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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**

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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.

Additionally, in the years since implementing raise the age for eighteen-year-olds, DCF has identified concerns about ensuring youths in care are complying with defined case plans when the DCF lacks custodial status. Youth over the age of eighteen are legal adults and retain the right to consent to treatment. Unlike youths granted Youthful Offender status—who retain the incentives associated with a deferred criminal sentence, DCF has little authority to ensure compliance with a case plan or probationary terms and conditions. To further understand the depth of this complicating factor, DCF has surveyed its workforce regarding their experiences working with youth who incurred delinquency charges at age 18.

Staff report that they do not feel that the juvenile system is prepared to serve 19-year-old delinquent youth. Concerns outlined by staff include:

- **Delays in the timeliness of the courts.** With delinquency cases, it often takes a long time to get the youth adjudicated and placed on probation. When there are months

between filing and adjudication, it limits the amount of time that the youth have to engage in services.

- **Lack of consequences.** For youth who are not motivated to engage in the terms of probation, there are no consequences as jurisdiction will end regardless of their compliance.
- **Gaps in service.** There are gaps in services for this population given the fact that DCF contracts for residential support end when the youth turn 18-years-old. For 18-year-old youth who require a higher level of support or treatment the contractual services available through DCF are very limited.
- **What works.** Staff reported that the 18-year-old youth who were successful had stable housing, had parents/caretakers that were supportive, were engaged in school/employment, timely access to substance use or mental health treatment, internal motivation to engage, effective consequences and rewards, and natural supports.

For many, the conclusion of the Raise the Age initiative is past due. For others, that Vermont was the first state (and as of the time of this reporting, remains the only state) to expand juvenile jurisdiction beyond the 18<sup>th</sup> birthday is telling. Others have regarded the initiative as risky, or fraught with challenge. DCF does not challenge the well-documented developing brain science that suggests that with continued access to normative development, youthful brains will naturally desist from delinquent or criminal antisocial behaviors as they mature. However, the partial implementation (to date) has taught us that while the transfer of adult criminal jurisdiction into the Family Division of the courts works for some young people, it has not been effective with the entire population, even exacerbating risk factors for some, while taxing the existing youth serving systems. Further, the demands of trying to maintain the undertaking diverts time, energy, and resources from the agencies trying to restore faltering systems of support. For these reasons, the Agency can no longer support the expansion of the Raise the Age Initiative to include 19-year-olds. However, the agency will continue focus energy on the systemic gaps identified in this report to improve existing systems for eighteen-year-olds and will propose statutory changes to address the problems highlighted above.

This is the fourth of five bimonthly status reports. Our first three bimonthly status report are available online (See: [July 31<sup>st</sup> bimonthly report](#), [September 30<sup>th</sup> bimonthly report](#), and [November 30<sup>th</sup> bimonthly report](#)).

Please note each section of this report will include cumulative and, where appropriate, summarized language from the prior three reports, 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 primarily reflects updates from DCF and the Department of Mental Health (DMH).

## 1. Establishing a secure residential facility

## **Red Clover Treatment Center**

The Red Clover Treatment Center officially opened for business on Monday, October 21<sup>st</sup>, and accepted its first resident on Tuesday, October 22<sup>nd</sup>. As of November 4<sup>th</sup>, the program expanded capacity to include a second youth, who entered the program that day. The programs license opened capacity for a third resident on November 21<sup>st</sup>. While the program was set to be at full capacity in early December, that did not come into fruition due to challenges with onboarding enough personnel to satisfy licensing requirements. They are just shy of the 26 staff required to be open at full capacity. It is hoped that they will reach full staff capacity by mid-February 2025.

This four-bed, “temporary short-term crisis stabilization facility” can 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 has locked doors and an enclosed, fenced outdoor recreational area. It may serve up to four (4) youth at a time, all genders, and age ranges of 12-18.

