

VERMONT HUMAN SERVICES PLAN - FY 2009

FEDERAL ASSURANCES & DOCUMENTATION

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VERMONT HUMAN SERVICES PLAN - FY 2009
FEDERAL ASSURANCES & DOCUMENTATION

PREFACE

This document has been constructed for use with the FY 08 Vermont Human Services Plan and is an integral part of that plan. Preparation of the Vermont Human Services Plan is part of the National Planning Requirements Reform Project sponsored by the Council of State Planning Agencies (an affiliate of the National Governor's Association) and the U.S. Department of Health and Human Services.

This document includes the state plans for three categorical programs and seven block grants. It also reduces the state's cost for administration and management. In addition, it will reduce the amount of paperwork and review time at the federal level and "free up" time which can be spent on substantive program planning issues. The use of this new format simplifies state planning with no loss of federal and state accountability for programs.

This document is divided into three sections:

- Assurances common to most federal programs. Each assurance is made in reference to the appropriate federal regulation.
- Program Specific Assurances include federally mandated assurances that are unique to a particular categorical program or block grant and block grant applications.
- Program Specific Documentation includes all other information required by federal regulation that is not accounted for in the main narrative section of the plan or in the assurances.

It is intended that this document will be submitted once annually and resubmitted only as changes occur. Reference documents which are not submitted as Program Specific Documentation are on file at the central office of the Vermont Agency of Human Services and at the appropriate federal offices.

VERMONT HUMAN SERVICES PLAN - FY 2009

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**FY-09 Certification Regarding Drug-Free
Workplace Requirements**

**OMB Approval No. 0937-0189
Expiration Date: July 31, 2009**

The undersigned (authorized official signing for the applicant organization) certifies that it will provide a drug-free workplace in accordance with 45 CFR Part 76 by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing a drug-free awareness program to inform employees about -
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- (d) Notifying the employee in the statement required by paragraph (a), above, that as a condition of employment under the grant, the employee will -
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;
- (e) Notifying the agency within ten days after receiving notice under subparagraph (d)(2), above, from an employee or otherwise receiving actual notice of such conviction;
- (f) Taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(2), above, with respect to any employee who is so convicted -

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**FY-09 Certification Regarding Drug-Free
Workplace Requirements**

**OMB Approval No. 0937-0189
Expiration Date: July 31, 2009**

- (1) Taking appropriate personnel action against such an employee, up to and including termination; or
- (2) Requiring such an employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f), above.

Vermont Agency of Human Services

Organization Name

Patrick Flood, Deputy Secretary

Name and Title of Authorized Representative

Signature

Patrick Flood

9/11/08

Date

VERMONT HUMAN SERVICES PLAN - FY 2009

FEDERAL ASSURANCES & DOCUMENTATION

FY-09 Certification Regarding Lobbying

OMB Approval No. 0937-0189

Expiration Date: July 31, 2009

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of the Congress in connection with the making of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans and cooperative agreements), and that all sub recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite

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FY-09 Certification Regarding Lobbying OMB Approval No. 0937-0189
Expiration Date: July 31, 2009

for making or entering into this transaction imposed by Section 1352, U.S. Code. "Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure."

Agency of Human Services
Organization Name

Patrick Flood, Deputy Secretary
Name and Title of Authorized Representative

Signature

Patrick Flood

9/11/08
Date

VERMONT HUMAN SERVICES PLAN - FY 2009

FEDERAL ASSURANCES & DOCUMENTATION

FY-09 Certification Regarding Program OMB Approval No. 0937-0189
Fraud Civil Remedies Act (PFCRA) Expiration Date: July 31, 2009

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the statements herein are true, accurate and complete, and agrees to comply with the Public Health Service terms and conditions if an award is issued as a result of this application. Willful provision of false information is a criminal offense (Title 18, U.S. Code, Section 1001). Any person making any false, fictitious or fraudulent statement may, in addition to other remedies available to the Government, be subject to civil penalties under the Program Fraud Civil Remedies Act of 1986 (45 CFR Part 79).

Agency of Human Services
Organization Name

Patrick Flood, Deputy Secretary
Name and Title of Authorized Representative

Signature 


Date

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FEDERAL ASSURANCES & DOCUMENTATION

**FY-09 Certification Regarding
Debarment and Suspension**

**OMB Approval No. 0937-0189
Expiration Date: July 31, 2009**

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three-year period preceding this proposal been convicted of or had a criminal judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) Have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transaction" (Appendix B to 45 CFR Part 76) in all lower tier covered transactions (i.e., transactions with sub grantees and/or contractors) and in all solicitations for lower tier covered transactions.

Agency of Human Services
Organization Name

Date: 9/11/08

Patrick Flood, Deputy Secretary
Name and Title of Authorized Representative

Signature

Patrick Flood

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**FY-09 Certification Regarding
Environmental Tobacco Smoke**

**OMB Approval No. 0937-0189
Expiration Date: July 31, 2009**

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable Federal funds is Medicare or Medicaid; or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing this certification, the offertory/contractor (for acquisitions) or applicant/grantee (for grants) certifies that the submitting organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The submitting organization agrees that it will require that the language of this certification be included in any sub awards which contain provisions for children's services and that all sub recipients shall certify accordingly.

Agency of Human Services
Organization Name

Date: 9/11/08

Patrick Flood, Deputy Secretary
Name and Title of Authorized Representative

Patrick Flood
Signature

G E N E R A L
A S S U R A N C E S

GENERAL ASSURANCES

The Agency of Human Services agrees to maintain documentation to substantiate all of the following assurance items. Such documentation is available for federal review in order to determine adequacy and completeness.

Each assurance item is followed by an indication of the categorical grant programs to which it applies. A specific reference to the comparable planning requirements of each program is included for the convenience of state and federal reviewers.

A. GENERAL ADMINISTRATION

1. SINGLE STATE AGENCY

The Agency of Human Services is the single State Agency responsible for the administration or supervision of the administration of this plan.

State Plan on Aging under Title III of the Older Americans Act.
Child Welfare Services Plan (IV-B)

2. COMPLIANCE WITH REQUIREMENTS

The Agency of Human Services agrees to administer the program in accordance with the applicable Act, the State Plan and all applicable regulations, policies and procedures established by the Commissioner or the Deputy Secretary, including the requirements at 34CFR Part 85 Subpart F, Drug free Workplace Act of 1988 and debarment and suspension, 34 CFR Part 85, Section 85.510 and certification regarding lobbying as required by Section 1352, Title 31 of the U.S. Code.

Social Services Block Grant
Preventive Health and Health Services Block Grant
Maternal and Child Health Service Block Grant
Prevention and Treatment of Substance Abuse Block Grant
Community Mental Health Services Block Grant
Community Services Block Grant
Low-Income Home Energy Assistance Block Grant
State Plan on Aging under Title III of the Older Americans Act
Child Welfare Services Plan (IV-B) - 1392.1 [220.1], 1392.3 [220.3]
Child Abuse and Neglect - 130.1 - 3(b)
State Plan for Developmental Disabilities Services and Facilities Construction program
- 1386.30
Community Food and Nutrition Program

GENERAL ASSURANCES

3. COMPLIANCE BY LOCAL AGENCIES

Where the Agency of Human Services supervises the administration of the State Plan, there are adequate methods for assuring compliance with the requirements of the plan by local agencies and/or services contractors.

State Plan on Aging under Title III of the Older Americans Act

4. EFFICIENT ADMINISTRATION

The Agency of Human Services utilizes such methods of administration as are necessary for the proper and efficient administration of the plan.

State Plan on Aging under Title III of the Older Americans Act
Child Welfare Services Plan (IV-B)

5. GENERAL ADMINISTRATION AND FISCAL REQUIREMENTS

The Agency of Human Services' uniform administrative requirements and cost principles are in compliance with the relevant provisions of 45 CFR Part 74, except where these provisions are superseded by statute or program regulations.

Social Services Block Grant
Preventive Health and Health Services Block Grant
Maternal and Child Health Service Block Grant
Prevention and Treatment of Substance Abuse Block Grant
Community Mental Health Services Block Grant
Community Services Block Grant
Low-Income Home Energy Assistance Block Grant
State Plan on Aging under Title III of the Older Americans Act
Child Welfare Services Plan (IV-B)
State Plan for Developmental Disabilities Services and Facilities Construction
Program - 1385.9
Community Food and Nutrition Program

GENERAL ASSURANCES

6. TRAINING OF STAFF

The Agency of Human Services provides a program of appropriate training for all classes of positions and volunteers, if applicable.

State Plan on Aging under Title III of the Older Americans Act
Child Welfare Services Plan (IV-B)
Child Abuse and Neglect - 1340.3-3(d)(4)
State Plan for Developmental Disabilities Services and Facilities Construction
Program - 1386.30

7. MANAGEMENT OF FUNDS

The Agency of Human Services maintains sufficient fiscal control and accounting procedures to assure proper disbursement of and accounting for federal funds paid under this plan.

Social Services Block Grant
Preventive Health and Health Services Block Grant
Maternal and Child Health Service Block Grant
Prevention and Treatment of Substance Abuse Block Grant
Community Mental Health Services Block Grant
Community Services Block Grant
Low-Income Home Energy Assistance Block Grant
State Plan on Aging under Title III of the Older Americans Act
Child Welfare Services Plan (IV-B)
State Plan for Developmental Disabilities Services and Facilities Construction
Program - 1386.32

8. SAFEGUARDING INFORMATION

The Agency of Human Services has implemented such regulations, standards, and procedures as are necessary to meet the requirements on safeguarding confidential information under relevant program regulations.

Social Services Block Grant
Preventive Health and Health Services Block Grant
Maternal and Child Health Service Block Grant

GENERAL ASSURANCES

Prevention and Treatment of Substance Abuse Block Grant
Community Mental Health Services Block Grant
Community Services Block Grant
Low-Income Home Energy Assistance Block Grant
State Plan on Aging under Title III of the Older Americans Act
Child Welfare Services Plan (IV-B)
Child Abuse and Neglect - 1340.3-3(d)(5)
State Plan for developmental Disabilities Services and Facilities Construction
Program

9. REPORTING REQUIREMENTS

The Agency of Human Services agrees to furnish such reports and evaluations to the Deputy Secretary or the Commissioner as may be specified.

Social Services Block Grant
Preventive Health and Health Services Block Grant
Maternal and Child Health Service Block Grant
Prevention and Treatment of Substance Abuse Block Grant
Community Mental Health Services Block Grant
Community Services Block Grant
Low-Income Home Energy Assistance Block Grant
State Plan on Aging under Title III of the Older Americans Act
Child Welfare Service Plan (IV-B)
Child Abuse and Neglect - 1340.1-15
State Plan for Developmental Disabilities Services and Facilities Construction
Program - 1386.32
State Plan on Aging under Title III of the Older Americans Act
Community Food and Nutrition Program

10. STANDARDS FOR SERVICE PROVIDERS

All providers of service under this plan operate fully in conformance with all applicable federal, state and local fire, health, safety and sanitation and other standards prescribed in law or regulations. The Agency of Human Services provides that where the state or local public jurisdictions require licensure for the provision of services, agencies providing such services shall be licensed.

State Plan on Aging under Title III of the Older Americans Act
Child Welfare Services Plan (IV-B)
State Plan for Developmental Disabilities Services and Facilities Construction
Program - 1386.30

GENERAL ASSURANCES

11. AMENDMENTS TO STATE PLAN

The State Plan provides for amendment whenever there is any material change in any applicable phase of State law, organization, policy, agency operations or other major conditions which affect the administration of this plan. Such amendments will be made in conformance with applicable regulations and submitted to the federal government before they are put into effect or at a reasonable time thereafter.

State Plan on Aging under Title III of the Older Americans Act
Child Welfare Services Plan (IV-B)
Child Abuse and Neglect - 1340.1-12
State Plan for Developmental Disabilities Services and Facilities Construction
Program – 1385.9.

B. EQUAL OPPORTUNITY AND CIVIL RIGHTS

1. EQUAL EMPLOYMENT OPPORTUNITY

The Agency of Human Services has an equal employment opportunity policy, implemented through an affirmative action plan for all aspects of personnel administration as specified in 45 CFR Part 86.

Community Services Block Grant (no specific reference in Block Grant regulations)
Preventive Health Block Grant (no specific reference in Block Grant regulations)
Prevention and Treatment of Substance Abuse Block Grant (no specific reference in Block Grant regulations)
Community Mental Health Services Block Grant (no specific reference in Block Grant regulations)
Maternal and Child Health Services Block Grant (no specific reference in Block Grant regulations)
Social Services Block Grant (no specific reference in Block Grant regulations)
Low-Income Home Energy Assistance Block Grant (no specific reference in Block Grant regulations)
State Plan on Aging under Title III of the Older Americans Act Child Welfare Services Plan (IV-B)
State Plan for Developmental Disabilities Services and Facilities Construction Program - 1385.9

GENERAL ASSURANCES

2. NON-DISCRIMINATION ON THE BASIS OF HANDICAP

All recipients of funds from the Agency of Human Services are required to operate each program or activity so that, when viewed in its entirety, the program or activity is readily accessible to and usable by a handicapped person. Where structural changes are required, these changes shall be made as quickly as possible in keeping with 45 CFR 84 and P.L. 97-45.

Community Services Block Grant (no specific reference in Block Grant regulations)
Preventive Health Block Grant (no specific reference in Block Grant regulations)
Prevention and Treatment of Substance Abuse Block Grant (no specific reference in Block Grant regulations)
Community Mental Health Services Block Grant (no specific reference in Block Grant regulations)
Maternal and Child Health Services Block Grant (no specific reference in Block Grant regulations)
Social Services Block Grant (no specific reference in Block Grant regulations)
Low-Income Home Energy Assistance Block Grant (no specific reference in Block Grant regulations)
State Plan on Aging under Title III of the Older Americans Act Child Welfare Services Plan (IV-B)
Child Abuse and Neglect -1340.1-10
State Plan for Developmental Disabilities Services and Facilities Construction Program - 1385.9

3. CIVIL RIGHTS COMPLIANCE

The Agency of Human Services has developed a system to ensure that benefits and services available under the State Plan are provided in a non-discriminatory manner as required by Title VI of the Civil Rights Act of 1964 as amended.

Community Services Block Grant (no specific reference in Block Grant regulations)
Preventive Health Block Grant (no specific reference in Block Grant regulations)

GENERAL ASSURANCES

Prevention and Treatment of Substance Abuse Block Grant (no specific reference in Block Grant regulations)
Community Mental Health Services Block Grant (no specific reference in Block Grant regulations)
Maternal and Child Health Services Block Grant (no specific reference in Block Grant regulations)
Social Services Block Grant (no specific reference in Block Grant regulations)
Low-Income Home Energy Assistance Block Grant (no specific reference in Block Grant regulations)
State Plan on Aging under Title III of the Older Americans Act
Child Welfare Services Plan (IV-B)
Child Abuse and Neglect -1340.1-9
State Plan for Developmental Disabilities Services and Facilities Construction Program - 1385.9

C. PROVISIONS OF SERVICES

1. WRITTEN POLICIES AND PROCEDURES

With regard to the provision of any services included in this plan to individuals or groups of individuals, the Agency of Human Services has established in writing and will maintain policies and procedures for the provision of such services. These policies shall include a description of the scope and nature of each service and the procedures and conditions under which each such services is to be provided, including criteria for establishment of fee schedule or contributions, if applicable.

State Plan on Aging under Title III of the Older Americans Act
Child Welfare Services Plan (IV-B)
State Plan for Developmental Disabilities Services and Facilities Construction Program - 1386.34

2. NEEDS ASSESSMENT

The Agency of Human Services has a reasonable and objective method for determining the needs of all eligible residents of all geographic areas in the State and for allocating resources to meet those needs.

State Plan on Aging under Title III of the Older Americans Act
Child Welfare Services Plan (IV-B)
State Plan for Developmental Disabilities Services and Facilities Construction Program - 1386.34

GENERAL ASSURANCES

3. PRIORITIES

The Agency of Human Services has a reasonable and objective method for establishing priorities for service and such methods are in compliance with applicable statutes.

State Plan on Aging under Title III of the Older Americans Act
Child Welfare Services Plan (IV-B)
State Plan for Developmental Disabilities Services and Facilities Construction Program -
1386.34

4. ELIGIBILITY

The activities covered by this State Plan serve only those individuals and groups eligible under the provisions of the applicable statute.

State Plan on Aging under Title III of the Older Americans Act
Child Welfare Services Plan (IV-B)
State Plan for Developmental Disabilities Services and Facilities Construction Program -
1386.34

5. RESIDENCY

No requirements as to duration of residence or citizenship will be imposed as a condition of participation in Vermont's program for the provision of services.

State Plan on Aging under Title III of the Older Americans Act
Child Welfare Services Plan (IV-B)
State Plan for Developmental Disabilities Services and Facilities Construction Program

6. COORDINATION AND MAXIMUM UTILIZATION OF SERVICES

The Agency of Human Services has entered into cooperative arrangements with, and utilizes the services and facilities of, other appropriate public and private agencies whose activities further the purposes of the program covered by this plan or which are specifically referenced in the applicable statute. Such coordination shall maximize utilization of public and private resources.

GENERAL ASSURANCES

State Plan on Aging under Title III of the Older Americans Act
Child Welfare Services Plan (IV-B)
Child Abuse and Neglect - 1340.3-3(d)(6)
State Plan for Developmental Disabilities Services and Facilities Construction
Program 1386.43(ii), 1386.46(b), 1386.50, 1386.48(b), 1386.30

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, AND THE AGE DISCRIMINATION ACT OF 1975.

The applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

- A. Title VI of the Civil Rights Act of 1964 (P.L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R., Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
- A. Section 504 of the Rehabilitation Act of 1973 (P.L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified handicapped individual in the United States shall, solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
- A. Title IX of the Educational Amendments of 1972 (P.L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant received Federal financial assistance from the Department.

GENERAL ASSURANCES

- A. The Age Discrimination Act of 1975 (P.L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The person or persons whose signature(s) appear(s) below is/are authorized to sign this assurance, and commit the Applicant to the above provisions.

Date 9/11/08

Signature Patrick Flood

Patrick Flood, Deputy Secretary
Agency of Human Services
103 South Main Street
Waterbury, VT 05676

The Assurance of Compliance Form HHS 690 should be filed with the Department of Health and Human Services Office of Civil Rights at the following address:

Office of Civil Rights
Office of Programs Operations
HHS North, Room 5626
330 Independence Avenue, SW
Washington, DC 20201

B L O C K

G R A N T

A P P L I C A T I O N S

A P P E N D I X A

A summary of the Block Grant hearing
held September 18, 2008,
will be provided upon request

**COMMUNITY MENTAL HEALTH
SERVICES BLOCK GRANT**

VERMONT HUMAN SERVICES PLAN - FY 2009

FEDERAL ASSURANCES & DOCUMENTATION

Community Mental Health Services Block Grant
Department of Mental Health

<u>Use of Funds by Goal or Activity</u>	<u>FFY'07 Actual</u>	<u>FFY'08 Estimated</u>	<u>FFY'09 Proposed</u>
<u>Goal #1</u>			
To enable children and adolescents who are experiencing a severe emotional disturbance to remain in community-based programs and public schools by providing community-based treatment, support services and consultation.			
APPROPRIATION: <u>MH</u> - Children	\$3,255,059	\$3,227,814	\$3,359,233
State Funds	1,219,823	1,483,555	1,564,856
Additional state funds matched by others	453,799	439,637	450,628
Federal	1,490,394	1,230,723	1,269,850
MH Block	91,043	73,899	73,899

Goal #2

Services for families with a child or adolescent experiencing a severe emotional disturbance in order to avoid out-of-home placements.

APPROPRIATION: <u>MH</u> -Respite	\$ 866,190	\$ 866,184	\$ 866,184
State Funds	485,586	485,252	485,252
Federal	0	0	0
MH Block	380,604	380,932	380,932

VERMONT HUMAN SERVICES PLAN - FY 2009

FEDERAL ASSURANCES & DOCUMENTATION

Community Mental Health Services Block Grant
Department of Mental Health

<u>Use of Funds by Goal or Activity</u>	<u>FFY'07 Actual</u>	<u>FFY'08 Estimated</u>	<u>FFY'09 Proposed</u>
<u>Goal #3</u>			
To increase the abilities of persons with long-term mental illness to function in community settings with the greatest possible independence from the mental-health and human-services system by providing community-based treatment, rehabilitation and support.			
APPROPRIATION: <u>MH</u> Community Rehabilitation & Treatment	\$36,545,866	\$38,215,397	\$39,004,028
State Funds	12,591,666	12,419,511	12,379,056
Federal	23,772,636	25,619,212	26,448,298
MH Block	181,564	176,674	176,674

Goal #4

To avoid unnecessary institutionalization of acutely mentally ill persons by providing immediate professional evaluation and treatment.

APPROPRIATION: <u>MH</u> Emergency	\$2,082,838	\$2,237,808	\$2,333,670
State Funds	1,703,454	1,832,626	1,916,951
Federal	346,070	372,085	383,622
MH Block	33,314	33,097	33,097

Deleted:

Goal #5

Housing infrastructure funds: consultation, etc. to maintain stable housing in the community.

Total	\$ 10,000	\$13,000	\$13,000
State Funds	0	0	0
Federal	0	0	0
MH Block	10,000	13,000	13,000

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Community Mental Health Services Block Grant
Department of Mental Health

<u>Use of Funds by Goal or Activity</u>	<u>FFY'07 Actual</u>	<u>FFY'08 Estimated</u>	<u>FFY'09 Proposed</u>
<u>Goal #6</u>			
Outreach to increase the presence and availability of qualified mental-health professionals to work with adults with severe mental illness in the downtown Burlington/Marketplace area through a community-client liaison.			
Total	\$25,000	\$25,000	\$25,000
State Funds	0	0	0
Federal	0	0	0
MH Block	\$25,000	25,000	25,000

Goal #7

Support for activities of Vermont Psychiatric Survivors, a statewide consumer-run organization of consumers, survivors, and ex-patients with a multiplicity of activities and growing responsibilities.

Total	\$25,000	\$25,000	\$25,000
State Funds	0	0	0
Federal	0	0	0
MH Block	25,000	25,000	25,000

Goal #8

Peer-operated initiatives

Total	\$13,130	\$33,605	\$33,605
State Funds	0	0	0
Federal	0	0	0
MH Block	13,130	33,605	33,605

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Community Mental Health Services Block Grant
Department of Mental Health

<u>TOTALS</u>	\$42,823,083	\$44,643,808	\$45,659,720
State Funds	16,000,529	16,220,944	16,346,115
Federal	25,609,100	27,222,020	28,101,770
MH Block	759,655	761,207	761,207
Additional state funds	453,799	439,637	450,628
Matched by others			

Block Grant Awards

FFY06	\$789,232
FFY07	\$780,471
FFY08	\$761,207
FFY09	\$761,207

Community Mental Health Services Block Grant
Department of Mental Health

GOAL ACCOMPLISHMENT

Goal #1

Goal Description

Block grant and other funds are expended to enable children and adolescents who are experiencing a severe emotional disturbance to remain with their families or in community-based programs and public schools by providing treatment, support services, and consultation. Community mental health agencies and one private specialized nonprofit provider deliver a range of services which include outpatient services, residential treatment, individual and group therapy, case management and individualized wraparound services, chemotherapy, diagnosis and evaluation, and consultation to schools and other community agencies. All block grant funds for this goal go to the Northeastern Family Institute, in Winooski, Vermont.

Goal Accomplishment

Services are provided on a statewide basis through a private nonprofit organization and ten community mental health centers (CMHCs) that cover the fourteen counties of Vermont in accordance with 3 VSA 24 (b), passed in 1988. Planning for systems change is carried out in accordance with 3 VSA 24 (b) and P.L. 106-310, which amended the Public Health Service Act with respect to children's health. The state law created an Advisory Board and established state and local interagency coordinating structures. The preparation of an annual "System of Care Plan for Children and Adolescents With a Severe Emotional Disturbance and Their Families" and an annual status report on implementation are required. If necessary, a waiver may be requested under Section 1916 (c) (2) (B) if it appears that set-aside requirements will substantially disrupt new services in place. Indicators of goal accomplishment include the number of children and adolescents who are experiencing a severe emotional disturbance served in non-institutional in-home and professional foster care services as an alternative to institutional placement and the total number of children and adolescents and their families served. In combination with grants from private foundations and other state and federal funding, Mental Health Block Grants have provided services as follows:

TOTAL NUMBER OF CLIENTS ASSIGNED
TO COMMUNITY-BASED PROGRAMS
FOR CHILDREN AND ADOLESCENTS AND THEIR FAMILIES

FY 2006 Actual	9,812
FY 2007 Actual	9,609
FY 2008 Estimated	8,870

Community Mental Health Services Block Grant
Department of Mental Health

Goal #2

Goal Description

Block grant and other funds are expended to provide respite services for families with a child or adolescent experiencing a severe emotional disturbance in order to avoid out-of-home placements.

Goal Accomplishment

In Vermont Fiscal Year 2007 (July 1, 2006-June 30, 2007), Vermont's designated agencies reported 7,958 episodes of respite services delivered to 406 Children's Services clients experiencing a severe emotional disturbance. The projection for Fiscal 2009 is a comparable figure, funding permitting. Demand for this service continues to be considerably in excess of the resources to provide it.

Goal #3

Goal Description

The Vermont Department of Mental Health (DMH) purchases services from designated agencies to increase the abilities of adults with severe mental illness to function in community settings with the greatest possible independence by providing community-based treatment, rehabilitation, and support. The services include community supports and coordination (case management); individual, group, and medication therapy; employment and educational supports; peer support groups and other recovery-oriented activities and counseling; and residential supports and programs.

Goal Accomplishment

Some of the indicators of Goal Accomplishment are the census at the Vermont State Hospital (VSH) and adults with severe mental illness receiving services in community programs. The average daily in-house census at VSH in calendar Vermont Fiscal Year 2008 was 44. The number of adults with severe mental illness served in Community Rehabilitation and Treatment (CRT) programs from community mental health centers has been between 3,000 and 3,200 for the past several years.

Community Mental Health Services Block Grant
Department of Mental Health

Goal #4

Goal Description

The Department of Mental Health, funds emergency and crisis stabilization support services in all catchment areas of Vermont. The specific components include screening, evaluation, and referral; facilitation of an admission to an inpatient setting, if necessary, or facility-based crisis or respite services; in-home support and crisis stabilization services; psychiatric consultation and evaluation; telephone crisis lines (available twenty-four hours a day, seven days a week) staffed by mental-health professionals; and screening for court-ordered psychiatric evaluations in criminal cases.

Goal Accomplishment

Approximately 9,600 people in mental-health crises received emergency services from designated agencies in the community in Vermont Fiscal Year 2007; units of services were delivered.

Goal #5

Goal Description

Housing infrastructure funding buys such items as software and computer capacity for keeping data on homelessness, a requirement for federal funding; consultation on renovations; assistance in developing applications, which are extremely technical and competitive, to the Department of Housing and Urban Development, and the like.

Goal Accomplishments

Housing infrastructure funding has provided consistent and reliable data, unavailable in the past, on homelessness in Vermont. The infrastructure funding has also purchased consultation on renovations essential to maintaining housing for adults with severe mental illness being served by the public mental-health system and to apply for federal funding for additional units.

Goal #6

Goal Description

The Howard Center for Human Services (HCHS), in Burlington, joins with others in Vermont's only Statistical Metropolitan Area in efforts to increase the presence and availability of qualified

Community Mental Health Services Block Grant
Department of Mental Health

mental-health professionals to work with adults with severe mental illness in the downtown Burlington/Marketplace area. (“Others” in the community include representatives from the Downtown Business Association; United Way; Spectrum, a youth services agency; the Homeless Health Project; downtown merchants; the Mayor’s Office; and the Burlington Police Department.) The overall purpose is to have a coordinated response system to downtown behavioral-health issues through:

- Developing positive, trusting relationships with clients, merchants, and police,
- Enhancing social skills and behavior that will help individuals maintain their independence in the community, and
- Providing a single point of contact with the mental-health system for the business community and the Burlington Police Department.

Goal Accomplishment

A community-client liaison is available in the downtown area for:

- Interaction, prevention or intervention with adults with severe mental illness,
- Coordination of services and supports with HCHS case management, crisis, homeless health, and other staff,
- Training about severe mental illness and challenging behavioral needs for the police, and
- Developing educational materials on needs and issues of people with severe mental illness for merchants in the area.

Goal #7

Goal Description

Vermont Psychiatric Survivors (VPS) offers peer support, information, referral, and networking services to mental-health consumers all over Vermont in addition to technical assistance and a limited amount of funding to local support groups around Vermont. The organization is a partner with one of Vermont’s designated agencies and a local chapter of the National Alliance for the Mentally Ill of Vermont (NAMI—VT) in the operation of a safe haven for people who are mentally ill and homeless. In addition VPS administers Vermont’s Recovery Education Project, offering the curriculum numerous times a year in several locations; publishes *Counterpoint*, a voice for news and the arts by psychiatric survivors, ex-patients, and consumers of mental-health services, and their families and friends; assists individuals who have been denied Supplemental Security Income (SSI) or Social Security Disability Income (SSDI) and Medicaid; evaluates the recovery orientations of a local psychiatric inpatient unit as well as the Vermont State Hospital; and offers assistance in drafting a durable power of attorney for mental health treatment.

Community Mental Health Services Block Grant
Department of Mental Health

Goal Accomplishment

VPS continued with these activities and similar ones in Fiscal Years 2007 and 2008 and is under contract to do the same throughout Fiscal Year 2009.

Goal #8

Goal Description

Funding for this goal in FYs 2007, 2008, and 2009 goes to a variety of consumer-operated projects scattered around the state. These projects have all been designed to increase consumer empowerment, independence, and ability to support themselves and others in their communities.

Goal Accomplishment

The consumer projects funded in Fiscal Years 2008 and 2009 include the following:

- ◆ The Peer Educational Program (PEP), a community education series about the experience of mental illness by consumers of public mental-health services in Washington County
- ◆ The WRAP-Line Project, a weekend warm-line service operated by peers for peers in Bennington County (WRAP is an acronym for "Wellness Recovery Action Plan")
- ◆ Computer-Education and an arts program in Southeastern Vermont, and
- ◆ The Mental Health Education Initiative in Chittenden County

Community Mental Health Services Block Grant
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Community Mental Health Services Block Grant
Department of Mental Health

**COMMUNITY SERVICES
BLOCK GRANT**

Community Services Block Grant

Programmatic Assurances

- (1) Funds made available through this grant or allotment will be used:
 - (a) To support activities that are designed to assist low-income families and individuals, including families and individuals receiving assistance under part A of title IV of the Social Security act (42U.S.C. 601 et seq.), homeless families and individuals, migrant or seasonal farm workers, and elderly low-income individuals and families to enable the families and individuals to:
 - (i) remove obstacles and solve problems that block the achievement of self-sufficiency (including self-sufficiency for families and individuals who are attempting to transition off a State program carried out under part A of title IV of the Social Security Act):
 - (ii) secure and retain meaningful employment;
 - (iii) attain an adequate education, with particular attention toward improving literacy skills of low-income families in the communities involved, which may include carrying out family literacy initiatives;
 - (iv) make better use of available income;
 - (v) obtain and maintain adequate housing and a suitable living environment;
 - (vi) obtain emergency assistance through loans, grants, or other means to meet immediate and urgent family and individual needs; and
 - (vii) achieve greater participation in the affairs of the communities involved, including the development of public and private grassroots partnerships with local law enforcement agencies, local housing authorities, private foundations, and other public and private partners to document best practices based on successful grassroots intervention in urban areas, to develop methodologies for widespread replication; and strengthen and improve relationships with local law enforcement agencies, which may include participation in activities such as neighborhood or community policing efforts;
 - (b) To address the needs of youth in low-income communities through youth development programs that support the primary role of the family, give priority to the prevention of youth problems and crime, and promote increased community coordination and collaboration in meeting the needs of youth, and support development and expansion of innovative community-based youth development programs that have demonstrated success in preventing or reducing youth crime, such as programs for the establishment of violence-free zones that would involve youth development and intervention models (such as models involving youth mediation, youth mentoring, life skills training, job creation, and

Community Services Block Grant

entrepreneurship programs); and after school child care programs; and

- (c) To make more effective use of, and to coordinate with, other programs (including State welfare reform efforts). [‘676(b)(1)]
- (2) To describe how the State intends to use discretionary funds made available from the remainder of the grant or allotment described in section 675(b) of the Act in accordance with the community services block grant program, including a description of how the State will support innovative community and neighborhood-based initiatives related to the purposes of the community services block grant program; [‘676(b)(2)]
- (3) To provide information provided by eligible entities in the state, including:
 - (a) a description of the service delivery system, for services provided or coordinated with funds made available through grants made under Section 675C (a) of the Act, targeted to low-income individuals and families in communities within the state:
 - (b) a description of how linkages will be developed to fill identified gaps in services, through the provision of information, referrals, case management, and follow-up consultations;
 - (c) a description of how funds made available through grants made under Section 675(a) will be coordinated with other public and private resources; and,
 - (d) a description of how local entities will use the funds to support innovative community and neighborhood-based initiatives related to the purposes of the community services block grant, which may include fatherhood initiatives and other initiatives with the goal of strengthening families and encouraging effective parenting. [‘676(b)(3)]
- (4) To ensure that eligible entities in the state will provide, on an emergency basis, for the provision of such supplies and services, nutritious foods, and related services, as may be necessary to counteract conditions of starvation and malnutrition among low-income individuals. [‘676(b)(4)]
- (5) That the State and the eligible entities in the state will coordinate, and establish linkages between governmental and other social services programs to assure the effective delivery of such services to low-income individuals and to avoid duplication of such services. The State and eligible entities will coordinate the provision of employment and training activities in the state and in communities with entities providing activities through statewide and local workforce investment systems under the Workforce Investment Act of 1998; [‘676(b)(5)]
- (6) To ensure coordination between antipoverty programs in each community in the state, and ensure, where appropriate, that emergency energy crisis intervention programs under title XXVI (relating to low-income home energy assistance) are conducted in such communities. [‘676(b)(6)]
- (7) To permit and cooperate with Federal investigations undertaken in accordance with section 678D of the Act. [‘676(b)(7)]

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Community Services Block Grant

- (8) That any eligible entity in the state that received funding in the previous fiscal year through a community services block grant under the community services block grant program will not have its funding terminated under this subtitle, or reduced below the proportional share of funding the entity received in the previous fiscal year unless, after providing notice and an opportunity for a hearing on the record, the State determines that cause exists for such termination or reduction, subject to review by the Deputy Secretary as provided in Section 678(b) of the act. [‘676(b)(8)]
- (9) That the State and eligible entities in the state will, to the maximum extent possible, coordinate programs and form partnerships with other organizations serving low-income residents of the communities and members of the groups served by the State, including religious organizations, charitable groups, and community organizations. [‘676(b)(9)]
- (10) To require each eligible entity in the state to establish procedures under which a low-income individual, community organization, or religious organization, or representative of low-income individuals that considers its organization, or low-income individuals, to be inadequately represented on the board (or other mechanism) of the eligible entity to petition for adequate representation. [‘676(b)(10)]
- (11) To secure from each eligible entity in the state, as a condition to receipt of funding, a community action plan (which shall be submitted to the Secretary, at the request of the Secretary, with the state plan) that includes a community-needs assessment for the community served, which may be coordinated with community-needs assessments conducted for other programs. [‘676(b)(11)]
- (12) That the state and all eligible entities in the state will, not later than fiscal year 2001, participate in the Results Oriented Management and Accountability System, another performance measure system for which the Deputy Secretary facilitated development pursuant to Section 678E(b) of the Act. [‘676(b)(12)]
- (13) To provide information describing how the State will carry out these assurances. [‘676(b)(13)]. (This is the Narrative CSBG State Plan).

Administrative Assurances

The State further agrees to the following, as required under the Act:

- (1) To submit an application to the Secretary containing information and provisions that describe the programs for which assistance is sought under the community services block grant program prepared in accordance with and containing the information described in Section 676 of the Act. [‘675A(b)]
- (2) To use not less than 90 percent of the funds made available to the State by the Secretary under Section 675A or 675B of the act to make grants to eligible entities for the stated purposes of the community services block grant program and to make such funds available to eligible entities for obligation during the fiscal year and the succeeding fiscal year, subject to the provisions regarding recapture and redistribution of un-obligated funds outlined below. [‘675C(a)(1) and (2)]

Community Services Block Grant

- (3) In the event that the State elects to recapture and redistribute funds to an eligible entity through a grant made under Section 675C(a)(1) when un-obligated funds exceed 20 percent of the amount so distributed to such eligible entity for such fiscal year, the State agrees to redistribute recaptured funds to an eligible entity, or require the original recipient of the funds to redistribute the funds to a private, nonprofit organization, located within the community served by the original recipient of the funds, for activities consistent with the purposes of the community services block grant program. [‘675C(a)(3)]
- (4) To spend no more than the greater of \$55,000 or 5 percent of its grant received under Section 675A or the State allotment received under section 675B for administrative expenses, including monitoring activities. [‘675C(b)(2)]
- (5) In states with a charity tax credit in effect under state law, the State agrees to comply with the requirements and limitations specified in Section 675(c) regarding use of funds for statewide activities to provide charity tax credits to qualified charities whose predominant activity is the provision of direct services within the United States to individuals and families whose annual incomes generally do not exceed 185 percent of the poverty line in order to prevent or alleviate poverty among such individuals and families. [‘675(c)]
- (6) That the lead agency will hold at least one hearing in the state with sufficient time and statewide distribution of notice of such hearing, to provide to the public an opportunity to comment on the proposed use and distribution of funds to be provided through the grant or allotment under Section 675A or ‘675B for the period covered by the state plan. [‘676(a)(2)(B)]
- (7) That the chief executive officer of the State will designate an appropriate State agency for purposes of carrying out State community services block grant program activities. [‘676(a)(1)]
- (8) To hold at least one legislative hearing every three years in conjunction with the development of the State plan. [‘676(a)(3)]
- (9) To make available for the public inspection each plan or revised State plan in such a manner as will facilitate review of and comment on the plan. [‘676(e)(2)]
- (10) To conduct the following reviews of eligible entities:
 - (a) full onsite review of each such entity at least once during each three year period.
 - (b) an onsite review of each newly designated entity immediately after the completion of the first year in which such entity receives funds through the community services block grant program;
 - (c) follow-up reviews including prompt return visits to eligible entities, and their programs, that fail to meet the goals, standards, and requirements established by the State;
 - (d) other reviews as appropriate, including reviews of entities with programs that have

Community Services Block Grant

had other Federal, State or local grants (other than assistance provided under the community services block grant program) terminated for cause. [‘678B(a)]

- (11) In the event that the State determines that an eligible entity fails to comply with the terms of an agreement or the State plan, to provide services under the community services block grant program or to meet appropriate standards, goals, and other requirements established by the State including performance objectives), the State will comply with the requirements outlined in Section 678C of the Act, to:
- (a) inform the entity of the deficiency to be corrected;
 - (b) require the entity to correct the deficiency;
 - (c) offer training and technical assistance as appropriate to help correct the deficiency, and submit to the Deputy Secretary a report describing the training and technical assistance offered or stating the reasons for determining that training and technical assistance are not appropriate;
 - (d) at the discretion of the State, offer the eligible entity an opportunity to develop and implement, within 60 days after being informed of the deficiency, a quality improvement plan and to either approve the proposed plan or specify reasons why the proposed plan cannot be approved.
 - (e) after providing adequate notice and an opportunity for a hearing, initiate proceedings to terminate the designation of or reduce the funding to the eligible entity unless the entity corrects the deficiency. [‘678(C)(a)]
- (12) To establish fiscal controls, procedures, audits and inspections, as required under Sections 678(a)(1) and 678D(a)(2) of the Act.
- (13) To repay to the United States amounts found not to have been expended in accordance with the Act, or the Deputy Secretary may offset such amounts against any other amount to which the State is or may become entitled under the community services block grant program. [‘678D(a)(3)]
- (14) To participate, and ensure that all-eligible entities in the State participate, in the Results-Oriented Management and Accountability (ROMA) System. [‘678E(a)(1)]
- (15) To prepare and submit to the Deputy Secretary an annual report on the measured performance of the State and its eligible entities, as described under ‘678E(a)(2) of the Act.
- (16) To comply with the prohibition against use of community services block grant funds for the purchase or improvement of land, or the purchase, construction, or permanent improvement (other than low-cost residential weatherization or other energy-related home repairs) of any building or other facility, as described in section 678(a) of the Act.

Community Services Block Grant

- (17) To ensure that programs assisted by community services block grant funds shall not be carried out in a manner involving the use of program funds, the provision of services, or the employment or assignment of personnel in a manner supporting or resulting in the identification of such programs with any partisan or nonpartisan political activity or any political activity associated with a candidate, or contending faction or group, in an election for public or party office; any activity to provide voters or prospective voters with transportation to the polls or similar assistance with any such election, or any voter registration activity. [‘678F(b)]
- (18) To ensure that no person shall, on the basis of race, color, national origin or sex be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity funded in whole or in part with community services block grant program funds. Any prohibition against discrimination on the basis of age under the Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.) or with respect to an otherwise qualified individual with a disability as provided in section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 12131 et seq.) shall also apply to any such program or activity. [‘678F(c)]
- (19) To consider religious organizations on the same basis as other non-governmental organizations to provide assistance under the program so long as the program is implemented in a manner consistent with the Establishment Clause of the first amendment to the Constitution; not to discriminate against an organization that provides assistance under, or applies to provide assistance under the community services block grant program on the basis that the organization has a religious character; and not to require a religious organization to alter its form of internal government except as provided under Section 678B or to remove religious art, icons, scripture or other symbols in order to provide assistance under the community services block grant program. [‘679]

Community Services Block Grant

Other Administrative Certifications

The State also certifies the following:

- (1) To provide assurances that cost and accounting standards of the Office of Management and Budget (OMB Circular A-110 and A-122) shall apply to a recipient of community services block grant program funds.
- (2) To comply with the requirements of Public Law 103-227, Part C Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994, which requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18 if the services are funded by a federal grant, contract, loan or loan guarantee. The State further agrees that it will require the language of this certification be included in any sub-awards, which contain provisions for children's services and that all sub-grantees shall certify accordingly.

Signature

Patrick Flood

PATRICK FLOOD

Deputy Secretary, Agency of Human Services

Date

9/11/08

Community Services Block Grant

I. Introduction

In 1981, the Governor of Vermont designated the Office of Economic Opportunity, (hereinafter called OEO), administrator of the Community Services Block grant, (hereinafter called CSBG). Under the provisions of the Omnibus Budget Reconciliation Act of 1981 (hereinafter called OMBR), and Public Law 98-558, Human Services Reauthorization Act of 1984, and the Augustus F. Hawkins Human Services Reauthorization of 1990 (P.L. 101-501), and the COATS Human Services Reauthorization Act of 1998, the OEO has developed a proposed plan for the distribution and use of these funds.

The CSBG program will be used to provide a range of services and activities having a measurable and potentially major impact on the causes and effects of poverty in Vermont. The activities will be directed toward assisting low-income participants including the elderly poor. A common theme among the local programs is the active participation of low-income people, in tandem with public officials and leaders of the private sector, in the design and implementation of the programs. In addition, these programs share a common goal: the achievement of self-sufficiency, emphasizing self-reliance and institutional change to assist the low-income people they serve. This State Plan is prepared and submitted to comply with the legislative requirements which specify, in order to receive an allotment under this subtitle, an application shall be submitted to the Secretary of the Department of Health and Human Services (hereinafter called HHS). The plan will be submitted to the State legislature for the purpose of conducting public hearings on the proposed use and distribution of the funds.

The plan sets forth the State's policy, goals and objectives for the program, the requirements which sub-grantees must meet to qualify for funds, the manner in which the State intends to distribute the block grant and the procedures the State intends to implement in administering the program.

II. Goals and Objectives of the Program

In its utilization of funds received under the CSBG, the State seeks to further the following goals:

1. to provide a range of services and activities having a measurable and potentially major impact on causes and effects of poverty in the community or those areas of the community where poverty is a particularly acute problem;
2. to provide activities designed to assist low-income participants including the elderly poor;
 - a. to secure and retain meaningful employment;
 - b. to attain an adequate education;
 - c. to make better use of available income;
 - d. to obtain and maintain adequate housing and a suitable living environment;
 - e. to obtain emergency assistance through loans or grants to meet immediate and urgent individual and family needs including the need for health services, nutritious food, housing and employment-related assistance;
 - f. to remove obstacles and solve problems which block the achievement of self-sufficiency;
 - g. to achieve greater participation in the affairs of the community; and

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- h. to make more effective use of other programs related to this subtitle;
3. to provide on an emergency basis for the provision of such supplies and services, nutritious foodstuffs and related services, as may be necessary to counteract conditions of starvation and malnutrition among the poor;
4. to coordinate and establish linkages between governmental and other social services programs to assure the effective delivery of such services to low-income individuals;
5. to encourage the use of entities in the private sector of the community in efforts to ameliorate poverty in the community; and
6. to provide for coordination between anti-poverty programs in each community, where appropriate, with emergency energy crisis programs under Title XXVI of this Act (relating to Low Income Home Energy Assistance) conducted in such community.

III. Distribution of Funds

Funds provided to the State under the HHS CSBG program will be distributed to eligible community action agencies (hereinafter called CAA). The amount to be awarded to each sub-grantee will be determined by the application of the OEO allocation formula. The formula was designed to insure that each sub-grantee would receive an amount sufficient to provide an administrative funding base and, further, to insure that funding to specific areas during subsequent years would correspond to the current economic situation of each area.

Prior to the award of CSBG funds, the OEO will reserve 10 percent of the funds awarded. Fifty-five thousand dollars (\$55,000) or 5 percent, whichever is larger, will be used for State administration of the program; and with the balance of the funds reserved, the State may:

1. transfer in accordance with Section 675(c)(5) of the CSBG Act; or
2. utilize for the purpose of funding special projects which have proven to be, or may prove to be particularly effective in ameliorating the causes of poverty in communities within the State; or
3. distribute through the allocation formula.

