



VERMONT

Department for Children and Families

Family Services Division

Child and Family Services Plan Report for FY 2015 through 2019

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General Information

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

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State Agency Administering the Programs

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

DCF consists of the following:

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

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

The **Child Development Division** oversees all early childhood services formerly spread across various AHS departments.

This division includes the child care financial assistance program, child care referral, child care licensing, child care workforce development, Head Start, Healthy Babies, Kids and Families; Family Infant and Toddler Program; Early Childhood Mental Health programs, etc. Several of these programs now comprise Children's Integrated Services.

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

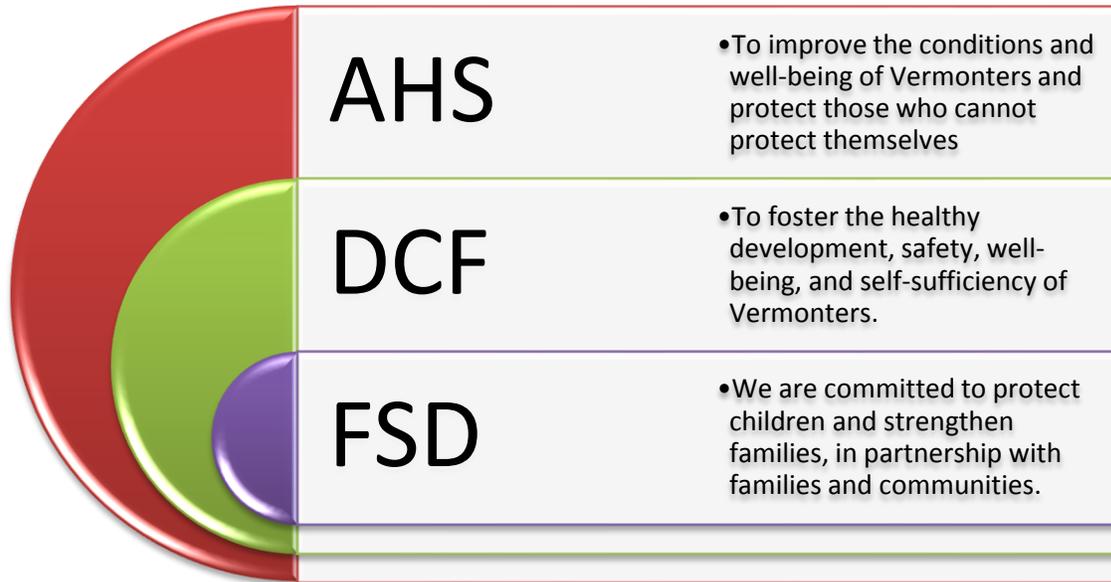
The **Office of Child Support** oversees all aspects of child support, including child support, medical support and child support enforcement.

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

The **Business Office** assists in budget development, pays all bills, completes cost allocation, submits federal claims, manages space and telecommunications, etc.

The **Information Services Division** is responsible for developing and managing the department's management information systems, and for producing data to support the department's functions.

The **Family Services Division (FSD)** is responsible for the delivery of child protection, child welfare, adoption and permanency planning and youth justice services. Family Services is the division responsible for implementation of this plan.



Vision Statement

In March of 2010, the division finalized its practice model.

Family Services Practice Model

The Family Services Division embraces a practice model that articulates a set of values and best practices that drive our work with children, youth, and families. Our practice model provides a structure for thinking about the work we do every day and guides the development of policy and practice guidance.

Values

- # All children have the right to be safe.
- # All people are capable of growth and change, when provided with support and adequate resources.
- # All families have risks, needs and protective factors. Our goal is to minimize risk, and to build safety.
- # Engaged relationships hold the promise for sustained change.
- # Valuing the expertise of families enhances our work together.
- # Separation of children from families is traumatic and should be regarded as a last resort.
- # Early engagement of the larger family network is a key component of success.
- # We share responsibility and limit our use of authority.
- # We strive to respect each family's cultural, ethnic and spiritual diversity.

The full practice model can be found on the division's web page at:
http://dcf.vermont.gov/sites/dcf/files/pdf/fsd/FSD_Practice_Model.pdf

As well, Family Services strives to do the following and has identified these as goals for all staff in an effort to align with our Practice Model:

- # Engage partners and stakeholders in decision-making
- # Develop supportive policy and practice guidance
- # Integrate and strengthen core strategies for working with families
- # Make accurate data available and readily accessible to inform planning and decision-making
- # Modify and enhance our quality improvement
- # Cultivate and support a learning culture

Collaboration

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, child care, education, law, or law enforcement. Additional persons may be appointed when the services of those persons are appropriate to any particular case. The empaneling of a team shall be authorized in writing and shall specifically list the members of the team.

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

- case diagnosis or identification;
- a comprehensive treatment plan; and
- coordination of services pursuant to the treatment plan.
- Teams may also provide public informational and educational services to the community about identification, treatment, and prevention of child abuse and neglect.
- Team shall also foster communication and cooperation among professionals and organizations in its community, and provide such recommendations or changes in service delivery as it deems necessary.

NCIC Grant Project

The system of collaboration is very strong in Vermont. We utilize new and existing structures to meet federal requirements for consultation and coordination with stakeholders in developing and implementing provisions of the CFSP, CFSR and APSR.

There has been significant staff, community and stakeholder input into the development of our organizational structures, policy development and revisions, and practice approaches. This coordination and collaboration was accomplished through existing teams and committees. This was a focus during the three year Northeast and Caribbean Implementation Center (NCIC) grant we were awarded.

The NCIC project officially began in Vermont on July 1, 2010. Our grant proposal evolved from our division's January 2008 Transformation Plan, which in turn came about largely as a result of the 2007 Child and Family Services Review (CFSR). Our final CFSR report indicated Vermont has above average in-care rates, lower rates for reunification times and higher rates of youth being served in congregate care. At that time, Vermont failed to meet the national standards for face-to-face contact between social workers and young people in care.

Our NCIC application aimed to build on work already begun and to put that work in the context of an articulated practice model. We knew from our experience in the 1990s with piloting family group conferences that family engagement practice could not be an add-on; rather engagement strategies and the values that underscore them, needed to be deeply embedded. We aspired to achieve much deeper cultural shifts requiring extensive

review and realignment of practice, policy, internal and external relations and business processes as well as new systems for data collection and dissemination.

While the state and our Child Welfare Training Partnership were already involved in gathering data related to the spread of family engagement practices as early as 2006, the proposed work supported by the NCIC project was largely targeted at organizational shifts. Key to the work described in the NCIC proposal was the addition of positions for a project manager, project coordinator, half-time research assistant, IT support, and technical assistance from NCIC staff. Ultimately the NCIC grant provided a quality improvement coordinator, policy coordinator, half-time research assistant, and technical assistance from NCIC staff as needed. Our efforts were coordinated through the work of a statewide Steering Committee and by requiring and monitoring the development of District Assessment Plans (DAP's), one in each of the 12 FSD district offices in the state.

Later, our central office also developed a parallel written plan, which came to be known as the ZIP. The project emphasized engagement as the key to building supervisory and leadership capacity, shared decision-making, and the expectation that evidence and data would inform planning, decision-making, and continuous quality improvement at all levels from casework to senior leadership. The beginning of the NCIC project signaled a shift from a "Follow the Light" approach - that is, the state was encouraging and giving support to local pilots -to a "Shine the Light" ethic of directing districts to take on the work and subsequently to set benchmarks for improvement.

The NCIC project's overarching goal of increasing engagement with families and fostering earlier, persistent, and purposeful intervention has been largely achieved through the described alignment of policy with practice expectations. This includes realignment of expectations for contracted-out services, the development of specific guidance for practice, and a focus on capacity-building and increased emphasis on local ownership in district offices as described in the DAPs.

In an effort to assess staff satisfaction and engagement, the Survey of Employee Engagement (SEE) was used to track shifts in FSD over the three year period. It is through this measure, along with a final round of focus groups and interviews and data showing trends for six program level indicators, which provides context for the NCIC project and reviews the success of the project. The SEE will continue to be utilized on an 18-month interval.

Examples of Stakeholder Feedback

- Scale of Employee Engagement – Standard Subscales & VT Practice Model
- CFS Survey (Contracted personnel)
- Family Worker Collaboration Survey
- After the Meeting Satisfaction Survey
- Coordinator's Family Meeting Report
- Foster Parent Survey
- Interviews (Family Adults, Teens, Professionals)
- Family Meeting Fidelity Measure
- Focus Groups

A key strategy was for each district office to engage in the development and regular updating of a District Assessment and Plan (DAP). As part of our ongoing effort to

support continuous quality improvement efforts, the DAPs are utilized on a bi-annual basis. Over time, greater emphasis has been placed on linking DAP activities to key data indicators.

There is wide consensus that the DAP process galvanized local planning efforts and focused attention on outcomes. It has been an evolutionary learning for the leadership in FSD about the right blend of support, leadership, and direction. Nearly every district held focus groups with family members and their external partners to inform the first iteration of the DAP (which was first called the District Implementation Plan).

As part of the NCIC grant, we established an External Stakeholders Work Group. This group met every other month during the grant period and continues to meet. This group has representation from the juvenile defender's office, residential programs, education, court, corrections, kinship care and other community partners. This group focuses on:

- sharing information and providing updates across agencies;
- looking at Family Services data; and
- discussing and strategizing about ways to make cross-collaborative efforts as successful as possible

This group has been instrumental in assisting Family Services with moving policy, practice guidance and position papers forward to the field and in the collaborative efforts to raise awareness of the FSD practice model.

Community Conversation Statewide Convening

In April 2014, Casey Family Programs helped us to hold a statewide meeting in which over 120 community partners, FSD staff, legal community, family advocates, and interested community members came together to review national and state data related to Vermont's rate of entry into custody. Our rate of entry is higher than the national average (4.6 per 1000 children in FY2012 vs. 3.3 per 1000 nationally). We felt it was important to understand what this means for our communities and to re-cast this as a community crisis. Our goal was to continue building community partnerships that are committed to helping keep children safely at home, whenever possible. The agenda for the day was:

- Present Vermont data in a national context;
- Understand Vermont trends over time;
- Hear from a parent who experienced her children coming into custody and the community responses she found helpful and challenging
- Enable local discussions about local data, what their community offers for services, where gaps exist and what can be done to positively impact the safety, permanency and wellbeing of children and youth.

In October 2014, we will be hosting a statewide Go To Meeting to hear from localities about their efforts to understand their data and to "bend the curve" over time.

Collaboration Between the Child Welfare Agency and the Courts

1. District Directors initiated a conversation with partners in the legal system regarding DCF's key indicators.

In 2014, 8 local bench-bar meetings were scheduled to provide an opportunity for FSD District Director to present local data on key measures, and for partners – courts, attorneys, guardians ad litem (GAL) - to discuss strategies to improve key indicators. This is part of an effort to:

- promote local conversation among FSD, the courts, guardians ad litem, attorneys, and others;
- familiarize non-FSD people with the data FSD is collecting and how the data is used;
- familiarize non-FSD people with concepts of Continuous Quality Improvement;
- provide opportunities for cross-disciplinary professional development.

2. April 18th 2014 Youth Justice Summit –70 people from the legal community attended. The focus of this day was on bringing together multiple disciplines- attorneys, judges, Family Services Staff, youth workers, Guardians ad litem, diversion staff and corrections to look at how to have a more trauma informed juvenile justice system in Vermont. Over 160 people attended the day and after being provided information there was time for each of the 12 localities to spend time with their colleagues discussing how they would use the information to move work forward in their communities.

3. Child well-being: To raise awareness among attorneys, DCF workers, GALs, and judges about the importance of educational stability Resource Coordinator Joan Rock made 13 presentations in courts around the state. Joan has been on loan to the University of Vermont to assist with a Children’s Bureau grant focused on educational stability. Approximately 211 people attended these presentations.

Also, the Justice for Children Task Force has a sub-committee focused on educational stability. Comprised of representatives of DCF, the Agency of Education and others, this subcommittee has been working on improving educational stability and continuity for children and youth in foster care. The goal is to improve educational outcomes for children in foster care by increasing awareness across disciplines about school stability; reporting school stability data; and reducing the rate of school changes when a child experiences a change in living placement due to foster care.

5. Court Improvement Program Manager and a GAL program Coordinator participate on the Conditional Custody Workgroup.

6. Quality Permanency Hearings for Transition Age Youth: This workgroup was created in connection with activities associated with Court Improvement Program Outcomes. The purpose is to hold quality Permanency Hearings that meet the needs of transition-age youth (age 14 and up). DCF-FSD and the courts are close partners in this.

7. Safe Babies Court Team: Close partnership between local DCF district and the family court. The first phase is for the local team to do the preparatory work needed to pilot a Safe Babies Court approach with up to five families by August 2014. As of the submission of this document, there was already one family accessing the Safe Babies Court. This team’s objective is to improve trauma informed service delivery to

children ages 0-3 and their parents, and improve permanency outcomes for these children.

8. DCF-FSD's CQI Steering Committee: The CIP Manager is a member of this team.

9. NCIC External Stakeholders Workgroup: The CIP Manager provides edits and input on new DCF-FSD policies, including edits to *A Parent's Guide to Vermont's Child Welfare & Youth Justice Agency*.

10. The DCF commissioner and DCF Family Services deputy commissioner are members of the Justice for Children Task Force, which meets quarterly and has standing committees to work on system improvements. Vermont's Court Improvement Program Manager is a regular member of work groups formed to improve outcomes for children in care, such as our current permanency task force. The Chief Administrative Judge and the FSD deputy commissioner co-chair the Best Practice Subcommittee.

11. Through the Juvenile Accountability Block Grant additional training for GAL's specific to youth justice education has been made available.

Integrated Family Services (IFS)

The Agency of Human Services (AHS) is in the process of re-designing a constellation of services that provide treatment and support to families with children with emotional, cognitive and/or physical disabilities. This includes children who are currently served by the Family Services Division, either in our care or not. It also includes children being served by the children's mental health and developmental services systems. IFS is discussed in much more detail later in this plan.

Assessment of Performance

CFSR Outcomes

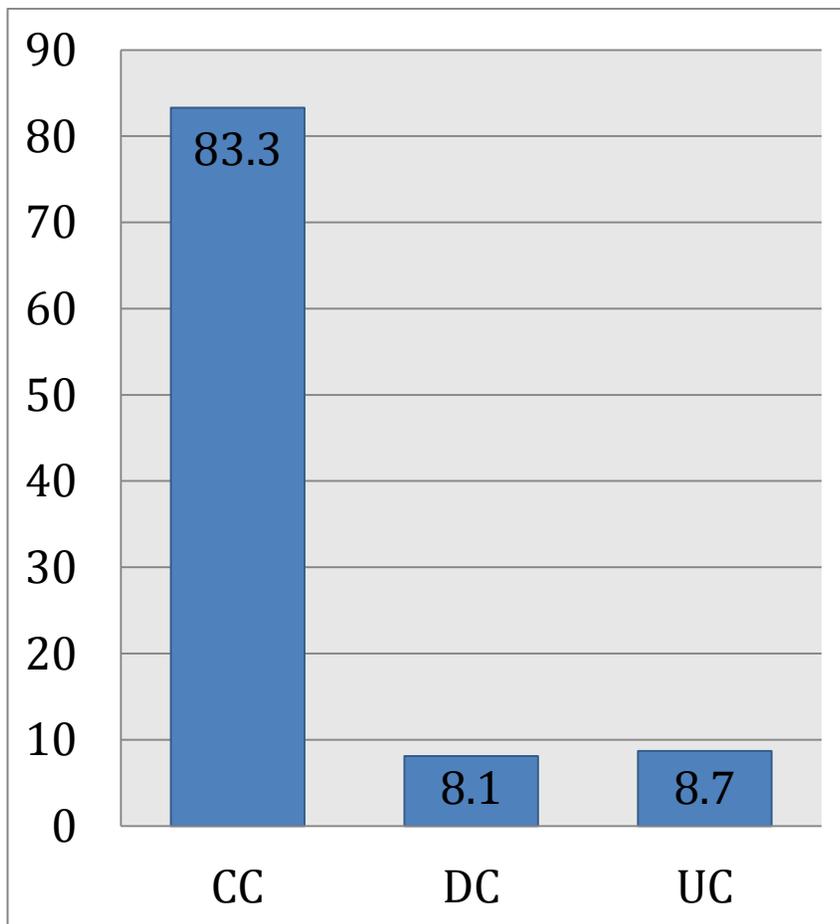
	Child & Family Outcome	Strengths	Concerns	Data Analysis
1	<p>Safety Outcome 1: <i>Children are, first and foremost, protected from abuse and neglect</i></p>	<ul style="list-style-type: none"> ➤ Policy updates have occurred over the past year to make the intake policies more clear ➤ We utilize SDM tools for safety, danger and risk assessment 	<p>Two children previously involved with division died due to severe physical abuse in February and March of 2014. Multiple reviews and investigations are occurring so we can assess where we may need to make changes to improve our system.</p> <p>We have asked Casey Family Programs to assess our safety decision-making. This assessment will be conducted over the next few months with a target date for the final report being issued in October 2014.</p>	<p>Because our risk assessment is not automated, we cannot track any data about item scores or overall results.</p> <p>Repeat Maltreatment Data (National Standard: 94.6%)</p> <p>FFY 2012: 95.2% FFY 2013: 91.8%</p>
2	<p>Safety Outcome 2: <i>Children are safely maintained in their own homes whenever possible and appropriate</i></p>	<ul style="list-style-type: none"> ➤ Convened a statewide meeting in April 2014 to look at national and local data specific to our rate of entry. This discussion has led to local and statewide reviews of how to impact this data and decrease our rate of entry while maintaining safety for children. ➤ IFS Implementation- a goal of providing a single, multi-disciplinary family intake process that takes into account family functioning and risk factors, resilience factors and child functioning. 	<p>We often lack appropriate, therapeutic placements for older youth who have challenging behavioral and mental health needs.</p> <p>We have wrap services that are often available for placements out of home, but at times not the same level of support to maintain children in their own homes.</p>	<p>We are regularly looking at our data specific to where children and youth are placed and working towards decreasing our use of residential care and increasing our use of kin care.</p> <p>Our rate of entry is higher than the national average (4.6 per 1000 children in FY2012 vs. 3.3 per 1000 nationally).</p>

	Child & Family Outcome	Strengths	Concerns	Data Analysis
3	Permanency Outcome 1: <i>Children have permanency and stability in their living situations.</i>	<ul style="list-style-type: none"> ➤ Vermont has seen a significant decline in the number of children in DCF custody over the last decade. Even with this decline, there are a number of children and youth who are in custody that are at risk of exiting care without relational or legal permanence. ➤ Focus on permanency has resulted in two rounds of Permanency Round Tables with a 3rd planned for fall 2014. 	For older youth Vermont continues to struggle with maintaining the level of placement stability youth deserve (See data below related to this outcome)	Discharge to Permanence: FFY2012 – 87.4% FFY2013 – 86.2% Our targeted goals: 2014 – 92% 2015 – 95% 2016 - 95% Placement Stability: FFY2012 - 68.7% FFY2013 – 72.4% 2014 – 80% 2015 – 85% 2016 – 85%
4	Permanency Outcome 2: <i>The continuity of family relationships is preserved for children.</i>	<ul style="list-style-type: none"> ➤ Family Time Coaching supports this effort. ➤ Older youth are being supported through their social workers and Youth Development Workers to maintain healthy, safe connections. ➤ When children and youth are adopted we are providing a higher level of knowledge and training about the importance of maintaining biological family connections (Vermont does not have open adoption in its statute) ➤ In the spring of 2014 we looked at how many children and youth were placed with their siblings-we found nearly 80% are. We also are finalizing policy specific to this area of practice. 	<p>We have limited resources for our Youth Development Program which means out of our eligible pool (youth aged 15 and above) only about 1/3 receive services.</p> <p>We have limited capacity for Family Time Coaching which is a level of support for families that includes coaching, coordination and a feedback loop to parents/caregivers to improve their skills as a caregiver.</p>	Percent of children/youth placed with siblings Percent of children/youth who are having regular Family Time Number of youth participating in Family Time Number of youth who are receiving Youth Dev. Services vs. eligible pool

	Child & Family Outcome	Strengths	Concerns	Data Analysis
5	<p>Well-Being Outcome 1: <i>Families have enhanced capacity to provide for their children's needs.</i></p>	<ul style="list-style-type: none"> ➤ Family Time Coaching support. ➤ Family Group Conferences used to support families in creating and following through on plans that support the culture and needs of the family. ➤ Family Safety Planning meetings provide a higher level of input and direction from professionals than FGC's and this is another way families and supports can come together to identify risk, needs and safety planning. 	<p>We are limited in our data collection (besides NYTD) to track well-being outcomes for children and youth.</p>	<p>Need to identify clear ways to track well-being outcomes.</p>
6	<p>Well-Being Outcome 2: <i>Children receive appropriate services to meet their educational needs.</i></p>	<ul style="list-style-type: none"> ➤ Two year grant, VT FUTRES, which will end in fall 2014 has been focusing on this important area. ➤ Creating policy specific to educational stability. 	<p>We still have too many youth who experience placement instability which negatively impacts their education.</p>	<p>See data below related to Educational Stability</p>

	Child & Family Outcome	Strengths	Concerns	Data Analysis
7	<p>Well-Being Outcome 3: <i>Children receive adequate services to meet their physical and mental health needs.</i></p>	<ul style="list-style-type: none"> ➤ We track the physical and mental health needs of children and youth in 6 month case plans. ➤ Release of Psychotropic Medication policy on 7/1/2014. This will create a partnership and higher level of oversight of prescriptions for psychotropic meds. There were two statewide Go To Meetings to educate staff about psychotropic meds and the policy. ➤ Each youth upon entering custody has a Health Information Questionnaire completed in partnership with Vermont Department of Health ➤ In July 2014, we will be recruiting for six contracted substance abuse counselors and nurses (position employment from Governor) to have a higher level of consultation available to staff. ➤ During the summer 2014 we will be recruiting for a Nurse to join the Family Services team ➤ Woodside (the one locked juvenile facility in the state) has 24 hour psychiatric consultation available and has a full time staff psychologist. 	<p>We still experience a high level of children and youth who are prescribed medication.</p>	<p>Beginning in the fall 2014, we are going to have a more robust tracking system for case plan reviews which will provide us greater access to data.</p>

Permanency Outcome 1: Children have Permanency and Stability in their Living Situations



Placement Stability by Case Type

This chart shows the percentage of youth who experience two or fewer placements within the first 12 months.

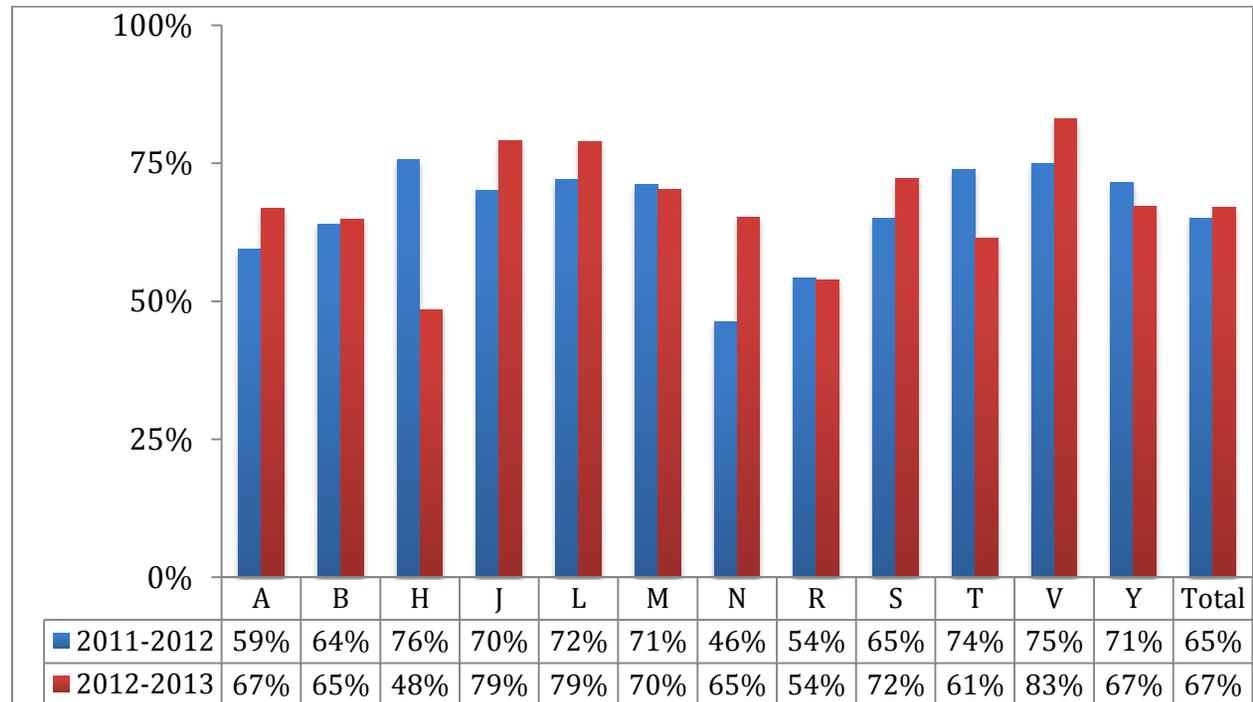
- CC: Children in need of care and supervision (Abuse/Neglect)
- DC: Youth in custody due to a delinquency
- UC: Youth in custody due to being beyond the control of their parents/caregiver

It is difficult to find stable placements for older youth who can support their often complex needs. We are focusing on strategizing about this issue during the summer of 2014 and will continue to pay close attention to this matter.

Well-Being Outcome 2: Children Receive Appropriate Services to Meet their Educational Needs

VT-FUTRES is a two-year collaborative project (between UVM and Family Services) that seeks to improve educational outcomes for Vermont youth in foster care. Measuring school stability is a key activity of this project.

This graph shows School Stability for school-aged youth in DCF custody for the past two school years, by district office.



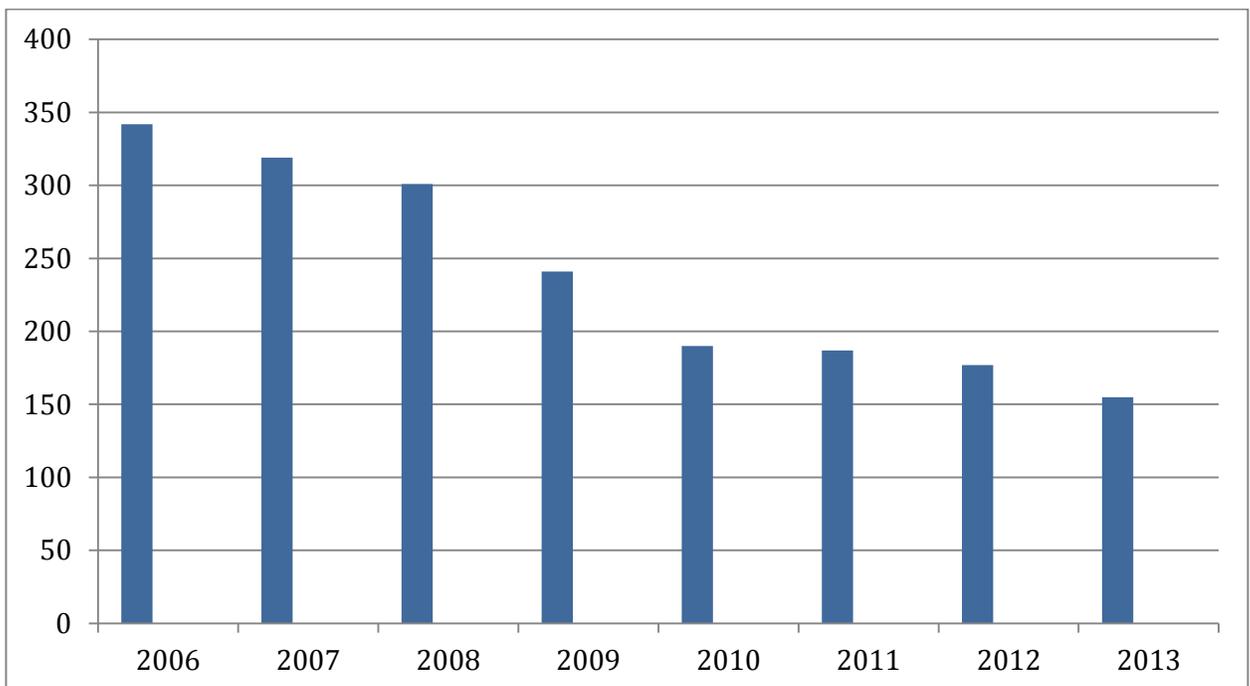
Youth Justice

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

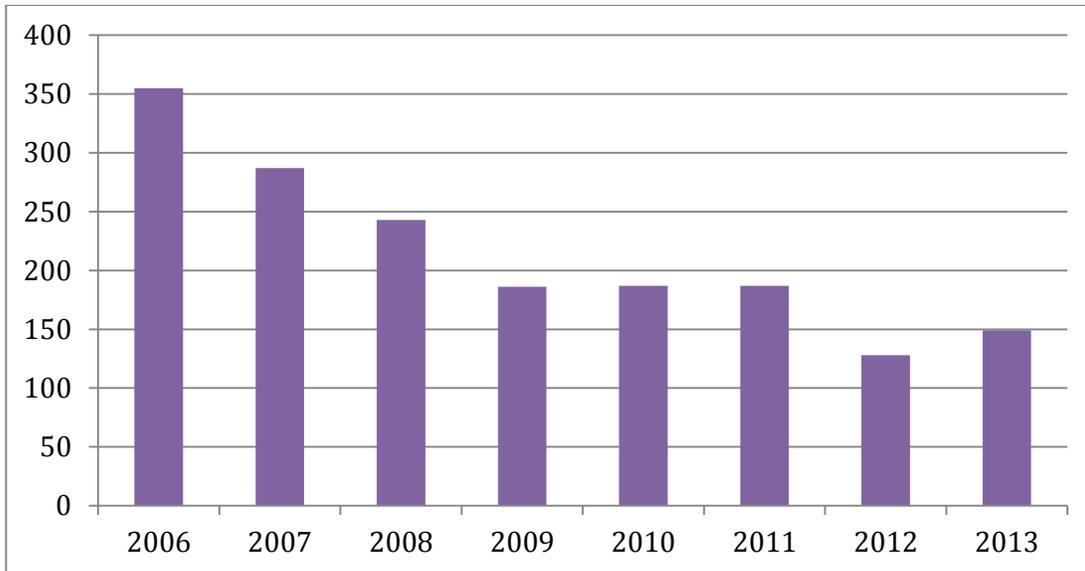
In April 2014, we held our second annual Youth Justice Summit. We had over 160 professionals in attendance including attorneys, judges, Family Services Staff, youth workers, Guardians ad litem, diversion staff and corrections. The focus of the day was to look at how to have a more trauma informed juvenile justice system in Vermont. The following data was shared at the beginning of this day to share the context of where we are at in Vermont related to Youth Justice.

