and after meeting with families in the field and community. Have a working understanding of the child welfare policies that impact and support worker safety on a daily basis. Learn how to best utilize coaching, teaming, and supervision to promote and maintain worker, child, and family safety.	Case planning, social work practice, assessment, cultural competence.	C	6	CWTP	50% IV-E at 75% FFP 50% IV-E at 50% FFP

Ethics, Power, Supervision, Teaming and Self-Care	Understand the ethics of social work practice in public child welfare, and apply the NASW Code of Ethics to ethical dilemmas. Name specific strategies for self-care in the field. Discuss the ethics of closure with children, youth and families. Examine teaming in the child welfare context.	Ethics related to public child welfare practice, development of case plan; placement of the child; permanency planning; case management and supervision; referral to service, cultural competence.	C	6	CWTP	\$100 100% IV-E
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3. Foundations Online

Currently, this program consists of 12 online courses that are available through multiple avenues including the AHS E-Learning platform, CWTP ELearning Moodle and embedded web-based portals.

Instructor – Led Courses

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

A. Self-Directed Courses

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

Topic	Syllabus	IV-E Functions	Venue	Hrs.	Provider	Cost/Funding Source
Case Documentation	Understand the importance of and types of documentation throughout the casework process; become familiar with related DCF policies and relevant timelines; document clearly, concisely and objectively.	Job performance enhancement skills, general skills	DL	6	CWTP	100% IV-E at 50% FFP
Child & Adolescent Development	Understand normal child and adolescent development, including brain development. Explore the impact of trauma.	Case planning, referral to services, case management	DL	6	CWTP	100% IV-E
Foundations of Motivational Interviewing	Understand the trans-theoretical model of change; explore solution-focused skills, become familiar with the application of MI in casework practice.	Case planning, case management	DL	6	CWTP	100% IV-E

Topic	Syllabus	IV-E Functions	Venue	Hrs.	Provider	Cost/Funding Source
Cultural Humility in Child Welfare Practice	Understand the difference between and value of cultural competence and cultural humility and the value of cultural humility in child welfare and youth justice practice; Assess their own degree of cultural competence and strategies to continue to develop. Practice cultural humility in child welfare interactions such as assessment, case planning, and family meetings.	Case planning, case management, placement of the child	DL	6	CWTP & FSD	100% IV-E
Introduction to Collaboration and Teamwork Skills	This course will provide an overview of the various aspects of the teaming model in Vermont, the key elements necessary for the existence of high functioning teams and the skills that are needed to participate in teaming activities that enhance the quality of casework decisions. Course will be completed by supervisors with their teams.	Case planning, case management	DL	3	CWTP	100% IV-E

Topic	Syllabus	IV-E Functions	Venue	Hrs.	Provider	Cost/Funding Source
Self-Care and Secondary Traumatic Stress	Learn the symptoms of secondary traumatic stress. Discuss and identify strategies for self-care in the context of child protection work. Review resources available to help cope with secondary trauma.	Job performance enhancement skills	DL	6	CWTP	100% IV-E
Introduction to YASI (Youth Assessment and Screening Instrument)	Review the research base, purpose and structure of the YASI. Explore the effective casework process and policies related to youth assessment, screening and case planning in the YJ arena.	N/A	DL	6	CWTP	\$1000 100% Youth Justice Funds
Educational Stability	This online training will provide the background and research to understand the value and impact of educational stability on the outcomes of children in state custody. The course will review policy requirements and highlight best practices and considerations for educational decision-making that contribute to the positive outcomes for children and families.	Case Planning, case management	DL	3	CWTP	100% IVE

Topic	Syllabus	IV-E Functions	Venue	Hrs.	Provider	Cost/Funding Source
Permanency for Children in Child Welfare & Youth Justice	This online training will provide the policy framework for achieving permanency for children and youth in state custody by way of adoption and guardianship. The course will review relevant research, policy requirements and best practices that inform case planning and decision-making for permanency.	Case Planning, permanency, adoption	DL	6	CWTP	100% IVE

Topic	Syllabus	IV-E Functions	Venue	Hrs.	Provider	Cost/Funding Source
Substance Abuse for Child Welfare Professionals	This tutorial will provide a primer on alcohol and drug addiction, substance abuse treatment and recovery, enhancing treatment readiness and treatment effectiveness, as well as discuss cross-system communication and collaboration, as well as provide contact information for other national resources.	N/A	DL	3	NCSA&CW/SAMHSA	Free
Domestic Violence Online Course	The purpose of this training is to give all AHS employees a baseline of understanding of domestic violence and to develop skills and knowledge to optimize interactions with the individuals and families receiving Agency services	N/A	DL	3	VT AHS E-Learning site	Free

