

VERMONT HUMAN SERVICES PLAN - FY 2011

FEDERAL ASSURANCES & DOCUMENTATION

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VERMONT HUMAN SERVICES PLAN - FY 2011
FEDERAL ASSURANCES & DOCUMENTATION

PREFACE

This document has been constructed for use with the FY 11 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.

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**FY-11 Certification Regarding Drug-Free
Workplace Requirements**

**OMB Approval No. 0937-0189
Expiration Date: September 30, 2011**

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-11 Certification Regarding Drug-Free
Workplace Requirements**

**OMB Approval No. 0937-0189
Expiration Date: September 30, 2011**

- (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

8/13/10
Date

VERMONT HUMAN SERVICES PLAN - FY 2011

FEDERAL ASSURANCES & DOCUMENTATION

FY-11 Certification Regarding Lobbying

OMB Approval No. 0937-0189

Expiration Date: September 30, 2011

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-11 Certification Regarding Lobbying OMB Approval No. 0937-0189

Expiration Date: September 30, 2011

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

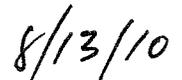
Organization Name

Patrick Flood, Deputy Secretary

Name and Title of Authorized Representative



Signature


Date

VERMONT HUMAN SERVICES PLAN - FY 2011

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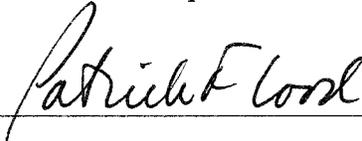
FY-11 Certification Regarding Program OMB Approval No. 0937-0189
Fraud Civil Remedies Act (PFCRA) Expiration Date: September 30, 2011

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



8/13/10
Date

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**FY-11 Certification Regarding
Debarment and Suspension**

**OMB Approval No. 0937-0189
Expiration Date: September 30, 2011**

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: 8/13/10

Patrick Flood, Deputy Secretary
Name and Title of Authorized Representative

Signature



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**FY-11 Certification Regarding
Environmental Tobacco Smoke**

**OMB Approval No. 0937-0189
Expiration Date: September 30, 2011**

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: 8/13/10

Patrick Flood, Deputy Secretary
Name and Title of Authorized Representative

Signature

Patrick Flood

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

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Page 1

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 8/13/10 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

A P P E N D I X A

**A summary of the Block Grant hearing
held August 25, 2010,
will be provided upon request**

B L O C K

G R A N T

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

**COMMUNITY MENTAL HEALTH
SERVICES BLOCK GRANT**

VERMONT HUMAN SERVICES PLAN - FY 2011

FEDERAL ASSURANCES & DOCUMENTATION

Community Mental Health Services Block Grant
Department of Mental Health

<u>Use of Funds by Goal or Activity</u>	<u>FFY'09 Actual</u>	<u>FFY'10 Estimated</u>	<u>FFY'11 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: MH- Children	\$3,359,986	\$3,664,648	\$3,649,392
State Funds	1,202,496	1,311,484	1,371,670
Additional state funds matched by others	406,501	369,417	410,983
Federal	1,685,161	1,920,4516	1,803,408
MH Block	65,828	63,331	63,331

Goal #2

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

APPROPRIATION: MH-Respite	\$ 866,513	\$ 866,513	\$ 866,513
State Funds	485,581	485,581	485,581
Federal	0	0	0
MH Block	380,932	380,932	380,932

VERMONT HUMAN SERVICES PLAN - FY 2011

FEDERAL ASSURANCES & DOCUMENTATION

Community Mental Health Services Block Grant
Department of Mental Health

<u>Use of Funds by Goal or Activity</u>	<u>FFY'09 Actual</u>	<u>FFY'10 Estimated</u>	<u>FFY'11 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: MH-Community Rehabilitation & Treatment	\$39,660,181	\$38,435,010	\$37,717,163
State Funds	8,615,227	6,987,137	7,121,452
Federal	30,868,280	31,271,199	30,419,037
MH Block	176,674	176,674	176,674
<u>Goal #4</u>			
To avoid unnecessary institutionalization of acutely mentally ill persons by providing immediate professional evaluation and treatment.			
APPROPRIATION: MH-Emergency	\$2,267,778	\$2,267,771	\$2,267,776
State Funds	1,802,148	1,795,039	1,887,525
Federal	432,534	439,636	347,155
MH Block	33,096	33,096	33,096
<u>Goal #5</u>			
Housing infrastructure funds: consultation, etc. to maintain stable housing in the community.			
Total	\$13,000	\$13,000	\$13,000
State Funds	0	0	0
Federal	0	0	0
MH Block	\$13,000	\$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'09 Actual</u>	<u>FFY'10 Estimated</u>	<u>FFY'11 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	\$22,419	\$22,419	\$22,419
State Funds	0	0	0
Federal	0	0	0
MH Block	22,419	22,419	22,419

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Community Mental Health Services Block Grant
Department of Mental Health

Goal #8

Peer-operated initiatives

Total	\$30,805	\$29,140	\$29,140
State Funds	0	0	0
Federal	0	0	0
MH Block	30,805	29,140	29,140
<u>TOTALS</u>	\$46,245,682	\$45,323,501	\$44,590,403
State Funds	12,105,452	10,579,241	10,866,228
Federal	32,985,975	33,631,251	32,569,600
MH Block	747,755	743,592	743,592
Additional state funds	406,501	369,417	410,983
Matched by others			

Block Grant Awards

FFY06	\$789,232
FFY07	\$780,471
FFY08	\$761,207
FFY09	\$747,755
FFY10	\$743,593
FFY11	\$743,593

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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. 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 2007 Actual	9,609
FY 2008 Actual	9,627
FY 2009 Actual	9,665
FY 2010 Estimated	9,600

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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 2009 (July 1, 2008-June 30, 2009), the last full year for which data are available as of this writing (June 2010), Vermont's designated agencies reported 5,344 episodes of respite services delivered to 308 Children's Services clients experiencing a severe emotional disturbance. The projection for Fiscal 2011 is between 250 and 300 clients served and approximately 5,000 episodes of respite, in keeping with the downward trend from FY 2005 onward. Respite funds support additional family-specific requests for services outside the numbers given here; they are not reported through the Monthly Service Reports, however. Demand for respite services continues to be considerably in excess of the resources for providing them.

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; integrated treatment for individuals with dual diagnoses of mental illness and substance abuse, 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 Vermont Fiscal Year 2009 was 47. 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.

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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 9,800 people in mental-health crises received emergency services from designated agencies in the community in Vermont Fiscal Year 2009; approximately 18,500 units of emergency 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 related services.

Goal Accomplishments

Housing infrastructure funding has provided consistent and reliable data, unavailable until recent years, 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.

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Community Mental Health Services Block Grant Department of Mental Health

Goal #6

Goal Description

Howard Center (HC), the designated agency for mental-health services in Burlington, joins with others in Vermont's only Statistical Metropolitan Area in efforts 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. ("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 HC 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 Randolph. In addition VPS administers Vermont's Recovery Education Project, offering the curriculum a number of times each year in several locations; publishes *Counterpoint*, a voice for news and the arts by psychiatric survivors, ex-patients, and

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Community Mental Health Services Block Grant
Department of Mental Health

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.

Goal Accomplishment

VPS continued with these activities and similar ones in Fiscal Years 2008 and 2009 and is under contract to do the same throughout Fiscal Years 2010 and 2011.

Goal #8

Goal Description

Funding for this goal in FYs 2008-2011 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 2010-2011 include the following:

- A peer-run art group and a support group for women through Green Mountain Support Group in Montpelier
- Peer-run computer projects, training and newsletter development at the peer center at Lamoille Community Connections in Morrisville
- Peer-run supports and activities for attendees of the the Living Room Peer Project in Randolph
- Peer-run computer and art classes at the Springfield Peer Recovery Center
- Mental health education and promotion by the Washington County Peer Education Project in and near Montpelier
- Mental health telephone support provided by the Rutland County peer-run warmline

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Community Mental Health Services Block Grant
Department of Mental Health

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COMMUNITY SERVICES
BLOCK GRANT (CSBG)
Fiscal Year 2011

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

Community Services Block Grant

youth development and intervention models (such as models involving youth mediation, youth mentoring, life skills training, job creation, and 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). [⁶676(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; [⁶676(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. [⁶676(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. [⁶676(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; [⁶676(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.

Community Services Block Grant

['676(b)(6)]

- (7) To permit and cooperate with Federal investigations undertaken in accordance with section 678D of the Act. ['676(b)(7)]
- (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).

Community Services Block Grant

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)]
- (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)]

Community Services Block Grant

- (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 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

Community Services Block Grant

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.
- (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

Community Services Block Grant

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]

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

Deputy Secretary, Agency of Human Services

8/13/10

Date

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;

Community Services Block Grant

- 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
 - 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 CSBG program will be distributed to eligible community action agencies (hereinafter called "CAAs" or "eligible entities"). The amount to be awarded to each CAA will be determined by the application of the OEO allocation formula. This formula was designed to insure that each eligible entity 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 OEO allocation 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.

Community Services Block Grant

- The OEO has adopted the FY 2006 CAA distributions as the new base levels* for funding.
- In any future year where the state should experience an increase in the amount of CSBG funding available to eligible entities above the FY '06 level, the additional funding available for sub-grants to eligible entities shall be distributed on the basis of each eligible entity's service territory's share of the state's total eligible population (currently defined as the number of persons at or below 125% of federal poverty level).
- In any future year where the state should experience a decrease in the amount of CSBG available to award to eligible entities 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 FY 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 2011, 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 in the "Request for Workplan." Applications 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 conducting 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

Community Services Block Grant

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 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 Workplan

In 2009, the State OEO developed a Request for Workplan (RFW) package for distribution to all eligible entities currently operating programs under the CSBG Act. The RFW outlines broad goals and the general activities allowed under the Act, and requires 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 Request for Workplan will provide estimates of sub-grantee awards.

The Request for Workplan package contains five major components, as described below:

a. Program Design

This section will have a detailed, written narrative including:

- 1) A brief description of the sub-grantee's 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.

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b. FY 2011 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 within a broad framework of Outcome Measures and the National Performance Indicators. The ROMA Implementation Plan involves four related subsections:

- 1) **Indicators:** A selection of additional indicators (common or agency-specific) beyond the minimum agreed-upon Statewide Indicators.
- 2) **Targets:** The setting of annual performance targets where required by the National Performance Indicators format.
- 3) **Programs:** A list of agency programs which will contribute data towards each Indicator.
- 4) **Poverty Problems:** The identified 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 RFW 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

Community Services Block Grant

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 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 Request for Workplan

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

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

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b. OEO - Contracts for the Provisions of Services

Responses to the RFW 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 RFW 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 RFW 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.

V. State Monitoring of Program

l. Reporting Requirements

a. Programmatic

- 1) The OEO, in conjunction with CAAs, has developed a client information system to provide access to data on programs operated and clients served. The 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.

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2. Utilization of Required Reports

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.

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

VERMONT HUMAN SERVICES PLAN - FY 2011
FEDERAL ASSURANCES & DOCUMENTATION Page B-16

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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 Chief Administrator of the OEO. The Chief Administrator 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 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.

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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: 2011

Annual Amount Proposed: \$3,730,000

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

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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;

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

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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. The plan also includes a reserve \$186,500 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

- (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

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- (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 Workplan 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 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,

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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);

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.

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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 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."

(A) For purposes of making a determination with respect to a funding reduction, the term "cause" includes:

(1) a statewide redistribution of funds under this subtitle to respond to:

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- (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 Workplan contract package for FY '11, and all funds provided (except for State administration and the Discretionary pool) for the CSBG in FY '11 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 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

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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 Workplan (RFW) package that is distributed to all eligible entities. The RFW 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 RFW.

Community Services Block Grant

COMMUNITY SERVICES BLOCK GRANT
REQUEST FOR FY 2011 WORKPLAN
FOR THE PERIOD
OCTOBER 1, 2010 - SEPTEMBER 30, 2011

STATE OFFICE OF ECONOMIC OPPORTUNITY
103 SOUTH MAIN STREET
WATERBURY, VERMONT
05671-1801



Community Services Block Grant

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..."

And the Reauthorization Act included the following:

"all eligible entities in the State will, not later than fiscal year 2001, participate in the Results Oriented Management System... ..for measuring performance and results and a description of outcome measures to be used to measure eligible entity performance in promoting self sufficiency, family stability, and community revitalization."

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.

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C. PURPOSE OF THE REQUEST FOR WORKPLAN

The State is seeking a comprehensive program developed by the Community Action Agency (CAA) to meet the purpose of the CSBG Act. The work plan allows for a clear presentation of the correlation between the agency plan and budgets; and allows for the development and presentation of performance indicators and outcome measures by which each agency will be able to monitor their progress toward the full implementation of Results Oriented Management and Accountability (ROMA) and the six National Goals.

This 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.
- b. FY 2011 Needs Assessment involves the identification of needs and issues in your service area and the connection with your ROMA Implementation Plan.

2. Completed FY 2011 Results Oriented Management and Accountability (ROMA) Implementation Plan.

The ROMA Implementation Plan is the management tool that provides for the implementation of the agency's efforts toward each of the six National Goals. The document identifies the developed strategies to meet the National Goals and utilizes Outcome Measures and Performance Indicators to measure progress toward those goals. Management functions which support the identified outcome measures are included here.

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 2010 i.e. \$3,730,000 for FY 2011 CSBG. The agency should develop a line item budget that reflects the CSBG contribution to operating programs based on the number specified on page eight.
- b. Financial Management section contains a description of the mechanisms developed to assure compliance with Federal standards.

4. Reporting Requirements (Data Collection/Monitoring)

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

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functions. These data collection systems must be capable of providing all necessary data to this office.

Outcome Measures and Performance Indicators are required by the Office of Community Services (OCS) and are now part of the CSBG statute. The required outcome measures and indicators were agreed upon between the state and the five Community Action Agencies. Additional agency-specific measures are encouraged.

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

D. PROCESS

The agency's proposal will not be considered unless it complies with all requirements listed in this request. 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.

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

E. GENERAL INSTRUCTIONS

1. General Information Section I is for information and assistance in preparing the grant proposal.
2. Instructions for Grant Sections II through VI 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 proposal. Sections should be numbered 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 review and processing of the application, please assemble the materials as follows:

Community Services Block Grant

- 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
- d. Document C. Budget (*should also be submitted electronically*)
- e. Document D. ROMA Implementation Plan
- f. Document E. Program Design
- g. Document F. Financial Management
- h. Document G. Management/Administration
- i. Document H. Reporting Requirements (*Document provided*)
- j. Document I. Definitions and Conditions (*Document provided*)

DUE DATES

Proposals must be submitted to the following on or before September 1, 2010:

Shaun F. Donahue, Chief Administrator
State Office of Economic Opportunity
103 South Main Street
Waterbury, Vt. 05671-1801

On or before September 15, 2010, the proposal will be reviewed by the Office of Economic Opportunity and on or before September 22, 2010 offerors 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.

All proposals will be either granted or denied by October 1, 2010. The award of funds is contingent upon a Congressional appropriation to operate the program.

II. PROGRAM DESIGN

Community Services Block Grant

(NOTE: This section will be incorporated into the proposal as Document E)

A. Agency Mission Statement

Provide a brief description of the agency's 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 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 2011 Needs Assessment

The needs assessment involves the identification of the needs of the low income population and communities served. It involves the identification of strategies to address these needs and issues and the CSBG Act poverty problem as identified in the CSBG Act. 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, unless your Agency has undergone strategic planning efforts that are more relevant to this proposal. In either case, please include the most recent needs assessment, relative to your service area, that drives your plan.

Describe the process used to apply the needs, as identified in the needs assessment, to the development of your plan to address those needs within the six National Goals. Include your needs assessment and any strategic planning documents or related documents that support your plan.

The definition of poverty problems that will be used in the needs assessment and work plan are based on the CSBG Act as amended 2000. The poverty areas identified in the law are:

I. Unemployment/Underemployment

Community Services Block Grant

- 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.

III. FY 2011 ROMA IMPLEMENTATION 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 ROMA Implementation Plan (RIP) is a comprehensive management plan which provides for the implementation of the Six National Anti-Poverty Goals within a broad framework of Outcome Measures and National Performance Indicators. The ROMA Implementation Plan involves four subsections:

- 5) **Indicators:** A selection of additional indicators, common or agency-specific, beyond the minimum agreed-upon Statewide Indicators. (The Community Action Agency will be reporting on these indicators quarterly during the program year.)
- 6) **Targets:** The setting of annual performance targets where required by the National Performance Indicators format.
- 7) **Programs:** A list of agency programs which will contribute data towards each Indicator during the program year.
- 8) **Poverty Problems:** The identified poverty problems addressed through the above strategy.

