



State of Vermont

Department for Children and Families
Family Services Division

Child and Family Services Review, Round 4 Statewide Assessment March 6, 2024

**Minor formatting adjustments may have been made to this document
for 508 compliance. Content is unaffected.**

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Statewide Assessment Section I: General Information

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FSD On-going Supervisors (Focus Group)		Focus Group feedback
FSD Resource Coordinators (Focus Group)		Focus Group feedback
FSD Retention & Recruitment Specialists (Focus Group)		Focus Group feedback
Court Mediators		Focus Group feedback
GALS		Focus Group feedback
Foster Parents		Survey feedback
Child and Youth Attorneys		Survey feedback
Youth with DCF Involvement	Lived Experience	Survey feedback
Caregivers with DCF Involvement	Lived Experience	Survey feedback

Description of Stakeholder Involvement in Statewide Assessment Process

Vermont took a holistic approach to gather the input that informed the creation of the CFSR R4 Statewide Assessment. Through the creation of the CFSR Steering Committee, focus groups, and surveys, Vermont Family Services Division (FSD) was able to engage staff from the Department for Children and Families (DCF), adults and youth with various types of lived experience, the legal and judicial community, tribal affiliation, foster and adoptive parents, service providers, community partners, and other key stakeholders from around the state. The efforts taken to capture a full assessment of Vermont's child protection system are as follows:

The CFSR Steering Committee was established in 2022 and consists of 50+ members through a combination of Family Services staff, Department for Children and Families staff, legal and judicial staff, people with lived experience, stakeholders, and community partners connected to the services identified within the CFSP. There was statewide representation to ensure all geographical needs were reviewed and considered at all times. Committee meetings were held virtually in November 2022, January 2023, March 2023, and April 2023, and ranged from 4-7 hours long. In these meetings, the FSD Quality Assurance (QA) team and other stakeholders presented data related to permanency, safety, well-being, and each systemic factor in the statewide assessment. After data presentations, the Committee broke into smaller focus groups led by two facilitators. The focus group sessions allowed members to take a deeper look at the data provided by FSD and providers, perform root cause analysis in particular areas, gather qualitative data through facilitated questions, discuss strengths and barriers of CFSP services, FSD policies and practices, review current initiatives, and develop strategies for moving work forward. Information and feedback from these sessions was then incorporated into the statewide assessment. For more information on the CFSR Steering Committee, please refer to Item 25.

To further inform the statewide assessment, Vermont held focus groups with the following subject matter experts:

- FSD ongoing and front-end (intake and investigation) supervisors and staff
- Guardian's ad Litem
- Judges
- Caregivers with lived experience
- Youth with lived experience
- Service providers (through the use of the CFSR Steering Committee)
- Community partners (through the use of the CFSR Steering Committee)

Lastly, Vermont sent surveys to the following groups as another pathway to solicit feedback for the statewide assessment:

- All licensed foster, adoptive, and kinship homes
- All contracted parent child attorneys (note that all parent/child attorneys in Vermont are contracted)
- Youth with lived experience
- Guardian ad Litem

It should be noted that while Vermont was able to gather robust qualitative data to inform the statewide assessment, FSD's antiquated data systems (described in detail in Item 19) made it very difficult to collect and report out on the quantitative data needed in many items.

Section II: State Context Affecting Overall Performance

Part 1: Vision and Tenets

Family Services Division (FSD) is Vermont's child protection entity and strives to promote the safety and well-being of children, youth and families in Vermont. FSD sits within the Department for Children and Families (DCF), which also includes the Child Development Division (CDD), the Department of Disabilities, Aging, and Independent Living (DAIL), the Economic Services Division (ESD), the Office of Child Support (OCS), and the Office of Economic Opportunity (OEO). Through collaborative work both within DCF and outside of it, FSD engages families, foster and kin caregivers, partner agencies, and the community to increase safety and law abidance for Vermont's children and youth. FSD achieves this mission by working with families to:

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

And if that is not possible:

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

And if that is not possible:

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

FSD values equity, inclusion and justice and believes in the diversity of thoughts, beliefs and experiences and embraces all people and their human differences. Relationships are built on trust, collaboration, and communication and FSD strives to resolve conflict in a way that strengthens connections and repairs and restores relationships. For FSD's full practice model, please see the Appendix section of this document.

Vermont's 3-year strategic plan expired on June 30, 2022, and can be found in the Appendix section of this document. Since the inception of this plan, the state has embarked on the development of our Family First Prevention and Services Act prevention plan (referred to as Families Come First), which incorporates many elements of the strategic plan. To support this important work, the division re-organized central office programs to better align and prioritize activities and increase collaboration in the areas of Families Come First implementation, policy and practice development and continuous quality improvement.

To further support FSD's vision, mission, and tenants, FSD worked with the Capacity Building Center during 2019 and 2020 to assist with the development of an FSD Change Management framework. In 2022 and 2023, Change Management was applied to some projects to include Youthful Offender Party Status, Family Needs and Assessment, and the revamp of the Mandated Reporter training. Currently, the Change Management core team continues to monitor the use of the Change Management framework in projects as well as brainstorm how to message Change Management as a useful tool within the division.

Part 2: Cross-System Challenges

The three greatest challenges FSD has faced since the last CFSR is the continued aging of FSD's data collection systems,

the reduction of service availability during and post Covid, and the turnover of FSD and provider staff during and post Covid.

While the impacts of FSD's 40+ year old data collection system and the lack of an automated case management system are described in depth throughout the statewide assessment and are being discussed during the 2024 Legislative session, the Agency of Human Services has not historically or currently included funding for a new system in the budget. Due to the homelessness crisis in Vermont during and post Covid, the Agency of Human Services mandated that all available funding go toward homelessness in Vermont during the last budget season. While FSD was able to keep the roughly \$5,000,000 it received over the last few years in carryforward funding, this is not enough to implement a new system.

During and post Covid, FSD saw significant turnover and vacancies in staffing as well as staffing within community agencies. This has resulted in delays to permanency, service delivery, as well as a reduction in what services are available. This is being felt most within the developmental disability community as well as FSD's high end system of care. FSD has been working closely with other divisions within the Department for Children and Families as well as community providers to brainstorm ways to meet needs with the services and supports available. More information on impacts of FSD staff turnover and turnover within the community can be found throughout the statewide assessment.

Part 3: Current Initiatives

The following table outlines some of the initiatives Vermont has taken since the last CFSR. The table is broken down by strategic plan goals and objectives, many of which were created with CFSR R3 PIP items in mind so that systemic change could occur.

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

Strategy 1A. Engage district staff around continuous improvement of practice, including the implementation of a strong culture of safety.
Activity/Benchmarks
1. Continue staff engagement around the implementation of our Safety Organized Practice framework.
<p>Update: The division continues to receive TA from Evident Change to support the implementation of a Safety Organized Practice framework. One area of focus includes implementation of case reads in the districts to support the new SDM tools. The Child Safety Manager has been working with the QA team, division leadership, and Evident Change to brainstorm ways to implement the case read practice across the state. It is hoped that this process will be formalized in 2024. SDM practice related conversations continue to occur at various statewide meetings, though this occurs more regularly at the monthly Supervisors meeting. Additionally, FSD is contracting with Evident Change to validate the tools being used, and created Bench Guides that are being used to ensure collaboration and consistency in decision making with our judicial partners as it relates to the use of SDM tools. These Bench Guides were rolled out in 2023. FSD had been met with some resistance from the judicial community with regards to allowing FSD to provide training or guidance for how to utilize the Bench Guides. However, in September 2023, FSD held a Child Welfare Summit where both FSD staff and legal/judicial staff were trained on the use of Bench Guides.</p> <p>Vermont is one of 27 States that are part of the National Partnership for Child Safety (NPCS), a national collaboration</p>

Strategy 1A. Engage district staff around continuous improvement of practice, including the implementation of a strong culture of safety.	
Activity/Benchmarks	
led by Michael Cull focused on improving the child abuse/neglect death review process using the Safe Systems Improvement Tool (SSIT). FSD piloted the Safe Systems Learning Review (SSLR) on two events. The SSLR was then paused at the Commissioner level in 2022 to work through additional pieces of the data protection process. The division is working with the Commissioner's office around draft legislation to speak to SSLR in an effort to strengthen this process within Vermont's statutes. Many districts are voluntarily using the Situation-Background-Assessment-Recommendation (SBAR) style in approach to their case transfer, consults and staffing's. Lastly, in January 2024, the division administered the fifth annual Staff Safety survey.	
2. Review internal district case transfer processes and make recommendations.	
Update: The supervisors have been supported to use the SBAR as a tool during the case transfer process between front end to ongoing with the office. There are several districts using this format which they feel has helped support the transfer process and have shared their feedback and experience with colleagues at monthly division meetings.	
3. Develop guidance and expectations on case documentation.	
Update: The Child Welfare Training Partnership (CWTP) continues to provide guidance and training regarding case documentation. Districts work with their individual CWTP trainer if they need more intensive support around case notes and documentation. The Quality Assurance team has also met with some districts regarding how to best document information and will be rolling out a best practice for case documentation in 2024.	
4. Develop a standard process for practice implementation that includes staff voices and engaging/informing community agencies.	
Update: Between the fall of 2019 and 2020, the division received TA from the Capacity Center for States to assist with the development of an FSD Change Management framework. In 2022 and 2023, Change Management was applied to some projects to include Youthful Offender Party Status, Family Needs and Assessment, and the revamp of the Mandated Reporter training (continuing into 2024). Currently, the Change Management core team continues to monitor the use of the Change Management framework in projects as well as brainstorm how to message Change Management as a useful tool within the division.	
Strategy 1B. Create opportunities to engage and solicit input from families, youth, and children to inform policy and improve practice.	
Activity/Benchmarks	
1. Continue to explore ways to improve family engagement in the Qualitative Case Reviews and use their stories to inform practice.	
Update: As part of the Qualitative Case Reviews (QCRs), FSD seeks participation from parents/caregivers, youth, kinship caregivers, and other family members who are involved in providing safety, permanency, and overseeing well-being for children and youth served. In addition to the QCR process, FSD has included people with lived experience in the FFPSA (now referred to as Families Come First/FCF) planning as well as the CFSR Steering Committee. Family Services is also pursuing the possibility of creating a new position within the division for a lived experienced expert who can be involved in all aspects of the work and help inform policy and practice. Lastly, FSD has been collaborating with the Capacity Building Center to increase lived experience participation. More information regarding the use of lived experience throughout FSD can be found within this statewide assessment.	
2. Enhance training and guidance on engaging and empowering families through case planning.	

Strategy 1B. Create opportunities to engage and solicit input from families, youth, and children to inform policy and improve practice.
Activity/Benchmarks
Update: In 2022, the Child Welfare Training Partnership (CWTP) adjusted the division's Foundations Curriculum to train this topic more deeply. The CWTP took the previous training that was one large case planning module and converted it to 3 discrete smaller ones that cover 1- case notes & documentation, 2- the technical skills of writing a case plan, and 3- the adaptive process of case planning throughout the life of the case. This has allowed FSD to delve more deeply and effectively into the various skills that support better engagement and clear documentation. The CWTP continues to adjust Foundations to meet the changing needs of the field. They also offer district specific trainings as needed.
Strategy 1C. Review performance and outcome data and contract measurements to inform practice and resource needs.
Activity/Benchmarks
1. Create a set of key outcome measures for Family Services to highlight and improve.
Update: The Division Management Team (DMT) worked with the Capacity Center for States during the summer of 2019 and identified a set of focused indicators. DMT also developed a process that involved reviewing data related to the 3 focused indicators (face-to-face contacts, timely case closures, and kinship placement) provided by Central Office, having discussions as a management team, then hearing back from the district directors after they reviewed their district data and discussed strategies for improvement with their district leadership teams. These indicators came to a close in 2022 and improvements were seen across all three focused indicators (see Item 25 for indicator data). The Quality Assurance Administrator worked with DMT in fall/winter of 2022 and early 2023 to identify next steps. Through data review and conversations, it was determined that DMT will revisit focused indicators once it is known which items FSD will be required to focus on in their CFSR R4 PIP. DMT agreed that combining focused indicators with CFSR outcomes would be the best approach.
2. Continue to develop clear, measurable performance measures for grants and contracts & review data annually.
Update: All agreements include performance measures with a requirement for providers to submit reports on quarterly, bi-annual, or annual basis. Reports are reviewed by the Revenue Enhancement team and the Program Manager along with the Provider. In the beginning of 2022, the Department (DCF) consolidated the contracting and grant functions for all divisions into one centralized team directly reporting to the Commissioner. This initially proved to be a challenging transition and as a result, many contracts lapsed in 2022 and early 2023. The Director of Revenue Enhancement has worked closely with this unit since that time, and a representative from the Business Office was included to oversee the change effort. There have been significant improvements since early 2023 and while contracts did lapse at times, Program Managers within FSD were still able to obtain and utilize data from the unit to identify areas of strength and need throughout Vermont with regard to services outlined with the CFSP.
3. Continue to evaluate the new Family First Prevention Services Act legislation and possibilities to leverage additional resources.

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

Activity/Benchmarks

Update: For the last several years, the division has been receiving TA from the Capacity Building Center to assist with data analytics, lived experience, prevention planning, CFSR preparation, and general project management. FSD was also able to allocate a position that is responsible to lead the Families Come First work along with a Families Come First Prevention Specialist. FSD's Families Come First Prevention Plan was approved in spring of 2022 and FSD now has several workgroups in place to support the implementation of Families Come First. In 2023, 90-day sprint groups were put in place to move the work forward at a faster pace. Due to staffing needs and other delays, FSD is still working on fully integrating Families Come First.

4. Provide training to district leadership teams around obtaining and using data.

Update: The FSD management team has increased the use of data during regular division management team meetings with district directors to better support data informed decision making and increase directors comfort level in analyzing data. In addition, FSD implemented Phase I of the Results Oriented Management (ROM) toll in spring 2023 with the rollout of 20 new reports. Currently, the QA team is working with district leadership as needed to review ROM reports and discuss how to use data to understand and utilize their data to inform practice. See Item 25 for more information on data being used at the management level and ROM.

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

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

Activity/Benchmarks

1. **Implement ways for staff to provide input to trainings, to include an online anonymous survey after every training where results are reviewed quarterly.**

Update: The CWTP implemented a process where trainees are provided an anonymous online survey after each training. These are collected by the evaluation team, led by Dr. Jessica Strolin, and summarized in the annual report. The CWTP has implemented a 6 month follow up survey for Foundations participants. This evaluation tool helps to determine how training impacted their ability to be prepared to work in their new role. These surveys have tended to have a low response rate and CWTP/FSD are brainstorming how to increase that. Currently, Supervisors share with Operations Managers any training gaps/needs, and they will utilize the Training Team (quarterly) time to share that information for consideration of future training offerings. In addition, the training specialists meet with district leadership regularly to assess training needs.

2. **Explore available funding for out-of-state and national conferences for district staff and develop a process that will support the transfer of learning.**

Update: Since the last CFSR, staff have been able to attend out of state trainings more often. This has allowed for greater networking opportunities between FSD staff and other state counterparts. Recently, several FSD leadership and staff attended a Title IVE trainee conference to better understand how to use and support these funds and staff. FSD leadership will continue to explore funding options for these types of meetings.

3. **Continue to evaluate and adjust Foundations based on feedback.**

Update: During FY23, Foundations was provided via a hybrid model with the majority of sessions occurring virtually and some in person sessions included throughout the course. The CWTP is regularly making adjustments to how foundations is offered to meet the current needs of FSD. There continues to be a plan to have training for both generalized and specialized roles. In the event staff change roles within the system, then they could come back and attend the training days for that specific role.

Strategy 2B. Improve access to different levels of supervision and support including ways to support staff well-being.

Activity/Benchmarks

1. **Implement policy on case consultation, solicit feedback, and revise as needed.**

Update: Policy on Central Office case consultation grounded in safety culture principles has been implemented since the last CFSR. The division continues to offer coaching training through the CWTP to our Central Office consultants to help support the implementation of this policy. Multiple trainings, coaching of coaches, and coaching practice opportunities have been provided to all central office consultants.

2. **Continue to highlight and revisit the Flexible Workforce guidance document so staff are aware of current AHS policies related to work schedules.**

Update: FSD has continued to support a hybrid work model when the role allows for it. Many people in Central Office have a hybrid schedule as do some staff in district offices. Over the next year FSD will continue to reevaluate the hybrid work model and implement structure to the process as needed. In the area of Flexible Workforce, FSD is largely driven by DCF decisions, and are currently awaiting further updated guidance in this area to better inform how staff can support a safe work/life balance. Surveys collected around the state during the Covid-19 pandemic indicated that staff were feeling supported by telework and had a greater work/life balance.

3. **Review Hope Team model and explore ways to strengthen and increase effectiveness.**

Update: Since the last CFSR, FSD has implemented a Helping Our Peers Excel (HOPE) team. This team is made up of

Strategy 2B. Improve access to different levels of supervision and support including ways to support staff well-being.
Activity/Benchmarks
FSD staff of all levels, from all 12 districts, who receive special training and consultation to support their peers as they grapple with the weight of the work of child protection. In FY23 a new clinician was added to the HOPE team in an effort to provide additional support to FSD. The HOPE team meets monthly in a virtual setting and in FY2023, quarterly in person meetings were added to bring people together and out of the workspace. When challenging events happen within the Department and around the state, the HOPE team is engaged and provided with the information needed to support their colleagues. HOPE team clinicians have made themselves available to meet with districts and groups of Central Office staff when things occur that could impact these staff.
4. Use data from FSD staff retention survey and exit data responses to inform next steps for this goal.
Update: During 2022, FSD formed a Workforce Development Workgroup, led then by FSD’s Deputy Commissioner, and now by FSD’s Workforce Development Director. This workgroup has used surveys to collect information from staff regarding retention needs. Initial data shows stress and work life balance as significant reasons for staff departure. Also, a majority of individuals who have left the division have worked for FSD for less than 5 years— which is in line with the findings of the workforce data analytics that the QA team discovered in their 2017 analysis. Other projects within this group include reviewing and revamping the hiring and onboarding handbook as well as soliciting staff input for additional ways the division could support better staff retention.

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

Strategy 3A. Identify and implement ways to create stronger partnerships with community and government agencies and use a shared vision of Vermont’s child welfare system.
Activity/Benchmarks
1. Broaden training access for community and government agencies offered by the Child Welfare Training Partnership.
Update: CWTP has a robust array of online learning opportunities which have now been made available to all our Guardians Ad Litem, childcare providers, and many other community partners. This includes an “Adoption Competent”, “Trauma Informed” Practice training that is offered on an interagency level for members of the education, mental health, and child welfare communities. Online training options grew due to the impact of COVID, creating a broader array of opportunities for community providers. The division continues to provide support to the Guardian’s Ad Litem program to strengthen their ongoing trainings, so they have access to updated data and are aware of any current practice changes. Currently, The CWTP is leading a change management effort with the mandated reporter training. FSD staff have been involved in this project and will continue to explore how to adjust this training to meet the needs of the mandated reporters within the community.
2. Share responsibilities to keep children and youth safe in communities by clarifying roles with local community and government agencies within the context of Vermont’s child welfare system.

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

Activity/Benchmarks

Update: Through FSD's Families Come First planning work, a Prevention Workgroup that consisted of over 90 members, a large share consisting of community partners statewide, was developed. This venue provided an excellent opportunity to hear from our community partners as we worked to develop our Prevention Plan. As FSD moves into the implementation phase for Families Come First, there will be a continued role for community partners to engage with the division. As mentioned above, Vermont is part of the National Partnership for Child Safety Communications Workgroup, which is also focused on engaging the wider community and partners in helping to prevent child fatalities. In fall of 2022, FSD created a CFSR Steering Committee to include over 50 members of FSD staff, DCF staff, judicial staff and community partners. This committee met four times between November of 2022 to May of 2023 to dive into areas of safety, permanency, wellbeing, and other systemic factors. This committee will continue to meet through the CFSR PIP to monitor the implementation of strategies and share feedback/needs of the community. Lastly, after CFSR R3, FSD created a Qualitative Case Review (QCR) system, which gives community partners and providers the opportunity to be a case reviewer using the Onsite Review Instrument (OSRI).

3. District and local agencies will identify ways to connect annually to explore trends together, provide program updates, and strengthen relationships.

Update: All 12 district offices regularly participate in scheduled meetings that include local agencies and community partners. Since the last CFSR, the FSD Quality Assurance team has joined these meetings around the state to share district specific data and provide opportunities make data driven change.

4. Identify 1-2 key state agency(s) at the central office level to engage with and improve relationships.

Update: During and post the Covid-19 pandemic, FSD strengthened their relationship with the Department of Disabilities, Aging and Independent Living (DAIL) to serve the increased number of youth in custody diagnosed with a developmental disability. With the impact of Covid on the service delivery system to this particularly population, FSD and DAIL have regular, weekly at times, meetings to discuss cases and how best to support the children and families served by one or both departments.

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

Activity/Benchmarks

1. Develop a Guardian's ad Litem (GAL) PowerPoint training that is updated bi-annually and accessible to districts.

Update: The Court Improvement Project rolled out a new revised training for GALs the fall of 2020 which has been offered virtually to GALs statewide. The division continues to provide support to the Guardian's Ad Litem program to strengthen their ongoing trainings so they have access to updated data and are aware of any current practice changes. In the summer of 2021, the division reviewed the new GAL training and provided additional resources/information needed to enhance their new training materials. This was reviewed again in the spring of 2023 and updates were made to the training.

2. Use Bench bar meetings to educate our legal partners on new policy and practice areas and key messages.

Strategy 3B. Create activities that increase judges, lawyers and GALs understanding of our policy, practice and resources that guide our work.
Activity/Benchmarks
Update: Since the last CFSR, the use of Bench Bar meetings, where districts and judicial partners come together to discuss community issues and impacts, policy changes, and practice shifts has increased. During and post the Covid pandemic, Bench Bars are largely held virtually. Many districts report having a strong working relationship with their judiciary and that they feel comfortable facilitating Bench Bar meetings to inform the judicial communities on new policies, practices, and key messages (reported by District Directors during a Division Management Team meeting in 2023).
Strategy 3C. Engage legal partners to create a courtroom environment that is mutually respectful and psychologically safe for family services workers.
Activity/Benchmarks
1. Explore using the Vermont Court Improvement Project to improve the courtroom environment.
Update: If the district staff are reporting concerns with court partners, the district's Operations Managers and Assistant Attorney Generals are consulted to help the district strategize ways to make improvements. Through the ongoing use of Bench Bar meetings, districts and judicial partners are reporting improved relationships.
2. Identify strategies to improve relationships with local legal partners.
Update: This is connected to the above activity as well as inclusion of judicial partners in the Qualitative Case Review, CFSR R3 PIP, and CFSR R4 preparation processes.

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

Strategy 4A. Design and implement effective processes and resources that recruit, develop, support, and retain kinship and foster homes.	
Activity/Benchmarks	
1. Analyze data from exit surveys & make recommendations to reduce voluntary closures or withdrawals.	
Update: The FSD Diligent Recruitment team continues to use data during their quarterly meetings to inform both recruitment and retention efforts. More on the diligent recruitment of foster homes can be found in Item 35.	
2. Define and implement a common best practice system from inquiry to licensure.	
Update: The Division has developed and implemented an inquiry tracking tool which allows the division to collect data about all parties who are interested in considering providing foster care. More on the diligent recruitment of foster homes can be found in Item 35.	
3. Work with kinship and foster parents to make sure they are supported and connected (e.g., developing metrics to assess support, increasing communication and collaboration, rate setting & the Placement Stability Project.)	
Update: The Foster Parent workgroup continues to meet to address “hassle factors” and system barriers that impact their caregiving experience. A Caregiver Mentoring Program has been established to increase support available to newer caregivers. The President of the Vermont Kin as Parents group joined the CFSR Steering Committee in the fall of 2022 and was a very active member of that committee. Additionally, this representative also participated as a reviewer in FSD’s spring Qualitative Case Review at one of the district offices. This was an excellent opportunity to further strengthen the partnership between FSD and kinship caregivers.	
4. Increase kin and foster family access to timely, relevant training (e.g., Orientation, Foundations, RPC+, advanced trainings).	
Update: September 2020 marked the implementation of a statewide orientation process where any interested person who wants to move forward can access orientation immediately. Additionally, those individuals who complete orientation can immediately enroll in an online Foundations series.	
Strategy 4B. Increase the availability and capacity of kinship and foster homes that meet the diverse needs of Vermont’s children and youth	
Activity/Benchmarks	
1. Develop and implement targeted recruitment plans on a statewide and district level to increase the number of homes that can safely care for the diversity of children in care (e.g., complex needs, LGBTQ, racial & ethnic backgrounds, physical and developmental challenges).	
Update: Please refer to Item 35 for information on the recruitment and retention of foster homes.	
2. Develop and implement practice expectations and provide training related to family finding to increase the percentage of children with kinship placements.	
Update: The CWTP continues to support and train on what FSD has learned from the work with Bob Friend over the last couple of years. Kinship placement was also 1 of the 3 focused indicators that FSD’s Division Management Team tackled during 2019-2022 by reviewing data and having practice discussions. When FSD’s focused indicator series came to a close in 2022, data showed that kinship placements had increased since 2019 (see Item 25 for data).	
3. Increase the number of foster homes able to maintain children within their home communities.	
Update: As each district was onboarded to the Diligent Recruitment Program, they were provided with baseline outcome data related to their current practice. Each district completed a practice profile tool which encouraged them to pause and reflect on their practices to identify areas of strength and challenge. From there the district selected from a menu of evidence informed or promising strategies to implement to strengthen their recruitment and	

Strategy 4B. Increase the availability and capacity of kinship and foster homes that meet the diverse needs of Vermont's children and youth
Activity/Benchmarks
retention efforts. Through ongoing consultation and review of data, progress toward improving outcomes is monitored. The Quality Assurance team provides the Diligent Recruitment team with updated data quarterly in the areas of foster home closures, placement stability, and placement with kin for all 12 districts. This data is shared during quarterly Diligent Recruitment meetings and used to inform next steps.

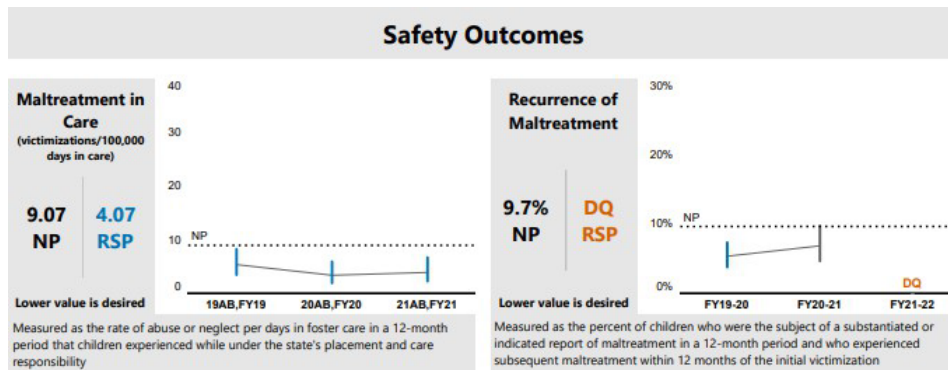
Section III: Assessment of Child and Family Outcomes

A. Safety

Safety Outcomes 1 and 2

Vermont has historically performed well on safety indicators, particularly in the area of Maltreatment in Care. Vermont's August 2023 data profile indicated that Vermont continues to perform below the national performance with this measure, which is the desired outcome. Due to exceeding the data quality limit, Vermont does not have performance results for the Recurrence of Maltreatment during the most recent reporting period, but it should be noted that prior to the August 2023 data profile, Vermont had been below or statistically no different than the national performance. See Figure 1.1 for additional information on safety outcomes.

