

# H. 657

**Aryka Radke, Deputy Commissioner, Department for Children and Families, Family Services Division (DCF-FSD)**

# Mission Statement

We engage families, foster and kin caregivers, partner agencies, and the community to increase safety and law abidance for Vermont's children and youth.

# Social Security Benefits for Youth in Foster Care

- There are two types of social security benefits that FSD may receive on behalf of a child or youth in custody. Survival/residual benefits, and social security benefits based on the child's disability and/or qualifying condition.
- FSD tracks these funds on a month-by-month, child-by-child basis, ensuring that the funds received for a specific child, support the specific child.
- If care costs are less than benefits received, FSD returns the remaining benefits to the caregiver or youth. If care costs exceed the benefits, FSD covers the difference using state funds.
- FSD remains committed to continued exploratory work on this topic and would be happy to update the Committee regarding additional proposals for ongoing collaboration.

# Unaccompanied Homeless Youth

FSD supports meaningful support and resources for unaccompanied homeless youths and believes that support should align with existing statutory authority.

## **Certification Process:**

- FSD is not included as a certifying entity- the creation of the standardized form would be better tasked to certifying entities.

## **In Loco Parentis:**

- FSD opposes the statutory requirement for it to act in loco parentis.

## **Human Trafficking:**

- There is an increased risk of labor and human trafficking to homeless youths
- We suggest adding statutorily required safeguards, including verification that a youth is not “missing,” and mandatory human trafficking screenings and consultations by experts.
- Interstate Compact on Juveniles (ICJ)

# Mechanical Restraints in Transportation of Children

FSD is committed to minimizing the psychological impact of any intervention or service provided to youth in our care, including transportation.

## **Ensuring Quality Care and Community Safety:**

- FSD is responsible for providing high-quality care to young people and ensuring the safety of the communities they live in.

## **Addressing Vulnerability During Transitions:**

- Youth transitions between locations can be vulnerable times, requiring careful attention to safety.
- When FSD staff cannot ensure safety, contracted transportation providers or law enforcement are engaged to assist.

## **Evaluating Equipment and Training Needs:**

- FSD needs to assess the costs and benefits of new equipment and the expenses related to training law enforcement in its use.

## **Clarifying Oversight Limitations:**

- While FSD contracts law enforcement services, it does not have the authority to oversee their activities, necessitating further clarification in reporting.

# Prohibition on Solitary Confinement for Children

FSD continuously focuses on utilizing the least restrictive and most normative environments for children and youth. We must also consider the safety of others in all circumstances.

- Decisions on youth seclusion should be based on immediate risk of harm to the child/youth or others.
- Current practices align with these principles.
- Clarification of terms – “solitary confinement” versus “seclusion.”

## **Concerns About Specified Time Frames:**

- Apprehension regarding time frames in subdivision d (2).
- Ethical concerns if youth do not regain self-control within specified parameters.

## **Need for Alternative Solutions:**

- Importance of having alternative facilities or locations for youth who cannot be reintegrated safely.

# Seclusion and Restraint

FSD and its contracted providers all strive to minimize the use of physical interventions to a child/youth in its care. Much of what is proposed in this section is supported both in practice and existing licensing regulations.

## **Prioritizing De-escalation Techniques:**

- Integrated into all recognized restraint modalities.
- Preferred over physical intervention or seclusion.

## **Concerns with Proposed Language:**

- Limitations in the bill may increase risk of harm.
- Banning prone or mechanical restraints could be detrimental.

## **Evidence-Supported Restraint Practices:**

- Prone restraint with repositioning preferred over supine restraint.
- Mechanical restraints can be safer for transporting youth.

## **Chemical Restraints Authorization:**

- Only authorized by licensed medical professionals.
- Potential ambiguity due to FSD's contracted programs with medical capacity.

# Seclusion and Restraint – Continued

## **Strip Searching Practices:**

- Limited use but necessary for safety in certain circumstances.

## **Debriefing After Restraint or Seclusion:**

- Youth should have the right to refuse participation in debriefing.

## **Concerns About Implementation Timeline:**

- July 1, 2026, date may be unrealistic for updating contracts, equipment, and training.
- Requires thoughtful consideration, beyond the next 5 months.

# Judicial Review of Aftercare Placements

February 27, 2026 | 9

FSD respectfully offers clarification regarding both the fiscal and federal implications of this proposal.

- The proposals in this bill would create an estimated \$1.2 million unfunded mandate in FSD's SFY27 budget.

## **Family First Prevention Services Act (FFPSA) Requirements:**

- Aftercare is not a standalone Title IV-E funding category.
- Required components of Qualified Residential Treatment Programs (QRTP) include discharge planning and six months of family-based aftercare.

## **Title IV-E Funding Eligibility:**

- Foster care maintenance payments for residential placements beyond two weeks require full QRTP compliance.
- QRTP requirements include national accreditation, trauma-informed treatment, 24-hour clinical staff, independent assessment, judicial review, and federal compliance.
- Aftercare alone does not qualify for IV-E reimbursement.
- Complete QRTP framework needed for additional federal funding.
- Modernized CCWIS needed to support federal claiming requirements.



# Extended Care Agreements

Since 2007, under the VT Youth in Transition law, FSD has supported youth exiting foster care to access "Extended Care Agreements" which provide supportive housing to youth ages 18-23.

These ECAs have been funded with State dollars, although some federal funding exists for this purpose.

## **Federal Extended Care Requirements:**

- Definition of "child" is extended to age 21
- Judicial oversight of reasonable efforts to finalize a permanency plan (often independence)
- Continued periodic case reviews
- AFCARS reporting of this population
- Amendment of IV-E plan

## **Title IV-E Funding Eligibility:**

- Youth ages 18-21
- Removal from home criteria
- Means test (AFDC criteria)
- Education or employment or specific medical conditions
- Written authorization from the youth giving the IV-E agency continued placement and care responsibility
- Approved placement



# Pregnancy Working Group

The Division prioritizes the protection and well-being of children while working to preserve and strengthen families whenever it is safe to do so. A central goal is to prevent a child from entering DCF custody.

- FSD is not opposed to the enactment of the working group. FSD suggests the use of alternative, less-stigmatizing language, such as the, “Prenatal Engagement and Newborn Safety Working Group.”
- Pursuant to 33 V.S.A. § 5106, the Division may conduct an assessment to determine whether a child may be in need of care and supervision (CHINS).
- The prevention focused approach aligns with federal “reasonable efforts” under Title IV-E to prevent removal and preserve families when safe.
- An assessment during pregnancy allows for 30 days of intervention before an anticipated delivery date.
- FSD does not broadly track pregnancies; relies on Child Protection Hotline reports.
- CAPTA and CARA require notification procedures for substance-exposed newborns and development of POSC.

**Questions?**