By statute, Vermont shall distribute 90% of its total CSBG award to eligible entities. In fiscal year 07, the formula was updated to address the distribution of this statutory 90% to Vermont's five CAAs while allowing for adjustments to be made as current, local poverty data become available.

- The OEO adopts the FY 2006 CAA distributions as the new base levels* for funding.
- In any future year where the state should experience an increase in its overall CSBG award above the FY 06 level, additional funds shall be distributed on the basis of each service territory's share of the state's total eligible population (currently the number of

Community Services Block Grant

persons at or below 125% of federal poverty level).

- In any future year where the state should experience a decrease in the overall CSBG award below the FY 06 level, a reduction will be applied proportionately to all eligible entities as a percentage reduction to their FY 06 award level.

*Historical note:

The 2006 base was arrived at by distributing \$2,051,460 (the FY 93 base) according to:

1. 50% divided equally:
2. 40% on the basis of eligible population:
3. 5% on the basis of per capita income:
4. 5% excess unemployment:
5. Any amount above the base level of \$2,051,460 was then distributed to each eligible entity based on the number of people within its respective service area with incomes at or below 125% of the poverty level.

IV. Qualifications and Application for Funds

For Fiscal Year 2009, all agencies identified as eligible to apply for funds shall submit an application before the beginning of the grant year in a form prescribed by OEO. An application must be approved by the eligible entity's governing board and signed by the chief governing official of the board.

1. Determination of Needs

Each eligible sub-grantee governing board is responsible for assuring the conduct of an assessment of low-income community needs, establishing service priorities and developing goals and objectives to address the needs identified and prioritized. The OEO recognizes the value of long-term, in-depth planning for the purpose of insuring the most effective utilization of Federal funds. As Federal funding resources grow scarcer, the value of an efficient planning process becomes progressively greater.

All eligible entities will be required to submit, as an integral part of their application, a description of the needs assessment process within the service area. Further, OEO perceives the needs assessment to be an ongoing process - needs are constantly being reassessed through the experience of the sub-grantees and the acquisition of new information. A formal assessment serves as a base from which to judge the changing needs of the community.

The determination of needs report should show not only the problems that can be ameliorated by

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delivery of services, but problems that pinpoint precisely the major causes of poverty in that area; for example, the absence of an industrial base, seasonal employment, a high percentage of families on minimum wage income, etc. While the OEO does not expect that each sub-grantee will be able to address all the problems that are identified in the determination of needs report, the State does expect that the detailed identification of those problems will ensure: the appropriate targeting of resources; enable sub-grantees to design specific plans to address those problems; and ensure that the highest return possible is realized through the expenditure of federal funds. The OEO requires an updated needs assessment for each new program year.

2. Request for Proposal

Prior to the beginning of Fiscal Year 2003, the OEO developed a Request for Proposal (hereinafter called RFP) package which was distributed to all sub-grantees currently operating programs under the CSBG Act. The RFP outlines broad goals and the general activities allowed under the Act, and will require detailed sub-grantee responses which will delineate specific activities to be undertaken by the sub-grantees in their efforts to achieve the purposes of the Act. The RFP will provide estimates of sub-grantee awards.

The RFP package contains five major components, as described below:

a. Program Design

This section of the RFP will have a detailed, written narrative including:

- 1) A brief description of the sub-grantee's current mission. This statement includes a combination of basic assumptions about poverty causes and the sub-grantee's anti-poverty strategies to address these problems.
- 2) A detailed analysis of the sub-grantee's performance during the operation of the CSBG program during the previous fiscal year. The analysis includes a comparison of services actually provided to those planned.
- 3) A needs assessment involving the identification and ranking of poverty related problems. It also involves the identification and prioritization of program strategies to address these problems.

b. FY 09 ROMA Implementation Plan

The ROMA Implementation Plan (RIP) is a comprehensive management plan that provides for the implementation of the Six National Anti-Poverty Goals, 12 National Indicators and Selected Outcome Measures. The plan provides for the development of activities to achieve the stated outcome measures. The work plan construction involves four interrelated subsections:

- 1) Allocation: An indication of the allocation of funds towards each of the six National Anti-Poverty Goals.

Community Services Block Grant

- 2) Outcome Measures: A selection of Agency-Specific Outcome Measures in addition to the 23 Statewide Outcome Measures agreed upon.
- 3) Program: A list of agency programs contributing data towards each Outcome.
- 4) Poverty Problems Addressed: The statutory poverty problems addressed through the above strategy.

c. Budget/Financial Management

A line item budget is developed to manage the use of the Federal funds. In addition, a financial management plan for utilizing the funds is required.

- 1) A line item budget is developed, with justification. There is an expenditure plan to coordinate expenditures with the operating plans.
- 2) A financial management plan is developed which insures the proper management of Federal grant funds. The State requires that sub-grantees develop a financial management plan that adopts and assures compliance with the "Vermont CSBG Uniform Requirement for Grants and Agreement with Non-profit Organizations".

d. Management Administration

Responses to this component will include descriptions of the sub-grantees organizational structure, board structure and composition, job descriptions of employees and the operating procedure by which the sub-grantee identifies eligible clients.

e. Assurances

Responses to the RFP will include a signed "Assurances" section which will delineate all necessary assurances relative to activities undertaken and the expenditures incurred with funds provided under the CSBG Act. These assurances will include:

- 1) that it will use funds granted as a result of the application to provide a range of services and activities having a measurable and potentially major impact on causes and effects of poverty in the area to be served;
- 2) that it will provide services and activities to remove obstacles and solve problems which block the achievement of self-sufficiency and other services and activities as appropriate to address identified causes and conditions of poverty;
- 3) that the CAA meets the requirements of Section 675(c)(3) of the Act relating to board composition. It must provide as an addendum to the application a current list of board members with the groups, organizations or sectors they represent;
- 4) that it will not undertake any political activities prohibited by the Act with these funds

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including, but not limited to, transportation of voters to the polls, voter registration activity, partisan political activity, or lobbying the congress;

- 5) that it will coordinate its activities with emergency Energy Crisis programs operated in the community pursuant to the Low-Income Home Energy Assistance Program;
- 6) that it will ensure that financial management systems utilize the standards prescribed in the "Vermont CSBG Uniform Requirements for Grants and Agreements with Non-profit Organizations".
- 7) that it will ensure the cooperation of staff and availability of all records, pertaining to the CSBG, to representatives of the OEO, the office of the State Auditor and Federal officials charged with monitoring the use of the funds provided;
- 8) that it will cooperate with Federal investigations undertaken in accordance with Section 679 of the Act;
- 9) that it will comply with the nondiscrimination provisions in Section 677 of the Act;
- 10) that it has adopted and implemented bylaws for itself and sub-grantee policies relative to travel, personnel and other areas as appropriate, consistent with Federal and State laws and regulations. The reimbursement rates for travel and related expenses will be set locally by the boards but may not exceed the State limits. Fiscal management policies and procedures must have been approved and be located in separate volume.

3. Uses of the RFP

a. U.S. Department of Health & Human Services - Annual Plan

Responses to the RFP will be utilized in the preparation of the State's annual plan and application for funds under the CSBG program.

b. OEO - Contracts for the Provisions of Services

Responses to the RFP will be evaluated for technical quality, cost reasonableness and cost effectiveness, as well as for the potential of proposed activities to ameliorate the causes and effects of poverty. Only those proposals which meet all the requirements of the RFP will be considered.

Once acceptable proposals have been evaluated, representatives of the prospective sub-grantees will be invited to negotiate a contract based on the proposal submitted. The purpose of the negotiations is to arrive at a mutually-agreeable and cost-effective approach to meeting the requirements of the RFP and the goals of the program.

Once agreement has been reached in regards to program approach and line item budgets, the OEO will award contracts.

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V. State Monitoring of Program

I. Reporting Requirements

a. Programmatic

- 1) The OEO, in conjunction with CAAs, has developed a simplified client information system to provide access to data on programs operated and clients served. OEO will use the information to develop a demographic profile of the clients served and types of services provided. Summary reports on the number of, and the characteristics of, clients served will be submitted to OEO on a quarterly basis, defined in the individual contracts with the local sub-grantees.
- 2) A Quarterly Work Plan Progress Narrative Report will be submitted which details the progress the CAA has made on each of the Six National Goals and the selected outcomes.

b. Financial

- 1) The OEO has developed a financial report – Invoice/Financial Statement – which is designed to facilitate the reporting of financial data on a monthly and cumulative basis.

Financial information, this report form was designed to afford the State and the sub-grantees the capability to carefully monitor expenditures by comparing actual to projected expenditures as presented on the Monthly Expenditure Plan.

2. Utilization of Required Reports

The report forms have been designed to consolidate financial and programmatic information and to incorporate expenditure and service goals established by, and presented in, the contracts entered into between the OEO and sub-grantees. This format presents a ready means of assessing contractor performance and further affords the capability of off-site financial monitoring which can identify individual sub-grantee(s) or specific sub-grantee expense accounts which should be subjected to on-site monitoring.

3. Regulations

OEO will develop no regulations or policies beyond those absolutely necessary to operate successfully with necessary program and fiscal accountability. Whenever possible, in addition to basic requirements contained in contracts between OEO and the sub-grantee, rules and policies will be issued in the form of numbered policy memoranda to all contracting sub-grantees on an "as needed" basis with a timely effective date. The provisions of such memoranda will be binding for CSBG sub-grantees. The provisions of "Vermont CSBG Uniform Requirements for Grants and Agreements with Non-profit Organizations" and the "Vermont CSBG Cost Principles for Non-Profits" will apply to the administration of the program.

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4. Audit Requirements

Any funds made available to the sub-grantees by OEO from the CSBG will be audited on an annual basis in accordance with the standards for Audit of Governmental Organizations, programs, Activities, and Functions, 1981 Revisions, and Guidelines for Financial and Compliance Audits of Federally Assisted programs, and OMB Circular A-133.

In accordance with Section 1745 of the OBRA of 1981, OEO shall enter into agreement with the office of the State Auditor or an independent CPA firm to conduct a financial and compliance audit of its administration of funds received under the CSBG in accordance with the General Accounting Office audit guide. Within 30 days after the completion of this audit, the Governor shall submit a copy of it to the State Legislature and to the Secretary of HHS.

5. State Responsibilities and Services

The OEO is accountable to the Governor, AHS Secretary, Legislature, HHS and the Congress for all aspects of grant management and program operation. Therefore, it will closely monitor program and fiscal management activities of its sub-grantees to ensure that contracted services are being provided in an effective and efficient manner and that goals are being achieved.

Effective technical assistance and on-site monitoring can be accomplished through careful review and in-depth evaluation of fiscal and programmatic reports. Such analyses will identify any variance in planned progress toward the attainment of contracted goals and will enable the OEO to provide assistance or initiate the necessary action as necessary to remedy the situation. The OEO will provide a wide range of technical assistance to the sub-grantees to assist them in provision of services to clients.

Additionally, all sub-grantee recipients of CSBG funds will receive on-site visits by OEO staff in order to conduct formal reviews of the sub-grantee's accounting system and procedures, personnel and travel policies, management systems and program activities in order to assure programmatic and management accountability.

Written reports detailing monitoring findings - both positive and negative - will be submitted to the Director of the OEO. The Director of the OEO will, where appropriate and necessary, initiate corrective action measures detailing the specific steps that must be taken in order to achieve compliance with contracted goals and standards. Such corrective measures will be communicated to the Executive Director of the particular agency, who will be responsible for implementing the required action.

VI. Use, Suspension or Termination of Funds

1. Use of Funds

Funds given to grantees pursuant to this plan must be used in furtherance of the goals and objectives set forth in Section II above and will be governed by a contract between OEO and the sub-grantee as well as this plan and applicable law. The contract shall be based on the sub-grantee's application for funding as approved. OEO may condition the sub-grantee's

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receipt of the block grant funds on such terms as OEO deems appropriate, provided the terms are consistent with and in furtherance of this plan and the Federal law governing CSBG.

A cash advance in an amount sufficient to fund one quarter's operation shall be made to each agency upon the effective date of the contract executed with the OEO.

Subsequent transmittals of cash shall be made in quarterly cash advances.

2. Local Sub-grantee Administration Costs

While there is no limitation on administrative expenditures at the local level imposed by the Act, such limitations may be imposed by applicable management circular of the Federal Office of Management and Budget. However, OEO expects agencies to establish reasonable levels of administrative cost.

Reasonable administrative costs will be determined through the process of contract negotiations, and expenditures will consequently be governed by the levels established by the contract.

3. Suspension or Termination of Funds

The OEO may suspend funding to a sub-grantee if the agency fails to submit accurate reports on the dates the reports are required.

Funding may also be suspended if monitoring reports or independent audit reports indicate substantial noncompliance with Federal legislation, program regulations, established State policy, contract requirements, generally accepted accounting procedures or fiscal control procedures.

VII. Public Participation

The State supports maximum feasible participation of all interested persons and groups in the development and implementation of CSBG programs at the state and local level, in an advisory capacity. Therefore, it expects local agencies to continue meaningful participation of the public, private and low-income sectors in the planning and operation of programs under the CSBG.

Copies of the plan will be distributed to the affected sub-grantees (CAAs) at a meeting of the Vermont Community Action Directors Association. Limited purpose sub-grantees and other interested parties are invited to attend the public hearing which will review this plan. In addition, copies of the plan will be available for public inspection from the OEO.

Fiscal Year: 2009

Annual Amount Proposed: \$3,465,635

Public Law Citation: Omnibus budget Reconciliation Act of 1981, P.L. 97-35; and Human Services

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Reauthorization Act of 1984, P.L. 98-558, P.L. 99-425, and P.L. 101-501, and P.L. 103-252 COATS Human Services Reauthorization Act of 1998, and the Omnibus Consolidated Appropriation Act of 2000, Public Law 106-113.

A. Statement of Assurances/Certification

1. Certifications

The State of Vermont will use the funds available under the Community Services Block Grant to assure that, at its discretion and consistent with agreements with the State, each recipient of funds available under this subtitle will use such funds.

- 675(c)(1)(A) provide a range of services and activities having a measurable and potentially major impact on causes of poverty in the community or those areas of the community where poverty is a particularly acute problem;
- 675(c)(1)(B) provide activities designed to assist low-income participants including homeless individuals and families, migrants, and the elderly poor.
- (i) to secure and retain meaningful employment
 - (ii) to attain an adequate education;
 - (iii) to make better use of available income;
 - (iv) to obtain and maintain adequate housing and a suitable living environment;
 - (v) to obtain emergency assistance through loans or grants to meet immediate and urgent individual family needs, including the need for health services, nutritious food, housing and employment-related assistance;
 - (vi) to remove obstacles and solve problems which block the achievement of self-sufficiency;
 - (vii) to achieve greater participation in the affairs of the community; and
 - (viii) to make more effective use of other programs related to the purpose of this subtitle;
- 675(c)(1)(C) provide on an emergency basis for the provision of such supplies and services, nutritious foodstuffs and related services, as may be necessary to counteract conditions of starvation and malnutrition among the poor;
- 675(c)(1)(D) coordinate and establish linkages between governmental and other social services programs to assure the effective delivery of such services to low-income individuals; and
- 675(c)(1)(E) encourage the use of entities in the private sector of the community in efforts to ameliorate poverty in the community;
- 675(c)(2)(A) use, for FY85 and for each subsequent fiscal year, not less than 90 percent of the funds allotted to the State under Section 674 to make grants to use for the purpose described in clause (1) to eligible entities (as defined in Section 673(1) or to organizations serving seasonal or migrant farm workers, except that no more than 7 percent of the funds available for this sub-clause shall be granted to organizations which were not eligible entities during the previous fiscal year;

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2. Assurances/Provisions to Insure Compliance

Assurance: Section 675(c)(2)(B)

If less than 100 percent of the allotment is expended under subparagraph (A), provide assurances that with respect to the remainder of the allotment a reasonable amount shall be used for -

- (i) providing training and technical assistance to those entities in need of such assistance and such activities will not be considered administrative expenses;
- (ii) coordinating State-operated programs and services targeted to low-income children and families with services provided by eligible entities funded under this subtitle, including out posting appropriate State or local public employees into entities funded under this subtitle to ensure increased access to services provided by such State or local agencies;
- (iii) supporting statewide coordination and communication among eligible entities;
- (iv) Administrative expenses at the State level, including monitoring activities, but not more than \$55,000 or 5 percent of its allotment under section 674; and
- (v) considering the distribution of funds under this subtitle within the State to determine if such funds have been targeted to the areas of greatest need.

Provision:

Upon notification of its CSBG allocation, the State prepares a plan for the use and distribution of funds. The plan includes a formula for the distribution of funds to ensure funds have been targeted to areas of greatest need (see page B-3 Vermont State Plan). The plan also includes a reserve \$173,282 or 5 percent of the funds for the State's administration. All other funds are awarded for discretionary projects to eligible entities based on a grant proposal to this Office. Discretionary funds are used for: training of eligible entity staff and Boards, purchase of computer software and hardware to ensure accurate data collection, assistance in the delivery of services to victims of domestic violence, and services to low income Vermonters.

In addition, the State Office coordinates and convenes various task forces to ensure communication among eligible entities and other State and local service providers. Task forces include: homelessness, hunger and housing as well as Family Economic Development.

Assurance:

The State will provide assurances that (A) in the case of a community action agency or nonprofit private organization, each board will be selected by the community action agency or nonprofit private organization and constituted so as to assure that

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- (i) one-third of the members of the board are elected public officials, currently holding office, or their representatives, except that if the number of elected officials reasonably available and willing to serve is less than one-third of the membership of the board, membership on the board of appointive public officials may be counted in meeting such one-third requirement;
- (ii) at least one-third of the members are persons chosen in accordance with democratic selection procedures adequate to assure that they are representative of the poor in the area served; and
- (iii) the remainder of the members are officials or members of business, industry, labor, religious, welfare, education, or other major groups and interests in the community, and

(B) in the case of a public organization receiving funds under this subtitle, such organization either establish -

- (i) a board of which at least one-third of the members are persons chosen in accordance with democratic selection procedures adequate to assure that they are representative of the poor in the area served; or
- (ii) another mechanism specified by the State to assure low-income citizen participation in the planning, administration, and evaluation of projects for which such organization has been funded.

Provision:

In order to insure that the board of directors of the community action agencies are constituted in accordance with Section 675(c)(3), the Request for Proposal package to which community action agencies must respond to receive funds includes a section that requires community action agencies to submit the names, addresses, and phone numbers of all board members and requires each CAA to specify the sector each represents (public, private, low-income) as well as the process used to ensure the election of the low-income representatives is in accordance with democratic principles. Additionally, each CAA is required to denote the offices held and by whom and committee assignments. Further, contracts for the provision of services require that minutes of the board meetings be submitted to the Office of Economic Opportunity to allow for ongoing monitoring of this requirement.

Assurance: Section 675(c)(4)

The State will give special consideration to the designation of local community action agencies under this subtitle to any community action agency which is receiving funds under any Federal anti-poverty program on the date of the enactment of the Act, except that (A) the State shall, before giving such special consideration, determine that the agency involved meets program and fiscal requirements established by the State; and (B) if there is no such agency because of any change in the assistance furnished to programs for economically disadvantaged persons, the State shall give special consideration in the designation of community action agencies to any successor agency which is operated in substantially the same manner as the predecessor

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agency which did receive funds in the fiscal year preceding the fiscal year for which the determination is made.

Provision:

The State awards funds only to community action agencies that were receiving funds under Federal anti-poverty programs on the date of enactment of the Act. The State plan for the distribution of funds, which is made available to the public and is subject to a public hearing, specifies that funds will be distributed to community action agencies.

Assurance: Section 675(c)(5)

The State will not transfer funds in excess of 5 percent of its allotment; if 5 percent of its allotment under Section 674 is transferred, it will be transferred for the provisions set forth in this subtitle to services under the energy crisis intervention program under Title XXVI of this Act (relating to low-income home energy assistance) or the Temporary Emergency Food Assistance Act of 1983.

Provision:

The CSBG Plan prepared by the State - and made available for public inspection and subject to public hearing - specifies that only 5 percent of the funds allocated to the State may be transferred as specified above. All other funds (amounts specified in the application and plan which are made available to the public) are allocated to community action agencies, and other organizations and efforts intended to alleviate poverty.

Assurance: Section 675(c)(6)

Repealed by the Hatch Act Reform Amendments of 1994, P.L. 103-94.

Assurance: Section 675(c)(7)

The State will prohibit the use of any funds provided under this title for any activities to provide voters and prospective voters with transportation to the polls or to provide similar assistance in connection with an election or voter registration activity.

Provision:

Contracts for the provision of services contain a clause which prohibits the use of any funds provided under the CSBG for any political activities. Monitoring of community action agencies' activities insures continued compliance.

Assurance: Section 675(c)(8)

The State will provide for coordination between anti-poverty programs in each community, where appropriate, with emergency crisis intervention programs under Title XXVI of this Act (relating to low income home energy assistance);

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Provision:

The Grantee for funds under Title XXVI of the Act (relating to low income home energy assistance) provides funds to the CSBG grantee, which in turn awards funds to community action agencies to provide outreach services to potential home energy assistance recipients, thus insuring coordination between anti-poverty programs.

Assurance: Section 675(c)(9)

The State will provide fiscal control and will establish fund accounting procedures as may be necessary to assure the proper disbursement of and accounting for Federal funds paid to the State under this subtitle including procedures for monitoring the assistance provided under this subtitle; and it will provide for an independent financial and compliance audit of this grant to meet the requirements as set out in Section 1745 of the Omnibus Reconciliation Act;

Provision:

The State financial system and fund accounting procedures provide strict controls that assure the proper disbursement and accounting for funds paid to the State under the Act. Community action agencies awarded funds are required to report on the expenditure of funds (including the amounts and purpose of the expenditures) on a monthly basis, thus allowing for ongoing monitoring of the use of the funds. Community action agencies are required to conduct an annual, agency-wide audit of all funds, and to submit those audits to the State.

Assurance: Section 675(c)(10)

The State will permit and cooperate with Federal investigations undertaken in accordance with Section 679 of this Act.

Provision:

The State will permit and cooperate with any federal investigations undertaken in accordance with Section 679 of the Act. Contracts for the provision of services contains a clause that specifies that all books, documents, accounting records, etc. pertinent to CSBG funds will be maintained and made available at reasonable times for the inspection by any authorized agent of the State or Federal government, thus insuring cooperation at all levels.

Assurance: Section 675(c)(11)

The State agrees to "provide assurances that any community action agency or migrant and seasonal farm worker organization which received funding in the previous fiscal year under the Act will not have its present or future funding terminated under this Act or reduced below the proportional share of funding it received in the previous year, unless after notice, and opportunity for hearing on the record, the State determines that cause existed for such termination or reduction subject to the procedures and review by the Deputy Secretary as provided in Section 676A."

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- (A) For purposes of making a determination with respect to a funding reduction, the term "cause" includes:
- (i) a statewide redistribution of funds under this subtitle to respond to:
 - (aa) the results of the recently available census or other appropriate data;
 - (bb) the establishment of a new eligible entity;
 - (cc) severe economic dislocation; and
 - (ii) the failure of an eligible entity to comply with the terms of its agreement to provide services under this subtitle."
- (B) For purposes of making a determination with respect to a termination, the term 'cause' includes the material failure of an eligible entity to comply with the terms of its agreement and community action plan to provide services under this subtitle.

Provision:

All Vermont CSBG program operators are community action agencies which received funding under the Act in the previous fiscal year. Only current CSBG program operators are recipients of the Request for Proposal contract package for FY '08, and all funds provided (except for State administration and the Discretionary pool) for the CSBG in FY '08 and beyond will be obligated to these entities according to the 90 percent statutory rule. It is the State's intention to continue funding these agencies, provided that they meet the intent and requirements of the Act, contractual obligations to the State, and comply with

State and Federal laws and regulations, and Uniform Administrative Requirements prescribed by OMB.

All community action agencies in Vermont that have received funds in the previous fiscal year will be notified as soon as practical, but no less than thirty days before the new fiscal year of status of funding for the upcoming fiscal year. If the State determines that for some substantiated reason that a CAA is not meeting its contractual obligation, the State will notify the CAA in writing of its determination and utilize the thirty day contract cancellation clause. This written notice will be the last resort after all reasonable attempts have been made to resolve and rectify the contractual noncompliance.

The CAA has the right to appeal the cancellation of its CSBG contract or failure to receive a new contract to the Vermont Agency of Human Services "Human Services Board" as described in Vermont Statutes Annotated, Title 3, Section 3090 and 3091. This provides for proper notice, the conducting of hearings and an appeal process.

The final termination of CSBG funds is subject to review by the Deputy Secretary as provided in Section 676A.

Additionally, the State assures that it will meet the requirements of Section 1742(a) and (b) as

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required in P.L. 97-35.

Assurance: Section 675(c)(12)

In the case of a State which applied for and received a waiver from the Deputy Secretary under Public Law 98-139 (Colorado, Utah, and Wyoming) "provide assurances that funds will not be provided under this subtitle (Community Services Block Grant Act) by such State to an organization to which such State made under this subtitle in fiscal year 1984 unless such organization allows, before expending such funds, low-income individuals to comment on the uses for which such organization proposes to expend such funds."

Assurance: Section 675(c)(13)

- (13) secure from each eligible entity as a condition to its receipt of funding under this Act a community action plan (which shall be available to the Deputy Secretary for inspection) that includes –
- (A) a community needs assessment (including food needs);
 - (B) a description of the service delivery system targeted to low-income individuals and families in the service area;
 - (C) a description of how linkages will be developed to fill identified gaps in services through information, referral, case management, and follow-up consultations;
 - (D) a description of how funding under this Act will be coordinated with other public and private resources; and
 - (E) a description of outcome measures to be used to monitor success in promoting self-sufficiency, family stability, and community revitalization.

Provision:

The Office of Economic Opportunity has developed the following Request for Proposal (RFP) package that is distributed to all eligible entities. The RFP outlines broad goals and the general activities allowed under the Act, and require detailed sub-grantee responses which delineate specific activities to be undertaken by the sub-grantees in their efforts to achieve the purposes of the Act. All requirements of Section 675(c)(13) are met by this RFP.

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COMMUNITY SERVICES BLOCK GRANT
REQUEST FOR PROPOSAL

I. INTRODUCTION

A. PROGRAM PURPOSE

The purpose of the Community Services Block Grant (hereinafter called CSBG) program is to ameliorate the causes and effects of poverty through the provision of a range of services and activities designed to have a measurable and potentially major impact on the causes of poverty in Vermont, especially in those communities where poverty is a particularly acute problem.

B. BACKGROUND INFORMATION

The State of Vermont accepted administrative responsibility for the CSBG as of October 1, 1981. The State Office of Economic Opportunity (hereinafter called OEO) was designated as the grantee for the CSBG program by the Governor.

Consistent with the intent of Congress in establishing block grants, the Department of Health and Human Services, Office of Community Services, imposed no requirements, restrictions or regulations other than those contained in the authorizing legislation. Of particular note with regard to the requirements contained herein, the State is required to:

"...provide that fiscal control and fund accounting procedures will be established as may be necessary to assure the proper dispersal of and accounting for Federal funds paid to the State under this subtitle, including procedures for monitoring the assistance provided under this subtitle..."

In the absence of specific requirements for the management of operations and the control of funds, the State has developed an administrative plan for the control of funds and activities that is consistent with sound management practices, while at the same time providing maximum flexibility to the operators of CSBG programs. The State is pleased with the progress made in the implementation of the CSBG by all parties involved and is confident that the systems developed provide, in large measure, the structure and procedures necessary to meet the requirements outlined above.

C. PURPOSE OF THE REQUEST FOR PROPOSAL (RFP)

The RFP system is a standard and widely used method for securing goods or services through competitive negotiated procurement. The RFP outlines the broad goals and objectives of the program, specifies activities allowable under the Act, and establishes specific requirements of the State for agencies awarded funds under the Act.

The State is seeking a comprehensive program developed by the community action agencies (CAA) to meet the purpose of the CSBG Act. The RFP provides a method for the State to review each agency's plan to provide services with CSBG funds.

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D. STRUCTURE OF THE RFP

The RFP allows for a clear presentation of the correlation between the work plan and budgets; and allows for the development and presentation of performance and impact measures, by which each agency will be able to monitor their progress toward their self-determined goals.

The RFP package consists of four major components as follows:

1. PROGRAM DESIGN

- a. Agency Mission Statement identifies the purpose and focus of the CAA in dealing with poverty problems.
- b. FY 09 Needs Assessment involves the identification and prioritizing of poverty problems. The general rationale for selection of particular areas of need and then the appropriateness of the strategy to be utilized in addressing the need is then developed.

2. FY 09 WORK PLAN

The work plan is the management tool that provides for the implementation of the agency's programs. The document has two major components.

- a. ROMA Implementation Plan (RIP) involves developing strategies to address the National goals identified by the National Task Force on Monitoring and Assessment, and identifying outcome measures and performance indicators which will be used for each goal. Each strategy will indicate the agency's proposed level of effort through the year, and will include Management functions to support the goal.
- b. Other Funds identifies other funds which the agency receives and uses in programs that have no financial ties to CSBG.

3. BUDGET/FINANCIAL MANAGEMENT

- a. Budget. While the level of funding is uncertain at this time, we are operating under the assumption of level funding from FFY 2008 i.e. \$3,465,635 for FFY 09. The Agency should develop a line item budget that reflects the CSBG contribution to operating programs based on the number specified on page 9.
- b. Financial Management section contains a description of the mechanisms developed to assure compliance with Federal standards.

4. REPORTING REQUIREMENTS (Data Collection/Monitoring)

- a. Data collection involves the collection of information on: unduplicated number of persons served, number of households served, various demographic information, etc. that act as indicators of progress being made on various poverty programs and management functions.

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Outcome Measures and performance indicators are being required by the Office of Community Services (OCS). Agencies will address outcome measures and performance indicators for the National Goals as previously agreed upon, and outlined in the RIP documents included in this RFP.

- b. Monitoring of the agency's operations involves evaluating the success made toward the National goals and the satisfaction of State requirements concerning management activities.

E. PROCESS

The agency's proposal will not be considered unless it complies with all requirements of the RFP. The acceptable proposal submitted will be negotiated by the staff at OEO. The purpose of the negotiations is to arrive at a mutually agreed upon approach to meeting the requirements of the CSBG Act in furthering its goals and purpose and to meeting the requirements of the RFP.

Successful negotiations will result in the award of a grant to be entered into between the State and the offertory for the provision of services under the CSBG.

F. GENERAL INSTRUCTIONS

1. General Information Section I of the RFP package is for your information and assistance in preparing your grant proposal.
2. Instructions for Grant Section II through V contain the specific instructions for completing the grant proposals. The responses to these sections will comprise the actual grant narrative and budget.
3. Assembly of Application Grant sections are listed below and should be specifically marked within the body of the offered proposal. Grant sections should be numbers using the following pagination format in the upper right corner of the document page:

Example: Original Document
Document B, Page 1 of 6
Date

To facilitate the review and processing of the application, assemble the materials as follows:

- a. Cover letter: Submit with the application and include the name(s) of the person to be contacted to answer questions and who will be negotiating the proposal.
- b. Document A. Allowable Activities (Document provided).
- c. Document B. Monthly Expenditure Plan (Document provided).
- d. Document C. Budget

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- e. Document D. National Goal and Outcome Measures RIP (see forms provided)
- f. Document E. Program Design
- g. Document F. Financial Management
- h. Document G. Management/Administration
- i. Document H. Reporting Requirements
- j. Document I. Definitions and General Conditions (Document provided).

G. DUE DATES

- 1. Proposals must be submitted to the following on or before September 10, 2008 and must include the original and two copies:

Tony Morgan, Director
State Office of Economic Opportunity
103 South Main Street
Waterbury, VT 056761-1801

- 2. On or before September 17, 2008, the proposal will be reviewed by the Office of Economic Opportunity and on or before September 24, 2008 offertory will meet with OEO staff (if necessary) to review the proposal, suggest changes or make any other recommendations in order to fully understand the proposal and its goals.
- 3. On or before September 29, 2008 eligible entities will resubmit if necessary to OEO. The eligible entity will be notified if any areas require further addition.
- 4. All proposals will be either granted or denied by October 1, 2008. The award of funds is contingent upon a Congressional appropriation to operate the program.

II. PROGRAM DESIGN

NOTE: Document E of the grant proposal will be comprised of the following sections.

A. AGENCY MISSION STATEMENT

Provide a brief description of the agency's current mission. This statement should include a combination of basic assumptions about poverty causes and the agency's anti-poverty strategies to address these problems within the scope of the CSBG Act. The overall mission statement should contain specific statements which provide information regarding:

- 1. An identification of the agency's target population.
- 2. The agency's identification of the causes of the problems with which the target population

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is confronted.

3. The strategies to be used to combat the particular causes.
4. The attributes you perceive to be inherent to those strategies which make them particularly well suited to the task.

B. FY 09 NEEDS ASSESSMENT

The needs assessment involves the identification and ranking of poverty related problems. It also involves the identification and prioritization of program strategies to address these problems. Because of the many and diverse community and municipal groups that are collecting data for various needs assessments; we are asking that you utilize those in your proposal, to the extent possible, rather than undertaking an in depth analysis as your own agency for the sole purpose of this proposal.

It is our intent to construct this document as a narrative more than a "numbers" exercise. The information can certainly be supported by data, but the intent is to give us a "picture" of the particular poverty problem; a brief history or background; your strategy to alleviate the particular poverty problem and the expected outcome. We have included forms as guidance but feel free to use your own if more room is necessary.

You should use one form (or enclosed form) for each poverty problem. You should also arrange them in priority order or denote in some other way which problem area is priority #1, priority #2 etc. Additionally, please indicate any of the existing needs assessments you utilized from your catchment's area, i.e. planning commissions, United Ways, Act 200's, etc.

The definition of poverty problems that will be used in the needs assessment and work plan are based on the CSBG Act as amended 1998. The poverty areas identified in the law are:

- I. Unemployment/Underemployment
- II. Inadequate Education
- III. Use of Available Income/Lack of Income
- IV. Inadequate Housing
- V. Inability to Meet Emergency Needs
- VI. Remove Obstacles and Solve Problems which block the Achievement of Self Sufficiency.
- VII. Achieve Greater Participation in the Affairs of the Community.
- VIII. Ineffective/Inefficient use of Available Programs
- IX. Starvation/Malnutrition
- X. Coordinate and Establish Linkages between governmental and other social services programs to ensure the effective delivery of such services to low income individuals: and
- XI. Encourage the use of entities in the Private Sector of the community in efforts to ameliorate poverty in the community.

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III FY 09 WORK PLAN (RIP)

With a completed needs assessment, the development of the RIP is the next step. The poverty areas have been identified and developed for agency action. The RIP will be the implementation schedule/plan for addressing the concerns in this section.

The RIP is a comprehensive management tool that provides for the implementation of agency programs. The work plan provides for the development of the six National goals, consisting of 12 National Indicators. The plan provides for the development of activities to achieve the stated goals and outcome measures. The RIP construction will involve developing four interrelated subsections:

1. Allocation: An indication of the allocation of funds towards each of the six National Anti-Poverty Goals.
2. Outcomes/Indicators: A selection of Agency-Specific Outcome Measures in addition to the 23 Statewide Outcome Measures agreed upon. (See section on Outcome Measures, below).
3. Programs: A list of agency programs contributing data towards each Outcome.
4. Poverty Problems Addressed: The statutory poverty problems addressed through the above strategy.

OUTCOME MEASURES / NATIONAL INDICATORS

Since federal fiscal year 2007, Vermont's eligible entities have reported quarterly Outcome data for each of the national indicators to the Vermont Office of Economic Opportunity. Each entity shall report, at minimum, on 23 Outcome Measures agreed upon at the statewide ROMA meeting of June 2nd, 2006. In addition, each agency may choose additional Outcome Measures from the national list, or develop agency-specific measures pertinent to the anti-poverty efforts of the Community Services Block Grant. The selected National Outcome Measures will be included in the Request for Proposal. Additional or agency-specific outcome measures will be submitted by each eligible entity in their CSBG proposal. The finalized list is then to be incorporated in the grant agreement between the Office of Economic Opportunity and the eligible entity.

The complete list of National Indicators is appended below, with the 23 State-wide Outcome Measures displayed in bold font.

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Name of Agency Reporting: _____

The ROMA Implementation Plan (RIP) consists of six poverty goals. Each combines four elements: a section on Allocation of Funds towards the goal; a section on Outcomes developed from the National Indicators; a listing of Agency Programs involved in reporting those outcomes; and a list of the Poverty Problems Addressed by this strategy. Each plan is a joint effort between the State and the Community Action Agency, and serves as an agreement on how funding and programs are to be translated into quantifiable improvements for the people and communities we serve.

Goal 1: Low-income people become more self-sufficient.

Total CSBG Dollars Dedicated towards Goal 1: \$_____ CSBG

Other Agency Funds Dedicated towards Goal 1: \$_____ FEDERAL

\$_____ STATE

\$_____ PRIVATE

\$_____ **TOTAL**

National Performance <u>Indicator 1.1</u> Employment The number and percentage of low-income participants in community action employment initiatives who get a job or become self-employed as measured by <u>one or more</u> of the following:	Number of Participants Enrolled in Program(s) (#)	Number of Participants Expected to Achieve Outcome in Reporting Period (Target) (#)	Number of Participants Achieving Outcome in Reporting Period (#)	Percentage Achieving Outcome in Reporting Period (%)
A. Unemployed and obtained a job				
B. Employed and obtained an increase in employment income				
C. Achieved "living wage" employment and benefits				

In the space below, please include any additional indicators that were not captured above.

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National Performance Indicator 1.2 Employment Supports The number of low-income participants for whom barriers to initial or continuous employment are reduced or eliminated through assistance from community action as measured by <u>one or more of the following:</u>	Number of Participants Enrolled in Program(s) (#)	Number of Participants Achieving Outcome in Reporting Period (#)
A. Obtained pre-employment skills/competencies required for employment and received training program certificate or diploma		
B. Completed ABE/GED and received certificate or diploma		
C. Completed post-secondary education program and obtained certificate or diploma		
D. Enrolled children in before or after school programs, in order to gain or maintain employment		
E. Obtained care for child or other dependant in order to gain or maintain employment		
F. Obtained access to reliable transportation and/or driver's license in order to gain or maintain employment		
G. Obtained health care services for themselves or a family member in support of family stability needed to gain or retain employment		
H. Obtained safe and affordable housing in support of family stability needed to gain or retain employment		
I. Obtained food assistance in support of family stability needed to gain or retain employment		

In the space below, please include any additional indicators that were not captured above.

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	National Performance <u>Indicator 1.3</u> Economic Asset Enhancement and Utilization The number and percentage of low-income households that achieve an increase in financial assets and/or financial skills as a result of community action assistance, and the aggregated amount of those assets and resources for all participants achieving the outcome, as measured by <u>one or more</u> of the following:	Number of Participants Enrolled in Program(s)	Number of Participants Expected to Achieve Outcome in Reporting Period (Target) (#)	Number of Participants Achieving Outcome in Reporting Period (#)	Percentage Achieving Outcome in Reporting Period (%)	Aggregated Dollar Amounts (Payments, Credits or Savings) (\$)
E N H A N C E M E N T	1. Number and percent of participants in tax preparation programs who identify any type of Federal or State tax <u>credit</u> and the aggregated dollar amount of credits					
	2. Number and percentage obtained court-ordered child support payments and the expected annual aggregated dollar amount of payments					
	3. Number and percentage enrolled in telephone lifeline and/or energy discounts with the assistance of the agency and the expected aggregated dollar amount of savings					

In the space below, please include any additional indicators that were not captured above.

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	National Performance <u>Indicator 1.3</u> (Continued)					
	Economic Asset Enhancement and Utilization	Number of Participants Enrolled in Program (#)	Number of Participants Expected to Achieve Outcome in Reporting Period (Target) (#)	Number of Participants Achieving Outcome in Reporting Period (#)	Percentage Achieving Outcome in Reporting Period (%)	Aggregated Dollar Amounts (Payments, Credits or Savings) (\$)
U T I L I Z A T I O N	1. Number and percent demonstrating ability to complete and maintain a budget for over 90 days					
	2. Number and percent opening an Individual Development Account (IDA) or other savings account and increased savings, and the aggregated amount of savings					
	3. Of participants in a community action asset development program (IDA and others):					
	a. Number and percent capitalizing a small business with accumulated savings		a.			
	b. Number and percent pursuing post-secondary education with savings		b.			
	c. Number and percent purchasing a home with accumulated savings		c.			

In the space below, please include any additional indicators that were not captured above.

Agency Programs Involved with Goal 1:

Poverty Problems Addressed through this strategy:

Goal 2: The conditions in which low-income people live are improved.

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Total CSBG Dollars Dedicated towards Goal 2: \$ _____ CSBG

Other Agency Funds Dedicated towards Goal 2: \$ _____ FEDERAL

\$ _____ STATE

\$ _____ PRIVATE

\$ _____ TOTAL

<u>National Performance Indicator 2.1</u>	Number of Projects or Initiatives (#)	Number of Opportunities and/or Community Resources Preserved or Increased (#)
Community Improvement and Revitalization Increase in, or safeguarding of threatened opportunities and community resources or services for low-income people in the community as a result of community action projects/initiatives or advocacy with other public and private agencies, as measured by one or more of the following:		
A. Accessible "living wage" jobs created or saved from reduction or elimination in the community		
B. Safe and affordable housing units created in the community		
C. Safe and affordable housing units in the community preserved or improved through construction, weatherization or rehabilitation achieved by community action activity or advocacy		
D. Accessible and affordable health care services/facilities for low-income people created or saved from reduction or elimination		
E. Accessible safe and affordable child care or child development placement opportunities for low-income families created or saved from reduction or elimination		
F. Accessible before school and after school program placement opportunities for low-income families created or saved from reduction or elimination		
G. Accessible new or expanded transportation resources, or those that are saved from reduction or elimination, that are available to low-income people, including public or private transportation		
H. Accessible or increased educational and training placement opportunities, or those that are saved from reduction or elimination, that are available for low-income people in the community, including vocational, literacy, and life skill training, ABE/GED, and post-secondary education		

In the space below, please include any additional indicators that were not captured above.

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<u>National Performance Indicator 2.2</u> Community Quality of Life and Assets The quality of life and assets in low-income neighborhoods are improved by community action initiative or advocacy, as measured by <u>one or more</u> of the following:	Number of Program Initiatives or Advocacy Efforts (#)	Community Assets, Services, or Facilities Preserved or Increased (#)
A. Increases in community assets as a result of a change in law, regulation or policy, which results in improvements in quality of life and assets		
B. Increase in the availability or preservation of community facilities		
C. Increase in the availability or preservation of community services to improve public health and safety		
D. Increase in the availability or preservation of commercial services within low-income neighborhoods		
E. Increase in or preservation of neighborhood quality-of-life resources		

In the space below, please include any additional indicators that were not captured above.

Agency Programs Involved with Goal 2:

Poverty Problems Addressed through this strategy:

Goal 3: Low-income people own a stake in their community.

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Total CSBG Dollars Dedicated towards Goal 3: \$ _____ CSBG

Other Agency Funds Dedicated towards Goal 3: \$ _____ FEDERAL

\$ _____ STATE

\$ _____ PRIVATE

\$ _____ **TOTAL**

<u>National Performance Indicator 3.1</u>	
Civic Investment	Total Number of Volunteer Hours
The number of volunteer hours donated to Community Action.	(#)
Total # of hours volunteered to community action *	
<i>In the space below, please include any additional indicators that were not captured above.</i>	

* Please report the number found in Part I: Section F, Subsection IV (g) of the CSBG/IS Survey.

<u>National Performance Indicator 3.2</u>	
Community Empowerment Through Maximum Feasible Participation	Number of Low-Income People
The number of low-income people mobilized as a direct result of community action initiative to engage in activities that support and promote their own well-being and that of their community as measured by one or more of the following:	(#)
A. Number of low-income people participating in formal community organizations, government, boards or councils that provide input to decision-making and policy setting through community action efforts	
B. Number of low-income people acquiring businesses in their community as a result of community action assistance	
C. Number of low-income people purchasing their own homes in their community as a result of community action assistance	
D. Number of low-income people engaged in non-governance community activities or groups created or supported by community action	
<i>In the space below, please include any additional indicators that were not captured above.</i>	

Agency Programs Involved with Goal 3:
Poverty Problems Addressed through this strategy:

*Goal 4: Partnerships among supporters and providers
 of services to low-income people are achieved.*

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Total CSBG Dollars Dedicated towards Goal 4: \$ _____ CSBG

Other Agency Funds Dedicated towards Goal 4: \$ _____ FEDERAL

\$ _____ STATE

\$ _____ PRIVATE

\$ _____ TOTAL

<u>National Performance Indicator 4.1</u> Expanding Opportunities Through Community-Wide Partnerships The number of organizations, both public and private, community action actively works with to expand resources and opportunities in order to achieve family and community outcomes.	Number of Organizational Partnerships (#)	Number of These Partnerships That Were With Faith-Based Organizations (#)
Number of organizations community action agencies work with to promote family and community outcomes		

In the space below, please include any additional indicators that were not captured above.

Agency Programs Involved with Goal 4:

Poverty Problems Addressed through this strategy:

Goal 5: Agencies increase their capacity to achieve results.

Total CSBG Dollars Dedicated towards Goal 5: \$ _____ CSBG

Other Agency Funds Dedicated towards Goal 5: \$ _____ FEDERAL

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Community Services Block Grant

\$ _____ STATE

\$ _____ PRIVATE

\$ _____ TOTAL

National Performance Indicator 5.1 Broadening the Resource Base The number of dollars mobilized by community action, including amounts and percentages:*	Dollars Mobilized (\$)	Percentage Of Total (%)
A. Community Services Block Grant (CSBG)		
B. Non-CSBG Federal Programs		
C. State Programs		
D. Local Public Funding		
E. Private Sources (including foundations and individual contributors, goods and services donated)		
F. Value (at Federal minimum wage) of Volunteer Time		
TOTAL		100%

In the space below, please include any additional indicators that were not captured above.

* Please report using the totals found in Part I: Section F, Subsection I - IV of the CSBG/IS Survey.