Figure 1.1



Additionally, Vermont's state led Qualitative Case Reviews (QCRs), which were created after CFSR R3 and described in detail throughout this assessment, highlight strengths in all three safety outcomes, especially in safety outcome 1, Timeliness of Initiating Investigations of Reports of Maltreatment, which was a PIP item for Vermont in CFSR R3. A review of 167 cases between 2019-2022 found that 21 cases were applicable for item one in the OSRI, and of the 21, 20 were found to be a strength, putting Vermont at 95.24% strength (Figure 1.2).

Figure 1.2

Performance Item or Outcome		Cases: 288									
		Performance Item Ratings				Outcome Ratings					Applicable Cases
		S	ANI	NA	NA for PIP	SA	PA	NACH	NA	NA for PIP	
Safety Outcome 1	Children are, first and foremost, protected from abuse and neglect.					86% n=43	0% n=0	14% n=7	n=80	n=158	n=50
Item 1	Timeliness of Initiating Investigations of Reports of Child Maltreatment	84.62% n=55	15.38% n=10		n=123 n=100						n=65
Safety Outcome 2	Children are safely maintained in their homes whenever possible and appropriate.					60% n=78	14.62% n=19	25.38% n=33	n=0	n=158	n=130
Item 2	Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care	74.14% n=43	25.86% n=15		n=72 n=158						n=58
Item 3	Risk and Safety Assessment and Management	67.63% n=188	32.37% n=90	n=0	n=10						n=278

Figure 1.2 also highlights services to protect children in the home and prevent removal or re-entry into foster care. A review of 167 cases between 2019 and 2022 found that 28 cases were applicable for this item. Of these cases 85.71% (n=24) were found to be a strength. For Item 3, Risk and Safety Assessment and Management, 158 cases were applicable between 2019 and 2022. This item was rated a strength for 65.82% of cases (n=104).

Vermont's state led Qualitative Case Reviews (QCRs) highlight a need for improvement in the area of ongoing

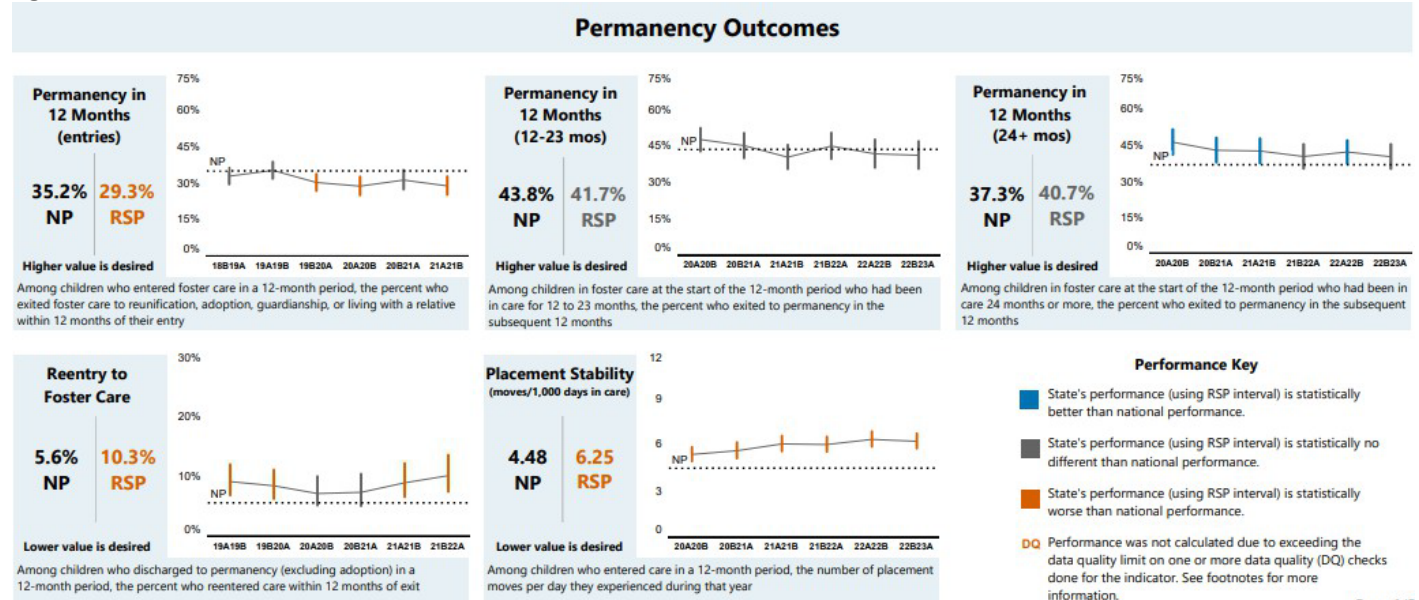
assessment of risk and safety. While we generally perform well in initial assessment of risk and safety, and have several Safety Decision Making (SDM) tools available to staff to support initial work, there are gaps in the availability of ongoing tools. Field staff, in focus group discussions, have cited this as contributing to lower ratings in the area of ongoing assessment. More information about safety related supports and services can be found throughout this assessment.

B. Permanency

Permanency Outcomes 1 and 2

Per the August 2023 data profiles, Vermont tends to be statistically no different or worse than the national performance with regard to permanency outcomes. See Figure 2.1 for performance data from the August 2023 data profile.

Figure 2.1



Using a cohort of children who entered custody during CY 2021 (N=614), when stratified by race as it relates to achieving permanency, Black/African American and youth who identify as having more than one race, had the highest frequency of discharging to a non-permanency outcome or still being in custody at the time of the data analysis (late 2023). This indicates racial disparity with regard to the type of permanency achieved by some of Vermont's BIPOC population. Figure 2.2 provides the referenced data used to come to this conclusion, with cells shaded yellow to indicate the disparity observed.

Figure 2.2

Vermont Permanency Outcomes by Child Race-CY 2021										
	Reunification with parent or primary caretaker N=233		Living with other relative N=39		Adoption or Guardianship N=55		All Other custody exits including missing/unknown N=63		Still in Custody N=224	
	#	%	#	%	#	%	#	%	#	%
Asian	5	83%	0	0%	0	0%	0	0%	1	17%
Black/AA	11	44%	2	8%	0	0%	6	24%	6	24%
Multi-Race	2	25%	2	25%	0		1	13%	3	38%
White	211	37%	34	6%	55	10%	56	10%	214	37%
Other	0	0%	1	100%	0	0%	0	0%	0	0%

As seen in Figure 2.1, Vermont's placement stability has remained worse than the national performance for the last several reporting periods. Between January 1st, 2019- March 31st, 2022, Vermont's internal placement stability data (Figure 2.3) also indicates performance below the standard. The denominator in Figure 2.3 is all children in custody between 1/1-3/31 of each year (between 2019-2022). The numerator is # of children who had 0-2 moves during that same time period. Feedback from focus groups and the CFSR steering committee indicated that the Covid-19 pandemic reduced the number of available foster homes. Additionally, over the past 3 years, Vermont has experienced a significant decrease in available beds in residential facilities (see Item 25 for more information on this). FSD is attempting to maintain these youth in the community despite placements and availability of services not being able to meet their higher level of needs. As a result, Vermont is noting greater placement instability.

Figure 2.3

Placement Stability, Point in Time, 2019-2022

	2019-Q1		2020-Q1		2021-Q1		2022-Q1	
District	%	#	%	#	%	#	%	#
A	53.2%	116/218	60.2%	103/171	59.7%	105/176	61.4%	97/158
B	60.1%	128/213	59.3%	131/221	62.8%	115/183	65.2%	103/158
H	54.7%	41/75	54.4%	31/57	45.5%	20/44	47.5%	19/40
J	72.5%	50/69	68.8%	33/48	83.3%	35/42	81.4%	48/59
L	55.1%	98/178	52.1%	76/146	61.3%	73/119	57.9%	66/114
M	57.7%	79/137	54.5%	66/121	59.3%	70/118	52.4%	55/105
N	68.3%	56/82	70.1%	54/77	59.2%	45/76	74.2%	72/97
R	60.3%	85/141	65.4%	83/127	66.0%	95/144	61.8%	102/165
S	58.7%	44/75	66.7%	38/57	64.1%	41/64	48.9%	22/45
T	70.2%	87/124	62.1%	82/132	60.3%	73/121	55.9%	66/118
V	70.4%	38/54	70.8%	34/48	70.8%	34/48	77.6%	52/67
Y	63.6%	56/88	64.1%	59/92	59.8%	49/82	59.6%	31/52
State	60.4%	878/1454	60.9%	790/1297	62.0%	755/1217	62.2%	733/1178
Std	89.0%		89.0%		89.0%		89.0%	

Data Source: Jan – March 2019 Outcomes at a Glance.xls, Jan – March 2020 Outcomes at a Glance.xls, Jan – March 2021, Outcomes at a Glance.xls Jan – March 2022 Outcomes at a Glance.xls

Despite this, FSD has seen an increase in placement with kin over the several years. Between January 1st, 2019- March 31st, 2022, Vermont's placement with kin increased 5.4% (Figure 2.4). This is a trend in the desired direction. It should be noted that there has been a decrease in the denominator (# of kids in custody as of the last day of quarter 1 each year).

Figure 2.4

Children in Custody Placed Out of Home in Relative Care, Point in Time Data as of the last day of the quarter, 2019-2022

	2019-Q1		2020-Q1		2021-Q1		2022-Q1	
District	%	#	%	#	%	#	%	#
ADO	42.7%	73/171	29.7%	38/128	27.9%	41/147	33.6%	38/113
BDO	12.7%	23/81	25.7%	44/171	34.4%	54/157	32.3%	43/133
HDO	36.5%	23/63	22.9%	11/48	11.4%	4/35	36.1%	13/36
JDO	45.3%	29/64	41.7%	15/36	51.4%	18/35	67.3%	33/49
LDO	8.6%	13/151	12.8%	17/133	26.3%	26/99	21.6%	22/102
MDO	29.7%	35/118	17.9%	20/112	43.0%	43/100	17.2%	16/93
NDO	29.2%	21/72	16.9%	11/65	20.9%	14/67	43.8%	35/80
RDO	24.0%	30/125	36.9%	41/111	32.3%	42/130	37.8%	54/143
SDO	27.5%	19/69	48.9%	23/47	47.1%	24/51	30.0%	12/40

	2019-Q1		2020-Q1		2021-Q1		2022-Q1	
District	%	#	%	#	%	#	%	#
TDO	32.0%	32/100	31.1%	32/103	39.2%	40/102	32.4%	33/102
VDO	25.6%	11/43	24.3%	9/37	37.0%	17/46	31.5%	17/54
YDO	49.3%	35/71	47.3%	35/74	34.0%	17/50	32.6%	14/43
Statewide	28.0%	344/1228	27.8%	296/1065	33.4%	340/1019	33.4%	330/988

Data Source: FSD Indicators thru Q1 2022.xlsx and FSD Indicators Most Recent.xlsx,

Placement with Kin Tab

Data Source: Q1 2019 CustodyInitial.xls, Q1 2020 CustodyInitial.xls, Q1 2021 CustodyInitial.xls, Q1

2022 CustodyInitial.xls

Additionally, data from 2019-2022 Qualitative Case Reviews supports that kinship placement is a strength for Vermont. As seen in figure 2.5, out of the 85 applicable cases for OSRI Item 10, 68 cases were found to be a strength.

Figure 2.5

Performance Item or Outcome		Cases: 288									
		Performance Item Ratings				Outcome Ratings					Applicable Cases
		S	ANI	NA	NA for PIP	SA	PA	NACH	NA	NA for PIP	
Permanency Outcome 1	Children have permanency and stability in their living situations.					15.38% n=12	75.64% n=59	8.97% n=7	n=0	n=95	n=78
Item 4	Stability of Foster Care Placement	79.82% n=91	20.18% n=23	n=0	n=59						n=114
Item 5	Permanency Goal for Child	40.35% n=46	59.65% n=68	n=1	n=58						n=114
Item 6	Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	39.47% n=45	60.53% n=69	n=0	n=59						n=114
Permanency Outcome 2	The continuity of family relationships and connections is preserved for children.					75.64% n=59	19.23% n=15	5.13% n=4	n=0	n=95	n=78
Item 7	Placement With Siblings	83.33% n=35	16.67% n=7	n=55	n=76						n=42
Item 8	Visiting With Parents and Siblings in Foster Care	79.03% n=49	20.97% n=13	n=16	n=95						n=62
Item 9	Preserving Connections	75.64% n=59	24.36% n=19	n=0	n=95						n=78
Item 10	Relative Placement	80% n=68	20% n=17	n=12	n=76						n=85
Item 11	Relationship of Child in Care With Parents	81.03% n=47	18.97% n=11	n=20	n=95						n=58

More information connected to permanency outcomes can be found throughout this assessment.

C. Well-Being

Well-Being Outcomes 1, 2, and 3

Most of the data regarding well-being comes from Vermont's internal Qualitative Case Reviews, as our antiquated data collection system, SSMIS, is not able to track this data. This is certainly a system limitation and Vermont is in the process of persuing a Comprehensive Child Welfare Information System (CCWIS), which would make this data much more accessible and robust.

Figure 3.1 highlights data from Vermont's internal Qualitative Case Reviews from 2019-2022, specifically the well-being items in the OSRI.

130 cases were applicable for item 12, and 60.77% (N=79) of applicable cases were rated an ANI. Qualitative data collected through the QCRs indicated that waitlists for services, reduced service availability during and post Covid, and FSD staff not always working closely with both removal parents, especially when one parent is not actively involved, as contributing to the overall ANI rating for item 12.

Item 16, Educational Needs of the Child, was applicable in 97 cases between 2019 and 2022, and was found to be a strength in 78.35% of cases (n=76). Item 17, Physical Health of the Child, was applicable in 107 cases and was found to be a strength in 65.42% of cases (n=70). Item 18, Mental/Behavioral Health of the Child, was applicable in 98 cases and was found to be a strength in 69.39% of cases (n=68).

Figure 3.1

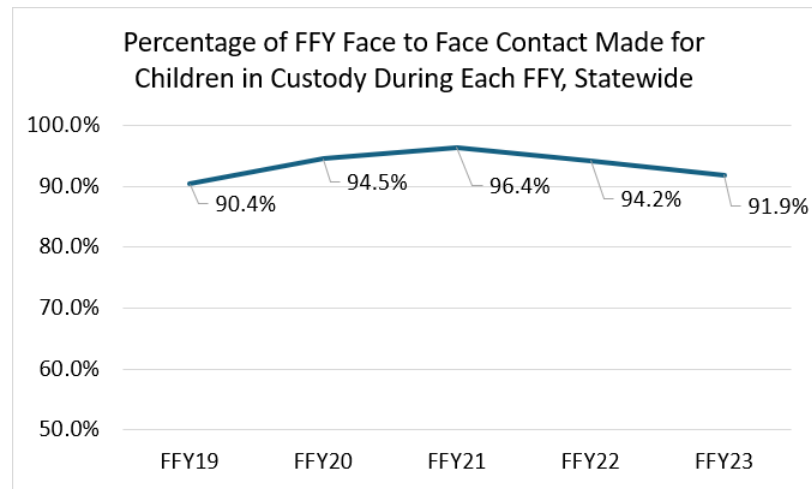
Performance Item or Outcome		Cases: 288									
		Performance Item Ratings				Outcome Ratings					Applicable Cases
		S	ANI	NA	NA for PIP	SA	PA	NACH	NA	NA for PIP	
Well-Being Outcome 1	Families have enhanced capacity to provide for their children's needs.					34.62% n=45	43.85% n=57	21.54% n=28	n=0	n=158	n=130
Item 12	Needs and Services of Child, Parents, and Foster Parents	39.23% n=51	60.77% n=79	n=0	n=158						n=130
Item 12A	Needs Assessment and Services to Children	68.46% n=89	31.54% n=41	n=0	n=158						n=130
Item 12B	Needs Assessment and Services to Parents	46.61% n=55	53.39% n=63	n=12	n=158						n=118
Item 12C	Needs Assessment and Services to Foster Parents	67.19% n=43	32.81% n=21	n=66	n=158						n=64
Item 13	Child and Family Involvement in Case Planning	62.3% n=114	37.7% n=69	n=5	n=100						n=183
Item 14	Caseworker Visits With Child	64.36% n=121	35.64% n=67	n=0	n=100						n=188
Item 15	Caseworker Visits With Parents	52.15% n=109	47.85% n=100	n=14	n=65						n=209
Well-Being Outcome 2	Children receive appropriate services to meet their educational needs.					78.35% n=76	4.12% n=4	17.53% n=17	n=33	n=158	n=97
Item 16	Educational Needs of the Child	78.35% n=76	21.65% n=21	n=33	n=158						n=97
Well-Being Outcome 3	Children receive adequate services to meet their physical and mental health needs.					55.28% n=68	21.14% n=26	23.58% n=29	n=7	n=158	n=123
Item 17	Physical Health of the Child	65.42% n=70	34.58% n=37	n=23	n=158						n=107
Item 18	Mental/Behavioral Health of the Child	69.39% n=68	30.61% n=30	n=32	n=158						n=98

** Figures may not total to 100% due to rounding.

Figure 3.2 highlights Vermont's face to face data from FFY19-FFY23. The data captures the percentage of youth who had a face to face contact every month and the percentage of those that happened in the child's home/placement. The figure demonstrates a decline from 96.4% in 2021 to 91.9% in 2023. In conversations with field staff in focus groups and with staff and community partners in CFSR Steering Committee discussions, this decline was attributed to understaffing in a majority of district offices which has resulted in higher caseloads for family services workers. More data regarding district staffing and caseloads can be found in Item 26. Additional information regarding wellbeing can be found

throughout this document.

Figure 3.2



Data Source: FSD Indicator Data, Face to Face Contact, FFY19-FFY23

Section IV: Assessment of Systemic Factors

A. Statewide Information System

Item 19: Statewide Information System

State Response:

Vermont Family Services Division (FSD) has the oldest child protection data collection system in the country. The Social Services Management Information System (SSMIS) went live in Vermont in 1983 and is very limited in what data it can collect and provide reporting on. Given the manual nature of the system, it also allows for data entry errors, which frequently result in missing or inaccurate data. FSD is currently pursuing a Comprehensive Child Welfare Information System (CCWIS), which would support automated processes and cleaner data entry. It is hoped that a CCWIS will be in place by CFSR R5 but with the limitations of FSD's current information systems, item 19 is being assessed as an area needing improvement for the following reasons:

SSMIS does not allow FSD to consistently record and report out on valid (non-missing and accurate) data regarding children in foster care during a specific period or all children who had been in foster care within a preceding 12-month period. Examples of these limitations and the processes used to remedy them (when possible) are as follows:

- **Status:** Foster care status for children is recorded in many screens in SSMIS and is required to be closed in two screens (Supervisory Tracking Screen (STF) and Placement Screen) for a case to accurately display as closed across all reports. Quarterly, the FSD Quality Assurance (QA) team identifies cases where closure date/data was only entered on one screen, resulting in the case appearing as open in some reports.
 - **Corrective Action:** To ensure the missing data is entered, a member of the QA team identifies which data is missing, reaches out directly to the districts where data is needed, provides a timeframe for the data to be entered, then checks the system to confirm the data has been entered.
- **Demographic:** Of the 921 youth in FSD custody on 12/31/2023, FSDs statewide information system was only able to report race data for 98.9% (N=911) and ethnicity data for 93.1% (N=860) of that point in time custody population (data source: administrative data pulled from SSMIS). Additionally, things such as medical diagnosis, medications, disabilities, and treatment needs of children in custody are only found in case plans and case notes, resulting in FSD having no ability to pull data or reporting on this information.
 - **Corrective Action:** Quarterly, a member of the QA team pulls the race and ethnicity data to identify if any are missing for that quarter. Emails are sent to districts with a request to update the data. FSD put this process in place around 2018 and since then, has seen a dramatic decrease in missing race and ethnicity data.

Until FSD has a CCWIS system, we will not be able to report out on medical diagnosis, medications, disabilities, and treatment needs of children in custody.

- **Location:** While a review of FSD's administrative data found that placement type information was available for 99.78% (N=919) of the 921 kids in custody on 12/31/2023, the physical location of children is not readily identifiable. Due to data entry limitations of SSMIS, if a child is placed with a contracted placing agency, the placement information will display with the child placing agency name and address, NOT the name and address of the contracted placement provider within that agency. This means that in after hours or emergency situations, only people with SSMIS training and knowledge may be able to find where a particular child in custody is located. While this is a very small portion of the custody population, it still does not meet the

requirements for item 19.

- **Corrective Action:** Between 2018-2023, FSD made attempts to adjust how SSMIS captures contracted placements however, due to capacity challenges within FSD and the Agency of Digital Services (ADS- formerly FSD-Information Systems Division), this work did not make it to production. Given the number of changes that would be needed in SSMIS, FSD has determined that this is not feasible with our current systems and capacity and will only be possible with a CCWIS.
- **Goals for Placement:** SSMIS only records permanency goals at the time of an exit from custody. During the life of a custody case, permanency goals are identified in a child's case plan however, given that case plans are separate from our data collection and case note system and fully manual (no automation or links to the systems), FSD is unable to report out how many children in custody at any time have a permanency goal or what that goal is.
 - **Corrective Action:** Until FSD has a CCWIS, this will not change.

Vermont's AFCARS, NCANDS and NYTD file submissions have consistently had issues meeting data quality standards over the years. This (along with most other inaccurate or missing data) is generally due to data entry issues as a result of the manual nature of SSMIS and the room it leaves for error. Since our last statewide assessment, Vermont has moved away from having the ADS systems developer who generates our federal files determine the quality of the data prior to submission. Instead, it is on the business (FSD) to run the error reports prior to submission. If there appear to be data quality issues, FSD connects not only with statewide staff to make data entry corrections, but also works in conjunction with ADS to make system enhancements or changes to the code when the issues are beyond changes to the data entry. Requests to ADS must be prioritized across departments, including other divisions within the Department for Children and Families. With a diminished workforce both within FSD and ADS over the past 4-5 years, the lack of resources for both data entry and/or to make changes to our antiquated data systems in a timely manner has impacted FSD's ability to remain compliant with our data reporting requirements. Information on Vermont's most recent federal file submissions can be found in Figure 19.1, AFCARS 2023B compliance report in Figure 19.2, and NYTD 2023A/B compliance report in Figure 19.3.

Figure 19.1

File Name & Year	On Time?	Meets Quality Standards?	Comments
AFCARS 2023A/B	Yes	No	-2023A AFCARS submitted with 1993 rules in .txt format -2023B AFCARS submitted with 2020 rules in XML format via NCWDMS -Neither submission was compliant. -See compliance report details for 2023B below. Compliance details unavailable for 2023A since file was not submitted via NCWDMS.
NCANDS FY23	Yes	No	Although no penalties apply, VT has historically been unable to provide all data elements as prescribed for NCANDS reporting. Much of this is due to system limitations and/or lack of IT resources to enhance our antiquated data systems. As of our FY23 submission, VT has approximately 10 items to address for the Child File, and 5 items for the Agency File.
NYTD 2023A	Yes	No	Non-compliant. 1.25% penalty applied. See details below.
NYTD 2023B	Yes	No	Non-compliant. 1.25% penalty applied. See details below.

Figure 19.2

Compliance Summary Report

Agency: Vermont **Report Period:** 2023B **Program Type:** AFCARS - Out of Home Care **File ID:** 4162
File Name: 2023B_OutOfHomeCare.xml **Transmitted Date:** 11/14/2023 **Transmitted By:** sierra.cotnoir@vermont.gov
Submission Date: 11/14/2023 **Record Count:** 1265

The table below details all noncompliant elements for the AFCARS - Out of Home Care file.

Element name	Missing	Out-of-range	Internal consistency	Tardy transactions	Total # of children w/ errors	Subject records	Percent failed	Threshold
E52_title_iv_b	1,242	0	0	0	1,242	1,242	100.0%	90.0%
E71_removal_environment	1,044	0	0	0	1,044	1,242	84.1%	90.0%
E115_therapeutic_home	0	0	1,202	0	1,202	1,242	96.8%	90.0%
E116_shelter_care_home	0	0	1,202	0	1,202	1,242	96.8%	90.0%
E120_other_living_arrangement_type	0	0	1,242	0	1,242	1,242	100.0%	90.0%
E123_marital_status_of_foster_parents	0	0	329	0	329	1,242	26.5%	90.0%
E134_foster_parent1_hispanic_latino	0	0	165	0	165	1,242	13.3%	90.0%
E148_permanency_plan_type	0	0	1,178	0	1,178	1,242	94.8%	90.0%

Noncompliant Elements

Figure 19.3

NYTD 2023A/B:

Period	Status	Reasons for Penalty	Penalty	Notes:
2023A	Non-Compliant	-Date of Outcome Data Collection (beyond 45-day window). Penalty Free Goal: 90% VT Outcome: 85.71%	1.25%	17-yo survey population. FSWs must survey youth w/within 45 days of their birthdays. We still report late surveys (per federal guidance) which yields a penalty.
2023B	Non-Compliant	-Date of Outcome Date Collection (beyond 45-day window). Penalty Free Goal: 90% VT Outcome: 83.33%.	1.25%	17-yo survey population. FSWs must survey youth w/within 45 days of their birthdays. We still report late surveys (per federal guidance) which yields a penalty.

This 1.25% penalty noted in Figure 19.3 is a result of Vermont including surveys in our data set that were completed beyond the 45-day window following the youths' 17th birthdays. The Children's Bureau has directed us to still enter these surveys into our data set, even when they are late. Unfortunately, there is no way to remedy this issue in a corrected file.

With regard to other work FSD has done to support the integrity of the data entered into our statewide information systems, FSD has over 20 data integrity reports available for staff to run at any time. Administrative staff within the 12 district offices are encouraged to run many of these reports monthly to ensure timely correction of the data. While there are fewer reports available regarding timely entry of data, the FSD QA team can query screens in SSMIS to pull

information about timely entry of data. Specifically, since the last CFSR, FSD leadership has identified the timely entry of placement entry, move, and exit information for children in foster care as a priority at times. The QA team provides reporting on this data when requested, which is shared with FSD management with a request to identify barriers to timely entry and practice shifts to support entering all placement data within 72 hours.

As stated above, FSD has assessed item 19 to be an area needing improvement. While the FSD QA team works daily to make changes to our statewide information systems to align with state and federal compliance, it is unlikely that all the necessary changes can be made without a CCWIS.

B. Case Review System

Item 20: Written Case Plan

State Response:

In accordance with FSD policy 122, each child in DCF custody has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions. Policy 122 also indicates that best practice dictates and Vermont state statute requires that social workers engage with families in a process of case planning. **33 V.S.A § 5121** states:

“The department shall actively engage families and solicit and integrate into the case plan the input of the child, the child's family, relatives and other persons with a significant relationship to the child. Whenever possible, parents, guardians and custodians shall participate in the development of the case plan.”

This policy assumes the process described above has taken place during case planning (Refer to Case Planning Practice Guidance for more information).

Family Services practice includes holding periodic reviews where case plans are discussed amongst the team members in a semi-formal setting. Each of these case plan review meetings is facilitated by a Case Plan Review Facilitator employed by the agency specifically for this role. Case plan reviews will be discussed in depth in Item 21.