Concurrent to hiring and facility upfitting, DCF and Red Clover fully prepared the required policies to begin operations. For Red Clover, this meant developing policies required of all residential treatment programs, as well as considering the secure nature of the structure. This included a more detailed Emergency Preparedness Plan and physical intervention policy and training. For its part, DCF drafted a policy that aligns with 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.

DCF maintains very close contact with the program to ensure that youth are receiving the quality of care they need and are returned to community level supervision as quickly as possible. DCFs Specialized Services Unit (SSU) monitors the daily activity of Red Clover, as well as performance measures. The program provides daily progress updates to the SSU on each resident. Additionally, DCF administers weekly visits to the program to ensure the quality of service is maintained, and that the program needs are being supported. As a Vermont residential treatment provider, the program is regulated and licensed by the DCF Residential Licensing and Special Investigations (RLSI) Unit.

While the experience of the youth entering the program has been very positive, and mostly seamless, there were some systematic hurdles at the point of court referral that need to be clarified with the courts. Because of the capacity and purpose of the program, as well as the individualized circumstances of the youths placed there, it is important that courts only order the placement with a DCF recommendation for placement. Entry to this program has some intentional flexibility built in. Because it is the only secure program specific to juveniles, it may serve youth for purposes related to the Interstate Compact on Juveniles, delinquency matters, or criminal matters through a Memorandum of Understanding with the Department of Corrections (DOC). In some instances, Red Clover may have capacity to meet the needs of a youth otherwise housed in a DOC facility, but only if that can be accommodated safely. DCF continues to work with Juvenile Justice stakeholders, including the courts, to ensure the mechanisms for appropriate placement match the capacity of the program. On January 16<sup>th</sup>, several new Judges toured the program to orient them to the program capacity and function.

## **Green Mountain Youth Campus**

The prior two progress reports have described the planned [Green Mountain Youth Campus](#) (GMYC) as providing additional capacity for 14 youths of all genders and ages ranging from 12-18. The initial designs included space for up to 8 youths in need of secure crisis stabilization beds and a separate space for up to 6 youths needing longer term, secure treatment. GMYC remains projected to open in approximately fall of 2026. 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 construction. ReArch Company, Inc., the selected builder, offered a competitive timetable for completion.

At the last reporting, the Red Clover/GMYC team had 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 has since met with the DCF and Consultants from Red Clover program two more times. These additional design meetings, as well as feedback from legislators at the Juvenile Justice Oversight Committee encouraging DCF to consider additional and distinct space for an 18+ population, prompted an exploration of a significant project redesign. These revised site plans had included a third residential “house” in the campus specifically to serve youth aged 18 and older. The additional space would have contained eight additional bedrooms, which could be divided into two groups of four, depending on the needs of the population or space required.

The proposal to develop a distinct 18+ program has since been discussed with a focused workgroup, the full stakeholder group, the Youth Development Program’s Youth Advisory Board and with Community Representatives from the City Vergennes. While official recommendations did not come from any of those bodies, most participants reflected that they were uncomfortable with increasing campus capacity and reflected concerns about trying to address too many gaps with one program. The concern is that putting “too many eggs in one basket”, we jeopardize the intentions of the program and risk negatively impacting efficacy. A manual review of cases regarding Justice-involved youth aged 18-20 suggests this level of care is not needed at the youth campus, and may be better addressed by other means, such as expansion of independent living opportunities. Given these recommendations, the Department is no longer including an 18+ program within the campus design. This proposal still includes the recommendations to separate the educational facility from the administrative facility, and bring intake through the administration building, rather than into one specific “house.” Other elements such as expanded parking and additional vocational programming have remained within the design.

The [Facility Planning for Justice-Involved Youth Stakeholder Working Group](#) has been meeting since November of 2023. The group met once during this reporting period and were joined by the provider team from Red Clover Treatment Center, who facilitated a discussion and addressed questions about the policies and intended operation of the program. The Red Clover leadership will remain active in the stakeholder working group moving forward, being available both as a provider within the current program and as a consultant on the developing the GMYC.

