Agency of Human Services, Department for Children and Families Raise The Age (RTA) Progress Report

In Accordance with Act 4 of 2025

Submitted To:
Joint Legislative Justice Oversight Committee
Senate Committee on Judiciary
Senate Committee on Health and Welfare
House Committee on Judiciary
House Committee on Corrections & Institutions
House Committee on Human Services

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Introduction

This report has been prepared in accordance with Act 4 (2025), section 10: Agency of Human Services Progress Reports:

On or before July 1, 2026 and December 1, 2026, the Agency of Human Services shall report to the Joint Legislative Justice Oversight Committee, the Senate and House Committees on Judiciary, the House Committee on Corrections and Institutions, the Senate Committee on Institutions, the House Committee on Human Services, and the Senate Committee on Health and Welfare on its progress toward implementing the requirement of this act that the Raise the Age initiative take effect on July 1, 2027. The progress reports required by this section shall describe progress toward implementation of the Raise the Age initiative, as measured by qualitative and quantitative data related to the following priorities:

(1) establishing a secure residential facility;
(2) expanding capacity for non-residential treatment programs to provide community-based services;
(3) ensuring that residential treatment programs are used appropriately and to their full potential;
(4) expanding capacity for Balanced and Restorative Justice (BARJ) contracts;
(5) expanding capacity for the provision of services to children with developmental disabilities;
(6) establishing a stabilization program for children who are experiencing a mental health crisis;
(7) enhancing long-term treatment for children;
(8) programming to help children, particularly 18- and 19-year-olds, transition to adulthood;
(9) developing district-specific data and information on family services workforce development, including turnover, retention, and vacancy rates; times needed to fill open positions; training opportunities and needs; and instituting a positive culture for employees;
(10) installation of a comprehensive child welfare information system; and
(11) plans for and measures taken to secure funding for the goals listed in this section.

DCF remains committed to supporting youth through a continuum of care that promotes safety, stability, treatment, and long-term success. This includes ensuring that staff have the tools, training, and programmatic resources necessary to effectively support youth in the Department's care and custody. A healthy system of care serving both child welfare and juvenile justice populations depends on access to home-like placements, community-based services, residential treatment, crisis stabilization, and transitional supports.

In 2022, DCF identified significant limitations within Vermont's "High-End System of Care" (HESOC) as a barrier to continued implementation of RTA. Additional concerns included workforce shortages, the need for expanded restorative justice programming, limited transitional housing and treatment capacity, and the absence of a modernized child welfare information system.

Moreover, since implementation of RTA for eighteen-year-olds, DCF has identified ongoing challenges associated with serving legal adults within the juvenile justice system when the Department does not maintain custodial authority. Individuals over the age of eighteen retain the legal right to consent to treatment and services. Unlike youth granted Youthful Offender (YO) status, who remain incentivized through the possibility of a deferred criminal sentence, DCF has limited authority to ensure compliance with case plans, treatment recommendations, or probation conditions.

To better understand the operational impact of these challenges, DCF surveyed staff regarding their experiences serving eighteen-year-olds charged with delinquent acts[1]. Staff consistently reported concerns that the existing juvenile justice system is not adequately equipped to serve nineteen-year-olds charged with delinquent offenses. Common themes identified by staff included:

- Court delays: Significant delays between adjudication and the start of probation supervision are common in delinquency cases and can substantially reduce the time available for meaningful engagement in services.
- Limited accountability mechanisms: Staff reported that there are limited effective consequences available when individuals are unwilling to engage in probation requirements or treatment planning. DCF jurisdiction ultimately ends regardless of participation or progress.
- Service gaps: Available contracted services for eighteen-year-olds requiring higher levels of support or treatment remain limited. In addition, many residential service contracts terminate once an individual turns eighteen.

[1] 36 Family Services Workers (FSWs) holding juvenile justice cases were surveyed, 19 responded.

Despite these concerns, staff also identified factors associated with successful outcomes among eighteen-year-olds involved in the juvenile justice system. Common protective factors included stable housing, supportive parents or caregivers, continued engagement in school or employment, timely access to substance use or mental health treatment, internal motivation to participate in services, meaningful accountability structures, and access to natural supports.