Figure 20.1 Child/Youth/Family Engagement in Case Planning:

Performance Item or Outcome		Cases: 288									
		Performance Item Ratings				Outcome Ratings					Applicable Cases
		S	ANI	NA	NA for PIP	SA	PA	NACH	NA	NA for PIP	
Well-Being Outcome 1	Families have enhanced capacity to provide for their children's needs.					34.62% n=45	43.85% n=57	21.54% n=28	n=0	n=158	n=130
Item 12	Needs and Services of Child, Parents, and Foster Parents	39.23% n=51	60.77% n=79	n=0	n=158						n=130
Item 12A	Needs Assessment and Services to Children	68.46% n=89	31.54% n=41	n=0	n=158						n=130
Item 12B	Needs Assessment and Services to Parents	46.61% n=55	53.39% n=63	n=12	n=158						n=118
Item 12C	Needs Assessment and Services to Foster Parents	67.19% n=43	32.81% n=21	n=66	n=158						n=64
Item 13	Child and Family Involvement in Case Planning	62.3% n=114	37.7% n=69	n=5	n=100						n=183
Item 14	Caseworker Visits With Child	64.30% n=121	35.69% n=67	n=0	n=100						n=188

*QCR State Rating Summary 2019-2022

Figure 20.1 shows data from Vermont's 2019-2022 Qualitative Case Reviews, which utilize the OSRI. Specifically, Figure 20.1 shows Item 13: Child and Family Involvement in Case Planning. Out of the 288 cases that were reviewed 183 were applicable with 62.3% (n=114) being a strength and 37.7% (n=69) being an area needing improvement.

While it's unable to be determined if all case plans include the required elements once completed by Family Services Workers, the agency's case plan template includes the following sections to be completed by Family Services Workers along with parents and youth:

- Case information (parent and child names, towns, attorney info for all parties, FSW and supervisor info, docket number, date of next hearing, tribal affiliation, parentage, language, accommodations, case planning participants chosen by youth, description of child's living situation)
- Case plan type

- CHINS Findings/Findings of Fact
- Estimated date for achieving the case plan goal
- Case plan goal
- Custody recommendation
- Case plan goal and custody recommendation narrative
- Current DCF involvement
- Relevant history
- Family and youth perspectives
- Connections and supports to the family
- List of people important to youth, mother, father from their perspectives and list of team members working with family
- Current assessment of youth's strengths and needs
- Current assessment of parents' strengths and needs
- Action plan (behaviorally specific objective statement, action steps, timeline to achieve each action step)
- Progress towards meeting case plan goals
- Placement information
- Family Time, contact, and communication schedule
- Physical Health, Developmental, Mental Health, and Dental, including provider info, next and most recent appointments, and prescription information
- Educational information including school information, grade level, IEP/504 Plan/EST, Lead Educational Agency information, Education Surrogate information
- Normalcy, interests, religion, and community/culture information
- Rights of youth ages 14 and over in DCF custody, including team member information list and youth signature box
- Termed probation grid
- Transition to adulthood plan
- Notice and signatures

Vermont's Policy and Planning Manager reviews all federal and state requirements to ensure that case plan templates include the required elements. Typically, if a case plan format changes based on new requirements, the Policy and Planning Manager collaborates with a workgroup to ensure that changes/additions are being incorporated accurately and sustainably and are reflective of Vermont's practice. This information is shared with the field including Operations Managers, District Directors, Supervisors, and Family Services Workers.

Involvement in the development of case planning was a topic discussed with three youth in a focus group in January 2024. All three of these youth were in the care of FSD at some point from 2019 to now. All three youth shared that they had little to no involvement in the development of their case plans and that their input was not sought out by their worker until they were approximately 16 or older. Two youth stated that they had no input into where they lived or what services they received; one youth stated that they did have input but only because a judge asked for their perspective.

When asked how they would have liked their case planning experience to be different, all three youth stated that they would have liked to be included in the process and to be treated more maturely when their input was sought out.

Vermont values the information these youth shared through their focus group and is actively working to include youth in our CFSR steering committee meetings and PIP development, to ensure their voices are heard and included in future planning. Vermont is also committed to identifying ways youth can be involved with improvement activities beyond just the CFSR and PIP period.

Per policy, initial case plans are due within 60 days but Vermont's data system does not track the date these case plans are done. As a possible solution, a data field can be added to the data collection system for districts to enter the date an initial case plan was completed; this can be compared to the custody date to determine if case plans are completed within 60 days of custody.

Due to system and data limitations, it is unable to be determined if children in foster care did or did not have a written case plan within 60 days. It is also unable to be determined if case plans included the required elements. Therefore, this item is deemed to be an area needing improvement.

Item 21: Periodic Reviews

State Response:

This item will address 6-month case plan reviews and will address the question: of the children who entered care or were in care during a specified period who were supposed to have a periodic review every 6 months, how many had at least one? Permanency hearings will be addressed in Item 22.

Our statewide information system (SSMIS) captures the case plan review and permanency hearing dates for oversight and monitoring. Since the early 1990s, Vermont has utilized a case plan review scheduling system that is driven by the custody date (the date the court issues a custody order; in almost all cases, this is the same as the removal date), also tracked in SSMIS. This scheduling system prints out a schedule 60 days in advance and allows users to input information about individuals who should be invited to participate in the review including: child, parents, attorneys, guardian ad litem, caregivers, mental health providers, schools, and other individuals (see full list from Policy 122). Invitations and case plans are printed and mailed to the list of participants in advance of the case plan review. Case plan reviews provide the agency, parents, youth, attorneys, providers, and other participants selected by the family (see full list from Policy 122) the opportunity to review the case plan, request changes/additions to the plan, discuss progress and barriers, permanency goal, next steps in the case, and any additional support that may be helpful to youth and parents. These reviews are also an opportunity for participants to ask questions about the case plan and share their perspectives.

Figure 21.1 6 Month Case Plan Review Timeliness, per district, Vermont statewide

	Column Lab					
	Yes		No - but within 30 days		Total #	Total %
Row Labels	#	%	#	%		
A	3	20.00%	12	80.00%	15	100.00%
B	27	93.10%	2	6.90%	29	100.00%
H	1	33.33%	2	66.67%	3	100.00%
J	3	50.00%	3	50.00%	6	100.00%
L	22	81.48%	5	18.52%	27	100.00%
M	13	44.83%	16	55.17%	29	100.00%
N	24	85.71%	4	14.29%	28	100.00%
R	11	55.00%	9	45.00%	20	100.00%
S	4	18.18%	18	81.82%	22	100.00%
T	6	85.71%	1	14.29%	7	100.00%
V		0.00%	2	100.00%	2	100.00%
Y	4	44.44%	5	55.56%	9	100.00%
Z	3	100.00%		0.00%	3	100.00%
Grand Total	121	60.50%	79	39.50%	200	100.00%

Data source: Supervisory Tracking Form

Date Note: Data looks at entry cohort of youth who entered custody between 4/1/2022-3/31/2023

Figure 21.1 above looks at 6-month case plan reviews and whether they happened timely. An entry cohort of youth entering custody from 4/1/2021 through 3/31/2022 was used. During that timeframe, 322 youth entered DCF custody. Of these 322 cases, 119 cases were closed prior to needing a 6-month case plan review and 3 were ICPC cases/youth from another state. The denominator is the 200 remaining youth who were eligible for a 6-month case plan review during this time period and does not include youth who needed two reviews. Of those 200 cases, 121 youth (60.5%) had 6-month case plans that happened timely (within 6 months of entering custody), and the remaining 79 youth (39.5%) had 6-month case plan reviews that were not timely but were held within 30 days of the original review due date. It should be noted that in every case where a case plan review was not held timely, the review still occurred in the same month it was due. This is attributed to the structure of the case plan review scheduling and district/staff capacity. In smaller districts, there are typically two days set aside each month for case plan reviews based on staff/reviewer

availability and capacity. This results in some case plan reviews occurring anywhere from 1-30 days after the due date but means that if the review is late, it is still always occurring within the same month it is due. Further exploration around the structure and scheduling of case plan reviews will be conducted in an effort to ensure that all case plans reviews are completed timely in the future.

Due to system limitations in our antiquated SSMIS system, Vermont was unable to retrieve data regarding subsequent reviews at this time. Because of this and that 39.5% of the entry cohort used in the example above did not have a 6-month case plan review held timely, Vermont has deemed this item to be an area needing improvement.

Item 22: Permanency Hearings

State Response:

In accordance with FSD Policy 122, FSD works toward each child in DCF custody having a permanency hearing twelve months from their custody date.

In addition to setting clear policy expectations about holding permanency hearings for children and youth in custody, our statewide information system (SSMIS) captures the permanency hearing date for monitoring and oversight. In order to present data for this assessment, FSD generated a snapshot of permanency review data. Figure 22.1 represents an entry cohort of 567 children who entered custody between April 1, 2021 and March 31, 2022. Of these 567 children, 1 was a voluntary custody and 187 children exited custody before their permanency hearing was due, leaving a denominator of 379 children eligible for a permanency hearing 12 months after entering custody. Of these 379 cases, 7.12% (n=27) were closed without a permanency hearing when it was due; 34.04% (n=129) had timely permanency hearings; and 58.34% (n=223) did not have timely permanency hearings. Of the 223 children and youth without timely permanency hearings, 58 children and youth had their permanency hearing within 30 days of the due date.

Figure 22.1 Timely Permanency Hearings
Custody Entrants Statewide from 4/1/2021-3/31, 2022, By Whether They Had a Permanency Hearing Timely

Case Closed Without Permanency Date		No		No - Within 30 Days		Yes		Total #	Total %
#	%	#	%	#	%	#	%		
27	7.12%	165	43.54%	58	15.30%	129	34.04%	379	100.00%

As Figure 22.1 indicates, over half of the applicable entry cohort cases did not have a timely permanency hearing, which leads Vermont to conclude that Item 22 is an area needing improvement. Focus groups and CFSR Steering Committee conversations have highlighted the backlog in Vermont's courts and service delivery system (due to impacts from the Covid 19 pandemic) as resulting in permanency hearings not occurring timely. FSD worked with the judicial data unit in an effort to gather court level data to further inform the CFSR statewide assessment. Unfortunately, due to the newness of the judicial data system and differences in what and how court data is collected, no data from the judicial data system could be included in this item.

Item 23: Termination of Parental Rights

State Response:

FSD Policy 122 states that for children who have been out of home for 15 of the last 22 months, federal statute requires that, unless compelling reasons why this is not in the child's best interest are documented in the child's case plan, the state file a petition to terminate parental rights. Also, Policy 125 indicates that for children and youth who must be removed from their homes, federal and state statute requires that the division address permanence promptly. For children who have been in care for **fifteen out of the last twenty-two months**, the division must file a petition to terminate parental rights unless the case plan documents a compelling reason why such an action is not in the child's best interest.

The following data (Figure 23.1) taken from FSD's quarterly management reports shows that 30.34% of the cases active as of 12/31/22 that had been open for 15 months or more, had a TPR filing, TPR completion, or there were compelling reasons documented. Unfortunately, this means that 41.72% or 209 children and youth did not, making this item an area needing improvement.

Figure 23.1

<15 Mo: TPR petition was filed, or compelling reasons were documented in under 15 months.
>15 Mo: TPR petition was filed, or compelling reasons were documented at/or over 15 months.
TPR Completed: TPR has been completed for the case.
NO TPR or CR: TPR petition has not been filed and/or compelling reasons have not been documented.

TPR or Compelling Reason Action Taken on Cases Active on 12/31/2022 That Had Been Open 15 Months or More

Age Range	#				%				Total #	Total %
	<15 mo	>15 mo	TPR Completed	No TPR or CR	<15 mo	>15 mo	TPR Completed	No TPR or CR		
0-5	39	6	40	71	25.0%	3.85%	25.64%	45.51%	156	100.0%
6-11	21	7	39	54	17.36%	5.79%	32.23%	44.63%	121	100.0%
12-17	37	24	66	76	18.23%	11.82%	32.51%	37.44%	203	100.0%
18+	2	4	7	8	9.52%	19.05%	33.33%	38.10	21	
Grand Total	99	41	152	209	19.76%	8.18%	30.34%	41.72%	501	100.0%

**FSD's Q4 2022 Custody Initial Report, tab C12*

Exploring further in Figure 23.2, 173 out of 209 of the cases in Figure 23.1 were children and youth who had a case plan goal of return home. Most of these involved children and youth between the ages of 12 and 17. Just under half of the 173 children and youth were placed at home with their parent or are placed with relatives. Almost half of them were placed in foster homes. Through root cause analysis using OSRI data collected from FSD's Qualitative Case Reviews over the last several years and qualitative data from the CFSR Steering Committee meetings (steering committee described in detail in Item 25), FSD has concluded that one of the most common reasons for not filing a TPR timely is the delay in service availability for caregivers with substance use disorders. Often, there are waitlists for these services, and they do not begin until several months into a case.

Figure 23.2

Children/Youth with No TPR or Compelling Reasons That Had Been Open 15 Months or More as of 12/31/2022, With a

Case Plan Goal of Return Home, by Living Arrangement

	Goal = Return Home						
	Living Arrangement:						Total
	Foster Home	Group Home	Institution	Residential	Parent	Relative	
Age Range							
0-5	32				5	14	51
6-11	19			2	3	20	44
12-17	30	4		12	10	17	73
18+	3		1			1	5
Grand Total	84	4	1	14	18	52	173

**FSD's Q4 2022 Custody Initial living arrangements data report*

Focus group conversations with FSD staff during 2022 & 2023, and CFSR Steering Committee meeting break out group conversations (which included Family Services staff, court staff, and community partners) during the same time also identified delays in services due to the Covid-19 pandemic as contributing to TPR petitions and hearing not occurring timely. FSD worked with the judicial data unit in an effort to gather court level data to further inform the CFSR statewide assessment. Unfortunately, due to the newness of the judicial data system and differences in what and how court data is collected, no data from the judicial data system could be included in this item. Qualitative and Quantitative data gathered during the creation of the CFSR R4 statewide assessment has led FSD to assess that Item 23 is an area needing improvement.

Item 24: Notice of Hearings and Reviews to Caregivers

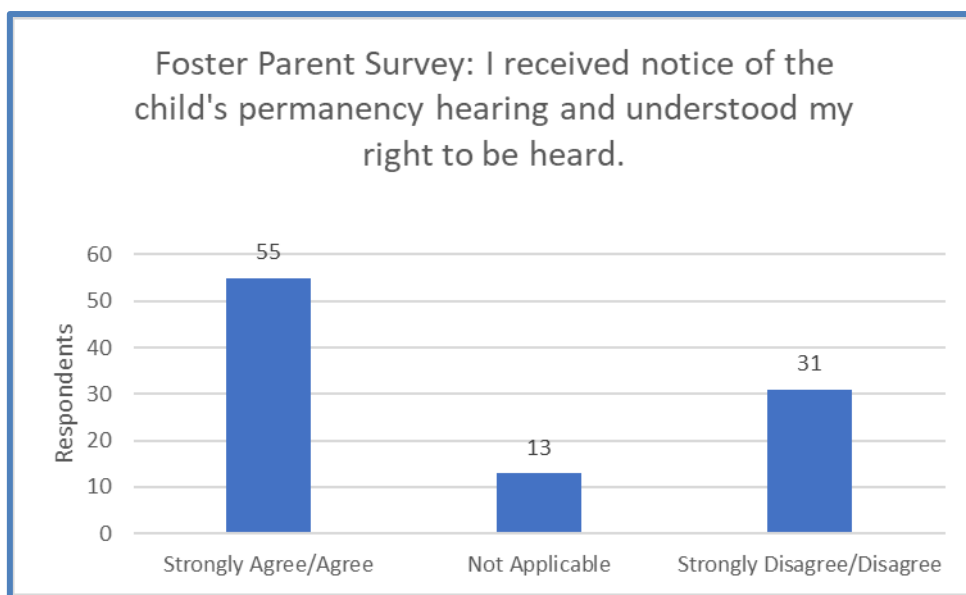
State Response:

Vermont statutes (Title 33, Chapter 53, Section 5321) requires and FSD Policy 122 reaffirms that the department must provide notice of the hearing to a foster parent, pre-adoptive parent, or relative caregiver for the child/youth. The law states that the caregiver shall have an opportunity to be heard at any permanency hearing held with respect to the child/youth.

District offices mail court hearing notices to foster parents, pre-adoptive parents, and relative caregivers via certified mail. However, due to data system limitations, these notices are not tracked and it is unable to be determined how many are sent and received.

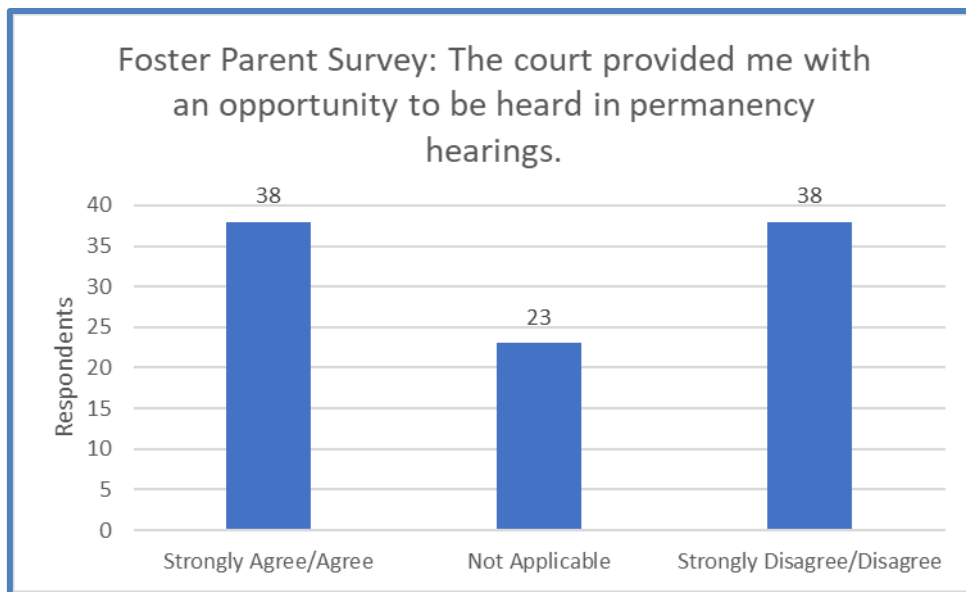
A survey was sent to 943 foster parents/caregivers in Vermont in 2023 (the active foster homes at that point in time), 23 of which were undeliverable. Of the 920 surveys sent, 99 current or former foster parents provided a response, for a 10% response rate. When asked if they received notice of the child's permanency hearing and understood their right to be heard, the responses (of the 99 who responded) were as follows: 13.1% (n=13) responded not applicable; 55.6% (n=55) responded strongly agree or agree; and 31.3% (n=31) responded strongly disagree or disagree. This indicates that more than half of foster parents who responded to the survey received notice of court hearings for the child(ren) in their care.

Figure 24.1



When asked if the court provided them the opportunity to be heard in permanency hearings, the responses (of the 99 who responded) were as follows: 23.2% (n=23) responded not applicable; 38.4% (n=38) responded strongly agree or agree; and 38.4% (n=38) responded strongly disagree or disagree.

Figure 24.2



It was learned through a focus group with 14 judges, that many judges around the state encourage youth over age 12 to attend and participate in hearings. Judges also report giving foster parents the opportunity to be heard when they are in attendance at court hearings; judges also indicated that the foster parents' perspective and input is oftentimes presented by the guardian ad litem or the child's attorney during court hearings.

While feedback from surveys and focus groups was positive in the area of notices, the small response rate makes it difficult to assert that foster parents, kinship providers, or pre-adoptive caregivers are consistently receiving notices of hearings and reviews. Based on the limited amount of information and the lack of an automated (or manual) tracking process, Item 24 is deemed to be an Area Needing Improvement. Potential strategies and data tracking processes can be discussed in the CFSR Steering Committee meetings to improve in this area.

C. Quality Assurance System

Item 25: Quality Assurance System

State Response:

Services identified in Vermont's CFSP are implemented around the state by a variety of providers. Vermont's quality assurance systems continuously assess the functioning of services to ensure that the safety, permanency, and well-being of the children, youth, and families we serve is always promoted. Through employing many different methods of quality assurance, Vermont FSD can identify goals for services and supports, collect data to determine if these goals are being met, and evaluate and implement improvement measures as needed. As with many items within the statewide assessment, Vermont is limited by our antiquated data collecting system with regard to being able to provide quantitative outcome data to demonstrate conformity with an item at a statewide level. This is hoped to be remedied over the next several years as Vermont moves closer to implementing a Comprehensive Child Welfare Information System (CCWIS) and has more reporting available through the use of their Results Oriented Management system (described in detail further in this item). FSD's quality assurance systems include but are not limited to:

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

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

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

Qualitative Case Reviews: Vermont's PIP Goal 1, Strategy 1B for CFSR 3 was to, "Develop and implement a Qualitative Case Review System to collect and analyze quantitative and qualitative data on current performance and monitor the implementation of performance improvement strategies." Since CFSR 3, Vermont FSD has created its own internal review system, referred to as the Qualitative Case Reviews (QCRs), which kicked off in 2016 after CFSR 3. Not only did Vermont meet this goal, but the creation of a qualitative case review system supported Vermont in passing all PIP items

for CFSR R3. Figure 25.1 provides a breakdown of all the PIP items Vermont was required to work on in CFSR R3, the baseline goal, target goal, and when the goal was met.

Figure 25.1

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

OSRI Item 4	Stability of Foster Care Placement	75.00%	70.00%	77.30%	60.00%	80.00%	55.00%	80.00%	80.00%	No Review Held	N/A
OSRI Item 5	Permanency Goal for Child	58.00%	45.00%	53.00%	28.00%	55.00%*	27.50%	45.00%	48.28%	No Review Held	N/A
OSRI Item 6	Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	68.00%	45.00%	53.00%	63.00%	50.00%	47.50%	60.00%	35.00%	No Review Held	N/A
Item Label	Item Description	2015 CFSR or CY2015 State Data	PIP Baseline or CY2016 State Data	PIP Targets	Spring 2017 Reviews or Jan-Jun 2017 Data	Fall 2017 Reviews or Jul-Dec 2017 Data	Spring 2018 Reviews or Jan-Jun 2018 Data	Fall 2018 Reviews or Jul-Dec 2018 Data	Spring 2019 Reviews or Jan-Jun 2019 Data	Jul- Dec 2019 Data Only (no Fall 2019 Reviews)	Sep-Oct 2020 Item 3 Data Only (no Spring 2020 Reviews)
WELL-BEING		65 Cases	65 Cases	65 Cases	65 Cases	65 Cases	65 Cases	65 Cases	65 Cases	No Review Held	65 Cases-Item 3 Only
OSRI Item 12	Needs and Services of Child, Parents, and Foster Parents	52.00%	35.40%	41.40%	34.00%	29.23%	29.41%	43.42%	42.65%	No Review Held	N/A
OSRI Item 13	Child and Family Involvement in Case Planning	60.00%	50.80%	57.10%	46.00%	40.00%	47.06%	58.46%	57.81%	No Review Held	N/A

OSRI Item 14	Caseworker Visits with Child	63.00%	58.50%	64.70%	63.00%	53.85%	50.00%	69.23%	55.88%	No Review Held	N/A
OSRI Item 15	Caseworker Visits with Parents	39.00%	44.40%	50.80%	33.00%	41.38%	24.59%	44.93%	50.55%*	No Review Held	N/A

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

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

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

Results from QCRs are shared with districts. Quality Assurance Coordinators (QACs) from the QA team partner with their assigned districts to identify strategies to shift the areas in need of improvement and collaborate with districts to implement and monitor these strategies. This collaboration allows input/feedback from all around the state to ensure that strategies are feasible, sustainable, and adhere to best practices.

Prior to the COVID 19 pandemic, the division planned to continue bi-annual in-person spring and fall QCRs, measuring all 18 items. With the outbreak of COVID 19, the division shifted to item-only QCRs which were completed in the Fall of 2020, Spring 2021 and Fall 2021. In Spring 2021 and Fall 2021, the division conducted virtual QCRs measuring the following items: 1, 4, 6, 13, 14, and 15 (Spring) and added items 5 and 10 in the Fall. These items were selected because of a continued need to focus on these areas of practice and keep the process manageable given the impact of our QCR reviewer resources during the pandemic and staff turnover. In Fall 2022, the division conducted in-person QCRs for all OSRI items in our Springfield and Burlington district offices. In Spring 2023, the division conducted in-person QCRs for all OSRI items in our St. Johnsbury, Barre, and Middlebury district offices. See Figure 25.2 for a table of # of cases reviewed, by districts, since CFSR 3. Note that Figure 25.1 shows only PIP monitored cases, whereas Figure 25.2 contains both PIP and non-PIP monitored cases.

Figure 25.2

of Cases Reviewed During VT's Qualitative Case Reviews (QCRs), 2016-2023, by District

Row Labels	2016	2017	2018	2019	2020	2021	2022	2023	Grand Total
Barre	2	4	8	2		12		18	46
Bennington	5	15	19		4	1	16		60
Brattleboro	15		14		4	12			45
Burlington	54	59	66	38	26		14		257
Hartford	13	13		23	5		8		62
Middlebury	16		13		4	8		8	49
Morrisville		15	20		4	8			47
Newport	13	15		20	4				52
Rutland		13	18		5		16		52
Springfield	14	15		22	4		8		63
St. Albans	15		14		5	11			45
St. Johnsbury	2	5	12			8		9	36
Grand Total	149	154	184	105	65	60	62	35	814

Data Source: Online Monitoring System (OMS)

Data Note: During Vermont's R3 PIP, Barre & St. Johnsbury were used as pilot districts where fewer cases were reviewed more frequently. This accounts for the lower # of cases reviewed in those districts in the table above. Burlington is VT's metro district, thus a higher number of cases were reviewed during the R3 PIP.

Through the continuous feedback loop that QCRs provide, FSD is able to use qualitative and quantitative data to assess the availability, delivery, strengths, and areas of need of the services identified in the CFSP.

Stakeholder Engagement Meetings: Stakeholder Engagement Meetings are coordinated by Family Services on a quarterly basis. These meetings involve various stakeholders, both internal and external, from around the state, to provide policy and practice updates to help strengthen partnerships and the greater child welfare system. The quarterly meeting invitation goes out to individuals from the following fields: court, mental health, agencies that support and represent family and youth, corrections, education, local services providers, treatment providers, law enforcement, placement providers, and various advocacy groups. Note that post Covid, Vermont is working to get these meetings back to a quarterly cadence as turnover in FSD and within our stakeholder population has impacted how frequently this group is able to meet.

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

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

The CFSR Steering Committee was instrumental in providing input and perspective for the statewide assessment and will be involved with the creation and implementation of Vermont’s PIP. Through this quality assurance resource developed since CFSR 3, Vermont has another avenue of assessing the statewide functioning of services identified in the CFSP.

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

In addition to the above-mentioned functions of DMT, from 2019-2022, DMT focused heavily on 3 key indicators that were identified together in the summer of 2019. The indicators were: to increase face to face contact on custody cases, increase timely closure of child safety interventions and decrease length of stay for other case types, and increase placement with kin.

FSD leadership committed to using monthly DMT meetings between 2019-2022 to review the indicator data together and discuss what’s working/what’s not. The directors would take this back to their districts to identify and implement strategies, then come back to the next meeting to review the data again and report out. The goal was to repeat this process for the 3 indicators each year for 3 years, which ended in summer of 2022. The DMT CQI Indicator schedule for 2021 is included below in Figure 25.3 to provide an example of DMTs commitment and approach to this work.