Agency Programs Involved with Goal 5:

Poverty Problems Addressed through this strategy:

*Goal 6: Low-income people, especially vulnerable populations, achieve
their potential by strengthening family and other supportive environments.*

Total CSBG Dollars Dedicated towards Goal 6: \$ _____ CSBG

Other Agency Funds Dedicated towards Goal 6: \$ _____ FEDERAL

\$ _____ STATE

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Community Services Block Grant

\$ _____ PRIVATE

\$ _____ TOTAL

<u>National Performance Indicator 6.1</u>	Number of Vulnerable Individuals Living Independently (#)
Independent Living	
The number of vulnerable individuals receiving services from community action that maintain an independent living situation as a result of those services:	
A. Senior Citizens	
B. Individuals with Disabilities	

In the space below, please include any additional measure that was not captured above.

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<u>National Performance Indicator 6.2</u>	Unit of Measurement	Number Seeking Assistance (#)	Number Receiving Assistance (#)	Percentage Achieving Outcome in Reporting Period (%)
Emergency Assistance				
The number of low-income individuals or families served by community action that sought emergency assistance and the percentage of those households for which assistance was provided, including such services as:				
A. Food – Indicate <u>your state's</u> unit of measurement, such as bags, packages, cartons, families, individuals, etc.	"Times" (Number of Foodshelf assists)			
B. Emergency Vendor Payments, including Fuel and Energy Bills and Rent/Mortgage Payments	Households			
C. Temporary Shelter	Households			
D. Emergency Medical Care	Households			
E. Protection from Violence	Households			
F. Legal Assistance	Households			
G. Transportation	Households			
H. Disaster Relief	Households			
I. Clothing	Households			

In the space below, please include any additional indicators that were not captured above (please include the type of unit being reported).

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Community Services Block Grant

<u>National Performance Indicator 6.3</u>			Number of Participants Enrolled in Program(s)	Number of Participants Expected to Achieve Outcome in Reporting Period (Target)	Number of Participants Achieving Outcome in Reporting Period	Percentage Achieving Outcome in Reporting Period
Child and Family Development The number and percentage of all infants, children, youth, parents, and other adults participating in developmental or enrichment programs that achieve program goals, as measured by <u>one or more</u> of the following:			(#)	(#)	(#)	(%)
I N F A N T S & C H I L D R E N	1. Infants and children obtain age appropriate immunizations, medical and dental care	1				
	2. Infant and child health and physical development are improved as a result of adequate nutrition	2				
	3. Children participate in pre-school activities to develop school readiness skills	3				
	4. Children who participate in pre-school activities are developmentally ready to enter Kindergarten or 1 st Grade	4				

Y O U T H	1. Youth improve physical health and development	1				
	2. Youth improve social/emotional development	2				
	3. Youth avoid risk-taking behavior for a defined period of time	3				
	4. Youth have reduced involvement with criminal justice system	4				
	5. Youth increase academic, athletic or social skills for school success by participating in before or after school programs	5				

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A D U L T S	1. Parents and other adults learn and exhibit improved parenting skills	1				
	2. Parents and other adults learn and exhibit improved family functioning skills	2				

In the space below, please include any additional indicators that were not captured above.

Family Maintenance:(specify outcome)				
Family Maintenance:(specify outcome)				

Agency Programs Involved with Goal 6:

Poverty Problems Addressed through this strategy:

IV BUDGET/FINANCIAL MANAGEMENT

A line item budget is the instrument which needs to be developed to manage the use of federal funds. In addition, a financial management plan for utilizing the funds will be required. This section of your proposal will be incorporated into the grant as DOCUMENT C.

1. General

In the absence of firm budget figures, we are proceeding on the assumption that the State's award will be \$3,465,635. Allocations have been developed by applying the formula described in section III "Distribution of Funds," and using the percent share of persons under 125% of poverty, as reported by the most current decennial census. Using those factors, the formula is then applied to the 90% statutory pass-through to community action agencies that the State will ultimately receive.

The budget developed for this proposal should be developed in such a way that if Congress does significantly alter the level of funds, the agency can rework the work plan with the least amount of disruption to the provision of services as possible.

Below are the Anticipated Grant Awards Amounts

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2. A. CSBG Allocations

Anticipated Award Amounts

BROC \$553,671

CVCAC \$595,630

CVOEO \$901,747

NEKCA \$580,321

SEVCA \$487,702

3. Specific Budget Instructions

a. Cost Categories: The cost categories to be used in preparing your budget are Administration (which includes all management functions in the work plan) and Program Operations. The cost categories should be further divided into Personnel and Operating (all non personnel costs) components.

b. Administration: No limitations are imposed with regard to amounts allocable for administrative expenses; however, administrative expenses should be maintained at the lowest level possible that will ensure the implementation of efficient operations.

c. Audit: The agency is to conduct its own audit of its CSBG funds in conformance with OMB Circular A-133. The estimated cost of the audit shall be a separate item within the budget.

d. Indirect Costs: Agencies that have an approved indirect cost rate must include a copy of the Indirect Cost Negotiation Agreement entered into with the cognizant federal agency.

Based on the foregoing, prepare a line item budget for the planned expenditure of funds. The budget must equal to the amount stipulated above: planned expenditures must agree with the amounts shown on the RIP.

B. FINANCIAL MANAGEMENT

NOTE: This section of your proposal will be incorporated into the grant as Document F.

To ensure the proper management of federal grant funds, the State requires the CAA to develop a financial management plan that adopts and assures compliance with the Vermont CSBG Uniform Requirements for Grants and Agreements with Nonprofit Organizations.

Also, provide a general description of your agency's finance department and identify key personnel and their responsibilities. Also describe the relationship between your agency's central administrative office and satellite/field offices, relative to financial transactions.

Describe the system of internal controls established with respect to the following areas of

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financial operations:

1. Cash Receipts: CSBG cash advances and other CSBG related receipts, if appropriate. Discuss the process for recording receipt, verifying relationship between check amount remittance voucher, timing of bank deposit, position responsible for making deposit, etc.
2. Cash payments: provide a description of the process whereby payments for goods and services are initiated, including documentation required to make payment, positions authorized to sign checks and the number of signatures required to validate checks.
3. Bank Reconciliations: Describe the procedure utilized to compare cash recorded, per the accounting records, with cash reported by the bank. Note the frequency with which bank reconciliations are conducted and indicate the position responsible for ensuring the process is completed.
4. Payroll System: Describe the items of control (i.e., time sheets) and procedure utilized (i.e., supervisory review/signature) to ensure the validity and accuracy of payments under the payroll system.

C. MANAGEMENT & ADMINISTRATION

NOTE: This section of your proposal will be incorporated as Document G of your grant.

1. Board Operations
 - a. Describe the composition of your agency's board of directors (i.e., private sector, public sector, low-income representative) including total membership and number of representatives from each sector. Describe the manner in which representatives are selected.
 - b. Provide a list of names and current members and indicate which sector each represent. Also please include the length of time served for each member.
 - c. Indicate the current chairperson.
 - d. Indicate each member's committee responsibility(ies).
 - e. Provide a description of the board's function, frequency of meetings of the general assembly and frequency of committee meetings.
2. Organizational Structure:

Provide a detailed description of the agency's internal organizational structure, i.e. divisions, departments, units, as appropriate. Explain the function of each division and its staffing pattern.

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3. Job Descriptions:

Include job descriptions for all positions funded in whole or in part with CSBG funds.

4. Operating Procedures:

- a. Describe the procedure your agency uses to identify eligible clients.
- b. Provide a description your agency uses to control CSBG eligible applications, to control applications which are not CSBG eligible but, applicants are eligible for other agency programs and how you control applications completed by applicants who are not eligible to receive service under any agency-sponsored program.
- c. Describe your agency's policy with respect to those applicants who are members of minority populations.
- d. Describe the system your agency utilizes to ensure that client needs have been met.

5. Evaluation and Control Systems:

- a. Provide a description of the system you will use to perform an ongoing evaluation of the effectiveness of programs and activities operated under the CSBG.
- b. Describe the self-evaluation instrument.
- c. Indicate the frequency at which self evaluation will occur, who will have overall responsibility for this activity, to whom the results will be forwarded and what action will be taken to correct weaknesses, should any be identified.

V. REPORTING REQUIREMENTS DOCUMENT H

Document H is included as an attachment and for the purpose of this proposal, need only be inserted as its own Document following Document G.

The reporting system will start anew on October 1, 2008 (FFY 09). All CSBG clients will require new intakes to certify their eligibility.

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<u>Use of Funds by Community Action Agency</u>	FFY '07 (Actual)	FFY '08 (Estimated)	FFY '09 (Proposed)
BROC – Community Action In Southwestern Vermont	\$ 529,912	\$ 553,671	\$ 553,671
Central Vermont Community Action Council Inc.	\$ 572,382	\$ 595,630	\$ 595,630
Champlain Valley Office of Economic Opportunity Inc.	\$ 858,060	\$ 901,747	\$ 901,747
North East Kingdom Community Action Inc.	\$ 561,416	\$ 580,321	\$ 580,321
Southeastern Vermont Community Action Inc.	<u>\$ 469,563</u>	<u>\$ 487,702</u>	<u>\$ 487,702</u>
CAA Total	\$ 2,991,333	\$ 3,119,071	\$ 3,119,071
State Administration	\$ 166,183	\$ 173,282	\$ 173,282
Community Food & Nutrition Program	\$ -	\$ -	\$ -
Special Grants	<u>\$ 166,184</u>	<u>\$ 173,282</u>	<u>\$ 173,282</u>
Total Federal Funds	\$ 3,323,700	\$ 3,465,635	\$ 3,465,635
FFY 2007	\$3,323,700		
FFY 2008		\$3,465,635	
FFY 2009			\$3,465,635

Section 675(d)(2)

Each plan or revision under paragraph (1) shall be made available for public inspection within the State in such a manner as will facilitate review of and comment on the plan.

Community Services Block Grant

Appendix to CSBG State Plan

COMMUNITY FOOD AND NUTRITION PROGRAM (CFNP)

Contingent upon the appropriation of federal funds for the Community Food and Nutrition Program, the State of Vermont plans to sub-grant the entire amount of its CFNP formula grant to the Vermont Campaign To End Childhood Hunger, Inc. The Campaign is a statewide, private, nonprofit organization whose mission is well-suited to the legislatively-mandated purposes of the CFNP.

GOAL: To increase public awareness of and responsiveness to poverty-related issues affecting the nutritional status of children.

CFNP Purpose: To coordinate private and public food assistance resources, where coordination is inadequate, in order to better serve low income populations.

- The Campaign will identify factors contributing to poor nutrition among low income Vermonters and ways for the public and private sectors to jointly coordinate and expand resources to address those issues. The Campaign will maintain a representative board of directors to involve public agencies, faith based and other community groups, businesses, and private citizens in this effort.

CFNP Purpose: To assist low income communities to identify potential sponsors of children nutrition programs and to initiate such programs in underserved or unserved areas.

- The Campaign will conduct statewide public education and outreach activities to increase public awareness of the causes and effects of poverty-related hunger. The Campaign will promote the availability of child nutrition programs, such as school meal programs, Summer Food Service Program, and Child and Adult Care Food Program.
- In collaboration with the Vermont Foodbank, the Campaign will implement an annual Hunger Awareness Day during the Legislative session. Concerned citizens will be encouraged to participate in this event to educate the public and policy makers about the issue of hunger among Vermont children and families. The event will highlight available resources that are not being used, and actions that can be taken at the local level to make such resources available to low income children in their communities. Particular emphasis is placed on initiating or expanding participation in federal child nutrition programs in towns where those resources are nonexistent or underutilized.

ASSURANCES: The State of Vermont will adhere to the following assurances in administering CFNP funds:

- that CFNP funds awarded by the State to any public or private agency will be used to support the legislatively designated purposes;
- that funds will be used for sub-grants to eligible agencies to support programs that are statewide in scope and represent a comprehensive and coordinated effort to alleviate hunger within the State;
- that funds will be subject to the annual audit requirements under the Single Audit Act of 1984, Public Law 98-502 and the Office of Management and Budget Circulars A-128 and A-133; and
- that the State will comply with Departmental reporting requirements and general requirements for the administration of grants under 45 CFR Part 92.

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

ABBREVIATED MODEL PLAN

PUBLIC LAW 97-35, AS AMENDED

FISCAL YEAR (FY) 2009

GRANTEE STATE OF VERMONT

EIN: 1-036000274-A8

ADDRESS 103 South Main St., Waterbury, VT 05671-5501

NAME OF LIHEAP COORDINATOR Pam Dalley, Benefit Programs Administrator

EMAIL: Pam.Dalley@ahs.state.vt.us

TELEPHONE: (802) 241-2994 FAX: (802) 241-4327

LAST DETAILED MODEL PLAN FILED: FY 2007

PLEASE CHECK ONE: TRIBE STATE INSULAR AREA

**Department of Health and Human Services
Administration for Children and Families
Office of Community Services
Washington, D.C. 20447**

August 1987, revised 05/92, 02/95, 03/96, 12/98, 11/01

OMB Approval No. 0970-0075, Expiration Date: 10/31/2008

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)

Use of this model plan is optional. However, the information requested is required in order to receive a Low Income Home Energy Assistance Program (LIHEAP) grant in years in which a grantee is not required to use the detailed model plan. Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Assurances

The State of Vermont agrees to:
(Grantee Name)

(1) use the funds available under this title to--

(A) conduct outreach activities and provide assistance to low income households in meeting their home energy costs, particularly those with the lowest incomes that pay a high proportion of household income for home energy, consistent with paragraph (5);

(B) intervene in energy crisis situations;

(C) provide low-cost residential weatherization and other cost-effective energy-related home repair; and

(D) plan, develop, and administer the State's program under this title including leveraging programs,

and the State agrees not to use such funds for any purposes other than those specified in this title;

(2) make payments under this title only with respect to--

(A) households in which one or more individuals are receiving--

(i) assistance under the State program funded under part A of title IV of the Social Security Act;

(ii) supplemental security income payments under title XVI of the Social Security Act;

(iii) food stamps under the Food Stamp Act of 1977; or

(iv) payments under section 415, 521, 541, or 542 of title 38, United States Code, or under section 306 of the Veterans' and Survivors' Pension Improvement Act of 1978; or

(B) households with incomes which do not exceed the greater of—

(i) an amount equal to 150 percent of the poverty level for such State; or

(ii) an amount equal to 60 percent of the State median income;

except that a State may not exclude a household from eligibility in a fiscal year solely on the basis of household income if such income is less than 110 percent of the poverty level for such State, but the State may give priority to those households with the highest home energy costs or needs in relation to household income.

(3) conduct outreach activities designed to assure that eligible households, especially households with elderly individuals or disabled individuals, or both, and households with high home energy burdens, are made aware of the assistance available under this title, and any similar energy-related assistance available under subtitle B of title VI (relating to community services block grant program) or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act;

(4) coordinate its activities under this title with similar and related programs administered by the Federal Government and such State, particularly low-income energy-related programs under subtitle B of title VI (relating to community services block grant program), under the supplemental security income program, under part A of title IV of the Social Security Act, under title XX of the Social Security Act, under the low-income weatherization assistance program under title IV of the Energy Conservation and Production Act, or under any other provision of law which carries out programs which were administered under the Economic Opportunity Act of 1964 before the date of the enactment of this Act;

(5) provide, in a timely manner, that the highest level of assistance will be furnished to those households which have the lowest incomes and the highest energy costs or needs in relation to income, taking into account family size, except that the State may not differentiate in implementing this section between the households described in clauses 2(A) and 2(B) of this subsection;

(6) to the extent it is necessary to designate local administrative agencies in order to carry out the purposes of this title, to give special consideration, in the designation of such agencies, to any local public or private nonprofit agency which was receiving Federal funds under any low-income energy assistance program or weatherization program under the Economic Opportunity Act of 1964 or any other provision of law on the day before the date of the enactment of this Act, except that--

(A) the State shall, before giving such special consideration, determine that the agency involved meets program and fiscal requirements established by the State; and

(B) if there is no such agency because of any change in the assistance furnished to programs for economically disadvantaged persons, then the State shall give special consideration in the designation of local administrative agencies to any successor agency which is operated in substantially the same manner as the predecessor agency which did receive funds for the fiscal year preceding the fiscal year for which the determination is made;

(7) if the State chooses to pay home energy suppliers directly, establish procedures to --

(A) notify each participating household of the amount of assistance paid on its behalf;

(B) assure that the home energy supplier will charge the eligible household, in the normal billing process, the difference between the actual cost of the home energy and the amount of the payment made by the State under this title;

(C) assure that the home energy supplier will provide assurances that any agreement entered into with a home energy supplier under this paragraph will contain provisions to assure that no household receiving assistance under this title will be treated adversely because of such assistance under applicable provisions of State law or public regulatory requirements; and

(D) ensure that the provision of vendored payments remains at the option of the State in consultation with local grantees and may be contingent on unregulated vendors taking appropriate measures to alleviate the energy burdens of eligible households, including providing for agreements between suppliers and individuals eligible for benefits under this Act that seek to reduce home energy costs, minimize the risks of home energy crisis, and encourage regular payments by individuals receiving financial assistance for home energy costs;

(8) provide assurances that,

(A) the State will not exclude households described in clause (2)(B) of this subsection from receiving home energy assistance benefits under clause (2), and

(B) the State will treat owners and renters equitably under the program assisted under this title;

(9) provide that--

(A) the State may use for planning and administering the use of funds under this title an amount not to exceed 10 percent of the funds payable to such State under this title for a fiscal year and not transferred pursuant to section 2604(f) for use under another block grant; and

(B) the State will pay from non-Federal sources the remaining costs of planning and administering the program assisted under this title and will not use Federal funds for such remaining cost (except for the costs of the activities described in paragraph (16));

(10) provide that such fiscal control and fund accounting procedures will be established as may be necessary to assure the proper disbursement of and accounting for Federal funds paid to the State under this title, including procedures for monitoring the assistance provided under this title, and provide that the State will comply with the provisions of chapter 75 of title 31, United States Code (commonly known as the "Single Audit Act");

(11) permit and cooperate with Federal investigations undertaken in accordance with section 2608;

(12) provide for timely and meaningful public participation in the development of the plan described in subsection (c);

(13) provide an opportunity for a fair administrative hearing to individuals whose claims for assistance under the plan described in subsection (c) are denied or are not acted upon with reasonable promptness; and

(14) cooperate with the Secretary with respect to data collecting and reporting under section 2610.

(15)* beginning in fiscal year 1992, provide, in addition to such services as may be offered by State Departments of Public Welfare at the local level, outreach and intake functions for crisis situations and heating and cooling assistance that is administered by additional State and local governmental entities or community-based organizations (such as community action agencies, area agencies on aging and not-for-profit neighborhood-based organizations), and in States where such organizations do not administer functions as of September 30, 1991, preference in awarding grants or contracts for intake services shall be provided to those agencies that administer the low-income weatherization or energy crisis intervention programs.

* This assurance is applicable only to States, and to territories whose annual regular LIHEAP allotments exceed \$200,000. Territories with annual allotments of \$200,000 or less and Indian tribes/tribal organizations are not subject to Assurance 15.

(16) use up to 5 percent of such funds, at its option, to provide services that encourage and enable households to reduce their home energy needs and thereby the need for energy assistance, including needs assessments, counseling, and assistance with energy vendors, and report to the Secretary concerning the impact of such activities on the number of households served, the level of direct benefits provided to those households, and the number of households that remain unserved.

Certification to the Assurances: As Chief Executive Officer, I agree to comply with the sixteen assurances contained in Title XXVI of the Omnibus Budget Reconciliation Act of 1981, as amended.* By signing these assurances, I also agree to abide by the standard assurances on lobbying, debarment and suspension, and a drug-free workplace.

Signature of the Tribal or Board Chairperson or Chief Executive Officer of the State or Territory.**

Signature: Patrick Flood

Title: Patrick Flood, Deputy Secretary

Date: 9/11/08

* Indian tribes/tribal organizations, and territories with annual regular LIHEAP allotments of \$200,000 or less, are not subject to assurance 15, and thus must only certify to 15 assurances.

** If a person other than the Chief Executive Officer of the State or territory, or Tribal Chairperson or Board Chairperson of a tribal organization, is signing the certification to the assurances, a letter must be submitted delegating such authority. (PLEASE ATTACH DELEGATION AUTHORITY.) The delegation must include authority to sign the assurances, not just to administer the program.

*** HHS needs the EIN (Entity Identification Number) of the State, territory or Tribal agency that is to receive the grant funds before it can issue the grant.

In the above assurances which are quoted from the law, "State" means the 50 States, the District of Columbia, an Indian Tribe or Tribal Organization, or a Territory; "title" of the Act refers to Title XXVI of the Omnibus Budget Reconciliation Act of 1981 (OBRA), as amended, the "Low Income Home Energy Assistance Act"; "section" means Section 2605 of OBRA; and, "subsection" refers to Section 2605(b) of OBRA.

The state of Vermont has an advisory board known as the HEAT Force (Home Energy Assistance Task Force) which is comprised of members of the Vermont Fuel Dealers Association, the Community Action Agencies, Utility companies, The Office of Economic Opportunity, the Department of Public Service and several low-income advocacy groups.

The public hearing on the block grant will be held on September 18, 2008, and any comments received at that time will be submitted under separate cover.

Date Carryover and Reallotment report submitted: _____

Submit Continuation Pages as Necessary

ADDITIONAL CERTIFICATIONS AND REQUIREMENTS

Attached are additional certifications required as follows:

- * Lobbying certification, which must be filed by all States and territories. If applicable, Form LLL, which discloses lobbying payments, must be submitted. (Tribes and tribal organizations are EXEMPT.)
- * Debarment and suspension certification, which must be filed by all grantees.
- * Drug-free workplace requirement certification, which must be filed by all grantees, unless the grantee has filed a statewide certification with the Department of Health and Human Services. STATES ONLY: If you have filed a statewide certification for the drug-free workplace requirement, please check here: X
- * One of the requirements included in the 1994 reauthorization of the statute is that grantees must include in their annual application for funds a report on the number and income levels of households applying for and receiving LIHEAP assistance, and on the number of recipient households that have members who are elderly, disabled, or young children.

All Tribes and those territories with allotments of less than \$200,000 need only submit data on the number of households served by each component (heating, cooling, weatherization and crisis). The approval for the collection of information contained in the LIHEAP Household Report is covered by OMB approval number 0970-0060.

- * Though not a part of this application, the report on funds to be carried over or available for reallocation as required by section 2607(a) for the preceding year must be submitted by August 1 of each year. A grant award for the current fiscal year may not be made until the carryover/reallocation report is received. The approval for the collection of information contained in the LIHEAP Carryover and Reallocation Report is covered by OMB approval number 0970-0106.

Low Income Home Energy Assistance Block Grant

	<u>FFY2007</u> <u>Actual</u>	<u>FFY2008</u> <u>Estimated</u>	<u>FFY2009</u> <u>Proposed</u>
<u>Goal #1</u>			
Home heating energy cost supplement to needy low income households, including the use of program funds for services to inform and assist persons to apply.	\$20,841,379	\$20,688,046	\$9,220,974
<u>Goal #2</u>			
Home heating crisis assistance for Low income needy households, Including the use of program funds for services to inform and assist persons to apply and resolve crisis situations.	\$1,876,011	\$2,941,884	\$1,350,000
<u>Goal #3</u>			
Administrative expense containment Within the 10% maximum allowed.	\$1,349,127	\$1,161,552	\$1,174,552
Transfer to Weatherization	\$ -0-	\$ -0-	\$ -0-
Source of Funds			
LIHEAP Block Grant Award	\$11,612,664	\$11,615,526	\$11,615,526
Supplemental LIHEAP Award	\$2,349,628	\$5,137,106	\$ - 0 -
LIHEAP Leverage Award	\$161,070	\$131,091	\$130,000
Total LIHEAP Spending:	\$14,123,362	\$16,883,723	\$ 11,745,526

NOTE: The sources for this sheet are Federal LIHEAP dollars only – State funds are NOT included.

NOTE: 1 + 2 + 3 + Wx equals Total Spending. Total spending may not equal the listed “Sources of Funds” as the Source list does not include prior year’s carryover and other LIHEAP funds not listed.

**MATERNAL AND CHILD
HEALTH SERVICES
BLOCK GRANT**

Maternal and Child Health Services Block Grant

STATEMENT OF ASSURANCES/CERTIFICATION

In accordance with Section 505 (2) of the Maternal and Child Services Block Grant Act, the State of Vermont makes the following assurances and certifications thereto:

- A. the State of Vermont will provide a fair method for allocating funds allotted to the State under this title among such individuals, areas, and localities identified as needing maternal and child health services and the State will identify and apply guidelines for the appropriate frequency and content of, and appropriate referral and follow-up with respect to, health care assessments and services financially assisted by the State under this title and methods for assuring quality assessments and services;
- B. funds allotted to Vermont under this title will only be used, consistent with section 508, to carry out the purposes of this title or to continue activities previously conducted under the consolidated health programs;
- C. Vermont will use:
 - (i) a substantial proportion of the sums expended by the State for carrying out this title for the provision of health services to mothers and children, with special consideration given, where appropriate, to the continuation of the funding of special projects in the State previously funded under this title (as in effect before the date of the enactment of the Maternal and Child Health Services Block Grant Act), and
 - (ii) a reasonable proportion (based upon the State's previous use of funds under this title) of such sums will be used to carry out the purposes described in paragraphs (1) through (3) of section 501 (a);
- D. any charges imposed for the provision of health services assisted by the State under this title, (i) will be pursuant to a public schedule of charges; (ii) will not be imposed with respect to services provided to low income mothers or children, and (iii) will be adjusted to reflect the income, resources, and family size of the individual provided the services; and

Maternal and Child Health Services Block Grant

- E. The Vermont State Department of Health, as principal agencies' administering agency, will participate --
- (i) in the coordination of activities between such program and the early and periodic screening diagnosis and treatment program under Title XIX to ensure that such programs are carried out without duplication of effort,
 - (ii) in the arrangement and carrying out of coordination agreements described in section 1902(a) (II) (relating to coordination of care and services available under this title and Title XIX), and
 - (iii) in the coordination of activities within the State with programs carried out under this title and related Federal grant programs (including supplemental food programs for mothers, infants, and children, related education programs, and other health developmental disability, and family planning programs).

Vermont achieves maximum coordination by having the Department of Health administer both the EPSDT and WIC programs and serves as the grantee for the family planning program.

VERMONT HUMAN SERVICES PLAN - FY 2009

FEDERAL ASSURANCES & DOCUMENTATION

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Maternal and Child Health Services Block Grant

<u>Use of Funds by Goal or Activity</u>	<u>FFY'07 Actual</u>	<u>FFY'08 Estimated</u>	<u>FFY'09 Proposed</u>
<u>Goal #1</u> Component A: preventive and primary care services for pregnant women, mothers, and infants up to age one.	\$ 113,477	\$ 244,226	\$ 244,226

APPROPRIATION: Public Health

<u>Goal #2</u> Component B: preventive and primary care services for children.	\$1,716,161	\$1,698,026	\$1,698,026
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APPROPRIATION: Public Health

<u>Goal #3</u> Component C: family-centered, community based, coordinated care for children with special health care needs and the development of community-based systems of care for children with special health care needs and their families.	\$2,083,840	\$2,145,398	\$2,145,398
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APPROPRIATION: Public Health

VERMONT HUMAN SERVICES PLAN - FY 2009

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Maternal and Child Health Services Block Grant

<u>Use of Funds by Goal or Activity</u>	<u>FFY'07</u> <u>Actual</u>	<u>FY'08</u> <u>Estimated</u>	<u>FFY'09</u> <u>Proposed</u>
Less: Medicaid Receipts	\$(1,212,378)	\$(1,852,840)	\$(1,852,840)
Total Expenditures:	\$ 3,913,448	\$ 4,087,650	\$ 4,087,650
Federal MCH Block	\$ 1,705,272	\$ 1,705,272	\$ 1,705,272
State Share	<u>\$ 2,208,176</u>	<u>\$ 2,382,378</u>	<u>\$ 2,382,378</u>
Total	\$ 3,913,448	\$ 4,087,650	\$ 4,087,650

Block Grant Awards

FFY 2005	\$1,738,282
FFY 2006	\$1,705,136
FFY 2007	\$1,705,272
FFY 2008	\$1,705,272

VERMONT HUMAN SERVICES PLAN - FY 2009

FEDERAL ASSURANCES & DOCUMENTATION

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Maternal and Child Health Services Block Grant

Title V Plan submitted to the Maternal and Child Health Bureau
on July 15, 2008
Copies furnished upon request.

**PREVENTIVE HEALTH AND
HEALTH SERVICES
BLOCK GRANT**

The State of Vermont, Agency of Human Services, under Section 1905 of the Public Health Service Act:

- A. Agrees to use the funds allocated only as described under Section 1904 (a) (1)(A)-(F).
- B. Agrees to submit a State Plan as described under Section 1905 (b) (1) - 6 (B).
- C. Certifies that the Chief Health Officer of the state will conduct public hearings on the plan in a manner that facilitates comment from public and private entities.
- D. Agrees that any revisions made to the state plan will be presented in public hearings and will submit a description of the revisions to the Secretary (CDC).
- E. Agrees that an advisory committee will be established to develop a plan authorizing activities to be carried out with payment made to the state under Section 1903. This committee will be comprised of members representing the general public and local health services.
- F. Agrees to collect and report data in accordance with Section 1906 to measure the extent of progress being made toward improving the health status for each population through the use of applicable uniform data sets and data items developed by the Deputy Secretary.
- G. Agrees to maintain state expenditures for such activities at a level not less than the average level of such state expenditures for the 2-year period proceeding the fiscal year for which the state is applying to receive payments under Section 1903.
- H. Agrees to establish reasonable criteria to evaluate effective performance of entities receiving funds, and agrees to develop procedures for procedural and substantial independent state review of the failure by the state, to provide funds to any such entity receiving funds from the Preventive Health and Health Services Block Grant.
- I. Agrees to permit and cooperate with federal investigations undertaken in accordance with Section 1907.
- J. Agrees to have in effect a system to protect from inappropriate disclosures patient and sex offense victim records maintained by the state in connection with an activity funded under this part or by any entity receiving payments from the allotment of the state under this part.
- K. Agrees to provide participation and review opportunity by the officer of state government responsible for administration of the state highway safety program in the development of any state plan relating to emergency medical services as such plan relates to highway safety.

VERMONT HUMAN SERVICES PLAN - FY 2009

FEDERAL ASSURANCES & DOCUMENTATION

<u>Use of Funds by Goal or Priority Area</u>	<u>FFY'07 Actual</u>	<u>FY'08 Estimated</u>	<u>FY'09 Proposed</u>
<u>Education and Community Based Services</u> To increase the years of healthy life to at least 65 years. Innovative support services to help manage chronic disease. Approp: Public Health	\$32,464	\$ 0	\$ 0
<u>Physical Activity</u> Support for the Strong Living Program, through training provided by Tufts University. Approp: Public Health	\$0	\$0	\$0
<u>Emergency Medical Services</u> To ensure that ill and injured persons receive quality emergency medical care in the shortest possible time. Approp: Public Health	\$ 471,523	\$0	\$0
<u>Incident Reporting System For EMS</u> Approp.: Public Health	\$0	\$157,941	\$52,140
<u>Oral Health</u> Reduce dental caries among children through programs of water fluoridation. Approp: Public Health	\$165,031	\$0	\$0

VERMONT HUMAN SERVICES PLAN - FY 2009

FEDERAL ASSURANCES & DOCUMENTATION

<u>Use of Funds by Goal or Priority Area</u>	<u>FFY'07 Actual</u>	<u>FY'08 Estimated</u>	<u>FY'09 Proposed</u>
<u>Fluoridation support</u> Staff time and supplies for Community and school-based Fluoridation programs	\$0	\$ 71,743	\$67,000
<u>Nutrition</u> To reduce coronary heart disease deaths. Approp: Public Health	\$ 0	\$0	\$0
<u>Sexual Assault Prevention</u> To reduce sexual assault and provide support to victims of sexual assault. Approp: Public Health	\$ 14,909	\$ 14,909	\$ 14,909
<u>Injury Prevention</u> Work with hospitals to implement Programs to prevent falls among the Elderly. Approp: Public Health	\$13,000	\$26,000	\$23,000
<u>Cardio stroke</u> Community-based activities in Collaboration with the American Heart Association directed toward stroke reduction.	\$0	\$0	\$57,962
<u>Latent TB</u> Outreach and education to refugee immigrant Population to detect (and treat) latent TB Approp: Public Health	\$0	\$0	\$22,800
<u>Childhood Lead</u> Monitor lead levels in at-risk housing to Reduce incidence of childhood lead poisoning	\$0	\$0	\$26,000
Total Expenditures	\$267,593	\$267,593	\$263,811

VERMONT HUMAN SERVICES PLAN - FY 2009

FEDERAL ASSURANCES & DOCUMENTATION

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Preventive Health and Health Services Block Grant

<u>Source of Funds</u>	<u>FFY'07 Actual</u>	<u>FY'08 Estimated</u>	<u>FFY'09 Proposed</u>
PHHS Block	\$267,593	\$267,593	\$267,593
State General Funds		\$ 0	\$ 0
Total	\$267,593	\$267,593	\$267,593

Block Grant Awards

FFY 2006	\$276,794
FFY 2007	\$276,593
FFY 2008	\$267,593
FFY 2009	\$263,811

PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT

**Document will be submitted via
electronic filing.**

SOCIAL SERVICES
BLOCK GRANT

VERMONT HUMAN SERVICES PLAN - FY 2009

FEDERAL ASSURANCES & DOCUMENTATION

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Social Services Block Grant

The Agency of Human Services maintains the authority and responsibility for:

- the State Plan;
- the services plan;
- the projection of estimated expenditures;
- the accountability for federal funds;
- the establishing and maintaining of standards for the determination of eligibility;
- the administration or supervision of the administration for the provision of services;
- operating the program on a statewide basis;
- complying with any program reporting requirements;
- maintaining a working relationship between the state and the Deputy Secretary; and
- overall supervision, control, and oversight of block grant activities.

SERVICE PLAN

Before the beginning of each fiscal year, the Agency of Human Services makes public a report or plan on the intended use of block grant funds. Services are described and the characteristics of individuals to be served are described.

Neither the law implementing this block grant nor HHS regulations dictate details of how the state should operate its program. Nor are "assurances" required as to standards and practices the state will maintain in the program. Therefore, the parts of this document dealing with the Social Services Block Grant are not for the purpose of meeting specific regulations, but rather are for the purpose of explaining how the Social Services Block Grant will be administered in Vermont. The State of Vermont will not provide any services specifically prohibited by statute.

AMENDMENTS TO THE PLAN

Substantial changes to the plan during the course of the year will be made public. Substantial changes are defined as follows:

- Discontinuation of Block Grant funding for a service.
- Changes in eligibility or funding that are expected to result in an increase or decrease in persons served.
- Significant change in what is being provided through a service
- Increase or decrease in client fees.
- Other changes considered significant in judgment of State Block Grant Manager.

Social Services Block Grant

AUDIT

The Agency of Human Services has contracted with an independent auditing agency to audit expenditures made under Social Services Block Grant as required by 45 CFR 96.31.

When eligibility for service is based on gross monthly income, the size of family and total income must be considered even though only one individual of the family may be applying for the service. Vermont's definition of family size is "the basic family unit consisting of one or more adults and children, if any, related by blood, marriage, or adoption, and residing in the same household." Where related adults other than spouses or unrelated adults reside together, each adult is considered a separate family. Children living with non-legally responsible relatives, emancipated minors (individuals under age 18 who are physically and economically removed from their family) and children living under the care of unrelated persons, are also considered one-person families.

The definition of gross monthly income is the monthly sum of income received by an individual from the following sources: money, wages or salary; net income from self-employment; Social Security; dividends and interest on savings or bonds; income from estates or trusts; net rental income or royalties; public assistance or Welfare payments; pensions and annuities; unemployment compensation; worker's compensation; alimony; child support; and Veteran's benefits.

How to Know if you are Eligible for "Block Grant" Services

- If you are currently receiving ANFC or SSI you are income eligible for all services listed in this document.
- If you are in need of protection from others or yourself, you may be eligible, without regard to income, for counseling and intervention, child care, and legal services.
- Anyone who requests and is determined eligible for services offered by the Child Welfare and Youth Justice.
- If you need family services, you may receive them without regard to income. Depending on your net income, you may be required to pay a fee according to Fee Schedule D.
- If you are developmentally delayed, you are eligible for Assessment Placement and Monitoring Services.
- If your gross monthly income does not exceed those on Table A you are eligible for adoption, counseling and intervention for the elderly, personal services, residential treatment for the handicapped or disabled.

VERMONT HUMAN SERVICES PLAN - FY 2009

FEDERAL ASSURANCES & DOCUMENTATION

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Social Services Block Grant

FEE SCHEDULE D

FOR FAMILY PLANNING ONLY

All individuals voluntarily requesting service will be served. Most will be required to pay part of the service cost according to Fee Schedule D.

Family Size	Weekly Income as Percent of Federal Poverty Level				
	<100%	101-125%	126-250%	251-500%	>500%
1	165	206	413	826	827+
2	223	279	558	1,116	1,117+
3	281	352	703	1,407	1,408+
4	339	424	849	1,697	1,698+
5+	398	497	994	1,988	1,988+

Service	Co-payment				
Office Visit, Limited	0	16	23	32	84
Office Visit, Comprehensive	0	29	42	53	170
Office Visit, Prevention	0	29	42	53	153
Influenza Shot	4	5	5	10	20

Social Services Block Grant

TABLE C

CHILD CARE FEE SCHEDULE

The following eligibility and fee schedule allows a 100% subsidy of the State established rate for all eligible families with gross monthly income at or below the levels given in Line #1. It allows partially subsidized child care services to all other eligible families with gross monthly incomes below the levels given in Line #24.

Eligible families who receive partially subsidized child care services pay any remaining fee directly to their child care provider(s).

CHILD CARE SUBSIDY SUPPORT BASED ON GROSS MONTHLY INCOME
BY FAMILY SIZE

Percent of Subsidy <u>paid by State</u>	2-3 <u>fewer</u>	4	5	6 + Family Size		
Line 1	100%	1157	1392	1627	1862	100% poverty
Line 2	99%	1193	1436	1678	1921	
Line 3	98%	1230	1480	1730	1980	
Line 4	97%	1267	1524	1782	2040	
Line 5	96%	1303	1568	1834	2099	
Line 6	95%	1352	1628	1903	2179	
Line 7	90%	1419	1709	1998	2288	
Line 8	85%	1487	1789	2092	2396	
Line 9	80%	1560	1878	2196	2515	
Line 10	75%	1633	1966	2299	2633	
Line 11	70%	1706	2055	2403	2752	
Line 12	65%	1780	2143	2506	2871	
Line 13	60%	1853	2231	2610	2989	
Line 14	55%	1926	2320	2713	3108	
Line 15	50%	2000	2408	2817	3227	
Line 16	45%	2073	2497	2920	3345	
Line 17	40%	2146	2585	3024	3464	
Line 18	35%	2220	2673	3127	3583	
Line 19	30%	2293	3762	3231	3702	
Line 20	25%	2366	2850	3334	3820	82.5% SMI
Line 21	20%	2439	2939	3438	3939	
Line 22	15%	2513	3027	3541	4058	
Line 23	10%	2586	3115	3645	4176	

Federal Poverty and State Median Income are based on 1999 figures.

Child Care Subsidy Tuition Services are partially funded by the Social Services Block Grant.

Social Services Block Grant

ADOPTION

Adoption Services is the obtaining of voluntary and involuntary release of a child from the natural family through due process of law, preparing a child to give up the natural family and to take on a new family, selecting the appropriate adoptive family, and supporting all persons involved through the finalization of the adoptive process.

ASSESSMENT, PLACEMENT AND MONITORING

Adults who are unable to look out for their own interests are provided assessment, placement and monitoring services. The services involve helping the individual with activities necessary for living in a community setting. The individuals are persons who might otherwise be residents of state institutions rather than being able to live in the community with the help of Community Mental Health Centers. Some of the activities performed by the mental health workers are: assisting individuals to attain and maintain medical treatment, making referrals to other appropriate agencies, and supervising community placements of individuals with monitoring for continued appropriateness.

COUNSELING, REFERRAL AND INTERVENTION

Counseling, referral and intervention are services available to assist individuals and families to cope with life's problems. Some persons who become social service clients need relatively brief encounters to obtain information about services available to meet their needs. Others may need to develop an ongoing relationship with a Social Worker to develop long-term goals and find lasting solutions to serious problems. Some clients voluntarily request services while others are involuntarily referred via reports of abuse or neglect or through juvenile court. Reports of child abuse and neglect or requests for service prompt an investigation and/or evaluation of the child and family's service needs. Goals of services offered include delivery of pre-placement prevention and protective services to help children safely remain with their own families, substitute care placement in the least restrictive environment consistent with the child's needs when removal is unavoidable, and adoption, legal guardianship or independent living when reunification efforts with biological parents are unsuccessful or inappropriate.

The State may obtain custody of children through a judgment of the court or voluntary agreement with parents. Once custody of a child is awarded, the State is responsible for arranging substitute care for the child as well as provision of services to the child and caretakers to facilitate adjustment and other aspects of the child's care such as room, board, recreational, educational, and medical needs.

Social workers arrange for residential placement for children ranging from "emergency shelter" to placement on a more permanent basis in foster and or/ adoptive homes. Children with emotional, behavioral or physical disabilities can be placed in specialized foster care so that specially trained people can deal effectively with the problems. The Family Services Division purchases "group home" services in about twenty-five facilities statewide if the need for this type of placement is indicated.

Social Services Block Grant

Case reviews and reunification services with the child's parents and others are provided to ensure a timely return home whenever feasible. In addition to direct casework and counseling services furnished by Social Workers, information and referral services are offered to help individuals obtain access to other services in the community.

Case planning and case management services are casework services essential to the coordination of service delivery by all service providers and for monitoring progress toward case goals. While most services are state funded, many are obtained through purchase agreement with the State and may require eligibility to be established on income or service need before actual service is delivered.

Preventive and reunification services may include:

- A. 24-hour emergency caretaker, and homemaker services;
- B. child care;
- C. crisis counseling;
- D. individual and family counseling or casework services;
- E. emergency shelter;
- F. procedures and arrangements for access to available emergency financial assistance;
- G. arrangements for the provision of temporary child care to provide support to the child and family for a brief period, as part of a plan for preventing children's removal from home;
- H. other services which the agency identifies as necessary and appropriate such as home-based family services, self-help groups, services to unmarried parents, provision of or arrangements for mental health, drug and alcohol abuse counseling, vocational counseling or vocational rehabilitation; and
- I. post-adoption services.

DAILY LIVING SKILLS

Daily Living Skills is a service providing the basic education that helps adults learn living skills such as budgeting, food preparation and home maintenance. Those persons who did not master reading, writing, and arithmetic in school have the opportunity to try again at Adult Learning Centers. All centers have correspondence courses and home tutors; all centers offer individualized programs of learning.

Social Services Block Grant

CHILD CARE

Child Care is the care and supervision of children whose parents work or are in training. Child care is also used as part of a service plan for children who are in home situations detrimental to their well-being. State Social Services Offices in conjunction with The Child Development Division determine eligibility, assess the need, and arrange for child care to be provided at child care facilities.

DAY WORK ACTIVITY

Day Work Activity is a service that ranges from "day care" for adults which provides association and relationships for elderly and disabled adults, to sheltered workshop settings for developmentally delayed adults which provide social and recreational activities and production of crafts and saleable products. Day Work Activity can also consist of an activity program for developmentally disabled adults.

FAMILY PLANNING

Family Planning are those counseling, education and medical services which enable individuals to limit family size. Medical services may include diagnosis, treatment, drugs, supplies, devices and related counseling furnished, prescribed by, or under the supervision of a physician.

LEGAL SERVICES

Legal Services is legal advice and representation in civil affairs. The majority of problems brought to Vermont Legal Aid involve divorce and family matters, disputes with governmental agencies, housing problems, and consumer issues. Vermont Legal Aid also provides representation for persons whose commitment is sought or being reviewed for hospitals for the mentally ill.

PERSONAL SERVICES

Personal Services is assistance with basic dressing, grooming, meal preparation, feeding, and other personal care for people who cannot fully care for themselves but, with some assistance, can remain in their homes, rather than live in a nursing home. Legal guardians are also arranged for individuals incapable of handling their own finances or legal matters.

RESIDENTIAL TREATMENT FOR THE HANDICAPPED OR DISABLED

Residential Treatment for the Handicapped or Disabled is the provision of social services in a residential facility for adults with physical or mental handicaps who do not need institutional care, yet can benefit from social services that include general supervision, assistance with employment or recreation, and training which enables such persons to cope with everyday problems. Room and board may be included as part of this service.

Social Services Block Grant

**SUMMARY OF PUBLIC COMMENTS ON THE PROPOSED
BLOCK GRANT APPLICATION AND REPORTS**

There is a public meeting scheduled by the Agency on September 18, 2008 to be held in the Chapel Conference room at the State Complex located at 103 S Main St., Waterbury Vermont. The Agency of Human Services continues to encourage public influence through the budgetary and legislative processes which are described in the plan.

DIFFERENCES BETWEEN THE PROPOSED AND FINAL PLANS

If any technical or editorial changes are required to be made as a result of the public hearing, they will be transmitted. Transcript of the hearing, attendance, newspaper tear sheets, letters of notification to key legislators and the interagency memo are on file in the Agency of Human Services Secretary's Office.

