

Sub Care: Youth Aging Out: This represents youth who are over the age of 18, but who voluntarily continue to be served by FSD while they transition to adulthood. In these cases, the youth live with “adult living partners” who are often their foster parents with whom they lived prior to turning 18 that agree to allow the youth to remain in their home so that the youth can benefit from additional transitional services. The cost is to continue to pay the foster parent with whom the youth is placed.

Sub Care: Independent Living: this represents youth who are living independently that FSD supports directly. The caseload is very small.

Sub Care: Standard Foster Care: Standard foster care is the largest caseload in the FSD subcare budget and represents the costs of children and youth who are placed in “standard” foster care, i.e. foster placements that are reimbursed according to the standard foster care rate schedule and do not receive an enhanced rate. These rates reimburse for the cost of care. Standard foster care rates are based on an adjusted “USDA Cost of Raising a Child” calculation.

Sub Care: In-State Group Care: This represents costs for children/youth in in-state residential treatment programs governed and rate set according the PNMI rules. Children/youth are served in these programs because they required specialized treatment that cannot be obtained in a community-based setting. The placement of any child/youth into residential treatment must be approved by the Case Review Committee, which is staffed by clinicians from DCF, DMH, DAIL, and includes members from DVHA and Federation for Families.

Sub Care: Out of State Placements: This represents costs for children/youth placed in residential treatment programs outside Vermont. Children/youth are placed in out of state programs for one of several reasons including a reduction in the number of in-state residential treatment beds over time (302 to 161 beds since 2010), the lack of capacity of in-state programs to serve particularly acute or complex populations such as those exhibiting aggression, sexually harmful behaviors, fire setting, self-injurious behaviors, etc. Additionally, through programmatic changes and policy decisions there is a lack of long-term treatment capacity to serve adolescent boys in-state, children 6-12 years old, and children/youth with developmental delays/deficits. Because FSD is mandated to provide needed services to children/youth in foster care, when a child/youth has a need for treatment that cannot be achieved in-state, FSD identifies programs out of state to serve them. As the use of out-of-state programs has increased, the use of in-state programs has decreased.

Sub Care: Specialized Foster Care: This represents a three types of foster care. First is contracted foster care where a specially trained parent is paid a negotiated rate through contract to care for high needs youth. DCF has 2 such contracts. Second is therapeutic foster care paid for by contract to a community agency that recruits, trains, and supports the foster parents. These providers are licensed by DCF as Child Placing Agencies and DCF has three such contracts. The third category is for children/youth placed in standard foster homes, but receiving an enhanced foster care rate due to their special needs.

Sub Care: Emergency Short Term/Crisis: This represents three in-state residential programs - Howard Jarrett House Crisis program, 204 Depot Street (Seall), and Windsor County Youth Services Bureau. These programs all have a 21 day or less length of stay. These programs are short-term in nature and serve to stabilize children/youth until they can be placed in a longer-term setting, including back into the community.