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**Report to  
The Vermont Legislature**

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**Agency of Human Services Report on the Vermont Center for  
Prevention and Treatment of Sexual Abuse**

In Accordance with Act One 2009: An Act Relating to Improving Vermont's  
Sexual Abuse Response System  
Sec. 12(d): Accomplishments of the Center: Vermont's systematic response to  
Sexual Assault and Child Sexual Abuse

**Submitted to:**      **Corrections Oversight Committee**

**Submitted by:**    **Andrew Pallito, Commissioner DOC  
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**Report Date:**      **March 4, 2011**



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## ATTACHMENTS:

- A. Family Services Practice Guide for Social Workers
- B. DOC/DCF Memorandum of Understanding: Child Protection Measures
- C. DAIL/DCF Adult Abuse and Child Protection Registry Forms and Instructions
- D. DCF/DOE Memorandum of Understanding: Sharing Intake Information

## EXECUTIVE SUMMARY

Act One of the 2009 Legislative Session included several major goals:

- Increasing child sexual abuse prevention efforts:
- Enhancing investigation and prosecution of child sexual abuse:
- Providing the necessary information to sentencing courts so that they devise appropriate sentences for sex offenders and improving the supervision of sex offenders.

This report will provide the Vermont Legislature with an update on the accomplishments of the Vermont Center for Prevention and Treatment of Sexual Abuse and our oversight of the state wide system of response. The following is an outline of the major accomplishments of the Center:

### **Coordination of Treatment:**

1. DOC Continuation of the Vermont Treatment Program of Sexual Abusers
  - a. Services to over 425 convicted sex offenders in 3 prisons and 12 outpatient sites
2. DCF Victim Treatment Providers will have new contracts as of July 1, 2011
  - a. Will create practice consistency state wide, better access geographically
  - b. Will re-establish data collection
3. DCF/DOE Juvenile Sexually Harmful Behavior Treatment Providers will have new contracts as of July 1, 2011
  - a. Will create practice consistency state wide
  - b. Will provide access geographically
  - c. Will re-establish data collection
4. Victim and Sexually Harmful Behavior treatment providers will have best practice consultation
  - a. Provides support and best practice to providers
  - b. Will create geographic coverage state wide
5. DCF/FSD social workers have been provided a practice guide to increase safety concerning sexual behavior and youth and how to refer to treatment providers.
  - a. Will provide consistent practice state wide
  - b. Will foster appropriate referral to treatment providers

### **Prevention Coalition Building:**

1. Development of a State Community Outreach Plan
  - a. Creation of the Protect Kids VT, Prevention web site
  - b. Prevention Public Service Announcements
  - c. Step Up Parent Guide to Prevention of Child Sexual Abuse
  - d. DCF Prevention of Child Sexual Abuse Rack Cards and Posters
  - e. Plans in place for step one to create prevention coalitions state wide
  - f. All prevention materials distributed to DCF district offices
  - g. All prevention materials are made available to community partners
  - h. Established contract with United Way 211 for referral information
2. Commissioning of the Vermont version of the *Commit to Kids* Program, a program to assist youth servicing organizations create policy and programming to orient adults to the dynamics of child sexual abuse and to create safe environments.
  - a. Distributed to all schools in VT with Step Up prevention materials

- b. Distributed to all licensed child care in VT with Step Up prevention materials
- c. Used in training for foster parents with Step Up prevention materials
- d. Distributed to all Children's Advocacy Centers with Step Up prevention materials
- 3. Creation of the Technical Assistance Resource Guide (TARG): A guide for schools in creation or selection of best practice curriculum on sexual abuse and sexual violence.
  - a. Distributed to all schools in VT with *Commit to Kids* and Step Up materials
  - b. The TARG is available on the DOE web site for downloading

To date we have distributed 5594 Step Up parent guides, 8086 prevention rack cards, 1040 *Commit to Kids* DVDs, 2012 TARG rack cards, 2713 prevention posters and 2713 Mandated Reporter brochures.

Two trainings are being planned to provide assistance to schools and community partners who will be implementing the *Commit to Kids* program and the TARG. These meetings will serve as the first step to creating community prevention coalitions.

**Best Practice:**

- 1. Revised Consultation Contracts were created to provide best practice guidance to treatment providers and FSD social workers.
- 2. DOC and FSD MOU to ensure child protection measures are current, are high profile with both departments and continue to be implemented.
- 3. VCPTSA continues to participate in meetings, on boards and groups to provide focus, input on policy and cross information.
- 4. DOC now has representation at SIU/CAC MDTs
- 5. DCF prevention web site provides best practice prevention information and referrals

**Offender Accountability:**

**Registry Checks:**

- 1. Registry checks: VCCRIS now has a criminal record subscription service
  - a. 3339 subscription have been taken out since July 2010.
  - b. 27 educational institutions have subscribed to the service
- 2. DCF and DAIL have created rules and policy for the process of new requests to obtain registry checks in the Vulnerable Adult Population registry and the Child Protection registry.
- 3. DCF and DOE have a signed MOU to allow exchange of information between the departments and the FSD Intake Unit.

Since the implementation of the DCF/DAIL registry checks in late July 2009, 50,335 checks were requested and 378 positive hits were located. The following is the breakdown by year: in 2009 there were 5828 requests with 24 positive hits, in 2010 38,813 requests and 335 positive hits, and in 2011 to date 5,694 requests with 19 positive results.

**Release of Offenders:**

- 1. DCF and DOC have a signed MOU outlining the actions to be taken by both departments to ensure child safety when offenders are released.
- 2. An e-learning program is being developed for DCF/DOC employees to ensure ongoing implementation of this MOU.

**Mandated Reporting:**

1. AHS now has written policy to determine which employees defined as mandatory reporters.
2. An e-learning training was developed and current employees notified that this required training must be taken. Employee participation is tracked and supervisors notified of those who have not yet completed the training.
  - a. Currently 90% of all AHS staff have completed the training.
  - b. All new AHS staff are informed that the training is required.
  - c. All grants and contracts now have an attachment notifying the grantee/contractor of their responsibility to train mandated reporters they employ to provide state services.
  - d. A contract to develop a public mandated reporter, e-learning training is being developed and put into place.

## **PURPOSE**

In 1988, the legislature appropriated funds to create the Vermont Center for the Prevention and Treatment of Sexual Abuse (VCPTSA) to provide statewide coordination of all sexual abuse victim and sex offender prevention and treatment services. The VCPTSA was the first of its kind in the United States and administered jointly by the Department of Corrections (DOC) and the Division of Family Services, the Department for Children and Families (DCF). Established in 1982, the Vermont Treatment Program of Sexual Abusers (VTPSA) fell into place under the umbrella of the VCPTSA, but remained administratively under the DOC.

On February 27, 2009, the Senate and House passed S.13 - AN ACT RELATING TO IMPROVING VERMONT'S SEXUAL ABUSE RESPONSE SYSTEM. It was signed into law on March 17, 2009, becoming Act One of the 2009 session. The legislative intent of the act is to increase child sexual abuse prevention efforts, enhance investigations and prosecutions of child sexual abuse, provide sentencing courts with the information necessary to devise appropriate sentences for sex offenders, and improve supervision of sex offenders. Section 12 refocused VCPTSA and created mandates for reporting progress of the overall system of response.

The purpose of VCPTSA was defined as providing a central point of oversight to Vermont's systematic response to sexual assault and child sexual abuse. The Center will work as a facilitator to the many agencies, organizations, and individuals that have independent roles and responsibilities within the overall system.

Act One is a multi-faceted law. To help guide the efforts and ensure a wide range of perspectives, the Department for Children and Families (DCF) convened a multi-disciplinary, cross-departmental and community partners group to explore and develop a comprehensive approach to prevention, education and systems of response. From this group a Prevention Steering Committee was formed of the agencies and organizations named in the Act. The Act itself also ensured a comprehensive approach to review existing systems within State government, through cross departmental/agency engagement and collaboration. The VCPTSA created a Governing Board to address the broader intents of Act One with all those engaged in improving the system.