VERMONT HUMAN SERVICES PLAN - FY 2009

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Social Services Block Grant

<u>Distribution by Department</u>	<u>FFY'07 Actual</u>	<u>FFY'08 Estimated</u>	<u>FFY'09 Proposed</u>
Secretary's Office	\$ 1,656,526	\$ 1,656,526	\$ 1,656,526
Family Services	\$8,271,645	\$8,592,667	\$8,592,667
Health Department	\$ 749,680	\$ 749,680	\$ 749,680
Dept. of Disabilities, Aging and Independent Living	\$ 1,033,278	\$ 1,036,601	\$ 1,026,649
Total Social Services Expend.	\$ 11,711,129	\$ 12,035,474	\$ 12,025,522

Source of Funds

Federal Funds	\$ 3,598,946	\$ 3,522,813	\$ 3,522,813
Overclaim/State General Funds	\$ 3,376,865	\$3,777,343	\$ 3,767,391
TANF Transfer	<u>\$ 4,735,318</u>	<u>\$ 4,735,318</u>	<u>\$ 4,735,318</u>
Total	\$ 11,711,129	\$ 12,035,474	\$ 12,025,522

Block Grant Awards

FFY 2005	\$3,598,934
FFY 2006	\$3,598,946
FFY 2007	\$3,553,433
FFY 2008 est	\$3,522,813
FFY 2009 est	\$3,522,813

VERMONT HUMAN SERVICES PLAN - FY 2009

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Social Services Block Grant

<u>Use of Funds by Goal or Activity</u>	<u>FFY'07 Actual</u>	<u>FFY'08 Estimated</u>	<u>FFY'09 Proposed</u>
<u>Goal #1</u> The Agency of Human Services purchases legal services from Vermont Legal Aid for low income persons and for persons whose commitment is sought or being reviewed for hospitals for the mentally ill.	\$434,199	\$367,254	\$367,254

APPROPRIATION:

AHS Secretary's Office

Goal #2

The Secretary's Office is responsible for managing the Social Services Block Grant which funds programs in the Departments of Health; Children and Families; and Disabilities, Aging and Independent Living. All of the Administrative costs claimed under the SSBG in AHS are included here.

	<u>\$613,978</u>	<u>\$680,923</u>	<u>\$680,923</u>
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APPROPRIATION:

AHS Sec. Office
 Human Svc. Bd.
 DCF Admin. Dpt.
 DAIL Admin
 Mental Health
 CMR
 CMH
 Central Office

Total Expenditures:	\$1,656,526	\$1,656,526	\$1,656,526
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Social Services Block Grant

Secretary's Office

GOAL ACCOMPLISHMENT

Goal #1

The administration of the Social Services Block Grant ensures that program objectives are congruent with AHS goals and meet all state and federal regulations. While assuring financial accountability to both state and federal governments, the Agency of Human Services allocates the Social Services Block Grant funds in such a way as to maximize the revenues to the State, and then to expend those funds as intended with no waste or errors.

VERMONT HUMAN SERVICES PLAN - FY 2009

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Social Services Block Grant

Department for Children and Families: Family Services Division

<u>Use of Funds by Goal or Activity</u>	<u>FFY'07 Actual</u>	<u>FFY'08 Estimated</u>	<u>FFY'09 Proposed</u>
<u>Goal #1</u>			
To assure that legislative mandates and departmental policies are implemented for foster care programs.	\$1,305,150	\$1,114,782	\$1,114,782
<u>Goal #2</u>			
To ensure the safety and welfare of children and youth who are abused, neglected, or abandoned, or whose behaviors bring them into conflict with the law and their own best interests.	\$ 5,879,316	\$ 5,355,601	\$ 5,355,601
<u>Goal #3</u>			
To provide social services and mental health treatment programs for children in custody and children and families at risk of substitute care placements.	\$ 769,901	\$ 1,418,936	\$ 1,418,936
<u>Goal #4</u>			
To promote the developmental well-being of children in low income families and to support parental participation in work or education leading to employment.	\$ 317,278	\$ 703,348	\$ 703,348
Total Expenditures	\$8,271,645	\$8,592,667	\$8,592,667

Social Services Block Grant

SOCIAL SERVICES BLOCK GRANT SUMMARY

Department for Children and Families: Child Welfare and Youth Justice Division

GOAL ACCOMPLISHMENT

Goal 1

Services provided under this goal fund staff in twelve Department of Children and Families district and central office. Staff numbers approximately 397 and it is estimated that staff will serve a client caseload of approximately 7,600 in FY 08.

Goal 2

Services provided under this goal include foster and adoptive parent support services provided to meet room, board and supervision needs of children in custody. Approximately 1,700 children are expected to receive adoption subsidy in FFY'08.

Goal 3

Services funded under this goal provide a broad range of social and mental health treatment services delivered primarily in the community by community-based organizations or the Community Mental Health provider system. The specific services and the estimated number of families/children served are as follows:

Intensive Family Based Services	-	520
Parent Educators	-	170
Sexual Abuse Victims Counseling and Juvenile Sex Offender Treatment	-	225

Goal 4

The Child Development Division provided child care tuition assistance to support to over 7,900 children in FY'08. Approximately 800 of the total number of children enrolled in the child care assistance program, at any given time, are children who have been abused or neglected or who are at risk for being abused. Child Care Services are provided through center based community early childhood and after school programs and family child care homes. The services support the positive developmental growth and well-being of the children in care, support parents in their parenting role and allows low income families to be gainfully employed or enrolled in school.

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Social Services Block Grant

SOCIAL SERVICES BLOCK GRANT SUMMARY

Health Department

<u>Use of Funds by Goal or Activity</u>	<u>FFY'07 Actual</u>	<u>FY'08 Estimated</u>	<u>FFY'09 Proposed</u>
<u>Goal #1</u> To reduce the number of persons with severe mental illness who are admitted to or remain at Vermont State Hospital because of lack of community-based programs.			
APPROPRIATION: #3420070200	\$448,804	\$448,804	\$448,804
<u>Goal #2</u> To provide comprehensive family planning services.			
APPROPRIATION: #3420040200	<u>\$300,876</u>	<u>\$300,876</u>	<u>\$300,876</u>
Total Expenditures:	\$749,680	\$749,680	\$749,680

GOAL ACCOMPLISHMENT

Goal #1

Social Services Block Grant funds are used to purchase residential treatment services with 24-hour supervision, professional staffing, and structured programming from designated agencies; and to enable people with severe mental illness to obtain and remain in decent, affordable, integrated housing through the provision of community supports and service coordination along with related support services for daily living. The principal indicators of goal accomplishment are admissions to the Vermont State Hospital, the number of Community Rehabilitation and Treatment clients served, and bed days in therapeutic community residences. Funded programs have contributed to reductions in Vermont State Hospital admissions and average daily in-house census.

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Social Services Block Grant

SOCIAL SERVICES BLOCK GRANT SUMMARY

Health Department

Goal #1

	<u>VSH Admissions</u>	<u>No. CRT Clients Served</u>	<u>Days of Housing and Home Support</u>
FY2006 (Actual)	200	3,145	46,117
FY2007 (Estimated)	c. 206	3,328	65,901
FY2008 (Projected)	-	3,000-3,500	50,000-65,000

Goal #2

The major activities undertaken to accomplish goal #2 are provided through a direct services contract with Planned Parenthood of Northern New England, Inc. The primary indicator to be monitored is the quarterly Planned Parenthood report outlining the activities performed by the contractor. This program provides about 34,000 visits annually and a similar or increasing need is expected to continue.

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Social Services Block Grant

SOCIAL SERVICES BLOCK GRANT SUMMARY

Department of Disability, Aging & Independent Living

<u>Use of funds by Goal or Activity</u>	<u>FFY'07 Actual</u>	<u>FFY'08 Estimated</u>	<u>FFY'09 Proposed</u>
<u>Goal #1</u>			
Attendant Services Program			
To provide personal care services To people with permanent and Severe physical disabilities.			
	\$ 374,783	\$ 312,206	\$309,220
APPROPRIATION: DAIL Grants			
Number of persons served:	31	25	20
<u>Goal #2</u>			
Guardianship			
To provide guardianship Services to mentally disabled persons 60 years of age or older for whom the probate court is unable to appoint a guardian from the private sector. To utilize guardianship for mentally disabled persons only as necessary to promote the well being of the individual and to protect the individual from violations of his or her human and civil rights.			
	\$334,100	\$400,000	\$396,119
APPROPRIATION: DAIL Administration			
Number of persons served:	63	73	77

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Social Services Block Grant

SOCIAL SERVICES BLOCK GRANT SUMMARY

Department of Disability, Aging & Independent Living

<u>Use of funds by Goal or Activity</u>	<u>FFY'07 Actual</u>	<u>FFY'08 Estimated</u>	<u>FFY'09 Proposed</u>
Goal #3			
Developmental Disabilities To increase the abilities of persons with developmental disabilities to function in community settings with the greatest possible independence from the mental health and human services system by providing community-based support.	\$ 324,395	\$ 324,395	\$ 321,310
Number of persons served:	3,329	3,447	3,569
APPROPRIATION: DS Grants			
Grand Total:	\$1,033,278	\$ 1,036,601	\$1,026,649

**SUBSTANCE ABUSE PREVENTION
& TREATMENT BLOCK GRANT**

VERMONT HUMAN SERVICES PLAN – FY 2009

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Substance Abuse Prevention & Treatment Block Grant

<u>Use of Funds by Goal or Activity</u>	<u>FFY'07</u> <u>Actual</u>	<u>FFY'08</u> <u>Estimated</u>	<u>FFY'09</u> <u>Proposed</u>
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Goal #1 - Administration

To support and plan for the allocation and distribution of Block Grant funds in a manner consistent with the needs of Vermont communities and special populations to include women and those at risk of contracting the AIDS virus; to assess need as well as quality and appropriateness of treatment services and to collect all required data as per Section 509D.

INDICATORS:

- Adult chronic drinking
- Adult binge drinking
- Adult smoking
- DWI arrests
- DWI convictions
- Drinking-driver fatalities
- Deaths attributable to alcohol or drugs

APPROPRIATION: Office of Alcohol &
Drug Abuse Programs \$ 1,028,290 \$ 1,118,671 \$ 1,118,671

Goal #2 - Prevention

The goal of primary prevention is to promote healthy (non-abusive) lifestyles through broad based school and community education and prevention programs. The goal of secondary prevention/intervention is to identify high risk populations and to develop intervention strategies to correct abusive characteristics before they become problematic and

VERMONT HUMAN SERVICES PLAN – FY 2009

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Substance Abuse Prevention & Treatment Block Grant

<u>Use of Funds by Goal or Activity</u>	<u>FFY'07 Actual</u>	<u>FFY'08 Estimated</u>	<u>FFY'09 Proposed</u>
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assure that prevention services are available to all Vermont communities.

INDICATORS:

- Student drinking
- Student use of marijuana
- Student use of cocaine
- Student smoking
- Prevention Activities (Management information system under development)

APPROPRIATION: Office of Alcohol & Drug Abuse programs	\$1,852,106	\$1,691,952	\$1,691,952
<u>Goal #3 - Treatment</u>			

Substance abuse treatment will be available and accessible to all Vermont residents in need.

Community-based treatment services which are available to identified target populations; e.g., Corrections clients, women, IV drug users, youth, etc., and to uninsured clients.

Intensive outpatient treatment, is available for substance abusers through a regional system of providers.

Residential treatment and rehabilitation services are provided through two adult short-term programs, two long-term halfway programs, one long-term therapeutic community, and one adolescent facility.

Screening and intervention services for public inebriates through community-based crisis teams. Services include supervision and shelter

Substance Abuse Prevention & Treatment Block Grant

<u>Use of Funds by Goal or Activity</u>	<u>FFY'07</u> <u>Actual</u>	<u>FY'08</u> <u>Estimated</u>	<u>FY'09</u> <u>Proposed</u>
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The State will continue to collaborate with the Department of Mental Health in meeting the needs of substance abuse and mental health clients.

The State has established specific objectives for the treatment of women, outreach and treatment of IV drug users, tuberculosis education and screening, limits on waiting time for admission to treatment and a priority for the admission of IV drug users to treatment.

Substance abuse and mental health treatment providers will collaborate and receive cross training to improve substance abuse assessment/treatment services to ADAP and DMH clients.

INDICATORS:

- Outpatient Admissions
- Outpatient Utilization
- Intensive Outpatient Admissions
- Intensive Outpatient Utilization
- Residential Admissions
- Residential Utilization
- Public Inebriate Interventions
- Dollars saved by Public Inebriate Program (by diversion from jail)
- Mental Health treatment admissions with primary or secondary substance abuse diagnosis
- Mental Health Crisis Team contacts involving alcohol/drug use

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Substance Abuse Prevention & Treatment Block Grant

<u>Use of Funds by Goal or Activity</u>	FFY'07 <u>Actual</u>	FFY'08 <u>Estimated</u>	FFY'09 <u>Proposed</u>
Alcohol Treatment	\$3,505,286	\$4,093,185	\$4,093,185
Drug Treatment	\$3,505,287	\$4,093,185	\$4,093,185
APPROPRIATION: 3420060000	\$7,010,573	\$8,186,371	\$8,186,371
Total	\$9,890,969	\$10,996,993	\$10,996,993
<u>Source of Funds</u>			
SAPT Funds	\$5,087,761	\$ 5,087,761	\$ 5,087,761
State General Funds	\$2,700,168	\$2,700,168	\$2,700,168
State Medicaid Match Funds	\$2,103,040	\$3,209,064	\$3,209,064
TOTAL	\$9,890,969	\$10,996,993	\$10,996,993

Block Grant Awards

FFY'06	\$5,077,658
FFY'07	\$5,077,658
FFY'08	\$5,077,658

Substance Abuse Prevention & Treatment Block Grant

ALCOHOL AND DRUG ABUSE AND MENTAL HEALTH SERVICES
BLOCK GRANT APPLICATION FOR FY 2009

State Name: VERMONT

1. STATE AGENCY TO BE THE GRANTEE FOR THE SAPT BLOCK GRANT

Agency Name: AGENCY OF HUMAN SERVICES

Organizational Unit: DIVISION OF ALCOHOL AND DRUG ABUSE PROGRAMS

Street Address: DEPARTMENT OF HEALTH, 108 CHERRY STREET

City: BURLINGTON Zip Code: 05402

II. CONTACT PERSON FOR THE GRANTEE OF THE ADMS BLOCK GRANT

Name: James Giffin

Agency Name: AGENCY OF HUMAN SERVICES

Street Address: 103 SOUTH MAIN STREET

City: WATERBURY Zip Code: 05671-1701

Telephone: 802-241-2950 FAX: 802-241-1200

III. STATE EXPENDITURE PERIOD

From: 10-1-08 To: 9-30-09

IV. DATE SUBMITTED

Date: Original Revision

V. CONTACT PERSON RESPONSIBLE FOR APPLICATION SUBMISSION

Name: PETER BESTENBOSTEL Telephone: 802-651-1670

Substance Abuse Prevention & Treatment Block Grant

Form 3

OMB No. 0930-0080

FY 2008 SUBSTANCE ABUSE BLOCK GRANT APPLICATION
FUNDING AGREEMENTS/CERTIFICATIONS
AS REQUIRED BY THE PUBLIC HEALTH SERVICE ACT

As part of the annual application for Block Grant funds it is required under Title XIX, Part B, Subpart II of the Public Health Services Act, as amended, that the chief executive officer (or an authorized designee) of the applicant organization certify that the State will comply with the following specific citations as summarized and set forth below, and with any regulations or guidelines issued in conjunction with this Subpart except as exempt by statute. We will accept a signature on this form as certification of agreement to comply with the cited provisions of the PHS Act. If signed by a designee, a copy of the designation must be attached.

I. FORMULA GRANTS TO STATES, SECTION 1921

Grant funds will be expended "only for the purpose of planning, carrying out, and evaluating activities to prevent and treat substance abuse and for related activities" as authorized.

II. CERTAIN ALLOCATIONS, SECTION 1922

- Allocations Regarding Alcohol and Other Drugs, Section 1922(a)
- Allocations Regarding Primary Prevention Programs, Section 1922(b)
- Allocations Regarding Women, Section 1922(c)

III. INTRAVENOUS DRUG ABUSE, SECTION 1923

- Capacity of Treatment Programs, Section 1923(a)
- Outreach Regarding Intravenous Substance Abuse, Section 1923(b)

IV. REQUIREMENTS REGARDING TUBERCULOSIS AND HUMAN IMMUNODEFICIENCY VIRUS, SECTION 1924

V. RESERVED

Substance Abuse Prevention & Treatment Block Grant

Form 3

OMB No. 0930-0080

VI. STATE LAW REGARDING SALE OF TOBACCO PRODUCTS TO INDIVIDUALS UNDER AGE OF 18, SECTION 1926:

- The State has a law in effect making it illegal to sell or distribute tobacco products to minors as provided in Section 1926 (a)(1).
- The State will enforce such law in a manner that can reasonably be expected to reduce the extent to which tobacco products are available to individuals under the age of 18 as provided in Section 1926 (b)(1).
- The State will conduct annual, random unannounced inspections as prescribed in Section 1926 (b)(2).

Substance Abuse Prevention & Treatment Block Grant

VII. TREATMENT SERVICES FOR PREGNANT WOMEN, SECTION 1927

The State "will ensure that each pregnant woman in the State who seeks or is referred for and would benefit from such services is given preference in admission to treatment facilities receiving funds pursuant to the grant."

VIII. ADDITIONAL AGREEMENTS, SECTION 1928

- Improvement of Process for Appropriate Referrals for Treatment, Section 1928(a)
- Continuing Education, Section 1928(b)
- Coordination of Various Activities and Services, Section 1928(c)
- Waiver of Requirement, Section 1928(d)

IX. SUBMISSION TO DEPUTY SECRETARY OF STATEWIDE ASSESSMENT OF NEEDS, SECTION 1929

X. MAINTENANCE OF EFFORT REGARDING STATE EXPENDITURES, SECTION 1930

The State "will maintain aggregate State expenditures for authorized activities at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period preceding the fiscal year for which the State is applying for the grant."

XI. RESTRICTIONS ON EXPENDITURE OF GRANT, SECTION 1931

XII. APPLICATION FOR GRANT; APPROVAL OF STATE PLAN, SECTION 1932

XIII. OPPORTUNITY FOR PUBLIC COMMENT ON STATE PLANS, SECTION 1941

The plan required under Section 1932 will be made "public in such a manner as to facilitate comment from any person (including any Federal or other public agency) during the development of the plan (including any revisions) and after the submission of the plan to the Deputy Secretary."

Approved 08/14/01

Approval Expires: 7-31-03

Substance Abuse Prevention & Treatment Block Grant

- XIV. REQUIREMENT OF REPORTS AND AUDITS BY STATES, SECTION 1942
- XV. ADDITIONAL REQUIREMENTS, SECTION 1943
- XVI. PROHIBITIONS REGARDING RECEIPT OF FUNDS, SECTION 1946
- XVII. NONDISCRIMINATION, SECTION 1947

I hereby certify that the State or Territory will comply with Title XIX, Part B, Subpart III of the Public Health Services Act, as amended, as summarized above, except for those Sections in the Act that do not apply or for which a waiver has been granted or may be granted by the Deputy Secretary for the period covered by this agreement.

STATE: VERMONT

Name of Chief Executive Officer or Designee: Cynthia D. LaWare

Title: Secretary

Substance Abuse Prevention & Treatment Block Grant

Narrative ⁱ

Goal #1: Intended Use

The primary goal is to ensure substance abuse treatment services are available and accessible to all Vermont residents in need of, and wishing to participate in, these services. Preference for treatment services will be given to the following in order of priority: pregnant injecting drug users, pregnant substance abusers, injecting drug users, persons in need of immediate services as determined by DSM-IV criteria for dependence.

In addition to meeting the primary goal of providing services, ADAP plans to:

- Develop co-occurring treatment capacity. Infrastructure work to support this change will be funded in part through the Co-Occurring State Incentive Grant.
- Continue to address adolescent-specific treatment capacity issues through the adolescent grant initiative. Expand Student Assistance Programs.
- Increase opiate treatment capacity by 50 or more slots.
- Improve transitional housing programs
- Add outpatient, case management and transitional housing capacity to address high-risk women exiting corrections.
- Improve data quality as required by SOMMS data quality requirements and NOMS reporting.

Goal # 2: Intended Use

Healthy Vermonters 2010:

- Reduce alcohol-related motor vehicle deaths
- Increase percent of primary care providers who screen and refer patients for alcohol and other drug problems
- Reduce percent of youth age 12 to 17 who used alcohol, marijuana and cocaine in past month
- Reduce percent of high school seniors who engage in heavy drinking
- Reduce percent of college students who engage in heavy drinking

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Substance Abuse Prevention & Treatment Block Grant

- Increase percent of worksites with policies on alcohol and other drugs

Projected Statewide numbers to be Served, all Objectives:

Information Dissemination:	9,500
Education:	10,000
Alternatives:	20,000
Environmental:	140,000
Problem ID and Referral:	500
Community-Based Process:	7,000

Statewide System of Service Delivery

Vermont's Substance Abuse Prevention System programs are comprised of:

- Prevention Services provided by ADAP staff, including a network of 10 regional Prevention Consultants (PCs) (Note: regions referred to below are the 10 regional prevention consultant's regions. At time of grant submission there are 2 regional vacancies and Dept of Health is in process of recruitment. It is the Department's intention that all 10 regions of the state will have access to a full time consultant throughout most of FFY09).
- New Directions Coalitions Grants
- Statewide Community Grants to organizations and agencies
- Prevention materials and publications distributed via the Vermont Alcohol and Drug Information Clearinghouse
- Enforcing Underage Drinking Program grants to support compliance checks and Stop Teen Alcohol Risk Teams

Objective 1: The state will increase participation of community members in implementing evidence-based substance abuse prevention plans

Education Strategy

Universal Target Group

Ten regional prevention consultants (PCs) in 10 out of 10 regions will provide trainings

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Substance Abuse Prevention & Treatment Block Grant
to coalitions, families, community groups, and local agencies on alcohol and drug prevention issues. Target groups of highest priority in FY09: parents of middle school students, mentors and volunteers, youth, and local coalition coordinators seeking to change community norms around ATOD. Target Area: Statewide
Completed by: Ongoing
Number to be served: 3,000

Community Grants will partially fund up to 10 prevention professionals attending the New England School of Prevention Studies, sponsored by NE Institute of Addiction Studies and CSAP.
Service area: Statewide
Completed by: September 2006

New Directions Coalition grants will support evidence-based family education curricula in 10 out of 10 regions.
Target Area: Statewide
Completed by: November 2007

Community Grants will support the Middle School Teen Institute prevention training for youth ages 12 to 14 in 10 out of 10 regions. (This grant will be blended with Tobacco Settlement funding and the institutes will provide training on alcohol, tobacco, other drug prevention and nutrition.) Participants will implement action plans in their communities as a component of program.
Service area for SAPT funded: Statewide, non-Tobacco Settlement funded regions are the highest priority
Completed by: December 2007
Anticipate number served: 350

Selected Target Group

Project Rockinghorse Circle of Support Groups will provide educational support to low income pregnant or parenting women who are at risk for substance abuse or experiencing the effects of a partner's substance abuse.
Service area: 8 out of 10 regions, based on readiness
Completed by: December 2007
Anticipate number served: 200

Community Grants will support provision of training and supervision to up to 30 Rockinghorse Circle of Support Group facilitators, and evaluation of program outcomes. This evaluation will include participation in CSAP Service to Science Initiative.
Completed by: Ongoing

Community Grants will fund the Nurturing Parent Program, targeted to at least 60

Substance Abuse Prevention & Treatment Block Grant

parents and their children, ages 5-12.

Target area: 2 out of 10 regions; communities not currently funded by New Directions highest priority for community grants

Completed by: January 2007

Alternative Strategy

Universal Target Group

Regional Prevention Consultants will provide training and TA to after school programs, teen centers and other alternative programs upon request RE: ATOD issues and integration of ATOD prevention strategies into alternatives.

Target area: 10 out of 10 service regions

Completed by: Ongoing

Community and/or New Directions Grants will support alternatives as augmentations to research-based educational and environmental strategies.

Target area: 10 out of 10 regions

Completed by: September 2007

Selected Target Group

New Directions Grants will continue to support mentoring programs.

Target area: Up to 14 communities statewide

Completed by: September 2006

Community-Based Process

Universal Audience

Ten regional PCs and central office staff will provide consultation, facilitation services and training scholarships to coalitions, partnerships, groups and agencies on planning and implementing substance abuse prevention and early intervention strategies. Up to 35 local and statewide partnerships and coalitions will be served. Of highest priority in **FY07** will be consultations related to the Strategic Prevention Framework, including assessment of regional needs, resources and level of readiness to carry out evidence-based prevention plans.

Service area: 10 out of 10 regions

Completed by: November 2007

New Directions Grants will fund community coalitions to implement: (a) coalition

Substance Abuse Prevention & Treatment Block Grant

development; (b) an evidence-based practice or program targeted to 12 to 17 year-olds; and (c) public information strategies such as awareness campaigns and dialogue nights with youth and adults. Consistent with the Strategic Prevention Framework, grantees will conduct local needs assessments and select the evidence-based program or practice based on that needs assessment. These may include: family education; mentoring; or classroom curricula.

Target area: 14 communities in 8 out of 10 regions

Complete by: September 2007

Anticipated number served through activities a – c above: 145,000 adults and youth

Block Grant funds support statewide coordination and evaluation of New Directions grants, as well as training, TA services and 2 networking meetings to all community substance abuse prevention coalitions regardless of funding source for specific local coalitions (i.e., funded via Drug Free Communities Support Program, SAPT Block Grant, Tobacco Settlement, other State or foundation funding). Approximately 30 coalitions (defined as town, supervisory union, county or region) in 10 out of 10 regions.

Complete by: October 2007.

Environmental

Prevention consultants will provide linkage between local coalitions, SAP's and local Stop Teen Alcohol Risk Teams (START). STARTs are law enforcement and juvenile justice professionals who are organized to reduce underage drinking parties. (START is funded through the OJJDP Underage Drinking Grant.)

Service area: 10 out of 10 regions

Complete by: Ongoing

ADAP staff will work with VT Criminal Justice Training Center to implement a joint training for New Directions Coalitions and STARTs. Anticipated outcome is increased collaboration between law enforcement and other community groups on policy awareness and enforcement to reduce access to underage drinking.

Service area: 10 out of 10 regions

Anticipated number served: 60

Complete by: July 2007

Objective 2: The state will strengthen its implementation of the Substance Abuse Prevention Plan by forming strategic partnerships with statewide organizations and state agencies.

Substance Abuse Prevention & Treatment Block Grant

Education

Universal Target Group

Ten regional prevention consultants will disseminate information about effective curricula, link schools with community-based substance abuse prevention initiatives, and provide training for school staff. Services will be provided in all ten regions, prioritized by prevalence and community readiness. ADAP staff will work with VT DOE staff on revision of Act 51 Training curriculum (required ATOD prevention training for public school educators).

Service area: Each of 60 Supervisory Unions in state

Completed by: Ongoing

Statewide Community Grant will fund Department of Education's Health Education Resource Centers increase availability of evidence-based classroom curricula to K-12 Schools.

Service area: Each of 60 Supervisory Unions in State

Completed by: December 2007

Community-based Process

Community Grants will support statewide coalitions dedicated to serving underserved populations through ATOD resource information and networking opportunities. Priority for **FY09** will be: Vermont College Alcohol Network and the Vermont Coalition on Substance Abuse and Older Vermonters.

Service area: Statewide

Anticipated number served: 50 service providers and advocates

Environmental

Universal Target Group

Central Staff funded through the Block Grant will conduct work on development of Vermont's Strategic Prevention Framework. Activities will include: organization of task forces on underage drinking and prevention infrastructure; focus groups with grantees and partners; collection of data from grantees; and development of recommendations for the Strategic Prevention Framework Advisory Council to consider within planning process.

Service Area: Statewide

Completed by: October 2007

Substance Abuse Prevention & Treatment Block Grant

ADAP staff will work with other Department of Health prevention programs to implement Vermont H.881, section 321, Coordinated Community Wellness grants (CHAMPPS). A coordinated granting process will be developed and piloted. Process may impact Department policies on grants and the support of prevention training systems. This process will be coordinated with and be informed by the Strategic Prevention Framework.

Objective 3: The State will improve its capacity for disseminating information about alcohol and drug issues and current prevention strategies.

Information Dissemination

Universal Target Group

ADAP and Office of Tobacco Control will support a media specialist to develop a communications plan in support of objectives of Strategic Prevention Framework., including the identification of up to 2 key messages to be integrated into all prevention programs. Highest priority will be development of communications on reduction and prevention of alcohol use prior to age 21. ADAP staff and Coalition coordinators will participate in training on and implement focus groups as part of formative research.

The Vermont Alcohol and Drug Abuse Information Clearinghouse will distribute print materials and videotapes. Highest priorities for service are parents, groups served by prevention consultants, student assistance counselors and New Directions Coalitions. Priority projects will include: Enforcing Underage Drinking Laws; the Vermont Methamphetamine Initiative; and the NE Inhalant Prevention Initiative.

Service area: Statewide

Completed by: Ongoing

ADAP staff will participate on NE Inhalant Coalition, and continue to develop strategies for infusing inhalant use prevention messages into existing prevention systems.

ADAP staff and Vermont State Police will implement public awareness campaign, consistent with Vermont legislation H.480, Act relating to Precursor Drugs of Methamphetamine. Materials and public information kits on state and federal law, the dangers of methamphetamine, and need to restrict public access to precursors, will be developed and distributed. A joint Department of Health and Public Safety press conference will be held to inform the public of the new law. Additional information will be provided via Information Clearinghouse, Department of Health website and Vermont 211 Information line.

Service area: Every retailer and community coalition in the State

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Substance Abuse Prevention & Treatment Block Grant

Anticipated number served: Direct: 300; indirect: 300,000

Completed by: January 2007

ADAP staff will produce PowerPoint presentation on the Methamphetamine precursor law, the dangers of methamphetamine and community resources. Regional Prevention Consultants will provide the Vermont Methamphetamine Initiative curriculum via workshops with businesses, educators, parents.

Service area: 10 out of 10 regions

Anticipated number served: 1,000

Completed by: October 2007

Education Strategy

Universal Target Group

Regional PCs will deliver ATOD Prevention 101 - orientation to professionals and volunteers interested in delivering prevention services. Priority groups in **FY09** will be ADAP grantees, Americorps volunteers and the Safe & Dug Free Schools Consultation Team.

Service area: 10 out of 10 regions

Anticipated number served: Up to 1,500

Completed by: October 2007

ADAP staff will coordinate with the NE Center for the Application of Prevention Technology and the Vermont Consortium Of Addiction Training to maximize access to training on evidence based prevention practices.

Service area: Statewide

Completed by: Ongoing

ADAP PCs and regional public Health District Directors will participate in TOT's related to implementation of Strategic Prevention Framework planning at the regional level.

Service area: 10 out of 10 regions

Completed by: September 2007

Environmental

ADAP will provide staff support to the Vermont Methamphetamine Policy Council. Council will assure coordinated methamphetamine prevention, intervention, treatment and enforcement strategy and report to Vermont legislature by January 2007 on progress and needed policy enhancements. Information Dissemination strategies described above will be guided by this body to assure a comprehensive approach to the issue.

Substance Abuse Prevention & Treatment Block Grant

Service Area: Statewide

Completed by: Ongoing

Objective 4: The State will improve its capacity for gathering needs assessment, process and outcome data targeted to the improvement of prevention systems

Other Strategy

Prevention Management Information data collected for services provided by Regional Prevention Consultants.

Service area: Statewide

Completed by: Ongoing

ADAP staff responsible for collecting data on block grant funded programs will work with Strategic Prevention Framework data analyst and contractors to develop system for collecting National Outcome Measures. They will attend training and TA sessions, gather ideas from grantees and communicate changes in reporting requirements to funded prevention programs.

Completed by: July 2007

ADAP will monitor prevention grants via narrative reports, site visits and data collection.

Service area: Statewide

Completed by: Ongoing

ADAP staff will work with SPF staff and contractors to conduct resource, capacity and readiness assessments. Of highest priority for SAPT Block grant supported prevention staff will be capacity assessment and plan for regional Prevention Consultant System; Public Awareness/Communications.

Service area: Statewide

Completed by: Ongoing

Goal #3: Intended Use

Twelve out of 12 Vermont districts will support a community response team for wrap around services by May 2007. There is a goal of physician participation on 1/3 of these teams for pregnant and parenting, substance abusing women.

Continuity of care will be introduced through policy and procedural development for high risk pregnant and parenting women, resulting in hospital based treatment regardless of point of entry. This process will be a collaborative effort involving multiple agencies and recording best practices to be distributed through VCHIP and VDH/ADAP by June 2007.

Substance Abuse Prevention & Treatment Block Grant

Medical and human service agencies will identify and be trained in gender responsive substance abuse screening instruments.

VDH/ADAP will continue to work with the Women's Substance Abuse Statewide Advisory Group and examine best practices for future implementation of gender responsive practices in Vermont..

Technical assistance will be generated internally and externally with evidence based trainers to promote relationships among substance abuse treatment providers and medical care resources and services. (i.e., prenatal care, pharmacological treatment and drug court initiatives) for pregnant and parenting women.

Goal # 4: Intended Use

Objective 1: Intravenous drug users will start treatment within five days of the request except when the program is at capacity. The following "Activities" were used in FY04 and FY06 and proved to be successful. These "Activities" will be continued in FY09.

Activities: All treatment providers will submit a monthly report to the Division of Alcohol and Drug Abuse Programs containing (1) the number of people waiting for treatment, (2) each person's time on the list, and (3) whether those on the waiting lists are pregnant women, women, or needle users. ADAP will use these reports and site visits conducted by our compliance staff, as needed, to ensure that all programs meet State and Federal requirements pertaining to intravenous drug users:

- Treatment provision fulfilling the 90% capacity reporting and the 14 to 120 day performance requirements will continue to be enforced.
- Injection drug users on a waiting list will continue to be given priority status for admission to treatment.
- Interim services will continue to be available and provided for those on waiting lists longer than five days.
- Outreach services for injection drug users will continue to be provided.

In **FY09**, we estimate that there will be 1400 (15% of unduplicated admissions) needle users admitted for treatment in Vermont.

GOAL # 5: Intended Use

Objective 1: All clients admitted for treatment will be provided education, counseling, and referral services with respect to tuberculosis (TB).

Activities: Providers are required to establish, and update as needed, a protocol with their local office of the Vermont Department of Health to facilitate referral of clients for immunization, tuberculosis, and HIV screening.

Substance Abuse Prevention & Treatment Block Grant

For FY09, Vermont is not expected to be a designated State for tuberculosis. Estimates are that between 6 and 9 cases of TB will be reported in 2009 and Vermont will spend approximately \$4,500 on treatment for substance abusers with TB.

GOAL # 6: Intended Use

Objective 1: In those areas of Vermont having the greatest need for HIV services, the State will make early intervention services available at locations where these individuals are being treated for substance abuse problems.

Activity 1: VDH/ADAP will continue to work with the HIV/AIDS Division within the Vermont Department of Health, the Vermont AIDS Coalition and community AIDS service organizations (ASO's) to provide ongoing training for substance abuse treatment programs to do HIV/AIDS risk assessments with clients. In addition, programs will be monitored to ensure that risk assessments are included in each client record.

Activity 2: VDH/ADAP will continue to sponsor educational events and provide technical assistance to any community group or state agency requesting assistance with regard to HIV/AIDS and substance abuse.

For FY09 Vermont is not expected to be a designated State for HIV. It is estimated that 2.5 cases per 100,000 will occur in Vermont. In conjunction with the Department of Health HIV/AIDS Division, ADAP will co-sponsor HIV/AIDS training with the HIV Division granting for that service.

GOAL # 7: Intended Use

VDH/ADAP closed the Recovery Home Loan Program in FY03, after five years of inactivity. It is anticipated that there will be increased interest in the use of both transitional and group home.

Goal #9: Intended Use

VDH/ADAP will continue to monitor waiting lists at all funded/approved substance abuse treatment providers as it has in past years. This monitoring system has proven to be useful in identifying issues and getting pregnant and post-partum women into treatment within 24 hours, in most cases. Admissions must be within 5 days of request for Medicaid clients, per Vermont statute.

GOAL # 10: Intended Use

Objective 1: The State will improve the process for referring individuals to the treatment modality that is most appropriate for the individual by working with treatment providers

Substance Abuse Prevention & Treatment Block Grant
on policies and procedures for screening and referring clients.

Activity: VDH/ADAP will work with treatment providers to further improve policies and procedures for prescreening and referring clients to appropriate levels of care: outpatient, intensive outpatient, and residential treatment. Training and other technical assistance will be offered to assist programs in further establishing the use of the GAIN tool, as well as the ASI and others. The ASAM patient placement criteria (PPC-2) to ensure patients are appropriately matched with treatment services will continue to be the norm for the State of Vermont.

Goal # 11: Intended Use

The State will continue to provide individuals and agencies in the alcohol and drug abuse treatment and prevention fields opportunities to improve competence through continuing education. In addition to assigning education and technical assistance responsibilities to Prevention and Treatment Program Specialists and ADAP Medical Director, ADAP will maintain the Vermont Addiction Education Center to disseminate information regarding substance abuse treatment, intervention, prevention, and recovery and will develop statewide and regional trainings/conferences for professional substance abuse education. Trainings and conferences offering continuing education will be designed to meet Goal 2 (Prevention); Goal 3 (Services to Pregnant Women and Women with Dependent Children); Goal 4&6 (HIV Early Intervention Services); Goal 5 (Tuberculosis Services) objectives.

ADAP will continue to sponsor other relevant conference offerings and will continue to participate in the annual New England Institute for Addiction Studies Summer Schools by providing staff and scholarships. The ADAP Substance Abuse Workforce Development Committee will continue to meet to expand internship and educational possibilities for treatment providers and colleges; to investigate loan forgiveness for Vermonters desiring ways to enter the substance abuse treatment field and to sponsor a College Consortium to order to grow VT's treatment workforce.

GOAL # 12: Intended Use

Objective 1: The State will coordinate substance abuse prevention and treatment services with the provision of other appropriate services.

Activity 1: VDH/ADAP will represent alcohol, tobacco and other drug issues on the Children and Family Council for Prevention Programs and The Vermont Substance Abuse Coalition. These organizations oversee and coordinate statewide prevention initiatives. VDH/ADAP staff will coordinate with the Vermont Safe and Drug Free Consultation Team on the provision of training and facilitation services to community coalitions.

Substance Abuse Prevention & Treatment Block Grant

Activity 2: VDH/ADAP will work with the Department of Corrections, the Division of Vocational Rehabilitation, and the Department of Employment and Training, and the Department of Aging and Independent Living (DAIL) for the provision of ancillary services to alcohol and drug dependent clients.

Activity 3: VDH/ADAP will sponsor joint training events for substance abuse prevention, intervention and treatment professionals and volunteers.
(Information Dissemination Strategy)

Activity 4: VDH/ADAP will further refine and revise as necessary the Standards for Substance Abuse Treatment Programs which require that treatment plans identify client needs in five areas (family, vocational, legal, health, and mental health), and include appropriate actions for each identified need. The "peer review" process will monitor compliance with these standards.

Activity 5: Regional and Statewide Prevention Unit staff will provide information on funding and training opportunities to the statewide and local Substance Abuse Prevention Coalitions so they may have the opportunity to participate.

Activity 6: VDH/ADAP will maintain and revise, as needed, its Prevention Management Information System in the 10 Regional Offices.

Activity 7: VDH/ADAP will regularly report activities to, and seek guidance from, the Vermont Drug and Alcohol Coalition on its prevention, treatment and recovery programs, findings and needs.

Activity 8: In FY09, VDH/ADAP estimates it will screen 2,600 first offenders convicted of driving under the influence for substance abuse problems, and of those 2,500 will complete a driver rehabilitation and education program.

Goal # 13: Intended Use

Objective 1: ADAP will continue to use the National Survey on Drug Use and Health (NSDUH) and will refer to data collected as part of the treatment (270-97-7035) and Prevention (277-97-6002) Needs Assessment contracts where appropriate; to measure treatment and prevention need in Vermont.

Activities: ADAP plans to use the NSDUH to help with resource allocation and strategic planning.

Objective 2: Use the data from the Vermont Youth Risk Behavior Survey (YRBS) to assess need for prevention, intervention and treatment services for Vermont adolescents.

Substance Abuse Prevention & Treatment Block Grant

Activities: The 2009 YRBS will be administered during FY08; data will be collected and reports will be written. State agencies and community organizations are expected to use the results from this YRBS for planning. YRBS data will be a critical part of the discussions and strategic planning of the Epidemiology Workgroup and the Advisory Council of the Strategic Prevention Framework State Incentive Grant (SPF-SIG) that Vermont recently received.

Goal # 14: Intended Use

The State will maintain its current restrictions on the use of Federal funds, specifically the ban on the provision of hypodermic needles and syringes. All providers will be required to sign assurances that funds will not be used for this purpose. The Division of Alcohol and Drug Abuse Programs will investigate any report of the distribution of needles or syringes.

Goal # 15: Intended Use

Objective 1: The State will continue to assess and improve the quality and appropriateness of treatment services delivered by providers that receive funds from the SAPT Block Grant.

Activity 1: All Vermont substance abuse treatment programs will continue to be approved by VDH/ADAP and either CARF or JCAHO. CARF and JCAHO utilize an independent peer review process from which recommendations will be made to VDH/ADAP. For those programs that are not accredited by CARF or JCAHO a similar independent peer review process will be established to match the process utilized by CARF/JCAHO. All providers will be reviewed at least every three years, unless a shorter approval period has been authorized.

Activity 2: Four VDH/ADAP Program Coordinators will monitor programs for quality, appropriateness of treatment services, and compliance with all applicable Federal and State requirements.

Activity 3: VDH/ADAP will review and amend, where necessary, its own standards for treatment providers to reflect all applicable Federal and State requirements. In addition, the State will continue to improve its data collection system for monitoring utilization. All providers are required to maintain high utilization rates under threat of penalty.

GOAL # 16: Intended Use

Objective 1: The State will maintain a system to protect client records from inappropriate disclosure.

Substance Abuse Prevention & Treatment Block Grant

Activities: VDH/ADAP will continue to: (a) offer an annual workshop on confidentiality for staff at state supported treatment facilities; (b) review confidentiality policies and procedures at all treatment programs at least once every three years through the approval/peer review process, and monitor programs' compliance with Federal Confidentiality regulations (HIPPA).

Goal # 17: Intended Use

Objective 1: The State will continue to seek partners from religious organizations who are willing to provide treatment and/or prevention services to all persons in need.

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

Plans are being developed for electronic filing

of this document.

It will be sent at a later date.

ⁱ Narrative based on 2007 SABG application document.



Family Services

Child and Family Services Plan

Annual Progress and Services Report June 30, 2008

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FOCUS OF ANNUAL PROGRESS AND SERVICES REPORT

This Annual Progress and Services Report will focus on:

- Progress and accomplishments that have occurred since the submission of the Annual Progress and Services Report submitted in June 2007;
- Progress on goals and objectives established in the plan;
- Report on the Chafee Foster Care Independence Program, including an application for funding; and
- Vermont's second Child and Family Services Review and Program Improvement Plan.

DEPARTMENT FOR CHILDREN AND FAMILIES

It is the mission of the Department for Children and Families (DCF) to promote the social, emotional, physical and economic well being and the safety of Vermont's children and families. This is done through the provision of protective, developmental, therapeutic, probation, economic, and other support services for children and families in partnership with schools, businesses, community leaders, service providers, families, and youth statewide.

Within the Department, Family Services is the division responsible for the delivery of child protection, child welfare, permanency planning and youth justice services. The Deputy Commissioner for Family Services sits on the department's leadership team.

Please visit the DCF website at <http://www.dcf.state.vt.us/>.

FAMILY SERVICES CORE PRACTICE PRINCIPLES

The Family Services Division of the Department for Children and Families partners with families and the community to promote safety, permanency, well-being and law abidance for children. Our work is guided by these core practice principles.

SAFETY: CHILDREN ARE SAFE FROM ABUSE

- Keeping children safe is our primary concern and we address it in every intervention, every plan and every contact. Child safety is a collaborative effort; we engage families and community members to find safe solutions for children.
- We ensure ongoing safety through frequent meaningful contact with children and their caregivers.

PERMANENCY: CHILDREN HAVE ENDURING RELATIONSHIPS WITH HEALTHY NURTURING FAMILIES

- Permanency planning for children is considered at every stage of decision making.
- When children can not live safely with their families, the first consideration for placement will be with kinship connections capable of providing a safe and nurturing home.
- Life-long connections are critical for children. We will strive to promote and preserve family, kinship, sibling and community connections for each child.
- Permanency is best achieved through a legal relationship such as reunification with parents, adoption or guardianship.

WELL-BEING: CHILDREN ARE SUCCESSFUL IN FAMILY, SCHOOL AND COMMUNITY

- We recognize that all families have strengths and deserve a voice in decisions regarding their children. We serve families from diverse backgrounds in a responsive manner.
- We recognize that families and individuals have the capacity to make positive changes in their lives.
- Family members and state and community partners are engaged to inform case planning and service delivery to maximize the opportunities for success.
- Casework practice is informed by strengths based assessments and research findings pertinent to critical questions and situations addressed each day in deciding what the best intervention is for a children and families.

LAW ABIDANCE: YOUTH ARE FREE FROM CRIMINAL BEHAVIOR

- Youth on probation receive professional and consistent services based on best practice; customer service; holistic and collaborative family-based approaches; principles of strength-based assessment; balanced and restorative justice and progressive responses.
- We are committed to work in partnership with communities and families to improve community safety by decreasing risk; to provide supervision levels that are commensurate with risk; and to match placement and services to meet the needs of families and youth.

STAFF SUPPORT AND DEVELOPMENT: STAFF ARE SUPPORTED, VALUED AND RECEIVE ONGOING TRAINING

- We are responsible for creating and maintaining a supportive working and learning environment with open communication and accountability at all levels.
- Our staff is our most important asset. Children and families deserve trained skillful staff to engage and assist them. Our training focuses on building specific skills for engaging, assessing, planning, monitoring plans and creating permanency.

TRANSFORMING SERVICES FOR FAMILIES

On any one day, staff of the Family Services Division is responsible for working with some 3000 of Vermont's most vulnerable children and families. About 1400 are children in State custody. For those children, it has been determined that the benefit of state custody outweighs the trauma of separating them from their families. These are difficult choices, not to be made lightly. Our work and our decisions must be guided by a set of values that all share.

Values statements are fundamental statements of belief, and influence behavior in many ways. In the process of creating this transformation plan, we have discussed the following set of values. As an organization, we are moving towards a practice model that aligns with our core practice principles, and with the following values.

