

**Department for Children and Families
Family Services Division**

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Agency of Human Services

To: The House Committee on Human Services

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

Date: February 26, 2026

Subject: H. 657

I appreciate the opportunity to testify and share the insights of the Family Services Division on H. 657. In this memo, we will present our thoughts on the proposed legislation, emphasizing its potential impacts and suggesting areas for further consideration by the Committee. We deeply appreciate the Committee's commitment to serving Vermont's children and families, a mission we share and support wholeheartedly.

Social Security Benefits for Youth in Foster Care

FSD philosophically believes in these funds being distributed to the youth and is continuing to explore options to ensure that the budget deficit that would be caused by this distribution, as well as other technical complications including the need for rep-payees, can be successfully addressed. At the present time, it is unclear if the proposals in the bill can be implemented completely, without causing significant system disruptions and impacts to the children and youth we serve. Recent discussions with federal partners suggest that an iterative approach may be possible, and we are continuing to explore what that could look like in practice. We are committed to further collaboration with our federal partners.

One potential step in that direction may be considering a phased or partial distribution of benefits—such as allocating a percentage of monthly benefits directly to youth—while implementation pathways, administrative requirements, and federal considerations are further clarified. This type of incremental approach could allow progress toward the bill's intent while ensuring changes are implemented thoughtfully and responsibly.

Unaccompanied Homeless Youth

FSD strongly supports efforts to ensure that unaccompanied homeless youths are meaningfully supported, adequately resourced, and formally recognized as they navigate complex and often unstable circumstances while preparing for adulthood. At the same time, FSD believes that such support should be structured in a manner that is consistent with existing statutory authority and does not expand the role of FSD beyond its defined responsibilities.



This bill proposes that an unaccompanied homeless youth be officially, “certified” as unaccompanied and homeless, by authorized individuals or entities. Notably, FSD is not one of the entities that would be statutorily able to designate a youth as being, “unaccompanied and homeless”; however, the bill proposes that FSD develops a standardized form that the entities in subdivision (b)(2) of the bill use to do so. The creation of the standardized form may be better suited for an entity or individual who will be statutorily obligated to complete it, to ensure that adequate stakeholder voices are included in its creation, and ownership.

FSD does not believe that it is within its statutory mandate or ability to be the party responsible to determine if a youth is deemed to be unaccompanied and homeless, as defined by the bill, as the youth would not be in the custody of the Commissioner of DCF, or, potentially, have any open involvement with FSD.

This bill proposes, however, that FSD shall stand in loco parentis to provide permissions that may be required for youths to obtain services or benefits that require consent. FSD does not support this component of the bill. FSD does not believe that it is in the best interest of unaccompanied homeless youths for a state agency to be granting permission, thus obligated to understand the background of the permission request, and interfacing with youths in an unofficial capacity. FSD is concerned that acting in loco parentis for youths who are not receiving FSD oversight or services could create additional barriers. Such involvement may result in confusion among service providers, unnecessary concern for the youth, a lack of clarity regarding roles within the youth’s support network, and the potential creation of de facto supervision by FSD where no statutory authority exists. FSD proposes that instead of it acting in loco parentis, that the authorized individuals and entities who are statutorily authorized to designate a youth as being, “unaccompanied and homeless” hold this responsibility, to ensure continuity of care for the youth, outside of the state’s child protection and youth justice system.

Furthermore, FSD emphasizes the importance of this bill not offering an alternative to the federally mandated Interstate Compact on Juveniles (ICJ), which is a contractual law, thereby ensuring adherence to interstate agreements

Lastly, FSD believes that this bill presents the potential for a statistically vulnerable population of young people to be at an increased risk of human trafficking. In support of this assertion, FSD urges the Committee to reference a 2016 study completed by Laura T. Murphy (*Murphy, Laura T. "Labor and sex trafficking among homeless youth." Report no. A (2016)*) that details the increased risk of homeless youths to be victimized through labor and human trafficking. Although this study is ten years old, it is relied upon by experts within the human trafficking field.