Vermont's eligible entities report quarterly Outcome data to the Vermont Office of Economic Opportunity. Each entity reports on a minimum number of indicators agreed upon by the State OEO and the CAAs. In addition, agencies may choose additional performance indicators from the national list, or develop agency-specific indicators

Community Services Block Grant

consistent with the Community Services Block Grant. Additional or agency-specific outcome measures will be identified by each eligible entity in their proposed Workplan.

The State OEO will send an electronic template of the FY 2011 National Performance Indicators to all eligible entities in Vermont along with the Request for Workplan. Eligible entities will complete the template and return electronically to the OEO as part of their proposed CSBG Workplan.

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 proposal 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 \$3,730,000. Allocations have been developed by applying the formula prescribed in the FY 2007 CSBG State Plan again using the percent share of persons under 125% of poverty, as reported by the 2000 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. Following are the Anticipated Grant Awards Amounts:

2. CSBG Allocations

Anticipated Award Amounts

BROC	\$597,926
CVCAC	\$638,933
CVOEO	\$983,118
NEKCA	\$615,535
SEVCA	\$521,488

3. Specific Budget Instructions

Community Services Block Grant

- a. Cost Categories: The cost categories to be used in preparing your budget are Administration 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. This budget should total the figure on page 8 and should not include any anticipated agency carry-forward from the previous fiscal year.

B. Financial Management

NOTE: This section will be incorporated into the proposal 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 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,

Community Services Block Grant

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 and Administration

NOTE: This section will be incorporated into the proposal as Document G.

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 addresses of current members and indicate which sector each represent. Also please include the dates of each board member's term of office.

c. Indicate the current chairperson.

d. Indicate each member's committee responsibility(ies).

e. Provide the bylaws and 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.

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 of the methods your agency uses to control CSBG eligible applications, to control applications which are not CSBG eligible but, applicants who

Community Services Block Grant

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 on going evaluation of the effectiveness of programs and activities operated under the CSBG.

b. Describe how you use ROMA measures to evaluate the effectiveness of the Agency in meeting the National Goals, including program and or Board involvement and frequency of review.

Community Services Block Grant

V. REPORTING REQUIREMENTS DOCUMENT H

(Document H should be included as its own Document in your work plan.)

DOCUMENT H
CSBG REPORTING REQUIREMENTS

<u>CSBG Report Form</u>	<u>Due Date</u>
CSBG-0001 Invoice/Financial Statement	Monthly, due at SOEO the 15th of the month following the report month.
CSBG-0002 Request for Cash Advance	Quarterly, due at SOEO the 15th of the month, following the report period.
"TRACKER" General Client/Services Report	Quarterly, due at SOEO the 30th of the month, following the report period.
"TRACKER" <u>Homeless</u> Client/Services Report	Quarterly, due at SOEO the 30th of the month, following the report period.
Agency ROMA Report/National Performance Indicators. Reporting on Agency progress made toward the six <u>National Goals</u> .	Quarterly, due at SOEO the 30th of the month, following the report period.
CSBG narrative account highlighting agency programs, initiatives, strategies.	Quarterly, due at SOEO the 30th of the month, following the report period.

The reporting system will start anew on October 1, 2010.
All CSBG clients will require new intakes or recertification to certify eligibility for FFY 2011.

----- *End of Request for Workplan* -----

VERMONT HUMAN SERVICES PLAN - FY 2011
 FEDERAL ASSURANCES & DOCUMENTATION Page B-37

Community Services Block Grant

CSBG BUDGET SUMMARY

<u>*Use of Funds by Community Action Agency</u>	FFY '09 (Actual)	FFY '10 (Estimated)	FFY '11 (Proposed)
BROC – Community Action In Southwestern Vermont	\$ 597,926	\$ 597,926	\$ 597,926
Central Vermont Community Action Council Inc.	\$ 638,933	\$ 638,933	\$ 638,933
Champlain Valley Office of Economic Opportunity Inc.	\$ 983,118	\$ 983,118	\$ 983,118
North East Kingdom Community Action Inc.	\$ 615,535	\$ 615,535	\$ 615,535
Southeastern Vermont Community Action Inc.	<u>\$ 521,488</u>	<u>\$ 521,488</u>	<u>\$ 521,488</u>
CAA Total	\$ 3,357,000	\$ 3,357,000	\$ 3,357,000
State Administration	\$ 173,791	\$ 186,500	\$ 186,500
Special Grants	\$ 64,184	\$ 186,500	\$ 186,500
Special grants obligated in previous year, spent in following fiscal year	<u>\$ 135,025</u>		
Total Federal Funds	\$ 3,730,000	\$ 3,730,000	\$ 3,730,000
FFY 2009	\$ 3,730,000		
FFY 2010		\$ 3,730,000	
FFY 2011			\$ 3,730,000

Section 675(d)(2)

***Note:** Table does not include CSBG-ARRA funding as that appropriation was disbursed through separate agreements and is addressed in a separate state plan.

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

ABBREVIATED MODEL PLAN

PUBLIC LAW 97-35, AS AMENDED

FISCAL YEAR (FY) 2011

GRANTEE STATE of VERMONT

EIN: 1-036000274-A8

ADDRESS 103 South Main Street

Waterbury, VT 05671-5501

NAME OF LIHEAP COORDINATOR Richard Moffi, Fuel Assistance Program Chief

EMAIL: richard.moffi@ahs.state.vt.us

TELEPHONE: 802-241-1097 **FAX:** 802-241-4327

PLEASE CHECK ONE: **TRIBE** **STATE** **INSULAR AREA**

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

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

OMB Approval No. 0970-0075

Expiration Date: 09/30/2011

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 the grantee is not permitted to file an abbreviated plan. Public reporting burden for this collection of information is estimated to average 1 hour 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 now known as Supplemental Nutrition Assistance Program.

(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 185 percent of the 2010 poverty level for such State for seasonal fuel assistance ; or

(ii) an amount equal to 200 percent of the 2010 poverty level for such State for crisis fuel assistance;

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 vendor 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

(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. Neither territories with annual allotments of \$200,000 or less nor Indian tribes/tribal organizations are 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, Vermont Agency of Human Services

Date: 8/13/10

* 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 of 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.

Modified LIHEAP FY 2011 State Plan Application

As required, Vermont filed a detailed plan in FFY 2010.

Please list all changes made from your most recent detailed plan.

Note: All of the following changes (except Assurance 16) are the result of changes to Vermont's fuel program statute.

Page Attachment 3 – page 8
Subject Maximum Eligibility Limits
Modification Gross income at 185% FPL for heating assistance
Gross income at 200% FPL for crisis assistance
Gross income at 60% of state median income for Weatherization

Page Attachment 3 – page 9
Subject Heating Assistance Assets Test
Modification Do not use

Page Attachment 3 – page 9
Subject Heating Assistance Eligibility Priority
Modification Do not give priority for elderly
Do not give priority for disabled

Page Attachment 3 – page 15
Subject Heating Assistance Determination of Benefit Levels
Modification Fuel Program Tables (annual heat cost) in Vermont Fuel Procedures

Page Attachment 3 – page 20
Subject Heating Assistance Payment to Energy Suppliers
Modification Except households that heat with firewood or wood pellets receive their heating assistance benefit paid to the head of the household to endorse their benefit check payable to any firewood or pellet supplier they choose.

Page Attachment 3 – page 27
Subject Assurance 16 Activities
Modification No activities planned for FFY2011

Please specify whether you are using calendar year 2010 poverty level **or** FY 2010 median income estimates in determining eligibility:

2010 poverty level 185% for Seasonal Component
200% for Crisis Component

OR

FY 2010 median income _____%

Please describe how you obtained public participation in the development of your 2011 plan.
(For States, please also provide information on your public hearings.):

The state of Vermont has an advisory board known as the Home Energy Assistance Task Force (HEAT Force) which is comprised of representatives of the Vermont Fuel Dealers Association, utility companies, State Office of Economic Opportunity, the Department of Public Service, several low-income advocacy groups, and Department for Children and Families.

The public hearing on the block grant will be held on September 16, 2010. Any comments received at that time will be submitted under separate cover.

Date Carryover and Reallotment report submitted: no later than August 1, 2010

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 state 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.

VERMONT LIHEAP Block Grant	FFY2009 <u>Actual</u>	FFY2010 <u>Estimated</u>	FFY2011 <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.	\$ 28,374,946	\$21,500,000	\$23,200,000
<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.	\$ 2,843,000	\$3,500,000	\$3,000,000
<u>Goal # 3</u>			
Administrative expense containment Within the 10% maximum allowed.	\$ 2,326,317	\$2,000,000	\$1,800,000
Transfer to Weatherization	\$41,562	\$400,000	\$ - 0 -
Source of Funds			
LIHEAP Block Grant Award	\$26,627,156	\$25,568,440	\$25,568,440
Supplemental LIHEAP Award	\$9,528,447	\$1,773,441	\$ - 0 -
LIHEAP Leverage Award	\$49,577	\$183,716	\$100,000
Total LIHEAP Spending:	\$ 33,585,825	\$27,400,000	\$28,000,000

NOTE: 1 + 2 + 3 + Wx = Total Spending. Total Spending may not equal the listed "Source of Funds" as the Source list does not include prior year's carryover and other LIHEAP funds not listed.

NOTE: The source of funds for this sheet are Federal LIHEAP dollars only – State funds are not included.

Vermont Contact Person: Richard Moffi, Fuel Assistance Program Chief 802-241-1097

**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) (11) (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.

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Maternal and Child Health Services Block Grant

<u>Use of Funds by Goal or Activity</u>	<u>FFY'09 Actual</u>	<u>FFY'10 Estimated</u>	<u>FFY'11 Proposed</u>
<u>Goal #1</u> Component A: preventive and primary care services for pregnant women, mothers, and infants up to age one.	\$ 150,959	\$ 149,010	\$ 149,010
APPROPRIATION: Public Health			
<u>Goal #2</u> Component B: preventive and primary care services for children.	\$2,372,320	\$1,711,506	\$1,711,056
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.	\$2,068,230	\$2,014,192	\$2,014,192
APPROPRIATION: Public Health			

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Maternal and Child Health Services Block Grant

<u>Use of Funds by Goal or Activity</u>	<u>FFY'09 Actual</u>	<u>FY'10 Estimated</u>	<u>FFY'11 Proposed</u>
Less: Medicaid Receipts	\$(1,302,571)	\$(1,222,356)	\$(1,222,356)
Less: MOE	\$(167,092)	\$(167,092)	\$(167,092)
Total Expenditures:	\$ 3,075,630	\$ 3,874,708	\$ 3,874,708
Federal MCH Block	\$ 1,694,536	\$ 1,694,662	\$ 1,694,622
State Share	<u>\$ 1,585,399</u>	<u>\$ 2,180,046</u>	<u>\$ 2,180,046</u>
Total	\$ 3,075,630	\$ 3,874,708	\$ 3,874,708

Block Grant Awards

FFY 2009	\$1,694,536
FFY 2010	\$1,694,662
FFY 2011	\$1,694,662

VERMONT HUMAN SERVICES PLAN - FY 2011

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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, 2010
Copies furnished upon request.

**PREVENTIVE HEALTH AND
HEALTH SERVICES
BLOCK GRANT**

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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 2011

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<u>Use of Funds by Goal or Priority Area</u>	<u>FFY'09 Actual</u>	<u>FY'10 Estimated</u>	<u>FY'11 Proposed</u>
<u>Town Health officer Education</u> To support innovative training program to ensure THO competence in priority areas including safe drinking water and Radon testing and surveillance. Approp: Public Health	\$0	\$28,697	\$28,697
<u>Domestic Violence Education, Recognition, Inquiry, Referral, and Transition to Services DVERRT:</u> Train WIC staff in essential areas of competence to Support victims of domestic violence. Approp: Public Health	\$10,000	\$10,000	\$0
<u>Breast Feeding Peer Counseling:</u> To expand highly successful BF Peer Counseling Program to Franklin and Grand Isle Counties. Approp: Public Health	\$41,000	\$39,629	\$39,629
<u>Incident Reporting System</u> For EMS to enhance incident reporting and program planning among local EMT Units, Hospital ER's, and Public Health EMS Planners. Approp.: Public Health	\$104,373	\$40,000	\$0,00
<u>Cancer Screening for Minority Women</u>	\$0	\$25,000	\$0
<u>Oral Health</u> Reduce dental caries among children through programs of water fluoridation. Approp: Public Health	\$57,000	\$125,000	\$125,000

VERMONT HUMAN SERVICES PLAN - FY 2011

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Preventive Health and Health Services Block Grant

<u>Source of Funds</u>	<u>FFY'09 Actual</u>	<u>FY'10 Estimated</u>	<u>FFY'11 Proposed</u>
PHHS Block	\$276,282	\$273,235	\$273,235
State General Funds	\$742,717	\$742,717	\$742,717
Total	\$1,018,999	\$1,015,952	\$1,015,952

Block Grant Awards

FFY 2007	\$267,593
FFY 2008	\$263,811
FFY 2009	\$276,282
FFY 2010	\$273,235
FFY 2011	\$273,235

PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT

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

SOCIAL SERVICES

BLOCK GRANT

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.

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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

	<u>Percent of Subsidy paid by State</u>	<u>2-3 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 16, 2010** to be held in the Lincoln 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.

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Social Services Block Grant

<u>Distribution by Department</u>	<u>FFY'09 Actual</u>	<u>FFY'10 Estimated</u>	<u>FFY'11 Proposed</u>
Secretary's Office	\$ 943,596	\$ 1,656,526	\$ 1,656,526
Family Services	\$6,818,762	\$8,592,667	\$8,592,667
Health Department	\$ 265,550	\$ 376,000	\$ 376,000
Mental Health Department	\$ 228,248	\$ 373,680	\$ 373,680
Dept. of Disabilities, Aging and Independent Living	\$1,042,265	\$ 1,027,909	\$ 1,001,825
Total Social Services Expend.	\$ 9,292,421	\$ 12,035,474	\$ 12,025,522

Source of Funds

Federal Funds	\$ 3,481,978	\$ 3,522,813	\$ 3,522,813
Overclaim/State General Funds	\$ 1,075,125	\$3,777,343	\$ 3,767,391
TANF Transfer	\$ 4,735,318	\$ 4,735,318	\$ 4,735,318
Total	\$ 9,292,421	\$ 12,035,474	\$ 12,025,522

Block Grant Awards

FFY 2007	\$3,553,433
FFY 2008	\$3,522,813
FFY 2009	\$3,481,978
FFY 2010	\$3,481,978

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Social Services Block Grant

<u>Use of Funds by Goal or Activity</u>	<u>FFY'09 Actual</u>	<u>FFY'10 Estimated</u>	<u>FFY'11 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.	\$249,377	\$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.

\$694,219	\$680,923	\$680,923
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APPROPRIATION:

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

Total Expenditures:	\$943,596	\$1,048,177	\$1,048,177
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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 2011

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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'09 Actual</u>	<u>FFY'10 Estimated</u>	<u>FFY'11 Proposed</u>
<u>Goal #1</u>			
To assure that legislative mandates and departmental policies are implemented for foster care programs.	\$ 28,203	\$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.	\$ 5,145,345	\$ 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.	\$ 1, 503,865	\$ 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.	\$ 135,259	\$ 703,348	\$ 703,348
Total Expenditures	\$6,818,762	\$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 11.

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'11.

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'09. 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'09 Actual</u>	<u>FY'10 Estimated</u>	<u>FFY'11 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	\$222,248	\$448,804	\$448,804
<u>Goal #2</u> To provide comprehensive family planning services.			
APPROPRIATION: Public Health	\$265,550	\$300,876	\$300,876
Total Expenditures:	\$487,798	\$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.