Vermont has been following the national trend in seeing a decrease of the number of youth in custody for delinquency and on probation.

Vermont Youth in DCF Custody as a Result of a Delinquency



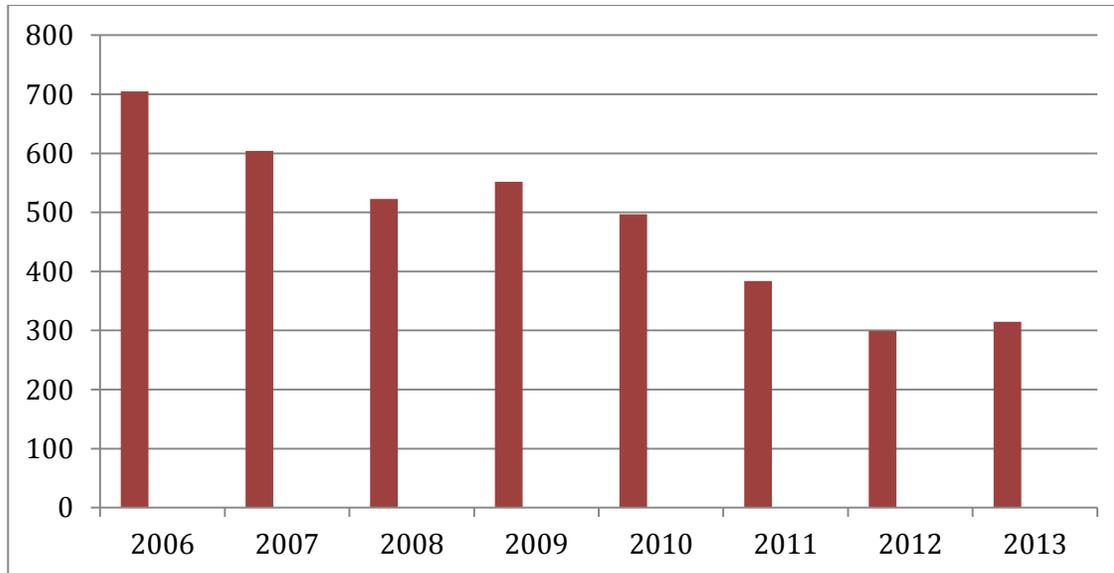
Vermont Youth on Juvenile Probation



During the 2014 legislative session, for the second year in a row, there was significant discussion about making changes to statute which would result in all youth under the age of 18 who break the law initially being charged as juveniles. Currently, State's Attorneys have sole discretion in Vermont as to where they charge 16 and 17 year-old youth. Vermont is one of the few states that can charge youth of this age with misdemeanors in criminal court. The bill did not pass; however, State's Attorneys are being required by the legislature to develop one statewide protocol to inform their decision-making in this area of practice.

The data below shows that although the numbers are declining, a high number of 16 and 17 year old youth are still charged in the criminal division. There is a Jurisdiction Work Group that has been in effect for several years now made up of Family Services staff, the legal community and community partners who have been working with State's Attorney's around juvenile jurisdiction protocols. We are working with a contracted provider to do interviews with the SA's to discuss barriers to juvenile jurisdiction which will inform another contract we are developing to hire a part time person to work with the SA's around development of protocols, training, and consultation.

Cases of 16 and 17 Year Olds Disposed in Criminal Court



Integration of Best Practice in Child Welfare and Domestic Violence

Strategies to Improve Domestic Violence Responses in CFSR Program

Improvement Plans, administrators and policy makers need to carefully consider domestic violence issues not only when developing strategies to improve CFSR results but for CPS practice in general, for example:

- If domestic violence is not accurately identified, efforts to improve family involvement in case planning, including family meetings, can increase danger to a child and the non-offending parent.
- Separate meetings should be held for the offender and non-offending parent when necessary. Seek consultation from domestic violence experts. For more information, refer to the [Family Safety Planning Practice Guidance](#).
- Efforts to find and engage all fathers who do not explore past family dynamics can lead to additional trauma for a child who has been exposed to a father's violence.
- Risk assessment tools can improve consistency in estimating level of risk to the child, but only if social workers are trained to engage safely and effectively, both non-offending parents and batterers to maximize the chances of obtaining accurate information with which to complete the tools.
- Implementation of universal screening can increase identification of domestic violence but result in children needlessly entering foster care if domestic violence best practice does not occur throughout the life of the case.

Strategies to Improve Domestic Violence Response in CFSR Program Improvement Plans, Shelly Taggart, 2009 -(NRC CPS, FVPP, NCJFCJ)

Vermont's Domestic Violence Unit – Utilization of Case Consultation-

- Domestic violence specialists can improve a court or child protection agency's ability to identify intimate partner violence, provide appropriate service referrals, coordinate court cases if more than one exists, create situation-specific interventions to keep children safe, and develop criteria for system intervention and removal of children when co-occurrence exists.
- Specialists can promote innovation and cooperation. They act as mirrors to systems, reflecting the experiences of families back to courts, CPS, and domestic violence organizations. As they hold up these mirrors in one hand, specialists support the individual and institutional change processes required to improve outcomes for families with the other. Specialists need to be able to establish respectful relationships, work with a diverse group of individuals, and provide foundations for important but often difficult conversations.

Specialists must have an understanding of the court, CPS, and domestic violence systems in order to promote and support systemic change on behalf of families. Therefore, domestic violence specialization requires a considerable degree of skill and knowledge that may include:

- Significant experience working with victims of domestic violence and their children and with men who use violence;
- Understanding of systemic change approaches and the ability to transfer knowledge of advocacy and intervention to others;

Additionally-one goal of specialized positions is to transfer knowledge about domestic violence to other system-based workers so that over time, specialists can assist new personnel and concentrate on other reform efforts. Other common specialist roles and responsibilities include:

- Serving as a liaison between agencies to foster coordination and communication;
- Being the point of contact for multiple agencies when they are working with a family experiencing co-occurrence;
- Training court and child welfare staff and administrators about the relationship between domestic violence and child abuse and neglect;
- Developing safety plans with victims of domestic violence;
- Helping identify families with co-occurrence issues through screening and participating in investigations;
- Engaging in creative problem solving and promoting justice for families involved in the child welfare system;
- Providing integrated clinical consultations to child protection staff to address multiple needs in families and participating in case planning;
- Helping families to navigate the CPS and court systems;
- Serving as a consultant to child welfare and domestic violence workers on individual cases

Systemic Factors

	Systemic Factor	Strengths	Concerns	Data Analysis
1	<p>Information System <i>The state is operating a statewide information system that, at a minimum can, readily identify the status, demographic characteristics, location and goals of every child who is in foster care.</i></p>	<ul style="list-style-type: none"> • Have identified six key indicators for data tracking • Are moving forward with a contract to implement ROM (Results Oriented Management) with a projected implementation date of spring 2015. • System has capacity to submit AFCARS, NCANDS and NYTD data to HHS. 	<ul style="list-style-type: none"> • Our information systems are very antiquated. We do not have a true case management system. • Limited reports in a format that is not easy for staff to interpret and analyze 	<p>See data on the following:</p> <ol style="list-style-type: none"> 1. Custody cases by: <ul style="list-style-type: none"> • Case type • Custody cases by gender • Custody cases by age range • Living arrangement • Case plan goal 2. Six Key Indicators
2	<p>Case Review System <i>The state provides a process that ensures each child has a written case plan, to be developed jointly with the child's parents, that includes the required provisions.</i></p>	<ul style="list-style-type: none"> • We comply with the requirements for administrative case reviews every six months for children in custody. These are facilitated by contracted case reviewers. • Beginning in the fall 2014, case reviewers will be collecting data to assess more fully the provisions required in case plans. • Court Improvement Project has effective permanency hearings as one of its goals. • Case Planning Practice Guidance was finalized in 2013 which provides direction for involving caregivers and youth in the case planning process. • Social workers all have laptops which assists in being able to more immediately document case planning discussions. 	<ul style="list-style-type: none"> • Limited staffing resources. • Some districts continue to have caseloads that average over 20 families per worker which can negatively impact the collaborative case planning process. • Court dockets that become overwhelmed and cannot meet the permanency hearing in a timely manner. 	<p>Number of youth who receive annual permanency hearings on a timely basis</p> <p>Caregivers are provided notice of all hearings</p> <p>% of Permanency Hearings held within 365 days from <i>case filing</i>: FY12: 64% FY13: 58%</p>

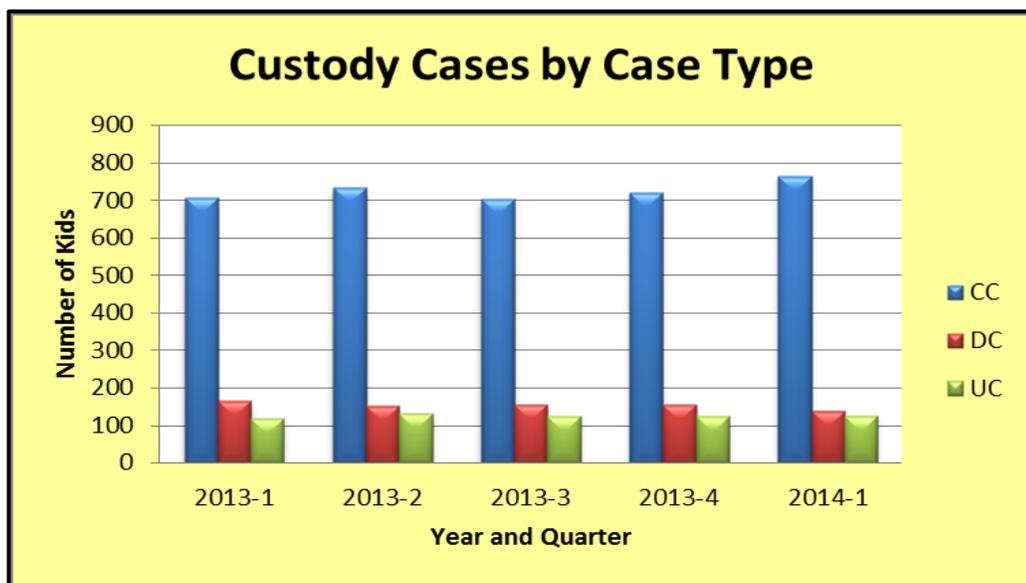
	Systemic Factor	Strengths	Concerns	Data Analysis
3	<p>Quality Assurance System <i>The state is operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the CFSP are provided, evaluates the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates implemented program improvement measures.</i></p>	<ul style="list-style-type: none"> Increased CQI staff capacity by 400% in 2013 by transferring one position from half time to full time and hired an additional full time position. Launched CQI Steering Committee Continue to monitor six key data indicators statewide and at the district level. Continue to work towards District Assessment Goals from DAPs (District Assessment Plans) We conducted a case review in 2013 of 76 cases specific to Conditional Custody Orders with relatives. We will be having a traditional CFSR case review in June 2015. We look forward to this opportunity for an assessment of our practice. Working to develop our own case review system through our CQI Steering Committee. Three staff participated in the briefing for states on the upcoming CFSR that occurred in June 2014 in Boston. 	<ul style="list-style-type: none"> Working with districts to understand their role in CQI and the interplay between their day-to-day work and the larger data outcomes. Building staff understanding of what CQI is and how it relates to the work that is already underway. Need to develop our own case review system. 	<ul style="list-style-type: none"> Number of districts that have representation on CQI Steering Committee Number of staff who are using data in their decision making around child safety, permanence, well-being, and law abidance Number of staff who are getting trained in the CQI process Will review CRSR results in June 2015 and create a PIP that will address any concerns raised.
4	<p>Staff Training <i>The state is operating a staff development and training program that provides ongoing training for staff that addresses the skills and knowledge needed to carry out their duties with regard to services included in the CFSP.</i></p>	<ul style="list-style-type: none"> Strong partnership with Child Welfare Training Partnership Utilizing different formats for delivery of information (online, Go To Meetings, district consultation and coaching) 	<ul style="list-style-type: none"> Regular attendance at trainings is an ongoing area we focus on as it can be challenging for staff to be out of the office, given high caseloads. We have yet to create an evaluation system that looks at how the training system is increasing knowledge and skills. 	<ul style="list-style-type: none"> We have been able to utilize our AHS Training Calendar for the past few years to track attendance at trainings and have recently (fall 2013) added tracking professional development to our social worker performance evaluation.

	Systemic Factor	Strengths	Concerns	Data Analysis
5	<p>Service Array <i>The state provides an array of services that assess the strengths and needs of children and families and determines other service needs.</i></p>	<ul style="list-style-type: none"> Contracted services aligned with FSD Practice Model who provide Family Safety Planning, Family Group Conferencing, Restorative FGC, care coordination, Family Finding, Family Time Coaching BARJ-Balanced and Restorative Justice Contracts in each of the 12 Districts to provide services to youth on probation, in custody for delinquency or at risk for coming into contact with the JJ system. 	<ul style="list-style-type: none"> Lack of a robust system of care to provide high end, therapeutic care for older youth who then end up being placed out of state. The state's investment in prevention activities statewide is not sufficient. 	<ul style="list-style-type: none"> View data related to number of youth placed in out of state care Review how long waiting lists are for services.
6	<p>Agency Responsiveness to the Community <i>State engages in ongoing consultation with community partners.</i></p>	<ul style="list-style-type: none"> Annual Child Protection Report is posted on our website Regular meetings of External Stakeholders Work Group NRC for Child Protective Services evaluated our Child Abuse Reporting System in 2012. Community Conversation held in April 2014. An automated Consumer Concern system ensures prompt attention to complaints filed at any level. Legislative Committee on Child Protection held nine public hearings in June 2014. Vermont Citizen Advisory Board meets quarterly. Division employees conduct frequent trainings for mandated reporters. A weeklong community assessment was conducted in June 2014 as part of our Trauma Grant. Interviews and focus groups were held around the state. Quarterly meetings between BARJ providers and Family Services Youth Justice Work Group 	<ul style="list-style-type: none"> We still have not posted our practice guidance on our public website although as we have developed them stakeholders were involved and materials were sent to them. 	<ul style="list-style-type: none"> Reports and data are all posted on our public website. All policies are available on public website.

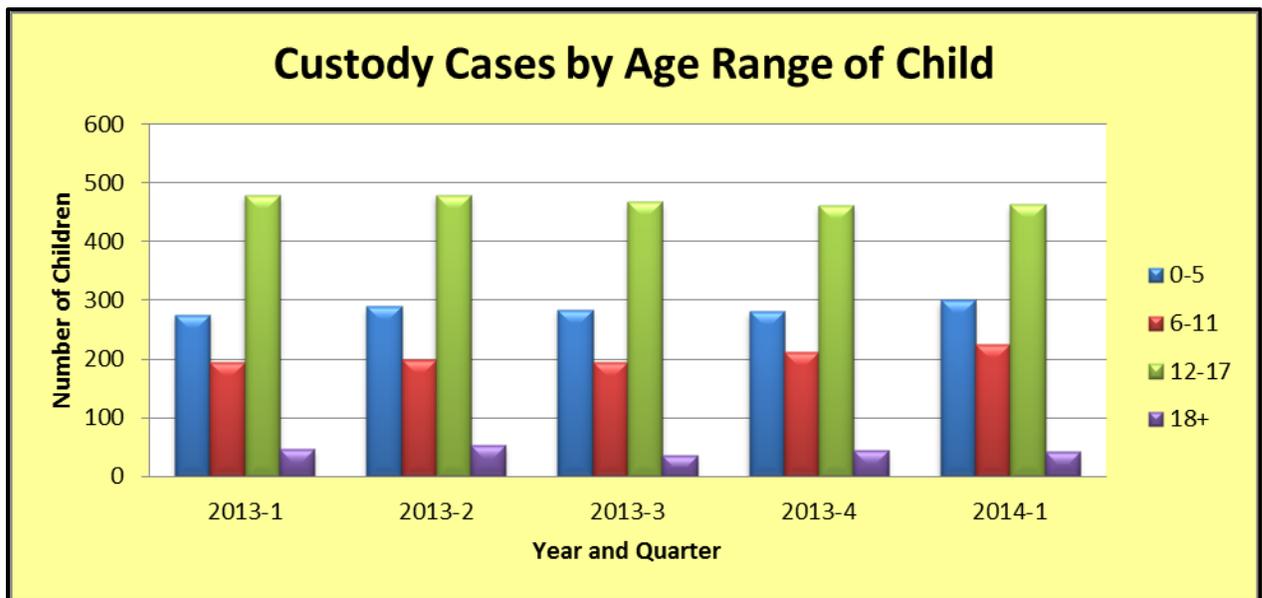
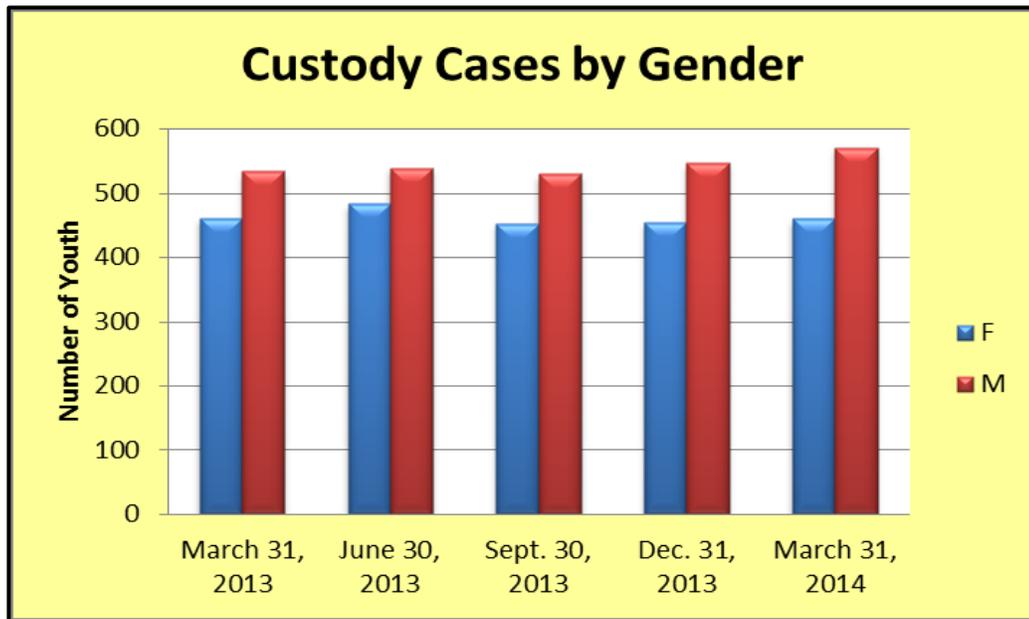
<p>7</p>	<p>Foster and Adoptive Parent Licensing, Recruitment and Retention <i>The standards are applied to all licensed or approved foster family homes or child care institutions receiving IV-B and IV-E funds.</i></p>	<ul style="list-style-type: none"> • Social Media campaign. • Updated policy on training and professional development was effective 6/2014 • Training provided in multiple modalities (teleconference, in person, etc.) to caregivers in an effort to increase their knowledge and support networks. • Most districts employ a foster parent part time to focus on retention activities. • Project Family focused on finding adoptive families for children who are not living with a permanent family. • Through Project Family, FSD has access to a Wendy's Wonderful Kids specialist. 	<ul style="list-style-type: none"> • Ongoing need for placements for school aged and older youth especially in their communities so they don't have to change schools and lose connections. • A number of youth who re-enter DCF custody years after their adoption. 	<p>The number of children in custody in Vermont has declined over the past 5 years and we have focused on increasing use of kinship care. As of March 31, 2014, Vermont had:</p> <ul style="list-style-type: none"> • 1036 licensed foster homes; • 696 children living in licensed foster homes; • 311 of which are kin.
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Foster Care Information System

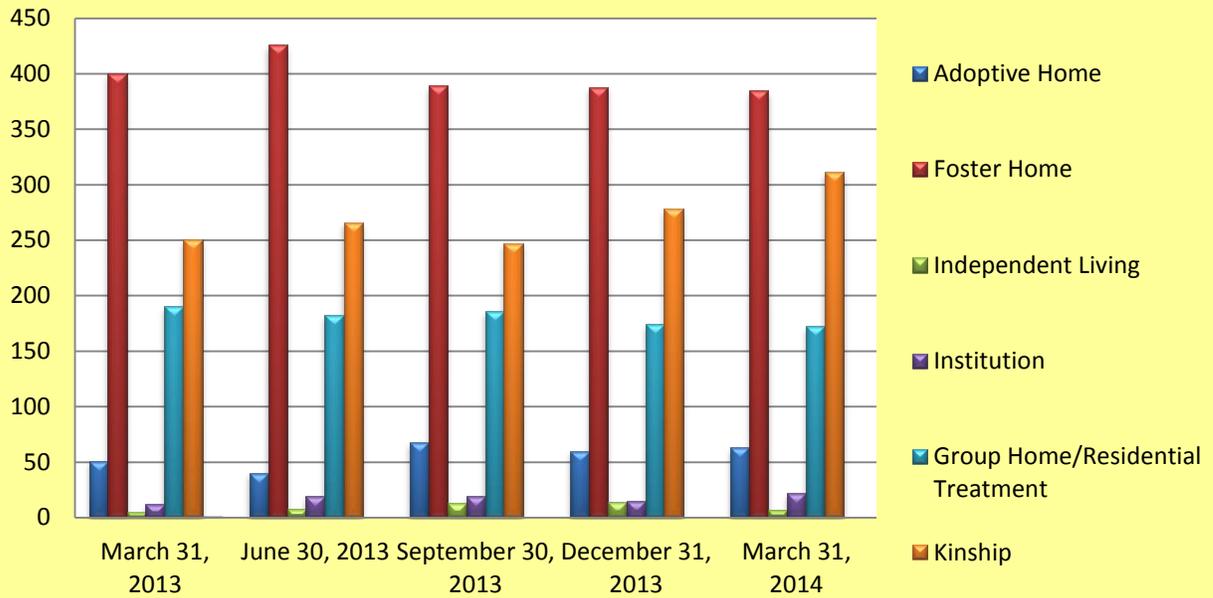
In order to understand who is coming into state custody over time, Vermont DCF-Family Services division creates quarterly reports that allow social workers, supervisors, district directors, and upper level management to view various status and demographic characteristics about the children in custody. These reports allow individuals at all levels of the organization to see trends over time, as well as drill down to their specific district office level and case / social worker level. For example, using the quarterly management report, one could examine the cases of all the children between 0-5 that were in state custody at the end of the 2013 4th quarter and placed with a relative in the St. Albans (or any) district office. This is just one example of how our state operational information system data is made available internally and can be utilized by our staff. The following graphs were created using the quarterly reports to demonstrate our ability to track and report on the characteristics of the children in our state custody and details related to their cases.



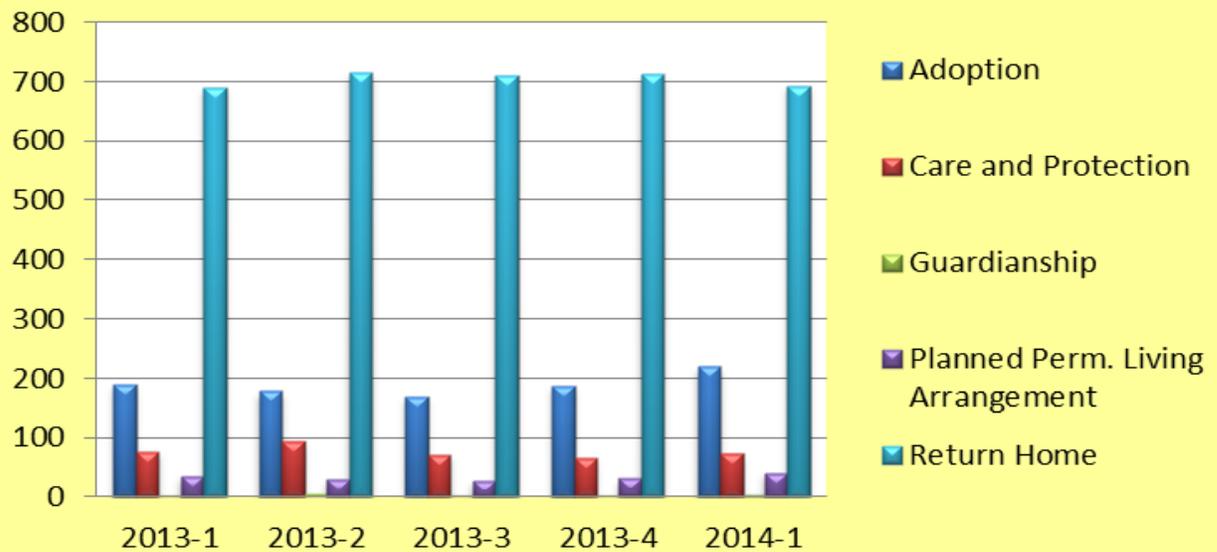
The Custody Cases by Case Type shows the majority of the children who come to our attention are in need of Care and Supervision for abuse/neglect. Vermont has an integrated child welfare/youth justice system so we also serve youth who are beyond the control of their parents (UC) and youth who are in custody for committing a delinquency (DC). Many districts have moved from specialty caseloads to mixed caseloads due to the low numbers of UC and DC in smaller communities. This requires paying close attention to the knowledge and skills social workers need to understand the complexities of a varied caseload.



Custody Cases by Living Arrangement and Quarter



Custody Cases by Case Plan Goal



Plan for Improvement

	Goal	Objectives	Outcomes for Children, Youth and Families OR Service Delivery Elements	Rationale/ Data Analysis/ Measures	Implementation Supports Needed
1	<p>Placement Stability: <i>Decrease the number of placements children and youth have who are in DCF custody.</i></p>	<ul style="list-style-type: none"> ➤ Conduct statewide Go To Meeting highlighting placement stability with follow up district report out on PDSA cycles. ➤ Include in district assessment & improvement plan. ➤ Quarterly district dissemination of placement stability data. 	<ul style="list-style-type: none"> ❖ Decrease child/youth trauma. ❖ Increase educational stability. ❖ Increase likelihood for children and youth to create life-long connections. 	<p>Increase baseline incrementally each year until national standard is exceeded.</p> <p>FFY2012 - 68.7% FFY2013 – 72.4% 2014 – 80% 2015 – 85% 2016 – 85%</p>	<ul style="list-style-type: none"> • Results Oriented Management (ROM) reporting tool will assist in timely availability of data with drill down capability. • Policy & CQI staff to provide best practice information, trend data, and guidance on engaging in CQI practices.
2	<p>Youth Justice: <i>Youth in custody are free from repeat delinquent and/or criminal activity.</i></p>	<ul style="list-style-type: none"> ❖ Conduct statewide GoTo Meeting highlighting youth justice policy, practice and data with follow up district report out on PDSA cycles. ❖ Include in DAP (District Assessment & Plan). ❖ Quarterly district dissemination of youth justice data. 	<ul style="list-style-type: none"> ❖ Decrease in recidivism rates. ❖ Increase Restorative Family Group Conferences. ❖ Increase in support to youth at-risk. 	<p>We have seen a steady decline (40% over the past six years) in youth on probation and in custody for delinquency. This follows national trends and we would like to focus on increasing our efforts to youth at-risk to avoid them interacting with the juvenile justice system.</p>	<ul style="list-style-type: none"> • Need to identify and begin tracking a key indicator related to Youth Justice. • See data specific to Youth Justice.

3	<p>Safety <i>Children and youth in custody are safe from repeat maltreatment.</i></p>	<ul style="list-style-type: none"> ❖ Conduct statewide Go To Meeting highlighting safety data with follow up district report out on PDSA cycles. ❖ Include in DAP. ❖ Quarterly district dissemination of safety data 	<ul style="list-style-type: none"> ❖ Decrease child/youth trauma. 	<p>Maintain baseline each year.</p> <p>FFY2012 – 68.7% FFY2013 – 72.4%</p> <p>Targeted Goals: 2014 – 77% 2015 – 82% 2016 – 87%</p>	<ul style="list-style-type: none"> • Results Oriented Management (ROM) reporting tool will assist in timely availability of data. • Policy & CQI staff to provide best practice, trend data, and guidance on engaging in CQI practices.
4	<p>Permanency</p>	<ul style="list-style-type: none"> ❖ Conduct statewide Go To Meeting highlighting discharge to permanence with follow up district report out on PDSA cycles ❖ Include in district assessment & improvement plan ❖ Quarterly district dissemination of discharge to permanence data 	<ul style="list-style-type: none"> ❖ Decrease child/youth trauma ❖ Increase likelihood for children and youth to create life-long connections 	<p>Increase baseline incrementally each year until national median is exceeded.</p> <p>Discharge to Permanence:</p> <p>FFY2012 – 87.4% FFY2013 – 86.2%</p> <p>Our targeted goals: 2014 – 92% 2015 – 95% 2016 – 95%</p>	<ul style="list-style-type: none"> • Results Oriented Management (ROM) reporting tool will assist in timely availability of data • Policy & CQI staff to provide best practice, trend data, and guidance on engaging in CQI practices • Utilization of Permanency Round Tables

	Goals	Objectives	Outcomes for Children, Youth and Families OR Service Delivery Elements	Rationale/ Data Analysis/ Measures	Implementation Supports Needed
5	Well-Being	<ul style="list-style-type: none"> ➤ Implement case plan review tool to ensure well-being measures are being addressed in case plans ➤ Expand youth credit checks to all three credit bureaus ➤ In partnership with VT-FUTRES continue to improve data quality and timeliness on children and youth school information ➤ In partnership with VT-FUTRES develop reporting capacity for district ongoing monitoring 	<ul style="list-style-type: none"> ❖ Increase in well-being as measured at 6 month case reviews (implementation begins fall 2014) ❖ Resolve credit issues for youth prior to their 18th birthday ❖ Increase educational stability 	Utilize NYTD data as a source for measuring youth well-being	<ul style="list-style-type: none"> • Results Oriented Management (ROM) reporting tool will assist in timely availability of data • Policy & CQI staff to provide best practice, trend data, and guidance on engaging in CQI practices
6	CQI System: <i>Family Services Division regularly assesses the quality of services in the CFSP and has measures to address identified problems.</i>	<ul style="list-style-type: none"> ➤ CQI policies, procedures and practice guidance will be developed ➤ Continue development of the statewide CQI Steering Committee including vision, goals and work plan ➤ Data Integrity Team will continue to address and monitor data issues including accuracy and timeliness ➤ Continue development of new database screens to increase capacity of consistent data collection ➤ Expand current case record review process ➤ Implement Results Oriented Management (ROM) reporting tool to enhance access and ability to analyze data and monitor progress on outcomes ➤ Continue district assessment and plan (DAP) process 	<ul style="list-style-type: none"> ❖ Consistent practice and policy adherence statewide ❖ Staff are aware of CQI efforts and understand their role in these efforts 	<p>2014:</p> <ul style="list-style-type: none"> ✓ CQI Steering Committee formed with vision, goals and work plan developed. ✓ CQI policies, procedures and practice guidance will be developed. ✓ Ongoing data integrity team work. <p>2015:</p> <ul style="list-style-type: none"> ✓ Development of new database screens. ✓ ROM Implemented. ✓ Case Review process developed. 	<ul style="list-style-type: none"> • Dedicated staffing resources for implementation of case review process • Training and T/A on review tool • Best practice information on other states to learn from where things are working well.