FSD recommends that, to mitigate this risk, the bill shall require that any person or entity responsible for formally designating a youth as “unaccompanied and homeless” verify that the youth is not a minor who has left home without parental consent, has not been reported missing to the National Center for Missing and Exploited Children, and is not entered into the Federal Bureau of Investigation’s National Crime Information Center Missing Person File. The bill shall further require that, if the youth is determined to be unaccompanied, a human trafficking screening and consultation be conducted by statutorily designated experts or qualified entities.

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. FSD is responsible for providing both quality care for young people, and for the safety of the communities in which they reside. The transition of a youth between locations is a common need that can also represent a point of vulnerability. In such circumstances that the division's staff cannot ensure the safety of the youth, vehicle operators, or the communities through which they must travel, we call upon contracted transportation providers or law enforcement to do so. We also appreciate that information regarding the frequency of mechanical restraint use is valuable information to the Committee and would be happy to generate an annual report reflecting such use.

Additionally, FSD would need to gather more information regarding the expenses involved in purchasing new equipment, the comparative risks and benefits of such equipment, and the costs associated with training law enforcement in its use. While FSD requests the support of law enforcement and pays for these services under contracts, we do not have the authority to oversee law enforcement activities. This aspect of reporting would require further clarification.

Prohibition on Solitary Confinement for Children

FSD remains committed to providing quality care for children and youth, in the least restrictive and most normative environments possible within the bounds of immediate safety. We agree that decisions around the seclusion of a youth should be grounded in immediate risk of harm to the child/youth or others. Much of what is included within this section is already standard practice.

FSD supports the approach to gain additional clarity on the differentiation between 'solitary confinement' and 'seclusion.' Additionally, we express apprehension regarding the time frames specified in subdivision d (2). Although most youth are likely to "regain self-control" within these parameters, should an instance occur where they do not, it would be ethically untenable to reintegrate them into the milieu without an alternative facility or location to accommodate their needs.

Seclusion and Restraint of Children

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. De-escalation techniques are built into the practice of all recognized restraint modalities and prioritized above physical intervention or seclusion. Restraint and seclusion practices are always employed to mitigate or prevent imminent risk.

FSD is concerned with the limitations imposed by some of the bill's proposed language. For example, fully banning prone or mechanical restraints may increase the risk of harm to youth or others in a care setting. In some situations, currently employed evidence-supported restraint modalities advocate the use of a prone restraint with repositioning over a strictly supine restraint, which may be more traumatizing and risks damage to the head or neck. Temporary use of mechanical restraints (in an allowable setting) may be a much safer method for transporting a youth to a safer space.

Chemical restraints may only be authorized by medical professionals, licensed to do so, but the bill's proposal may create some ambiguity, as FSD contracts with programs that have this level of medical

capacity. Strip searching is a practice that is limited but may be necessary to provide for the safety of the child or others in some circumstances.

More time will be needed to assess the standards defined by the Centers for Medicare and Medicaid Services, but those standards appear to be defined for a specific type of care setting, which may or may not apply to all residential settings. FSD does not believe that any law should require a youth to participate in a debriefing, immediately following a restraint or seclusion episode. While debriefing is defined in practice in every restraint modality, a youth should retain the right to refuse to debrief the event if they choose.

FSD is concerned about the bill's implementation date of July 1, 2026, as the substantial requirements for updating contracts, acquiring new equipment, and revising training and policies cannot be thoughtfully completed within five months.

Judicial Review of Aftercare Placements & Proposal for Aftercare Placements

FSD respectfully offers clarification regarding both the fiscal and federal implications of this proposal. As drafted, this language creates an estimated \$1.2 million unfunded mandate in FSD's SFY27 budget, as funding for these services is proposed as a reduction in the Governor's recommended budget. It was our understanding that House Human Services was recommending acceptance of that budget adjustment as part of its recommendations to House Appropriations, unless that position has changed in connection with H. 657.

Under the Family First Prevention Services Act (FFPSA), aftercare is not a standalone Title IV-E funding category and does not apply broadly to all children exiting custody. Rather, discharge planning and at least six months of family-based aftercare support are required components of a Qualified Residential Treatment Program (QRTP). Federal Title IV-E foster care maintenance payments for residential placements beyond two weeks are available only if the placement meets the full QRTP requirements set forth in 42 U.S.C. § 672(k), including national accreditation, use of a trauma-informed treatment model, registered or licensed nursing staff and other clinical staff available 24 hours per day, an independent assessment process, judicial review and ongoing court findings, and federal claiming infrastructure and compliance.