- ⊕ All people are capable of growth and change. In our work, we are informed by knowledge of past behavior, but do not assume that it is a perfect predictor of their future.
- ⊕ When circumstances require us to choose among competing interests, we will elevate the child's need for safety and permanency over the needs of involved adults.
- ⊕ It is our responsibility to focus not only on immediate safety, but on the long term wellbeing of the children and families we serve. Lifelong connections are a key ingredient to wellbeing, both in childhood and into adulthood.
- ⊕ To be effective over time, our social workers have regular contact with children and families, where they live. Respectful, engaged relationships with children and families hold the greatest promise for positive change.
- ⊕ We are aware of the power entrusted to us, and use it responsibly.
- ⊕ We believe that families have expertise about their own lives. We use a variety of ways to engage families and mobilize their resources to promote safety and wellbeing of their members.
- ⊕ Risk is inherent in all of the work we do and the decisions we make, and cannot be entirely eliminated. Our job is to recognize risks and build safety around them, making full use of the protective factors families and communities have.
- ⊕ We assume that separation of children from their families will be traumatic.

- ⊕ When separation must occur, we will preserve the continuity of supportive relationships for the child.
- ⊕ When children must be separated from their families, we do all we can to help families to safely reunify. This includes a plan for parent-child contact that is supportive and educational.
- ⊕ In communicating with our staff and the public, we clearly articulate our values and practice model.
- ⊕ We strive to build a workforce that works in alignment with our core values and our practice model – and to support them through open dialogue, clear policy, excellent training and supervision, formal and informal performance evaluation and appropriate resource allocation.
- ⊕ We believe that no one social worker or supervisor should shoulder the burden of critical decisions related to the safety and wellbeing of children. Our practice incorporates teamwork and, whenever possible, shared responsibility and accountability for decision-making.
- ⊕ When a tragedy happens, we will strive to find the learning in that experience, and apply that learning to our future practice.

To live these values, we, as an organization, must be:

- ⊕ Intentional – we know where we are going and our decisions reflect that.
- ⊕ Unwavering – We are in this for the long run. Change takes time.
- ⊕ Committed to addressing capacity – We believe that our social work staff want to do the best work possible, and deserve to have a work environment and workload that enhances success.
- ⊕ Focused on the long term – For the children and families we serve and for the quality of our services.

The Family Services Division published a transformation plan in January 2008 (Attachment D). This plan lays out an ambitious agenda for change that goes far beyond the scope of the Child and Family Services Review. Work has been underway in the following arenas, among others:

- ▶ We will create a centralized intake unit, starting on 9/1/2008. Two supervisors and six social workers have already been hired, and will start their new roles in mid-summer. This was accomplished without taking positions from the field, which has the net effect of increasing available social worker time in the district offices.
- ▶ By the end of May, we will be placing an order for laptops and cell phones for all of our field-based workers. The telephones will act as modems so that staff can access our web-based applications while in family homes, court, and other locations in the field. We anticipate this will support workers in meeting the required social worker contact standards.

- ▶ We are investing our substitute care savings in creating capacity in each district for family group conferencing and other family engagement modalities.
- ▶ Our new contract with the UVM Child Welfare Training Partnership will focus specifically on the skills needed to transform practice; the largest investment will be on supervisory development, including development of group supervision and teaming models.

In addition, at the close of this Legislative session, the Legislature passed three bills that together, completely change the legal landscape of our work. In the midst of budget crisis, they passed a budget that left our budget largely intact. In fact, they left a surplus created by a reduction in the number of children in custody, with the instructions that we were to invest funds to promote the goals of the CFSR.

While state government is in the middle of a two-year down-sizing, no direct services positions have been cut in our department. The agency of administration committed, in writing, to leave those positions intact during the next fiscal year.

The three substantive bills passed by the legislature create a statutory framework that strongly reinforces our goals to transform our practice to a more family-engaged model, with much greater emphasis on front-end services that will keep families intact. For example:

- ▶ Changes in the child abuse statute give us the authority and responsibility to develop and implement a differential response system no later than 7/1/09.
- ▶ Comprehensive revision of the Juvenile Proceedings Act, governing dependency and delinquency proceedings, places much greater emphasis on finding and engaging non-custodial parents and relatives early, as resources for children. The statute will build in a routine 60-day review to review progress towards case plan goals. Many other changes in the statute are congruent with our emerging practice model. It will take effect on 1/1/2009.

We are confident that in carrying out this work, we are also addressing the concerns of the second round of the CFSR. While our PIP is still under negotiations the major goals are:

- We provide high quality, consistent front-end services that ensure safety and well-being for the children and families we serve.
- Families receive family-centered services and supports at the earliest opportunity to reduce risk of maltreatment and need for custody.
- Families and children receive comprehensive, strengths-based services that provide them with successful long-term safety, permanency and well-being.

You can view Vermont's Statewide Assessment and CFSR Final Report at http://www.dcf.state.vt.us/fsd/federal_reviews_plans.

CFSR Goals

The following goals have been added to the APSR as a result of our April 2007 Child and Family Services Review. They are also goals of our Transformation Plan as discussed in the previous section.

Goal CFSR1: Provide high quality, consistent front end services that ensure safety and well-being for the children and families we serve.

We will create a centralized intake unit, starting on 9/1/2008. Two supervisors and six social workers have already been hired, and will start their new roles in mid-summer. This was accomplished without taking positions from the field, which has the net effect of increasing available social worker time in the district offices.

Goal CFSR2: Families receive family-centered services and supports at the earliest opportunity to reduce risk of maltreatment and need for custody.

The Act 77 study was submitted to the legislature in November of 2007 and strongly recommended legislation related to differential response be adopted. In January of 2008, an Act Relating to Reports of Child Abuse and Neglect was taken up in the legislature. In May of 2008, Act 168 was passed and included language sanctioning the development of rules related to differential response and the development of a tiered central registry.

Goal CFSR3: Families and children receive comprehensive, strengths-based services that provide them with successful long-term safety, permanency and well being.

In 2008 we made the decision to adopt the Effective Casework Model (ECM) as the casework practice framework for all case types. ECM is a structured practice model for providing targeted case management services based on an assessment of risk and needs. We have just completed a second round of a two-day training in the ECM. This approach utilizes motivational interviewing which is a true family engagement strategy.

DISASTER PLANNING

The Agency of Human Services Emergency Response Planning Team has been meeting for two years in order to assess, organize and plan the Agency's divisional responses in the event of an emergency event, health crises or other significant incident. The Family Services Division has two representatives assigned to the Human Services Emergency Response Planning Team.

The Family Service liaisons are responsible for assuring that the division develops, trains for and drills to an emergency response plan that focuses on sustaining the critical functions of the division.

In addition the FS representative sits on a Department wide committee that will develop a Continuity of Operations (COOP) for the Department that in turn will be integrated into an agency COOP.

Both the work on the COOP and the development of the Emergency Response Plan entails a commitment on the part of the department that Family Services staff will be familiar with and understand the expectations and processes around the critical functions outlined in the divisional COOP and Emergency Response Plan. There are plans in place to educate foster families and residential providers about the Emergency Response protocols and to outline their responsibilities for children in care in an emergency. The DCF/AHS COOP will be finalized in July 2008 and the next steps of dissemination, training and drilling will be developed over the next several months.

We are part of a New England committee that is sharing individual state plans. We have copies of a few neighboring states to help enhance our planning.

The COOP (Attachment E) lays the groundwork for the State Disaster Plan. Critical functions have been identified and address the requirements of ACYF-CB-PI-08-03, Section 422(b)(16).

The Family Services IT staff has created a routine which runs every night. This routine generates a file which contains information about every open case. It includes client name and contact information for children, their parent(s) and caretaker, where each child is currently placed and the placement contact as well as current case type and assigned worker.

Each night, this file is transmitted via secure connection to our disaster recovery backup site in Burlington. This file is accessible to all members of the Family Services (FS) Management team as well as the IT staff that support FS. The file will be retrievable via secure connections from personal computers as well as on-site at the Burlington location.

In the event of a major disaster in Waterbury (building floods or burns down, huge power surge damages computer equipment, prolonged power outage, etc.), or around the State, we will be able to retrieve this file and have the necessary info to contact and continue to supervise our clients.

SERVICE DELIVERY SYSTEM

The Family Services Division of the Department for Children and Families delivers child protection, child welfare (including independent living) and juvenile justice services to Vermonters. All of these services are fully coordinated and delivered by local district staff.

Child Protective Services (CAPTA Services)

Prevention

The Child Development Division (CDD) is the state agency charged with improving the well being of Vermont's children by ensuring safe, accessible and quality services are available for every child.

The Child Development Division's Mission is to improve the well being of Vermont's children. They do this in partnership with families, communities, schools, providers and state and federal agencies to ensure access to high-quality, economically viable, child development services.

CDD is responsible for all direct prevention and early intervention programs in the division including Children's Upstream Services Initiative (CUPS), Family, Infant and Toddler Program, Healthy Babies, Kids, and Families, and Success by Six.

The core programs of Success by Six are:

- **Healthy Babies Program** provides critical early support and health promotion for pregnant women and infants.
- **Family, Infant and Toddler Program (FITP)** provides early intervention services including evaluation and family services planning and coordination (IDEA Part C services).
- **Essential Early Education Program** provides services to children age three to six who need specialized services for school readiness.
- **Parent Child Centers** in 16 communities, provide comprehensive supports to families with young children including parent education, playgroups, home visiting, and early childhood services.
- **Headstart** in 7 communities provides services focused on health, mental health, nutrition, early education and parent education.
- **ReachUp** provides case management, education and specialized supports for families receiving TANF payments.
- **Welcome Baby** for families with newborns and newly adopted children;
- **Community-specific initiatives** focused on the well-being of young children and their families.

Children's Integrated Services

CDD's Children's Integrated Services (CIS) combines three prevention, early intervention and treatment programs into one child development and family support services system. This new system results in positive outcomes for pregnant and postpartum women, children birth through age 6 and their families. The CIS system includes:

- Outreach
- Initial identification and referral
- Multidisciplinary assessment

- Individualized child and family planning
- Service delivery
- Transition

Children's Integrated Services has regional teams that accept referrals for consultation and/or services from community providers. Child Development and Family Services have recently started exploring ways to collaborate on a local level to effectively utilize the knowledge and expertise in the early childhood development community. CDD presented information on the CIS regional teams to 35 Family Services supervisor's at their monthly meeting in May 2008.

Child Abuse Reporting

During this reporting period, the department received 12,829 total contacts or *reports*. Included in this total number of reports are allegations of child abuse and neglect by parents and caretakers as well as concerns about youth that are beyond the control of their parents and/or who have committed delinquent acts. In addition, the department accepts reports alleging child abuse or neglect, including reports of sexual abuse by any person. This reality makes Vermont look different statistically in that the total number of reports includes types of work not traditionally handled by the child welfare system. Currently, each district office is responsible for taking reports. After hours, the Emergency Services Program takes intakes.

Once a report is accepted, the alleged victim is seen and/or interviewed within seventy-two hours. The district director may waive the seventy-two hour requirement, but only for limited reasons. The investigating social worker completes the assessment within sixty days, whenever possible. The decision to substantiate is made by a supervisor. By policy, only substantiated cases may be opened for ongoing CPS services absent court involvement.

Allegations of child abuse or neglect in regulated facilities (foster homes, residential facilities, child care facilities and schools) are handled by a central Specialized Investigation Unit, which is under the supervision of the Child Safety Unit.

The Child Safety Unit has been responsible for supervising staff that supervise investigation functions in each of the 12 district offices since July 2005. The Child Safety Assessment Manager does not use a traditional supervision model; rather she focuses on training, technical assistance, consultation, hiring of investigative social workers and quality assurance. Each month, a statewide supervisors meeting is held and issues related to intake and investigation are discussed in that forum.

In 2007, the Legislature passed Act 77, An Act Relating to the Child Abuse Registry and Increased Sex Offender Registry Requirements.

Act 77 outlined requirements for the department in the area of due process for substantiated cases of child abuse and neglect.

The law established that the alleged perpetrators of child abuse and neglect be granted the opportunity for an appeal of the substantiation decision with an independent reviewer prior to his or her name being entered into the registry. Act 77 further establishes criteria under which a registry record may be removed due to the perpetrator presenting a reduced risk to the safety and well-being of children. In September of 2007, ten (10) independent reviewers were hired under contract to review substantiation decision and requests for removal from the registry. From September of 2007 until May 31, 2007, the Registry Review Unit reviewed 192 substantiation decisions.

The department outreach related to Act 77 included development of a brochure entitled *The Child Abuse and Neglect Registry: A Guide for Employers and Persons Substantiated for Child Abuse and Neglect*, which answers the questions about due process and implications for having your name entered on the Child Abuse and Neglect Registry. The brochure is mailed to any person who will be entered into the Child Abuse and Neglect Registry prior to entry.

Child Safety Goals

Goal CS3: Advocate for an updated state child protection statute.

SFY 2005 Update

We did not advocate for this bill in the last Legislative session. We are in the initial stages of discussing major changes in the way we carry out our work. Topics of discussion include differential response, family group decision making, strengths based and solution focused practice, etc. We are evaluating whether or not we need statutory changes to accomplish our goals.

SFY 2006 Update

We have requested technical assistance to help us to evaluate possible directions for revision of our child abuse statutes. We are strongly considering moving to a differential response system.

SFY 2007 Update

DCF Family Services advocated for an update of the state's child protection statute during the 2007 legislative session. As a result, Act 77, An Act Relating to the Child Abuse Registry and Increased Sex Offender Registry Requirements was passed.

Several changes were adopted including a clear definition of the state's central registry for child abuse and neglect.

In addition, in cases where substantiation recommendations are made, individuals may request an independent review before their name goes into the central registry.

The legislature required that DCF Family Services perform a study for the purpose of considering issues related to allegations of abuse or neglect of a child, including a tiered approach to the investigation and substantiation of child abuse or neglect that is based upon the severity of the behavior and the risk to children and the community and that establishes appropriate corresponding consequences and protections.

SFY 2008 Update

The Act 77 study was submitted to the legislature in November of 2007 and strongly recommended legislation related to differential response be adopted. In January of 2008, an Act Relating to Reports of Child Abuse and Neglect was taken up in the legislature. In May of 2008, Act 168 was passed and included language sanctioning the development of rules related to differential response and the development of a tiered central registry.

Child and Family Assessments

In 2005 we developed an initial screening process that is conducted on all children who are likely to remain in custody for 30 days or more. For these children, a contracted screener begins the process of meeting with key players and completing specific screens and gathering family information as well.

The goal is to complete the screening packet within 30 days so the social worker and the team have vital information to inform the assessments, the initial case plan, and service and placement decisions.

The Department has a long-standing Memorandum of Agreement with the Vermont Department of Health (VDH) to provide EPSTD services.

This program, called Fostering Healthy Families refers new custody entrants to the VDH for assistance with initial evaluation of children's health needs.

In the context of this agreement all districts have established partnerships with VDH nurses to assist with the initial assessment of children's medical needs. Nurses work as part of a team to collect data to complete the Health Intake Questionnaire (HIQ) which identifies information about the health status and needs of children and youth entering custody.

The main goals of the HIQ are to ensure that serious health issues are identified as soon as possible and that every child has a medical home. Educational, health and mental health needs and services are addressed in the child's case plan and discussed frequently at treatment teams. This meets the new requirement for medical professional involvement in assessing the health and well-being of foster children.

During our second CFSR in April 2007, reviewers found evidence of the initial screening packet in many of the case files that were reviewed. They were impressed with the level of documentation of medical and dental records and related issues in the files. These are all part of the initial screening packet and the partnership with the public health nurses. There have been no changes to this process

Our Transformation Plan includes goals to improve child and family assessments and to integrate information from assessments into case practice and decision making. We are moving forward to implement the approach which utilizes motivational interviewing which is a true family engagement strategy (see Goal PC5 page 20).

IDEA Part C

On June 25, 2003, the U.S. Congress passed the Keeping Children and Families Safe Act of 2003, a reauthorization of CAPTA. This legislation requires states to establish provisions and procedures for referral of a child under the age of 3 who is involved in a substantiated case of child abuse or neglect to early intervention services.

In June of 2007, DCF Family Services adopted a new procedure for the referral of children to early intervention services.

This procedure was agreed to by the Child Development Division of DCF and the VT FITP Part C Coordinator and requires that the DCF Family Services investigator will refer all children to the local host site for early intervention services within five days of the date of substantiation. This change has worked well so have been no new changes to this process.

Citizen Review Panel

Our Citizen Review Panel, The VT Child Protection Advisory Board (VCAB,) meets four times a year to discuss changes in policy and practice as well as outcome performance. The Commissioner, the Deputy Commissioner for Family Services, the Child Protection Director and the Child Safety Assessment Manager attend these meetings and respond to questions and/or issues raised by the panel.

Pursuant to sections 106(c)(4)(A)(i) and (ii) of the Child Abuse Prevention and Treatment Act (CAPTA), each Citizen Review Panel must evaluate the extent to which the State is fulfilling its child protection responsibilities in accordance with its CAPTA State plan by:

- Examining the policies, procedures and practices of State and local child protection agencies.

VCAB reviews all new policies and procedures, Legislative activity and specific cases. Please see VCAB's 2008 Annual Report for more detail (Attachment F).

Family Preservation and Support and Family Reunification Services

The division contracts with a variety of community agencies to provide services that supplement casework services. These services comprise a statewide network of family support and preservation services and are available in all 12 districts.

We use this service system for family preservation and support as well as for reunification. There are no changes t these programs.

- Parent Educators provide home-based support and parenting education, focusing on family support, preservation and reunification.
- Intensive Family Based Services provide time-limited, intensive in-home therapeutic services focusing on family preservation and reunification.
- Sexual Abuse Victim and Offender Treatment Services are offered by trained therapists who are authorized to provide treatment under a special DCF Medicaid program.
- Supervised Visiting Programs are operated locally. In most instances, districts hire one or more professionals to supervise visits for children in foster care with their families. As we move towards implementing our Transformation Plan we will be looking at how we approach supervised visitation in the context of family contact.
- District Specific Services purchased with IV-B, Subpart II and other funds, include case management, mentoring programs, after school programs and family-tailored individual services.

Children and Youth in Custody

The division has responsibility for children and youth in custody for reasons of:

- Child abuse and/or neglect
- CHINS(C) Children without or beyond the control of their parents
- Delinquency
- Voluntary Custody

As of 3/31/08, we were serving the following children and youth in custody. These numbers continue to decline:

Type	Number
Child abuse and/or neglect	798
Children beyond the control of their parents	200
Delinquent Youth	322
Voluntary Custody	3
Total Number	1315

Permanent Connections and Family Engagement

We are committed to attaining permanency for all children we serve. Clearly the best option for every child is to safely remain at home. When placement becomes necessary, returning home to family is the preferred goal, but this is not always possible. Traditionally, the next option for children who can not return home is adoption, then guardianship.

A major component of our Transforming Plan includes engaging families at the earliest opportunity and throughout the life of a case through the use of Family Centered Meetings. Family centered meeting (FCM) is a broad term used in family support and child welfare services to describe a planning and decision making process that includes parents, caregivers, children, social workers and other service providers. It may also include extended family, friends and members of the community.

Research shows that at various stages of a child protection case, a different decision-making model will better serve the needs of the children and family members; therefore we will produce the best results for children and families by having an array of decision-making models. We believe that group decisions produce better results than decisions made by one person and groups that include family members and community partners produce better decisions than those made exclusively by professionals.

We believe this approach will increase permanent connects, improve placement stability, reduce custody cases, decrease length of stay when children do enter care and create stronger families and communities.

Goal PC2: Promote practice that will result in all youth leaving DCF custody in late adolescence having meaningful, ongoing relationships with one or more adults who will provide personal support into adulthood.

SFY 2005 Update

The Connections and Permanency Work Group has been meeting in the Southern part of the state since December 2003. Now, workers in the Northern part of the state have expressed interest in a Northern Connections Work Group.

The Connections and Permanency Work Group offers an innovative method of providing permanency planning for youth who are unable to return home and do not have an adoptive placement. They have piloted a model of finding permanent connections in 6 districts. This model was developed by Robert Lewis and implemented in other states to effectively find permanent connections and families for youth who would otherwise not have resources.

SFY 2006 Update

The Connections Project is a collaborative of social service professionals who have a strong commitment to the permanency needs of youth exiting foster care.

The goal is to educate and inform other service providers on ways to ensure that youth have strong permanent connections with caring adults before they enter adulthood. With these lifelong connections, youth exiting foster care will have a greater chance of success and happiness throughout their adulthood. Participation varies and the facilitators would like to see more people join the groups. They scheduled the meetings on a regular day each month and recently sent a flyer to all caseworkers with information about the workgroups.

SFY 2007 Update

The Connections workgroups have been discontinued due to lack of participation. Many districts are now working with members of our central office Permanency Team to staff individual cases on an ongoing basis to determine permanency needs as well as their community partners. In addition, one of our team members is devoted to supporting family finding efforts in the districts. Currently she is actively working with 10 districts.

SFY 2008 Update

Monthly permanency meetings occur in almost every district by members of the Permanency Team. Currently as a result of these monthly meetings, we are tracking the highest number of children and youth to permanency. And, since 1996, we are at an all time low for children who are freed for adoption and in a need of a family. We believe that regular staffing of cases and the use of family centered meetings will, over time, result in more youth leaving custody with permanent connections.

Goal PC3: Promote the importance of regular contact between social workers and the children and families they serve.

SFY 2005 Update

In November and December 2004 we conducted 9 Structured Decision Making trainings where we introduced our new social worker contact guidelines. All Family Services staff was required to attend training. Information about the importance of social worker contact and the correlation between such contact and positive outcomes was presented.

In addition, the policy emphasizes home visits as the preferable form of face-to-face contact, for both children and families. Visiting families in their own homes enables social workers to better assess safety and other factors that influence the decision to reunify. Visiting children in their own homes not only results in greater comfort for children, but also allows the worker to see the interaction between children and other family members.

The guidelines for social worker contact went out to DCF staff for comment in July 2004. The feedback was considered, some adjustments were made and the final product was reviewed and approved by our Deputy Commissioner. However, the Commissioners office requested a revision, which has not been completed yet.

We added the requirement to assess social worker contact to the District Self Assessment as well as to the district review process. We have established a new benchmark date for this goal.

These guidelines reflect the importance of the relationship between social workers, children on their caseloads and their families in attaining permanency. The contact is organized by risk level, case type and placement of child and includes guidelines for contact by social workers and service providers.

SFY 2006 Update

Supervisors reviewed these guidelines again at one of their monthly meetings and again expressed concerns regarding worker's ability to meet these guidelines. We have not released the guidelines at this time however; we continue to discuss the research that reflects that frequent social worker contact contributed to successful outcome attainment.

SFY 2007 Update

Preliminary findings from our second CFSR indicate that we have a lot of work to do to improve the frequency of social worker contact. While waiting for the final report we have revised the social worker contact policy and are developing a caseworker contact report to meet the requirements set forth in this plan.

The revised policy, which includes contact standards as well as guidance on the content of visits, will be reviewed by supervisors during the summer. Below are excerpts from the draft policy:

Based on federal requirements, one face-to-face in-home or in-placement contact per month with children/youth by the social worker, in-custody or non-custody, is the contact minimum. Additional recommended monthly contacts, based on factors such as increased risk or crisis may be necessary. Together, the social worker and the supervisor should decide if additional contact is needed.

There are several key elements that quality visits should include. Visits should be:

- primarily held in the child or youth's living situation (family or foster home) at times convenient for children/youth and caretakers;
- planned in advance of the visit and used as an opportunity to discuss issues pertinent to case planning, service delivery and goal attainment;
- used to complete a formal or informal assessment of the issues that impact safety and other issues or goals identified in the case plan;
- used as opportunities for open dialogue and meaningful consultation with and by children/youth and parents;
- individualized whenever possible, such as providing separate time for discussion with children/youth and parents;
- supportive and skill-generating, in order that children/youth and families feel safe in dealing with challenges and change, and are provided skills and tools to take advantage of resources and services.

The following procedure will be used to track and report caseworker visit data to HHS. We are in the process of modifying our contact notes collection screen which will be used to generate the required caseworker visit reports. Every contact note will include contact details and identify which client(s) the contact related to.

When the worker selects "Face-to-Face" as the form of contact, they will be required to document where the contact occurred and who was present at that face-to-face meeting.

For any period in question, we will query our placement data to determine which children were in foster care and for which full months. We will link this information with our contact data which will allow us to meet our federal reporting requirements. By linking placement and contact data, we will be able to determine which children were seen each and every month they were supposed to be seen and, determine if at least one of those monthly contacts occurred where the child was placed. Having this data will allow us to report the rate of children seen each and every month as well as the rate at which they were seen in their placement.

We will submit our FFY 2007 baseline data regarding current caseworker visitation and targets for improvement to HHS by the October 31, 2007 deadline. New caseworker visit funds were used to support caseworker visits with children who are in foster care.

SFY 2008 Update

The Department for Children and Families has made a significant investment in technology which will enable caseworkers to complete work while in the field. All of our caseworkers will be equipped with Q phones and laptops so they can make phone calls, check email, and complete assessments and case plans with clients in settings other than the district office. We believe this will have a significant impact on caseworker contact and family engagement in case planning.

In June of 2007, members of our division management team visited the Lowell, MA DSS office to hear a presentation about an innovative teaming model that DSS has been piloted over the last two years. A member from the Child Welfare Training Partnership joined us. Those attending were very excited about the potential application of this model to our work in Vermont.

In September 2008, DSS staff came to our monthly supervisors' meetings to present to that group. Many of the supervisors were also intrigued by the possibilities, but appropriately, had many questions as well.

The potential benefits -- for reducing the stress on individual workers, for improving the timeliness and quality of our work with children and families, and for increasing social worker contact with children and families -- are substantial.

To move forward with teaming, we will work on two activities simultaneously:

- Training and mentoring of current supervisors, to enable them to learn and practice new skills. This is necessary not only in anticipation of teaming, but also during implementation. This is best done during regular statewide or regional group meetings.

- Work with units of social workers that will help them to become a team. This requires purposeful work with the unit members to help them to understand the personalities and working styles of unit members, strengths and challenges, ways to communicate, have the hard conversations, etc. The unit – as it becomes a team -- must develop a written agreement that will guide their work together.

As instructed by ACYF-CB-PI-08-03 we will submit revised baseline data for caseworker visits that include children who have run away. This report will be submitted by the due date of November 30, 2008.

Goal PC5: Ensure the meaningful involvement of children, mothers, fathers and resource families in development of initial and ongoing case plans and in case plan reviews.

SFY 2005 Update

The Quality Assurance Coordinator held 2 regional meetings for case reviewers in September 2004. Eleven reviewers attended the meetings. They offered suggestions for training new reviewers and we developed a phone and email tree so they can contact one another for networking and support.

The next New England Quality Assurance meeting in 2006 will be about the case review process. We are hoping to benefit from other states experiences before we begin to evaluate and redesign our system.

SFY 2006 Update

The QA position has been vacant since February 2006 and we have not made any progress on this goal. However, there was interesting information regarding several different case review processes presented at the last Annual States and Tribes meeting.

We anticipate this position will be filled before our next CFSR as this person will be an important player in preparing for the review. The administrative case review process evaluation and possible redesign will be a focus once this position is filled.

SFY 2007 Update

The Quality Assurance Coordinator, hired in October 2006, was actively involved in securing input for the Statewide Assessment and also acted as a State Co-lead in the CFSR in April. She will plan an active role in PIP development and tracking as well.

Preliminary results of the CFSR indicate that we have improvements to make in engaging children and families in case planning. We have started revising our initial and ongoing case plan formats to ensure that they serve as an agreement between families and the Division. Our focus on family engagement through facilitated case consultations was identified in the April CFSR as an improvement in engaging families in decision making as well as service planning.

SFY 2008 Update

As stated earlier in this document, a major component of our Transformation Plan is family engagement in case planning and decision making. New case plan formats make it easier for workers to complete the required plans with clients.

Based on feedback from parents and youth, we eliminated a front section of the case plan that documented the initial abuse and/or neglect that resulted in custody. Families told us that seeing this information again and again at administrative case reviews was painful and it overshadowed any progress made towards goals. Youth told us that it was particularly painful to read that about their parents over and over again.

In 2008 we made the decision to adopt the Effective Casework Model (ECM) as the casework practice framework for all case types. Implementing the ECM approach is a major component of our CFSR Program Improvement Plan. ECM is a structured practice model for providing targeted case management services based on an assessment of risk and needs. We have just completed a second round of a two-day training in the ECM. This approach utilizes motivational interviewing which is a true family engagement strategy.

VCORP/VFAFA Analysis

Family Services (FS) is conducting a comprehensive analysis of the statewide system of care for children and youth. This analysis is being undertaken in response to a request from the state's coalition of residential care providers and the statewide foster care association.

The analysis will examine issues related to the identified treatment needs for children and youth in custody, and the capacity of the state's system of care to meet those needs.

The work of this analysis is overseen by a steering committee comprised of FS management, representatives from Department of Health, Division of Mental Health Services (DDMHS) and Department of Education (DOE) as well as members of the Vermont Coalition of Residential Care Providers (VCORP) and the Vermont Foster and Adoptive Families Association (VFAFA).

Beginning with a review of the Vermont system of out-of-home care, the group spent considerable time analyzing the changes in response to treatment needs that the system has undergone in recent years.

Additionally, data analysis of trends related to the numbers of children and youth accessing the out-of-home system of care have been discussed. More recently, the focus has included a comprehensive review of the treatment needs of those youth who are, or have recently been, referred for treatment to out-of-state providers.

The preliminary results of that work has yielded some surprising findings in that the profile of the children and youth served in out-of-state programs appears to be markedly different from those youth who were served out-of-state only a few years ago. While several years ago the "typical" profile of an out-of-state placement was that of a lower functioning/DD male with sexually reactive or sexual offending behaviors, today, the profile is that of an adolescent female with significant self-injurious behavior. Many of these young women have had multiple hospitalizations as a result of self-harm, and have had multiple residential placements.

Future meetings will focus on what changes are necessary to Vermont's system of care to reduce the number of children and youth who are referred to out-of-state providers for treatment.

SFY 2007 Update

The ongoing work of the VCORP/VFAFA System of Care group continued this year as we moved to analyzing the system through the eyes of providers as it is experienced by individual youth and children.

Past activities included reviewing profiles of youth who were receiving residential treatment in out-of-state facilities. The work this past year has focused on analyzing the treatment needs and the timeliness of delivering those services to youth referred to or receiving care in state in residential facilities.

To that end, the work group developed a web-based survey (which goes live in July) targeting all providers who came into contact with any youth who had been referred to or was receiving residential treatment *in* Vermont between July 1, 2006 and April 30, 2007. There are approximately 220 such youth who fit this category and there are more than 2,000 providers who had contact with those youth during the time frame being analyzed.

Providers include foster parents, social workers, mental health workers, contractual case-managers, therapists, residential care providers, and parents. All of these providers are given an access code to the web based survey which brings up a "youth specific" survey with a completed demographic section. They are asked to complete items that include information about the setting the child was in, what assessments were completed, what needs were identified, what services were available, which were accessed, the perceived "success" of the services and what were next steps. We expect to have the survey available on the web for 30 days and will provide computer access in the community for those who do not have access at home.

Concurrent to this effort has been an ongoing analysis of the system of care from a "systems" perspective.

This study was commissioned by the Central Review Committee (CRC) a sub-committee of the State Interagency Team (SIT).

The CRC is an interagency team that is comprised of Family Services, Mental Health, Developmental Services and Department of Education and reviews all cases referred for residential treatment. The study was conducted by a group of state employees enrolled in the Vermont Public Managers (VPM) training program. A draft of the report has been issued and will be finalized in August.

Using information from the web based youth specific survey and the VPM analysis the VCORP/VFAFA System of Care workgroup will develop a list of recommendations for adjusting the system of care to meet the needs of Vermont's children and youth.

SFY 2008 Update:

The System of Care Group which first came together in late 2005, continues to meet and work towards changes to the system that best meet the needs of children and youth in Vermont. This past year, the group issued a web based survey seeking information about the needs of youth and the availability of services to meet those needs within the residential and foster care systems (please see SFY 2007 update). We had close to 500 respondents to the survey who provided information on more than 200 individuals who had received residential treatment services or who had been referred for such treatment.

The analysis of the data generated by the survey coupled with the VPM Residential System Analysis is ongoing and has led to a rich discussion among the group. Some of the themes generated include:

- the need for gender specific programming for young women
- enhanced “family work” on the part of the residential providers
- more contact between the case worker and the youth while in the program
- a coordinated system of supports for foster parents
- a seamless transition/step-down from residential to community based care

Three subcommittees have been formed to address in a specific and time-limited way several of these themes. One group will focus on the issue of supports for foster parents and will review statewide what is available both in the state operated foster care system as well as the private system.

Another group will explore the issue of step-down services for those youth exiting the residential system. Vermont is somewhat unique in this area due to its relatively small size. Most residential programs in the state are “one-of-a-kind” facilities that offer a specialized treatment program. For example, there is one facility that offers sex offender treatment, one that offers a wilderness/experiential program, one that uses a parent/teacher model etc.

Given that, youth often have to leave their community to access that treatment, and because there may only be one youth from a particular part of the state, it's not economically feasible for the residential program to have in place a community based step down program for the youth who is ready to exit.

Given Vermont's relatively small size, we often find ourselves with a need, but not a demand sufficient to warrant the opening of a residential program. There has evolved over the past few years a component to the system of care that has been referred to as "micro-residential". These are individualized programs for 3-4 children or youth who are housed in a congregant setting in the community.

While this model does afford a great deal of individualized attention and support for a single youth, it is labor intensive and expensive.

A third committee of the System of Care workgroup will explore various options to this "micro-residential" model and make recommendations to the larger group.

The System of Care group has been in existence for almost 2 ½ years and has evolved into a stable collaborative workgroup that the department considers an invaluable resource.

COORDINATION AND COLLABORATION EFFORTS

Results of our second CFSSR indicate that Vermont engages in "a strong system of collaboration" with a variety of stakeholders, both at the state and district level.

Representation from a variety of partners, consumers and other stakeholders is sought for a variety of committees and teams.

The system of collaboration continues to grow and strengthen in Vermont. We utilize new and existing structures to meet federal requirements for consultation and coordination with stakeholders in developing and implementing provisions of the CFSSP, CFSSR and APSR. Collaborative efforts include:

- We have a strong partnership with Vermont Kin as Parents, a non-profit organization that is committed to supporting people who are raising relative children.
- The Governor's Youth Summit, held at Vermont's State House in December 2005, provided opportunities for youth to talk with policy makers about issues related to transitions from foster care. We continue to discuss these issues with youth as they were involved in developing our Statewide Assessment and our PIP.
- In 2006, Vermont Voices for Children (VVC) was awarded a two-year strategic grant to create a comprehensive child welfare advocacy network. The purpose is to help improve the well-being of children and youth in the child welfare system through research and analysis and policy and budget advocacy.

Several Family Services staff members are involved with this continuing effort. VVC provided an initial report to Legislators during the 2008 session. Their initial findings are very similar to the results of our second CFSR.

- We have a long history of meaningful and productive collaboration with the Vermont Judiciary which includes identifying and working towards shared goals and activities. Several forums provide us with opportunities to work with the Courts to identify issues, set goals and determine how we will work together to achieve improved outcomes.

One forum is the Justice for Children Task Force established by the Vermont Judiciary. This statewide multidisciplinary task force includes State and local courts as well as the Secretary of the Agency of Human Services and the Deputy Commissioner of Family Services.

This task force has developed a strategic plan aimed at increasing safety, permanency and well-being of children in the child welfare system. Findings of our CFSR indicate that the Courts are invested in continuing our collaborative partnership to improve outcomes for children and families.

Members of this taskforce, specifically Administrative Judge Amy Davenport, Family Services Deputy Commissioner Cindy Walcott and DCF Assistant Attorneys General Jody Racth worked tirelessly during the past 2008 Legislative session on a rewrite of our Juvenile Proceedings Statute. This collaboration resulted in a very successful product.

- Other collaboration with the court during this reporting period include clarifying requirements in the revision to 42 U.S.C 675 regarding foster parents and other caregivers receiving notice of hearing and the extent of their right to be heard. We were pleased at the results of a recent survey completed by judges. It looks like the procedure we jointly developed to provide foster parents with notice is working:
 - Permanency hearings are not being continued for lack of adequate notice.
 - 85% of the judges responded that foster parents' and caregivers' participation in permanency hearings is generally constructive and helpful.
 - Two thirds of the judges noticed an increase in foster parents' and caregivers' attendance/participation in hearings.

DILIGENT RECRUITMENT OF FOSTER AND ADOPTIVE HOMES

Vermont has been encouraging foster parent adoption for children who cannot return home for many years now. Throughout the 1980's and 90's, about 95% of the children freed for adoption in Vermont were adopted by their foster parents. While this approach served most of our children very well, it left about 5% of them without the permanence they needed.

In 2000, the Vermont Department for Children and Families joined forces with the Lund Family Center (our state's oldest and largest private adoption agency) to address the permanency needs of legally-freed children with no identified permanent resources. With the help of a three-year federal grant, we created Project Family -- an innovative, collaborative approach to finding and supporting adoptive families.

In 2003, we applied for and received a second federal grant to help us take what we had achieved to the next level.

One of the main goals of the new grant was to integrate Vermont's two separate recruitment campaigns (one for foster care and one for adoption) under one umbrella, thereby allowing us to offer families the full range of ways they could help children in foster care under one convenient, easily accessible program.

This expanded *Project Family* continues today. Project Family recruitment and retention activities during this reporting period include:

Retention:

- Pre-to-post adoption support was provided to families through a collaborative effort with three other agencies that also provide post-adoption services. This has been invaluable. Families report feeling supported and they know they will receive the support they need to be successful.
- Over 300 people attended a two-day training with Dr. Richard Kagan. The evaluation forms reflect that participants were pleased with the content of the training.

Recruitment:

- The Project Family Recruitment Team, which includes State Resource Coordinators, Rural Recruitment Grant staff, and the State's Marketing Coordinator, continue to meet on a monthly basis. The team discusses recruitment strategies, and they put together a monthly list of events, which is provided to all District Directors.
- We have developed additional recruitment materials including new water bottles, key chains, and t-shirts. The t-shirts are used by recruiters, resource coordinators, and ambassadors throughout Vermont.
- On National Adoption Day in November, we held several adoption events (e.g., skating, swimming, rock climbing, and dinners) throughout the state to recognize and recruit families. They were held in collaboration with the Vermont Adoption Consortium.

- ❖ Family Recruiters held over 131 recruitment events throughout the state, including open forums at churches, schools, libraries and hospitals; kitchen table talks in people's homes; campsite open houses at State Parks; and booths at county fairs and community events.
- ❖ We developed a relationship with the Front Porch Forum, which is a county forum for families to receive information. We used this forum as a way to recruit families.
- ❖ The Recruiters held a contest to see how many new people existing foster parents could recruit. This has been a fun way to have families become involved.
- ❖ We continue to develop statewide ambassadors who help us get out the message about the need for resource families for Vermont children in need.
- ❖ Our Recruiters have developed relationships with local schools. They have conducted informational meetings for school staff as well as parents.
- ❖ High school students who have to provide community service hours helped our recruiters to distribute Project Family recruitment materials.
- ❖ We wrote child-specific recruitment articles for the Vermont Foster and Adoptive Parent newsletter.
- ❖ We developed a Heart Gallery for a number of our waiting children. It has been on display at venues throughout the state.
- ❖ New television and radio PSAs were developed and distributed to radio and television stations throughout Vermont.

Diligent Recruitment Goals

Goal DR1: Increase the number of resource families available to care for children in custody (foster and adoptive families) through improved recruitment and retention.

SFY 2006 Update

The next step in our grant involves hiring five family recruiters to work in communities throughout the state and producing promotional materials to support their activities. A recruitment team including the five family recruiters, the Co-Directors of Project Family, and staff from both the Lund Family Center and DCF will meet monthly to discuss issues, share information, and plan events.

SFY 2007 Update

Recruiters have been hired and are very active in their regions. Activities in this reporting period include:

Project Family Recruitment and Retention Activities	Numbers
Recruitment Activities	23
Materials Distributed	147,289
Families Contacted through Events	644
Children Served (permanency planning)	39
Families Recruited	273
Families Recruited by Project Family That Attended DCF Training	264

SFY 2008 Update

Activities in this reporting period include:

Project Family Recruitment and Retention Activities	Numbers
Recruitment Activities	131
Materials Distributed	131,527
Families Contacted through Events	3,161
Children Served (permanency planning)	139
Families Recruited (this number does reflect licensed homes)	631
Families Recruited by Project Family that Attended DCF Training	264

Project Family materials can be viewed at: <http://www.projectfamilyvt.org/>

Goal DR2: Ensure that families who have adopted children from DCF receive a timely, respectful response when they need post-adoption assistance.

SFY 2005 Update

A steering committee comprised of DDMHS, DCF/FS, and Adoption Consortium members was formed to strategize ways to meet the needs of adoptive families who were experiencing difficulties accessing services. It was determined that all children and youth soon to be adopted would be referred to Local Interagency Teams (LIT's) for the purpose of developing a Coordinated Services Plan. Additionally, Consortium members were identified as LIT participants (previously they were not) and are now included in LIT meetings where an adoptive/pre-adoptive child's case is being staffed.

The Adoption Consortium in collaboration with the DCF/FS Adoption Unit has completed an "Adoption Handbook" which is available in both print and electronic editions.

SFY 2006 Update

The Vermont Adoption Consortium has identified a member to participate on local interagency planning teams for adopted children. Each district office has a consortium person for consultation and planning when families with adopted children request intervention.

In addition, the Division has made many changes in its delivery of adoption services. We have moved away from a small central unit to serve the state towards making each child's worker the permanency/adoption worker. The Department has also allocated 1FTE to post adoption services. This position is in process of reclassification from a social worker to a post adoption specialist.

The person that fills this position must be well experienced as a social worker in the areas of permanency and adoptive family development. The job includes: receiving requests from adoptive parents, renegotiation of the adoption subsidy agreement if needed, researching community supports, making referrals as appropriate, attending Local or State Interagency team meetings in unusual or difficult situations and connecting families to the Vermont Adoption Consortium. This position is also responsible to sit on the general member board of the Adoption Consortium. The Adoption Chief continues to sit on the executive board and development of services board of the Adoption Consortium. The Chief also continues to attend to Fair Hearings at the Human Services Board when complaints cannot be resolved.

SFY 2007 Update

During this reporting period Family Services continued to fund the Vermont Adoption Consortium. The consortium is a diverse group of therapeutic foster care agencies, community mental health centers, private adoption agencies, parents groups, private and public child welfare organizations, the Vermont Foster and Adoptive Parent Association and the University of Vermont, Social Work Program. The Consortium's goals are to:

1. Help families further their knowledge of topics related to adoption.
2. Build the capacity of professionals, including educators, social workers, case managers, and therapists to address adoption-related issues.
3. Provide adoptive families with access to quality adoption support services.

In addition to the service of the consortium, Family Services has recently reclassified 1 FTE social work position to be the Post Adoption Coordinator. This position is the contact person for any adoptive family seeking help for their child. In addition, this SW receives and processes requests for additional or amended services to families who have an open adoption assistance agreement.

This position also responds to adoptive families, mental health and/or other providers when a child requires services outside of the family home.

SFY 2008 Update

Family Services continues to fund the Vermont Adoption Consortium and the Consortium continues to have the same membership. All activities previously reported have continued, however due to budget constraints the Consortium is no longer able to serve kinship families who have guardianship of a child, or an adopted child who does not have Medicaid. The Executive Steering committee made the decision to continue to offer training to individual schools and continue treatment provider case consultation and teaching groups in order to reach the broadest array of adopted children.

In keeping with our practice to build a seamless system of care for families adopting children from foster care the Adoption Chief and various members of the Adoption Consortium joined forces in 2002 with the Department of Mental Health to form the Adoption and Mental Health Steering Committee. Originally, this steering committee was to look at issues of the growing number of adopted youth entering treatment facilities and never returning to their adoptive families. Since that time the Committee has broadened its knowledge and understanding of the dynamics and needs of families parenting traumatized children through adoption.

In May 2008 the Adoption and Mental Health Steering Committee sent the following report to the State Interagency Team requesting SIT to address three issues and to sanction the Steering committee to work addressing the rest.

1. Out of home placements:

- We would like SIT to sanction this Committee to work on developing practice standards for the appropriate use of out of home placements for adopted children. These standards would identify what services and supports should be attempted prior to placement, when out of home placement is appropriate, treatment expectations during placement, and how to set goals and expectations for returning home.

2. Legal oversight:

- We ask for SIT's assistance to gain clarity) whether ASFA rules and permanency timeframes apply to non-custody, state-funded out of home placements.
- If ASFA rules do not apply, then we ask for SIT's assistance to oversee the development of a policy providing legal permanency protections for children who are not in DCF custody but are in extended out of home placements, and have SIT facilitate AHS, DOE and all provider partners implementing this new policy.

3. For children who cannot return home in a traditional manner:
 - We would like SIT to sanction this Committee to develop practice standards around when it is appropriate to develop long-term alternative living and/or family situations (i.e. long-term shared parenting, mentor situations, independent living, etc.)
 - Develop polices and procedures around shared ownership and funding of these cases:
 - a) Address funding mechanisms barriers – DMH waiver criteria, the federal vs. state opinions around the use of the Adoption Subsidies, custody vs non-custody.
 - b) Develop and support a procedure for encouraging shared ownership of the case management of these cases or determine what entity within AHS should be responsible for long term out of home care for this population.
 - c) Create a shared funding mechanism.
 - d) Address policy barriers like DCF’s “abandonment” regulations.

The Adoption and Mental Health Steering Committee recognizes that there are other factors that also impact the system of care. However, the focus of this committee is primarily children with special needs who have been adopted. As a committee we believe that addressing the following gaps in permanency placement practice will improve the long term outcomes for children to be in safe and stable families. Those gaps are:

1. The development of a consistent assessment tool for potential adoptive families that addresses a family’s strengths and needs thereby making stronger matches between children’s needs and a family’s strengths and what supports they are likely to require over time.
2. Establishment of practice guidelines for sibling placements and multiple unrelated children placed together in one family that takes into consideration the long term impact on that family.
3. The complicating factor of judges granting party status to foster parents or ordering placements with little to no information on the family’s ability to meet the child’s special needs over time.
4. The continuing need for adoption competent early intervention supports for families once a placement is made and available on-going as the family’s needs ebb and flow over time.
5. The subsequent need for state-wide training regarding trauma and attachment, the use of Evidence Based Practices in community family engagement, and a wider understanding of the supports and limits of post-adoption services.