VERMONT HUMAN SERVICES PLAN - FY 2011

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'09 Actual</u>	<u>FFY'10 Estimated</u>	<u>FFY'11 Proposed</u>
<u>Goal #1</u>			
Attendant Services Program			
To provide personal care services To people with permanent and Severe physical disabilities.			
	\$ 289,243	\$ 309,589	\$301,732
APPROPRIATION: DAIL Grants			
Number of persons served:	25	23	25
<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.			
	\$330,668	\$396,645	\$386,581
APPROPRIATION: DAIL Administration			
Number of persons served:	73	79	85

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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'09 Actual</u>	<u>FFY'10 Estimated</u>	<u>FFY'11 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.	\$ 422,354	\$ 321,675	\$ 313,512
Number of persons served:	3,447	3,645	3,745
APPROPRIATION: DS Grants			
Grand Total:	\$1,0452,265	\$ 1,027,909	\$1,001,825

**SUBSTANCE ABUSE PREVENTION
& TREATMENT BLOCK GRANT**

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Substance Abuse Prevention & Treatment Block Grant

<u>Use of Funds by Goal or Activity</u>	<u>FFY'09 Actual</u>	<u>FFY'10 Estimated</u>	<u>FFY'11 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	\$ 973,367	\$ 973,367	\$ 973,367
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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

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Substance Abuse Prevention & Treatment Block Grant

<u>Use of Funds by Goal or Activity</u>	<u>FFY'09 Actual</u>	<u>FFY'10 Estimated</u>	<u>FFY'11 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	\$1,134,812	\$1,134,812	\$1,134,812
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Goal #3 - Treatment

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

Substance Abuse Prevention & Treatment Block Grant

and shelter

<u>Use of Funds by Goal or Activity</u>	<u>FFY'09 Actual</u>	<u>FFY'10 Estimated</u>	<u>FFY'11 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>	<u>FFY'09 Actual</u>	<u>FFY'10 Estimated</u>	<u>FFY'11 Proposed</u>
Alcohol Treatment	\$3,869,424	\$3,869,424	\$3,869,424
Drug Treatment	\$3,869,424	\$3,869,424	\$3,869,424
APPROPRIATION: 3420060000	\$7,738,849	\$7,738,849	\$7,738,849
Total	\$9,847,028	9,847,028	9,847,028

<u>Source of Funds</u>			
SAPT Funds	\$5,261,374	\$ 5,438,864	\$ 5,438,864
State General Funds	\$3,940,261	\$ 3,940,261	\$ 3,940,261
TOTAL	\$9,201,636	\$ 9,379,125	\$ 9,379,125

Block Grant Awards

FFY'09 \$5,261,374
FFY'10 \$5,438,864
FFY'11 \$5,438,864

Substance Abuse Prevention & Treatment Block Grant

ALCOHOL AND DRUG ABUSE AND MENTAL HEALTH SERVICES
BLOCK GRANT APPLICATION FOR FY 2008

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: 10-1-10 To: 9-30-11

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 2010 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

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Substance Abuse Prevention & Treatment Block Grant

Form 3

OMB No. 0930-0080

V. 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).

Approved 08/14/01

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

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: Robert Hofmann

Title: Secretary

Substance Abuse Prevention & Treatment Block Grant

Narrative¹

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 FFY10).
- 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 FY11: 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

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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.

Education

Substance Abuse Prevention & Treatment Block Grant

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 FY11 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

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

Substance Abuse Prevention & Treatment Block Grant
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

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

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Substance Abuse Prevention & Treatment Block Grant

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 **FY07** 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.

Service Area: Statewide

Completed by: Ongoing

Substance Abuse Prevention & Treatment Block Grant

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.

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

Substance Abuse Prevention & Treatment Block Grant

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 FY08 and FY09 and proved to be successful. These “Activities” will be continued in FY10.

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 FY11, 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.

For FY11, 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 2007 and Vermont will spend approximately \$4,500 on treatment for substance abusers with TB.

Substance Abuse Prevention & Treatment Block Grant

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 FY10 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 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

Substance Abuse Prevention & Treatment Block Grant

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.

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.

Substance Abuse Prevention & Treatment Block Grant

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 FY11, 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.

Activities: The 2008 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

Substance Abuse Prevention & Treatment Block Grant

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.

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

Substance Abuse Prevention & Treatment Block Grant
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.**

¹ Narrative based on 2007 SABG application document.



VERMONT

Department for Children and Families

Family Services Division
Annual Progress and Services Report

July 1, 2009 - June 30, 2010

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ORGANIZATION AND FUNCTION OF THE TITLE IV-B AGENCY

The Agency of Human Services (AHS) has the widest reach in state government and a critical mission: to improve the conditions and well-being of Vermonters and protect those who cannot protect themselves. The Department for Children and Families (DCF) is the largest department in AHS. DCF consists of the following:

The **Commissioner's Office** provides general policy direction for the department's operating programs as well as a focus on legislative and political advocacy.

The **Economic Services Division** is responsible for overall policy, planning and regulatory services for economic and health benefits, including TANF, SNAP, Emergency Assistance, Fuel Assistance and Medicaid. In addition, the division oversees all welfare-to-work supports delivered through the district offices.

The **Child Development Division** oversees all early childhood services formerly scattered across various AHS departments.

This includes the child care financial assistance program, child care referral, child care licensing, child care workforce development, Head Start, Healthy Babies, Kids and Families; Family Infant and Toddler Program; Early Childhood Mental Health programs, etc. Several of these programs now comprise Children's Integrated Services.

Disability Determination handles eligibility determination for Vermont applicants for Supplemental Security Income (SSI).

The **Office for Child Support** oversees all aspects of child support, including child support, medical support and child support enforcement.

The **Office of Economic Opportunity** through contracts with local Community Action Agencies provides supports to Vermonters to be financially independent. They also fund homeless shelters and low income weatherization services.

The **Business Office** assists in budget development, pays all bills, completes cost allocation, submits federal claims, manages space and telecommunications, etc.

The **Information Services Division** is responsible for managing the department's management information and office automation systems, and for producing data to support the department's functions.

The **Family Services Division** is the division responsible for the delivery of child protection, child welfare, adoption and permanency planning and youth justice services. Family Services is the division responsible for implementation of this plan.

FAMILY SERVICES MISSION STATEMENT

We are committed to protect children and strengthen families, in partnership with families and communities.

FAMILY SERVICES CORE PRACTICE PRINCIPLES

The Family Services Division (FSD) of the Department for Children and Families (DCF) 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 is a condition in which children and adults are safe from serious harm now and in the near future and the protective capacities of the individual, family and/or community are sufficient to protect the child and/or the community.

- 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 develop safe solutions for children.
- We strive for ongoing safety through frequent, meaningful contact with children and their caregivers.
- We assess safety over time as a child's vulnerabilities change based on age, development, and other factors.
- We use research-based tools to inform our risk and safety planning with families

Permanency refers to those family and community connections that contribute to healthy physical, social and emotional development. The highest level of permanence is achieved when a child or youth is living in a nurturing family setting that offers legal commitment and continuity relationships.

- 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 and 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.

Well-being is a blend of innate abilities, skills, and education covering four domains: behavioral and emotional functioning, school and activity experiences, health and health care, and caregiver well-being.

- 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 successful outcomes.
- We utilize strength-based assessments and research findings when making plans with children and families.

Law abidance is the engagement in behaviors that are in keeping with society's laws.

- Youth on probation receive professional and consistent services based on best practice, collaborative family-based approaches, balanced and restorative justice principles, and progressive responses.
- We are committed to working in partnership with communities and families, and to enhancing the connections between families and the communities in which they live.
- We strive to improve 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.
- We work with the entire family in helping keep youth free from delinquent behavior.

Learning Culture supports employees to continually learn together, where new and expansive patterns of thinking are encouraged, and collective aspiration has the potential to be realized.

- We create and maintain a supportive working and learning environment, with open communication and accountability at all levels.
- Children and families deserve trained, skilled staff to engage and assist them. Our training focuses on building specific skills for engaging families, building safety and creating permanency.
- We strive to learn from youth and families to inform our practice.
- Staff are supported with adequate resources.

TRANSFORMING SERVICES FOR FAMILIES: PHASE II

The Family Services Division published a strategic plan in January of 2008 entitled Transforming Family Services. The plan lays out an ambitious agenda for change that focuses on family engagement, front loading of services, and utilization of natural supports to increase family capacity to provide a safe environment for all of their members.

The plan is published on our public web site at:

http://dcf.vermont.gov/sites/dcf/files/pdf/fsd/FSD_Transformation_Plan.pdf

An important part of our transformation work continues to be an examination of the values that underpin our work with children and families. Following a dialog with field staff that occurred over a period of several months, the division has adopted the following values, which align with our core practice principles:

- All children have the right to be safe.
- All people are capable of growth and change, when provided with support and adequate resources.
- All families have risks, needs and protective factors. Our goal is to minimize risk, and to build safety.
- Engaged relationships hold the promise for sustained change.
- Valuing the expertise of families enhances our work together.
- Separation of children from families is traumatic and should be regarded as a last resort.
- Early engagement of the larger family network is a key component of success.
- We share responsibility and limit our use of authority.
- We strive to respect each family's cultural, ethnic and spiritual diversity.

To live these values, we must be:

- Intentional
- Unwavering
- Committed to addressing capacity
- Focused on the long term

In phase I of our Transformation we organized into workgroups to work diligently on various assignments to meet the goals of the plan. Each workgroup was co-chaired by a manager from the field and a manager from our central office; workgroups consisted of staff from all levels.

The co-chairs came together to form the Transformation Steering Committee (TSC), also co-chaired by a central and district office manager. The responsibility of the TSC was to assure alignment and integration of the efforts, to provide resources and to advise workgroups. During this reporting period we accomplished the following:

- ***Supervisor's Role Design*** work group began comprehensive work on defining the role of the supervisor in today's Family Services Division. The goal is to identify the systems and supports necessary to assist supervisors in their roles as leaders and change agents.
- ***Youth Assessment Screening Instrument QA Training*** was conducted for supervisors and directors.
- New ***Youth Risk Assessment policy*** was adopted.
- ***Restorative Family Group Conferencing*** began in 4 districts.

- Five trainings were held on our revised **Risk and Safety Assessment** tools and policies.
- **Differential Response** was implemented.
- **Tiered Child Protection Registry** was implemented.
- **Emergency Services Program** moved to Waterbury.
- **Woodside** plans for program re-design were developed.
- **Vermont Family Time Guidelines and Policy** were issued and regional training began on the Family Time Coaching Model.
- **Savings from the substitute care budget** – due to fewer children in custody – were re-invested in new and expanded contractual services. Now, all districts have capacity for supports of **Family Safety Planning, Family Group Conferencing and Family Time Coaching**. Staff and partners have participated in a variety of training opportunities to support their learning in these practices.
- **Revised training curriculum** for new workers was offered for the first time. The model uses case studies as a way to help new employees integrate their learning.
- **Family Services Practice Model** was developed and adopted.

In addition to the enormous amount of work that was completed, staff who engaged in the transformation workgroups developed a willingness to share leadership, a strong understanding of the benefit of collaboration, and an increased understanding of what it takes to implement a large practice change effort. National Resource Centers played a pivotal role in our work as well; we received T/TA from NRC-OI, NRC-CWDT and NRC-CPS . A vetting process was incorporated to solicit input and to finalize products so that staff and partners had the opportunity to participate whether they were on a workgroup or not.

Although we have accomplished much, there is much to do to support true practice transformation – to be unwavering and focused on the long term.

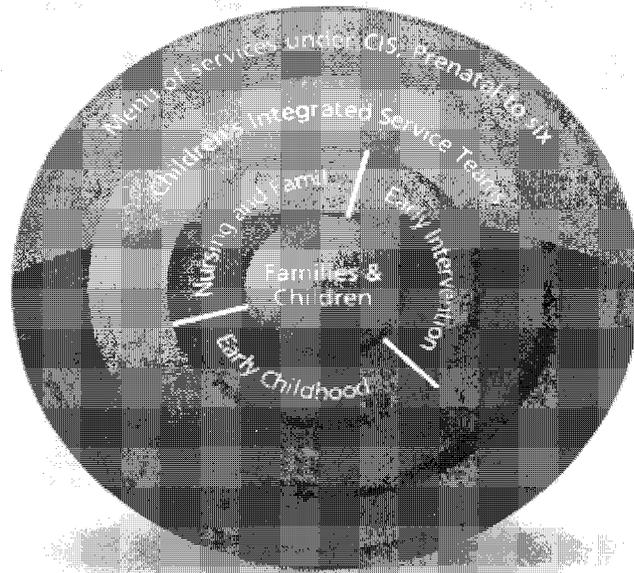
We are in the process of finalizing a project plan with the Northeast and Caribbean Implement Center that focuses on a comprehensive approach to the implementation of our **practice model**, which was developed in a transformation workgroup and adopted through the process described above. To support successful implementation, our division needs coherent **leadership and coordination** and we need the ability to focus on **quality improvement and quality assurance efforts**.

Child Protective Services (CAPTA Services)

The mission of DCF's Child Development Division (CDD) 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. Thus, CDD is responsible for the oversight of direct prevention and early intervention programs in the division.

Children's Integrated Services: Then and Now

DCF's Child Development Division has created a unique model for integrating early childhood health, mental health and early intervention services for pregnant women and children from birth to age six. The model, called Children's Integrated Services (CIS), is designed to improve child and family outcomes by providing client centric holistic services, effective service coordination, flexible funding to address gaps in services, prevention, early intervention, health promotion and accountability.



Where we were

- **The Family, Infant, Toddler Program** is a federally mandated system of early intervention services for young children from birth to age 3 with a developmental delay or medical condition that may lead to developmental delay. This program was housed at the Vermont Department of Health.
- **The Healthy Babies, Kids and Families Program** was established to provide prevention and family support to Medicaid eligible pregnant women and young children. This program was housed at the Vermont Department of Health.
- **The Children's Upstream Services Program** was developed under a federal grant to expand community-based mental health services to build the capacity of each community to provide direct behavioral health treatment for families with young children aged 0 – 6, and behavioral health training and consultation for the early childhood system of care. This program was housed at the Department of Mental Health.

We believe that families need services that are integrated - not delivered separately, by domain and at cross-purposes. Each program had its own set of eligibility criteria, intake and assessment tools, data requirements, and processes and procedures, making it difficult for many families to access the services they truly needed. This fragmentation resulted in gaps in services, ineffective services, client frustration and increased administrative costs

Where we are now

- Local CIS Intake and Review, Consultation, and Policy and Administration teams are in place in every AHS district, staffed by a CIS Coordinator
- Common referral and intake forms have been developed and are in use by local CIS teams.
- Confidentiality agreements have been developed that allow for different agencies to participate in a shared planning process.
- The “One Plan” – an inclusive planning and case management document – has been drafted and is being finalized.
- Funding structure issues have been identified and work is ongoing to develop more flexibility to better serve families.
- Outreach is being conducted to community partners, health care providers and parents about CIS and its services: Early Intervention (formally FITP), Nursing and Family Support (formerly HBKF), and Early Childhood and Family Mental Health (formerly CUPS).
- Cross-department and cross-agency commitment to CIS is being fostered through formal grant and contract language.
- Approximately 6600 children and families were provided services by CIS in FY08.

Where we are going

- Enhancing integration by combining multiple grants to multiple community-based organizations into a single grant per region.
- Developing a common set of outcomes and performance measures for every grantee.
- Fully implementing the “One Plan” throughout the state.
- Developing a robust data management system that will support service providers and state level CIS staff in documenting outcomes and making informed decisions about policy and practice.
- Building capacity in every region to provide a full menu of integrated services to families.
- Streamlining reporting requirements and building consistency into paperwork and processes.
- Reworking our financing structure to afford more flexibility at the local level while satisfying federal reporting requirements.
- Realizing cost savings through improved efficiencies in program and service administration.

- Fully implementing the “Primary Service Provider and Consultation Team Model”, where one early childhood prevention and early interventionist provides support to the family, backed up by a multi-disciplinary team of other professionals with early childhood expertise who provide services to the child and family through joint home visits and other strategies coordinated through the primary service provider.

CIS is poised and ready to rapidly move forward to achieve the goal of a multi-disciplinary, community-based and fully integrated system that is responsive to the health and developmental needs of pregnant and postpartum women, young children and their families.

IDEA Part C

Currently, we have a well-established protocol for referring young substantiated victims of child abuse for Part C services, as required by the Keeping Children and Families Safe Act of 2003, a reauthorization of CAPTA. Children are referred by our social workers to the local host site for early intervention services within five days of the date of substantiation. This process continues to work very well across the State and we have not and do not anticipate making any changes.

Child Abuse Reporting

In September 2008, following extensive input from staff and stakeholders, we began the process of centralizing the child abuse intake function. We phased in the implementation and were fully centralized by the end of October 2008.

Where formerly intakes were handled by social work staff on rotation in each district office, now they are taken by six specialized and specially trained staff in Waterbury. The goals of centralized intake are to:

- Improve responsiveness to mandated and other reporters;
- increase quality of information recorded, to better guide decision-making and investigation planning; and
- to increase consistency of decision-making across the state.

Now, in Vermont, any call of concern to the centralized intake unit that results in an intake being documented is counted as an intake. DCF’s philosophy is to encourage reporters to call our intake unit. Also, because we are not just the child protection agency, but also the youth justice agency, this includes intakes on child abuse and neglect, child behavior, delinquency, etc. The table below shows the increase in intakes and the number of reports accepted for a child safety intervention (investigation or assessment).