## **SCOPE OF THE CENTER**

Title 33: Human Services:

Chapter 6: PREVENTION AND TREATMENT OF SEXUAL ABUSE

§ 601. Center for the prevention and treatment of sexual abuse

- (a) There is established within the agency of human services the Vermont center for the prevention and treatment of sexual abuse (the center). The center shall be jointly overseen by the commissioner of the department of corrections and the commissioner of the department for children and families.
- (b) The purpose of the center shall be to protect Vermont's citizens from sexual assault and child sexual abuse. The center shall oversee Vermont's systematic response to sexual assault and child sexual abuse, while recognizing that many agencies, organizations, and individuals have their own independent roles and responsibilities within this system.
- (c) The responsibilities of the center shall include:
- (1) Coordinating sex offender treatment programs in correctional and juvenile institutions and in the community.
  - (2) Coordinating victim and family treatment programs.
  - (3) Providing support to sexual abuse prevention programs statewide and in local communities.
  - (4) Providing training to recognize and prevent sexual abuse in consultation with the department of corrections, the department for children and families, the department of mental health, the department of state's attorneys and sheriffs, and other agencies, organizations, and individuals as are desirable and necessary.
  - (5) Providing a central organization for the acquisition and dissemination of information regarding best practices for the prevention of sexual violence; the treatment and supervision of adult and juvenile offenders; the provision of victims services; judicial practices conducive to public protection and the supervision of offenders; protocols for coordinated investigations of allegations of child sexual abuse; and any other information that may be beneficial in aiding Vermont's response to sexual abuse.
  - (6) Making available an array of services to sexually abused children and their family members.
  - (7) Providing grants to community agencies to further the center's purpose of protecting Vermont's citizens from sexual assault and child sexual abuse.
- (d) The commissioner of corrections and the commissioner for children and families shall be responsible for maintaining and providing staffing for the center and shall report every two

years to the corrections oversight committee on the accomplishments of the center. (Added 2009, No. 1, § 12, eff. March 4, 2009.)

## **JOINT OVERSIGHT:**

The Center continues to be jointly overseen by the Commissioner of the Department of Corrections (DOC) and the Commissioner of the Department for Children and Families (DCF). The Commissioners' are responsible for the staffing of the Center:

Co-Director: DOC VTPSA Program Director

Co-Director: DCF/FSD Child Victim Treatment Director

Upon passage of Act One, the Departments of Corrections and Children and Families reviewed and made adjustments to the positions assigned to the Center and established a Governance Board. Member agencies represented at the Board are the Departments of: Children and Families, Corrections, Public Safety, Office of the Defender General, Office the State's Attorney and Vermont Children's Alliance. The Governance Board currently provides guidance and direction to the Co-Directors and insight to gaps within the system. The formal role of the Board is still being formed and refined.

## **SYSTEMATIC REPOSE:**

### **Coordination of Treatment**

#### **Offender Treatment:**

The Vermont Treatment Program of Sexual Abusers (VTPSA) currently provides evidence-based treatment services to over 425 convicted sex offenders in 3 prisons and 12 outpatient sites each year. Treatment staff conduct individualized assessments to match treatment services to the risk level, treatment needs, and learning style of clients. Program placement guidelines are designed to place higher risk/need offenders in the more intensive treatment programs and lower risk/need offenders in less intensive treatment programs. Cognitive-behavioral group treatment is the main treatment method. The primary goal of the program is to reduce sexual victimization and program evaluations indicate that the program is effective in achieving this goal.

Offenders completing the prison based treatment program also participate in the community based treatment program that is nearest to their place of residence or employment. Offenders who have been released to the community after participating in prison treatment are generally

required to complete, on average, two years of weekly aftercare treatment group sessions and one year of once monthly aftercare group treatment sessions. Prior to release into the community the treatment staff work closely with probation and parole officers in developing a transition plan. Family and friends of the offenders also participate in the transitional planning with VTPSA treatment and DOC staff. Sex offenders with developmental disabilities received specialized group and individual treatment. Services for offenders with developmental disabilities are available in both the prison and community based treatment programs. Because of the low numbers of female sex offenders they typically receive individualized treatment in both the facility and in the community.

On a monthly basis the community treatment providers attend a mandatory supervision meeting that is facilitated by the VTPSA clinical director. Since the establishment of the community sex offender treatment groups, the treatment provider and the DOC sex offender supervision team in each county meet on a monthly (in some districts it is every two weeks) basis. These teams have enlarged to include DCF staff over the past year.

### **Victim Treatment and Treatment for Juvenile Sexually Harmful Behaviors:**

The Department for Children and Families' Family Services Division manages contracts to provide treatment for children who are victims of sexual abuse, as well as children who engage in sexually harmful behavior. These contracts have recently been revised and brought up to date with Medicaid rates. They are now called Sexual Abuse Treatment Provider Contracts.

Both treatment of victims and youth with sexually harmful behaviors fall within these contracts. The contracts now provide payment to treatment providers to attend consultation group meetings, a minimum and maximum of 4 meetings, for the purpose of ensuring best practice systems-wide.

Consultation Facilitation contracts have also been revised. These contracts provide expert case consultation to treatment providers and Family Service District Office staff. Consultants organize and facilitate meetings in which treatment providers are provided the opportunity to review cases and best practice. Family services social workers have the opportunity to use this process to assist with case planning and practice guidance. These contract revisions are still in draft form.

The Family Services Division (FSD) has created a practice guide for Social Workers to increase safety concerning sexual behavior and youth. The purpose of this guide is to ensure that FSD social workers serving youth who engage in sexually harmful behaviors are properly identified through screening, and where appropriate, receive further evaluation. The language in this practice guide and the Treatment Provider Contracts has been matched so that appropriate assessments and treatment can happen consistently. This guide is still in draft form, see Attachment A.

Youth with special needs, both victims and those with sexually harmful behaviors have a continuum of care in Vermont. The Woodside facility provides treatment for youth up to age 18 as part any ongoing treatment plan. FSD contracts with Park Street, the only other residential treatment facility that has specific treatment for sexually harmful behavior for youth up to age 18. Park Street provides assessments and treatment for adjudicated or non-adjudicated youth who admit that they have sexually harmful behaviors. If Park Street is not able to provide appropriate treatment or the youth is found to be high risk, they provide feedback to the state with recommendations for one of the 4 out of state residential programs. Youth who are over 18 to 21 years of age would be treated at one of the out of state programs.

The DOC Victim Services Program provides information, assistance, and support to victims of crime when the offender in their case is in the custody of or under the supervision the DOC. Services include information and notification through the Vermont Automated Notification (VAN) service, victim-offender dialogue program, providing information to victims about the offender and the DOC, referrals to community resources, assisting the victim who wishes to participate in the offender release planning process and reviewing requests for victims to visit and offender as well as requests for no contact.

## **Prevention Coalition Building**

### **Coordination of Services**

Child sexual abuse is a serious problem - it is most often committed by people we know and trust. Experts estimate that one in four girls and one in six boys (ACE Study: [www.cdc.gov/nccdphp/ace/prevalence.htm](http://www.cdc.gov/nccdphp/ace/prevalence.htm)) are sexually abused before their 18<sup>th</sup> birthday. Studies show that the general population does not perceive child sexual abuse as a pervasive

problem. While this information is troubling, there are prevention efforts that everyone can take. DCF has created a State Community Outreach Plan targeted at providing adults the information they need to take responsibility for protecting children. To implement the Outreach Plan, the Prevention Steering Committee developed the “Step Up” public service announcements that aired in May, June and July of 2009 and served as the photo shoot for “Step Up” campaign prevention posters and rack cards. The Committee also produced the parent guide to prevention. These materials all became the foundation for the DCF Protect Kids web page. The Outreach Plan report to the Legislature can be seen at:

[www.leg.state.vt.us/reports/2009ExternalReports/250463.pdf](http://www.leg.state.vt.us/reports/2009ExternalReports/250463.pdf).