ICWA

Vermont does not have a federally recognized Indian Tribe within its borders. In 2006 Vermont passed legislation that recognized the Abenaki people however, just recently (June 2007) they were denied federal status upon re-application.

The department promulgated policy regarding compliance with the Indian Child Welfare Act on 9/8/98. Vermont's adoption statute also supports compliance with the Indian Child Welfare Act. Adoptive parents must disclose a child's membership in a tribe when they file a petition to adopt.

In September 2005 we automated a new initial case plan format which requires workers to address identity and location of all parents and specifically note if the child has Native American heritage. There are no changes in this area.

ADOPTION PROMOTION AND SUPPORT

Casework and Finalization Services

Adoption services focus on children in custody. For many years, Vermont has had a very high rate of foster parent adoption, with most of the children adopted being adopted by their foster parents. We finalized 170 adoptions in 2007.

With the availability of the resources of Project Family, the decentralization of the adoption unit and the development of the Permanency Team, DCF social workers are shifting emphasis towards engaging families in permanency option discussions when children enter custody and throughout the life of the case.

The main office adoption manager continues to provide overall program management and policy development for the adoption program, manages the adoption subsidy program, post-adoption services and the adoption registry. Her unit also conducts background checks on all household members age sixteen or older for pre adoptive families if the previous checks are over one year old. There are no changes in this area.

Criminal Background Checks

The Residential Care Licensing Unit obtains the background checks during the licensing or approval process.

In addition the adoption assistants obtain the same checks for adopting parents prior to finalization if it has been more than one year since they were last obtained.

These checks include: VT Crime Information Center; Child Abuse Registry; Dept. of Motor Vehicles; Relief from Abuse; VT Adult Abuse Registry; Dept. of Corrections; and VT Courts. For children under the age of sixteen we only check the Child Abuse Registry.

This activity is directed by Family Services Policy #222 and can be found on our public website at <http://www.dcf.state.vt.us/fsd/policy/222.html>.

All components of the Adam Walsh Bill were in place for a July 1, 2007 implementation date, including fingerprint based criminal record checks of the National Crime Information Database (NCID) for prospective foster and adoptive parents. We have entered into formal agreements with the sheriffs' departments and the Vermont Crime Information Center to expedite checks of foster parent applications. In addition, we have incorporated the child abuse and neglect registry check for foster and adoptive parents and any other adults living in the home if they lived outside of VT in the past 5 years. There are no changes in this area.

Adoption Subsidy

The adoption subsidy is administered centrally and at the time of this report serves approximately 1649 children. This program continues to grow, both in numbers served as well as the average cost per subsidy.

Adoption subsidies are available for children in custody who have a special need that make it unlikely that any family would adopt the child without the subsidy. Also, children who are SSI eligible are eligible for adoption subsidy. While most children in custody qualify for an adoption subsidy, not all families will necessarily receive a monthly maintenance payment. The needs of the child and the ability of the adoptive family to meet those needs are taken into consideration. There are no changes in this area.

Adoption Permanency Supports

For a number of years, we have used IV-B Subpart II funds to provide post-adoption services, contracting with agencies around the state. We currently have contracts with eight agencies. Consistent with the Intercountry Adoption Act of 2000, post-adoption services are available to any family needing them, not just children adopted through DCF. Post-adoption services for children formerly in custody are funded primarily by Medicaid under the Rehabilitation Option.

Family Services have also benefited from an Adoption Opportunities grant. With funds awarded starting in 1998, DCF and Casey Family Services formed a post-adoption consortium. The consortium continues its work after the conclusion of the grant. The Vermont Post-Adoption Consortium comprised of agencies and groups from around the state that have joined together for a common purpose: to support Vermont's adoptive families.

The Consortium's goals are to:

- Help families further their knowledge of topics related to adoption.
- Build the capacity of professionals, including educators, social workers, case managers, and therapists to address adoption-related issues.
- Provide adoptive families with access to quality adoption support services.

Post adoption services are listed in the Casey Family Newsletters and on the DCF website. Services available to adoptive families in Vermont can include:

- Information and referral
- Advocacy and assistance with school and community issues
- Support and discussion groups
- Reading and other educational materials
- Respite services
- Counseling
- Intensive supports

The unique value of the Consortium is that it brings together agencies and individuals from around the state who have experience and expertise working with adoptive families. This enables families to make informed decisions regarding services and supports. The Consortium was able to secure state general funds this year to continue their work. There are no changes in this area.

Adoption Incentive Payment

Vermont did not receive an Adoption Incentive Payment in FFY 07.

Inter-Country Adoptions

Vermont had no children who were adopted from other countries enter State custody in FFY 07.

YOUTH JUSTICE UNIT

In addition to child protection and child welfare services, the department delivers youth justice services. Youth in custody as delinquents are placed in the Commissioner's custody. In addition, youth on juvenile probation are supervised by DCF social workers. Child protection, child welfare and youth justice services are consolidated and integrated in the state. In general, the same staff, the same service providers and the same placement resources serve all of our populations. This is a strength of our system, but also creates special challenges.

In 2002, the Vermont Legislature established a Juvenile Justice Commission consisting of the Commissioner of Corrections, the Commissioner of DCF and the Director of Juvenile Justice. The goal of the Commission is to improve the quality and coordination of youth justice services in the state.

The work of the Commission and the agency reorganization led to the creation of a Youth Justice Unit within the newly formed DCF. This unit is part of the Family Services Division. The roles and responsibilities identified for the unit were based, in part, on the legislative charge to the Juvenile Justice Commission: to monitor and coordinate all state and participating regional and local programs that deal with juvenile justice issues, including prevention, education, enforcement, adjudication and rehabilitation.

As part of Family Services, the Youth Justice Unit provides policy, training, and casework practice focus within the Division, and the Director of Youth Justice oversees Woodside, the State's 30 bed secure juvenile center.

Staff within this unit review data related to the well being of children, youth, and families, especially related to justice response and youth transition to adulthood. Staff in this unit plan new programs, make, monitor, and evaluate programmatic outcomes of grants, and plan statewide interagency system improvements with community and state partners.

Unit staff is responsible for managing the Governor's Advisory Board to prevention and is the state liaison with the OJJDP.

Current and planned activities of the Youth Justice Unit include the further development of alternatives to detention; system study of adult and juvenile court jurisdiction; new policy and practice guidelines for the supervision of probation; improvement in physical environment, quality assurance and programming at the secure juvenile center; consulting on the development of juvenile drug courts; IT improvements; oversight of the administration of a variety of federal funds that are granted to community and state entities to prevent delinquency and other problem behaviors and to support innovative programs to improve services to children, youth and families. The unit manages community-based Balanced and Restorative Justice programs that serve DCF youth who have been adjudicated delinquent.

We are currently engaged in several enhancements to our probation practices, our secure facility, as well as alternatives to detention including:

- Facility improvements to our Secure detention and treatment facility, Woodside Juvenile Rehabilitation Center.
- The Effective Casework Model, a casework practice model, on all case types.
- The Youth Assessment and Screening Instrument (YASI) on probation cases in June 2007, and probation custody cases beginning in Fall 2008.

- Community Detention Monitors in Burlington and Brattleboro beginning in July 2007.
- Response Homes, community detention foster care homes.

We are evaluating several of these projects with the help of the University of Vermont, Center on Disability and Community Inclusion.

We have several additional projects that are in the planning stages including,

- Business process analysis to develop a documentation case management system for Woodside
- Training curriculum development for Woodside staff
- Identification, implementation and evaluation of community evidence-based interventions targeted for the juvenile justice population
- Enhancements to Balanced and Restorative Justice (BARJ) services provided by our BARJ community-based provider system.

Children who are transferred to the Youth Justice System

In Vermont, Family Services is both the child protection system and the State juvenile justice system, so no children or youth are transferred from one system to the other.

If, due to the commission of a delinquent act, a case type changes from custody for abuse and/or neglect to custody for delinquency, the child is likely, in most districts, to continue to have the same caseworker and will have the same case plan with delinquency related factors added. The Youth Justice system's philosophy of rehabilitation, family work, balanced and restorative justice and, for those in custody, permanency is not separable from the philosophy of the Child Welfare system.

In SFY 2008, 44 children who were in DCF custody for either child abuse/neglect or because they were beyond the control of their parents were adjudicated delinquent. This number continues to decline.

Youth Justice Goals

Goal YJ1: Improve screening, assessment, and treatment capacity for children and families with substance abuse and/or mental health issues through collaboration with the Department of Health and through implementation of the Youth and Family Integrated Treatment Practice Guidelines.

SFY 2005 Update

During the summer of 2004, statewide stakeholders met and together developed standardized principles for the practice of Integrated Treatment of substance abuse and mental health issues for youth and families.

Further work needs to be done to apply the principles to existing programs; monitor pilots on universal screening and expand projects with information gained from evaluation; further explore collaborations with the Department of Health to improve services for youth and families with mental health and/or substance abuse issues.

SFY 2006 Update

In May of this year, Family Services began collaboration with Alcohol Drug Abuse Prevention (ADAP) under the new Certified Substance Abuse Treatment (CSAT) grant that ADAP received to boost infrastructure for the statewide adolescent substance abuse system.

Under this grant, ADAP will be disseminating the Youth and Family Integrated Treatment Practice Guidelines to their current provider network and will be requiring new sub grantees under their CSAT grant to adhere to the guidelines. In addition, ADAP will also be working with Family Services to improve the referral process to substance abuse assessment and treatment for youth connected with Family Services.

SFY 2007 Update

The Youth and Family Integrated Treatment Practice Guidelines have been disseminated to seven "Centers of Excellence". The Centers are receiving training and support in best practices in integrated treatment including assessment tools, CBT/MET, and motivational interviewing, etc.

An MOU Service Agreement is currently under development between the Department of Health, divisions of Mental Health and Alcohol and Drug Abuse, and the Department for Children and Families, Family Services and Field Services.

Each of the agencies listed above who are party to the MOU provide training for their staff, staff at their designated preferred provider agencies, foster parents and others. We are tracking training that is provided by each of these agencies on order to identify where there are duplication and /or gaps in the trainings. Training areas are: evidence based practices in substance abuse and mental health and improvements in supervision.

Beginning in late FY07 and early FY08, youth who enter the secure Woodside facility will be screened immediately using MAYSIWARE. This tool screens for mental health and substance abuse issues including suicidality with the first 24 hours of their arrival. The information gathered from the screen informs staff about any vital concerns, and allows them to develop an appropriate supervising plan. Referrals are made as necessary.

SFY 2008 Update

Currently the MAYSI II screen and the DISC-V screen are administered to all youth who enter our secure facility. In addition, all youth who are on probation are screened using the Youth Assessment and Screening Instrument (YASI).

Lastly, all youth who are on probation and in custody for 30 days or more have a series of screens that also include the MAYSI II. As a result, all youth are now screened.

However, Vermont continues to have a high rate of teen drug and alcohol use coupled with a very low treatment rate. The Youth Justice unit of Family Services is working with Department of Health, divisions of Alcohol and Drug Abuse Programs and the Department of Mental Health to understand why youth with substance abuse issues are not being referred to treatment.

In addition, the Youth Justice unit of Family Services has been working with a statewide team to further develop interventions for youth who have been screened and assessed for substance abuse, mental health, trauma, and other issues related to their risk to reoffend. This statewide team is working to bring evidence-based practices to Vermont targeted for the juvenile justice population.

Goal YJ2: Develop approach to assessment of risk and service needs for Youth Justice clients that is integrated with other structured decision-making tools for children and families served by the department.

SFY 2005 Update

The newly formed Youth Justice Unit has focused on reviewing the work of the Commission to determine an appropriate direction. Currently they are working on Youth Justice policies, Balanced and Restorative Justice (BARJ) principles and practices and data collection.

SFY 2006 Update

Family Services will be contracting with a provider to develop a Detention Screening Tool and a Risk and Needs Assessment Tool for youth with a delinquency charge. The data will be integrated into the Family Services MIS to allow for operational and management reporting in conjunction with other Family Services assessment tools.

We are on schedule to contract with a provider early in FY07, and have the screening and assessment tools online by FY08.

SFY 2007 Update

All social workers who work with delinquents on probation have been trained on the Youth Assessment and Screening Instrument (YASI).

YASI assesses for risk and for protective factors in ten domains. The assessment of risk and protective factors directly informs a case plan that is developed as part of the tool. Implementation instructions include recommendations for case planning and case closure.

In FY08, social workers who work with delinquents in custody will also be training on the YASI.

SFY 2008 Update

In 2008, Vermont made the decision to adopt the Effective Casework Model (ECM) as the casework practice model for all case types. Implementing the ECM approach is a major component of our CFSR Program Improvement Plan. ECM is a structured practice model for providing targeted case management services based on an assessment of risk and needs. We have just completed a second round of a two-day training in the ECM. In addition, we have begun articulating the use of ECM as the statewide practice model in a variety of forums including the annual Juvenile Services Training Day, in division managers meetings, in statewide BARJ trainings, and as part of Family Service's Transformation Plan.

At the monthly Juvenile Justice Work Group meeting, each district has begun a process of articulating their action steps in their implementation plan for ECM and for YASI. For example, one district has begun by implementing the pre-screen component of YASI in order to divert cases appropriate for Diversion.

Next steps include integrating the targeted case management language and identification of risk and needs into our collaborations with our community-based providers.

Goal YJ3: Promote excellence in practice of Balanced and Restorative Justice (BARJ) principles and programs by continuous quality improvement in implementation and collaboration

SFY 2005 Update

During the summer of 2004, statewide stakeholders met to develop standardized BARJ principles and practices. In the spring of 2005, these standards were agreed upon by the statewide BARJ steering committee.

Further work needs to be done to review current BARJ practices; develop a curriculum; improve data gathering, communication and collaboration; and monitor outcomes.

SFY 2006 Update

Currently, the Youth Justice Specialist is focusing on developing relationships with all of the BARJ directors and districts that they serve. She holds regional meetings to discuss systems, utilization, successful practices and challenges.

She attended the June supervisors meeting to discuss this role and to offer her support and expertise to the field. This will lead to developing common systems, expectations and outcomes.

SFY 2007 Update

BARJ programs comprised of Community Support and Supervision and Restorative Probation continues to be offered throughout the state.

In FY07 BARJ Directors advocated very hard to the General Assembly to maintain the funding necessary for the continuation of these programs.

The Directors were successful in this important effort. BARJ programs are a valuable asset to the work being done in juvenile justice in DCF and are vital to supervision of youth on probation, community involvement and holding youth accountable.

Program staff and directors met regularly in FY07 to determine new outcomes and to continue building capacity and best practice for the BARJ framework model. The BARJ program staff are dedicated people who work hard to build relationships with youth and to help them turn their lives around.

SFY 2008 Update

Two years ago, the network of BARJ providers requested that funds be distributed according to a formula, much like the formula that Diversion uses to distribute their funds. The Youth Justice unit of Family Services just completed the development of a funding formula that is outcome and performance-based. The formula will be implemented for the next fiscal year. Base funding is calculated on caseload sizes in each district. Additional funding is provided based on two positive program outcomes: 1.) Completion of community service hours; and 2.) Number of successful case closures.

Secondly, Family Services is engaged with the BARJ provider system in a program enhancement process. For years the BARJ providers have been delivering two services, Streetcheckers and Restorative Justice Panels. As we transition to targeted services based on risk and need, it is critical that the BARJ providers are able to provide the types of community-based restorative justice interventions that match the risk and needs of our youth.

During this next year, we will evaluate the data we are able to gather on the risks and needs of our youth to identify and train the BARJ provider system in additional BARJ interventions.

CHAFEE FOSTER CARE INDEPENDENCE PROGRAM

Population Served

DCF Family Services provides services to prepare youth for adult living through a statewide network of contracted youth serving agencies with a minimum of 1 FTE in each district.

This service, called the Youth Development Program, has been in existence for over 12 years. Previous annual reports have referenced a data category “youth screened” as an element of the Chafee funded Youth Development Program. The screening process referred to was conducted by the Department for Children and Families/Family Services Division (DCF/FS) social workers as well as Youth Development Coordinators.

This confusion of roles has made it difficult to avoid unduplicated counts and led us to abandon this statistic in favor of an emphasis on the percentage of eligible youth referred to and served by the Youth Development Program. This statistic will be collected in SFY 2009 and reported in our SFY 2009 APSR. Three hundred eighty-nine (389) youth are currently being served in the program.

Assessment of youth readiness for independent living for adolescents entering custody is conducted by administration of the Ansell-Casey Life Skills Assessment as part of the initial assessment process (see 2006 APSR, p. 12). Youth referred to the Youth Development Program who have not received a recent Ansell-Casey Life Skills Assessment receive one as part of the intake to the Youth Development Program. The timing of the initial life skills assessment was adjusted to age 14 to match the guidelines for IDEA (see APSR June, 2005 p. 20). Assessment numbers are greater than those receiving services as assessment is done on all youth 14 or older upon entering custody. Not all youth assessed through the initial assessment process are immediately referred to the Youth Development Program as the emphasis is on older youth.

Some youth refuse services at the initial referral and contact. It is our experience in the program that many of these youth later return, seek out, and benefit from services. This is particularly true now that we provide services until age 21.

Administration

Vermont has continued to administer its Chafee Foster Care Independence funded Youth Development Program through its Central office during SFY 2008. Basic program components remain the same as in the SFY 2007 APSR. Responsibility for program oversight and management has remained with the DCF Program Manager in partnership with district management. With the addition of the Statewide Youth Development Coordinator, who directly oversees the activities and record keeping of the Youth Development grants, management and oversight of the programs has greatly improved (see Goal YD1 for more detail).

Youth Development Program services

Vermont's Youth Development Program has continued to provide services similar to those described in the 2007 APSR. A more specific description of how those services are applied to meet the requirements of the Act is provided in the following section.

Dependency to Self-Sufficiency

Youth Development Coordinators working with youth help them to achieve self-sufficiency through:

- Formal assessment of life skills through administration of the Ansell- Casey Life Skills Assessment.
- Delivery of curriculum based life skills training
- Instruction and modeling of these skills in community based situations, i.e. cooking, budgeting, job search, etc.

- Development of a Transition Manual that provides each youth with the names of service providers, contact information and steps to take toward specific life skills goals. This binder is specific to the area in which the youth resides.

Education, Training and Services for Employment

Youth Development Coordinators maintain working relationships and collaborate with representatives from Jump on Board for Success (JOBS), Vocational Rehabilitation, Dept. of Labor, Department of Disability Aging and Independent Living, (DAIL), and private sector employers to assist youth in preparing for entrance into the workforce.

Building Trades Outreach

A representative of Local 693, Plumbers and Pipefitters Union, has provided information about the following apprenticeship opportunities available to youth who are eighteen years old and who have completed High School or have a GED:

- Plumbing and pipefitting
- Electricity
- Heating, Ventilation and Air Conditioning
- Carpentry

Workshops highlighting these apprenticeship programs were presented at the DCF Youth Conference, Vermont Foster and Adoptive Family Association (VFAPA) Conference, and the Working with Youth Conference.

A representative from Vermont Works for Women (VWW) presented workshops this year at the DCF Youth Conference and VFAPA Conference. Women's programs at Vermont Works for Women are a collection of programs designed to train, encourage and support women as they explore nontraditional careers and education in fields that pay a livable wage.

VWW also sponsors a summer day camp called "Rosie's Girls" which seeks to build confidence of girls with hands-on-instruction in welding and other traditionally male trades. The camp is available to girls entering sixth, seventh and eighth grades and grants are available.

Youth Development Coordinators have received extensive literature, including qualifications and contact information, about these resources and have been instructed to make this information available to foster families and community partners statewide.

Data regarding the utilization of these programs will be collected for reporting in the 2009 APSR.

Helping youth prepare for and enter post-secondary training and educational institutions

Youth Development Coordinators help youth succeed in secondary school through advocacy for career preparation with local schools, IEP transition planning, and the development of alternative curriculums to help youth achieve traditional high school completion diplomas.

Vermont Student Assistance Corporation

In addition to helping youth succeed in and complete secondary school education and training, YD Coordinators have strong connections with the local Vermont Student Assistance Corporation (VSAC) outreach counselors who provide career guidance and access to funding for youth pursuing education and training. The state director of VSAC outreach meets annually with the YD Coordinators to update them on new initiatives and review their resources. VSAC always has a booth at the resource fair at the Family Services annual statewide youth conference. Youth who visit the booth can talk with a counselor or receive literature that outlines the VSAC resources.

The Youth Development Program Manager met with VSAC representatives and agreed to forward the names and addresses of youth in foster care who will be graduating from grade school and high school. VSAC will be contacting these students and providing them with literature about the post secondary resources that are available to them.

Job Corps

Northlands Job Corps, part of the national network of Job Corps Centers, provides an important opportunity for employment preparation whether the youth has graduated from high school or not. Youth are required to get their GED once they are enrolled in the Job Corps program. Job Corp provides opportunities to become proficient in a trade. While the youth is attending the program an allotment is set aside in his or her name. Upon graduation the youth receives the sum of that money which is designed to assist the youth in transitioning into the workforce. Individual Youth Development Coordinators have solid working relationships with the Job Corps staff and the YD Coordinators Network meets at least once annually at the Job Corps site.

The Youth Development Program Manager is a member of the Job Corps Task Force established by the Vermont Agency of Human Services. This year the task force developed a monthly "information day" for Vermont youth. Job Corps provides transportation to the facility and youth meet with youth who are presently enrolled in the program and are given an extensive tour of the facility. If a youth is interested in applying to the program the paper work can be processed that day. The Youth Development Coordinators are often able to accompany youth to these events. Since start-up in March, 2008, Job Corp has hosted 3 information days, 26 youth have attended and 5 have applied to the program.

Community College of Vermont

Youth Development Coordinators also maintain strong working relationships with local sites of the Community College of Vermont (CCV) which are located within 30 miles of every district location in the state.

CCV and the state college system of Vermont have a strong commitment to serving current and former foster youth and targets them for non-degree scholarship funds (as a means to further explore and prepare for college) and TRIO funded programs like Gear Up (for junior high youth) and Upward Bound (for high school ages). These programs are affiliates of the Vermont Student Assistance Program (VSAC).

Youth Development Coordinators assist former foster youth to explore the curriculum, apply for financial aid, and register for full or part time classes. The ratio of teacher to student is often smaller than in the more traditional college settings which enhance the experience for most first time students.

Data on access and patterns of utilization of these educational experiences will be collected to assess equity and insure we are maximizing these opportunities for youth in care.

College of St. Joseph

In the spring of 2007, the College of St. Joseph, in Rutland, VT, developed a program in collaboration with VSAC and DCF/Family Services to support foster youth entering college. The program includes year-round classes and room and board beginning the summer after high school. In addition, it provides full financial aid, through grants and loans, work study and internship opportunities, academic and social supports systems, adult mentors and frequent interaction with faculty, advisors and counselors. A mass mailing of the brochure that describes this program has been sent to foster and former foster youth. The Youth Development Coordinators have received an overview of this program and are encouraging foster youth to explore it.

The program began recruiting foster youth. Data on access and patterns of utilization will be collected for the 2009 APSR.

Provide personal and emotional support to youth through mentors, and the promotion of interactions with dedicated adults

DCF/FS has recognized the importance of lifelong connections for youth. New language has been added to the YDP grants requiring districts to integrate lifelong connections best practices in current programming casework with each youth by following through with the first four phases of the lifelong connections model (goal YD4 provides more detail on this initiative).

Provide financial, housing counseling, employment, education, and other appropriate services and support to youth 18-22

The Youth Development Program provided the full range of services in the program to this age group since eligibility was expanded by the Foster Care Independence Act of 1999 (see APSR, June, 2005, p.18). In January 2007, legislation was drafted into Bill H. 449 and it became Act 74 (see SFY 2007, page 48). With the passage of Act 74 funds have become available to provide support housing to youth ages 18-22 (goal YD5 provides more detail on this initiative).

Youth Development Coordinators Network

In place of the social worker competency training (see APSR June 2007 on page 40) the Statewide Youth Development Coordinator has been meeting with district directors, supervisors and resource coordinators to clarify the role of the Youth Development Coordinators. To date she has met with six districts. This has resulted in a clearer understanding of the program.

The Youth Development Committee (see APSR, June 2007, page 42) has replaced the youth governance initiative (see APSR, June 2007, page 40) Consisting of foster and former foster youth the Youth Development Committee has provided an entity that is designed to give these youth a voice in DCF/FS government policy (see Goal YD3).

SFY 2008 Update

The Youth Development Coordinators have taken a central role in the implementation of Act 74. The primary work of expanding services to 18 to 22 year old youth will be carried out by the Youth Development Coordinators.

Youth Development Program Goals

Goal YD1: Develop Systems for comprehensive program oversight and accountability including fiscal accountability, data reporting and analysis, contract compliance for providers

SFY 2007 Update

The following improvements in accountability and oversight were identified in 2007.

Network attendance:

- Approximately 83% of the Youth Development Coordinators attend the statewide network meetings in any given month.

Participation in training:

- Trainings on permanency and family centered work provided through the UVM IV-E training contract have been attended by the majority of current Youth Development Coordinators. Peer mentorship of new coordinators by more experienced staff is being utilized to enhance practice.
- Youth Development Coordinators are required to submit a list of trainings that they have attended at the end of the federal fiscal year.

Delivery of life skills classes to youth:

- All twelve districts are conducting life skills classes

Monthly summaries of services provided are received and reviewed by the State Youth Development Coordinator

- All twelve districts submit a monthly report of services delivered.

Number and quality of housing contracts is increasing:

- Preparation for Chafee housing contracts has improved and applications are often processed after the initial submission.

SFY 2008 Update

To insure that program expenditures are consistent with the purposes of CFCIP, grantee agencies are required to submit a budget at the beginning of each grant year and report on expenditures quarterly. Program performance and Outcome Data collection and reporting is required in the following areas:

- a.) Health Care Enrollments, see Medicaid Outreach, page
- b.) Post Secondary Education, see Education, Training and Services for Employment, page
- c.) Lifelong Connections Case Work Practice, see SFY Goal YD4
- d.) Number of Cases/Case Management, see SFY Goal YD1
- e.) Category Characteristics of Direct Service, see Goal YD1
- f.) Category Characteristics of Case Consultation, Informational sharing: various forms of verbal communication that update and partner with a youth's team members.
- g.) Category Characteristics of Enrollment in Community Resources/ Activities where the youth is engages in services that provide community exposure for the purpose of building life skills competence

DCF Family Services is working on the development of data collection and analysis capacity for the Youth Development Program to meet the requirements of Act 74 the state Youth in Transition law and CFCIP performance and cohort outcome measures. Reorganization of agency information technology services has made the process more complex. A response to both of this information needs should be in place by the end of SFY 09 and will be described in detail in next year's APSR.

Goal YD2: Delivery of high quality, best practice youth development services to the maximum number of eligible youth

SFY 2007 Update

The establishment of a full time Statewide Youth Development Coordinator has enhanced the effectiveness of the program and given her an opportunity to develop more comprehensive technical support and data collection.

SFY 2008 Update

The first full year of administering the Youth Development Program through a statewide coordinator has increased substantially the capacity to provide oversight, technical assistance, and practice improvements.

The Statewide Youth Development Coordinator has made 35 visits to Youth Development Districts in the past year to provide orientation to six new staff, grant support and technical assistance.

Changes to the Youth Development Program brought on first by the passage CFCIP in 1999 and Vermont's enactment of Act 74 in 2007 have resulted in an expansion of services to prepare teens and young adults for life after foster care. A full range of services now exists for current and former foster youth ages fifteen to twenty-two. To provide developmentally appropriate services to youth across this wide age range, Vermont has adopted a three phased approach.

The Youth Development Program now offers its life skill services through a three age phase process of learning dimensions:

First Phase (ages 15-16) provides hands on experiential/activity-based learning through building concrete daily living skills, inventory of life skills assessment, developing individual learning plans or transition plans, and building relationships with youth development workers, peers, family, community teams and gaining clear knowledge of what the program is and what resources are available outside of the foster care system.

Second Phase (ages 16-18) provides opportunities for critical thinking and problem solving activities through individually or group-based projects focusing on desired goals, as well as utilizing a formal educational curriculum to supplement previous experiential learning methods. This phase of learning develops mental/cognitive understanding of how to and where to apply daily living skills and builds a broader knowledge base.

Third Phase (18-22) provides follow up services to those youth and young adults who have transitioned out of foster care into independent living or extended care with a supportive family or adult living partner.

The main focus of this stage is to be available to those youth who still need guidance and assistance with daily life obstacles once in independent living or needing additional long term support with goal planning, including building and maintaining lifelong connections. Those youth and young adults re-entering or continuing the program for assistance may contact their local DCF office or Youth Development worker for support.

This three phase life skills approach is now practiced in all twelve districts with 100 youth participating.

Goal YD 3: Establishment of a statewide youth advisory group of current and former foster youth to inform policy, practice and service delivery by DCF Family Services as part of the CFSR and for on-going work with youth.

SFY 2007 Update

A former youth in care (Youth Development Liaison) was hired in 2006 to recruit founding members of a new Youth Development Committee. DCF Family Services requested technical in 2007 to help support the early training and organization of youth development committee members.

Clay Fink from the National Resource Center for Youth Development led a two day process at which Committee members were able to develop structure, mission, purpose and youth governance roles.

SFY 2008 Update

Following the technical assistance process the Youth Development Committee commenced in the spring of 2007. In July the committee president and vice president, with support of the Youth Development Program Manager, assumed the duties of the former Youth Development Liaison. There are now 31 active members of the committee representing all regions of the state. Transportation to meetings has been a challenge. In an effort to make the committee meetings more accessible, the committee president has divided the state into four regions and is convening monthly meetings by region. In addition there will be 3-4 statewide meetings per year (see Goal YD3 for more detail).

SFY 2008 Youth Development Committee Activities

This year the committee took central responsibility for the annual DCF Family Services Youth Conference. Instead of the traditional keynote speaker the committee chose to present "Gorilla Theater" a medley of skits that address the unique problems that foster children often deal with. Working with Gail Mears, from Norwich University, they developed and performed the skits. Preparing for this performance entailed many hours of rehearsal and committee members and Youth Development Coordinators were dedicated to the effort.

In addition to their performance the committee members assisted at the registration table, acted as guides for guests, co-led some of the workshops, and generally made sure that the day went smoothly.

It should be noted that the committee members developed and presented the expectations for behavior to the attending youth and that the campus coordinator commented on how positive and responsible youth attending the conference were.

The following workshops were offered:

- **Wild and Crazy Dance Steps:** *facilitated "wild and Crazy dance moves. The goal is to have everyone laugh and feel good about dancing.*
- **Improvisation Theater:** *Youth got the opportunity to play improvisation games, perform individually and in groups.*
- **Scrap Booking:** *Participants decorated a scrap book page using a family photo or a picture taken that day.*

- **Youth Voices:** *Participants were given the opportunity to share youth concerns and recommendations about the foster care system to the Commissioner and Deputy Commissioner of DCF/Family Services and two State Representatives who serve on the Human Services Committee.*
- **Hanging with Tough Guys:** *Using the film “Tough Guys” and “Hip Hop: Beyond Beats and Rhymes” Participants explored the media’s presentation of masculinity in our culture.*
- **Women Can Do-Expanding Career Options for Girls and Young Women:** *Participants explored non-traditional careers*
- **Love Bugs and How Not to Get Them:** *Participants assessed their risk for STDs, learned about STD prevention methods.*
- **Gas Piping:** *A hands on workshop for gas piping. Participants got the opportunity to bend and flare copper tubing for installing fuel gas piping for heating and appliances.*
- **In Your Face Gorilla Theater:** *Participants learned the purpose and practice of Gorilla Theater. Participants had the opportunity to put together skits and show techniques and have discussions around sensitive topics.*
- **Wilderness Survival:** *Covered the survival basics of food, water, and shelter and a “hands on” experience with fire by friction.*

Youth Leadership Activities and Training

The presence of a strong, organized, cadre of youth advocates in the Youth Development Committee this year resulted in a number of important youth advocacy, leadership, and training opportunities.

Legislative Activities

Two Youth Development Committee members testified before the Vermont House of Representatives Human Services Committee about their experiences in foster care which resulted in two Representatives attending the April Youth Conference to participate in the open forum that was led by Steve Dale, Commissioner of DCF.

Leadership of Southeastern Vermont

Two Youth Development Committee members spoke about their activities and experiences with a group called Leadership of Southeastern Vermont in April.

Bridges to the Future

Three Youth Development Coordinators and one Youth Committee member attended the Bridges to the Future, National Independent Living Conference in Pittsburgh, PA in May.

Youth Input to Child Welfare

DCF Commissioner, Stephen R. Dale, has established a schedule of regular visits to the Youth Development Committee meetings to inform the department about ongoing issues and concerns of youth in care.

Two Youth Development Committee members and the Statewide Youth Development Coordinator attended and participated in the New England Youth Coalition Collaboration Initiative sponsored by the New England Association of Child Welfare Commissioners in January, 2008. The Vermont Youth Development Committee will continue to send representatives to this New England-wide, advisory group.

Goal YD4: Incorporate permanent connections work in CFCIP Youth Development Program and offer periodic training for current and new YDC's. Impact of this initiative will be measured by tracking the number of districts practicing connections work, the number of youth receiving this component of the program, case specific outcomes related to this effort and integration of lessons learned regarding program implementation.

SFY 2007 Update

In March, 2007, six Youth Development Coordinators attended a training provided through our UVM Child Welfare Training Partnership. Our network partnered with the Family Services Permanency Team regarding participation and youth attendance in the Permanency Convening III held in May, 2007.

SFY 2008 Update

To date, Youth Development Coordinators in seven DCF/FS districts report that they are practicing lifelong connections work with youth. Ninety nine youth have received the following services related to lifelong connections this year.

Lifelong Connections Case Work Practice and Services Provided

1. 23 youth have completed Geno-grams and Eco-maps/Paper and pencil simulations that can organize data about family systems.
2. 64 youth have completed the 1st Stage: Initial discussion/discussion of the need for lifelong connections.
3. 8 youth have completed the 2nd Stage: Mining records/volumes/Ask youth about names of identified individuals
4. 2 youth have completed the 3rd Stage: Initial goal/work plan/Ask youth where s/he wants to start, with which individuals.
5. 2 youth have completed the 4th Stage: Making contact/contacting identified individuals.

Note: This training approach was developed by staff from the UVM training partnership. The Connections for Youth Project (lifelong connections best practice model) is co-led and trained by UVM/DCF Child Welfare Training Partnership Training Coordinator and a Lund Family Center Child and Family Therapist. The Connections for Youth Project is a collaborative of social service professionals who have a strong commitment to the permanency needs of youth exiting foster care.

Goal YD5: Continuation and expansion of youth housing support efforts by increasing funding for CFCEP Independent Living Housing Program and expanding funding support for foster care up to age 22.

SFY 2007 Update

Bill H.449 was passed and signed by the Governor as Act 74 on June 6, 2007. It brought important new resources to young adults who wish to remain in foster care, or need assistance with independent living, for youth who need assistance getting their driver's license, and for youth to remain in schools when they have been moved to a different district.

SFY 2008 Update

The following is a summary of the existing and new service opportunities for former foster youth provided under the Act 74 Youth in Transition law.

Housing Support Program and Incidental Living Grants

Provides funding to assist youth as they transition to adulthood and financial independence. This resource addresses short-term gaps in funding and assists youth in establishing and maintaining their own residence. Fifty five (55) youth received these grants during this reporting cycle.

Adult Living Program

Creates the possibility for youth to continue to be supported in their foster care settings, potentially up to their 22nd birthday, on a voluntary basis with the expectation that the youth work, attend some kind of educational or vocational training program, be involved in community or therapeutic activities. Youth who are working will assume responsibility for expenses beyond room and board and contribute to a savings account in increasing amounts until they reach a point of self sufficiency. Youth will also be able to voluntarily return to some level of support if they leave the system and decide to return later. Twenty eight (28) youth are reported to have received this support during this reporting cycle.

Completion of Secondary Education for Youth who reach their 18th Birthday While in DCF custody

Continues placement and supports youth in attaining high school diploma or GED if youth turns 18 while still in DCF custody and have been in foster, residential or independent living placement for at least one year immediately prior to turning age 18. Youth must remain a full time student in secondary education program with a plan for education. Currently, fifty-eight (58) youth are receiving this support.

Driver's License Assistance Funds

Provides funds to support youth to obtain their driver's license just prior to their 18th birthday. Funds are earmarked for driver's education if it is not available to the youth at school, Department of Motor Vehicles fees and mileage for practice driving. Thirty (30) youth have received this support.

Additional Youth Development Staff

Provides continued case management support beyond age 18. These funds allow for a 1.5 FTE expansion of the current capacity, which consists of 13.5 FTEs.

This is especially important with the expanded responsibilities that will be carried by this system as we support more young adults

Act 74 Implementation

Outreach to inform the network about these services has been extensive. An informational packet was developed by the State-wide Youth Development Coordinator which included the following:

- Youth Development overview geared to the audience
- Description of the Youth Development Program and services
- Contact information for Youth Development Coordinators
- Guidelines for services to transition-age youth
- Post secondary education and financial aid
- Community transition resources

Presentations have been made to the following groups.

- The Youth Development Committee
- Vermont Foster and Adoptive Families Assoc.
- Youth Workers' Annual Conference
- DCF Resource Coordinators
- DCF Supervisors
- Youth Development Coordinators
- University of Vermont Training Partners
- Community Partners
 - a) Schools
 - b) Casey Family Services
 - c) Juvenile Defender's Office
 - d) Health Department
 - e) Runaway Youth Organizations
 - f) Transitional Living Organizations
- DCF Family Services Central Office

Medicaid Access

SFY 2007 Update

Expanding access to Medicaid and medical care for youth in transition is a priority of the Vermont Agency of Human Services. DCF Family Services is coordinating efforts with state and private community service providers to ensure enrollment of eligible youth in Medicaid.

The Office of Vermont Health Access has spearheaded an outreach effort to ensure that all Vermonters have health care. We are participating in this effort to ensure a streamlined approach to outreach.

SFY 2008 Update

Since the last reporting period DCF/FS issued a final revised youth bulletin Medicaid flyer. The Youth Development Program has been working with the DCF/Family Services Child Benefits Unit Specialist regarding technical assistance questions related to Medicaid on youth applications and renewals. The Child Benefits Specialist has also been working closely with the Health Access Unit on complicated cases. The Youth Development Program has developed core competency outcomes as part of our youth outcome tracking for the Chafee National Youth in Transition Database rule. Additional training and implementation outreach has been provided to district and community partners around extended care services.

In these extended care public presentations, a segment is provided on Medicaid eligibility and how to access health care services for youth eighteen and older youth.

An Agency of Human Services Bulletin, issued in July, 2007, outlines Medicaid and the Vermont Health Access Plan (VHAP) eligibility rules for youth in Vermont. Included in this bulletin is a list of Economic Services offices and their phone numbers, where youth can get their questions answered.

Until recently, benefit reviews have been done every six months. To simplify the process and possibly avoid cancellation the benefits review will be done once yearly.

A Youth Development Committee website has been developed. There is a health access link on the website that outlines how to access Medicaid and VHAP.

The following data has been collected by the Youth Development Program:

- Youth Receiving Medicaid-272
- Youth Receiving VHAP-11
- Youth receiving other private insurance-11

Education and Training vouchers ETV

Goal YD6: Improve preparation and access for current and former foster youth to post-secondary education and training and establish data reporting and tracking system for foster youth accessing post-secondary preparation and training funds.

SFY 2007 Update

Vermont's ETV funds are being administered prospectively by the Vermont Student Assistance Corporation (VSAC) so that they are included in the youth's overall financial aid package. We do not have a trust fund.

In addition to the Chafee ETV Program, Vermont has a small grant program established by the Legislature in honor of its sponsor Emily Lester which can provide up to \$3,000 per year per youth from a small pool of \$23,000 per year.

SFY 2008 Update

DCF, in partnership with VSAC, has generated a list of recent high school and grade school graduates. Outreach to these individuals is being conducted right now to inform them of the career and college resources that are available to them. This is taking place as part of a comprehensive, collaborative initiative to ensure that youth in care are accessing career exploration opportunities and that those opportunities result in higher rates of post-secondary enrollment and completion. Data informing these activities will be collected and reported in the SFY 09 APSR.

ETV Funds Distribution

State Fiscal Year	New participants	Continuing participants	Total Participants	Total funds expended
FFY 06	37	19	56	\$ 79,278
FFY 07	17	32	49	\$101,624
FFY 08	30	25	55	\$ 96,811
FFY 09*	TBD	TBD	TBD	\$224,910*

Projections for FFY 09: Assumptions underlying FFY 09 projections are:

- % of new and ongoing for FFY 09= historical pattern 78% of total # awarded actually disbursed.
- \$disbursed = historical 69% of total funds awarded actually disbursed.

YOUTH DEVELOPMENT PROGRAM BUDGET

The Youth Development Program budget contains:

- Funds to support youth development positions in each of the twelve districts of Vermont are administered through grants to community based youth serving agencies. Grants include funds for personnel costs (15.25 FTE / averaging \$45,000 per FTE)
- Statewide Youth Development Coordinator, and including all admin costs, program materials, mileage, phone, to support their work.
- Youth Development Committee Grant- funds to support the activities and expenses of the Youth Development Committee conveyed to a private youth serving agency that oversees the statewide FYSB Runaway and Homeless Youth program to administer.
- Costs of training and the annual youth conference are administered centrally.

SFY 2008 Update

We have hired 1.5 new staff and reduced one program staff by .25 due to changes in staff configuration.

Total Program Expenditures

	FFY 05	FFY 06	FFY 07	FFY08
Program Grants	\$682,032	\$682,032	\$738,032	\$844,823
Housing support funds *	\$ 58,000	\$ 65,000	\$110,000	\$100,000
Adult Living Program / Support for Secondary Education*				\$800,000
Driver's License Support*				\$ 30,000
Youth Development Committee				\$ 20,800
Central Office Functions	\$18,500	\$ 24,000	\$45,000	\$ 20,000
Total	\$758,532	\$771,032	\$893,032	\$1,815,623

*new initiatives funded through Act 74 #projected costs for SFY 08

Budget for Chafee Foster Care Independence FFY 2009

VT IV-E Transitional Independent Living Program October 1, 2008 – September 30, 2009	
16.0 FTE Contracts for Youth Development staff	\$779,823*
* dollar amount includes staff increase of 1.5fte	
Youth Activities (teen advisory board, youth conference, local youth projects)	\$38,000
Central Administrative Support (training, program evaluation, youth assessment)	\$20,000
ACT 74 Community Living Support	\$ 995,000
Total	\$1,832,823
IV-E Federal Grant/Match Funds	
IV-E Small State Minimum Allocation	\$500,000
State general fund match plus additional funds for program operation	\$1,332,823
Total	\$1,832,823

*State general fund is department money applied directly to the operating costs of the program.

STAFF DEVELOPMENT AND TRAINING PLAN

The Department's Human Resources Development Unit (HRD) is responsible for the development and delivery of comprehensive education and training programs for agency staff and foster/adoptive parents. This is accomplished in collaboration with the University of Vermont (UVM) Department of Social Work through our Child Welfare Training Partnership (CWTP). Additional training for agency staff is developed and provided through the Agency of Human Services Department for Children and Families new Human Resources Division and through the State of Vermont Department of Human Resources Cyprian Learning Center. There are no changes in this area.

Long-term Training

Our Child Welfare Training Partnership with UVM supports up to five current child welfare workers/supervisors and up to five potential employees to obtain a Master or Bachelor of Social Work degree at UVM each year.

Employees are selected based on experience in public child welfare, job performance and commitment to children and families. They contract to work for the Department for 2-4 years following graduation, depending on the level of support provided. Potential employees are selected from a pool of applicants accepted into the MSW/BSW programs based on their work experience and suitability for and commitment to public child welfare work. They contract to work for the Department for 3 years following graduation. There are no changes to the MSW/BSW training opportunities.

Bachelor of Social Work Program

Trainees must complete the first two years of their Bachelor's degree to be eligible for participation. This includes most of the General Education courses required by UVM.

Trainees receive in-state tuition and fees while they take the child and family series of courses in the second two years of the BSW program, as well as a small reimbursement for books and a living stipend. The BSW Social Work curriculum prepares students for generalist social work practice. Social work theory, knowledge, values and skills are taught through classroom and community field experiences.

The field experience occurs under the supervision of an MSW level child welfare professional in the Department. Field instructors receive training and support from UVM staff as well as compensation for their time and efforts.

All BSW trainees are required to enroll in the course SWSS 200 Practice: Child Protection, Family and Youth Services during the fall semester of their junior or senior year. BSW trainees are required to complete a minimum of nine credits (3 of which must be SWSS 224: Child Abuse and Neglect), which will enhance the trainee's understanding of child welfare related issues. Some examples of approved courses include courses focused on youth and delinquency (SOC 214), child psychology (PSYC 265, EDEC 63), crime (SOC 115, SOC 118, SOC 217) and chemical dependency (PSYC 259).

Every trainee in the BSW program is required to satisfactorily complete 12 credits in field education, which are tailored toward professional practice in child welfare. Child welfare trainees without prior DCF experience complete their senior year field practicum in a DCF district office under the supervision of a practicing MSW child welfare professional. BSW students who are DCF employees will embark on the BSW student field readiness assessment which determines whether these employee trainees will do their senior field practicum in a DCF district office or in another community based child and family centered agency.

Master of Social Work Program

MSW Trainees follow the typical course enrollment for the MSW program. They are required to take specific electives and engage in field work relevant to working with children and families. MSW Child Welfare Trainees are required to enroll in the course SWSS 224: Child Abuse and Neglect as their first year elective.

Advanced standing MSW trainees must take Child Abuse and Neglect in the fall semester prior to the spring in which they begin the MSW program full time.

All MSW students select a practice concentration at the end of the foundation year. Trainees are required to select the Social Work with Children and Families practice concentration with course and fieldwork geared toward working with children and families in a child welfare setting. Selection of this practice concentration does not preclude a student from enrolling in health and mental health-related course work.

