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**Report to  
The Vermont Legislature**

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**Raise the Age (RTA) Progress Report**

**in Accordance with Act 125 (S.58) of 2024**

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

**Submitted by:     Jenney Samuelson, Secretary  
Agency of Human Services**

**Chris Winters, Commissioner  
Department for Children and Families**

**Prepared by:     Aryka Radke, Deputy Commissioner, FSD  
Tyler Allen, Adolescent Services Director, FSD**

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### Introduction and Executive Summary

This report has been prepared in accordance with Act 125, Section 12:

**Sec. 12. BIMONTHLY PROGRESS REPORTS TO JOINT LEGISLATIVE JUSTICE OVERSIGHT COMMITTEE**

*On or before the last day of every other month from July 2024 through March 2025, 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 House Committee on Human Services, and the Senate Committee on Health and Welfare on its progress toward implementing the requirement of Secs. 7–11 of this act that the Raise the Age initiative take effect on April 1, 2025. 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 nonresidential 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 from youth 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.*

The Department for Children and Families (DCF) is committed to serving youth within a system of care that supports their success, including supporting staff with the tools and training they need to serve youth in the care and custody of the Department. A healthy system of care serving both child welfare and juvenile justice populations relies on home, home-like, community based, residential, and stabilization settings. In 2022, the Department identified substantially diminished capacity within Vermont’s “High-End System of Care” (HESOC) as the primary barrier to the advancement of Vermont’s “Raise the Age” (RTA) initiative, followed by workforce, restorative justice program expansion, transitional housing and treatment program expansion, and a modernized child welfare information system. This is the first of five bimonthly status reports.

This report will include brief status updates on the Agency of Human Services’ efforts to address each element of interest identified in Act 125 of 2024. This report reflects updates from the DCF and the Department of Mental Health (DMH). Subsequent reports will contain updates from the Department of Aging and Independent Living (DAIL) as well.

## **1. Establishing a secure residential facility**

Shortly after the issuance of this report, DCF will have access to the first in-state secure stabilization beds since the fall of 2020. The Red Clover treatment program is in Middlesex, VT, and is set to begin operations as early as September 2024. Previously framed as “temporary short term crisis stabilization,” this small facility will be able to temporarily house and serve justice-involved youth until such a time as they may be safely maintained in their homes or within a community setting. The program will operate in the building formerly used as the Middlesex Therapeutic Community Residence, and will be run by a contracted independent provider, Sentinel Group, LLC. Now that the contract is in place, a formal joint announcement is pending and will likely occur soon after this report submission. This provider shares its origin with the Becket Family of Services and Vermont Permanency Initiative, Inc. programs, which has a long-standing relationship with DCF as a trusted partner in running programs such as the [Vermont School for Girls](#) in Bennington and [Vermont Support & Stabilization \(VTSS\)](#) specialized and intensive family-based services, which provides wraparound services to keep struggling youth in their homes.

Renovations to the structure were completed through a Buildings and General Services (BGS) contract in January 2024. The program will have locked doors and an enclosed, fenced outdoor recreational area. It may serve up to four (4) youth at any time, all genders, age ranges of 12-18. The small program capacity and intensity of service will require daily utilization meetings with DCF’s Specialized Services Unit (SSU), to triage capacity and ensure appropriate youth care.

During the past several months, DCF has worked with Sentinel Group, LLC. on the execution of a contract for services, utilizing existing general funds as appropriated for secure facility development and operation. DCF is currently working with Sentinel Group, LLC to finalize the program’s policies, as required of all residential treatment programs. The program is working to prepare the building for residents, including updating an emergency preparedness plan for the intended population.

As part of the contract, Sentinel Group, LLC will participate in all design elements of a permanent secure youth campus. Presently, DCF is working closely with BGS and [ReArch Company, Inc.](#), whose proposal was chosen to develop the [Green Mountain Youth Campus](#) in Vergennes, VT. The design team has been working with the City of Vergennes to advance the proposed project in a way that will best meet the needs of DCF, the city, and the youth to be served.

The [Green Mountain Youth Campus](#) will provide additional capacity for 14 youths of all genders and ages ranging from 12-18. Conversations are occurring related to the feasibility of serving 19-year-olds as well. It will provide space for up to 8 youths in need of secure crisis stabilization beds and space for 6 youths needing longer term, secure treatment. The [Green Mountain Youth Campus](#) is projected to open in approximately two years.