The prevention web site: “Protect Kids” provides information on definitions of child sexual abuse, statistics, who the abusers are, how it happens, how to recognize symptoms and what individuals can do to help prevent it. This interactive web page provides keys to prevention, intervention and treatment resources. Materials on this page are downloadable, geared towards parents and adults and are user friendly.

All District Offices of Family Services (FSD) and Economic Services (ESD) within DCF display the Step Up prevention rack cards and FSD uses the Step Up parent prevention guide for family education. This information all directs people to the Protect Kids web site.

Working with the Prevention Steering Committee, DCF commissioned a special Vermont edition of the Canadian Center for Child Protection’s *Commit to Kids* program —a program that helps child-serving organizations to create safe environments for children. The program includes a workbook; training video and reproducible forms for creating policies and procedures. Chapter 2 of the workbook, along with the training video, provides a detailed orientation to child sexual abuse, while chapters 3 through 8 will help schools move beyond awareness to organizational change that helps keep children safe. Chapter 7 includes information about reporting child abuse in Vermont and can easily be included in employee orientations. Technical assistance to implement the program continues to be a challenge due to staffing constraints but DCF and DOE staff is available upon request. DCF/FSD District Office staff have been provided with a presentation developed for use with schools and community organizations who request technical assistance and training.

The *Commit to Kids* program is also being used in new foster parent trainings and the Step Up prevention materials are provided to foster parents through the Vermont Foster and Adoptive Association, the Child Welfare Training Partnership and the Foster Care liaison. These materials have also been provided to each of the 9 Children's Advocacy Centers.

A packet of the Step Up materials and the Commit to Kids program on DVD were distributed to all public and private schools (350 schools) in November of 2010. Additional materials can be ordered from DCF and schools can refer parents to a new prevention website: [protectkids.vt.gov](http://protectkids.vt.gov) and download a parent's guide there as well.

DCF has a contract with the United Way 211 system. They are now prepared to receive calls requesting resource on sexual abuse and offer the parent guide, direct calls to VCPTSA and FSD District offices and Centralized Intake.

The Departments of Education and Children and Families are planning two geographically located, north and south, orientation days to provide technical support to schools around the use of the *Commit to Kids* program and the Technical Assistance Resource Guide (TARG) for curriculum

development. The TARG was developed by the Vermont Sexual Violence Task Force through the direction of Act One. This is a resource guide for schools' implementation of capacity-building around sexual violence prevention programs and nationally recognized, "best practice" criteria for schools to identify what sexual violence prevention curricula and activities work in their community

The planned orientation days will also serve as the first step to the Outreach Plan Strategy #9: Community Coalition Building. Educators, community partners and DCF staff will all be invited participants in these May 2011 events. A specific session is planned for breakout by community, to strategize, support and sustainability for community prevention efforts.

The prevention materials discussed above were provided to all Vermont licensed child care facilities (600 facilities) through the DCF Child Development Division (CDD). In addition, letters announcing the *Commit to Kids* program availability and samples of the Step Up Prevention Campaign materials were mailed to all registered child care providers in the state (1000 registered providers). The CDD has contracted with Prevent Child Abuse Vermont to

conduct orientation sessions to provide support to child care centers for the use of the *Commit to Kids* program.

All of the Step Up Prevention materials are made available to community partners at no cost. Sexual abuse prevention programs were invited to participate in the Steering Committee workgroups for Act One and provided a forum for voicing their needs and capacity around these materials and supporting implementation. Materials are available on the web, through District Offices, 211 or by contacting the VCPTSA directly.

*Table One  
Dissemination of Materials*

	<b>Parent Guides</b>	<b>Prev. Rack Card</b>	<b>DVD</b>	<b>TARG Rack Card</b>	<b>Posters</b>	<b>Mandated Reporter Brochure</b>
Schools	350	350	350	350	350	350
Child Cares	1600	1600	600	1600	1600	1600
Individual Requests	2944	436	90	62	63	62
VT Visitor ctrs.		5000				
Vt Church Mailing	700	700			700	700
<b>Total</b>	<b>5594</b>	<b>8086</b>	<b>1040</b>	<b>2012</b>	<b>2713</b>	<b>2713</b>

Data as of 2/9/11

### **Best Practice**

The revised Consultation Contracts mentioned above under Victim and Juvenile Treatment will provide ongoing best practice direction and guidance to practitioners in the field. This group of consultants participated in the creation of FSD practice guide for Social Workers.

Senior clinical and program administrators of the Vermont Treatment Program of Sexual Abusers attend and participate in national and international research and treatment conferences.

Literature searches on research and best practices are conducted on a regular bases. The VTPSA also engages in ongoing evaluation activities.

The Special Investigations Units (SIUs) in Vermont are defined as multi-disciplinary sexual assault response teams; SIUs are responsible for investigation, prosecution and providing victim services in cases of sexual violence toward adults and children. These units are considered best practice and are designed to include local, county and state law enforcement investigators, DCF social workers, prosecutors, victim advocates and other stakeholders. Members of the SIU teams receive significant levels of training to ensure they understand the complexities and dynamics of sexual violence and child sexual abuse. The units ensure compassionate and professional service for child and adult victims, and hold offenders accountable for their crimes. The SIUs work “hand in glove” with Child Advocacy Centers (CACs) in Vermont, since they have similar goals in cases involving child victims, the CAC and SIU team members are often one in the same, and the families served by the CAC and SIU will need the expertise provided by both throughout their process.

Since the 1990s three fully-supported SIUs in Vermont have been effectively responding to reports of sexual crimes. These are Chittenden Unit for Special Investigations (CUSI), Bennington County SIU, and Northwest Unit for Special Investigations (NUSI in Franklin/Grand Isle Counties). When several high-profile crimes of a sexual nature occurred recently in Vermont, it spurred the beginning of the creation of 9 additional SIUs around Vermont. As of this date, each county or region has either a functioning SIU or the beginning of same. In 2008, the Vermont State Police began placing trained detectives into the SIUs around the state, and presently there are 11 detective troopers, three Detective Sergeants supervising these troopers, and a Detective Lieutenant who supervises the VSP’s SIU personnel. In Orange County, the Orange County Sheriff’s Department secured a site with the support of the other stakeholders, and placed two trained detectives into their SIU. They serve all of Orange County. Addison County has a team of committed people working on the development of an SIU, but the unit is not fully in place at this time.

A person in need of SIU services may access their local SIU in various ways:

Calling or going to a local police department or other law enforcement entity and having that department contact the SIU to determine whether the case will be investigated at the SIU.

Making a report of child sexual abuse or extreme physical abuse or neglect to the Department for Children and Families (DCF).

Going directly to the SIU office, or calling the SIU office.

Most referrals to the SIUs in VT come from DCF after a mandated reporter makes a report to DCF regarding an allegation of child sexual abuse.

Act One required that the Department of Corrections have representation at the MDT of the SIU/CAC. This has provided for further coordination and collaboration on cases and safety planning. DOC is participating in the multi-disciplinary team meeting aspect of the SIUs in each county of the state, with the exception of Addison where there is still no real SIU.

The DOC and FSD have entered into a memorandum of understanding to ensure that child protection measures are current, of high profile and implemented across the two departments when violent offenders are being investigated, prosecuted and supervised. (Attachment B)

DCF/FSD Investigators and district office staff have an active role in the MDTs. Currently; Vermont has nine children's advocacy centers, all of which are partnered with their local Special Investigation Units. Children's Advocacy Centers (CACs) provide a comprehensive, culturally competent, multi-disciplinary team response to allegations of child abuse in a dedicated, child-friendly setting. As a member of the MDT, the CAC hosts the interviews and is part of the collective decisions about investigation, treatment, management and prosecution of child abuse cases. In this way, CACs are able to foster a more complete understanding of case issues and the most effective child-focused system response possible.