MSW trainees must enroll in advanced elective courses that are approved by the faculty advisor and related to child welfare work. Students and faculty advisors collaborate to select appropriate advanced year electives during the spring semester of the foundation year. Often students choose to complete these electives in the summer session. Trainees are provided with tuition, fees and book reimbursement to take up to six credits of approved summer session courses.

MSW trainees must complete the analytical paper/portfolio requirement. For those students who choose to complete an analytical paper, an extra copy of the paper must be submitted to the Project Coordinator at the Department of Social Work. These copies are shared with the Human Resource Development Unit at DCF. In previous years, DCF management and staff have found the papers to be helpful to their work. Students who select the portfolio option are not required to share a copy of their work with the project.

Every trainee in the MSW program is required to satisfactorily complete 12 credits in field education, which are tailored toward professional practice in child welfare. Child Welfare Trainees without prior DCF experience complete their concentration year field practicum in a DCF district office under the supervision of a practicing MSW child welfare professional.

MSW students who are DCF employees complete their foundation field education at other agencies, which provide services to children and families. Concentration year placements take into consideration a student's strengths and interests in working with children and families.

Students must be in field practicum 225-300 hours per semester in order to receive a grade. Exact hours required per week are negotiated with the Field Instructor. Students placed at DCF typically complete 20 hours per week in the field.

SHORT-TERM TRAINING

The short-term training program includes classroom and on-the-job training for new employees; core training required within 18 months of hire, district team based training focused on best practice, and supervisor training.

All short-term training is carefully designed to support the Family Services Division mission, core principles and system outcome priorities. Family Services Core Practice Principles can be viewed at <http://www.dcf.state.vt.us/fsd/pubs&reports/index.html>

New Employee Training

New employees complete the NEET (New and Existing Employee Training) Program during their first six months on the job. NEET is offered 3 days a month for four months, and links to the Field Practice Manual designed to assist supervisors to support the development of new employees. Formerly called NEST (New Employee Service Training), NEET has been restructured to encourage long term employees to attend sections which include new and emerging best practice material, at the request of the Division Management Team.

Field Practice Manual

The Field Practice Manual outlines a structured program of reading, shadowing exercises, interviewing activities, self reflective activities, review of policy and statutes and so on. It provides a structured on-the-job training program which links with the New and Existing Employee Training (NEET) and the core training program. Supervisors were trained in the effective use of the manual in October 2007. A member of the CWTP training team meets with each new employee and their supervisor within the first month of hire to review the manual, develop an individual professional development plan, and ensure the new employee is registered for the next NEET series.

New and Existing Employee Training (NEET)

New employees receive three days of classroom training a month for four months, separated by time spent in on the job training. The NEET series is offered twice annually.

All components of NEET are delivered to current child welfare workers within their first six months of hire in a formal classroom setting. Trainees additionally receive intensive supervision and on-the-job training in one of 12 district offices.

All components of NEET are also available to experienced employees. The following sessions include new best practice material, designated as important for experienced employees to attend to keep up to date in child welfare practice: Child Abuse and Neglect; Case Planning, Working with Youth and Families; Facilitating Placements; Child and Adolescent Development and Attachment; Permanency, Connections and Adoption and Solution Focused Skills.

All courses listed in NEET are offered twice annually. All are delivered by CWTP staff in collaboration with DCF staff, except Medical Aspects of Child Abuse/Neglect/Sexual abuse, which is delivered by experts from the Dartmouth Hitchcock Medical Center.

New and Existing Employee Training (NEET)

Course	Syllabus	IV-E Functions addressed	Duration	Est. Cost	Cost allocation methodology
Orientation Intake & Assessment	Overview of law, policy & practice; taking thorough intakes; Structured Decision Making process from report through case determination; intake as social work; public relations & consumer satisfaction	Referral to service; preparation for judicial determinations; placement of the child; development of case plan for children at risk of foster care; case management and supervision	5 hours	\$210	100% CAPTA
Child Abuse & Neglect	Identify risk and protective factors and review the research on child abuse and neglect. Learn to build solutions with mandated clients. Explore safety plans for children and youth to avoid the need for foster care. Overview of procedures to initiate emergency custody for a child who is unsafe.	Preparation for judicial determinations; placement of the child; development of case plan for children at risk of foster care; case management and supervision	5 hours	\$210	50% CAPTA 50% IV-E
Sexual Abuse of Children and Adolescents	Understand a range of emotional and behavioral outcomes of sexual abuse. Explore dynamics and characteristics of incestuous families. Identify characteristics and behavioral changes of children and youth who have been sexually abused. Learn healthy and helpful ways to work with children and youth who have a history of being sexual abuse victims.	Preparation for judicial determinations; Placement of the child; Development of case plan for children in foster care and at risk of foster care; Case management and supervision; Referral to service	5 hours	\$210	100% IV-E
Medical Aspects of Child Abuse and Neglect and Medical Aspects of Sexual Abuse of Children and Adolescents	Learn the background of medical aspects of child abuse and neglect, learn conditions associated with physical abuse and neglect and about conditions commonly mistaken for physical abuse and neglect and medical decision making. Understand what to expect of the medical workup of children or youth who have been sexually abused. Learn the behavioral indicators of sexual abuse; understand the normal, abnormal and uncertain findings as a result of an exam. Understand the importance and value of teamwork across disciplines.	Preparation for judicial determinations; Placement of the child; Development of case plan for children in foster care and at risk of foster care; Case management and supervision; Referral to service	5 hours	\$2400	50% CAPTA 50% IV-E

Course	Syllabus	IV-E Functions addressed	Duration	Est. Cost	Cost allocation methodology
Working with Youth and Families	Develop strategies for working with youth and their families. Understand how family centered and child/youth focused practice supports permanency for children/adolescents. Understand the value of lifelong connections for youth. Learn the process of Family Finding. Understand the outcomes for youth who age out of custody without safe, stable, loving and lasting relationships. Learn and practice using tools for youth led/youth driven lifelong connections work to eliminate the possibility of youth aging out of custody with no identified permanent, nurturing lifelong relationship.	Preparation for judicial determinations; Placement of the child for children in foster care; Development of case plan; Case management and supervision; Permanency Planning Referral to service	7.5 hours	\$320	100% IV-E
Facilitating Placements	Understand the importance of stability; secure attachments and the impact of separation/ loss on child/adolescent development. Understand the importance of family connections, and how to support kinship placements. Identify strategies for concurrent permanency planning for/ with children/adolescents. Explore ways to make placement transitions for adolescents/children a positive experience. Identify stages of grief/ separation trauma for children/youth and parents adjusting to placements.	Placement of child; preparation for judicial determinations; permanency planning; case management and supervision	5 hours	\$395	100% IV-E
Child & Adolescent Development and Attachment	Increase knowledge of the latest research and understanding of child development from infancy through adolescence. Understand how the concepts of risk and resiliency affect the healthy development of children and youth. Discover concrete tools that you can use to support children, youth and families struggling with attachment issues. Learn the impact of trauma on the development of children and youth.	Preparation for judicial determinations; Placement of the child; Development of case plan for children in foster care/ at risk of foster care; Permanency planning; Case management and supervision; Referral to service	5 hours	\$285	100% IV-E

Course	Syllabus	IV-E Functions addressed	Duration	Est. Cost	Cost allocation methodology
Responding to Domestic Violence in CPS Case Planning	Develop a greater understanding of domestic violence and its overlap with child abuse. Understand the impact domestic violence has on children, its relationship to child abuse, and the DCF response to child witnessing. Increase strategies for an effective response to domestic violence/child abuse cases. Understand why responding to domestic violence in child abuse/neglect cases is essential to child protection efforts. Increase knowledge and skills in case planning that enhances victim safety, provides for batterer accountability and increases youth and child safety. Review the legal and court process for youth services. Develop strategies for supervising youth on probation and explore interventions for non-compliance. Learn the principles of Balanced and Restorative Justice. Learn the YASI instrument for assessment of strengths and risks and for case planning with youth and families.	Referral to service, development of case plan for children in foster care or at risk of foster care, case management and supervision, permanency planning	5 hours	\$75	100% IV-E
Juvenile Delinquency & Probation	Review the legal and court process for youth services. Develop strategies for supervising youth on probation and explore interventions for non-compliance. Learn the principles of Balanced and Restorative Justice. Learn the YASI instrument for assessment of strengths and risks and for case planning with youth and families.	Preparation for judicial determinations; Referral to services; Development of the case plan for children in foster care or at risk of foster care; Case management and supervision	5 hours	\$210	70% IV-E 30% General Fund
Case Planning With Families	Identify the ethical and legal basis for comprehensive case planning. Clarify case plan goal identification and how the goal relates to the overall plan of services. Prioritize issues to be addressed by the case plan. Learn components of effective team building. Identify and develop clear, measurable goals and strategies for various treatment issues. Review the initial and 6 month case plan formats.	Development of the case plan; referral to service; case management and supervision	5 hours	\$210	100% IV-E
Permanency, Connections and Adoption	Understand the different permanency options including reunification, adoption, guardianship and permanent guardianship. Learn the value and the process of finding family and fictive kin for children and youth in the child welfare system. Learn the basics of family group decision making and family group conferencing as a tool to support safety, permanency, well-being and law abidance for youth.	Preparation for judicial determinations; Placement of the child; Development of case plan for children in foster care/ at risk of foster care; Permanency planning Case management and supervision; Referral to service	5 hours	\$210	100% IV-E

Course	Syllabus	IV-E Functions addressed	Duration	Est. Cost	Cost allocation methodology
Solution Focused Skills	Identify the basic language of solution focused child protection work and how to engage the family in creating and building their own solutions. Learn to develop plans which focus on strengths and exceptions, leading the client to identify hidden resources and past successes. Practice the language of open-ended solution focused questions and develop a plan for ways to engage families with these tools.	Development of case plan for children in foster care/ at risk of foster care; Permanency planning; Case management and supervision; Referral to service	5 hours	\$210	100% IV-E
Resources for Best Practice	Develop thinking and tools of practice to identify and apply evidence based strategies. Identify ethical standards for child welfare practice. Understand the dynamics of power in the context of families and the relationship between the family and Family Services Division staff.	Case management and consultation; referral to service, development of case plan for children in foster care and at risk of foster care	5 hours	\$210	100% IV-E

Core Training

Subsequent to NEET, but while in trainee status during their first 18 months of hire, new employees complete the following short term classroom training. All are coordinated by the CWTP. Subject experts are hired for some, and experts within the Department provide others in collaboration with CWTP trainers. Each is offered once annually, except that *Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Child Welfare Professionals* is completed online while the employee is in the NEET program.

CORE TRAINING

Course	Syllabus	IV-E Functions addressed	Provider	Duration	Est. Cost	Cost allocation methodology
Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Child Welfare Professionals	<p>This tutorial will provide a primer on alcohol and drug addiction, substance abuse treatment and recovery, enhancing treatment readiness and treatment effectiveness, as well as discuss cross-system communication and collaboration, as well as provide contact information for other national resources. Provided online by NCSACW: http://www.ncsacw.samhsa.gov/tutorials/index.asp</p>	<p>Referral to service; placement of the child; preparation for judicial determination; development of the case plan for children in foster care and children at risk of foster care; case management and supervision; permanency planning</p>	<p>National Center on Substance Abuse and Child Welfare</p>	<p>10 hours</p>	<p>free</p>	<p>Not applicable</p>
Court and Legal Skills	<p>Become familiar with new Vermont laws, including Chapters 51, 52 and 53 of Title 33 which guide us in meeting ASFA and Title IV-E requirements, how to work with the courts to provide safety, well being, and permanence for children/youth. Understand the court process (including the appeal process) and your role in documenting pertinent evidence, preparing a case for filing, meeting a standard of proof and moving for protective orders from the court.</p>	<p>Preparation for and participation in judicial determination; permanency planning</p>	<p>DCF subject experts in collaboration with CWTP trainer</p>	<p>16 hours</p>	<p>\$500</p>	<p>100% IV-E</p>

Course	Syllabus	IV-E Functions addressed	Provider	Duration	Est. Cost	Cost allocation methodology
Shaken Baby Syndrome	Identify what Shaken Baby Syndrome is, (SBS) its history and why it is considered a syndrome. Understand how injuries are diagnosed as SBS. Walk through the investigation process of an SBS case study. Discuss the challenges in court and with SBS cases.	Preparation for and participation in judicial determinations, development of case plan, case management and supervision	DCF subject experts	5 hours	\$210	50% CAPTA 50% IV-E
Witnessing Skills	Understand your role in the presentation of a case in court, the judges expectations, and the tactics lawyers employ including direct and cross examination. Learn how to prepare testimony and testify in court effectively through demonstration and actual practice in a courtroom setting.	Preparation for and participation in judicial determinations	DCF subject experts	10 hours	\$345	100% IV-E

Investigation and Assessment Skills	Learn skills for engaging families and communities right from the start. Understand our legal mandates. Understand forensic interview techniques.	Preparation/ participation in judicial determinations, development of case plan, case management and supervision	DCF subject experts	10 hours	\$420	50% CAPTA 50% IV-E
Youth Assessment and Screening Instrument (YASI)	Learn how to complete the Youth Assessment and Screening Instrument (YASI), pre-screen and full assessment, to assess risk and needs of youth on probation. Practice motivational interviewing skills. Understand how the assessment results inform case planning and assists in determining case closure.	Development of case plan, referral to services, case management and supervision for children in or at risk of foster care	Orbis Partners, Inc. and DCF subject experts	10 hours		JABG

Specialized Training

The Child Welfare Training Partnership offers specialized classroom training in the 2008/2009 training calendar. Some of it is provided in collaboration with other groups, especially where it is in the form of a one or two day conference with multiple simultaneous workshops. This is all short-term training delivered in a formal classroom setting. All the workshops below are designed for child welfare social workers, supervisors and managers. All the training listed below is offered once annually.

Course	Syllabus	IV-E Functions addressed	Provider	Duration	Est. Cost	Cost allocation methodology
Casework/ Reflective Supervision Training Groups	Monthly groups, designed to facilitate professional growth through collaborative discussions regarding prevention of foster care, case planning, facilitated case consultations, family group conferencing, permanency, case management and the work of Child, Youth & Family workers.	Referral to service, placement of child, development of case plan, case management and supervision	CWTP trainers	2 hours each month	free	
Vermont Foster and Adoptive Families Association Annual Conference	This conference allows Family Services staff and foster/kin/adoptive families to learn together about the wide range of issues affecting children and youth in foster care, and promising approaches to improve outcomes for these children and youth.	Referral to service, placement of child, development of case plan, case management and supervision	Hired subject expert and CWTP trainers	12 hours	16,650	Child welfare supervisors: 100% IV-E Others have own funding sources.
Vermont Coalition of Residential Programs Conference	This annual conference invites Family Services staff to join staff from Vermont's residential programs to learn about a range of issues related to youth in group homes, including building and maintaining family connections, permanency and after care planning.	Referral to service, placement of child, development of case plan, case management and supervision	DCF staff, CWTP trainers and hired subject experts	5 hours	\$1500	100 % IV-E
Family Group Conferencing	Training to support the implementation of family group conferencing occurs in every district as needed.	Referral to service, placement of child, development of case plan, case management and supervision	CWTP trainers, hired subject experts	30 hours	\$3000	100% IV-E

Course	Syllabus	IV-E Functions addressed	Provider	Duration	Est. Cost	Cost allocation methodology
“Signs of Safety” Balanced Family Consultation	Skills training in an inclusive consultation process to assist with decision making and case planning with families and their teams using a balanced focus on both risk and safety factors. Effective group supervision and team building. Explore evidence for the efficacy of family focused consultation process.	Referral to service, placement of child, development of case plan for children in foster care and at risk of foster care, case management and supervision	CWTP trainers	10 hours	\$210	100% IV-E
Advanced Facilitation Skills	Skills training focused on special topics such as facilitation of family meetings where domestic violence is an issue; deepening our understanding of balanced assessment and safety planning, solution focused practice, Family group conferencing, etc	Referral to service, placement of child, development of case plan for children in foster care and at risk of foster care, case management and supervision	Hired subject experts	30 hours	\$10,290	100% IV-E
Juvenile Services Day	Understand the CRC process; probation management and VOPs; probation detention; Woodside 8 day hearings; juvenile restorative probation programs and the ICJ/ICPC	Referral to service, placement of child, development of case plan for children in foster care and at risk of foster care, case management and supervision	DCF staff and CWTP	5 hours	\$210	100% General Fund

Supervising Youth with Sexually Offending Behaviors in the Community	Understand the behaviors, emotional indicators and dynamics of youth with sexually offending behaviors. Know how to work with adolescents, family members, victims and the community in case planning to prevent relapse. Know how to use information from psychosexual evaluations to measure risk of re-offense and support case planning. Understand the relapse prevention model.	Referral to service, placement of child, development of case plan for children in foster care and at risk of foster care, case management and supervision	Hired subject expert	5 hours	\$1200	50% IV-E 50% CAPTA
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District Team-based Training

The Child Welfare Training Partnership (CWTP) increasingly provides targeted, skills-based training and consultation for teams in districts. This model has proven both popular and effective in enhancing the professional development of FSD staff, supporting efforts at systems change, and spreading knowledge and practice skills based on evidence.

Courses offered in 2007-2008 in each district are incorporated into the NEET program this year. Staff who missed either of these workshops last year may attend the appropriate NEET day. These include Evidence Based Practice and Solution Focused Engagement Skills.

Training offered in districts in 2008-2009 will include:

- Management consultation; team building; strategic planning – on request
- Signs of Safety facilitated case consultation – on request
- Enhancing Parent-Child Family Time – required in each district
- Other PIP related topics – required in each district
- Family Group Decision Making – on request
- Family Finding – on request
- Differential response: engagement & assessment skills - required

Delivery of training and consultation services is mutually agreed upon by CWTP, the Title IV-E Executive Committee and each district. Community partners and other DCF department staff are invited and welcome at the discretion of the district. For some topics, we may decide it more effective to deliver training for a half day every three months, to allow staff to learn and then practice new skills, in a developmental progression.

Since the FSD is implementing a new set of practice principles which highlight family and child centered, strength and evidence based practice, we anticipate developing courses which would support this practice to deliver in each district. Over time, we hope to develop a growing menu of workshops readily available, which districts may request as part of their professional development program. Naturally, we will want to develop and tailor courses to meet district specific needs on an ongoing basis.

Supervisor Development Program

To support another major component of the FS Transformation Plan CWTP staff will be working with supervisors at their monthly meeting to agree on standards of practice for supervisors and to assess training needs based on these standards. Most courses will be delivered in the context of the monthly supervisor meetings. They will include:

- PIP related training.
- Training identified by the standards and needs assessment process.

Training for IV-E System of Care Service Providers

Most of the above trainings are also available to foster parents, adoptive parents, workers in residential programs, case managers, state employees in other departments, and other community practitioners providing services to children in custody. Our training calendar is mailed annually to programs and practitioners who provide services to abused and neglected children around the state, and is available on the web.

Cost Allocation Methodology

The Title IV-E eligibility statistics are compiled quarterly from Family Services MIS, using data on all children in custody, including their custody category, and then indicating their Title IV-E eligibility status, also by custody and category. The number of Title IV-E eligible children is divided by the total number of children in custody to determine the Title IV-E eligibility rate (penetration rate).

The same information is provided for the children on adoption subsidy, which are categorized as Title IV-E eligible children. The number of Title IV-E eligible children is divided by the total number of children on adoption subsidies to determine the Title IV-E eligibility rate.

UVM Contract and Foster Parent Training

For the purposes of determining the penetration rate to be applied to the UVM contract and foster parent training, the raw data for children in custody and on adoption subsidies, the combined number of Title IV-E eligible children in custody, and the number of Title IV-E eligible children on adoption subsidies is divided by the total population of custody children and total children on adoption subsidies, to determine the combined custody and adoptions Title IV-E eligibility rate (penetration rate). The penetration rate is then multiplied by the applicable rate: training (75%) and administration (50%).

TECHNICAL ASSISTANCE

The following technical assistance requests have either been made or are under discussion.

- Continued TA from the National Resource Center for Youth Development (NRCYD), to assist them on strategic planning (see APSR, June 2007, page 42).
- We have participated in discussions with three resource centers, led by the NRCOI to plan the best approach for our CFSR PIP technical assistance needs. Our plan will address the following topics as related to the Effective Casework Model:
 - Differential Response
 - Family Engagement
 - Concurrent planning
 - Supervisor's role
 - Continuous quality improvement

CAPTA PROGRAM EMPHASIS

We have selected the following areas of emphasis for our CAPTA program.

Section 106 (a) (1) - Improving the intake, assessment, screening, and investigation of reports of abuse and neglect

The Child Safety Unit has been responsible for jointly supervising staff that supervise investigation functions with the District Directors in each of the 12 district offices. The Child Safety Assessment Manager uses supervision techniques that include training, technical assistance, consultation, interviewing of investigative social workers and quality assurance.

In addition, the Child Safety Assessment Manager provides on-going formal and informal training, regular case consultation and quality assurance.

In February and June of 2008, the Child Safety Assessment Manager provided a training at the New and Existing Employees Training (NEET) on intake and investigation/assessment skills. In July of 2008, training related to medical aspects of child abuse will be provided to investigative staff as well as law enforcement, medical providers and prosecutors. In August of 2008, the division is providing training on forensic interviewing skills to thirty staff.

In January of 2008, the department decided to move toward centralization of intake. It is expected that centralized intake will be implemented in September of 2008. The implementation process has included significant emphasis on stakeholder input. Community information forums have been held in all twelve districts and have focused on mandated reporters and community members at large. This shift is being made, in part, to address concerns outlined in the 2007 Child and Family Services Review and is part of the department's Program Improvement Plan. The change is intended to address concerns expressed during the CFSR that the department does not intervene soon enough to keep children safe and that the department is inconsistent in its application of policy and statute around the state.

In January of 2008, the department proposed legislative change in the form of An Act Relating to Reports of Child Abuse and Neglect. The department advocated for changes to the abuse and neglect investigation landscape that would allow for differential response in certain situations. In May of 2008, Act 168 was signed into law by the governor.

Section 106 (a) (2) (B) (i) - Improving procedures for appealing and responding to appeals of substantiated reports of abuse and neglect

DCF Family Services advocated for an update of the state's child protection statute related to due process and appeal rights during the 2007 legislative session. Act 77 was passed in May of 2007 and required the division make significant alterations to the way in which appeals are handled.

Specifically, the legislation required that substantiations no longer be entered into the state's central registry absent the perpetrator having access to an appeal prior to the entry. In September of 2007, the Registry Review Unit was formed. The RRU is made up of ten independent, contracted reviewers who hear appeals related to substantiations. The RRU, while independent in their decision making, receives administrative supervision and training from division staff. Since September of 2007, the unit has processed 192 appeal requests. The RRU operates under time frames that are articulated in the law. Specifically, the RRU has fourteen days to hear an appeal once that appeal is requested. This has provided structure to a process that has previously been managed at the district level and has operated at various rates of speed depending on workload in the district.

In 2008, Act 168 was passed and further enhanced the department's efforts related to responding to appeals of substantiated reports of abuse and neglect. Act 168 requires that the department adopt a tiered central registry or a process where a level of risk is assigned to each substantiated case of abuse and neglect that would correspond with a timeframe for which that substantiation would be entered into the central registry.

Section 106 (a) (5) - Developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange

In 2008, the department continued its focus on information technology to support the intake and investigation case determination tracking. In preparation for the implementation of centralized intake, many modifications to the intake application were completed.

In 2008, Act 168 was passed and reinforced the department's commitment to sharing information for the purpose of child protection. The law includes provisions that allow for the sharing of information to "assess future risk to children, to provide appropriate services to the child or members of the child's family, or for other legal purposes". The law permits the sharing of registry information with other child protection entities.

Section 106 (a) (6) (A) - Developing, strengthening and facilitating training including training regarding research-based strategies to promote collaboration with the families

The department continues to partner with the Child Welfare Training Partnership to offer trainings to staff related to strengthen and facilitate research based trainings throughout the state.

The partnership has worked to deliver these trainings in a manner that is easily assessable to staff by holding the trainings at the districts level vs. at a destination away from the office. The partnership has continued to deliver trainings to enhance capacity and skills in the area of motivational interviewing and the effective casework model. In addition, the focus continues to be on increasing awareness about the value of utilizing family centered meetings and approaches that engage family in planning for children.

This has been the focus of the Advanced Facilitation Skills Training, Solution Focused Skills Training and Practice Strategies Training. This element has also been weaved throughout the New and Existing Employees Training. NEET was formerly called NEST (New Employee Services Training) and was intended to be a pre-service training. The renaming of this series was intended to draw existing employees into training that has been reconfigured to reflect the division's updated approach to collaborative planning with families. NEET includes training on intake, investigation/assessment, case planning with families, and working with juveniles.

Section 106 (a) (9) - Developing and facilitating research-based strategies for training individuals mandated to report child abuse or neglect

Training on mandatory reporting of child abuse and neglect is primarily handled by the twelve district offices around the state. In 2007, the department trained 1871 mandatory reporters. In 2007, the department was planning to update statewide training materials. However, due to changes in the overall statutory framework, the department instead focused on updating written brochures to reflect the changes to include:

- A School's Guide to Reporting Child Abuse and Neglect
- A Mandated Reporter's Guide to Reporting Abuse and Neglect
- The Child Abuse and Neglect Registry: A Guide for Employers and Persons Substantiated for Child Abuse and Neglect

Identify the activities that the State intends to implement with its CAPTA State grant funds and any changes in activities for FY 2007

In 2007, the state used CAPTA state grant funds to pay for improvements in the substantiation appeals process that was implemented as a result of Act 77. The state intends to continue this practice in 2008.

The state is also using CAPTA state grant funds to implement centralized intake. The program focus will be to create a more consistent approach to taking intake reports and screening reports to determine if they should be investigated.

The state continues to use CAPTA state grant funds to pay for trainings specific to the needs of investigative social work staff.

In 2007/2008, CAPTA funds were used to pay for forensic interview skills training for thirty social work staff as well as training on Sudden Unexpected Infant Death Investigation training for over 100 social workers and law enforcement officers around the state.

Describe any updates to the services and training to be provided under the CAPTA State grant as required by Section 106 (b) (2) (C)

The department is in the process of implementing centralized intake for reporting concerns of child abuse and neglect.

From April of 2008 to present, forty-four stakeholder groups were trained about centralized intake and this change as it relates to mandatory reporting. Over 500 people were trained through the state.

Staff were trained on how to take intakes in February and June of 2008 as part of the New and Existing Employees Training.

In December of 2007, the department sponsored a statewide training on Sudden Unexplained Infant Death Investigation and how these investigations interface with first responders obligation to report suspected child abuse and neglect. This training was provided at the statewide emergency medical technician (EMT) conference in March of 2008 as well.

CHANGES IN STATE STATUTE RELATED TO CAPTA

As stated previously in this document, Act 168 was signed into law in May 2008. This law authorizes the department to propose rules to the legislature outlining how the department will implement differential response to reports of child abuse and neglect. The law also requires that the department propose rules to implement a tiered central registry that would assign levels to any registry entry assigning a severity of risk to the entry that corresponding length of time that the entry will remain in the registry.

CHILD WELFARE DEMONSTRATION PROJECTS

Vermont does not have a child welfare demonstration grant.

CURRENT FEDERAL INITIATIVES

The Department for Children and Families does not receive any funding for Healthy Marriage, Fatherhood, Rural Development, Positive Youth Development, or Faith based/Community Services Projects.

AVAILABILITY OF PLAN TO PUBLIC

This plan will be made available to any member of the public on request. It will also be posted on our public web page at:

http://www.dcf.state.vt.us/fsd/federal_reviews_plans.

NON SUPPLEMENTATION REQUIREMENT

In FY 1992 the family preservation and support line items were know as “placement prevention”. Vermont spent \$29,671 on placement prevention in FY 1992. In FY 2006, Vermont expended \$198,292 on IV-B, subpart 2 programs.

IV-B SUBPART I EXPENDITURES FOR FY 2004 AND 2005

Year	Expenditures
2004	\$654,871
2005	\$647,047
2006	\$611,229

IV-B SUBPART 2 EXPENDITURES FOR FY 2006

Program	Proposed Spending	Actual Spending
Family Preservation	\$253,755	\$158,832
Family Support	\$145,003	\$172,514
Time Limited Reunification	\$145,003	\$143,960
Adoption Promotion/Support	\$145,003	\$107,078
Planning	\$36,253	\$12,493
Total	\$725,016	\$594,877

The differences between proposed spending and actual spending are not programmatic. The federal award is less than what we requested on the CFS-101-Part I, therefore the actual expenditures are less.

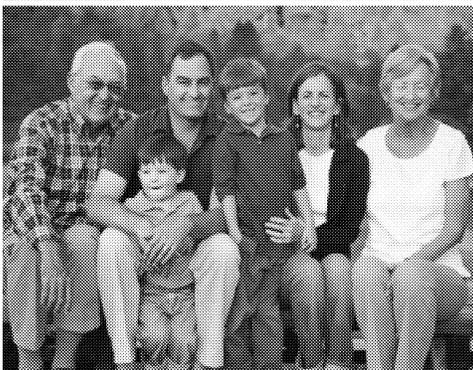
PERCENTAGE OF IV-B SUBPART 2 FY 08 SPENDING

Program	Percentage
Family Preservation	27%
Family Support	29%
Time Limited Reunification	24%
Adoption Promotion/Support	18%
Planning	2%

ATTACHMENTS

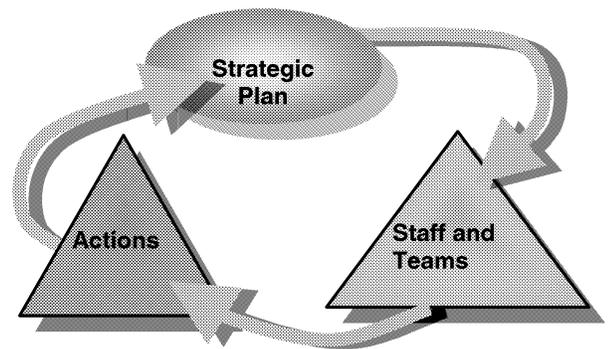
- A. Family Services Transformation Plan
- B. VCAB Annual Report
- C. DCF/Family Services Continuity of Operations Plan
- D. CFS-101-Parts I, II, III

Attachment A.



**Vermont Department for
Children and Families
Family Service Division**

Transforming Services for Families



FAMILY SERVICE MISSION

Mission

We are committed to protect children and strengthen families, in partnership with families and communities.

Guiding Principles

- ⊕ We will carry out our responsibility to serve the best interests of children who are abused, neglected, delinquent or beyond the control of their parents.
- ⊕ Children deserve to be safe and secure.
- ⊕ Children belong in families who are committed to them into adulthood.
- ⊕ We will focus our services on the child in his or her family, culture and community.
- ⊕ We will involve individuals we serve in the planning and evaluation of services.
- ⊕ We will collaborate with communities to create public policy and services to support children and their families.
- ⊕ We will deliver services within the available budgets.
- ⊕ Our decisions, policies and internal organization will support and reflect our mission.

Four Key Practices of the Agency of Human Services

- ⊕ *Customer Service... doesn't stop at rules and regulations.*
- ⊕ *Holistic Service... is about looking past discrete individual needs to the whole person.*
- ⊕ *Strength-Based Relationships... are more effective than talking about what's wrong with someone.*
- ⊕ *Results Oriented... means more than how much we did and how well we did it, it's about people's lives being better.*

Core Practice Principles

Children are safe from abuse:

- Keeping children safe is our primary concern; we address it in every intervention, every plan and every contact.
- Child safety is a collaborative effort; we engage families and community members to find safe solutions for children.
- We ensure ongoing safety through frequent, meaningful contact with children and their caregivers.

Children have enduring relationships with healthy, nurturing families.

- Permanency planning for children is considered at every stage of decision making
- When children cannot safely live with their families, we first consider kin who are capable of providing safe, nurturing homes.
- Lifelong connections are critical for children; we strive to promote and preserve family and community connections for all children.
- Permanency is best achieved through a legal relationship, such as reunification with parents, adoption or guardianship.

Children are successful in family, school and community:

- We recognize that all families have strengths and deserve a voice in decisions regarding their children. We serve families from diverse backgrounds in a responsive manner.
- We recognize that families and individuals have the capacity to make positive changes in their lives. We engage family members and state and community partners to inform case planning and service delivery to maximize the opportunities for success.
- We utilize strength-based assessments and research findings when determining the best interventions for children and families.

Youth are free from criminal behavior:

- Youth on probation receive professional and consistent services based on best practice, customer services, holistic and collaborative family-based approaches, strength-based assessment principles, balanced and restorative justice, and progressive responses.
- We are committed to working in partnership with communities and families, improving community safety by decreasing risk; providing supervision levels that are commensurate with risk; and matching placement and services to meet the needs of families and youth.

Staff is supported, valued and receive ongoing training:

- We are responsible for creating and maintaining a supportive working and learning environment, with open communication and accountability at all levels.
- Our staff is our most important asset. Children and families deserve trained, skilled staff to engage and assist them. Our training focuses on building specific skills for engaging families and creating permanency.

INTRODUCTION

On any one day, staff of the Family Services Division are responsible for working with some 3000 of Vermont's most vulnerable children and families. About 1400 are children in our custody. For those children, we have decided that the benefit of state custody outweighs the trauma of separating them from their families. These are difficult choices, not to be made lightly. Our work and our decisions must be guided by a set of values that all share.

Values statements are fundamental statements of belief, and influence behavior in many ways. In the process of creating this transformation plan, we have discussed the following set of values. As an organization, we are moving towards a practice model that aligns with our core practice principles, and with the following values.

- ⊕ All people are capable of growth and change. In our work, we are informed by knowledge of past behavior, but do not assume that it is a perfect predictor of their future.
- ⊕ When circumstances require us to choose among competing interests, we will elevate the child's need for safety and permanency over the needs of involved adults.
- ⊕ It is our responsibility to focus not only on immediate safety, but on the long term wellbeing of the children and families we serve. Lifelong connections are a key ingredient to wellbeing, both in childhood and into adulthood.
- ⊕ To be effective over time, our social workers have regular contact with children and families, where they live. Respectful, engaged relationships with children and families hold the greatest promise for positive change.
- ⊕ We are aware of the power entrusted to us, and use it responsibly.
- ⊕ We believe that families have expertise about their own lives. We use a variety of ways to engage families and mobilize their resources to promote safety and wellbeing of their members.
- ⊕ Risk is inherent in all of the work we do and the decisions we make, and cannot be entirely eliminated. Our job is to recognize risks and build safety around them, making full use of the protective factors families and communities have.
- ⊕ We assume that separation of children from their families will be traumatic. When separation must occur, we will preserve the continuity of supportive relationships for the child.
- ⊕ When children must be separated from their families, we do all we can to help families to safely reunify. This includes a plan for parent-child contact that is supportive and educational.
- ⊕ In communicating with our staff and the public, we clearly articulate our values and practice model.
- ⊕ We strive to build a workforce that works in alignment with our core values and our practice model – and to support them through open dialogue, clear policy, excellent training and supervision, formal and informal performance evaluation and appropriate resource allocation.

- ⊕ We believe that no one social worker or supervisor should shoulder the burden of critical decisions related to the safety and wellbeing of children. Our practice incorporates teamwork and, whenever possible, shared responsibility and accountability for decision-making.
- ⊕ When a tragedy happens, we will strive to find the learning in that experience, and apply that learning to our future practice.

To live these values, we, as an organization, must be:

- ⊕ Intentional – we know where we are going and our decisions reflect that.
- ⊕ Unwavering – We are in this for the long run. Change takes time.
- ⊕ Committed to addressing capacity – We believe that our social work staff want to do the best work possible, and deserve to have a work environment and workload that enhances success.
- ⊕ Focused on the long term – For the children and families we serve and for the quality of our services.

The following plan is one we are committed to carrying out over the next 3-5 years. It represents our best thinking at this time, and will be adjusted as necessary.

WHAT DO WE KNOW?

Our recent Child and Family Services Review confirmed many things we know:

- ⊕ We have many dedicated staff at all levels who want to do the best job possible. They entered their professions with high hopes and great aspirations.
- ⊕ Our greatest practice strength is safety. Once we intervene, we intervene promptly and competently.
- ⊕ Nevertheless, many Vermonters feel that we are inconsistent in our report acceptance, and that we wait too long to intervene, leaving many children at risk.
- ⊕ The work we do at the front-end of our system sets the tone for the work we will do ongoing. Relying on an investigative response focuses our work too much on an incident and too little on the factors underlying an incident. In addition, we do not employ practice strategies for meaningful engagement of families at this stage. Arguably, we should deploy more resources in the front-end of the system.
- ⊕ As a system, we have too often “contracted out” the relationship with the children and families we serve.
- ⊕ Concurrently, we have come to see court intervention as a necessary ingredient to success with challenging families.
- ⊕ The frequency and quality of our contact with children and families is not consistent with adequate, much less best practice. This is driven by a complex set of workload issues. The result is that, in our long term work with children and families, we are crisis-driven.
- ⊕ Workload pressures are reflected in consumer concerns, complaints from foster parents and residential providers.

- ⊕ Across the nation, quality supervision has been found to be key in the quality provision of services. We do not currently build and support capacity to consistently provide the kind of supervision that supports best practice.
- ⊖ Our placement stability data suggests that we do not consistently improve the lives of children in our custody.
- ⊕ Our model for probation practice is not well-articulated and does not consistently assess the underlying factors which led to the youth being delinquent.

FAMILY SERVICES STRATEGIC DIRECTIONS

Increase Safety for Children by Enhancing Front-End Services

Our primary “front end” services are intake, report screening, child abuse investigations and Chapter 55 assessments. This part of our system is subject to criticism by many different stakeholders, some of whom feel that we wait far too long to intervene, leaving children at risk; and others who feel that we invade the privacy of families without legitimate reason. Thus, we are constantly balancing the right of children to be safe with the right of families to be free from government intrusion.

To strike this balance and provide quality services, we need to be consistent in our decision about when to intervene, and more flexible in how we intervene. Also, we need to ensure that we have sufficient staff resources devoted to front end services so that workload concerns do not subtly affect report acceptance. We need to provide more holistic services designed to address the underlying factors that brought the family to our attention. This preventive focus will help families to get their lives on course without oversight by the courts.

We propose a number of changes to strengthen the front end of our system:

- ⊕ Centralize intake, in order to improve consistency of approach to decision-making, and to free up supervisory time in the districts.
- ⊕ Strengthen practice with intact families, in part by deploying more staff resources to this type of work.
- ⊕ Incorporate family engagement strategies into the early assessment process.
- ⊖ Implement due process and expungement requirements of H.148.

Centralize Intake and Report Acceptance

- **Why?**

- ⊖ Our current system does not promote a consistent approach to intake and report acceptance, in spite of our best efforts to establish clear policy, provide good consultation and training.

- ⊕ Vermont has the lowest report acceptance rate in the nation, according to 2005 statistics generated by HHS.
- ⊕ There is a built-in incentive to restrict report acceptance, due to workload concerns.
- ⊕ Centralizing intake will significantly free up supervisory time to focus on casework practice.

- **Primary Strategies**

- ⊕ Use a combination of re-deployed and temporary positions to create a centralized intake unit in Waterbury.
- ⊕ Employ a phased implementation plan to ensure quality.
- ⊕ Address the concerns that staff, mandated reporters and others may have.

- **What resources are needed?**

- ⊕ Analysis of available data indicates that about 6 FTE social workers and 2 FTE supervisors/managers are needed in order to credibly implement centralized intake.
- ⊕ The unit would be physically located at our Waterbury site.
- ⊕ Infrastructure supports are needed – telephone systems, computers, etc.

- **Measuring Success**

- ⊕ Centralized intake is up and running by 9/1/08.
- ⊕ With centralized intake, 90% of reports are reviewed for acceptance within 2 hours of the intake.
- ⊕ District supervisors complete a satisfaction survey by 12/1/08 and appropriate changes are made by 4/1/09.
- ⊕ Mandated reporters complete a satisfaction survey by 12/1/08 and appropriate changes are made by 4/1/09.

Use Front-End Services to Improve Family Capacity to Keep Members Safe

- **Why?**

- ⊕ Best and emerging practice around the nation indicates that a differential response to child abuse and neglect is more effective in engaging families in needed services, and does not compromise safety.
- ⊕ Differential response allows an assessment response to many reports, rather than an investigative response. An assessment response focuses on services needs and does not require a substantiation decision and entry of a name into the Child Abuse Registry.
- ⊕ The response is proportional to the situation, rather than a “one size fits all” response.

- ⊕ The implementation of H.148 due process requirements has the potential to reinforce incident-based practice, rather than the kind of holistic, prevention-based practice we aspire to.
- ⊕ Our recent federal Child and Family Review confirmed that our practice with intact families is not well-developed. In recent years, we have not served many intact families, instead referring to community services. As a result, we have “lost” that part of our practice expertise. CFSR findings indicate that we need to increase contact, craft case plans that are responsive to safety and risk factors, and assess effectiveness regularly.
- ⊕ We have successfully demonstrated the power and efficacy of employing family engagement strategies later in our involvement; using these strategies right up front is likely to enhance our ability address safety issues without court involvement.

- **Strategies to Employ**

- ⊕ Create a compelling argument for differential response.
- ⊕ Build in support for family engagement in assessing and planning for safety.
- ⊕ Increase discretion for case opening after investigation, based on risk.
- ⊕ Fully implement the YASI as a way to fully assess youth on probation and to target the right services to the right youth.

- **What resources are needed?**

- ⊕ An assessment response and a more liberal case opening policy will require shifting of social worker time and contractual support to the front-end. We anticipate that due to centralized intake, more reports will be accepted for a response. To accommodate this need, we will have to shift more personnel resources to the front end.
- ⊕ Technical assistance is needed to develop a framework for practice and supervisory supports.
- ⊕ Social workers and supervisors need training and support for this kind of work.
- ⊕ Clear policy guidance is needed.

- **Measuring Success**

- ⊕ The report to the legislature due 11/1/07 creates a compelling case for differential response.
- ⊕ By 9/1/08, 100% of investigations/assessments are commenced according to policy guidelines, or supervisory waiver is documented.
- ⊕ We continue to meet or exceed the national standard for child safety following substantiation.
- ⊕ 75% of social workers attend training on practice with intact families by 12/31/08.
- ⊕ The percent of all open cases which represent intake family cases doubles by 7/1/09.

- ⊕ 100% of families with new open cases have case plans completed within 60 days of case opening by 7/1/08.
- ⊕ All districts have the capacity to facilitate a variety of family convenings by 10/1/08.

Implement Due Process & Expungement Requirements of H.148

- **Why?**

- ⊕ Recently passed legislation – H.148 – requires this change, including contracting for this service.
- ⊕ The change will promote consistent, quality decision-making by incorporating a robust feedback loop to districts, as well as allowing us to target training and technical assistance;
- ⊕ District director time will be freed up by eliminating current Level 1 substantiation reviews.
- ⊕ We will have the discretion to expunge names from the central registry based on current risk to children’s safety and well-being, if seven years have passed after the substantiation.

- **What resources are needed?**

- ⊕ Up to 6 FTE independent (contracted reviewers);
- ⊕ One administrative assistant employed by the state;
- ⊕ District supports in the form of record retrieval and review, and space to hold reviews;
- ⊕ New computer applications;
- ⊕ Additional AAG support for Human Services Board Hearings.

- **Measuring Success**

- ⊕ Reviewers are hired and trained by 9/15/07.
- ⊕ Administrative support is hired and trained by 9/15/07.
- ⊕ Database support is available to track reviews by 9/15/07.
- ⊕ 85% of requested reviews on new substantiations are completed within statutory timelines. All reasons for non-compliance are documented.
- ⊕ 70% of requested reviews on old substantiations are completed within statutory timelines. All reasons for non-compliance are documented.
- ⊕ Expungement reviews are handled as expeditiously as possible. Timelines are tracked.

Improve Stability, Permanency and Wellbeing for Children and Families

A variety of changes are needed to ensure that children experience stability and permanency in their lives. We believe that we must re-configure services in a substantial way to ensure that we make it possible for social workers to have the kind of relationship with children and families that is needed to (1) get ahead of problems and (2) be effective when problems do occur. Also, we must ensure that when a child, family, or foster family requests information or support, we respond in a timely and courteous way, providing excellent customer services. We believe that addressing social worker contact will also promote placement stability.

The first round of the CFSR, those states who were most successful in improving outcomes were the states who focused time and energy on the quality of supervision. Also, studies of social worker retention indicate that high quality supervision is one of the most important factors in retaining staff – even more important than workload and other working conditions.

Although the division has a longstanding policy that defines the role of the supervisor, we have not provided the kind of training and supports needed for supervisors to excel in all of the realms of supervision.

This plan calls for significant changes in the role and focus of the social worker – and in the structure and purpose of supervision. The role of the supervisor will be critically important to the success of the plan. New skills – particularly in the area of teambuilding and group supervision – will be needed.

