

VERMONT
HUMAN SERVICES PLAN
FY – 2013



**FEDERAL ASSURANCES AND DOCUMENTATION
BLOCK GRANT APPLICATIONS AND REPORT**

VERMONT HUMAN SERVICES PLAN - FY 2013
FEDERAL ASSURANCES & DOCUMENTATION

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VERMONT HUMAN SERVICES PLAN - FY 2013

FEDERAL ASSURANCES & DOCUMENTATION

PREFACE

This document has been constructed for use with the FY 13 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.

FEDERAL ASSURANCES & DOCUMENTATION

**FY-13 Certification Regarding Drug-Free
Workplace Requirements**

**OMB Approval No. 0937-0189
Expiration Date: July 31, 2013**

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-13 Certification Regarding Drug-Free
Workplace Requirements**

**OMB Approval No. 0937-0189
Expiration Date: July 31, 2013**

- (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

Christine Oliver, Deputy Secretary
Name and Title of Authorized Representative

Christine M. Oliver
Signature

8/17/12
Date

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FEDERAL ASSURANCES & DOCUMENTATION

FY-13 Certification Regarding Lobbying

OMB Approval No. 0937-0189

Expiration Date: July 31, 2013

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-13 Certification Regarding Lobbying OMB Approval No. 0937-0189
Expiration Date: July 31, 2013

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

Christine Oliver, Deputy Secretary
Name and Title of Authorized Representative

Christine M. Oliver
Signature

8/07/12
Date

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FY-13 Certification Regarding Program OMB Approval No. 0937-0189
Fraud Civil Remedies Act (PFCRA) Expiration Date: July 31, 2013

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

Christine Oliver, Deputy Secretary
Name and Title of Authorized Representative

Christine M. Oliver
Signature

8/17/12
Date

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**FY-13 Certification Regarding
Debarment and Suspension**

**OMB Approval No. 0937-0189
Expiration Date: July 31, 2013**

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: 8/17/12

Christine Oliver, Deputy Secretary
Name and Title of Authorized Representative

Christine M. Oliver
Signature

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**FY-13 Certification Regarding
Environmental Tobacco Smoke**

**OMB Approval No. 0937-0189
Expiration Date: July 31, 2013**

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 offeror/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: 8/12/12

Christine Oliver, Deputy Secretary
Name and Title of Authorized Representative

Christine M Oliver
Signature

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

GENERAL ASSURANCES

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

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

A. GENERAL ADMINISTRATION

1. SINGLE STATE AGENCY

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

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

2. COMPLIANCE WITH REQUIREMENTS

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

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

GENERAL ASSURANCES

3. COMPLIANCE BY LOCAL AGENCIES

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

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

4. EFFICIENT ADMINISTRATION

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

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

5. GENERAL ADMINISTRATION AND FISCAL REQUIREMENTS

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

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

GENERAL ASSURANCES

6. TRAINING OF STAFF

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

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

7. MANAGEMENT OF FUNDS

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

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

8. SAFEGUARDING INFORMATION

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

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

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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.

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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 8/17/12

Signature Christine M Oliver

Christine Oliver, Deputy Secretary
Agency of Human Services
103 South Main Street
Waterbury, VT 05676

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

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

B L O C K

G R A N T

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

A P P E N D I X A

**A summary of the Block Grant hearing
held August 30, 2012,
will be provided upon request**

**COMMUNITY MENTAL HEALTH
SERVICES BLOCK GRANT**

VERMONT HUMAN SERVICES PLAN - FY 2013

FEDERAL ASSURANCES & DOCUMENTATION

Community Mental Health Services Block Grant
Department of Mental Health

<u>Use of Funds by Goal or Activity</u>	<u>FFY'11 Actual</u>	<u>FFY'12 Estimated</u>	<u>FFY'13 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	\$2,384,423	\$4,710,193	\$4,710,193
State Funds	741,125	1,961,801	2,028,373
Additional state funds matched by others	641,880	0	0
Federal	938,087	2,693,635	2,627,063
MH Block	63,331	54,757	54,757

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	\$ 906,489	\$ 906,489	\$ 930,345
State Funds	525,557	525,557	525,557
Federal	0	0	0
MH Block	380,932	404,788	404,788

VERMONT HUMAN SERVICES PLAN - FY 2013

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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'11 Actual</u>	<u>FFY'12 Estimated</u>	<u>FFY'13 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	\$39,615,876	\$40,021,944	\$40,481,770
State Funds	10,177,387	14,253,186	16,024,011
Federal	29,261,815	25,597,800	24,286,801
MH Block	176,674	170,958	170,958

Goal #4

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

APPROPRIATION: MH-Emergency	\$2,223,077	\$2,105,960	\$10,230,032
State Funds	1,842,157	1,784,603	9,252,512
Federal	347,824	288,261	944,424
MH Block	33,096	33,096	33,096

Goal #5

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'11 Actual</u>	<u>FFY'12 Estimated</u>	<u>FFY'13 Proposed</u>
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Goal #6

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	\$17,916	\$17,916
State Funds	0	0	0
Federal	0	0	0
MH Block	22,419	17,916	17,916

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Community Mental Health Services Block Grant
Department of Mental Health

	FFY'11	FFY'12	FFY'13
<u>Goal #8</u>			
Peer-operated initiatives			
Total	\$29,140	\$33,643	\$45,000
State Funds	0	0	0
Federal	0	0	0
MH Block	29,140	33,643	45,000
<u>Goal #9</u>			
Peer liaison activities			
Total	\$ 0	\$35,783	\$24,426
State Funds	0	0	0
Federal	0	0	0
MH Block		35,783	24,426
<u>TOTALS</u>	\$45,219,424	\$47,893,784	\$56,477,682
State Funds	13,286,226	18,525,146	27,830,454
Federal	30,547,726	28,579,697	27,858,287
MH Block	743,592	788,941	788,941
Additional state funds	641,880	0	0
Matched by others			

Block Grant Awards

FFY11	\$743,592
FFY12	\$788,941 (appropriated)
FFY13	\$788,941 (projected)

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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 2011 Actual	10,048
FY 2012 Estimated	10,500-11,700
FY 2013 Projected	11,800-12,000

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 2011 (July 1, 2010-June 30, 2011), the last full year for which data are available as of this writing (July 2012), Vermont's designated agencies reported 8,329 episodes of respite services delivered to 405 Children's Services clients experiencing a severe emotional disturbance. The projection for Fiscal 2013 is between 350 and 450 clients served and approximately 7,000 episodes of respite, based on the last three years of data. 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 (but may not be limited to) 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

One of the most important indicators of Goal Accomplishment is the number of adults with severe mental illness receiving services in community programs. The number of adults with severe mental illness served in Community Rehabilitation and Treatment (CRT) programs from community mental health centers has been between 2,900 and 3,200 for the past five 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 area 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 10,200 people in mental-health crises received emergency services from designated agencies in the community in Vermont Fiscal Year 2011; approximately 70,000 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.

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;

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Community Mental Health Services Block Grant Department of Mental Health

publishes *Counterpoint*, a voice for news and the arts by psychiatric survivors, ex-patients, and consumers of mental-health services, and their families and friends; assists individuals who have been denied Supplemental Security Income (SSI) or Social Security Disability Income (SSDI) and Medicaid; evaluates the recovery orientations of a local psychiatric inpatient unit as well as the Vermont State Hospital; and offers assistance in drafting a durable power of attorney for mental health treatment.

Goal Accomplishment

VPS continued with these activities and similar ones in Fiscal Years 2011 and 2012 and is under contract to do the same throughout Fiscal Year 2013.

Goal #8

Goal Description

Funding for this goal in FYs 2012-2013 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 Year 2013 include the following:

- A healthy food and wellness educational program at Another Way in Montpelier
- Peer-run computer projects, training and newsletter development at the peer center at Lamoille Community Connections in Morrisville
- Peer-run computer and art classes at the Springfield Peer Recovery Center
- Mental health telephone support provided by the Rutland County peer-run warmline
- Mental health telephone support provided by the Peer Access Line in Burlington

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Community Mental Health Services Block Grant
Department of Mental Health

Goal #9

Goal Description

Peer liaison activities.

These activities are still being defined as of this writing (July 2012). They have been made possible by an increase in Community Mental Health Services block grant funding at the federal level for Fiscal Year 2013. DMH's planners are still working out the details that will be involved as the project moves forward at this stage of system development.

Community Services Block Grant

**COMMUNITY SERVICES
BLOCK GRANT (CSBG)
Fiscal Year 2013**

Community Services Block Grant

STATEMENT OF FEDERAL AND CSBG ASSURANCES

As part of the annual or biannual application and plan required by Section 676 of the Community Services Block Grant Act, as amended, (42 U.S. C. 9901 et seq.) (The Act), the designee of the chief executive of the State hereby agrees to the Assurances in Section 676 of the Act – by signature at the end of this section.

A. PROGRAMMATIC ASSURANCES

- (1) Funds made available through the 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 (42 U.S.C. 601 et seq.), homeless families and individuals, migrant or seasonal farmworkers, and elderly low-income individuals and families, and a description of how such activities will 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 the 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 to strengthen and improve relationships with local law enforcement agencies, which may include participation in activities such as neighborhood or community policing efforts;
 - (b) To address the needs of youth in low-income communities through youth development programs that support the primary role of the family, give priority to the prevention of youth problems and crime, and promote increased community coordination and collaboration in meeting the needs of youth, and support development and expansion of innovative community-based youth development programs that have demonstrated success in preventing or reducing youth crime, such as programs for the establishment of violence-free zones that would involve youth development and intervention models (such as models involving youth mediation, youth mentoring, life skills training, job creation, and entrepreneurship programs); and after-school child care programs; and

Community Services Block Grant

- (c) To make more effective use of, and to coordinate with, other programs related to the purposes of this subtitle (including State welfare reform efforts). ['676(b)(1)]
- (2) To describe how the State intends to use discretionary funds made available from the remainder of the grant or allotment described in section 675C(b) of the Act in accordance with this subtitle, including a description of how the State will support innovative community and neighborhood-based initiatives related to the purposes of the community services block grant program; ['676(b)(2)]
- (3) To provide information provided by eligible entities in the State, including:
 - (a) a description of the service delivery system, for services provided or coordinated with funds made available through grants made under section 675C(a) of the Act, targeted to low-income individuals and families in communities within the State;
 - (b) a description of how linkages will be developed to fill identified gaps in the 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 675C(a) will be coordinated with other public and private resources; and
 - (d) a description of how the local entity will use the funds to support innovative community and neighborhood-based initiatives related to the purposes of this subtitle, which may include fatherhood initiatives and other initiatives with the goal of strengthening families and encouraging effective parenting. ['676(b)(5)]
- (4) To ensure that eligible entities in the State will provide, on an emergency basis, for the provision of such supplies and services, nutritious foods, and related services, as may be necessary to counteract conditions of starvation and malnutrition among low-income individuals. ['676(b)(4)]
- (5) That the State and the eligible entities in the State will coordinate, and establish linkages between, governmental and other social services programs to assure the effective delivery of such services to low-income individuals and to avoid duplication of such services, and a description of how the State and the eligible entities will coordinate the provision of employment and training activities in the State and in communities with entities providing activities through statewide and local workforce investment systems under the Workforce Investment Act of 1998; ['676(b)(5)]
- (6) To ensure coordination between antipoverty programs in each community in the State, and ensure, where appropriate, that emergency energy crisis intervention programs under title XXVI (relating to low-income home energy assistance) are conducted in such communities. ['676(b)(6)]
- (7) To permit and cooperate with Federal investigations undertaken in accordance with section 678D of the Act. ['676(b)(7)]
- (8) That any eligible entity in the State that received funding in the previous fiscal year through a community services block grant made under this subtitle will not have its funding terminated

Community Services Block Grant

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 such reduction, subject to review by the Secretary as provided in section 678C(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 with 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)(11)]
- (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 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 the assurances. ['676(b)(13)]

B. ADMINISTRATIVE AND FINANCIAL 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

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redistribute recaptured funds to an eligible entity, or require the original recipient of the funds to redistribute the funds to a private, nonprofit organization, located within the community served by the original recipient of the funds, for activities consistent with the purposes of the community services block grant program. ['675C(a)(3)]

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

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- (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 Secretary a report describing the training and technical assistance offered or stating the reasons for determining that training and technical assistance are not appropriate;
 - (d) at the discretion of the State, offer the eligible entity an opportunity to develop and implement, within 60 days after being informed of the deficiency, a quality improvement plan and to either approve the proposed plan or specify reasons why the proposed plan cannot be approved.
 - (e) after providing adequate notice and an opportunity for a hearing, initiate proceedings to terminate the designation of or reduce the funding to the eligible entity unless the entity corrects the deficiency. [‘678(C)(a)]
- (12) To establish fiscal controls, procedures, audits and inspections, as required under Sections 678D(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 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 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 678F(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

Community Services Block Grant

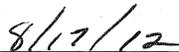
Act of 1975 (42 U.S.C. 6101 et seq.) or with respect to an otherwise qualified individual with a disability as provided in section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 12131 et seq.) shall also apply to any such program or activity. [678F(c)]

- (19) To consider religious organizations on the same basis as other non-governmental organizations to provide assistance under the program so long as the program is implemented in a manner consistent with the Establishment Clause of the first amendment to the Constitution; not to discriminate against an organization that provides assistance under, or applies to provide assistance under the community services block grant program on the basis that the organization has a religious character; and not to require a religious organization to alter its form of internal government except as provided under Section 678B or to remove religious art, icons, scripture or other symbols in order to provide assistance under the community services block grant program. [679]

C. 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

Date

Community Services Block Grant

NARRATIVE STATE PLAN

I. INTRODUCTION

In 1981, the Governor of Vermont designated the Office of Economic Opportunity, 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 Office of Economic Opportunity 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.

This 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

The mission of the Agency of Human Services is to improve the health and well being of Vermonters today and tomorrow and to protect those among us who are unable to protect themselves. The Department for Children and Families, as part of an integrated Agency of Human Services, fosters the healthy development, safety, well-being, and self-sufficiency of Vermonters. The Office of Economic Opportunity is a division of the Department for Children and Families. The mission of the Vermont Office of Economic Opportunity, which administers the Community Services Block Grant, is to increase the self-sufficiency of Vermonters, strengthen Vermont communities, and eliminate the causes and symptoms of poverty. The mission coincides with and fosters the intent of the goals and objectives of the CSBG program.

In its utilization of CSBG funds, the State of Vermont 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;

Community Services Block Grant

- b. to attain an adequate education;
 - c. to make better use of available income;
 - d. to obtain and maintain adequate housing and a suitable living environment;
 - e. to obtain emergency assistance through loans or grants to meet immediate and urgent individual and family needs including the need for health services, nutritious food, housing and employment-related assistance;
 - f. to remove obstacles and solve problems which block the achievement of self-sufficiency;
 - g. to achieve greater participation in the affairs of the community; and
 - 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

Vermont CSBG (a) funds will be distributed to five eligible Community Action Agencies, which provide services in all fourteen counties in Vermont. These entities, in accordance with their statutory designation, are considered by the State of Vermont to be the lead anti-poverty organization for each of their respective services areas.

Eligible Entities:

BROC – Community Action in Southwestern Vermont

Central Vermont Community Action Council

Champlain Valley Office of Economic Opportunity

Northeast Kingdom Community Action

Geographic Areas Served:

Rutland, Bennington Counties (except Pittsfield Town)

Lamoille, Orange, Washington Counties, and Pittsfield, Granville, Hancock, Rochester, Bethel, Stockbridge, Royalton, Sharon and Barnard Towns

Chittenden, Franklin, Grand Isle Counties, and in Addison County (except Hancock and Granville Towns)

Caledonia, Essex, Orleans Counties

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Community Services Block Grant

Southeastern Vermont Community Action

Windham and Windsor Counties (except
Rochester, Bethel, Stockbridge, Royalton,
Sharon and Barnard Towns)

The amount to be awarded to each Community Action Agency will be determined by the application of the State Office of Economic Opportunity allocation formula. This formula is designed to insure that each eligible entity receives an amount sufficient to provide an administrative funding base and, further, to ensure that funding to specific areas during subsequent years corresponds to the current economic situation of each area.

Prior to the award of CSBG funds, the Office of Economic Opportunity 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. 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. The Office of Economic Opportunity allocation formula is updated periodically to address the distribution of this statutory 90% to Vermont's five Community Action Agencies while allowing for adjustments to be made as current, local poverty data become available.

The State Office of Economic Opportunity has adopted the FY 2010 Community Action Agencies distributions as the new base levels for funding.

In any year where Vermont receives an increase in core CSBG funding available to eligible entities—above the FY 2010 base level of \$3,357,000—the additional core funds—in excess of that historical base—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 the federal poverty level).

In any year where Vermont receives a decrease in core CSBG funding below the FY 2010 core funding level of \$3,357,000, a corresponding across-the-board percentage reduction will be applied to the base awards of all eligible entities.

FFY 2013 Distribution of Funds: Based on the assumption of level funding from FFY 2012, *i.e.* **\$3,561,406 for FY 2013 CSBG**, the planned distribution of funds is:

BROC – Community Action in Southwestern Vermont	\$570,900
Central Vermont Community Action Council	\$610,054
Champlain Valley Office of Economic Opportunity	\$938,682
Northeast Kingdom Community Action	\$587,713
Southeastern Vermont Community Action	\$497,917

Community Services Block Grant

HISTORICAL NOTE

FY 2010 base awards were arrived at by distributing the historical FFY 1993 base of \$2,051,460 according to the following formula:

50% divided equally

40% on the basis of eligible population

5% on the basis of per capita income

5% excess unemployment

and the excess of \$1,305,540 on the basis of each eligible entity's service territory's share of the State's total eligible population (defined as the number of persons at or below 125% of federal poverty level).

IV. QUALIFICATIONS AND APPLICATION OF FUNDS

For Fiscal Year 2013, 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 the State Office of Economic Opportunity in the "Request for Work Plan." Applications must be approved by the eligible entity's governing board and signed by the chief governing official of the board.

1. Determination of Community Needs and Strengths

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

All eligible entities will be required to submit, as an integral part of their application, a description of the community assessment process within the service area. Further, the State Office of Economic Opportunity perceives the community assessment to be an ongoing process - needs and strengths 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 community assessment 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. The community assessment report should also identify community strengths, including unique community assets and resources which support specific approaches and partnerships. While the State Office of Economic Opportunity does not expect that each sub-grantee will be able to address all problems that are identified in the community assessment, the State

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expects that the detailed identification of those problems and community strengths will ensure: the appropriate targeting of resources; enable sub-grantees to design specific plans to address problems which build on community strengths; and ensure that the highest return possible is realized through the expenditure of federal funds. The State Office of Economic Opportunity requires an updated community assessment for each new program year.

2. Request for Work Plan

The State Office of Economic Opportunity has developed a Request for Work Plan package for distribution to all eligible entities currently operating programs under the CSBG Act. The Request for Work Plan outlines broad goals and the general activities allowed under the Act, and requires detailed sub-grantee responses delineating specific activities to be undertaken by the sub-grantees in their efforts to achieve the purposes of the Act. The Request for Work Plan will provide estimates of sub-grantee awards, and contains the following major components, outlined below:

Program Design

- a. Mission
- b. Community Assessment

ROMA Implementation Plan

- a. Indicators
- b. Targets
- c. Programs reporting

Management and Administration

- a. Board structure and composition
- b. Sub-grantee's organizational structure
- c. Job descriptions of employees funded with CSBG
- d. Operating procedure by which the sub-grantee identifies eligible clients
- e. Evaluation and control systems

Budget/Financial Management

- a. Line Item Budget
- b. Financial Management Plan

Assurances

Signed assurances relative to activities undertaken and expenditures incurred with CSBG

(The complete Request for Work Plan is included within this State Plan document.)

Community Services Block Grant

3. Uses of the Request for Work Plan

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

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

b. Vermont Office of Economic Opportunity - Grants for the Provisions of Services

Responses to the Request for Work Plan 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 Request for Work Plan will be considered.

Once acceptable proposals have been evaluated, representatives of the prospective sub-grantees will be invited to negotiate a grant agreement 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 Request for Work Plan and the goals of the program.

Once agreement has been reached in regards to program approach and line item budgets, the State Office of Economic Opportunity will award grants.

V. STATE MONITORING OF PROGRAM

Consistent with the federal requirements in section 678B of the CSBG statute, The State of Vermont conducts monitoring of all CSBG Eligible Entities to determine whether eligible entities are meeting the performance goals, administrative standards, financial management requirements, and other requirements of the State.

Onsite Monitoring: The State Office of Economic Opportunity and The Agency of Human Services Audit Unit conducts the following reviews of all eligible entities:

- A full onsite review of each eligible entity at least once during each 3-year period. This onsite monitoring incorporates interviews with the Community Action Agency management, staff and board, review of back-up documentation, site inspection, review of client files, policies and procedures. The process utilizes the State of Vermont's CSBG Monitoring tool which contains 130 items dealing with Program Compliance, Board Governance, ROMA implementation and data quality, and Administrative Operations. The Agency of Human Services Audit Unit uses its financial monitoring tool which focuses on Fiscal Controls and Financial Procedures. The dates of the last completed CSBG audits are:
 - BROC – Community Action in Southwestern Vermont, August 24th and November 17th, 2010
 - Central Vermont Community Action Council, August 27th and September 16th, 2010
 - Champlain Valley Office of Economic Opportunity, August 18th and 25th, 2010
 - Northeast Kingdom Community Action, September 15th, 2010 with a required follow-up visit on March 9, 2011
 - Southeastern Vermont Community Action, August 31st and October 4th, 2010

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- An onsite review of each newly designated entity immediately after the completion of the first year in which the entity receives funds through the community services block grant program.
- 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. The State Office of Economic Opportunity uses a risk-assessment procedure to determine if follow-up monitoring is indicated, and whether the next full monitoring visit is required in one, two or three years.
- Other reviews as appropriate, including reviews of entities with programs that have had other Federal, State, or local grants terminated for cause.

Additionally, the State Office of Economic Opportunity conducts off-site (desk monitoring) reviews of all eligible entities throughout the program year. This consists primarily of a review of financial and programmatic reports from eligible entities.

I. Reporting Requirements

a. Programmatic

- 1) Each Vermont Community Action Agency, in conjunction with the State Office of Economic Opportunity, has developed a client information system to collect and track data on programs operated, clients served, and outcomes achieved. Community Action Agencies will use the information systems to generate a demographic profile of clients served and the types of services provided. Summary reports on the number of, and characteristics of, clients served will be submitted to the State Office of Economic Opportunity on a quarterly basis, defined in the individual grant agreements with the local sub-grantees.
- 2) Programmatic reports, consisting of the agency's National Performance Indicator data, detailing the progress the Community Action Agency has made towards each of the Six National Goals, and a CSBG narrative in the format proscribed by the National Association for State Community Service Programs (NASCS), will be submitted by each Community Action Agency to the State Office of Economic Opportunity quarterly.

b. Financial

- 1) The State Office of Economic Opportunity has developed a financial report – Invoice/Financial Statement – which is designed to facilitate the reporting of financial data on a monthly and cumulative basis. This report form was designed to afford the State and the sub-grantees the capability to carefully monitor expenditures by comparing actual to projected expenditures as presented on the Monthly Expenditure Plan.

2. Utilization of Required Reports

Report forms have been designed to consolidate financial and programmatic information and to incorporate expenditure and service goals established by, and presented in, the grant agreements entered into between the State Office of Economic Opportunity and sub-grantees. This format presents a ready means of assessing grantee performance and further affords the capability of off-site financial monitoring which can identify individual sub-grantee(s) or specific sub-grantee expense

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accounts which should be subjected to on-site monitoring.

3. Regulations

The State Office of Economic Opportunity 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 grant agreements between the State Office of Economic Opportunity and the sub-grantee, rules and policies will be issued in the form of numbered policy memoranda to all 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 the State Office of Economic Opportunity 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, the State Office of Economic Opportunity 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 State Office of Economic Opportunity is accountable to the Governor, Agency of Human Services Secretary, State Legislature, U.S. Department of Health and Human Services 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 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 defined goals and will enable the State Office of Economic Opportunity to provide assistance or initiate the necessary action as necessary to remedy the situation. The Office of Economic Opportunity will provide a wide range of technical assistance to the sub-grantees to assist them in provision of services to clients.

Additionally, all eligible entities will receive on-site visits by Office of Economic Opportunity 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.

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Written reports detailing monitoring findings - both positive and negative - will be submitted to the Chief Administrator of the Office of Economic Opportunity. The Chief Administrator will, where appropriate and necessary, initiate corrective action measures detailing the specific steps that must be taken in order to achieve compliance with defined 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

I. 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 grant agreement between the State Office of Economic Opportunity and the sub-grantee as well as this plan and applicable law. The grant agreement shall be based on the sub-grantee's application for funding as approved. The Office of Economic Opportunity may condition the sub-grantee's receipt of the block grant funds on such terms as the State 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 grant executed with the State Office of Economic Opportunity.

Subsequent transmittals of cash shall be made in quarterly payments, which may contain a blend of reimbursement and advance. In the event that a continuing resolution or similar action should delay the determination of the State's CSBG allocation, or temporarily restrict spending authority, the State Office of Economic Opportunity, may, at its discretion, amend this procedure to make monthly payments, or restrict payments to reimbursement of actual eligible costs up to a level specified in the Community Action Agency's approved monthly expenditure plan.

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, the State Office of Economic Opportunity expects agencies to establish reasonable levels of administrative cost.

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

3. Suspension or Termination of Funds

The State Office of Economic Opportunity 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, grant requirements, generally accepted accounting procedures or fiscal control procedures.

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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. Limited purpose sub-grantees and other interested parties are invited to attend the public and legislative hearings which will review this plan. In addition, copies of the plan will be available for public inspection from the State Office of Economic Opportunity.

VIII. PROVISION OF ASSURANCES

Public Law Citation: Community Services Block Grant Act, Title VI, Subtitle B, of the 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.

I. Certifications

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

675(c)(1)(A) provide a range of services and activities having a measurable and potentially major impact on causes of poverty in the community or those areas of the community where poverty is a particularly acute problem;

675(c)(1)(B) provide activities designed to assist low-income participants including homeless individuals and families, migrants, and the elderly poor.

- (i) to secure and retain meaningful employment
- (ii) to attain an adequate education;
- (iii) to make better use of available income;
- (iv) to obtain and maintain adequate housing and a suitable living environment;
- (v) to obtain emergency assistance through loans or grants to meet immediate and urgent individual family needs, including the need for health services, nutritious food, housing and employment-related assistance;
- (vi) to remove obstacles and solve problems which block the achievement of self-sufficiency;
- (vii) to achieve greater participation in the affairs of the community; and
- (viii) to make more effective use of other programs related to the purpose of this subtitle;

675(c)(1)(C) provide on an emergency basis for the provision of such supplies and services,

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- nutritious foodstuffs and related services, as may be necessary to counteract conditions of starvation and malnutrition among the poor;
- 675(c)(l)(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)(l)(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 (l) to eligible entities (as defined in Section 673(l) 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 Ensure Compliance

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

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

- (i) providing training and technical assistance to those entities in need of such assistance and such activities will not be considered administrative expenses;
- (ii) coordinating State-operated programs and services targeted to low-income children and families with services provided by eligible entities funded under this subtitle, including out posting appropriate State or local public employees into entities funded under this subtitle to ensure increased access to services provided by such State or local agencies;
- (iii) supporting statewide coordination and communication among eligible entities;
- (iv) Administrative expenses at the State level, including monitoring activities, but not more than the greater of \$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

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targeted to areas of greatest need. The plan also includes a reserve **\$178,070** 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/survivors of domestic violence, promising pilot demonstrations to promote the self-sufficiency of low income Vermonters through asset building strategies, assistance in the delivery of activities to promote economic opportunity for low income women and girls, and additional services to low income Vermonters.

In addition, the State Office coordinates and convenes various task forces and working groups to ensure communication among eligible entities and other State and local service providers. These include: homelessness, hunger and housing as well as asset 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
- (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

Provision:

In order to ensure that the board of directors of the Community Action Agencies are constituted in accordance with Section 675(c)(3), the Request for Work Plan package to which agencies must respond to receive funds includes a section that requires the names, addresses, and phone numbers of all board members and requires each Community Action Agency 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 Community Action Agency is required to denote the offices held and by whom and committee assignments. Further, grants 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.

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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, specifies the agencies eligible to receive funds.

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 and reduce 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.

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Provision:

Grants 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 ensuring coordination between anti-poverty programs.

Assurance: Section 675(c)(9)

The State will provide fiscal control and will establish fund accounting procedures as may be necessary to assure the proper disbursement 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

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Section 679 of the Act. Grants 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)(II)

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:
- (i) a statewide redistribution of funds under this subtitle to respond to:
 - a. the results of the recently available census or other appropriate data;
 - b. the establishment of a new eligible entity;
 - c. 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 Work Plan grant package for FY 2013, and all funds provided (except for State administration and the Discretionary pool) for the CSBG in FY 2013 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, grant 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

Community Services Block Grant

that a Community Action Agency is not meeting its grantee obligation, the State will notify the agency in writing of its determination and utilize the thirty day cancellation clause. This written notice will be the last resort after all reasonable attempts have been made to resolve and rectify the noncompliance.

The Community Action Agency has the right to appeal the cancellation of its CSBG grant agreement or failure to receive a new grant 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 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 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 work plan (which shall be available to the 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.

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Provision:

The Office of Economic Opportunity has developed the following Request for Work Plan package that is distributed to all eligible entities. The Request for Work Plan 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 Request for Work Plan.

Community Services Block Grant

COMMUNITY SERVICES BLOCK GRANT
FY 2013 REQUEST FOR WORK PLAN
FOR THE PERIOD
OCTOBER 1, 2012 - SEPTEMBER 30, 2013

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) 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 WORK PLAN

The State is seeking a comprehensive program developed by the Community Action Agency 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 attainment of the six National Anti-Poverty Goals. The Request for Work Plan package consists of the following major components:

- Program Design;
- ROMA Implementation Plan;
- Management and Administration;
- Budget/Financial Management; and
- Assurances.

1. Program Design

- a. Agency Mission: 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.
- b. FY 2013 Community Assessment: An assessment of community needs and strengths, involving the identification and ranking of poverty-related problems and existing community assets to address problems. It also involves the identification and prioritization of program strategies to address these problems.

2. Completed FY 2013 ROMA Implementation Plan

Since 2001, the Community Services Block Grant Act has required all CSBG eligible entities to participate in the Results-Oriented Management and Accountability (ROMA) system, and the State Office of Economic Opportunity expects Vermont's Community Action Agencies to be fully and actively engaged in the five-stage cyclical ROMA process of: Assessment; Planning; Implementation; Achievement of Results; and Evaluation. To be effective, this must be reinforced at all levels of the organization, including the board of directors. This strategic approach ensures that Community Action Agencies:

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- I. have a complete and current understanding of the type and scope of poverty problems in their local communities;
- II. plan their programming and initiatives to address those needs identified and can select metrics against which program effectiveness will later be tested as well as targets and benchmarks;
- III. operate programs that make full and strategic use of appropriate resources;
- IV. achieve, measure, and report on results in the form of progress made towards performance indicators and the national poverty goals; and
- V. can evaluate overall program effectiveness by analyzing data and comparing against targets and/or benchmarks.

The ROMA Implementation Plan is a management tool which encapsulates all five stages of the ROMA cycle. It provides for the planning; implementation; achievement of results; and evaluation sections of the agency's efforts toward each of the six National Goals during a given program year. Further, the data reported during the year feed into future community assessments, beginning the next ROMA cycle. The electronic document that the State of Vermont Office of Economic Opportunity uses for ROMA planning and reporting comports with the national template, identifies strategies to meet the national goals and utilizes outcome measures and performance indicators to measure progress toward those goals.

3. Management and Administration

- a. Description of the board structure and composition
- b. Description of the sub-grantee's organizational structure
- c. Job descriptions of employees funded with CSBG
- d. Description of the procedure by which the sub-grantee identifies eligible clients.
- e. Description of evaluation and control systems.

4. Budget/Financial Management

- a. Budget: While the level of funding is uncertain at this time, we are operating under the

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assumption of level funding from FFY 2012 *i.e.* \$3,561,406 for FY 2013 CSBG. The agency should develop a line item budget that reflects the CSBG contribution to operating programs based on the number specified in Section V, A, 2.

b. Financial Management: This narrative section contains a description of the mechanisms developed to assure compliance with Federal standards.