Figure 25.3

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

DMT CQI Indicators Schedule 2021		
Focused Indicator	Activity	Target Month
Kinship Placements	1. DMT ➤ Central Office presents new quarterly data	July
	2. Directors will follow up with their leadership team/staff: ➤ Review current strategies and a plan to evaluate progress	August/September
	3. DMT ➤ Central Office shares updated data ➤ Directors report on: • What you learned from discussing with staff • Share strategies and how you are evaluating them • Reflect on any changes/results • what additional supports you need	November

Final indicator data was shared in fall of 2022, which identified increased performance in all three indicators. Two examples of indicator data are included below in Figures 25.4 and 25.5

Figure 25.4

Vermont Face to Face Contact, 10/1/18-9/30/22								
	FFY19		FFY20		FFY21		FFY22	
	#	%	#	%	#	%	#	%
Statewide	13169	88.8%	12622	93.3%	11900	95.1%	11288	93.1%

Data Source: Results Oriented Management (ROM)

Figure 25.4 shows progress made by VT from 2019-2022 regarding face to face contact for custody cases. Vermont attributes the dip in FFY22 to removing the use of virtual contact for face to face requirements.

Figure 25.5

Vermont Timely Closure of Child Safety Interventions, 10/1/18-9/30/22								
	FFY19		FFY20		FFY21		FFY22	
	#	%	#	%	#	%	#	%
Statewide	1678	33.9%	1733	48.5%	1580	37.4%	1607	35.4%

Data Source: Results Oriented Management (ROM)

Figure 25.5 shows the progress VT made during 2019-2022 regarding timely closure of child safety interventions.

Given the progress made during 2019-2022 through the implementation of focused indicator work, FSD assessed that continued use of the focused indicator process would be beneficial long term. In spring of 2023, it was determined that FSD would wait until after the results of CFSR 4 final report to identify the next round of focused indicators. This was done so that DMT can select indicators from our PIP, which we'll already be required to increase performance on. Work on the new focused indicators will begin in late 2024.

Admin Meetings: Admin meetings are held several times a year (typically bi-monthly) and provide a space for administrative staff from around the state to come together and feedback about contracted services such as

transportation, supervised visitation, and access to vouchers, as a few examples. These conversations serve to gather qualitative data about the functioning of CFSP services, which is used to identify strengths and needs of the service CFSP delivery system statewide. Members of the Quality Assurance team attend these meetings as well to provide additional quality opportunities. Data entry/integrity issues are discussed and training is provided during the meetings, as needed, so that data conversations and data driven practices are occurring at all levels of staff.

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

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

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

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

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

The mission of the CFRT is to:

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

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

Vermont Citizen Advisory Board: The Vermont's Citizen Advisory Board (VCAB) was established by Family Services in 1998 per the federal Child Abuse Prevention and Treatment Act (CAPTA), under the CAPTA Reauthorization Act of 2010. VCAB meets quarterly regarding a variety of issues related to child protection, with a focus to review and improve Vermont's child welfare system.

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

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

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

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

Given the robust quality assurance and continuous quality improvement efforts utilized by Vermont FSD to ensure oversight statewide, evaluate the quality of CFSP services, identify strengths and needs of the service delivery system, generate relevant data and reporting, and use that data to evaluate program improvement measures, Vermont has assessed item 25 to be a strength.

D. Staff and Provider Training

Item 26: Initial Staff Training

State Response:

Vermont FSD does not contract out case management services, so initial staff training as it relates to this item is mandated for division staff only. All new FSD staff members initially receive a general orientation at their work site within the first two weeks of employment, coordinated by their supervisor. Additionally, training for both new and ongoing FSD employees is designed, facilitated, and presented through a collaborative partnership between Family Services and the Child Welfare Training Partnership (CWTP), housed in the University of Vermont's School of Social Work. In FY 2021-2022, the CWTP provided 8,329 hours of support to Vermont's child welfare system. Of those hours of support, 40% (3,408 hours) was specific to training.

All new Family Service Division employees are required to attend two division level trainings (there are other mandatory trainings at the Department for Children and Family level and Agency of Human Services levels, both of which focus on HR & Personnel matters). The first mandatory training is the New Employee Orientation. This orientation was first launched in May 2014 and is a two-day course providing introductory information relevant to being an FSD employee. The course is offered every other month, in order to provide the information in a timely manner to all new employees. Per Policy 203: *Training for Division Staff*. All Family Services Division Staff *needs to complete the following within one month of hire*:

- AHS New Employee Orientation
- DCF Orientation
- State of Vermont New Employee Orientation
- Domestic Violence Online
- Mandatory Reporting Online
- HIPAA
- Staff Safety (FSD staff who complete the Foundations – Staff Safety session are waived from the AHS requirement)
- Family Services Division Conference (Bi-Annually) when the conference is held.

At the DCF New Employee Orientation, participants are provided a new employee training manual, review mandatory new employee training requirements, learn about the roles and responsibility of all staff positions in Family Services, receive an overview of Vermont's court system and Juvenile Court processes, relate their personal values and learning styles to the work of Family Services, complete a mock centralized intake process and review decision criteria, and practice navigating several Family Service database and data reporting systems. The orientations are provided through the LINC training platform, which also collects data regarding new employees and training completion.

In 2022, out of the 87 new FSD employees, 19 completed the State of Vermont New Employee Orientation (21.83% completion rate), 39 completed the AHS New Employee Orientation (44.83% completion rate) and 42 completed the DCF New Employee Orientation (48.28% completion rate). At the time the data was collected, the remainder were in process or not yet started. Surveys regarding if the course meets or didn't meet expectations were not provided to the participants in 2022.

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

that are most relevant to their daily work.

In 2022, FFCP was offered over (2) two-month periods, one in the Winter (January to February) and one in the Spring (June to July). The course objectives are intended to provide new social workers with the basic day-to-day information they need to perform their job and which their supervisor will provide formal feedback in workers' annual performance evaluations. Topics covered in FFCP include, but are not limited to:

- Introduction to Motivational Interviewing
- Child Safety Intervention (CSI) Documentation for Front-End FSW's
- YASI
- Safe and Together: An introduction to the Model
- Substance Abuse for the Child Welfare Professional
- Permanency and Well-Being
- Affidavit Writing
- Micro-Learning: Human Trafficking
- Micro Learning: Harm Reduction
- Micro-Learning: Remote Assessment and Planning
- Micro-Learning: Remote Case Planning
- Micro-Learning: Time Management
- Micro-Learning: Stress, State dependent Functioning and Emotional Regulation
- NTI- Supervisors
- NTI-Workforce
- NTI-Mental Health Professionals

Foundations also includes a field-based practice category 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, FSWs gain insight into the role and responsibilities of a child welfare and/or youth justice social worker.

Figure 26.1 provides an in-depth overview of Foundations related information.

Figure 26.1: Integrated Foundations Learning Program for Child Protection & Youth Justice

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

Figure 26.1: Integrated Foundations Learning Program for Child Protection & Youth Justice

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

Figure 26.1: Integrated Foundations Learning Program for Child Protection & Youth Justice

Topic	Syllabus	IV-E Functions	Hours	Provider	Cost/Funding Source
Module 3: Recognizing Child Abuse	Recognizing and assessing physical Abuse, Sexual Abuse (including Sex Trafficking) & Neglect and developing an understanding of our personal knowledge, values and biases of these issues and the impact our personal orientation to these topics has on child welfare practice.	Child abuse and neglect issues, such as the impact on a child's development and well-being, impact of trauma; resilience, social work methods including interviewing and assessment; preparation for judicial determinations; placement of a child; case supervision & management; development of case plan.	21.5 Hours Total 6 hrs pre work 12.5 hrs Zoom 3 hrs supervision/ worksheet	VT CWTP	50% CAPTA 50% IVE @ 75% FFP
Introduction to Child & Adolescent Development	Understand normal child and adolescent development, including brain development. Explore the impact of trauma.	Child abuse and neglect issues, such as the impact on a child's development and wellbeing, impact of trauma, resilience; social work methods including interviewing & assessment; developing case plans; case supervision & management.	See above	VT CWTP	100% IVE @ 75% FFP
Module 4: Safety Assessment & Safety Planning	Safety Organized Practice overview, Child Safety Interventions Policy & Practice, Structured Decision-Making Safety Assessments & Safety Planning, Introduction to ROSAC, Network grid, Safety circles	Social work practice, such as family centered practice & social work methods including interviewing and assessment; general overview of child abuse and neglect investigations, risk and protective factors.	21 Hours Total 7 hrs pre work 12 hrs Zoom 2 hrs supervision/ worksheet	VT CWTP	50% CAPTA 50% IVE @ 75% FFP

Figure 26.1: Integrated Foundations Learning Program for Child Protection & Youth Justice

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

Figure 26.1: Integrated Foundations Learning Program for Child Protection & Youth Justice

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

Figure 26.1: Integrated Foundations Learning Program for Child Protection & Youth Justice

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

Figure 26.1: Integrated Foundations Learning Program for Child Protection & Youth Justice

Topic	Syllabus	IV-E Functions	Hours	Provider	Cost/Funding Source
Module 9: Youth Development	Resources & services for Youth, overview of Youth Development Program, engagement skills for working with adolescents, inclusion of youth voice/perspective, positive youth development frame.	Screening and assessment, risk, and protective factors, social work practice, such as social work methods including interviewing and assessment; development of case plan; case management and supervision; permanency planning; referral to service.	14 Hours Total 5.5 hrs pre work 7.5 hrs Zoom 1 hr supervision/ worksheet	VT CWTP & FSD Staff	100% IVE @ 75% FFP
Resources for Youth	Overview of Youth Development Program, Youth interviews.	Development of case plan; case management and supervision; permanency planning; referral to service.	See above	VT CWTP	100% IVE @ 75% FFP

Figure 26.1: Integrated Foundations Learning Program for Child Protection & Youth Justice

Topic	Syllabus	IV-E Functions	Hours	Provider	Cost/Funding Source
Module 10: Substance Abuse & Domestic Violence	Identify different substances of abuse and the potential implications for safe parenting; Review the challenges in engaging with families affected by substance abuse and strategies to overcome the barriers to engagement. DV team and resources, Lund case managers and best practices. Identify behaviors and activities that contribute to and impede child safety, safe parenting and accountability of battering parents.	General substance abuse issues related to children & families in child welfare; social work practice, family centered practice, social work methods including interviewing and assessment. Training is not related to conducting an investigation of child abuse & neglect. Screening and assessment, risk, and protective factors, social work practice, such as social work methods including interviewing and assessment; development of case plan; case management and supervision; permanency planning; referral to service.	11.5 Hours Total 3 hrs pre work 3hrs Zoom (DV) 4 hrs Online (S&T & SAMHSA) 1 hr supervision/ worksheet	VT CWTP	100% IVE @ 75% FFP
Safe & Together Module 1	Review the Guiding principles of the adult & child survivor centered approach to DV.	Screening and assessment, risk, and protective factors, social work practice; development of case plan; case management and supervision	See above	VT CWTP	100% IVE @ 75% FFP

Figure 26.1: Integrated Foundations Learning Program for Child Protection & Youth Justice

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

Figure 26.1: Integrated Foundations Learning Program for Child Protection & Youth Justice

Topic	Syllabus	IV-E Functions	Hours	Provider	Cost/Funding Source
<u>Modules 1-11:</u> Embedded Simulation Lab	Commencement and Engagement (Mod 5), Case Planning (Mod 6), Initial Home Visit, Interviewing the Child, Removals, Completing Suitability Assessments, engaging and assessing the non-custodial parent (Mod 7), completing family finding tools, Practicing Inter-Cultural Agility, Witnessing, Interviewing Youth (Mod 9).	Social work practice, such as social work methods including interviewing and assessment; development of case plan	12.5 Hours	VT CWTP	100% IVE @ 75 % FFP
<u>Role Specific Foundations Modules:</u> <ul style="list-style-type: none"> • Juvenile Justice FSW • Ongoing FSW • Resource Coordinator 	Overview of specific functions of role including: child placement, assessment and training of foster families, navigating payments for caregivers, ongoing casework, engagement of families and permanency planning.	Placement, Permanency, Case Planning	2-6 hrs	VT CWTP	100% IVE @ 75% FFP
<u>Role Specific Foundations Modules:</u> Child Safety Intervention FSW	Overview of specific functions of role including: investigation and assessment of child abuse and neglect reports.	Intake, Assessment and Investigation	2-6 hrs	VT CWTP	100% CAPTA

To obtain employee feedback, employees are given surveys after each module they complete. After completing the Permanency and Well-Being Module of the Spring 2022 FFCP, one participant provided the following feedback: “I think that what I’m learning through Foundations is providing a service, not just to me, but to families that I will be working with”. For the Spring 2022 FFCP course, 24 participants attended, and 99.5% of participants rated the training as meeting or exceeding their expectations. Additionally, 92.3% of participants agreed that the training achieved stated objectives. The Fall 2021 FFCP training class had 23 participants and 91.8% of participants reported that the course met or exceeded the course objectives. After completing the Fall 2021 FFCP course one participant provided the following feedback “I will be better able to understand where my children on my caseload are developmentally”.

In November 2021, FSD and CWTP partnered to provide an innovative 3-part series which examined race and racism as it relates to Vermont’s child welfare system, and families. This podcast series had 1,058 downloads between November 2021 and June 30, 2022. This podcast series is used as required or introductory listening before participation in racial equity discussions in districts or state-wide meetings. This podcast is now part of the Foundations, Equity, Diversity, and Inclusion (JEDI) curriculum for new employees. In addition, FSD and CWTP worked on a redesign of the 2023 Winter and Fall FFCP’s JEDI training to be more comprehensive and relational which launched in Spring of 2023.

Within the first 4 months of hire, FSWs are expected to complete their Foundations training, both the classroom modules and the additional requirements (listed earlier in this item) when in their districts. Staff are also utilizing their 6-month probationary period to shadow other workers, observe court hearings, observe team meetings, practice writing case plans and court updates, and participating in individual and group supervision.

Also, during this probationary period, while staff are completing their Foundations training, they will have a caseload of (per Policy 203):

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

When assigning cases to new workers, district leadership considers the case complexity, risk, and family size. New workers may also partner with experienced FSWs to work collaboratively on a case.

Figure 26.2 below shows whether the case assignment standard outlined in policy, and listed above, was met in practice with an entry cohort of all FSWs hired between 1/1/2022 and 12/31/2022. During this timeframe, 36 new FSWs were hired. Of those 36, 1 worker left before the end of the 6-month period and 3 were removed due to data integrity issues caused by our antiquated SSMIS system, leaving us with 32 FSWs included in the data. Overall, case assignment was in line with policy 12.5% of the time (n=4) and case assignments exceeded policy 87.7% of the time (n=28).

Figure 26.2

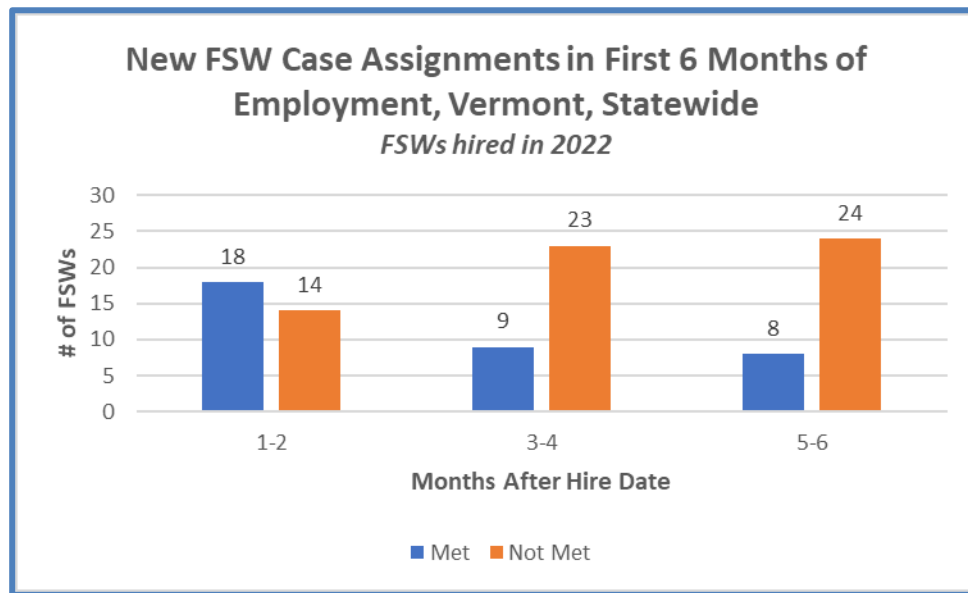


Figure 26.2 specifically shows how often the case assignment goal was met in a worker's first and second months (0 cases per policy), third and fourth months (2-3 cases per policy), and fifth and sixth months (less than 6 cases per policy). In months one and two of employment, 56.25% of workers (n=18 workers) had zero cases and 43.75% of workers (n=14 workers) had more than one case assigned. In months three and four of employment, 28.13% of workers (n=9 workers) had 2-3 cases assigned to them and 71.87% of workers (n=23 workers) had more than 3 cases assigned to them. In months five and six of employment, 25% of workers (n=8) had less than 5 cases assigned to them and 75% of workers (n=24 workers) had more than 5 cases assigned to them.

Figure 26.3 below shows FSW caseload data bimonthly throughout 2022. The data table includes the number of full-time FSWs, the number of vacancies, the average caseload per FSW, and FSW capacity. These caseload counts, vacancies, and capacity gives some insight into why new FSWs were being assigned cases outside of policy guidelines. Through focus groups with district staff and breakout discussions in steering committee meetings, a theme of district capacity emerged. Many districts were not fully staffed in 2022, leading to higher caseloads for FSWs and a need to assign cases to new FSWs sooner than outlined in policy.

Figure 26.3

Date	Ongoing FSW FTEs	# Vacant Positions	Adjusted Family Caseload Average	FSW Capacity
February 2022	131	14	15.4	100.64%
April 2022	130.5	8	14.3	105.25%
June 2022	130.5	16	14.5	101.16%
August 2022	129.5	15	14.7	100.52%
October 2022	129.5	14	14.1	109.30%
December 2022	131	20	14.1	116.15%

FSD does not have a way to track how many employees should have completed Foundations or how many completed Foundations within the first four months of employment. Since knowing the answer to those two questions is a key component of conformity with this item, FSD has deemed Item 26 an area needing improvement. Additionally, the data that does exist regarding AHS level training completion (found at the beginning of this section) indicates that FSD staff are

not completing those in the required timeframe. Lastly, Vermont is not adhering to state policy around the number of cases assigned to new workers within their first six months of employment (Figure 26.2), which likely contributes to delays in timely completion of required initial trainings. Further exploration around this will be conducted in the future through root cause analysis.

Item 27: Ongoing Staff Training

State Response:

According to Policy 203: *Professional Development for Division Staff*: Division staff are expected to proactively take responsibility for their learning and are responsible for completing the trainings mandated for their role. Staff are encouraged to actively grow the learning culture both as a learner and as a teacher/mentor to colleagues, share knowledge and expertise, and ask questions to grow their skills within their role. Supervisors are responsible for ensuring their supervisees develop skills and knowledge related to their role and responsibilities and complete required trainings. An employee's professional development plan for the year will be discussed, determined, and reviewed as a part of their annual performance review.

FSD does not have ongoing training requirements for staff. To make trainings more accessible to social workers, the CWTP is moving toward creating more online trainings. The Child Welfare Training Partnership (CWTP) staff work closely with each district and FSD Central Office to ensure they have an understanding of the current issues, needs, strengths, and barriers in the field; with this understanding, they are able to offer trainings relevant to the current needs of staff. These trainings can be offered statewide or as smaller mini-trainings specific to the individualized needs of a given district. Training topics can range from staff/workforce trainings (burnout, team building, etc.) to casework trainings (affidavit writing assistance, case plan development) to child and family safety-specific trainings (substance abuse, mental health, etc.).

In 2021-2022 CWTP provided 3,408 hours of training to the state's child welfare program. Each participant is asked to complete a survey after the training; this data helps CWTP understand if trainings are meeting/exceeding objectives and enables them to make adjustments to trainings, as necessary based on feedback. Figure 27.1 shows the FY 2022 professional development trainings that were provided, their participation rates, and survey feedback:

Figure 27.1

Training course Title	FY 2022 # of Graduates	% Indicating Course Met or Exceeded Objectives
Supervisor's Practicum Series: All sessions	25 attended 20 completed	93.5% (n= ranged from 1-8)
Advanced Practicum on Developmental Trauma and Chronic Neglect	17 attended 15 completed	100% (n= 10)
Witness Testimony Simulation Lab	15	100% (n=8)
Micro-Learning Series: Ethical Decision Making	30	70.6% (n=17)
Micro-Learning Series: Ethical Practice Dilemmas, Session 2	34	Evaluation data not available
Micro-Learning Series: Ethical Considerations for Structuring Inclusive Meetings: The Unintentional Impacts of Power and Privilege	24	100% (n= 5)
Micro-Learning Series: Developing Strategies to Guide You in Making Difficult Decisions involving Kinship Caregivers	30	94.4% (n= 18)
Micro-Learning Series: Working with Multicultural and Multilingual Families	20	60% (n= 5)

Training course Title	FY 2022 # of Graduates	% Indicating Course Met or Exceeded Objectives
Micro-Learning Series: Working with DV Perpetrating Parents and the Ethical Dilemmas that can Arise	19	33.3% (n= 3)
Micro-Learning Series: Ethical Dilemma-Using Interpreters with Multilingual Families	10	66.6% (n= 3)
Focus on Data Integrity	27	100% (n= 2)
Supervisor Coaching Hour	Cancelled	No Evaluation
Youth Justice Practicum (Multi-Session Training)	Cancelled	No Evaluation

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After completing the course, *“Advanced Practicum on Developmental Trauma and Chronic Neglect,”* one participant shared that *“I will work to make sure that my face-to-face meetings are open and strength based.”*

In addition to the trainings CWTP provides the State of Vermont Human Resources Department requires each employee to complete required continuing education courses. To highlight a few of these required courses:

- Security Mentor Series on Cybersecurity Awareness
- Vermont Code of Ethics
- AHS HIPPA Awareness Training
- De-escalation Online Training

District-Based Training & Coaching for FSD Workforce

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

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

Additionally, central office consultants, leadership, Resource Coordinators, and caregiver mentors may benefit from coaching. This support is provided on an as needed basis in conjunction with furthering the goals of the Family Services Division and with capacity of VT CWTP for such programs as: LAMM, SOP, Consultant & Supervisory Coaching Skills, Resource Coordinator professional development, Caregiver Mentor skills, etc. The cost of CWTP time is allocated to the benefitting programs.

Supervisor & Leadership Training

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

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

Level 1 is mandatory for all designated supervisors in the Executive Branch.

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

This generic supervisory training is not charged to the IV-E program. Figure 27.2 provides a detailed list of leadership trainings.

Figure 27.2

Course	Syllabus	IV-E Functions Addressed	Venue	Provider	Hours	Cost/ Funding source
Leadership Training Series Audience: FSD Supervisors and Directors						
Supervisor's Practicum: <ul style="list-style-type: none"> Coaching to Supervise Family Finding/ Networks* Coaching to Case Reading** Secure Base and Safety Culture** Courageous Conversations/Effective Feedback in Child Welfare Practice Supervising through Secondary Traumatic Stress/Burnout Use of JEDI practices and values in supervision 	Provide coaching to support case planning with families and children, utilizing the case read tool for effective supervision and decision-making	Case Management and case planning; decision-making and assessment skills in child welfare and youth justice cases; family-centered and youth-centered practice; worker retention; worker safety; team building	C or RSL	VT CWTP & Subject Matter Experts	6-18 hours	75% IV-E @ 75% FFP 25% IV-E @ 50% FFP

Course	Syllabus	IV-E Functions Addressed	Venue	Provider	Hours	Cost/ Funding source
Child Welfare Coaching Institute For Supervisors, Coaches and Central Office Consultants	Be able to use methods of inquiry to elicit the experience of the learner. Use coaching as a strategy to improve family engagement skills; family and youth centered practice; Provide coaching to Supervisors and SME's to improve consultation skills, transfer of learning and knowledge and improve decision-making in case management, safety planning and permanency activities.	Social work practice, family centered practice and social work methods including interviewing and assessment; communication skills required to work with children and families; placement of child, development of case plan for children in foster care & at risk of foster care, case management and supervision	C or RSL	VT CWTP and Family Services staff	6-12 2 x per year	100% IV-E @ 75% FFP
National Adoption Competency for Child Welfare Professional Supervisors NTI	Module 1: A Case for Adoption Competency Module 2: Understanding and Addressing Mental Health Needs of Children Moving Towards or Having Achieved Permanence through Adoption or Guardianship Module 3: Enhancing Attachment and Bonding for Children Moving Towards/Having Achieved Permanence through Adoption and Guardianship Module 4: How Race, Ethnicity, Culture, Class and Diversity Impact the Adoption and Guardianship Experience and Mental Health Needs of Children Module 5: The Impact of Loss and Grief Experience on Children's Mental Health Module 6: The Impact of Early and Ongoing Trauma on Child and Family Development, Brain Growth and Development, and Mental Health Module 7: Positive Identity Formation and the Impact of Adoption and Guardianship	Adoption/Foster Care	AL	VT CWTP	28 Hours	100% IVE @ 75% FFP Adoption

Course	Syllabus	IV-E Functions Addressed	Venue	Provider	Hours	Cost/ Funding source
	Module 8: The Lifelong Journey: Maintaining Children's Stability and Well-being in Adoptive and Guardianship Families					
SDM Case Reading Training & Coaching	Develop skills to provide Quality Assurance of SDM tool implementation, reading and assessing competence of staff.	Supervision, oversight of casework practice and case work skills.	Goto, RSL or C District Coaching	CWTP & Evident Change	5-25 1-2 x year statewide and in each district	100% IVE @ 50% FFP
Leadership Training: Coaching to Enhance Safety Culture for Consultants	Develop Skills to use consultation as a driver of safety culture implementation, enhancing secure base and increasing psychological safety in order to drive more effective consultation and support high consequence decision making. Particular emphasis on skill building for planning forward and reflecting back.	Supervision, oversight of case work, supporting a secure base for staff,	RSL	CWTP	6 hrs	100% IV-E @ 50% FFP

Figure 27.2 is a list of trainings that FSD provides internally and externally.

Figure 27.2

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

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

With the robust ongoing training array available to FSD staff mentioned above, as well as the customized trainings CWTP is able to provide around the state, Vermont has determined Item 27 to be a strength. While there is no ongoing training requirement outlined in policy (and we do not have easily accessible data regarding ongoing training), FSD encourages ongoing learning and professional growth for all employees. Since the last CFSR, FSD has also prioritized allocating money to trainings in an effort to further support a culture of growth and learning. Moving forward, FSD will continue to explore how to collect ongoing training data in order to have a better understanding of how many employees are participating in ongoing trainings.

Item 28: Foster and Adoptive Parent Training

State Response:

Policy 93: Kinship, Foster, and Pre-Adoptive Parent Training, outlines the requirements for the initial training of kin (including fictive kin, which Vermont groups with the federally defined kinship homes), foster, and pre-adoptive parents caring for children and youth in state custody and the documentation requirements for district Resource Coordinators. This foundational training for caregivers is offered through the Child Welfare Training Partnership (CWTP), through a cooperative agreement between Family Services Division and the University of Vermont, School of Social Work. P e r Policy 93:

“All licensed foster parents must complete the *Foundations Learning Network* before the end of the first year of licensure. All caregivers are required to attend *Foundations Learning Network* unless the Residential Licensing and Special Investigations (RLSI) Unit grants a variance due to unusual circumstances or approves an alternate training..”

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

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

Fostering to Forever online is offered continuously virtually and in-person regionally in four districts when the minimum number of pre-adoptive parents needed for a class in a district is met. Recent conversations occurred in the winter of 2023 at the FSD Division Management Team (DMT) meetings regarding beginning to offer more in-person trainings around the state as attendance numbers have just recently started to increase again.