Perspectives on the future of RTA remain varied among stakeholders. Some believe the initiative should not continue moving forward, while others point to Vermont's distinction as the first, and, at the time of this report, only, state to expand juvenile jurisdiction beyond age eighteen as evidence of the initiative's significance. Others continue to express concern regarding the operational and systemic challenges associated with implementation. These differing perspectives extend beyond frontline staff and reflect broader concerns about the continued pressure on systems preparing for successive phases of implementation. For some stakeholders, those ongoing stressors have reinforced the belief that the initiative should not expand further.

DCF does not dispute well-established developmental research demonstrating that adolescent and young adult brain development continues beyond age eighteen and that many individuals naturally desist from delinquent or criminal behavior as they mature, particularly when supported by stable environments and appropriate interventions. However, Vermont's experience implementing RTA for eighteen-year-olds has demonstrated that transferring adult criminal jurisdiction into the Family Division does not produce consistent outcomes across the entire population. While the model has benefited some individuals, it has also highlighted significant service gaps and operational challenges within already strained systems of care. Implementation has placed additional pressure on workforce capacity, residential programs, community-based providers, and other youth-serving systems that are simultaneously working to stabilize and rebuild core services.

For these reasons, the Agency of Human Services (AHS) no longer supports expanding RTA to include nineteen-year-olds charged with delinquent acts. Notwithstanding this position, AHS and DCF remain committed to addressing the systemic gaps identified throughout this report and continue working to strengthen services, supports, and treatment capacity for all youth involved with DCF, including eighteen-year-olds currently served under the existing framework.

Prior Reports

Act 125 of 2024 required AHS to submit five bimonthly status reports. Those bimonthly status reports are available online:

- July 31st Progress Report

- September 30th Progress Report
- November 30th Progress Report
- January 31st Progress Report
- March 31 Progress Report

Please note each section of this report will include cumulative, and, where appropriate, summarized language from the prior reports, followed by brief status updates on AHS's efforts to address each element of interest identified in Act 4 of 2025. This report primarily reflects updates from DCF and the Department of Mental Health (DMH).

Establishing a Secure Residential Facility

The Red Clover Treatment Center

The Red Clover Treatment Center has been operating since October 21, 2024. The four-bed temporary short-term crisis stabilization facility provides placement and support for justice-involved youth who cannot safely remain in their homes or community settings. The program includes locked doors and a secured outdoor recreational area and serves up to four youth at a time of all genders, ages 12–18.

DCF maintains diligent oversight of the program to ensure youth receive appropriate care and transition back to community-based supervision as quickly and safely as possible. DCF's Specialized Services Unit (SSU) monitors daily program operations and performance measures, and the program provides daily progress updates for each resident. In addition, the SSU Manager and Clinical Director conduct weekly site visits to support program operations and ensure quality of care. As a Vermont residential treatment provider, Red Clover is licensed and regulated by DCF's Residential Licensing and Special Investigations (RLSI) Unit.

In addition to delinquency matters, Red Clover may also serve youth involved through the Interstate Compact on Juveniles (ICJ) or, through a memorandum of understanding with the Department of Corrections (DOC), youth involved in certain criminal matters. In limited circumstances, the program may serve youth who would otherwise be housed in a DOC facility when doing so can be accomplished safely. DCF continues to work with juvenile justice stakeholders, including the courts, to ensure placement practices align with the program's intended purpose and operational capacity.

Since opening, Red Clover has served 30 distinct youth across 40 placement episodes. The average length of stay has been 45.1 days, with a median stay of 27 days. Five

placement episodes exceeded 100 days, with the longest lasting 219 days. Overall, feedback from youth served by the program has remained very positive.

Green Mountain Youth Center

The prior three progress reports described the planned Green Mountain Youth Center (GMYC) as a facility intended to expand Vermont's secure treatment and stabilization capacity for justice-involved youth. The initial design included capacity for 14 youth of all genders, ages 12–18, including up to eight secure crisis stabilization beds and six longer-term secure treatment beds.