	Goals	Objectives	Outcomes for Children, Youth and Families OR Service Delivery Elements	Rationale/ Data Analysis/ Measures	Implementation Supports Needed
7	<p>Rate of Kinship Placement: <i>Increase Placement with Kin when appropriate and safe.</i></p>	<ul style="list-style-type: none"> ❖ Include in district assessment & plan ❖ Quarterly district dissemination of placement stability data 	<ul style="list-style-type: none"> ✓ Youth will experience greater placement stability ✓ Youth will maintain life-long connections ✓ Youth will experience less trauma by being placed with someone they know 	<p>Increase baseline incrementally each year.</p> <p>FFY2012 –19.8% FFY2013 – 27% FFY2014 – 32% FFY2015 - 37%</p>	<ul style="list-style-type: none"> • Continued resource allocation for Family Finding

Permanency

Adoption Services

Adoption services are provided through collaboration between Family Service Division and Lund called *Project Family*. Lund is the oldest licensed adoption agency in Vermont and has collaborated with the State for the past 14 years to provide a seamless system of care for families. *Project Family* staff are available to each of the 12 FSD district offices many being co-located and are well trained. Many of the Project Family staff have been with the program from its inception providing a level of continuity in service and support to both birth and foster/adopt families.

In the partnership, the State can access at no additional cost the services of Lund's birth parent counselors. These professionals provide unbiased counseling for pregnant or parenting women who may be facing jail time, abuse charges or simply not sure, they can parent. Lund is very careful to separate birth parent counseling from workers providing home studies and placing children for adoption. This separation ensures the unbiased nature of birthparent services. For women with substance abusing problems, Lund provides a residential treatment program where a woman's infant/child can reside with them.

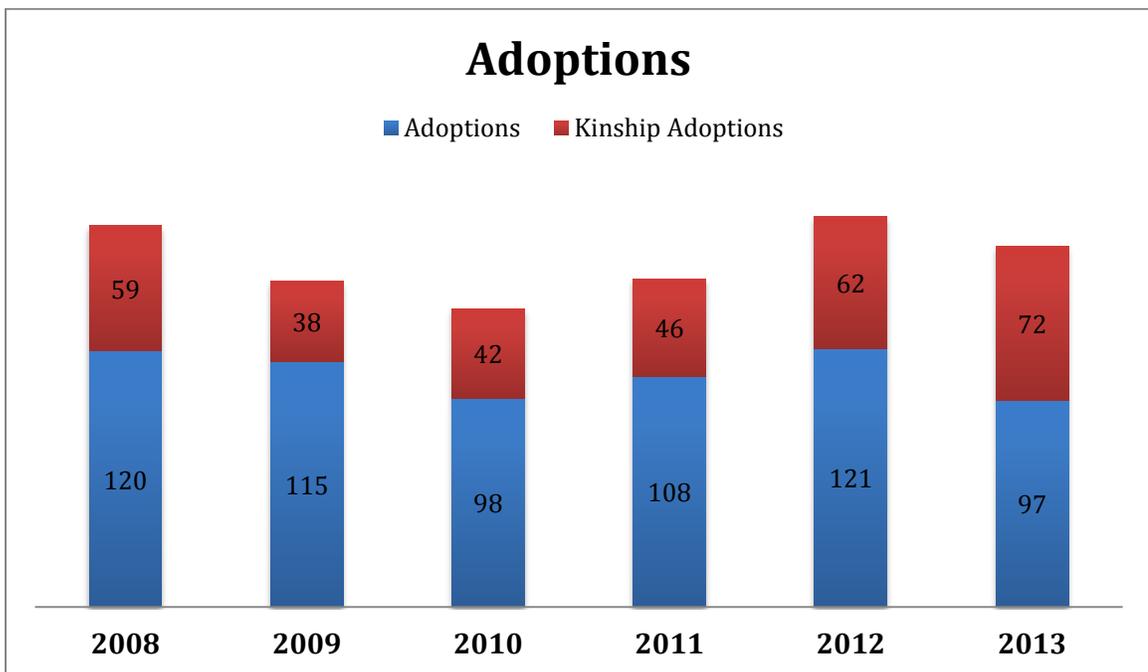
Project Family workers provide support to the FSD social workers in placing, supporting and finalizing adoptions of kinship and foster care providers. Before *Project Family* the State took an average of 25 months after a child was free for adoption and living in a pre-adopt home to simply finalize the adoption. Under the partnership, that wait time is under 6 months. Project Family workers ensure that families adopting children through foster care have access to all of the child's records, have a learning plan in place that is specific to their child's developmental trauma timeline, have attended Fostering to Forever Training, and connect families to post permanency supports before the adoption is finalized. The *Project Family* worker supports families in applying for adoption assistance completing all the forms with the family, obtaining required signatures and advocating on behalf of the family. Once all this is in place, *Project Family* staff ensures each child in the family receives a gift and balloons on their special day.

On the State side of the equation, two adoption assistants gather all foster care records from social workers, all documents required for finalization of an adoption and Title IV-E documents for the adoption subsidy program. The adoption assistants review each child's record to ensure all legal prerequisites for adoption have been met. They look for errors in birth dates, misspelled names throughout the history of a case and follow up on getting corrected documents. All of this ends up at the central office where the administrative assistant for the state opens the adoption subsidy, obtains Medicaid and trouble shoots medical/financial issues families may have. Requests for amendments to adoption subsidies are handled by the Adoption Manager.

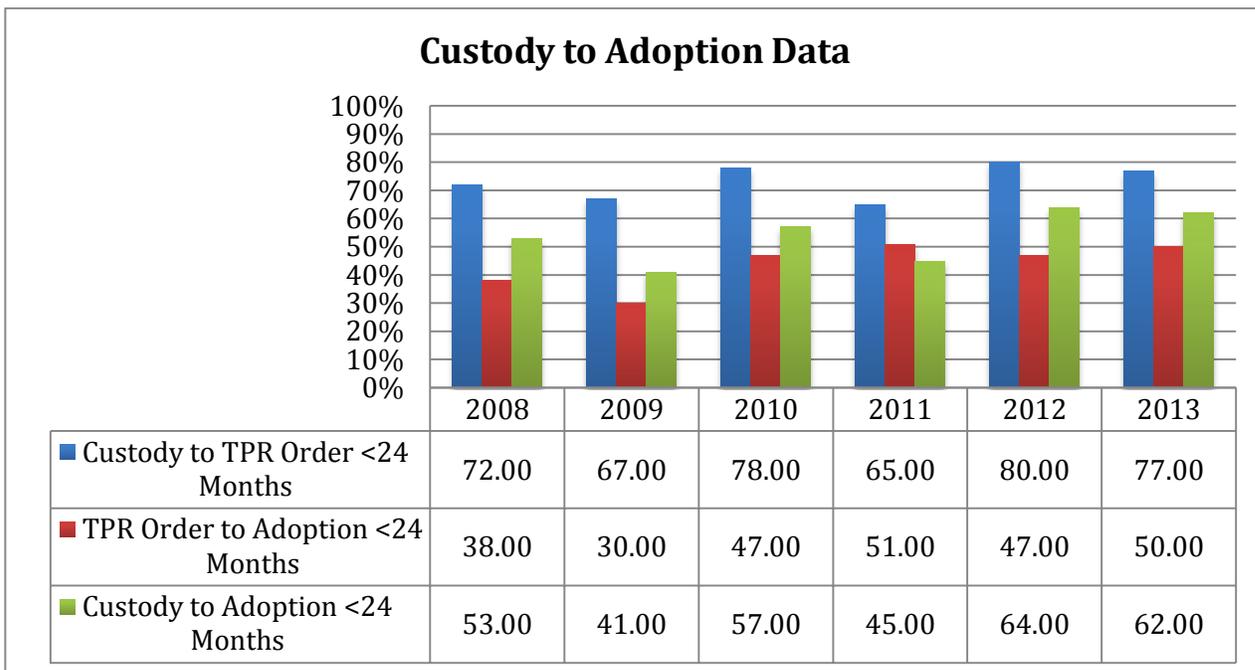
The Director of Adoption at Lund and the State Adoption Manager act as co-directors for Project Family. They hold permanency-planning meetings in the FSD district offices on a monthly basis. These meetings bring social workers and supervisors together to begin permanency planning as soon as it is decided a child cannot return home.

Through Lund, FSD also has access to one Wendy's Wonderful Kids (WWK) position. This individual creates profiles, lists kids on ADOPT US KIDS and other websites. She reviews all inquiries and ensures the child's social worker receives timely information of families interested in a particular child. She also stays in touch with recruited families for other children should the initial match not work out. The WWK recruiter also holds community events letting other Vermonters know there are children in VT without families. She does this through holding Heart Galley events, attending fairs, church bazars, and other community events.

The following data shows the trend in the number of adoptions in Vermont (blue bar) and the number of adoptions that were by kinship caregivers (red bar). Vermont is trending towards seeking out kinship connections for youth when they enter custody as we know kinship placements and adoptions have more positive outcomes regarding placement stability for children and youth.



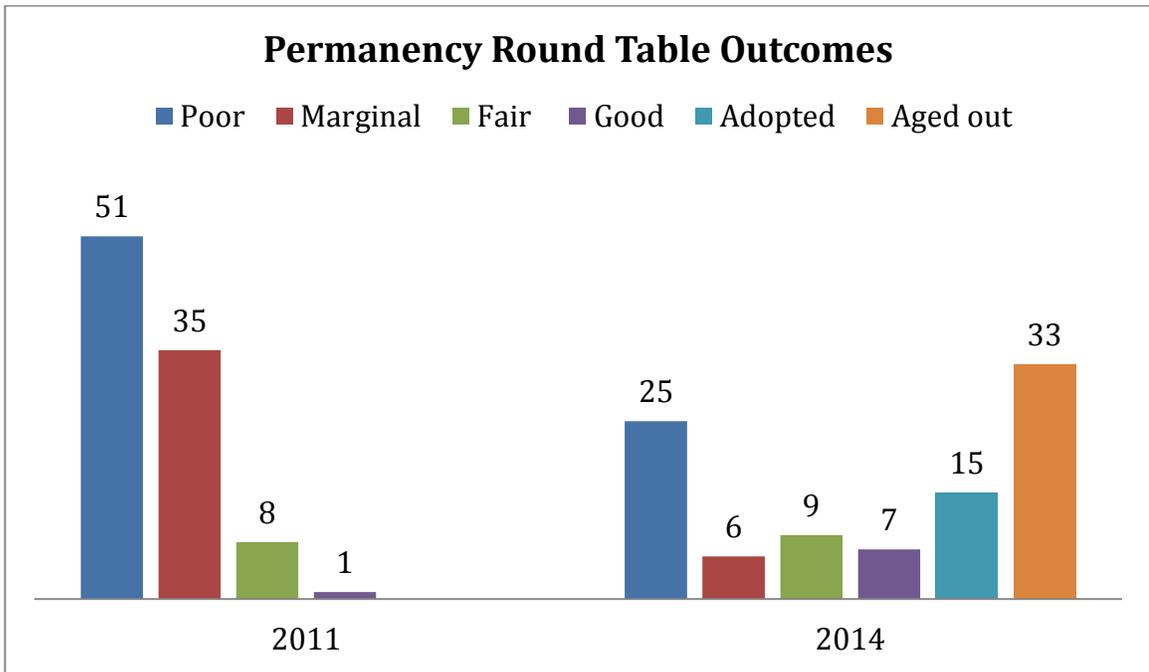
As well, the following data shows the amount of time it is taking to achieve permanence through adoption for children and youth. Vermont continues to make gains in achieving timely adoptions.



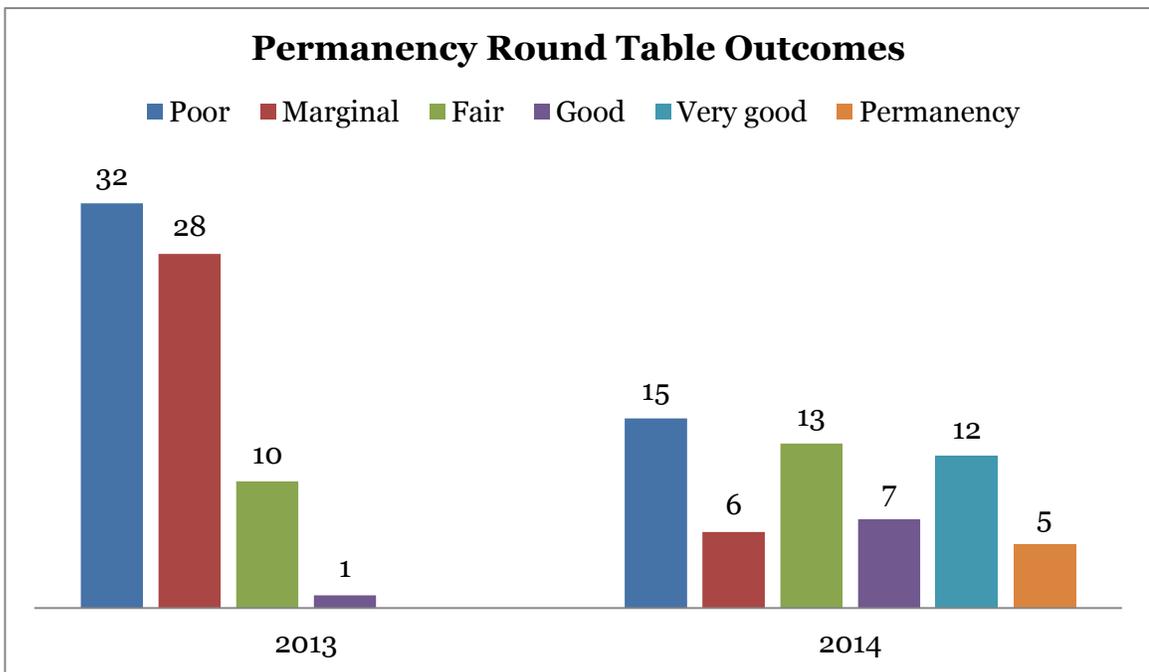
Permanency Roundtables

In 2011, FSD asked Casey Family Programs to assist in the implementation of Permanency Roundtables (PRTs). PRTs were held for 95 children who had been in the system for an extended period of time (2 plus years) who did not have a permanency plan. This was about 10% of all children in custody.

All 12 districts participated in this PRT process. Each ongoing social worker “brought” one child to a PRT. This design exposed all of these workers to the PRT methodology. It gave social workers uninterrupted time to discuss their cases with a variety of people, with a focus on creative problem-solving and shared responsibility. Of the 95 children reviewed, 39 children have improved permanency status, 51 children have the same status and 5 children had a decrease.

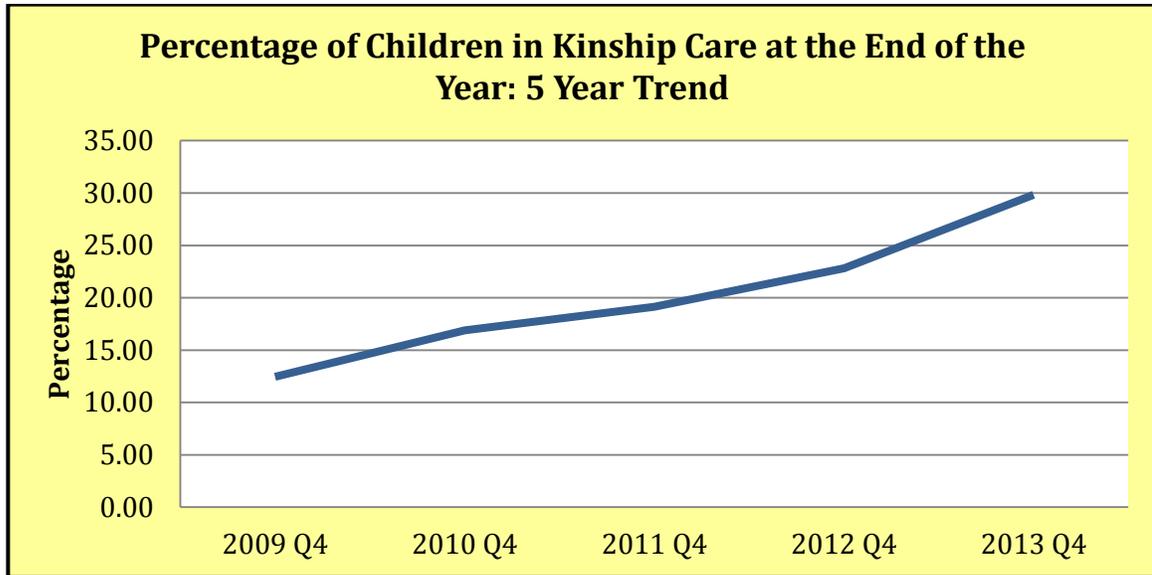


In 2013, Permanency Round Tables (PRT) were held using a regional model, in which one district staffed PRTs for a neighboring districts children. 72 Cases were reviewed. Districts were allowed to bring any child that they wanted to discuss. The status of these children ranged from very early involvement to children who were in care for over 2 years. Since then, 35 children who had an improvement in their permanency status; 35 children's statuses stayed the same and 2 children had a decrease in their permanency status.



Rate of Kinship Placement over the Past 5 Years

From 2009 to 2013, we have continued to increase our use of kinship placement for children coming into custody. This practice aligns with evidence-based best practices, as well as our core practice principle of permanence, which states that “Children have enduring relationships that sustain them throughout their lives.” In the first quarter of 2009, 138 children, or 11.68% of DCF custody cases, were placed with kin. By the final quarter of 2013, 278, or 29.83% of DCF custody cases, were placed with kin. This represents a 255% increase in the use of kinship placements over 5 years.



Staff Training, Technical Assistance and Evaluation

Staff Development and Training Plan

Beginning in May 2014, all newly hired Family Services District Directors, Supervisors, Social Workers and Resource Coordinators will be required to complete:

- A 2-day Orientation within 4 months of employment;
- The 3 week Foundations in Family Centered Practice course (inclusive of several online components); and
- 6 stand-alone distance learning courses within 12 months of hire.

All other new Family Services staff (administrative staff and central office staff) will be required to complete a minimum of 25 hours of the three-week Foundational Practice classroom training.

Beginning in September 2014, all newly hired Family Services District Directors, Supervisors, Social Workers and Resource Coordinators will be required to complete 10/15 Advanced Practice classroom courses and all of the Advanced Practice distance learning offerings within 24 months of hire.

Beginning in September 2014, all Family Services District Directors, Supervisors, Social Workers and Resource Coordinators will be required to complete 50 hours of Continuing Education selected from the Advanced Practice course list (or relevant alternative trainings that meet comparable competencies) every 5 years. This will assure that these employees are exposed to up-to-date content on key practices.

In addition, Family Services is working to create effective and comprehensive responses to domestic violence in partnership with communities, domestic violence experts, and especially with survivors.

In Vermont we are doing this through policies specific to domestic violence, case consultation and training by members of FSD's Domestic Violence Unit and practice guidance.

- All new direct service staff and supervisors must take the foundational online domestic violence training;
- Core Domestic Violence training for any staff;
- Implementation of the *Safe and Together* model that is child centered and focuses on the perpetrator's pattern of coercive control. The goal of this model is to stay focused on assessment of the parent who is using coercive control, their past and current behaviors and their corresponding impacts on the children and non-offending parent's relationship with the children, as well as their willingness to take responsibility for these risks (Mandel, D. 2008).
- District specific case consultation using the Safe and Together model framework of 5 critical components.

Services

The Family Services Division delivers child protection, child welfare (including adoption and independent living) and youth justice services to Vermont children and families. These services are fully coordinated, delivered from the same sites, by the same staff, and administered by a single administrative structure.

Over the last twenty years, the Vermont Agency of Human Services (AHS), with its partner the Vermont Agency of Education (AOE), has devoted considerable time and energy to building partnerships to improve the coordination of services to children and their families. Linkages have been built not only among state departments, but also with community service providers, parents and consumers of services. The primary objective of the AHS/AOE partnership has been to improve outcomes for all children and their families in Vermont by developing a system of community supports and services that:

- Help prepare all children for successful participation in school;
- Ensure education stability when children are in state's custody;
- Strengthen family capacities to contribute to and support their children's educational progress; and,

- Ensure the effective functioning and continued evaluation of the services and supports needed by children, families and schools to improve children's educational outcomes.

Integrated Family Services (IFS)

The Agency of Human Services (AHS) is in the process of re-designing a constellation of services from health promotion to treatment and ongoing supports for Vermont children and their families. This includes children who are currently served by the Family Services Division, either in our care or not. It also includes children being served by the children's health, mental health and developmental services systems.

This initiative, called Integrated Family Services (IFS) has a goal of providing a single, multi-disciplinary family intake process that takes into account family functioning and risk factors, resilience factors and child functioning. This single intake will lead to a comprehensive assessment that will support the creation of an integrated family plan which includes all available supports for a holistic and supportive approach.

The goals of IFS are to provide:

- Earlier intervention to build skills and maximize families' strengths, keep families together and reduce use of out of home placements regardless of disability type;
- Knowledgeable and skilled responses to parents regarding child mental health and substance abuse issues, trauma, post adoption, impact of significant disabilities on families, positive behavior support strategies; the promotion of wellness in the family system will be a focal point of this service package; and
- Flexible family support and treatment services based on family functioning and needs.

Once a child or youth leaves home, it is often very difficult to get him or her back home. In addition, skills gained in the out-of-home setting are more difficult to generalize in a home and community setting. For these reasons, IFS will shift funds currently committed to out-of-home supports and treatment towards earlier intervention in-home supports. The proposal is not to eliminate out-of-home supports but rather target those supports to specific populations and use out-of-home care in a more purposeful and directive manner. We also propose to increase the types of short term out-of-home supports (i.e. respite, crisis response, shared parenting) that many families say are necessary to support the family's engagement in treatment.

During the past two years, we have made the following progress:

- Programs focused on children with special health needs formerly delivered by two different departments were consolidated in the Vermont Department of Health.
- Documentation requirements have been streamlined for a wide variety of programs under the IFS umbrella.
- An IFS pilot was launched on 7/1/2012 in Addison County. To facilitate, a master grant was executed that facilitates the delivery of all children's services formerly delivered by the local parent-child center and the local children's mental health agency. A flexible funding arrangement and streamlined documentation has allowed these agencies to focus more on services to keep families together.

- As of April 1, 2014 a second pilot began in Franklin County.

All of these efforts support and encourage service integration and coordination in Vermont and in our own department.

Service Description

In Vermont, Title IV-B, Part 1 funds child care for families needing extra support, in two categories:

- i. **Family Support Child Care** is a prevention and early intervention service designed to reduce stress for families and their children and promote positive child development. This is time-limited, part-time child care for families who are experiencing stress that may place their child at risk. Average monthly enrollment during SFY '13 was 480.
- ii. **Protective Services Child Care** is personalized child care that includes a planned child development intervention strategy authorized by the Family Services social worker and must be part of the family plan as a safety strategy. The child care providers are specially trained to care for children who have been abused or neglected and they are active participants on the Family Services child and family support team. Services are provided to children living with their families and to children in foster care, this includes those children who have recently been reunified with their families. Average monthly enrollment during SFY '13 was 605.

Title IV-B, Subpart 2

The division contracts with a variety of community agencies to provide services that supplement FSD casework services. These services comprise a statewide network of family support and preservation services; they are available in all districts. Although not primarily funded with Title IV-B, Subpart 2, these services are the backbone of our family preservation and support array.

- i. **Child and Family Support Contracts** provide support for our family engagement practice approach through facilitation and coordination of family centered meetings and case coordination services that support specific needs of children and families. All districts have capacity for facilitation of Family Safety Planning meetings, coordination and facilitation of Family Group Conferences/Restorative Family Group Conferences, and for Family Time Coaching (this is our model for supported parent-child contact). Currently a workgroup consisting of FSD staff and providers is reviewing this program to determine what adjustments can be made to maximize outcomes. Last year, we folded our Parent Educator program into our Child and Family Support Contracts.
- ii. **Intensive Family Based Services** provide time-limited, intensive in-home therapeutic services, focusing on family preservation and reunification. Intensive Family Based Services are considered part of the IFS constellation. As IFS is fully implemented, Intensive Family Based Services is expected to evolve to one component in a flexible set of services

designed to meet the needs of children with behavioral challenges and their families.

- iii. Trained therapists are authorized to provide treatment under a special DCF Medicaid program called **CAST**. CAST therapists provide therapeutic services to victims of sexual abuse and youth with sexually harmful behavior. **Sexual Abuse Victim and Offender Treatment Services program** was reviewed and refined last year.

Title IV-B, Subpart 2 funds are primarily used to fund:

- i. **District-specific services** such as mentoring programs, after-school programs, and family-tailored individual supports and services.
- ii. **Post-adoption supports and services** provided through the member agencies of the Vermont Adoption Consortium.

Service Decision-Making Process for Family Support Services

Programs that provide family support services are selected through a Request for Bid Process based on their alignment with the Family Services practice model, ability to provide the services requested and to support children and youth to remain in their local communities whenever possible.

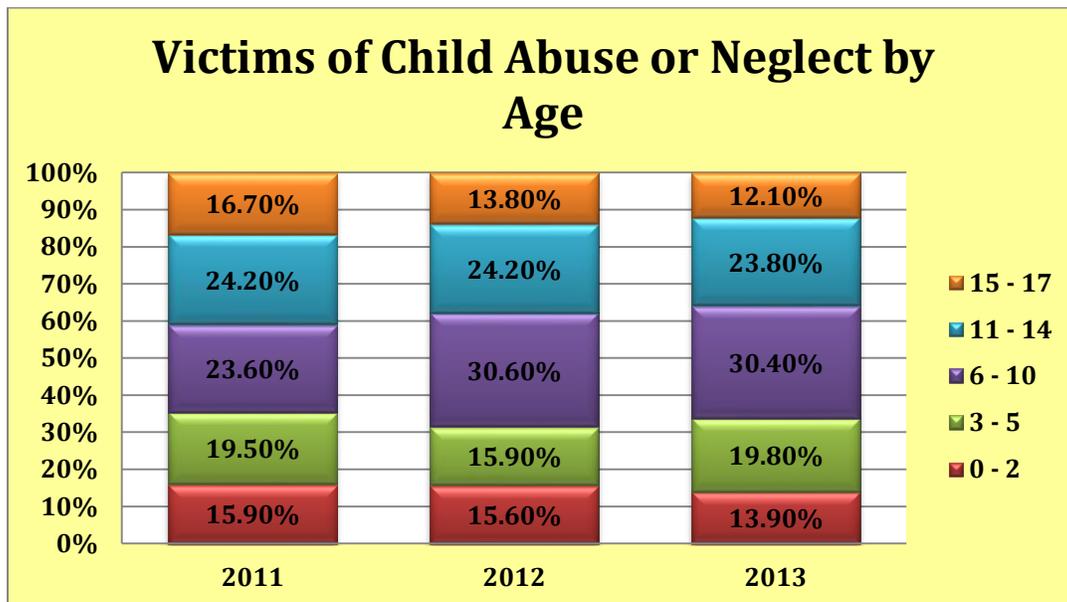
Populations at Greatest Risk of Maltreatment

In order to identify children at-risk for abuse or neglect, both initial or continued, upon receiving an allegation of child abuse or neglect, the assigned social worker interviews, when possible, the (a) child (unless the child is pre-verbal), (b) the caretaker, (c) the alleged perpetrator, and (d) the reporter.

As part of these interviews, the social worker completes the Family Risk Assessment tool, which guides the planning of the child safety intervention, and informs the decision regarding whether a case should be opened on the family for ongoing services. By completing the risk assessment, the social worker obtains an objective appraisal of the likelihood that a family will maltreat their child(ren) in the next 12 to 18 months. While the Family Risk Assessment is not considered predictive of future child maltreatment, it is considered indicative of whether the family should be targeted for available services and resources. Guidance on completing the Family Risk Assessment tool is provided in DCF [Policy 52, Child Safety Interventions](#).