Year	Intakes	Reports Accepted for Child Safety Intervention	Percent Accepted
2007	12,327	2564	21%
2008	13,680	3756	27%
2009	14,581	4581	31%

At times, we may receive multiple intakes on the same allegation. All are counted. This results in Vermont having the highest rate on intakes (93.8) per 1000 children living in the state.

Child Maltreatment Assessment

In 2008, on the recommendation of DCF, the Vermont Legislature passed legislation that enabled the development of differential response. Since implementation in July 2009, we have seen a dramatic shift on caseload. This gives the division an additional response – the assessment response

The number of children in custody and youth on probation has continued to drop significantly (this trend is in its 5th year) but has been more than offset by the increase in child abuse investigations and assessments and the number of open CPS family cases.

Specifically, comparing 2007 to the present, child abuse interventions are up by 70% and open CPS family cases are up by nearly 400%. To accommodate the pressing need for front-end interventions, districts have moved staff to the front end. This has left districts short when it comes to staffing ongoing cases which creates challenges in meeting contact standards and achieving desired outcomes.

Districts have been affected very differently by the changes in the caseload mix. Some have seen a dramatic increase in front end interventions; for others the increase has been moderate. Some districts have seen a dramatic drop in custody and probation cases; others have not. All have seen an increase in open family cases.

Just a few months ago the Governor approved hiring an additional 12 social workers to ensure that we can continue to provide high quality services. With the addition of these positions we believe we can lower the family caseload count to a statewide average of 15.3 families per social worker.

To help staff increase their skills and confidence in working under this new approach we provided training in Building Safety in High Risk Families and district training and consultation to enhance Motivational Interviewing skills, in addition to our regular ongoing training and support offered by the Child Welfare Training Partnership.

New England Breakthrough Series on Risk and Safety Assessments

In 2008, The New England Association of Child Welfare Commissioners and Directors and Casey Family Programs decided to cosponsor a Breakthrough Series on Risk and Safety Assessments for the child protection agencies in the six New England States.

Three district offices from the VT Family Services Division submitted applications for the project and all were accepted. The formal project began in December, 2008 with the first Learning Session, which brought all the New England teams together and ended in April 2010 with the last of the four Learning Sessions. The project was focused on assessing, through increased family engagement, safety, danger and risk of future maltreatment.

The VT teams focused their practice change efforts on family engagement and assessment. The following ideas were integrated into our differential response policy and/or procedures.

- Calling families ahead to arrange for a good time to meet with them and encouraging them to have support people there as opposed to conducting unannounced home visits;
- completing our safety/danger and risk assessment tools with the family instead of behind closed doors at the office; and
- completing the Family Safety Planning framework with families at the kitchen table when a danger has been identified.

Breakthrough was a tremendous opportunity for the teams that participated and although the formal project has ended, the spread to other districts has just begun as we have formalized some of the BSC ideas statewide.

Child Sexual Abuse Prevention

On February 27, 2009, the Vermont Senate and House passed S.13 - AN ACT RELATING TO IMPROVING VERMONT'S SEXUAL ABUSE RESPONSE SYSTEM. The act was developed in response to the tragic abduction, sexual assault, and death of a 12-year-old girl in June of 2008. It was signed into law on March 17, 2009.

The legislative intent of the act (known as *Act One*) is to increase child sexual abuse prevention efforts, enhance the investigation and prosecution of child sexual abuse, and improve the supervision of sex offenders.

One component of the act, which is being spearheaded by the Department for Children and Families, is the development and implementation of a Community Outreach Plan to raise community awareness about the nature and extent of child sexual abuse, including the role of adults in protecting children. The outreach plan includes the following:

1. Child Sexual Abuse Prevention Website: Vermonters can go to protectkids.vt.gov to learn what they can do to prevent, recognize, and react responsibly to child sexual abuse.
2. Media Campaign: Two radio public service announcements (PSA) and one television PSA about the need for adults to “Step Up to Protect Kids” started airing on May 17, 2010 and will run throughout the summer and into September.
3. Parent’s Guide: A guide to preventing child sexual abuse will soon be available for free downloading on the protectkids.vt.gov website.

FAMILY PRESERVATION, 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; they are available in all districts. Vermont has always used this service system not only for family preservation and support, but also to support reunification.

Agencies are selected through a competitive bidding process that specifies best practice principles, targets outcomes related to child safety/well being, and maximizes fiscal resources.

In cases where an individual or agency has specialized knowledge and/or skills not otherwise available in that community, they may be awarded the contract/grant based on being the “sole source” in the area without a competitive process.

- **Child and Family Support Contracts** provide support for our family engagement practice approach through facilitation and coordination of family centered meetings and case coordination services that support specific needs of children and families. All districts now have capacity for facilitation of Family Safety Planning meetings, coordination and facilitation of Family Group Conferences, and for Family Time Coaching, our new model for parent-child contact. These contracts are just starting their second year and signify a significant expansion of services around the state. Contracts will be closely monitored to determine if changes need to be made to structure and/or services in the future.

- **Parent Educators** provide home-based support and parenting education, focusing on family support, family preservation and reunification. We will be evaluating whether these services, as currently structured, will continue to meet the needs of our clients as we shift our practice.
- **Intensive Family Based Services** provide time-limited, intensive in-home therapeutic services, focusing on family preservation and reunification. We will be evaluating whether these services, as currently structured, will continue to meet the needs of our clients as we shift our practice.
- Trained therapists authorized to provide treatment under a special SRS Medicaid program provide **Sexual Abuse Victim and Offender Treatment Services**. Our new Child Victim Treatment Director will be assessing these contracts to determine if they continue to meet our needs or if we need to make any changes.
- **Other district-specific services** purchased with IV-B, Subpart II and other funds, such as mentoring programs, after-school programs, and family-tailored individual services.

In addition to Children's Integrated Services, the Child Development Division provides important services that keep families with young children together, including:

- **Family Support Child Care** is a prevention and early intervention service designed to reduce stress for families and their children and promote positive child development. This is time-limited, free part-time child care for families who are experiencing stress that may place their child at risk.
- **Protective Services Child Care** is personalized child care that includes a planned child development intervention strategy authorized by the Family Services social worker and must be part of the family plan as a safety strategy. The child care providers are specially trained to care for children who have been abused or neglected and they are active participants on the Family Services child and family support team and they. Services are provided to children living with their families and children in foster care, including those recently reunified with their families.

Vermont is particularly proud about the evolution of a comprehensive system of family support and preservation services designed to assist all families, not just families who come to the attention of the child welfare agency. Family support services in Vermont are primarily planned, funded and coordinated through a system of partnerships.

With the exception of the expansion of services under the Child and Family Supports contracts there are no changes in this area.

HEALTH CARE SERVICES

During the last year, DCF augmented its partnership with the Vermont Department of Health (VDH) and the Office of Vermont Health Access (OVHA), both part of the Agency of Human Services.

For over 15 years, DCF and VDH have partnered to ensure that new entrants to foster care are assessed for health needs and have a medical home. The document produced is called the Health Information Questionnaire.

This year, the foster care project was selected as a quality project for Vermont's Medicaid program, operating under a total waiver. As a result, the Health Information Questionnaire has been automated. Information flowing to and from child's medical providers has been improved. A medical home is identified for every child. Information about the child's medical history is transmitted to the current medical home. If the child has special needs, VDH ensure that foster parents are educated about those needs, including any special care that is necessary. VDH follows up, as necessary, to ensure necessary medical care.

FAMILY SERVICES DATA

The following data represents our current status in investigation and custody caseload, length of stay and relative placements.

Changes in Intake and Investigations

During this reporting period, most districts continued to experience a significant increase in child safety interventions. All districts have shifted workers to the front end units to respond to the pressure. We realized a 78% increase in child safety interventions (investigations and assessments).

Year	Number of Child Safety Interventions
2007	2564
2008	3756
2009	4581

Changes in Caseload

The increase in the number of calls and accepted reports from the Centralized Intake Unit has had an impact on our ongoing caseload as well. Although the number of children in custody and youth on probation has dropped significantly over the last 5 years, this has been more than offset by the increase in child safety interventions and the number of open CPS family cases.

Specifically, comparing 2007 to the present, child abuse interventions are up by 70% and open CPS family cases are up by nearly 400%. As mentioned above, to accommodate the pressing need for front-end interventions, districts have moved staff. This has left us short when it comes to staffing ongoing cases. This presents challenges for ongoing staff to meet contact standards and to achieve desired outcomes.

The following chart shows **family** caseload size before and after the new positions, which are currently under recruitment.

District	Previous Caseload	Current Caseload
A	19.0	15.0
B	14.3	14.3
H	16.6	16.6
J	17.1	13.3
L	14.9	14.9
M	25.0	19.1
N	21.0	16.3
R	17.0	16.1
S	24.4	16.9
T	11.2	11.2
V	19.4	15.9
Y	24.8	15.8
State	17.4	15.3

Changes in Custody

The following tables represent point in time information for caseload as reported in our 2004-2009 CFSP and present. As a result of our transformation efforts we hope to see a continued decline in the number of custody cases, a decrease in length of stay when children do enter custody and an increase in relative placement.

Custody Type	3/31/04	3/31/09	3/31/10
Abuse/Neglect	911	728	661
Delinquent	363	279	220
Child Behavior	238	155	155
Voluntary Care	1	20	5
Total	1513	1182	1041

Length of Stay

In the previous CFSP our data showed that the length of stay had decreased for all age groups of children in custody. The following point in time data shows the continued decrease in length of stay, with the exception of one specific group.

Age Range	Length of Stay	12/31/04	12/31/09
Age 0-5	1-2 Years	87.2%	91%
	3-3+ Years	12.8%	8%
Age 6-11	1-2 Years	63%	71%
	3-3+ Years	37%	29%
Age 12-17 Abuse and Neglect	1-2 Years	54%	46%
	3-3+ Years	46%	54%
Age 12-17 Delinquent	1-2 Years	57%	58%
	3-3+ Years	43%	42%
Age 12-17 Child Behavior	1-2 Years	50%	64%
	3- 3+ Years	50%	36%

As reflected above, some youth have experienced an increase in the length of stay: 12-17 year olds who are in custody due to abuse and neglect. Due to concerns about permanency for older youth in care, we are currently negotiating an agreement with Casey Family Programs that will support activities in 2011 to focus on this population. Tentatively, this will involve sponsoring some Permanency Roundtables designed to focus on specific adolescents in care who lack permanency.

Relative Placement

Data reflects that relative placement has continued to rise. We feel this is due to JPA, our family engagement strategies and the activities of our contracted partners who facilitate family meetings and family time coaching. As discussed above, JPA has resulted in less children coming into custody; these children are diverted to a conditional custody arrangement and placed with relatives or fictive kin at initial court hearings. The overall focus on relatives has also resulted in an increased use for the children who do enter custody and are placed in out of home care.

Year	Percent
2005	8.81%
2006	8.90%
2007	12.18%
2008	12.47%
2009	13.01%

Effective July 1, 2010 Vermont will take advantage of the opportunity under Fostering Connections to offer financial assistance to relatives under the Guardian Assistance Program. We have developed procedures, forms and policy to guide our social workers.

Outcome Performance

Vermont's Program Improvement Plan included measures from three CFSR composites. We received notification in November 2009 that we met either the national standard or our PIP goals related to the composites and were therefore released from further monitoring during our current program improvement period.

Children are Safe

We continue to have very high safety outcomes:

- July - September 2005 96%
- July – September 2007 96%
- July – September 2009 98%

Children are More Stable

More children have only 1-2 placements in the first 12 months of out of home placement:

- July – September 2005 68%
- July – September 2007 71%
- July – September 2009 75%

Reunification is Timelier

More reunified children are reunified within 12 months:

- July – September 2005 70%
- July – September 2007 67%
- July – September 2009 81%

Children are Remaining Safe

Fewer children are reentering out of home care:

- July – September 2005 16%
- July – September 2007 6%
- July – September 2009 11%

Adoptions are Timely

More adoptions occur within 24 months than occurs nationally:

- July – September 2005 42%
- July – September 2007 43%
- April – June 2009 45%

Caseworker Visits

Federal Child and Family Services Reviews have found that meaningful and regular contact between child welfare worker and the children they serve is the most influential factor in ensuring positive outcomes for those children. The Family Services Division has focused on increasing the frequency of contact workers have, and in fact has demonstrated some improvement. However, the frequency of social worker contact and/or the documentation of contact, continues to be a concern. This concern was part of the rationale for the additional 12 social workers we are hiring.

Increasing contact requires increased time available for contact. The division has employed a multi-pronged approach that addresses caseload as well as efficiency and effectiveness of our interventions:

- All social workers are equipped with Motorola Q phones (with telephone, e-mail, scheduling and wireless modem capacity), and laptop computers. This combination enables them to access division computer applications from remote locations, including from client homes. We believe as workers get comfortable with the new technology which will enable caseworkers to complete work while in the field we will increase caseworker visits.
- The centralization of the intake function returned the equivalent of between 5.5 and 6.5 social worker FTEs to the casework function.
- The division continues to explore teaming and group supervision models, to increase the number of social workers who have a relationship with a family, and can assist in times of intense service need.
- Use of family engagement strategies mentioned above is avoiding the need for out of home placement or decreasing the length of stay for children who do enter DCF custody.
- The addition of 12 new social worker positions, all of which are assigned to ongoing casework, to address the increase in caseload.

Caseworker Visit Data and Annual Targets

	2007	2008	2009	2010	2011
Children in foster care	1758	1781	1518		
Children visited every calendar month they were in foster care by caseworker handling the case of the child.	213	365	281		
Goal	11%	22%	42%	65%	90%
VT Performance		20.5%	17.77%		
Total number of visit months for children visited every month in foster care.	980	1126	1504		
Total number of visit months in which children were seen in child's placement setting by caseworker handling the case of the child.	283	1953	946		
Percent	29%	57.65%	62.90%		51+%

Caseworker visit data submitted in December 2009 showed that we decreased our monthly contact performance as counted by the federal formula or the documentation of social worker contact. Our federal report is generated from our automated case note system so if staff do not enter their contacts, they are not counted in the federal report. However, as the chart above reflects, we did increase the number of visits from 1126 to 1504, which is the desired direction.

A run of the report from October 1, 2009 to April 31, 2010 reflects social worker contact at 24.47%, a significant increase from our last report. Visits in the placement setting were at 64.18%.

After the December 2009 report we put additional emphasis on improving our performance and documentation in this area. We increased focus and discussions on worker visits in district supervision and at division wide meetings and developed a process for reviewing social worker contact in supervision before each month is over so staff have time to schedule visits if they haven't been done.

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 in December 2010.

Youth Justice Services

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.

As part of Family Services central office, the Youth Justice Unit provides policy, training, and casework practice focus within the Division. The unit manages community-based Balanced and Restorative Justice Programs that serve DCF youth who have been adjudicated delinquent. The Youth Justice Director oversees Woodside Juvenile Rehabilitation Center, the State's 28-bed secure juvenile center.

Unit staff is responsible for staffing the governor-appointed State Advisory Group required by the Juvenile Justice and Delinquency Prevention Act.

We are currently engaged in several enhancements to our probation practices, our secure facility, as well as alternatives to detention including:

- Review of program models at the Woodside Juvenile Rehabilitation Center.
- Use of the Youth Assessment and Screening Instrument (YASI) on all probation cases and possibly all cases in which the intervention is based on child behavior.
- Family Group Conferencing, a restorative model for intervention.
- The identification, implementation and evaluation of community evidence-based interventions targeted for the juvenile justice population.
- Further development of restorative justice interventions in the community.
- Continued development of new policy and practice guidelines for the supervision of probation.
- Quality assurance and programming at the secure juvenile center.
- Business process analysis to develop a documentation case management system for Woodside.
- Training curriculum development for Woodside staff.
- Enhancements to Balanced and Restorative Justice (BARJ) services provided by our BARJ community-based provider system.

Transfers to the Youth Justice System

In Vermont, Family Services is both the child protection system and the 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.

During this reporting period 22 youth 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.

Transfers to the Youth Justice System	
2006	58
2007	44
2008	35
2009	22

Indian Child Welfare Act

Vermont does not have a federally recognized Indian Tribe within its borders. The department promulgated policy regarding compliance with the Indian Child Welfare Act in September 1998.

Vermont's new Juvenile Proceedings Act, effective January 1, 2009, requires social workers to provide information required by the Indian Child Welfare Act at the Temporary Care Hearing which is held within 72 hours of custody.