Since the previous reporting period, the proposed project in Vergennes has been discontinued. DCF, the Department of Buildings and General Services (BGS), and the contracted builder, ReArch Company, were unable to resolve zoning challenges associated with the proposed site. As a result, the Department terminated its contract with ReArch and issued a renewed Request for Proposals (RFP) using the most current version of the program design.

The renewed RFP resulted in a satisfactory proposal for a different site, and BGS has since engaged a new builder through a letter of intent to further evaluate project feasibility. As part of this process, the project has been renamed the Green Mountain Youth Center, formerly referred to as the Green Mountain Youth Campus. DCF and BGS continue to work with the selected builder to refine the project scope, assess site feasibility, and further develop plans for the facility in relation to the proposed location. Additional information regarding the site and updated project plans will be made publicly available once a final contract is executed.

The current projected completion date for GMYC is spring 2028.

The Facility Planning for Justice-Involved Youth Stakeholder Working Group initially met monthly from November 2023 through November 2025 to provide feedback on facility planning and broader high-end system of care initiatives. The group paused during winter 2025–2026 due to scheduling disruptions and will reconvene under new facilitation on June 15, 2026. The working group is currently establishing updated operational agreements and will continue to serve as an important forum for stakeholder engagement and subject matter expertise related to GMYC and other high-end system of care projects.

Expanding Capacity for Non-Residential Treatment Programs to Provide Community-based Services

AHS has previously reported on several initiatives designed to expand capacity for non-residential treatment programming, including increased multi-system collaboration and expansion of in-home services. Youth Urgent Care programs operated by United Counseling Service (UCS), Health Care and Rehabilitation Services (HCRS), and Lamoille County Mental Health Services (LCMHS) served approximately 319 youths in 2025. Current data related to mobile crisis and mental health urgent care services are available on the DMH website.

The Vermont Consultation and Psychiatry Access Program (VTCPAP) provides psychiatric consultation and resource referral support to pediatric primary care providers and perinatal healthcare providers addressing the mental health needs of their patients. In 2025, VTCPAP provided 551 consultation calls to pediatric and perinatal healthcare providers. As of the end of March 2026, the program had provided an additional 142 consultation calls. VTCPAP also supported 22 trainings during Federal Fiscal Year 2025, including several intensive multi-session cohorts, reaching approximately 675 professionals on pediatric mental health topics.

Another important resource is the Compass program. While not a new initiative, Compass remains particularly relevant to older youth populations and reflects AHS's broader commitment to community-based prevention and early intervention services. Compass contracts with community providers across all 12 Family Services Division (FSD) districts to support youth and young adults at risk of involvement with child welfare or juvenile and criminal justice systems, as well as those experiencing family instability, housing insecurity, poverty, or other adverse health outcomes.

Compass is a voluntary, short-term, intensive, and clinically focused program. Services are delivered primarily in family homes or other familiar community settings and are designed to reduce the risk of out-of-home placement. The program serves individuals ages 12–23, though it primarily supports older youth and emerging adults. Participation is not limited to youth involved with DCF.

In Fiscal Year 2025, Compass served 350 youth. Among participants served, 75 percent had access to healthcare, 45 percent were employed, 72 percent were enrolled in an educational program, and 84 percent were connected to an unpaid caring adult. Additional information regarding Compass and its provider network is available on the DCF website.

In addition to supporting youth and families in community settings, Compass also

contributes to the stability of Vermont's broader residential system of care by helping prevent unnecessary custody and residential placement during periods of family crisis or disruption. Similarly, the Vermont Support and Stabilization (VTSS) program supports youth transitioning out of residential treatment settings and back into community-based care. Additional information regarding VTSS is available through the Vermont Permanency Initiative website.

Ensuring that Residential Treatment Programs are Used Appropriately and to their Full Potential

The Case Review Committee (CRC), which includes representatives from DCF-FSD, DMH, the Department of Aging and Independent Living (DAIL), and the Agency of Education (AOE), meets weekly to review clinical case presentations for children referred for Medicaid-funded residential treatment services. The CRC works to identify appropriate treatment needs and match youth with programs capable of providing the required level of care. The committee also tracks in-state and out-of-state residential treatment placements.