The following three charts address the question of what population is at greatest risk for maltreatment:

- Victims of Child Abuse or Neglect by Age
- Type of Maltreatment
- Gender of children who are victims of maltreatment



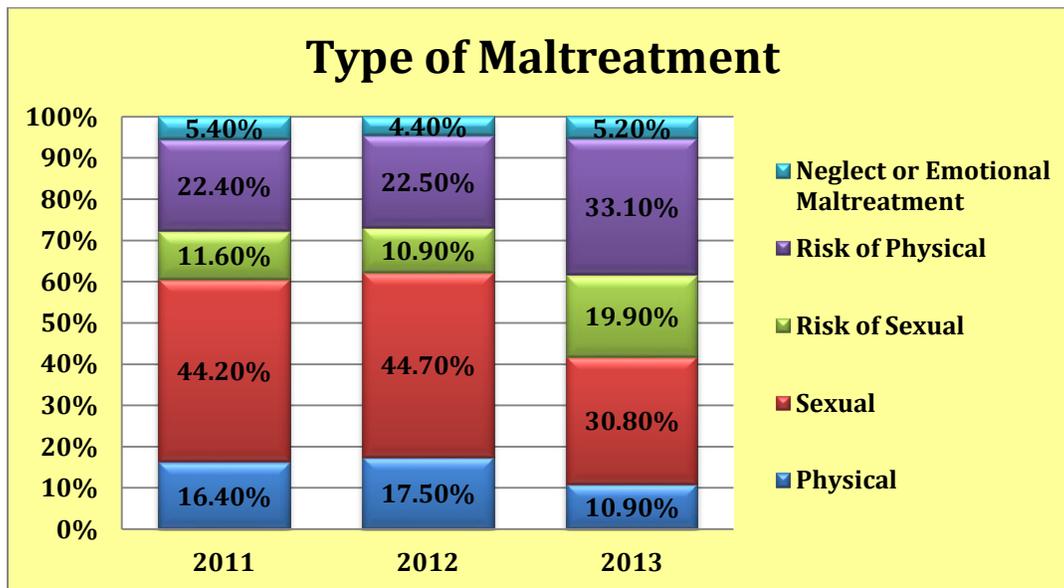
Analysis of Age of Victim and Services Provided

During the past few years the profile of children who are abused has seen some shifts. Most notably, is the decrease in maltreatment of children age 0-2. It is important to note that Vermont implemented Differential Response in 2009. Since that time, lower level abuse or neglect is typically handled in the assessment track, in which substantiation is not possible.

There are a number of efforts (Strengthening Families, IFS, Nurse-Family Partnership, Race to the Top, etc.) that have been implemented to address the needs of young children. More detail about these initiatives is provided in this plan and/or the Final Report submitted in conjunction with this plan.

At the same time we have seen an increase in the age group for 6-10 year olds. Interestingly, Vermont's rate of entry for 10 year olds is 188% more than the national entry rate for this age group. This is an age cohort we should pay close attention to and target services accordingly.

Over the past three years we have seen a decrease in our older youth being victims of abuse/neglect.



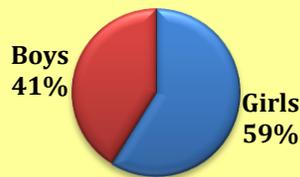
Vermont investigates non-caretaker sexual abuse, which makes it difficult to compare us to other states.

Following the tragic sexual assault and murder of 12 year old Brooke Bennett in 2008, a great deal of attention has been focused on the prevention and identification of sexual abuse. This likely resulted in more children being brought to our attention, particularly for a category we call Risk of Harm - Sexual Abuse. This is a category in which a member of a child’s household, or a person with access to the child had a history of sexually abusing a child.

Out of the Brooke Bennett tragedy, legislation was enacted to improve Vermont’s response to sexual abuse. This legislation, called Act One became effective in March 2009. Following passage of this act, FSD created a Child Victim Treatment Director to ensure oversight to create a strong collaboration with the Agency of Education (AOE). This collaboration has focused on strengthening the capacity of schools to prevent child sexual abuse. Sec. 9 16 V.S.A. §563 states that, “the school board of a school district shall ensure that adults employed in the schools maintained by the district receive orientation, information or instruction on the prevention, identification, and reporting of child sexual abuse as defined in subdivision 4912 (8) of title 33, and sexual violence...” Act 1 information can be found at: http://dcf.vermont.gov/stepup/act_one_schools which includes resources, full legislation text and training materials.

In addition to this legislation, FSD created a policy to address [Risk of Harm Sexual Abuse](#) and made changes to the acceptance of intakes for this area of practice.

Maltreatment Victims by Gender



It is interesting to note that we continue to have more females than males who are victims of maltreatment, however, we have about 10% more males than females in custody. The greater percentage of female victims of maltreatment is likely directly tied to the division's expansive role in the investigation of child sexual abuse, mentioned above.

Services for Children under Five

Specialized services for children under five are primarily collaborative approaches with DCF's Child Development Division, and with the Vermont Department of Health.

All children newly entering foster care, and are expected to stay at least 30 days will receive a trauma screening (Trauma Symptom Checklist for Child).

We have made a considerable investment in training staff about the impact of trauma on early brain development. We believe we have further work to do to make the direct connection from that training to practice in the field. We are very pleased to have been awarded a Trauma grant from the Children's Bureau, which will support this work.

In 2012, we convened a cross-disciplinary group that used the assessment tool developed by the Zero to Three Policy Center to assess the sufficiency of our current ability to address the developmental needs of young children. We had representation from our own division, the Child Development Division, the Department of Health's Maternal and Child Health Division, and the Agency of Human Services. Although we identified strengths, we have also identified areas for focused work. Here are some of the findings:

- Part C referrals are done not only for substantiated victims under age 3, but additionally for all young children whose families will be opened for ongoing child protective services. These children are screened, and if necessary, receive a full assessment, which includes the Ages and Stages Questionnaire. Eligible children are enrolled in Children's Integrated Services (CIS). All CIS children have a medical home, which uses the American Academy of Pediatrics Bright Future periodicity guidelines. Parents are regularly given anticipatory guidance, both through CIS and also their Medical Home.
- Part C in Vermont has broad eligibility criteria.
- On-line training on Part C referrals is available to social workers.
- CIS providers receive ongoing training and technical assistance.
- Eighty percent of young children on Medicaid have medical homes.
- The WIC program has co-located a dental hygienist in WIC clinics.

- During child abuse investigations of young children, a contact with the child's pediatrician is standard protocol.
- Vermont has developed family-friendly materials for parents, explaining the child welfare system.
- We employ a variety of family engagement strategies, including Family Time Coaching, to enhance parents' skills.
- We have three Strengthening Families pilots underway, and are actively engaged in the national dialogue about this framework. We look forward to the completion of the Children's Bureau work to further adapt the framework for use with families with children who are already at-risk.
- Vermont implemented differential response in 2009.
- Congregate care is not used at all for young children.
- Shared parenting meetings facilitate communication between parents and caregivers, and enhance the relationship.
- Parents and their young children in foster care have frequent contact, in supported and natural settings.
- Vermont statute allows for permanency reviews for young children as frequently as every 3 months, but this is not typical practice.
- Vermont operates its entire Medicaid program under the Global Commitment to Health waiver, which means that both adults and children are likely to have a medical home.

Areas for Exploration and Focus

- Better ongoing collaboration with the medical home, both for children in custody and children receiving ongoing child protective services.
- More consistent screening of parents for substance abuse issues.
- Pre-removal conferences.
- Greater use of alternatives to foster care to promote attachment, including shared family care.
- Greater use of foster and kinship caregivers as mentors to parents.
- Use of Skype, Facetime or other alternatives to promote contact between parents and children when distance and/or incarceration interfere with face-to-face contact.
- Improve guidance to staff around the impact of moving young children. This has become more of an issue due to the required practice of notifying kin resources when children come into custody, especially when the potential kin resource is out of state. By the time the kin resource is licensed, the child has potentially settled and attached with an unrelated caregiver. This is an area we could use technical assistance.
- Development of on-line training resource for social worker and caregivers on normal child development, that can be accessed on-demand. This is an area we could use technical assistance.
- Revisit statutory language governing agreements for contact between child and birthparents following adoption, i.e. "open adoption".

Race to the Top Grant

Vermont was awarded \$36.9 million in federal funding through its successful Race to the Top Early Learning Challenge (RTT-ELC) grant proposal to build a high-quality and

accessible early childhood system in the state. The award is spread over the four years of the grant period beginning in January, 2014, and is administered jointly by the federal Departments of Education and Health and Human Services.

Implementation will be led by five participating organizations: The Governor's Office, Agency of Education, Agency of Human Services, particularly Department of Health and Department for Children and Families, and the Building Bright Futures Statewide Advisory Council, in coordination with communities and a broad range of early childhood stakeholders.

This grant provides a tremendous opportunity for Vermont to rapidly advance its larger reform agenda to realize the promise of every child. The grant proposal was informed by and supports ongoing efforts, including the Agency of Human Services' Integrated Family Services and the Vermont Early Childhood Framework and Action Plan sponsored by the Governor's Office and developed by a broad coalition over the past 12 months. In order to assure that positive impacts on early learning and development opportunities in states endure beyond the four years of grant funding, the focus of RTT-ELC is on funding for systemic development, not direct services.

The Vermont plan focuses on strategies to:

- Improve quality and access of early learning and development opportunities
- Invest in a highly skilled workforce through professional development
- Empower communities to support young children and families
- Strengthen our capacity to ensure we are making a difference

Through these strategies Vermont will be able to achieve the absolute priority of the grant, which is to promote school readiness for children with high needs. The grant defines this as children from low-income families or otherwise in need of special assistance and support, including children who have disabilities or developmental delays, who are English language learners, migrant, homeless, or in foster care.

Goals by 2017 (the end of the grant period) include: 95% of eligible early learning and development programs (EDLP) are participating in the VT STARS program and families will be able to access highly rated VT STARS programs in every community.

- Validate and strengthen VT STARS system to ensure it accurately and reliably assesses quality
- Conduct a rigorous independent evaluation of the VT STARS to ensure that it is an accurate assessment of quality that predicts positive outcomes for children.
- Annual financial rewards to STARS programs for maintaining quality and providing nutritious food
- Currently participating ELDPs receive a one-time bonus when they achieve a higher level in VT STARS. RTT-ELC will create an annual awards program for maintaining quality in addition to bonuses for improving.
- VT STARS programs that offer nutritious meals and snacks will receive additional annual awards and the goal by 2017 is to increase the percentage of ELDPs in VT providing nutritious snacks and meals from 40% to 90%.
- Expand Strengthening Families grants
- RTT-ELC will expand this successful model to support comprehensive services for high needs children in high quality ELDPs that promotes continuity of services and family centered practice.

- Expand and improve Specialized Child Care Services

RTT-ELC will increase local coordination, quality and capacity.

Strengthening Families Project

In the fall of 2013, three sites (St. Albans, Barre and Rutland) began piloting several area projects utilizing the Strengthening Families Research to connect some of the highest need families with intensive, health-focused, home and community-based services and supports. This work is occurring through partnerships with community providers and the three local DCF Family Services district offices. This work is informed by other promising approaches to serving families who have demonstrated tremendous resilience and resourcefulness, and yet remain mired in the child welfare and criminal justice systems, and whose children are at high risk of experiencing abuse and/or neglect.

DCF sought out community partners who share a philosophical approach and service delivery practices with the nationally-recognized Strengthening Families framework's five protective factors:

- Parental resilience
- Social connections
- Concrete support in times of need
- Knowledge of parenting and child development
- Social and emotional competence of children

This initiative includes financial resources specifically targeted to the third factor, "concrete support in times of need." DCF is making flexible funding available to these families with the goal of removing barriers to the family's goals, which may include: attaining or retaining housing and/or addressing transportation needs. The services are delivered in home and community-based settings; are family-centered, strengths-based and holistic; and are delivered by highly professional providers and through integrated processes.

Each identified community has two skilled Strengthening Family Care Coordinators employed by a community-based, family-oriented agency. The Care Coordinators work closely with district offices and utilize common screening, intake and case planning tools developed through existing integrated services initiatives. Services use the Children's Integrated Services process (for children under age six) and Local Interagency Team (for children age six to 22) process for case referral and coordination.

The families receiving these services have open cases with the local Family Services office and priority is given to those families who also meet one or more of the following life circumstances:

1. Families with a parent who is interfacing with the criminal justice system (i.e., probation, furlough and/or incarceration);
2. Families where a primary caregiver is experiencing substance abuse issues and/or is dually diagnosed; and
3. Families with the youngest child under age three.

Some of the outcomes and performance measures DCF is seeking include:

1. Family uses positive behavior change strategies
2. Family applies basic components of typical developmental milestones for all children and youth
3. Family members have medical and dental homes and are up to date with recommended periodicity schedules
4. Families access flexible funds to achieve goals
5. Families acknowledge the impact of substance abuse within the family, and engage in treatment services
6. Family maintains stable housing
7. Family engages in appropriate mental health, substance abuse and other treatment services as indicated by assessment

Health and Human Services Adoption Initiative Collaborative

Vermont was awarded a Trauma Grant Collaborative in 2013 which has been named, the VT FACTS (*Vermont Functional Assessment, Case Planning, and Treatment Services*) Initiative. This is a five-year demonstration project to improve Vermont’s service system in a comprehensive manner. In Vermont, despite many strengths and great efforts, we still have poor placement stability rates for children and youth in care, a higher than average number who is placed in congregate care and an increasing number of adoptive placements that end with children and youth no longer living with their adoptive families. These statistics have caused a sense of urgency among the State’s child serving system that leaves us ripe for this opportunity to infuse resources into addressing and sustaining the social-emotional well-being of children and youth in custody who are experiencing mental and behavioral health challenges related to trauma.

VT-FACTS will build upon successful statewide endeavors such as the NCTSN funded Vermont Child Trauma Collaborative (VCTC) and leverage the expertise of local and national leaders to “spread the facts” and practices about the installation of universal screening, assessment, case planning and referral to effective treatments and services. Our project team will systematically build and sustain the skills of the child welfare workforce in screening, case planning and referral to appropriate services through the use of *Design and Implementation Teams*, *Intensive Coaching*, and *The CARES mobile app* to support new practice and transfer of learning.

Further, we will broaden the service array to include evidence-based/informed treatment and services, such as the *Training Adoption Competency Curriculum*, that support Foster, Kin and particularly Adoptive parents to maintain children and youth in their home communities. As a result, Vermont will be better available to sustain caregivers and treat children and youth with emotional, behavioral, and trauma related needs. The overall goal of the VT-FACTS project is to improve placement stability and permanence by enhancing the social and emotional well-being and restoring developmentally appropriate functioning of Vermont’s children and youth who are in custody or receiving post permanence services.

The VT- FACTS Collaborative will meet the following objectives:

1. Implement universal screening, functional assessment, improved referral, and collaborative case planning for all youth in care.
2. Train and educate service providers in evidence-based treatments and services that support foster, kin and adoptive families and improve the well-being of youth in care

3. Pilot and test the efficacy of mobile app to enhance transfer of learning on trauma informed practice, screening, referral, case planning, and caregiver supports
4. Rigorously evaluate and disseminate findings

The VT-FACTS Initiative is being led by partners at the University of Vermont, in collaboration with Vermont State Department of Children and Families (DCF), Vermont State Department of Mental Health (DMH), Vermont Agency of Human Services' Integrated Family Services (IFS), Chadwick Center for Children and Families, The Butler Institute for Children and Families, UnaMesa, and The Center for Adoption Support and Education (CASE).

The VT-FACTS initiative will provide Vermont's child welfare, youth justice and mental health systems the resources necessary to critically analyze our current system. In collaboration we will be able to gather data we currently do not easily have access to, engage leaders from the University of Vermont (UVM) and our child serving agencies in an assessment and planning process that will inform outcome based management decisions. This course of development will strategically drive our practice response for how best to address the above mentioned issues facing the children and youth in custody and receiving post adoption services.

This project is aligned with the Children's Bureau Adoption Opportunities Program – Promoting Well-Being and Adoption after Trauma, and built on an analysis of Vermont's needs and strengths.

Consultation and Coordination between States and Tribes

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

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

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

Chafee Foster Care Independence Act

Vermont's Chafee Foster Care Independence Program (CFCIP) during the 2009-2014 periods created a strong foundation for services for transitioning youth. Last year's APSR reported on recent administrative changes which support the programming.

The emphasis of this year's report and plan will present the current process and results for youth and how these opportunities will be leveraged over the next five years to support the following:

- Enhanced service delivery;
- Expanded use of research based methodologies; and
- Development of broad-based involvement in the design, implementation and evaluation of policy, practice, and services.

Collaborative efforts with the Vermont Coalition of Runaway and Homeless Youth Programs (VCRHYP) have significantly expanded the capacity to measure the reach and effect of services across the broader population of at risk youth. VCRHYP services are funded by FSD and WCYSB. The Washington County Youth Service Bureau provides coordination and oversight services for both runaway and homeless youth services, Chafee services, and state-funded services for youth transitioning from foster care to interdependence. This last service is referred to the Youth Development Program (YDP).

Enhanced Service Delivery

The YDP's administrative team has implemented a statewide quality assurance and technical assistance monitoring system to support quality practice, identify training and technical assistance needs, and expand the reach and impact of the programming to eligible youth. This process includes review and approval of all plans of care by the State Director of the Youth Development Program (a licensed MSW) and site visit record sampling reviews linked to data reporting. The purpose of this is to ensure activities and outcomes reported are reflected in case notation. Formal reports are generated that identify agency and practitioner performance, training and technical assistance needs and themes. In addition to providing information for coaching with individual providers, this information supports the identification and delivery of training to the overall Youth Development network. This effort is providing a robust quality assurance process for our federal/state funded Youth Development services.

Monthly practitioner meetings continue to be held by the YDP administrative team with practice discussions, training events, and review of program implementation steps. Training events held in the previous calendar year included accessing and enrolling youth in healthcare, assisting youth in accessing higher education (3 different sessions), issues of poverty, support for progressive employment, accessing affordable housing, supporting educational stability for youth, financial literacy, agency credit check policy, new initiatives in case planning with youth and a number of other topics. Additional topics are provided at the statewide youth workers conference with training on the impact of trauma, building resiliency in youth and supporting youth to enter the workforce. These educational/professional development opportunities are not part of the department's IV-E training plan or costs associated with it. They do however demonstrate the strength of our case review, information system, staff training and service array supports.

National Youth in Transition Database (NYTD)

Washington County Youth Services Bureau has been collecting data on youth served by YDP in order to submit National Youth in Transition data. The collection of data has an evolving process with the latest submission (May 2014) being the first timely and error free reporting period. The struggles with the submissions and uploading are related to a time-consuming IT process. We are actively working on processes to improve efficiency and accuracy.

Service Planning and Integration

Washington County Youth Services administration coordinates planning for Youth Development with its member agencies as well as the Vermont Youth Tomorrow AmeriCorps VISTA program. Washington County YSB works with FSD on our FYSB-funded collaboration project called Support Systems for Runaway and Homeless Youth (Youth Factor NEK), focused in our Newport region. Both agencies are involved in sustainability, spread and replication as we approach our final year of SSRHY services. In

its final year, training on CWS YouthWork employment program principles will be delivered to all Youth Development Coordinators and VCRHYP staff statewide, with a goal to improve youth employment outcomes.

Youth Development Component of Practice Model

FSD, in collaboration with the Youth Development Program, has made significant efforts this year to implement the principles in FSD's Youth Development Position Paper. For the last 2 years, the Youth Development Program's administrative team has included an AmeriCorps VISTA position to support and coordinate their youth leadership efforts. With the help of these talented and energetic AmeriCorps members we have established an engaged Youth Leadership Team of current and former foster youth.

In the last year the Youth Leadership Team has participated in leadership trainings at local, state, and regional levels, served as panelists at multiple events, aided in the planning and hosting of the statewide Annual Youth Conference. They serve as an advisory board to the state by providing significant input on the following: foster parent and social worker training; the creation of a youth centered case plan for youth over 14 and associated Transition to Young Adulthood Plan; policies on normalcy, body modification, sibling relationships, credit checks, educational stability, and permanency; a survey on educational experiences of youth; as well as consultation to the Justice for Children's Task Force Quality Permanency Hearings workgroup, the New England Commissioner's Youth Council, the Child and Family Council for Prevention Programs, and VT-FUTRES.

This impressive work done by the Youth Leadership Team has significantly influenced policy and practice in the state. Social workers are embracing partnerships with youth in the over 14 case plan pilots; the courts are embracing youth input through youth directed, youth friendly permanency hearings and by including youth advisors on the Justice for Children's Task Force.

Youth Development into the Future

Due to the overall success of and clear positive results for the Youth Leadership Team, the YDP administrative team and their AmeriCorps VISTA member are planning an expansion of their leadership efforts through the creation of a full-scale youth leadership program. The goal is to provide more high quality training and empowerment opportunities to increasing numbers of youth throughout the state. Over the next 5 years, YDP will build this program through even closer relationships with FSD, state legislature, educational partners, and community members. Once implemented, the program will engage youth in advocacy, personal and professional skill development, and community outreach.

To sustain the involvement of youth in the planning and evaluation of the work with youth and families, FSD will continue to provide strong administrative support to the YDP administrative team and its AmeriCorps Vista member. In collaboration with FSD leadership, there will be a focus on growing and institutionalizing the role of the Youth Development Program in advising, evaluating, and training staff and management across policy, practice, and service delivery areas.

Improving services and outcomes requires more than just writing high quality policy and guidance. It requires intentional, sustained implementation. To enhance our

measurement of outcomes, we will explore the use of an annual survey to solicit input from youth and families about high priority policy and practice efforts. The survey will be designed and administered in partnership with the Youth Leadership and will undergo a validation process. The data compiled from the survey will help us to identify correlations to high priority outcomes.

To help incentivize responses, survey participants will receive a cash incentive upon completion. This idea builds on successes from our educational stability grant, in which we received significant number of quality responses to a survey on the educational experiences of foster youth, apparently due to incentives.

Our survey effort will also have the added benefit of making participants aware of the portal to the Youth Leadership Team website and blog. Links will bring survey-takers to on-line resources on the subjects of the survey (e.g. how to work with your social worker on your case plan, advocating for yourself at school meetings, resources for knowing your rights, etc.) This will serve as a tool to help youth take a stronger role in directing their lives, simply by providing a pathway for increased outreach and awareness about current policies and the activities and resources available to them through youth leadership endeavors. The idea for this linkage came from our Youth Leadership Team.

This effort will complement our NYTD provider- self-report data, NYTD survey- youth self-report data, and program data to measure youth outcomes. It will also inform service delivery quality assurance and technical efforts, and measure the implementation and sustainability of new policy and practice initiatives.

The VT-FUTRES Educational Stability Grant team has resulted in improvement of educational stability for all children and youth in custody. It has raised statewide awareness around educational stability and the overall issue of education for foster children and youth. Vermont will continue to address these issues in the coming year with the support of the Justice for Children's Task Force and the Agency of Education.

DCF Family Services Case Planning for Youth Over 14

Positive Youth Development is a progression of opportunities leading to adulthood. Over the last 6 years, FSD has implemented a number of practices, services, and resources to assist youth exiting the foster care system, and other at-risk youth. These efforts are targeted at a number of outcomes which form the foundation of success in adulthood including housing, education, employment, access to healthcare, safety, connections to friends, family, and community.

Achieving the outcomes of safety, permanency, well-being, law abidance and the seven indicators measured by the CFSR requires the intentional delivery of services best suited to achieve outcomes. An intentional approach recognizes that the outcomes and the services they target are interactional and should not be approached independently.

For adolescents, this requires a progressive approach to case planning anchored in the principles of positive youth development including partnering with youth in planning for their future and creating opportunities for them to practice independence.

The case plan for youth ages 14 and over (see Appendix E: Over 14 Case Plan Draft) is structured to support this approach. The format emphasizes a specific progression of

tasks leading to fuller independence, in the context of building safety and well-being by reinforcing connections to family and community.

Research indicates there is no stronger protective factor to support youth success and prevent homelessness, than the support of a *network of caring adults* and a *family committed to them into adulthood*. Our goal is to support the development and maintenance of this network.

Social work practice with youth in custody is a partnership between their Family Services Social Worker and their Youth Development Coordinator (YDC).

Financial and Casework Support as a Bridge into Adulthood

Act 74 of 2007, the Youth in Transition law, provides state-funded financial supports to youth exiting foster care. The following section describes how these resources are integrated into youth centered case planning to provide youth the *safety* as they transition to adulthood with the support of permanent relationships, access to health and mental health services, safe, affordable housing and employment.

As youth approach adulthood, they partner with their social worker and YDC to explore and pursue their plans to prepare for, transition to, and enter into adulthood. Brain research shows us that no youth is ready to live as a fully developed adult at 18. Those with trauma history are even less prepared. Recognizing this, our transition is structured to allow for youth to continue the relationship and support of their social worker, YDC and current living situation until they have graduated from high school or turn 22.

If youth have completed high school by 18, they can still receive financial support to live in a family setting. Their FSD case is closed but they continue to receive case work support from their YDC who helps them with their current living situation, exploring a more independent living situation, pursuing college, training, employment, healthcare and other building blocks of living as an adult. The YDC supports the youth in building and supporting that all important network of connections (<http://www.anufs.org/forms/YCS/YCSSummary.pdf>).

The third financial component of the “transition bridge” is housing supports and incidental living grants. The housing support component provides monthly housing stipends for more independent youth. The stipend requires youth to contribute to their living costs based on a budget and a specified plan they create with the YDC. Plans are designed to increase their earning power over time through education and training. Plans require active participation in the Youth Development Program. They are reviewed a minimum of every 6 months and presume a descending level of support based on the plan. Incidental living grants are provided through a formal application process and require involvement with the local YDC and integration into the youth’s overall plan. These may be targeted costs associated with housing, such as funds for part of the cost of furniture, dishes etc., or costs for supplies, work equipment, driver’s education, or transportation to maintain family connections.

In addition to providing housing, education, and support for family contact, incidental living grants are also being piloted to support educational and enrichment activities to enhance normalcy. Practice discussions about the pilot are taking place at both the

Youth Development network and Youth Leadership meetings. Data is being collected on use patterns and correlation to educational aspirations and success is being explored.

FSD's report to the legislature in February, 2014 on Act 74 the Youth in Transition Law (http://dcf.vermont.gov/sites/dcf/files/pdf/reports/Transitional_Services_Outcomes.pdf) contains some of this information as well as other outcomes and program elements. Specific to housing, in 2013 three housing programs served a total of 102 youth (46 in Completion of High School, 25 Adult Living Program, 31 Housing Support Stipends). In addition we provided 129 incidental grants to support youth with education, employment, training, transportation, housing needs and enrichment activities.

Creative Workforce Solutions (CWS)

Creative Work Force Solutions has encountered some challenges this year. Lack of local support for one of the sites has resulted in cancellation, but the remaining site continues to deliver services with fidelity to the model and positive results for youth. Funding for that work is connected to the SSRHY pilot, which entered its final year on October 1, 2013. We are looking at the outcome data and ways to spread practice elements through Washington County YSB's training and technical assistance capacity.

Educational Achievement

FSD's goal for the final year of our 2009-2014 plan was to work with the AOE to produce our first annual data report on the academic achievement of foster children and youth in October, 2014. Currently, AOE is primarily focused on the first major change in governance of local education in 100 years. As a result, this goal is delayed.

Fortunately, our federal VT-FUTRES grant, now in its final year, has substantially increased our focus on education and educational stability for foster youth, and on collaborations with schools. Despite temporary setbacks, we will continue to work to gather and use student data on attendance, school stability, special education status, achievement, academic credits for graduation, and graduation rates to inform and shape our efforts to support the educational success of children and youth in custody.

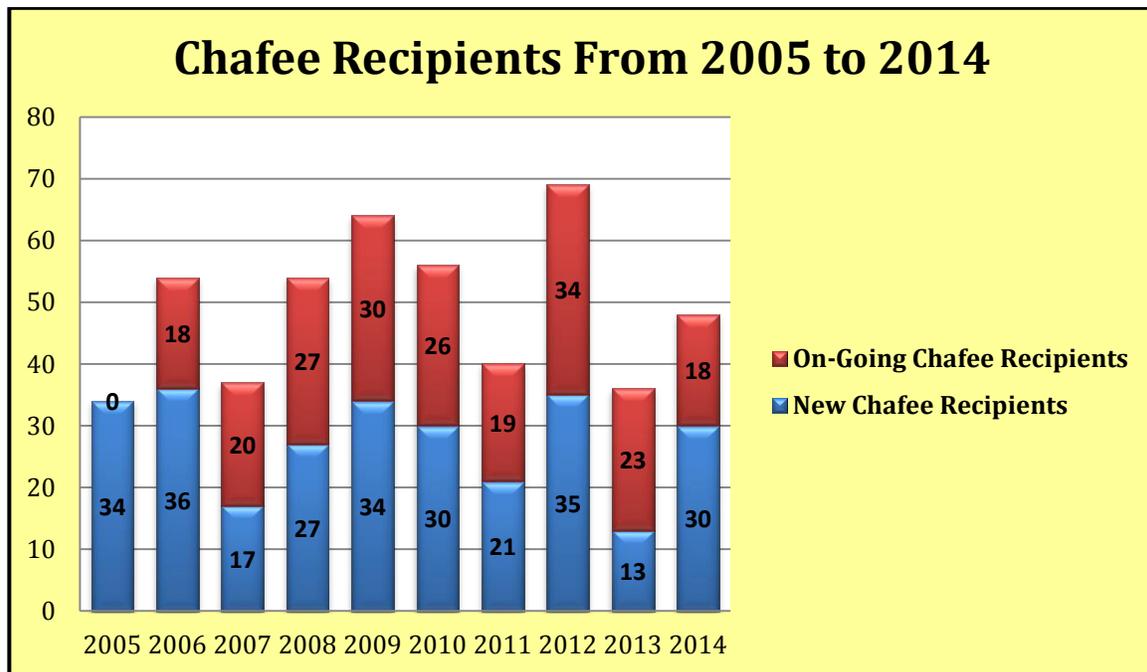
Education and Training Vouchers

Vermont's Chafee ETV partnership with the Vermont Student Assistance Corporation (VSAC) has continued to encourage and support the post-secondary aspirations of children and youth in custody. Enrollment numbers continue to be high. However, youth in custody are struggling with the realities facing many students, including lack of strong preparation for the college, social and academic pressures and the overall high cost of college.