Topic	Syllabus	IV-E Functions	Venue	Hrs.	Provider	Cost/Funding Source
Adoption Competency Training	Cultural Competence Motivational Interviewing for Family Engagement Adoption Competency Secondary Traumatic Stress Core Competencies of trauma informed practice Assessment, formulation, and treatment planning Developmental Trauma Lifespan Development and the Brain Attachment Family Systems	Case Planning	DL	30	CWTP	100% federal trauma grant

Advanced Practice Courses

All social workers, supervisors, resource coordinators and directors are required to complete 10 of the classroom based and all of the distance learning advanced practice courses within 24 months of hire. Subsequent to that and ongoing, all employees in these positions are required to complete a minimum of 50 hours of advanced practice courses every five years of employment with Family Services. The advanced practice course content is regularly updated to reflect current knowledge in the field. Advanced training is categorized into 6 training series. Each series focuses on a specific competency area and targets areas of training need within that competency. This structure allows for the intended

audience of FSD employees and community partners to structure their professional development according to specialty areas and/or skill building areas.

Topic	Syllabus	IV-E Functions Addressed	Venue	Hrs.	Provider	Cost/Funding Source
<u>Child Abuse and Neglect Series</u>						
Developmental needs of Children Aged 0-6	Understand research on the impact of early maltreatment and trauma on the developing brain. Understand early child development and ways to intervene to protect this vulnerable population.	Child social and emotional development and well-being; impact of trauma	C	10	Hired subject expert, FSD staff and CWTP	\$1500 100% IV-E
Serious Physical Abuse	This classroom training will provide opportunities for participants to develop understanding of the risk factors that are likely to lead to serious physical abuse. Participants will review policy requirements, practice guidelines and research that informs work on serious physical abuse cases. Participants will also examine strategies for interviewing, collaborative investigations, documentation	Case Planning, risk factors, policy and practice	C	5	Hired Subject Experts & CWTP	\$1500 50% CAPTA 50% IVE

	and case planning in cases of serious physical abuse.					
Chronic Neglect	This classroom training will provide opportunities for participants to develop understanding of the risk factors that are likely to contribute to chronic neglect. Participants will review relevant policy requirements, practice guidance and research that inform work with children and families experiencing chronic neglect. Participants will explore engagement, assessment and case planning strategies for cases of chronic neglect.	Case Planning, engagement and assessment	C	5	hired Subject Expert, FSD Staff & CWTP	\$800 100% IVE
Supervising Youth with Sexually Harmful Behavior	Understand the behaviors, emotional indicators and dynamics of youth with sexually offending behaviors. Know how to work with adolescents, family members, victims and the community in case planning to prevent relapse.	Child abuse and neglect issues, such as the impact of child abuse and neglect on a child; assessments to determine whether a situation requires a child's removal from the home; referral to service, placement of child, development of case plan for children in foster care and at risk of foster care, case management and supervision, impact of trauma on child development and wellbeing.	C	5	Hired subject experts and CWTP	\$750 100% IV-E
Sexual abuse assessment, safety planning	Identify key areas of assessment in safety planning when sexual abuse is a factor in the home	Child abuse and neglect issues, such as the impact of child abuse and neglect on a child; assessments to	C	10	Hired subject expert and CWTP	\$1500

and case planning	environment. Develop engagement strategies for inviting parents to participate in planning for their children when these issues are complicating the relationship between the family and the professionals. Evaluate risk and protective factors as they relate to the context of prevention of placement and reunification. Unpack our values that are surfaced when considering the long term. Generate thoughtful case plans utilizing assessment skills and collaborative planning.	determine whether a situation requires a child's removal from the home; development of case plan for children in foster care/ at risk of foster care; permanency planning; case management and supervision; referral to services, impact of trauma, relational competence. This training is not related to how to conduct an investigation of child abuse and neglect.				100% IV-E
Co-Occurring and Contextual Risk Factors						
Working with Families Affected by Substance Abuse	Identify common dynamics of substance abuse in families and its impact on family functioning, child & adolescent development and child safety. Understand when and how parental substance abuse becomes a significant risk factor for child abuse and neglect. Recognize the elements of the recovery process, relapse prevention and chronicity of substance abuse. Understand risks and needs for young people suffering from addiction.	Social work practice, such as family centered practice and social work methods including interviewing and assessment; general substance abuse issues related to children and families in the child welfare system; preparation for judicial determinations; placement of the child; development of case plan; permanency planning; case management and supervision; referral to services; impact of trauma on child development wellbeing	C	10	Hired subject expert and CWTP	\$1500 100% IV-E

