
**Report to
The Vermont Legislature**

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

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Introduction

This report has been prepared in accordance with Act 125 (2024), 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, DCF identified the 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 second of five bimonthly status reports. Our first bimonthly status report is available [here](#).

Please note this report will include a short summary of the July status report, followed by 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

At last reporting, DCF was anticipating the opening of the Red Clover treatment program in Middlesex, VT. This four-bed, “temporary short-term crisis stabilization facility” will be able to temporarily house and serve justice-involved youth until such time as they may be safely maintained in their homes or within a community setting. 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, and age ranges of 12-18. Initial renovations to the former Middlesex Therapeutic Community Residence were completed through a Buildings and General Services (BGS) contract in January 2024.

In the two months since last reporting, DCF and BGS have worked closely with Red Clover’s management team to prepare the building and staff to begin operations. These preparations have included assessing the building capacity to meet the programs’ needs and advancing new work orders for final renovations. Because most of the needed renovations will occur shortly after the intended start date, and as it takes some time to hire, verify and train staff, the program

will begin operations with a reduced census, increasing resident capacity as it is appropriate to do so.

Concurrent to hiring and facility upfitting, DCF and Red Clover are preparing the required policies to begin operations. For Red Clover, this means developing policies required of all residential treatment programs, as well as taking into account the secure nature of the structure. This includes a more detailed Emergency Preparedness Plan and physical intervention policy and training. For its part, DCF has drafted a policy that aligns to the statutory obligations for placement in a secure facility. Included in this are the procedures for due process associated with administrative placements. These procedures for due process were negotiated with the Juvenile Defender. DCF will continue to host ongoing conversations with the Juvenile Defender and other relevant stakeholders prior to the opening of a permanent secure facility.

The program is anticipated to be available to the first youth needing this level of care in October 2024. While the development of this program is of the utmost urgency for DCF, care is being put into the opening, given the intensity of services and need to ensure the safety of youth in the program. Attention to building needs, the hiring and training of staff, and ensuring that all licensing standards are fully met have all contributed to delays in opening, but these details are essential for the assurance that youth are appropriately cared for. 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.

The [Green Mountain Youth Campus](#) (GMYC) 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. GMYC remains projected to open in approximately two years. While two years seems like a long time to develop a facility, it is, in fact, reflective of an expedited process as compared to similarly sized projects. Because time was of the essence, BGS supported DCF by initiating a design/build process that involves leasing the space developed by an independent contractor, with an option to buy at a later date. Despite this faster process, there are many steps involved with this type of project, including community engagement, local zoning and permitting processes, site design and stakeholder input, and actual building. ReArch Company, Inc., the selected builder, offered a competitive timetable for completion.

Since last reporting, the Red Clover/GMYC team participated in a design meeting with the ReArch architects and provided feedback regarding campus flow, physical structure for vocational opportunities, parking capacity, recreational space, and more. The design team is working to incorporate the feedback into updated designs.

The [Facility Planning for Justice-Involved Youth Stakeholder Working Group](#) has met and has scheduled the first three of the five working groups that were identified in the last report. These three groups include: facility design (this feedback is needed most promptly given the design/permitting/construction schedule); program design (this input will most likely impact facilities design); and youth and family engagement, whose voice needs to be centered in all conversations.

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

In the first bimonthly progress report, AHS reported on several activities underway designed to expand capacity of non-residential treatment programming. These activities included multi-systemic collaboration, expansion of in-home services ([Vermont Support & Stabilization \(VTSS\)](#)), mobile crisis support ([Enhanced Mobile Crisis Program](#)), [988 Suicide and Crisis Lifeline | Department of Mental Health \(vermont.gov\)](#), [The Vermont Child Psychiatry Access Program \(VTCPAP\)](#), and efforts to stand up 8 alternatives to Emergency Departments. These efforts have continued throughout the reporting period.

An additional resource is the Compass program, which contracts with community providers in all 12 Vermont district offices to provide prevention services to youth at risk of greater systemic involvement. While not a new initiative, this program is contextually relevant to an older youth population, and reflective of the Agency's commitment to working with communities in a preventative manner. The Compass program provides services to youth and young-adults at risk of child welfare or juvenile/criminal justice systems-involvement, family instability, housing insecurity, poverty, or other negative health outcomes. Compass is a voluntary, short term, intensive, clinically focused, and primarily in the family's home or in another environment familiar to the family. Services vary from program-to-program and youth-to-youth, but all are designed towards reducing the risk of out-of-home placements. The program can serve youth ages 12-23, but primarily serves older youth and emerging adults. Youth served may or may not be involved with DCF. In FY23, Compass served 454 youth.

While the Compass program reflects the community based preventative approach DCF takes with older youth, the program also supports the health of the residential system of care (see item 3 below) by serving families in the home, limiting the number of youths who enter DCF custody at the point of family crisis and disruption. Similarly, the support and stabilization program help to support youths stepping out of residential programs more quickly.