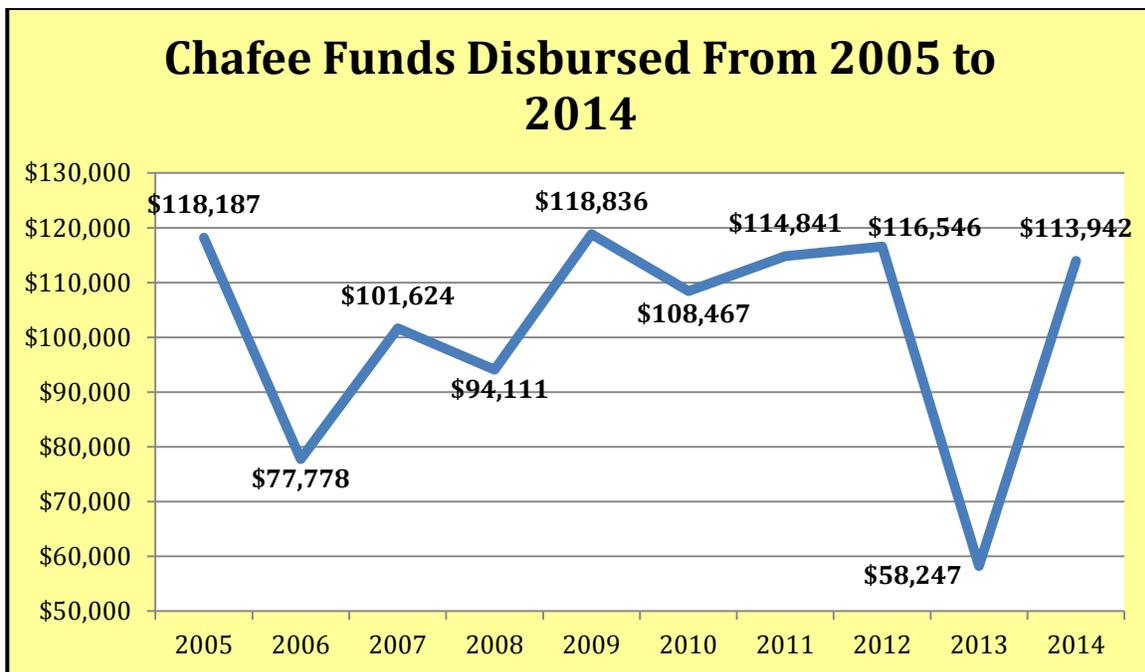
The majority of Vermont foster youth enrolling in college do not complete their degrees. The result is they leave school with significant debt, no ability to earn enough money to pay it, ruined credit and no ability to re-enroll at a later date. The difficult reality of gaining employment to pay off loans and lack of a home to return to, former foster youth face a difficult uphill climb

CHAFFEE Scholarships Recipients 2005-2010

	FFY 2005	FFY 2006	FFY 2007	FFY 2008	FFY 2009	FFY 2010
New recipients (received for 1 st year)	34	36	17	27	34	30
On-going recipients	0	18	20	27	30	26
Total # recipients	34	54	37	54	64	56
Total Chafee funds disbursed	\$118,187	\$77,778	\$101,624	\$94,111	\$118,836	\$108,467



CHAFEE SCHOLARSHIP	FFY2011 10/01/10- 09/30/11	FFY2012 10/01/11- 09/30/12
	(ACTUAL)	(PROJECTED)
New recipients (received for 1 st year)	21	35
On-going recipients	19	34
Total # recipients	40	69
Total Chafee funds disbursed	\$114,841	\$116,546



In response to this dynamic, we are shifting the emphasis of our post-secondary support. There is no question that the work we have been doing with VSAC has fueled the aspirations of youth in care. Chafee funds provide an important resource for these youth. At the same time, we must increase our focus on the preparation for youth for post-secondary education and lower the financial jeopardy they face when taking on that challenge.

In addition to ETV funds, Vermont has funds to support some of the living expenses of young adults beginning living independently or in the home of a caring adult. These resources not only buy down the cost of college for youth, they also provide youth with support to face the emotional challenges college presents for all youth, particularly those with limited academic preparation and trauma backgrounds.

Also, we are counseling youth to take on college incrementally by taking exploratory courses while still in high school. Courses are offered through the statewide community

college system (CCV), are free and count toward both high school and college credit. These courses provide youth and those supporting them a realistic appraisal of their preparation for college. This can be used to encourage supplemental tutorial work, focus attention at the high school and create a realistic perspective of how and where youth should commence their post-secondary plans. For students electing part time enrollment at CCV, extended care can provide supports for living and costs related to education. For those going full-time, the combination of Pell, Vermont grants from VSAC and Chafee can ensure all costs for college are covered.

Our efforts for the 2013-2014 will continue our important partners in VSAC, College of St. Joseph's STEP program, the Community College of Vermont and other schools in the Vermont State Colleges system. They will focus on academic and social preparation, affordability, retention and completion.

STEPS Program

The College of St. Joseph in Rutland, VT instituted the STEPS program 5 years ago. STEPS specifically targets former foster youth, providing year round housing, social and educational supports to maximize the likelihood of retention and successful college completion. The pattern of retention has been about 50%. Although less than ideal, this compares well to national norms for the population.

St. Joseph's administration meets with FSD several times a year and communicates regularly about plans to better prepare and support youth enrolled in STEPS. FSD provides financial support for some of the supplemental costs associated with the year round room and board aspects. A new initiative designed to lower direct costs for youth was launched in the fall of 2012.

Case Planning for Older Adolescents

DCF Family Services completed the draft of the Over 14 Case Plan, an updated Case Planning Policy and Practice Guidance during its NCIC Implementation Project. The case plan document, incorporates required elements of the Fostering Connections Act and related federal guidance.

Currently, the new case plan format is being piloted in several districts. Implementation will be coordinated with the courts. A formal interview process will be used to evaluate the pilot. The perspective of the youth, families, social workers, other supportive adults and those involved in the court will be captured. This data will be used to inform statewide implementation planned for SFY 2015.

Experience of Homelessness

During this report year, our Youth Development Program has joined in a larger effort of the Agency of Human Services to support rapid re-housing for homeless youth and families, as well as providing support for sustaining individuals and families in safe and stable housing.

Emotional Support for Youth

A cornerstone of the state Youth Development Program is assisting youth not only with the concrete challenges of learning to live on their own, but the associated emotional challenges. Support is provided to youth transitioning from foster care, kinship placement or adoption after age 16. Staff training and supervision emphasizes the importance of supporting youth directly and through helping them build and reinforce

relationships with other caring adults into the future. The program is expanding formal efforts to support families of youth in transition, particularly kinship providers.

Youth Governance

Our state Youth Development Committee, made up of current and former foster youth, meets monthly. The group is facilitated by an AmeriCorps member, supervised by the Youth Development Program Director and housed at the Washington County Youth Service Bureau.

The statewide Youth Development Committee can be credited with many accomplishments in the past year that bolster youth voice, learning and skill development. Some of these accomplishments include:

- Regular meetings with the Department for Children and Families Commissioner and Family Services Division Deputy Commissioner to discuss state policies, practices and issues affecting foster youth;
- Close work with the Planning, Policy and Performance Unit of the Family Services Division to provide input on policies most immediately affecting youth in care;
- Planning for and implementation of the annual Youth Conference, held for approximately 200 foster youth, where advisory, life, social, educational and expressive skills were developed;
- Participation in the regional New England Youth Coalition and its permanency and normalcy initiatives; and
- Development of a Youth Development Committee definition of “normalcy.”

The Youth Development Committee has also served as a consultant in the past in the development of materials related to psychotropic medications. Youth members have also been present at the Justice for Children Task Force to represent youth voice.

Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

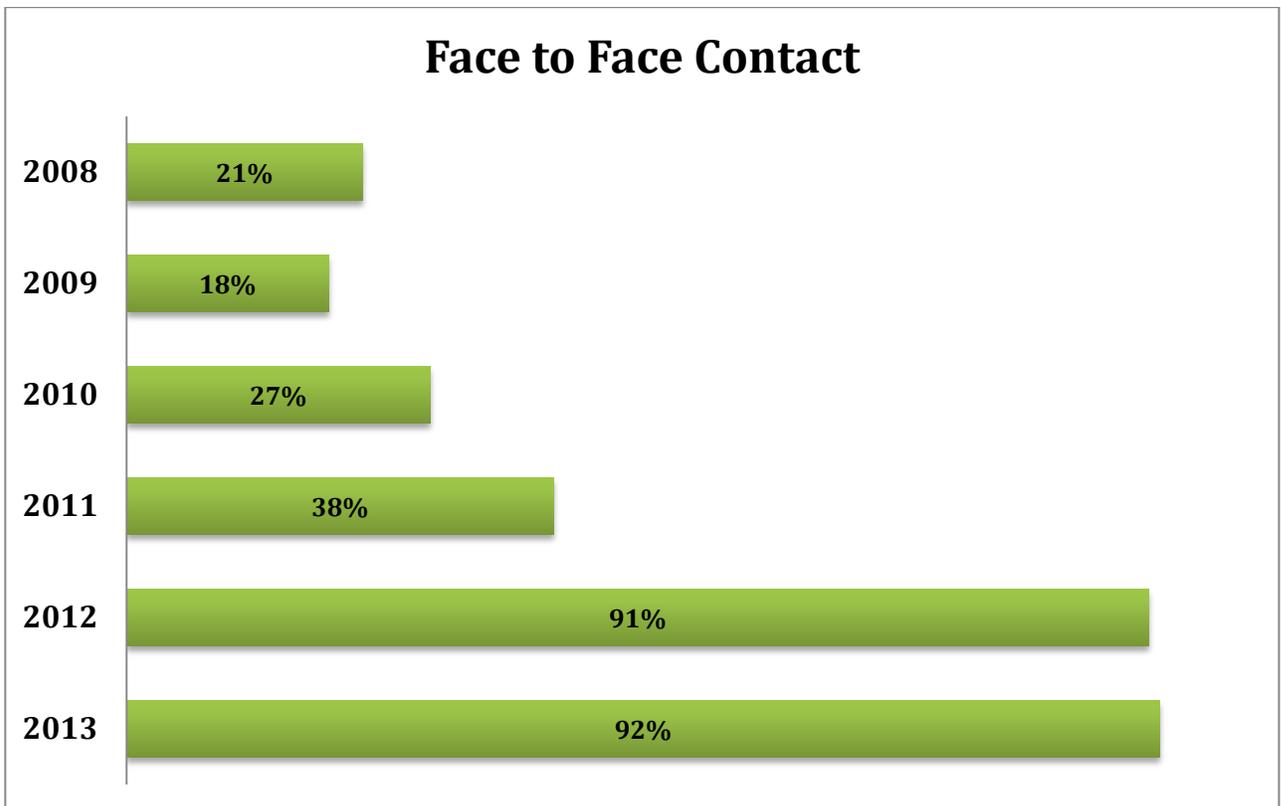
Past CFSRs have found that meaningful and regular contact between child welfare worker and the children they serve is the most influential factor in enduring positive outcomes for those children. The Family Services Division has focused on increasing the frequency of contact workers have, and in fact has demonstrated significant improvement.

Increasing contact requires increased time available for contact. The division has employed a multi-pronged approach that addresses caseload as well as efficiency and effectiveness of our interventions:

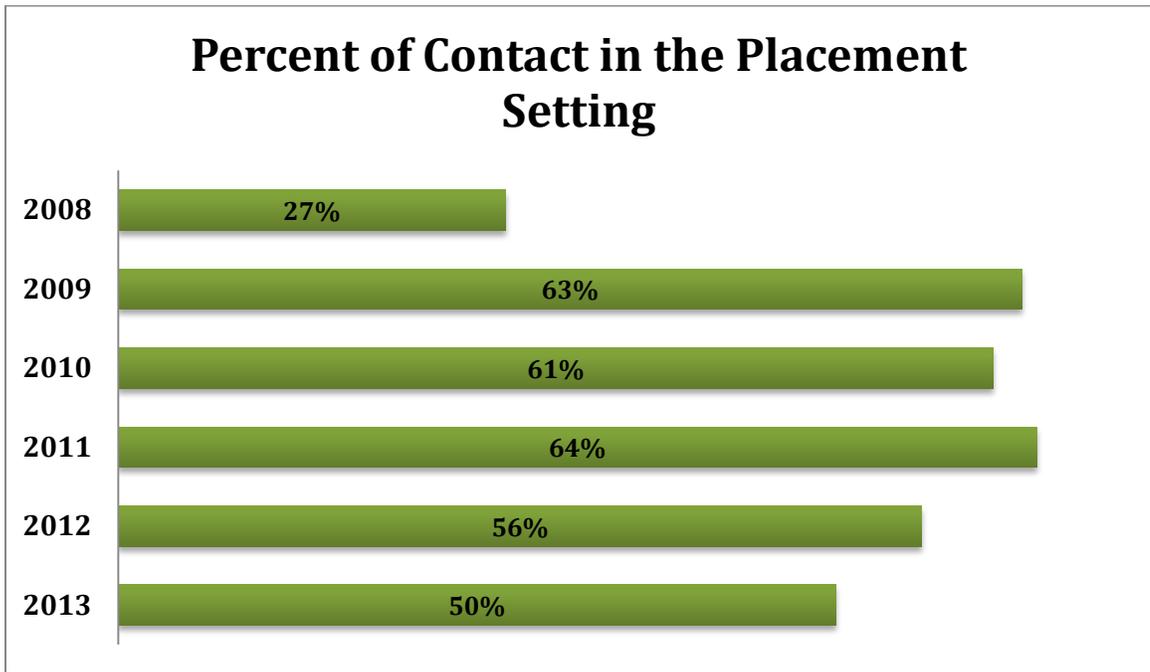
- All social workers are equipped with I-phones (with telephone, e-mail, scheduling and wireless modem capacity) and laptop computers. This combination enables them to access division computer applications from remote locations, including from client homes.
- The division continues to promote teaming and group supervision models, to increase the number of social workers who have a relationship with a family, and can assist in times of intense service need.

- Use of family engagement strategies is assisting with decreasing the need for out of home placement or decreasing the length of stay for children who do enter DCF custody.

From 2009 to 2013, 3,406 children were in state custody for at least one full calendar month. For those children in care within that time frame, social workers met the monthly face-to-face contact requirement 77.16% of the time. Of those monthly visits, 44.86% occurred in the child’s residence. FSD has seen substantial gains in completion of monthly face-to-face contact over this 5 year period.



As the following data set shows, it appears we have sacrificed some of the in-home contact in our effort to increase face to face contact overall. We are now focusing on this issue, as well as the quality of required contacts. More of this is outlined in our policy on [Frequency and Quality of Social Worker Visits](#) which states, “The relationship between a social worker and a child/youth, his or her family and caretaker is central to assuring safety and achieving permanency. The value of social worker contact has been affirmed by the findings of the Federal Child and Family Services Reviews, which concluded social worker contact was the single most important way to promote and achieve positive outcomes for children and youth.”



Adoption Incentive Payments

Vermont has not received adoption incentive payments for several years now. The baseline is 200 and Vermont typically accomplishes approximately 180 adoptions per year.

Child Welfare Waiver Demonstration Activities (applicable States only)

Vermont does not have any Child Welfare Waiver Demonstration Activities

Targeted Plans

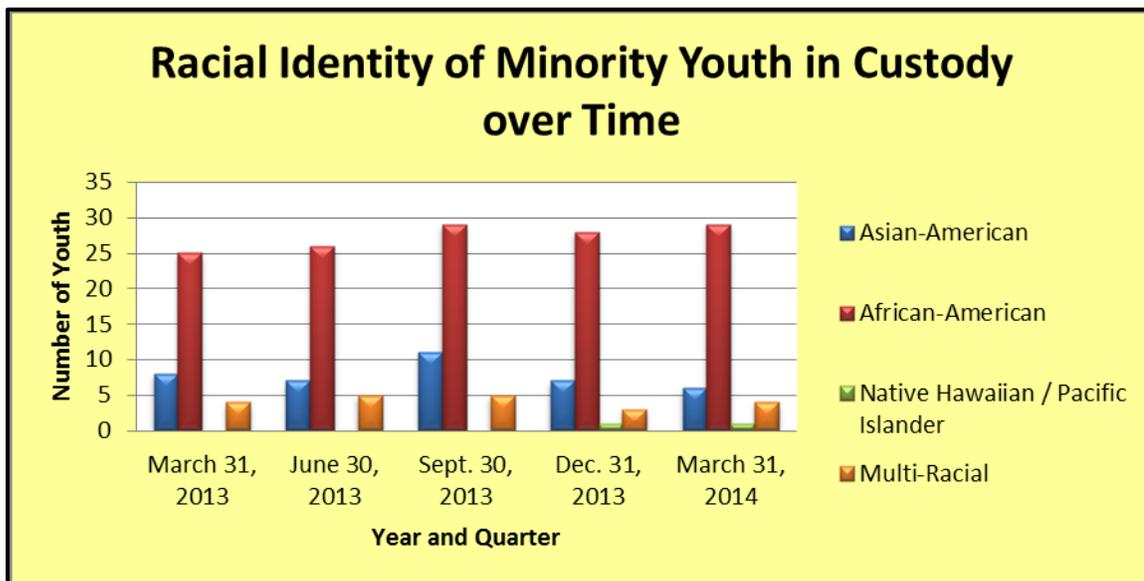
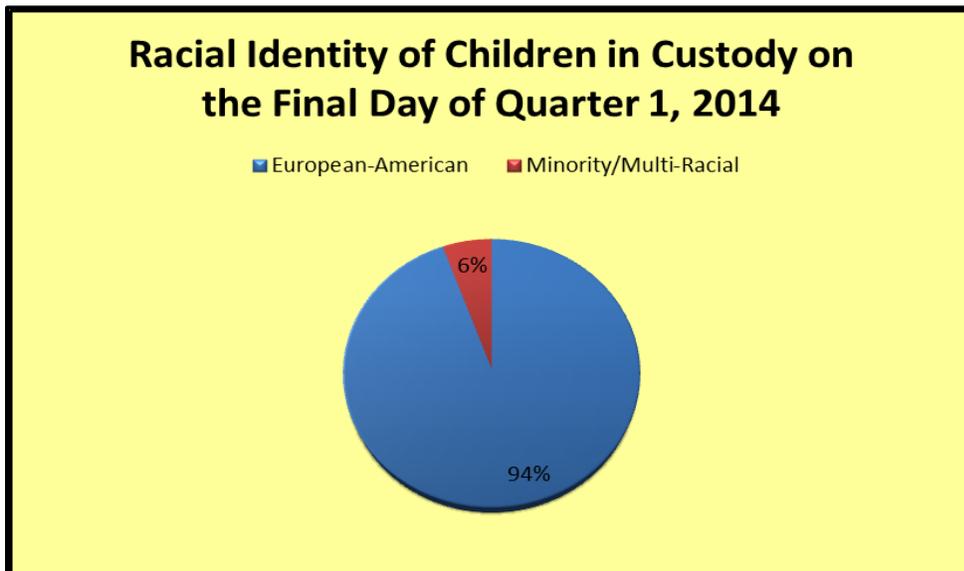
A. Foster and Adoptive Parent Diligent Recruitment Plan

Assessment of Need

The number of children in custody in Vermont has declined over the past 5 years, In addition, we have focused on increasing use of kinship care. As of March 31, 2014, Vermont had:

- 1036 licensed foster homes;
- 696 children living in licensed foster homes;
- 311 of which are kin

Of the approximately 1000 children or youth in DCF custody, 94% are white. According to the most recent US census bureau report, Vermont's population is composed of 95.4% white, 1.1% black, 0.4% American Indian, 1.4% Asian and 1.6% Hispanic individuals. 5.3% of the population has a language other than English spoken in the home. The largest metropolitan area is the greater Burlington area, where the largest percent of the minority population resides. The following data sets shows the racial identity of children in custody which aligns with Vermont's overall population rate.



Because our goal is to place children with relatives, or with someone known to the child, we have increased our efforts to locate and involve relatives who may be able to support or care for a child. All 12 district offices have state and contracted employees engaged in family finding efforts. They utilize scripts for phone calls to reach out to extended family. They compile genograms, and assess the suitability of relative placements.

As part of the VT-Futures grant, district Resource Coordinators increased efforts to visit schools and develop relationships with school personnel. When a child needs placement, the resource coordinator already has a relationship with the school, and is more successful at finding a placement within the school district.

We continue to need additional foster parents for adolescents and for sibling groups. To recruit for particular types of families, we designed posters for each district, outlining the specific need, and inviting community members to call and explore fostering children from their community.

FSD continues its path of dual recruitment, training and licensure for families willing to provide foster care and potentially adoption for children in care. In addition, we continue our efforts to engage kinship resources.

Project Family is in its thirteenth year and continues to provide permanency placement counselors to district offices. Permanency placement counselors help each district to establish permanent living arrangements for children, with kinship, foster or adoptive families.

Project Family placement counselors mine each child's foster care records, identifying past family connections. They provide follow up with those families. For in-state families, they complete home studies at no cost to the family. For out-of-state families, Project Family pays for private agencies to complete a home study to expedite the approval process.

Most district offices hold permanency meetings with Project Family staff on a monthly basis. These meetings address the placement needs of children in custody at various stages.

Resource Coordinators

Resource Coordinator's (RCs) primary role is to recruit, screen, support and train kin and foster parents who care for children in custody. RCs raise awareness of the need for foster homes in general through hosting local picnics, attending county fairs, and speaking at various community organizations. RCs actively grow strong partnerships with local schools, families, community partners and local businesses. Child specific recruitment is part of the job.

Significant work has been done to clarify performance expectations. Currently, RCs are expected to:

- Assess the district's need for foster/kin/adoptive resources.
- Develop innovative and successful recruitment strategies
- Accurately assess family's strengths and challenges in providing care to children.
- Understand the complexities of placement needs, including transportation, educational stability, childcare, etc.
- Provides strengths-based guidance to social workers, kin and foster parents during placement process to ensure best practice decisions resulting in the child achieving placement stability, well-being and permanency.
- Work with the social worker to ensure relatives and natural supports are identified, assessed and appropriately supported as placement resources for children and youth.
- Utilize family finding to expand network of possible kinship families.
- Accurately represent the Division's philosophy and mission to the public during recruitment efforts.
- Build and maintain strong working relationships with kin and foster families.
- Support relationship building between kin and foster families and the parents.
- Support the forming and maintenance of a vibrant local foster and adoptive parent association.

- Ensure foster families respect the cultural, ethnic and spiritual values of the families we serve.
- Promote life-long connections for children and youth.
- Work with the Child Welfare Training Partnership, community partners, social worker and foster parent(s) to identify, arrange and coordinate on-going training for foster parents.
- Collaborate in the implementation of foundation training, kinship training and adoption training.
- Assess the individual training needs of the kin, foster parents, support group and the association.
- Maintain accurate and up to date foster home and foster parent records to assist and support the placement process.
- Do extensive work with community partners to create resources to meet these needs.
- Administer foster parent rewards and recognition funds, foster care expenses and foster care payments in a timely and accurate manner.

Resource Coordinators attend monthly statewide meetings that focus on sharing recruitment, retention and training strategies, and attend trainings geared toward their professional development in recruitment and retention. Topics covered include media relations, the first call, screening, educational stability and recruitment through the schools, working with kin, trauma-informed caregiving, the licensing process, permanency and administrative functions.

All FSD staff are required to attend a diversity training focusing on cultural competence. FSD is committed to being an organization that demonstrates behaviors, attitudes, policies and structures that enables us to work effectively cross-culturally. The training guides staff through a process of ensuring that we (1) value diversity; (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge and (5) adapt to diversity and the cultural contexts of the communities we serve.

Social Media Campaign

Family Services has done extensive work over the past 5 years to develop internal and external websites supporting recruitment efforts. The internal website features the “RC Corner”. This site provides a place for RCs to share recruiting ideas, tips and materials with one another. Sample press releases, letters to the editor, newspaper articles, recruitment materials, PowerPoint presentations, brochures, kin and foster parent newsletters, tips for processing payments, etc. are posted here.

The external website is now the centerpiece of our recruitment efforts. FSD has contracted with HMC advertising to provide a “Pay per click” (PPC) social media campaign targeting foster and adoptive care recruitment through our website. We have seen substantial success with this strategy. Close to 1000 “clicks” per month are occurring. On average PPC visitors spent almost 2 minutes on the website. Google visitors spend on average four minutes on the site, typically visiting 5 pages. The Google Search ad groups consisting of “Adoption” and “Foster Care” keywords were the most clicked on groups.

Educational Stability

While educational stability is important for all children, it is especially important for those in foster care who have experienced much uncertainty. Keeping children in their own schools — with their friends and teachers — can make a huge difference in their lives. FSD has focused on increasing education stability for children in foster care.

In 2009, FSD entered into a memorandum of understanding with AOE that allows children to stay in their schools throughout the school year in almost all situations. For example, children can stay in their schools if they have to move to a neighboring town to live with a relative or foster family or to reunify with their parents. This year, for the first time, through the Educational Stability Grant data will be available to assess our progress in this area.

Who Can Apply To Be a Foster Parent

To become a foster parent in Vermont, individuals need to be at least 21 years old; can be single, married, living with a partner, or joined through a civil union; and must have enough room to house a child and sufficient income to support your family.

The Application Process

One must have a current foster care license to care for a child in state custody. The main steps to becoming licensed are:

1. Contact the resource coordinator in the local office.
2. Complete the application package.
3. Have background checks.
4. A social worker visits the home.
5. The social worker reviews the forms, talks to all members of the household, and tours the home to make sure it meets licensing regulations.
6. Assessment of the information gathered occurs.
7. Individual(s) attends training.
8. License is issued.

Foster Adoptive and Kin Training

The Child Welfare Training Partnership offers learning opportunities for Vermont foster, adoptive and kin parents around the state in collaboration FSD and the Vermont Adoption Consortium.

Foundations for Foster Care

Vermont requires that all foster parents complete 18 hour Foundations for Foster Care training within the first year of becoming a foster parent, and preferably before foster children are placed in a home. The Foundations for Foster Care Course is completed by participating in four 90 minute teleconference calls (which foster parents can do from home) and then five classroom sessions of three hours each.

Three foster, adoptive/kin parent Training Coordinators oversee the delivery of about 26 sessions of Foundations for Foster Care annually, delivered at all 12 districts offices. The Foundations for Foster Care classroom sessions are offered at least twice a year. Teleconference classes are offered monthly. Adoptive Parenting and Kinship Care are also coordinated by these staff, who hire, train, and supervise professional instructors and peer instructors for each course. They collaborate with DCF district staff, assess ongoing training needs, and develop curricula for delivery through distance learning and within communities.

B. Adoption in Vermont

The first hope for children and youth in state custody is safe and timely reunification with their parents. When that can't happen, the state must pursue other options for achieving permanence. We first pursue adoption with people who already have a connection to the children (e.g., relatives, family friends, and the current foster parents). Sometimes, however, they are unable to adopt and new families need to be found.

On any given day in Vermont, there are about 60 children waiting in foster care for families to adopt them. Most are school-aged. Many have special needs related to the trauma they experienced. Some are part of a sibling group who want to stay together.

Permanent Guardianship in Vermont

Permanent guardianship is a legal relationship, created in Family Court, between a child and relative or family friend. The judge may establish a permanent guardianship during any hearing at which a legal disposition about permanence for the child can be made (e.g., during a child protection or delinquency proceeding).

Before a permanent guardianship can be established, the judge must find by clear and convincing evidence that:

- The child is not likely to return home to the parents or be adopted within a reasonable period of time;
- The child is at least 12 years old, unless the proposed guardian is a relative or permanent guardian for one of the child's siblings;
- The child has lived with the proposed guardian for at least a year (six months if the proposed guardian is a relative);
- The proposed guardian is suitable;
- The proposed guardian is able and willing to provide a safe, nurturing home for the child until he or she turns 18; and
- Permanent guardianship is in the child's best interests.

B. Health Care Oversight and Coordination Plan

As part of the larger implementation of the Affordable Care Act, FSD will be conducting broad based information and outreach efforts coordinated with the Department of Health Access (DVHA) to inform and enroll former foster youth ages 18-26 in healthcare plans. FSD's contracted Youth Development Coordinators are key players. Results are very gratifying, with nearly 100% enrollment.

As of July 1, 2014 we will implement a policy specific to the prescribing of anti-psychotic medication for children and youth in custody. This policy highlights the following:

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

- d. The child's parent(s) objects to the administration of anti-psychotic medication.

C. Training Plan

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

Long-Term Training

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

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

Short-Term Training

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

Court Related Short-Term Training

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

New Employee Training

The new employee training program is being modified based on a thorough review of multiple state's training programs and competency frameworks as well as ongoing evaluation of current training courses. All newly hired FSD directors, supervisors, social workers and resource coordinators will complete:

- A 2 day Orientation to Family Services course within 4 months of hire;
- The 3 week Foundations of Family Centered Practice (FFCP) course (inclusive of three online courses) within 12 months of hire; and,
- 6 stand-alone distance learning courses within 12 months of hire.

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

FFCP is a three week program, with 2-3 weeks in the field between each week. Supervisors ensure that employees have opportunities to observe and practice activities covered in classroom training and to ensure new employees are supported to complete the online portions of the training while they are in the field.

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

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

Orientation to Family Services

This course is offered four times annually. It is short term training directed to new Family Services Division employees, though on occasion close community partners may attend portions. In the Venue column, C indicates classroom.

Topic	Syllabus	IV-E Functions	Venue	Provider	Hrs	Cost/ Funding Source
FSD Orientation	FSD overview, mission, policy framework, practice model, legal basis, court system, case flow, database navigation, learning culture.	Social work practice, such as family centered practice and social work methods including interviewing and assessment; general overview of child abuse and neglect investigations, cultural competency; development of case plan.	C	CWTP & FSD	10	\$100 100% IV-E

Foundations for Family Centered Practice (FFCP)

The following charts illustrate topics which are covered in training throughout the three week curriculum using a case scenario framework. For that reason, they cannot be seen as stand-alone courses but rather as part of a comprehensive experience. FFCP is offered twice annually. It is short term training directed to new Family Services Division employees, though on occasion close community partners may attend portions. In the Venue column, C indicates classroom, and DL indicates distance learning through a combination of online, teleconference and learning network follow up meetings. The online courses are completed during the weeks in the field, and time is spent in the classroom discussing and using the material learned on line. New FSD employees who perform administrative functions work with their supervisor to identify 25 hours of FFCP that best meets their needs.