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

CWTP collects the Foster Parent Training Data in their own data collection system and shares individual level data with Residential Licensing and Special Investigations (RLSI) unit, who then inputs this data into Vermont’s data collection

system, SSMIS. This allows RLSI to understand which foster homes have completed training and which trainings certain foster homes may still need to complete. Until 2023, SSMIS was not able to identify where a foster parent was at in the training process; this required a manual look into a paper file and made tracking and reporting nearly impossible. The FSD Quality Assurance team worked with RLSI to create fields in SSMIS to capture this data.

Additionally, in order to assess if the initial and ongoing trainings are addressing the skills and knowledge base needed to carry out their duties with regards to foster and adopted children, a feedback loop exists between FSD and CWTP to ensure that any new policies, foster parent identified issues, and/or practice shifts are included in trainings. After each training, every participant is asked to complete a survey assessing the training; in this way, CWTP is continuously soliciting feedback about each training offered and is able to use this information to update, adjust, and improve trainings in real time. Please reference Figure 28.1 and Figure 28.2 below for training data.

Figure 28.1 Foster Parent Trainings Completed by Unlicensed Applicants, 2020-2022, Statewide

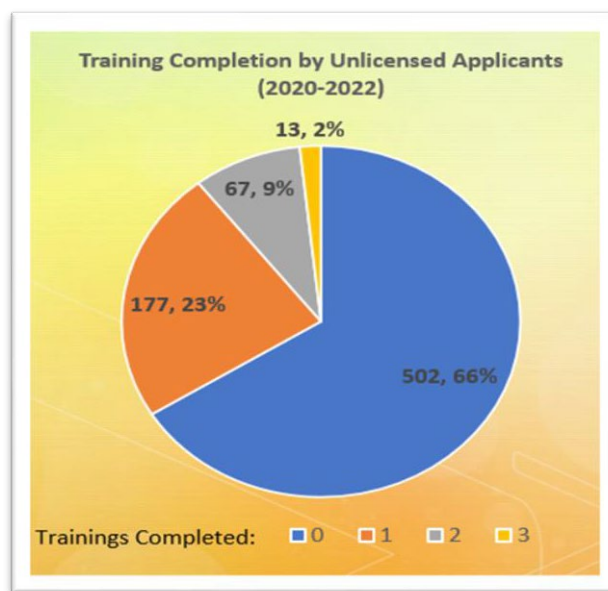


Figure 28.1 above shows the number of unlicensed applicants who completed any number of the 3 required trainings for licensure from January 1, 2020 through December 31, 2022. During this time period, there were a total of 759 applicants who needed to complete training. Of those 759 applicants, only 2% completed all three trainings necessary for licensure (n=13). 9% (n=67) completed 2 trainings; 23% (n=177) completed 1 training; and 66% (n=502) completed 0 trainings, making this item an Area Needing Improvement. Due to data system limitations, it is unable to be determined how many licensed applicants in a specified time period completed ongoing trainings.

Due to the pandemic, Foundations for Kinship, Foster, and Pre-Adoptive Families (KFAF) were offered both virtually and online. The course focused on:

- Family connections & identity
- Parenting adolescents & discipline for all ages
- Understanding and supporting attachment
- Helping children cope with loss
- Understanding sexual abuse and trauma

- Resilience and self-care
- In addition, (3) 45-minute Advanced sessions and an hour and a half Zoon session was offered which focused on :
- Courageous Conversations
- Justice, Equity, Diversity & Inclusion (JEDI)
- Diverse Experiences & Experience with Diversity
- Facilitated Peer Coaching

475 Caregivers completed Orientation and over 300 completed Foundations online In FY2022. Figure 28.2 includes data regarding the Fall 2022 Foundations and Advanced trainings sessions.

Figure 28.2

Foundations	Type of Course	# of Graduates	% Meets/Exceeds Expectations	% Agree/Strongly Agree Meets Objectives
Orientation for Caregivers	Online	452 total/ 449 caregivers	82%	80%
Orientation for Caregivers	Virtual	26 total/ 26 caregivers	91%	77%
Foundations	Online	304 total/ 301 caregivers	89%	94%
Foundations Learning Network	Online/Virtual	116 total/ 116 caregivers	90%	88%
Virtual Advanced	Type of Course	# of Graduates	% Meets/Exceeds Expectations	% Agree/Strongly Agree Meets Objectives
RPC+ Community	Virtual	77 total/ 69 caregivers	No evaluations completed	No evaluations completed

RPC+ Residential	Virtual	18 total/ 15 completed/ 0 caregivers	100%	94%
RPC+ Adoption	Virtual	0	0	0
RPC+ for Caregivers of Youth	Virtual	18 total/ 11 completed/ 14 caregivers	No evaluations completed	No evaluations completed
Fostering to Forever	Virtual	66 total/ 63 caregivers	100%	100%
Deeper Dive into Adoptions	Virtual	20 total/ 7 completed/ 18 caregivers	100%	92%
What does “This is Us” Teach about Adoption	Virtual	7 total/ 7 completed/ 4 caregivers	No evaluations completed	No evaluations completed
STSS & Self Care	Virtual	13 total/ 10 caregivers	100%	100%
Youth Mental Health First Aid	Virtual	3 total/ 3 caregivers	Less than 5 evaluations completed-	
			Data not reported	

Substance Use Disorders	Virtual	6 total/ 5 caregivers	100%	86%
Supporting Children and Youth Affected by Parental Incarceration	Virtual	2 total/ 0 caregivers	Less than 5 evaluations completed-	
			Data not reported	
Training of Trainers	Virtual		No evaluations completed	No evaluations completed
RPC+ Training of Trainers	Virtual	21 total/ 19 completed/ 1 caregiver	Less than 5 evaluations completed-	
			Data not reported	
RPC+ Residential Training of Trainers	Virtual	9 total/ 9 completed/ 0 caregivers	100%	100%
Families Forever	Online	20 total/ 20 caregivers	95%	91%

Fostering to Forever	Online	130 total/129 caregivers	97%	95%
Mentoring	Online	5 total/ 4 caregivers	100%	83%
Commercial Sexual Exploitation of Children	Online	18 total/ 6 caregivers	100%	100%
Caring for Opioid Exposed Infants	Online	8 total/ 5 caregivers	100%	100%
LGBTQ+	Online	16 total/ 8 caregivers	100%	100%
Court Overview	Online	7 total/ 3 caregivers	100%	100%
Consideration when caring for youth	Online	10 total/ 4 caregivers	100%	100%
Kinship Care Beyond the Basics	Online	1 total/ 1 caregiver	Less than 5 evaluations	Less than 5 evaluations

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After completing the course, “*Fostering to Forever*,” one participant shared that “*It was helpful to gain a legal understanding of the adoption process/timeline. I also greatly benefited from the reminders on what fostering, and adoption is like from the perspective of the child and the need to be continually mindful of their trauma history*”.

Policy 93 also requires that all kinship, foster and pre-adoptive parents requesting to move from level 1 reimbursement to level 2 reimbursement must be licensed for at least two years and attend 40 hours of additional training following foundation content. Kinship, foster and pre-adoptive parents at level 2 of reimbursement looking to move to level 3 must be licensed for at least 4 years and must complete 40 hours of additional training beyond the foundational content and Level 2 expectations. Once a kinship, foster or pre-adoptive parent has met the required level requirements there are no expectations for ongoing maintenance of training hours. Ongoing training may be recommended by the district office staff or RLSI.

Pre-adoptive parents who sign an Intent to Adopt Form must complete the mandatory Fostering to Forever Training before the adoption is finalized. Fostering to Forever is a one-session training offered in-person or online. All participants are issued a certificate of completion that must accompany their application for adoption assistance. The Fostering to Forever Training was created in 2013, as a result of the collaboration of a group of stakeholders, including FSD staff, adoptive and foster parents, and representatives of agencies servicing adoptive parents, who had identified the need to targeted training and support for parents contemplating permanency. The training includes additional follow-up services designed to support families from point of adoption inquiry through the finalization of the adoption or permanent guardianship. Individuals who participate in the course receive support from Lund permanency workers, and access to online training from the Foster Parent College and Adoption Learning Partners. In 2021, this course was attended by 153 caregivers and in 2022 it was attended by 63 caregivers.

Lastly, regarding residential facilities, there is the expectation that employees receive training appropriate to duty and context as outlined in the licensing regulations. The agencies are required to provide their employees with trainings, and RLSI works closely with each residential program to ensure all training requirements are met and documents. If corrective action is needed, RLSI creates a plan with the residential program and if goals are not met, FSD terminates the contract with the program.

As of 2023, if a foster or adoptive home had not completed their training within the required time, their license would be put on hold until the training requirements are complete. Information regarding training and fingerprint requirements are shared with applicants in their application packet. Please reference Figure 28.3 for more information regarding the hold process. The purpose of utilizing this hold is to promote safety, adhere to policy, promote IV-E compliance (for financial and auditing purposes alike), and to manage workload. Additionally, there is a \$100 incentive for applicants who've completed training. In terms of state licensed facilities, as mentioned above, if there are multiple reported concerns that VT feels are not being appropriately addressed, their services will no longer be utilized.

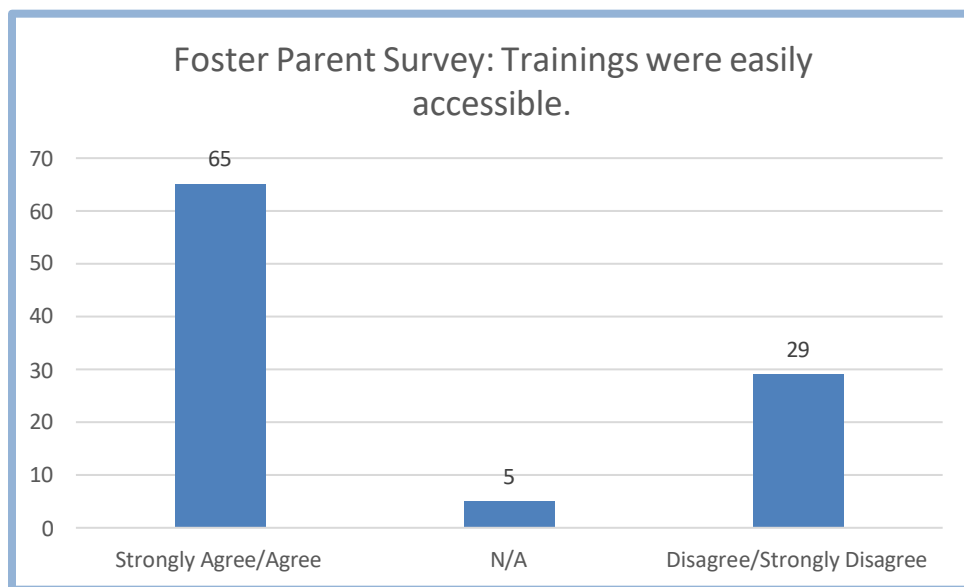
Figure 28.3

Status of Application	What RLSI will send
Pending a year or more	We will notify the DO and alert the applicants they have 30 days to comply or they will be placed on hold. The application will be denied after 60 days of the notice. This notice may occur by letter, or email.
Pending 6 months, no training	We will notify the DO and alert applicants they have 45 days to complete training.
Pending 30 days, no fingerprints	We will notify the DO and alert applicants they have 60 days to submit fingerprints. Policy states "Fingerprint supported background check results must be received by RLSI within 90 days of application submission or the application will be withdrawn or denied and any children in the home must be removed from the home within two weeks of notification." If prints are not received within 60 days of the first reminder, we will send a 30-day notice with a final warning prior to withdrawal or denial.

A survey was sent to 943 current and former foster parents/caregivers in Vermont in 2023, 23 of which were undeliverable. Of the 920 surveys sent, 99 current or former foster parents provided a response.

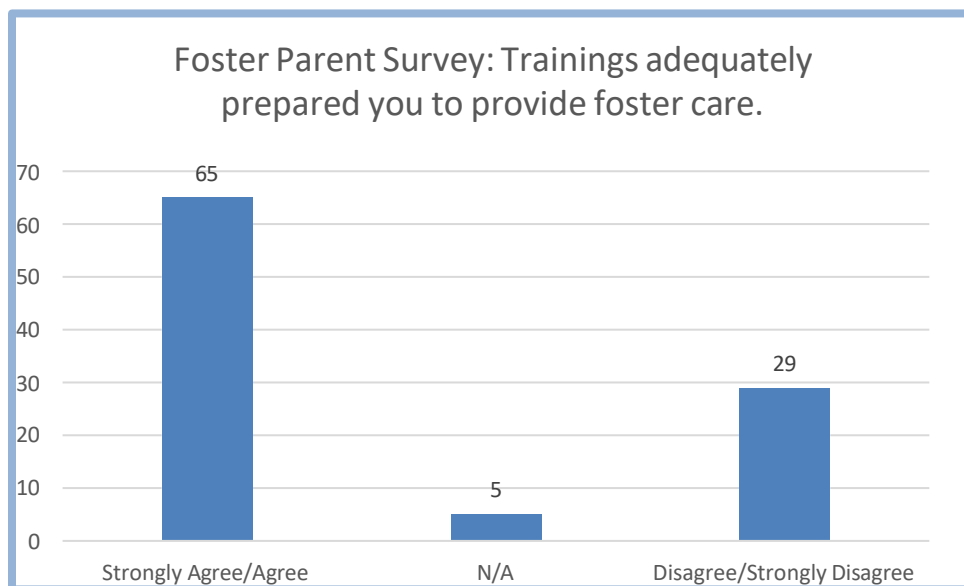
When asked if foster parent trainings were easily accessible, of the 99 responses, 6% (n=6) responded not applicable; 75.8% (n=75) responded strongly agree or agree; and 18.2% (n=18) responded strongly disagree or disagree. Please reference Figure 28.4.

Figure 28.4



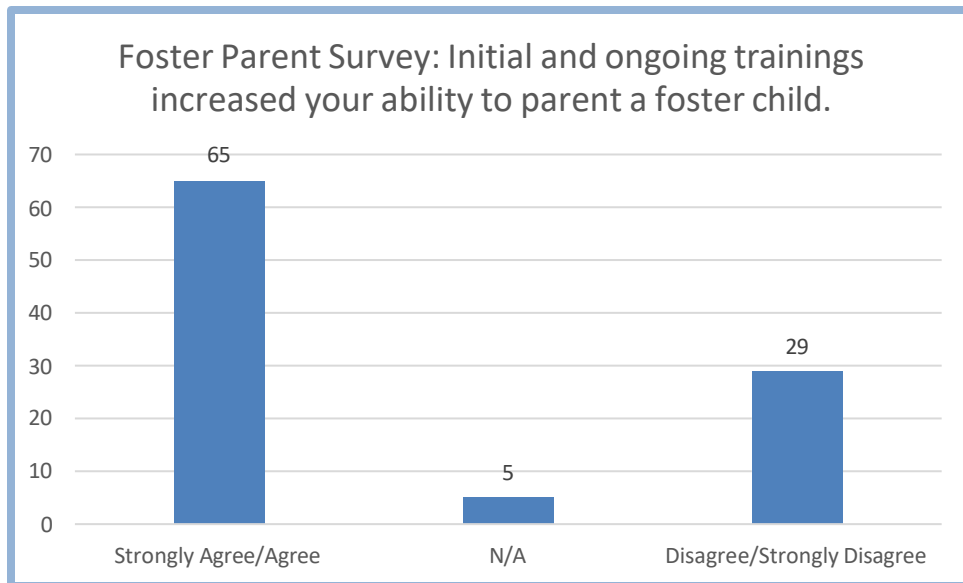
When asked if foster parent trainings adequately prepared applicants to provide foster care, of the 99 responses, 6.1% (n=6) responded not applicable; 61.2% (n=61) responded strongly agree or agree; and 32.3% (n=32) responded strongly disagree or disagree. Please reference Figure 28.5.

Figure 28.5



When asked if initial training prepared applicants to care for a foster child and ongoing training increased their ability to parent a foster child, of the 99 responses, 5% (n=5) responded not applicable; 65.7% (n=65) responded strongly agree or agree; and 29.3% (n=29) responded strongly disagree or disagree. Please reference Figure 28.6.

Figure 28.6



Based on the data above, it is Vermont's assessment that this Item is an Area Needing Improvement. Between 2020 and 2022 only 2% of applicants completed all training necessary to become licensed. Additionally, due to data system limitations, it is unable to be determined how many licensed applicants in a specified time period completed ongoing trainings. However, it should be noted that, while data is limited regarding timely training completion, there is data from training evaluations and a foster parent survey that shows that applicants who did complete the training found that the trainings were easily accessible, met their defined objectives, initial trainings prepared them to provide foster care, and ongoing trainings increased their ability to parent a foster child.

E. Service Array and Resource Development

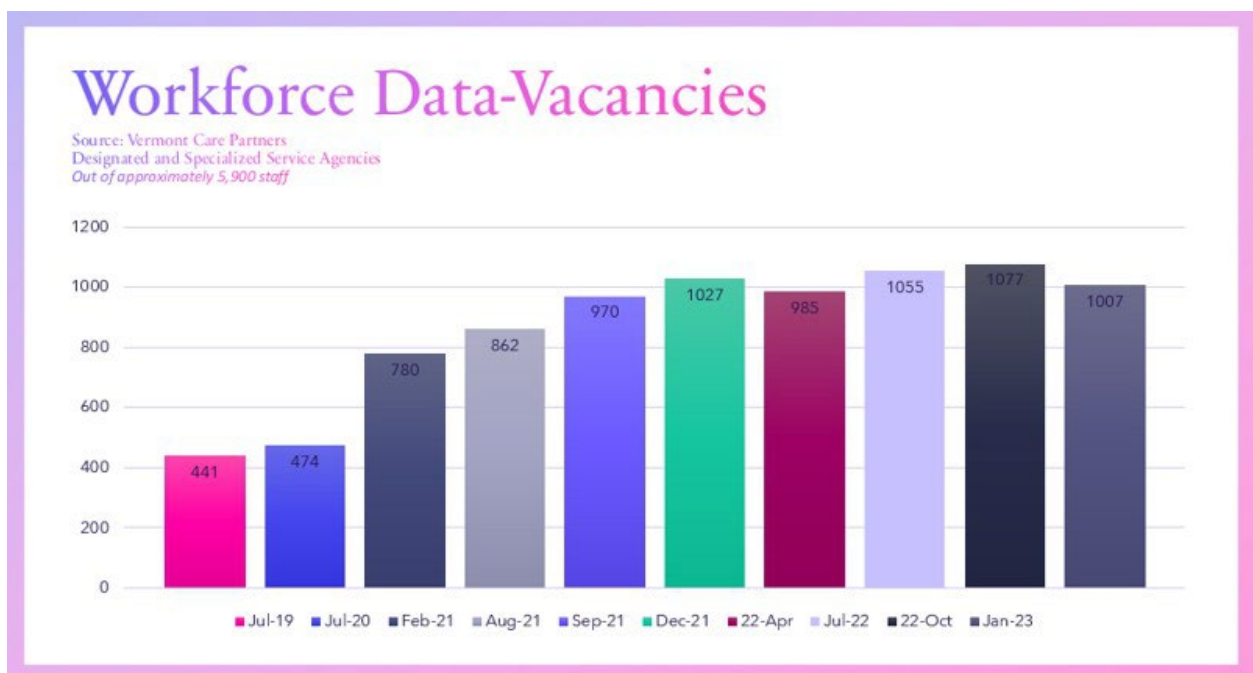
Item 29: Array of Services

State Response:

Vermont FSD wants to ensure that children, youth, and families have access to all the services and supports they need to live safe and stable lives. To do this, we hold contracts with various providers around the state and regularly assess outcomes of services to ensure contract obligations are being met and adequate services are being provided. See Item 31 for detailed information regarding how FSD works with providers to ensure services are achieving their expected outcomes, and what steps are taken if not.

While Vermont has a vast array of services available throughout the state for all types of needs, information gathered through the CFSR Steering Committee, focus groups, and surveys indicated that the Covid-19 pandemic significantly impacted service delivery across the state. FSD as well as the majority of community partner agencies faced significant staffing shortages during and post Covid and as a result, some programs closed (temporarily or permanently), many programs were offering services at a reduce capacity, and waitlists for many services were and continue to be very long. Root cause analysis during focus groups and CFSR Steering Committee meetings identified that long waitlists and lack of appropriate services for high end youth are largely due to a reduction in service providers as a result of the COVID-19 pandemic. Figure 29.5 highlights the dramatic increase in the number of workforce vacancies in Vermont's designated mental health system (overseen by the Department of Mental Health) since the onset of the Covid-19 pandemic.

Figure 29.1

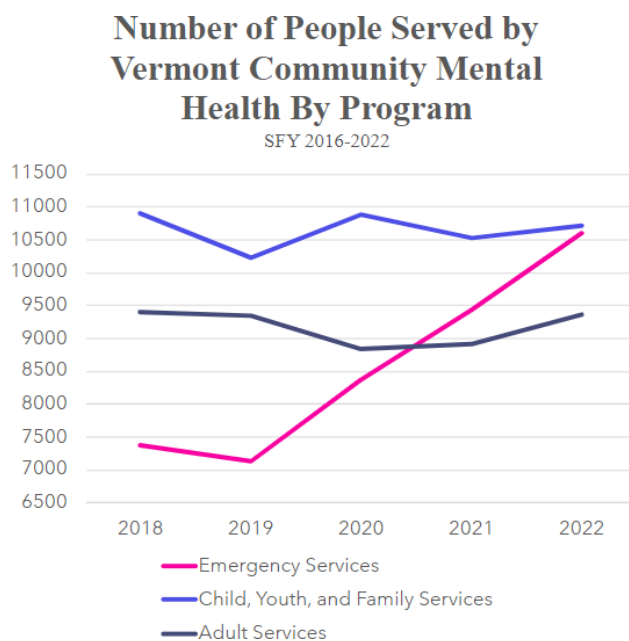


**Data provided by the Department of Mental Health during FSD's April 2023 CFSR Steering Committee meeting.*

Vermont also saw a significant increase in the number of youth and adults accessing emergency mental health services since the onset of the Covid-19 pandemic. During the April 2023 CFSR Steering Committee meeting, representatives from the Department of Mental Health added that the "emergency" level services were those that had experienced the

highest frequency of turnover since 2019. Figure 29.2 shows data regarding the number of people served in Vermont over time by the designated mental health agencies.

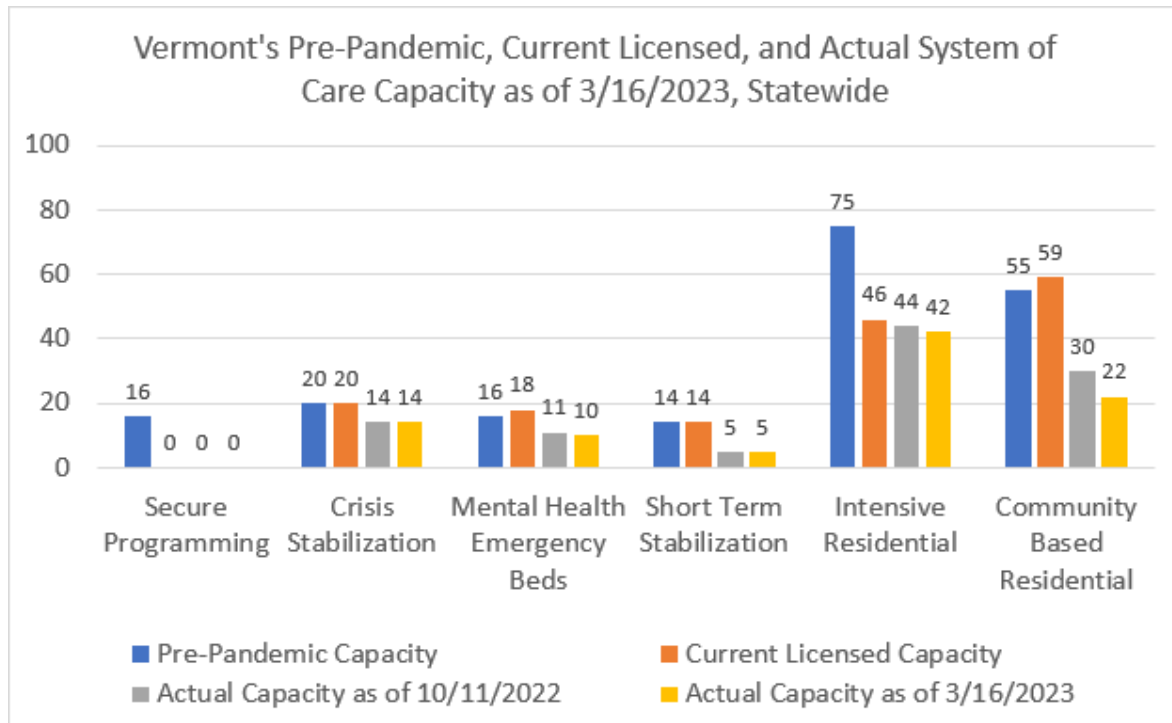
Figure 29.2



**Data provided by the Department of Mental Health during FSD's April 2023 CFSR Steering Committee meeting.*

Covid 19 has also destabilized the availability of residential level services for Vermont's high-end system of care. All of Vermont's contracted residential programs faced significant turnover and staffing shortages during and post Covid, which resulted in a reduction in bed availability in many programs, and the permanent closure of some facilities. Figure 29.3 outlines the impact that the Covid-19 pandemic has had on FSD's contracted residential/crisis stabilization services as of March 2023. The biggest impact was noted in the availability of intensive residential programs, which saw a 56% reduction (N=75 beds pre-pandemic and N=42 as of 3/16/2023) in beds post pandemic.

Figure 29.3



Data Source: Residential Capacity in Vermont- 3.16.2023 Spreadsheet.

Gaps in residential and community level services have also increased the number of youths in custody without appropriate placement options. FSD's antiquated data system makes it difficult to track how many youths were staffed in hotels and district offices since the last CFSR, but FSD is aware that this practice is happening for youth, especially those with more intensive behavioral needs.

In response to the areas of need identified above, Family Services has taken the following steps to improve service array and service delivery:

- The creation of two temporary, unlicensed placements that are staffed by Family Services staff, community partners, and Sheriffs at times. They are utilized as a safe place for high end youth to stay while longer term replacements are being identified.
- Pursuing the development of a new, locked facility for youth who have been adjudicated as this resource no longer exists in Vermont and is straining the system of care.
- **Cross-Departmental Meetings:** convene DCF leadership to staff individual children and youth and determine what services are available to meet their specific needs. These meetings are utilized when there are gaps identified for children and youth as well as disagreements about who should be the point of contact in terms of the care plan. Most often, we see these meetings utilized for children with developmental disabilities. This cross-departmental collaboration allows for strengths and needs to be shared as well as brainstorming to occur and next steps to be identified.
- Family Services continues to work closely with service providers to mitigate waitlists and gaps brought on by the COVID-19 pandemic.

Point in time data of all active licensed foster homes and children in custody on 6/30/2022 indicated that there were 58 BIPOC youth in custody at that time, and only 33 active foster homes where one or more caregivers were BIPOC. This

points to a lack of racially diverse foster homes to support the needs of FSD's BIPOC youth in custody. Additionally, as of 12/31/2023 (and prior), the statewide number of children in custody was greater than the active licensed foster, kinship, and adoptive caregiver population. Figure 29.4 provides a district breakdown of number of youths in custody on 12/31/2023 compared to the number of active licensed placements in Vermont at the same time. Districts where the foster care population is greater than the placement provider population have been highlighted.