Each of Vermont's CACs work closely with their accrediting entity, the National Children's Alliance, and with the Northeast Regional CAC; additionally each CAC is a member of the Vermont Children's Alliance, which functions as the umbrella organization and voice for CACs state-wide.

To remain current in best practice VCPTSA participates in multiple boards, meetings and groups that focus on prevention, treatment and supervision in the area of sexual abuse. These include but are not limited to: the SIU Board, the Sexual Abuse Summit Planning Committee, Vermont

Children's Alliance State Chapter meetings, and the Children's Justice Act Task Force. Participation in these meetings provides opportunities to foster collaboration, share information and best practice models. The Child Victim Treatment Director serves in the Planning, Policy and Practice Unit (PPP) of Family Services with of the Domestic Violence Unit Director. The PPP unit enables cross development, overlap of focus and allows VCPTSA to provide input on policy and practice of field staff that spread best practice through their roles in communities.

## **Offender Accountability**

### **Registry Checks**

The Vermont Criminal Conviction Record Internet Service (VCCRIS) is now required to provide DCF and educational officials' authorization to receive access to a criminal record subscription service. This service has been developed and provides updates on record checks through an automatic system. The subscription services went into place in July of 2010. Since it was started, 27 educational institutions have signed up for services and to date, 3339 subscriptions have been taken out. Information about the subscription services can be found at <http://www.vermont.gov/portal/services/subscriber/services.php>

In addition to criminal background checks, the Department of Education (DOE) is now required to request checks within both the child protection registry and the vulnerable adult registry for any initial license, reinstatement of a lapsed license or for the position of superintendent of schools. Superintendents/headmasters of Vermont schools also must request background checks from DCF/DAIL for all school employees, contractors, student teachers, and volunteers working within the school and who may have unsupervised contact with children.

DCF and the Department of Disabilities, Aging and Independent Living (DAIL) have created and adopted rules to govern the process for obtaining, disseminating and maintaining records of this information from their perspective registries. Joint policies were created that focus on the most efficient and timely manner to provide information to authorized requestors. Through this process, DAIL has become the center point for new applicants to submit requests and receive information. See Attachment C.

To further promote child safety, DCF and DOE have an MOU which provides for the exchange of information between schools and the Family Services Intake Unit. DCF will therefore provide reports received involving the behaviors of individuals known to be regulated by DOE. DOE will also provide any information learned relative to these reports. See Attachment D.

**Table Two**  
**Requests for Background Checks**

Organization Type	2009	2009	2010	2010	2011	2011
	Requests	Substantiations	Requests	Substantiations	Requests	Substantiations
AHS Department	278	5	2945	63	554	2
Councils on Aging	22	1	244	1	55	0
ARIS	454	6	6357	83	661	3
Assisted Living Residence	0	0	223	2	41	0
Camp	0	0	0	0	0	0
Church	0	0	346	2	204	1
Community Action	0	0	0	0	3	0
Community MH Center	81	1	2696	23	229	2
Contract Management Organization	151	0	1955	9	235	1
Council on Aging	0	0	8	0	8	0
Federal Fund Health Center	0	0	0	0	0	0
Home Health Agency	94	0	1804	9	285	0
Hospital	57	0	3712	19	463	3
Nursing Home	746	1	4345	46	564	2
Other	0	0	1505	6	230	1
Physicians	0	0	0	0	0	0
Residential Home	130	1	1109	12	321	0
Rural Health Clinic	0	0	0	0	0	0
School	3750	8	10354	40	1476	1
Therapeutic Care Residence	0	0	93	2	20	0
Town Government	0	0	0	0	1	0
Transportation Provider	25	0	828	11	313	3
Vermont Court	40	1	289	7	31	0
<b>Totals</b>	<b>5,828</b>	<b>24</b>	<b>38,813</b>	<b>335</b>	<b>5,694</b>	<b>19</b>

\* System began in July 2009; data is for only 5 months

## **Release of Offenders**

DCF and DOC signed a Memorandum of Understanding that outlines the actions to be taken by each Department to ensure the safety of children when offenders are released on furlough, probation and parole. The MOU specifically addresses when and how communication will take place between the two Departments to implement these safety actions. Upon signature of this agreement, state-wide trainings began to familiarize staff that it existed, how it was to be implemented and how to safeguard the information being shared. The two Departments are currently creating an e-learning session on this MOU to ensure ongoing awareness, understanding and compliance with the agreement.

DOC submitted a report to the Legislature in November 2009 report to the Legislature, providing detailed information on the implementations, inter-departmental agreements and protocols and training for staff. This report can be viewed at:

<http://www.leg.state.vt.us/reports/2009ExternalReports/250702.pdf>

## **Mandated Reporting**

### **Determining AHS Mandated Reporters**

Act 1 added many AHS employees to the list of those mandated to report. In 2008, AHS Human Resource staff engaged in a process with all department managers that classified AHS positions under the following categories: Direct Service; Non-Direct-Service; and Management. The Direct Service Category is comprised of:

- Direct Service I: Staff whose main role is to work directly with individuals and families receiving AHS services in counseling, coaching, or supervisory capacity.
- Direct Service II: Staff whose role is to work with individuals and families in tasks such as determining eligibility for services or assisting in basic needs, or in ongoing outreach with community providers, but do not provide counseling type services.
- Administrative Support/Reception: Staff who provide administrative support to an office or individual and have contact with the public via the phone or walk-ins.
- Non-Direct Service categories are Program Staff, Technical Specialists, and
- Operations/Administrative Staff; Management Staff are Supervisors for Program and Operations/Administration as well as
- Managers for Program and Operations/Administration.

Using the 2008 classifications, the following AHS employees *are considered* mandatory reporters:

- Any employee holding a position in Direct Service I or II category;
- Any employee holding a position in the Administrative Support/Reception category;
- Any AHS employee who is already identified in 33 V.S.A. § 4913(a) as a mandatory reporter, regardless of their position with AHS.

It is determined that the following AHS employees *are not considered* mandatory reporters:

- Any employee holding a Non-Direct Service or Management Position, as those terms are defined and exemplified by AHS Human Resources, except for those individuals already identified in 33 V.S.A. § 4913(a) as mandatory reporters.

There are appropriate work group protocols in place and training on mandatory reporting for non-direct service and management personnel in AHS in order to ensure that pertinent information regarding possible child abuse and/or neglect is forwarded to appropriate personnel when that information arises during the performance of their work duties.

Grantees and Contractors will use the definitions expressed in Direct Service I and II to identify those persons on their staff who are mandated reported. These entities and their personnel, when acting as agents for the AHS, have the same duties and responsibilities as AHS employees. AHS also has the duty to regulate and monitor compliance of Grantees and Contractors with this protocol. The duties and expectations for Grantees and Contractors will be specified in all contracts and grants.

## **Training**

An on-line training program was developed and all AHS staff that are considered mandatory reporters are required to take this training. Currently 90% of all AHS staff who are considered mandatory reporters have completed the on-line training. New employees are informed that they are required to take the training and supervisors are mailed reports listing employees who have failed to do so. The September 2009 Report to the legislature can be found at:

<http://www.leg.state.vt.us/reports/2009ExternalReports/249970.pdf> .

*Table Three*  
*Report on AHS Mandated Reporter Training*

DEPT	# MANDATED REPORTERS WHO HAVE COMPLETED	# MANDATED REPORTERS WHO HAVE NOT COMPLETED	% COMPLETED
DAIL	140	23	85%
DMH	200	28	87%
DOC	714	138	83%
DVHA	47	1	97%
VDH	71	5	97%
DCF	617	46	93%

Data as of 2/10/2011 payroll period

Through a grant from Vermont’s Children’s Justice Act funding, the CJA Task Force has contracted with KidSafe in Burlington to further develop the on-line mandated reporter training and create a public e-learning that will be housed through the AHS Information Services Division. This e-learning session will be made available to community partners, educators and interested adults.