Topic	Syllabus	IV-E Functions	Venue	Hrs	Provider	Cost/ Funding Source
Child Development and Developmental Trauma	Review normal child development, Understand risk and protective factors.	Child development, child social and emotional development, impact of trauma, social work practice including, assessment, development of case plan, cultural competency related to children and families, development of case plan.	C	5	Hired subject expert and CWTP	\$400 100% IV-E
Assessment and Investigation Policy and Practice	Mandated reporting law, intake process, policy on conducting assessments and investigations, interviewing children and adults.	N/A	C	10	FSD staff and CWTP	\$200 100% CAPTA
Assessment and Engagement Skills and Strategies	Solution-focused skills and strategies, family centered practice. Understanding range of assessment tools. Family Safety Planning, family finding, structured decision-making tools. Avoiding professional dangerousness.	Social work practice, such as family centered practice & social work methods including interviewing and assessment; general overview of child abuse and neglect investigations, risk and protective factors.	C	5	CWTP	\$100 100% IV-E
Physical Abuse	Develop ability to assess injuries for physical abuse, understand basic medical terminology, impact of physical abuse on children and families.	Impact of trauma on child development and wellbeing.	C	2.5	Hired subject expert and CWTP	\$350 75% CAPTA 25% IV-E

Topic	Syllabus	IV-E Functions	Venue	Hrs	Provider	Cost/ Funding Source
Sexual Abuse	Understand the scope of behaviors and outcomes associated with child sexual abuse. Understand impact on victims. Learn skills for working with children and families impacted by sexual abuse.	Child abuse and neglect issues, such as the impact on a child's development and well-being, impact of trauma; resilience, social work methods including interviewing and assessment; preparation for judicial determinations; placement of a child; case supervision & management; development of case plan.	C	2.5	Hired subject experts and CWTP	\$350 100% IV-E
Chronic Neglect	Forms of neglect, impact on brain development, complex trauma, attachment, related research, causes, how to assess and address. Working with relative caregivers	Child abuse and neglect issues, such as the impact on a child's development and wellbeing, impact of trauma, resilience; social work methods including interviewing & assessment; developing case plans; case supervision & management.	C	2.5	Hired subject expert and CWTP	\$200 100% IV-E
Case Planning and Permanency	Solution focused decision making through life of a case, developing clear case goals; concurrent planning, safety planning, values of permanency. FSD permanency position paper and related policies. Skills to facilitate permanency. Family Group conferencing	Development of case plan; permanency planning; case management & supervision; referral to service; placement of child.	C	7.5	CWTP	\$100 100% IV-E

Topic	Syllabus	IV-E Functions	Venue	Hrs	Provider	Cost/ Funding Source
Working with Adolescents	Adolescent development/brain development, understand research based interventions for working with youth; learn about the Youth Assessment Screening Instrument (YASI) and motivational interviewing; case planning with youth. Restorative practice, extended care, residential care.	Screening and assessment, risk, and protective factors, social work practice, such as social work methods including interviewing and assessment; development of case plan; case management and supervision; permanency planning; referral to service.	C	10	CWTP, FSD Staff, youth panel, hired subject experts	\$250 100% IV-E
Working with the Court	Understand role of social worker in court. Learn about state and national statutes. Understand how cases flow through court system. Understand and practice witnessing skills. Probation, Woodside & 8 Day Hearings.,	Preparation for judicial determinations; placement of child; permanency planning; case management and supervision	C	10	FSD Staff and CWTP	\$100 100% IV-E

Topic	Syllabus	IV-E Functions	Venue	Hrs	Provider	Cost/ Funding Source
Substance Abuse and Domestic Violence	Explore substance abuse & DV as each impacts parenting and families. Understand prevalent drug use in Vermont. Understand recommended strategies for assessment, case planning and engagement of families.	General substance abuse issues related to children and families in the child welfare system; social work practice, such as family centered practice and social work methods including interviewing and assessment. This training is not related to how to conduct an investigation of child abuse and neglect.	C	2.5	Hired subject matter expert and CWTP	\$300 100% IV-E
Family Time Coaching	Explore policy, principles and philosophy of Family Time Coaching (FTC) and Shared Parenting meetings, learn how to convene and facilitate a Shared Parenting meeting.	Case planning, permanency planning, assessment, impact of trauma on child development and well-being, effects of separation, grief and loss, child development, and visitation.	C	2.5	CWTP	\$100 100% IV-E

Topic	Syllabus	IV-E Functions	Venue	Hrs	Provider	Cost/ Funding Source
Working with Kin	Explore values and practice of engaging extended family in case planning and decisions. look at how working with kin impacts safety planning, the tensions that may exist in engaging kin, assessing for risk and identifying strengths and protective factors. Explore strategies to support successful kin placements and permanence with kin.	Placement, case planning, permanency planning, working with kin	C	2.5	FSD staff and CWTP	\$350 100% IV-E
Facilitating Successful Placements	Understand practice of selecting and facilitating successful placements to promote successful permanency outcomes. Review placement options for children and youth. Understand ICPC, residential licensing, kinship placements.	Placement, case planning, permanency planning, child development, impact of trauma, working with foster parents and kin.	C	5	FSD staff and CWTP	\$100 100% IV-E

Topic	Syllabus	IV-E Functions	Venue	Hrs	Provider	Cost/ Funding Source
Monitoring and Planning for Change	Practice the various aspects of child welfare/youth justice social work practice. Put all the topics learned in FFCP together in an experiential day covering the life of a case, with various case types.	Social work practice, such as family centered practice and social work methods including interviewing and assessment.	C	5	CWTP	\$350 100% IV-E
Ethics, Power, Supervision, Teaming and Self-Care	Understand the ethics of social work practice in public child welfare, and apply the NASW Code of Ethics to ethical dilemmas. Name specific strategies for self-care in the field. Discuss the ethics of closure with children, youth and families. Examine teaming in the child welfare context.	Ethics related to public child welfare practice, development of case plan; placement of the child; permanency planning; case management and supervision; referral to service, cultural competence.	C	5	CWTP	\$100 100% IV-E

Topic	Syllabus	IV-E Functions	Venue	Hrs	Provider	Cost/ Funding Source
Substance Abuse for Child Welfare Professionals	This tutorial will provide a primer on alcohol and drug addiction, substance abuse treatment and recovery, enhancing treatment readiness and treatment effectiveness, as well as discuss cross-system communication and collaboration, as well as provide contact information for other national resources.	N/A	DL	5	NCSA&CW/SA MHSA	Free

Topic	Syllabus	IV-E Functions	Venue	Hrs	Provider	Cost/ Funding Source
Domestic Violence Online Course	The purpose of this training is to give all AHS employees a baseline of understanding of domestic violence and to develop skills and knowledge to optimize interactions with the individuals and families receiving Agency services	N/A	DL		VT AHS E-Learning site	Free

Foundational Distance Learning Courses

The following additional E-Learning courses will be developed over the next year, except that Case Documentation has been regularly offered online for several years. The format for each other topic is yet to be determined but could include portions online, teleconferences, Go To Meeting interactive courses, or other formats. As a matter of principle, any self-directed online learning opportunity will be followed up with an interactive learning network to ensure employees understand and can apply the material. All are short-term training with an intended audience of FSD employees and community partners.

Topic	Syllabus	IV-E Functions	Venue	Hrs.	Provider	Cost/Funding Source
Case Documentation	Understand the importance of and types of documentation throughout the casework process; become familiar with related DCF policies and relevant timelines; document clearly, concisely and objectively.	Job performance enhancement skills, general skills	DL	5	CWTP	100% IV-E at 50% FFP
Child & Adolescent Development	Understand normal child and adolescent development, including brain development. Explore the impact of trauma.	Case planning, referral to services, case management	DL	10	CWTP	100% IV-E
Foundations of Motivational Interviewing	Understand the transtheoretical model of change; explore solution-focused skills, become familiar with the application of MI in casework practice.	Case planning, case management	DL	5	CWTP	100% IV-E
Cultural Humility in Child Welfare Practice	Understand the difference between and value of cultural competence and cultural humility and the value of cultural humility in child welfare and youth justice practice; Assess their own degree of cultural competence and strategies to continue to develop. Practice cultural humility in child welfare interactions such as assessment, case planning, and family meetings.	Case planning, case management, placement of the child	DL	5	CWTP & FSD	100% IV-E
Collaboration and Teamwork Skills	This course will provide an overview of the various aspects of the teaming model in Vermont, the key elements necessary for the existence of high functioning teams and the skills that are needed to participate in teaming activities that enhance the quality of casework decisions.	Case planning, case management	DL	5	CWTP	100% IV-E
Self-Care and Secondary Traumatic Stress	Learn the symptoms of secondary traumatic stress. Discuss and identify strategies for self-care in the context of child protection work. Review resources available to help cope with secondary trauma.	Job performance enhancement skills	DL	5	CWTP	100% IV-E

Topic	Syllabus	IV-E Functions	Venue	Hrs.	Provider	Cost/Funding Source
Introduction to YASI (Youth Assessment and Screening Instrument)	Review the research base, purpose and structure of the YASI. Explore the effective casework process and policies related to youth assessment, screening and case planning in the YJ arena.	N/A	DL	5	CWTP	100% JABG

Advanced Practice Courses

All social workers, supervisors, resource coordinators and directors are required to complete 10 of the classroom based and all of the distance learning advanced practice courses within 24 months of hire. Subsequent to that and ongoing, all employees in these positions are required to complete a minimum of 50 hours of advanced practice courses every five years of employment with Family Services. The advanced practice course content is regularly updated to reflect current knowledge in the field. All are short term training with an intended audience of FSD employees and community partners.

Topic	Syllabus	IV-E Functions Addressed	Venue	Hrs	Provider	Cost/Funding Source
Working with Families Affected by Substance Abuse	Identify common dynamics of substance abuse in families and its impact on family functioning, child & adolescent development and child safety. Understand when and how parental substance abuse becomes a significant risk factor for child abuse and neglect. Recognize the elements of the recovery process, relapse prevention and chronicity of substance abuse. Understand risks and needs for young people suffering from addiction.	Social work practice, such as family centered practice and social work methods including interviewing and assessment; general substance abuse issues related to children and families in the child welfare system; preparation for judicial determinations; placement of the child; development of case plan; permanency planning; case management and supervision; referral to services; impact of trauma on child development wellbeing	C	10	Hired subject expert and CWTP	\$1500 100% IV-E
Responding to the Mental Health Needs of Families	Identify impact of parental MH issues on children's development and family relationships. Understand when and how parental MH issues become a significant risk factor for child abuse and neglect. Examine factors that may reduce or increase the likelihood of adverse consequences for children. Increase awareness of the resources available to families and social workers to respond to MH concerns. Explore risks, needs and resources available for young people with behavioral health challenges.	Social work practice, such as family centered practice and social work methods including interviewing and assessment; development of case plan for children in foster care/ at risk of foster care; permanency planning Case management and supervision; Referral to service; impact of mental health issues on child development and wellbeing, resilience, attachment	C	10	Hired subject expert and CWTP	\$1500 100% IV-E

Issues related to Cognitive and Developmental Challenges in Child Protection and Youth Justice	<p>This workshop provides an understanding of how parents' cognitive and/or developmental challenges may affect their ability to safely care for their children. SW will gain an awareness of how their own values and beliefs about parental cognitive/developmental challenges may affect engagement, and strategize how to best engage with families; examine factors that may increase the likelihood of adverse consequences for children with parents with a cognitive/ developmental challenge, as well as identify protective capacities and factors within the parents, children and extended family; create effective safety plans with families; and identify the resources available to families and social workers to respond to a child's and families' needs when a parent's cognitive/developmental challenge is identified.</p>	<p>Social work practice, such as family centered practice and social work methods including interviewing and assessment; development of case plan for children in foster care/ at risk of foster care; permanency planning Case management and supervision; Referral to service;</p>	<p>C</p>	<p>5</p>	<p>Hired subject experts & CWTP</p>	<p>\$750 50% IV-E/ 50% CAPTA</p>
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Responding to Domestic Violence	<p>Increase understanding of the connection between child abuse and domestic violence; Understand the practice issues prevalent in cases involving domestic violence; Learn strategies for effective response to domestic violence in the context of child welfare and youth justice.</p>	<p>General domestic violence, and mental health issues related to children and families in the child welfare system; social work practice, such as family centered practice and social work methods including interviewing and assessment; development of case plan for children in foster care/ at risk of foster care; permanency planning case management and supervision; referral to services; impact of trauma on child development and well-being.</p>	<p>C</p>	<p>10</p>	<p>FSD staff and CWTP</p>	<p>\$100 100% IV-E</p>
Developing and Supporting Kin Networks for Safety and Permanency	<p>This day takes a deeper look at how working with kin impacts safety planning, the tensions that may exist in engaging kin, assessing for risk and identifying strengths and protective factors. Explore strategies to support successful kin placements and permanence with kin.</p>	<p>Permanency planning including using kinship care as a resource for children involved with the child welfare system; recruitment and licensing of foster homes; activities designed to preserve and reunify families development of case plan for children in foster care/ at risk of foster care; permanency planning case management and supervision; referral to services</p>	<p>C</p>	<p>5</p>	<p>CWTP , and panel of kin providers</p>	<p>\$325 100% IV-E</p>

Understanding Experiences and Impact of Trauma for Families	<p>Learn what the latest research is reporting about the neuro-developmental impact of trauma on the brain; and what comprises best practice. Examine the impact of complex trauma on attachment and the implications of traumatized parents. Evaluate how to make decisions about the needs of families based on a trauma-informed lens. Learn about vicarious trauma for workers and define ways to organize for effective self-care.</p>	<p>Social work practice, such as family centered practice and social work methods including interviewing and assessment; development of case plan for children in foster care/ at risk of foster care; permanency planning Case management and supervision; Referral to service; impact of trauma on child development and wellbeing, resilience, attachment</p>	<p>C</p>	<p>10</p>	<p>Hired subject expert and CWTP</p>	<p>\$1500 100% IV-E</p>
Motivational Interviewing Skills	<p>Applying motivational interviewing strategies and principles to casework activities in child welfare and youth justice. Practice using the trans-theoretical model of change; explore solution-focused skills used in MI.</p>	<p>N/A</p>	<p>C</p>	<p>10</p>	<p>Hired subject expert and CWTP</p>	<p>100% JABG</p>
Supervising Youth with Sexually Harmful Behavior	<p>Understand the behaviors, emotional indicators and dynamics of youth with sexually offending behaviors. Know how to work with adolescents, family members, victims and the community in case planning to prevent relapse.</p>	<p>Child abuse and neglect issues, such as the impact of child abuse and neglect on a child; assessments to determine whether a situation requires a child's removal from the home; referral to service, placement of child, development of case plan for children in foster care and at risk of foster care, case management and supervision, impact of trauma on child development and wellbeing.</p>	<p>C</p>	<p>10</p>	<p>Hired subject experts and CWTP</p>	<p>\$750 100% IV-E</p>

<p>Sexual abuse assessment, safety planning and case planning</p>	<p>Identify key areas of assessment in safety planning when sexual abuse is a factor in the home environment. Develop engagement strategies for inviting parents to participate in planning for their children when these issues are complicating the relationship between the family and the professionals. Evaluate risk and protective factors as they relate to the context of prevention of placement and reunification. Unpack our values that are surfaced when considering the long term. Generate thoughtful case plans utilizing assessment skills and collaborative planning.</p>	<p>Child abuse and neglect issues, such as the impact of child abuse and neglect on a child; assessments to determine whether a situation requires a child's removal from the home; development of case plan for children in foster care/ at risk of foster care; permanency planning; case management and supervision; referral to services, impact of trauma, relational competence. This training is not related to how to conduct an investigation of child abuse and neglect.</p>	<p>C</p>	<p>10</p>	<p>Hired subject expert and CWTP</p>	<p>\$1500 100% IV-E</p>
<p>Advanced Topics in Child Safety Interventions</p>	<p>Learn skills for engaging families and communities right from the start. Understand our policy and legal mandates. Understand differential response, family assessment, and forensic interview techniques. Practice interviewing children and adults.</p>	<p>Social work practice, such as family centered practice and social work methods including interviewing and assessment; assessments to determine whether a situation requires a child's removal from the home; activities designed to preserve, strengthen, and reunify the family; preparation/ participation in judicial determinations, development of case plan, case management and supervision.</p>	<p>C</p>	<p>10</p>	<p>FSD staff and CWTP</p>	<p>\$100 50% CAPTA 50% IV-E</p>

Using Data to Improve Outcomes	Understand importance of connecting data to continuous quality improvement to practice with children and families. Explore how your day-to-day practice impacts outcomes for children and families.	Case planning	C	5	CWTP & FSD staff	\$100
Safety Organized Practice	Explore safety planning in more depth. Deepen your skills in articulating clear risk statements and working with families to formulate individualized safety plans. Learn and practice questioning and coaching techniques and key questions to assist families in developing solid safety plans. Develop skills for monitoring and measuring the movement of a plan and the ongoing needs for safety	Social work practice, such as family centered practice and social work methods including interviewing and assessment; risk and protective factors, assessments to determine whether a situation requires a child's removal from the home; activities designed to preserve and reunify families communication skills required to work with children and families; placement of the child; development of case plan for children in foster care/ at risk of foster care; permanency planning; case management and supervision; referral to services.	C	10	CWTP	\$100 100% IV-E

Introduction to Family Safety Planning	Review the FSP framework used by VT DCF; Examine the practice principles & elements of Signs of Safety which support the Family Safety Planning meetings. Review research which supports this practice Understand roles of facilitator and social worker; Identify complicating factors that inhibit the process Develop tools useful in mediating conflict during a meeting Discuss ethical issues.	CFS contracted facilitators and Social workers utilizing family engagement strategies for case planning, assessment and safety planning.	C	10	CWTP	\$100 100% IV-E
Advanced Family Safety Planning	Advanced facilitation skill development in utilizing the family safety planning framework for family engagement, addressing conflict, developing clear risk statements, linking protective factors to risks.	CFS Contracted facilitators and supervisors, FSD social workers and supervisors using Family engagement strategies for safety planning, assessment and case planning with children, youth and families.	C	10	CWTP	\$100 100% IV-E
Youth Assessment Screening Instrument Case Planning	Using YASI, understand the research, philosophy and practice of engaging with and assessing risk and protective factors for youth. Practice motivational interviewing skills. Understand case planning with youth and their families that focuses specifically on risk and needs.	Social work practice, such as family centered practice and social work methods including interviewing and assessment; assessments to determine whether a situation requires a child's removal from the home; development of case plan for children in foster care/ at risk of foster care; permanency planning; case management and supervision; referral to services, risk and protective factors.	C	10	DCF staff, hired subject expert & CWTP	\$10,000 50% JABG 50% IV-E

Youth Justice Summit	This conference brings together FSD staff, Family Court judges, GALs, BARJ staff, diversion staff, Corrections and attorneys to increase knowledge in youth justice practice. Workshop topics may include restorative justice, adolescent brain development and others.	N/A	C	5	Hired subject experts, FSD and CWTP	100% JABG
Restorative Justice, Responsive Regulation and Complex Problems Conference http://www.uvm.edu/conferences/restorativejustice/	Restorative justice offers values and practices to make regulation responsive to families and communities. Responsive regulation offers a framework to bring together the know-how of practitioners and regulators to solve complex problems. This conference will offer an international slate of keynote speakers, educational, training and networking opportunities.	N/A	C	5-20	Conference presenters	FSD participants paid by JABG 100%
Engaging and Assessing Children and Youth	Explore and practice use of the Three Houses, Wizard/Fairy and Words and Pictures tools to engage children and young people in case planning.	Social work practice, such as family centered practice and social work methods including interviewing and assessment; communication skills required to work with children and families; placement of child, development of case plan for children in foster care and at risk of foster care, case management and supervision, impact of trauma on child development and wellbeing.	C	5	CWTP	\$100 100% IV-E

Family Engagement Skills and Strategies	Social workers role in utilizing Family Engagement Strategies effectively. Understand the common principles of Family Group Conferences, Family Safety Planning and Family Time Coaching, Identify key roles and the use of these strategies to assess child abuse and neglect, case plan with families, elevating the family voice and target parenting strategies in coaching sessions.	Social work practice, such as family centered practice and social work methods including assessment; communication skills required to work with children and families; placement of child, development of case plan for children in foster care and at risk of foster care, case management and supervision, impact of trauma on child development and wellbeing.	C	10	CWTP	\$100 100% IV-E
Special needs of Children Aged 0-3	Understand research on the impact of early maltreatment and trauma on the developing brain. Understand early child development and ways to intervene to protect this vulnerable population.	Child social and emotional development and well-being; impact of trauma	C	11	Under development	\$2000 Est. 100% IV-E
Structured Decision Making	Utilizing evidence based structured decision making tools for safety & danger assessments, risk assessments, and risk re-assessment with children/youth and families who are referred for an investigation, assessment, open family services or case closure.	Case planning, case management and supervision	C	10	Hired subject experts and CWTP	50% CAPTA 50% IV-E
Teamwork/ Leading and Facilitating Change in Teams	Understand team dynamics and learn facilitation skills to assist teams in moving towards positive outcomes for children/youth and families. Recognizing and managing conflict within teams.	Case planning, case management and supervision	C	5	CWTP	\$100 100% IV-E

Basic Forensic Interviewing	Basic forensic interviewing skills for social workers conducting interviews as part of a child abuse investigation.	N/A	C	16.5	National Child Advocacy Center	\$12,500 100% CAPTA
Advanced Forensic Interviewing	Advance forensic interviewing skills for social workers conducting interviews as part of a child abuse investigation.	N/A	C	16.5 hours	National Child Advocacy Center	\$3000 100% CAPTA
Working with Youth Conference	The annual conference focused on youth in care – what works, what they perceive as important, how best to engage with youth to achieve safety, wellbeing, permanence and law abidance.	Social work practice, such as family centered practice and social work methods including interviewing and assessment; communication skills required to work with children and families; placement of child, development of case plan for children in foster care and at risk of foster care, case management and supervision	C	5	Youth, hired subject experts, partners	\$1500 100% IV-E
Using Restorative Circles	Explore the use of a range of circle meetings held to build and maintain relationships and to repair harm and deal with conflict. Understanding the purpose of the meeting; Being able to identify relevant participants	N/A	C	5	Hired Subject expert and CWTP	\$100 JABG
Vermont Foster and Adoptive Families Association Conference	Support participation of foster parents, adoptive parents, social workers and other staff in the annual conference of the Vermont Foster and Adoptive Families Association, which offers a wide variety of workshops related to children and youth in care.	Recruitment of foster parents, kinship care as a resource, placement of child, development of case plan, case management and supervision, permanency planning, referral to services.	C	12	Hired subject experts, CWTP trainers, community partners	\$54,000 100% IV-E

Vermont Kin as Parents Conference	Support participation of kin caregivers, social workers and other staff in the annual conference of Vermont Kin as Parents, which offers a wide variety of workshops related to children and youth in care.	Recruitment of foster parents, kinship care as a resource, placement of child, development of case plan, case management and supervision, permanency planning, referral to services.	C	5	Hired subject experts, CWTP trainers, community partners	\$25,000 100% IV-E
Youth Justice Series	Engaging youth and their families on probation, using mi, transitioning youth from residential to home, using restorative practices to reduce recidivism and enhance positive outcomes for youth.	N/A	C	10	Hired subject experts, CWTP and Family Services Staff	\$1000 100% JABG
Permanency Round Table Values	Focus on the national data regarding permanency and outcomes, explore the urgency young people have for permanent families, and understand the PRT process.	Case planning, permanency, development of the case plan	C	5	Sue Badeau, Casey Family Programs	Paid for by Casey; 100 % IV-E for state effort

Training for Guardians ad Litem, Provided by Judicial Branch

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

District-Based Training for Staff

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

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

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

Supervisor Training

Vermont Department of Personnel offers a Supervisor Development Program that is available to FSD supervisors (and to supervisors throughout state government.) It consists of four seminars (2 consecutive days each, except seminar 4 which is three days), over a four-month period of time. Topics include Enhancing Productivity, Effective Communication, Interviewing and Hiring, Managing Your Time, The Universe of Labor Relations, and Situational Leadership. This generic supervisory training is not charged to the IV-E program.

Vermont supervisors complete the Leadership Academy for Supervisors on-line as a cohort. Learning Networks are provided by the CWTP to bolster learning and leadership throughout the program. These costs are charged to the IV-E program. The LAS will again be offered in FY 2015.

Course	Syllabus	IV-E Functions Addressed	Venue	Provider	Hrs	Cost/ Funding source
Teaming and Group Supervision Skills for Supervisors	Deepen group supervision skills in the context of a teaming approach to the assessment of safety and risk, case planning, child placement, permanency planning and case management.	Case management and supervision, development of case plan, permanency planning, placement of child, referral to services.	C	CWTP and subject matter experts	5 hours	\$1,000 100% IV-E

Course	Syllabus	IV-E Functions Addressed	Venue	Provider	Hrs	Cost/ Funding source
Leadership Academy for Supervisors	Six-month on-line curriculum for Child Welfare Supervisors, supplemented by monthly classroom modules to integrate the material into leadership practice. The core curriculum addresses the following areas: Foundations of Leadership; Leading in Context: Building Collaborative; Leading People: Workforce Development; Leading for Results: Accountability; and, Leading Systems Change: Goal-Setting.	Workforce development, recruitment and retention of social workers, assessing collaborative relationships with external stakeholders to ensure best practice, case planning with social workers and community partners to enhance protective factors within families. Change management, and information management skills.	DL/C	CWTP and online curriculum from National Child Welfare Workforce Institute	30 hours on line & 18 hours in classroom	\$600 100% IV-E: 50% at 75% FFP; 50% at 50% FFP
Supervisor Learning Circles	Two days per year, CWTP supports this self-directed learning process for supervisors. Topics for each learning circle are identified by supervisors. Planned topics include: Developmental Trauma and Brain Development; Case Planning with severe abuse cases; Strengthening Families.	Social work practice, such as family centered practice and social work; trauma, risk and protective factors, using evidence-based practices.	C	CWTP and hired subject experts	10	\$600 100% IV-E

Training for IV-E System of Care Service Providers

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

Cost Allocation Methodology for Staff Training

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

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

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

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

Caregiver Training

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

Foundations for Kin, Foster and Adoptive Families is required for all families providing care for children and youth in custody. It is divided into two sections. First Steps: Kinship Care (7.5 hours, estimated at \$5,000 annually) and First Steps: Foster Care (6 hours, estimated at \$7,860 annually) is offered via teleconference and classroom multiple times per month year-round. This allows families to access basic information immediately upon application. An additional 18 hours of classroom training is provided 2-3 times annually in each district, allowing families to connect with others in their community and with their local resources (estimated to cost \$38,000 annually). All of these courses are provided by trainers hired, trained and supported by the CWTP. CWTP additionally provides a 3.5 hour training focused on the transition to permanence for those families who are moving from temporary to permanent status (Fostering to Forever, estimated at \$6,000 annually). Recently the state decided to make this required training for families that will be adopting through the care system.

Advanced Training for Caregivers

The CWTP works with district staff and caregiver groups to identify topics for regional advanced training for kin, foster and adoptive caregivers. Typical topics requested include parenting traumatized children, discipline, parenting sexually abused children, special needs of infants and young children, substance abuse issues, managing family dynamics, and first aid. These are courses offered in each district in a classroom setting. Statewide, we estimate spending \$15,000 in advance classroom training on a variety of topics.

Additionally, caregivers are offered online training from both Foster Parent College and Adoption Learning Partners. Courses are purchased using approximately \$4,000, and distributed by Resource Coordinators in each district.

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

Cost Allocation Methodology for Caregiver Training

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

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

The exception is the 3-hour training focused on the transition to permanence, which is claimed at the adoption assistance penetration rate.

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

Appendix A: Policy, Practice, Data & CQI Activities for 2014

Month	Activities	Policy & Practice Priorities
January	<ul style="list-style-type: none"> ✓ Wednesday, January 22nd from 11:00-12:30: Go To Meeting, Celebration of Last Year's Key Indicators/ Psychotropic Medication Policy Discussion ✓ CQI Steering Committee-1st Meeting-January 31st from 9:30-3:00 	<ul style="list-style-type: none"> 📌 Practice Guidance/Position Papers: <ul style="list-style-type: none"> ○ CCO's to Relatives/Fictive Kin ○ Engaging Parents who are Incarcerated ○ Educational Stability 📌 Policy: <ul style="list-style-type: none"> ○ CCO's to Relatives/Fictive Kin ○ Psychotropic Medications ○ Supporting Sibling Contact ○ Transition Age Youth ○ Policy 60: CHINS C and D Assessments ○ Unaccepted intakes on an open case ○ Worker participation in substantiation appeals and expungements ○ CQI Policy ○ ICPC/ICJ Policy Revisions 📌 IV-E Audit ~ Spring 📌 Implement Credit Checks for Youth 16+ 📌 Implement Over 14 Case Plan Statewide 📌 Continued CQI Focus <ul style="list-style-type: none"> ○ Key Indicators ○ Implementation of ROM (Results-Oriented Management) ○ Targeted Case Reviews ○ Ongoing Data Integrity Work ○ High End System of Care (PbS/CbS) 📌 Child Abuse Reporting System Data System Update 📌 Trauma Collaborative (Grant) Planning Year
February	<ul style="list-style-type: none"> ✓ Friday, February 14th: District Assessment and Plan Due  	
March	<ul style="list-style-type: none"> ✓ CQI Steering Committee Meeting, March 31st from 9:30-3:00-Canceled due to weather 	
April	<ul style="list-style-type: none"> ✓ DLT, Friday, April 11th from 9:30-3:30: Convening with Community Partners to discuss Entry Rates <i>facilitated by Dan Despard, Casey Strategic Consultant</i> ✓ Thursday, April 24th from 8:30-9:30: Data Driven Practice with Go To Meeting, Focus on Key Indicator- Placement Stability ✓ CQI Steering Committee Meeting rescheduled from March-Friday, April 25th from 9:30-3:00 	
May	<p>Spring is Here! </p>	
June	<ul style="list-style-type: none"> ✓ Thursday, June 12th from 8:15-9:45: Data Driven Practice with Go To Meeting, 	
July	<ul style="list-style-type: none"> ❑ Tuesday, July 8th from 11:00-12:00: Data Driven Practice with Go To Meeting, Review of Psychotropic Medication Policy-Policy will be effective 7/1/2014 ❑ CQI Steering Committee Meeting, July 31st from 9:30-3:00 	
August	<p>Enjoy Summer!</p>	
September	<ul style="list-style-type: none"> ❑ Friday, September 5th: District Assessment and Plan Due ❑ Wednesday, September 17th from 9:00-10:00: Data Driven Practice with Go To Meeting, Focus on Key Indicator, Discharge to Permanence 	
October	<ul style="list-style-type: none"> ❑ Thursday, October 9th from 9:00-10:00: Statewide Go To Meeting for Follow up to April Convening on Entry Rates ❑ Wednesday, October 15th from 9:00-10:00: Policy/Practice Discussion: Go To Meeting, Conditional Custody Orders to Relatives/Fictive Kin ❑ CQI Steering Committee Meeting, October 31st from 9:30-3:00 	
November	<ul style="list-style-type: none"> ❑ Friday, November 7th from 9:00-10:30: Policy/Practice Discussion: Go To Meeting, Youth Justice & Report out on Discharge to Permanence 	
December	<p>Happy Holidays!</p>	

Appendix B: Consulting the Experts: Empowering Our Youth through the Magnification of Their Voices

November 25-26, 2013

Written by: *Anna Berg, Youth Leadership Coordinator, AVISTA*

The hard working professionals, volunteers, and foster families who make up the backbone of the child welfare and juvenile justice systems are continuously searching for better ways to care for, educate, and protect children and youth who have already lived through more trauma than any person should. We have committees, councils, task forces – you name it – filled with intelligent and dedicated people doing whatever they can to make improvements wherever they can.