5. Assurances.

Responses by the Community Action Agency to the Request for Work Plan will include a signed list of Assurances which will delineate all necessary assurances relative to activities undertaken and the expenditures incurred with funds provided under the CSBG Act. These assurances will include:

- 1) that it will use funds granted as a result of the application to provide a range of services and activities having a measurable and potentially major impact on causes and effects of poverty in the area to be served;
- 2) that it will provide services and activities to remove obstacles and solve problems which block the achievement of self-sufficiency and other services and activities as appropriate to address identified causes and conditions of poverty;
- 3) that the Community Action Agency 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 State Office of Economic Opportunity, the office of the State Auditor and Federal officials charged with monitoring the use of the funds provided;

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- 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.

D. REPORTING REQUIREMENTS

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

E. 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 the State Office of Economic Opportunity. 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 Community Action Agency for the provision of services under the CSBG.

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F. GENERAL INSTRUCTIONS

1. General Information: Section I (this section) is for information and assistance in preparing the work plan proposal.
2. Instructions for CSBG Work Plan: Sections II through V contain the specific instructions for completing the work plan proposals. The responses to these sections will comprise the actual work plan narrative and budget. Sections VI through IX contain attachments to be included in the work plan proposals.
3. Assembly of Application: Work Plan 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: Agency Name, Date
 Section XXX
 Page X of X

Please include a list of attachments. To facilitate review and processing of the application, please assemble the materials as follows:

- 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.
- Section 1: Program Design
- Section 2: ROMA Implementation Plan (*submitted electronically in Excel*)
- Section 3: Management/Administration
- Section 4: Budget & Monthly Expenditure Plan (*submitted electronically in Excel*)
- Section 5: Financial Management Plan

Attachments:

- List of Attachments
- Signed Assurances (*Document provided – needs signature*)
- Reporting Requirements (*Document provided*)
- Allowable Activities (*Document provided*)
- Definitions and Conditions (*Document provided*)
- Board Roster
- Agency By-Laws

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- Job Descriptions for all positions funded in whole or in part with CSBG funds
- Indirect Cost Rate Agreement (if applicable)
- Community Assessment or Strategic Planning Documents
- Other Attachments (please specify in List)

DUE DATES

Proposals must be received by mail on or before August 24, 2012:

Sarah Phillips
State Office of Economic Opportunity
103 South Main Street
Waterbury, Vt. 05671-1801
sarah.phillips@state.vt.us

Electronic files are also required where noted above.

On or before August 31, 2012, the proposal will be reviewed by the Office of Economic Opportunity and on or before September 14, 2012 the Community Action Agency will meet with State Office of Economic Opportunity 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, 2012. The award of funds is contingent upon a Congressional appropriation to operate the program.

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II. PROGRAM DESIGN

(NOTE: Submitted as Section 1)

A. Agency Mission

Provide a brief description of the agency's mission. This section should include the mission statement as well as 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 section 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 2013 Community Assessment

The community assessment involves the identification of the needs and strengths of the low income population and communities served. It involves the identification of strategies, which build on community strengths, 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 community/needs assessments; we are asking that you utilize those in your proposal, to the extent possible, rather than undertaking an in depth analysis on your own 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 community assessment or strategic planning documents, relative to your service area, that drives your plan.

Describe the process used to apply the needs and strengths, as identified in the community assessment, to the development of your plan to address poverty problems (below) within the six National Goals. The definition of poverty problems that will be used in the community assessment and work plan are based on the CSBG Act as amended 2000. The poverty areas identified in the law are:

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

Within this section, please identify any ways you will use funds to support innovative community and neighborhood-based initiatives relative to the purposes of CSBG.

III. FY 2013 ROMA IMPLEMENTATION PLAN

(NOTE: Submitted as Section 2, in the excel template provided)

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

The ROMA Implementation Plan 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 three subsections:

- **Indicators:** A selection of indicators -- from the National Performance Indicators and any

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“agency-specific” indicators -- beyond the minimum agreed-upon Statewide Indicators. The Community Action Agency will continue to report on these indicators quarterly during the program year.

- **Targets:** The setting of annual performance targets where required by the National Performance Indicators format in goals 1 and 6.
- **Programs:** A list of agency programs which will contribute data towards each Indicator during the program year. Please include on the supplemental “notes” tabs of the reporting spreadsheet.

Vermont’s eligible entities report quarterly outcome data to the Vermont Office of Economic Opportunity. Each entity reports on a minimum number of “common” indicators agreed upon by the State Office of Economic Opportunity and the Community Action Agencies. In addition, agencies choose additional performance indicators from the national list, and develop agency-specific indicators consistent with the Community Services Block Grant. Additional and agency-specific outcome measures will be identified by each eligible entity as part of their proposed Work Plan.

The State Office of Economic Opportunity will send an electronic template of the FY 2013 National Performance Indicators to all eligible entities in Vermont with the Request for Work Plan. Eligible entities will complete the template and return electronically to the State Office of Economic Opportunity by the Request for Work Plan due date as part of their proposed CSBG Work Plan. Each quarter, the Community Action Agency will submit their updated cumulative year-to-date data to the State Office of Economic Opportunity. These data will be aggregated by the Office of Economic Opportunity into a statewide report.

An example of Vermont’s FFY 2013 National Performance Indicators (NPI) template appears on the following pages.

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Part II: Community Action National Performance Indicators (NPI) FFY 2013

Agency Reporting:	Select From List
Reporting Period:	PROPOSAL showing selected indicators & Targets

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

National Performance Indicator 1.1		B.) Number of Participants Expected to Achieve Outcome in Reporting Period (Target)	C.) Number of Participants Achieving Outcome in Reporting Period (Actual)	D.) Percentage Achieving Outcome in Reporting Period [C / B = D] (%)
Employment				
The number and percentage of low-income participants in Community Action employment initiatives who get a job or become self-employed, as measured by one or more of the following:	A.) Number of Participants Enrolled in Program(s) (#)	(#)	(#)	(%)
A. Unemployed and obtained a job.				#DIV/0!
B. Employed and maintained a job for at least 90 days				#DIV/0!
C. Employed and obtained an increase in employment income and/or benefits.				#DIV/0!
D. Achieved "living wage" employment and/or benefits.				#DIV/0!
<i>In the rows below, please include any additional indicators that were not captured above.</i>				
E. Low-income people who became self-employed.				#DIV/0!
				#DIV/0!
				#DIV/0!

National Performance Indicator 1.2	Number of Participants Enrolled in Program(s)	Number of Participants Achieving Outcome in Reporting Period
Employment Supports		
The number of low-income participants for whom barriers to initial or continuous employment are reduced or eliminated through assistance from Community Action, as measured by one or more of the following:	(#)	(#)
A. Obtained skills/competencies required for employment		
B. Completed ABE/GED and received certificate or diploma		
C. Completed post-secondary education program and obtained certificate or diploma		
D. Enrolled children in before or after school programs		
E. Obtained care for child or other dependant		
F. Obtained access to reliable transportation and/or driver's license		
G. Obtained health care services for themselves or family member		
H. Obtained safe and affordable housing		
I. Obtained food assistance		
J. Obtained non-emergency LIHEAP energy assistance		
K. Obtained non-emergency WX energy assistance		
L. Obtained other non-emergency energy assistance (State/local/private energy programs. Do Not Include LIHEAP or WX)		
<i>In the rows below, please include any additional indicators that were not captured above.</i>		

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National Performance Indicator 1.3						
Economic Asset Enhancement and Utilization						
The number and percentage of low-income households that achieve an increase in financial assets and/or financial skills as a result of Community Action assistance, and the aggregated amount of those assets and resources for all participants achieving the outcome, as measured by one or more of the following:		A.) Number of Participants Enrolled in Program(s)	B.) Number of Participants Expected to Achieve Outcome in Reporting Period (Target)	C.) Number of Participants Achieving Outcome in Reporting Period (Actual)	D.) Percentage Achieving Outcome in Reporting Period [C / B = D]	E.) Aggregated Dollar Amounts (Payments, Credits, or Savings)
		(#)	(#)	(#)	(%)	(\$)
ENHANCEMENT	1. Number and percent of participants in tax preparation programs who qualified for any type of Federal or State tax <u>credit</u> and the expected aggregated dollar amount of <u>credits</u>				#DIV/0!	
	2. Number and percent of participants who obtained court-ordered child support payments and the expected annual aggregated dollar amount of payments				#DIV/0!	
	3. Number and percent of participants who were enrolled in telephone lifeline and/or energy discounts with the assistance of the agency and the expected aggregated dollar amount of savings				#DIV/0!	
<i>In the rows below, please include any additional indicators that were not captured above.</i>						
	4. The number and percent of participants that received tax <u>refunds</u> , and the expected aggregated dollar amount.				#DIV/0!	
	5. The number and percent of participants that received <u>renters rebates</u> , and the expected aggregated dollar amount.				#DIV/0!	
	6. The number and percents of participants accessing business capital, and the aggregated dollar value.				#DIV/0!	
	7. The number and percent of participants in asset-development programs who increased their financial skills as determined by follow-up or pre/post testing.				#DIV/0!	N/A
	8. The number and percent of participants in asset-development programs who improved their credit scores.				#DIV/0!	N/A
					#DIV/0!	

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	National Performance Indicator 1.3 (Continued)						
	Economic Asset Enhancement and Utilization	A.) Number of Participants Enrolled in Program(s)	B.) Number of Participants Expected to Achieve Outcome in Reporting Period (Target)	C.) Number of Participants Achieving Outcome in Reporting Period (Actual)	D.) Percentage Achieving Outcome in Reporting Period [C / B = D]	E.) Aggregated Dollar Amounts (Payments, Credits, or Savings)	
		(#)	(#)	(#)	(%)	(\$)	
UTILIZATION	1. Number and percent of participants demonstrating ability to complete and maintain a budget for over 90 days				#DIV/0!	N/A	
	2. Number and percent of participants opening an Individual Development Account (IDA) or other savings account				#DIV/0!	N/A	
	3. Number and percent of participants who increased their savings through IDA or other savings accounts and the aggregated amount of savings				#DIV/0!		
	4. Of participants in a Community Action assets development program (IDA and others):						
	a. Number and percent of participants capitalizing a small business with accumulated savings				#DIV/0!		
	b. Number and percent of participants pursuing post-secondary education with accumulated savings.				#DIV/0!		
	c. Number and percent of participants purchasing a home with accumulated savings.				#DIV/0!		
	d. Number and percent of participants purchasing other assets with accumulated savings.				#DIV/0!		
	<i>In the rows below, please include any additional indicators that were not captured above.</i>						
						#DIV/0!	
					#DIV/0!		

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

National Performance Indicator 2.1		
Community Improvement and Revitalization		
Increase in, or safeguarding of, threatened opportunities and community resources or services for low-income people in the community as a result of Community Action projects/initiatives or advocacy with other public and private agencies, as measured by one or more of the following:	Number of Projects or Initiatives (#)	Number of Opportunities and/or Community Resources Preserved or Increased (#)
A. Jobs created, or saved, from reduction or elimination in the community		
B. Accessible "living wage" jobs created, or saved, from reduction or elimination in the community		
C. Safe and affordable housing units created in the community		
D. Safe and affordable housing units in the community preserved or improved through construction, weatherization or rehabilitation achieved by Community Action activity or advocacy.		
E. Accessible safe and affordable health care services/facilities for low-income people created, or saved from reduction or elimination		
F. Accessible safe and affordable child care or child development placement opportunities for low-income families created, or saved from reduction or elimination		
G. Accessible before-school and after-school program placement opportunities for low-income families created, or saved from reduction or elimination		
H. Accessible new or expanded transportation resources, or those that are saved from reduction or elimination, that are available to low-income people, including public or private transportation		
I. Accessible or increased educational and training placement opportunities, or those that are saved from reduction or elimination, that are available for low-income people in the community, including vocational, literacy, and life skill training, ABE/GED, and post secondary education		
<i>In the rows below, please include any additional indicators that were not captured above.</i>		
J. Number of full-time equivalent jobs (FTEs) created by Community Action MBDP.		

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National Performance Indicator 2.2	Number of Program Initiatives or Advocacy Efforts	Number of Community Assets, Services or Facilities Preserved or Increased
Community Quality of Life and Assets		
The quality of life and assets in low-income neighborhoods are improved by Community Action initiative or advocacy, as measured by one or more of the following:	(#)	(#)
A. Increases in community assets as a result of a change in law, regulation or policy, which results in improvements in quality of life and assets		
B. Increase in the availability or preservation of community facilities		
C. Increase in the availability or preservation of community services to improve public health and safety		
D. Increase in the availability or preservation of commercial services within low-income neighborhoods		
E. Increase in or preservation of neighborhood quality-of-life resources		
<i>In the rows below, please include any additional indicators that were not captured above.</i>		
F. Increase in the availability of fresh, nutritious food through: subsidized garden plots; distribution of vegetable gardening supplies & information; or farmer's market coupons.		

National Performance Indicator 2.3	Total Contribution by Community
Community Engagement	
The number of community members working with Community Action to improve conditions in the community.	(#)
A. Number of community members mobilized by Community Action that participate in community revitalization and anti-poverty initiatives	
B. Number of volunteer hours donated to the agency (This will be all volunteer hours)	

National Performance Indicator 2.4	Number of Jobs
Employment Growth from ARRA Funds	
The total number of jobs created or saved, at least in part by ARRA funds, in the community.	(#)
A. Jobs created at least in part by ARRA funds	
B. Jobs saved at least in part by ARRA funds	
<i>In the rows below, please include any additional indicators that were not captured above.</i>	

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

National Performance Indicator 3.1	Total Number of Volunteer Hours
Community Enhancement through Maximum Feasible Participation	(#)
The number of volunteer hours donated to Community Action.	Total number of volunteer hours donated by <u>low-income individuals to Community Action</u> (This is ONLY the number of volunteer hours from individuals who are low-income)
<i>In the rows below, please include any additional indicators that were not captured above.</i>	

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

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

National Performance Indicator 4.1	
Expanding Opportunities through Community-Wide Partnerships	Number of Organizational Partnerships
The number of organizations, both public and private, that Community Action actively works with to expand resources and opportunities in order to achieve family and community outcomes.	
REPORT ON THIS SECTION ONCE A YEAR IN FINAL REPORT	(#)
Non-Profit	
Faith Based	
Local Government	
State Government	
Federal Government	
For-Profit Business or Corporation	
Consortiums/Collaboration	
Housing Consortiums/Collaboration	
School Districts	
Institutions of post secondary education/training	
Financial/Banking Institutions	
Health Service Institutions	
State wide associations or collaborations	
In the rows below, please add other types of partners with which your CAA has formed relationships that were not captured above. <i>Please describe these partnerships in Goal 4 Notes.</i>	
The total number of organizations CAAs work with to promote family and community outcomes	0

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Goal 5: Agencies increase their capacity to achieve results.

National Performance Indicator 5.1	
Agency Development	
The number of human capital resources available to Community Action that increase agency capacity to achieve family and community outcomes, as measured by one or more of the following:	Resources in Agency
	(#)
Number of Certified-Community Action Professionals	
Number of Nationally Certified ROMA Trainers	
Number of Family Development Certified Staff	
Number of Child Development Certified Staff	
Number of staff attending trainings	
Number of board members attending trainings	
Hours of staff in trainings	
Hours of board members in trainings	
In the rows below, please include any additional indicators that were not captured above. Please describe these measures in Goal 5 Notes.	

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

National Performance Indicator 6.1	Number of Vulnerable Individuals Living Independently
Independent Living	
The number of vulnerable individuals receiving services from Community Action who maintain an independent living situation as a result of those services:	(#)
A. Senior Citizens (seniors can be reported twice, once under Senior Citizens and again if they are disabled under Individuals with Disabilities, ages 55-over)	
B. Individuals with Disabilities	
Ages: 0-17	
18-54	
55-over	
<i>In the rows below, please include any additional indicators that were not captured above.</i>	

National Performance Indicator 6.2	Number of Individuals Seeking Assistance	Number of Individuals Receiving Assistance
Emergency Assistance		
The number of low-income individuals served by Community Action who sought emergency assistance and the number of those individuals for whom assistance was provided, including such services as:	(#)	(#)
A. Emergency Food		
B. Emergency fuel or utility payments funded by LIHEAP or other public and private funding sources		
C. Emergency Rent or Mortgage Assistance		
D. Emergency Car or Home Repair (i.e. structural, appliance, heating system, etc.)		
E. Emergency Temporary Shelter		
F. Emergency Medical Care		
G. Emergency Protection from Violence		
H. Emergency Legal Assistance		
I. Emergency Transportation		
J. Emergency Disaster Relief		
K. Emergency Clothing		
<i>In the rows below, please include any additional indicators that were not captured above.</i>		
L. Other Housing Assistance (Persons who were homeless or at imminent risk of homelessness whose housing was stabilized through one or more of the following; fair housing assistance; landlord/tenant advocacy or education; case-management; housing search, etcetera.)		

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National Performance Indicator 6.3			B.) Number of Participants Expected to Achieve Outcome in Reporting Period (Target)	C.) Number of Participants Achieving Outcome in Reporting Period (Actual)	D.) Percentage Achieving Outcome in Reporting Period [C / B = D]
Child and Family Development					
The number and percentage of all infants, children, youth, parents, and other adults participating in developmental or enrichment programs who achieve program goals, as measured by one or more of the following:		A.) Number of Participants Enrolled in Program(s)			
		(#)	(#)	(#)	(%)
Children	1. Infants and children obtain age-appropriate immunizations, medical, and dental care				#DIV/0!
	2. Infant and child health and physical development are improved as a result of adequate nutrition				#DIV/0!
	3. Children participate in pre-school activities to develop school readiness skills				#DIV/0!
	4. Children who participate in pre-school activities are developmentally ready to enter Kindergarten or 1st Grade				#DIV/0!
Youth	1. Youth improve health and physical development				#DIV/0!
	2. Youth improve social/emotional development				#DIV/0!
	3. Youth avoid risk-taking behavior for a defined period of time				#DIV/0!
	4. Youth have reduced involvement with criminal justice system				#DIV/0!
	5. Youth increase academic, athletic, or social skills for school success				#DIV/0!
Adults	(agency specific)				#DIV/0!
	(agency specific)				#DIV/0!
<i>In the rows below, please include any additional indicators that were not captured above.</i>					
					#DIV/0!
					#DIV/0!
					#DIV/0!

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National Performance Indicator 6.4		
Family Supports (Seniors, Disabled and Caregivers)		
Low-income people who are unable to work, especially seniors, adults with disabilities, and caregivers, for whom barriers to family stability are reduced or eliminated, as measured by one or more of the following:	Number of Participants Enrolled In Program(s) (#)	Number of Participants Achieving Outcome in Reporting Period (#)
A. Enrolled children in before or after school programs		
B. Obtained care for child or other dependant		
C. Obtained access to reliable transportation and/or driver's license		
D. Obtained health care services for themselves or family member		
E. Obtained safe and affordable housing		
F. Obtained food assistance		
G. Obtained non-emergency LIHEAP energy assistance		
H. Obtained non-emergency WX energy assistance		
I. Obtained other non-emergency energy assistance (State/local/private energy programs. Do Not Include LIHEAP or WX)		

National Performance Indicator 6.5	
Service Counts	
The number of services provided to low-income individuals and/or families, as measured by one or more of the following:	Number of Services (#)
A. Food Boxes	
B. *Pounds of Food (if your agency has a food shelf/pantry)	
C. Units of Clothing	
D. *Rides Provided (if your agency assists with transportation.)	
E. Information and Referral Calls	

Community Services Block Grant

IV. MANAGEMENT AND ADMINISTRATION

(NOTE: Submitted as Section 3)

A. Board Operations

1. 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.
2. Provide a board roster with: names, addresses and phone numbers of current members and indicate which sector each represent. Also include the dates of each board member's term of office. Indicate the current chairperson. Indicate each member's committee responsibilities.
3. Provide the bylaws.
4. Describe the board's function, frequency of meetings of the general assembly and frequency of committee meetings.

B. 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.

C. Job Descriptions

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

D. Operating Procedures

1. Describe the procedure your agency uses to identify eligible clients.
2. 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 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.
3. Describe your agency's policy with respect to those applicants who are members of minority populations.
4. Describe the system your agency utilizes to ensure that client needs have been met.

E. Evaluation and Control Systems:

Community Services Block Grant

1. Provide a description of the system you will use to perform an ongoing evaluation of the effectiveness of programs and activities operated under the CSBG.
2. 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.

V. BUDGET/FINANCIAL MANAGEMENT

A. Budget (NOTE: Submitted as Section 4)

Based on the following, prepare a line item budget for the planned expenditure of federal funds. This budget should total the figure below (IV,A,2) and should not include any anticipated agency carry-forward from the previous fiscal year.

1. General

In the absence of firm budget figures, we are proceeding on the assumption that the State's award will be level-funded at **\$3,561,406**. Allocations to Vermont's five Community Action Agencies have been developed by applying the State Office of Economic Opportunity allocation formula to the 90% statutory pass-through of **\$3,205,266**.

The budget developed for this proposal should be developed in such a way that if Congress significantly alters the level of funds, the agency can amend its 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	\$570,900
CVCAC	\$610,054
CVOEO	\$938,682
NEKCA	\$587,713
SEVCA	\$497,917

3. Specific Budget Instructions

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. **To facilitate desk reviews, these cost categories must remain consistent between Document C "Budget"; Document B "Monthly Expenditure Plan"; Document CSBG-0001 "invoice/financial statements"; and any proposed budget modification documents. Budget documents not submitted in this**

Community Services Block Grant

format may be rejected.

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.

B. Financial Management (*NOTE: Submitted as Section 5*)

To ensure the proper management of federal grant funds, the State requires the Community Action Agency 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, 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.

Community Services Block Grant

VI. COMMUNITY ACTION AGENCY ASSURANCES

(Include signed page with submission)

1. that it will use funds granted as a result of the application to provide a range of services and activities having a measurable and potentially major impact on causes and effects of poverty in the area to be served;
2. that it will provide services and activities to remove obstacles and solve problems which block the achievement of self-sufficiency and other services and activities as appropriate to address identified causes and conditions of poverty;
3. that the Community Action Agency 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 State Office of Economic Opportunity, 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.

Signature, Executive Director _____

Date _____

Print Name _____

Community Services Block Grant

VII. CSBG REPORTING REQUIREMENTS

(Include with submission)

<u>CSBG Report</u>	<u>Due Date</u>
CSBG-0001 Invoice/Financial Statement	Monthly, due at State Office of Economic Opportunity the 15th of the month following the report month.
CSBG-0002 Request for Cash Advance	Quarterly, due at State Office of Economic Opportunity the 15th of the month, following the report period.
General Client/Services Report From Tracker, OCTOPIA, CSST or similar	Quarterly, due at State Office of Economic Opportunity the 30th of the month, following the report period.
Agency National Performance Indicators. Reporting on Agency progress made toward the six National Goals.	Quarterly, due at State Office of Economic Opportunity the 30th of the month, following the report period.
CSBG narrative highlighting agency programs or initiatives in format specified by NASCSP and the Vermont Office of Economic Opportunity.	Quarterly, due at State Office of Economic Opportunity the 30th of the month, following the report period.

The reporting system will start anew on October 1, 2012.

All CSBG clients will require new intakes or recertification to certify eligibility for FFY 2013.

----- *End of Request for Work Plan* -----

VERMONT HUMAN SERVICES PLAN - FY 2013
 FEDERAL ASSURANCES & DOCUMENTATION Page B-1

Community Services Block Grant

CSBG BUDGET SUMMARY

<u>Use of Funds by Community Action Agency</u>	FFY '11 (Actual)	FFY '12 (Estimated)	FFY '13 (Proposed)
BROC – Community Action In Southwestern Vermont	\$ 580,145	\$ 570,900	\$ 570,900
Central Vermont Community Action Council Inc.	\$ 619,933	\$ 610,054	\$ 610,054
Champlain Valley Office of Economic Opportunity Inc.	\$ 953,883	\$ 938,682	\$ 938,682
Northeast Kingdom Community Action Inc.	\$ 597,231	\$ 587,713	\$ 587,713
Southeastern Vermont Community Action Inc.	<u>\$ 505,981</u>	<u>\$ 497,917</u>	<u>\$ 497,917</u>
Community Action Agency Total	\$3,257,173	\$ 3,205,266	\$ 3,205,266
State Administration	\$ 175,398	\$ 178,070	\$ 178,070
Discretionary Grants	\$ 75,399	\$ 178,070	\$ 178,070
Total Federal Funds	\$3,507,970	\$ 3,561,406	\$ 3,561,406
FFY 2011	\$ 3,507,970		
FFY 2012		\$ 3,561,406	
FFY 2013			\$ 3,561,406

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

DETAILED PLAN (Required Every Three Years)

PUBLIC LAW 97-35, AS AMENDED

FISCAL YEAR (FY) 2013

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@state.vt.us

TELEPHONE: 802-769-6448 FAX: 802-769-2186

PLEASE CHECK ONE: TRIBE _____ STATE X 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.

GRANTEE State of VERMONT

FFY 2013

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 as amended; or

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

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

(i) gross income in an amount equal to 185 percent of the 2012 federal poverty level guidelines for seasonal fuel assistance;

(ii) gross income in an amount equal to 200 percent of the 2012 federal poverty level guidelines for crisis fuel assistance; and

(iii) based on household size for seasonal and crisis assistance incomes shall not exceed maximums established by LIHEAP; and

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: Christine M Oliver

Title: Christine M. Oliver, Deputy Secretary, Vermont Agency of Human Services

Date: 8/17/12

*** 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.

statutory
references

2605(a)
2605(b)(1) → Please check which components you will operate under the LIHEAP program.
(Note: You must provide information for each component designated here as requested elsewhere in this plan.)

		<u>Dates of Operation</u>
(use of funds)	<u> X </u> heating assistance	November 1 to April 30
	<u> </u> cooling assistance	<u> </u>
	<u> X </u> crisis assistance	The last Monday in November to the last business day in April
	<u> </u> weatherization assistance	Year round

2605(c)(1)(C) → Please estimate what amount of available LIHEAP funds will be used for each component that you will operate: **The total of all percentages must add up to 100%.**

(use of funds)	<u> 69.92 </u> % heating assistance
	<u> 0.0 </u> % cooling assistance
	<u> 16.0 </u> % crisis assistance
2605(k)(1)	<u> 0.0 </u> % weatherization assistance
	<u> 3.0 </u> % carryover to the following fiscal year
2605(b)(9)	<u> 10.0 </u> % administrative and planning costs
2605(b)(16)	<u> 1.0 </u> % services to reduce home energy needs including needs assessment (assurance 16)
	<u> 0.08 </u> % used to develop and implement leveraging activities (limited to the greater of 0.08% or \$35,000 for States, the greater of 2% or \$100 for territories, tribes and tribal organizations).
	<u> 100.0% </u> TOTAL

statutory references

2605(c)(1)(C)

→The funds reserved for winter crisis assistance that have not been expended by March 15 will be reprogrammed to:

(alternate use of crisis assistance funds)

_____ heating assistance:

_____ cooling assistance

_____ weatherization assistance

X Other(specify): crisis assistance to the last business day in April

→Do you accept applications for energy crisis assistance at sites that are geographically accessible to all households in the area to be served? (This is required by the statute.)

Yes X No _____

2605(b)(2)
2605(c)(1)(A)

→What are your maximum eligibility limits?
(Please check the components to which they apply.)
Current year guidelines must be used.

(eligibility)

X 185% of the poverty guidelines:
heating X cooling _____ crisis _____ wx _____

X 200% of the poverty guidelines:
heating X cooling _____ crisis X wx _____

_____ 110% of the poverty guidelines:
heating _____ cooling _____ crisis _____ wx _____

_____ 60% of the State's median income:
heating _____ cooling _____ crisis _____ wx X

_____ Other (specify for each component)

X Households automatically eligible **if all members of the household** are receiving

X TANF, X SSI/AABD, _____ SNAP, _____ Certain means-tested veterans programs (heating X cooling _____ crisis _____ wx _____)

statutory
references

2605(c)(1)(A)
2605(b)(2)
(eligibility)

→Do you have additional eligibility requirements for:
HEATING ASSISTANCE _____ Yes X No)

→Do you use: Yes No

Assets test? _____ X

→Do you give priority in eligibility to:

Elderly? _____ X

Disabled? _____ X

Young children? _____ X

Other: _____
(If Yes, please describe)

statutory
references

2605(c)(1)(A)
2605(b)(2)

→Do you have additional eligibility requirements for:
COOLING ASSISTANCE (___ Yes ___ No) **N/A**

(eligibility)

→Do you use: Yes No

Assets test? _____

→Do you give priority in eligibility to:

Elderly? _____

Disabled? _____

Young children? _____

Other: _____
(If Yes, please describe)

statutory
references

2604(c)
2605(c)(1)(A)

(eligibility)

→ Do you have additional eligibility requirements for:
CRISIS ASSISTANCE (X Yes No)

	<u>Yes</u>	<u>No</u>
→ Do you use:		
Assets test? Limited resources are allowed for elderly or disabled	<u> X </u>	<u> </u>
Must the household have received a shut-off notice or have an empty tank?	<u> X </u>	<u> </u>
Must the household have exhausted regular benefit?	<u> X </u>	<u> </u>
Must the household have received a rent eviction notice?	<u> </u>	<u> X </u>
Must heating/cooling be medically necessary?	<u> </u>	<u> X </u>
Other (Please explain):	<u> X </u>	<u> </u>
May receive crisis assistance when at or below ¼ of a tank		
Must account for use of past month's income		
Elderly or disabled may apply by phone and not in person.		
Area agency on aging case manager may represent an elderly client		

→ What constitutes a crisis? (Please describe)
An extenuating or unpredictable circumstance(s) that result in lack of heating capacity for the household (out of home heating fuel or electric service disconnection when electricity is required to run the heating system)

statutory
references

2605(c)(1)(A)

→Do you have additional eligibility requirements for:
WEATHERIZATION (X Yes ___ No)

(eligibility)

→Do you use: Yes No

Assets test? _____ X _____

Priority groups? (Please list) X _____
Households with members elderly, disabled or under the age of 6
Lowest income households served first

→Are you using Department of Energy (DOE) Low
Income Weatherization Assistance Program
(LIWAP) rules to establish eligibility or to establish
priority eligibility for households with certain
characteristics? _____ X _____

→If Yes, are there exceptions? _____ X _____
Please list below.

statutory
references

2605(b)(3)
2605(c)(3)(A)

(outreach)

→ Please check the outreach activities that you conduct that are designed to assure that eligible households are made aware of all LIHEAP assistance available:

X provide intake service through home visits or by telephone for the physically infirm (i.e. elderly or disabled) served by case managers from the local area agency on aging.

X place posters/flyers in local and county social service offices, offices of aging, Social Security offices, VA, etc.

X publish articles in local newspapers or broadcast media announcements.

 include inserts in energy vendor billings to inform individuals of the availability of all types of LIHEAP assistance.

X make mass mailing to past recipients of LIHEAP.

X inform low income applicants of the availability of all types of LIHEAP assistance at application intake for other low-income programs.

X execute interagency agreements with other low-income program offices to perform outreach to target groups.

X other (Please specify):

Regulated utility companies include a fuel assistance announcement in bill stuffers or as a notice on bills

Statewide trainings for advocates and community partners during the summer for seasonal fuel assistance and in November prior to the start of crisis fuel assistance.

Program information and updates emailed regularly to program-certified fuel and energy suppliers.

statutory
references

2605(b)(4)

→ Please describe how you will assure that LIHEAP is coordinated with similar and related programs. The description provided applies to all components unless specifically noted.

(coordination)

Coordination of activities is accomplished within normal and existing relationships established by virtue of the State Office of Economic Opportunity, Department of Disabilities and Independent Living and the Department for Children and Families all being part of the Vermont Agency of Human Services; reliance upon the SDX and Bendex for communication with the Social Security Administration; and through a referral arrangement with the State Office of Economic Opportunity to meet Vermont's statutory requirement that, as a condition of eligibility, all recipients of seasonal fuel assistance consent to receive services through the Weatherization assistance program.

2605(b)(5)

2605(b)(2)

2605(b)(8A)

→ The statute requires that there be no difference in the treatment of households eligible because of their income and those eligible because they receive benefits under TANF, SNAP, SSI, or certain means-tested veterans programs ("categorically eligible"). How do you ensure there is no difference when determining eligibility and benefit amounts? This applies to all components unless specifically noted below.