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 partnership with the University of Vermont, Family Services developed a child welfare project with the Abenaki tribe, a non-federally recognized tribe based in northwestern Vermont.

Project staff works closely with the Abenaki nation to increase the cultural competence of our social workers and foster parents and other service providers who work with tribal members. In particular, the project strives to ensure that Abenaki children in state's custody retain their ties to their tribe and native traditions.

In addition, the project seeks to increase the number of Abenaki families available to foster children of the tribe. Through the project communication and collaboration has increased through a variety of vehicles, including training.

There are no changes in this area.

Adoption Finalizations

Year	Finalizations
2005	151
2006	165
2007	213
2008	180
2009	153

Adoption Incentive Payment

In the event we qualify for an adoption incentive payment we will use it for adoption promotion and support.

Adoption Subsidy

The adoption subsidy administered centrally and currently serves approximately 1,720 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 assistance. Children who are SSI eligible are also 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.

Except for the increase in adoption subsidies, there are no changes in this area.

Adoption Permanency Supports

For a number of years, we have used IV-B Subpart II and Medicaid funds to provide post-adoption services, contracting with agencies around the state. Currently we have contracts with five agencies. Primarily Medicaid under the Rehabilitation Option funds post-adoption services for children formerly in custody. Respite care is funded by Title IV-B, Subpart 2.

In 1998 through an Adoption Opportunities grant, DCF and Casey Family Services formed the Vermont Adoption Consortium. This Consortium brought together private adoption and therapeutic foster care agencies, community mental health, and parent support agencies.

The Consortium continues to grow in membership and currently includes the original agencies and the Title IV-E Training Partnership, the Vermont Foster and Adoptive Parents Association, and Vermont Kin as Parents. As kinship guardianship grows in Vermont, the partnering agencies of the Consortium have committed funds to serve those families as the issues they face are very similar to adoptive parents.

The Consortium's goals are to:

- Help families further their knowledge and understanding related to adoptive child development and trauma.
- 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 include:
 - Information and referral;
 - Advocacy and assistance with school and community issues;
 - Support and discussion groups;
 - Reading and other educational materials;
 - Respite services; and
 - Intensive in home parenting 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.

There are no changes in this area.

Inter-country Adoptions

Vermont is lucky to have Casey Family Services available for adoptive families. Casey provides social worker supports, parent and youth groups to domestic and international adoptive families. Each year Casey sponsors an adoptive family camping weekend for families adopting children of color. In addition, the Lund Family Center hosts an adoptive Family Picnic annually for all adoptive families. Over 400 families participate in this potluck picnic annually.

There were no known cases of internationally adopted children entering state custody in this reporting period. When children do enter state care, they receive the same services and assistance as all families who have adopted children in Vermont.

Diligent Recruitment of Foster and Adoptive Homes

Vermont continues its path of dual recruitment, training and licensure for families willing to provide foster care and adoption services for children in care. In addition, Vermont has expanded its efforts to seek kinship families and engage them in stepping forward for a child.

Project Family is in the 11th year and continues to provide permanency placement counselors to FSD district offices.

The permanency placement counselor's help each district to establish a permanent living arrangement with kinship, foster or adoptive families.

Project Family placement counselors mine each child's foster care records identifying any and all past family connections, provide follow up with those families and for in-state families complete home studies at no cost to the family when a match is made. For out of state families, Project Family pays for private agencies to complete a home study as many other state's waiting time for ICPC response was too slow.

Eleven out of twelve district offices hold permanency meetings with Project Family staff on a monthly basis. These permanency meetings address the placement needs of children as they enter foster care, in addition to the ongoing need of children in foster care for long periods of time or who experience placement disruption.

Pre-to-post adoption support is provided to families through a collaborative effort with three other agencies that also provide post-adoption services. Our Project Family partnership provides services in those cases where the child has multiple diagnosis, trauma and/or losses, an adoption may not be possible without the support. This has proven to be a valuable service to both kinship and foster families as they make the decision to adopt.

Foster and Adoptive Parent Recruitment

Recruitment, as we have defined it historically, is changing in Vermont. The number of children in custody is declining, and the number of children living in foster homes, with adults unknown to them, is declining as well. Currently about 750 children are living in foster care, and we have over 1200 licensed foster families. We are experiencing a mis-match between the children we have in care, and the preferences of foster families.

As a result of the JPA and our Transformation Plan we have shifted our focus to providing services earlier in a case. If we need a placement for a child, we have also shifted our focus to identifying relatives and individuals known to a child, who can serve as caretakers and natural supports.

In the fall of 2009 the NRC for Recruitment and Retention of Foster and Adoptive Parents spent two days with us, exploring, defining and recommending approaches on the recruitment of resource families.

There were several recommendations that came from the consultation, and as the year has progressed, we have integrated some of them into our practice. There are two specific recommendations that have been a focus: 1) work on retention and customer service at the district level and 2) build capacity for improvements in recruitment and retention, consistent with Vermont's practice model.

Each district designed a training/discussion group and brought staff and resource parents together, to discuss changes in our practice and the impact of those changes on resource parents. The sessions were well received and resource parents recognize that they are part of the team. In addition, there has been an increase in activity focused on developing strong consistent groups of resource parents in each of the twelve districts. We recognize coordinating and supporting training and networking for resource families supports recruitment and retention.

Because our goal is to place children with relatives, or with someone known to the child, there has been an increased effort in "family finding", the early identification of relatives who may be able to care for a child.

Resource Coordinators in each district have increased their efforts to visit schools and develop relationships with school personnel. In the event that we need a placement for a child who attends school in a particular district, the resource coordinator already has a relationship with the school, and is increasingly successful at finding a placement within the child's school district.

With that as a back drop, we continue to need additional foster parents, in most cases for adolescents and for sibling groups. A more targeted approach was developed. To recruit for particular types of families, we designed posters for each district, with information that is specific to the district, outlining the specific need, and inviting community members to call and explore fostering children from their community.

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: Vermont Crime Information Center; Child Abuse Registry; Department of Motor Vehicles; Relief from Abuse orders; Vermont Adult Abuse Registry; Vermont Department of Corrections; Vermont Court Information System. 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.

DISASTER PLANNING

The Agency of Human Services Emergency Response Planning Team has been meeting for four 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 representative assigned to the Human Services Emergency Response Planning Team.

The Family Service liaison is 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.

The FSD representative sits on a department-wide committee that is developing a Continuity of Operations Plan (COOP) for the department that in turn will be integrated into an agency COOP. This too will be trained for and drilled to.

Currently this committee is honing down the list of this year's activities/goal after our initial efforts to develop COOPs. Top on the list is the second phase of COOP development that involves firming up the alternate sites. Another priority goal is to plan the training and drill schedule for next year.

This past year's activity has focused on the H1N1 virus and the division's capacity to respond to an anticipated threat this fall. The agency instituted a status reporting process to monitor the staff absences in case there was a need to redeploy staff. Staff was graded according to their link to the critical functions and a hierarchy of potential redeployment. This activity was highly successful and will be available in future exercises

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, residential providers and child care providers about the Emergency Response protocols and to outline their responsibilities for children in care in an emergency. A new preparedness booklet is being developed for dissemination to foster families and residential programs.

The COOP planning continues to move to the district level. A department wide training was recently presented to district staff with the expectation that district COOPs will be developed.

We are part of a New England committee that has shared individual state plans. We reviewed plans of a few neighboring states to help enhance our planning.

VERMONT CHAFEE FOSTER CARE INDEPENDENCE PROGRAM

Population Served

Vermont Family Services provides services to prepare youth for adult living through the Youth Development program, a statewide network of contracted youth serving agencies with a minimum of 1 FTE in each district. In SFY 2010, the Youth Development Program served a similar number of youth to the previous year, 655, but the shift in emphasis to older youth has continued with approximately half the youth served by the program between 18 years and 21 (inclusive). This shift has been complemented by more direct service involvement by Family Services (FS) social workers in working with youth in custody ages 15-17 with a support and consulting role on transition activities by Youth Development Coordinators along with group work, life-skills activities.

Dependency to Self-Sufficiency

- Delivery of curriculum based life skills training is occurring in all regions of the state.
- The Transition Manual providing youth with the names of service providers, contact information and steps to take toward specific life skills goals specific to the area in which the youth resides has been developed and introduced in 6 of the 12 regions of the state. In 2010, the model will be introduced in the other 6 regions and a web based application developed.

Services for Employment

FS has not been successful this year in accessing data for these two employment related outcomes, identified in our 2010-2014 CFSP but will continue to pursue it in the coming year.

FS is involved in two other important employment related initiatives. Representatives of the Youth Development Program are participating in the planning process for an agency wide vocational preparation and employment to serve youth and adults across the Agency of Human Services and the state.

The project, called Creative Workforce Solutions, (CWS) is divided into a strand for youth and a strand for adults.

The youth component is planning to conduct two regional pilots on how best to prepare youth to participate in the workforce and will include direct supported employment opportunities for youth served by the youth development program in those communities. The managers overseeing the youth development program are both participating in the planning for the youth component of CWS.

The second initiative is a five year demonstration project funded by the Federal Family and Youth Services Bureau (Support Systems for Runaway and Homeless Youth –SSRHY) which calls for a partnership between the State agency overseeing the CFCIP program and the FSYB funded Runaway and Homeless Youth agency (VCRHYP). The Vermont project, called Northeast Kingdom Youth Factor, is sited in the Newport region at Northeast Kingdom Community Action Youth Services and will be working with them to develop increased opportunities for youth to access education, training, housing, employment and healthcare, while establishing positive connections with the community. Outcomes across all of these areas will be tracked and reported.

The grant is a collaborative demonstration project that will take the lessons learned from this particular community and apply them to other parts of the state through partnerships with other state agencies and statewide organizations funded by the state and federal government. The collaborative already exists and is operating the state Youth in Transition Leadership team with members from the Departments of Labor, Mental Health, Corrections, Aging Disabilities, and Independent Living, Education, Housing and the Deputy Secretary of the Agency of Human Services, WIA Boards, OEO Funded CAP agencies and others.

Helping youth prepare for and enter post-secondary training and educational institutions

Vermont is continuing its efforts to assist youth entering custody to maintain educational stability by remaining in their home school districts including the cost of transportation to bring them to those schools.

The Act 74 Extended Care legislation described in our CFSP and previous APSR has also created an important opportunity to support youth graduating from high school. Under the statute, youth can continue to receive full financial support to remain in their current living situation after 18 while they are completing high school. This support can continue up to their 22nd birthday. Youth accessing this opportunity has increased significantly. Our most recent report indicates over 90 youth are receiving this help.

Our Extended Care program also provides another support for youth preparing for and entering post-secondary education and training. Youth who have completed high school and are living in stable situations with caring adults may continue to receive financial assistance to support that living situation during college breaks and to provide small financial supports often needed by college students.

While this support is targeted more at retention than enrollment, its availability provides youth and adult partners an incentive to take the “big plunge” to college together.

FS is also planning with the Department of Education to provide training to classroom teachers on how to improve educational outcomes for youth in foster care using the Casey Family “Endless Dreams” curriculum with their teacher’s summer institute training program.

Vermont Student Assistance Corporation (VSAC)

VSAC and Family Services have continued to meet quarterly with former foster youth, college administrators, college student assistance professionals, Vermont Student Assistance Corporation outreach counselors, and Trio program staff.

Through the efforts of VSAC and the support of the group the number of youth receiving VSAC outreach services has increased from 85 to 181. This year 92 former foster youth enrolled and received financial aid through Chafee ETV, Emily Lester grants, VSAC Vermont grants, Pell grants and Stafford loans. Preliminary data suggests that access to these outreach services greatly increases the likelihood of high school completion, college application and enrollment.

The significant increases in enrollment are a positive sign, but the group is very concerned about the issue of retention. As we encourage increasing numbers of youth to enroll, we are seeing many leave before completing their degree with nothing but indebtedness. This indebtedness presents not only an immediate barrier to self-sufficiency but to re-enrollment at a later date. The group has already begun examining this issue which has elements of academic preparation, social and emotional readiness, the presence of supportive adult relationships, the social environment of the school, academic and social supports at the school to name a few. We have and will continue to gather information from youth, schools and others to better understand and address this difficult issue.

Job Corps

The Northlands Job Corps has launched an aggressive effort to expand the number of Vermont youth enrolling in and completing the program at the Job Corps. A Northlands Jobs Corps State Interagency Task Force has been established with the task of “increasing the enrollment of Vermonters that involves significant outreach to schools within commuting distance of Northlands. A subcommittee has been created to work on an implementation plan involving the Department of Education and the Agency of Human Services. The FS State Youth Coordinator is a regular participant in this effort.

College of St. Joseph

The College of St. Joseph’s STEPs program has continued to recruit and enroll foster youth to its school and program. The school is an active partner in the planning group with VSAC and is working very hard to recruit youth to their program and to support them in any way they can to remain and be successful.

They are unfortunately experiencing the same kind of retention issues facing youth at other schools.

Four out of seven youth, who enrolled in fall 2009, were not in the program in the spring semester. Many youth are currently visiting the program and filing applications. We will continue to work with the school to find ways to be more effective in helping youth enroll and graduate.

Provide personal and emotional support to youth through mentors, and the promotion of interactions with dedicated adults

FS is currently re-organizing its central office functions to better align its practice, policies, outcomes and business processes. An early result of this effort has been the convening of a group including our youth development manager, state coordinator, the person overseeing our adoption and subsidized guardianship activities, the director of our planning, policy and practice unit and our UVM training partnership who will be focusing on the full range of permanency issues for adolescents in custody.

This effort is in its infancy, but is well positioned to address the challenges that face adolescents in custody related to permanency and supportive relationships with caring adults. We are currently gathering data to inform the process and create baselines against which to measure the impact of our efforts. While this effort is being described in the Chafee portion of this report, it is obviously part of a more broad-based effort. We look forward to reporting both our baseline and our impact on it in future reports.

Provide financial, housing counseling, employment, education, and other appropriate services and support to youth 18-22

The Youth Development Program continues to provide Act 74 funds for housing and related services for 161 youth age 18-21 through this state initiative funded solely with state general funds. Supports are provided in the following areas:

- Completion of secondary education for youth who reach their 18th birthday while in DCF custody;
- Adult Living Program; and
- Housing Support Program.

While total numbers for youth accessing these three areas of support have remained relatively stable, we have seen an increase in the number of youth in the Housing Support Program and a decrease in the Adult Living Program. Because the Adult Living program is dependent on not only funds (which are available) and the presence of stable relationships with caring adults, this drop is one of the driver's for the work described in the earlier section on personal and emotional support. It is our intent to increase opportunities for youth to develop and sustain networks of caring, supportive adults.

SFY 2010 Update

The Family Services Youth Development Program is currently preparing for the initial NYTD data reporting period beginning October 1, 2010. Our State Youth Development Committee (our state youth advisory and advocacy group) is reviewing the youth survey components from Chapin Hall, our Federal guidance and the work of other state youth groups (they are reviewing New Mexico's work) with the goal of designing a youth friendly method for presenting the questions and administering the process for the baseline population. The State Youth Coordinator's Network is piloting the questions for the served population on a 100% sample to identify barriers and refine the process for the time when we "go live" in October. We have also run a baseline cohort 100% sample with geographic distributions to help us plan outreach and administration of the youth survey tool. Our first sample run indicates 66 youth statewide in the first six month sampling period. This sampling data will be used to design district specific plans for administration of the initial survey. Plans for follow-up cohort surveying are being developed in coordination with the Youth Development Committee.

Our previous APSR indicated that we were collecting data in seven service or activity areas. We identified a number of factors in our previous system which led us to stop using it and begin constructing one which better meets our administrative needs and tracks outcomes. Problems with definitions for categories and inconsistent, inaccurate self reporting made the data unreliable. At present our primary data collection effort is focused on meeting the NYTD reporting requirements. We will take the results of that work and integrate it with data from our post-secondary education, extended care, employability and vocational exploration efforts.

We continue to monitor for program compliance and fidelity through Youth Development Coordinator Network meetings, and technical assistance site visits by the State Youth Development Coordinator.

Youth Development Committee

The Youth Development Committee has been very busy this year. The Committee has 31 active members statewide and is pushing hard to support the development of regional groups in each of the twelve districts to extend the opportunity to participate in governance by more youth. The committee took full responsibility again for planning and running the annual Youth Conference. Two noteworthy elements to this year's conference were the election of new officers for the State Youth Development Committee and the increasing interest of adult state decision makers in attending and convening with youth to hear their views. They have already begun planning for next year. The Youth Advisory Committee has participated in a number of important initiatives in the policy arena this year. Here are some examples of member activities:

- Legislative testimony on transition issues.
- Representation to the VSAC Higher Education project for foster youth.