<p>Responding to Domestic Violence</p>	<p>Increase understanding of the connection between child abuse and domestic violence; Understand the practice issues prevalent in cases involving domestic violence; Learn strategies for effective response to domestic violence in the context of child welfare and youth justice.</p>	<p>General domestic violence, and mental health issues related to children and families in the child welfare system; social work practice, such as family centered practice and social work methods including interviewing and assessment; development of case plan for children in foster care/ at risk of foster care; permanency planning case management and supervision; referral to services; impact of trauma on child development and well-being.</p>	<p>C</p>	<p>10</p>	<p>FSD staff and CWTP</p>	<p>\$100 100% IV-E</p>
<p>Human and Sex Trafficking</p>	<p>Knowledge of children and youth who are victims of, or at risk of, sex trafficking. Understands impact, laws, and policies related to protecting children and youth at risk of sex trafficking. Identifies the characteristics that place children and youth at risk of sex trafficking. Knowledge of children and youth who are victims of, or at risk of, sex trafficking. Identifies the characteristics that place children and youth at risk of sex trafficking. Identifies the needs of children and youth sex trafficking victims or</p>	<p>Case planning, risk factors, policy & planning.</p>	<p>C</p>	<p>8</p>	<p>CWTP</p>	<p>\$100 100% IV-E</p>

	<p>survivors. Identifies the characteristics that place children and youth at risk of sex trafficking. Identifies the needs of children and youth sex trafficking victims or survivors. Uses trauma-informed, gender-specific, and culturally responsive approaches.</p>					
Mental Health	<p>Increase awareness of the impact of parental mental health on children's development and family relationships; Develop an understanding of when and how parental mental health become a significant risk factor for child abuse and neglect; Examine factors that may reduce or increase the likelihood of adverse consequences for children of parental mental health; Increase awareness of the resources available to families and social workers to respond to mental health concerns;</p>	<p>Case planning, risk factors, policy & planning.</p>	C	5	Subject Experts & CWTP	<p>\$1000 100% IV-E</p>

<p>Working with Parents with Cognitive and Developmental Challenges</p>	<p>Gain an awareness of how their own values and beliefs about parental cognitive/developmental challenges may affect engagement, and strategize how to best engage with families</p> <p>Examine factors that may increase the likelihood of adverse consequences for children with parents with a cognitive/developmental challenge, as well as identify protective capacities and factors within the parents, children and extended family</p> <p>Create effective safety plans with families with issues related to Cognitive/Developmental Challenges in Child Protection and youth Justice Work</p> <p>Identify the resources available to families and social workers to respond to a child's and families' needs when a parent's cognitive/developmental challenge is identified</p>	<p>Case planning, risk factors, policy & planning.</p>	<p>C</p>	<p>5</p>	<p>Subject Experts</p>	<p>\$1000</p> <p>100% IV-E</p>

Enhanced Safety Practice

<p>Structured Decision Making for Reunification</p>	<p>Utilizing evidence based structured decision making tools for reunification planning with children/youth and families when children are in foster care.</p> <p>Using Risk Reassessment tool and Reunification tool identify strategies to ensure that plans are developed to ensure legal permanence whether it be reunification, TPR, or adoption.</p>	<p>Case planning, case management and supervision</p>	<p>C</p>	<p>12</p>	<p>Hired subject experts and CWTP</p>	<p>\$25,000 Paid for by Casey Family Programs 100% IV-E</p>
<p>Enhanced Safety Practice – Building and Monitoring Effective Safety Plans</p>	<p>Explore safety planning in more depth. Deepen your skills in articulating clear risk statements and working with families to formulate individualized safety plans. Learn and practice questioning and coaching techniques and key questions to assist families in developing solid safety plans. Develop skills for monitoring and measuring the movement of a plan and the ongoing needs for safety</p>	<p>Social work practice, such as family centered practice and social work methods including interviewing and assessment; risk and protective factors, assessments to determine whether a situation requires a child’s removal from the home; activities designed to preserve and reunify families communication skills required to work with children and families; placement of the child; development of case plan for children in foster care/ at risk of foster care; permanency planning; case</p>	<p>C</p>	<p>10</p>	<p>CWTP</p>	<p>\$100 100% IV-E</p>