As mentioned previously, a smaller working group that focuses on facility function and design gathered to have initial discussions about the most recent design of the GMYC. This group included representatives from BGS, the Juvenile Defender Generals office, the OCYFA,

representation from a youth agency, Red Clover, and a member with lived experience. While not all participants were committed to the development of a secure youth campus, there was robust and helpful conversation about design elements and the functional impact on residents. Areas of note include planning for minimization of resident searches, sightlines and camera positioning, and normalcy activities. The group reconvened on December 7<sup>th</sup>, 2024, and again on January 27, 2025.

DCF continues to engage city stakeholders in Vergennes. DCF and BGS leadership are currently negotiating terms for the city to approve construction of the campus, and the State is currently navigating the permitting and rezoning processes with the city. The selected site requires rezoning and permitting processes, which largely exist outside of either departments control. These public processes are now contributing to delays in program development and jeopardize a 2026 campus opening.

## **2. Expanding capacity for non-residential treatment programs to provide community-based services**

AHS previously 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 \(vermont.gov\)](#). In November 2024, the pediatric and perinatal consultation services merged into one unified call line now called the VT Consultation and Psychiatry Access Program (VTCAP). VTCAP provided its 1,000<sup>th</sup> consultation call with pediatric-serving primary care providers in August since its inception June 2022, and 428 consultations in FFY2024. Urgent Care programs for youth at UCS, HCRS and LCMH served approximately 115 youth in FY24.

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 occurring 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. Of those youth, 82% had access to health care, 88% were employed or in an educational program, and 91% had natural supports. More information regarding the Compass Program and its network can be found [on the DCF website](#).

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 into DCF custody at the point of family crisis and disruption. Similarly, the Vermont Support and

Stabilization (VTSS) program help to support youths stepping out of residential programs more quickly. More information regarding VTSS can be found on [the Vermont Permanency Initiative Website](#).

### **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 to serve as many children as possible. Some in-state programs are still not operating at their full potential because of continued staffing challenges, which impact small programs disproportionately, where a single opening can sometimes impact the bed capacity or even the number of hours a program remains open.

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. Prior reports have noted some decline in DCF's current out-of-state residential placement trends. While there has been a decrease in the number of children in residential treatment in the past four years, this should not be interpreted to mean there is a decrease in need. Due to significant staffing capacity issues in residential programs (both in-state and nationally), many programs have had to decrease bed capacity, reduce days open (e.g. running Monday – Friday instead of daily), and some have completely closed. This has led to a significant shortage of available residential beds, and children/youth are waiting longer to get into residential programs – frequently waiting in the community or being staffed in settings not intended for therapeutic stays-- while needing to intermittently access crisis and inpatient programs for stabilization. For details on the youth from all departments being served by out-of-state residential programs, that can be found in the DMH FY 2024-Quarter 4 Regional and State Residential Data report [Regional and State Residential Data FY2024 Quarter 4](#) .

Additionally, each 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. Compared to the prior 2 years, there are fewer beds available in Vermont residential programs due to workforce challenges, so AHS needed to look to programs out of state to meet the needs of children/youth who met medical necessity for residential levels of care. Some of the out-of-state placements were in psychiatric residential treatment facilities (PRTF), which is a level of care that Vermont does not currently have in state. This was part of the rationale for pursuing a PRTF in Vermont, which is pending final contract with the Brattleboro Retreat and is expected to open in 2025. The AHS Departments conduct regular reviews of each youth's progress in the residential setting to determine continued need for that level of care and to ensure discharge planning is on track so that youth can transition to a lower level of care, ideally back in their home community, when their treatment goals for residential care have been met. Continued



workforce challenges across the system impact timely access to the full continuum of community-based services to support the timely transition from residential level of 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 has helped address 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 programs to use profits to improve and update programming 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 \(vermont.gov\)](#).