Ongoing workforce shortages continue to impact residential treatment programs across Vermont and nationally, with smaller programs often experiencing the greatest operational strain. In some cases, a single staffing vacancy can significantly reduce bed capacity or require changes to operating schedules. As a result, some Vermont programs are not currently operating at full capacity. Programs have responded in a variety of ways, including implementing more flexible staffing schedules, reducing census levels to align with available staffing, or limiting days of operation. The State has also provided emergency financial support to help offset overtime costs needed to maintain program operations. AHS continues to explore additional strategies to support in-state residential providers and maximize available treatment capacity.

Prior reports have noted a decline in DCF's out-of-state residential placement trends over the past four years. However, this decrease should not be interpreted as a reduction in the overall level of need for residential treatment services. Workforce shortages and reduced capacity across residential systems both in Vermont and nationally have significantly limited bed availability. Many programs have reduced the number of operational beds, shortened operating schedules, or closed entirely. As a result, children and youth frequently experience longer waits for residential placement and may remain in community settings or emergency departments while awaiting access to appropriate treatment. During these periods, many also require intermittent crisis stabilization or inpatient psychiatric services.

As of January 1, 2026, Vermont implemented changes required under Centers for Medicare and Medicaid Services (CMS) Rule 57, which shortened the timeline for making decisions on Medicaid-funded service requests. Previously, prior authorization decisions were required within 14 days. Under the updated rule, departments must issue a Notice of Decision (NOD) within seven days, with the option to extend the review period by an additional 14 days when more information is needed. As a result, DCF, DMH, and DAIL have had to significantly accelerate medical necessity reviews and service authorization processes related to residential treatment.

To comply with additional CMS Rule 57 requirements, DMH, the Division of Disability and Aging Services (DDAS), DCF, and the Department of Vermont Health Access (DVHA) Medicaid Policy Unit have collaborated to develop updated medical necessity standards and departmental eligibility criteria for children's residential treatment services.

Each department also conducts ongoing reviews of youth placed in residential treatment to assess clinical progress, continued medical necessity, and discharge planning. Compared to previous years, Vermont currently has fewer available residential treatment beds, primarily due to continuing workforce shortages. As a result, AHS has continued to rely on out-of-state placements to meet the needs of youth requiring residential levels of care. Some of these placements have occurred in Psychiatric Residential Treatment Facilities (PRTFs), a level of care that Vermont does not currently operate in-state.

The lack of in-state PRTF capacity has been one factor driving the State's effort to establish a Vermont-based PRTF through a pending contract with the Brattleboro Retreat, which is anticipated to open in 2026. AHS departments continue to regularly review each youth's progress in residential treatment to ensure continued appropriateness of care and support timely transitions to lower levels of care whenever clinically appropriate, ideally within the youth's home community. However, workforce shortages and gaps across the continuum of community-based services continue to impact timely discharge planning and successful transitions from residential treatment settings.

Additional regional and statewide data related to residential care, including quarterly reporting through Fiscal Year 2025 Quarter 3, is available through the Department of Mental Health's Statistical Reports and Data webpage.

Expanding Capacity for Balanced and Restorative Justice (BARJ) Contracts

As of May 5, 2026, there were 130 youth on probation who were not in DCF custody. This population represents the broader span of youth eligible for delinquency or youthful offender status (ages 12–21), not solely the RTA population. DCF has previously proposed shifting a greater share of responsibility for supporting and supervising these youth to the Balanced and Restorative Justice (BARJ) network. Such a shift would help ease pressure on the DCF workforce and allow Department staff to focus more directly on higher-risk youth in the care and custody of the Department.

BARJ providers would not require additional statutory authority to support this population, as they are already able to work alongside DCF on these cases. However, assuming a larger role in the day-to-day supervision and support of youth on probation would require additional staffing and resources. In prior reports, DCF estimated that approximately one additional full-time equivalent (FTE) per BARJ provider would be needed to meet this demand, at an estimated cost of approximately $1.1 million statewide.

Although the BARJ program received increased funding three years ago, those increases were intended to address longstanding staffing and programmatic needs that had accumulated after more than a decade of level funding or minimal budget growth. Even with those increases, BARJ providers continue to report unmet needs within their communities and are currently serving a broad spectrum of youth, including youth at risk of entering the justice system. DCF does not want to disrupt existing programming and service delivery to absorb probation caseloads without adequate support.