- Advisory to Bess O'Brien's documentary film project on foster youth and kinship care.
- Representation on the Justice for Children Task Force.
- Participation on the New England Youth Coalition sponsored by the New England Child Welfare Commissioners and Directors Association.
- Planning and carrying of the annual Youth Conference.
- Participation on youth panels at a variety of statewide conferences and trainings including the National American Humane Association Conference.
- DCF Stephen R. Dale and Deputy Commissioner, Cynthia K. Walcott continue to hold regular meetings with the Youth Development Committee about ongoing issues and concerns of youth in care.

Technical Assistance for Youth Leadership Development

Family Services, on behalf of the Youth Development Committee, requested technical assistance from the National Resource Center for Youth Development (NRCYD), to assist them on strategic planning. On July 27-28, 2010, trainers from the National Resource Center for Youth Development will provide training on how to develop youth advisory opportunities in your local area and support that effort by recruiting and partnering with individual youth. The training will be held at the College of St. Josephs in Rutland. The training is for both youth and adults. The goal of this training is to provide a foundation for youth advocacy opportunities to occur in every district.

Medicaid Access

Family Services is participating in our state's Youth in Transition Leadership Team, an interagency group which meets on an on-going basis to improve how our combined system is meeting the needs of all youth transitioning to adulthood, in particular those in foster care and/or those with disabilities or at-risk. This larger group is working with our Global Commitment Medicaid Waiver steering committee to maximize access to medical care for youth in transition including expansion of Medicaid eligibility. A formal request to extend full coverage to youth aging out of foster care will be filed with this group but November 1, 2010.

ETV Funds Distribution

State Fiscal Year	Total Participants	Total funds expended
FFY 07	49	\$101,624
FFY 08	55	\$ 96,811
FFY 09	64	\$121,798
FFY 10	92	\$111,008*

Note: \$7,000 from the FFY 08 grant to be expended by 9/30/10 will be disbursed once VSAC has confirmed the enrollment status of two students.

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 and kinship caregivers. 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 Summit Learning Center.

Higher Education in Social Work

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.

Child Welfare Training

The 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>. The staff training program was updated this year to reflect the new training needs arising as a result of the FSD Transformation Plan implementation.

New Employee Training

New employees complete Foundations for Family Centered Practice (FFCP) during their first six months on the job. FFCP is a two week program, with 2-3 weeks in the field separating the two weeks. Working with case scenarios through the two weeks, participants learn and practice skills and knowledge necessary for entry level child welfare and youth justice practice.

New employees complete a week of more intensive training on selected topics during their first year of hire. Called Perspectives in Family Centered Practice, (PFCP), this is offered one week a year. It builds on the skills and knowledge acquired in FFCP and in on the job training.

Perspectives in FCP explores the impact of macro issues, such as substance abuse, domestic violence, trauma and mental illness on parenting, focuses on building skills in working with kin and with sexually abused children, and deepens participants confidence with Cross-Cutting Skills and Strategies.

Field Practice Manual

The Field Practice Manual outlines a structured program of reading, shadowing exercises, interviewing activities, self reflective activities and a review of policy and statutes.

It provides a structured on-the-job training program which links with the ***Foundations for Family Centered Practice*** programs. Supervisors received additional training in the effective use of the manual in 2009, as well as an orientation to the new ***Foundations for Family Centered Practice*** programs.

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 ***Foundations for Family Centered Practice*** series.

All ***Foundations for Family Centered Practice*** courses are offered by CWTP staff in collaboration with FSD staff and community partners, and hired subject experts, 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 ***Foundations for Family Centered Practice*** program.

The following charts illustrate topics which will be covered in training, which will be woven throughout the two week curriculum using a case scenario framework. For that reason, they cannot be seen as stand alone courses but rather as part of a comprehensive experience.

FOUNDATIONS FOR FAMILY CENTERED PRACTICE

Topic	Description	IV-E Functions Addressed	Duration	Est Cost	Cost Allocation
Setting the Context	Setting child welfare and youth justice within its historical context, Overview of law, policy, mission, practice principles. How to access necessary information.	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	5.5 hours		100% IV-E
Self-Care	Name specific strategies for self-care in the field, including vicarious trauma and how to get the most out of supervision.		2 Hours		100% IV-E
Sexual Abuse: Working with Offenders and Victims	Explore dynamics and characteristics of incestuous families. Identify characteristics and behavioral changes of children and youth who have been sexually abused. Understand the scope of behaviors and outcomes associated with child sexual abuse; Apply your knowledge about sexual abuse to assessment and response strategies; Explore strategies of engagement in the context of sexual abuse.	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	5.5 hours		100% IV-E
Ethics, Supervision and Team Building	Understand the ethics of social work practice, Identify resources such as the NASW code of ethics in answering ethical questions, Explore ethical dilemmas and how to work through these situations, Examine the use of teaming and how to be an effective team member	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	3.5 Hours	\$100	100% IV-E
Case Planning with Families	Identify the principles of case planning; Be able to describe Family Group Conferencing to families and others. Examine various strategies for engaging families in case planning Identify clear case goals & concurrent planning strategies that support safety, permanency and well-being for youth and children. Describe the challenges and opportunities that occur when the case goal changes from reunification to another permanency plan	Development of case plan; case management and supervision; permanency planning; referral to service.	5.5 hours	\$100	100% IV-E
Domestic Violence	Increase understanding of the connection between child abuse and domestic violence; understand the practice issues prevalent in cases involving domestic violence; learn strategies for effective response to domestic violence in the context of child protection.	Development of case plan; case management and supervision; permanency planning; referral to service.	3 Hours	\$100	100% IV-E

Topic	Description	IV-E Functions Addressed	Duration	Est Cost	Cost Allocation
Adolescent Development	Understand the unique aspects of adolescent brain development and the impact on decision-making skills; Explore various strategies for working effectively with youth including YASI and Motivational Interviewing.	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	2.5 hours	\$100	100% IV-E
Safety Planning	Learn to build short and long term safety plans around specific risks to children and young people, and to ensure that effective monitoring is in place. Identify the practice principles of Family Safety Planning. Develop skills in preparing yourself, family members and providers for an FSP meeting. Demonstrate the ability to distinguish between danger, risks and complicating factors. Distinguish between the uses of internal vs. family safety planning meetings	Development of case plan; permanency planning; case management and supervision, referral to service.	5.5 hours	\$100	100% IV-E
Working with the Courts	Understand when the authority and oversight of the court is needed. Review the legal process for child protection and youth justice cases. Learn the principles of Balanced and Restorative Justice. Develop strategies for supervising youth on probation. Review the laws relating to VT child protection, youth justice, the structure and function of the state's court system and key aspects of the legal process such as subpoenas, court orders and confidentiality. Apply the Juvenile Proceedings Act, 33 V.S.A Chapters 51 – 53. Examine the Social Worker's role in documenting relevant evidence, preparing a case for filing and presenting facts to the court. Explore the interface between Social Work practice and the Family court system. Practice targeting intervention for greatest likelihood of success.	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	5.5 hours	\$100	100% IV-E

Topic	Description	IV-E Functions Addressed	Duration	Est Cost	Cost Allocation
Permanency Planning	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. Identify the unique needs of kinship families. Learn the principles and philosophy behind Shared Parenting Meetings and Family Time Coaching, and the benefits to the child and their family. Learn the steps to convene and facilitate a successful Shared Parenting Meeting. Explore how to plan with the family to strengthen connections and move towards permanency.	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	11 hours	\$200	100% IV-E
Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Child Welfare Professionals	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	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	National Center on Substance Abuse and Child Welfare 10 hours	Free	N/A

PERSPECTIVES IN FAMILY CENTERED PRACTICE

Subsequent to FOUNDATIONS FOR FAMILY CENTERED PRACTICE; but while in trainee status during their first year 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 with the Department provide others in collaboration with CWTP trainers. Each is offered once annually.

Topic	Description	IV-E Functions addressed	Duration	Est Cost	Cost Allocation
Substance Abuse and Dual Diagnosis	Explore impact of the use and abuse of various substances on parenting and on development of young people. Explore treatment resources available. Practice motivational interviewing. Working with drug treatment courts.	Preparation for judicial determinations; Placement of the child; development of case plan.; permanency planning Case management and supervision; referral to service	5 hours		100% IV-E
Domestic Violence in Child Welfare	Increase understanding of the connection between child abuse and domestic violence; Understand the practice issues prevalent in cases involving domestic violence; Learn strategies for effective response to domestic violence in the context of child protection.	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		100% IV-E
Working with Kin	This day will take a deeper look at how working with kin impacts safety planning, the tensions that may exist in engaging kin, assessing for risk and identifying strengths and protective factors.	Development of case plan for children in foster care/ at risk of ; permanency planning; case management and supervision; referral to service	5.5 Hours		100% IV-E
Working with Families affected by Trauma and Attachment issues	Latest research about neurodevelopmental impact on trauma on the brain; what comprises best practice. Examine the impact of complex trauma on attachment, implications of traumatized parents. How to make decisions about needs of families based on a trauma-informed lens. Learn about vicarious trauma for workers/define ways to organize for effective self care.	Development of case plan for children in foster care/ at risk of foster care; permanency planning case management and supervision; Referral to service	5.5 hours		100% IV-E

Topic	Description	IV-E Functions addressed	Duration	Est Cost	Cost Allocation
Working with Families Affected by Sexual Abuse	Identify key areas of assessment in safety planning when sexual abuse is a factor in the home environment. Develop engagement strategies for inviting parents to participate in planning for their children when these issues are complicating the relationship between the family and the professionals. Evaluate risk and protective factors as they relate to the context of prevention of placement and reunification. Unpack our values that are surfaced when considering the long term. Generate thoughtful plans utilizing assessment skills and collaborative planning.	Development of case plan for children in foster care/ at risk of foster care; Permanency planning Case management and supervision; Referral to service	5.5 hours	\$1000	100% IV-E

SPECIALIZED TRAINING

Specialized training is offered once annually. Staff chooses to take specialized training most closely related to their work responsibilities and interests. 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.

Topic	Description	IV-E Functions addressed	Duration	Est Cost	Cost Allocation
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	2 hours each month		100% IV-E
Vermont Foster and Adoptive Families Association 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	12 hours		Child welfare staff: 100% IV-E Others have own funding sources.
Forensic Interviewing	Practice forensic interviewing for assessment social workers and supervisors	Preparation for Judicial determinations, placement of child, referral for services, development of case plan, case management and supervision	5 hours		CAPTA
Overview of Juvenile Services	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	5 hours		JABG

Topic	Description	IV-E Functions addressed	Duration	Est Cost	Cost Allocation
Child Protective Services Day	This one day conference will offer several workshops designed to advance experienced workers skills in various aspects of case planning and working with families. Specific topics will be developed with a group of experienced CPS workers.	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	5 hours	\$500	100% IV-E
Supervising Youth with Sexually Offending Behaviors in 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.	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	5 hours	\$1200	50% IV-E 50% CAPTA
Teaming Symposium	Districts practicing Teaming will be invited to share their experiences with each other, learn from each other, and participate in related workshops	Case management and supervision, development of case plan, placement of child, referral to services.	5 hours	\$300	100% IV-E
Youth Justice Training Day	Specialized training day that includes small workshops to increase knowledge in specific practice associated with youth justice work such as working with youth with sexually offending behaviors, understanding technology use of adolescents, and brain development.	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	5 Hours	\$500	JABG
Motivational Interviewing Training and Consultation	Initial training in motivational interviewing followed by regular case consultation and training in each district.	Case management and supervision, development of case plan, placement of child.	Ongoing		100% IV-E

Topic	Description	I-E Functions addressed	Duration	Est Cost	Cost Allocation
Engaging and Assessing Children and Youth	Explore and practice use of the Three Houses, Wizard/Fairy and Words and Pictures tools to engage children and young people in planning for their well being and understanding what is happening.	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	5 hours	\$100	100% IV-E

District Team-based Training

The Child Welfare Training Partnership (CWTP) increasingly provides targeted, skills-based training and consultation for teams in districts as well. 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.

Each district has an assigned CWTP training coordinator, who works with staff in the district regularly. Topics covered depend upon the needs of the district staff, but may include:

- Management consultation; team building; strategic planning
- Family Safety Planning and Family Group Conferencing program development and case consultation
- Enhancing Parent-Child Family Time
- Teaming training and consultation
- Time management

Delivery of training and consultation services is mutually agreed upon by CWTP, the FSD Operations manager, 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.

Supervisor Development Program

The Supervisor Role Design Workgroup is in the process of analyzing the changing role of supervisors in the current child welfare/youth justice system. They will be recommending training for supervisors during the coming year. CWTP staff will work with this group and the Transformation Steering Committee to meet identified training needs.

Training for IV-E System of Care Service Providers

Most of the above trainings are also available to foster parents, adoptive parents, kinship caregivers, 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.

Additionally, CWTP offers a **Facilitator Training Series** for community partners contracted as neutral facilitators of Family Safety Planning meetings and Family Group Conferences. These contractors are required to become certified facilitators. CWTP offers two day foundation trainings in Family Safety Planning and Family Group Conferencing twice annually (or as needed.) Additionally, practitioners are mentored by CWTP staff for a minimum of five meeting facilitations in each practice. When they are sufficiently skilled in each practice, they are certified by CWTP.

To maintain their certification, they must attend advanced training annually. This is offered quarterly by CWTP. The Facilitator Training Series is a combination of classroom and on the job training.

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

During this reporting period we received TT/A from NRC-OI and NRC-CWDT to assist us with a redesign of the supervisor's role and the development of a practice model. Both of these resource centers were instrumental to moving our work and our practice forward. Also, as reported previously in this document we received consultation from NRC-RRFAP to assist us with developing recruitment efforts.

In April 2010 we were selected to receive support from the Northeast and Caribbean Child Welfare Implementation Center (NCIC) to continue the work of our Transformation Plan. The project focuses on a comprehensive approach to the implementation of our practice model, which was developed and adopted after several months of working with the NRC-OI.

The NCIC project is the next phase of our practice change effort. While we haven't finalized the details, we will request assistance from the NRC-CP and NRC-PFC to develop the practice guidance to accompany the social work process outlined in the model.

We will also request the assistance of NRC-CWDT to help us improve our access to meaningful data to inform and assess our practice.

We have implemented a case review process as part of our PIP monitoring and ongoing quality assurance efforts and will request assistance from NRC-OI to develop a comprehensive process as new practice and information becomes available through the NCIC project.

As mentioned previously, we already have plans to receive T/TA from NRC-YD at the end of July to work with local youth boards. With support from the NRC, youth and adult partners from each district will participate in a two-day training designed to support the development of local Youth Advisory Boards.

Quality Assurance

During the first round of the CFSR in 2001, Vermont was not found to be in substantial conformity with the quality assurance systemic factor. Our Program Improvement Plan focused on developing a district review process that mirrored the CFSR. We completed a full round of reviews for each of our 12 districts, including the development and implementation of program improvement plans.

The 2007 CFSR found that concerns over the lack of a formal statewide quality assurance system had been resolved. However, as part of our PIP, we are re-designing our quality assurance system to promote district ownership of the process and the outcomes at the district level. We implemented a case review process and, with assistance from NRC-OI we will further develop a comprehensive process as new practice and information becomes available through the NCIC project.

A major component of the NCIC project is to improve our access to meaningful data to inform and assess our practice. We will identify what data we need and complete the technical work needed to allow us to collect it. We also will work with our management and supervisory staff on the use of the data as part of our quality assurance efforts. In addition, we will collect data on those services that we contract for to assess outcomes and model fidelity, again as part of our quality assurance efforts.

During this reporting period we completed two statewide case reviews for PIP monitoring. The first was to set the baseline and determine improvement. The chart below shows our performance.

CFSR Indicator	Baseline	Performance
Timeliness of investigations	86%	79.4%
Services to prevent removal	85%	94.1%
Reducing risk of harm	64%	80.3%
Appropriate permanency goals on a timely basis	56.2%	92.5%
Casework activities are directed toward timely permanency	56.5%	83.3%
Providing services to meet the needs of children, parents and foster parents	59.4%	54.2%
Worker visits with child and parents	20.5%	15.3%
Involving children and parents in case planning	42.6%	52.9%

Areas of concern are: (1) Timeliness of Investigations and (2) Social worker contact. Both of these concerns led to the Governor's support for adding an additional 12 social worker, an increase of 9.3% of direct service staff.

COLLABORATION AND COORDINATION

The system of collaboration is very strong 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 CFSP, CFSR and APSR.