Figure 29.4

**Number of Children in Custody and Active Licensed Foster Homes,
by District, as of 12/31/2023**

DO	# of Children in Custody	# of Active, Licensed Foster Homes	Difference (positive numbers indicate fewer foster homes than children in custody)
St. Albans	126	88	38
Burlington	145	134	11
Hartford	30	44	-14
St. Johnsbury	41	74	-33
Brattleboro	91	62	29
Barre	72	79	-7
Newport	75	58	17
Rutland	128	89	39
Springfield	35	41	-6
Bennington	81	57	24
Morrisville	47	38	9
Middlebury	50	56	-6
Statewide	921	820	101

Data Source: FSD's Quarterly Custody Management and Foster Home Reports,
Q4 2023

Due to long waitlists for services over the last several years and the reduction in availability of many services throughout Vermont as a result of the Covid-19 pandemic, FSD has assessed Item 29 to be an area needing improvement. With that said, FSD would like to take the opportunity to highlight some of the services offered statewide, to provide evidence of the robust service array system, despite the challenges with overall service delivery.

A point in time data pull on 6/1/2023 indicated that Family Services was serving 1754 court involved children (custody, conditional custody, probation, and delinquent youth) and 395 children through family support (non-court involved) cases. Below is information about contracts and services available in all 12 districts to support children, youth, and families served by Vermont's child protection system. Many of these services assess the strengths and needs of families as well as provide services to meet those needs.

Services that assess the strengths and needs of children and families and determine other service needs include:

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

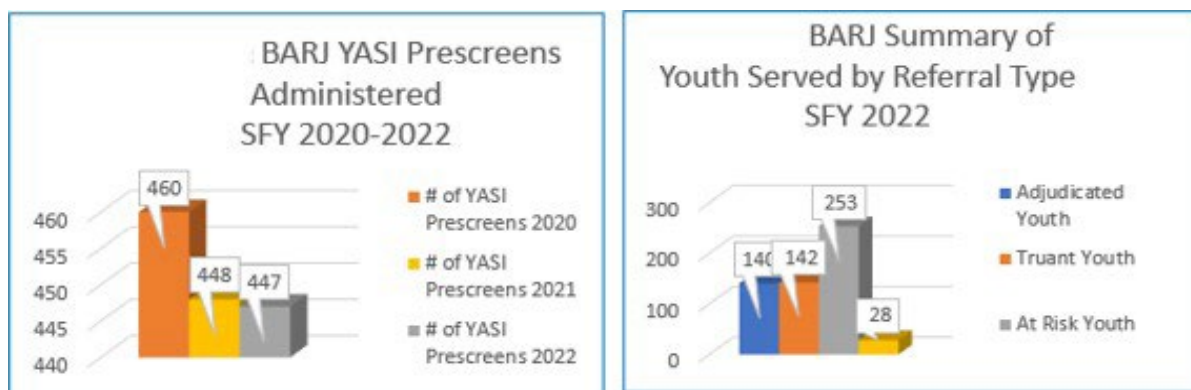
- **Family Time Coordination:** To help the family and the FSW create a holistic, family time plan for the child and family that can include various supports rather than just Family Time Coaching. This service includes:
 - **Family Finding:** Utilizes Genograms and Ecomaps and provides a Final Report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

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

Balanced and Restorative Justice (BARJ): The BARJ program is an arm of the youth justice system that provides support to youth who are at-risk for involvement in the juvenile justice system or have been adjudicated delinquent and may or may not be on probation with DCF- Family Services. The primary goal of the BARJ program is to support youth involved in, or at risk of becoming involved in, the juvenile justice system by providing restorative interventions that reduce and eliminate further involvement in the system. BARJ providers provided ongoing support to 749 youth during the 2022 contract year. The services that the BARJ program can offer to at risk, truant and adjudicated youth include:

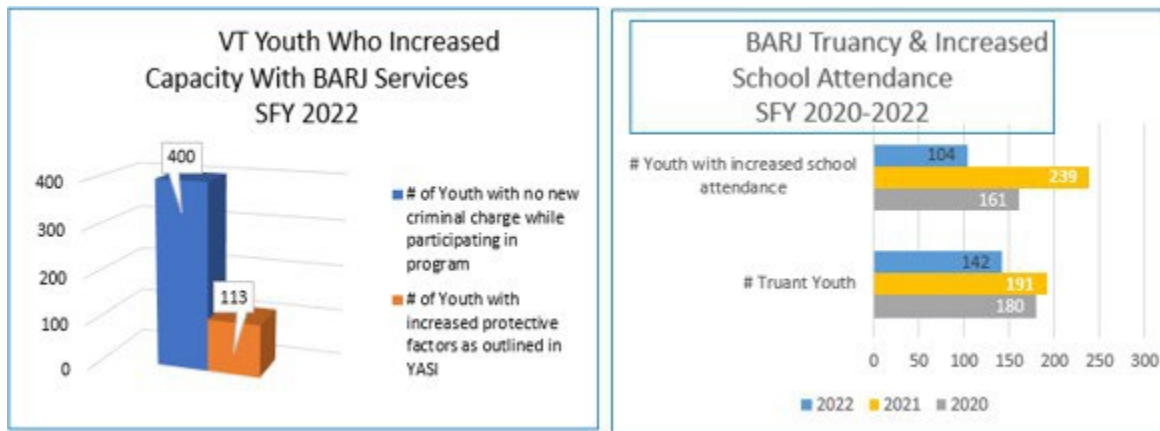
- **Restorative Process:** gives victims and community members an opportunity to interact with youth to discuss the harm caused and the actions needed to repair the damage caused by the acts. Examples include Restorative Panels, Restorative Family Group Conferences and Circles.
- **Screening and Restorative Services:** provide Youth Assessment and Screening Instrument (YASI) pre-screening to determine risk and coordinate protocols for referring youth to services based on risk and needs. We offer a YASI prescreen to all youths who are cited into Family Court. The Pre-screen is designed to indicate the risk level for the youth to inform how the case should proceed (i.e. low risk cases should be diverted based on Risk, Need, Responsivity Principles). Vermont has had a lot of success with this and has been able to refer youth to Court Diversion or to a Community Justice Center who would have otherwise ended up on Juvenile Probation.
- **Case Management:** provide families and youth with coordination of services that is individualized and may include but not limited to:
 - attendance at family and school team meetings.
 - therapeutic treatment meetings.
 - supporting youth who are at risk or are truant.
 - home visits.
 - attendance at court hearings.
 - drug and alcohol testing.
- **Restorative Classes/Skills Development/Prevention and Community Outreach:** convenes skill building groups and/or activities that may include but not limited to:
 - conflict resolution.
 - social skills development.
 - problem solving and decision making.
 - community service/leadership skills and other integrative activities.
 - victim issues.
 - effective communication.
 - one-to-one support to youth.
 - other subjects pertaining to individual group needs.
 - community based groups/activities/prevention efforts.

Figures 29.5 & 29.6



*Data Source: Vermont's FY24 APSR

Figures 29.7 & 29.8



*Data Source: Vermont's FY24 APSR

- **Restorative Justice Certificate Program at Vermont Law School:** FSD in collaboration with the Vermont Law School is able to offer a unique opportunity for DCF-FSD and BARJ staff to pursue a Professional Certificate in Restorative Justice (PCRJ). The Professional Certificate in Restorative Justice allows recent college graduates and early and mid-career professionals to learn about restorative justice and how it applies to the field of child protection/youth justice. Through enrollment in three courses (9 credits) students will obtain the PCRJ. The first cohort consisted of eight people, five of which were FSD staff and three were BARJ providers. Cohort one “graduated” from the Certificate program in September 2022. In October 2022 the second cohort of participants began the Certificate program. This consists of six people, all of whom work for FSD. This program supports internal FSD staff and external service providers in growing their service deliverability to the youth justice population.

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

Youth Development Service (YDP): YDP contracts assist at risk youth in custody statewide so they can be successful and supported by healthy and safe connections as they age into early adulthood. Please refer to Item 32 for more information on the Youth Development Program.

The services listed above all assess the strengths and needs of families as well as address the needs of families in addition to individual children in order to create a safe home environment and enable children to remain safely with their parents when reasonable. For more information on YDP program outcomes, please see Item 32.

Additional services that address the needs of families and enables children to remain safely with their parents include:

Vermont Family’s Support and Stabilization Initiative (VTSS): Family Services has a contract with Becket Family Services to provide intensive short-term wraps (90 days) to up to 12 families at any given time statewide. VTSS works to stabilize youth living in the community to prevent entry into custody as well as transition youth out of residential settings back

into the community, often into a foster home or the home of their caregivers. Youth can be in custody or still with their family to access these services. There are several individualized services offered through VTSS to include formal and informal assessment of needs and services, safety and support plans, individual treatment plans, anger management, parent education, monthly progress reports, and more. For more information about VTSS, please refer to Item 32. VTSS defines success as “meeting our goal of assisting youth involved with the Department for Children and Families to stabilize within their community while working to achieve their permanency goals.” Between 1/1/2021 and 9/30/2021, 129 clients were served by VTSS and 91% achieved success.

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

In FY22, RPP offered 944 screenings and 876 screenings were accepted, for a completion rate of 93%. 750 individuals were assessed to need treatment and from there, 719 enrolled in RPP services, and 478 engaged in treatment.

Post-Permanence Services: supports families who have been joined through adoption and guardianship by providing case management and other support services delivered by professionals who are experienced in the dynamics of adoption and guardianship. In the coming year, adoption incentive payments will be utilized to fund a contract amendment for Vermont’s post-permanency services, to be in effect from October of 2023 to September of 2024. Vermont’s contracted post-permanency providers are reporting that deficiencies in the mental health system of care are resulting in increased needs for families formed through adoption. We are offering a time limited increased case cost for post-permanency families needing higher levels of contact.

Services that help children in foster and adoptive placements achieve permanency include:

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

There are 3 main services provided by Project Family:

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

Central Office Team.

While qualitative and quantitative data exist throughout this item (and the statewide assessment) to conclude that Vermont has a vast array of services that span from birth, beyond age 18, through all points of a case, as well as post adoption, the availability and accessibility of those services over the last few years has led to an ANI rating for Item 29. It is hoped that through continued partnership with service providers (explained in detail throughout the statewide assessment) and the ongoing stabilization of Vermont post Covid, that service delivery and availability will begin to increase back to pre-Covid capacity.

Item 30: Individualizing Services

State Response:

As highlighted in Item 29, the contracts Family Services have available to assess risk and individual needs, as well as provide services that translate into skill building to promote safety, can all be tailored to meet the individual and family needs. For an in-depth overview of the services available in Vermont that can be individualized, please refer to item 29; in the process of describing the service array in that item, information was included regarding which populations each service is able to support on an individualized basis.

With respect to all services listed in Item 29, a family may receive one or a combination of several services, which allows for an individualized approach. For example, a Family Services Worker may make a referral to utilize the CFS contract for Family Time Coaching and also make a referral for a Family Safety Planning meeting and Care Coordination.

Many Vermonters live in rural areas with limited transportation services and no vehicles. The majority of services listed in item 29 can travel to meet a family where they are physically located, and during the Covid 19 pandemic, were able to pivot to virtual support. The expansion of virtual platforms to provide services has increased the ways in which families can choose to engage in treatment to meet their individual engagement preferences. Additionally, if a child or adult in Vermont receives Medicaid, they are eligible for Medicaid funded transport to and from medical appointments. FSD works closely with families and placement providers to arrange these services as needed. FSD's antiquated data collection system does not allow for any tracking of how frequently Medicaid transportation is utilized by families served through the child protection system, therefore there is no data available to report.

FSD is in the process of increasing how many languages documents, trainings, and services are offered in. District offices have translation contracts in place that allow them to include a translator, as needed, when working with families. Presently, only a small number of public facing documents maintained by FSD are available in different languages to include: Arabic, Bosnian, Burmese, French, Karen, Kirundi, Maay Maay, Nepali, Portuguese Brazilian, Somali, Spanish, Swahili, and Vietnamese. Additionally, the Child Welfare Training Partnership has supported the translation of our Caregiver Foundations training into Spanish and Portuguese. All the Caregiver training(s) have been reviewed to ensure that justice, equality, diversity, and inclusion content has been incorporated into them. A modest amount of Kin Navigator funding was used and will continue to be used to support the translation of relevant documents.

With regard to translation services, many of Vermont's designated mental health agencies have cultural liaison programs or providers to assist new and established migrant families with accessing services. FSD works with these programs (and other cultural liaison supports within the community) to breakdown language as a barrier to being safe and successful. While this doesn't necessarily mean the services are provided in the language spoken by families, it does ensure that families of all cultural backgrounds can learn about what services are available and can be aided in applying to and obtaining services. FSD does not have data available regarding how many services around the state are available in various languages.

FSD's current data collection system does not contain fields to track developmental disability information ongoing and therefore, FSD is not able to report at any time how many youths or caregivers with developmental disabilities are being served. If a child in custody is also being served by the Department for Disabilities, Aging, and Independent Living (DAIL), FSD is able to track this through documentation provided by DAIL, which is then included in each child's paper file and tracked on an excel spreadsheet by a unit within Central Office.

As of 11/22/2023, FSD was servicing 21 youth in custody who had a developmental services determination. A manual data dive was conducted into these 21 youth and the following data outlines some of the findings:

- The average # of days in custody for these youth is 1131.3 days.

- The minimum # of days in custody for these youth is 19 and the maximum is 3687 days.
- *For context, the average # of days in custody for all kids in custody as of 10/29/2023 is 608.7 days (N=949)*
- **Takeaway: The average number of days in custody for DS youth is almost 2x that of the 10/29/2023 custody population.**
- The average # of placements (all placements) for these DS youth is 8.2 placements.
 - The minimum # of placements is 2 and the maximum # of placements is 26.
 - *For context, the average number of placements for all kids in custody as of 10/29/2023 is 2.8.*
 - **Takeaway: 61.9% of DS & DS Eligible youth have had 6 or more placements.**
 - **Takeaway: On average, DS youth in custody experience 3x more placements than the 10/29/2023 custody population.**
- 38% of these youth (N=8) entered custody from a disrupted adoption or permanent guardianship. This is an indication that the supports/services available within the community are not adequate to meet the needs for some DS youth, which resulted in them returning to custody.

Figure 30.1

Number of Placements for All Open DS & DS Eligible Youth in custody, as of 11/22/2023											
0-5		6-10		11-15		16-20		21-30		Total	
%	#	%	#	%	#	%	#	%	#	%	#
38.1%	8	38.1%	8	14.3%	3	4.8%	1	4.8%	1	100.0%	21
Data Source: List of DS Youth provided by Specialized Services Unit, as of 11/17/2023. Data pulled from SSMIS and FSDNet.											

Through focus groups, surveys, and the use of breakout sessions during CFSR steering committee meetings held in 2022 and 2023, qualitative information was gathered to indicate that there are significant gaps in service array and individualization as it relates to youth and adults with developmental disabilities. This qualitative data combined with the quantitative data gathered during the data dive referred to above has led FSD to assess that item 30 is an area needing improvement. Additionally, the limitations with regard to language translation of FSD documents and trainings, and lack of language diversity in the overall service delivery system also supports an ANI reading for this item.

F. Agency Responsiveness to the Community

Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR

State Response:

Family Services regularly engages with stakeholders statewide to identify areas of strengths and concerns as they relate to the goals and objectives of CFSP services and supports. Stakeholder groups consist of service providers, community partners, staff from the Department for Children and Families, people with lived experience (both adults and minors), Tribal affiliates, and other community partners. These collaborations provide opportunities for Family Services to tap into the expertise of our stakeholders and create a space for stakeholders to share feedback that is used increase outcomes for the children, youth, and families Vermont serves. This feedback is then incorporated into FSDs Annual Progress and Services Reports (APSRs) as well as used to inform the development of our CFSPs.

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

Stakeholder groups who assist with the oversight of CFSP services and supports, and provide feedback that is used to update the APSR and CFSP include:

- The **Vermont Foster and Adoptive Family Alliance (VFAFA)** holds monthly board meetings and quarterly networking meetings, which division staff attend. At VFAFA's annual conference, an open forum with partners and FSD leadership is traditionally held as a mechanism for attendees to have direct access to the commissioner and deputy commissioner. In addition, the Foster Parent Workgroup meets regularly and is jointly led by Central Office leadership and foster parents and includes the voices of foster parents, central office staff, district directors, supervisors, social workers, resource coordinators, youth, and community partners. This group develops and oversees a workplan designed to make practice improvements addressing issues the Department and foster parents have jointly identified.
- **Youth Advisory Board** is made up of current and former foster youth. This group meets monthly to provide input to Family Services around practice and policy related issues. This group also meets annually with the FSD Division Management Team (see Item 25 for more information on the Division Management Team) and outlines what they see as practice priorities that leadership needs to focus on based on their experience.
- **Vermont Kin as Parents (VKAP)** is a state-wide non-profit organization serving grandparents and relatives who are raising a family member's child when the parents are unable. With the increase of kin foster care, Family Services and VKAP continue to work together to discuss how to best support family members who are currently raising relatives. Both the Family Services post permanency manager and foster and kin care manager serve on the board.
- **Vermont Federation of Families** is a statewide family-run organization that provides support to families at Local Interagency Team meetings and Coordinated Services Plan (CSP) meetings (also referred to as Act 264 meetings) where Family Services, Department of Mental Health, and the Agency of Education are all present, working in collaboration to support families and child/youth 0-22 experiencing emotional, behavioral, or mental health challenges. The Vermont Federation of Families also joins Family Services Stakeholder meetings which is a venue to hear updates related to policy and practice and to be able to ask questions and provide feedback.

In 2019, the FSD Quality Assurance (QA) Team created a new screen in their data collection system to track CSP meeting information. Figure 31.1 provides CSP data from CY 2021-2023. It should be noted that upon analyzing this data, the QA team has determined that a refresher on this screen and when to use it is needed as the drop in meetings during 2023 reflects a gap in data entry, not a reduction in CSP meetings. At this time, FSD does not have a way to track how many meetings should have occurred, only how many did occur based on the data entered into the screen.

Figure 31.1

**Number and Hours of Coordinated Service Plan
Meetings Held Statewide, CY 2021-CY2023**

Year	# of Meetings	# of Hours	# of kids in custody as of 12/31/XX
2021	80	120	1061
2022	92	135	1067
2023	56	88	921
Total	228	343	3049

Data Source SSMIS and FSD Custody Management Reports

Data Note: Not all kids in custody are required to have a CSP. # of kids in custody during a certain point in time is included in the table is included for additional context.

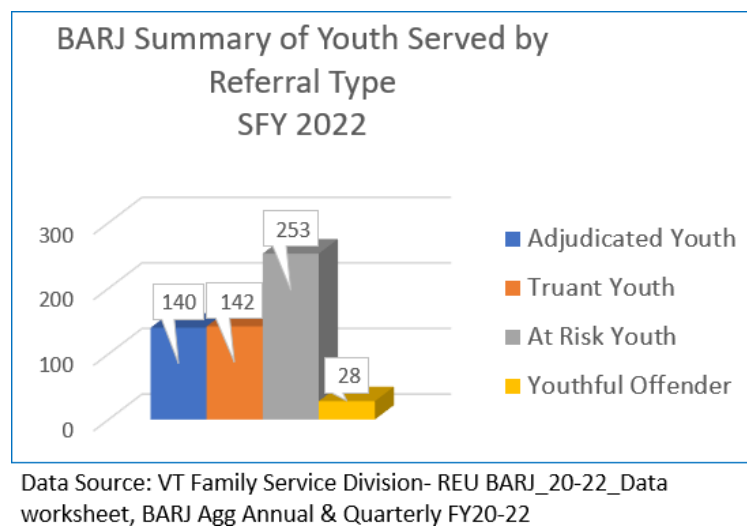
- **Vermont Family Network (VFN)** is an agency whose mission is to empower and support all Vermont families of children with special needs. The VFN joins Family Services Stakeholder meetings, which are a venue to hear updates related to policy and practice and to be able to ask questions and provide feedback.
- The **Vermont's Citizen Advisory Board (VCAB)** was established by Family Services in 1998 per the federal Child Abuse Prevention and Treatment Act (CAPTA), under the CAPTA Reauthorization Act of 2010. VCAB meets quarterly regarding a variety of issues related to child protection, with a focus to review and improve Vermont's child welfare system.
- **Vermont Network Against Domestic and Sexual Violence** and Family Services collaborates in various ways, including:
 - The Rural Grant partnership member organization to develop regional trainings with the goals for the next 3 years focusing on the intersections of domestic violence, substance use and mental health and developing ways we as a partnership can build our collective knowledge to enhance safety for families and improve service delivery in a holistic manner for families experiencing these challenges.
 - Supporting their local DV/SV member organizations to partner with FSD DV Specialists in community coordinated response teams which consist of cross discipline professionals developing appropriate domestic and sexual violence responses in regional communities.
 - Vermont Network Against Domestic and Sexual Violence members also serve on the Vermont's Citizen Advisory Board (VCAB).
- The **Vermont Coalition of Residential Programs (VCORP)** meets monthly, with division representatives attending, and assists with oversight of residential activities.
- **Justice for Children Task Force (JCTF)** is convened by the Chief Justice of the Vermont Supreme

Court. This task force is a collaborative, interdisciplinary effort bringing together those in charge of decisions impacting outcomes for children who are not in the custody or guardianship of a parent. Family Services Commissioner and Deputy Commissioner participate on this task force and collaborates with the Court Improvement Project to improve outcomes for children and families. Other Task Force members include lawmakers, juvenile attorneys, Department of Health, states attorney, mental health, court administrator, Agency of Education, and an assistant attorney general.

- **FSD Stakeholders Meetings** are coordinated by Family Services on a *quarterly basis. These meetings involve various stakeholders to provide policy and practice updates to help strengthen partnerships and the greater child welfare system. The quarterly meeting invitation goes out to individuals from the following fields: court, mental health, agencies that support and represent family and youth, corrections, education, local services providers, treatment providers, law enforcement, placement providers, and various advocacy groups. *Note that post Covid, Vermont is working to get these meetings back to a quarterly cadence as turnover within FSD and the community has impacted how frequently this group meets.
- **Vermont Center for Crime Victim's Services**- DCF Family Services receives funding from the Department of Justice, Office of Violence Against Women, Rural Domestic Violence and Child Victimization grant and funds from the Office of Victims of Crime. These grants fund 5 full time Domestic Violence Specialists to provide case consultation and expertise to all 12 FSD offices, as well as direct service and appropriate referrals to community service providers. In addition, formal Collaborative Agreements are in place and revisited on an annual basis between the local district office and the community domestic and sexual violence program to improve collaboration and referrals.
- The **Vermont Children's Justice Act Task Force** includes: Law Enforcement, Criminal/Civil Court Judges, Prosecuting Attorney, Defense Attorney, Child Advocate, Court Appointed Special Advocate (GAL), Mental Health, Child Protective Service, an individual experienced in working with children with disabilities, parent/representative, adult former victim, and an individual experienced in working with homeless children or youth. This group meets quarterly to address system issues.
- **Multi-Disciplinary Teams 33 VSA § 4917** - The DCF Commissioner may empanel a multidisciplinary team when there may be a probable case of child abuse which warrants the coordinated use of several professional services. The Commissioner shall appoint members which may include persons who are trained and engaged in work relating to child abuse or neglect such as medicine, mental health, social work, nursing, childcare, education, law, or law enforcement. Additional people may be appointed when the services of those persons are appropriate to a particular case. Teams assist the department in identifying and treating child abuse or neglect cases by providing:
 - case diagnosis or identification;
 - a comprehensive treatment plan; and
 - coordination of services pursuant to the treatment plan.
 - Teams may also provide public informational and educational services to the community about identification, treatment, and prevention of child abuse and neglect.
 - Teams shall also foster communication and cooperation among professionals and organizations in their community and provide such recommendations or changes in service delivery as it deems necessary.

- Vermont has been a part of the **Reclaiming Futures (RF)** learning community since 2015. Reclaiming Futures is a national initiative that provides guidance to promote juvenile justice reform to reduce youth involvement in the criminal justice system and to help youth lead meaningful lives. RF helps young people in trouble with drugs, alcohol, and crime. The work in Vermont is focused on our largest county, Chittenden County. Representatives of the legal community, the judiciary, youth justice, restorative justice, substance use treatment providers, the community, and state agencies serve on the Leadership Team which meets monthly.
- The **Restorative Justice Consortium** is comprised of state government, education, higher education, victim services and community restorative justice providers. The consortium meets monthly and works collaboratively to develop infrastructure and capacity to support, expand, and evaluate community and restorative justice in Vermont.
- The **Balanced and Restorative Justice (BARJ) program** is an arm of the youth justice system that provides support to youth who are at-risk for involvement in the juvenile justice system or have been adjudicated delinquent and may or may not be on probation with DCF- Family Services. Every other month we meet with the BARJ case managers to explore areas of practice that enhance the work with youth. Figure 31.2 provides data on BARJ referrals during SFY22 (N=563), statewide, by referral type.

Figure 31.2



- The **Juvenile Justice Stakeholders Group** consists of representatives from the Judiciary, Juvenile Defender, Department of Corrections, DCF, States Attorney, and Victim Advocates. The group has been meeting since 2016 to develop legislation to move juvenile jurisdiction reform forward in Vermont.
- The **Coordinating Funds and System Needs** interagency collaboration group consists of representatives of various Agency of Human Services departments (DCF, FSD, DAIL, DMH) and meets monthly. The purpose of this group is to focus on the child/youth system to discuss:
 - Where there is alignment across our departments/divisions.
 - Coordination about incoming proposals (Foundations, RFPs issued, etc.) and think more long-term in our approach as an agency.
 - What is being measured and contracted for? Is this giving AHS the impact they want?
- The **Families Come First Prevention Workgroup** is a work group that involves department staff, agency staff, as well as external stakeholders. This group meets to review and weigh in on the progress around implementing the Families First Prevention Act in Vermont.

- The **CFSR Steering Committee** is a group that formed in 2022 with the purpose of gathering information for the CFSR R4 statewide assessment to include identifying strengths, areas needing improvement (through root cause analysis) and sharing strategies for the future. This committee will also oversee the CFSR PIP and use data to inform progress on PIP items. The committee consists of internal staff, staff from the Department for Children and Families, service providers, people with lived experience, staff from the judicial community, and community partners.

Many stakeholders sit on more than one of the groups listed above as a way to continuously transfer and share information that is used to inform the creation of APSRs and CFSPs. This overlap allows for better collaboration and communication statewide. If a stakeholder leaves a group, the FSD Policy and Planning Manager will work with the stakeholder's organization to identify a new individual who can continue to represent their agency/organization. A racial equity lens is included in all stakeholder groups as many of the FSD participants are members of the Statewide Racial Equity Workgroup (SREW), as are some of the external partners who are connected to the groups described above.

In addition to the list above, the 12 district offices also have their own stakeholder groups that come together to discuss issues specific to their community. These groups include district staff as well as key stakeholders within the community who can help identify gaps and issues regarding the efficacy of CFSP services, perform root cause analysis on issues relating to these services, and create and implement strategies to support the delivery of CFSP services around the state. This information is then used to inform updates to APSRs and CFSPs.

It should be noted that while FSD also collaborates with many federally funded entities to gather information on system functioning statewide to update the APSR and CFSP, those entities are described in detail in Item 32.

As indicated throughout this item, Vermont regularly collaborates with youth and adults with lived experience across the state to inform the functioning of CFSP services, which is then utilized to update the APSR and CFSP. This also ensures that historically underserved populations (such as those who have experienced homelessness, incarceration, and disabilities) have a voice in the APSR and CFSP as many of these participants have or are currently experiencing a life event that would fall into the underserved category. Beginning in 2022 and continuing through the writing of this assessment (and beyond), FSD is receiving Technical Assistance from the Capacity Building Center to continue to bolster the use of lived experience in all areas of our work.

Through the statewide engagement and consultation with tribal representatives, people with lived experience (with FSD and other child protection services), service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies, FSD is able to continuously gather feedback that is included in the APSR and CFSP. With this robust collaboration in mind, FSD has assessed Item 31 to be a strength.