**CONCLUSION:**

All of the requirements of AHS within Act One that were due upon passage of the bill into law, July 2009 and the requirements due at this time have been implemented. The Center for Prevention and Treatment of Sexual Abuse continues to seek new ways to engage community partners with the on going efforts of the Departments of Corrections, Education and Children and Families in the prevention and treatment of sexual abuse.

Act One requires the Center for Prevention and Treatment of Sexual Abuse to provide “grants to community agencies to further the center’s purpose of protecting Vermont’s citizens from sexual assault and child sexual abuse.” No specific appropriation was provided to support this mandate. Family Services does not have available funds to provide community grants at this time.

Act One has generated high levels of improved communication and collaborative work between the Departments of Corrections, Children and Families and Education. These Departments, within their own collaborations have reached out to community partners and produced outcomes that are now being carried out to the broader network and to individuals.

As the State Prevention Plan is fully implemented, long term, sustainable coalitions between communities and state agencies will carry forward the efforts and standards created in Act One. DCF Family Services Division and the Department of Corrections will continue to implement practice changes that enhance safe communities and move policy into field practice and implementation.

The Vermont Auditor of Accounts was asked by the Legislature to consider how to audit the State's Sexual Abuse Response System. They conducted preliminary research on various elements and issues that surround sexual abuse and provided recommendations for a future audit. As the audit unfolds there will be additional opportunities for the VCPTSA to monitor, review and promote activities both mandated by Act One and those that move beyond the mandates. Continued review of our system of response will provide additional measurement tools to capture and evaluate outcomes of these prevention efforts, work to fill gaps and assess the needs of communities in order for prevention to happen.

**Department for Children and Families  
Family Services**

**Practice Guidance for Social Workers working to increase safety  
concerning sexual behavior and youth:  
Family Services Case Opening to 3 Months**

The purpose of this practice guidance is to ensure that youth on a Family Services social worker's caseload who engage in sexually harmful behaviors, regardless of substantiation or legal status, are properly identified through screening, and where appropriate, receive further evaluation in order to determine:

- The need for treatment;
- The level of supervision;
- Appropriate supports and services.

This practice guidance addresses working with youth with sexually harmful behaviors during the first 3 months on the caseload of a Family Services' social worker. These youth may fall into five broad categories:

1. A youth who has been adjudicated for a sexual offense in Vermont statute:
  - a. Sexual assault as defined in 13 VSA § 3252;
  - b. Aggravated sexual assault as defined in 13 VSA § 3253;
  - c. Lewd and lascivious conduct as defined in 13 VSA § 2601;
  - d. Sexual abuse of a vulnerable adult as defined in § 1379 of 13 VSA;
  - e. Second or subsequent conviction for voyeurism as defined in 13 VSA § 2605(b) or (c);
  - f. Kidnapping with intent to commit sexual assault as defined in 13 VSA § 2405(a)(1)(D);
  - g. Aggravated sexual assault of a child in violation of 13 VSA § 3253a.
  - h. Lewd and lascivious conduct with a child as defined in 13 VSA § 2602;
  - i. Slave traffic as defined in 13 VSA § 2635;
  - j. Sexual exploitation of children as defined in 13 VSA §§ 2822-2828;
  - k. Procurement or solicitation as defined in 13 VSA § 2632(a)(6);
  - l. Sex trafficking of children or sex trafficking by force, fraud, or coercion as defined in 13 VSA § 2635a;
  - m. Prohibited Act as defined in 13 VSA § 2632;
  - n. Sexual exploitation of a minor as defined in 13 VSA § 3258(b);
  - o. Luring a child as defined in 13 VSA § 2828; or
  - p. An attempt to commit any offense listed in this section.
2. A youth who is, or has been, engaging in any behavior listed above and who has not been adjudicated and may or may not have been substantiated for sexually harmful behaviors.
3. A youth who is, or has been, engaging in other sexually harmful behaviors such as:

- a. Any sexual interaction with a child who is much younger or more vulnerable
- b. Using tricks or bribery to involve someone in sexual activity
- c. Using force, aggression or coercion to involve someone in sexual activity
- d. Any sexual behaviors involving another person which the youth seems unable to control after being told to stop

Sections 4 and 5 involve behaviors that necessitate a response but do not rise to the level of investigation or legal charges. When these behaviors are present, monitoring is always to be encouraged and further risk assessment should take place when any of the following factors are present:

- A) when the behavior is particularly disruptive to the family or school setting;
- B) when simple redirection does not stop the behavior;
- C) when there is an emerging pattern of repeated concerning behaviors.

4. A youth who is exhibiting sexual behavior that is not age appropriate or expected developmentally.

Expected behaviors vary depending upon a child's age and developmental level. The following is a very basic outline of behaviors that are considered uncommon at particular stages.

Preschool aged children:

- discussion of specific sexual acts or explicit sexual language;
- adult-like sexual contact with other children.

Prepubescent children:

- adult-like sexual interactions with animals, other children, stuffed animals, toys, etc.;
- discussion of specific sexual acts;
- public or compulsive self-stimulation;
- peeping/exposing/pornographic interests.

After puberty begins:

- adult-like sexual interactions with animals, other children, stuffed animals, toys, etc.;
- consistent adult-like sexual behavior, including oral/genital contact and intercourse;
- masturbating in public;
- sexual interest directed toward much younger children.

5. A youth who shows the following concerning behaviors:

- deliberately walking in on children changing or using the bathroom or asking a child to watch them change or use the bathroom;

- seeming overly focused on activities that involve removing clothes, such as swimming;
- tickling, wrestling or roughhousing with children and appearing to accidentally touch genitalia;
- telling sexually explicit jokes or discussing sexually explicit information with children;
- teasing children about breast or genital development;
- looking at or taking pictures of children in underwear or bathing suits;
- excessive use of pornographic media including magazines, internet, books, etc.

### **Risk Assessment**

One of the goals of risk assessment is to make some determination regarding the future risk to reoffend. In addition, the process of risk assessment, including the use of risk assessment tools, helps to:

- Simplify the information gathering process associated with case opening;
- Summarize the characteristics of a case in a meaningful way
- Provides input into important decisions about supervision, treatment and other services;

There are two components to a risk assessment, static and dynamic. The static components are unchangeable characteristics that predict future behavior. In the case of adolescents, adolescents who are sexually aroused by younger children and/or sexual violence are more likely to be at risk of committing subsequent sexual offense. Therefore, if this is a static risk factor, it must be considered a high predictor of recidivism. Dynamic components (sometimes called needs assessment) are changeable characteristics or situations that predict future behaviors. Needs assessment has helped identify the types of problems that ought to be the focus of services for youth who display serious problems in their families, school and communities.

Risk assessment should assess multiple domains of the youth's functioning, including sexual (e.g. sexual arousal, sexual attitudes, sexual preoccupation), intrapersonal (e.g. affective expression, impulsivity), interpersonal (e.g. social involvement, aggression), familial (e.g. parent-child relationships, family distress), and biological (e.g. neurological, physical health). The YASI (Youth Assessment Screening Instrument) is a validated tool for assessing the intrapersonal, interpersonal and familial. The ERASOR (Estimate of Risk of Adolescent Sexual Offense Recidivism) is an empirically guided risk assessment tool for use in predicting adolescent sexual recidivism. To get as complete of a picture as possible, apply both the YASI and the ERASOR whenever appropriate.

#### **YASI Risk Assessment:**

Assessing the risk to engage in inappropriate behavior, or reoffend in the case of an adjudicated youth, allows social workers to determine treatment intervention needs and supervision level. Assessment is based on information gathered by the social worker including information from collateral contacts, results from a YASI

full assessment, as well as the results from tools or instruments recommended for use by DCF, Family Services for screening youth with sexually harmful behaviors.