There has been significant staff, community and stakeholder input into the development of our new organizational structures, policies and practice approaches. This coordination and collaboration was accomplished through existing teams and committees, through the Juvenile Proceedings Act implementation committee, the Justice for Children's Task Force, Vermont Kin as Parents, Vermont Child Protection Advisory Board, Vermont Coalition of Residential Programs and Vermont Foster and Adoptive Family Association, Community Advisory Board. These committees will continue to be involved in assessing progress towards system change goals and planning for future services.

The Children and Family Council for Prevention Programs (CFCPP) is the governor appointed advisory body that guides us in prevention and juvenile justice issues. They develop the Primary Prevention Plan for the Agency of Human Services and the required three year plan for the federal government. The CFCPP is required to include youth in their membership.

Availability of Plan to Public

This plan will be made available to any member of the public on request and will be posted on our public web page at: <http://www.dcf.state.vt.us/>

CAPTA PROGRAM EMPHASIS

The following sections identify areas of emphasis for our CAPTA program, as well as provide updates for the reporting period and plans for FY 2011.

Section 106 (a) (1) - Improving the intake, assessment, screening, and investigation of reports of abuse and neglect

Intake

Centralizing our intake function has increased focus on the quality of the information gathered and documented and the screening decisions based on this information. We have experienced an increase in calls as well as an increase in the acceptance rate.

Implementation of a system change of this magnitude has required careful consideration of on-going quality monitoring. Each month, staff was invited to participate in a meeting / conference call to discuss changes that are identified or challenges that are experienced. The supervisors of the Centralized Intake Unit meet regularly to discuss policy and review decision making to ensure CQI. These monthly calls and the increase in investigations and assessments have helped us to realize that it is time consider evaluating the centralized intake process.

We will convene a group to develop recommendations for a comprehensive evaluation of our centralize process.

Assessment, Screening and Investigation

As previously discussed, Vermont implemented differential response on 7/1/2009. During this reporting period, we focused on supporting and improving our practice in this area. In June of 2009, the division worked with the Children's Research Center (a division of the National Council on Crime and Delinquency) to update our safety and risk assessment instruments. Policy was updated to reflect when the safety and risk assessment instruments must be used (policy 51A and 51I). A second policy revision was completed in early 2010 to reflect practice that has developed since implementation. We held a statewide meeting for all directors, supervisors and central office managers to discuss the policy revisions.

In July, we will hold our first monthly practice forum for assessment supervisors to discuss, problem solve and reflect on policy and practice in this area. These forums will be held using the iLinc software program; participants can join in from their office computers so they don't spend time traveling across the state.

During this reporting period, most of our assessment and investigation staff participated in Forensic Interview Skills training with their local law enforcement staff. We are currently collaborating with the Department of Public Safety / Vermont State Police to develop a strategic plan for ongoing training our staff jointly.

We are also working to develop a Memorandum of Understanding for Joint Investigations. Work on these projects should be accomplished by 2011.

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 preparation for both Centralized Intake and Differential Response implementation, significant work was done to improve systems of technology to support best practice. While implementing Centralized Intake, the state adopted call center software and updated technology to support quality phone interactions with callers. In addition, the software allows for the recording of intake calls that has been useful in on-going quality assurance endeavors.

Improvements to the web-based computer application used to record intakes occurred prior to Centralized Intake implementation. These improvements have allowed for centralized recording and screening of intake and have supported the quick transfer of information to the local district that will provide the safety intervention. During this reporting period we enhanced our IT capacity to record all outgoing calls from centralized intake and our emergency services program which assists us in training and CQI efforts.

Section 106 (a) (6) (A) - Developing, strengthening and facilitating training including training regarding research-based strategies to promote collaboration with the families

As previously described, the division contracted with the Children's Research Center to provide 12 days of training for staff in June 2009. This training incorporated elements of research-based assessment as well as family engagement strategies. These trainings are intended to integrate the elements of consistency and accuracy that comes with actuarial assessment instruments with family engagement structures we have been promoting in the state for the past several years.

We continue to devote significant investment of time and resources to training on safety mapping as well as concepts related to motivational interviewing and the trans-theoretical model of change. These trainings are critical to growing our knowledge base related to what engagement looks like on the ground level and equipping workers with the skills necessary to overcome initial fear and resistance when encountered with child protective services. In the fall and winter of 2009/2010, each district received district based training on Motivational Interviewing Skills.

This training will expose all staff to the ideas and themes and help them to incorporate these ideas into interactions with clients.

These trainings evolved into new contracts for 2010/2011 with the trainers to provide district level consultation on integrating motivational interviewing into our family safety planning and family engagement strategies. We also held mandatory training for all staff on Building Safety in high Risk Families as previously discussed in this document.

Section 106 (a) (9) - Developing and facilitating research-based strategies for training individuals mandated to report child abuse or neglect

During the past legislative session, much attention and focus was given to the area of child sexual abuse prevention and intervention. As part of the enacted legislation, the list of mandatory reporters was expanded to include all Agency of Human Services staff and contractors. The division is working to create a web-based mandatory reporter training program for Agency of Human Services staff. During this reporting period *all* AHS staff was required to participate in this e-training.

Identify the activities that the State intends to implement with its CAPTA State grant funds and any changes in activities for FY 2011

In FY 2010, the state used CAPTA grant funds to improve the investigation of reports of abuse and neglect, to provide training to staff to promote collaboration with families and for the Commissioner's Registry Review Unit. The Registry Review Unit is responsible for providing independent due process to those who are being substantiated for child abuse and neglect prior to the person being entered into the Child Protection Registry. In addition grant funds were used to train all staff on Structured Decision Making safety and risk assessment.

In the coming fiscal year, the state intends to focus the use of CAPTA grant funds in the following manner:

1. Support for the Vermont Child Protection Advisory Board.
2. Support for the Child Fatality Review Committee.
3. Continued funding of the Commissioner's Registry Review Unit in compliance with the statute requiring due process for alleged child abuse perpetrators prior to entry into the Child Protection Registry.
4. Continue to support prevention of abusive head trauma.

CHANGES IN STATUTE RELATED TO CAPTA

There were no changes in State law that could affect Vermont's eligibility for the CAPTA State grant during this reporting period.

GOALS ~ OBJECTIVES ~ BENCHMARKS

The following pages summarize our goals and objectives in the CFSP.

SAFETY: FAMILIES RECEIVE FAMILY-CENTERED SERVICES AND SUPPORTS AT THE EARLIEST OPPORTUNITY TO REDUCE RISK OF MALTREATMENT AND NEED FOR CUSTODY.

S1: Design and implement multiple approaches to reports of child abuse and neglect.

Action Step	Benchmark Date	Completion Date	Measure/Completed?
Participate in the New England Breakthrough Series Collaborative (BSC) on Safety and Risk Assessments		September 2010	Meetings attended and progress reported in PIP Completed. BSC has ended and the statewide advisory committee presented their success to the FS management team in June. We have a presentation planned for the Division Leadership Team in August to ensure Spread.
Workgroup continue to consult with NRCCFCPP and NRCOI to develop differential assessment strategies, guidelines and training for child protection services.		September 2009	Workgroup meets and progress reported in PIP Completed. We finished T/TA with the NRC's and the guidelines and training were developed and implemented.
Division Leadership Team reviews recommendations produced by workgroup.		July 2009	Product reviewed by DLT Completed.
Develop training for staff related to changes in practice and policy related to differential assessment strategies.	July 2009	September 2009	Trainings developed Completed. Trainings developed and delivered June/July 2009.
Work with IT to develop initial and ongoing technology to support differential assessment strategies.	July 2009	July 2010	Technology developed Ongoing
Staggered implementation of differential assessment strategies.	July 2009	December 2009	Implementation reported in PIP Completed 2009

Submit application to the NCIC for assistance in sustaining differential assessment strategies.		NCWIC 2 nd RFA	Application submitted Currently engaged with NCIC to complete the MOA for this project.
Develop qualitative and quantitative CQI process of differential assessment strategies.	January 2010	September 2010	Process developed and reported in PIP

S2: Design and implement multiple approaches to reports of child abuse and neglect.

Action Step	Benchmark	Complete	Measures
Analysis of data/information compiled in initial CQI process.	April 2011	December 2011	Analysis completed and reported in PIP
Reconvene original workgroup to review CQI information and recommend practice/policy changes if necessary.	January 2012	July 2012	Workgroup recommendations reported in PIP
Continue CQI process to inform practice, policy and service delivery. Modify as appropriate.	January 2012	June 2014	CQI reports available

PERMANENCY AND WELL-BEING: FAMILIES AND CHILDREN RECEIVE COMPREHENSIVE, STRENGTHS BASED SERVICES THAT PROVIDE THEM WITH SUCCESSFUL LONG-TERM SAFETY, PERMANENCY, WELL BEING AND LAW ABIDANCE

P1: Design and implement the Effective Casework Model for all case types

Action Step	Benchmark	Complete	Measures
Continue to work with NRCOI to develop the Effective Casework Model	July 2009	December 2009	Workgroup progress reported in PIP. Completed. T/TA with NRCOI finished
Utilize existing forums to review, process and adopt Effective Casework Practice	Summer/Fall 2009	December 2009	Minutes of reviews reported in PIP Completed. Practice Model adopted in March 2010.
Develop practice guidance	Jan 2010	Sept 2010	Guidance developed This is our NCIC project. We are currently working on the MOA.
Revise policy to reflect Effective Casework Model		Jan 2010	Policies revised and posted to website. This is our NCIC project. We are currently working on the MOA.
Revise Field Practice Guide to reflect Effective Casework Model	October 2010	June 2011	Field Guide revised
Develop hiring protocol to ensure new hires are aligned with ECM	Oct 2010	April 2011	Hiring protocol developed and utilized in hiring

P2: Re-design role, tasks and performance expectations for supervisory staff statewide

Action Step	Benchmark	Complete	Measure
Continue to work with NRCOI and NRC-CWDT to design the role, tasks and expectations for child welfare/juvenile justice supervision	July 2009	December 2009	Workgroup progress reported in PIP Completed. The T/TA work on this project was completed in March 2010.
Utilize existing forums to review progress and gather input	Summer/Fall 2009	December 2009	Minutes of reviews reported in PIP Completed. The Supervisor's Role Design Recommendations were adopted at the Division Management team on 3/26/10.
Revise supervisory policy to reflect new role and expectations.		Jan 2010	Policies revised and posted to website. This will be done in a supervisor's workgroup.
Develop initial and ongoing training and support necessary to support quality supervision.	Jan 2010	June 2010	Training/support developed This is being worked on in one of the 7 supervisor's role design workgroups.
Implement training and support necessary to support quality supervision.	June 2010	Ongoing	Ongoing training and support reported in PIP
Revise performance evaluation to support quality supervision.	July 2010	Dec 2010	Evaluation revised

P3: Develop and implement continuous quality improvement process

Action Step	Benchmark	Complete	Measures
Continue to conduct PIP case reviews as needed for PIP reporting		After each PIP quarter	Case review results submitted with PIP report Ongoing, we are currently conducting the 3 rd case review.
Restructure CQI process to ensure quality services for children and families	Oct 2009	June 2010	CQI process defined This is part of the NCIC project and we already have a commitment from NRCOI to provide T/TA.
Integrate PIP reporting case review into CQI process.		June 2010	Case review becomes part of CQI process. Ongoing, we are currently conducting the 3 rd case review. Integration is part of our NCIC project.
Integrate CQI process for the implementation of risk and needs assessment in the youth justice population.		June 2010	YASI becomes part of CQI process Ongoing, we are currently conducting the 3 rd case review. Integration is part of our NCIC project.
Integrate the CQI process for differential assessment strategies.		June 2010	Becomes part of the CQI process. Ongoing, we are currently conducting the 3 rd case review. Integration is part of our NCIC project.

Action Step	Benchmark	Complete	Measures
Implement performance based contracting	Jan 2010	Sept 2010	Contracting partners report on outcomes. Ongoing
Review consumer concerns to identify themes	Dec 2009	March 2010	Report submitted with PIP report Operations Managers have reviewed consumer concerns. Themes identified.
Design process to review critical incidents to support learning	Dec 2009	March 2010	New policy drafted Not completed.

P4: Increase in financial self sufficiency for youth exiting foster care

Action Step	Benchmark	Complete	Measures
Identify a best practice, competency based financial literacy curriculum for youth	Jan 2010.	July 2010	Curriculum reviewed and selected Curriculum reviewed but not selected yet.
Implement curriculum into Youth Development Program life skills classes in all twelve districts	July 2010	Feb 2011	All 12 districts delivering to youth
Establishing a matching funds savings program for adolescent foster youth	July 2011	July 2012	Regulatory framework established, funds secured
Establish living wage data for youth exiting foster care	July 2010	Dec. 2010	MOU and IT support for information sharing with state DOL data on employment and income
Target Youth Development Program services to improve employment and earnings outcomes for youth in care	July 2011	July 2012	Data from previous section indicates improved outcomes for youth

P5: Increase the number of youth with positive connections with a network of caring adults

Action Step	Benchmark	Complete	Measures
Develop casework policy to assess youth at or about their 16 th birthday for positive connections to caring adults (unpaid). Results to be reported out as a part of the case plan review process.	Sept 2009	Jan 2010	Finalized policy in place. Policy not developed but case plan format requires discussion of this issue. Casework policy will be developed as part of the NCIC project.
Family Finding and Family Group Conferencing resources targeted at youth who's assessed need for connections is greatest	Sept 2009	On-going	Increase in numbers of youth connections at 90 day transition case plan reviews. We identified and trained 1 person in each district to use the family finding software and these youth are discussed at monthly permanency meetings.

P6: Youth are eligible for and receive preventative healthcare

Action Step	Benchmark	Complete	Measures
Expand Medicaid eligibility for youth exiting foster care	Oct 2009	Jan 2010	Approval of eligibility for at-risk youth up to age 21.
	Oct 2010	Jan 2011	We would like to adjust these timeframes for these three activities.
Policy for identification of a medical home and a completed adolescent well-child visit prior to the 90 day transition case plan review.	Sept 2009	Jan 2010	Finalization of policy
	Oct 2010	Jan 2011	
Establishment of data tracking to measure application of the previous strategy.	Sept 2009 Jan 2011	Jan 2010 July 2011	Collection of data with quarterly reports

P7: Increase the high school and post-secondary participation and completion of foster youth

Action Step	Benchmark	Complete	Measures
Track high school completion rates and correlate to DCF/FS efforts at educational stability	July 2010	Feb 2011	Reliable Data collected annually and shared with stakeholder groups
Tracking of youth receiving supports for school completion and related school outcomes	July 2010	Feb 2011	Reliable Data in place for comparison
Explore implementation of Casey Family Services "Road Map to Learning, Improving Educational Outcomes in Foster Care"	Jan 2010	July 2010	<p>Planning meetings held, trainings scheduled.</p> <p>We have conducted meetings the Department of Education to provide training to classroom teachers on how to improve educational outcomes for youth in foster care using the Casey Family "Endless Dreams" curriculum with their teacher's summer institute training program.</p>
Expanded recruitment and participation in post-secondary education through Trio programs	Nov 2010	July 2011	Quarterly planning and data review schedule established
Increase post-secondary enrollment and completion rates for foster youth	June 2010	June 2011	<p>Annual data review and strategic planning</p> <p>We have seen an increase in support for post-secondary education. Pls see Chafee narrative pgs 29-34.</p>
Maximize opportunities for post-secondary financial support to youth through Chafee ETV and other funding	Aug 2009	Aug 2010	<p>On-going analysis of financial aid packages and impact on participation.</p> <p>We utilize several options for post-secondary financial support; pls see Chafee narrative pgs 29-34.</p>

LAW ABIDANCE: YOUTH ARE FREE FROM CRIMINAL BEHAVIOR

YJ1: Develop continuous quality improvement plans for risk and needs assessment to ensure quality and efficacy in assessment and reassessment of youth in the juvenile justice system.

Action Step	Benchmark	Complete	Measures
Develop Statewide umbrella continuous quality improvement plan for the implementation of risk and needs assessment in the youth justice population.		June 2010	<p>Plan is written and shared across Family Services.</p> <p>We published a Youth Risk Assessment Policy to set standards for implementation of risk and needs assessment in the youth justice population.</p>
All 12 Districts develop continuous quality improvement plans for the implementation of risk and needs assessment in the youth justice population.		June 2010	<p>Plans are written and shared with Youth Justice Unit, FSMT, and operations managers.</p> <p>In May 2010, we trained a YASI coach in each district as well as two staff from the Child Welfare Training Project. Each coach will now go back to their districts develop practices for ongoing quality improvement coaching in each district.</p>

YJ2: Enhance restorative justice practices in the community with the implementation and evaluation of evidence-based restorative community-based interventions.