But there are other child welfare experts that must be invited to these councils and committees: the youth. Who better to consult on where improvements are needed than youth with experience in the system? The most intimate parts of their lives have revolved around what worked and what didn't work. They know what made the difference, or what could have made the difference. They have reflected, analyzed, and discussed with their peers, and now they want to bring their stories, their reflections, and their discussions to the people who will care for the next generation of young Vermonters thrust into the arms of the child welfare system.

Their stories and their insights are valuable. They keep us grounded, they keep us focused, and they keep us humble. They introduce us to things we may have missed and they keep us in touch with the demands of a constantly changing youth culture. The youth in our state are fortunate in that the adult professionals seem to truly understand this and are eager to listen to what they have to say. Youth voices are already contributing to policy and best practice initiatives within Family Services, and with any luck this trend will continue to grow exponentially.

The value of having youth voices in policy development is clear, but perhaps the greatest benefit is the empowerment it brings the youth. Including youth formerly and currently in foster care in our initiatives to improve the system allows them to redefine their relationship with child welfare and juvenile justice, a relationship that may have been painful for them, and gives them a chance to express themselves and their ideas in a healthy productive way rather than through rebellion or self-deprecation. In the Youth Development Program we believe that fostering youth leadership is one of the key components to helping youth make a successful transition into adulthood. Coordinating ways for youth to share their insights allows them to build positive connections with their community and shows them the benefits of being civically engaged. Youth become empowered to speak up and learn that it's important for them to strive to improve their world.

Appendix C: NCIC Practice Model Implementation



Appendix D: District Assessment and Plan (DAP)

Family Services District Assessment and Plan ~ February 2014

District: _____

*Complete and Provide to Your Operations Manager by
Friday, February 14, 2014*



Change is Inevitable. Growth is Optional.

Vermont's Practice Model: Values and Guiding Principles

- ☒ All children have the right to be safe.
- ☒ All families have both risk and safety factors.
- ☒ Everyone is capable of growth and change — with support and adequate resources.
- ☒ Engaged relationships hold the promise for sustained change.
- ☒ Valuing a family's expertise enhances our work together.
- ☒ Separating children from their families is traumatic and should be seen as a last resort.
- ☒ Early engagement of the larger family network is a key to success.
- ☒ Responsibility should be shared and use of authority limited.
- ☒ Each family's cultural, ethnic, and spiritual diversity deserves respect.

To live these values, we must be intentional, unwavering, committed to addressing capacity, and focused on the long term.

Factors to Consider as You Prepare this Plan:

- Engage partners at all levels including your Operations Manager, community providers, children, youth and families, and your CWTP liaison.
 - Have a district team that will meet regularly (every 4-6 weeks) to assess progress on the District Assessment and Plan, make changes to it as required, and bring resources to further your efforts.
 - This team along with input from staff and stakeholders provides the collaborative process and input to write this plan.
 - This plan is an ongoing, changing document that all of these parties should be involved in creating.
-

Focus Areas:

Engaged Staff, Engaging Families

- Appreciative Inquiry
- Motivational Interviewing
- Solution-Focused

Family Centered Meetings

- Family Safety Planning
- Family Group Conferencing
- Restorative Family Group Conferencing

Family Finding

- Genogram Creation
- Use of technical services such as Lexis Nexus
- Ongoing discussion with family members about resources within the family and friends

Assessments

- Danger, Safety and Risk Assessments
- Youth Assessment and Screening Instrument

Learning Culture

Teaming

Workforce Development

- Recruitment
- Hiring
- Retention

SEE Data

CFS Data

Timeline of Activities

Members of District Team and Role

District and Statewide Data for FFY 2013 (10/1/2012-9/30/2013)

*Please refer to the FSD Data Indicators Reference Guide for information regarding the indicators and location of data.



Key Indicator	ADO	BDO	HDO	JDO	LDO	MDO	NDO	RDO	SDO	TDO	VDO	YDO
Face to Face Contacts FFY13 Goal: 92%	97.2%	95.2%	97.8%	98.6%	80.6%	93.6%	92.8%	91.0%	73.5%	98.7%	96.9%	83.0%
Rate of Kinship Placement FFY13 Goal: 24.8%	40.4%	20.1%	20.6%	49.0%	17.1%	21.2%	17.5%	21.7%	29.2%	28.5%	22.8%	23.0%
Placement Stability FFY13 Goal: 75.0%	74.7%	74.1%	61.3%	88.0%	77.1%	67.5%	67.8%	67.1%	69.7%	78.9%	74.3%	71.5%
Absence of Maltreatment Recurrence FFY13 Goal: 93.9%	92.6%	99.6%	99.3%	99.0%	98.8%	99.0%	99.0%	99.8%	99.8%	99.3%	99.6%	100.0%
CSI Closure Timeliness FFY13 Goal: 50.0%	52.1%	26.1%	10.0%	38.7%	21.3%	20.7%	16.7%	39.3%	20.5%	60.8%	56.1%	34.1%
Discharge to Permanence FFY13 Goal: 89.4%	86.4%	82.0%	91.7%	92.5%	89.8%	90.8%	88.0%	82.8%	85.9%	88.6%	77.5%	85.7%

Practice Model Implementation

Key Indicator	District Strategies Employed and the Impact on the Indicator <i>Include the areas of focus from page 2 as you reflect on practice in your district: How are these areas of focus helping your progress? How could they help your progress?</i>	National Standard	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
Face to Face Contacts <i>95% by FFY2015</i>		90%	45.1%	63.9%	75.8%	91.2%	91.9%
Key Indicator	District Strategies Employed and the Impact on the Indicator <i>Include the areas of focus from page 2 as you reflect on practice in your district: How are these areas of focus helping your progress? How could they help your progress?</i>	National Standard	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
Rate of Kinship Placement		N/A	11.1%	12.9%	18.4%	19.8%	26.4%

Key Indicator	District Strategies Employed and the Impact on the Indicator <i>Include the areas of focus from page 2 as you reflect on practice in your district: How are these areas of focus helping your progress? How could they help your progress?</i>	National Standard	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
Placement Stability (Two or fewer placements in care < 12 months)		N/A	75.2%	74.5%	72.8%	69.7%	72.9%
Key Indicator	District Strategies Employed and the Impact on the Indicator <i>Include the areas of focus from page 2 as you reflect on practice in your district: How are these areas of focus helping your progress? How could they help your progress?</i>	Nat'l Standard	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
Absence of Maltreatment Recurrence <i>Maintain</i>		93.9%	98.4%	99.1%	98.9%	98.9%	98.4%

Key Indicator	District Strategies Employed and the Impact on the Indicator <i>Include the areas of focus from page 2 as you reflect on practice in your district: How are these areas of focus helping your progress? How could they help your progress?</i>	Nat'l Standard	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
Closure Timeliness for Chapter 49 Interventions		N/A	45.4%	49.6%	43.6%	29.5%	32.7%
Key Indicator	District Strategies Employed and the Impact on the Indicator <i>Include the areas of focus from page 2 as you reflect on practice in your district: How are these areas of focus helping your progress? How could they help your progress?</i>	Nat'l Standard	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013
Discharge to Permanence		N/A	80.5%	83.5%	84.4%	87.4%	86.2%

Attach CFS Data and Provide Reflections on Your Data

Family Time Coaching

- Number of open cases (+referrals and closures)
- Number of shared parenting meetings
- Number of social worker observations.

Family Centered Meetings

- Number of FSP's, FGC's and RFGC's held
- Percentage of professionals vs. family members present:
- Percentage of maternal vs. paternal family present at family meetings?

Appendix E: Over 14 Case Plan DRAFT

**DCF Family Services Division
Case Plan for Youth Age 14 and Older
DRAFT**

This plan is completed by the youth, parents and social worker. It reflects the goals and hopes for the youth's future including his/her safety, permanence, well-being, and law abidance.

A. PLAN IDENTIFIERS

Date of Case Plan:

Type of Review: Example: 6 month, 18 month, 30 month

- Review for youth under age 16.5**
 Plan for youth age 16.5 or older – Transition
Implementation Plan required (see DCF Family Services forms) interim, reason:

1. Youth's name: _____ Date of birth: _____

2. Date of case open (if different than custody date)

3. Date of custody: _____ Docket
#: _____

4. Date of review: _____

5. If the youth is due for a Permanency Hearing, date and time of hearing: ____

6. Phone/Cell No: _____ Email: _____

7. Youth's Social Worker: _____ District: _____

8. Phone/Cell No: _____ Email: _____

9. Duration of placement: _____

10. Number of placements since custody _____

B. FAMILY ENGAGEMENT IN PLANNING (See Policy 122 Case Planning)

1. Describe the role of the family in the creation of this plan:

2. Describe the role of the youth in the creation of this plan:

3. Describe the role of kin, other supportive adults and peers in the preparation of this plan:

C. PERMANENCY

1. Case Plan Goal:

a. Discharge custody

to: _____

b. Adoption

c. Transfer guardianship

to: _____

d. Concurrent Plan _____ and

2. Estimated date for achieving case plan goal:

3. If the plan is adoption or (***) and the child is not living in a permanent home, describe steps you will take to find a permanent home. Include child specific recruitment efforts.**

4. Why is this goal in the youth's best interest?

5. Where is the youth living?

6. If placement is not with parent or relative, explain efforts to identify and evaluate kinship placements.

D. COURT REVIEW SECTION (for 12 month permanency review hearings)

1. Native American status¹ (Reviewed at Initial Hearing)

The youth is is not Native American. If so, Abenaki or other: _____

If not Abenaki, is tribe federally recognized²? Yes No Not sure

¹

2. Current custody status:

Custody with

**Conditional custody
with**

**DCF
Custody**

3. Recommended custody status:

Custody

to: _____

Conditional custody

to: _____

Recommended conditions of custody:

**DCF
Custody:**

**Permanent legal guardianship
to:**

4. Reason for current custody recommendation and how it serves the permanency needs of the youth:

5. Legal Permanency Goal for the youth:

Return home to parent(s): _____

Be in the custody of: _____

Be adopted by: _____

Be in the guardianship of: _____

Another planned permanent living arrangement,: _____

Work on two goals at once, which are: _____

If either parent is a member of a federally-recognized Native American tribe, or may be eligible for membership, or we are not sure, the social worker must contact the AAG for assistance in complying with the Indian Child Welfare Act. (Note: the Abenaki tribe is not a federally-recognized tribe.)

6. What is the estimated date for the goal to be achieved? _____

7. Why is this goal in the *youth's best interest*?

8. What does the *youth* think about this goal?

9. **TPR REQUIREMENT:** For children and youth who have been in the care of DCF for 15 of the last 22 months Federal law requires that a petition to terminate parental rights be filed unless there is a compelling reason why that is not in the youth's best interest.

Yes

No

a. Has a petition been filed? Yes No

b. If not, what is the *compelling reason* it has not?

c. How does the youth's current living arrangement support their achievement of permanency?

10. If the plan for legal permanency is *not* to return to a parent, is the youth living with family committed to legal permanence (adoption, custody, guardianship). If not, which steps have been taken *since the last review* to find relatives or another family that the youth can live with? Check all that apply:

Review of Eco-map/Genogram Record

Family Finding Mining of Case

District Permanency Meeting

Permanency Roundtable Lifebook

Referral to Project Family

Use of national family recruiting tools

Connections Questionnaire and Work Plan

Connections Questionnaire and Work Plan

11. For activities which began prior to the last review, what steps have been taken.

12. If the plan is for a relative or close friend to assume *guardianship* of the youth, why is adoption *not* in this youth's *best interest*?

E. FAMILY CONTACT:

1. Siblings

a. Is the youth living with his or her siblings? If not, why?

b. For siblings not living together, what is the plan for contact including dates and frequency?

c. What steps to support sibling contact have taken place during the last six months?

d. What plans are in place for sibling contact for the next six months?

2. Parents and other relatives

a. What is the plan for the youth to maintain or re-establish relationships with people (relatives, friends, others) who are important to him or her,

b. Or to whom the youth is important?

c. What contact has occurred during the last six months?

d. What is the plan for family contact with parents and other relatives for the next six months? Include frequency, location and length of time.

F. SAFETY

1. What safety factors were present in the youth's family, environment, community, and/or relationships at the time he/she entered custody?

2. What strategies and progress has occurred to address these factors?

3. What efforts have been made to assist the youth in addressing the impact of that experience?

4. What is the current status of the safety of the youth and family?

5. Have there been other events or circumstances that have affected the safety of the youth since entering custody?

6. How have these been addressed?

G. COMMUNITY CONNECTIONS

1. What activities in the school or community is the youth currently participating in?

2. What activities does the youth indicate an interest in?

- | | | | |
|---|---|--|--------------------------------------|
| <input type="checkbox"/> school sports | <input type="checkbox"/> school music program | <input type="checkbox"/> school clubs | <input type="checkbox"/> swimming |
| <input type="checkbox"/> dance | <input type="checkbox"/> performing arts | <input type="checkbox"/> weights | <input type="checkbox"/> visual arts |
| <input type="checkbox"/> 4H club | <input type="checkbox"/> ski/snow boarding | <input type="checkbox"/> scouts | <input type="checkbox"/> equestrian |
| <input type="checkbox"/> writer's group | <input type="checkbox"/> book club | <input type="checkbox"/> martial arts | <input type="checkbox"/> skating |
| <input type="checkbox"/> cooking group | <input type="checkbox"/> support group | <input type="checkbox"/> spiritual or religious activities | |

Other: _____

3. What encouragement and support are the youth's current caregivers providing for the youth to participate in these kinds of activities?

4. What barriers exist to participating? What are the plans for addressing them in the next six months?

H. SERVICES AND SUPPORTS

1. What services and supports are being provided to the youth during the last six months to address their needs and support their long term positive youth development?

2. What services and supports are being provided to the youth's current caregivers, to support a safe and stable living situation for them?

3. If the youth is not living with their parents, what services and supports are being provided to the youth's parents to increase the likelihood that the youth can (1) have a positive relationship with parents and/or (2) be able to return home?

I. HEALTH

1. Youth's Health Insurance: Medicaid Other: _____

Health Care Providers:

Provider	Name	Address	Phone	Last exam/visit
Primary Care				
Dentist				
Eye Care				
Mental Health				

2. The youth is receiving care for the following ongoing health issues:

Does the youth have medical needs that are currently not being met? If so, what plans are in place to address them? (include physical, dental, mental health, substance abuse), what are they, and what is the plan to address them?

Medications taken regularly:

Name	Taken for	Dosage

3. The youth is is not up to date with immunizations. If no, what is the plan for ensuring immunizations³ are up to date?

J. EDUCATION AND CAREER PLANNING

1. What activities has the youth had in the last six months to identify and explore their talents, strengths and interests?

2. What are the youth's hopes and plans for after high school?

3. What are the youth's family's hopes for the youth after high school?

4. What is the plan for the youth to reach these goals with the help of parents, caregivers, social workers?

Current Educational Status

1. Current school attending: _____ Grade: _____

2. Credits earned toward graduation

3. Projected date of graduation

4. Days of attendance-current school year

5. Is the youth achieving at expected grade level?

6. Is the youth attending the school they were attending prior to entering custody or prior to their most recent placement change?

7. If not, how did the "best interest determination" support the school placement change? (see education stability policy #146)

8. Youth is on IEP Yes No

9. Youth is on 504 plan Yes No If yes answer the following:

a. Who is the youth's surrogate parent?

b. Does the youth feel that the educational supports they are receiving are helping them learn?

³ (list immunizations due between 14 and 18)

c. What is the IEP transition plan, including vocational exploration and training?

10. What supports does the youth need from caregivers, parents, social worker to succeed and graduate from high school?

11. What services are in place to support the youth's vocational success?

Vocational Rehabilitation VSAC (Talent Search, Outreach, Gear Up)

Financial Self-Sufficiency

1. What is the youth's plan for financial self-sufficiency?

2. What are the steps they need to take to get there?

3. What is the plan for adult supports for those steps?

Credit Check (for youth over 16) (Federal Requirement)

1. DCF has requested a check on the youth's credit status to ensure that there has been no unauthorized use of the youth's social security number to establish negative credit.

Yes and credit is clear Yes and there are concerns to be resolved No

K. LAW ABIDANCE

Juvenile Justice:

1. Has this youth been adjudicated for a delinquency?

2. If so, has a YASI assessment been completed?

3. If so, what risks and protective factors were identified?

4. Describe how this information has been incorporated into the youth's initial case plan?

5. If this is a plan review document, how has the plan been adjusted during the review period to reflect progress and changes?

L. GOALS AND STRATEGIES-NEXT SIX MONTHS

Action Plan:

Identify the youth's two highest priority goals for the next six months and specify the strategies needed to achieve them.

Youth 's Goal 1:

Date to be met:

Step	Strategies	Persons responsible

Youth's Goal 2:

Date to be met:

Other Issues Important to Youth and Family (to be completed by youth, parent(s)/ guardian, SW)

1. For the youth: What other issues are important to you? Are there people important to you who are not involved in your plan? Is there anything else you want to say?

2. For the parents: What other issues are important to you? Are there people important to you who are not involved in your plan? Is there anything else you want to say?

Signatures:

Person	Signature	Date
Youth*		
Parent*		
Parent*		
Social Worker		
Youth Development Coordinator		
Supervisor		
Other		

***Signature does not signify agreement. It means that parent/child and or youth were involved in developing this case plan.**

Name of Child or Youth: _____

Statement of Persons Signing Below: I have read the case plan and understand it. My signature below means I attended the case plan review meeting. I know that I can give the District Director a signed statement about any disagreement with this plan. I know that, if I am the youth, the youth's legal representative or GAL, the parent or legal guardian or a substitute care provider who has cared for the child for at least 3 previous months, I can appeal.

Date of time of next hearing, if relevant:	
Post-Disposition Hearing: _____	Permanency Hearing: _____

The social worker must notify the child's caregiver of any hearing held post-disposition. If caregivers were not at the review, how will the social worker notify them of the hearing & of their right to be heard?	

Person	Signature	Date	Agree	Disagree
Youth				
Parent				
Parent				
Youth's Attorney				
Youth's Guardian ad Litem				
Parent's Attorney/Guardian				
Parent's Attorney/Guardian				
Youth's Caregiver				
Youth's Caregiver				
Therapist				
Educator				
Youth Development Coordinator				
Interested Party				
Interested Party				
Social Worker				
Supervisor				
Case Reviewer				

District Director Signature required if there is disagreement:

Appendix F: Continuity of Operations Plan (COOP)

C. Disaster Planning

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

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

See Appendix F for full COOP details.

B. Applicability and Scope

The COOP applies FSD and its offices. Support from other organizations will be coordinated with the Deputy Commissioner as applicable. The COOP applies to situations that require relocation of mission-essential functions as determined by the Deputy Commissioner. The scope does not apply to temporary disruptions of service during short-term building evacuations or other situations where services are anticipated to be restored in the primary facility within a short period. The Deputy Commissioner will determine situations that require implementation of the COOP.

C. Supersession

There was not previously a Continuity of Operations Plan in place. Upon completion and formal adoption, this will serve as the official Continuity of Operations Plan.

D. Authorities

Federal Continuity Directive 1 - November 6, 2007 - Federal Executive Branch National Continuity Program and Requirements - Federal Continuity Directive 1 (FCD1) provides direction to the Federal executive

branch for developing continuity plans and programs. Continuity planning facilitates the performance of executive branch essential functions during all-hazards emergencies or other situations that may disrupt normal operations. The ultimate goal of continuity in the executive branch is the continuation of National Essential Functions (NEFs).

Federal Continuity Directive 2 - February 2008 - Federal Executive Branch Mission Essential Function and Primary Mission Essential Function Identification and Submission Process - Federal Continuity Directive 2 (FCD2) implements the requirements of Federal Continuity Directive 1, ANNEX C. It provides guidance and direction to Federal executive branch departments and agencies for identification of their Mission Essential Functions (MEFs) and potential Primary Mission Essential Functions (PMEFs). It includes guidance and checklists to assist departments and agencies in assessing their essential functions through a risk management process and in identifying potential PMEFS that support the National Essential Functions (NEFs) - the most critical functions necessary to lead and sustain the nation during a catastrophic emergency. FCD2 provides direction on the formalized process for submission of a department's or agency's potential PMEFS that are supportive of the NEFs. It also includes guidance on the processes for conducting a Business Process Analysis (BPA) and Business Impact Analysis (BIA) for each of the potential PMEFS that assist in identifying essential function relationships and interdependencies, time sensitivities, threat and vulnerability analyses, and mitigation strategies that impact and support the PMEFS.

Continuity Guidance Circular 1 - January 21, 2009 - Continuity Guidance for Non-Federal Entities - Continuity Guidance Circular 1 (CGC1) provides direction to non-federal entities for developing continuity plans and programs. Continuity planning facilitates the performance of essential functions during all-hazards emergencies or other situations that may disrupt normal operations. By continuing the performance of essential functions through a catastrophic emergency, the State, local, territorial, and tribal governments (non-Federal Governments entities or NFGs) support the ability of the Federal Government to perform National Essential Functions (NEFs), continue Enduring Constitutional Government, and ensure that essential services are provided to the Nation's citizens. A comprehensive and integrated continuity capability will enhance the credibility of our national security posture and enable a more rapid and effective response to, and recovery from, a national emergency.

Title 20: Internal Security and Public Safety Chapter 7: Emergency Interim Succession To Offices 184. Emergency interim successors for state offices § 184. Emergency interim successors for state offices.

All state officers, subject to such exceptions and regulations as the governor (or other official authorized under the constitution and this chapter or other act to exercise the powers and discharge the duties of the

office of, or to act as, governor) may issue, shall, within 60 days after the approval of this chapter, and thereafter immediately after the date that they shall have been appointed and qualified, in addition to any deputy authorized pursuant to law, designate by title emergency interim successors and specify their order of succession. The officer shall, each year, review and shall revise, as necessary, designations made pursuant to this chapter to insure his or her current status. Forthwith after such designations are made and after a revision thereof the officer shall file copies in the offices of both the governor and the secretary of state. The officer shall designate a sufficient number of such emergency interim successors so that, including deputies, there will be not less than five emergency interim successors. In the event that any state officer (or his or her deputy) is unavailable, the said powers shall be exercised and said duties shall be discharged by his or her designated emergency interim successors in the order specified. Such emergency interim successors shall exercise said powers and discharge said duties only until such time as the governor (or other official authorized under the constitution and this chapter or other act to exercise the powers and discharge the duties of the office of, or to act as, governor) shall, where a vacancy exists, appoint a successor to fill the vacancy or until a successor is otherwise appointed, or elected and qualified as provided by law; or an officer (or his or her deputy or a preceding named emergency interim successor) becomes available to resume the exercise of the powers and discharge the duties of his or her office. (Added 1959, No. 13, § 5, eff. March 4, 1959; amended 2007, No. 47, § 19.)

Title 29 Chapter 5A 171 - E) Under this section, the Commissioner of Buildings and General Services is responsible for the protection of state facilities, the lands upon which the facilities are situated, and the occupants of those facilities, which is vital to sustaining the essential services of government in an emergency. The Commissioner shall develop plans for continuity of government and continuity of operations as an addendum to the state emergency operations plan maintained by the Department of Public Safety, Division of Emergency Management and referenced in 20 V.S.A. § 8(b)(2).

(Added 1999, No. 29, § 44, eff. May 19, 1999; amended 2001, No. 149 (Adj. Sess.), § 29, eff. June 27, 2002.)

E. References

- National Response Framework (NRF)
- National Incident Management System (NIMS)
- State of Vermont Emergency Operations Plan (EOP)
-

F. Policy

The DCF/FSD recognizes and acknowledges that the protection of its assets and business operations is a major responsibility to its employees and respective jurisdiction. Therefore, it is a policy of the DCF/FSD that a viable COOP be established and maintained to ensure high levels of service

quality and availability. It is also a policy of the DCF/FSD to protect life, information, and property, in that order. To this end, procedures have been developed to support the resumption of time-sensitive business operations and functions in the event of their disruption at the facilities identified in this plan. The DCF/FSD is committed to supporting service resumption and recovery efforts at alternate facilities, if required. Likewise, the DCF/FSD and its management are responsible for developing and maintaining a viable COOP that conforms to acceptable insurance, regulatory, and ethical practices and is consistent with the provisions and direction of other DCF/FSD policy, plans, and procedures.

II. CONCEPT OF OPERATIONS (CONOP)

A. Objectives

The objective of this COOP is to ensure that a viable capability exists for DCF/FSD to continue essential functions across a wide range of potential emergencies, specifically when the primary facility is either threatened or inaccessible. The objectives of this COOP include:

- To ensure the continuous performance of essential functions/operations during an emergency.
- To protect essential facilities, equipment, records, and other assets.
- To reduce or mitigate disruptions to operations.
- To reduce loss of life, minimize damage and losses.
- To identify and designate principals and support staff to be relocated.
- To facilitate decision-making for execution of the COOP and the subsequent conduct of operations.
- To achieve a timely and orderly recovery from the emergency and resumption of full service to all customers.

B. Planning Considerations and Assumptions

In accordance with continuity guidelines and emergency management principles/best practices, a viable COOP capability:

- Must be maintained at a high-level of readiness.
- Must be capable of implementation, both with and without warning.
- Must be operational no later than 12 hours after activation.
- Must maintain sustained operations for up to 30 days.
- Should take maximum advantage of existing local, State or federal government infrastructures.

C. COOP Execution

This section outlines situations that can potentially lead to activation of the COOP due to emergencies or potential emergencies that may affect the ability of the DCF/FSD to perform its mission-essential functions from its primary and other essential facilities. This section also provides a general description of actions that will be taken by the DCF/FSD to transition from

normal operations to COOP activation.

COOP Activation Scenarios

The following scenarios would likely require the activation of the DCF/FSD COOP:

- The primary facility or any other essential facility of the DCF/FSD is closed for normal business activities as a result of an event or credible threat of an event that would preclude access or use of the facility and the surrounding area.
- The area in which the primary facility or any other essential DCF/FSD facility is located is closed for normal business activities as a result of a widespread utility failure, natural disaster, significant hazardous material incident, civil disturbance, or terrorist or military threat or attack. Under this scenario, there could be uncertainty regarding whether additional events such as secondary explosions or cascading utility failures could occur.

The following scenario would NOT require the activation of the DCF/FSD COOP:

- The primary facility or any other essential facility is temporarily unavailable due to a sudden emergency such as a fire, bomb threat, or hazardous materials emergency that requires the evacuation of the facility, but only for a short duration that does not impact normal operations.

COOP Activation

The following measures may be taken in an event that interrupts normal operations, or if such an incident appears imminent and it would be prudent to evacuate the primary facility or any other essential facility as a precaution:

- The Deputy Commissioner (Cindy Walcott) may activate the COOP to include activation of the alternate facility.
- The Deputy Commissioner (Cindy Walcott) will direct some or all of the COOP Teams to initiate the process of relocation to the alternate facility (see Sections II-D and II-F). The COOP Teams will be notified using the notification procedures outlined in Section IV of this document.
- The COOP Teams will initiate relocation to the alternate facility site and will ensure that the mission-essential functions of the closed primary or other impacted facility are maintained and capable of being performed using the alternate facility and available resources, until full operations are re-established at the primary/impacted facility.
- DCF/FSD staff members who do not have specific COOP assignments may be called upon to supplement the COOP Team operations.

- Representatives from other government or private organizations may also be called upon to support COOP operations.
- The COOP Teams and their members will be responsible for ensuring the continuation of the mission-essential functions of the DCF/FSD within 12 hours and for a period up to 30 days pending regaining access to the affected facility or the occupation of the alternate facility.

Incidents could occur with or without warning and during duty or non-duty hours. Whatever the incident or threat, the DCF/FSD COOP will be executed in response to a full range of disasters and emergencies, to include natural disasters, terrorist threats and incidents, and technological disruptions and failures. In most cases, it is likely there will be a warning of at least a few hours prior to an incident. Under these circumstances, the process of activation would normally enable the partial, limited, or full activation of the COOP with a complete and orderly alert, notification of all personnel, and activation of the COOP Teams.

Without warning, the process becomes less routine and potentially more serious and difficult. The ability to execute the COOP following an incident that occurs with little or no warning will depend on the severity of the incident's impact on the physical facilities, and whether personnel are present in the affected facility or in the surrounding area. Positive personnel accountability throughout all phases of emergencies, including COOP activation, is of utmost concern, especially if the emergency occurs without warning, during duty hours.

D. Time-Phased Implementation

In order to maximize the preservation of life and property in the event of any natural or man-made disaster or threat, time-phased implementation may be applied. Time-phased implementation is used to prepare and respond to current threat levels, to anticipate escalation of those threat levels and, accordingly, plan for increased response efforts and ultimately full COOP activation and facility relocation. The extent to which time-phased implementation will be applied will depend upon the emergency, the amount of warning received, whether personnel are on duty or off-duty at home or elsewhere, and, possibly, the extent of damage to essential facilities and their occupants. The Disaster Magnitude Classification definitions may be used to determine the execution level of the COOP. These levels of disaster are defined as:

- **Minor Disaster** - Any disaster that is likely to be within the response capabilities of local government and results in only minimal need for state or federal assistance.
- **Major Disaster** - Any disaster that will likely exceed local capabilities and require a broad range of outside resource support including state or federal assistance. The State of Vermont Emergency Management Agency and the Federal Emergency Management Agency (FEMA) will be notified and

potential state and federal assistance will likely be predominantly recovery-oriented.