A risk assessment should be conducted early in the case. A reassessment may be conducted at subsequent junctures in case planning as follows:

1. At a minimum, every 6 months for case planning (3 months is recommended).
2. Prior to closing a case when the youth is moderate to high risk.
3. If a new delinquency or adult offense is committed.
4. When the youth engages in an escalating pattern of risky behaviors.

#### ERASOR Risk Assessment:

The ERASOR (The Estimate of Risk of Adolescent Sexual Offense Recidivism) is an empirically-guided clinical judgment methodology to predict adolescent sexual recidivism. The developers of the ERASOR acknowledge that no actuarial instrument could possibly include all potential risk indicators. Therefore, as with the YASI, the ERASOR is one part of a thorough risk assessment process that includes interviews with the youth, family, treatment providers and other collateral contacts, as well as a review of the written record.

The ERASOR includes the following 25 risk factors;

1. Deviant sexual interests (children, violence, or both);
2. Obsessive sexual interests / Preoccupation with sexual thoughts;
3. Attitudes supportive of sexual offending;
4. Unwillingness to alter deviant sexual interests/attitudes;
5. Ever sexually assaulted 2 or more victims;
6. Ever sexually assaulted same victim 2 or more times;
7. Prior adult sanctions for sexual assault(s);
8. Threats of, or use of, excessive violence/weapons during sexual offense;
9. Ever sexually assaulted a child;
10. Ever sexually assaulted a stranger;
11. Indiscriminate choice of victims;
12. Ever sexually assaulted a male victim;
13. Diverse sexual-assault behaviors;
14. Antisocial interpersonal orientation;
15. Lack of intimate peer relationships / social isolation;
16. Negative peer associations and influences;
17. Interpersonal aggression;
18. Recent escalation in anger or negative affect;
19. Poor self-regulation of affect and behavior (impulsivity);
20. High-stress family environment;
21. Problematic parent-offender relationships / parental rejection;
22. Parent(s) not supporting sexual-offense-specific assessment/treatment;
23. Environment supporting opportunities to reoffend sexually;
24. No development or practice of realistic prevention plans/strategies;

25. Incomplete sexual-offense-specific treatment.

### **Creating the Initial Safety Plan**

The social worker, in collaboration with the youth and family and school, will create an initial safety plan. The safety plan will describe potential situations and environments that place the youth at risk to engage in sexually harmful behaviors and identify specific interventions or strategies to reduce risk.

### **Monitoring Behaviors (Level of Supervision):**

The level of supervision provided during the first three months of contact with a youth and family will be determined by administering the YASI screening and assessment tool, and/or a screen for youth with sexually harmful behaviors (ERASOR).

<b>Level of Supervision</b>	<b>YASI Risk Assessment Score</b>	<b>YASI Overall Protective Factors Score</b>
Level A	High	Low
Level B	Moderate	Low to Moderate
Level C	Low	Moderate to High

And/or

<b>Level of Supervision</b>	<b>ERASOR Results</b>
Level A	High
Level B	Moderate
Level C	Low

The social worker will engage the team when making any decision to change the level of face-to-face contact.

#### **Level A:**

A youth who scores high risk on the YASI pre-screen or full assessment and/or high risk on the ERASOR, will receive a minimum of twice weekly face-to-face contact during the first 3 months of service. This level of contact will be necessary to monitor the initial safety plan, to develop an ongoing safety plan and to establish treatment or other services.

#### **Level B:**

A youth who scores moderate risk on the YASI pre-screen or full assessment and/or moderate risk on the ERASOR will receive a minimum of one face-to-face contact per week. This level of contact will be necessary to monitor the initial safety plan, to develop an ongoing safety plan and to establish treatment or other services.

### Level C:

A youth who scores low risk on the YASI pre-screen and/or moderate risk on the ERASOR will receive a minimum of one face-to-face contact per month.

### Referring for Further Evaluation

All Level A and B youth will be referred for further treatment guidance (assessment, psycho-sexual evaluation, consultation). A psycho-sexual evaluation is usually necessary to determine if a Level A or B youth is appropriate for residential care. Social workers may find it helpful to seek formal consultation during the development of a safety plan and/or the initial case plan.

### Definitions:

**Screening:** a process in which clients are identified according to characteristics that indicate that they possibly have sexually harmful behaviors. Screening identifies the need for a more in depth assessment but is not a substitute for an in depth assessment. Screening can include a brief questionnaire or tool designed to determine if there is a need for further assessment. All screening instruments selected must be validated and standardized.

**Assessment:** means those procedures by which a counselor/program identifies and evaluates an individual's strengths, weaknesses, problem behaviors and needs in order to develop a diagnostic evaluation of the client's sexually harmful behaviors with the goal of providing an integrated approach to treatment planning.

**Psycho-sexual Evaluation:** a process, resulting in a written document, that includes a review of any previous records including screening results, legal documents, psychological assessments or evaluations, and may include the administering of specific tools or instruments by a licensed mental health professional.

**Consultation:** a process of meeting with a licensed professional practitioner of the healing arts to obtain verbal or written advice in order to develop a case plan or make case management decisions.

Initial Safety Plan

1. List the specific concerning sexual behaviors that the youth engaged in.

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2. Age range of known victims and gender.

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3. List the protective factors.

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4. Risk Areas:

4a. Behaviors (utilize the ERASOR risk factors that are high or moderate and the List of Behaviors):

<b>Risk Behaviors:</b>	<b>Plan to manage the risk:</b>	<b>Team members providing oversight:</b>

4b. Thoughts (Utilize the List of Negative Thinking Patterns that Increase Risk)

<b>Negative Thinking Patterns:</b>	<b>Plan to manage the risk:</b>	<b>Team members providing oversight:</b>

4c. Situations: (Utilize the List of Situational Factors that Increase Risk)

<b>Situations:</b>	<b>Management Plan:</b>	<b>Management Strategy Team:</b>

4d. Negative Feelings: (Utilize the List of Negative Feelings that Increase Risk)

<b>Situations:</b>	<b>Management Plan:</b>	<b>Management Strategy Team:</b>

5. Detail the level of supervision.

	<b>Supervision needs:</b>	<b>Persons responsible:</b>
<b>Supervision at home:</b>		
<b>Supervision at school or work:</b>		
<b>Supervision in the community:</b>		

Treatment Team Members:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

## Situational Factors

1. Access to people who are potentially stimulating
  - The victim
  - Those with very similar age, gender, or traits as the victim
  - Those who are weaker (due to physical, language, cognitive, or social status)
  - Those who are highly aggressive or sexualized
2. Access to young children, such as:
  - On-site daycare/human service programs at school
  - School sponsored events, trips, presentations, concerts, fairs, etc.
3. Crowded, unstructured and highly social areas.
4. Isolated or unsupervised areas
5. Sexual and violent content
  - Pornography
  - Advertisements
  - Music lyrics
  - Video games
  - Health classes at school
  - Websites, blogs, and personal postings
  - Communications (letters, notes, text messages, email, etc.)
6. Activities involving physical contact or exposure:
  - Crowded seating
  - Horseplay
  - Greetings and congratulatory gestures (e.g. hugs, or belly bounces)
  - Contact sports
  - Shared bathroom use
  - Changing clothing (such as for theatre, PE or sports at school, etc.)
7. Situations/places with less predictability and supervision such as:
  - Transportation in cars and buses
  - School field trips
  - Overnight trips
  - Worksites
8. Increases in environmental instability or feelings of vulnerability due to factors such as:
  - Chaotic home situations
  - Exposure to others who are violent and unpredictable
  - Significant changes in school setting, personnel or schedule
9. Rehabilitation team effectiveness impacted by a lack of:
  - Awareness of issues and risks
  - Education and training around related needs, symptoms, interventions
  - Communication (a clear system for reporting concerns or progress)

## Behaviors

1. Exerting social pressure (chiding, begging, teasing, harassing, threatening)
2. Gift giving (conditional with “strings attached” positive gestures)
3. Social withdrawal or isolating self
4. Deception, secretive, lying, minimizing behaviors
5. Passive aggression
6. Profanity or verbal insults