(benefit
levels)

Vermont's benefit levels for the Seasonal Fuel Assistance component of the program increase as the household income decreases, taking household size into account. Payment to households is based on annual cost of heating fuel or energy. Grants under the Crisis Fuel Assistance component are made in the amount necessary to alleviate the crisis following careful assessment of the individual circumstances on a much broader basis. Whether or not a household meets the criteria of section 2506(b)2(A) is not a consideration in benefit eligibility or benefit amount.

statutory
references

HEATING COMPONENT

2605(b)(5) → Please check the variables you use to determine your benefit levels (check all that apply):

(determination
of benefits)

- income
- family (household) size
- home energy cost or need
 - fuel type
 - climate/region
 - individual bill
 - dwelling type
 - energy burden
(% of income spent on home energy)
 - energy need
 - other (describe)

Dwelling size by number of bedrooms

Estimated consumption based on fuel type, dwelling type and dwelling size (by number of bedrooms) are taken from standard heating cost tables (Vermont Fuel Procedures)

2605(b)(5) → Describe how you will assure that the highest benefits go to households
2605(c)(1)(B) with the lowest incomes and the highest energy costs or needs in relation to income, taking into account family size.

(benefit levels) Please describe benefit levels or attach a copy of your payment matrix.

See 2943 Fuel Program Tables of the Vermont Fuel Rules – as follows:

2943 Fuel Program Tables (date reference)

The following tables are adopted for the purposes of determining benefit amounts for eligible Fuel Program applicants:

Fuel Program Benefit Levels

Table I	Table II
Household Income as a Percentage of Poverty	Heating Cost Percentage
175% - 185%	27%
165% - 174%	30%
155% - 164%	33%
=====	=====
145% - 154%	66%
135% - 144%	69%
125% - 134%	72%
115% - 124%	75%
105% - 114%	78%
95% - 104%	81%
85% - 94%	84%
75% - 84%	87%
Under 75%	90%

→ Do you provide in-kind (e.g., blankets, space heaters) and/or other forms of benefits?

Yes No If Yes, please describe.

statutory
references

2605(b)(5)
2605(c)(1)(B)

COOLING COMPONENT

→ Please check the variables you use to determine your benefit levels
(check all that apply):

(determination
of benefits)

N/A

- income
- family (household) size
- home energy cost or need
 - fuel type
 - climate/region
 - individual bill
 - dwelling type
 - energy burden
(% of income spent on home energy)
 - energy need
 - other (describe)

2605(b)(5)
2605(c)(1)(B)

(benefit
levels)

→ Describe how you will assure that the highest
benefits will go to households with the lowest
incomes and the highest energy costs or needs
in relation to income, taking into account family size. Please describe
benefit levels or attach a copy of your payment matrix.

→ Do you provide in-kind (e.g. fans) and/or other forms of benefits?

Yes No If Yes, please describe.

statutory references

2605(b)(5)
2605(c)(1)(B)

(determination of benefits)

CRISIS COMPONENT

➔How do you handle crisis situations?

 X separate component other (please explain)

➔If you have a separate component, how do you determine crisis assistance benefits?

 X amount to resolve crisis, up to maximum

 other (please describe)

(benefit levels)

➔Please indicate the maximum benefit for each type of crisis assistance offered.

heating \$ * maximum benefit

cooling \$ N/A maximum benefit

year-round \$ N/A maximum benefit

* Dollar amount necessary for up to 125 gallons of liquid fuel, one ton of coal, or one cord of firewood, plus applicable special trip or related charges in certain circumstances. If a utility disconnect, the minimum amount necessary to remove customer from disconnect status.

➔Do you provide in-kind (e.g. blankets, space heaters, fans) and/or other forms of benefits?

 Yes X No If Yes, please describe.

statutory references

2605(b)(5)
2605(c)(1)
(B) & (D)

WEATHERIZATION & OTHER ENERGY RELATED HOME REPAIR AND IMPROVEMENTS

(types of assistance)

→What LIHEAP weatherization services/materials do you provide? (Check all categories that apply.)

- Weatherization needs assessments/audits.
- Caulking, insulation, storm windows, etc.
- Furnace/heating system modifications/repairs
- Furnace replacement
- Cooling efficiency mods/repairs/replacement
- Other (Please describe)

The five Vermont community action agencies that administer the Crisis component of LIHEAP also determine client eligibility for Weatherization's Emergency Home Heating System Repair or Replacement grant program.

(benefit levels)

→Do you have a maximum LIHEAP weatherization benefit/expenditure per household? Yes No
If Yes, what is the maximum amount? \$ _____

(types of rules)

→Under what rules do you administer LIHEAP weatherization? (Check only one.)

- Entirely under LIHEAP (not DOE) rules
- Entirely under DOE LIWAP rules
- Mostly under LIHEAP rules with the following DOE LIWAP rule(s) where LIHEAP and LIWAP rules differ (Check all that apply):
 - Weatherize buildings if at least 66% of units (50% in 2- & 4-unit buildings) are eligible units or will become eligible within 180 days
 - Weatherize shelters temporarily housing primarily low income persons (excluding nursing homes, prisons, and similar institutional care facilities).
 - Other (Please describe)
- Mostly under DOE LIWAP rules, with the following LIHEAP rule(s) where LIHEAP and LIWAP rules differ (Check all that apply.)
 - Weatherization not subject to DOE LIWAP maximum statewide average cost per dwelling unit.
 - Other (Please describe.)

State Weatherization is administered separately from LIHEAP

2605(b)(6) The state or tribe administers LIHEAP through the following local agencies:

(agency designation) county welfare offices
 community action agencies (weatherization component only)
 community action agencies for crisis only
 charitable organizations
 not applicable (i.e. state energy office) *
 tribal office
 other, describe:

* The Seasonal Fuel Assistance component is administered state-wide through the state Department for Children and Families, Economic Services Division, Office of Home Heating Fuel Assistance. The Crisis Fuel Assistance component is administered through grant agreement between the ESD Fuel Assistance Office and Vermont's five community action agencies.

→ Have you changed local administering agencies from last year?

Yes No

If Yes, please describe how you selected them.

→ What components are affected by the change?

2605(c)(1)(E) → Please describe any additional steps (other than those described elsewhere in this plan) that will be taken to target assistance to households with high home energy burdens. **(This applies to all components. If all steps to target households with high home energy burdens are described elsewhere in the plan, no further information is required here.)**

(targeting of assistance)

Described elsewhere in the plan.

A LIHEAP-funded furnace "Clean and Tune" program serves those clients with the highest oil or kerosene consumption. Seasonal fuel assistance households are required as a condition of receipt of benefits to accept Weatherization services. Wx offices have access to fuel consumption records to target highest consumption households.

statutory
references2605(b)(7)
(energy
suppliers)

→ Do you make payments directly to home energy suppliers?

Heating Yes NoCooling Yes NoCrisis Yes NoIf Yes, are there exceptions? Yes No

If Yes, please describe.

The exception for Seasonal Fuel Assistance is for benefits paid to households who heat with firewood or wood pellets. Their benefit is issued directly to the head of household to be used with any wood or pellet supplier they choose. Wood and pellet suppliers are not certified by the Vermont Fuel Assistance Office.

An additional exception is for heads of households who have their home heat included in their housing rental payment. "Heated renters" receive a benefit equal to 30 percent of the benefit the household would have received if the household were purchasing heating fuel directly, or \$50 whichever amount is greater. Roomers receive an annual benefit in the amount of \$50. Households in public, assisted or Section 8 housing where heat is included in the rent receive an annual benefit in the amount of \$5. Heated renters receiving SNAP benefits and not in receipt of any other Seasonal Fuel benefit receive an annual \$3 benefit.

2605(b)(7)(A)

→ If you make payments directly to home energy suppliers, how do you notify the client of the amount of assistance paid? (Please describe)

Seasonal Fuel Assistance: client is notified in writing at the time the benefit is paid to the client's fuel supplier.

Crisis Fuel Assistance: client is notified at the time the grant is made, either in person or over the telephone.

statutory
references

2605(b)(7)
(B) & (C)

→How do you make sure the home energy supplier performs what is required in this assurance? If vendor agreements are used, they may be attached. Indicate each component for which this description applies.

Seasonal Fuel Assistance: vendor certification agreement – see Fuel Rules 2902

Crisis Fuel Assistance: vendor certification agreement also covers crisis component of program.

For both components, also through direct contact with supplier and client.

statutory
references

2605(b)(8)(B)

→ Is there any difference in the way owners and renters are treated? If Yes, please describe.

(owners
and
renters)

HEATING ASSISTANCE

Yes No

Not for eligibility, only for benefit amount based on energy burden.

COOLING ASSISTANCE

Yes No

CRISIS ASSISTANCE

Yes No

Only relating to crisis furnace repairs or replacement, where the liability for system repair or replacement between a landlord and tenant must be determined, otherwise there is no difference in the way owners and renters are treated.

WEATHERIZATION

Yes No

For renters, the landlord is required to make a financial contribution toward the work.

statutory
references

2605(b)(10)

→How do you ensure good fiscal accounting and tracking of LIHEAP funds? (Please describe. Include a description of how you monitor fiscal activities.)

(program, fiscal
monitoring, and
audit)

The Economic Services Division of the Vermont Department for Children and Families together with the business/accounting office of the Agency of Human Services monitor the LIHEAP funds. This dual process is a way of providing checks and balances on the management of program funds.

All expenditures, check returns and refunds are recorded on a daily basis. The program benefit financial status is known daily. Monthly, these accounts are balanced against the monthly statement from the State Finance Department and if there are any discrepancies, they are accounted for. The state has contracted with the firm of KPMG Peat Marwick to audit expenditures of amounts received under this title as an integrated audit with other state programs in a single audit authorized under OMB Circular A-133.

→How do you monitor program activities? (Please be sure to include a description of how you monitor eligibility and benefit determination.)

The Seasonal Fuel Assistance component is administered by the Office of Home Heating Assistance in the Economic Services Division of the Department for Children and Families. Supervisory review of fuel cases, similar to reviews of all programs administered by the Department, occurs regularly, with more intensive review of complicated or problematic cases.

The five Community Action Agencies (CAPs) who administer the Crisis Fuel Assistance component under grant agreements are monitored on a regular basis throughout the Crisis component period. This includes: site visits, inspection of files, attendance at intakes, coordination of information regarding program requirements and common problems, regular meetings with CAP representatives, and annual training. All denied crisis cases are advised of the reason for denial and the right to appeal the decision.

Contractors providing outreach and assistance in the application process are audited as part of the single state audit and are required to submit an annual report which includes numbers contacted and specifics about how the contract money is spent. The outreach staff also attend the annual advocate trainings provided by the Office of Home Heating Fuel Assistance.

Specific monitoring and coordination is accomplished by a review after each seasonal benefit issuance for the status of applications, grants, denials, pending cases and dollars granted by the program administrator, with follow-up as necessary. Throughout the program year, periodic reviews of the program are conducted by joint meetings of the Commissioner, Deputy Commissioner, Fuel Program Chief, and fiscal staff.

➔How is your LIHEAP program audited?

Under the Single Audit Act? Yes No

If not, please describe:

For States and Territories:

➔Is there an annual audit of local administering agencies? Yes No

If not, please explain.

statutory
references

2605(b)(12)

(timely and
meaningful
public
partici-
pation)

→How did you get timely and meaningful public participation in the development of the plan? (Please describe.)

A public hearing is held by the Vermont Agency of Human Services subject, date, time and location is advertised in Vermont daily newspapers at least two weeks prior to the hearing. The hearing for this plan will be held in September 2013. The specific date has not yet been established – notification to HHS/ACF will be under separate cover.

2605(a)(2)

(public
hearings)

→Did you conduct public hearings on the proposed use and distribution of your LIHEAP funds? When and where?

Yes No

(Not required for Tribes and tribal organizations)

When changes are made to program policy, Vermont follows the State Administrative Procedures Act, or follows expeditious rule-making procedures as authorized by the State Legislature. This involves statewide advertising of the proposed policy, a public hearing conducted by the Economic Services Division of the Department for Children and Families, consideration of written and oral comments, submission of proposed final policy to the Legislative Committee on Administrative Rules, and following review and approval by this committee, the final policy is filed with the Secretary of State

statutory
references

2605(b)(13)

→ Describe your fair hearing procedures for households whose applications are denied or not acted on in a timely manner. When are applicants informed of these rights?

(fair
hearings)

→ Denials and Grants

→ Applications Not Acted On In a Timely Manner

All applications for fuel assistance are entitled to a fair hearing before the Human Service Board under the same rules currently in use for administrative hearings for all programs administered by the Economic Services Division of the Department for Children and Families (TANF, SNAP, Healthcare, General Assistance/Emergency Assistance, Essential Person). In addition, for the Crisis Fuel Assistance component, procedures have been established to provide a faster hearing at the local level with an appeal to the Director when the crisis nature of the application calls for faster action. A request for an expedited hearing does not preclude a regular hearing and decisions from such hearings may be appealed to the Human Service Board via a request for a fair hearing. (See Fuel Rules 2971 – Seasonal Fuel; 2988 – Crisis Fuel)

Applicants are informed in writing of these rights both on applications for assistance and at the time an eligibility decision is made.

statutory
references

2605(b)(15)

For States and Puerto Rico only (not applicable to Tribes and tribal organizations, or to territories whose annual regular LIHEAP allotments are \$200,000 or less):

→ Does the State agency that administers the following LIHEAP component also administer the State's welfare program?

(alternate
outreach
and intake)

HEATING ASSISTANCE

Yes No

If Yes, describe alternate process for outreach and intake:

The Fuel Assistance Office in the Economic Services Division completes grant agreements to have the state's five Area Agencies on Aging (AAA's) and five Community Action Agencies (CAP's) perform outreach. The AAA's provide intensive outreach to households with elderly and disabled people, provide referral activities and assist in preparing applications for fuel assistance.

The grant agreements with the five CAP's include the following activities: provide public information about the Home Heating Fuel Assistance Program within each service area; provide transportation and referral activities to assure access to program benefits; and to analyze problems and seek resolutions for home heating crises which will result in improved living standards and avoidance of future heating crisis situations for the households.

COOLING ASSISTANCE

Yes No

If Yes, describe alternate process for outreach and intake:

CRISIS ASSISTANCE

Yes No

If Yes, describe alternate process for outreach and intake:

statutory
references

2605(b)(16)

→ Do you use LIHEAP funds to provide services that encourage and enable households to reduce their home energy needs and thereby the need for energy assistance? (This assurance refers to activities such as needs assessments, counseling, and assistance with energy vendors.)

Yes No

If Yes, please describe these activities.

Residential furnace "Clean and Tune" program for homeowners who are LIHEAP recipients, heat with oil or kerosene, and have the highest fuel consumption.

Vermont Sustainable Heating Initiative to install pellet stoves in the homes of LIHEAP seasonal fuel assistance recipients.

If Yes, how do you ensure that you don't use more than 5% (statutory ceiling) of your LIHEAP funds for these activities?

Budget review, coordination and oversight by the Department for Children and Families business office.

statutory
references

2607A

(leveraging)

→ Please describe leveraging activities planned for the fiscal year. **(This entry is optional.)*** Complete this entry if you plan to apply for LIHEAP leveraging incentive funds and to include in your leveraging report resources/benefits provided to low income households this fiscal year under criterion (iii) in 45 CFR 96.87(d)(2). Provide the following information for each:

- (1) Identify and described each resource/benefit;
- (2) Identify the source(s) of each resource; and
- (3) Describe the integration/coordination of each resource/benefit with the LIHEAP program, consistent with 1 or more of conditions A-H in 45 CFR 96.87(d)(2)(iii).

1) **WARMTH** Criteria (iii)

Based on contacts made and issues raised at Vermont's Fuel Policy Advisory Committee (PAC) meetings, a partnership was formed between participating energy suppliers and Vermont Community Action Agencies to deal with crisis situations that did not specifically fit the Department guidelines. Community Action Agencies administer a full spectrum of services to households with an energy crisis including financial assistance, advocacy, negotiations with fuel providers, budget counseling and conservation advice. The financial assistance is funded through customer donations to participating utilities. The utilities turn the money over to the Community Action Agencies who distribute the benefits to income eligible households. Program administration receives financial support from corporate sponsors and the Department for Children and Families.

2) **SHAREHEAT** Criteria (iii)

Based on contacts made and issues raised at Vermont's Fuel Policy Advisory Committee (PAC) meetings, a partnership was formed between Central Vermont Public Service Corporation and Vermont Community Action Agencies to deal with that suppliers' income eligible customers, when they do not fit the Department guidelines. Community Action makes payments for energy and minor repairs for eligible households experiencing a crisis. The financial assistance is funded through customer and employee donations with a corporate match. A prescribed amount of the total donation is allowed for administration.

3) **GENERAL ASSISTANCE** Criteria (iii)

Benefits are provided from State funds to pay for some heating energy costs for households not eligible under any other Department program. The income eligibility guidelines are more stringent than those for LIHEAP. For metered delivery, payment for a current billing period may be authorized provided that certain conditions are met, and payment for bulk delivery may be authorized when there is less than 72 hours supply on hand or less than a one week supply when in the worker's judgment conditions mandate such a decision.

4) HEATING SYSTEM REPLACEMENTS Criteria (iii)

Through a Department agreement with the State Office of Economic Opportunity (SOEO), payments for emergency heating system replacements for LIHEAP income eligible households is paid by State Funds administered through the Weatherization Trust Fund of SOEO. These funds are raised through a 1/2 percent fuel gross sales receipts tax on utilities and fuel vendors. The Department refers clients directly to the local Weatherization operator during business hours and contacts SOEO approved contractors at all other times.

5) FIREWOOD PROJECT Criteria (i) and (ii)

In the Northeast area of Vermont served by the St. Johnsbury District Office, households whose primary source of heat is wood have the option to receive their benefit in the form of a delivered wood supply. Households that select the option of a wood supply will receive the amount of wood that can be purchased with their annual benefit, but purchased at a negotiated rate lower than the going market price. This means a larger wood supply is leveraged under the agreement than could be purchased at market prices with the same fuel assistance benefit. The purchase and delivery of the wood is administered by Vermont's Department of Corrections under an agreement with the Department for Children and Families, as provided for in Section 2605(b)(6) of LIHEAP Act.

6) DONATED OIL AND PROPANE Criteria (ii)

Petroleum heating fuel vendors who have membership in the state trade association VFDA (Vermont Fuel Dealers Association) have donated amounts of heating oil or propane to be delivered at no cost to crisis eligible households, as determined by the Department's Office of Home Heating Fuel Assistance or the Community Action Agencies that administer the crisis fuel assistance component. The delivery may also includes any start-up or special trip charges.

7) PRIVATE DONATIONS Criteria (ii)

The Department, through its Office of Home Heating Fuel Assistance or the Community Action Agencies that administer the crisis fuel assistance component has agreements with several private philanthropic organizations to earmark some of their charitable fund money for use for the Department's crisis program. The money is requested and distributed at the discretion of the Department's Office of Home Heating Fuel Assistance or the Community Action Agencies that administer the crisis fuel assistance component.

8) BULK FUEL DISCOUNT Criteria (ii)

Through the Department's fuel supplier certification agreement, a discount is required on #2 heating oil, propane, kerosene and ULSD fuels purchased with LIHEAP funds through benefit payments for eligible fuel program recipients. The discount is applied to the LIHEAP benefit payment leveraging a greater quantity of bulk fuel for the recipient.

9) ARREARAGE FORGIVENESS Criteria (ii)

The Department will cooperate with any energy provider who chooses to operate an arrearage forgiveness program by receiving the application, determining eligibility and providing those eligible with a voucher to present to the energy provider for arrearage forgiveness up to the energy provider's specified limit.

10) **POWER PARTNERS PROGRAM and/or GMP-EAP Arrears Forgiveness Criteria (iii)**
Green Mountain Power (GMP) Corporation's Power Partners Program is designed to assist low-income customers in paying the past due amount of their electric bill during the period of the year when there are no other emergency funds available. GMP customers with an electric service disconnection notice are assisted through one of the state's five Community Action Agencies. GMP is under a public services board order to implement an Energy Assistance Program (EAP) that will contain a one-time arrears forgiveness component

11) **VENEZUELAN OIL DISCOUNT PROGRAM**

The Venezuelan Oil Discount Program is a partnership between Citgo, Citizens Energy Corporation of Massachusetts, and Vermont's Community Action Programs. This program allows low-income Vermonters to purchase up to 200 gallons of fuel oil at a 40 percent discount. Recipients of seasonal LIHEAP benefits are automatically eligible for the program. Others apply through the local community action agencies.

* Leveraged resources/benefits that are counted under criterion (iii) in 45 CFR 96.87(d)(2) must be identified and described in the grantee's LIHEAP plan and distributed as indicated in the plan. In addition, leveraging resources/benefits that are counted under criterion (ii) must be carried out under one or more components of the grantee's regular LIHEAP program.

statutory
references

2605(b)

(performance)
goals and
measures)

→ Please describe performance goals and measures planned for the fiscal year. **(This entry is optional.)**

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: _____
- * 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.

ATTACHMENT 1
PROGRAM INTEGRITY ASSESSMENT SUPPLEMENT TEMPLATE
Low Income Home Energy Assistance Program (LIHEAP)

ABSTRACT:

HHS is requiring further detail from States on their FY2011 plans for preventing and detecting fraud, abuse, and improper payments. HHS is also requiring that States highlight and describe all elements of this FY2011 plan which represent improvements or changes to the State's FY2010 plan for preventing and detecting fraud, abuse and improper payment prevention.

State, Tribe or Territory (and grant official): Vermont
Richard Moffi, Fuel Assistance Program Chief

Date/Fiscal Year: July 21, 2012 FFY2013

VERMONT Program Notes:

Seasonal Fuel Assistance (SFA) – Vermont's Seasonal Fuel Assistance Program is administered state-wide by Department for Children and Families' Economic Services Division (ESD) which includes the Office of Home Heating Fuel Assistance.

Crisis Fuel Assistance (CFA) – Vermont's Crisis Fuel Assistance Program is operated by the state's five community action agencies under grant agreements with the Office of Home Heating Fuel Assistance.

ACCESS Database – The Economic Services Division maintains a state-wide benefits database called ACCESS (not Microsoft Access). This database includes applicants and recipients for TANF, SNAP, LIHEAP, Medicare, Medicaid, all Vermont health benefit programs, and Child Support.

RECENT AUDIT FINDINGS

Describe any audit findings of material weaknesses and reportable conditions, questioned costs and other findings cited in FY2010 or the prior three years, in annual audits, State monitoring assessments, Inspector General reviews, or other Government Agency reviews of LIHEAP agency finances.

Please provide full descriptions of the State's plans and strategy in this area, and attach/reference excerpts from relevant policy documents

Seasonal Fuel Assistance

None at this time. State audit is currently in process.

Crisis Fuel Assistance

None at this time. State audit is currently in process.

Please describe whether the cited audit findings or relevant operations have been resolved or corrected. If not, please describe the plan and timeline for doing so in FY2011.

If there is no plan in place, please explain why not.

For example: The timely and thorough resolution of weaknesses or reportable conditions as revealed by the audit.

COMPLIANCE MONITORING

Describe the State's FY2012 strategies that will continue in FY2013 for monitoring compliance with State and Federal LIHEAP policies and procedures by the State and local administering agencies.

Please provide full descriptions of the State's plans and strategy in this area, and attach/reference excerpts from relevant policy documents

Seasonal Fuel Assistance

The Office of Home Heating Fuel Assistance (the Fuel Office) functions in the Economic Services Division as a part of eligibility operations. In that capacity the three members of the Fuel Office provide staff training, monitor processing of applications and reviews, and undertake eligibility quality assurance. Compliance monitoring includes regular frequent (at least monthly, and often weekly) statistical reviews of applications, eligibility, denials, and benefits levels to observe any significant variations that may be the result of errors or misunderstanding of state or federal regulations.

Crisis Fuel Assistance

Vermont's Crisis Fuel Assistance Program is operated by the state's five community action agencies under grant agreements with the Office of Home Heating Fuel Assistance. The Fuel Assistance Program Chief conducts program reviews mid-season with two or three of the five agencies annually. Each agency is reviewed no less frequently than once every two years. Sample cases are selected for a detailed review of eligibility determination. Crisis Fuel Coordinators and the agency Executive Director are informed of the findings and any corrective action needed. Depending on the finding the Fuel Chief will issue a clarifying memo that can be circulated to all staff with the particular agency and to the Crisis Fuel Coordinators at the other agencies.

Crisis Fuel training is provided to all agencies prior to the start of the Crisis Fuel season (last Monday in November). Throughout the season monthly conference calls are conducted between the Fuel Office and Crisis Fuel Coordinators from each agency to identify, discuss and clarify any problems or issues that are being experienced.

Please highlight any strategies for compliance monitoring from your plan which will be newly implemented as of FY2013.

None to be newly implemented for FFY2013.

Internal discussions anticipate that the ESD Fraud and Quality Control Unit may assume some aspects of compliance monitoring in the future but not during FFY2013.

If you don't have a firm compliance monitoring system in place for FFY2013, please describe how the State is verifying that LIHEAP policy and procedures are being followed.

N/A

Necessary outcomes from these systems and strategies.

For example: A sound methodology, with a schedule for regular monitoring and a more effective monitoring tool to gather information.

A regular and predictable methodology utilizing program-knowledgeable staff to provide effective monitoring, information gathering, analysis and remediation.

FRAUD REPORTING MECHANISMS

For FY2012 activities continuing in FY2013, please describe all (a) mechanisms available to the public for reporting cases of suspected LIHEAP fraud, waste or abuse? [These may include telephone hotlines, websites, email addresses, etc.] (b) strategies for advertising these resources.

Please provide full descriptions of the State's plans and strategy in this area, and attach/reference excerpts from relevant policy documents

Seasonal Fuel Assistance

Crisis Fuel Assistance

The Economic Services Division in the Department for Children and Families has a Fraud and Quality Control Unit. SFA senior management accepts fraud concerns, complaints and referrals from clients, ESD/DCF staff, fuel suppliers and the general public. SFA documents and refers credible cases to the Fraud / QC Unit for investigation. CFA workers refer fraud concerns, complaints and referrals that they receive or observe to SFA for the same referral to the Fraud / QC Unit.

Fraud is defined by statute (33 VSA § 141) as:

- A. Use of a willfully false statement, representation, impersonation, or other fraudulent device to obtain, attempt to obtain or aid and abet any person to obtain assistance or benefits to which he is not lawfully entitled or a larger amount than that to which he is lawfully entitled; or
- B. Disposition of or knowingly aiding or abetting in disposition of property to obtain assistance to which a person is not entitled or a larger amount than that to which he is entitled.

Suspected Fraud is defined in policy 2015.1 at:

<http://humanservices.vermont.gov/on-linerules/esd/Group%202000%20Rules.pdf/view>

The Department for Children and Families website contains a "Complaints and Concerns" section where the public in general or clients in particular can go to find out how to register a complaint or express their concern, include issues related to fraud or abuse.

Please highlight any tools or mechanisms from your plan which will be newly implemented in FY2013, and the timeline for that implementation.

None to be newly implemented.

If you don't have any tools or mechanisms available to the public to prevent fraud or improper payments, please describe your plan for involving all citizens and stakeholders involved with your program in detecting fraud.

The Fraud and QC unit is available to the public through department representatives.

Necessary outcomes of these strategies and systems

For example: Clear lines of communication for citizens, grantees, clients, and employees to use in pointing out potential cases of fraud or improper payments to State administrators.

Open and direct communication between the public (including clients) and the Department is critical. As stated on the DCF website: “The work we do requires us to make difficult decisions on a daily basis—ones that affect people's lives and that not everyone will agree with. To make sure the decisions we make are in the best interest of the individuals, families, and children involved, we need to:

- Hear from you if you have concerns;
- Listen with an open mind; and
- Learn from what you have to say.

If you have a concern/complaint about a decision we've taken, the lack of action on our part, or the way you've been treated, we want to hear about it.”

VERIFYING APPLICANT IDENTITIES

Describe all FY2012 State policies continuing in FY2013 for how identities of applicants and household members are verified.

Please provide full descriptions of the State's plans and strategy in this area, and attach/reference excerpts from relevant policy documents

Seasonal Fuel Assistance

Social security numbers for all members of a household are required on Seasonal Fuel Assistance applications. A sample application is available as a pdf document.

SFA Benefit Program Specialists (BPS) employed by ESD use the ESD ACCESS in enter client application data and determine eligibility and program benefits. The ACCESS database match the head-of-household's social security number to active and inactive benefit records and confirms identity of other members of the households listed or not listed on the Seasonal Fuel Application using their social security numbers.

Crisis Fuel Assistance

Social security numbers for all members of a household are required on Crisis Fuel Assistance applications. Sample applications are available as pdf documents.

CFA workers use the ESD ACCESS database system to match the head-of-household's social security number to active and inactive benefit records for the confirmation of income, benefit program eligibility and household composition. ACCESS is also used to confirm identity and other members of the households listed or not listed on the Crisis Fuel Application using their social security numbers.

Please highlight any policy or strategy from your plan which will be newly implemented in FY2013.

None to be newly implemented.

If you don't have a system in place for verifying applicant's identities, please explain why and how the State is ensuring that only authentic and eligible applicants are receiving benefits.

N/A. A system is in place using social security numbers.

Necessary outcomes from these systems and strategies

For example: Income and energy supplier data that allow program benefits to be provided to eligible individuals.

Access to consistent, accurate and up-to-date client information including but not limited to identity, income, and household composition.

SOCIAL SECURITY NUMBER REQUESTS

Describe the State's FY2013 policy in regards to requiring Social Security Numbers from applicants and/or household members applying for LIHEAP benefits.

Please provide full descriptions of the State's plans and strategy in this area, and attach/reference excerpts from relevant policy documents

Seasonal Fuel Assistance

Crisis Fuel Assistance

Social security numbers for all members of a household are required on Seasonal Fuel Assistance and Crisis Fuel Assistance applications.

Please describe whether the State's policy for requiring or not requiring Social Security numbers is new as of FY2013, or remaining the same.

Seasonal Fuel Assistance

Crisis Fuel Assistance

Social security numbers for all household members has been an ongoing requirement for both SFA and CFA for at least the last 16 years.

If the State is not requiring Social Security Numbers of LIHEAP applicants and/or household members, please explain what supplementary measures are being employed to prevent fraud.

Not applicable.

Necessary outcomes from these systems and strategies

For example: All valid household members are reported for correct benefit determination.

All valid household members are reported for correct benefit determination.

CROSS-CHECKING SOCIAL SECURITY NUMBERS AGAINST GOVERNMENT SYSTEMS/DATABASES

Describe if and how the State used existing government systems and databases to verify applicant or household member identities in FY2012 and continuing in FY2013. (Social Security Administration Enumeration Verification System, prisoner databases, Government death records, etc.)

Please provide full descriptions of the State's plans and strategy in this area, and attach/reference excerpts from relevant policy documents

Seasonal Fuel Assistance

Crisis Fuel Assistance

ESD will use "Numident" on a nightly basis to confirm that social security numbers for clients in ACCESS are attributed to the correct individuals by name and date of birth. ESD Benefit Program Specialists (BPSs) or Supervisors enter a function in ACCESS to request the match for someone who has an unverified social security number. Once a month, regardless of individual requests by ESD workers ACCESS runs a tape match with Numident for all cases in our system.

The ACCESS database runs monthly tape matches with Vermont Unemployment Compensation.

The Vermont Office of Child Support (OCS) automatically crosses-over child support, alimony and tax intercept payments received by clients. OCS provides limited/restricted information for incarcerated individuals linked to client households. OCS uses the federal parent locator service (FPLS) nationwide for physical addresses and matches are updated in the OCS and ESD sides of ACCESS. (OCS occupies a separate section of the ACCESS database.)

Medicare and Medicaid benefits and Vermont's healthcare and pharmacy programs reside in ACCESS. Client deaths are entered into ACCESS and are readily accessible.

Please highlight which, if any, policies or strategies for using existing government databases will be newly implemented in FY2013.

None to be newly implemented.

If the State won't be cross checking Social Security Numbers and ID information with existing government databases, please describe how the State will supplement this fraud prevention strategy.

Not applicable.

Necessary outcomes from these systems and strategies

For example: Use of all available database systems to make sound eligibility determination.

Use all available database systems to make sound eligibility determinations.

VERIFYING APPLICANT INCOME

Describe how the State or designee used State Directories of new hires or similar systems to confirm income eligibility in FY2012 and continuing in FY2013.

Please provide full descriptions of the State's plans and strategy in this area, and attach/reference excerpts from relevant policy documents

Seasonal Fuel Assistance

Crisis Fuel Assistance

ACCESS contains verified income from all sources (earned and unearned) for benefit programs including SNAP, TANF, Medicare, Medicaid, Vermont healthcare and pharmacy programs, State General and Emergency Assistance.

Monthly tape matches run by ACCESS with Vermont Unemployment Compensation and employment earnings reported through Reach Up (Vermont's TANF program) provide the bulk of income information related to new hires.

Both Seasonal and Crisis Fuel Assistance policies allow workers to require documentation of income or any other factor related to eligibility that may be questionable, incomplete or not available through ACCESS.

Please highlight any policies or strategies for using new hire directories which will be newly implemented in FY2013.