- **Catastrophic Disaster** - Any disaster that will require massive state and federal assistance. State and federal assistance will involve response and recovery needs.

As described in Section II-C of this document, COOP activation applies to events or incidents impacting a facility where mission-essential functions are performed to the point that the facility is unable to continue to perform those functions for a duration that will affect normal operations. Using the Disaster Magnitude Classification above, it is possible that a minor disaster would not render a facility unusable. However, minor disasters can escalate into major disasters, and even into catastrophic disasters. Conversely, events that are of short duration and do not impact normal operations (e.g., require a building evacuation only) must also be handled as though they could escalate into a more serious situation. Time-phased implementation of the COOP is a way to be prepared for all levels of emergency/potential emergency scenarios that may or may not require relocation of the primary or other essential facility. This implementation method allows the individual(s) responsible for making decisions to be prepared to fully activate the COOP on very short notice, if necessary, but not prematurely activate the COOP for situations such as the building evacuation-only scenario described above. Listed below is a general summary of the sequence of events that can be followed using time-phased implementation of the COOP:

Phase I – Activation (0 to 12 hours)

During this phase, alert and notification of all employees, COOP Teams, and other organizations identified as “critical customers” (e.g., vendors or public/private entities that may provide resource support) will take place. It is during this phase that the transition to alternate operations at the alternate facility begins. However, if events turn out to be less severe than initially anticipated, the time-phased COOP activation may terminate during this phase and a return to normal operations will take place.

Phase II – Alternate Operations (12 hours to Termination)

During this phase, the transition to the alternate facility is complete and the performance of mission-essential functions should be underway. Also during this phase, plans should begin for transitioning back to normal operations at the primary facility or other designated facility.

Phase III – Reconstitution and Termination

During this phase, all personnel, including those that are not involved in the COOP activation, will be informed that the threat or actual emergency no longer exists and instructions will be provided for resumption of normal operations.

Critical Service COOP Staff

The DCF/FSD management and staff that relocate to the alternate facility must be able to continue operations and perform mission-essential functions for up to 30 days with resource support. Specific DCF/FSD management and staff will be appointed to serve on COOP Teams to support COOP activations and relocation. It is important that COOP Teams and corresponding responsibilities are established prior to COOP activations so team members can be trained on their team roles and responsibilities. Depending upon the nature and severity of the event requiring COOP activation, the roster and size of the COOP Teams may be adjusted by the Deputy Commissioner (Cindy Walcott) as necessary.

Because alternate facility space and support capabilities may be limited, staff may need to be restricted to those specific personnel who possess the skills and experience needed for the execution of mission-essential functions. Staff may be directed to move to other facilities or duty stations, or may be advised to remain at or return home, pending further instructions. Individuals may be used to replace unavailable staff or to augment the overall COOP response. COOP activation will not, in most circumstances, affect the pay and benefits of the DCF/FSD management and staff.

Alternate Facility

The determination of 1) the appropriate alternate facility for relocation, and 2) whether to relocate the DCF/FSD to the alternate facility will be made at the time of activation by the Deputy Commissioner (Cindy Walcott); the decision will be based on the incident, threat, risk assessments, and execution timeframe. Arrangements should be made with the management of all pre-identified alternate facilities to appoint an Alternate Facility Manager who will be responsible for developing site support procedures that establish the requirements for receiving and supporting the staff of the DCF/FSD.

To ensure the adequacy of assigned space and other resources, all locations currently identified as alternate facilities and those being considered for alternate facility locations should be reviewed by the DCF/FSD management on an annual basis. The Deputy Commissioner (Cindy Walcott) and associated COOP Team Chiefs will be advised of the findings of this review and made aware of any updates made to the alternate facility details.

In conducting a review of an existing alternate facility to determine its adequacy for supporting the operation of mission-essential functions, the following should be considered:

- Ensure that the facility has sufficient space to maintain and support the DCF/FSD.
- Ensure that the facility, along with acquired resources, are capable of sustaining operations for performing mission-essential functions for up to 30 days.

- Ensure that the facility has reliable logistical support, services, and infrastructure systems (e.g., electrical power, heating/ventilation/air conditioning (HVAC), water/plumbing).
- Ensure that personal convenience and comfort considerations (including toilet facilities) are given to provide for the overall emotional well-being of staff.
- Ensure that adequate physical security and access controls are in place.
- Ensure that the alternate facility is not in the same immediate geographical area as the primary facility, thereby reducing the likelihood that the alternate facility could be impacted by the same incident that impacts the primary facility.
- Consider cooperative agreements such as Memoranda of Understanding (MOUs)/Mutual Aid Agreements with other agencies or contract agreements with vendors who provide services such as virtual office technologies.

Mission-Essential Functions

In planning for COOP activation, it is important to establish operational priorities prior to an emergency to ensure that the DCF/FSD can complete the mission-essential functions that are critical to its overall operation. The Deputy Commissioner (Cindy Walcott) and associated COOP Teams shall ensure that mission-essential functions can continue or resume as rapidly and efficiently as possible during an emergency relocation. Any task not deemed mission-essential must be deferred until additional personnel, time, or resources become available. DCF/FSD has identified a comprehensive list of mission-essential functions.

Delineation of Mission-Essential Functions

To ensure that mission-essential functions referenced in Section II-G are effectively transferred to the alternate facility and continued with minimal interruption, it is imperative that each function have qualified staff and resources assigned to it. The DCF/FSD COOP should be formed with mission-essential functions in mind. As the COOP is developed, specific staff should be matched up to each of the mission-essential function(s) within the plan. These staff will be assigned to perform these specific mission-essential functions at the alternate facility during COOP activations. The staff working at the alternate facility must be able to ensure that mission-essential functions are carried out. In some cases, the number of staff assigned to the alternate facility may be limited due to lack of facility resources and/or reduced capacity.

Warning Conditions

When planning and preparing for emergencies that may require activation of the COOP, a wide range of scenarios must be considered. Impending events such as hurricanes or winter storms may provide ample warning for notification of staff and identification and pre-positioning of resources in

preparing for possible COOP activation; other types of events such as earthquakes or terrorist events, may provide no warning.

- **With Warning** - It is expected that, in most cases, the DCF/FSD will receive a warning of at least a few hours prior to an event. This will normally enable the full execution of the COOP with a complete and orderly alert, notification, and/or deployment of the COOP Teams to an assembly site or the alternate facility.
- **Without Warning** - The ability to execute the COOP following an event that occurs with little or no warning will depend on the severity of the emergency and the number of personnel impacted. If the deployment of the COOP Teams is not feasible because of the unavailability or loss of personnel, including the Deputy Commissioner (Cindy Walcott), temporary leadership of the DCF/FSD will be passed to the DCF Child Protection and Field Operations Director, as identified in Section II-J of this document.
- **Duty Hours** - If an event or incident occurs during work hours, which requires relocation of the primary facility, the COOP will be activated and available members of the COOP Teams will be deployed as directed to support operations for the duration of the emergency. Those individuals who do not have assigned roles in the COOP, will either be sent home or possibly used to provide support to the COOP Teams, if additional assistance is required.
- **Non-Duty Hours** - The ability to contact members of the COOP Teams at all times during duty hours or non-duty hours is critical for ensuring that the COOP can be activated quickly if needed. Procedures must be in place that account for notifying and mobilizing (if necessary) the COOP Teams on extremely short notice.

Direction and Control

Lines of succession should be maintained by all leadership elements contained within the DCF/FSD to ensure continuity of mission-essential functions. Lines of succession are to be provided to a minimum depth of three positions at any point where policy and directional functions are carried out.

Authorized successors to the Deputy Commissioner are specified as follows:

1. Child Protection and Field Operations Director - Karen Shea - DCF - Family Services
2. Policy and Operations Manager - Brenda Gooley - DCF - Family Services
3. Policy and Operations Manager- Lisa Keller – DCF – Family Services

4. Policy and Operations Manager – Ruth Houtte – DCF – Family Services
5. Policy and Operation Manager and JJ Director - Cheryle Bilodeau - DCF - Family Services

Each organizational element should pre-delegate authorities for making policy determinations and decisions. All such pre-delegations will specify what the authority covers, what limits may be placed upon exercising it, who (by title) will have the authority, and under what circumstances, if any, the authority may be delegated.

The Deputy Commissioner and/or their designee are responsible for ordering activation of the COOP. Members of the COOP Teams may be requested by the Deputy Commissioner to disseminate COOP guidance and direction during the activation and relocation phases. Pending the activation of the COOP, the COOP Teams Chiefs will monitor the situation and assist in the notification process, as necessary.

Once the COOP is activated, the appropriate officials should be notified and requested to provide any previously agreed upon assistance to the DCF/FSD.

Operational Hours

During COOP contingencies, the Deputy Commissioner (Cindy Walcott) will determine the hours of operation for the COOP Teams and staff. Members of the COOP Teams must be prepared to support a 24-hour-per-day, 7-day-per-week operation, if needed.

Alert Notification Procedures

If the situation allows for warning, staff may be alerted prior to activation of the COOP. In all situations allowing for an advanced alert, procedures should be in place and trained upon for effective notification to the DCF/FSD key staff members and appropriate officials.

The COOP Teams should be prepared for rapid deployment upon activation via special prearranged notification procedures. These instructions will denote explicit actions to be taken, including the location of the assembly site and/or the designated alternate facility location.

The Deputy Commissioner will direct the activation of the COOP. Upon activation of or notification to activate the DCF/FSD COOP, telephone, email, and other methods of communication designated by the DCF/FSD may be used to notify its key staff and personnel.

III. PROCEDURES

Personnel Coordination

Procedures should be in place to address any personnel issues that may arise among those individuals who will be responsible for implementing

the COOP, as well as, those who do not have specific COOP roles; but may be called upon during COOP activation. Listed below are personnel resources and capabilities in place at the DCF/FSD to ensure that emergency and non-emergency staffs are prepared when disasters strike, either with or without warning:

- Communications Plan for emergency and non-emergency staff
- Health, safety, and emotional well-being of all employees and their families
- Pay status and administrative leave issues
- Medical, special needs, and travel issues

Issues will be managed by the Deputy Commissioner and based on the Policies and Procedures of the DCF/FSD.

Vital Records and Resources

Vital records and resources identified as critical to supporting mission-essential functions have been identified within the COOP and will be maintained, updated, and stored in secure offsite locations. In addition, procedures will be developed to ensure that records are maintained and updated regularly. Procedures will also identify how these vital records and resources will be made available to personnel for use in completing mission-essential functions. Identified below are different categories of vital records and resources.

Vital records essential to the continued operation or reconstitution of the DCF/FSD during and after a continuity disruption may include:

- Emergency plans and directives
- Orders of succession (Annex D)
- Delegations of authority (Annex E)
- Staff roster (Annex O)
- Staffing assignments
- Records of a policy or procedural nature that provide staff with guidance and information or resources necessary for conducting operations during any emergency and for resuming formal operations at its conclusion

Vital records critical to carrying out the DCF/FSD legal and/or financial mission-essential functions and activities may include:

- Accounts receivables / Accounts payable documentation
- Contracting and acquisition files
- Personnel files / Human Resource Records
- Payroll documentation / Social Security documentation
- Retirement records
- Insurance records
- Property management and inventory records

Pre-Positioned Resources

It is strongly encouraged that essential items, such as office supplies, equipment, data, vital records, and other critical resources be pre-

positioned at the alternate facility or other off-site location to facilitate relocation during COOP events. The pre-positioned resources should be carefully inventoried and regularly maintained by the Alternate Facility Manager or his/her designee to ensure that there is a clear understanding of what resources are identified as pre-positioned at the alternate facility and what additional resources need to be acquired during COOP events.

Drive-Away Kits

The Deputy Commissioner is responsible for providing guidance to staff on the necessity of Drive-Away Kits and the contents of these kits. Drive-Away Kits may contain items such as software, databases, forms, publications, and other necessary resources that can be stored in a manageable manner. Checklists need to be developed for the various Drive-Away Kits developed for DCF/FSD to help ensure the inclusion of all necessary contents.

It is strongly encouraged that essential items and data be pre-positioned at the alternate facility or other off-site location instead of being carried within Drive-Away Kits, because COOP Team personnel and staff may be at home when the order to relocate is given. Access to the Drive-Away Kits may be difficult or impossible. Items to consider including in these kits:

- State/local regulations; statutes and administrative codes
- Emergency plans/procedures
- List of positions to be filled and procedures needed to continue mission-essential functions
- Laptop(s) with necessary forms/plans/procedures installed
- Office supplies to support operations for the initial period of relocation.

In addition to “official” items carried in the Drive-Away Kits, each staff member relocating to the alternate facility should consider bringing appropriate personal items and changes of clothing for situations of relocation of great distances. In addition, staff should relocate with their DCF/FSD identification badge for entry into the alternate facility.

Telecommunications and Information Systems Support

Interoperable communications or the ability for the DCF/FSD staff to communicate with individuals internal and external to the organization is critical during COOP events. Internal and external communications that will be used within the DCF/FSD and its alternate facilities to communicate with officials, emergency response organizations, the media, and/or the public are identified in detail in Annex I.

Access to critical information systems that are used to accomplish mission-essential functions during normal operations from the primary facility should also be arranged for accessibility at the alternate facility. In order for these systems to be accessible, connectivity must be in place at the alternate facility and system servers should be backed up on a daily basis at more than one location. For the DCF/FSD, the AHS/DCF/ISD-

Agency IT maintains the information systems and ensures that the systems are backed up on a daily basis. In addition, the AHS/DCF/ISD-Agency IT ensures that connectivity exists at the alternate facility. The AHS/DCF/ISD-Agency IT will also provide systems technical support during COOP activations.

The telecommunications and information systems capabilities at the DCF/FSD alternate facility are sufficient for the performance of mission-essential functions under the COOP.

The following is a checklist that may be used for planning telecommunications and information systems requirements:

- Plans should address all three types of communication (internal, external, and mobile).
- Plans should include the development of telephone trees.
- Plans should consider use of a hotline numbers.
- Plans should consider radio communications using available staff with radios.
- Plans should recognize different needs ranging from a one-hour emergency to an extended emergency.
- Plans should consider the use of a communication center to serve as a hub for communication needs of all local users.
- Plans should strategize for situations in which all communications systems are unavailable.

At a minimum, all COOP Team Members should have cell phones and/or pagers.

Transportation, Lodging, and Food

Policies and procedures should be developed that consider transportation, lodging, and feeding of staff working from the alternate facility. During COOP activations, staff members will likely prefer to use their individual vehicles for transportation to the alternate facility; however, in the event that they are not able to do so, an alternate transportation plan should be in place. Procedures for lodging and feeding arrangements should also be developed. All of the items mentioned above can be accomplished by arranging agreements with other agencies or non-profit organizations. Also, it is a good practice to have agreements with pre-identified private vendors to provide support on very short notice during COOP events.

The DCF/FSD has procedures that address food, lodging, and purchasing for COOP events.

Security and Access Controls

The Deputy Commissioner will ensure that all four types of security are addressed and in place at the alternate facility: operational, information systems/cyber, physical, and access controls. Due to the sensitive information contained in the COOP, the Deputy Commissioner will also ensure that distribution of the COOP is limited and that an account of those who have access to the plan is maintained.

The Deputy Commissioner will ensure the following:

- Plans and procedures shall establish a goal of duplicating the level of security established at the vacated primary facility to the alternate facility.
- Alternate technologies, including video technology, may be considered for security.
- Augmentation of security will be addressed, based on the emergency or threat, to include considerations for using local law enforcement, private vendors, or other resources.

Personal and Family Preparedness

All staff, including those individuals actively involved in COOP events or not officially assigned a role during COOP activations should be prepared for and aware of COOP activation procedures. To assure that all employees are prepared for COOP events, training should be a part of the DCF/FSD orientation for new staff and should be regularly conducted (at least annually) for all existing staff. The training should focus on preparing employees for situations in which they will not be able to work from their primary facility. The training should advise staff on how to be personally prepared by developing “personal go-kits” as well as emphasize the need for Family Disaster Planning to ensure families are prepared for all types of emergencies, including COOP activations.

I. Site Support Procedures

Site support responsibilities are those tasks that must be conducted to ensure the readiness of the alternate facility and the continued functional operation of the facility during the entire duration of COOP activation. These responsibilities include ensuring that an alternate Facility Manager is appointed and that procedures are in place and are followed to ensure a smooth transition to alternate facility operations. These responsibilities also include a planned transition back to normal operations once the emergency situation has passed.

IV. ACTIVATION - PHASE I

The following procedures are suggested as guidelines to follow for COOP activations. They may be adopted or modified as needed to fit with internal requirements. In general, the following procedures are to be followed in the execution of the COOP. The extent to which this will be possible will depend on the event, the amount of warning received, whether personnel are on duty or off-duty, and the extent of damage to the impacted facilities and their occupants. This COOP is designed to provide a flexible response to multiple events occurring within a broad spectrum of prevailing conditions. The degree to which this COOP is implemented depends on the type and magnitude of the events or threats.

Alert and Notification Procedures

The DCF/FSD notification process related to COOP activation should allow for a smooth transition of the COOP Teams to an alternate facility in order to continue the execution of mission-essential functions across a wide range of potential events. Notification may be in the form of one of the following:

- A COOP alert to the COOP Team members that relocation is anticipated or is imminent.
- An announcement of a COOP activation that 1) directs the COOP Team members to report immediately to an assembly site or a designated alternate facility, and 2) provides instructions regarding movement, reporting, and transportation details to an assembly site or a designated alternate facility.
- Instructions to COOP Team members to prepare for departure and relocation to a designated alternate facility and instructions to staff.
- Upon receipt of a COOP alert from the Deputy Commissioner or a designated successor, staff alert and notification procedures (see Annex F) are initiated.

Initial Actions

Based on the situation and circumstances of the event, the Deputy Commissioner will evaluate the capability and capacity levels required to support the current mission-essential functions of the impacted facility(ies) and, if selected, initiate actions for relocation to the appropriate alternate facility. These actions include measures to be taken in anticipation of COOP activation and actions to be taken upon COOP activation. Once COOP activation is initiated, procedures must be considered for both duty hours and non-duty hours.

In cases where COOP activation is anticipated, the Deputy Commissioner:

- Notifies the designated alternate Facility Manager to prepare for the relocation of the impacted facility and to prepare the appropriate alternate facility for operations.
- Issues a COOP alert to the COOP Team Chiefs that relocation is anticipated. COOP Team Chiefs instruct their team members and personnel to prepare for COOP activation.
- Notifies emergency officials, if appropriate, that relocation of the facility is anticipated.

In cases where COOP activation is ordered:

- The Deputy Commissioner coordinates the immediate deployment of the COOP Teams to an assembly site or the designated alternate facility.
- The Deputy Commissioner notifies the designated alternate Facility Manager to immediately initiate relocation efforts of the impacted facility and to prepare the appropriate alternate facility for operations.

- The Deputy Commissioner provides instructions and guidance on operations and the location of the alternate facility.
- The Alternate Facility Manager provides regular updates to the Deputy Commissioner regarding the status of alternate facility activation/readiness.

The following notification procedures are initiated:

- The Deputy Commissioner notifies emergency officials, if appropriate, that relocation of the facility has been ordered and is in progress.
- All designated staff members (see Annex F – Notification Procedures) initiate their respective COOP notification cascades.
- Designated COOP Team members report to an assembly site or deploy to the designated alternate facility to assume mission-essential functions.
- All staff members who have established Drive-Away Kits ensure that they are complete, with current documents and equipment, and commence movement of the resources.
- As delegated in Annex A, COOP Team members assemble the remaining documents and other assets as required for the performance of mission-essential functions and begin preparations for the movement of these resources.
- All personnel and sections of the impacted facility or facilities should implement normal security procedures for areas being vacated.
- Security and other designated personnel of the impacted facility should take appropriate measures to ensure security of the facilities and equipment or records remaining in the building.

Activation Procedures During Duty Hours

- The Deputy Commissioner notifies the COOP Team Chiefs of the event requiring activation of the DCF/FSD COOP.
- The Deputy Commissioner activates the COOP and notifies the appropriate alternate Facility Manager(s).
- Notification procedures identified in Annex F are conducted.
- The Deputy Commissioner directs members of the COOP Teams to begin movement to an assembly site or to the designated alternate facility immediately.
- The COOP Teams immediately deploy to an assembly site or a designated alternate facility to assume mission-essential functions.
- Personnel who do not have active COOP response roles may be instructed to go home or relocate to another specified location pending further guidance.
- Additional tasks identified above in Section IV-B that are not yet completed are completed in their entirety.

Activation Procedures During Non-Duty Hours

- The Deputy Commissioner is notified that an event requiring COOP activation is anticipated or underway.
- The Deputy Commissioner then notifies the COOP Team Chiefs of the event requiring activation of the DCF/FSD COOP.
- The Deputy Commissioner activates the COOP and notifies the appropriate alternate Facility Manager.
- Notification procedures identified in Annex F are conducted.
- The Deputy Commissioner directs members of the COOP Teams to begin immediate movement to an assembly site or to the designated alternate facility.
- The COOP Teams immediately deploy to an assembly site or a designated alternate facility to assume mission-essential functions.
- Personnel who do not have active COOP response roles are directed to remain at home pending further guidance.
- Additional tasks identified above in Section IV-B that are not yet completed are completed in their entirety.

Deployment and Departure Procedures

The Deputy Commissioner will determine full or partial deployment to the designated alternate facility of any mission-essential functions that are critical to operations at the time the DCF/FSD COOP activation is ordered. This determination will be based on the severity of the event and the level of threat. The following actions establish general administrative procedures to allow for travel and transportation to the alternate facility. Specific instructions will be provided at the time a deployment is ordered.

COOP Team members will immediately begin deployment, taking with them all office Drive-Away Kits, if applicable, and their personal go-kits. Team members will most likely use privately-owned vehicles for transportation to the designated facility. Specific instructions will be provided at the time of activation.

All other personnel not designated to serve on COOP Teams at the impacted facility at the time of an emergency notification will be directed to proceed to their homes to await further instructions. At the time of notification, any available information will be provided regarding routes that should be used to depart the facility or other appropriate safety precautions. During non-duty hours, these personnel will remain at their homes pending further guidance.

Transition to Alternate Operations

Following the activation of the COOP and establishment of communications links with the Deputy Commissioner and COOP Teams at an assembly site or the designated alternate facility, the Deputy Commissioner orders the cessation of operations at the primary facility.

The Deputy Commissioner will then notify emergency officials, as appropriate, that an emergency relocation of the DCF/FSD facility is complete. The Deputy Commissioner will then provide information on the alternate facility location, including contact numbers.

As appropriate, government officials, media, outside customers, vendors, and other service providers are notified by the DCF/FSD Public Information Officer or other designated person(s) that the DCF/FSD primary facility has been temporarily relocated.

Site Support Responsibilities

Following notification that a relocation of the DCF/FSD facility has been ordered or is in progress, the appropriate alternate Facility Manager will implement the COOP Site support procedures and prepare to receive the COOP Teams within 12 hours.

V. ALTERNATE OPERATIONS - PHASE II

Execution of Mission-Essential Functions

Upon activation, the COOP Teams will begin providing support for the following functions:

- Ensure that mission-essential functions (see Annex C) are reestablished as soon as possible.
- Monitor and assess the situation that required the relocation.
- Monitor the status of personnel and resources.
- Establish and maintain contact with emergency officials, as appropriate, or other designated personnel.
- Plan and prepare for the restoration of operations at the impacted facility or other long-term facility.

Establishment of Communications

The ability to communicate with internal and external resources during COOP events will be vital to the operations of the DCF/FSD. Internal and external resources could include DCF/FSD staff, partner organizations, emergency responders, vendors, the media, and/or the public.

The Deputy Commissioner in coordination with the AHS/DCF/ISD-Agency IT will ensure all necessary and preplanned communications and information systems are established, adequate, and functioning properly. The AHS/DCF/ISD-Agency IT will service and correct any faulty or inadequate communications systems. The AHS/DCF/ISD-Agency IT personnel will ensure connectivity of information systems and will service any faulty or inadequate information systems.

COOP Team Responsibilities

A critical planning component within the DCF/FSD COOP is the development of COOP Teams and team member responsibilities. The COOP Teams can consist of internal staff to the DCF/FSD, as well as external staff, vendors, and/or other organizations that may assist

during COOP events. For each COOP Team, team members are appointed and given specific instructions regarding their roles on the team. It's important that COOP Teams are developed prior to a COOP event so COOP Team members have awareness of their roles on these teams and can be trained on their responsibilities in preparation of potential COOP events.

The following is a list of COOP Teams and their team descriptions for the DCF/FSD COOP:

Relocation Team - Relocation Team

Staff assigned to assist the receiving facility with the care and custody of the inmates transferred.

Support Team - In preparation of potential continuity events, Support Team members are responsible for attending continuity meetings as scheduled, keeping the Support Team Chief apprised of continuity matters, developing notification cascades for all Support Team members, and participating in continuity trainings and exercises.

During a continuity event, members of the Support Team are responsible for reporting in to their Support Team Chief, reporting to their designated locations to await further instructions (In many cases, this may be their home residence), and providing support to the Relocation Team as requested.

Planning Team - In preparation of potential COOP events, COOP Planning Team (CPT) members are responsible for scheduling and conducting meetings establishing a framework for the organization's COOP plan design and strategy, reviewing the accuracy of the personnel information contained within the plan, developing an ongoing process for reviewing and updating the COOP plan, acting as a liaison for their division and scheduling and participating in COOP trainings and exercises.

Augmentation of Staff

- If it becomes evident that the COOP Teams cannot adequately ensure the continuation of mission-essential functions, the Deputy Commissioner will determine the additional positions necessary to maintain these functions.
- The Deputy Commissioner will identify additional staff, as available, who may be able to provide support.
- The Deputy Commissioner will then ensure that the identified positions are staffed with individuals who have the requisite skills to perform the tasks.
- The Deputy Commissioner will consider implementing agreements with outside resource support including Memoranda of Understanding/Mutual Aid Agreements with other organizations and contractual agreements with private vendors.

Development of Devolution Plans

Devolution is the capability to transfer statutory authority and responsibility for mission-essential functions from an organization's primary operating staff and facilities to another organization's employees and facilities. Devolution planning supports overall COOP planning and addresses catastrophic or other disasters that render an organization's leadership and staff unavailable or incapable of performing its mission-essential functions from either its primary or alternate facilities.

If devolution is necessary, prioritized mission-essential functions are transferred to a pre-identified devolution organization. Direction and control of mission-essential functions is transferred to the devolution organization site and/or identified personnel.

Devolution planning involves several special issues:

- Personnel at the devolution site must be trained to perform the mission-essential functions to the same level of proficiency as the DCF/FSD personnel.
- Vital records, documents, and databases must be up to date and available at the devolution site.
- Communications and information management systems must be able to be transferred or accessible at devolution site.
- Delegations of authority planning must include senior personnel at the devolution site.

Should sufficient staff be unavailable to conduct the mission-essential functions of DCF/FSD, all of the affected operations will initiate the activation of pre-arranged devolution agreements. Devolution will be triggered when available staff determines that there are insufficient resources to maintain and carry out the DCF/FSD's prioritized mission-essential functions. At that point, the Deputy Commissioner or highest ranking DCF/FSD official available will institute devolution through the issuance of the Devolution Activation Memo, provided in Annex L. Available DCF/FSD staff will notify the devolution organization(s) that devolution is being initiated.

Development of Plans for Reconstitution and Termination

The Deputy Commissioner or designee will develop Reconstitution and Termination Plans that will direct an orderly transition of all mission-essential functions, personnel, equipment, and records from the devolution organization to a new or restored facility. Plans and Schedules will include:

- Whether the original primary facility is re-inhabitable. If not, the plans will include recommendations of primary facility options.
- Construction needs for the primary facility re-occupancy, including remediation of safety issues.

- Estimated costs associated with construction and occupancy. Plans to include options for funding.
- Notification plans for COOP Teams and staff.
- Timeframe for construction completion and move-in.

The Deputy Commissioner will review and formally approve all plans and schedules. Upon approval, the Deputy Commissioner will issue a COOP Termination memo to the devolution organization(s) identifying the point of formal COOP Termination. The COOP Teams, as assigned, will oversee the Reconstitution and Termination process.

VI. RECONSTITUTION AND TERMINATION - PHASE III

As soon as possible (within 24 hours) following a COOP relocation, the COOP Teams will initiate operations to salvage, restore, and recover the impacted facility, pending approval from any applicable local, state, and/or federal law enforcement organizations or emergency service authorities.

Reconstitution procedures will commence when the Deputy Commissioner determines that the emergency situation has ended and is unlikely to reoccur. Once this determination has been made, one or a combination of the following options may be implemented, depending on the situation:

- Continue to perform mission-essential functions at the alternate facility for up to 30 days.
- Begin an orderly return to the impacted facility and reconstitute full normal operations.
- Begin to establish reconstitution of normal operations at a different primary facility location.

Procedures

Upon a decision by the Deputy Commissioner that the impacted facility can be reoccupied, or that a different location will be established as a new facility to resume normal operations, the following procedures will be followed:

- The Deputy Commissioner or designee will create and submit resumption plans for review and approval.
- Upon approval, the COOP Teams will initiate and oversee the orderly transition of all mission-essential functions, personnel, equipment, and records from the alternate facility to a new or restored facility.
- Non-assigned COOP Team personnel will be notified using the Alert Notification Procedures provided in Annex F that normal operations of the DCF/FSD are resuming and that they should report back to work.

After-Action Review and Remedial Action Plan

An After-Action Review information collection process will be initiated by each COOP Team prior to the cessation of operations at the alternate

facility. The information to be collected will, at a minimum, include information from personnel working during the COOP activation and a review of lessons learned to include processes that were effective and less than effective. The After-Action Review should provide recommended actions to improve areas identified as deficient or requiring improvement.

The information should be incorporated into a COOP Remedial Action Plan. Recommendations for changes to the DCF/FSD COOP and any accompanying documents will be developed and brought forth to the Deputy Commissioner (Cindy Walcott) and COOP Teams for review. The Deputy Commissioner (Cindy Walcott) and designated COOP planners for the DCF/FSD will review and implement changes to the COOP as required.