7. Increased sexual talk (sarcasm, discussion, questions, humor, rap music mimicry)
8. Non-sexual rule breaking (truancy, alcohol/substance use, defiance, threats, destruction of property)
9. Personal boundary intrusions (such as asking inappropriate personal questions, "accidental" brushing up or bumping, forced hugs, fondling, using property without permission)

### Negative Thinking Patterns

1. Repetitive and interfering:
  - Sexual or nonsexual thoughts
  - Fantasies and dwelling
  - Wonderings and repeated questioning
  - Memories related to personal experiences of being abused or victimized
2. Planning:
  - Ways to seek access to stimulating situations/people for sexual experiences
  - Rule-breaking actions
  - Ways to get back or have revenge
  - Ways to gain power or control at the expense of others
3. Thinking errors:
  - Rationalization or justifying negative actions or thinking
  - Minimizing or denial of actions, responsibility or effects of choices
  - Denial of need for help, need for supervision, or levels of risk
  - Adopting a victim stance
  - Assuming more (status, exceptions, power, rights) than others

### Negative Feelings

1. Powerless, insecure, anxious, unsafe, jealous
2. Embarrassed, ashamed, worthless
3. Confused, manic, invincible, euphoric
4. Bored, restless
5. Lonely, abandoned
6. Intoxicated, uninhibited, numb
7. Mistreated, anger, aggression, revengeful

### Protective Factors

#### Individual Level Protective Factors:

- Personal belief in the positive value of, and commitment to caring, equality, and social justice.
- Presence of skills to experience healthy sexuality and engage in healthy relationships.
- Willingness and ability to be active participants in a thriving community.

#### Relationship Level Protective Factors:

- Parents, adult authority figures, and peers of diverse backgrounds model and teach positive interpersonal relationships across diverse populations.
- Families and/or other important figure provide a caring, open and encouraging environment that actively promotes positive development.
- Peers, families, and intimate partners effectively identify and respond to unhealthy/problem behaviors.

#### Community Level Protective Factors:

- Diverse people are engaged within their communities in activities promoting healthy relationships and healthy sexuality.
- The principles and skills of healthy relationships and healthy sexuality are demonstrated across various institutions.

- The presence of just/fair boundaries and expectations about healthy relationships and healthy sexuality are applied consistently across community entities.

Societal Level Protective Factors:

- Social norms strongly support the development and maintenance of healthy relationships and healthy sexuality.
- Shared responsibility for developing and maintaining thriving communities.
- Ensuring accountability and expectations of people to interact respectfully is a fundamental part of life.
- Culture equitably values and relies on experience and leadership from all members of society, including persons of any gender, race, ethnicity, class, sexual orientation, ability, religion, or belonging to any other historically oppressed group that has experienced systemic restriction on their rights.

Sequence of Appropriate Adolescent Friendships/Relationships

1. Know nothing about the person, met for the first time.
2. "That guy" – a person you have seen before but only know by face.
3. Acquaintance – know them by name.
4. Little bit more than acquaintances – know full name and some trivial facts.
5. Buddy – do activities together.
6. Teammate – successfully work together for a purpose.
7. Friend's friend – may "hang out with", mostly see this person with other friends.
8. Mutual friend – you are their friend and they are your friend – equally.
9. Friend – enjoy spending time with this person and receive and give support to one another.
10. Family – comfortable with them and they with yourself – like a "family".
11. Close friend – there for you and you for them and quality time is spent with them.
12. Closest friend – tell anything to, equality of friendship, mutual trust.
13. Dating partner – go out on dates and beginning of more intimate contact.
14. Romantic – kissing, holding hands, full-body hugs as well as previous 13 elements present.
15. Sexually intimate – full consent, both have lots of respect and know that both are ready to become sexually involved without regret or mixed feelings – committed to the welfare of one another emotionally.

## **MEMORANDUM OF UNDERSTANDING**

### **Department of Corrections and Department for Children and Families CHILD PROTECTION MEASURES**

#### **OBJECTIVE:**

To protect children from violent offenders by improving communication between staff of the Department of Corrections (DOC) and the Department for Children and Families (DCF).

#### **Part 1: Child Safety**

##### **DOC WILL:**

- When DOC has control (furlough, or probation and parole with residence restrictions) over the offender's residence, DOC will prohibit an offender who poses a risk of sexual abuse or physical injury to children from residing in a home where children live.
- When DOC does not have control over the offender's residence, DOC will make a child abuse report to DCF when DOC has reason to believe that an offender presents a risk of harm to children in a current or proposed residence.
- Review DCF client index, with a follow up inquiry to the local DCF office, on all matches for any offender under supervision for an offense of family violence or sexual offenses. Coordinate planning and actions to promote child protection.
- Provide the DCF Emergency Services Program and the DCF child protection hotline a current list of local DOC District Managers and Facility Duperintendents.
- Contact the DCF Emergency Services Program or the local district office to secure information about the custody status and responsible district office for a juvenile that has been taken into DOC custody.
- Contact DCF when DOC field staff arrest or return an offender to jail, or facility staff admit an offender who reports that there is no appropriate adult to provide immediate care for the offender's minor child(ren).
- Create multidisciplinary case management teams for the purpose of collaborating and prioritizing community safety and the protection of former victims. These teams will include a representative from DCF.
- Provide DCF with copies of Pre-Sentence Investigation Reports on cases where the offense is against children or if the offender is on the DCF client index.
- Contact DCF on all offenders where elements of a sexual offense are present, for the purposes of preparing the Pre-Sentence Investigation Report.

##### **DCF WILL:**

- Upon request, share information with DOC about current or past clients of the Family Services Division for child protection purposes according to Family Services Division policy.
- Create and maintain a client index. The client index is an agreed upon subset of the DCF master index and will include the name and, when available, date of birth of those in the master index.

- Pursuant to Family Services policies, accept and investigate reports from DOC staff of suspected or potential child abuse.
- Check the DOC offender locator for all new DCF cases, and if there is a match, contact DOC staff to coordinate planning and actions to promote child protection.
- Consult with DOC before using any DOC case notes in a fact finding or judicial process. If local staff from both Departments cannot agree on the appropriate use of a case note, the decision will be made at the central office level in consultation with the Attorney General's office.
- Invite DOC staff to attend case plan reviews (and treatment team meetings, as appropriate) for children when DOC is supervising a family member.
- Ensure DOC representation at DCF Child Protection Team meetings.
- Provide ongoing training to DOC staff about child abuse and neglect issues.
- When copies of Pre-Sentence Investigation Reports are provided by the DOC, keep those documents confidential and do not subject them to public inspection.
- Provide DOC information regarding an offender's records maintained by DCF in the child protection registry if the offender was previously substantiated for child abuse or neglect, for DOC use in writing Pre-Sentence Investigation Reports.
- In the cases involving sex offenses, provide DOC with information pertaining to the juvenile court and law enforcement records for Presentence Reports. A complete juvenile record will be released pursuant to a court order or a validly executed release of information.

**Part 2: Safeguarding Information  
DOC AND DCF WILL:**

- Ensure that their staff members know that information exchanged between the departments in any form is to be used only as needed to carry out professional responsibilities.
- Require staff to sign an acknowledgement of confidentiality requirements before being given access to the other department's databases.
- Inform the other department when it appears that an employee has misused case information and may be disciplined;
- Appropriately manage access of staff to automated information.
- Ensure that the other department is informed of any changes in policy requirements related to access to case information.
- Develop local protocols to promote regular and efficient communication and collaboration between the respective district offices.