None to be newly implemented.

If the State won't be using new hire directories to verify applicant and household member incomes how will the State be verifying that information?

N/A. Information available in ACCESS from Reach Up (TANF) and State Unemployment Compensation provide the necessary information.

Necessary outcomes from these systems and strategies

For example: Effective income determination achieved through coordination across program lines.

Effective income determination achieved through coordination across program lines with complete, timely and accurate income data.

PRIVACY-PROTECTION AND CONFIDENTIALITY

Describe the financial and operating controls in place in FY2012 that will continue in FY2013 to protect client information against improper use or disclosure.

Please provide full descriptions of the State's plans and strategy in this area, and attach/reference excerpts from relevant policy documents

Seasonal Fuel Assistance

All employees of the Economic Services Division sign a confidentiality agreement at the start of employment. The ACCESS database requires a user to be authorized by the IT division and entry is protected by two separate passwords that are required to be changed at monthly and quarterly intervals.

All applicants of benefits from the Economic Services Division, including Seasonal Fuel Assistance, are advised of the "Rights and Responsibilities," including confidentiality on the application and benefit notices.

All fuel suppliers certified by the Office of Home Heating Fuel Assistance agree to a "Confidentiality" clause as part of the certification agreement.

The operation of the Department for Children and Families operate under formal business practices that are subject to general financial audits and program specific audits on an annual basis.

Crisis Fuel Assistance

The Crisis Fuel Assistance grant agreements with the community action agencies contain specific requirements for: privacy and security standards, security and data transfers, computing and communication, safeguarding and reporting responsibilities for personal identifiable information, and security guidance for contractors and grantees of the Agency of Human Services.

To access the ACCESS database crisis fuel workers must have systems approval for a "Citrix" account to connect to the database and be issued a "key fob" assigned for their use that provides a constantly changing entry authorization number. The ACCESS database requires a user to be authorized by the IT division and entry is protected by two separate passwords that are required to be changed at monthly and quarterly intervals.

Please highlight any controls or strategies from your plan which will be newly implemented as of FY2013.

None to be newly implemented.

If you don't have relevant physical or operational controls in place to ensure the security and confidentiality of private information disclosed by applicants, please explain why.

Not applicable.

Necessary outcomes from these systems and strategies

For example: Clear and secure methods that maintain confidentiality and safeguard the private information of applicants.

Clear and secure methods maintain confidentiality and safeguard the private information of applicants.

LIHEAP BENEFITS POLICY

Describe FY2012 State policies continuing in FY2013 for protecting against fraud when making payments, or providing benefits to energy vendors on behalf of clients.

Please provide full descriptions of the State's plans and strategy in this area, and attach/reference excerpts from relevant policy documents

Seasonal Fuel Assistance

Fuel suppliers certified by the Fuel Office agree to the terms and conditions of certification found at:

http://dcf.vermont.gov/sites/dcf/files/pdf/esd/fuel/Cert_Agr_Terms_Cond.pdf

Clause #7, 8, 9 and 10: Direct Bank Deposit, Benefit Data, Line of Credit and Use of Line of Credit (respectively) all ensure that proper individual benefit payments for individual eligible clients are being made to fuel suppliers.

Benefit Payments are issued only by the Office of Home Heating Fuel Assistance through the Department and State business offices directly into verified bank accounts of certified fuel suppliers. At least annually the Fuel Office runs a "pre-note" test to confirm supplier bank accounts. Pre-notes are also run when a supplier changes a bank account or becomes newly certified.

Crisis Fuel Assistance

Each community action agency has a separate purchase order, invoice tracking and payment monitoring system for the issuance of crisis fuel benefit to fuel and energy suppliers. Although the system details are different the basics are the same: authorization to fuel suppliers is made by the community action representative, invoices are received after fuel is delivered or after client accounts for regulated utilities are credited, and those invoices are matched against a crisis fuel grant made by an authorized agency representative.

Please highlight any fraud prevention efforts relating to making payments or providing benefits which will be newly implemented in FY2013.

None to be newly implemented.

Seasonal Fuel Assistance

The Fuel Program Statute (Title 33 Chapter 26) was amended by Act 88 on 4/29/10 to require: "No later than September 1, 2011, the secretary of human services or designee shall implement a payment system to pay fuel benefits to certified fuel suppliers after the fuel is delivered or, for metered fuel and regulated utilities, after the beneficiary's account has been billed." Although this requirement will be complete in FFY2011, it will be first used in FFY2012.

If the State doesn't have policy in place to protect against improper payments when making payments or providing benefits on behalf of clients, what supplementary steps is the State taking to ensure program integrity.

Not applicable.

Necessary outcomes from these systems and strategies

For example: Authorized energy vendors are receiving payments on behalf of LIHEAP eligible clients

Fuel suppliers receive only benefits approved either by the Fuel Assistance Office for Seasonal Fuel Assistance or by the community action agency for Crisis Fuel Assistance.

PROCEDURES FOR UNREGULATED ENERGY VENDORS

Describe the State's FY2012 procedures continuing in FY2013 for averting fraud and improper payments when dealing with bulk fuel dealers of heating oil, propane, wood and other unregulated energy utilities.

Please provide full descriptions of the State's plans and strategy in this area, and attach/reference excerpts from relevant policy documents

Seasonal Fuel Assistance

Fuel suppliers certified by the Fuel Office agree to the terms and conditions of certification found at:

http://dcf.vermont.gov/sites/dcf/files/pdf/esd/fuel/Cert_Agr_Terms_Cond.pdf

Applicants for Seasonal Fuel Assistance identify their fuel supplier on their application for assistance. Suppliers, including regulated utilities, are certified by the Office of Home Heating Fuel Assistance after original, signed and dated acceptable documentation is submitted to the Office. A bank account "pre-note" test is run to verify the supplier's bank account. When the existence or authenticity of a dealer is questioned additional information is sought either from the dealer or the Secretary of State's Office and public records.

Clause #15 "Outstanding Credit Balances" requires certified suppliers to submit a "Refund Report" to the Fuel Office a full accounting of the use of benefits in the prior heating season. For the past thirteen heating seasons the Fuel Office provides the base data forms (client name, ID#, address, fuel type, total benefits issued) to the suppliers to ensure consistency of data submission. Refund reports are reviewed by Fuel Office staff and discrepancies or questionable patterns are reported to the Fuel Chief for further investigation and referral to the Fraud Unit if necessary. In addition, benefit recipients provide a self-interest level of monitoring of the use of their benefit by fuel supplies thus ensuring they receive the full benefit of their fuel assistance.

Crisis Fuel Assistance

Each community action agency has a separate purchase order, invoice tracking and payment monitoring system for the issuance of crisis fuel benefit to fuel and energy suppliers. Although the system details are different the basics are the same: authorization to fuel suppliers is made by the community action representative, invoices are received after fuel is delivered or after client accounts for regulated utilities are credited, and those invoices are matched against a crisis fuel grant made by an authorized agency representative.

Please highlight any strategies policy in this area which will be newly implemented in FY2013.

Seasonal Fuel Assistance

The Fuel Assistance Office for no longer certifies suppliers of firewood or wood pellets. Benefits payments are made directly to the eligible head of household who can negotiate the purchase of firewood or pellets with any supplier they choose. Issues related to fraud, high prices, and/or quality of product by the supplier led to this benefit payment change.

The Fuel Program Statute (Title 33 Chapter 26) was amended by Act 88 on 4/29/10 to require: "No later than September 1, 2011, the secretary of human services or designee shall implement a payment system to pay fuel benefits to certified fuel suppliers after the fuel is delivered or, for metered fuel and regulated utilities, after the beneficiary's account has been billed." Although this requirement is not expected to be complete for FFY2013, development and implementation are a Department priority for IT assignment .

If you don't have a firm plan for averting fraud when dealing with unregulated energy vendors, please describe how the State is ensuring program integrity.

Seasonal Fuel Assistance

N/A. The current "Fuel Supplier Certification" of fuel and energy suppliers (including regulated utilities) helps to avert fraud by non-existing entities. The current dual monitoring system of "Refund Reports" and client self-interest monitoring provides an acceptable system to identify fraud committed by suppliers who have been certified by the Fuel Office.

Necessary outcomes from these systems and strategies

For example: Participating vendors are thoroughly researched and inspected before benefits are issued.

Certified fuel suppliers are reviewed and approved for certification prior to the issuance of seasonal fuel benefits. Fuel and energy suppliers of crisis fuel assistance receive benefit payments only after product is delivered or a client account has been credited.

VERIFYING THE AUTHENTICITY OF ENERGY VENDORS

Describe State FY2012 policies continuing in FY2013 for verifying the authenticity of energy vendors being paid under LIHEAP, as part of the State's procedure for averting fraud.

Please provide full descriptions of the State's plans and strategy in this area, and attach/reference excerpts from relevant policy documents

Seasonal Fuel Assistance

Applicants for Seasonal Fuel Assistance identify their fuel supplier on their application for assistance. Suppliers, including regulated utilities, are certified by the Office of Home Heating Fuel Assistance after original, signed and dated acceptable documentation is submitted to the Office. A bank account "pre-note" test is run to verify the supplier's bank account. When the existence or authenticity of a dealer is questioned additional information is sought either from the dealer or the Secretary of State's Office and public records.

Crisis Fuel Assistance

Community action agencies work directly with fuel and energy suppliers. Only those suppliers who receive a purchase order for a crisis fuel delivery or account credit (on a client's regulated utility bill) will receive a LIHEAP payment from the community action agencies' business office when proper documentation is submitted.

Please highlight any policies for verifying vendor authenticity which will be newly implemented in FY2013.

None being implemented in FFY2013.

If you don't have a system in place for verifying vendor authenticity, please describe how the State can ensure that funds are being distributed through valid intermediaries?

N/A

Necessary outcomes from these systems and strategies

For example: An effective process that effectively confirms the existence of entities receiving federal funds.

A process that effectively confirms the existence of fuel and/or energy suppliers receiving LIHEAP benefits on behalf of seasonal fuel or crisis fuel clients.

TRAINING AND TECHNICAL ASSISTANCE

In regards to fraud prevention, please describe elements of your FY2010 detailed plan continuing in FY2013 for training and providing technical assistance to (a) employees, (b) non-governmental staff involved in the eligibility process, (c) clients, and (d) energy vendors

Please provide full descriptions of the State's plans and strategy in this area, and attach/reference excerpts from relevant policy documents

Seasonal Fuel Assistance

Economic Services Division Benefit Program Specialists (BPSs) are responsible for eligibility determination for Seasonal Fuel Assistance. Through their work with SNAP, TANF, Medicare and Medicaid these BPSs are trained on the fraud referral process through their supervisors to the ESD Fraud and Quality Control Unit.

Clients are advised when they sign their application or review for ESD benefits that they are subject to the "Rights and Responsibilities" identified in the application packet including: fraud penalties, quality control review, benefits from another state, true and complete information, and reporting changes.

Fuel suppliers certified by the Office of Home Heating Fuel Assistance agree to report "Multiple Benefits" received for a single fuel storage system.

The Fuel Assistance Office annually reminds and advises fuel suppliers and other interested persons that they are encouraged to refer to the Fuel Assistance Program Chief matters related to fraud or program abuse by any parties directly

Crisis Fuel Assistance

Crisis Fuel workers at the five community action agencies receive annual training in Crisis Fuel eligibility determination including fraud prevention. If issues related to fraud or quality control are identified in one agency, all agencies are advised pro-actively of the situation and appropriate remedies to be taken.

Clients are advised of their rights and responsibilities for obtaining Crisis Fuel Assistance by each of the five community action agencies of the

Please highlight specific elements of your training regiment and technical assistance resources from your plan which will represent newly implemented in FY2013.

None to be newly implemented in FFY2013

If you don't have a system in place for anti-fraud training or technical assistance for employees, clients or energy vendors, please describe your strategy for ensuring all employees understand what is expected of them and what tactics they are permitted to employ.

Not applicable.

Necessary outcomes from these systems and strategies

For example: The timely and thorough resolution of weaknesses or reportable conditions as revealed by the audit.

The timely and thorough resolution of weaknesses or reportable conditions as revealed by an audit, technical assistance review or identified by individual workers.

AUDITS OF LOCAL ADMINISTERING AGENCIES

Please describe the annual audit requirements in place for local administering agencies in FY2012 that will continue into FY 2013.

Please provide full descriptions of the State's plans and strategy in this area, and attach/reference excerpts from relevant policy documents

Crisis Fuel Assistance

Vermont's Crisis Fuel Assistance Program is operated by the state's five community action agencies under grant agreements with the Office of Home Heating Fuel Assistance. The Fuel Assistance Program Chief conducts program reviews mid-season with two or three of the five agencies annually. Each agency is reviewed no less frequently than once every two years. Sample cases are selected for a detailed review of eligibility determination. Crisis Fuel Coordinators and the agency Executive Director are informed of the findings and any corrective action needed. Depending on the finding the Fuel Chief will issue a clarifying memo that can be circulated to all staff with the particular agency and to the Crisis Fuel Coordinators at the other agencies.

Crisis Fuel training is provided to all agencies prior to the start of the Crisis Fuel season (last Monday in November). Throughout the season monthly conference calls are conducted between the Fuel Office and Crisis Fuel Coordinators from each agency to identify, discuss and clarify any problems or issues that are being experienced.

The five Community Action Agencies receive block grant funding from the State Office of Economic Opportunity (OEO) which is also in the Vermont Department for Children and Families. OEO conducts annual financial and business practice audits of the agencies and those audits include the administration of LIHEAP funds for Crisis Fuel Assistance.

Please describe new policies or strategies to be implemented in FY2013.

None to be newly implemented.

If you don't have specific audit requirements for local administering agencies, please explain how the Grantee will ensure that LIHEAP funds are properly audited under the Single Audit Act requirements.

Not applicable.

Necessary outcomes from these systems and strategies

For example: Reduce improper payments, maintain local agency integrity, and benefits awarded to eligible households.

Reduce improper payments, maintain local agency integrity, and ensure that benefits are awarded only to eligible households.

VERMONT LIHEAP Block Grant	FFY2011 <u>Actual</u>	FFY2012 <u>Estimated</u>	FFY2013 <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.	\$19,857,999	\$22,635,000	\$15,285,000
<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.	\$5,114,767	\$4,630,000	\$3,125,000
<u>Goal # 3</u>			
Administrative expense containment Within the 10% maximum allowed.	\$2,338,410	\$1,900,00	\$1,900,000
Transfer to Weatherization	\$ - 0 -	\$ - 0 -	\$ - 0 -
Source of Funds			
LIHEAP Block Grant Award	\$25,575,382	\$19,529,156	\$19,529,000
Supplemental LIHEAP Award	\$1,283,670	\$ - 0 -	\$ - 0 -
LIHEAP Leverage Award	\$ - 0 -	\$ - 0 -	\$ - 0 -
Total LIHEAP Spending:	\$27,311,176	\$29,165,000	\$20,310,000

NOTES:

- 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.
- The source of funds are Federal LIHEAP dollars only – State funds are not included.

Vermont Contact Person: Richard Moffi, Fuel Assistance Program Chief 802-769-6448

**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.

VERMONT HUMAN SERVICES PLAN - FY 2013

FEDERAL ASSURANCES & DOCUMENTATION

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Maternal and Child Health Services Block Grant

<u>Use of Funds by Goal or Activity</u>	<u>FFY'11 Actual</u>	<u>FFY'12 Estimated</u>	<u>FFY'13 Proposed</u>
<u>Goal #1</u> Component A: preventive and primary care services for pregnant women, mothers, and infants up to age one.	\$ 367,272	\$ 158,841	\$ 158,841

APPROPRIATION: Public Health

<u>Goal #2</u> Component B: preventive and primary care services for children.	\$2,677,607	\$2,830,619	\$2,830,619
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APPROPRIATION: Public Health

<u>Goal #3</u> Component C: family-centered, community based, coordinated care for children with special health care needs and the development of community-based systems of care for children with special health care needs and their families.	\$1,844,780	\$1,863,376	\$1,863,376
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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'11 Actual</u>	<u>FY'12 Estimated</u>	<u>FFY'13 Proposed</u>
Less:Medicaid Receipts	\$ -863,629	\$ -898,672	\$ - 898,672
Less: MOE	\$ -167,092	\$ -167,092	\$ -167,092
Total Expenditures:	\$3,858,838	\$3,787,072	\$3,787,072
Federal MCH Block	\$ 1,684,954	\$ 1,676,345	\$ 1,676,345
State Share	\$ 2,173,884	\$ 2,110,727	\$ 2,110,727
Total	\$ 3,858,838	\$ 3,787,072	\$ 3,787,072

Block Grant Awards

FFY 2011	\$1,684,954
FFY 2012	\$1,676,345
FFY 2013	\$1,676,345

Title V Plan submitted to the Maternal and Child Health Bureau
on July 15, 2013

Copies furnished upon request.

**PREVENTIVE HEALTH AND
HEALTH SERVICES
BLOCK GRANT**

VERMONT HUMAN SERVICES PLAN - FY 2013

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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 2013

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<u>Use of Funds by Goal or Priority Area</u>	FFY'11 <u>Actual</u>	FY'12 <u>Estimated</u>	FY'13 <u>Proposed</u>
<u>Town Health officer Education</u> To continue to build a series of training modules through which Town Health Officers can increase their knowledge and skills about environmental health hazards with an emphasis on rental housing inspections and healthy home topics. Approp: Public Health	\$13,240	\$50,000	\$50,000
Obesity Prevention To support systematic policy and environmental change for nutrition and physical activity in a school setting. Approp: Public Health	\$ 14,592	\$45,410	\$45,410
EMS Training To train and support new Emergency Medical Services Instructor Coordinators, increasing our EMS capacity across the state. Approp.: Public Health	\$ 0	\$75,000	\$75,000
<u>Oral Health</u> Reduce dental caries among children through programs of water fluoridation. Approp: Public Health	\$112,995	\$0	\$0

Sexual Assault Prevention

VERMONT HUMAN SERVICES PLAN - FY 2013

FEDERAL ASSURANCES & DOCUMENTATION

To fund the Sexual Assault
Nurse Examiner (SANE)
Program to provide assistance
and support to victims of
sexual assault at VT hospitals
and to support the ongoing
prevention of sexual violence
in schools.

Approp: Public Health

\$0	\$20,000	\$20,000
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Total Expenditures-Gross	\$247,055	\$190,410	\$190,410
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Preventive Health and Health Services Block Grant

<u>Source of Funds</u>	<u>FFY'11 Actual</u>	<u>FY'12 Estimated</u>	<u>FFY'13 Proposed</u>
PHHS Block	\$204,926	\$190,410	\$190,410
State General Funds	\$ 42,129	\$ 0	\$ 0
Total	\$ 247,926	\$ 190,410	\$190,410

Block Grant Awards

FFY 2007 \$267,593
FFY 2008 \$263,811
FFY 2009 \$276,282
FFY 2010 \$273,235
FFY 2011 \$204,926
FFY 2012 \$190,410
FFY 2013 \$190,410

Please note: The PHHS Block Grant was not included in the President's Budget Request for FFY13. If Congress nonetheless continues funding for this Block Grant, the information shown above will be a placeholder for our FFY 13 application.

PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT

**If the program continues into FY13, the application document will be submitted via
electronic filing.**

SOCIAL SERVICES

BLOCK GRANT

VERMONT HUMAN SERVICES PLAN - FY 2013

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Social Services Block Grant

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

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

SERVICE PLAN

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

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

AMENDMENTS TO THE PLAN

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

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

Social Services Block Grant

AUDIT

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

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

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

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

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

VERMONT HUMAN SERVICES PLAN - FY 2013

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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				
	<100%	101-125%	126-250%	251-500%	>500%
Office Visit, Limited	0	16	23	32	84
Office Visit, Comprehensive	0	29	42	53	170
Office Visit, Prevention	0	29	42	53	153
Influenza Shot	4	5	5	10	20

Social Services Block Grant

TABLE C

CHILD CARE FEE SCHEDULE

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

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

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

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

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

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

Social Services Block Grant

ADOPTION

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

ASSESSMENT, PLACEMENT AND MONITORING

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

COUNSELING, REFERRAL AND INTERVENTION

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

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

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

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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 **August 30, 2012** to be held in the Secretary's Conference room at 208 Hurricane Lane, Williston, Vermont. The Agency of Human Services continues to encourage public influence through the budgetary and legislative processes which are described in the plan.

DIFFERENCES BETWEEN THE PROPOSED AND FINAL PLANS

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

VERMONT HUMAN SERVICES PLAN - FY 2013

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Social Services Block Grant

<u>Distribution by Department</u>	<u>FFY'11 Actual</u>	<u>FFY'12 Estimated</u>	<u>FFY'13 Proposed</u>
Secretary's Office	\$ 841,781	\$ 1,656,526	\$ 1,656,526
Family Services	\$8,488,613	\$8,592,667	\$8,592,667
Health Department	\$ 327,504	\$ 354,796	\$ 327,504
Mental Health Department	\$ 433,748	\$ 394,884	\$ 433,748
Dept. of Disabilities, Aging and Independent Living	\$ 932,922	\$ 1,027,909	\$ 1,001,825
Total Social Services Expend.	\$ 11,023,859	\$ 12,026,782	\$ 12,000,698
 <u>Source of Funds</u>			
Federal Funds	\$ 3,423,684	\$ 3,522,813	\$ 3,522,813
Overclaim/State General Funds	\$ 2,864,857	\$ 3,768,651	\$ 3,742,567
TANF Transfer	<u>\$ 4,735,318</u>	<u>\$ 4,735,318</u>	<u>\$ 4,735,318</u>
Total	\$ 11,023,859	\$ 12,026,782	\$ 12,000,698

Block Grant Awards

FFY 2009	\$3,481,978
FFY 2010	\$3,481,978
FFY 2011	\$3,423,684
FFY 2012	\$3,423,685

VERMONT HUMAN SERVICES PLAN - FY 2013

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Social Services Block Grant

<u>Use of Funds by Goal or Activity</u>	<u>FFY'11 Actual</u>	<u>FFY'12 Estimated</u>	<u>FFY'13 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.	\$356,126	\$371,408	\$371,408

APPROPRIATION:
AHS Secretary's Office

<u>Goal #2</u> The Secretary's Office is responsible for managing the Social Services Block Grant which funds programs in the Departments of Health; Children and Families; and Disabilities, Aging and Independent Living. All of the Administrative costs claimed under the SSBG in AHS are included here.	<u>\$485,655</u>	<u>\$624,639</u>	<u>\$624,639</u>
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APPROPRIATION:
AHS Sec. Office
Human Svc. Bd.
DCF Admin. Dpt.
DAIL Admin
Mental Health
CMR
CMH
Central Office

Total Expenditures:	\$ 841,781	\$996,047	\$ 996,047
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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.

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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'10 Actual</u>	<u>FFY'11 Estimated</u>	<u>FFY'12 Proposed</u>
<u>Goal #1</u>			
To assure that legislative mandates and departmental policies are implemented for foster care programs.	\$ 395,044	\$ 661,740	\$ 661,740
<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.	\$ 6,075,830	\$ 5,677,420	\$ 5,677,420
<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.	\$ 1,855,974	\$ 1,585,588	\$ 1,585,588
<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.	\$ 161,765	\$ 478,106	\$ 478,106
Total Expenditures	\$8,488,613	\$8,402,854	\$8,402,854

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 7,500 children in FY'10. Child Care Services are provided through community based providers. The services support the positive developmental growth and well-being of the children in care, and allows low income families to work or go to school in order to gain employment.

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Social Services Block Grant

SOCIAL SERVICES BLOCK GRANT SUMMARY

Health Department and Mental Health Department

<u>Use of Funds by Goal or Activity</u>	<u>FFY'11 Actual</u>	<u>FY'12 Estimated</u>	<u>FFY'13 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:	\$433,748	\$444,495	\$444,495
<u>Goal #2</u> To provide comprehensive family planning services.			
APPROPRIATION: Public Health	<u>\$327,504</u>	<u>\$354,796</u>	<u>\$327,504</u>
Total Expenditures:	\$761,252	\$766,583	\$766,583

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>
FY2011 (Actual)	200	3,145	46,117
FY2012 (Estimated)	c. 206	3,328	65,901
FY2013 (Projected)	-	3,000-3,500	50,000-65,000

Goal #2

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

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Social Services Block Grant

SOCIAL SERVICES BLOCK GRANT SUMMARY

Department of Disability, Aging & Independent Living

<u>Use of funds by Goal or Activity</u>	<u>FFY'10 Actual</u>	<u>FFY'11 Estimated</u>	<u>FFY'12 Proposed</u>
<u>Goal #1</u>			
Attendant Services Program			
To provide personal care services To people with permanent and Severe physical disabilities.	\$ 224,063	\$ 300,474	\$296,969
APPROPRIATION: DAIL Grants			
Number of persons served:	14	14	14

<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.	\$ 346,737	\$384,962	\$380,106
APPROPRIATION: DAIL Administration			
Number of persons served:	80	72	72

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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'11 Actual</u>	<u>FFY'12 Estimated</u>	<u>FFY'13 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.	\$ 361,413	\$ 312,199	\$ 308,262
Number of persons served:	3,875	4,021	4,021
APPROPRIATION: DS Grants			
Grand Total:	\$ 932,213	\$ 997,635	\$ 985,047

**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'11 Actual</u>	<u>FFY'12 Estimated</u>	<u>FFY'13 Proposed</u>
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Goal #1 - Administration

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

INDICATORS:

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

APPROPRIATION: Office of Alcohol &

Drug Abuse Programs	\$1,054,713	\$ 963,490	\$ 963,490
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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'11 Actual</u>	<u>FFY'12 Estimated</u>	<u>FFY'13 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	\$1,609,605	\$1,631,776	\$1,631,776
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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

VERMONT HUMAN SERVICES PLAN – FY 2013

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Substance Abuse Prevention & Treatment Block Grant

and shelter

<u>Use of Funds by Goal or Activity</u>	<u>FFY'11 Actual</u>	<u>FFY'12 Estimated</u>	<u>FFY'13 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'11 Actual</u>	<u>FFY'12 Estimated</u>	<u>FFY'13 Proposed</u>
APPROPRIATION: 3420060000	\$5,778,487	\$6,103,252	\$6,103,252
Total	\$8,442,805	\$8,698,518	\$8,698,518
<u>Source of Funds</u>			
SAPT Funds	\$5,390,666	\$ 5,379,071	\$ 5,379,071
State General Funds	\$3,052,139	\$ 3,319,447	\$ 3,319,447
TOTAL	\$8,442,805	\$ 8,698,518	\$ 8,698,518

Block Grant Awards

FFY'10	\$5,261,374
FFY'11	\$5,390,666
FFY'12	\$5,379,071

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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: 108 CHERRY STREET

City: BURLINGTON Zip Code: 05401

III. STATE EXPENDITURE PERIOD

From: 10-1-12 To: 9-30-13

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 2013 SUBSTANCE ABUSE BLOCK GRANT APPLICATION
FUNDING AGREEMENTS/CERTIFICATIONS
AS REQUIRED BY THE PUBLIC HEALTH SERVICE ACT

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

I. FORMULA GRANTS TO STATES, SECTION 1921

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

II. CERTAIN ALLOCATIONS, SECTION 1922

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

III. INTRAVENOUS DRUG ABUSE, SECTION 1923

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

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

V. RESERVED

Substance Abuse Prevention & Treatment Block Grant

Form 3

OMB No. 0930-0080

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

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

Approved 08/14/01

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

Substance Abuse Prevention & Treatment Block Grant

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

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: Douglas A. Racine

Title: Secretary

Substance Abuse Prevention & Treatment Block Grant

Narrative¹

Goal # 1: FY12-13 – Intended Use

The State shall expend block grant funds to enhance a continuum of person-centered services focusing on substance abuse prevention and treatment that meet the needs of the **population/services** identified by the State. Describe the continuum of block-grant funded prevention and treatment services available in the State.

FY12-13 Goal for service and system development

In addition to meeting the primary goal of providing services, the Vermont Department of Health, Division of Alcohol and Drug Abuse Programs (ADAP) plans to continue work on a **Resiliency and Recovery Oriented System of Care (RROSC)**.

Resiliency and recovery-oriented systems of care (RROSC) are networks of prevention, intervention, treatment and informal adjunct services developed and mobilized to sustain long-term recovery for individuals and families impacted by substance use disorders.

This **FY12-13** goal is directed as follows:

Who:

Targeted work with treatment provider agencies, recovery centers, human services and health care providers and teams, including Vermont's 13 Recovery Centers.

Where:

Although some collaborations/workgroups and discussions involve statewide partners, the focus of planning and implementation is on delivery and coordination of community-based services and providers.

Strategies for FY12-13:

- Over the next year, treatment provider agencies have again been provided with small grants to support RROSC planning and development within their agencies and with local partners. Providers are expected to engage regionally and collaboratively in a mapping process for RROSC services and to continue to submit their own recovery management plan. They also are expected to collaborate with ADAP on RROSC planning and development throughout FY13 and beyond.
- Funds used to purchase specialty programs include the continuation of the Incarcerated Women's Initiative, as well as drug court work and offender re-entry programs, all aimed at increasing the quality and coordination of services for

Substance Abuse Prevention & Treatment Block Grant populations with complicated needs, to enhance long term recovery. Efforts will be made to tie these initiatives into the RROSC work that is occurring.

- In addition, ADAP will continue to work with statewide and community partners in Health Care reform efforts in Vermont such as the Blueprint for Health Initiative, which seeks to develop medical home models in three areas of the state and uses a chronic care medical model which includes mental health and substance abuse. These efforts seek to increasingly integrate a public health model into human services delivery across the state.
- The ADAP Prevention Consultants will continue to connect the local District Directors to substance abuse issues. Prevention Consultants have had orientations on the Resiliency and Recovery Oriented System of Care (RROSC) and the prevention and treatment strategic and implementation plans will become fully integrated into a cohesive whole.
- ADAP will continue to partner with the Department of Mental Health in developing co-occurring treatment capacity, through the use of tools like the DD-CAT to provide ongoing assessment of provider agencies. Collaboration with Mental Health and Substance Abuse recovery and advocacy organizations will continue to be part of co-occurring discussions and developments at the state and community levels
- ADAP Treatment Unit staff will continue to address adolescent-specific treatment capacity issues. Vermont is looking at potential ways to increase outreach and capacity through more flexible funding opportunities with providers, e.g. support for screening and brief intervention pilots in treatment provider agencies.
- ADAP will continue to work on coordination and appropriate enhancement of statewide opiate treatment capacity through collaboration with the Department of Vermont Health Access Medicaid Division.
- ADAP will work to improve data quality as required by SOMMS data quality requirements and National Outcome Measures (NOMs) reporting and to use data collected to inform discussions about connections between levels of care and across providers.

Goal # 2: FY12-13 – Intended Use

State System Description

The State of Vermont will support primary prevention programs for individuals who do not require treatment for substance abuse. For FY12-13 basic, high priority public health services will be delivered statewide through 12 Vermont Department of Health (VDH)

VERMONT HUMAN SERVICES PLAN – FY 2013

FEDERAL ASSURANCES & DOCUMENTATION

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Substance Abuse Prevention & Treatment Block Grant

District Offices (**DOs**). These will be referred to in the intended use plan as the **12 Districts**. VDH's Division of Alcohol and Drug Abuse Programs (ADAP) staff includes a central staff responsible for planning, resource allocation, monitoring and evaluation, and a team of 8 Regional Substance Abuse Prevention Consultants (**PCs**) who provide substance abuse prevention training, technical assistance and information services. PC regions are currently configured by school supervisory union boundaries. Currently, 3 PCs serve more than one district. Five PCs serve one district. This includes one PC who serves the largest district - Chittenden region. Services directly delivered through the PCs will be discussed as the 8 **PC regions**.

Total Anticipated Number Reached All Goals:

<i>Universal Indirect</i>	271,964
<i>Universal Direct</i>	629
<i>Selected</i>	306
<i>Indicated</i>	0

Goal 1: Increase perception of risk associated with alcohol and marijuana use in targeted communities.

Universal Indirect

Community coalitions and organizations will provide community education and coordination activities. In addition, they will implement population (environmental strategies) and individual evidence-based strategies targeted to 12 to 25 year-olds, their families and communities. Such strategies will include social media and policy initiatives. These services will be supported through a competitive grant process open statewide to coalitions and organizations who have capacity, readiness and understanding of the strategic prevention framework process with the hope that all 12 Districts will have at least one coalition providing indirect universal services. All funded coalitions will be expected to participate in or provide linkage to a "common theme campaign" on the prevention of underage drinking, targeting parents of 12 to 17 year-olds statewide. Review criteria included capacity to achieve outcomes and reach of selected evidence-based strategy.