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 serve 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). 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 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 care, see regional and state residential data which is published quarterly: [Statistical Reports and Data | Department of Mental Health \(vermont.gov\)](https://www.vermont.gov/mental-health/statistical-reports-and-data).

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

As of June 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. These youth represent the span of eligibility for delinquency/youthful offender status, (ages 10-21) not just the RTA population. This would ease pressures on DCF workforce allowing them to focus on the higher risk youth in the care of the Department. 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. 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).

Since July’s report, the lease has been finalized and work is set to begin. DCF remains on track to have the space ready for a program as early as the end of the year.

7. Enhancing long-term treatment for children

The last report provided an update on the AHS team’s efforts to establish a Psychiatric Residential Treatment Facility (PRTF) in Vermont. This in-state option was supported by the Legislature during the last 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 18th birthday). AHS has been actively working on contract negotiations for an anticipated ability to begin serving youth in such a facility by late fall/early winter 2024. As of September 11, 2024, the draft contract for all scope of services in Attachment A was finalized and the fiscal component of Attachment B is being finalized by DVHA, as they will be the payer. One possible delaying factor that remains is the Green Mountain Care Board’s (GMCB) review of whether the Retreat will need a Certificate of Need. A Certificate of Need is the process by which the Green Mountain Care Board ensures there is not unnecessary or duplicative health care infrastructure or services in Vermont. Last August, the GMCB stated the Retreat did not need to apply for a Certificate of Need, however, they are now re-reviewing that decision.

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 22nd 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 are 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 July 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.

The second residential program DCF developed to serve transition age youth was the 208 Depot program, designed primarily to support youths aging out of traditional custody, primarily from residential environments. This program is designed to empower youth to make and sustain positive changes through prevention, intervention, and life skills services. Services provided by Contractor will enable youth to live successfully and safely within the community, engage in their case plan, achieve successful completion of their probation, and participate in work and/or school. 208 Depot supports youth ages 18-19 through a co-ed, two (2) bed, single room occupancy (SRO) program.

DCF also currently offers "Extended Care" services to youth ages 18-23 who were formerly in foster care, primarily through our contracted Youth Development Program (YDP). YDP operates under a contract with Elevate Youth Services, which subcontracts with local supports throughout the state. DCF recently submitted a five-year plan to our federal partners detailing the planned activities of the YDP. The plan, called the Child and Family Services Plan, is currently under review by the Children's Bureau. Once approved, a final version will be linked in a subsequent Raise the Age report. In this plan, DCF proposed to strengthen existing programming in the following ways:

Youth Leadership Opportunities

- Further develop youth leadership opportunities, especially the Youth Advisory Board (YAB), and engage youth in system and program evaluation and design. Support the YAB to connect with the legislature, inform policy development, and continue training DCF workforce and caregivers.

Youth Events

- Host more youth events and expand participation for youth. Ideas include a summer camp, a dance, online hang out spaces, and LGBTQ+ and BIPOC affinity groups.

- Develop and advocate for additional housing resources for transition-age youth. Strategies include applying for additional housing vouchers in partnership with Vermont Public Housing Authorities (PHAs), partnering with PHAs and other public and private entities for project-based housing vouchers, and recruiting for extended care foster parents (Adult Living Partners).

Youth Resources

- Explore other expanded resources for youth, including access to drivers' education and car insurance, and post-secondary education and training resources. Develop and implement youth programming for media literacy, social media advocacy, internet safety, and strategic sharing.

Supports to YDP Staff

- Support YDP staff retention. Ideas include holding a "Youth Development Coordinator Appreciation Day," hosting monthly online peer-support meetings for staff, developing safety protocols and/or launching a safety committee, facilitating exit/stay interviews, and soliciting targeted feedback from staff about program development. Continue emphasis on supporting direct service staff through training, oversight, and technical assistance.

Participant Discharge/Satisfaction Surveys and Grievance Policy

- Implement discharge/satisfaction surveys for youth participants as well as a statewide grievance policy to ensure youth voices are heard and taken seriously.

Engaging Additional Youth in Transition and Aftercare Services

- Consider methods for engaging additional youth in transition and aftercare services. Strategies include creating a hotline or text line for youth to call for information/guidance about post-18 resources, implementing a more robust social media presence to ensure youth and the general public are aware of YDP services, and exploring ways in which to serve the highest-risk youth in low-barrier ways.

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, from September 17th, shows that there are currently 23 Family Services Worker (FSW) vacancies out of the 178 total FSW positions. Of the filled positions, there are 19 workers with less than 6 months' experience. Between vacancies and workers with less than 6 months of experience, there are approximately 42 FSW positions that are not currently able to fully support the work of the division.