Action Step	Benchmark	Complete	Measures
Implement Restorative Family Group Conferencing in 4 districts		June 2010	<p>At least one Restorative Family Group Conference started in each of the 4 districts.</p> <p>Completed. We implemented Restorative Family Group Conferencing in 4 districts – MDO, VDO, TDO, and JDO.</p>
Explore other restorative justice family-based interventions for youth justice.		June 2010	<p>Evidence-based intervention is identified. RFP for service is developed.</p> <p>We are currently exploring bringing Functional Family Therapy into Vermont. At this time 3 districts are developing resources to be trained.</p>

YJ3: Enhance family engagement, supports, and interventions for youth in the Woodside Juvenile Rehabilitation Center.

Action Step	Benchmark	Complete	Measures
Implement Family Safety Planning into Case Staffing structure in Treatment Program		June 2010	<p>Case staffings utilize internal Family Safety Planning structure.</p> <p>Completed. Early in 2010, a case staffing structure was implemented in the short-term program at Woodside. The Child Welfare Training Partnership is now working with Woodside to improve and enhance the tools available to this format.</p>
Explore other restorative justice family-based interventions for youth housed in the Woodside Juvenile Rehabilitation Center.		June 2010	<p>Interventions have been identified; staff have been trained or introduced to model.</p> <p>One staff from the short-term program and one from the long-term program have been trained in Motivational Interviewing techniques. Positive Incentive-based program is under development and will be implemented in August 2010.</p>

ATTACHMENTS

- A. Vermont Child Protection Advisory Board Annual Report



Attachment A

Vermont

Child Protection Advisory Board 2009 - 2010

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?

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
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
Det. Sgt. Ingrid Jonas - Dept of Public Safety
Robin Lockerby - Foster Parent
Nathaniel Waite - VT Dept of Health
Lynn Granger - Kinship Care Provider
Angela Devoid - Parent
Sally Borden - Kid Safe Collaborative
Hilda Green - VT Children's Trust Foundation
Sue Cano - Lamoille County Supervisory Union
Karyn Patno, M.D. - Pediatrician
Edward Cashman - Judge
Sarah Kenney - VT Network Against Domestic and Sexual Violence

DCF Staff:

Steve Dale - Commissioner for DCF
Cindy Walcott - Deputy Commissioner, Family Services
Frederick Ober - Operations Director, Family Services
Tricia Tyo - Operations Manager, Family Services
Karen Crowley - Child Victim Treatment Director
Priscilla White - Administrative Assistant

FY 2010 Board Meetings

Vermont's Citizen Advisory Board met four times in FY 2010, on 9/2/2009, 1/27/2010, 3/3/2010, and 5/19/2010.

The following issues, among others, were discussed at our meetings:

• Legislation

ACTION: The board reviewed proposed legislative changes and was updated on the progress of each of the bills throughout the year. Specifically, the board reviewed:

-- An Act Relating to Fostering Connections to Success in Guardianships

January 2010 – Discussion about the proposed legislation that would create option of subsidized permanent legal guardianship for kin who have been caring for child in DCF custody for over six months.

March 2010 – Discussed the progress of the bill. Discussed the fact that this would be a cost neutral strategy to achieve permanency for some children when they have a bonded relationship with a kin provider and termination of parental rights is not deemed to be appropriate or in the child's best interests.

-- An Act Relating to the Interstate Compact for Juveniles

March 2010 – Discussed status of proposed legislation and the need for legislation to pass for DCF to be in compliance with the federal Interstate Compact for Juveniles.

May 2010 – Update on the fact that this bill was passed into law.

-- An Act Relating to Community Action Teams Pilot Project

January 2010 – Review of the proposed legislation and how it could compromise integrity of investigations as it would introduce parent advocacy groups during investigation and assessment.

March 2010 – Review of the proposed legislation and the specific concerns about the funds needed to support this effort. Additional concerns were raised about bill as drafted particularly as they relate to when legal representation is introduced to the investigation process and how this could impact the Department's work. VCAB opposed the bill in its current format.

• Centralized Intake

ACTION: Reviewed progress of Centralized Intake post implementation

September 2009 – Reviewed data related to accepted / not accepted reports. Reviewed data on call volume and average wait time for reporters. Discussed increase in investigations and assessments and the impact this has had on staffing patterns.

March 2010 – Review of Centralized Intake data. There has been almost a doubling of the number of accepted reports since Centralized Intake was implemented in September of 2008. District intake acceptance rates are now far more similar than they were prior to implementation

when there were vast differences between districts. The increase in investigations and assessments has created a need to deploy staff differently and to move social work staff to the "front end" to conduct investigations and assessments.

- **Differential Response**

ACTION: Reviewed progress of Differential Response post-implementation

September 2009 – Discussed data related to investigation / assessment track assignment since July 1, 2009 implementation

May 2010 – Discussion about concerns that were raised related to Differential Response by an attorney. Attorney directed those concerns to VCAB for exploration. Attorney's concerns were largely centered around notification of parents to the fact that there was an assessment and the practice of not interviewing children without parental permission in an assessment. Board will review the practice at the September 2010 meeting.

- **Commissioner Registry Review Unit**

ACTION: Reviewed progress of the CRRU.

September 2009 – Discussed increase in number of grievants requesting review of substantiations and the related increase on the number of cases being reviewed by the Human Services Board.

January 2010 – Discussion about the number of cases that have gone to the Human Services Board following a review by the Registry Review Unit. Discussion about the decisions that have come from the Human Service Board and the challenges these have created. Discussion about the Vermont Network Against Domestic and Sexual Violence submitting proposed legislation that would address issues with the current registry review process as there are concerns that the victim's voice is excluded from this process.

March 2010 – Discussion about two meetings with families of victims involved in overturned cases. There are many concerns that the victim's voice is not a part of the reviewer's consideration and is excluded from the Registry Review Process. The Board recognized the challenges but decided to try to address this issue this year as there is a potential that Differential Response (and the hypothesized likelihood of fewer substantiations as a result of assessment track assignment) would reduce the number of reviews. The Board agreed to continue to track this issue.

May 2010 - Update about recent Human Services Board decisions to overturn substantiations. There were five cases that were combined into one by the VT Supreme Court and the appeal is largely about what level of authority the Human Service Board has. There should be a ruling within the next six months on the appeal.

- **Health Information Questionnaire**

ACTION: Reviewed the impact of budgetary cuts in the Department of Health in regard to the completion of the Health Information Questionnaire.

September 2009 – Discussed the impact of loss of nursing staff on completion of Health Information Questionnaire for children entering DCF custody.

Discussed the importance of remaining committed to the completion of this work as well as computer based solutions that could be implemented to address some of the issues created by the loss of personnel.

May 2010 – Discussion about computer based improvements made to the Health Information Questionnaire process which makes the form more accessible to DCF and other providers that fill out the form.

- **Serious Physical Injury and Sexual Abuse Cases**

ACTION: Discussion about current resources available to assist in these cases at Fletcher Allen Health Care (the state's largest hospital).

March 2010 – Reviewed recent VT Supreme Court ruling involving a seriously injured child (case had been reviewed prior by the Board).

May 2010 – Reviewed work that is being done at the Fletcher Allen Health Care Child Abuse Clinic. Reviewed work that is being done to educate people about Abusive Head Trauma statewide.

- **Budget Review**

ACTION: Reviewed Department budget allocations throughout the year as adjustments were made at the state level due to declining revenues. Reviewed Department's plan to reduce positions based on Governor's plan to reduce the size of state government to address declining revenue projections.

September 2009 – Reviewed budget and staff reductions.

January 2010 – Discussion of governor's proposal for across the board grant and contract reductions and how this would impact the Department.

March 2010 – Reviewed progress toward balancing the budget. Discussed plan adopted by the legislature that cut the budget for FY 2011 and charged the administration with finding the savings prior to adjourning the session in May 2010. The Board expressed concern that the timeline was too ambitious and that it did not leave time for stakeholder input or thoughtful consideration about how consumers would be impacted by the reductions being proposed.

May 2010 – Update on final budget. DCF Family Services was largely unimpacted as cuts that were originally discussed did not come to fruition. Discussion about the increased number of open for service cases, the decrease in the number of children in custody and how this translated into the opportunity to hire an additional twelve limited service social worker positions statewide.

- **Membership**

ACTION: Reviewed membership throughout the fiscal year and voted to add additional members including Sarah Kenney from the Vermont Network Against Domestic and Sexual Violence, Det. Sgt. Ingrid Jonas from the Vermont State Police, Nathaniel Waite from the Department of Health. In addition, the group voted to include Karen Crowley, DCF Family Services Child Victim Treatment Director to the current membership.

**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 2006**

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances, required activities and information requirements as stipulated in the Older Americans Act, as amended in 2006.

ASSURANCES

Sec. 305 (a) - (c), ORGANIZATION

(a)(2)(A) 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)(B) 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)(E) 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 older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

(a)(2)(F) The State agency shall provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16).

(a)(2)(G)(ii) 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.

(c)(5) 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

State Plan on Aging Under Title III

out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

States must assure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of single planning and service area states.

Sec. 306(a), AREA PLANS

(2) 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-

(A) services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), 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.

(4)(A)(i)(I) provide assurances that the area agency on aging will-

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);

(ii) 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-

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(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--

(I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).

(4)(B)(i) 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--

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

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(VII) older individuals at risk for institutional placement; and
(4)(C) Each area agency on aging 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.

(5) 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, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.

(6)(F) Each area agency will:

in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

(9) 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.

(11) 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;

(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

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such services are available to older individuals within the planning and service area, to older Native Americans.

(13)(A) 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.

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency--

(i) 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

(ii) the nature of such contract or such relationship.

(13)(C) 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.

(13)(D) 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.

(13)(E) 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.

(14) 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.

(15) provide assurances that funds received under this title will be used-

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph

(4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

Sec. 307, STATE PLANS

(7)(A) The plan shall provide satisfactory assurance that such

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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.

(7)(B) The plan shall provide assurances that--

(i) 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;

(ii) 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

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(9) 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.

(10) 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.

(11)(A) The plan shall provide assurances that area agencies on aging will--

(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;

(ii) 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

(iii) 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.

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(11)(B) 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. (11)(D) 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;

(11)(E) 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.

(12) 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.

(13) 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.

(14) The plan shall, with respect to the fiscal year preceding

State Plan on Aging Under Title III

the fiscal year for which such plan is prepared—

(A) identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency; and

(B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

(15) 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.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—

(A) identify individuals eligible for assistance under this Act, with special emphasis on—

(i) older individuals residing in rural areas;

(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;

(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in

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rural areas;

(iv) older individuals with severe disabilities;

(v) older individuals with limited English-speaking ability; and

(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) 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.

(18) 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.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) 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

State Plan on Aging Under Title III

agency intends to implement the activities.

(22) 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).

(23) 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

(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.

(24) 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.

(25) 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.

(26) 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.

(27) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(b)(3)(E) 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.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)

State Plan on Aging Under Title III

(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.

(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

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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

REQUIRED ACTIVITIES

Sec. 307(a) STATE PLANS

(1)(A) The State Agency requires each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and

(B) The State plan is based on such area plans.

Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.

(2) The State agency:

(A) evaluates, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) has developed a standardized process to determine the extent to which public or private programs and resources (including Department of Labor Senior Community Service Employment Program participants, and programs and services of voluntary organizations) have the capacity and actually meet such need;

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas). *Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.*

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(5) The State agency:

(A) affords an opportunity for a public hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issues guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) affords an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.

(6) The State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(8)(A) No supportive services, nutrition services, or in-home services are directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency--

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

INFORMATION REQUIREMENTS

Section 102(19)(G) - (required only if the State funds in-home services not already defined in Sec. 102(19))

The term "in-home services" includes other in-home services as defined by the State agency in the State plan submitted in accordance with Sec. 307.

Section 305(a)(2)(E)

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 older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the

State Plan on Aging Under Title III

preference in the State plan;

Section 306(a) (17)

Each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

Section 307(a)

(2) The plan shall provide that the State agency will:

(C) Specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306 (c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2) (*Note: those categories are access, in-home, and legal assistance*).

Section (307(a) (3)

The plan shall:

(A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning distribution of funds); (*Note: the "statement and demonstration" are the numerical statement of the intrastate funding formula, and a demonstration of the allocation of funds to each planning and service area*)

(B) with respect to services for older individuals residing in rural areas:

(i) provide assurances the State agency will spend for each fiscal year of the plan, not less than the amount expended for such services for fiscal year 2000.

(ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services).

(iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

Section 307(a) (8) (Include in plan if applicable)

(B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a

State Plan on Aging Under Title III

State program, the plan may specify that such agency is allowed to continue to provide case management services.

(C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and outreach.

Section 307(a) (10)

The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

Section 307(a) (21)

The plan shall:

(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 (*title III*), if applicable, and specify the ways in which the State agency intends to implement the activities .

Section 307(a) (28)

(A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include—

(i) the projected change in the number of older individuals in the State;

(ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and

(iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services.

Section 307(a) (29)

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The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

Section 307(a) (30)

The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

Section 705(a) (7)

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307:

(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6). *(Note: Paragraphs (1) of through (6) of this section are listed below)*

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307:

(1) 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) 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) 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;

(4) 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;

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(5) 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) 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.

VERIFICATION OF INTENT

The State Plan on Aging Assurances is hereby submitted for the State of Vermont for the period October 1, 2010 through September 30, 2011.

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

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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.

(Date)

Commissioner, Department of Disabilities,
Aging and Independent Living

(Date)

8/13/10



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 2011**

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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Grant Awards: Using this formula, Title III funds are distributed to AAAs as indicated below:

<u>Area Agency on Aging</u>	<u>FFY'09 Actual</u>	<u>FFY'10 Estimated</u>	<u>FFY'11 Proposed</u>
Central Vermont Council on Aging	\$1,034,036	\$1,043,656	\$1,041,426
Champlain Valley Agency on Aging	\$1,399,799	\$1,470,284	\$1,464,129
Northeastern Kingdom Council on Aging	\$ 868,448	\$ 823,718	\$ 834,991
Council on Aging for Southeastern Vermont	\$ 862,525	\$ 942,171	\$ 935,892
Southwestern Vermont Area Council on Aging	\$ 963,617	\$1,028,373	\$1,031,764

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.

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.

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: 2011

Basic Priority Categories	Total Projected Funding
Goal Activities (Nine Areas of Emphasis Services Allocation)	\$430,815
General Management (Non-Services Allocation)	\$ 74,385
Anticipated Services Match	\$ 82,500
Anticipated Non-services Match	\$ 30,795
Subtotal Federal Allocation *	\$505,200
Subtotal Non-Federal	\$113,295
Total Budget FY' 11	\$618,495

VERMONT HUMAN SERVICES PLAN - FY 2011

FEDERAL ASSURANCES & DOCUMENTATION

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State Developmental Disability Council

<u>NAME</u>	<u>ADDRESS</u>	<u>QUALIFICATION</u>	<u>TERM EXPIRES</u>
Lucy Abair	NA	AHS~ DCF.	unlimited
Donna Bennett	Brattleboro	Individ. w/disability	3/31/13
Jim Caffry	Waitsfield	Parent of child	3/31/11
Ron Clark	NA	AHS-SSA Title XIX	unlimited
Patricia Czarnecki	Ira	Individ. w/disability	3/31/12
Herbert Gingrich	Middlebury	Individ. w/disability	3/31/10
John Hall	Newport	Individ. w/disability	3/31/13
Kathy Hamilton	Bennington	Non-profit	3/31/11
Carol Hassler, MD	NA	AHS~ SSA-Title V	unlimited
Renee Kievit-Kylar	NA	AHS~ Rehab Act	unlimited
Wendy Kruger	Morrisville	Parent of child	3/31/13
Jay Lafayette	Burlington	Individ. w/disability	3/31/12
Mary Alice Leonard-Heath	White River Jct.	Parent of adult	3/31/12
Dennis Lindberg	S. Burlington	Parent of adult	3/31/11
Lisa Maynes	Colchester	Parent of child	3/31/12
Lance Mead	Brandon	Parent of adult	3/31/11
Michael Mulcahy	Dept. of Education	DOE ~ IDIEA	unlimited
Ed Paquin	NA	Disability Rights VT	3/31/13
Robert Price	Essex	Parent of child	3/31/12
Susan Ryan	NA	UCEDD	unlimited
Jessica Sanville	East Haven	Individ. w/disability	3/31/13
Joan Senecal	NA	AHS ~ Older Americans	unlimited
Tami Trowell	Brattleboro	Parent of adult	3/31/10