*Anticipated reach of block grant supported services: 14,000 Vermonters, all age groups.
Target date: Ongoing*

The Vermont Alcohol and Drug Information Clearinghouse (VADIC) will provide information and educational tools to Vermont's prevention and treatment providers on alcohol and drug issues. This will include a web-page, print materials, audio-visual materials and at least one electronic newsletter during the year. Services will be

provided through a statewide non-competitive grant.

Substance Abuse Prevention & Treatment Block Grant

Anticipated direct reach of service: 200 prevention and treatment providers, student assistance program counselors, and school nurses

Anticipated indirect reach: 20,000 Vermonters, all ages

Target date: Ongoing

Eight regional substance abuse prevention consultants (PCs) will implement training, technical assistance and referral services to community coalitions on SPF steps. Priority targets for provision of TA on indirect universal services will be VDH DO prevention teams, community-based prevention grantees (funded by SAPT Block Grant), and Enforcing Underage Drinking Laws grantees in each of 12 Districts. Services will also be available to Drug Free Community Support grantees. This TA may include some services delivered at community-wide events.

Anticipated direct reach: 5,000 Vermonters, all age groups

Target date: Ongoing

First Night Burlington Inc will implement a substance-free New Year's Eve celebration open to participants statewide and most accessible to largest population center in Vermont – City of Burlington. SAPT Block grant funds will partially support this activity. Funding mechanism will be a non-competitive community grant.

Anticipated reach of service: 20,000 Vermonters, all age groups

Target Date: December 2012

Goal 2: Youth, parents and prevention professionals will increase knowledge and skills directed at the prevention of underage drinking, high risk drinking and marijuana use.

Universal Direct

At least one training of trainers will be implemented with 8 regional Substance Abuse Prevention Consultants. Skill development will focus on at least one priority need area.

Anticipated reach: 8 PCs serving all 12 Districts

Target date: Winter 2012

Eight regional substance abuse prevention consultants (PCs) will implement training, technical assistance and referral services to coalition and agency staff, parents and youth. Priority targets for provision of direct universal services will be VDH DO staff and community organizations with little substance abuse prevention capacity in each of 12 Districts.

Anticipated direct reach: 1,200 professionals and volunteers

Substance Abuse Prevention & Treatment Block Grant

Target date: Ongoing

Training/ prevention skill development opportunities will be provided to prevention workers and volunteers statewide. Services will be funded through noncompetitive grants to statewide training organizations. Training opportunities will be open but not limited to grantee staff and volunteers, Community-based Prevention Grants, Tobacco Control Programs, the Drug Free Community Support Program, the Fit & Healthy Program, the Association of Student Assistance Professionals, and the Recovery Center Networks in all 12 districts.

Anticipated reach: 300 participants statewide

Target date: Ongoing

Universal Direct and/or Selected

Each Community-based Prevention Grantee will implement at least one evidence-based substance abuse prevention program targeted to 12 to 25 year-olds, and/or their parents/ caretakers. Strategies will be selected from a menu of evidence-based strategies identified by the state and selected by community grantees based on their local needs/resource assessments, capacity, readiness, risk and protective factors. The competitive funding process resulted in eleven (11) awards serving the majority of districts. Review criteria will included capacity to achieve outcomes, and reach of interventions.

Anticipated direct reach- universal: 629 12 to 25 year-olds, family members or significant influencers

Anticipated direct reach - selected: 306 12 to 25 year-olds and their family members

Target date: Ongoing

Selected

Up to 6 Nurturing Parent Programs will be supported through a non-competitive grant to statewide provider for Nurturing Parent Program. VDH grants will augment other AHS funding for this statewide program and all Nurturing Parent Programs will measure the changes in intervening variables specific to substance abuse prevention. These programs will be offered in up to 6 Districts of high need as defined by youth prevalence rates on alcohol and marijuana and the size of program waiting lists. Families of National Guard members deployed to Afghanistan will be a service priority.

Anticipated reach: Up to 50 families, 50 parents and 65 children

Target date: Ongoing

Substance Abuse Prevention & Treatment Block Grant

Rocking Horse Circle of Support educational support groups, will serve target groups of pregnant and parenting women, aged 18 to 35, living in poverty. (Note: Although this is considered a selected level intervention because participants may volunteer for participation, some of the participants exhibit risk behaviors which would place them in the indicated category.) Program funding mechanism will be non-competitive grants to designated treatment providers who agree to implement model with fidelity. A statewide grant will also support consistent training, supervision, and evaluation services. ADAP prevention staff will work to expand program to all 12 Districts. Groups are to be implemented in at least 15 sites.

Anticipated direct reach of program: 150 pregnant or parenting women living in poverty
Target date: Ongoing

Indicated

In FY'13, adolescent and young adult services continue to be provided via the Preferred Provider system as well as the Recovery Centers. Additional services meeting the needs of this population are the following:

1) SCHOOL BASED SUBSTANCE ABUSE SERVICES GRANT

School Based Substance Abuse Services grants were awarded to 21 supervisory unions and school districts in FY'13. The activities funded under this grant are (required) screening and referral to services, coordination of activities with school health initiatives, and (optional) evidence-based alcohol and drug curriculum, youth empowerment groups, parent education programs, parent information, teacher and staff training, and educational support groups. These school-based services are linked to the broader adolescent and young adult system of care.

2) COMMUNITY ASSISTANCE PROGRAM (CAP) (Washington County Youth Services Bureau)

The CAP program is a risk-reduction program for 12-18 year olds. The grantee provides prevention and early intervention services to youth and young adults at the Boys and Girls Club. These services include substance abuse prevention and education, early intervention and access to treatment, as required.

3) FRESH START PROGRAM (Clara Martin Center)

The Fresh Start program provides early intervention for substance abuse treatment and targets adolescents and young adults 15-21 who are referred for an alcohol and other drug screen through Community Health Teams, DCF, Diversion, and additional referral sources, such as Little Rivers Health Care, the local FQHC. Fresh Start provides psycho-education and screening to young adults who are experiencing problems related to substance use for the first time.

Substance Abuse Prevention & Treatment Block Grant

Goal 3: Vermont's substance abuse prevention system will increase collaboration with other public health resources and improve data collection efforts.

Other

SAPT block grant will also partially support the following state infrastructure activities:

- VDH staff will manage community-based prevention grantee sustainability planning and assure integration with other state systems in health, education and justice.
- Collection, analysis and reporting of National Outcome Measures
- Technical assistance on full implementation of NOMs collection, data collection system and performance management
- Planning, sub-recipient monitoring, reporting and coordination with other statewide entities who carry out substance abuse prevention, treatment and recovery services. Priority for VDH staff time will be collaboration with Vermont's Blueprint for Health, Chronic Disease prevention programs and collaboration with treatment providers on the Resiliency and Recovery Oriented System of Care

For more detail please see Vermont's three-year plan for primary prevention.

Service area: Statewide

Target date: Ongoing

Goal 3: FY 12-13 Intended Use

In establishing programs or expanding capacity for pregnant women and women with dependent children, Vermont will be guided by the goal of assuring that all women with substance abuse disorder histories, especially pregnant women and women with dependent children, are adequately screened for the immediate and potential long term sequelae of their disorders. Vermont's Resiliency and Recovery Oriented System of Care acknowledges the unique needs of pregnant women and their families and provides services answering their complex needs. The following objectives are being focused on in FFY12-13 to provide a system of care for pregnant and parenting women.

Substance Abuse Prevention & Treatment Block Grant

Objective 1: Appropriate treatment and health care

Assure appropriate medical and behavioral health care for pregnant women and women with dependent children, specifically opiate dependent women.

FFY12-13 Strategies:

1. Vermont will continue to assure that pregnant women are given priority for treatment in all modalities.
2. In FY12-13, Vermont will continue to work with the Lund Family Center as well as Valley Vista, Maple Leaf Farm and Serenity House (the three major residential programs in Vermont) and the transitional housing services to provide access to appropriate treatment services and safe and sober living situations that include options for children to be in residence, whenever possible. Increased focus will be on the whole spectrum of recovery for the family. As funding is available ADAP will work to increase the current capacity of ten beds for women and their dependent children within the transitional housing network.
3. During FY12-13, pregnant women who are in residential treatment in Vermont, will be referred to the hospital nearest to the woman's residence. It will be the expectation that at discharge from residential treatment all pregnant women will have OB/GYN appointments arranged with a doctor trained to meet the woman's needs.

Objective 2: Care coordination and team approaches

Assure appropriate coordination and team management for substance abusing pregnant and parenting women with complex medical, behavioral health and humans service challenges.

FY12-13 Strategies:

1. The state has worked with Integrated Family Services (IFS) to meet the needs of pregnant and parenting women in their local communities. Within the IFS Initiative the Children's Integrated Services program has 12 CIS teams in the Department of Health District Offices which have been thoroughly trained and have held monthly training meetings with the ADAP Medical Director and ADAP Treatment Chief or those pertinent to the discussion.

Substance Abuse Prevention & Treatment Block Grant

2. Due to increased collaboration between and among AHS services, In FY12-13 the Vermont Department of Health, Division of Alcohol and Drug Abuse Programs (ADAP) staff will continue working with residential treatment programs and with the Department of Children and Families (DCF) in order to assure the smooth development and implementation of care plans, e.g. kinship care, for children served by DCF as their mothers enter residential care. ADAP expects that the admissions department in each residential treatment facility will ensure adequate care plans have been developed for all dependent children prior to their mother's admission.

3. The Incarcerated Women's Initiative and Offender Reentry Program is expected to continue in FY12-13, while increasingly being integrated into localized, strength-based, client-driven and gender responsive services.

Objective 3: Competence and skills for gender responsive care

Assure a gender responsive treatment and community provider system that has the necessary competency, knowledge and sensitivity to the special needs presented by women who have a substance use disorder who are also pregnant and/or have dependent children,

FY12-13 Strategies:

Vermont will continue to highlight gender specific trainings in **FY12-13**. The monthly women's treatment meeting will continue to evolve into the direction of intersectional methodologies that consider issues of gender along with issues of race/ethnicity and class in developing client-centered resiliency and recovery oriented, gender responsive services.

The work will continue in regards to women with complex needs. The providers will continue to utilize the curriculums from Najavits and Covington. As the criminal justice work with women expands we will require the Preferred Provider system on any new work coming from Stephanie Covington. The family will also be a focus of all women's work.

Work will continue in the IFS/CIS program to address the complex issues that face pregnant women or women with dependent children in a way that works to reduce the number of active treatment plans. This work aims to streamline the treatment in a way that is efficient and effective for the women and her family.

Substance Abuse Prevention & Treatment Block Grant

The IFS work also fits into the RROSC work that is occurring within our system because it is about the coordination and integration of appropriate services and supports. Although men, adolescents and women are all impacted through the changes implemented through RROSC, the treatment for women is specifically gender responsive in its design. It addresses a wide array of clinical and other needs as required.

Goal 4: FY12-13– 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” will be continued in FY13.

Activities: All treatment providers will submit a monthly report to the Vermont Department of Health, Division of Alcohol and Drug Abuse Programs (ADAP) 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 monitored.
- 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.

Goal 5: FY12-13 – Intended Use

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

For FY12-13, estimates are that between 1 and 3 cases of TB will be reported in annually and Vermont will spend approximately \$1,500 on treatment for substance abusers with TB per year.

Substance Abuse Prevention & Treatment Block Grant

The TB Program of the Vermont Department of Health will provide periodic training for public health nurses and Vermont Department of Corrections health care staff on core TB principles. The state's TB medical consultant, Dr. Kemper Alston, will provide one to two trainings per year at hospitals around the state. These trainings are designed primarily for physicians but are usually open to other hospital health professionals. The TB Program is available to provide a TB update for large meetings or training sessions for other professionals, and can recommend training materials for smaller groups as needed.

Substance abuse treatment providers are to provide education and referral services with respect to HIV and TB. These services must be made available either directly or through arrangements with other entities for such persons who may be in need of such services. 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.

Program staff will review the procedure and make sure it is included for each client on intake as a part of the yearly reviews conducted by this Division to assure compliance with the Grant and Program Approval Standards. When conducting the yearly site reviews for compliance with the SAPT Block Grant requirements, program staff will look at individual charts for screening for infectious diseases. As part of the assessment in the Methadone clinics, clients are tested and asked about prior history with TB and other such infectious diseases. If positive results are noted, the record will then be checked for documentation that the provider has recommended counseling as required. ADAP works with the HIV and TB department within the Department of Health to ensure individuals testing positive have access to the appropriate treatment.

Goal 6: FY12-13 – Intended Use

Vermont is not an HIV designated state.

Goal 7: FY12-13 – Intended Use

The Vermont Department of Health, Division of Alcohol and Drug Abuse Programs (ADAP) closed the Recovery Home Loan Program in **FY03**, after five years of inactivity. No further work on a Recovery Home Loan Program is planned.

Substance Abuse Prevention & Treatment Block Grant

Goal 8:

This report is not included with the FY13 application. Vermont plans to submit the Annual SYNAR Report on or before December 31, 2012.

Goal 9: FY12-13 – Intended Use

The Vermont Department of Health, Division of Alcohol and Drug Abuse Programs (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.

Goal 10: FY11-13 – Intended Use

Objective 1: The State will continue to work on the process for referring individuals to the treatment modality that is most appropriate for the individual by working with treatment providers and/or recovery centers on policies and procedures for screening and referring clients. Integration of formal treatment into the Resiliency Recovery Oriented System of Care (RROSC) will continue to be developed.

Activity: In FY 11-13 the Vermont Department of Health, Division of Alcohol and Drug Abuse Programs (ADAP) will continue to require all providers to employ the validated tools provided in the state's menu of validated and reliable assessment tools and to utilize ASAM PPC-2R. Training and continued technical assistance will be offered to providers in order to ensure that they maintain best practice standards during the referral and assessment process. The state will also perform annual site visits to ensure compliance and provide corrective action plans to providers who are not following policy. Training and other technical assistance will be offered to assist programs in further establishing the use of the ASI/GAIN tools. The ASAM patient placement criteria (PPC-2) to ensure patients are appropriately matched with treatment services will continue to be the expectation for the State of Vermont.

Yearly site visits, including ongoing TA from ADAP staff and other experts, will be made available around topics that include, but are not limited to, assessment, treatment planning, aftercare planning and discharge as they relate to the Resiliency and Recovery Oriented System of Care (RROSC).

Substance Abuse Prevention & Treatment Block Grant

ADAP trainings on the ASI/ASI-MV/GAIN as well as ASAM PPC-2R will continue to be offered when necessary.

Goal 11: FY12-13 – Intended Use

For FY12-13, the State of Vermont will continue to provide individuals and agencies in the alcohol and drug abuse treatment, prevention and recovery services fields opportunities to improve competence through continuing education and training. Efforts will focus specifically on ensuring competencies to implement the goals of the overall Vermont Department of Health, Division of Alcohol and Drug Abuse Programs (ADAP) strategic plan.

ADAP will work to increase skills and competencies of the workforce in several ways. As in the past, we will continue to assign educational and technical assistance responsibilities to Prevention and Treatment Program Specialists and to the ADAP Medical Director (the latter for a half year). For FY12-13, we expect to continue our efforts to disseminate information regarding substance abuse treatment, intervention, prevention and recovery through a grant to a non-profit organization. An additional element of that work will include providing information about careers in the substance abuse field. ADAP will continue to provide funding to support statewide and regional trainings/conferences for professional substance abuse education.

More specifically, ADAP expects to do the following in FY12-13:

We expect to continue to provide a grant to the Vermont Addiction Professionals Association for the purpose of providing training to treatment providers on core

competencies. Core competency trainings will include curricula focused on recovery management and criminal justice capability in recognition of the importance of these priority areas within our strategic plan. We will also continue to support the Vermont Annual Addictions Conference.

ADAP will continue to arrange for the provision of training to sub-recipients to meet the specifications of the Strategic Prevention Framework grant through a statewide contract. The focus of the learning community in FY13 will be evaluation and sustainability. In addition ADAP will continue to collaborate with an inter-disciplinary team to identify and offer integrated prevention training on the SPF, as part of Vermont's Blueprint for Health initiative.

Substance Abuse Prevention & Treatment Block Grant

Regional ADAP Prevention Consultants will provide education services to groups and organizations. These services are prioritized based on the potential for increasing local prevention capacity. Regional PCs will also serve as resources to 12 District Office integrated prevention teams on the SPF process and on substance abuse as area of specialization.

ADAP will continue to participate in the annual New England Institute of Addiction Studies by providing staff, planning support and scholarships for the Prevention and Summer schools.

We will continue to explore opportunities for systematically educating and informing the Vermont Agency of Human Services direct care workforce, including corrections service providers, about the needs of their substance abusing clientele.

The ADAP Substance Abuse Workforce Development Committee will continue to meet regularly and offer recommendations to the ADAP Advisory Board on the workforce development aspects of the strategic plan.

Within the ADAP system as well as the broader system of the Agency of Human Services training is offered in a variety of ways. ADAP funds trainings and contracts with CSAT (if appropriate). The Agency of Human Services and other organizations offer a wide variety of trainings that are open to state staff as well as our Preferred Providers. The Vermont Addictions Professional Association (VAPA) sets their training calendar with input and funding from ADAP. These trainings are set to meet not only the clinical requirements for clinicians but also are designed to provide education relevant to current treatment needs and trends such as RROSC.

Goal 12: FY12-13 – Intended Use

Objective 1: In FFY12-13 the State will coordinate substance abuse prevention and treatment services with the provision of other appropriate services.

Activity 1: The state will ensure that the treatment unit and the prevention unit speak similar languages while maintaining their own foci, with recovery the overarching theme that binds them together.

Activity 2: VDH/ADAP will sponsor joint training events for substance abuse prevention, intervention and treatment professionals and volunteers. ADAP will also hold internal joint strategic planning session for prevention, treatment and operations to further develop coordination of services with the goal of a community-based recovery and resiliency oriented system of care.

Substance Abuse Prevention & Treatment Block Grant

The resultant cohesive vision will better enable the State to offer a system that seamlessly integrates services at different levels, depending on the needs of the client.

Activity 3: ADAP will collaborate with VDH's Office of Local Health, Fit & Healthy Program, Tobacco Control Program, and Blueprint for Chronic Disease Prevention to implement joint prevention trainings and workforce development and data collection systems. This includes co- management of the regional Prevention Consultant System.

In **FY12-13**, ADAP estimates it will annually screen **2,087 first** offenders convicted of driving under the influence for substance abuse problems, and of those **2,078** will complete a driver rehabilitation and education program and approximately **1,045** will be referred for further substance abuse treatment prior to license reinstatement.

Coordination between ADAP and other departments within the Agency of Human Services has been a central focus of the Division. Through FY12 relationships and agendas were developed and finalized that were inclusive of addiction services. This work also involved state agencies outside of AHS and included such entities as the Department of Liquor Control and the Department of Education. People receiving treatment may have criminal justice histories and have service needs beyond addiction treatment, e.g. physical and mental health, educational, vocational rehabilitation needs. These areas are discussed with all providers both formally (at the yearly site visits) and informally (providers meetings etc). ADAP hired two new staff to focus on these key supports.

In FY12-13 these areas are also the central focus of the Resiliency and Recovery Oriented System of Care (RROSC). All of these areas will be addressed through the relationships developed and the work that has occurred and continues to occur through FY12. Integration and communication are central messages being given from the Governors Office, the Secretary of the Agency of Human Services, the Commissioner of the Department of Health and spreading out through our Provider system. Standards and policies are being crafted to ensure compliance at the Preferred Provider level as work is established for FY 12-13.

Goal 13: FY12-13 – Intended Use

The Vermont Department of Health, Division of Alcohol and Drug Abuse Programs, (ADAP) will continue to use the National Survey on Drug Use and Health (NSDUH) as an important source of information to measure treatment and prevention needs in Vermont.

Substance Abuse Prevention & Treatment Block Grant

ADAP will continue to use the data from the 2011 Vermont Youth Risk Behavior Survey (YRBS), as well as other sources of data, e.g. State Epidemiological Work Plan, to assess need for prevention, intervention and treatment services for Vermont adolescents and adults.

Goal 14: FY12-13 – Intended Use

For **FY12-13**, 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 provider grants will include requirements that funds will not be used for this purpose. The Vermont Department of Health, Division of Alcohol and Drug Abuse Programs will investigate any report of the distribution of needles or syringes. Furthermore, for **FY12-13**, the State will not use SAPT Block Grant funds for the provision of hypodermic needles and syringes.

Goal 15: FY12-13 – Intended Use

For **FY12-13**, 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.

Program Monitoring: All Vermont substance abuse treatment programs will continue to be approved by the Vermont Department of Health, Division of Alcohol and Drug Abuse Programs (ADAP). The ADAP program approval process is currently in addition to CARF, JCAHO and independent peer review. Of those programs that are not either CARF or JCAHO accredited, 5% will be subject to independent peer review.

ADAP Program Coordinators will continue to monitor programs for quality, appropriateness of treatment services, and compliance with all applicable Federal and State requirements. (This work is in addition to the independent peer review process that is being developed that was first implemented in FY10.)

Program Standards: 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 a grant adjustment. As the state moves to a Resiliency and Recovery-

Oriented System of Care (RROSC), per its Strategic Plan, the appropriate assessment tools will be modified and added where appropriate.

Substance Abuse Prevention & Treatment Block Grant

Independent Peer Review: The Independent Peer review process that was first developed in FY 10 will continue and remain separate from any state oversight processes. Documentation of the findings of these visits will be submitted to ADAP and remain in the Preferred Providers' records.

GOAL 16: FY12-13 – Intended Use

During **FY12-13**, the State will maintain a system to protect client records from inappropriate disclosure.

The Vermont Department of Health, Division of Alcohol and Drug Abuse Programs (ADAP) will continue to sponsor regular training on ethics and confidentiality for provider staff. It is expected that this training will be provided by the Vermont Addiction Professionals Association. In addition, yearly training by the New England Institute of Addiction Studies will be available for professionals entering the field that provides training on confidentiality and other clinical processes. ADAP staff will continue to monitor, as part of the program approval site visits, compliance with confidentiality requirements through examination of clinical records, storage, etc.

State level program approval level staff, as part of the annual site visits to providers, will continue to examine the policies and procedures relative to confidentiality and training of new staff at the provider level.

At the state level, client files, when held at the state level, will continue to be held in locked cabinets. All faxes will be received into a locked cabinet, with access only by approved staff.

ADAP staff and the Deputy Director participate on Health Information Exchange, Health Information Technology and Electronic Health Record working groups. Conversations are underway and policy development work on information sharing, confidentiality, HIPAA regulations as they pertain to providing substance abuse and mental health services.

Goal 17: FY12-13 – Intended Use

Vermont is not going to use SAPT Block Grant dollars to fund Charitable Choice Organizations in years FY 2012 through FY 2013.

**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-

State Plan on Aging Under Title III

(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

State Plan on Aging Under Title III

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

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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

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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)

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(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

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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

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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, 2012 through September 30, 2013.

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.

8/22/2012

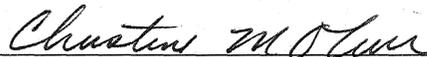
(Date)



Commissioner, Department of Disabilities,
Aging and Independent Living

8/17/12

(Date)



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.

VERMONT HUMAN SERVICES PLAN - FY 2012

FEDERAL ASSURANCES & DOCUMENTATION

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State Plan on Aging Under Title III

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

<u>Area Agency on Aging</u>	<u>FFY'11 Actual</u>	<u>FFY'12 Estimated</u>	<u>FFY'13 Proposed</u>
Central Vermont Council on Aging	\$ 1,058,972	\$1,042,905	\$1,010,511
Champlain Valley Agency on Aging	\$1,489,540	\$1,483,034	\$1,526,940
Northeastern Kingdom Council on Aging	\$ 848,694	\$ 818,997	\$ 919,461
Council on Aging for Southeastern Vermont	\$ 951,477	\$ 930,222	\$ 901,802
Southwestern Vermont Area Council on Aging	\$ 1,049,134	\$1,009,916	\$926,360



VERMONT

Department for Children and Families

Family Services Division

Annual Progress and Services Report

July 1, 2012 - June 30, 2013

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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 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.

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

This division 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 of 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 OEO Director also supervises the ReachUp Director, who in turn oversees all welfare-to-work supports delivered through the Economic Services district offices.

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 developing and managing the department's management information systems, and for producing data to support the department's functions.

The **Family Services Division (FSD)** is 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.

Current Initiatives to Strengthen Services and Coordination

Practice Model Implementation

In March of 2010, the division finalized its practice model. The practice model is published on the division's web page at:

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

In early 2010, FSD applied for support for an implementation project, to be federally funded through the Northeast and Caribbean Implementation Center (NCIC) at the University of Southern Maine. In July 2010, we were informed that our application was funded. We signed an MOA with the University of Southern Maine in October 2010.

Our project focuses on the implementation of our practice model. Project funds have supported additional contracted employees to assist us with full implementation. Currently we have two full time staff. One employee is focused on quality improvement efforts and the other is focused half-time on policy and practice and half-time on the evaluation of the project. We are currently recruiting for an IT developer who will assist us with development of a data warehouse.

We believe that successful implementation of our practice model requires:

- **True engagement** of partners and stakeholders in decision making;
- Development of supportive policy and **practice guidance**;
- Integration and **strengthening core strategies** to work with families;
- **Data** made available to inform planning and decision-making; and
- Modification and enhancement of our **quality improvement process**.

To support and organize our work, we have formed a project steering committee that meets monthly. Several work groups have been formed to oversee the ongoing work of the project:

- Evaluation
- Data and Quality Assurance
- Children, Youth and Family Engagement
- External Stakeholder Engagement
- Practice Guidance

CFSR and PIP

Vermont is not currently subject to a Program Improvement Plan related to CSFR. We successfully completed our last PIP.

Children's Integrated Services

DCF's Child Development Division has moved forward on their strategic goal of fully integrating early childhood services. (This initiative was described in detail in previous plans.) Children's Integrated Services (CIS) is a prevention and early intervention resource for pregnant and postpartum women and families with children birth to six. Services include:

- **Early Intervention:** services mandated under Part C of IDEA, for children birth to age 3 with developmental delays;
- **Nursing and Family Support:** prevention services and family support to pregnant women and young children;
- **Early Childhood and Family Mental Health:** behavioral health consultation, education and limited treatment for families with young children and behavioral health training and consultation for the early childhood system of care; and
- **Specialized Child Care:** referral and coordination of child care services for families receiving Family Support financial assistance, children in DCF protective custody, and children with special health needs.

Until 2010, CIS services were provided through 32 grants with 29 different grantees, leading to a fragmented and complicated system of services for families. In November, 2010, CIS piloted a change in the current financing and service delivery system, with a goal of improved efficiency at the state level, reduced administrative burden at the local level, improved ability to provide client-centric services, and better service integration. Three regions – Lamoille, Franklin/Grand Isle, and Rutland – selected one organization within their region to be the fiscal agent for all regional CIS funding. The fiscal agent is responsible for ensuring the delivery of all CIS services, either through sub-contracts or direct service provision, and meeting the performance measures outlined in their contract with the state.

As of July 1, 2012, six additional regions – Brattleboro, Bennington, Newport, St. Johnsbury, Hartford, and Springfield - will be fully integrated through the single fiscal agent model. While it is too early to draw any substantial conclusions, it is clear that communication among service providers in the fully integrated regions has increased significantly. Providers are looking at the array of services available to families and how they are delivered through a new lens. Semi-annual data reports submitted by the regions will allow for qualitative analysis to determine system improvement.

The Family Services Division's district offices are key partners in CIS. The role of CIS in addressing the health needs of young children served by the child welfare system is discussed later in this plan.

Integrated Family Services

The Agency of Human Services (AHS) is in the process of re-designing a constellation of services that provide treatment and support to families with children with emotional, cognitive and/or physical disabilities. This includes children who are currently served by the Family Services Division, either in our care or not. It also includes children being served by the children's mental health and developmental services systems.

This initiative, called Integrated Family Services (IFS) has a goal of providing a single, multi-disciplinary family intake process that takes into account family functioning and risk factors, resilience factors and child functioning. This single intake will lead to a comprehensive assessment that will support the creation of an integrated family plan which includes all available supports for a holistic and supportive approach.

The IFS program will provide:

- Earlier intervention to build skills and maximize families' strengths, keep families together and reduce use of out of home placements regardless of disability type;
- Knowledgeable and skilled responses to parents regarding child mental health and substance abuse issues, trauma, post adoption, impact of significant disabilities on families, positive behavior support strategies; the promotion of wellness in the family system will be a focal point of this service package; and
- Flexible family support and treatment services based on family functioning and needs.

Once a child or youth leaves home, it is often very difficult to get him or her back home. In addition, skills gained in the out-of-home setting are more difficult to generalize in a home and community setting. For these reasons, IFS will shift funds currently committed to out-of-home supports and treatment towards earlier intervention in-home supports. The proposal is not to eliminate out-of-home supports but rather target those supports to specific populations and use out-of-home care in a more purposeful and directive manner. We also propose to increase the types of short term out-of-home supports (i.e. respite, crisis response, shared parenting) that many **families** (providers????) say are necessary to support the family's engagement in treatment.

This year, we have made the following progress:

- Programs focused on children with special health needs formerly delivered by two different departments were consolidated in the Vermont Department of Health.
- Documentation requirements have been streamlined for a wide variety of programs under the IFS umbrella.
- Substantial work has been done on the design and implementation of an IFS pilot in Addison County. We anticipate that a grant will be in place for 7/1/2012 to consolidate services delivered by the local parent-child center and the local children's mental health agency.

- AHS is working on a proposal that will result in an IFS “entity” within one department in the agency, to allow for comprehensive planning, policy development, program oversight and budgeting.

Focus on Permanency

Vermont has seen a dramatic decline in the number of children in DCF custody over the last few years. Even with this decline, there are a number of children and youth who are in custody that are at risk of exiting care without relational or legal permanence.

For this reason, we asked Casey Family Programs to assist us in implementing Permanency Roundtables (PRTs). Permanency Roundtables have been done in a number of other states and have been shown to have very positive results in achieving permanency for children and youth. They are focused planning meetings intended to assist workers and supervisors in developing permanent plans for a child / youth that can be realistically implemented over a period of six months. The meetings are designed to:

- stimulate thinking and learning about pathways to permanency for these and other children;
- identify and address barriers to permanency through professional development, policy change, resource development, and the engagement of system partners.

During the fall of 2012, we conducted PRTs for 96 children in our custody. This represents about 10% of the children in care. Most social workers had a chance to present a case that they found challenging. Staff was enthusiastic about the results. Currently, we are tracking the outcomes of the PRTs. In a significant number of cases, children and youth have already had improved permanency ratings.

Following several discussions with field staff, we have decided to commit resources over the longer term to PRTs. Beginning in July 2012 we will conduct PRTs on a regional basis. Each month, one district in the region will host and staff a PRT day for other districts in their region. Community partners will continue to be engaged with us in these discussions.

Child Welfare Waiver Demonstrations

Vermont does not have any waiver demonstrations at this time and does not plan to submit an application in the immediate future.

Service Descriptions for IV-B Services

Title IV-B, Subpart 1

In Vermont, Title IV-B, Part 1 funds child care for families needing extra support, in two categories:

- **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, part-time child care for families who are experiencing stress that may place their child at risk. Average monthly enrollment during SFY '12 was 460.

- **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. Services are provided to children living with their families and children in foster care, including those recently reunified with their families. Average monthly enrollment during SFY '12 was 559.

Title IV-B, Subpart 2

The division contracts with a variety of community agencies to provide services that supplement FSD casework services. These services comprise a statewide network of family support and preservation services; they are available in all districts. Although not primarily funded with Title IV-B, Subpart 2, these services are the backbone of our family preservation and support array.

- **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 have capacity for facilitation of Family Safety Planning meetings, coordination and facilitation of Family Group Conferences, and for Family Time Coaching, our model for supported parent-child contact. Currently a workgroup consisting of FSD staff and providers is reviewing this program to determine what adjustments can be made to maximize outcomes.
- **Parent Educators** provide home-based support and parenting education, focusing on family support, family preservation and reunification. The program model has not been reviewed for many years. As part of the workgroup mentioned above, we are evaluating whether these services, as currently structured, 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. Intensive Family Based Services are considered part of the IFS constellation described on page 8. As IFS is fully implemented, Intensive Family Based Services is expected to evolve to one component in a flexible set of services designed to meet the needs of children with behavioral challenges and their families.
- Trained therapists are authorized to provide treatment under a special SRS Medicaid program called **CASE-T**. CASE-T therapists provide therapeutic services to victims of sexual abuse and youth with sexually harmful behavior. **Sexual Abuse Victim and Offender Treatment Services program** was reviewed and refined this year.