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

As of December 2, 2024, there were 178 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. However, DCF is exploring the population currently served by BARJ and working with field staff and BARJ network to examine the needs of their county to determine if changes could occur to support a shift of workload.

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

DCF believes the best outcomes for children with developmental disabilities are facilitated through community integration. With that in mind, DCF is working to develop a system of care to support these youth in the community. Current plans include adding a crisis bed to the existing assessment/transition programming.

DCF currently maintains a successful contract with the Families First program in Brattleboro VT called Banyan house. This program is designed to transition youths placed in out of state residential programs back home.

DCF is collaborating with DAIL on how to expand programming for this population. DCF and the Department of Aging and Independent Living (DAIL) worked together to open a Vermont Crisis Intervention Network (VCIN) crisis bed for youth on January 10, 2025. The 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 exclusively on meeting the needs of children and youth.

DCF has developed a memorandum of understanding with DAIL, who oversees the VCIN program through existing contracts with the regional Designated Agencies. The VCIN program filled positions and developed a physical space and began providing Crisis Services to youth on January 10, 2025. The cost of this program is funded from DCF's existing budget, specifically from existing funds from developmental services budget.

## **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's 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. Construction on the project is underway, with an anticipated completion date in March 2025. DCF has issued the RFP to identify a provider to operate out of the newly renovated building. Assuming a successful bidder is identified, a program could be operational by early summer 2025.

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 (which continues to be challenged due to staffing capacity).

## **7. Enhancing long-term treatment for children**

The AHS team is in the process of establishing 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, and 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).

The following steps are now occurring concurrently with the intention of being able to open this needed level of care in 2025:

- AHS has sent a draft contract to the Brattleboro Retreat for review.
- VDH has drafted an emergency rule as required by legislation.
- Budget and policy work is occurring for payment to be established for this level of care.
- State Plan Amendment has been drafted to submit to CMS which is required given Vermont has not operated a PRTF before for youth.
- Retreat is completing the independent school application to submit to the Agency of Education.

Due to the current ongoing negotiations with the Retreat for their inpatient alternative payment model, contract negotiations for the PRTF will begin when those negotiations are complete as the same staff at the Retreat are engaged in the inpatient negotiations.

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 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 if needed. 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 the 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, has been approved by the Children’s Bureau and can be found here [Child and Family Services Plan: 2025 through 2029](#). 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. At the time of the first report, FSD was in the process of developing more real time (bi-weekly) vacancy/capacity tools. This biweekly vacancy tool has been created. On October 1, 2024, there were 23 Family Services Worker (FSW) vacancies out of the 174 total FSW positions. Of the filled positions, there were 20 workers with less than 6 months' experience. Between vacancies and workers with less than 6 months of experience, there are approximately 43 FSW positions unable to fully support the work of the division.

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). FY24, the vacancy rate for Family Services Workers rose to 11.4. with a turnover rate of 16%. Comparatively, DCF had a turnover rate of 9.6% and a vacancy rate of 7.4%. FSD's increase in vacancy was highly impacted by high turnover in the beginning of FY 24 that originated primarily from two districts.

As context, the estimated national average turnover rate for child welfare workers is 30%, as compared with Vermont who has a 16% turnover rate. Turnover rates of 12% or lower are considered optimal. Most states that have state administered family services range between 10-19% annual turnover rates with some as high as 26%. The state of Maine in comparison has a similar size workforce- and they last reported a 16% annual turnover rate, equal to Vermont.

Since August where FSD had 28 vacancies, vacancy and turnover have generally trended down. The division continues to be challenged in decreasing its average time to fill a given position. It takes FSD over 90 days to hire, averaging 127 days for the FSW position specifically. In comparison, in FY23, AHS filled 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 to support shortening the time it takes to fill positions and to support staff to remain in the FSW position. As of January 2, 2025, we have 20 FSW vacancies.