DCF has continued to explore this issue with field staff and the BARJ network to assess county-level needs and identify whether workload shifts could occur. Currently, however, there are no meaningful opportunities to transfer this additional responsibility without new resources and staffing investments.

Expanding Capacity for the Provision of Services to Children with Developmental Disabilities

Children with developmental disabilities generally experience the best outcomes when they are supported within their home communities and when DCF continues to develop its system of care with that principle in mind. Current planning efforts include the

addition of a crisis bed connected to existing assessment and transition programming to expand community-based stabilization capacity for this population.

DCF currently contracts with the Families First program in Brattleboro to operate Banyan House, a program designed to support youth transitioning from out-of-state residential placements back into Vermont-based services and community settings.

DCF is also collaborating with DAIL to expand crisis and stabilization services for youth with developmental disabilities. Through this partnership, DCF and DAIL opened a dedicated Vermont Crisis Intervention Network (VCIN) youth crisis bed on January 10, 2025. The VCIN bed is a short-term stabilization resource specifically designed to meet the needs of youth with developmental disabilities experiencing behavioral or mental health crises.

Prior to the creation of this dedicated youth bed, Vermont's three VCIN beds primarily served adults with developmental disabilities, with youth receiving secondary consideration for placement. The new VCIN bed is intended exclusively for children and youth.

DAIL oversees the VCIN program through existing contracts with Vermont's regional Designated Agencies, and DCF entered a memorandum of understanding to access and utilize the service. Prior to implementation, the program completed staffing, prepared the physical space, and established operational capacity before beginning services on January 10, 2025. The program is funded through DCF's existing developmental services resources.

Establishing a Stabilization Program for Children who are Experiencing a Mental Health Crisis

In 2025, DCF contracted Cornell Abraxas, LLC to operate the West River Haven program. The program is not a locked facility; instead, safety and security are maintained through staffing and supervision. West River Haven is expected to begin operations and receive its first admission in June 2026. This program will further diversify and expand DCF's existing crisis stabilization continuum for youth.

Vermont also maintains a hospital diversion program operated by Northeastern Family Institute (NFI). The NFI Hospital Diversion Program provides short-term inpatient stabilization services for adolescents experiencing acute psychiatric crises. Referrals are made by private practitioners and designated mental health agencies throughout Vermont. The staff-secured program serves youth ages 10–18, with most stays lasting approximately seven to ten days.

In addition, the State has operated a crisis stabilization program through Howard Center for children ages 6–12. Due to ongoing workforce and staffing challenges, the program currently operates on a Monday through Friday schedule rather than a full seven-day model. DCF and DMH have worked closely with Howard Center to support continued operations and maintain services for children in crisis, including through funding support and programmatic collaboration intended to stabilize staffing capacity and sustain operations. Despite these efforts, Howard Center has ultimately determined that it could not safely or sustainably return the program to full 24-hour, seven-day-per-week operations.

As a result, DCF, in collaboration with DMH, informed Howard Center that the State would not renew the contract beyond June 30, 2026. Following that decision, DMH and DCF issued a Request for Proposals (RFP) seeking providers for up to six children's crisis stabilization beds, either through a single statewide program or multiple regional programs with no fewer than two beds each. The initial RFP did not receive any proposals. The State subsequently revised and reposted the RFP, with responses due in June 2026.

Enhancing Long-Term Treatment for Children

AHS is continuing to work towards establishing a Psychiatric Residential Treatment Facility (PRTF) in Vermont. This new in-state level of care is intended to serve Vermont youth with significant emotional, behavioral, developmental, and mental health needs who require intensive residential psychiatric treatment.

The Brattleboro Retreat was selected through the procurement process to operate the PRTF. The program is expected to serve up to 15 youth ages 12–21, provided the youth entered care before their eighteenth birthday.