Title IV-B, Subpart 2 funds are primarily used to fund:

- **District-specific services** such as mentoring programs, after-school programs, and family-tailored individual supports and services.
- **Post-adoption supports and services** provided through the member agencies of the Vermont Adoption Consortium.

There are no changes in this area.

Service Description for Chafee Services

Vermont Chafee Foster Care Independence Program

FFY 12 has brought significant positive changes to Vermont's Chafee Foster Care Independence Program (CFCIP), the Youth Development Program. Historically, DCF Family Services Division has administered the Youth Development Program through a statewide network of agencies contracting directly with the state. While providing continuity over time, limited administrative capacity in the state agency has restricted our ability to aggressively pursue the implementation of best practice initiatives in youth development and fully benefit from collaboration with other youth related initiatives in the state.

In the mid-1990's DCF (then SRS) initiated a grant to the FSYB funded network of runaway and homeless youth service providers. The network, called the Vermont Coalition of Runaway and Homeless Youth Programs (VCRHYP), provides training and technical assistance to network agencies, assisting them to meet their goals to support families of youth in crisis, meet their needs and avoid the necessity of the youth coming into custody.

These services were effective in achieving desired outcomes. Network agencies have made important practice improvements. This was acknowledged in 2005 when through a collaboration with DCF, our Agency of Human Services and our state Medicaid agency, and agreement was made to fund the services through Vermont's Global Commitment to Health Medicaid waiver. This agreement provided further impetus for the refinement of best practice and expanded statewide resources for at risk youth and their families.

Since that time, the network and their parent organization have collaborated on series of projects including a comprehensive data system which tracks access to healthcare, housing, employment and education outcomes for served youth and a practice approach which tracks the acquisition of developmental assets as a measure of youth resiliency. To provide training to support these initiatives, they have established an annual youth workers training conference which conducts a collaborative planning process including state and private providers serving youth.

VCRHYP and its member agencies have become important partners in collaborative efforts to serve youth. They are central players in the Creative Workforce Solutions Youth Work pilots (see last year's APSR), and our FYSB-funded collaboration project called Support Systems for Runaway and Homeless Youth (Youth Factor NEK), focused in our Newport region. These experiences have illustrated the benefit from to coordinating services, measuring outcomes, and refining practice across youth serving agencies.

As a result, we have decided contract with VCRHYP to provide the same kind of coordination services for our Youth Development Program. The Chafee funded Youth Development Program will continue to be provided through current local agencies as in the past. It will be administered separately but in coordinator with other VCRHYP programs. The Youth Development Program will have its own state director, but operate in an agency with a proven track record of quality administration, oversight, outcomes, training and practice evolution. This change will take place on 7/1/2012.

Youth Development Component of Practice Model

Our practice model, as supported by our NCIC project, includes a focus on youth development and the Youth Development Program. Currently, a Youth Development Position Paper has been drafted by a group led by an experienced Youth Development Program administrator, the DCF administrator responsible for Chafee, youth representatives, and Youth Development Coordinators. The position paper is designed to identify research based principles for the Youth Development practice, and how these connect to the DCF Family Services Practice Model and reflect its practice principles. This position paper and others are designed to provide the foundation for policy, procedures, and practice guidance creation in specific areas of the work.

Also, three sub-groups have been meeting over the last six months to prepare procedures for 1) a program description of the Youth Development Program 2) procedures for the Vermont's Extended Care Program 3) procedures for the completion and submission of NYTD data. All of these products have been completed in draft form and are going through revision through input from constituent groups.

Financial Self-Sufficiency

The guidance contained in the draft of the Youth Development Program description identifies the Ansell-Casey Life-Skills Assessment as a recommended tool to assess financial self-sufficiency, but our research suggests that other tools are effective and may be used. We plan to revisit the curriculum question soon. We will incorporate the credit status check planning into that work. Training and technical assistance on this and other practice areas will be expanded under the new partnership with VCRHYP.

Creative Workforce Solutions (CWS)

Creative Work Force Solutions has continued its Youth Work pilots in the two original sites. Implementation of the protocol is being monitored through data collection and monthly conference calls to support fidelity. Outcome data is being collected in the AHS CWS database as well as in the VCRHYP data base through the SSRHY pilot collaboration (to correlate it with other indicators like housing, healthcare and asset acquisition (see previous section.) See last year's APSR for description of the CWS overall initiative.

Educational Achievement

Since last year's APSR, DCF reached an agreement with our state Department of Education to create a confidential, unique identifier for foster youth in their database that will allow us to report out all of the data in the that system including attendance, school stability, special education status, achievement, academic credits for graduation, and graduation rates. These data components are run on all students in October of each year and we are pleased that for the first time we will be able to see how youth in our foster care system are doing. We will report these results in subsequent APSRs and incorporate them into our short and long-term planning.

Extended Care to Age 22

Act 74, Vermont's Youth in Transition Law, provides continued funds for youth between the ages of 18 and 22 who were in foster care when they reached the age of 18, or had previously been in foster care for at least 5 years when they were over the age of 12. Support is available in three areas, as follows:

Type of Support	# Youth Served
Extended foster care to support high school completion	58
Adult living partners	67
Short term financial supports to assist youth in establishing or maintaining an independent residence and/or for education or work related incidental expenses.	385

Data from the extended care program will be used to identify patterns of practice and assist in targeting training and technical assistance to youth development and other staff.

All youth receiving Extended Care are served by Youth Development Coordinators.

Justice for Children's Task Force and Educational Stability

The 2011 APSR identified work being undertaken by the Justice for Children's Task Force to improve outcomes for children and youth in foster care. Since the report, members of the Task Force from the state Department of Education, DCF Family Services and the Judiciary attended the 2011 ACYF-sponsored conference in Washington DC focused on

the improving educational results for foster youth. Our state's group left the conference with a strategic plan outlining steps to improve educational stability and achievement through a collaborative approach at state and local levels. These efforts have been woven into the outcomes for our federal court improvement project grant.

To further support this effort, this group has applied for a federal implementation grant to assist us in creating a statewide educational stability initiative modeled on a Casey Breakthrough project developed successfully in one of our regions in 2005

If funds are awarded we will partner with Casey Family Programs to deliver Casey Family Services ***A Road Map to Learning, Improving Educational Outcomes in Foster Care and Endless Dreams*** to teachers, foster child welfare staff, and foster parents. In March 2012, a team including staff from DCF Family Services and DOE presented training on the Breakthrough educational stability model at the annual foster parent conference. The grant will provide resources to implement training, coaching and technical support to roll out this effort statewide and measure its effect.

Education and Training Vouchers

Vermont continues to administer Chafee ETV in partnership with the Vermont Student Assistance Corporation (VSAC) through a sub-recipient grant to VSAC. The partnership assists youth in accessing maximum amounts of financial aid for post-secondary education and training through the Chafee ETV program, but also ensures receipt of other needs-based funds and funds targeted at former foster youth.

Eligibility for services and supports is confirmed by a data MOU between VSAC and DCF which compares youth indicating a "state ward" status on the FASFA our data. VSAC follows up with individual youth flagged by the process to ensure that no eligible youth misses out.

VSAC and DCF Family Services meet quarterly to review data on recruitment, retention, and completion rates for eligible youth receiving ETV support for post-secondary education and training. A portion of this review also examines financial aid packages for youth to track costs and loan indebtedness.

VSAC continues to target outreach to foster youth for participation in their TRIO Gear Up and Talent Search programs, to provide early encouragement to younger foster youth to consider college and to support them throughout the process of applying, enrolling and completing.

An additional initiative with the Community College of Vermont is anticipated to begin in Fall 2012. It will focus on preparation, affordability and retention of foster youth to post-secondary education.

The following table provides historical data about the disbursement of Chafee ETV funds through VSAC.

	FFY2005 10/01/04- 09/30/05	FFY2006 10/01/05- 09/30/06	FFY2007 10/01/06- 09/30/07	FFY2008 10/01/07- 09/30/08	FFY2009 10/01/08- 09/30/09	FFY2010 10/01/09- 09/30/10
CHAFEES SCHOLARSHIP	(ACTUAL)	(ACTUAL)	(ACTUAL)	(ACTUAL)	(ACTUAL)	(ACTUAL)
# new Chafee recipients disbursed (received for the first year)	34	36	17	27	34	30
# on-going Chafee recipients disbursed (received in a previous year)	0	18	20	27	30	26
Total # Chafee recipients disbursed	34	54	37	54	64	56
Total \$ Chafee funds disbursed	\$118,187	\$77,778	\$101,624	\$94,111	\$118,836	\$108,467

Annual Reporting of State Education and Training Vouchers Awarded

The following is the data required to be reported this year:

	FFY2011 10/01/10- 09/30/11	FFY2012 10/01/11- 09/30/12
CHAFEES SCHOLARSHIP	(ACTUAL)	(PROJECTED)
# new Chafee recipients disbursed (received for the first year)	21	35
# on-going Chafee recipients disbursed (received in a previous year)	19	34
Total # Chafee recipients disbursed	40	69
Total \$ Chafee funds disbursed	\$114,841	\$116,546

STEPS Program

The College of St. Joseph in Rutland, VT has been providing the STEPS program for 4 years. STEPS is specifically targeting former foster youth and providing year round housing, social and educational supports to maximize the likelihood of retention and successful college completion.

While we have struggled some with retention at the STEPS program, the pattern of retention has been about 50%. Although less than ideal, this compares well to national norms for the population.

In a continuing effort to do better, the St. Joseph's administration meets with DCF several times a year and communicates regularly to see how we can better prepare and support

youth enrolled in STEPS. DCF is providing financial support for some of the supplemental costs associated with the year round room and board aspects.

We are very excited about this program (as are the youth who attend it) and are working with the school on recruitment and long term viability.

Positive Connections with Adults

This section will address the components specifically related to CFCIP programming. DCF Family Services has developed a draft for a new case plan format for older youth to support compliance with the requirements of the Fostering Connections Act. The plan format is being designed to be individual to each youth. The plan is youth-driven, and includes specific options for housing, health insurance, healthcare, education, career development, progressive employment supports, employment, and a network of caring peer and adult relationships. DCF social workers and youth development coordinators will work with youth to identify caring adults in the youth's life to support them in their passage to adulthood.

Input to the draft plan and practice guidance from state and local youth governance groups, DCF Family Services Staff, and Youth Development Coordinators has occurred and the plan will be vetted by the NCIC steering committee in July 2012. Finalization is anticipated by September 2012.

Health Care

DCF Family Services and the larger network of youth serving agencies have made progress on the issue of healthcare in the past year. In addition to continued collection of data on healthcare access for youth we have negotiated an agreement with the Agency of Human Services and the administrator of our Global Commitment to Health and Blueprint for Health to expand eligibility for all former foster youth and at-risk youth from 18-21(inclusive) as "children" under our EPSDT plan without regard for income. There are some final administrative steps to complete but we expect this to be in place by September 2012. Our newly forged partnership across youth serving agencies will help us with issues that arise in the implementation phase.

Eligibility is only one side of the challenge and we are working on education and access to healthcare as part of our planning process for supporting youth to access healthcare under the age of 18 and maintaining that participation into adulthood. Strategies included so far our partnerships with health center primary care partnerships, healthcare orientation as part of life skills classes, and "well youth" checkups as part of program intake. These steps have also been incorporated into the new adolescent case plan work and are being tracked in outcome data across programs.

Experience of Homelessness

DCF Family Services and VCRHYP have made significant progress in their collaboration on the FYSB funded Support Systems for Rural Homeless Youth. Recently, collaboration between the local housing trusts, a local landlord, HUD funded community action program and TANF Reach Up program has resulted in a set of apartments, which will provide a progressive housing opportunity for youth in a mixed housing environment linked to their

employment work in the CWS YouthWork pilot. The goal is to link the skills to access and maintain housing first in a supported environment and later in unsubsidized community housing to sustainable employment at a living wage. Case management in the CFCIP Youth Development Program and FYSB Transition Living Program will provide life skills training and support to youth for all coordinated aspects of the housing and related programming.

Consistent with our Positive Youth Development approach, the case planning process is youth driven and the project guided by a local board of youth.

Personal and Emotional Support for Youth

A cornerstone of the state Youth Development Program is the importance of assisting youth not only with the concrete challenges of learning to live on their own, but the emotional challenges presented by that experience and the trauma that often preceded it. This support is provided to youth in every district in the state including youth who left foster care for kinship placement or adoption from age 16 on. The importance of supporting youth directly and through helping them build and reinforce relationships with other caring adults into the future is part of our initial training and ongoing supervision of program staff.

Youth Governance

Our State Youth Development Committee of current and former foster youth meets monthly and has been doing so for several years. The group, facilitated by our State Youth Development Coordinator with the support from an AmeriCorps member, has had several major successes this year:

- Planning for and implementation of the annual statewide youth conference (they do it all);
- Support for a New England Commissioner's Sibling Bill of Rights, with the signing occurring at the youth conference;
- Quarterly meetings with the DCF commissioner, and DCF Family Services deputy commissioner to discuss policy, practice and issues affecting youth in care;
- Participation in conferences, trainings, and as members of advisory groups to ensure youth voice;
- Participation in the creation of the Youth Development Position Paper;
- Participation in the Children Youth and Families work group for our NCIC project.

The success of the statewide committee has led us to expand our efforts into local areas with the twin goals of helping more youth access the opportunity to learn new skills and have a genuine voice in their collective lives.

We are now near to completing our first year of supporting our youth governance and policy creation work with the support A*VISTA positions. We have appointed our second Foster Club All Star, who is our very dynamic former Youth Development Committee president. Our A* VISTA members have provided a real breath of fresh air and energy. They have connected us more effectively with our youth committee members. We will continue to work with them and our youth on our healthcare and policy implementation

efforts along with our new All Star. We are in active recruitment for two new A*VISTA members for next year.

National Youth in Transition Database (NYTD)

DCF Family Services has submitted its second NYTD served youth and cohort youth survey data and has made significant progress on timeliness, accuracy and completeness. We have and will continue the process to make it more effective and less labor intensive. Our latest report provides data on 451 served youth.

Serving Populations at Greatest Risk

Vermont's 2010 Report on Child Protection in Vermont¹ contains data about the age of children who were substantiated victims of child abuse or neglect that year, as follows:

Age Group	% of All Victims
0-2	15.2%
3-5	16.4%
6-10	29.0%
11-14	22.8%
15-17	16.6%

Of these, 58.3% were girls and 41.7% were boys.

Types of maltreatment were as follows:

Maltreatment	% of All Maltreatment
Physical	19.8%
Sexual	45.0%
Risk of Sexual	11.8%
Risk of Physical	19.2%
Neglect or Emotional Maltreatment	4.2%
Total	100.0%

It is important to note that Vermont investigates sexual abuse by any person, not just by parents or caretakers. This results in the appearance of a very high rate of sexual abuse in the state. Of the 340 substantiated reports of child sexual abuse, 57 or 16.7% of the perpetrators were caretakers.

Data about race and ethnicity of maltreatment victim, taken from Child Maltreatment 2010², do not indicate any concerns about disproportionality:

¹ 2010 Report on Child Protection, Vermont Department for Children and Families.
http://dcf.vermont.gov/sites/dcf/files/pdf/fsd/2010_Child_Protection_Report.pdf (retrieved June 2012)

	2007	2008	2009	2010
Alaska Native / American Indian	0.1	0.3	0.3	0
Asian	0.1	0	0.3	0.3
Black	0.9	1.9	0.7	1.8
Native Hawaiian / Other Pacific Islander	0	0	0	0
Hispanic (of any race)	0.7	1.2	0.4	0.7
White	91.5	94.7	96.1	94.3
Two or more races	1.7	0.3	0.7	0.3
Missing data	4.9	1.6	1.7	2.6

Preliminary data from 2011 does indicate geographic differences in child maltreatment, from district to districts. In the following table, districts with high rates of reports of child maltreatment in relationship to the child population in the district are bolded.

<i>District</i>	<i>% of Vermont's Child Population</i>	<i># 2011 Child Safety Responses</i>	<i>% of VT Child Safety Responses</i>
St. Albans	10%	556	12%
Burlington	24%	808	17%
Hartford	8%	284	6%
St. Johnsbury	6%	254	5%
Brattleboro	5%	252	5%
Barre	10%	599	12%
Newport	5%	282	6%
Rutland	9%	525	11%
Springfield	5%	438	9%
Bennington	6%	299	6%
Morrisville	5%	269	6%
Middlebury	6%	249	5%
Total		4815	

The department has concluded from this data that there is a need for further investments in child abuse prevention in the four districts noted above. In the upcoming state fiscal year, the department will pilot projects based on the Center for the Study of Social Policy's Strengthening Families Framework³ in the Barre, Rutland and St. Albans districts. (The Springfield district will not be included at this time, due to a transition in leadership in that district.) This project is a collaborative project between the Family Services Division and the Child Development Division and is supported in part from OJJDP funding that comes to the state through a formula grant.

² Child Maltreatment 2010, U. S. Department of Health and Human Services (<http://www.acf.hhs.gov/programs/cb/pubs/cm10/>), retrieved June 2012.

³ Center for the Study of Social Policy. Strengthening Families Framework (<http://www.cssp.org/reform/strengthening-families>), retrieved June 2012

Collaboration and Coordination with Partners and Constituents

Child and Family Service Delivery System

Vermont has many, many collaborative structures in place to ensure that services are coordinated and that the voices of stakeholders are heard – not only within the Family Services Division, but across the Agency of Human Services, the Department of Education, and other partner agencies.

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. We seek stakeholder and partner input in many ways, on a regular basis. Here are some of the mechanisms we use:

- The Youth Advisory Board meets monthly. The DCF commissioner and Family Services deputy commissioner meet with the board at least four times a year.
- The Vermont Foster and Adoptive Family Association (VFAPA) holds monthly board meetings, which division staff attend. They hold networking meetings quarterly, which the commissioner and deputy commissioner attend. At VFAPA's annual conference, an open forum is traditionally held, as a mechanism for attendees to have direct access to the commissioner and deputy commissioner.
- The deputy commissioner meets regularly with Vermont Kin as Parents to discuss issues of mutual concern.
- The Vermont Coalition of Residential Programs meets monthly, with division representatives attending. The commissioner and deputy commissioner meet with VCORP at least four times a year.
- The commissioner meets weekly with other AHS commissioners to ensure cross-departmental planning and trouble-shooting.
- Our NCIC project has a major focus on partner and constituent involvement and input, with two workgroups dedicated to ensuring meaningful engagement. These are very active work groups that meet monthly. They have provided invaluable feedback as we are fully implementing our practice model.
- The Integrated Family Services and Children's Integrated Service initiatives are major cross-systems initiatives, both of which incorporate parent and stakeholder voice. In addition, division staff meet weekly with partners from across AHS for planning and evaluation purposes.
- Vermont has a well established Coordinated Service Planning mechanism, with local teams meeting across the state, and a state-level team that meets monthly.
- 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.

This past year, as part of the implementation of our practice model, we have focused on improving our strategies to ensure regular, meaningful input from our stakeholders, so that we can evaluate the effectiveness of our services. In addition to convening both a community partners group and a children, youth and families group that are meeting on a regular basis, we are also using a variety of surveys and evaluation mechanisms including:

- Family Worker Collaboration Survey
- Contract Provider Survey
- Foster Parent Survey
- Evaluations from Family Safety Planning and Family Group Conferencing Meetings
- Survey of Employee Engagement (SEE)
- Focus Groups

In June 2012, with technical assistance from the National Resource Center on Child Protective Services, we evaluated our Child Abuse Reporting System, with a focus on consistency and quality of the intake and report acceptance process. This evaluation included satisfaction surveys sent to mandated reporters as well as to internal stakeholders. The results of that evaluation are not yet available.

Court and Legal System

The DCF commissioner and Family Services deputy commissioner are members of the Justice for Children Task Force, which meets quarterly and has standing committees to work on systems improvements. Vermont's Court Improvement Coordinator is a regular member of work groups formed to improve outcomes for children in care, such as our current permanency task force. The Chief Administrative Judge and the FSD deputy co-chair the Best Practice Subcommittee. This year, a major focus was on a cross-system conference held in September 2011, focused on improving the educational outcomes of children in foster care, and other children involved in the court system.

The deputy commissioner was a close collaborator in the development of the state's Court Improvement Project's plan and funding application, which has been approved.

Child Welfare and Youth Justice Workforce

Direct Service Work Force

Vermont provides child welfare and youth justice services in an integrated system. Professionals are in one of three job titles:

- Social Workers and Social Worker Trainees – Social Workers typically specialized in one of four areas of focus:
 - Centralized intake and emergency (after hours) services;
 - Front-end investigation and assessment work;

- Ongoing work with families in child protection, child welfare and/or youth justice. This may include child protective services cases, children in foster care, and/or supervision of youth on juvenile probation.
 - Foster and residential licensing and special investigations.
- Senior Social Workers – Senior Social Workers also perform in one of the four areas of specialty listed above. They also supervise 1-3 social workers as part of their duties.

Recruitment and Selection of Direct Service Work Force

Social workers are recruited through Vermont's state human resources (HR) department through their standard processes. Job openings are posted on the HR website. If FSD determines that advertising is necessary, the division is responsible for placing ads in appropriate newspapers and with on-line recruitment services.

All applicants must complete an on-line application, which contains screening questions. Applications, cover letters and resumes for applicants who meet screening criteria are sent electronically to the hiring manager. The hiring manager then selects applicants to interview, using criteria applied across the applicant pool.

Typically, candidates are interviewed by a panel that includes both internal interview, community partners, and stakeholders, which may include youth or parents.

Vermont also has a Title IV-E trainee program through the University of Vermont. Graduates from the program are prioritized for interviews for open positions. Some years, the division holds vacancies starting in late winter, in order to ensure successful hiring of graduates.

As part of our NCIC Implementation project, we are in the process of reviewing how we recruit and hire staff that we feel will be successful in carrying out their duties in alignment with our practice model. We would like to develop a realistic job preview video for our state.

Qualifications for Child Welfare and Youth Justice Staff

The minimum qualifications for Social Worker Trainees are:

- Bachelor's degree with no experience; or
- High school graduation or GED with 4 years in human services at or above a paraprofessional or technician level.

The minimum qualifications for Social Workers are:

- Master's degree in social work with no experience: or
- Bachelor's degree with 18 months of human services casework, including at least six months with a child or youth services caseload.

The minimum qualifications for supervisors are as follows:

- Master's Degree in social worker with one year of casework experience with a child protective or juvenile services caseload; or
- Bachelor's degree with three years of casework experience with a child protective or juvenile services caseload; or
- Bachelor's degree with two years of casework experience with a child protective or juvenile services caseload PLUS one year of supervisory experience; or
- Completion of a Social Worker Traineeship in Children and Families and 3 years of casework experience with a child protective or juvenile services caseload.

All social worker and social worker trainees complete the Foundations training which is described in our Annual Progress and Services Report, regardless of what kind of job duties they will perform.

Turnover is very low among Family Services Supervisors. Typically, when there is turnover, a supervisor is hired from within the ranks of social workers.

Demographics of Current Staff and Recent Hires

Demographic data about current employees and new hires is not collected routinely by the state, the department or the division. This year, for the second year, the department and the division utilized the Survey of Employee Engagement (SEE) as a way to assess the way employees see the work and the workplace. For FSD, use of the SEE specifically helped us to assess how fully division employees are embracing our practice model.

The SEE had over a 70% response rate. Demographic data was collected. Overall, the division's demographics are as follows, with 258 employees in all job classes responding. If the number responding was less than 5, no data was reported.

Age	Number	Percent
16-29	28	10.85%
30-39	65	25.19%
40-49	70	27.13%
50-59	58	22.58%
60+	33	12.79%

80% of employees are female. 92% of employees identified themselves as Anglo-American/White. Numbers of employees in other racial/ethnic groups is not available, as there were less than five in any one group.

For all employees reporting, educational attainment was as follows:

Highest Education	Number	Percent
Less than High School	Less than 5	not available
High School Education	16	6.20%
Some College	18	6.98%
Associates Degree	12	4.65%
Bachelor's Degree	99	38.37%
Master's Degree	107	41.47%
Doctoral Degree	Less than 5	not available

For all employees reporting, longevity with this organization was as follows:

Years of Service with This Organization	Number	Percent
Less than 1	24	9.30%
1-2	26	10.08%
3-5	29	11.24%
6-10	27	10.47%
11-15	28	10.85%
16+	48	18.60%

Employees reports annual salaries, before taxes, as follows:

Annual Income Before Taxes	Number	Percent
Less than \$15K	Less than 5	Not available
\$15K-\$25K	Less than 5	Not available
\$25K-\$35K	27	10.40%
\$35K-\$45K	84	30.67%
\$45K-\$50K	47	19.94%
\$50K-\$60K	50	17.64%
\$60K-\$75K	32	10.28%
More than \$75K	7	3.53%

The following demographic information is specific to social workers. This information pertains to the 107 social workers who responded to the Survey of Employee Engagement. We have a high percentage of social workers who have earned Maser's Degrees.

Highest Education	Number	Percent
Bachelor's Degree	56	51.38%
Master's Degree	50	45.87%
Other	1	

About 79% of social workers are female. 95% are Anglo American/White.

Social worker salaries are self-reported as follows:

Annual Income Before Taxes	Number	Percent
Less than \$35K	Less than 5	13.95%
\$35K-\$45K	53	48.62%
\$45K-\$50K	28	25.69%
\$50K-\$60K	17	15.60%
\$60K-\$75K	Less than 5	10.28%
More than \$75K	Less than 5	3.53%

Social workers report that they are the following ages:

Age	Number	Percent
16-29	23	21.1%
30-39	38	34.86%
40-49	28	25.69%
50-59	9	8.26%
60+	9	8.26%

Social workers reported years of service in this organization were reported as follows:

Years of Service with This Organization	Number	Percent
Less than 1	16	14.68%
1-2	13	11.93%
3-5	19	17.43%
6-10	12	11.01%
11-15	12	11.01%
16+	10	9.17%

Training Provided to New and Experienced Child Welfare Workers

Training for new and ongoing child welfare workers is provided in collaboration with our Child Welfare Training Partnership. This is fully described in a separate section of this plan update, starting on page 28.

Training Provided to Supervisors and Managers

All employees who are new to the divisions, including supervisors and managers, complete the same Foundations and Core training as social workers. New managers and supervisors are paired with a formal mentor in another office. In addition, other opportunities are available, but not required. These include:

- AHS 3-day training for new supervisors;
- Supervisory Training Program (STAR) provided by the Vermont Human Resources Department;
- Vermont Public Manager Program;
- AHS Leadership Development Program

Recently, our staff have participated in the Leadership Academy for Middle Managers and the Leadership Academy for Supervisors. Four of our 12 district directors are graduates of the LAMM. They found it valuable and inspiring. Five more will attend this summer. In addition, we have several managers who have attended other programs listed above. We regularly seek opportunities for professional development for our managers and supervisors.

In September 2012, we anticipate that 15 of our 25 supervisors will graduate from the Leadership Academy for Supervisors (LAS). We are evaluating how we can incorporate the LAS curriculum into our in-house training package, once federal support ends.

Measurement of Skill Development

The development of skills is measured over time, through the performance appraisal process. New employees serve a probationary period of six months, which can be extended if necessary. Employees who cannot adequately perform the duties of the job can be let go during the probationary period. Evaluations are due at the end of the probationary period, the end of the first year, and annually thereafter.

Caseload Size

Caseload is measured in different ways, depending up the duties of the social worker. Social workers who conduct child safety interventions (investigations and assessment) are expected to be able to conduct 100 interventions per year. Over the last several yeas, we have shifted considerable positions to this function, in order to keep to this standard. Most workers are very close to this.

The caseloads of ongoing social workers are measured by the number of families per worker, regardless of the type of case. Our goal in adding 8 additional social work positions this spring was to bring all districts to an average ongoing caseload of between 15 and 16 families per social worker. As of June 2, 2012, the average number of families being served by ongoing social work staff was 16.1. However, we have not yet achieved equity across all districts.

District	Families Per Social Worker
Barre	18.2
Bennington	13.1
Brattleboro	15.0
Burlington	14.3
Hartford	14.0
Middlebury	16.3
Morrisville	9.7
Newport	20.2
Rutland	14.6
Springfield	16.6
St. Albans	23.4
St. Johnsbury	16.5
State Average	16.1

When vacancies occur, caseloads are reviewed. When a district has a sustained increase or decrease in caseload, vacant positions may be shifted to other districts. Our state employees' contract does allow us to transfer staff to other locations within 35 miles, but we rarely do.

Turnover and Vacancy Rates

During SFY '12, FSD hired two district directors. There are 12 district directors total. One vacancy resulted from an internal transfer; the other from a promotion. Both new hires were from outside of the agency.

During SFY '12, FSD hired three supervisors, two following retirements, and one following a promotion. The three new supervisors hired were experienced social workers from within the office.

During SFY '12, FSD added eight social worker positions approved by the legislature. In addition, we filled or in the process of filling 31 social worker positions. There was some movement caused by disciplinary actions, which we are not reporting in this plan update. This is due to the fact that with the very small number, this information could be potentially identifying. Those numbers are included in the resignation category.

Social Worker vacancies that occurred during the fiscal year were as follows:

Social Worker Turnover	Number
Total Number of FTEs	144
Resignations	18
Retirements	3
Lateral to Another District	7
Promotion	3
Total Movement	32

The number of resignations was unusually high this year. Six occurred in one district.

Supervisor to Worker Ratios

Our goal is to have no more than 6 social workers per supervisor. For the most part, we achieve this goal.

Supervisor to Social Worker	Number of Supervisors
7 to 1	1
6 to 1	10
5 to 1	10
4 to 1	4

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/kin/adoptive parents. This is accomplished in collaboration with the University of Vermont (UVM) Department of Social Work through our Child Welfare Training Partnership (CWTP).

Additional training for agency staff is developed and provided through the Agency of Human Services Department for Children and Families new Human Resources Division and through the State of Vermont Department of Human Resources Summit Learning Center.

Long-term Training

Our Child Welfare Training Partnership with UVM supports up to five current child welfare workers/supervisors and up to five potential employees to obtain a Masters or Bachelors degree in Social Work 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 three years following graduation. There are no changes to the MSW/BSW training opportunities.

Short-Term Training

The short-term training program includes classroom and on-the-job training for new employees, core training required within 18 months of hire, district team-based training focused on best practice, and supervisor training. All short-term training is carefully designed to support the Family Services Division mission, core principles, practice model and system outcome priorities. The staff training program is reviewed and updated regularly. The University of Vermont's Child Welfare Training Partnership (CWTP) staff participates in various policy and planning groups to ensure that training accurately reflects the policy and priorities of the Family Services Division.

Court Related Short Term Training

The Fostering Connections to Success and Increasing Adoptions Act of 2008 permits states to claim Title IV-E training reimbursement for certain short-term training of current and prospective relative guardians and for court and related personnel who handle child abuse and neglect cases. We have amended Vermont's Public Assistance Cost Allocation Plan (PACAP) as required. There are no court related trainings in the training plan for July 2012-September 2013.

New Employee Training

New employees complete Foundations for Family Centered Practice (FFCP) during their first six months on the job. FFCP is a three week program, with 2-3 weeks in the field between each week. It is offered twice annually. Working with case scenarios in the classroom, participants learn and practice skills and knowledge necessary for entry level child welfare and youth justice practice. On-the-job training in the field during this period is guided by the Field Practice Manual. This manual outlines a structured program of reading, shadowing exercises, interviewing activities, self reflective activities, and reviews policy and statutes. It provides a structured on-the-job training program which connects with the Foundations for Family Centered Practice programs.

New employees complete eight days of more intensive training on selected topics during their first 18 months of hire. Each of these core trainings are offered annually and occur in a classroom setting. They build on the skills and knowledge acquired in FFCP and in on-the-job training. Experienced employees are encouraged to take core training as needed.

All Foundations for Family Centered Practice courses and Core training are offered by CWTP staff in collaboration with FSD staff and community partners, and hired subject experts, except for Understanding Substance Use Disorders, Treatment and Family Recovery: A Guide for Child Welfare Professionals which 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, but will be woven throughout the three 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.

The costs included here indicate fees training space and for outside trainers and honoraria for parents and youth who are part of panel presentations for training sessions.