		management and supervision; referral to services.				
Developing and Supporting Kin Networks for Safety and Permanency	This day takes a deeper look at how working with kin impacts safety planning, the tensions that may exist in engaging kin, assessing for risk and identifying strengths and protective factors. Explore strategies to support successful kin placements and permanence with kin.	Permanency planning including using kinship care as a resource for children involved with the child welfare system; recruitment and licensing of foster homes; activities designed to preserve and reunify families development of case plan for children in foster care/ at risk of foster care; permanency planning case management and supervision; referral to services	C	5	CWTP , and panel of kin providers	\$325 100% IV-E
Engaging and Assessing Children and Youth	Explore and practice use of the Three Houses, Wizard/Fairy and Words and Pictures tools to engage children and young people in case planning.	Social work practice, such as family centered practice and social work methods including interviewing and assessment; communication skills required to work with children and families; placement of child, development of case plan for children in foster care and at risk of foster care, case management and supervision, impact of trauma on child development and wellbeing.	C	5	CWTP	\$100 100% IV-E
Introduction to Family Safety Planning	Review the FSP framework used by VT DCF; Examine the practice principles & elements of Signs of Safety which support the Family Safety Planning meetings.	CFS contracted facilitators and Social workers utilizing family engagement strategies for case planning, assessment and safety planning.	C	10 (2x)	CWTP	\$100 100% IV-E

	<p>Review research which supports this practice</p> <p>Understand roles of facilitator and social worker; Identify complicating factors that inhibit the process</p> <p>Develop tools useful in mediating conflict during a meeting</p> <p>Discuss ethical issues.</p>					
Advanced Family Safety Planning	Advanced facilitation skill development in utilizing the family safety planning framework for family engagement, addressing conflict, developing clear risk statements, linking protective factors to risks.	CFS Contracted facilitators and supervisors, FSD social workers and supervisors using Family engagement strategies for safety planning, assessment and case planning with children, youth and families.	C	10	CWTP	\$100 100% IV-E
Child Protection Practice Skills and Strategies						
Advanced Topics in Child Safety Interventions	Learn skills for engaging families and communities right from the start. Understand our policy and legal mandates. Understand differential response, family assessment, and forensic interview techniques. Practice interviewing children and adults.	Social work practice, such as family centered practice and social work methods including interviewing and assessment; assessments to determine whether a situation requires a child's removal from the home; activities designed to preserve, strengthen, and reunify the family;	C	10	FSD staff and CWTP	\$100 50% CAPTA 50% IV-E

		preparation/ participation in judicial determinations, development of case plan, case management and supervision.				
Basic Forensic Interviewing	Basic forensic interviewing skills for social workers conducting interviews as part of a child abuse investigation.	N/A	C	16.5	National Child Advocacy Center	\$12,500 100% CAPTA
Advanced Forensic Interviewing	Advance forensic interviewing skills for social workers conducting interviews as part of a child abuse investigation.	N/A	C	16.5 hours	National Child Advocacy Center	\$3000 100% CAPTA
Screening youth in custody for trauma, well-being and mental health	Understand how to administer mental health and well-being screening tools. Understand utility of screening tools for well being	Social work practice, such as family centered practice and social work methods including assessment; communication skills required to work with children and families; development of case plan for children in foster care and at risk of foster care, case management and supervision, impact of trauma on child development and wellbeing.	C	3	CWTP and Placement Stability Program (PSP)	\$3000 federal trauma grant Staff costs are 100% IV-E

Using data in collaborative case planning	Understand how to use screening and assessment data (see above) in a multidisciplinary collaborative process	Social work practice, such as family centered practice and social work methods including assessment; communication skills required to work with children and families; development of case plan for children in foster care and at risk of foster care, case management and supervision, impact of trauma on child development and wellbeing.	C	3	CWTP and Placement Stability Program (PSP)	\$3000 federal trauma grant Staff costs are 100% IV-E
Using online database for monitoring progress	Train child welfare staff on use of progress monitoring database (see above), appropriate referral based on progress, and timely access to referred services	Social work practice, such as family centered practice and social work methods including assessment; communication skills required to work with children and families; development of case plan for children in foster care and at risk of foster care, case management and supervision, impact of trauma on child development and wellbeing.	C	3	CWTP and Placement Stability Program (PSP)	\$3000 federal trauma grant Staff costs are 100% IV-E
Normalcy and Prudent Parenting	Provide an introduction to Normalcy. Provide an overview of legal definitions and guidelines for normalcy. Identify the Primary Stakeholders and their roles and responsibilities. Identify how to put the requirements into case work practice.	Case planning, facilitating placements, permanency, well-being	DL	4	CWTP	100% IV-E

Suicide Prevention Training	Umatter® Suicide Prevention and Postvention For Communities Trainings for professionals in communities, including Mental Health, First Response, Law Enforcement, Social Services, Primary Care and Faith Leadership, provide information about their role in preventing suicide, profession-specific protocol, referral and resources.	Case planning, social work practice, assessment	C	5		100% IV-E
Case Planning for Change	Utilize the tools and strategies for case planning and such as Case Plan format, Risk Re assessment and the framework, focus on developing behaviorally based plans that address parenting risks and plan for safety	Case Planning	C	10	CWTP and FSD staff	100% IV-E
Motivational Interviewing	Review the stages of change and key elements of the motivational interviewing framework; Identify areas within casework where a motivational interviewing can be useful; Apply motivational interviewing skills and	Assessment, Case planning, facilitating meetings, permanency	C & DL	10	Hired Subject Expert & CWTP	100% IV-E