Concurrent to this project, DCF hosts a monthly stakeholder group to bring in many perspectives. The [Facility Planning for Justice-Involved Youth Stakeholder Working Group](#) has membership from Agency departments, the Office of the Defender General, State’s Attorneys, the Council for Equitable Youth Justice, the Office of Child, Youth and Family Advocate, and more. Community members include individuals with lived experience and their families. Due to the large number of interested stakeholders and the range of topics of interest and advocacy, five working groups will be formed to gather and integrate feedback. The five groups are:

Facilities Design	Program Design	Oversight Structure	Intake and Admissions	Youth and Family Engagement
<ul style="list-style-type: none"> <li>• Facility size/bed capacity</li> <li>• Residential, educational, therapeutic, &amp; recreational spaces</li> </ul>	<ul style="list-style-type: none"> <li>• Therapeutic &amp; educational programming               <ul style="list-style-type: none"> <li>○ Crisis stabilization</li> <li>○ Treatment</li> </ul> </li> <li>• Daily schedule</li> <li>• Family engagement</li> </ul>	<ul style="list-style-type: none"> <li>• State/licensure</li> <li>• Reporting &amp; public access</li> </ul>	<ul style="list-style-type: none"> <li>• Due process</li> <li>• Administrative placement</li> <li>• Screening &amp; assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Representational voices</li> <li>• Alternative feedback routes</li> <li>• Engagement structure</li> </ul>

## 2. Expanding capacity for nonresidential treatment programs to provide community-based services

While projects involving the expansion of therapeutic, residential, and crisis stabilization programming has captured much attention, DCF primarily works with youth and families in their homes or in other home-like environments, such as kin or foster care and seeks to expand utilization of these preventative interventions before residential care or a secure facility is needed.

DCF has established a working group comprised of stakeholders in sister departments, trusted residential treatment programs, Designated Agencies, Specialized Services Agencies, and more to strategize solutions supporting the “high end system of care.” A primary focus of this group has been to organize efforts around foster care recruitment, towards the goal of hosting a foster care summit that coordinates efforts between DCF and child placement agencies.

On a more direct note, DCF has contracted with Becket’s [Vermont Support & Stabilization \(VTSS\)](#) to provide in-home services to youth in care, similar in nature to wraparound services as provided by the Designated Agencies. These services have been invaluable to maintaining in-home placements and to facilitate transitions home from crisis stabilization, residential, or foster care placements. In 2023, DCF expanded its contract from 50 youths served to 65, and this fiscal year, have further expanded the contract to serve 80 or more individuals.

Several efforts and initiatives are occurring to expand the capacity for Vermont youth to access community-based services. These include:

A new [Enhanced Mobile Crisis Program](#) launched statewide on 1/1/2024. Vermont’s Community Mobile Crisis Program was created to support and reassure people dealing with emotional, mental health, or substance use crises. It is available 24 hours a day, and provides rapid, effective, and compassionate support, ensuring no person, regardless of age, is left to face their crisis alone. This mobile response team is composed of highly skilled providers and recovery coaches, offering a blend of expertise and caring support.

[988 Suicide and Crisis Lifeline | Department of Mental Health \(vermont.gov\)](#) was implemented in 2022 to create free and confidential support 24 hours a day, 7 days a week, for people in distress.

The DMH is in the early planning stages for establishing a Coordinated Specialty Care outpatient program for individuals with first and early episode psychosis.

[The Vermont Child Psychiatry Access Program \(VTCPAP\)](#), with 107 primary care clinics and 559 individual providers enrolled, has provided essential mental health consultation to primary care providers serving children and youth across Vermont. Since it began June 2022, 191 providers received consultation with 114 calling multiple times, an indication that they found the service beneficial for their care of children and youth. In 2022, VTCPAP responded to an average of 31 calls each month; in 2023 that has increased to an average of 42 calls per month (through November) with the peak of 67 calls in March 2023 – a period when VT also saw a peak in the number of children waiting in emergency departments. VTCPAP is a partnership of the VT DMH as recipient of the Pediatric Mental Health Care Access federal grant funding (2021-2026)

through the Health Resources and Services Administration (HRSA), the Community Health Centers who host the VTCPAP and leverage a private foundation grant through the Vermont Community Foundation, and UVM Larner College of Medicine's Vermont Child Improvement Program who provides provider engagement support and consultation to the project. These partners are actively exploring long-term options to sustain the consultation service beyond the end of the federal and private grant awards.