Item 32: Coordination of CFSP Services with Other Federal Programs

State Response:

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

Youth Development Services: FSD continues to contract with Elevate Youth Services (formerly Washington County Youth Service Bureau) as the administrative and fiscal agent of the Chafee subgrant and the statewide Youth Development Program (YDP). YDP is Vermont's transition and after-care program for youth and young adults who have experience with the foster care system. Elevate subcontracts with eight agencies across the state to provide services in coordination with each of the 12 FSD districts. In total, YDP staffs 16 full-time equivalent Youth Development Coordinators (YDCs) that provide goal-oriented case management to youth. Across the state of Vermont, YDP serves approximately 450 youth per year. YDP maintains an array of services and supports for eligible youth, including strengths-based, youth-driven case management; flexible funding to help youth achieve goals; extended foster care; and access to leadership and advocacy opportunities. Figure 32.1 provides YDP outcome data for FY19-FY22.

Figure 32.1

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

Data Source: VT APSR FY2024

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

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

Economic Services: Since the last CFSR, FSD has continued to strengthen their partnership with Economic Services, especially those being served through their Reach-Up Program (TANF). Reach-Up helps families with children by providing cash assistance for basic needs and services that support work and self-sufficiency. Effective on 2/1/2013, Economic Services promulgated a rule that allowed families to continue to receive their Reach-Up benefits up to 180 days if their child who was a beneficiary came into custody in situations where the child would likely be reunified within that timeframe. The desired goal was to support families in maintaining their housing so they could focus on addressing the issues that resulted in the child coming into custody. This rule has remained in place since 2013 and has allowed for better collaboration between FSD, Economic Services, and the families served by both departments. In January 2024, an FSD Operations Manager partnered with the Reach-Up Benefits Programs Assistant Administrator to create 4 surveys:

- One for FSD Family Services Workers (FSWs)
- One for FSD district Supervisors
- One for Reach-Up Case Managers
- One for Reach-Up Supervisors

The goal of the surveys was to gauge the partnership between the departments as well as awareness of the programs each department can provide. The FSD Family Services Workers survey was sent to roughly 122 FSWs and 28 FSWs took the survey, for a response rate of 22%. When asked how frequently FSWs were meeting with Reach-Up Case Managers when they shared clients, 57.1% (N=16) of the respondents indicated “Less than Monthly” or “Never” (see Figure 32.2 for additional response information).

Figure 32.2

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

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

When asked if FSWs were familiar with the supports provided to families by Reach-Up Case Managers, 88.8% (N=24) responded that they were not familiar or only somewhat familiar with the services (see Figure 32.3 for additional response information; note that only 27 FSWs responded to this question).

Figure 32.3

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

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

Child Development Division: Vermont's Title IV-B, sub part 1 funds support key services overseen by the DCF Child Development Division (CDD). Some programs overseen by CDD include:

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

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

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

- **Nurse Home Visiting Program:** Maternal Early Childhood Home Visiting (MECSH)- Registered nurses from home health agencies deliver a long-term, structured, evidence-based home visiting program for families including at least 25 visits during pregnancy up to age two. The program improves maternal and child health and family economic self-sufficiency, promotes optimal child development, prevents child abuse and neglect, and coordinates referrals to community resources.
- **Family Support Home Visiting Program:** Parents as Teachers (PAT)- Trained professionals from CIS partner agencies deliver a long-term, evidence-based home visiting program for families through regular visits up to age five. The program strengthens the parent-child relationship,

builds social connections, prevents child abuse and neglect, and promotes optimal child development and school readiness. In late 2019, PAT was endorsed by Vermont's Home Visiting Alliance (comprised of state and community agencies to inform the direction of Vermont's home visiting system) as the Sustained Family Support Home Visiting model.

- **Children's Integrated Services (CIS):** The Child Abuse Prevention and Treatment Act (CAPTA) requires states to make referrals to early intervention services funded under Part C of the Individuals with Disabilities Education Act (IDEA) for all children under the age of 3 who are involved in a substantiated case of abuse or neglect. In Vermont, referrals to Children's Integrated Services (CIS) for developmental screening continues to occur in the following instances:
 - All children under the age of 3 who reside in a family/household where there is a substantiation of abuse or neglect – regardless of whether the perpetrator is in home or out-of-home; and
 - Households where the Safety Decision Making Risk Assessment is high or very high and a family support case will be opened for a family with children under the age of 3 (by completing the CIS Referral Form).

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

- **Head Start:** Since the last CFSR, FSD has continued to collaborate with Head Start/Early Head Start and continues to promote the MOU which was created in 2011. This MOU also includes Economic Services Reach Up and the Child Development Division and is designed to reinforce the commitment between the agencies to improve access and provide high quality services to children and families throughout Vermont.
- **Agency of Education (AOE):** Over the last several years, FSD has continued to focus on educational stability for children and youth in foster care. We continue to work closely with AOE under the 2009 MOU which allows children and youth to stay in their schools throughout the year in most situations. Since the last CFSR, FSD has created reporting to allow for better monitoring of educational stability as it relates to placement in foster care. Members from AOE are also included in many of the stakeholder groups listed in Item 31.
- **Vermont Health Department:** FSD district offices work closely with Health Department (VDH) partners in many capacities including connecting mothers to the WIC program, providing consultation when there are medical issues, reinforcing safe sleep with shared clients, collecting health information, and identifying the medical home for each child entering custody. When a child enters custody through FSD, the VDH Public Health Nurses connected to each of the 12 districts receive a notification and begin collecting the medical and dental information regarding the child. This information is then put into FSDs case note system and a copy is printed and put in the child's file. This ensures timely access to medical and dental information for FSD staff as well as the foster parents caring for the child.
- **Vermont State Housing Authority (VSHA):** VSHA offers a Family Unification program which promotes family reunification by providing rental assistance to families that lack adequate housing as a primary factor in the separation, or threat of imminent separation, of children from their families. Family Services and Economic Services refer families to VSHA. As mentioned above in the YDP section of this item, VSHA also provides housing vouchers for youth ages 18-26 who experienced a foster care episode at some point after age 16.
- **Human Trafficking:** Since the last CFSR, Vermont was awarded a \$1.2 million grant to combat human trafficking.

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

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

Vermont recognizes that children and families involved in our child welfare system often have complex needs and require access to a variety of services and supports. Through extensive collaboration with federal and federally assisted programs throughout the state, Vermont is able to offer services and supports to children and families of all ages and all needs. With the above services in mind, Vermont has assessed this item to be a strength.

G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards Applied Equally

State Response:

While this item in the Children's Bureau's official "Child and Family Services Reviews Statewide Assessment" document for CFSR R4 asks states and jurisdictions to respond to, "How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide...", the "Questions for Exploring the Systemic Factor Federal Requirements" section of the Children's Bureau's "Assessing Systemic Factor Functioning Using Data and Evidence" only speaks to the licensing and renewal process. As such, the information contained within Item 33 aligns with the prompts in the "Questions for Exploring the Systemic Factor Federal Requirements" section of the "Assessing Systemic Factor Functioning Using Data and Evidence" document. Information regarding FSD's recruitment and retention of foster homes can be found in Item 35.

Family Services Residential and Special Investigations (RLSI) unit is comprised of 11 workers who are responsible for overseeing and licensing the following on an annual basis:

- 1000+ currently licensed foster, pre-adoptive, and kinship homes (note that Vermont groups fictive kin and the federally defined kin into the same category)
- All new foster/kinship/pre-adoptive applications
- Residential Treatment Programs
- Child Placing Agencies (foster care and adoption)
- All child safety intakes related to residential programs/staff, foster/kinship/pre-adoptive parents, and FSD employees
- All regulatory interventions

Unlike some states, Family Services will place children on an emergency basis in unlicensed relative homes with the expectation that the relative will become licensed. The local Resource Coordinator or Family Services Worker will meet with relatives initially so they can complete an application and sign releases for background checks prior to the child being placed. The local District Director or Operations Manager (should the Director not be available) signs off on these application requests prior to sending them to the RLSI unit. There are currently more than 200 children placed in unlicensed relative homes. Family Services does not claim title IV-E funds for these placements (or any unlicensed placements).

Once an application is received by the RLSI unit, it is assigned to a licensing worker who will set up a time to go visit the home. Licensing supervisors review all application materials and will follow up with the workers if there are any questions or concerns to ensure that licensing standards are being applied equally throughout the state. Applications are updated regularly to include the current federal requirements/initiatives. Once a home is licensed, each license is good for 3 years before needing to be renewed. It should be noted that the responsibility for licensing and approving childcare institutions falls outside of FSD's scope of work.

Licensing Process In-Depth

Foster, Kinship, and Pre-Adoptive Homes:

Family Services Division Policy 221 (which can be found in the Appendix) outlines RLSI's requirements and process when

licensing a home as a foster, kinship, or pre-adoptive placement. Some of those requirements include:

- Applicant Interview and Site Evaluation: An RLSI Family Services Worker will be assigned the licensing evaluation to include:
 - Educating the applicant on the licensing process and foster care regulations;
 - Visiting and inspecting the family foster care home and premises;
 - Interviewing applicant foster parents and other household members deemed necessary by RLSI;
 - Assessing the applicant's compliance with each regulation;
 - Discussing areas of non-compliance and steps to achieve compliance;
 - Reviewing areas of concern indicated on the application and in the background checks as noted above;
 - Collecting third party references as appropriate; and
 - Completion of a licensing evaluation report and recommendation.
- Initial and renewed licenses will be valid for up to three years at the discretion of RLSI. Licenses may be issued for a shorter period, if needed. A family foster, kinship, and pre-adoptive care license, once issued, is defined by the following parameters:
 - The names/identities of the foster parent(s);
 - The physical address of the foster home;
 - The term between the effective or amended date and the expiration date;
 - Type of home (foster, kin, pre-adoptive, limited)
 - Any limitations that are placed on the license; and
 - Capacity of the home
- RLSI may place limitations on foster care licenses based on family circumstances and in accord with regulations. This may be done at licensure or at any time during the term of the license. These may include, but are not limited to:
 - Care of a specific child or youth;
 - Age, gender, and developmental needs of children able to be placed in the home; and
 - Which household members may not be allowed to transport youth.

Limitations will be reviewed during the licensing renewal process.

- Child-specific licenses do not automatically close when the child moves from the home. The child-specific license will be reviewed in consultation with the foster parent(s) for closure or continuation as a community foster care license.
- Foster care licenses shall, at minimum, be renewed every three years. RLSI has the discretion to issue licenses that have a shorter term. Two months prior to expiration, RLSI will send a renewal application to the licensee, and request information from district offices on each family due for renewal. Upon receipt of the completed

renewal application, RLSI will complete all background checks as noted above, except fingerprint supported background checks which will not be required at renewal if the foster home remains continuously licensed. The assigned RLSI staff will evaluate all information received:

- If the information is complete, there have been no significant changes, foster parents have been interviewed, and there is no indication of non-compliance to regulations, a renewal report is generated and up to three-year license is issued.
- If information is incomplete, or if there have been significant changes or concerns noted, RLSI staff will evaluate further to determine compliance. A site visit may occur at the discretion of the RLSI supervisor.
- A re-licensing report is generated, and, if appropriate, a three-year license is issued.
- The licensing authority may grant a variance (referred to as “waivers” in the Assessing Systemic Factor Functioning Using Data and Evidence document) from a specific regulation upon its determination that the applicant(s) or foster parent(s) will otherwise meet the intent of the regulation. Variances may be requested prior to licensing or while a license is held. A variance is valid for the duration of the license unless otherwise specified by the licensing authority. A variance may be renewed. Variance to any regulation may be given at the discretion of RLSI. Variances should be used to encourage, though are not limited to, the following situations:
 - To allow for relative/kinship placement;
 - To allow a child with an established meaningful relationship to be placed with those individual(s);
 - To allow parenting youth to remain with their child;
 - To allow siblings to remain together; and/or
 - To allow a family with special training to care for a child with disabilities or specific medical needs.
- Non-safety related variances for limited, child-specific kinship care are encouraged. Examples of this may include sleeping arrangements, financial means, health, and minor background check concerns that do not compromise safety. Variances to regulations considered essential to the safety of children and youth in the home will not be granted. Of particular importance are regulations regarding significant criminal or child protection history, fire egress, firearm storage, and caregiver capacity. All variance requests will be approved at the RLSI supervisory level. In some circumstances, additional limits may be placed on the license due to granting of variance. Documentation will be stored in the foster care file. All existing variances will be reviewed at the time of foster care license renewal and will otherwise remain in place.

The variance process is an example of how licensing standards can vary by type of home as variances are almost exclusively applied to kinship homes to support and maintain existing relationships. Due to FSD’s antiquated data collection system (described in detail in Item 19), information on variances can only be added into the system in an open-ended text field, which does not allow for any data to be generated regarding how frequently variances are granted.

Residential Treatment Program (RTP) Licensing

Family Services Division Policy 241 (found in the Appendix) outlines RLSI’s requirements and process when licensing a residential treatment program. Some of those requirements include:

- Once RLSI receives an application, a RLSI Family Services Worker will be designated to oversee this process. RLSI will verify with the Secretary of State that the agency is authorized to do business in Vermont. The agency must provide copies of any licenses in effect in other states. The licensing evaluation will include:
 - Educating the applicant on the licensing process;

- Visiting the physical facility;
- Assessing the RTP's compliance with each regulation;
- Discussing areas of non-compliance and steps the RTP might consider to achieve compliance; and
- Educating the applicant about procedures on obtaining criminal records and registry background checks for facility staff.
- RLSI may provide additional consultation as necessary. When the Family Services Worker determines that the agency is in substantial compliance with the regulations, the worker will prepare a report. The report will:
 - Assess compliance with each regulation;
 - Describe areas of non-compliance and sets clear time frames for correction;
 - State a recommendation for licensure capacity, gender and age range; and
 - State a recommendation of approval or denial for licensure.
- RLSI will send a draft report to the applicant for review with comments due within fifteen days. If the worker, in consultation with an RLSI supervisor, determines that the agency is not making progress toward compliance, or cannot comply, the licensing report will recommend a denial of licensure. The RLSI director will notify the agency in writing, listing specific areas of non-compliance and information on the process for appeal.
- The initial term of licensure for a new program will be one year, or less, at the discretion of RLSI to allow for a follow-up visit to determine full compliance with the regulations for the next term of licensure. The standard term of licensure is two years. RLSI reserves the discretion to amend the term of a license in special circumstances. Two months before the expiration of the agency's license, RLSI will:
 - Send a renewal application, requesting its return within one month;
 - Contact the RTP and schedule the re-licensing visit; and
 - Solicit feedback about the RTP from stakeholders which may include, but is not limited to: youth, parents, Family Services Division (FSD) staff, Agency of Education (AOE) staff, and Department of Mental Health (DMH) staff, and others as appropriate.
- Before the re-licensing visit, RLSI will:
 - Review the application; Family Services Policy Manual 241 Chapter: Residential Licensing and Special Investigations Subject: Residential Treatment Program Licensing and Interventions Page 4 of 10 Vermont Department for Children and Families Family Services Division
 - Review information regarding the RTP's activities since the last licensing visit, and;
 - Review child safety interventions (CSIs) and regulatory interventions conducted by the division at the RTP.
- During the re-licensing visit, RLSI will:
 - Inspect of areas of the program used by children/youth in care;
 - Interview children/youth in care;
 - Interview administrators;
 - Interview clinicians;

- Interview supervisory and direct care staff;
- Review changes in personnel;
- Review personnel files;
- Review the process for obtaining background checks;
- Audit personnel files for the completion of background checks; Programs with less than 20 staff members will have 50% of staff files reviewed. Programs with more than 20 staff members will have 25% of staff files reviewed.
- Review changes in policy and practice;
- Review a sample of records for children/youth in care; and
- Assess progress in previously identified areas of weakness or noncompliance, which includes any regulatory or child safety interventions conducted during the time under review.
- RLSI will hold a closing conference with the program administrator to discuss findings and recommendations. This conference may be waived by mutual consent if no significant issues have emerged. After each re-licensing visit, the worker will prepare a report summarizing their findings and recommendations. The report will:
 - Assess compliance with each regulation;
 - Describe areas of non-compliance and sets clear time frames for correction;
 - State a recommendation for licensure number, gender, and age range; and
 - State a recommendation of approval or denial for licensure.
- RLSI will prepare a report and send a draft to the licensee for review and comment to be returned within fifteen days. When RLSI determines the program is in substantial compliance with the regulations, renewal of the RTP's license will be recommended. If RLSI determines the program is not in substantial compliance or is not making progress toward compliance, the licensing report and letter will recommend a denial of licensure and provide information on the process for appeal of the denial.

Child Placing Agencies Licensing

Family Services Division Policy 231 (found in the Appendix) outlines RLSI's requirements and process when licensing a child placing agency. Some of those requirements include:

- Once RLSI receives an application, a RLSI Family Services Worker will be designated to oversee this process. RLSI will verify with the Secretary of State that the agency is authorized to do business in Vermont. The licensing evaluation will include:
 - Educating the applicant on the licensing process;
 - Assessing the agency's compliance with each regulation,
 - Discussing any deficiency noted and the steps the agency might take to correct deficiencies;
 - Notifying the agency about procedures on obtaining criminal records and child abuse registry checks on agency staff and for foster and adoptive parents;
 - For foster care agencies, reviewing foster home regulations.

- Within ten days of noncompliance with regulation, RLSI will give the agency sixty days to comply. RLSI may extend this period if the agency is progressing toward compliance. The lead licensor may provide additional consultation, as necessary.
- When the licensing team determines that the agency is in substantial compliance with regulations, the lead licensor will prepare a report that will:
 - Briefly describe the agency's practices in each area covered in regulation;
 - Outline areas of particular strengths and weaknesses;
 - Clearly describe any remaining areas of noncompliance and time frames for correction;
 - For foster care agencies, specify the degree of authority given to the agency to approve foster homes;
 - State a recommendation for licensure
- RLSI will send a draft report to the applicant for review with comments due within fifteen days. If the licensing team, in consultation with the licensing supervisor, determines that the agency is not making progress toward compliance, or cannot comply, the licensing report will recommend a denial of licensure. The RLSI Director will notify the agency in writing, listing specific areas of noncompliance, and information on the process for appeal.
- Three months before the expiration of the agency's license, the RLSI Administrative Assistant will:
 - Send a renewal application, requesting its return in one month;
 - Solicit feedback on the agency from each District Director, Resource Coordinator, the Adoption Coordinator and Community Resource Team, as appropriate.
- Before the re-licensing visit, RLSI will review the record, the complaints received during the past year and the agency's handling of criminal and registry records. At the re-licensing visit, RLSI will:
 - Review changes in personnel, policy and practice;
 - Interview administrative and program staff;
 - Review minutes of board meetings;
 - Assess progress in areas of weakness or correcting noncompliance;
 - Review sample records in each area in which the agency provides services: children in care, foster parents, adoptive parents, birthparents. Agency personnel may assist in the selection of records to review, but the licensing team will make the final choice. The record review may be omitted if the agency has been inactive during the past year;
 - For foster care agencies, make a site visit to one or more foster homes, for review of compliance with foster care regulations governing the physical facility and interview with the foster parents about the services the agency provides
- The licensing team will hold a closing conference with the agency administrator to discuss findings and recommendations. This conference may be waived by mutual consent if no significant issues have emerged.
- The assigned RLSI staff will prepare a report for review and signature by the RLSI Director. The RLSI staff will send a draft of the report to the licensee for review and comment. Once the report is finalized, a new license will be issued promptly.

FSD uses an automated report to track when a home, agency, or program is due for renewal. The automated system prints letters on the 1st of each month for all licensed homes, agencies, and programs that will be due for renewal within a certain period of time (see above sections for when RLSI reaches out to each entity to initiate the renewal process). This automated functioning ensures licenses are renewed timely.

Through the use of FSD's internal Qualitative Case Reviews (see item 25 for a detailed description of QCRs), federal I-VE audits, and investigations into reports of abuse or neglect where a licensed home, agency, or program is the perpetrator, FSD is able to continuously monitor the application of licensing standards across the state and across all types of licenses. This combined with the information contained within this item has led Vermont to assess this item to be a strength.

Item 34: Requirements for Criminal Background Checks

State Response:

Family Services' Residential Licensing and Special Investigations (RLSI) unit oversees compliance with federal requirements related to the criminal background checks of foster, kinship, and adoptive caregivers. FSD's Policy and Planning Manager ensures that any new federal rules/regulations regarding the criminal background check of current and potential caregivers are incorporated into FSD policy on an ongoing basis. Prior to a child being placed in a foster home, RLSI completes a comprehensive background check function that searches the following databases for information that may comprise a child's safety in a care setting:

- Vermont Crime Information Center
- Family Services Master Index (Child Abuse and Neglect registry)
- Department of Motor Vehicles
- Child Support
- Adult Abuse Registry
- Department of Corrections
- Vermont Court Access System
- Child Development Division

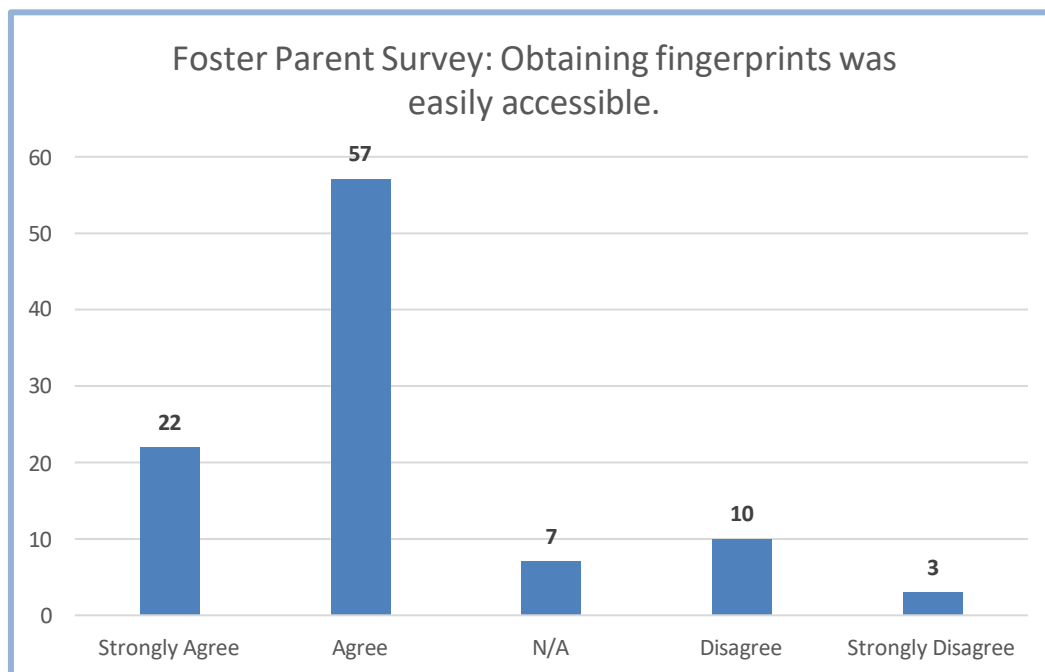
RLSI also completes various annual checks with include approximately: 400-500 foster care applications (including adoptive placements), 100-200 respite care application, 125 child placing agency foster care applications, 1000 RCCF, CPA and Shelter program staff checks, and 300 checks of prospective adoptive parents for licensed child placing/adoption agencies.

Each district office has a Resource Coordinator who is the point person for any inquiries about becoming a foster home. The Resource Coordinator follows up and meets with the inquirers and provides them with a foster care application if desired. Once the completed application is sent to the RLSI unit, they send a "print packet" to the foster care applicants instructing them where to get fingerprinted. Family Services contracts with Finger Printing Centers throughout the state (most of which are local sheriff offices), and most of which have the electronic fingerprinting equipment. All 12 district offices have Finger Printing Centers in their catchment areas, though applicants can use any of the Finger Printing Centers around the state to complete the fingerprinting process.

A survey was sent to 943 foster parents/caregivers in Vermont in 2023, 23 of which were undeliverable. Of the 920 surveys sent, 99 current or former foster parents provided a response.

When asked if obtaining fingerprints was easily accessible, of the 99 respondents, 22.22% (n=22) strongly agreed, 57.58% (n=58) agreed, 7.07% (n=7) selected not applicable, 10.10% (n=10) disagreed, and 3.03% (n=3) strongly disagreed. Please reference figure 34.1 below.

Figure 34.1



As mentioned in an earlier item, Family Services allows children to be placed in unlicensed relative homes with the expectation that they need to become fully licensed. Therefore, relatives are required to get fingerprinted to become licensed. Unfortunately, many relatives are reluctant to get fingerprinted which leaves the licensing worker and local Resource Coordinator in a position to be continually following up until they get fingerprinted. To address this issue, Family Services created policy (Policy 221) that will require the relative to get fingerprinted within 90 days of the child being placed in their home. Failure to get fingerprinted will result in the child being removed from the relative's home. RLSI internally tracks the fingerprinting status of all applicants and sends reminder letters if applicants have not completed fingerprinting timely. Due to our antiquated data collection system, FSD is currently unable to provide data regarding timeliness of foster parent fingerprinting. Family Services is currently working with IT to develop a fingerprinting screen in SSMIS (FSD's main data collection system) so that RLSI is better able to track the fingerprinting status of applicants, the amount of time it takes applicants to complete fingerprinting, and to track how often lack of fingerprinting impacts the licensure process. Currently, the only data entry field in SSMIS specific to fingerprints is a Yes/No field where RLSI indicates if caregivers have completed fingerprinting or not.

RLSI runs a report monthly to identify homes still in application, which includes if fingerprinting has occurred or not. Reminders are sent to caregivers who are still in need of fingerprinting, and district staff is involved, as needed, to support caregivers with moving through the process.

As outlined in Policy 221, if any history of problematic behaviors is revealed by these checks, they will be evaluated with regard to its impact on: the physical safety of the children; the emotional well-being of the children; and appropriate role modeling. Among factors considered are: the nature of the offense; how recent the offense; number or frequency of offenses; age of the offender at the time; attitude of the offender and applicant /licensee towards the offense; and evidence of rehabilitation. The state monitors safety in foster homes on an ongoing basis through FSW visits with children in these homes and through private conversations with children in foster care.

Safety-related regulations that must be upheld in all situations include: significant criminal history, significant child abuse/neglect history, active/non-remission substance abuse, and fire and firearm safety.

Per Policy 222, all accepted or open child safety interventions (CSIs) and regulatory interventions regarding a family foster home result in a hold on new placements. District office staff are not permitted to place new children or youth in the home OR ask the caregivers to provide additional respite care while the intervention is open or until the hold is lifted by RLSI. This does not impact the current placement(s) in the home or existing respite arrangements, and RLSI investigators will assess the safety of the youth(s) in the home during their investigation; the results of the investigation will determine if the youth(s) require a new placement.

Due to the limitations of FSD's 40+ year old data collection system, FSD is not able to track if children are placed in a foster home where a temporary hold has been issued. This also means that there is no easy way within the system for districts to identify if a foster home has a hold placed on it. Generally, this information is shared with the districts by RLSI, and the Resource Coordinators update their district specific Excel spreadsheet with the new information. Workers are then required to find and open the spreadsheet prior to making emergency placements, which has led to children being placed in homes with holds at times. This often results in the child needing to be moved from the placement.

The Domestic and Sexual Violence Unit provides ongoing case consultation to members of the RLSI team on new and renewed foster parent license applications when there is a history or concern of domestic violence, documented abuse protection orders, or when there are accepted reports (when the allegation is specific to domestic violence) for new child safety interventions in a foster home.