To support worker retention and recruitment, the FSD Workforce Development Director is meeting with the FSD districts 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 continues to be in the process of contracting an FSD Wellness Navigator. This position will work with the FSD Workforce Director to further imbed wellness supports into the culture of the division. This will 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, help employees navigate the benefits/health systems that they have access to, do tailored work to support each district office's culture of wellness, and facilitate a wellness workgroup for FSD. In addition, since the last update, planning regarding a wellness and work life balance campaign has begun with the goal of addressing barriers to worker's use of vacation and to promote wellness and the use of earned leave as a method to support overall work satisfaction and wellbeing. This strategy was based on exit interview data pointing at lack of work life balance and burnout as a primary reason for leaving employment with FSD.

During this reporting period, a class action paygrade classification process was initiated by VSEA and supported by FSD and DCF leadership. This process resulted in increasing the paygrade for the majority of FSWs.

Lastly, FSD is in the process of developing a statewide mentoring program. Mentoring is known to improve retention and competence for new employees, as well as increase morale overall and build confidence and leadership skills in the mentoring workers. FSD will start out by piloting a small number of mentors and mentees for a 4-month period and then assess for outcomes.

## **10. Installation of a Comprehensive Child Welfare Information System (CCWIS)**

Currently, Vermont relies on a 42-year-old data collection system and a 20+ year old case-note entry system, neither of which can meet the federal requirements or state and district level needs with regard to data collection, reporting, and analysis. Earlier reports have reflected that after months of intensive work, DCF was able to post a CCWIS Request for Proposal (RFP) in 2024.

Since that reporting, DCF, in consultation with internal staff and external stakeholders, made the decision to pull down the RFP and revise it to further align with identified needs. A revised RFP was submitted for the required federal review by the Children's Bureau, which had 60 days to

review the RFP. DCF received a thorough response from the Children’s Bureau on October 16, 2024, and since then, has worked closely with the Children’s Bureau and internal staff to continue revisions and submission. DCF received the most recent round of feedback on January 8, 2025, and anticipates being able to make a final submission for federal review in January 2025. Following this timeline, we would likely be scoring bidder responses in late spring 2025, with the hope of being under contract with a vendor by mid-late 2025.

Currently, there is roughly \$15.6 million in state and federal funding connected to CCWIS. During the last budget cycle, \$3 million (of the \$4.8 million that had been in carryforward funds) was appropriated specifically to CCWIS in a 1x Department ID, \$1.8 million was left as carryforward funds, and an additional \$3 million was appropriated to CCWIS from settlement funding. Additionally, there is a federal opportunity in place where the Children’s Bureau will match funding raised by states and jurisdictions, to not exceed 50% of the cost of a new CCWIS. This is to say that, while this opportunity is in place, the Children’s Bureau can match what Vermont has raised, bringing the full CCWIS funding to \$15.6 million at this time.

DCF anticipates (based on information gathered from other states) that a new CCWIS will cost \$30-\$50 million. A more exact cost will be identified during the RFP process and DCF will prepare proposals to identify full funding at that time.