Multiple implementation activities are currently underway concurrently to support opening the program in 2026, including:

- AHS and the Brattleboro Retreat continue to engage in final contract negotiations, including development of program rates and startup funding necessary for facility renovations and implementation.
- VDH completed the rulemaking process required by legislation for operation of this level of care. The Hospital Licensing Rule is now final and in effect.
- The State completed a State Plan Amendment required by the Centers for Medicare and Medicaid Services (CMS) to allow Medicaid funding for

PRTF services.
- The Brattleboro Retreat is also completing the independent school application process with AOE to ensure youth placed at the facility have access to educational services and supports while receiving treatment.

Programming to Help Children, Particularly 18- and 19-Year Olds, Transition from Youth to Adulthood

Return House is a transitional residential program serving young men ages 16–21, up to their twenty-second birthday, who have a history of involvement with DCF, including potential involvement with the juvenile justice system and behavioral support needs. The program provides six- to twelve-month placements with 24-hour support focused on helping residents successfully transition from DCF care back into their communities.

A central component of the program is the development of positive and consistent relationships between staff and residents. Return House supports participants in building practical life skills, healthy relationships, and behaviors that promote long-term stability and successful community integration. Services include job readiness and employment support, independent living skills development, mentoring, nonviolent communication and conflict resolution training, positive recreational activities, and coordination with local providers for services such as healthcare, transportation, education, parenting support, and substance use treatment. Aftercare services may also be provided following program completion.

Return House reopened on July 1, 2024, with capacity to serve five youth requiring transitional supports into adulthood, with flexibility to expand capacity if necessary. The program previously operated under contract with the Department of Corrections (DOC) while also serving transition-age youth referred by DCF. It now operates exclusively under contract with DCF and continues to work with DCF's RLSI Unit to ensure compliance with all youth residential licensing and policy requirements.

Programming at Return House is grounded in three core principles:

1. Restorative practices;
2. Relationship-based case management; and
3. Positive Youth Development.

These principles are embedded throughout the program and are particularly central to the work of the program's case management staff, who partner with residents to develop individualized plans and monitor progress toward identified goals. As of

2025, Return House has served nine youth.

DCF also developed the 208 Depot program to support transition-age youth, particularly those aging out of traditional custody or residential settings. The program is designed to help youth build and sustain positive life changes through prevention, intervention, and independent living supports. Services focus on helping youth safely and successfully live within their communities, engage in case planning, complete probation requirements, and participate in employment or educational programming. 208 Depot serves youth ages 18–19 through a coeducational, two-bed single room occupancy program. As of 2025, the program has served two youth.

In addition to residential transition programs, DCF continues to provide Extended Care services for young adults ages 18–23 who were formerly in foster care, primarily through the Youth Development Program (YDP). YDP operates through a contract with Elevate Youth Services, which subcontracts with local providers throughout Vermont to deliver direct services and supports.

DCF recently submitted and received approval from the federal Children's Bureau for its five-year Child and Family Services Plan covering 2025–2029. Through this plan, DCF identified several priorities aimed at strengthening YDP services and support for transition-age youth, including:

- Expanding youth leadership opportunities, particularly through the Youth Advisory Board, and increasing youth participation in system design, policy development, and workforce training;
- Increasing youth engagement opportunities through expanded events, affinity groups, and community-building activities;
- Developing additional housing and independent living resources for transition-age youth, including partnerships with Vermont Public Housing Authorities and recruitment of Adult Living Partners;
- Exploring expanded supports related to transportation, driver's education, post-secondary education, internet safety, and media literacy;
- Strengthening retention and support strategies for YDP staff through training, peer support, safety initiatives, and workforce development efforts;
- Implementing participant satisfaction surveys and a statewide grievance process to ensure youth feedback is incorporated into program improvement efforts; and
- Expanding outreach and aftercare engagement strategies for high-risk youth through low-barrier access points, including enhanced public awareness and communication efforts.

District-Specific Data and Information on Family Service's Workforce

District workforce vacancy and capacity data are updated every two months. On October 1, 2024, FSD had 23 vacant FSW positions out of 174 total positions statewide (13%). At that time, an additional 20 filled positions were occupied by workers with less than six months of experience. Combined, vacancies and newly hired staff represented approximately 43 positions (25%) not yet operating at full capacity within the division. As of March 16, 2025, the number of vacant FSW positions was 17%.