  
 \_\_\_\_\_  
 Andrew Pallito, Commissioner  
 Department of Corrections  
 11/9/09  
 \_\_\_\_\_  
 Date

  
 \_\_\_\_\_  
 Stephen R. Dale, Commissioner  
 Department for Children and Families  
 11/9/09  
 \_\_\_\_\_  
 Date



**AGENCY OF HUMAN SERVICES**

**DEPARTMENT OF DISABILITIES, AGING AND  
INDEPENDENT LIVING (DAIL)**

**&**

**DEPARTMENT FOR CHILDREN AND FAMILIES (DCF)**

**ADULT ABUSE AND CHILD PROTECTION  
AUTOMATED REGISTRY CHECK SYSTEM**

**FORMS AND INSTRUCTIONS**



## AHS Vermont Adult Abuse and Child Protection Registries Subscription Instructions

### **The initial subscription process:**

1. Fill out the **Submitters and Receivers Request Form (FORM A)**.
2. Have your **receivers** each read, fill out, and sign a **Confidentiality Agreement** form. **(FORM B)**. **Do not** submit this form with your application. This form MUST be kept on file at your organization. If you wish to have your **receivers** also authorized as **submitters**, they will need to be included in your list of **submitters**.
3. Return the **Submitters and Receivers Request Form** to the address on the form.
4. Once we receive the paperwork from you (**Form A**) and enter your organization into the system, you will receive an email with your organization ID number. The organization's receivers and submitters will also receive a verification email with further instructions to finish the subscription process. If a person is both a submitter and a receiver, they will receive TWO emails and MUST follow the instructions in BOTH. After a submitter and/or receiver has completed the emailed instructions, they can then start entering requests at <https://www.ahsnet.ahs.state.vt.us/ABC>

### **Consent for Release of Registry Information Form (FORM C)**

This form is required to be filled out by employees, volunteers, contractors, employees of contractors, or prospective employees and is to be **kept on file at your organization and available to AHS upon request.** You will use this form to enter the request into the online system.

**This form is only for the Adult Abuse and Child Protection Registries, it does not include Vermont Criminal Investigation Center, Department of Motor Vehicle, or any other background checks that may be required.**



**AHS Vermont Adult Abuse and Child Protection Registries  
RECEIVERS and SUBMITTERS  
Request and Agreement Form**

**FORM A**

Date: \_\_\_\_\_

**All fields must be completed and legible or the request will be returned**

Organization: \_\_\_\_\_

Type of Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing Address (cont): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Appointing Authority: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Submitters** (if more than four please continue on additional page)

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Email** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Email** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Email** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Email** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Primary Receiver** (Only two receivers per organization are permitted)

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Email** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Secondary Receiver**

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Email** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

This is to certify that the **receivers** listed above and I have read and understand the AHS Confidentiality Guidelines and we agree to abide by them as an organization. I also certify that my organization will keep a signed confidentiality agreement (Form C) on file for each of them. Furthermore, I agree to immediately disable the account (via the AHS online form) of any individual authorized to receive registry information that leaves our employment or changes roles within the organization. **We will notify AHS of any changes to submitters or receivers using the on-line system.**

Appointing Authority: \_\_\_\_\_

**Please mail this form to:** DAIL/DCF Registry Check Unit  
103 South Main Street, Ladd Hall  
Waterbury, VT 05671-2306



**Agency of Human Services  
 Department of Disability, Aging and Independent Living  
 Department for Children and Families**

**Adult Abuse Registry and Child Protection Registry  
 Users Confidentiality Agreement**

**FORM B**

I, \_\_\_\_\_ as \_\_\_\_\_ for  
 (name) (title)  
 \_\_\_\_\_ am responsible for  
 (organization)

reviewing registry information about employees for employment purposes. As such, I agree to fully comply with the Agency of Human Services stated confidentiality guidelines as they appear below. I agree that all registry information that I receive as a result of my work for the above organization will be held in confidence and that I will only disclose that information to my employer for employment purposes. I will not otherwise discuss or disclose any confidential registry information I receive. If I have any questions regarding the boundaries governing confidentiality, I will seek advice from a supervisor.

I fully understand that any violation of this agreement may result in termination of my right to access the registries, and possible penalties.

**Confidentiality Agreement**

1. I will access confidential and privileged registry information only as needed to perform background screening for employment of individuals on behalf of my employer.
2. I will only access information for which I have a need to know in order to perform my job.
3. I will not in any way divulge a copy, or release, sell, loan, review, alter, discuss or destroy any confidential and privileged information except as properly authorized within the scope of my employment
4. If hard copies of this information are kept, I agree to keep such information in a secure and appropriate location.
5. I will not misuse confidential and privileged information or treat such information carelessly.
6. I will safeguard and will not disclose my access information or any other information or authorizations I have that allows me to access confidential and privileged information. I accept responsibility for all activities undertaken using my access information and other authorization.
7. I will report activities by any individual or entity that I suspect may compromise the protection and privacy of confidential and privileged information. I understand that reports made in good faith about suspected activities will be held in confidence to the full extent permitted by law, including the name of the individual reporting the activities.
8. I understand that my obligation under this Agreement continues both during my employment and thereafter. I also understand that my ability to access this information is subject to periodic review, revision, revocation, and if appropriate, renewal.
9. I understand that I have no right or ownership interest in any confidential and privileged information to which I have access. The Agency of Human Services may, at any time, revoke my authorization or access to confidential and privileged information.
10. I understand that I will be held responsible for my misuse or wrongful disclosure of confidential and privileged information and for my failure to safeguard my access information or other authorization access to confidential and privileged information.
11. I understand that failure to comply with this Agreement may also result in loss of privileges to access confidential and privileged information.

Designated Receiver: \_\_\_\_\_ (printed name)

Designated Receiver: \_\_\_\_\_ (signature)

Organization: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**DO NOT submit this form with your application**

**Keep this form on file at your organization to be produce upon request by the Agency of Human Services**





Department for Children and Families  
Commissioner's Office 5 North  
103 South Main Street  
Waterbury, VT 05671-5920



Department of Education  
Commissioner's Office  
120 State Street  
Montpelier, VT 05620-2501

MEMORANDUM OF UNDERSTANDING  
BETWEEN

THE DEPARTMENT OF EDUCATION (DOE) AND THE DEPARTMENT FOR CHILDREN  
AND FAMILIES (DCF) REGARDING SHARING OF INTAKE INFORMATION

This Memorandum of Understanding is entered into this 23 day of November, 2009  
by and between the Vermont Department of Education and the Vermont  
Department for Children and Families.

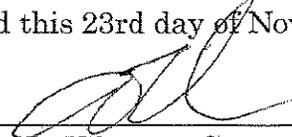
*Whereas*, DCF and DOE believe that child protection and safety is promoted  
through the professional regulation of individuals providing services to children,  
including individuals involved in a child's education;

*Therefore*, the undersigned hereby agree as follows:

- (1) DCF shall provide to DOE all reports received by the DCF Centralized Intake Unit involving the behaviors of any individual known to be regulated by DOE.
- (2) DOE shall provide to DCF any information it has or may learn relative to the reports provided by DCF.
- (3) When using or disclosing information, exchanged under this MOU, both DCF and DOE will make reasonable efforts to limit the information to the minimum necessary to accomplish the intended purpose of the use or disclosure.

(4) In accordance with both the dictates and the limitations of 16 V.S.A. § 1708 both DOE and DCF shall maintain the confidentiality of the information which is exchanged pursuant to this MOU. Specifically, no public record required to be made under 16 V.S.A. §1708 shall contain the name of the individual who has reported suspected child abuse and neglect or otherwise provided information to DCF in the intake report forwarded to DOE under this Agreement. Likewise, to the extent that 16 V.S.A. § 1708 and/or any other state or federal law(s) or regulation(s) either permit or require the disclosure of the information which is exchanged pursuant to this MOU, the disclosure of that information shall not be construed as a violation of the terms or the intent of this MOU.

Dated this 23rd day of November, 2009, at Waterbury, Vermont.

By:   
Armando Vilaseca, Commissioner

*Vermont Department of Education*

By:   
Stephen R. Dale, Commissioner

*Vermont Department for  
Children and Families*