Throughout Vermont, there is work to stand up 8 Alternatives to Emergency Departments —5 programs are for adults and 3 programs for children. The goal is to provide a safe, therapeutic space for individuals in crisis to go for support rather than going to Emergency Departments to get their mental health needs met. Six of these programs are being staffed and operated by Designated Mental Health agencies and two by private non-profits.

### **3. Ensuring that residential treatment programs are used appropriately and to their full potential**

The Case Review Committee (CRC), which has membership from DCF Family Services Division (FSD), DMH, DAIL, and Agency of Education (AOE), meets weekly to review thorough clinical case presentations for all Medicaid children and youth referred for residential treatment. The CRC works diligently to identify treatment needs and match youth with programs that can meet those needs. The CRC tracks how many young people are placed in in-state and out-of-state residential beds. We are supporting in-state programs in serving as many children as possible.

Some in-state programs are still not operating at their full potential because of continued staffing challenges, though gradual improvements have been noted. Some programs are experimenting with flexibility in staffing schedules to accommodate employee needs. Others are reducing their census to reflect accuracy of the population they can serve. The State has supported programs with emergency financial relief to assist with the costs of overtime pay needed to keep programs operational. Trends are beginning to shift back to more young people being served in-state (49) compared to out-of-state (45) at the time of this report submission. Additionally, each funding department conducts regular reviews of each child/youth it places in residential treatment to assess progress and discharge planning for all youth in residential care.

During the past two years, the Department of Vermont Health Access (DVHA), in partnership with DCF, DMH, and AOE, has led a process to update the rate-setting rules and methodology used to set the rates for the residential treatment programs in Vermont. This update was sorely needed to correct policies and procedures that were cumbersome and led to programs being chronically under-funded. The residential programs have expressed strong appreciation for the changes that have been implemented – including, for example, cost-of-living increases, simplified applications, and a process to allow program to use profits to improve and update programs and infrastructure.

For more data and information related to residential, see regional and state residential data which is published quarterly: [Statistical Reports and Data | Department of Mental Health \(vermont.gov\)](#)

Also, there is work being done to leverage enhanced Medicaid match to implement a database for residential information to increase the availability and sophistication of the data that can be tracked and reported.

#### **4. Expanding capacity for Balanced and Restorative Justice (BARJ) contracts**

As of 6/3/2024 there were 170 youth on probation who were not in DCF custody, which is the population we propose would shift from DCF supervision to BARJ. The BARJ providers are not able to assume responsibility for these youth with their current funding and staffing. The program received increased funding in the last fiscal year; however, that was an effort to provide the programs with much needed increases to support staffing and programmatic needs that have gone unmet during level funding or minimal budget increases for the prior twelve years. Even with the increase in funding, the BARJ providers all have unmet needs in their communities. The BARJ program serves a broad spectrum of youth, including those who are at risk of entering the justice system. DCF does not want to disrupt current programming and service provision to allow for a wholesale shift to probation youth. Without additional funding to support increases in staffing in each BARJ program, it is not possible to expand their population served and make the statewide shift of supervision to these youth. Currently, BARJ is not able to take on the additional workload to alleviate the DCF workload concerns.

#### **5. Expanding capacity for the provision of services to children with developmental disabilities**

DCF is in an ongoing conversation with DAIL on how to expand programming for this population. DCF is actively working on opening a [Vermont Crisis Intervention Network \(VCIN\)](#) crisis bed for youth. A VCIN bed is a short-term stabilization bed designed to specifically meet the needs of youth with developmental disabilities. There are currently three VCIN beds in the State, but their primary function is to serve adults with a developmental disability in crisis, and youth are given secondary consideration. This new VCIN bed will focus on meeting the needs of youth. DCF is actively working with a provider on a budget and timeline.

#### **6. Establishing a stabilization program for children who are experiencing a mental health crisis**

DCF has continued to work with BGS and the Windham County Sheriff Department to develop a two-bed crisis stabilization program in Brattleboro, VT. This program is not a locked facility and will be operated by an independent treatment provider. Architecture and engineering work took longer than originally expected; however, construction bids were just received, and details of the lease are being finalized. An RFP for programming and a provider is in development and will be issued soon. It is anticipated that the program will be operational by the end of 2024.