Nationally, the estimated turnover rate for child welfare workers is approximately 30 percent. Vermont's turnover rate of 16 percent, while still above the optimal threshold of 12 percent or lower, remains substantially below the national average.

To support workforce recruitment and retention, DCF has implemented several targeted strategies. The FSD Workforce Development Director continues to work directly with district offices to identify local recruitment and retention challenges and develop district-specific workforce plans. This work includes supporting the use of stay interviews designed to identify concerns early and reduce preventable staff turnover.

In December 2024, FSD established workforce priority goals focused on reducing vacancies, improving employee satisfaction, increasing retention, and improving hiring efficiency. Early progress was reflected in a reduction in the point-in-time vacancy rate from 11.4 percent to 10.6 percent as of March 12, 2025.

FSD also continues efforts to improve employee engagement and workplace satisfaction. Workforce goals include increasing the percentage of employees reporting job satisfaction and intent to remain in child welfare work from 61 percent to 65 percent, as measured through the Employee Engagement Survey and Staff Safety Culture Survey. While the 2025 Staff Safety Culture Survey has been completed, final results were not yet available at the time of this report, and the 2025 Employee Engagement Survey had not yet been administered.

Reducing the amount of time required to fill vacant FSW positions also remains a key workforce priority. In 2024, the average time-to-fill for district FSW positions was 127 days. To strengthen recruitment efforts and expand the workforce pipeline, FSD has partnered with Vermont colleges, universities, and academic departments to increase awareness of child welfare careers through informational outreach and recruitment efforts.

Overall, workforce indicators have continued to improve through spring 2026. FSD

has experienced measurable progress in hiring efficiency, employee satisfaction, workforce stability, and staff retention despite ongoing pressures associated with increasingly complex cases, limited community-based resources, and continued strain on foster care capacity.

Average time-to-hire has improved from 69 days in 2024 to 62 days currently. Staff turnover has declined from 16 percent in 2024 to 14.6 percent to date, with trends continuing in a positive direction. Vacancy rates have also improved significantly, decreasing from an annual average of 11.4 percent in 2024 to a current point-in-time vacancy rate of 7 percent. At the time of this report, there were 11 vacant district FSW positions statewide.

Workforce engagement indicators have similarly strengthened. Staff reported a 4 percent increase in intent to remain in child welfare work in the 2025 Staff Safety Culture Survey, and overall job satisfaction increased from 61 percent in 2024 to 76 percent in 2025. Collectively, these indicators demonstrate meaningful progress in workforce recruitment, retention, employee engagement, and organizational stability.

Installation of a Comprehensive Child Welfare Information System (CCWIS)

Currently, Vermont relies on two outdated child welfare information systems: the 43-year-old Social Services Management Information System (SSMIS) and FSDNet, a more than 20-year-old intake and case documentation system. Neither system can meet current federal requirements or adequately support state and district-level needs related to data collection, reporting, and analysis.

These limitations create significant operational challenges across all areas of practice. One of the most significant challenges within the context of juvenile justice and RTA implementation is the inability of SSMIS to capture and track Youthful Offender (YO) cases. While all other case types are maintained within SSMIS, YO cases must instead be tracked separately in FSDNet because new case types can no longer be added to the legacy SSMIS platform. As a result, YO data remains siloed across systems, making it difficult to accurately track caseloads, analyze trends, and produce reliable reports related to YO populations. Without implementation of CCWIS, these challenges will continue to require significant manual workarounds by FSD staff.

To address these longstanding limitations, DCF, in partnership with the Agency of Digital Services (ADS), issued an RFP for a CCWIS in March 2025 and received vendor bids in May 2025. The CCWIS Project Team anticipates announcing a vendor selection in June 2026 and beginning contract negotiations during summer 2026.

Approved CCWIS activities are eligible for a 50 percent federal funding match. As a result, state investments in CCWIS design, development, and implementation will be matched dollar-for-dollar by the federal government. To date, Vermont has allocated $7.8 million toward CCWIS development, leveraging an additional $7.8 million in federal matching funds for a total project investment of $15.6 million.

Plans for and Measures Taken to Secure Funding for the Goals Listed in this Section

All funding plans and updates on measures taken have been included in the corresponding sections of this report.