Foundations for Family Centered Practice

Topic	Syllabus	IV-E Functions	Hrs	Provider	Est Cost/ Cost Allocation
Introduction to Family Services	Overview of FFCP, review FSD Practice Model, values, core practice principles, tools for engagement. Understand case flow from intake to closure.	Social work practice, such as family centered practice and social work methods including interviewing and assessment; general overview of child abuse and neglect investigations, cultural competency; development of case plan.	5.5	CWTP	\$100/ 100% IV-E
Introduction to Intake, Assessment and Investigation	Mandated reporting law, intake process, policy on conducting assessments and investigations, interviewing children and adults.	Assessment and screening, impact of trauma on child development and well-being.	5.5	FSD staff and CWTP	\$100/ 100% CAPTA
Family Assessment and Engagement	Solution-focused skills and strategies, family centered practice. Understanding risk and protective factors; understanding range of assessment tools.	Social work practice, such as family centered practice & social work methods including interviewing and assessment; general overview of child abuse and neglect investigations, risk and protective factors.	5	CWTP	\$100/ 100% IV-E
Child Development	Normal child development, impact of abuse and neglect, parental strategies.	Child development, child social and emotional development, impact of trauma, social work practice including, assessment, development of case plan, cultural competency related to children and families, development of case plan.	3	Hired subject expert and CWTP	\$100/ 100% IV-E

Topic	Syllabus	IV-E Functions	Hrs	Provider	Est Cost/ Cost Allocation
Physical Abuse	Develop ability to assess injuries for physical abuse, understand basic medical terminology, impact of physical abuse on children and families.	Impact of trauma on child development and wellbeing.	3	Hired subject expert and CWTP	\$100/ 100% CAPTA
Sexual Abuse	Understand the scope of behaviors and outcomes associated with child sexual abuse. Understand impact on victims. Learn skills for working with children and families impacted by sexual abuse.	Child abuse and neglect issues, such as the impact on a child's development and well-being, impact of trauma; resilience, social work methods including interviewing and assessment; preparation for judicial determinations; placement of a child; case supervision & management; development of case plan.	5.5	Hired subject experts & CWTP	\$600/ 100% IV-E
Chronic Neglect	Forms of neglect, impact on brain development, complex trauma, attachment, related research, causes, how to assess and address.	Child abuse and neglect issues, such as the impact on a child's development and wellbeing, impact of trauma, resilience; social work methods including interviewing & assessment; developing case plans; case supervision & management.	2.5	Hired subject expert & CWTP	\$300/ 100% IV-E
Family Safety Planning	Identify the practice principles of family safety planning as a case planning methodology throughout the life of a case. Demonstrate the ability to distinguish between danger, risk and complicating factors in case planning. Understand the components of safety and explore case examples.	Social work practice, such as family centered practice and social work methods including interviewing and assessment; risk and protective factors, assessments to determine whether a situation requires a child's removal from the home; activities designed to preserve and reunify families communication skills required to work with children and families; 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 services.	2.5	CWTP	\$100/ 100% IV-E

Topic	Syllabus	IV-E Functions	Hrs	Provider	Est Cost/ Cost Allocation
Case Planning and Permanency	Solution focused decision making through life of a case, developing clear case goals; concurrent planning, safety planning, values of permanency. FSD permanency position paper and related policies.	Development of case plan; permanency planning; case management & supervision; referral to service; placement of child.	5.5	CWTP	\$100/ 100% IV-E
Working with Adolescents; Motivational Interviewing	Adolescent development/brain development, understand research based interventions for working with youth; learn about the Youth Assessment Screening Instrument (YASI) and motivational interviewing; case planning with youth	Screening and assessment, risk, and protective factors, social work practice, such as social work methods including interviewing and assessment; development of case plan; case management and supervision; permanency planning; referral to service.	8.5	CWTP	\$100/ 100% IV-E
Working with the Court	Understand role of social worker in court. Learn about state and national statutes. Understand how cases flow through court system.	Preparation for judicial determinations; placement of child; permanency planning; case management and supervision	5.5	FSD Staff & CWTP	\$100/ 100% IV-E
Permanency and Family Group Conferencing	Understand the FGC model, and how it relates to engagement, permanency and decision making through life of case.	Social work practice, such as family centered practice and social work methods including interviewing and assessment; assessments to determine whether a situation requires a child's removal from the home; activities designed to preserve and reunify families communication skills required to work with children and families; 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 services.	2.5	CWTP	\$100/ 100% IV-E

Topic	Syllabus	IV-E Functions	Hrs	Provider	Est Cost/ Cost Allocation
Substance Abuse	Explore substance abuse as it impacts parenting and families. Understand prevalent drug use in Vermont. Understand recommended strategies for assessment, case planning and engagement of families.	General substance abuse issues related to children and families in the child welfare system; social work practice, such as family centered practice and social work methods including interviewing and assessment. This training is not related to how to conduct an investigation of child abuse and neglect.	3	Hired subject matter expert	\$100 100% IV-E
Family Time Coaching	Explore policy, principles and philosophy of Family Time Coaching (FTC) and Shared Parenting meetings, learn how to convene and facilitate a Shared Parenting meeting.	Case planning, permanency planning, assessment, impact of trauma on child development and well-being, effects of separation, grief and loss, child development, and visitation.	3.5	CWTP	\$100/ 100% IV-E
Domestic Violence	Increase your understanding of the connection between child abuse and domestic violence. Understand the practice issues prevalent in cases involving domestic violence when working with child welfare cases. Learn strategies for effective response to DV in the child welfare context.	General domestic violence, and mental health issues related to children and families in the child welfare system (not related to providing treatment or services), development of case plan for children in foster care/ at risk of placement in foster care; permanency planning; case management and supervision; referral to service, impact of trauma on child development and wellbeing.	2.5	FSD staff and CWTP	\$100/ 100% IV-E

Topic	Syllabus	IV-E Functions	Hrs	Provider	Est Cost/ Cost Allocation
Facilitating Successful Placements	Understand practice of selecting and facilitating successful placements to promote successful permanency outcomes. Review placement options for children and youth. Understand ICPC, residential licensing, kinship placements.	Placement, case planning, permanency planning, child development, impact of trauma, working with foster parents and kin.	5.5	FSD staff and CWTP	\$100/ 100% IV-E
Ethics, Power, Supervision, Teaming and Self-Care	Understand the ethics of social work practice in public child welfare, and apply the NASW Code of Ethics to ethical dilemmas. Name specific strategies for self-care in the field. Discuss the ethics of closure with children, youth and families. Examine teaming in the child welfare context.	Ethics related to public child welfare practice, development of case plan; placement of the child; permanency planning; case management and supervision; referral to service, cultural competence.	5.5	CWTP	\$100/ 100% IV-E

Core Training

Subsequent to Foundations for Family Centered Practice, but while in trainee status during their first 18 months of hire, new employees complete the following short-term classroom training. All are coordinated by the CWTP. Subject experts are hired for some, and experts within the Department provide others in collaboration with CWTP trainers. Each is offered one time annually.

Topic	Syllabus	IV-E Functions Addressed	Hrs	Provider	Est. cost/ Cost allocation
Substance abuse and Mental Illness: Dual Diagnosis	Explore impact of the use and abuse of various substances on parenting and on development of young people. Explore treatment resources available, to inform appropriate referral and case planning. Practice motivational interviewing. Working with drug treatment providers.	Social work practice, such as family centered practice and social work methods including interviewing and assessment; general substance abuse issues related to children and families in the child welfare system; preparation for judicial determinations; placement of the child; development of case plan; permanency planning; case management and supervision; referral to services; impact of trauma on child development wellbeing	5.5	Hired subject expert and CWTP	\$100/ 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 welfare.	General domestic violence, and mental health issues related to children and families in the child welfare system; social work practice, such as family centered practice and social work methods including interviewing and assessment; development of case plan for children in foster care/ at risk of foster care; permanency planning case management and supervision; referral to services; impact of trauma on child development and well-being.	5.5	FSD staff and CWTP	\$100/ 100% IV-E
Working with Kin	This day takes 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. Explore strategies to support successful kin placements and permanence with kin.	Permanency planning including using kinship care as a resource for children involved with the child welfare system; recruitment and licensing of foster homes; activities designed to preserve and reunify families development of case plan for children in foster care/ at risk of foster care; permanency planning case management and supervision; referral to services	5.5	CWTP and paid kin providers VKAP Director and panel of Kin providers	\$100/ 100% IV-E

Topic	Syllabus	IV-E Functions Addressed	Hrs	Provider	Est. cost/ Cost allocation
Working with Families Affected by Trauma and Attachment Issues	Learn what the latest research is reporting about the neuro-developmental impact on trauma on the brain; and what comprises best practice. Examine the impact of complex trauma on attachment and the implications of traumatized parents. Evaluate how to make decisions about the needs of families based on a trauma-informed lens. Learn about vicarious trauma for workers and define ways to organize for effective self care.	Social work practice, such as family centered practice and social work methods including interviewing and assessment; development of case plan for children in foster care/ at risk of foster care; Permanency planning Case management and supervision; Referral to service; impact of trauma on child development and wellbeing, resilience, attachment	5.5	Hired subject expert & CWTP	\$750/ 100% IV-E
Supervising Youth with Sexually Offending Behaviors	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.	Child abuse and neglect issues, such as the impact of child abuse and neglect on a child; assessments to determine whether a situation requires a child's removal from the home; 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, impact of trauma on child development and wellbeing.	5.5	Hired subject experts & CWTP	\$100/ 100% IV-E

Topic	Syllabus	IV-E Functions Addressed	Hrs	Provider	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 case plans utilizing assessment skills and collaborative planning.	Child abuse and neglect issues, such as the impact of child abuse and neglect on a child; assessments to determine whether a situation requires a child's removal from the home; development of case plan for children in foster care/ at risk of foster care; permanency planning; case management and supervision; referral to services, impact of trauma, relational competence. This training is not related to how to conduct an investigation of child abuse and neglect.	5.5	Hired subject expert & CWTP	\$600/ 100% IV-E
Introduction to Child Safety Interventions	Learn skills for engaging families and communities right from the start. Understand our policy and legal mandates. Understand differential response, family assessment, and forensic interview techniques. Practice interviewing children and adults.	Social work practice, such as family centered practice and social work methods including interviewing and assessment; assessments to determine whether a situation requires a child's removal from the home; activities designed to preserve, strengthen, and reunify the family; preparation/ participation in judicial determinations, development of case plan, case management and supervision.	5.5	FSD staff & CWTP	\$100/ 50% CAPTA 50% IV-E

Topic	Syllabus	IV-E Functions Addressed	Hrs	Provider	Est. cost/ Cost allocation
Safety Planning with Families	Explore safety planning in more depth. Deepen your skills in articulating clear risk statements and working with families to formulate individualized safety plans.	Social work practice, such as family centered practice and social work methods including interviewing and assessment; risk and protective factors, assessments to determine whether a situation requires a child's removal from the home; activities designed to preserve and reunify families communication skills required to work with children and families; 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 services.	5.5	CWTP	\$100/ 100% IV-E

Specialized Training

Specialized training is offered once annually, except for the following which are offered twice a year: Introductions and Advanced courses in Family Safety Planning, Family Group Conferencing, Restorative Family Group Conferencing, and YASI. Staff choose 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 a variety of 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 and contracted meeting facilitators.

Course	Syllabus	IV-E Functions addressed	Provider	Hrs	Est Cost /allocation methodology
Introduction to Family Safety Planning Meetings	Review the FSP framework used in Vermont. Examine the practice principles and elements of Signs of Safety and research which support FSP meetings. Practice facilitation and solution focused practice.	Social work practice, such as family centered practice and social work methods including interviewing and assessment; risk and protective factors, assessments to determine whether a situation requires a child's removal from the home; activities designed to preserve and reunify families communication skills required to work with children and families; 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 services.	CWTP trainers and subject matter experts	11	\$100/ 100% IVE
Introduction to Family Group Conferencing	Review the Vt. FGC practice guidance. Examine the values and practice principles underlying FGC. Review the research on impact and outcomes of FGC. Practice skills needed for preparing for and facilitating an FGC.	Social work practice, such as family centered practice and social work methods including interviewing and assessment; assessments to determine whether a situation requires a child's removal from the home; activities designed to preserve and reunify families communication skills required to work with children and families; 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 services.	CWTP trainers and subject matter experts	11 hours	\$100/ 100% IVE

Course	Syllabus	IV-E Functions addressed	Provider	Hrs	Est Cost /allocation methodology
Youth Assessment Screening Instrument	Using YASI, understand the research, philosophy and practice of engaging with and assessing risk and protective factors for youth. Practice motivational interviewing skills. Understand case planning with youth and their families that focuses specifically on risk and needs.	Social work practice, such as family centered practice and social work methods including interviewing and assessment; assessments to determine whether a situation requires a child's removal from the home; development of case plan for children in foster care/ at risk of foster care; permanency planning; case management and supervision; referral to services, risk and protective factors.	Subject expert, CWTP and FSD staff	11 hours	\$100/ 50% JABG 50% IV-E
Motivational Interviewing in Child Welfare and Youth Justice	Review the basic philosophy and skills of motivational interviewing in the child welfare and youth justice contexts. Understand the Trans-theoretical model of change, and how it applies to your assessment, case planning and case management with children, youth and families. Practice skills of motivational interviewing.	Social work practice, such as family centered practice and social work methods including interviewing and assessment.; placement of child, development of case plan, case management and supervision, permanency.	Hired subject experts and CWTP trainers	5.5 hours	\$100/ 100% IVE
Restorative Family Group Conferencing	Understand the research, philosophy and practice associated with using the FGC model in the context of youth justice. Focus on what is needed to use FGCs to enable youth who have harmed another to make reparations, and those who have been harmed to participate in a restorative conference. Understand the use of family group conferencing as a key case planning methodology.	Social work practice, such as family centered practice and social work methods including interviewing and assessment; communication skills required to work with children and families; activities designed to preserve and reunify families activities designed to preserve, strengthen, and reunify the family development of case plan, case management and supervision, placement of the child, permanency planning.	CWTP trainers and subject matter experts	5.5 hours	\$100/ 5% JABG 50% IV-E
Advanced Family Safety Planning	Extend your knowledge and skill with facilitating and participating in FSP meetings with families. Content varies, but can focus on developing clear risk statements, ensuring safety when DV is present, and other specialized topics.	Social work practice, such as family centered practice and social work methods including interviewing and assessment; risk and protective factors, assessments to determine whether a situation requires a child's removal from the home; activities designed to preserve and reunify	CWTP trainers and subject matter experts	5.5 hours	\$100/ 100% IV-E

Course	Syllabus	IV-E Functions addressed	Provider	Hrs	Est Cost /allocation methodology
		families communication skills required to work with children and families; 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 services.			
Advanced Family Group Conferencing	Extend your knowledge and skill with facilitating and participating in FGCs. Content varies, but may include ensuring safety when DV is present, engaging children and youth in the process, coping with family conflict, and other specialized topics.	Social work practice, such as family centered practice and social work methods including interviewing and assessment; assessments to determine whether a situation requires a child's removal from the home; activities designed to preserve and reunify families communication skills required to work with children and families; 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 services.	CWTP trainers and subject matter experts	5.5 hours	\$100/ 100% IVE
Engaging Fathers and Paternal Families	Explore the research on the importance of males in the development of children. Understand the impact of your own experience with fathers in your practice. Learn skills to engage fathers and paternal families of children in foster care.	Social work practice, such as family centered practice and social work methods including interviewing and assessment; communication skills required to work with families; cultural competency related to children and families; activities designed to preserve and reunify families; placement of child, development of case plan for children in foster care and at risk of foster care, case management and supervision, referral to services	Hired subject experts and CWTP	5.5 hours	\$100/ 100% IV-E

Course	Syllabus	IV-E Functions addressed	Provider	Hrs	Est Cost /allocation methodology
Engaging DV Offenders	Understand how to safely engage DV offenders in the lives of their children and how to appropriately assess, develop case plans, and provide case management services to these offenders. Review relevant research. Discuss case examples and practice.	General substance abuse, domestic violence, and mental health issues related to children and families in the child welfare system, communication skills required to work with children and families; assessments to determine whether a situation requires a child's removal from the home, placement of child, development of case plan, case management and supervision, permanency	Subject matter experts	5.5 hours (offered in 4 regions)	\$100/ 100% IV-E
Teaming	Deepen understanding and skills related to collaborative approaches within social work units to the assessment of safety and risk, case planning, child placement, permanency planning and case management.	Case management and supervision, development of case plan, permanency planning, placement of child, referral to services.	Subject matter experts	15 hours	\$10,230 100% IV-E
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 case planning.	Social work practice, such as family centered practice and social work methods including interviewing and assessment; communication skills required to work with children and families; placement of child, development of case plan for children in foster care and at risk of foster care, case management and supervision, impact of trauma on child development and wellbeing.	Subject matter experts	5.5 hours	\$100/ 100% IV-E
Transformative Supervision	Designed to assist supervisors to explore and practice skills for supporting caseworkers to develop capacity for solution focused and family centered child welfare practice.	Social work practice, such as family centered practice and social work methods including interviewing and assessment, communication skills required to work with children and families	Subject matter experts	11 hours	\$3,130 100% IV-E

Course	Syllabus	IV-E Functions addressed	Provider	Hrs	Est Cost /allocation methodology
Trauma Informed Child Welfare and Youth Justice	Understand impact of trauma on human development and behavior. Learn how to ensure that your practice with children, youth and families is based on the latest trauma research and best practice.	Impact of trauma on child development and wellbeing.	Hired subject experts and CWTP	11 hours	\$5000 est. 100% IV-E
Permanency Round Table Values and Skills	Understand the values and principles supporting Permanency Round Tables as a tool to timely permanence for children and youth. Understand the roles played by participants in Round Tables, and practice skills to ensure they work well.	Permanency planning, case planning.	FSD staff and CWTP	5.5 hours	\$100/ 100% IV-E
Working with Youth Conference	The annual conference focused on youth in care – what works, what they perceive as important, how best to engage with youth to achieve safety, wellbeing and permanency.	Social work practice, such as family centered practice and social work methods including interviewing and assessment; communication skills required to work with children and families; placement of child, development of case plan for children in foster care and at risk of foster care, case management and supervision	Youth, hired subject experts, partners	.5 hours	\$1500 100% IV-E
Vermont Foster and Adoptive Families Association Conference	Support participation of foster parents, adoptive parents, social workers and other staff in the annual conference of the Vermont Foster and Adoptive Families Association, which offers a wide variety of workshops related to children and youth in care.	Recruitment of foster parents, kinship care as a resource, placement of child, development of case plan, case management and supervision, permanency planning, referral to services.	Hired subject experts, CWTP trainers, community partners	12 hours	\$54,000 100% IV-E
Vermont Kin as Parents Conference	Support participation of kin caregivers, social workers and other staff in the annual conference of Vermont Kin as Parents, which offers a wide variety of workshops related to children and youth in care.	Recruitment of foster parents, kinship care as a resource, placement of child, development of case plan, case management and supervision, permanency planning, referral to services.	Hired subject experts, CWTP trainers, community partners	5.5 hours	\$25,000 100% IV-E

District-Based Training for Staff

The Child Welfare Training Partnership (CWTP) provides additional skills-based training in districts that is tied to foundations and core training. This model has proven both popular and effective in facilitating transfer of learning, thereby enhancing the professional development of FSD staff and spreading knowledge and improving practice skills.

Delivery of training is mutually agreed upon by CWTP, the FSD Operations manager, and each district's individualized plan for development of practice, in the context of the Family Services Practice Model. Community partners and other DCF department staff are invited and welcome at the discretion of the district.

The cost of CWTP time is allocated to the benefitting programs, depending upon subject matter.

Supervisor Training

Vermont Department of Personnel offers a Supervisor Development Program that is available to FSD supervisors (and to supervisors throughout state government.) It consists of four seminars (2 consecutive days each, except seminar 4 which is three days), over a four-month period of time. Topics include Enhancing Productivity, Effective Communication, Interviewing and Hiring, Managing Your Time, The Universe of Labor Relations, and Situational Leadership. This generic supervisory training is not charged to the IV-E program.

Vermont supervisors complete the Leadership Academy for Supervisors on-line as a cohort. Learning Networks are provided by the CWTP to bolster learning and leadership throughout the program. These costs are charged to the IV-E program.

Training for IV-E System of Care Service Providers

Most of the above trainings are also available to foster parents, kin caregivers, adoptive parents, workers in residential programs, case managers, state employees in other departments, and other community practitioners providing services to children in custody. Our training calendar is available on the web.

Cost Allocation Methodology for Staff Training

The specific cost allocation for each course is specified in the previous pages.

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.

Caregiver Training

The CWTP provides training for Vermont caregivers, as follows:

Foundations for Kin, Foster and Adoptive Families is required for all families providing care for children and youth in custody. It is divided into two sections. First Steps for Kin (7.5 hours) and First Steps for Foster/Adoptive families (6 hours) is offered via teleconference and classroom multiple times per month year round. This allows families to access basic information immediately upon application. An additional 18 hours of classroom training is provided 2-3 times annually in each district, allowing families to connect with others in their community and with their local resources. All of these courses are provided by trainers hired, trained and supported by the CWTP. CWTP additionally provides a 5-hour training focused on the transition to permanence for those families who are moving from temporary to permanence status.

The **Vermont Caregiver Training Collaborative** includes Family Services staff, CWTP staff, and staff from agencies around Vermont who provide ongoing training to caregivers. A statewide training calendar for the collaborative is currently being built. This will allow caregivers to access training opportunities around the state while sharing limited resources for training available through public, private and non-profit agencies supporting kin, foster and adoptive families

Cost Allocation Methodology for Caregiver Training

The Family Services Division has a single system for application, homestudy and approval of foster parents, kinship care providers, and adoptive parents. Caregivers who participate in caregiver training have often indicated their interest in both short term care, and adoption. Even if they have not, caregivers who start off indicating interest in short term care end up adopting or becoming guardians. Over 90% of adoptions are by foster parents. All guardianship assistance families are relatives who are licensed foster parents. For these reasons, through our caregiver training, we prepare caregivers for all kinds of care, including permanent care through adoption or guardianship

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 and Program Support

Training and Technical Assistance to Local Offices

A training coordinator from the University of Vermont's Child Welfare Training Partnership is assigned to each district office to support transfer of learning and practice improvement. In addition, a Policy and Operations Manager is assigned to each district, and is available regularly to consult on casework, personnel, budget and contract concerns.

Also, priorities for training are identified through dialogue with district offices. For both the previous and upcoming year, priorities have been set in the context of our practice model implementation. Each district has its own plan, and is focusing on a sub-set of our "tools for engagement". We have provided training and technical assistance to support their progress, and will continue to do so during FY '13.

Requested Technical Assistance from Children's Bureau Network

We are requesting continued support as follows:

- NCIC support to finish our implementation project. As part of that project, we are also receiving TA from the NRC on Organizational Improvement.
- NRD on Child Protective Services to conclude our Child Abuse Reporting Evaluation and to provide TA to address any deficiencies that becomes apparent.

Anticipated Research, Evaluation, MIS and/or QA Systems to be Updated

We do not anticipate conducting any research during the upcoming year. We are actively engaged in the evaluation of the implementation of our practice model, which is primarily focused on family engagement strategies. More information about that evaluation, which has not yet concluded, is available through the NCIC.

As previously mentioned, we anticipate receiving a report on our evaluation of our Child Abuse Reporting System in late summer 2012.

Our NCIC project is supporting the development of a data warehouse and reporting system, which we hope will be functional during FY '13.

Lastly, we are participating in discussions about the opportunity to leverage 90/10 funding currently available through Medicaid for IT improvements.

Coordination and Consultation with Tribes

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 Juvenile Proceedings Act requires social workers to provide information required by the Indian Child Welfare Act at the Temporary Care Hearing, held within 72 hours of custody. Our initial case plan format is also designed to identify and address Indian Child Welfare issues.

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.

The University of Vermont's Social Work Department has developed a cultural competency curriculum available for use by FSD district offices, which supports development of practice with the Abenaki and other indigenous communities.

Services and Supports for Children under Five who are in Foster Care

Data Regarding Children Under Five in Foster Care

On 3/31/2012, out of the 1037 children in foster care, 219 were under the age of 6. This equates to 22.5% of children in care.

The length of stay in out of home care was as follows:

Length of Stay in Foster Care, in Years					
Age	<1	1-2	2-3	3+	Total
<1	42				42
2	22	29			51
3	34	10	3		47
4	23	14	2		39
5	25	12	2	1	40
Total	146	65	7	1	219

Of these children, 52 were free for adoption, with active movement towards finalization. Those not free for adoption were as follows:

Length of Stay in Foster Care, in Years			
Age	<1	1-2	2-3
<1	38		
2	19	16	
3	31	5	1
4	21	6	
5	22	8	
Total	131	35	

For the one child in care for three or more years, the mother has voluntarily surrendered her parental rights. Issues related to correct identity of the father are being addressed.

For children who were not free for adoption, case plan goals were as follows:

Case Plan Goal	Number
Care & Protection (under 60 days in care)	32
Reunification	128
Adoption	7

On 7/1/2012, there were 192 children in foster care who were under the age of five. Only 14 had been in care for over two years. Of that group, all but two have been subsequently adopted. The two who have not been adopted are currently placed with kin.

Reducing the Length of Time in Foster Care

For the first three quarters, discharges for children under the age of six were as follows:

	Reunification	Adoption	Discharge to Relative	Guardianship to Non-Relative	Death
9/30/11	23	23	4	1	
12/31/11	26	26	10		1
3/31/2012	21	21	8		
Total	70	70	22	1	1

Analyses of the data in the sections above confirm that in Vermont we are affirmatively pursuing permanence for children under the age of five. One example of this strong

belief in permanence for all children is that this year we finalized an adoption for a child with severe disabilities which were the result of abusive head trauma. We anticipate we will achieve timely permanency for each child in this age group during FY 2012 or 2013. Permanency Roundtables are available to assist any social worker who needs to address barriers to permanency.

We will continue to track data on a quarterly basis for children in this group quarterly in order to identify any concerning trends.

Addressing Developmental Needs of Children under Five

Our approaches for specialized services for children under five are primarily collaborative approaches with DCF's Child Development Division, and with the Vermont Department of Health.

Children's Integrated Services, which encompasses services under Part C of the IDEA, were previously described on page 7. Protective Service Child Care was described on page 10. WIC services are described on page 51. The Fostering Healthy Families project is described on page 49. This project, in part, focuses on establishing a medical home for all children entering foster care.

As this plan was being written, we were informed about the new assessment tool development by the Zero to Three Policy Center. During the next several months, we will use this tool to assess and prioritize areas for action.

All children who newly enter foster care, and are expected to stay at least 30 days will receive a trauma screening (Trauma Symptom Checklist for Child).

We have made a considerable investment in training staff about the impact of trauma on early brain development (see content beginning on page 28). We believe that we have further work to do to make the direct connection from that training to practice in the field. We will continue to work on this during the upcoming fiscal year.

Training and Supervision for Caseworkers, Foster Parents and Service Providers Working With Children under Five

New social workers receive training on child development as part of early service training (see content beginning on page 28).

Health Care Services Coordination and Oversight

Fostering Healthy Families Collaborative with VT Department of Health

The Department for Children and Families (DCF) and the Vermont Department of Health (VDH) have a longstanding collaboration called Fostering Healthy Families. This collaboration is focused in particular on the early identification of health issues for children newly entering custody and the establishment of a medical home for the child.

VDH has committed medical and non- medical professional staff to assist DCF social workers to perform initial and follow up screenings, develop health services plans and to make contact with medical homes to determine appropriate medical treatment for children. However, the DCF social worker is responsible for assuring appropriate health care for children in custody.

The Health Information Questionnaire (HIQ) is an automated tool designed to assist in the screening and monitoring of health issues and health needs. When a child enters DCF custody and is expected to stay at least 30 days, the social worker will refer the child to VDH by completing as much information as possible on the HIQ and submitting it electronically to VDH. All children are automatically electronically referred to VDH on the 7th day in custody, but an earlier referral is preferred.

The VDH public health nurse works with the child's primary care physician to complete the health screen which includes the following information:

- Provider name and last visit
- Allergies
- Prescriptions
- Nutrition
- Sexuality
- Immunizations
- Assistive devices
- Significant health history
- Active health needs

All of this information is used to develop a Health Services Plan and a screening plan of care which is then sent to the social worker and the medical home (primary care provider) for use in ongoing monitoring and treatment.

Health related components included in all case plan formats are to be completed within 60 days of custody and every 6 months thereafter. This is the time when the social worker and the child and family support team updates and monitors health care information and activity.

Collaboration with Children's Integrated Services

Children's Integrated Services (CIS) was previously described on page 7 of this plan. CIS has incorporated services funded by Part C of the IDEA. As such, all children who are substantiated victims of child abuse under the age of three are referred to CIS for screening. In July 2009, when FSD implemented differential response, we began to also refer all children whose families are assessed as being at high or very high risk for future maltreatment.

CIS teams assist FSD social workers in planning and providing for comprehensive services to address the needs of young children assessed to have significant health or

development needs. Services are delivered through communities partners who have expertise in early childhood.

Periodicity Recommendations for Children in Foster Care

The Vermont Department of Health has created a toolkit for providers of pediatric care. The Provider's Toolkit is designed to help providers implement the recommendations contained in Vermont's Periodicity Schedule and the EPSDT program. The materials focus primarily on pediatric health supervision and prevention. It is available on-line at

<http://healthvermont.gov/family/toolkit/AboutTheToolkit.aspx#userguide>

The toolkit incorporates the American Academy of Pediatrician's Statement on Children in Foster Care. The Toolkit site emphasized that:

"Children in State custody often face special challenges that can affect their health adversely. These challenges may include high levels of stress, frequent moves, lapses in preventive health visits and/or a lack of continuity in health care services. The period of custody, even if relatively short, offers an opportunity to address unmet health needs, and health care providers can play a key role in assuring that high quality and well integrated services are provided to this vulnerable population".

WIC Program

The Federal Special Supplemental Nutrition Program for Women, Infants and Children (WIC Program) is available to children in foster care. The WIC program provides healthy foods to children in foster care, in addition to nutrition counseling and health education to their foster parents.

Vermont's Blueprint for Health

Vermont's Blueprint for Health is a highly coordinated, systemic approach to health wellness, disease prevention and care coordination. The Blueprint is a program for integrating a system of health care for patients, improving the health of the overall population, and improving control over health care costs by promoting health maintenance, prevention, and care coordination and management.

The Blueprint is seen as a cutting edge health reform program and public-private partnership. All major insurers must participate in this model as it is expanded statewide. While first conceived as an approach to maximize adult health, the project has now incorporated pediatric practices. This benefits children in foster care, who are known to have a higher incidence of chronic health issues than children in the general population.

In 2010, a legislative act mandated statewide expansion of Blueprint Integrated Health Services, a model that includes Advanced Primary Care Practices with recognition as patient-centered medical homes and community health teams, supported by multi-

insurer payment reforms. This model is in the process of extension to pediatric practices and patients of all ages throughout the state.

Two pediatric practice facilitators employed by the Vermont Child Health Improvement Program at the University of Vermont work with pediatric practices and family medicine groups which serve a significant number of children. During 2011, work has been focused on a dozen pediatric and family practices. In 2012, the goal is to expand to an additional 45 pediatric, family medicine and primary care internal medicine practices.

The model includes Community Health Teams (CHTs) that support guideline based care, population reporting, and coordination of care and services through health information exchange are integrating with state and community based public health and human service programs.

Currently, CHTs include members such as nurse coordinators, social workers, and behavioral health counselors who provide support and work closely with clinicians and patients at the local level. Services include individual care coordination, outreach and population management, counseling and close integration with other social and economic support services in the community. The oversight of psychotropic medicines will occur in the CHT. These teams will form a bridge between AHS clients' Patient Centered Medical Homes and the Agency of Human Services' programs.

Several links are being implemented to help integrate specific sub populations and programs such as those associated with the Department of Health, Department of Mental Health, Department for Children and Families, and the Office of Vermont Health Access.

Health Care Transition for Youth Aging Out of Foster Care

The DCF Family Services case plan format for youth in custody ages 14 and over was revised in the November, 2011 to include healthcare transition planning requirements contained in the Fostering Connections Act of 2008.

Appropriate Use and Monitoring of Psychotropic Medications for Children in Foster Care

As part of H.792 of the 2010 Legislative Session, the Vermont Department of Health Access (DVHA) and the Vermont Department of Mental Health (DMH) were asked to submit a report to the general assembly concerning the monitoring the prescription and use of multiple psychiatric drugs for adults and psychotropic drugs for children.

Although this project was not specific to children in DCF care, the results will apply directly to that population. The report is available on-line:

<http://www.leg.state.vt.us/reports/2011ExternalReports/265767.pdf>

The two departments convened a workgroup of community subject matter experts on children's psychotropic medication management. The primary purpose of the group was to identify evidence-based clinical practice guidelines for the departments to adopt

regarding the prescription of psychotropic medications for children. FSD was included the group of subject matter experts, along with other government and consumer partners.

The workgroup concluded that the guidelines published by the American Academy of Child and Adolescent Psychiatry (AACAP) were most suited for adoption in Vermont. Widely accepted and used in community settings, they promote a family-centered approach and focus broadly on improving quality, safety, and communication between families and health care professionals.