## **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.

## **12. Potential caseload impact of full RTA implementation**

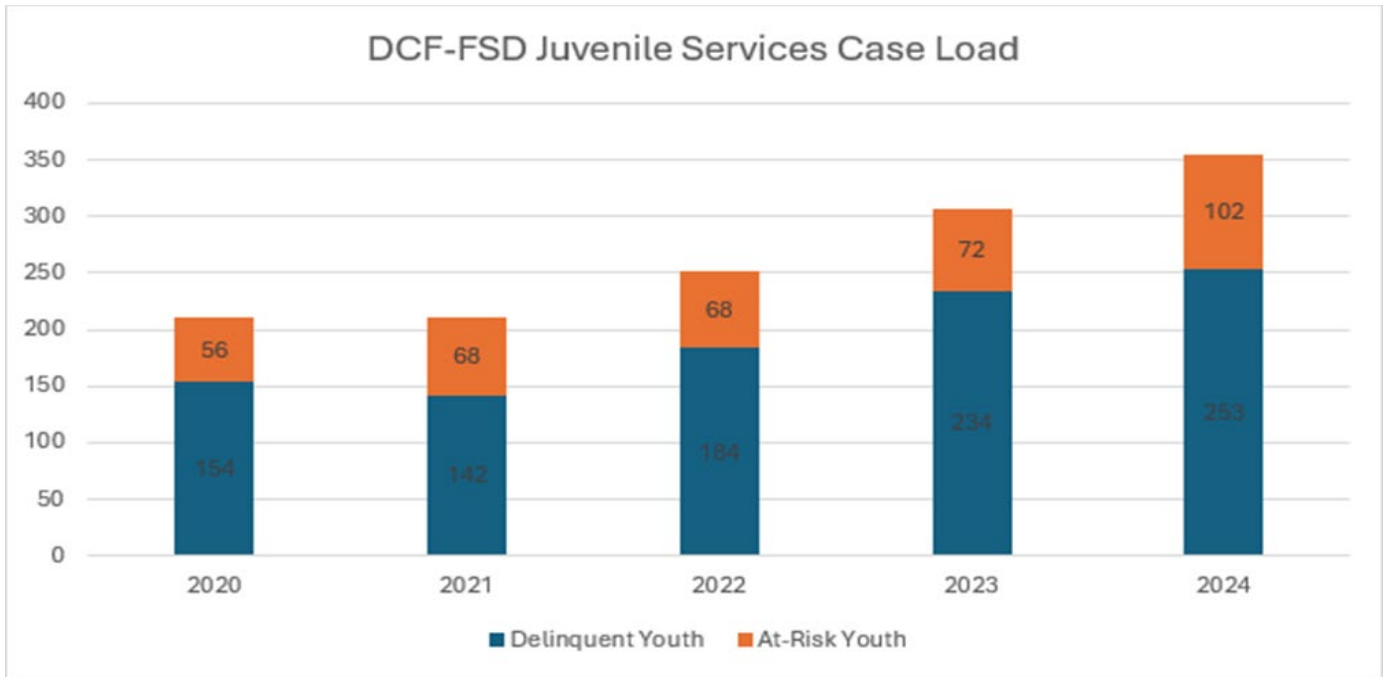
The following data reflects populations of young people that were or would be impacted by the RTA legislation. These data reflect total case counts for a three-year time span from FFY22 and FFY24. Note that predicting the specific impacts of RTA is difficult given the context of all the other variables 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 (FFY22-24)**

DCF-FSD juvenile services staff provide support and supervision to the at-risk cases, specifically CHINS-C youth deemed to be beyond parental control, CHINS-D which are youth experiencing truancy, as well as youth engaging in delinquent behaviors, and those who have youthful offender status. The chart below shows the caseload for juvenile services staff for calendar years 2020-2024.



Data Source: AHS Report Catalog; Youth Justice Population Report Data Note: Data is a deduplicated count of youth.

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 YO's, 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 (FFY22-24)**

Should RTA be fully implemented on April 1, 2025, the non-Big 11 offenses that remain in Criminal Division for youth who were 19 years old at the time of the offense will no longer have



jurisdiction in that court. The cases will need to be transferred to the Family Division for processing. As of January 15, 2025, the Criminal Division had 97 misdemeanor cases and 55 non-Big 11 felony cases that would transfer to Family Division on April 1, 2025, if they are not resolved prior. The breakdown of this data by county is below.

**Pending Criminal Division Cases for 19-year-olds at time of offense**

<b>County</b>	<b>Misdemeanor</b>	<b>Non-Big 11 Felony</b>
Addison	13	4
Bennington	14	6
Caledonia	10	1
Chittenden	15	7
Essex	1	1
Franklin	9	4
Grand Isle	0	0
Lamoille	4	1
Orange	2	2
Orleans	4	4
Rutland	5	10
Washington	3	3
Windham	13	7
Windsor	4	5
<b>Total</b>	<b>97</b>	<b>55</b>