
**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. Additionally, 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 to a case plan or probationary Terms and conditions. To further understand the depth of this complicating factor, DCF is surveying its workforce regarding their experiences working with youth who incurred delinquencies. These survey findings will be included in the next progress report(s).

This is the third of five bimonthly status reports. Our first two bimonthly status report are available online (See: [July 31st bimonthly report](#), [September 30th bimonthly report](#)).

Please note each section of this report will include cumulative and summarized language from the prior two 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.

1. Establishing a secure residential facility

Red Clover Treatment Center

The Red Clover Treatment Center officially opened for business on Monday, October 21st, and accepted its first resident on Tuesday, October 22nd. As of November 4th, 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 21st and is on track to be operational at full capacity in early December.

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 any 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 will be working with Juvenile Justice stakeholders, including the courts, to ensure the mechanisms for appropriate placement match the capacity of the program.

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, necessitated by current Raise the Age legislation, have prompted a significant redesign of the proposal. The newest site plans have a third residential “house” in the campus specifically to serve youth age 18 and older. This additional space contains eight additional bedrooms, which can be divided into two groups of four, depending on the needs of the population or space required. This proposal has not yet been addressed with the full stakeholder group, or from Community Representatives from the City Vergennes. DCF is currently undergoing a manual review of cases regarding Justice-involved youth aged 18-20 to determine if this level of care is needed at the youth campus, or may be better addressed by other means. Recommendations of this review will be included in the next progress report. It also separates the educational facility from the administrative facility, and brings intake through the administration building, rather than into one specific “house”.

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.

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, ReArch, 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 is set to reconvene on December 7, 2024.

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.

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 \(vermont.gov\)](#), [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 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. Program outcomes include improvement to access to health care, employment, education, and natural supports. Statewide data on these outcomes will be aggregated and included in January's progress report. 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](#).

[Apart from inclusion of public website links, there have been no significant updates to this section during this reporting period.]

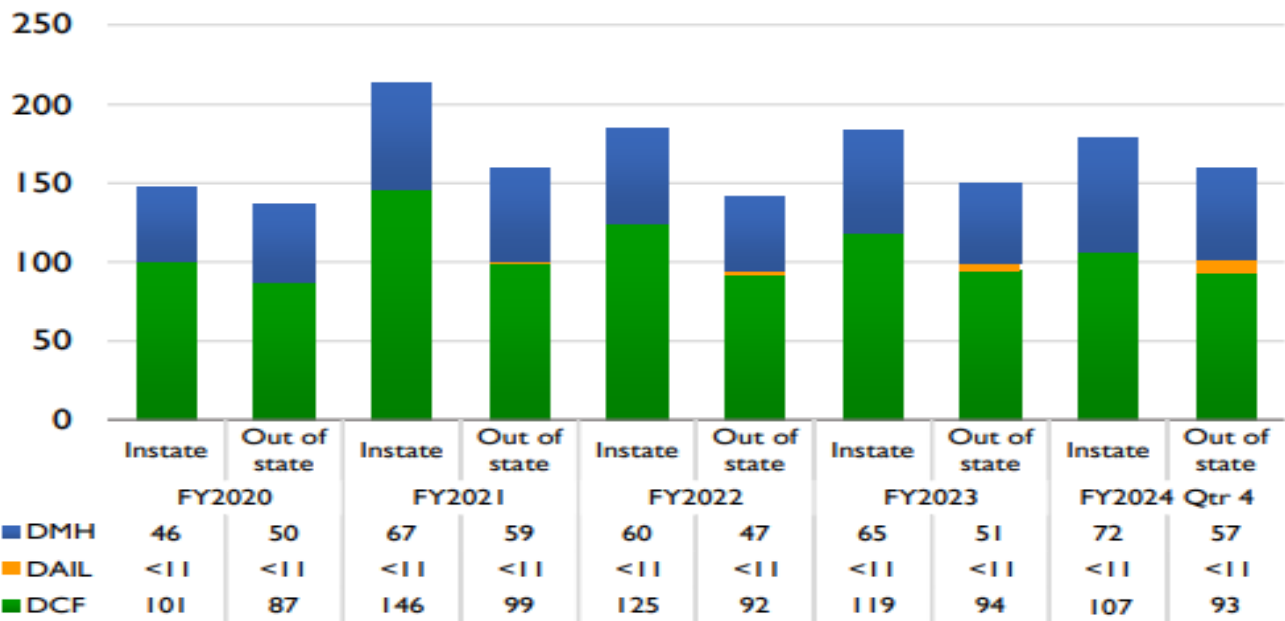
3. Ensuring that residential treatment programs are used appropriately and to their full potential

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. However, the true state of this trend for the state may more accurately be described by DMH’s Quarterly Residential Data report, which appears to show the overall number of youth from all departments being served by out-of-state residential programs to be gradually increasing. The table below was extracted from the DMH FY 2024- Quarter 4 Regional and State Residential Data report ([Regional and State Residential Data FY2024 Quarter 4](#)).