Create Capacity for Social Workers to Have Engaged Relationships with Children and Families

- **Why?**

- ⊖ Our recent federal Child and Family Services Review (CFSR) confirmed that the quantity and quality of contact between the worker with case-planning responsibility and authority is “unacceptable”.
- ⊕ New federal Title IV-B requirements require us to achieve 90% monthly social work contact with children in custody by 10/1/2008 (?), with the majority of contact occurring in the child’s living situation.
- ⊖ Current workload is not conducive to creating and sustaining the kind of engaged relationships necessary to do quality work focused on avoiding problems and engaging children and families in seeking long term solutions to the challenges they face.
- ⊕ We lack the specialized functions needed to succeed in a new proactive model. For instance, we need staff who are expert in convening various family meetings

- Signs of Safety facilitated consultations, icebreaker meetings between children’s families and foster families, family group conferencing, etc.
 - ⊕ Re-focusing on the permanency agenda in a different way requires both the central office and field offices to re-evaluate safety and risk in this context. We will need to be clear about what we are aiming for – risk recognition vs. risk reduction vs. risk elimination. In order for the “system” to tolerate the risks we will no doubt face, our social workers will need to have frequent “eyes-on” contact in the home.
 - ⊕ Family reunification services, including strategies to assure regular, positive parent-child contact, need retooling. Also, to transform supervised visiting into an opportunity for true parenting support, we need to re-think where parent-child contact takes place.
- **Primary Strategies:**
 - ⊕ By 9/1/08, re-deploy resources to ensure that the social worker or other person with primary responsibility for the child and/or family has the time and resources to have regular, quality contact with the child and family, with an emphasis on in-home contact. Contact will be focused on:
 - developing meaningful relationships.
 - true engagement of family and youth in case planning, including ongoing assessment.
 - providing opportunities for parent-child contact that explicitly support successful reunification, whenever possible.
 - unwavering focus on preserving connections to family and others, or developing new connections when necessary.
 - providing an avenue for honest dialogue about challenging issues,
 - preventing problems, and planning for the future.
 - ⊕ By 9/1/08, re-visit the role of state employees vs. contractors in serving children and families.
 - Increase the number of professionals who have case planning responsibility.
 - Ensure specialized professional support of core practice strategies and decision-making (e.g. kinship supports, initial screening, convening family groups, family finding, transition support, immediate crisis supports, post-adoption supports).
 - Maintain current level of federal funding to support services under Global Commitment.
 - Address access to technology, physical co-location and other practical issues.
 - ⊕ By 10/1/07, convene workgroup to develop practice guidelines for deciding if and for how long parent-child contact should be supervised. Ensure that supervised contact is focused on enhancing the parent-child bond, and on teaching positive parenting skills. By 7/1/08, publish practice guidance, and build in contractual services aligned with guidance.

- **Measuring Success**

- Average caseload is reduced from 16 to 12 by 1/1/09.
- ⊕ The percent of children with at least monthly face-to-face contact increases from 10.6% to 24% by 10/1/08.
- ⊕ 100% of children in custody have case plans completed within 60 days of case opening by 10/1/08.
- ⊕ A family meeting is convened as part of the case planning process in 50% of cases by 3/1/09.

Improve Permanency Outcomes for Children in Custody

- **Why?**

- ⊕ Several national studies have shown in no uncertain terms that children who do not achieve permanency in the child welfare system have poor outcomes as adult. They show up in highly disproportionate numbers in homeless shelters, mental health and correctional settings, and on public assistance.
- ⊕ Findings of our recent CFSR highlights challenges in a number of areas related to permanency – timely establishing of permanency goals, concurrent planning practice, identification of kin resources, involvement of fathers and father's families, timely completion of case plans and placement stability.
- ⊕ The Agency of Humans Services has identified services to transition-age youth as a top priority issue. These youth too often have substantial unmet service needs. The governor concurred, and established an initiative to expand services to this population. The legislature supported the Governor's recommendation, funding expanded services to youth formerly in custody ages 18-22.
- ⊕ The Family Services Initiative has had an active permanency initiative for the last two years; this initiative has not resulted in substantial improvements in permanency outcomes for youth.

- **Primary Strategies:**

- ⊕ Complete revision of case plan formats by 11/1/07.
- ⊕ Complete automation of new case plan format and implement by 9/1/08. Allow identification of concurrent goals as part of automation plan.
- ⊕ Design training on concurrent planning for supervisors.
- ⊕ Fund kinship care advocate for Vermont Kin as Parents.
- As part of redeployment of contracted resources, identify kinship support person(s) for each district, proportional to caseload.
- ⊕ Promulgate regulations and policy to address new transition age services.
- ⊕ Ensure that all new social work staff attend NEET sessions at the earliest opportunity. As part of a continuous learning plan, encourage and support the attendance of other staff at NEET sessions.

- **Measuring success**

- ⊕ 100% of children in custody have case plans completed within 60 days of case opening by 7/1/08.
- ⊕ Case plan format and database allows for selection of concurrent goals by 9/1/08.
- ⊕ Training on concurrent planning is developed and attended by 100% of supervisors by 12/31/09.
- ⊕ On 9/30/07, there were 893 children in custody living in family-based substitute care. 17.5% of those children were living with relatives. By 9/30/09, that percent will increase to 23%.
- ⊕ Placement stability, as defined by the federal composite measure which focuses on children with two or fewer placements, will increase from 69.5 to 71.5 by 12/31/09.
- ⊕ By 7/1/08, assertive efforts to locate and involve fathers in case planning occurs within 30 days in all cases where the father's identity is known.
- ⊕ By 10/1/08, transition planning for older teens addresses relationships, services and supports necessary to promote success in 100% of cases.
- ⊕ By 10/1/08, assertive efforts to identify and locate kinship resources are documented with 60 days, in 80% of cases of children are newly in custody.
- ⊕ By 1/1/09, family finding activities are being pursued for 50% children in custody for 3 or more years who are not living with a family committed to adopt.
- ⊕ By 7/1/09, when the father's identity is not known, parentage is addressed in court at the earliest opportunity.

Ensure High Quality Supervision

- **Why?**

- ⊕ Those states who were most successful in the first round of the CFSR focused on the enhancing the quality of supervision in their states.
- ⊕ Research shows that quality supervision is closely linked with the retention of social workers.
- ⊕ With the anticipated retirements among managerial ranks, supervisors will be key in sustaining a positive direction into the future.
- ⊕ With movement towards group supervision strategies, supervisors will need a new skill set and the supports to develop confidence in employing those skills.

- **Primary Strategies:**

- ⊕ Identify practical barriers to a focus on supervision of casework, by completing timestudy on supervisors.
- ⊕ Clarify the role and performance expectations for the Family Services Supervisor; provide ongoing training and consultation to ensure that supervisors have the skills and support to provide quality supervision in alignment with core practice principles and goals of the system transformation. Enhance supervisors' role in continuous quality improvement.

- ⊕ Clarify the role of district directors in the supervision and support of supervisors.
- ⊕ Mandate attendance at monthly supervisors' meetings; incorporate training sessions into the meetings.

- **Measuring Success**

- ⊕ Time study results are available by 11/15/07. By 4/1/08, identify strategies to free time for supervisors to focus on supporting quality social work.
- ⊕ Attendance at supervisors' meeting is tracked monthly. 85% of supervisors attend monthly. Operations managers address any problematic patterns of attendance with district directors.
- ⊕ Training sessions are regularly incorporated into supervisors' meetings by 11/1/08.

Promote Use of Teaming Models

- **Why?**

In our present model of individual assignment of case to individual social workers, there is considerable pressure on workers to know everything and take responsibility for all decisions. In addition, social workers do not receive the kind of support they need to handle the secondary trauma they experience. Burn-out is a real and present issue for our social work staff, causing good workers to leave the system pre-maturely, and perhaps worse, causing others to stay and provide poor quality services.

Individual assignment of cases means that when a crisis happens, the worker can quickly get pulled off course for a day, or even a week. The worker is on his or her own with the crisis. Appointments are cancelled, the worker is unavailable to answer the phone or return messages. More crises result.

For the last 2 years, the Massachusetts Division of Social Service (DSS) has been experimenting with a model of teamwork that does not rely on a unit of social workers with individually assigned families. Rather, the entire team takes responsibility for the entire group of families. The family has a primary team of 2 workers, but in a crisis, the whole team can be deployed to provide a quick response. Thus, a crisis may take 2 hours to resolve, instead of all day. Home visits are typically done by the team, allowing for use of each worker's strengths in a synergistic fashion. Group supervision is the norm, allowing for the skills and expertise of the whole team to be accessed. Practice is far more transparent. There is always a worker assigned to be in the office. That worker is immediately available to take a phone call and, due to group supervision, will know something about the family.

The DSS teaming model has been very successful. Although careful preparation and ongoing attention is needed to assure that teams can work together effectively, workers and supervisors – as well as families served -- report a high level of satisfaction with the model. There may be other teaming models that will achieve the same purposes.

- **Primary Strategies**
 - ⊕ Invite Massachusetts colleagues to present to supervisors.
 - ⊕ Design a protocol to assess readiness for district offices and/or units to adopt the teaming approach.
 - ⊕ Identify 4-6 districts/units to pilot the approach. Begin readiness work by the end of FY '08 and implement in FY '09.
 - ⊕ Identify needed resources to support the development of teaming, including intensive training and consultation.
 - ⊕ Develop a clearly articulated model for teaming.
 - ⊕ Make necessary IT modification to support the model.
 - ⊕ Design evaluation and implementation evaluation model.
 - ⊕ Engage in ongoing collaboration with colleagues in Massachusetts and New York who are piloting this model.

- **Measuring Success**
 - ⊕ Design evaluation model that focus on worker satisfaction, consumer satisfaction and outcomes – and that supports modification of the model.

Ensure Appropriate Use of Residential and Other High End Care

- **Why?**

The use of residential care has decreased in the last 2 years as the division has paid more attention to the appropriateness of admissions and to length of stay. At the same time, there are still many questions about whether we have the right configuration of residential and other high end care, and whether we are using high end care at the right time, for the right purpose, and for the right length of time.

- **Primary Strategies**
 - ⊕ The Department of Mental Health published a framework for use of residential care 2 years ago.
 - ⊕ A System of Care Group has been meeting for 2 years, and has just issued a survey that is designed to gain a better understanding of the needs of children and youth who have been in the residential system.
 - ⊕ A VPM group has recently completed a needs assessment for residential care.
 - ⊕ Engage residential providers in re-examination of the role of residential care in Vermont, including strong engagement with youth's families and a commitment to permanency planning.
 - ⊕ With staff and stakeholders, devise a clear plan to ensure use of residential care for the right youth, at the right time, for the right length of time. Strengthen community-based, and ideally family-based, step-down care options.
 - ⊕ Articulate the system of care that is needed to better serve girls with intensive needs.

- **Measuring Success**

- ⊕ By 2/1/08, post the Department of Mental Health's framework on our intranet page.
- ⊕ By 3/1/08 an analysis of the System of Care survey will have been completed and the results distributed to interested parties.
- ⊕ By 3/7/08, representatives from the System of Care group will meet with VCORP and review goals related to this strategic area.
- ⊕ By 7/1/08 DCF/FS will have a plan for entertaining proposals from existing residential providers for program changes to address the identified unmet needs.

Provide Appropriate Technology Supports

- **Why?**

Lack of appropriate IT supports cause staff to do redundant work and distract from the kind of practice we aspire to. There are a multitude of reasons for this:

- ⊕ The division has been chronically under-resourced to meet the IT needs of its employees. This is true from a staff and budget perspective.
- ⊕ Development of new applications is slow and laborious. New development tends to be driven by federal and state legislative requirements, and not by worker priorities.
- ⊕ Workers cannot presently take technology with them into the field, as the department does not supply or support use of mobile devices, such as laptops. This causes redundancy, as workers take notes and do case planning in the field, and then they must return to the office and do the same work there.
- ⊕ The department does not supply cell phones, a tool that would make workers safer and more accessible. Lack of cell coverage in many areas of the state is still an issue.

- **Primary Strategies**

- ⊕ Hire temporary IT support, to be funded by JABG.
- ⊕ Capitalize on present planning spearheaded by OVHA to develop a new IT system that will handle all aspects of Medicaid eligibility and payments.
- ⊕ Work closely with the DCF leadership team to ensure that current initiatives to support imaging and document management are extended to Family Services.
- ⊕ Dedicate staff to work with the DCF IT staff to craft an RFP for an IT needs assessment to be conducted on the department level.
- ⊕ Clearly articulate the IT implication for other sections of this transformation plan and plan accordingly.
- ⊕ Address safety concerns by increasing commitment to providing cell phones for investigative staff and others.
- ⊕ Continue to research mobile technologies that would support social workers in the field and align technology with desired practice.

- **Measuring Success**

- ⊕ Hire temporary employee by 12/15/07.
- ⊕ As part of plan to address caseload, plan for needed IT resources.
- ⊕ Address needs for cell phones/mobile devices as part of (at the latest) FY '10 budget building process.

Support and Reinforce Desired Practice

WHY?

Moving practice as outlined in this strategic plan will take a clear focus and perseverance. We must reinforce the message over and over again. It is far too easy for field staff to adopt a “this too shall pass” attitude.

- **Primary Strategies**

- ⊕ Work with DCF Marketing Coordinator on messaging for internal and external stakeholders, with both short and longer term strategies.
- ⊕ Plan for an FSD Practice Conference to take place Spring or Fall 2008.
- ⊕ Create new division awards for excellence and practice leadership, with awards to be given at the conference.
- ⊕ Align central offices supports with transformation plan.

- **Measuring Success**

- ⊕ Implement new operational structure by 9/15/07.
- ⊕ Convene meeting of directors and supervisors by 12/15/07 to further discussion of this plan.
- ⊕ Meet with Marketing Coordinator by 2/1/08 to begin planning for communications approach.
- ⊕ Present strategic plan to key partners and stakeholders by 3/15/08.
- ⊕ Implement communications plan by 5/1/08.
- ⊕ By 7/1/08, convene committee to plan for awards and conference.
- ⊕ Hold conference no later than 12/31/08.



At its first meeting on September 30, 1999, board members decided that the board's success will be measured by answering the following questions. These questions have continued to guide us.

- ◆ Does Board feel informed and understand the Department in the broad sense?
- ◆ Does the Department get leadership from the Board and feel that it is a good use of time?
- ◆ Has Board reviewed child fatalities or near fatalities and/or other issues referred?
- ◆ Has Board examined the strengths and weaknesses of the DCF system and made recommendations for improvement?
- ◆ Has Board evaluated data around trends/issues and discussed implications for future planning?
- ◆ Has Board offered useful and significant recommendations to the department?
- ◆ Has Board produced annual report?

VERMONT

Child Protection Advisory Board **2007 - 2008**

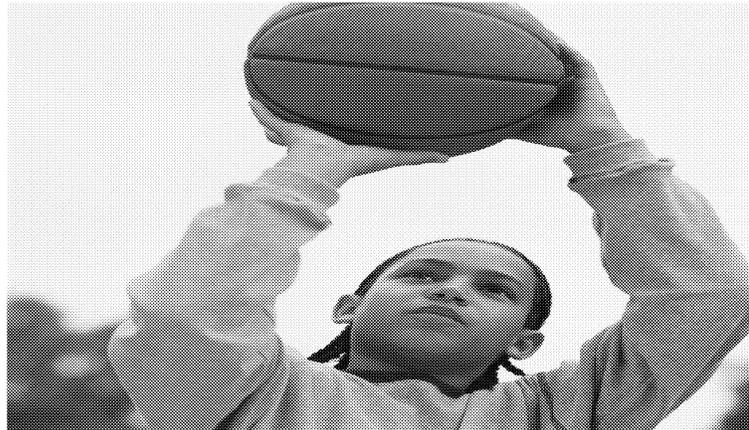
Background

In 1999, consistent with the provisions of the federal Child Abuse Prevention and Treatment Act (CAPTA), DCF Family Services (then SRS) formed the Child Protection Advisory Board. In December of 2004, the board was renamed the Vermont Citizen's Advisory Board (VCAB) in By-Laws that were adopted by the board on December 8, 2004. The Board meets quarterly to discuss a broad variety of issues related to child protection in Vermont.

Members

Joseph Hagan, M.D. - Co-chair, Pediatrician
Judge George Belcher - Judge, Washington Probate Court
Rev. Stephen G. Berry - Foster/Adoptive Parent, Pastor
Charlie Biss - Dir of Children's Services, VT Dept of Health
Linda Johnson - Prevent Child Abuse Vermont
Lt. Edward Ledo - Dept of Public Safety
Alice Siegriest - VT Children's Aid Society
Michael Macadoo - ADAP, VT Dept of Health
Gary Schaedel - VT Dept of Health
Lynn Granger - Kinship Care Provider
Angela Devoid - Parent
Sally Borden - Kid Safe Collaborative
Sue Cano - Lamoille County Supervisory Union
Amy Torchia - VT Network Against Domestic and Sexual Violence

DCF Staff: Steve Dale - Commissioner for DCF, Cindy Walcott - Deputy Commissioner for Family Services, Frederick Ober - Child Protection Director for Family Services, Karen Shea - Child Safety Assessment Manager for Family Services, Stacey Edmunds - Victim Treatment Services Coordinator, Priscilla White - Administrative Assistant



FY 2005 - FY 2006 Board Meetings

Vermont's Citizen Advisory Board met three times in FY 2008, on 9/5/2007, 12/5/2007, and 3/26/2008.

The following issues, among others, were discussed at our meetings:

- **Legislation**

ACTION: The board reviewed changes in state law that impact DCF Family Services. Specifically, the board reviewed:

- H.635 An Act Relating To The Child Abuse Registry

Substantial time was spent reviewing H.635 during the December and March meetings of the board. Specific recommendations were made by the board to the Commissioner regarding language about case load caps that was included in H.635. The board moved that a limit of ten investigation per worker be removed given the unintended consequences that could occur to other caseloads by limiting numbers for some types of cases but not other. During the March meeting, the board voted to support H.635 if the caseload limit were removed.

- H.615/S.336 Juvenile Judicial Proceedings

The board spent substantial time at both the December 2007 and March 2008 reviewing the Juvenile Judicial Proceedings Act. The content of the bill was reviewed during these meetings and the board offered general support to the department's efforts to rewrite this legislation.

- **Commissioner's Registry Review Unit**

ACTION: The board was updated on implementation of due process requirements that were outline in Act 77 in 2007. Act 77 required the department to (1) have a process that ensure alleged offenders due process prior to entry into the central registry and (2) that allowed those entered into the central registry to access a review after seven years in order to demonstrate reduced risk to the safety and well-being of children. The board discussed the department's efforts at the September, December and March meetings and made recommendations for the department specific to victim notification and involvement.

- **H148 Summer Study on Differential Response**

ACTION: The board reviewed the legislative study required by Act 77 related to Differential Response to allegations of child abuse and neglect. The board reviewed the findings and the departments recommendations (that later took the form of H.635) at the September meeting.

- **Child and Family Services Review**

ACTION: The board was updated on the department's efforts toward the development of the Program Improvement Plan. During the December meeting, the board was updated regarding the PIP planning that had taken plan.

- **Centralized Intake**

ACTION: The board reviewed the department's plans to implement centralized intake reporting for concerns of child abuse and neglect during the March meeting. The board expressed agreement with the department's plan and its inclusion in the Program Improvement Plan.

- **Membership**

ACTION: The board reviewed membership and empanelment and discussed the current membership as well as expanding membership to more comprehensively represent the varied interests of consumers and members of the community at large. In September of 2007, a parent representative was added to the board as well as a member of a non-state child advocacy collaborative.

Attachment C.

Vermont Department for Children and Families/Family Services COOP

ANNEX A - ESSENTIAL FUNCTIONS

The following charts identify the responsible position titles for Categories 1 and 2 functions, **in order of priority.**

Category 1 Functions		Title of Responsible Position
1	Identify and verify the location of children/youth in foster homes, and residential placements (in-state and out-of- state) by contacting caregivers	Local District directors Local supervisors Local social workers ICPC coordinator
2	Locate and contact biological/primary parents of children/youth in out –of- home care	Local district directors Local Supervisors Local Social Work staff
3	Screen alternate placement resources in the event children need a new placement	Local District staff and Licensing staff
	Intake /investigation of most egregious abuse allegations	Child Safety unit Local supervisors Local social workers
4	Locate and assign staff	Local District directors Local supervisors Central Office Management team

Category 2 Functions		Title of Responsible Position
1	Staff and set up a Central Office command Center Primary location: Large 3 rd floor conference room	Deputy Commissioner Other available Central Office managers
2	Provide secure placement for Woodside youth	Juvenile Justice director Woodside director Woodside supervisors and counselors
3	Foster care payroll	Family Services business office; Central office management team

Family Services Central Office is comprised of seven units (7) . These Divisions work together to support Family Services' essential functions.

Each division and its responsibilities for supporting the aforementioned essential functions are described in the following table.

Business Unit	Essential Function Support Duties
System of Care	Foster care and residential care support/contracts
Youth Justice	Woodside oversight; youth programs/contracts
ICPC/ICJ	Oversight of out-of state placements and children from other states placed in vt
Policy/Operations	Quality Assurance/federal plan compliance; Adoption program
Residential Licensing	Foster care/ residential care/child placing agencies oversight
Child Safety	Centralized Intake/Special Investigations/Domestic Violence oversight
Child Benefits	Quality assurance for benefits for foster children/oversight of federal compliance in this area
IT	Support the operations

ANNEX B - AUTHORITIES AND REFERENCES

Robert T. Stafford Disaster Relief and Emergency Relief Act, PL 93-288, as amended Code of Federal Regulations,
 Title 44 Code of Federal Regulations,
 Title 41, Part 101-20.103-4 Code of Federal Regulations,
 Title 36, Part 1236 Federal Preparedness Circular 65
 State of Vermont Statutes:

- 29 VSA §171(e)
- 20 VSA §184

ANNEX C - ALTERNATE FACILITIES

Facility Name	Facility Address	Agreement Type and Date	Annual Cost	Comments
McFarland house	Barre	State office building	NA	
Barre District Office	5 Perry Street Barre	State office building	NA	

Risk assessments have been performed for each of the aforementioned facilities and are attached to this Annex.

The process for invoking use of the alternate facilities is:

Commissioner or Deputy Commissioner has declared the Waterbury facility to be closed because basic operational systems necessary to provide command and control are not available or because of a known or anticipated threat.

Should the Commissioner or Deputy Commissioner not be available, the succession plan will be implemented.

The Deputy Commissioner will contact the alternate facility to coordinate use and is considered part of the advance team.

Central office managers will contact employees within their units to coordinate move of equipments and supplies to the alternate site.

Maps and driving directions from the primary operating facility to the alternate facilities are attached.

The Advance Team that will be deployed to the alternate facility to make it ready for use consists of the following personnel:

Name	Position Title	E-mail Address first name. last name@ahs.state.vt.us	Office Phone	Home Phone	Cell Phone	Advance Team Responsibilities
Cindy Walcott	Deputy Commissioner		241-2126			Direct the Advance Team
Fred Ober	Operations Manager		241-2139			Communications
Diane Chapin	Administrative Assistant		241-2251			Logistics

ANNEX D - GO-KITS

A departmental go-kit will include copies of the Family Services Emergency Operations Plan (EOP), the department EOP, the department COOP, call-down lists, other vital records (described in Annex E) and alternate department operating locations with maps to these locations.

The go-kit will also contain a laptop computer loaded with department facility locations, essential human resources and payroll information, and department-specific software. Copies of forms needed to continue providing essential services as well as forms that can be used to perform work manually should computer systems not be working properly will be included in the go-kit.

Essential personnel may want to also have a personal go-kit that includes personal care items. Some recommended items include:

- A change of clothing
- Personal hygiene items (soap, shampoo, etc.)
- Drinking water
- Non-perishable food/snacks
- Eating utensils
- Flashlight
- Batteries
- Portable radio
- Blanket
- First aid kit/first aid items
- Prescription medicines
- Contact lenses and solution

ANNEX E - VITAL RECORDS/DATABASES

Vital Record	Type of Record	Description	Format of Record	Location
Child's case record	Paper/E	Family and case information and placement info		District
Foster home record	Paper	Licensing information about the foster home/capacity/identifying info		District/Residential Licensing unit
Staff contact information	E/paper			District/Central Office

Vital File, Record, or Database	Form of Record (e.g., hardcopy, electronic)	Pre-positioned at Alternate Facility	Hand Carried to Alternate facility	Backed up at Third Location
Social Services Management Information System (SSMIS)	E	NO	yes	Server back up VDH (2 places)

GIS Mapping Database	E	NO		
COOP	E	NO	YES	
FSDNET	E	NO	YES	VDH

Copies of Memoranda of Understanding and Memoranda of Agreement are attached.

AHS IT personnel is responsible for ensuring that vital records are available at the alternate facility during COOP operations, and that these records are returned to their correct locations when COOP operations cease. In the case of storage with outside vendors, AHS IT will also maintain the roster individuals authorized to access these records. The following procedures are necessary to retrieve records from the aforementioned storage locations:

- 1 Contact AHS IT server support
- 2 Retrieve back up media from alternate facilities

The following staff members are authorized to access off-site records:
AHS IT server staff

The department's vital records are maintained and backed up on a regular basis. The following table summarizes the maintenance and backup schedule and individuals responsible for overseeing this process.

Vital Record/Database	Maintenance Frequency	Protection Methods	Responsible Staff Member
Social Services Management Information System (SSMIS)	Ongoing	None	IT manager AHS
FSNET		none	Family Services Rich DiMatteo
Staff Roster	Quarterly	none	Central Office/District Administrative staff

ANNEX F - LINES OF SUCCESSION

Lines of Succession	
Key Department Position	
Commissioner, Department for Children and Families	(1) Steve Dale
Deputy Commissioner	(2) Cindy Walcott
Central Office Managers	(3) Fred Ober; Sheila Duranleau; Lucy Abair; Shaun Donahue; Stacey Jolles; Mark Schroeder
Central Office Unit Supervisors	Mike Feulner; Karen Shea; Dana Lawrence

Departmental Division Family Services	Lines of Succession
(1) Deputy Commissioner	Cindy Walcott
(2) Operations managers(3)	Fred Ober; Sheila Duranleau; Shaun Donahue; Mark Schroeder
(3) Central Office Management Team	Lucy Abair; Stacey Jolles;
4) Division Management Team	12 District Directors

ANNEX G - DELEGATIONS OF AUTHORITY

Authority	Position Holding Authority	Triggering Condition	Limitations to Delegated Authority	Delegated Purchasing Authority
Activate alternate site	Deputy Commissioner or designee	Waterbury is inoperable		
Deploy staff to alternate site	SAME	SAME		

ANNEX I - LOGISTICS

Department employees will be notified of the intent to activate and de-activate the COOP using standard protocols whenever possible. Employees will be notified by telephone, pager, two-way radio, and/or e-mail of a change in COOP status. This information also will be available on the agency's employee information line and intranet site. Employees will be notified of a change in COOP status based on the category of the essential function that they perform. Employees who perform Category 1 work will be notified first, then employees who perform Category 2 work, and so on.

Employee Roster (SEE ANNEX)

Fax and Telephone Forwarding Numbers

Name or Location of Phone/Fax Number	Old Number	New Number
Waterbury/Osgood Family Services		Fax 241-2407 Phone 241-2131
Waterbury Osgood Residential Licensing		Fax 241-1219 Phone 241-2159

Key vendors and customers also will be notified of the intent to activate and deactivate the COOP plan. Notification will occur using usual methods such as land line telephone, cellular telephone, or e-mail.

Vendor Roster (SEE ANNEX)

Customer Roster

Customer Roster	Services Provided to Customer	Point of Contact	Telephone Number	E-mail Address
Customer				
Families and Children	Protective Services/Casework Services	NA	MA	MA
Foster Families	Support Services	NA	NA	NA

The following equipment and supplies, including software and desktop and laptop computers, will be required by FSD to be able to continue its essential functions from the alternate facility.

Equipment	Quantity	Pre-Positioned	Hand-Carried	To Be Ordered
Access to land lines or cell phones, laptops or desktops with access to State LAN, flat workspace, 2-way radios, battery powered radio, pens, pencils, paper tablets, water bottles.	Varies	no	yes	yes

Supplies/Consumables	Quantity	Pre-Positioned	Hand-Carried	To Be Ordered
If sheltering in place additional food, water, medications, medical kit, etc. may be necessary and will be available.	varies	yes	Yes	yes

Replacement personnel may be required to implement the COOP. Deputy Commissioner or Designee has the authority to fill vacant positions. The following skills or knowledge is required to carry out essential functions:

Replacement personnel may be required to implement the COOP. Deputy Commissioner or Designee has the authority to fill vacant positions. The following skills or knowledge is required to carry out essential functions:

Position	Skills
Deputy Commissioner	Administrative
Management Team	SAME

ANNEX J - COOP PLANNING ASSIGNMENTS

Responsibility	Position
Update COOP plan annually.	Quality Assurance Coordinator/ Residential Licensing Director
Update telephone rosters monthly.	District and Central Office support staff
Review status of vital files, records, and databases.	Family Services IT manager
Conduct alert and notification tests.	Human Recourses/Operations
Develop and lead COOP training.	Operations/Human Resources
Plan COOP exercises.	Same

ANNEX K - ALTERNATE COMMUNICATION METHODS

Communication Method/System	Providers	Alternate Method #1	Alternate Method #2
Incoming / Outgoing Mail	Buildings & General Services	Pick-up & deliver mail to Middlesex or other location as designated by BGS	Arrange for PO Box at Post Office for mail delivery & pick up

**STATE PLAN ON AGING
UNDER TITLE III
OF THE OLDER AMERICAN'S ACT**

State Plan on Aging Under Title III

**Listing of State Plan Assurances
Older Americans Act, As Amended in 2000**

ASSURANCES

Sec. 305, ORGANIZATION

(1) The State agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service area) after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area. **((a)(2)(A))**

(2) The State agency shall provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan. **((a)(2)(B))**

(3) The State agency shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low income minority individuals and older individuals residing in rural areas and include proposed methods of carrying out the preference in the State plan. **((a)(2)(E))**

(4) The State agency shall provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16). **((a)(2)(F))**

(5) The State agency shall provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low income minority older individuals and older individuals residing in rural areas. **((a)(2)(G)(ii))**

(6) In the case of a State specified in subsection (b)(5), the State agency and area agencies shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area. **((c)(5))**

Sec. 306, AREA PLANS

(1) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services

State Plan on Aging Under Title III

(A) services associated with access to services (transportation, outreach, information and assistance, and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded. **((a)(2))**

(2) Each area agency on aging shall provide assurances that the area agency on aging will set specific objectives for providing services to older individuals with greatest economic need and older individuals with greatest social need, include specific objectives for providing services to low-income minority individuals and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the area plan. **((a)(4)(A)(i))**

(3) Each area agency on aging shall provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will

(A) specify how the provider intends to satisfy the service needs of low-income minority individuals and older individuals residing in rural areas in the area served by the provider;

(B) to the maximum extent feasible, provide services to low-income minority individuals and older individuals residing in rural areas in accordance with their need for such services; and

(C) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals and older individuals residing in rural areas within the planning and service area. **((a)(4)(A)(ii))**

(4) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall

(A) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;

(B) describe the methods used to satisfy the service needs of such minority older individuals; and

(C) provide information on the extent to which the area agency on aging met the objectives described in clause **(a)(4)(A)(i)**. **((a)(4)(A)(iii))**

State Plan on Aging Under Title III

(5) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on

(A) older individuals residing in rural areas;

(B) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(C) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(D) older individuals with severe disabilities;

(E) older individuals with limited English-speaking ability; and

(F) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals);

and inform the older individuals referred to in (A) through (F), and the caretakers of such individuals, of the availability of such assistance. **((a)(4)(B))**

(6) Each area agency on agency shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas. **((a)(4)(C))**

(7) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, with agencies that develop or provide services for individuals with disabilities. **((a)(5))**

(8) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title. **((a)(9))**

(9) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

State Plan on Aging Under Title III

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans. **((a)(11))**

(10) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships. **((a)(13)(A))**

(11) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency

(A) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(B) the nature of such contract or such relationship. **((a)(13)(B))**

(12) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships. **((a)(13)(C))**

(13) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships. **((a)(13)(D))**

(14) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals. **((a)(13)(E))**

(15) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title. **((a)(14))**

(16) Each area agency on aging shall provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title. **((a)(15))**

State Plan on Aging Under Title III

Sec. 307, STATE PLANS

(1) The plan describes the methods used to meet the need for services to older persons residing in rural areas in the fiscal year preceding the first year to which this plan applies. **((a)(3)(B)(iii))**

(2) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract. **((a)(7)(A))**

(3) The plan shall provide assurances that-

(A) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(B) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(C) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act. **((a)(7)(B))**

(4) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000. **((a)(9))**

(5) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs. **((a)(10))**

(6) The plan shall provide assurances that area agencies on aging will--

(A) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;

(B) include in any such contract provisions to assure that any recipient of funds under division (A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and

State Plan on Aging Under Title III

(C) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis. **((a)(11)(A))**

(7) The plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services. **((a)(11)(B))**

(8) The plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; **((a)(11)(D))**

(9) The plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination. **((a)(11)(E))**

(10) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for-

(A) public education to identify and prevent abuse of older individuals;

(B) receipt of reports of abuse of older individuals;

(C) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and

(D) referral of complaints to law enforcement or public protective service agencies where appropriate. **((a)(12))**

(11) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State. **((a)(13))**

State Plan on Aging Under Title III

(12) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full time basis, whose responsibilities will include—

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

((a)(14))

(13) The plan shall provide assurances that the State agency will require outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--

(A) older individuals residing in rural areas;

(B) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(C) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(D) older individuals with severe disabilities;

(E) older individuals with limited English-speaking ability; and

(F) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and inform the older individuals referred to in clauses (A) through (F) and the caretakers of such individuals, of the availability of such assistance. **((a)(16))**

State Plan on Aging Under Title III

(14) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities. **((a)(17))**

(15) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who--

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them. **((a)(18))**

(16) The plan shall include the assurances and description required by section 705(a). **((a)(19))**

(17) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services. **((a)(20))**

(18) The plan shall-

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

((a)(21))

(19) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8). **((a)(22))**

(20) The plan shall provide assurances that demonstrable efforts will be made--

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

State Plan on Aging Under Title III

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at risk youth intervention, juvenile delinquency treatment, and family support programs.

((a)(23))

(21) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance. **((a)(24))**

(22) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in home services under this title. **((a)(25))**

(23) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title. **((a)(26))**

Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(1) No application by a State under subparagraph (b)(3)(A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph. **((b)(3)(E))**

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)

(1) The State plan shall provide an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter.

(2) The State plan shall provide an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle.

(3) The State plan shall provide an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.

State Plan on Aging Under Title III

(4) The State plan shall provide an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.

(5) The State plan shall provide an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) The State plan shall provide an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for—

- (i) public education to identify and prevent elder abuse;
- (ii) receipt of reports of elder abuse;
- (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
- (iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except

- (i) if all parties to such complaint consent in writing to the release of such information;
- (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
- (iii) upon court order.

State Plan on Aging Under Title III

VERIFICATION OF INTENT

The State Plan on Aging Assurances is hereby submitted for the State of Vermont for the period October 1, 2008 through September 30, 2009.

This plan includes assurances and plans to be conducted by the Vermont Department of Disabilities, Aging and Independent Living under provisions of the Older Americans Act, as amended, during the period identified. The State Agency named above has been given the authority to develop and administer the State Plan on Aging in accordance with all of the State activities related to the purposes of the Act, i.e., the development of comprehensive and coordinated systems for the delivery of supportive services, including multipurpose senior centers and nutrition services, and to serve as the effective and visible advocate for the elderly in the State.

This Plan is hereby approved by the Governor and constitutes authorization to proceed with activities under the Plan upon approval by the Commissioner on Aging.

The State Plan on Aging hereby submitted has been developed in accordance with all Federal statutory and regulatory requirements.

9/11/08
(Date)

Joan K. Senecal
Commissioner, Department of Disabilities,
Aging and Independent Living

9/11/08
(Date)

Patrick Flood
Deputy Secretary, Agency of Human Services
State of Vermont

State Plan on Aging Under Title III

**INTRASTATE FUNDING FORMULA FOR DISTRIBUTION
OF TITLE III FUNDS FOR FISCAL YEAR 2009**

Purpose: The Older Americans Act requires that the Department of Disabilities, Aging and Independent Living have in place an intrastate funding formula, which reflects the general distribution within the State of older persons in greatest economic and social need. In addition, the Department of Disabilities, Aging and Independent Living feels that the formula should provide an area agency on aging with sufficient funds to support its essential functions as advocate, planner, coordinator and monitor of a service system within its area.

The Base: A set amount of \$85,044 is distributed by the Department of Disabilities, Aging and Independent Living to each area agency on aging.

Formula:

Method of Distribution of Title III and State Funds:

There are four steps in the distribution process of Older Americans Act and state funding to the area agencies on aging. These include:

1. Base distribution divided equally among the AAAs.
2. Calculation of remaining funds includes weighting of factors related to social needs (Old, Alone and Poor – OAP), numbers of aged 60 and over and economic need.
 - One third of the funds are distributed according to age;
 - 80% of the remaining two-thirds is distributed using the OAP formula; and
 - 20% of the remaining two-thirds are distributed according to the number of individuals below 125% of poverty.
3. Social need calculation based on population cohort age 75+ living alone and below the poverty line (OAP) in each AAA region.
4. Economic need based on population cohort 60+ below 125% of poverty and not OAP (Poverty 125%) in each AAA region.

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State Plan on Aging Under Title III

Grant Awards: Using this formula, Title III funds are distributed to AAAs as indicated below:

<u>Area Agency on Aging</u>	<u>FFY'07 Actual</u>	<u>FFY'08 Estimated</u>	<u>FFY'09 Proposed</u>
Central Vermont Council on Aging	\$ 980,247	\$ 975,950	\$ 976,604
Champlain Valley Agency on Aging	\$ 1,382,258	\$1,357,049	\$1,359,817
Northeastern Kingdom Council on Aging	\$ 706,845	\$ 771,505	\$ 774,053
Council on Aging for Southeastern Vermont	\$ 959,062	\$ 887,617	\$ 882,180
Southwestern Vermont Area Council on Aging	\$ 770,778	\$ 964,150	\$ 963,617

STATE COUNCIL ON

DEVELOPMENTAL

DISABILITIES

State Developmental Disability Council

The Vermont Agency of Human Services acts as the designated agency for the Vermont Developmental Disabilities Council [the Council.] The Vermont Developmental Disability Council is a Council established under the Developmental Disabilities Assistance and Bill of Rights Act of 2000, Public Law 106-402, 42 U.S.C. 15001 et seq.:

PURPOSE (Section 121)

...(1) engage in advocacy, capacity building and systems change activities...and

(2) contribute to a coordinated, consumer and family-centered, consumer and family-directed, comprehensive system of community services, individualized supports, and other forms of assistance that enable individuals with developmental disabilities to exercise self-determination, be independent, be productive, and be integrated and included in all facets of community life.

COMPREHENSIVE REVIEW AND ANALYSIS: STATE PROVISION OF INFORMATION ON ICF/MR AND HCBW [Section 124(c) (3) ; C (vii) – (viii)]

The Council's Plan shall describe the results of a comprehensive review and analysis of the extent to which services, supports, and other assistance are available to individuals with developmental disabilities and their families, and the extent of unmet needs for services, supports and other assistance for those individuals and their families in the state. The results of the comprehensive review and analysis shall include...

(C)(vii) a description of the adequacy of health care and other services, supports and assistance that individuals with developmental disabilities who are in facilities receive based in part on each independent review (pursuant to section 1902(a)(30)(c) of the Social Security Act) of an Intermediate Care Facility (Mental Retardation) within the State, which the State shall provide to the Council not later than 30 days after the availability of the review; and (viii) to the extent that information is available, a description of the adequacy of health care and other services, supports and assistance that individuals with developmental disabilities who are served through Home and Community-Based Waiver [HCBW] receive.

A. IN GENERAL [Section 124(c) (5) (A)]

The Council Plan shall contain or be supported by assurances and information described in subparagraphs (B) through (N) that are satisfactory to the Secretary of Health & Human Services.

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State Developmental Disability Council

B. USE OF FUNDS [Section 124(c) (5) (B) (i)-(vi)]

With respect to the funds paid to the State under section 122, the Agency of Human Services [AHS] assures that-

- (i) not less than 70 percent of such funds will be expended for activities related to the goals described in paragraph (4);
- (ii) such funds will contribute to the achievement of the purpose of this subtitle in various political sub-divisions of the State;
- (iii) such funds will be used to supplement, and not supplant, the non-Federal funds that would other-wise be made available for the purposes for which the funds paid under section 122 are provided;
- (iv) such funds will be used to complement and augment rather than duplicate or replace services for individuals with developmental disabilities and their families who are eligible for Federal assistance under other State programs;
- (v) part of such funds will be made available by the State to public or private entities;
- (vi) at the request of the State, a portion of such funds provided to such State under this subtitle for any fiscal year shall be available to pay up to ½...of the expenditures found to be necessary by the Deputy Secretary for the proper and efficient exercise of the functions of the designated State agency, except that not more than 5 percent of such funds provided to such State for any fiscal year, or \$50,000, whichever is less, shall be made available for total expenditures for such purpose by the designated State agency; and
- (vii) not more than 20 percent of such funds will be allocated to the designated State agency for service demonstrations by such agency that-

- (I) contribute to the achievement of the purpose of this subtitle; and
- (II) are explicitly authorized by the Council.

(C) STATE FINANCIAL PARTICIPATION [Section 124(c) (5) (C)]

AHS assures that there will be reasonable State financial participation in the cost of carrying out the plan.

(D) CONFLICT OF INTEREST [Section 124(c) (5) (D)]

AHS assures that no member of such Council will cast a vote on any matter that would provide direct financial benefit to the member or otherwise give the appearance of a conflict of interest.

(E) URBAN AND RURAL POVERTY AREAS [Section 124(c) (5) (E)]

AHS assures that special financial and technical assistance will be given to organizations that provide community service, individualized supports, and other forms of assistance to individuals with developmental disabilities who live in areas designated as urban or rural poverty areas.

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State Developmental Disability Council

(F) PROGRAM ACCESSIBILITY STANDARDS [Sections 124(c) (5) (F)]

AHS assures that programs, projects, and activities funded under the plan, and the buildings in which such programs, projects, and activities are operated, will meet standards prescribed by the Deputy Secretary in regulations and all applicable Federal and State accessibility standards, including accessibility requirements of the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.), section 508 of the Rehabilitation Act of 1973 (29 U.S.C. 794d), and the Fair Housing Act (42 U.S.C. 3601 et seq.).

(G) INDIVIDUALIZED SERVICES [Section 124(c) (5) (G)]

AHS assures that any direct services provided to individuals with developmental disabilities and funded under the plan will be provided in an individualized manner, consistent with the unique strengths, resources, priorities, concerns, abilities, and capabilities of such individual.

(H) HUMAN RIGHTS [Section 124(c) (5) (H)]

AHS assures that the human rights of the individuals with developmental disabilities (especially individuals without familial protection) who are receiving services under programs assisted under this subtitle will be protected consistent with section 109 (relating to rights of individuals with developmental disabilities).

(I) MINORITY PARTICIPATION [Section 124(c) (5) (I)]

AHS assures that the State has taken affirmative steps to assure that participation in programs funded under this subtitle is geographically representative of the State, and reflects the diversity of the State with respect to race and ethnicity.

(J) EMPLOYEE PROTECTIONS [Section 124(c) (5) (J)]

AHS assures that fair and equitable arrangements (as determined by the Deputy Secretary after consultation with the Secretary of Labor) will be provided to protect the interests of employees affected by actions taken under the plan to provide community living activities, including arrangements designed to preserve employee rights and benefits and provide training and retraining of such employees where necessary, and arrangements under which maximum efforts will be made to guarantee the employment of such employees.

(K) STAFF ASSIGNMENTS [Section 124(c) (5) (K)]

AHS assures that the staff and other personnel of the Council, while working for the Council, will be responsible solely for assisting the Council in carrying out the duties of the Council under this subtitle and will not be assigned duties by the designated State agency, or any other agency, office, or entity of the State.

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State Developmental Disability Council

(L) NONINTERFERENCE [Section 124(c) (5) (L)]

AHS assures that the designated State agency, and any other agency, office, or entity of the State, will not interfere with the advocacy, capacity building, and systemic change activities, budget, personnel, State Plan development, or plan implementation of the Council, except that the designated State agency shall have the authority necessary to carry out the responsibilities described in section 125(d) (3).

(M) STATE QUALITY ASSURANCE [Section 124(c) (5) (M)]

AHS assures that the Council will participated in the planning, design or redesign, and monitoring of the State quality assurance systems that affect individuals with developmental disabilities.

(N) OTHER ASSURANCES [Section 124(c) (5) (N)]

AHS assures that the plan shall contain such additional information and assurances as the Secretary [of Department of Health and Human Services] may find necessary to carry out the provisions (including the purpose) of this subtitle.

**Priority areas &
Projected Funding Plan break-out**

(i) State Name: VERMONT (ii) Federal Fiscal Year: 2009

Basic Priority Categories	Total Projected Funding
Goal Activities (Nine Areas of Emphasis Services Allocation)	\$423,600
General Management (Non-Services Allocation)	\$ 82,400
Anticipated Services Match	\$ 81,670
Anticipated Non-services Match	\$ 27,470
Subtotal Federal Allocation *	\$506,000*
Subtotal Non-Federal	\$109,140
Total Budget FY'07	\$615,140

*Projected Federal allocation for FY09 of \$462,315 plus carry-over of \$43,685 from prior year allocation.

VERMONT HUMAN SERVICES PLAN - FY 2007

FEDERAL ASSURANCES & DOCUMENTATION

State Developmental Disability Council

<u>NAME</u>	<u>ADDRESS</u>	<u>QUALIFICATION</u>	<u>TERM EXPIRES</u>
Lucy Abair	NA	AHS rep.	unlimited
Clare Bruno	Montpelier	Dept. of Education IDEA	unlimited
Pamela Dow	Georgia	Parent of child	
Herbert Gingrich	Middlebury	Individ. w/disability	3/31/10
Harriet Hall	Newport	Individ. w/disability	3/31/10
Kathy Hamilton	Bennington	Non-profit	3/31/11
Robert Harvey	Barre	Parent of adult w/disability	3/31/09
Carol Hassler MD	NA	AHS rep. SSA-Title V	unlimited
Rene Kievet-Kylar	NA	AHS rep. Rehab Act	unlimited
Sara Kobylenski	NA	AHS Rep	unlimited
Jay Lafayette	Rutland	Individ. w/disability	3/31/09
Brian Lawlor	Woodstock	Parent of minor children w/disability	3/31/07
Dennis Lindberg	So. Burlington	Parent of adult w/disability	3/31/08
Lance Mead	Brandon	Parent of adult w/disability	3/31/11
Ed Paquin	NA	VT Protection & Advocacy	3/31/07
Robert Price	Essex	Parent of child	3/31/09
Susan Ryan	NA	UCEDD	unlimited
Jessica Sanville	Lyndonville	Individ. w/disability	3/31/11
Joan Senecal	NA	AHS rep; SSA Title XIX & Older Americans	unlimited
Lisa Smedy	Barre	Individ. w/disability	3/31/10
Tami Trowell	Brattleboro	Parent of adult w/disability	3/31/10