If an intake is made but not accepted on a foster home where a child is placed, the intake is shared with the ongoing Family Services Worker to address the safety concerns with the family and youth/child. If an intake is accepted, it is investigated by the RLSI unit. During the 2022 and 2023 Qualitative Case Reviews (QCRs), case record reviews and interviews with case participants indicated that in some situations, information regarding regulatory interventions (when a foster, kinship, or pre-adoptive caregiver is alleged to have violated the licensing regulations) was not shared with case workers or was easily lost during the life of a case as it's captured in a separate screen in SSMIS with no reporting available. This was found to increase safety risks for children placed in foster homes in some cases. Figure 34.2 provides data regarding the number of substantiations in Vermont in CY 2022, by the relationship of the perpetrator. Per the data, of the 849 substantiations in CY 2022, only .5% (N=2) involved the foster, kinship, or pre-adoptive home.

Figure 34.2

Number of Substantiations* in Vermont by Relationship of Perpetrator, CY 2022					
Relationship of Perpetrator	Physical Abuse	Sexual Abuse	Risk of Sexual Abuse	Risk of Harm	Emotional/Neglect
Parent	75	22	20	304	48
Stepparent/Parent's Paramour	17	25	11	44	4
Foster, Kinship, or Pre-Adoptive Parent	1	0	0	1	0
Sibling	1	15	0	3	0
Other Relative	4	32	2	7	3
Neighbor/Friend	0	55	5	10	0
Other Known	5	24	6	26	0
Stranger	3	30	1	0	0
Unspecified	12	27	0	3	3

Data Source: Vermont Data Portal

Data Note: This data set looks at number of total substantiations, not number of substantiated reports.
One report could result in several substantiations.

There are times that the department must staff youth in hotels, district offices, law enforcement offices, or other short term, secure placements due to lack of available residential beds or foster homes. When this happens, at least two Family Services staff remain with the child/youth and are sometimes accompanied by law enforcement to ensure child/youth and also staff safety in these situations. Due to the impacts of the covid-19 pandemic and reduction in available residential beds for high needs youth, these high-end staffing's had been occurring 1-3 times a week over the last year, though were beginning to decrease in February 2024.

Foster, kinship, and pre-adoptive homes go through a renewal process with RLSI every three years (or more frequently, as assessed by RLSI) to ensure the home is still in compliance with criminal background checks. Additionally, a home is required to let RLSI know any time someone 18 or older moves into the home so that they can be fingerprinted and go through the background check process. If Family Services Workers are made aware that a new person is living in the foster home, either by information provided to them by caregivers/youth or learned through home visits, they will also let RLSI know. This is how FSD monitors compliance with criminal background check clearances in an ongoing way.

In after-hours situations, districts can approve foster/kinship homes for placement through a process called "District Approval." In these situations, districts will receive an application from a potential foster/kinship home, run the same background checks as RLSI (listed above), and go to the home for preliminary approval. Once those steps are complete, a child can be placed in the home. RLSI is then made aware and follows up with the home to begin the formal process. We see this most often in kinship situations. In district approved homes, background checks and a home check must be completed prior to a child being placed there. The home would then work toward licensure with RLSI. If RLSI determines that the home is not a safe or viable option, the child will be moved and the home closed.

As mentioned above, FSD's antiquated data system does not include a field to track the date of fingerprinting, only that fingerprinting occurred (Y/N). All fingerprinting information beyond if it occurred or not is kept in a paper file, some of which are stored in FSD's Central Office and some in contracted storage locations. As a result, FSD is not able to confirm whether kinship, foster, or adoptive homes get fingerprinted within 90 days of their application date. For this reason and the other challenges listed throughout this section, FSD has deemed Item 34 an area needing improvement.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

State Response:

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

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

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

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

FSD's approach to DRR implementation has been impacted as well, both during and after the Covid-19 pandemic. Looking to our districts to carry out the lion's share of implementation has proven challenging as they were grappling with staff turnover and the placement related challenges in the High-End System of Care. Instead, we pivoted to an approach where most of our larger targeted recruitment activities were coordinated and implemented primarily through our central office. We believe that this approach ensured that the work of Diligent Recruitment and Retention could be sustained while much of the district focus was aimed elsewhere.

Key Concepts for Diligent Recruitment and Retention

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

1. A Responsive Model of Engagement and Support

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

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

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

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

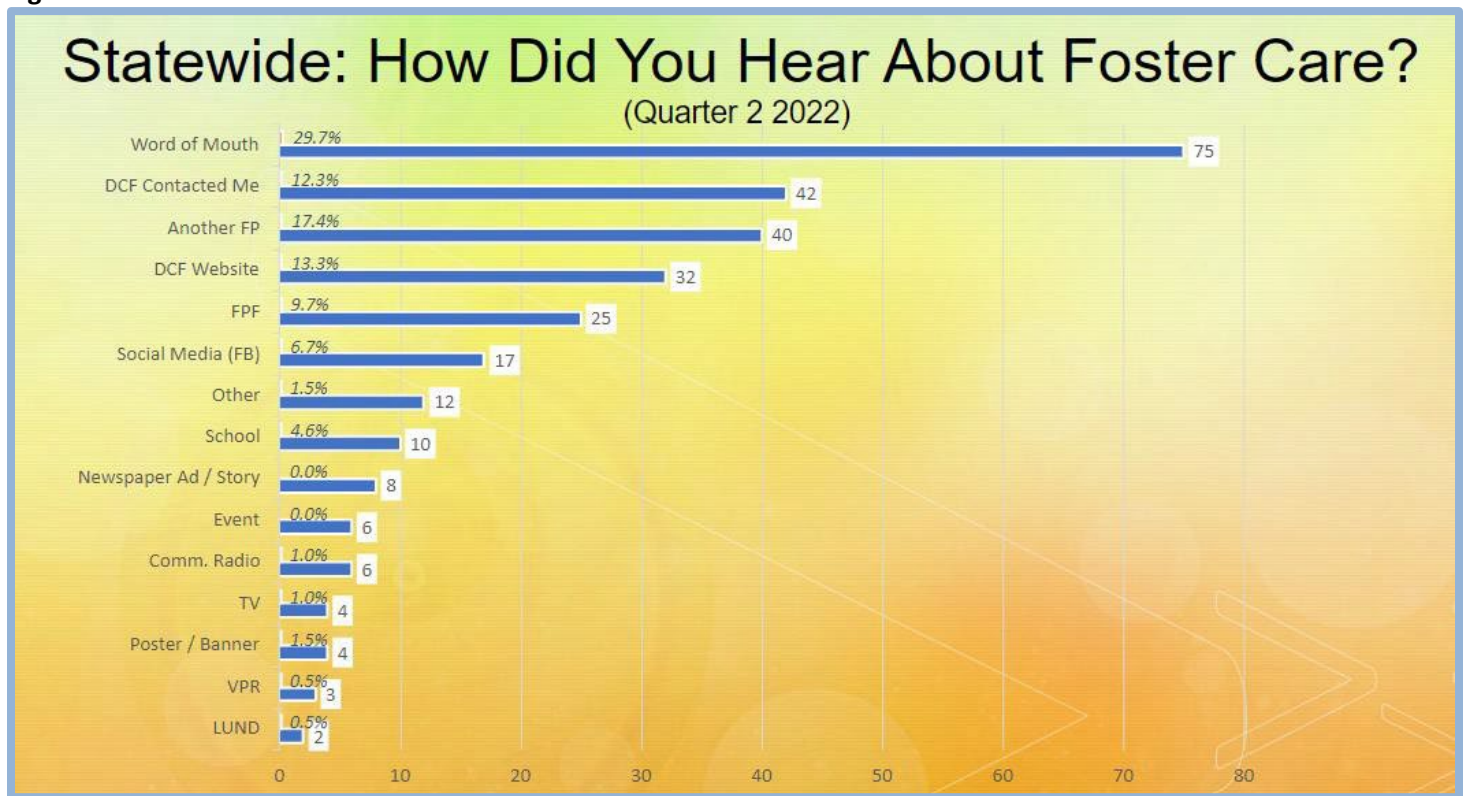
Caregivers are routinely asked about their needs. FSD staff proactively address those needs so that caregivers can meet the needs of the children in their care.

Progress To Date

The Division continues to utilize the inquiry tracking tool, which allows us to systematically collect data about all parties who are interested in considering providing foster care. On average, FSD receives 200 new inquiries per quarter from individuals considering foster care. Over 90% of those individuals are receiving a follow up call from the division within 5 days. The ongoing upkeep of the inquiry tracking tool has proven to be quite challenging though, due to the lack of an automated case management system. In the absence of this, updating where each applicant is within the licensing process, as well as dates that each event occurred, falls to the district office Admin who are overburdened due to the many other limitations of FSD's data collection system.

Since the inception of the current DRR plan we have bolstered our usage of marketing and media to promote recruitment. We collect data from inquirers to learn how they heard of the need for foster care. Overwhelmingly, inquirers note that they heard about the need for foster care from another foster parent or by word of mouth. In order to further encourage foster parents to "refer a friend" we have stood up an incentive program where an inquiring caregiver is able to note if a foster parent referred them. When that inquiring caregiver becomes licensed, the person who referred them receives a referral bonus. Figure 35.1 provides data regarding how the foster parent applicants who applied between 4/1/2022-6/30/2022 reported hearing about fostering opportunities.

Figure 35.1



Foster parent recruitment was discussed in a focus group with Supervisors, Resource Coordinators, and Foster Parent Recruitment and Retention specialists in December 2022 and January 2023. During these focus groups, participants expressed that recruiting through Front Porch Forum had been a good partnership and had reached a promising amount of people. In Figure 35.1, it can be seen that in between 4/1/22-/30/22, 9.7% of foster parent inquires (n=25) identified learning about foster care through the Front Porch Forum website/email blast in their community.

During the focus groups participants shared that the impact of the pandemic coupled with the increased needs and behaviors of youth in custody have affected people's willingness to become foster parents and has resulted in some homes closing their license due to burnout. Due to the limited capacity of beds in residential facilities, foster homes have had to try to support youth with significant needs and behaviors; there is worry among FSD staff that this has resulted in foster homes feeling burnt out and overwhelmed and sharing those sentiments in the community, thus impacting others' willingness to pursue foster parenting. Participants identified that in some district offices, they've held informal question and answer sessions with prospective foster parents to ensure they have accurate information about the process, expectations, and support available.

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

- To establish a permanent and ongoing working group that will focus on improving the experiences of caregivers and strengthening the relationships between DCF-FSD and foster parents throughout Vermont – all in service to the overarching goal of promoting better experiences and outcomes for children and youth in foster care.

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

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

By utilizing existing meetings DRR values and principles have been shared across the division to support the adaptive work of implementation. DR Team members continue to attend the Supervisor meeting, Resource Coordinator and Recruitment and Retention Specialist meeting, Operations Team meetings as well as the Division Management Team meetings to provide routine updates on DRR progress.

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

2. Community Engagement

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

Community Engagement is an important part of FSD's DRR plan. In conversations about DRR, community engagement includes both the extended system of care as well as local community businesses and other organizations. Families live in communities, and we believe that the community has a role in supporting families.

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

Progress to Date

- FSD partners with a community building service known as Front Porch Forum. We have used this platform to deliver broad messages to increase awareness about foster care and to recruit new interested caregivers. Additionally, the Front Porch Forum has become a primary vehicle for child specific recruitment. We notice an uptick of new inquirers each month just after our posts on the Forum.
- 2023 marked the second year of formal partnership with a local Marketing firm to support the development of our marketing plan and media placement. This partnership has allowed us to expand our media presence into TV, and some forms of social media including Google Ads. An on-going partnership with the Vermont Association of Broadcasters has allowed us access to radio airtime at a significantly reduced cost. In 2023 FSD also initiated a working relationship with Nu-Wave Marketing company to develop gas station recruitment advertising. Incidentally, this company identified themselves as a black owned business and they believe that they can help us with our engagement of BIPOC communities.
- Targeted Recruitment of nursing professionals, law enforcement and education professionals occurred during 2023.

- May 2023 wrapped up a campaign with California based Raise a Child to engage the Vermont LGBTQ community. These efforts were costly and did not yield significant results. Efforts did however provide a formal opportunity to partner with Vermont Pride. We will launch a recruitment campaign with the LGBTQ community on an every other year basis.
- We are working to grow our Outreach Toolkit. The toolkit contains scripts for interviews, graphics that support our brand, print advertisements, targeted recruitment blurbs for the most common needs identified by our districts and a multitude of products that have been developed over time. The idea is that we want materials readily available to support any kind of activity that a district might need to support the recruitment of caregivers.

3. Unified Policy and Procedure

Several policies impacting the work of the DRR program have been revised since 2018. Unified policies and procedures for the recruitment, development, and support of resource families are central to the implementation of the DRR program. The DRR plan implementation has been intentionally aligned with FSD's Strategic plan (see Appendix section) and Practice model (see Appendix section).

Progress to Date

- Policy 95: Respite Care has been under review and is one of the topics being addressed by the Foster Parent Workgroup
- Policy 77: Medical Care for Children and Youth in Custody was adopted in 2020 but implementation was negatively impacted by Covid. Efforts are underway to revisit rollout.
- Vermont has adopted a Foster Care Rule to include an anti-discrimination clause.
- Vermont submitted feedback to the Children Bureau about the proposed federal rule change related to separate standards for licensing kin caregivers. Feedback was solicited from FSD leadership at statewide Division Management Team meetings.

4. Training and Development

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

Progress to Date

- We are continuing to collaborate closely with the University of Vermont's Child Welfare Training Partnership (CWTP) to orient caregivers and move them into online Caregiver Foundations training. We engineered the process so that those caregivers who complete online orientation are automatically enrolled in the online foundations.
- Timely completion of Orientation and Foundations training allows us to certify a caregiver which allows us to begin to claim Title IV-E funding for any eligible child placed in the home. The Division has been having difficulty getting all potential caregivers through the Orientation and Training process. After much effort to understand where the challenges are coming from, we have created a tracking system which highlights which caregivers have not completed required training, and we are working collaboratively with the CWTP, our licensing unit and our District staff to identify and mitigate the barriers to orientation and training completion. The Division had previously estimated that we are losing as much as \$60,000/ month in Title IV-E funding as a result of this challenge. An overhaul of our Caregiver Foundations Training occurred during FY23. Caregivers can now complete foundations training online in approximately 10 hours. We have also started to incentivize training completion, each caregiver who completes foundations training receives \$100 dollars. We are starting to see an

uptick in the number of completers. It has also been noted that approximately 60% of the caregivers who have not completed the required training are kin caregivers.

- A menu of advanced training options is shared each month with Caregivers via the Foster Parent e-news to grow the capacity of all caregivers.

5. A Unified Data Model

Using data effectively is a key component of the Diligent Recruitment and Retention Program. Having useful data on prospective and current foster parents gives our system crucial insight into how effective our current approaches are in recruiting, developing, and supporting foster, adoptive, and kinship families. Collecting, tracking, and analyzing data can be challenging for child welfare systems. And so, we may only be able to track a few new pieces of data on foster and adoptive families.

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

Key Data elements, help to determine:

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

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

Progress to Date:

- All 12 Districts provide data from their Inquiry Tracking Spreadsheet on a quarterly basis. Unfortunately, our current IT resources do not support this function in any way. It is very time consuming to sustain. Despite these barriers, we continue to use the Inquiry Tracking Spreadsheet that we developed to collect data to inform general recruitment planning activities, to monitor caregiver engagement and licensing activities, to identify where we need targeted recruitment, to monitor placement with kin and to support retention strategies. We are making use of our administrative data to support this process as well.
- Access to real time data related to any information related to caregivers is a challenge given the limitations of our current MIS. We manage most of our information for DRR via spreadsheets. The division now has access to the ROM database which will be helpful.
- Districts are provided with baseline outcome data related to their current practice. At DRR onboarding, each district completed a practice profile tool which encouraged them to pause and reflect on their practices to identify areas of strength and challenge. From there, the district selected from a menu of evidence informed / or promising activities that they will implement to strengthen their recruitment and retention efforts. Through ongoing consultation and review of data, progress toward improving outcomes is monitored. These processes have been impacted by staff turnover and challenges with the high-end system of care. Efforts are underway to

reassess what we need to do to impact district engagement related to DRR plan implementation. As referenced above, we have restructured many of our plans to reduce the ask at the district level.

- Figure 35.2 captures information about FSD's licensing rates for CY 2015-CY 2022. As of 12/30/2022, there were approximately 150 families where caregivers had not completed their training components, thus their data would not be reflected in Figure 35.2. The decrease in applications received from 2019-2020 has been identified as an impact of the Covid-19 pandemic.

Figure 35.2

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

Though efforts exist to recruit racially and ethnically diverse foster homes, Figure 35.3 indicates there is still a gap between racial diversity of children in custody and active foster homes. As of 6/30/2022, in 3.5% (n=33 homes) of foster homes one or more caregiver was BIPOC and in 96.3% (n=889) of foster homes caregivers were Caucasian only. During the same period, 5.4% (n=58 youth) of youth in custody were BIPOC and 92.3% (n=984 youth) were Caucasian, resulting in more BIPOC youth in custody than BIPOC foster home providers.

FSD's System of Care Unit is beginning to use our ROM (Results Oriented Management) reporting site for data related to diligent recruitment. Additionally, they have requested an existing FSD report be adjusted so that this unit can quickly identify the race of all foster parents who have a placement along with the race of the child(ren) placed with them. This is to support a deeper analysis of the race and ethnicity disparities and to use data to inform current and future recruitment and retention efforts.

Figure 35.3 Race of Foster Parents vs Race of Youth in Custody, 6/30/2022

Race for active foster homes compared to race for children in custody				
1 or both BIPOC	3.5%	There is a gap between racial diversity of children in custody and active foster homes.	BIPOC	5.4%
Caucasian Only	96.3%		Caucasian Only	92.3%
Missing/Unknown	0.2%		Missing/Unknown	2.3%

While the diligent recruitment efforts Vermont has implemented since the last CFSR are a robust, the impacts of the COVID-19 pandemic, changes in leadership, resource and financial scarcity, and other system challenges have impacted the overall outcome of these diligent recruitment efforts. These gaps are most notable with regard to the overall lack of racial and ethnic diversity within FSD's foster parent population. With this in mind, FSD has assed Item 35 to be an area needing improvement. Current and future plans to improve in this item include exploring offering trainings and training material in additional languages, continued partnership with community providers, and meetings with diverse cultures around Vermont to spread awareness off the need for racial and culturally affirming foster homes.

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

State Response:

Family Services strives to keep children and youth in their home communities so they can maintain important connections to their family, friends, and school. There are times, however, when we need to look at our placement resources outside the child's current jurisdiction to promote timely adoption or permanent placements. Family Services outlines this in Policy 92: Sharing Resource Families Cross-Jurisdictionally and states:

The following procedures are in place for placements with licensed resource families across district lines:

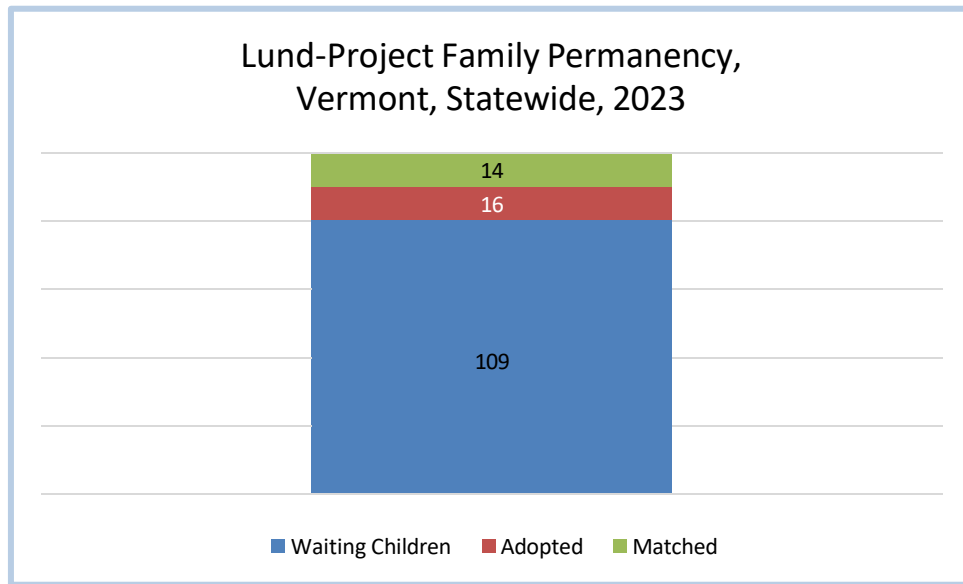
- The child's social worker or resource coordinator obtains permission from the host district's resource coordinator, supervisor, or director before contacting the resource family.
- The child's social worker sends a completed placement checklist, and a plan for the crisis response to the host district's resource coordinator. If the placement was made in an emergency, the documents should be forwarded on the next business day.
- The child's social worker or resource coordinator notifies the host district's resource coordinator when the child's placement ends.

Family Finding: Through the use of the Child and Family Support contract, FSD can utilize resources to assist with Family Finding efforts to locate possible relatives in any location (both in Vermont and beyond) to assess if they are potential placement and permanent resources for child in care. Family finding can occur at any point during a case.

Recruitment for Adoptive homes: FSD's contracted partner, Lund, also recruits adoptive homes statewide and helps facilitate finding permanent homes for children in custody. They work with interested families by providing them with educational materials about adoption to make sure they are fully informed, provide them with an application, and conduct an initial interview. They also complete a home study; once the home study and family profile are complete, applicants are added to the "waiting family" list, which is available statewide. VT FSD also partners with Lund on a program called Project Family. Once a child in DCF custody is freed for adoption, Lund, through Project Family, works to connect them with an adoptive family.

In 2023, 19 families applied to Lund to be an adoptive home; Lund completed all 19 (100%) home studies for these applications in the same calendar year. Also, in 2022, there were 109 children waiting to be adopted through Project Family. Of these 109 children, Lund completed the adoption of 16 children (14.7%) and matched an additional 14 children (12.8%) to an adoptive family. Please see Figure 36.1.

Figure 36.1



ICPCs: The Interstate Compact on the Placement of Children (ICPC) facilitates the placement, across state lines, of children and youth who meet certain criteria. As a member of the compact, Vermont follows ICPC regulations and procedures. The compact applies when a child or youth: is under the jurisdiction of a juvenile court by way of a child protection proceeding; has a delinquency proceeding with custody going to someone other than the child’s legal parent; is being placed for the purpose of adoption; is being placed by the parents for residential mental health and behavioral treatment.

FSD Policy 181 contains information and guidance regarding Vermont’s ICPC process when sending or receiving a request. Since ICPC regulations are complex, the FSW (family services worker) should consult with Vermont’s Deputy Compact Administrator (DCA) early and regularly. ICPC approval is required before a child in custody can be placed in another state in any setting, including with a parent or relative or in foster, pre-adoptive, or residential care. The Division continues legal and financial responsibility for children in custody placed out-of-state. This includes conducting administrative and disposition reviews, and paying for the child’s support, including education, treatment, and medical expenses. Oral and written communication with the compact administrator in another state will only occur through Vermont’s DCA and custody changes may be made only after discussion with the Vermont DCA.

When Vermont receives a request for a home study of children in the custody of another state there are a set of tasks the assigned FSW must complete. These include:

- Completing and obtaining the family’s signature on the Checklist for Care of Children in Custody and sending it to the Residential Licensing Unit to initiate all background checks.
- Completing the home study, to be received by the DCA within 25 days of the district’s receipt of the request. Includes recommendations about placement and supervision of the child and rationale for recommendations.
- Ensuring review and signature by supervisor and district director.

When Vermont is responsible for the supervision of children in custody of another state, FSWs provide ongoing casework services and sends reports to the sending state quarterly or at the interval specified on the ICPC request. After approval by the supervisor, these reports are forwarded to the DCA.

When Vermont is requesting for placement and supervision of a Vermont child in another state the following procedures are followed:

- FSW forwards referral pack to DCA, containing three copies of:
 - ICPC Placement Request
 - Financial/Medical Plan
 - Cover Letter
 - Custody Orders
 - Disposition Reports
 - Case Summary
 - Most recent case plan
 - Any pertinent medical and/or psychological reports
- If the child is to be placed in a residential treatment facility, the Waiver of Hearing Form or court order must be sent to the DCA.
- If placement is approved, initiates supervision by receiving state by notifying the Vermont DCA of the child's placement by sending the Report on Child's Placement Status.
- Communicates with worker in other state as necessary.
- Conducts required administrative and dispositional reviews.
- Notifies DCA of all status changes, such as adoption finalization, return to Vermont, or case closure.

In 2022, Vermont made 210 outgoing referrals for parent, relative, or foster care requests. In the same year, Vermont received 55 requests for parent, relative, or foster care.

Figure 36.2

Outgoing & Incoming ICPC Referrals	2022
# outgoing referrals for parent, relative, foster care requests	210
# incoming referrals for parent, relative, foster care requests	52

The biggest challenge related to effective use of cross-jurisdictional resources for permanent placements is staff capacity and the needs of the children currently awaiting adoption. Due to the volume of ICPC requests/applications, the amount of coordination required, and the capacity of Vermont FSD staff, it has been established through conversations with the DCA and focus groups with staff, that it is difficult to complete ICPC requests in a timely manner. Additionally, many of the children and youth still awaiting adoption have some of the highest needs and despite cross-jurisdictional recruitment efforts, still struggle to achieve permanency.

While our state does not have any federally recognized tribes, Vermont does have state-recognized tribes. Our state's native history started approximately 12,900 years ago when people called the Paleo-Indians first moved into the land we now call Vermont. Native knowledge, experience, and traditions have deeply influenced many aspects of Vermont's rich history. [The Vermont Commission on Native American Affairs](#) is charged by law to recognize the historic and cultural contributions of Native Americans in Vermont, to protect and strengthen Native American heritage, and to address needs in state policy, programs, and actions. The Commission provides technical assistance on the application process for state recognition of Native American Indian tribes and reviews the documentation of applicants. The Commission develops policies and programs to benefit Vermont's Native American Indian population. [Four Vermont tribes](#) are currently recognized by the State of Vermont.

Figure 36.2

Tribe's Name	Website	Brief Information
The Elnu Abenaki Tribe	https://elnuabenakitribe.org/	Acknowledged through state recognition on April 22, 2011. Their traditional territory is southern Vermont.

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

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

Vermont attempted to use the NEICE reporting site to include data for this section. However, the reports available were not able to speak to timeliness of ICPC applications, only number of overall referrals. There was no capability to get detail-level data to determine how many requests have resulted in a placement for a child, or in how many cases Vermont completed ICPC requests for home studies within the 60-day federal requirement. Due to the lack of data, and the number of children awaiting adoption, Vermont has determined that this is an area needing improvement and will continue to strategize around improvements in these areas with FSD staff, Lund, and other community partners.

Vermont Statewide Assessment 2024: Appendix A

Links to Documents and Policies

Family Services Division - Practice Model [Contact the state or the Children's Bureau]

Family Services Division - Strategic Plan [Contact the state or the Children's Bureau]

[Policy 92 - Sharing Resource Families Cross-Jurisdictionally](#)

[Policy 93 - Kinship, Foster, and Pre-Adoptive Parent Training](#)

[Policy 122 - Case Plan Reviews and Permanency Hearings for Children and Youth in DCF Custody](#)

[Policy 125 - Permanency Planning for Children and Youth](#)

[Policy 181 - Interstate Compact on the Placement of Children](#)

[Policy 203 - Professional Development for Division Staff](#)

[Policy 221 - Foster Care Licensing](#)

[Policy 222 - Foster Care Interventions](#)

[Policy 231- Licensing Child Placing Agencies](#)

[Policy 241 - Residential Treatment Program Licensing and Interventions](#)

Vermont Statewide Assessment 2024: Appendix B

CFSR State Data Profile

**The state data profile can be requested from the state
or the Children's Bureau.**