	<p>techniques in a variety of situations;</p> <p>Demonstrate understanding of the various aspects of motivational interviewing and be able to select the best technique for a given situation.</p>					
Placement for Permanence	Build from the Foundations level placement discussion and understand the various aspects of placement process and resources including ICPC, residential placements, sustaining placement and moving toward permanence	Facilitating Placements, case planning, social work practice	C & DL	5 C 3 DL	FSD Staff & CWTP	100% IV-E
Staff Safety and Well Being						
Staff Safety in the Field	Deepen knowledge of de-escalation strategies and a practical skill set to employ before, during, and after meeting with families in the field and community. Have a working understanding of the child welfare policies that impact and support worker safety on a daily basis. Learn how to best utilize coaching, teaming, and supervision to promote and maintain worker, child, and	Case planning, social work practice, assessment, worker retention and worker safety	C	5	CWTP	50% IV-E at 50% FFP 50% IV-E at 75% FFP

	family safety.					
Advanced Communication Strategies	Participants will build upon the listening, assessing, and responsive skills they developed in the worker safety trainings. Focus will be on building functional rapport, demonstrating the ability to identify potentially dangerous situations, and planning effective exits and interventions.	Social work practice, assessment, case planning, , worker retention and worker safety	C	18	Subject Experts, FSD Staff and CWTP	50% IV-E at 50% FFP 50% IV-E at 75% FFP
Managing Trauma/ Vicarious Trauma	Understand the most current research and best practice around trauma and its impact on overall well-being, health, critical thinking and decision making, as well as retention and job satisfaction. What does the experience of ongoing trauma and vicarious trauma mean for our ongoing work and how do we stay committed, healthy, and balanced? How does the use of supervision and coaching fit into this?	Social Work Practice, placements, permanency	C	6	Subject Expert & CWTP	100% IV-E at 50% FFP

	Learn about the value of and practice implementing various tools for self-care as well as practical ways to invite practices into your daily life, both in the short and long term.					
Youth Justice Series						
Youth Assessment Screening Instrument Case Planning	Using Youth Assessment Screening Instrument (YASI), understand the research, philosophy and practice of engaging with and assessing risk and protective factors for youth. Practice motivational interviewing skills. Understand case planning with youth and their families that focuses specifically on risk and needs.	Social work practice, such as family centered practice and social work methods including interviewing and assessment; assessments to determine whether a situation requires a child's removal from the home; development of case plan for children in foster care/ at risk of foster care; permanency planning; case management and supervision; referral to services, risk and protective factors.	C	10	DCF staff, hired subject expert & CWTP	\$14,000 100% IV-E
YASI: Supervisor and BARJ/ Diversion Providers: Collaboration, Consultation,	Discuss how each of the agencies use the Youth Assessment Screening Instrument (YASI). Examine the integrity of prescreen results. Review and evaluate the current Act 159 protocols. Explore and establish quality assurance activities and	Social work practice, such as family centered practice and social work; trauma, risk and protective factors, using evidence-based practices.	C	5	CWTP and hired subject expert	100% IV-E

and Quality Assurance	tools to ensure the integrity of the YASI process.					
8 Day Hearings	As soon as a youth is placed at Woodside administratively, discuss placement options and possible need for a hearing with your Supervisor and/or Placement Specialist. If it appears possible the youth will reside in Woodside beyond 8 days, a hearing will be necessary. Learn the process, room criteria and criteria for 8 day hearing.	N/A	DL	4	FSD Staff	100% state funds
Harm Reduction	Learn about the history of Harm Reduction Practice. Explored examples of applied Harm Reduction around the world.	N/A	C	5	CWTP & FSD Staff	100% state funds

	<p>Discussed how personal bias could impact the use of Harm Reduction.</p> <p>Identified how policy, law and service intent can both support and hinder the use of Harm Reduction. Understand the risks and rewards of practicing Harm Reduction</p>					
Youth Thrive	<p>Understand the impact of trauma on adolescent development, assets and strengths-based youth development approaches, relational youth work, and culturally responsive services. More time is allowed for discussion, thinking through implications, and reflecting on how to integrate the Youth Thrive™ concepts into current practices</p>	<p>Increase protective factors of youth, casework practices, case planning, well-being assessment</p>	C	5	CWTP & Hired Subject Experts for TOT	<p>\$200</p> <p>100% IV-E</p>
Rapport Building with Youth	<p>To review attachment research and explore its link to resiliency.</p> <p>To review engagement strategies for making a connection with youth and developing a positive rapport with them.</p> <p>Explore best practice when conducting initial and ongoing risk assessments.</p>	<p>Social work practice, such as family centered practice and social work methods including interviewing and assessment; assessments to determine whether a situation requires a child's removal from the home; development of case plan for children in foster care/ at risk of foster care; permanency planning; case management and supervision;</p>	C	5	FSD Staff and CWTP	100% IV-E