Instate and Out-of-State Residential Count Through FY24 Q4



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 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 \(vermont.gov\)](https://www.vermont.gov/department-of-mental-health/statistical-reports-and-data).

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

As of October 18, 2024, there were 174 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 will explore the population currently served by BARJ and work with the 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 lie in 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) are actively working on opening a Vermont Crisis Intervention Network (VCIN) crisis bed for youth in early 2025. 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 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 is actively filling positions and developing a physical space and are slated to begin to provide Crisis Services to youth in January 2025. The cost of this program will be 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. Physical construction is underway, with an anticipated completion date in early January 2025. DCF has begun drafting an 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 spring, 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 (limited due to staffing challenges).

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, 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 continues to work with the Retreat and DVHA and anticipates a start date in early 2025.

A delaying factor that had been previously reported was regarding the Green Mountain Care Board's (GMCB) review of whether the Retreat would 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. Since the last reporting, the GMCB agreed with their previous position identifying that the Retreat did not need to apply for a Certificate of Need to develop a PRTF.

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.

[There have been no updates to this section during this reporting period.]

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, 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:

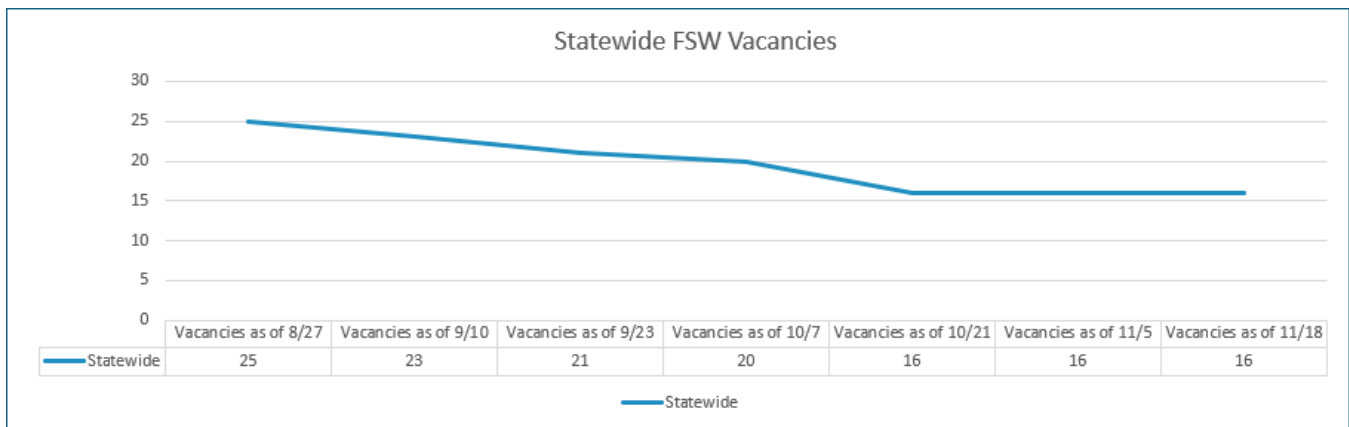
- **Youth Leadership Opportunities**
 - Further develop youth leadership opportunities, especially the Youth Advisory Board (YAB), and engage youth in system and program evaluation and design. Support the YAB to connect with the legislature, inform policy development, and continue training DCF workforce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

[Efforts to develop specific secure treatment options for youth over the age of 18 were included in section 1 of this report. Otherwise, there have been no updates to this section during this reporting period.]

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. Update: The biweekly vacancy tool has been created. The last available report, from October 1, 2024, shows that there are currently 23 Family Services Worker (FSW) vacancies out of the 174 total FSW positions. Of the filled positions, there are 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 that are not currently able to fully support the work of the division.

As of 11/18, there are currently 16 vacancies statewide. See data trend below.



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). 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 numbers were highly impacted by high turnover in the beginning of FY 24 that originated primarily from two districts. Since August, vacancy and turnover have trended down. 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 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 41-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 regarding to data, reporting, and supporting the work of child protection. 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 submitted a revised request for proposal (RFP) 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 10/16/24. DCF reviewed the response, revised the RFP, and on 11/21/24, submitted to the Children's Bureau for their final review. DCF anticipates being able to officially repost the RFP in early to mid-December 2024. Following this timeline, we would likely be scoring bidder responses in February or March 2025, with the hope of being under contract with a vendor by the 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.

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)

[There have been no updates to this section during this reporting period.]