Notably, for FY23 the vacancy rate (8%) and turnover rate (8.7%) for FSD compare favorably to that of AHS (9% and 10.8%, respectively) and the State of Vermont (11.9% and 11.1%, respectively). The division is most challenged by the average time to fill a given position. It takes FSD over 90 days to hire. In comparison, AHS fills positions in 62 days on average, and the

State does so in 73 days. Consequently, FSD has focused intently on revamping our retention and recruitment strategies. The next page contains a chart detailing our current efforts in that regard.

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.

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Workforce Overview

Recruitment Strategies	Retention Strategies
<p>Revised outreach materials: FSD is currently working on increasing outreach materials and the screening process to be more informative and provide a more efficient and transparent process for candidates (e.g., new FSW Pamphlet and revising screening questions/process).</p> <p>Revised recruitment: In August, FSD revised its recruitment strategies using periodic sponsored Indeed posts, updated digital tags, reinvigorated district specific social media campaigns using Facebook, X, and LinkedIn, etc.), and are seeing higher numbers of applications.</p> <p>Job Fair: In October, FSD will participate in its first job fair in a location proximate to highest vacancies.</p> <p>New Partnership with UVM will allow FSD to post recruiting messages to UVM's students and alumni, do tabling events, job fairs, and collaborate with their social impact networking group.</p>	<p>Class action submission: The VSEA has submitted a request for review of the FSW class that may impact FSW pay increases. FSD Leadership is in support of this request. This request may positively impact retention and recruitment.</p> <p>Retention bonuses: For workers staying in districts experiencing high turnover.</p> <p>Wellness Navigator position: This role will support building FSD culture of wellness, as well as provide individual level support for FSD staff to address their health and wellness concerns through State-provided benefits or connections to their local resources. Long-term goals for this project are to create lasting benefits for the wellness of FSD staff through policy and/ culture shifts and ease employee access to resources. Selection is in November.</p> <p>Revision of exit interview process: Exiting employees will be given a consistent process upon resignation that was recently revised to include more supportive process for BIPOC staff. This information will be utilized to improve our employee retention. (Questions and delivery method have been updated and allow for candidates to indicate issues of racial inequity as a reason for separation.)</p> <p>Training Assessment: FSD has partnered with CWTP and a child welfare researcher to conduct a training assessment for our workforce that looks at what supports to build competency are needed by each type of FSW and which modalities support their learning.</p> <p>QIC-WA: FSD applied for and was selected as one of 6 states to have the Quality Improvement Center for Workforce Analytics provide technical assistance regarding FSD's workforce. Our goal will be to use QIC-WA's expertise to support better data driven workforce interventions in VT.</p> <p>RC Pilot: FSD is piloting a new staffing structure. Resource Coordinators (RC) are responsible for recruiting, retaining, and supporting foster/kinship families. They also identify and assess specific foster/kinship homes that can meet the intense needs of children and youth that enter DCF custody. The division has reassessed the utilization of five vacant FSW positions in three districts experiencing capacity and staffing challenges to increase job satisfaction for RCs and FSWs and address long-standing vacancies by reclassifying some FSW positions into additional RC and Senior FSW roles.</p>

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

The July progress report summarized the Department's efforts over the past two years to initiate the installation of a CCWIS system. Since that reporting, DCF submitted a revised request for proposal (RFP) for the required federal review by the Children's Bureau, which has 60 days to review the RFP. DCF anticipates being able to officially repost in the fall of 2024. Following this timeline, we would likely be scoring bidder responses in early 2025, with the hope of being under contract with a vendor by late spring/early summer of 2025. Once a bidder has been selected, DCF will prepare proposals to identify full funding.

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.

12. Potential caseload impact of full RTA implementation

The following data reflects populations of young people that were or would be impacted by the RTA legislation. These data reflect total case counts for a two-year time span from FY22 and FY24. Note that predicting the specific impacts of RTA is difficult given the context of all the other variables being put into place (the other elements addressed in these reports). Importantly, DCF already serves some youth within the population as youthful offenders.

A snapshot of the data related to 18 and 19-year-olds that have been served by DCF is included below. These data reflect youths that have been served by DCF, either as delinquent status, or as youthful offenders.

18-year-old delinquents:

- 18 Big 11 offenses

18-year-old Youthful Offenders:

- 1 Big 11 offense

19-year-old Youthful Offenders:

- 14 Big 11 offenses

Total delinquent/YO cases with Big 11 offenses – 38 (FY22-24)

The following data reflect 18 and 19 year-olds who were convicted within the Criminal Division within the same time period as the previous set. These numbers reflect youth who would have or, in the case of Big 11 offenses as YOs, may have otherwise been served by the juvenile courts under a fully implemented RTA.

18-year-old youth:

- 1 misdemeanor
- 31 felonies which includes 20 Big 11 offenses

19-year-old-youth:

- 79 misdemeanors
- 57 felonies which includes 17 Big 11 offenses

Total RTA population convicted in Criminal Division – 168 (FY22-24)