Vermont has a Hospital Diversion Program provided by Northeastern Family Institute (NFI). This program offers a short-term inpatient facility for adolescents experiencing acute psychiatric crisis. Adolescents are referred to the NFI Hospital Diversion Program by private practitioners and Designated Mental Health Agencies throughout Vermont. These staff secured facilities serve individuals ages 10 through 18 who typically reside in the program for approximately 7 to 10 days. The State also has a Crisis Program run by the Howard Center for children 6-12 years old that currently operates Monday – Friday (limited due to staffing challenges).

## 7. Enhancing long-term treatment for children

An Agency of Human Services (AHS) team has been working to address the high number of children placed out-of-state by DMH, DCF, and DAIL. One step in addressing this issue was to develop and bring a Psychiatric Residential Treatment Facility (PRTF) to Vermont. This in-state option was supported by the Legislature during last year's session and will serve Vermont children with emotional, behavioral, developmental disabilities, and/or mental health needs. The Brattleboro Retreat was the successful bidder for the PRTF, which will serve 15 youth ages 12 up to 21, if they were placed by their 18<sup>th</sup> birthday. AHS is actively working on contract negotiations for an anticipated ability to begin serving youth by late fall/early winter 2024. AHS departments, including DAIL, DCF, and DMH, will be able to make referrals to this level of care.

DCF is working with DVHA's Division of Rate Setting to expand Private Nonmedical Institutions for Residential Child Care (PNMI) rules so there is more flexibility for residential long-term programs to expand their service array and meet the needs of unique and specialized youth.

## 8. Programming to help children, particularly 18- and 19-year-olds, transition from youth to adulthood

[Return House](#) is a transitional residence for young men ages 16-21 (up to their 22<sup>nd</sup> birthday) with a history of DCF involvement that could include involvement with the juvenile justice system and behavioral support needs. This 6–12-month program provides 24-hour support to help young men achieve their goals and make a successful transition from DCF care back to their communities. Key to this program is the positive relationships that staff develop with residents. The program helps participants develop the relationships, practical life skills, and behaviors to become lawful, productive, and valued members of their community. Program services include training and mentoring in job skills and job-readiness, independent living, non-violent communication, and conflict resolution; positive leisure time activities; and coordination with area service providers for services such as healthcare, transportation, education, parenting assistance, substance abuse treatment, and more. Aftercare services may be provided following completion of the program.

Return House re-opened on 7/1/2024 to serve five youth aged 16-21 who need transitional services to adulthood. There is an ability to increase capacity to seven with a variance. The program previously operated under a contract with the Department of Corrections (DOC) and served appropriate transition aged youth placed by DCF. Return House has since contracted entirely with DCF and is working with DCF's Residential Licensing and Special Investigations (RLSI) Unit on all required policies and licensing requirements specific to youth programming. Programming provided through Return House is based on three guiding priorities:

1. Support of restorative practices,
2. Provision of care through the lenses of relationship-based case management, and
3. A commitment to *Positive Youth Development* practice.

Each of these principles is facilitated by all program staff, but deeply integrated into the work of the two principal case management staff who are responsible for developing case management plans with program youth and routinely monitoring efforts towards identified goals.



**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**

FSD has developed a caseload reporting tool which provides current vacancy and capacity rates for each district that is updated every two months. FSD is in the process of developing more real time (bi-weekly) vacancy/capacity tools. The last available report dated 6/3/2024 shows that there are currently 25 Family Services Worker (FSW) vacancies out of the 178 total FSW positions. Of the filled positions, there are 17 workers with less than 6 months' experience. Additionally, there are positions technically considered filled, where the FSW is out on leave for extended periods and not carrying a caseload. There are approximately 8 FSWs on different types of leave. Between vacancies, workers with less than 6 months of experience, and workers on leave, there are approximately 50 FSW positions that are not currently able to fully support the work of the division.

In the prior fiscal year, multiple departments saw decreased applicant pools, the lowest in comparison to prior years in Vermont. In FSD, this has meant a longer time to fill open positions, with an average time to fill of over 90 days, and a greater strain on the current workforce to carry the current needs of the districts and to onboard new workers. The current turnover rate for the Family Services Worker position is 8.7%.

To support worker retention and recruitment, the FSD Workforce Development Director is meeting with each FSD district office to discuss their specific needs and challenges with retention and recruitment. The Workforce Development Director supports all districts with specific plans to conduct stay interviews, a process supported as interrupting turnover cycles before employees choose to leave. In addition, there have been positive pilot programs to support an alternative work schedule that allows for 4-day work weeks, supporting more work life balance.