	<p>Apply the risk assessment and YASI analysis to work a plan with youth to establish measurable and specific goals for and with youth.</p> <p>Explore strategies for working with multi-disciplinary teams to manage risk and support strengths of youth over the life of a case.</p> <p>Highlight specific safety planning strategies for work with high risk youth.</p> <p>Explore ethics and boundaries as they relate to building rapport.</p>	referral to services, risk and protective factors.				
Youth Justice Summit	<p>This conference brings together FSD staff, Family Court judges, GALs, BARJ staff, diversion staff, Corrections and attorneys to increase knowledge in youth justice practice, including practice with delinquent youth in state's custody. Workshop topics may include restorative justice, adolescent brain development and others.</p>	N/A	C	5	Hired subject experts, FSD and CWTP	<p>\$1000</p> <p>50% IV-E</p> <p>50% state funds</p>

Working with Youth Conference	The annual conference focused on youth in care – what works, what they perceive as important, how best to engage with youth to achieve safety, wellbeing, permanence and law abidance.	Social work practice, such as family centered practice and social work methods including interviewing and assessment; communication skills required to work with children and families; placement of child, development of case plan for children in foster care and at risk of foster care, case management and supervision	C	5	Youth, hired subject experts, partners	\$1500 100% IV-E
Using Restorative Justice Practices in Child Welfare and Youth Justice Practice	Explore the use of a range of circle meetings held to build and maintain relationships and to repair harm and deal with conflict. Understanding the purpose of the meeting; Being able to identify relevant participants	Social work practice, such as social work methods including interviewing and assessment; development of case plan; case management and supervision; permanency planning; referral to service.	C	5	CWTP	\$100 100% IV-E

Statewide Conferences

<p>FSD Statewide Conference</p>	<p>Safe & Resilient Workforce</p> <p>Science of the Positivity, Worker & Family Safety- Finding the balance</p> <p>Cultivating positive relationships with children, youth & families</p>	<p>Social work practice, such as family centered practice & social work methods including interviewing and assessment, case planning, team building and stress management training, worker retention and worker safety</p>	<p>C</p>	<p>12</p>	<p>Hired Subject Experts, CWTP, FSD</p>	<p>Venue costs: Federal trauma grant</p> <p>Balance: 50% IV-E at 75% FFP 50% IV-E at 50% FFP CWTP- Speakers, printing, & supplies</p>
<p>Vermont Foster and Adoptive Families Association Conference</p>	<p>Support participation of foster parents, adoptive parents, social workers and other staff in the annual conference of the Vermont Foster and Adoptive Families Association, which offers a wide variety of workshops related to children and youth in care.</p>	<p>Recruitment of foster parents, kinship care as a resource, placement of child, development of case plan, case management and supervision, permanency planning, referral to services.</p>	<p>C</p>	<p>12</p>	<p>Hired subject experts, CWTP trainers, community partners</p>	<p>\$54,000</p> <p>100% IV-E</p>

Vermont Kin as Parents Conference	Support participation of kin caregivers, social workers and other staff in the annual conference of Vermont Kin as Parents, which offers a wide variety of workshops related to children and youth in care.	Recruitment of foster parents, kinship care as a resource, placement of child, development of case plan, case management and supervision, permanency planning, referral to services.	C	5	Hired subject experts, CWTP trainers, community partners	\$25,000 100% IV-E
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Training for Guardians ad Litem, Provided by Judicial Branch

Course	Syllabus	IV-E Functions addressed	Provider	Hrs	Cost /Funding Source
Judicial Branch GAL Training	Overview of Vermont Judicial system, juvenile law and policy and child welfare practice; role of GAL in court CHINS case; understanding children and families; cultural competency; conflict resolution and principles of	N/A	National CASA (under VOCA) and Court Improvement Program	32 hours per event 4 times yearly	4 events per fiscal year National CASA (under VOCA) and Court Improvement Program.

Course	Syllabus	IV-E Functions addressed	Provider	Hrs	Cost /Funding Source
	collaboration; Judicial ethics and professionalism				

District-Based Training for Staff

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

Delivery of training is mutually agreed upon by CWTP, the FSD Operations manager, and each district’s individualized plan for development of practice, in the context of the Family Services Practice Model. Community partners and other DCF department staff are invited and welcome at the discretion of the district.