Implementing aftercare alone would not make residential placements eligible for IV-E reimbursement. If the intent of the proposal is to access additional federal IV-E funding, Vermont would need to implement the complete QRTP framework in compliance with federal law. Additionally, even if aftercare were structured to meet FFPSA requirements, FSD would not be able to draw additional Title IV-E revenue until the State has a modernized Comprehensive Child Welfare Information System (CCWIS) capable of supporting federal claiming requirements.

That said, FSD would not be opposed to establishing judicial review authority in statute as a forward-looking measure, while deferring to the Judiciary regarding potential operational implications and unintended consequences.

Pregnancy Surveillance Working Group

FSD's mission is grounded in an unwavering commitment to child safety. 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 when safe alternatives can be achieved through timely intervention and meaningful support.

Our prevention-focused approach is consistent with the federal “reasonable efforts” framework under Title IV-E, which requires states to make efforts to prevent removal and preserve families when safety allows. Early engagement, when credible safety concerns are identified, supports the goal of reducing the likelihood of intervention at or after birth.

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). An assessment may be initiated based on patterns of concern, a significant single incident, or parental capacity issues suggesting the potential for inadequate care.

In limited circumstances, this assessment may begin during pregnancy when there are credible concerns that a newborn may be unsafe at birth. FSD’s policy allows engagement up to 30 days prior to an anticipated delivery so that safety concerns can be addressed before birth. This early engagement allows workers to assess safety, identify family strengths, connect parents with concrete supports, and develop a plan that may prevent intervention at or after birth. The Division does not intervene when the sole concern is marijuana use. Following birth, an assessment may be accepted upon receipt of a report if a newborn tests positive for illegal substances, is diagnosed with Neonatal Abstinence Syndrome (NAS), or presents with Fetal Alcohol Spectrum Disorder (FASD).

FSD does not broadly track pregnancies. Information is received through reports made to the Child Protection Hotline, and the Division responds in accordance with statute and policy.

Vermont must also comply with federal requirements under the Child Abuse Prevention and Treatment Act (CAPTA), as amended by the Comprehensive Addiction and Recovery Act (CARA). CAPTA requires procedures for notification of substance-exposed newborns, development of a plan of safe care (POSC), and aggregate data reporting. Vermont implements these requirements in a manner that [distinguishes de-identified CAPTA notifications and plans of safe care from child protection reports and interventions](#). When danger or child safety concerns are identified through a report, the Division evaluates those concerns under our statutory authority.

This bill proposes the creation of a “pregnancy surveillance” working group to review and evaluate current practices used by FSD. FSD is not opposed to the creation of this working group. FSD respectfully suggests consideration of alternative terminology, such as the Prenatal Engagement and Newborn Safety Working Group.

To ensure a comprehensive, balanced, and informed review, we respectfully recommend that the working group include additional representation from:

- Vermont Department of Health – Family and Child Health Division
- [The Perinatal Quality Collaborative Vermont \(PQC-VT\)](#)
- KidSafe Collaborative, including representation from [the Children and Recovering Mothers Team \(CHARM\)](#)
- LUND, including representation from [the Regional Partnership Program Recovery Centers/Organizations](#)
- University of Vermont Child Safe Program
- Vermont Parent Representation Center (VPRC)
- The Vermont Children’s Alliance

- Prevent Child Abuse Vermont (PCAV)
- Voices for Vermont's Children
- Staff from hospital birthing centers
- The Vermont Family Network
- More than one representative from FSD

Additionally, the National Center on Substance Abuse and Child Welfare (NCSACW) may be a technical assistance resource in this work. NCSACW provides federal guidance and cross-system expertise at the intersection of child welfare, public health, and substance use, and could offer valuable national context and best practices to inform the working group's recommendations.

In conclusion, we are grateful for the Committee's dedication to enhancing the welfare of Vermont's children and families. We look forward to collaborating further to refine H. 657, ensuring it effectively addresses the needs of Vermonters, while upholding the highest standards of care and protection.