FSD is also in the process of contracting an FSD Wellness Navigator. This position will work with the FSD Workforce Director to further imbed wellness support into the culture of the division. This contract is hoped to provide wellness navigation services to connect employees with services that will benefit physical and mental well-being, create and sustain a culture of wellness in child welfare work, and help employees navigate the benefits/health systems that they have access to, as well as do tailored work to support each district office's culture of wellness and facilitate a wellness workgroup for FSD.

Last, FSD has surveyed staff regarding their intent to remain employed in child welfare and to understand how the agency's culture and operations can support this. In this year's Safety Culture Survey, 223 staff responded and 62% endorsed the intent to remain employed in child welfare. FSD is committed to safety culture and initiatives that are responsive to the needs highlighted by these staff surveys.

**10. Installation of a comprehensive child welfare information system (CCWIS)**

Over the last two years, Vermont has made significant steps forward to bring an automated case management system to FSD through the implementation of a CCWIS. Currently, FSD relies on a 41-year-old data collection system and a 20+ year old case-note entry system, neither of which can meet the federal requirements or the state and district level needs with

regarding to data, reporting, and supporting the work of child protection. After months of intensive work, DCF was able to post a CCWIS Request for Proposal (RFP) in 2024. As of the writing of this report, BGS had noted some errors in the RFP scoring and was actively working on correcting and adjusting the RFP with the plan of reissuing it in the summer of 2024.

## 11. 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. The FY26 budget is currently under development.

### Additional Related Updates

FSD issued updated policies related to Act 125 on the topics of commencement of delinquency proceedings, jurisdiction, and transfers between courts. Language related to the list of “big” juvenile offenses and juvenile jurisdiction charts were updated for staff, reflective of 4/1/2025 RTA expansion to 19-year-olds.

Related to the work of Vermont’s child protection and juvenile justice system generally, FSD submitted a package of [federally required reporting](#) on 6/28/2024. This includes Vermont’s:

- 2020-2024 Final Annual Progress and Services Report (APSR); and
- 2025-2029 Child and Family Services Plan (CFSP).

This package includes assurances and certifications for Title IV-B subparts 1 and 2, Chafee, and ETV (Education and Training Voucher Program); CFS-101 forms requesting FY 2025 funding; our Child Abuse Prevention and Treatment Act (CAPTA) state grant annual update; and the following targeted plans:

- Foster and Adoptive Parent Diligent Recruitment Plan;
- Health Care Oversight and Coordination Plan;
- Disaster Plan; and
- Training Plan.

This year concluded the previous five-year cycle and began a new one, which required the submission of multiple reports. The CFSP is a five-year strategic plan that sets forth the vision and the goals to be accomplished to strengthen our state’s overall child welfare system. The APSR provides annual updates on the progress made toward accomplishing the goals and objectives in the CFSP. Completion of the APSR satisfies the federal regulations by providing updates on a state’s annual progress for the previous fiscal year and planned activities for the upcoming fiscal year.

This has been an active year for federally required activities and collaboration with FSD’s partners from the Children’s Bureau. FSD submitted its Child & Family Services Review ([CFSR](#)) Round 4 Statewide Assessment in March 2024, followed by completion of the CFSR onsite review the week of 5/6/2024. FSD chose a Children’s Bureau led CFSR and plans to partner closely with the Children’s Bureau during the Program Improvement Plan (PIP) process. Currently, FSD is awaiting its final report meeting related to the CFSR, which is currently scheduled for 9/9/2024. Due to the incredibly close timing of the submission of Vermont’s CFSR Statewide Assessment, the onsite CFSR review, and the submission of this CFSP, the data analysis is consistent across reports.

We look forward to the opportunity to dive deeply into our areas of strength and need to create the CFSR PIP, which will be the driver of practice shifts within the next several years. In addition to federally required topics, the CFSP provides information about six areas of focus for upcoming years, aligned with this report, stabilization of the system of care, and planning for RTA implementation:

- Racial Equity and Anti Racism
- System of Care
- Families Come First
- Safety Culture
- Continuous Quality Improvement
- Safety Organized Practice

The Children's Bureau intends to review each state's reports and will follow up with feedback by the end of July. There may be a process of additional writing, re-submission, and approval. Once approved, the plans will be posted on our public website and included in a subsequent progress report.