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

Supervisor & Leadership Training

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

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

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

This generic supervisory training is not charged to the IV-E program. Vermont supervisors complete the Leadership Academy for Supervisors (LAS) on-line as a cohort through the NCWWI Website. The on-line portion takes approximately 50 hours to complete and most cohorts run over a six-month duration. Learning Networks are provided by the CWTP to bolster learning and leadership throughout the program. These costs are charged to the IV-E program. The LAS will again be offered in FY 2017.

Course	Syllabus	IV-E Functions Addressed	Venue	Provider	Hrs	Cost/ Funding source
Leadership Training Series						
FSD Orientation for Directors, Supervisors & Managers	Discuss the various policies key to the leadership role. Identify ways to provide leadership with the district. Clarify effective ways to collaborate and partner within the division. Develop techniques and strategies to enhance supervision of staff. Develop skills to be effective Directors, Supervisors & managers.	Budget, Management, Supervision, Team Leadership,	C	CWTP and FSD staff	10	\$200 100% IV-E at 50% FFP.

Course	Syllabus	IV-E Functions Addressed	Venue	Provider	Hrs	Cost/ Funding source
Workforce Development Strategies - Developing Your Team & Group Supervision Skills	Deepen group supervision skills in the context of a teaming approach to the assessment of safety and risk, case planning, child placement, permanency planning and case management.	Case management and supervision, development of case plan, permanency planning, placement of child, referral to services.	Hybrid DL & C	CWTP and subject matter experts	5 C 10 DL	\$1,000 100% IV-E at 50% FFP.
Child Welfare Coaching Institute	<p>Be able to use methods of inquiry to elicit the experience of the learner.</p> <p>Know how to support learners in developing learning goals</p> <p>Recognize specified coaching skills demonstrated during video or live coaching sessions.</p> <p>Practice self-reflection in coaching learners.</p> <p>Be able to facilitate effective interactive feedback with learners following learning</p>	Social work practice, such as family centered practice and social work methods including interviewing and assessment; communication skills required to work with children and families; placement of child, development of case plan for children in foster care and at risk of foster care, case management and supervision	C	CWTP and Family Services staff	12	\$500 CWTP at 100% IV-E

Course	Syllabus	IV-E Functions Addressed	Venue	Provider	Hrs	Cost/ Funding source
	<p>activities</p> <p>Have a plan and goals for integrating coaching skills into daily practice.</p>					
Being an Accountable Leader - Using Data to Improve Outcomes	<p>Understand importance of connecting data to continuous quality improvement to practice with children and families. Explore how your day-to-day practice impacts outcomes for children and families.</p>	Case planning	DL	CWTP & FSD staff	2.5	\$100
Positive Community Norms	<p>Deepen understanding of the Science of Positivity and its relationship to Leadership within a Child Welfare Organization. Identify keys areas for leaders to use the PCN conceptual framework that works to integrate leadership and communication utilizing multiple strategies to change attitudes and behaviors.</p>	<p>Social work practice, such as family centered practice & social work methods including interviewing and assessment, case planning, team building and stress management training, worker retention and worker safety</p>	DL/Goto Mtgs	Hired Subject Expert Trainer/CWTP	2-6hrs	<p>\$1500</p> <p>50% IV-E at 75% FFP</p> <p>50% IV-E at 50% FFP</p>

Course	Syllabus	IV-E Functions Addressed	Venue	Provider	Hrs	Cost/ Funding source
Supervisor Learning Circles/Network	<p>CWTP supports this self-directed learning process for supervisors. Topics for each learning circle are identified by supervisors. Planned topics include: Developmental Trauma and Brain Development; Case Planning with severe abuse cases; Strengthening Families.</p> <p>LAS Topics: Leading in Context, Leading People, Leading Change, Leading for Results</p>	Social work practice, such as family centered practice and social work; trauma, risk and protective factors, using evidence-based practices.	C	CWTP and hired subject experts	30	\$600 100% IV-E
Transformative Leadership Skills	Developing leadership skills as a teacher, leader and supervisor. Understanding the role of adaptive leadership, and using reflection to enhance supervisory relationships.	Supervision of casework practice, case planning, assessments	C	Hired Subject Expert	6	\$1600 100% IV-E at 50% FFP

Training for IV-E System of Care Service Providers

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

Cost Allocation Methodology for Staff Training

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

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

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

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

Caregiver Training

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

Foundations for Kin, Foster and Adoptive Families is required for all families providing care for children and youth in custody. It is divided into two sections. First Steps: Kinship Care and First Steps: Foster Care is offered via teleconference and classroom multiple times per month year-round. This year First Steps will also be offered through an ELearning portal. This allows families to access basic information immediately upon application. Foundations Classroom training is provided 2-3 times annually in each district, allowing families to connect with others in their community and with their local resources. All of these courses are provided by trainers hired, trained and supported by the CWTP. Fostering to Forever is required for families that will be adopting through the care system and is offered as a classroom training and an ELearning course.