The group reviewed data concerning use of prescription medications. The majority of prescribers are pediatric physicians, primary care, and psychiatrists. Overall use of psychotropic medications in pediatrics was relatively small and stable over a three year time period, with an exception of a slight upward trend in the percentage of patients with three concomitant ADHD and antidepressant medications. The numbers in the last category were very small.

Based on these findings, the following actions have been taken:

- The AACAP guideline *Practice Parameter on the Use of Psychotropic Medication in Children and Adolescents* has been adopted, to promote the appropriate and safe use of psychotropic medications in children with psychiatric disorders.
- The AACAP guideline *Practice Parameter for the Assessment and Treatment of Children and Adolescents with Attention Deficit/Hyperactivity Disorder* has been adopted, since attention deficit/hyperactivity disorder (ADHD) is one of the most prevalent childhood psychiatric conditions.
- DVHA and DMH routinely monitors the use of psychiatric medications with children and adults in accordance with the recommended guidelines. If the departments identify variances from best practice, the University of Vermont's academic detailing program has committed to work with the departments and the DVHA DUR and perform outreach and education to prescribers, as needed.

The workgroup recently expanded to include representation from every department within the Agency of Human Services, except corrections, in order to build upon the work and recommendations of the initial groups. The Child Psychiatric Medications Trend Monitoring Workgroup reviewed Medicaid claims data for children in foster care vs. all children on Medicaid.

This data confirmed the use of atypical anti-psychotics for children in foster care is at a higher rate than the general Medicaid child population and trending upward while the general Medicaid child population's use of anti-psychotic drugs is decreasing. Specifically, the data for the last three fiscal years (SFY 2009-2011) indicates that the rate of use of atypical anti-psychotics is three times as high for children in foster care age 6-12, as compared to the general Medicaid population. For the same years the populations of 13-17 in foster care were at least four times as likely to be on atypical anti-psychotics as the general children's Medicaid population of the same age. When

the departments looked at gender the same story appeared; Vermont children in foster care are placed on atypical anti-psychotics more often than the general Medicaid population. The workgroup cautioned that using the aggregate numbers should only be used to assess the prevalence not to judge the practice patterns of the individual community prescribers.

AHS has charged the workgroup to make recommendations on how to best address deficient's/gaps in the following areas:

- social workers knowledge and understanding of medications and their impact on children;
- availability in some areas of the state of other services needed to address the behavioral, developmental or mental health concerns that medication may be addressing instead;
- a well developed monitoring system;
- best practices in medication usage;
- subject matter consultation.

We applied for, were offered and accepted a three year Technical Assistance Project through the Center for Health Care Strategies, Inc. Five other states have also been funded. We have begun our TA activities, and will attend an on-site meeting in July 2012. The state will also send a team to the HHS sponsored Summit in August 2012.

At this point, our strategy to define and monitor appropriate use of psychotropic medications for children in foster care is still under development. We are very pleased with the commitment of many individuals, both inside and outside state government, to address this concerning issue.

Monitoring and Treating Emotional Trauma Associated with Child Maltreatment and Removal

FSD contracts for a package of screening for every child newly in foster care who is expected to stay for at least 30 days. These include:

- Child Behavior Checklist
- Trauma Symptom Checklist for Children
- Ages and Stages Questionnaires
- Devereaux Early Childhood Assessment

The Vermont Department of Mental Health is in the final year of a five-year SAMSHA-funded grant that has focused on workforce development in the community mental health agencies. Specifically, they have trained clinicians in an evidence-based treatment of trauma, called Attachment, Regulation and Competency (ARC). The overall goal for the ARC Project is that implementation of the ARC framework will increase the community mental health providers' clinical skills to assess, treat, and achieve positive outcomes for children and their families when they have experienced trauma.

As a result of the ARC project, trauma-informed care is available at every community health center.

The state has applied for an HHS-funded grant to assist us in developing a trauma-informed child welfare workforce.

Disaster Planning

On August 28, 2012, Tropical Storm Irene hit Vermont, and left a path of devastation in its wake, primarily caused by flooding. The state is still recovering. Although we did use our disaster plan to guide us, it became clear that each disaster has its own realities. States must be prepared to adapt. The flooding did not impact our district offices' physical sites. However, our central offices were flooded and are still closed. Our computer servers were nearly flooded. Fortunately, dedicated IT staff was able to remove over 100 servers safely. All of the Agency of Human Services was without computers for about 10 days. We quickly set up alternate communication strategies, using cell phones and home email. FSD managers were in touch with all staff on a regular basis, and arranged for units to meet together to plan and de-brief.

All of state government was closed for just one day, August 29. However, our division must maintain core services whether state government is open, or not. Fortunately, we had some warning that Irene was likely to hit us, so we made alternate plans for our Emergency Services Program to operate off site. There was no interruption in service.

On Monday, August 29, our district offices were closed. On that day, we operated our centralized intake system out of the home of a staff person, with two staff on site. We activated district staff to begin checking on children in our care living in foster homes and residential facilities. We began to refine our emergency plans for an alternate site for our Woodside facility, as the facility is near a river, and there was concern they would be flooded. Fortunately, that did not occur.

By Tuesday, August 30, we had found space for essential staff working days, nights and weekends, in a conference room in our Burlington office. They operated in a rudimentary fashion, as we had one incoming phone line and limited access to computers. We experienced no interruption in service. This unit was the first to be re-located to longer term space.

The FSD management team worked continuously throughout the next six weeks, to ensure continuity of operations, and support to staff. It was not until November, that all staff were re-located in vacant space in the IBM facility about 35 miles north of our Waterbury offices. During the fall of 2011, we had to focus primarily on essential functions. We are grateful for the regional office's support during this time.

In March 2012, we were informed that we would be in our temporary location for at least three more years. Although the plan is for us to return to Waterbury, our own building will be demolished. This has been difficult news for our staff, many of whom are travelling very long distances to get to work.

We are very saddened that during the storm, a child in our custody went missing, and has not been located, in spite of concerted efforts to find him. The child recently had his 18th birthday.

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 its twelfth year and continues to provide permanency placement counselors to FSD district offices. The permanency placement counselors 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.

Most 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.

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 548 children are living in licensed foster care, and we have about 1000 licensed foster families. We are experiencing a mismatch between the children we have in care, and the preferences of foster families.

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. We have applied for a Children's Bureau grant to expand this practice.

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.

In the spring of 2011, Vermont documentary filmmaker Bess O'Brien finished her film about Vermont children and youth in foster care. The film, ***Ask Us Who We Are***, features the stories of youth who experienced foster care, kinship care and adoption through foster care as well as the stories of their caregivers. The first tour of the state was completed in Spring 2011, with viewings in 17 communities around the state. Participants in the film were available for panel discussions following the showings. Many local newspapers also featured stories about foster care, stimulated by the tour. This has served as an impetus to discussions occurring about the needs of children and youth in foster care. FSD purchased a copy of the film for every public library in Vermont. In late summer 2012, Ms. O'Brien produced a curriculum guide to support viewing and discussion of the film in schools. FSD was a key player in this effort. Ms. O'Brien toured more communities in the Fall of 2011, and also showed the film at a variety of national conferences and events. More information is available at:

http://www.kingdomcounty.org/our_films/ask_us_who_we_are.php

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 (VCIC); 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 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.

During Tropical Storm Irene, the VCIC facility was flooded. We were unable to process VCIC checks for over a month, which interfered with our ability to draw down IV-E claims. We were able to complete other checks.

Caseworker Visits

The Family Services Division has focused on increasing the frequency of contact workers have, and in fact has demonstrated some improvement over the four year reporting period that ended in 2011.

Workload has been a significant contributor to our failure to meet established goals. During the period 2009-2010, we experienced a steep rise in the number of screened-in reports of child abuse and neglect – from 2500 to 4500 annually. This necessitated shifting social workers to this function. The consequence was that too few social workers were assigned to do ongoing work, including work with children in DCF care and their families. In April 2010, this reality led to approval to hire 18 new social workers, about a 9% increase in the district social worker workforce. The last of these social workers were hired during spring 2011. This year, again due to increased workload, the legislature approved adding an additional 9 positions, 8 of which were social workers.

In April 2011, in a continuing effort to address this issue, we instituted a weekly report that provides information to managers and supervisors about children who have not yet been visited in the current calendar month. Unlike our previous report, which focused on past performance, the new report focuses on upcoming deadlines.

Districts are finding this helpful, and already we are seeing improved performance. During the fiscal year that is just closing, due to close scrutiny and support by central office and district managers, we have made significant progress in achieving monthly contact with children in foster care.

As instructed, we will submit data using the revised measure by the due date in December 2011.

Monthly Caseworker Visit Funds

IV-B funds to support caseworker visits have been used to contribute to the cost of the deployment of smart phones for social workers. Smart phones allow social workers to return phone calls and emails when in the field, schedule appointments, and connect their laptops to the internet to complete casework documentation. This year, we

upgraded our phone to iPhones, which are much more user friendly than the phones we previously used.

Adoption Incentive Funds

Vermont did not receive adoption incentive funds in FY '12 nor do we anticipate receiving funds in FY '13.

Quality Assurance

Our NCIC project has had a specific focus on revamping (1) how and what data we make available to staff, stakeholders and the public and (2) the system we have in place to monitor quality of services and to engage in continuous quality improvement.

During our PIP period, which ended in September 2011, we designed and implemented a case review system that paired districts to review cases, using an instrument. Currently, we are not conducting case reviews. However, as part of the evaluation component of our NCIC Project, we are employed other means to gather input from staff and stakeholders about the quality of our services, including:

- Family Worker Collaboration Survey
- Contract Provider Survey
- Foster Parent Survey
- Evaluations from Family Safety Planning and Family Group Conferencing Meetings
- Survey of Employee Engagement (SEE)
- Focus Groups of clients and partners.
- Child Abuse Reporting System Evaluation

A work group has been meeting to re-design our case review system, with the goal of implementing the new system in 2013. We anticipate that our plan will be informed by the guidance anticipated from the Children's Bureau within the next several months.

In this upcoming fiscal year, we also will work with our management and supervisory staff on the use of the data as part of our quality assurance efforts.

Title IV-E Foster Care Review

In June 2011, Vermont had a primary audit for the Title IV-E foster care program. We are currently in a program improvement period.

Family Services Data

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

Intake, Investigations and Assessments

In 2008, we centralized our intake function. Since that time, our overall number of intakes have continued to rise. In the first two years, the number of accepted reports rose dramatically, causing significant workload pressures in district offices. We continue to experience increases in both intakes and accepted reports.

The accepted reports numbers below represent all of our child safety interventions: child abuse and neglect investigations and assessments conducted under the authority of our child abuse statute, and family assessment completed under the authority of our juvenile statute. The latter assessments focus on determining whether a child is in need of care and supervision.

Year	Intakes	Accepted Reports	% Accepted
2007	12,829	2,938	23%
2008	13,434	3,526	26%
2009	14,488	4,490	31%
2010	15,379	4,601	30%
2011	15,526	4,911	31%

Following the 7/1/2009 implementation of differential response, supervisors in the Centralized Intake Unit also make an initial assignment to a response track. In 2011, child safety interventions were as follows:

2011	Accepted Reports	%
Child Abuse and Neglect Investigations	2,591	53%
Child Abuse and Neglect Assessment	1,192	24%
Family Assessment	1,128	23%

Child Protective Services

Concurrent with the implementation of differential response on 7/1/2009, Vermont changed its policy criteria for providing ongoing child protective services to a family following a child abuse investigation or assessment. Formerly, the provision of ongoing services was contingent upon a substantiation of child maltreatment. Now, any family identified as high or very high risk, using a validated risk assessment tool, is opened for

ongoing services. This has resulted in another dramatic shift in caseload, which has now leveled off.

Date	# Cases Open
1/1/2008	85
1/1/2009	80
1/1/2010	399
1/1/2011	451
1/1/2012	436

Children in Custody

The following tables represent point in time information for caseload as reported in our 2004-2009 CFSP and present. Working on a variety of fronts – safe alternatives to out of home care, as well as permanency – we continued to see a reduced number of children in our care until recently when we have seen an increase in the number of children in care due to child abuse and neglect.

Custody Type	3/31/04	3/31/09	3/31/10	3/31/2011	3/31/2012
Abuse/Neglect	911	728	661	609	685
Delinquent	363	79	220	190	187
Child Behavior	238	155	155	158	143
Voluntary Care	1	20	5	5	1
Total	1513	1182	1041	962	1016

Length of Stay

Overall, we are seeing fewer children in care for two or more years. In the past year, we are seeing slight increases in the number of children in care for child behavior that have been in care for two or more years. Given that there are only 128 children in care for this reason, this may or may not be significant. However, it does merit watching.

Age Range	Length of Stay	12/31/04	12/31/09	3/31/2011	3/31/2012
Age 0-5	Under 2 years	87.2%	91%	89%	93%
	2+ Years	12.8%	8%	11%	7%
Age 6-11	Under 2 years	63%	71%	67%	76%
	2+ Years	37%	29%	33%	24%
Age 12-17 Abuse or Neglect	Under 2 years	54%	46%	44%	56%
	2+ Years	46%	54%	56%	44%
Age 12-17 Delinquent	Under 2 years	57%	58%	66%	79%
	2+ Years	43%	42%	34%	21%
Age 12-17 Child Behavior	Under 2 years	50%	64%	73%	61%
	2+ Years	50%	36%	27%	39%

Relative Placement

The percent of children in care who are living with relatives continues to rise. We feel this is due to the 2009 changes our juvenile statute, our family engagement strategies and the activities of our contracted partners who facilitate family meetings and family time coaching. 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
12/31/2005	8.81%
12/31/2006	8.90%
12/31/2007	12.18%
12/31/2008	12.47%
12/31/2009	13.01%
12/31/2010	14.97%
12/31/2011	16.63%

Use of kinship varies by age group. For children ages 0-5, 30% of children are placed with kin. For children 6-11, 36% are placed with kin. For youth 12-17, that figure drops to 8%.

Effective July 1, 2010 Vermont implemented a Guardianship Assistance Program. The caseload is currently small, but growing.

Outcome Performance

Children are Safe

We continue to have very high safety outcomes:

- July - September 2005 96%
- July - September 2007 96%
- July - September 2009 98%
- January - March 2011 99%
- January - March 2012 99%

Placement Stability Remains a Concern

More children have only 1-2 placements in the first 12 months of out of home placement, but for any child, three or more placements in the first year is concerning.

- July - September 2005 68%
- July - September 2007 71%
- July - September 2009 75%
- January - March 2011 83%
- January - March 2012 72%

Timely Reunification is Improving

More children are reunified within 12 months:

- July – September 2005 70%
- July – September 2007 67%
- July – September 2009 81%
- January – March 2011 63%
- January – March 2012 74%

The recent focus on permanence seems to be paying off, as three out of the recent four quarters were above 70%.

Children are Remaining Safe at Home

Fewer children are reentering out of home care:

- July – September 2005 16%
- July – September 2007 6%
- July – September 2009 11%
- January – March 2011 11%
- January – March 2012 9%

All re-entry figures in Vermont need to be interpreted understanding that some children exit one part of our system – the dependency system – and may re-enter in another – the delinquency system.

Adoptions are Very Timely

More adoptions occur within 24 months than occurs nationally:

- July – September 2005 42%
- July – September 2007 43%
- April – June 2009 45%
- January – March 2011 89%
- January – March 2012 62%

To provide some perspective on the 89%, the average over the last five quarters was 63%. The January-March 2011 quarter was an unusual quarter. The most recent data is more normative.

Transfers to the Youth Justice System

In addition to child protection and child welfare services, the department delivers youth justice services. Youth in custody as delinquents are placed in the DCF 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 our state. In general, the same staff, the same service providers and the same placement resources serve all of our populations.

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 social worker 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 20 youth who were in DCF custody for either child abuse/neglect or because they were beyond the control of their parents were adjudicated delinquent.

Transfers to the Youth Justice System	
2006	58
2007	44
2008	35
2009	22
2010	25
2011	20

Adoption Finalizations

Year	Finalizations
2005	151
2006	165
2007	213
2008	180
2009	153
2010	142
2011	154

As the number of children in DCF care has declined since 2007, so has the number of children who are being adopted. Fortunately, timeliness of finalizations remains very favorable.

Adoption Subsidy

The adoption subsidy administered centrally and currently serves approximately 1,800 children. This program continues to grow, both in numbers served as well as the average cost per subsidy.

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

Inter-country Adoptions

The following children entered DCF custody during the reporting period, who had been adopted internationally.

Child	Agency	Plan for child	Reason for disruption
12 year old female	Agency unknown, child from China	TPR and Adoption	Sibling group came into foster care due to abuse and neglect of two of the children.
14 year old female	Agency unknown, child from Russia	TPR and Adoption	
16 year old female	Agency unknown, child from Russia	TPR and Adoption	
Female, age 10 or 11 – exact age unknown	Agency unknown, child from Guatemala	Adoption	Child's challenging behaviors coupled with inadequate preparation of parents to handle these behaviors.
12 year old female	Agency unknown, child from Kazakhstan	Reunification with parents	Child behavior, violence, mental health issues and inappropriate parenting response (in spite of services engaged.)

CAPTA Reporting

See separate CAPTA report.

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/>

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		Sept 2010	Meetings attended and progress reported in PIP Completed April 2010
Workgroup continue to consult with NRCCFCPP and NRCOI to develop differential assessment strategies, guidelines and training for child protection services.		Sept 2009	Workgroup meets and progress reported in PIP Completed July 2009
Division Leadership Team reviews recommendations produced by workgroup.		July 2009	Product reviewed by DLT Completed 2009
Develop training for staff related to changes in practice and policy related to differential assessment strategies.	July 2009	Sept 2009	Trainings developed Completed July 2009
Work with IT to develop initial and ongoing technology to support differential assessment strategies.	July 2009	July 2010 July 2013	Technology developed Initial changes completed. Ongoing changes date revised, due to 40% vacancy rate in DCF Information Services Division.
Staggered implementation of differential assessment strategies.	July 2009	Dec 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 Completed 2010

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

Action Step	Benchmark Date	Completion Date	Measure/Completed?
Develop qualitative and quantitative CQI process of differential assessment strategies.	Jan 2010	Sept 2010 Dec 2012	<p>We are using a case review process as required for PIP reporting to evaluate our casework practice throughout the life of a case which includes investigations and assessments and case opening based on risk.</p> <p>We will be working on reviewing and revising QA system as part of our NCIC project. Completion date revised.</p>

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 Dec 2011	Dec 2011 July 2012	<p>Analysis completed</p> <p>Dates revised based on NCIC project timeline.</p>
Reconvene original workgroup to review CQI information and recommend practice/policy changes if necessary.	Jan 2012	July 2012	Workgroup completed and recommendations reviewed by NCIC Steering Committee.
Continue CQI process to inform practice, policy and service delivery.	Jan 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	Dec 2009	Workgroup progress reported in PIP. Completed March 2010
Utilize existing forums to review, process and adopt Effective Casework Practice	Summer/Fall 2009	Dec 2009	Minutes of reviews reported in PIP Completed March 2010
Develop practice guidance	Jan 2010 Jan 2011	Sept 2010 July 2012	Guidance developed This is work we will do in our NCIC project. Dates revised. We are currently working on 4 practice guidance areas: Working with Youth with Sexually Harmful Behaviors, Working with High Risk Families; Engaging Fathers; Assessing Risk of Harm Sexual. Also, we are working on several position papers. We will be reviewing all policies for alignment with our practice model. This work is ongoing.
Revise policy to reflect Effective Casework Model	July 2011	Jan 2010 July 2013	Policies revised and posted to website. This is work we will do in our NCIC project. Dates revised.
Revise Field Practice Guide to reflect Effective Casework Model	Oct 2010 July 2012	June 2011 July 2013	Field Guide revised This has been subsumed into our NCIC project.
Develop hiring protocol to ensure new hires are aligned with ECM	Oct 2010	July 2013	Hiring protocol developed and utilized in hiring. Part of NCIC Project. We have several work groups actively working on hiring, interviewing, training, supervision and retention issues. Date revised.

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	Dec 2009	Workgroup progress reported in PIP Completed March 2010
Utilize existing forums to review progress and gather input	Summer/Fall 2009	Dec 2009	Minutes of reviews reported in PIP Completed March 2010
Revise supervisory policy to reflect new role and expectations.		Jan 2010 July 2013	Policies revised and posted to website. This is being done in a supervisor's workgroup in collaboration with the NCIC project. Date revised.
Develop initial and ongoing training and support necessary to support quality supervision.	Jan 2010	June 2010 May 2012	Training/support developed Training designed and delivered June 2012
Implement training and support necessary to support quality supervision.	June 2010	Ongoing	Ongoing training and support We have designed 2 new supervisory practice forum opportunities. This work is ongoing. One or more supervisors from each district are participating in the Leadership Academy for Supervisors. Fifteen supervisors will graduate in September 2012. We are developing the internal capacity to deliver the LAS through the Child Welfare Training Partnership.
Revise performance evaluation to support quality supervision.	July 2010	Dec 2010 July 2013	Evaluation revised. This is part of our NCIC project. Date 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 Final review will take place Summer 2011. Completed final PIP case review in March 2011.
Restructure CQI process to ensure quality services for children and families	Oct 2009 April 2011	June 2010 January 2013	CQI process defined This is part of the NCIC project and we already have a commitment from NRCOI to provide T/TA. Dates revised. The NCIC Quality Improvement Coordinator was hired in January 2011 and is working with several workgroups and Resource Centers on the CQI process to finalize a recommendation for an ongoing and sustainable CQI system. In June 2012, we conducted a targeted review of our child abuse reporting system.
Integrate PIP reporting case review into CQI process.	April 2011	June 2010 Sept 2011	Case review becomes part of CQI process. Completed
Integrate CQI process for the implementation of risk and needs assessment in the youth justice population.	April 2011	June 2010 Sept 2011	YASI becomes part of CQI process Completed
Integrate the CQI process for differential assessment strategies.	April 2011	June 2010 Sept 2011	Becomes part of the CQI process. Completed

P3: Develop and implement continuous quality improvement process

Action Step	Benchmark	Complete	Measures
Implement performance based contracting	Jan 2010	Sept 2010	Contracting partners report on outcomes. There is a state government wide initiative underway. Dates revised. Completed
	Jan 2011	June 2012	
Review consumer concerns to identify themes	Dec 2009	March 2010	Completed
Design process to review critical incidents to support learning	Dec 2009	March 2010	New policy drafted Completed May 2011
	Dec 2010	May 2011	

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 2011	Curriculum reviewed and selected Curriculum reviewed but not selected yet. Date revised. Ansell-Casey Life Skills Curriculum was selected. Training and integration of assessment practices for independent living, including financial literacy, will be reinforced in Fall 2012 as follow up to review in 2011.
Implement curriculum into Youth Development Program life skills classes in all twelve districts	July 2010	Feb 2011 Feb 2012	All 12 districts delivering to youth. Technical assistance site visit record reviews conducted in late Fall 2011 and 2012 indicated implementation.
Establishing a matching funds savings program for adolescent foster youth	July 2011	July 2012	Regulatory framework established funds red. Effort integrated into the Creative Workforce Solutions (CWS).

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

Action Step	Benchmark	Complete	Measures
Establish living wage data for youth exiting foster care	July 2010	Dec. 2010 July 2012	MOU and IT support for information sharing with state DOL data on employment and income has not been completed. Some progress has been made with youth at two CWS pilot sites. Data from those two sites and all other Chafee YDP programs are reporting existing employment data through NYTD. Further data must wait for increased capacity across agencies. It is unclear when this might be available.
Target Youth Dev. Program services to improve employment & earnings for youth in care	July 2011	July 2012	Data from previous section indicates improved outcomes for youth. Training from two pilot sites to be provided to all Youth Development Coordinators in fall 2012.

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 July 2011	Jan 2010 Dec 2012	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. Dates revised.
Family Finding and Family Group Conferencing resources targeted at youth who's assessed need for connections is greatest	Sept 2009	On-going	<p>Increase in numbers of youth connections at 90 day transition case plan reviews.</p> <p>We identified and trained one person in each district to use the family finding software and these youth are discussed at monthly permanency meetings.</p> <p>We held Permanency Roundtables in the Fall of 2012, for 96 children. We are presently monitoring action plans that were formulated. Starting in July 2012, we will implement a regional approach to ongoing Permanency Roundtables.</p> <p>We are evaluating Lexis Nexus as a more desirable alternative to our current subscription people-finding service.</p>

P6: Youth are eligible for and receive preventative healthcare

Action Step	Benchmark	Complete	Measures
Expand Medicaid eligibility for youth exiting foster care	Oct 2009 Oct 2010	Jan 2010 June 2012	Approval of eligibility for at-risk youth up to age 21 inclusive. Approval for full implementation of this eligibility has recently been granted and final administrative details should be worked through by September, 2012.
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 Oct 2010	Jan 2010 June 2013	Finalization of policy Our work in this area continues as part of the larger comprehensive plan involving all stakeholders called for in Fostering Connections Act and should be completed by the benchmark now set.
Establishment of data tracking to measure application of the previous strategy.	Sept 2009 Jan 2011	Jan 2010 June 2013	Effective measurement of this strategy will realistically require full implementation to support the design of the measure and will happen as part of the plan.

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 June, 2012	Reliable Data collected annually and shared with stakeholder groups. DOE/DCF agreement on data sharing completed June, 2012
Tracking of youth receiving supports for school completion and related school outcomes	July 2010	Feb 2011	
Explore implementation of Casey Family Services "Road Map to Learning, Improving Educational Outcomes in Foster Care"	Jan 2010	July 2010 June 2012	Planning meetings held, trainings scheduled. DCF in coordination with DOE, the Justice for Children's Task Force, and UVM have submitted a grant application for support of a statewide school stability initiative based on a previous Casey Breakthrough project. If successful our project will also include support from Casey Family Programs to provide broad based training the strategies in their Road Map for learning to educators, social workers and contracted agency staff to target improvements in educational stability and graduation rates while lowering truancy and the achievement gap for youth in foster care.

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 four districts.		June 2010	At least one Restorative Family Group Conference started in each of the four districts. Completed.
Explore other restorative justice family-based interventions for youth justice.		June 2010	Evidence-based intervention is identified. RFP for service is developed. Restorative Family Group Conferencing has been implemented. Completed.

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	Case staffings utilize internal Family Safety Planning structure. Completed.
Explore other restorative justice family-based interventions for youth housed in the Woodside Juvenile Rehabilitation Center.		June 2010	Interventions have been identified; staff have been trained or introduced to model. 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. Woodside has been repurposed into a psychiatric residential treatment facility. As part of this process, staff are receiving training in MI, CBT and trauma work. The positive incentive based program has been implemented. Completed

STATE COUNCIL ON

DEVELOPMENTAL

DISABILITIES

State Developmental Disability Council

The Vermont Agency of Human Services acts as the designated agency for the Vermont Developmental Disabilities Council [the Council.] The Vermont Developmental Disability Council is a Council established under the Developmental Disabilities Assistance and Bill of Rights Act of 2000, Public Law 106-402, 42 U.S.C. 15001 et seq.:

PURPOSE (Section 121)

...(1) engage in advocacy, capacity building and systems change activities...and

(2) contribute to a coordinated, consumer and family-centered, consumer and family-directed, comprehensive system of community services, individualized supports, and other forms of assistance that enable individuals with developmental disabilities to exercise self-determination, be independent, be productive, and be integrated and included in all facets of community life.

COMPREHENSIVE REVIEW AND ANALYSIS: STATE PROVISION OF INFORMATION ON ICF/MR AND HCBW [Section 124(c) (3) ; C) (vii) – (viii)]

The Council's Plan shall describe the results of a comprehensive review and analysis of the extent to which services, supports, and other assistance are available to individuals with developmental disabilities and their families, and the extent of unmet needs for services, supports and other assistance for those individuals and their families in the state. The results of the comprehensive review and analysis shall include-...

(C)(vii) a description of the adequacy of health care and other services, supports and assistance that individuals with developmental disabilities who are in facilities receive based in part on each independent review (pursuant to section 1902(a)(30)(c) of the Social Security Act) of an Intermediate Care Facility (Mental Retardation) within the State, which the State shall provide to the Council not later than 30 days after the availability of the review; and (viii) to the extent that information is available, a description of the adequacy of health care and other services, supports and assistance that individuals with developmental disabilities who are served through Home and Community-Based Waiver [HCBW] receive.

A. IN GENERAL [Section 124(c) (5) (A)]

The Council Plan shall contain or be supported by assurances and information described in subparagraphs (B) through (N) that are satisfactory to the Secretary of Health & Human Services.

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B. USE OF FUNDS [Section 124(c) (5) (B) (i)-(vi)]

With respect to the funds paid to the State under section 122, the Agency of Human Services [AHS] assures that-

- (i) not less than 70 percent of such funds will be expended for activities related to the goals described in paragraph (4);
- (ii) such funds will contribute to the achievement of the purpose of this subtitle in various political sub-divisions of the State;
- (iii) such funds will be used to supplement, and not supplant, the non-Federal funds that would other-wise be made available for the purposes for which the funds paid under section 122 are provided;
- (iv) such funds will be used to complement and augment rather than duplicate or replace services for individuals with developmental disabilities and their families who are eligible for Federal assistance under other State programs;
- (v) part of such funds will be made available by the State to public or private entities;
- (vi) at the request of the State, a portion of such funds provided to such State under this subtitle for any fiscal year shall be available to pay up to ½...of the expenditures found to be necessary by the Deputy Secretary for the proper and efficient exercise of the functions of the designated State agency, except that not more than 5 percent of such funds provided to such State for any fiscal year, or \$50,000, whichever is less, shall be made available for total expenditures for such purpose by the designated State agency; and
- (vii) not more than 20 percent of such funds will be allocated to the designated State agency for service demonstrations by such agency that-

- (I) contribute to the achievement of the purpose of this subtitle; and
- (II) are explicitly authorized by the Council.

(C) STATE FINANCIAL PARTICIPATION [Section 124(c) (5) (C)]

AHS assures that there will be reasonable State financial participation in the cost of carrying out the plan.

(D) CONFLICT OF INTEREST [Section 124(c) (5) (D)]

AHS assures that no member of such Council will cast a vote on any matter that would provide direct financial benefit to the member or otherwise give the appearance of a conflict of interest.

(E) URBAN AND RURAL POVERTY AREAS [Section 124(c) (5) (E)]

AHS assures that special financial and technical assistance will be given to organizations that provide community service, individualized supports, and other forms of assistance to individuals with developmental disabilities who live in areas designated as urban or rural poverty areas.

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(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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(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: 2013

Basic Priority Categories	Total Projected Funding
Goal Activities (Nine Areas of Emphasis Services Allocation)	\$410,000
General Management (Non-Services Allocation)	\$ 80,000
Anticipated Services Match	\$78,333
Anticipated Non-services Match	\$ 26,667
Subtotal Federal Allocation *	\$490,000
Subtotal Non-Federal	\$105,000
Total Budget FY'11	\$595,000

* Includes FY2012 Carry-forward of \$ 12,312

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<u>NAME</u>	<u>ADDRESS</u>	<u>QUALIFICATION</u>	<u>TERM EXPIRES</u>
Donna Bennett	Brattleboro	Individual w/ disability	3/31/13
Jim Caffry	Waitsfield	Parent of child	3/31/14
Ron Clark	NA	AHS-SSA Title XIX	unlimited
Craig Davis	Middlebury	Individual w/ disability	3/31/13
Gary DeCarolis	Burlington	Parent of adult	3/31/14
Diane Dexter	NA	AHS~ DCF.	unlimited
Dale Hackett	Barre	Individual w/disability	3/31/13
John Hall	Newport	Individual w/disability	3/31/13
Carol Hassler, MD	NA	AHS~ SSA-Title V	unlimited
Wendy Kruger	Morrisville	Parent of child	3/31/13
Jay Lafayette	Burlington	Individ. w/disability	3/31/12
Lisa Maynes	Colchester	Parent of child	3/31/12
Clare McFadden	NA	AHS ~ Older Americans	unlimited
Mary O'Neill	Dept. of Education	DOE ~ IDIEA	unlimited
Ed Paquin	NA	Disability Rights VT	3/31/13
Cheryl Phaneuf	Hardwick	Parent of adult	3/31/14
Robert Price	Essex	Parent of child	3/31/12
Marcella Ryan	Winooski	Individual w/disability	3/31/14
Susan Ryan	NA	UCEDD	unlimited
Jessica Sanville	East Haven	Individual w/disability	3/31/13
Cynthia Smith	Fair Haven	Parent of adult	3/31/14
Jerrold Wood	NA	AHS~VocRehab	unlimited