Course	Syllabus	IV-E Functions Addressed	Venue	Provider	Hrs	Cost/ Funding source
Foundations for Kin, Foster and Adoptive Families – First Steps: Kinship Care	The Many Roles of a Kinship Caregiver; Adjusted Parenting and Discipline; Managing Family Dynamics; Legal and Financial Issues; Navigating Daily Life	Preparation of kin caregivers to care for children in state’s custody.	C and DL	Hired trainers	7.5	\$5,000 100% IV-E
Foundations for Kin, Foster and Adoptive Families – First Steps: Foster	The Many Roles of a Foster Caregiver; From the Circle of Courage to Discipline; Permanency and the Court Process; Navigating Daily Life	Preparation of foster caregivers to care for children in state’s custody.	C and DL	Hired trainers	6	\$7,860 100% IV-E

Course	Syllabus	IV-E Functions Addressed	Venue	Provider	Hrs	Cost/ Funding source
Foundations for Kin, Foster and Adoptive Families: Classroom	Family Connections and Identity; Attachment; Loss; Sexual Abuse and Trauma; Parenting Adolescents; Discipline Resiliency and Self Care	Preparation of foster, kin and potential adoptive caregivers to care for children in state's custody.	C	Hired trainers	18	\$38,000 100% IV-E
Fostering to Forever	Making the Move to Permanency; Working with Families; Adoption; Permanent Guardianship; Local connections and Additional resources	Preparation of families who will adopt children from the foster care system.	C & DL	Hired trainers	4	\$6,000 100% IV-E
Resource Parent Curriculum+ Train the trainer	For professional community partners. Develop clear understanding of the RPC, and how to effectively train caregivers with it.	Preparation of trainers to deliver Resource Parent Curriculum, which focuses on increasing caregiver skills for those caring for children in state's custody with histories of trauma.	C	CWTP and PSP	6	\$1500 25% federal trauma grant

Course	Syllabus	IV-E Functions Addressed	Venue	Provider	Hrs	Cost/ Funding source
						75% IV-E
Resource Parent Curriculum+	The Resource Parent Curriculum provides resource parents with the knowledge and skills needed to more effectively care for children and youth who have experienced trauma. Participants will learn how trauma-informed parenting can support children's safety, permanency, and well-being, and engage in skill-building exercises that will help them apply this knowledge to the children in their care.	Deliver of Resource Parent Curriculum, which focuses on increasing caregiver skills for those caring for children in state's custody with histories of trauma.	C	CWTP and PSP	30	\$15,000 25% federal trauma grant 75% IV-E

Course	Syllabus	IV-E Functions Addressed	Venue	Provider	Hrs	Cost/ Funding source
Caregiver Peer Mentoring	Train mentors on evidence of how to support new and existing foster parents and assist foster parents in successfully navigating through the child welfare system with the goal of improved placement stability and foster parent retention.	Develop skills among mentors to promote placement stability for children in foster and kinship care.	C	CWTP and PSP	3	\$3000 25% federal trauma grant 75% IV-E

Advanced Training for Caregivers

The CWTP works with FSD Central Office Staff, District staff and caregiver groups to identify topics for regional advanced training for kin, foster and adoptive caregivers. Typical topics requested include parenting traumatized children, discipline, parenting sexually abused children, special needs of infants and young children exposed to Opioids, substance abuse issues, managing family dynamics, Caring for LGBTQ youth, Human and sex trafficking, Caregiver Safety, and first aid. These are courses offered in regionally and in districts in a classroom setting. Statewide, we estimate spending \$15,000 in advance classroom training on a variety of topics.

Additionally, caregivers are offered online training from both Foster Parent College and Adoption Learning Partners. Courses are purchased using approximately \$4000, and distributed by Resource Coordinators in each district.

The **Vermont Caregiver Training Collaborative** includes Family Services staff, CWTP staff, and staff from agencies around Vermont who provide ongoing training to caregivers. The goal of the collaborative is to allow caregivers to access training opportunities around the state while sharing limited resources for training available through public, private and non-profit agencies supporting kin, foster and adoptive families.

Cost Allocation Methodology for Caregiver Training

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

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

The exception is the 3-hour training Fostering to Forever, which is claimed at the adoption assistance penetration rate.

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

The 2017 APSR and other federal reports can be found here:

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

If there any questions, feel free to contact Suzanne Shibley, Policy and Operations Manager at

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